

**TITLE 2. ADMINISTRATION**  
**CHAPTER 5.1 STATE PERSONNEL BOARD**  
**2 A.A.C. 5.1**

**Supplement Information**  
**Supp. 25-2**

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 14-2, 1-5 pages.**

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 Therefore, all superseded material should be retained in a separate binder and archived for future reference.

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### PERSONAL USE/COMMERCIAL USE

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

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

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Administrative Rules Division

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**TITLE 2. ADMINISTRATION**

**CHAPTER 5.1. STATE PERSONNEL BOARD**

Authority: A.R.S. § 41-781 et seq.

**Supp. 25-2**

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*Laws 1983, Ch. 98, § 162 limited authority of the Personnel Board. Prior rules and regulations for the Board were found in A.C.R.R. Title 2, Chapter 5, now consisting of rules and regulations of Personnel Administration, Department of Administration.*

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## CHAPTER 5.1 STATE PERSONNEL BOARD

**ARTICLE 1. GENERAL PROVISIONS****R2-5.1-101. Definitions**

Unless the context requires otherwise, the following definitions govern in this Chapter:

1. "Agency" for purposes of appeal from a disciplinary action, means an employing state entity that takes an appealable disciplinary action against a covered employee in covered service as defined by A.R.S. § 41-741.
2. "Appeal" means a written request filed with the Board by a permanent covered employee in covered service seeking relief from dismissal, involuntary demotion, or suspension of more than 80 working hours.
3. "Appellant" means a permanent covered employee in covered service who files an appeal with the Board.
4. "Complainant" means an employee or former employee as defined in A.R.S. § 38-531 who files a complaint with the Board.
5. "Complaint" means a written request for relief under A.R.S. § 38-532 filed with the Board by an employee or former employee.
6. "Day" means a calendar day, unless otherwise stated.
7. "Deposition" means a form of discovery in which testimony of a witness given under oath or affirmation and subject to cross examination is recorded in writing prior to a hearing.
8. "Hearing" means an administrative proceeding at which the appellant or complainant and the respondent are given the opportunity to present oral or written evidence.
9. "Hearing officer" means a person appointed by the Board, including any member of the Board to act as the trier of fact.
10. "Respondent" means an agency or individual whose interests are adverse to those of an appellant or complainant or who will be directly affected by the Board's decision.
11. "Subpoena Ad Testificandum" means a legal document issued under authority of the Board to compel the appearance of a witness at a hearing.
12. "Subpoena duces tecum" means a legal document issued under authority of the Board to compel a witness or entity to provide specific records.

**Historical Note**

Adopted effective November 10, 1983 (Supp. 83-6). Former Section R2-5.1-101 renumbered to R2-5.1-102; new Section R2-5.1-101 adopted by final rulemaking at 7 A.A.R. 44, effective December 13, 2000 (Supp. 00-4). Amended by final rulemaking at 9 A.A.R. 22, effective February 7, 2003 (Supp. 02-4). Amended by exempt rulemaking at 18 A.A.R. 2926, effective October 29, 2012 (Supp. 12-4). Amended by final rulemaking at 20 A.A.R. 1379, effective August 3, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 31 A.A.R. 1257 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R2-5.1-102. Personnel Board Procedures**

- A. Meetings. The Board shall provide public notice of the date, time, and place of its monthly meetings and any special, emergency, or other meetings it deems necessary. The Board shall give notice as required by law.
- B. Agenda. The agenda shall be mailed or electronically provided, as required by law, to each member of the Board, a state agency indicating an interest in receiving the agenda, and all

parties in a matter scheduled for a Board meeting. The Board's failure to mail or electronically provide the agenda, or failure of an agency to receive the agenda, does not affect the validity of the meeting or of any action taken by the Board at the meeting.

- C. Minutes. The Board shall record in the Board's minutes the date, time, and place of each meeting of the Board, names of the Board members present, all official acts of the Board, the votes of each Board member except when the acts are unanimous, and, when requested by a member, a member's dissent with the member's reasons. Board staff shall prepare and present the minutes for approval by the Board members at the next regular meeting. The Board shall provide copies of the approved minutes to the appellant, complainant, and respondent within seven days of the regular meeting at which the minutes are approved.

**Historical Note**

Adopted effective November 10, 1983 (Supp. 83-6). Amended subsection (B)(2) effective March 3, 1988 (Supp. 88-1). Corrections to subsections (B)(2) and (4) from revised format edition published February 1991 (Supp. 96-1). Former Section R2-5.1-102 renumbered to R2-5.1-103; new Section R2-5.1-102 renumbered from R2-5.1-101 and amended by final rulemaking at 7 A.A.R. 44, effective December 13, 2000 (Supp. 00-4). Manifest typographical error corrected in Section heading (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 22, effective February 7, 2003 (Supp. 02-4). Amended by final rulemaking at 20 A.A.R. 1379, effective August 3, 2014 (Supp. 14-2).

**R2-5.1-103. Appeal Procedures**

- A. Appeal. A permanent status, covered employee who wishes to appeal a disciplinary action shall, no later than 10 business days after the effective date of the action, file a written appeal with the Board in accordance with A.R.S. § 41-783. The appeal shall include:
  1. The appellant's name, telephone number, address and email address, if applicable;
  2. The name of the agency taking the disciplinary action being appealed;
  3. The name, telephone number, address, and email address of the appellant's representative, if applicable;
  4. A specific response to the causes for disciplinary action upon which the appeal is based; and
  5. The action requested of the Board.
- B. Routing of appeal. The Board shall provide a copy of an appeal to the respondent within five business days from the date of filing, and not less than 20 days before the hearing.
- C. Hearing officer. The Board, including any member of the Board, may assign an appeal or may direct staff to assign an appeal to a hearing officer for hearing. When an appeal is assigned to a hearing officer, the hearing officer is the authorized representative of the Board and is empowered to grant or refuse extensions of time, to set proceedings for hearing, to conduct the hearing and to take any action in connection with the proceedings that the Board is authorized by law to take other than making the final findings of fact, conclusions of law, and order. The assignment of an appeal to a hearing officer does not preclude the Board, including any member of the Board, from withdrawing the assignment and the Board conducting the hearing or from reassigning the appeal to another hearing officer.



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- D.** Ex parte communications. A party shall not communicate, either directly or indirectly, with the hearing officer about any substantive issue in a pending matter unless:
1. All parties are present;
  2. It is during a scheduled proceeding, where an absent party fails to appear after proper notice; or
  3. It is written by request or motion with copies to all parties.
- E.** Request to strike hearing officer. A party may request to change the hearing officer assigned to hear an appeal by filing a request in writing with the Board within five business days after receipt of the first hearing notice. The request shall state the reasons for the change of hearing officer. The Board shall not grant a change of hearing officer unless the party demonstrates a clear case of bias or prejudice.
- F.** Notice of hearing. The Board shall provide the appellant and respondent with written notice of the time, date, and place of hearing of an appeal, the docket number assigned by the Board and the name and contact information of the hearing officer at least 20 days before the date of the hearing.
- G.** Prehearing conference. The Board or the Board's hearing officer may hold a prehearing conference with the parties either in person or telephonically. Any agreement reached at the prehearing conference shall be binding at the hearing.
- H.** Time for hearing. The Board or the Board's hearing officer shall hold a hearing on an appeal within 60 calendar days after the Board receives the appeal unless the Board or the Board's hearing officer finds good cause to extend the time pursuant to a written request under this subsection. A request for continuance shall be made no less than five days prior to the scheduled hearing date and shall not be granted absent a showing of good cause. Good cause includes, but is not limited to, scheduling conflicts and unavailability of witnesses. The hearing officer shall grant or deny a request for continuance in his or her discretion.
- I.** Nature of hearing.
1. Every hearing shall be open to the public unless the appellant requests a confidential hearing.
  2. A party may be self-represented or may designate a representative as provided by law.
  3. Every hearing shall be conducted as a quasi-judicial proceeding.
  4. All witnesses shall testify under oath.
  5. Hearings shall be conducted in a manner that promotes and upholds the due process rights of the parties.
  6. Conclusion of hearing. The Board shall consider the hearing concluded when the Board receives the hearing officer's proposed findings of fact, conclusions of law, and recommendation or, if objections are filed, on the date the objections are filed. The Board may request that the hearing officer be present during the consideration of the appeal by the Board, and, if requested, the hearing officer shall assist.
- J.** Record of hearing. A record of the proceeding shall be made and kept by the Board for three years. Before the Board takes final action, the parties may request that the record be available for its review or duplication. Any party requesting a copy of the record or any portion of the record shall make a request to the Board and shall pay the reasonable cost for duplication.
- K.** Burden of proof. The respondent has the burden of proof and shall present its case first.
- L.** Rules of evidence. The Board or the Board's hearing officer shall grant a request for a confidential hearing made by the respondent if the hearing involves evidence the state is precluded by law from disclosing. The appellant, respondent, or hearing officer may request that portions of the record be sealed or adequately protected if testimony of a witness is of a sensitive nature. The Board or the Board's hearing officer is not bound by common law, statutory rules of evidence, or technical or formal rules of procedure, except the rule of privilege as recognized by law.
- M.** Requesting, serving, and enforcing subpoenas. A party may request a subpoena to require the attendance of a witness or a subpoena duces tecum to require the production of a document. A party shall file with the Board a completed request for subpoena prior to the scheduled hearing date. The Board shall prepare the subpoena and return the subpoena to the requesting party for service. A person who is not a party and is at least 18 years of age may serve a subpoena. If enforcement of a subpoena for appearance of a witness is necessary, enforcement proceedings shall be taken to Superior Court by the party requesting enforcement, and enforcement shall be determined by the Superior Court. The party requesting enforcement shall name the Board as a party to any proceedings. The Board shall follow any orders entered by the court.
- N.** Exhibits. A party introducing an exhibit shall furnish the opposing party and the Board office with a copy of the exhibit no later than 14 calendar days prior to the hearing. Both parties should be prepared with three additional copies of proposed exhibits for presentation of their cases on the day of the hearing for utilization by the opposing party, witness and the hearing officer. The hearing officer shall make the determination at the hearing as to whether additional evidence and exhibits are necessary to ensure the Board has a complete record for review. The hearing officer shall consider the prejudice to the party who has not seen the additional evidence when making the determination to either include or preclude the evidence.
- O.** Witnesses. No later than 14 days prior to the hearing, parties shall furnish the opposing party and the Board office with a list of the witnesses each party intends to call to testify at the hearing, along with a brief statement as to the substance and relevancy of the testimony.
- P.** Exclusion of witnesses. Upon the request or motion of an appellant or respondent, the hearing officer may exclude from the hearing room any witness who is not at the time under examination. The hearing officer shall not exclude a party to the hearing or a party's representative.
- Q.** Witness fees. A witness who is not a state employee and is subpoenaed to attend a hearing is entitled to the same fee as is allowed witnesses in civil cases in the Arizona Superior Court. If the hearing officer, on the hearing officer's own motion, subpoenas a witness, fees and mileage shall be paid from funds of the Board. If the appellant or respondent subpoenas a witness, the fees and mileage shall be paid by the party requesting the witness. Reimbursement to state employees subpoenaed as witnesses is limited to payment of mileage at the current Arizona Department of Administration reimbursement rate, available from the DOA General Accounting Office website regarding travel reimbursement.
- R.** Telephonic testimony. The appellant or respondent may request through a motion that a party or witness testify telephonically if personal attendance would present an undue or excessive hardship for the party or witness and would not cause undue prejudice to a party. Undue prejudice will be defined as improper or unfair treatment which impacts a due process right of a party. The hearing officer shall rule on the request, in his or her discretion, whether telephonic testimony

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is warranted and whether the moving party will be required to pay for the cost of obtaining the telephonic testimony.

- S. Deposition. A party may request that a witness' deposition be used as evidence if the presence of a witness cannot be procured at the time of hearing. The hearing officer shall grant or deny the request.
- T. Failure of a party to appear. If a party fails to appear at a hearing, the hearing officer shall allow the appearing party to present evidence, or vacate the hearing and return to the Board for any further action.
- U. Proposed findings of fact. Appellant and respondent may request permission to file proposed findings of fact and conclusions of law. The hearing officer shall grant or deny the request.
- V. Hearing officer report. The hearing officer shall submit written proposed findings of fact, conclusions of law, and a recommendation, including a brief statement of reasons for the hearing officer's findings and conclusions, within 30 days after the last date of the hearing. If the parties are required to file written closing arguments or briefs to the hearing officer, the hearing officer shall submit proposed findings, conclusions, recommendation, and reasons within 30 days after the closing arguments or briefs are due.
- W. Objections to findings. The Board shall send a copy of the hearing officer's proposed findings of fact, conclusions of law, and recommendation to the appellant and respondent. The appellant and respondent may file written objections, but not post-hearing evidence, to the hearing officer's proposed findings of fact and conclusions of law with the Board within 15 calendar days after receipt of the hearing officer's proposed findings of fact and conclusions of law, unless extended by the Board upon a written motion filed with the Board, and shall serve copies of the objections upon the other party. The opposing party may file a written response to the objections with the Board within 15 calendar days from receipt of the appellant or respondent objections but must be 48 hours before a Board meeting. The Board shall not consider untimely objections or responses.
- X. Withdrawal of appeal. An appellant may withdraw an appeal at any time prior to the decision of the Board by submitting a written withdrawal letter to the Board.
- Y. State Personnel Board decision. Within the time required by law, the Board shall notify the appellant and respondent of the date, time, and place of the Board meeting at which the appeal will be decided. The Board may affirm, reverse, adopt, modify, supplement, or reject the hearing officer's proposed findings of fact and conclusions of law in whole or in part, may recommit the matter to the hearing officer with instructions, may convene itself as a hearing body, or may make any other disposition of the appeal allowed by law. The Board shall make a decision on the appeal in an open meeting within 45 days after the conclusion of the hearing and shall send a copy of the decision to the appellant and respondent by certified mail, return receipt requested. If the Board orders the respondent to reinstate the appellant, it may also order the respondent to reinstate the appellant with or without back pay in the amount and for the period the Board determined to be proper.
- Z. Appeal of Board decisions in court. The appellant or respondent may appeal the Board's decision to the Superior Court as provided in A.R.S. § 41-783.

**Historical Note**

New Section renumbered from R2-5.1-103 renumbered from R2-5.1-102 and amended by final rulemaking at 7 A.A.R. 44, effective December 13, 2000 (Supp. 00-4).

Amended by final rulemaking at 9 A.A.R. 22, effective February 7, 2003 (Supp. 02-4). Amended by exempt rulemaking at 18 A.A.R. 2926, effective October 29, 2012 (Supp. 12-4). Amended by final rulemaking at 20 A.A.R. 1379, effective August 3, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 31 A.A.R. 1257 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R2-5.1-104. Complaint Procedures**

- A. Complaint. An employee or former employee as defined in A.R.S. § 38-531 who wishes to file a complaint shall, no later than 10 calendar days after the effective date of the alleged prohibited personnel practice that is the subject of the complaint, file a written complaint with the Board in accordance with A.R.S. § 38-532. The complaint shall include:
  1. The complainant's name, telephone number, address, and email address, if applicable;
  2. The name, telephone number, address, and email address of the complainant's representative, if applicable;
  3. A concise statement of the facts constituting the alleged prohibited personnel practice;
  4. The name of the agency or employee believed to have knowingly committed the prohibited personnel practice; and
  5. The date and place of the alleged prohibited personnel practice.
- B. Routing of complaint. The Board shall provide a copy of a complaint to the respondent within five business days from the date of filing, and not less than 20 days before the hearing.
- C. Amending a complaint. A complainant may move to amend a complaint. An amendment shall relate only to the facts and circumstances under the original complaint and shall not relate to new causes of action. The hearing officer shall grant or deny the motion or shall refer the motion to the Board for disposition.
- D. Hearing officer. The Board, including any member of the Board, may assign a complaint or may direct staff to assign a complaint to a hearing officer for hearing. When a complaint is assigned to a hearing officer, the hearing officer is the authorized representative of the Board and is empowered to grant or refuse extensions of time, to set proceedings for hearing, to conduct the hearing, and to take any action in connection with the proceedings that the Board is authorized by law to take other than making the final findings of fact, conclusions of law, and order. The assignment of a complaint to a hearing officer does not preclude the Board, including any member of the Board, from withdrawing the assignment and the Board conducting the hearing or from reassigning the complaint to another hearing officer.
- E. Ex parte communications. A party shall not communicate, either directly or indirectly, with the hearing officer about any substantive issue in pending matter unless:
  1. All parties are present;
  2. It is during a scheduled proceeding, where an absent party fails to appear after proper notice; or
  3. It is written by request or motion with copies to all parties.
- F. Request to strike hearing officer. A party may request to change the hearing officer assigned to hear a complaint by filing a request in writing with the Board within five business days after receipt of the first hearing notice. The request shall state the reasons for the change of hearing officer. The Board shall not grant a change of hearing officer unless the party demonstrates a clear case of bias or prejudice.

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- G.** Notice of hearing. The Board shall provide the complainant and respondent with written notice of the time, date, and place of hearing of a complaint, the docket number assigned by the Board and the name and contact information of the hearing officer at least 20 days before the date of the hearing.
- H.** Prehearing conference. The Board or the Board's hearing officer may hold a prehearing conference with the parties either in person or telephonically. Any agreement reached at the prehearing conference shall be binding at the hearing.
- I.** Time for hearing. The Board or the Board's hearing officer shall hold a hearing on a complaint within 60 calendar days after the Board receives the complaint unless the Board or the Board's hearing officer finds good cause to extend the time pursuant to a written request under this subsection. A request for continuance shall be made no less than five days prior to the scheduled hearing date and shall not be granted absent a showing of good cause. Good cause includes, but is not limited to, scheduling conflicts and unavailability of witnesses. The hearing officer shall grant or deny a request for continuance in his or her discretion.
- J.** Nature of hearing.
1. Every hearing shall be open to the public unless the complainant requests a confidential hearing.
  2. A party may be self-represented or may designate a representative as provided by law. Every hearing shall be conducted as a quasi-judicial proceeding.
  3. All witnesses shall testify under oath or by affirmation.
  4. Hearings shall be conducted in a manner that promotes and upholds the due process rights of the parties.
  5. Conclusion of hearing. The Board shall consider the hearing concluded when the Board receives the hearing officer's proposed findings of fact, conclusions of law, and recommendation or, if objections are filed, on the date the objections are filed. The Board may request that the hearing officer be present during the consideration of the complaint by the Board, and, if requested, the hearing officer shall assist.
- K.** Record of hearing. A record of the proceeding shall be made and kept by the Board for three years. Before the Board takes final action, the parties may request that the record be available for its review or duplication. Any party requesting a copy of the record or any portion of the record shall make a request to the Board office and shall pay the reasonable cost for duplication.
- L.** Burden of proof. The complainant has the burden of proof and shall present its case first.
- M.** Rules of evidence. The Board or the Board's hearing officer shall grant a request for a confidential hearing made by the respondent if the hearing involves evidence the state is precluded by law from disclosing. The complainant, respondent, or hearing officer may request that portions of the record be sealed or adequately protected if testimony of a witness is of a sensitive nature. The Board or the Board's hearing officer is not bound by common law, statutory rules of evidence, or technical or formal rules of procedure, except the rule of privilege as recognized by law.
- N.** Requesting, serving, and enforcing subpoenas. A party may request a subpoena to require the attendance of a witness or a subpoena duces tecum to require the production of a document. A party shall file with the Board a completed request for subpoena prior to the scheduled hearing date. The Board shall prepare the subpoena and return the subpoena to the requesting party for service. A person who is not a party and is at least 18 years of age may serve a subpoena. If enforcement of a subpoena for appearance of a witness is necessary, enforcement proceedings shall be taken to Superior Court by the party requesting enforcement, and enforcement shall be determined by the Superior Court. The party requesting enforcement shall name the Board as a party to any proceedings. The Board shall follow any orders entered by the court.
- O.** Exhibits; witness list. A party introducing an exhibit shall furnish the opposing party and the Board with a copy of the exhibit no later than 14 calendar days prior to the hearing. Both parties should be prepared with three additional copies of proposed exhibits for presentation of their cases on the day of the hearing for utilization by the opposing party, witness and the hearing officer. The hearing officer shall make the determination at the hearing as to whether additional evidence and exhibits are necessary to ensure the Board has a complete record for review. The hearing officer shall consider the prejudice to the party who has not seen the additional evidence when making the determination to either include or preclude the evidence. In addition to, parties shall furnish the opposing party and the Board office with a list of the witnesses each party intends to call to testify at the hearing, along with a brief statement as to the substance and relevancy of the testimony.
- P.** Exclusion of witnesses. Upon the request or motion of a complainant or respondent, the hearing officer may exclude from the hearing room any witness who is not at the time under examination. The hearing officer shall not exclude a party to the hearing or a party's representative.
- Q.** Witness fees. A witness who is not a state employee and is subpoenaed to attend a hearing is entitled to the same fee as is allowed witnesses in civil cases in the Arizona Superior Court. If the hearing officer, on the hearing officer's own motion, subpoenas a witness, fees and mileage shall be paid from funds of the Board. If the complainant or respondent subpoenas a witness, the fees and mileage shall be paid by the party requesting the witness. Reimbursement to state employees subpoenaed as witnesses is limited to payment of mileage at the current Arizona Department of Administration reimbursement rate, available from the DOA General Accounting Office website regarding travel reimbursement.
- R.** Telephonic testimony. The complainant or respondent may request through a request or motion that a party or witness testify telephonically if personal attendance would present an undue or excessive hardship for the party or witness and would not cause undue prejudice to a party. Undue prejudice will be defined as improper or unfair treatment which impacts a due process right of a party. The hearing officer shall rule on the request, in his or her discretion, whether telephonic testimony is warranted and whether the moving party will be required to pay for the cost of obtaining the telephonic testimony.
- S.** Deposition. A party may request that a witness' deposition be used as evidence if the presence of a witness cannot be procured at the time of hearing. The hearing officer shall grant or deny the request.
- T.** Failure of a party to appear. If a party fails to appear at a hearing, the hearing officer shall allow the appearing party to present evidence, or vacate the hearing and return to the Board for any further action.
- U.** Proposed findings of fact. Complainant and respondent may request permission to file proposed findings of fact and conclusions of law. The hearing officer shall grant or deny the request.
- V.** Hearing officer report. The hearing officer shall submit written proposed findings of fact, conclusions of law, and a recommendation, including a brief statement of reasons for the hear-

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ing officer's findings and conclusions, within 30 days after the last date of the hearing. If the parties are required to file written closing arguments or briefs to the hearing officer, the hearing officer shall submit proposed findings, conclusions, recommendation, and reasons within 30 days after the closing arguments or briefs are due.

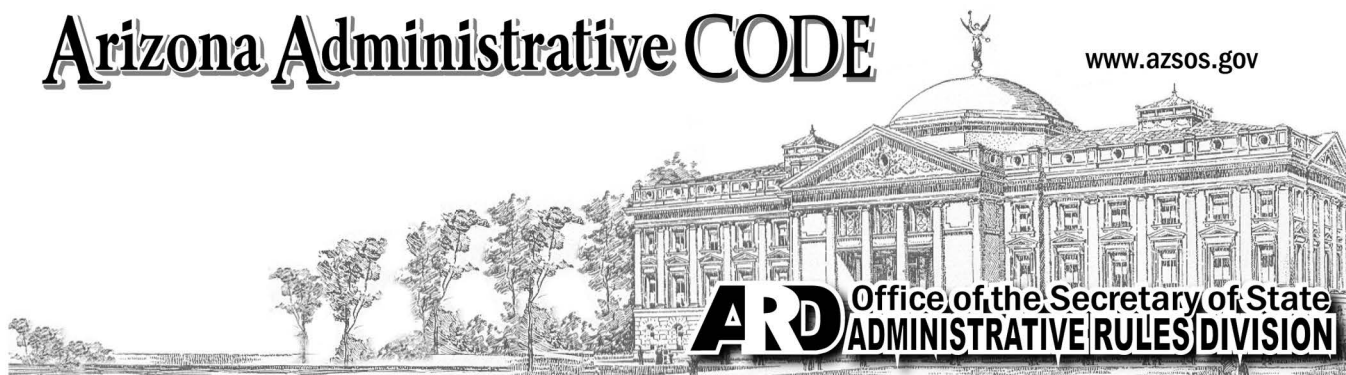
- W. Objections to findings. The Board shall send a copy of the hearing officer's proposed findings of fact, conclusions of law, and recommendation to the complainant and respondent. The complainant and respondent may file written objections, but not post-hearing evidence, to the hearing officer's proposed findings of fact and conclusions of law with the Board within 15 calendar days after receipt of the hearing officer's proposed findings of fact and conclusions of law, unless extended by the Board upon a written motion filed with the Board, and shall serve copies of the objections upon the other party. The opposing party may file a written response to the objections with the Board within 15 calendar days from receipt of the appellant or respondent objections but must be 48 hours before a Board meeting. The Board shall not consider untimely objections or responses.
- X. Withdrawal of complaint. A complainant may submit a written request to withdraw a complaint at any time prior to the decision of the Board. The Board shall rule on the request.
- Y. State Personnel Board decision. Within the time required by law, the Board shall notify the complainant and respondent of the date, time, and place of the Board meeting at which the complaint will be decided. The Board may affirm, reverse,

adopt, modify, supplement, or reject the hearing officer's proposed findings of fact and conclusions of law in whole or in part, may recommit the matter to the hearing officer with instructions, may convene itself as a hearing body, or may make any other disposition of the complaint allowed by law. The Board shall determine the validity of the complaint and whether a prohibited personnel practice was committed against the employee or former employee as a result of the employee or former employee's disclosure of information of a matter of public concern. The Board shall make a decision on the complaint in an open meeting within 45 days after the conclusion of the hearing and shall send a copy of the decision to the complainant and respondent by certified mail, return receipt requested. If the Board determines a prohibited personnel practice was committed as a result of a disclosure of information by the employee or former employee, the Board shall act in accordance with the requirements of A.R.S. § 38-532.

- Z. Appeal of Board decisions in court. The complainant or respondent may appeal the Board's decision to the Superior Court as provided in A.R.S. § 38-532.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 22, effective February 7, 2003 (Supp. 02-4). Amended by final rulemaking at 20 A.A.R. 1379, effective August 3, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 31 A.A.R. 1257 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).



## TITLE 2. ADMINISTRATION

### CHAPTER 5. DEPARTMENT OF ADMINISTRATION - STATE PERSONNEL SYSTEM

#### Supplement Information

#### Supp. 25-2

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 24-3, 1-38 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

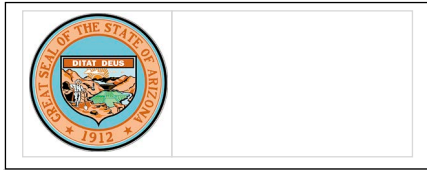
The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

### PERSONAL USE/COMMERCIAL USE

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

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## Arizona Administrative Code

### Administrative Rules Division

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## TITLE 2. ADMINISTRATION

### CHAPTER 5. DEPARTMENT OF ADMINISTRATION - STATE PERSONNEL SYSTEM

A.R.S. §§ 41-703(3), 41-743(B)(3) and 41-771

#### Supp. 25-2

*Editor's Note: Rules codified in Supp. 25-2 were amended with an immediate effective date as necessary to coincide with the implementation of AZ360 Human Resources (the HRIS Modernization Project). An immediate effective date allowed for the rules to be effective on the same day as the AZ360 Phase 1A go live date, thus benefiting State Personnel System (SPS) agencies and state employees.*

*Editor's Note: The Chapter Title was amended from Department of Administration, Personnel Administration to Department of Administration, State Personnel System. All Articles 1 through 9 repealed under exempt rulemaking at 18 A.A.R. 2782 effective September 29, 2012 (Supp. 12-4).*

*Editor's Note: Because the rules in this Chapter that were adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) have been repealed, the Chapter is printed on white paper (Supp. 99-3).*

*Editor's Note: This Chapter contains rules which were repealed and adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 1997, Ch. 288, § 10. Exemption from A.R.S. Title 41, Chapter 6 means the Department of Administration did not submit these rules to the Governor's Regulatory Review Council for review; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.*

*Article 1 consisting of Sections R2-5-101 through R2-5-105; Article 2 consisting of Sections R2-5-201 through R2-5-210 and R2-5-213; Article 3 consisting of Sections R2-5-301 through R2-5-306; Article 4 consisting of Sections R2-5-401 through R2-5-411 and R2-5-413 through R2-5-418; Article 5 consisting of Sections R2-5-501 through R2-5-503; Article 6 consisting of Sections R2-5-601 through R2-5-605; Article 7 consisting of Sections R2-5-701 and R2-5-702; Article 8 consisting of Sections R2-5-801 through R2-5-803; and Article 9 consisting of Sections R2-5-901 and R2-5-902 adopted effective December 31, 1986 (Supp. 86-6).*

*Former Article 1 consisting of Sections R2-5-101 and R2-5-102; former Article 2 consisting of Sections R2-5-201 through R2-5-205; former Article 3 consisting of Sections R2-5-301 and R2-5-302; former Article 4 consisting of Sections R2-5-401 through R2-5-403; former Article 5 consisting of Sections R2-5-501 and R2-5-502; and former Article 6 consisting of Sections R2-5-601 through R2-5-605 repealed effective December 31, 1986 (Supp. 86-6).*

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*Article 8, consisting of Sections R2-5-801 through R2-5-803, repealed by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4).*

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*Editor's Note: Articles 1 through 9, under Chapter 5, Department of Administration, Personnel Administration repealed at 18 A.A.R. 2782 effective September 29, 2012 (Supp. 12-4).*

**ARTICLE 1. REPEALED**

**R2-5-101. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective August 2, 1989 (Supp. 89-3). Subsection (48) corrected to read "without prejudice" (Supp. 95-2). Subsection (55) amended to correct a printing error (Supp. 99-3). Amended by final rulemaking at 9 A.A.R. 1040, effective May 4, 2003 (Supp. 03-1). Amended by final rulemaking at 11 A.A.R. 4357, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1420, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 14 A.A.R. 2924, effective August 30, 2008 (Supp. 08-3). Amended by final rulemaking at 15 A.A.R. 207, effective March 7, 2009 (Supp. 09-1). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-102. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Correction to subsection (A) as certified effective December 31, 1986 (Supp. 87-3). Amended by final rulemaking at 9 A.A.R. 1040, effective May 4, 2003 (Supp. 03-1). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-103. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended by final rulemaking at 9 A.A.R. 1040, effective May 4, 2003 (Supp. 03-1). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-104. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Section heading amended by final rulemaking at 9 A.A.R. 1040, effective May 4, 2003 (Supp. 03-1). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-105. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective August 2, 1989 (Supp. 89-3). Amended by final rulemaking at 9 A.A.R. 1040, effective May 4, 2003 (Supp. 03-1). Amended by final rulemaking at 16 A.A.R. 685, effective June 5, 2010 (Supp. 10-2). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**ARTICLE 2. REPEALED**

**R2-5-201. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective September 15, 1994 (Supp. 94-3). Amended by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-202. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-203. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Subsection (G) corrected to add omitted text following the word "error" (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-204. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-205. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-206. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective September 15, 1994 (Supp. 94-3). Amended by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-207. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective August 2, 1989 (Supp. 89-3). Amended by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-208. Repealed**

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4). Section

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repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-209. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6).  
Repealed effective August 2, 1989 (Supp. 89-3).

**R2-5-210. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4).

**R2-5-211. Repealed**

**Historical Note**

Adopted effective August 2, 1989 (Supp. 89-3).  
Amended effective September 15, 1994 (Supp. 94-3).  
Amended by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-212. Repealed**

**Historical Note**

Reserved Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-213. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Subsection (C)(2) corrected to read "job-related" in line 2;  
Amended effective April 20, 1995 (Supp. 95-2).  
Amended by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**ARTICLE 3. REPEALED**

**R2-5-301. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6).  
Amended by final rulemaking at 7 A.A.R. 2724, effective June 6, 2001 (Supp. 01-2). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-302. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6).  
Amended by final rulemaking at 7 A.A.R. 2724, effective June 6, 2001 (Supp. 01-2). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-303. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6).  
Amended effective August 2, 1989 (Supp. 89-3).  
Amended effective September 15, 1994 (Supp. 94-3).  
Amended effective March 4, 1997 (Supp. 97-1).  
Amended effective August 5, 1997 (Supp. 97-3).  
Amended by final rulemaking at 7 A.A.R. 2724, effective June 6, 2001 (Supp. 01-2). Amended by final rulemaking

at 16 A.A.R. 1129, effective August 7, 2010 (Supp. 10-2).  
Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-304. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6).  
Amended by final rulemaking at 5 A.A.R. 4417, effective November 2, 1999 (Supp. 99-4). Amended by final rulemaking at 7 A.A.R. 2724, effective June 6, 2001 (Supp. 01-2). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-305. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6).  
Amended effective April 20, 1995 (Supp. 95-2).  
Amended by final rulemaking at 7 A.A.R. 2724, effective June 6, 2001 (Supp. 01-2). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-306. Expired**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6).  
Amended by final rulemaking at 7 A.A.R. 2724, effective June 6, 2001 (Supp. 01-2). Section expired under A.R.S. § 41-1056(E) at 13 A.A.R. 1143, effective May 31, 2006 (Supp. 07-1).

**R2-5-307. Expired**

**Historical Note**

Adopted as an emergency effective February 22, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. New Section adopted effective March 10, 1993 (Supp. 93-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3483, effective July 19, 2002 (Supp. 02-3).

**ARTICLE 4. REPEALED**

**R2-5-401. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6).  
Amended by final rulemaking at 14 A.A.R. 4309, effective November 4, 2008 (Supp. 08-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-402. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6).  
Amended effective July 6, 1993 (Supp. 93-3). Amended effective April 20, 1995 (Supp. 95-2). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-403. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6).  
Amended as an emergency effective August 19, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Amended effective

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September 12, 1989 (Supp. 89-3). Amended effective September 14, 1990 (Supp. 90-3). Amended effective August 5, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Amended by final rulemaking at 9 A.A.R. 2082, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 1635, effective June 30, 2007 (Supp. 07-2). Amended by final rulemaking at 14 A.A.R. 4309, effective November 4, 2008 (Supp. 08-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-404. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective August 2, 1989 (Supp. 89-3). Amended effective September 15, 1994 (Supp. 94-3). Amended by final rulemaking at 14 A.A.R. 4309, effective November 4, 2008 (Supp. 08-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-405. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective April 20, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Amended by final rulemaking at 14 A.A.R. 4309, effective November 4, 2008 (Supp. 08-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-406. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-407. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-408. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-409. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-410. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective August 2, 1989 (Supp. 89-3). Amended effective April 20, 1995 (Supp. 95-2).

Amended by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Amended by final rulemaking at 14 A.A.R. 4309, effective November 4, 2008 (Supp. 08-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-411. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective August 2, 1989 (Supp. 89-3). Amended effective April 20, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Amended by final rulemaking at 14 A.A.R. 4309, effective November 4, 2008 (Supp. 08-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-412. Repealed**

**Historical Note**

Adopted as an emergency effective August 19, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Amended and adopted as a permanent rule effective September 12, 1989 (Supp. 89-3). Rule citation in subsection (B) corrected (Supp. 95-2). Former Section R2-5-412 renumbered to R2-5-413; new Section R2-5-412 adopted by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-413. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective August 2, 1989 (Supp. 89-3). Amended effective April 20, 1995 (Supp. 95-2). Former Section R2-5-413 renumbered to R2-5-414; new Section R2-5-413 renumbered from R2-5-412 and amended by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Amended by final rulemaking at 14 A.A.R. 4309, effective November 4, 2008 (Supp. 08-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-414. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Former Section R2-5-414 renumbered to R2-5-415; new Section R2-5-414 renumbered from R2-5-413 and amended by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Amended by final rulemaking at 14 A.A.R. 4309, effective November 4, 2008 (Supp. 08-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-415. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective August 2, 1989 (Supp. 89-3). Former Section R2-5-415 renumbered to R2-5-416; new Section R2-5-415 renumbered from R2-5-414 and amended by final rulemaking at 6 A.A.R. 4093, effective October 3,

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2000 (Supp. 00-4). Section repealed; new Section R2-5-415 renumbered from R2-5-423 and amended by final rulemaking at 15 A.A.R. 207, effective March 7, 2009 (Supp. 09-1). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-416. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective August 2, 1989 (Supp. 89-3). Former Section R2-5-416 renumbered to R2-5-417; new Section R2-5-416 renumbered from R2-5-415 and amended by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4357, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1420, effective May 31, 2008 (Supp. 08-2). Section repealed by final rulemaking at 15 A.A.R. 207, effective March 7, 2009 (Supp. 09-1).

**R2-5-417. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective August 2, 1989 and September 12, 1989 (Supp. 89-3). Former Section R2-5-417 renumbered to R2-5-418; new Section R2-5-417 renumbered from R2-5-416 and amended by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4357, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1420, effective May 31, 2008 (Supp. 08-2). Section repealed by final rulemaking at 15 A.A.R. 207, effective March 7, 2009 (Supp. 09-1). New Section made by final rulemaking at 17 A.A.R. 650, effective June 4, 2011 (Supp. 11-2). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-418. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective August 2, 1989 (Supp. 89-3). Former Section R2-5-418 renumbered to R2-5-419; new Section R2-5-418 renumbered from R2-5-417 and amended by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Amended by final rulemaking at 14 A.A.R. 1420, effective May 31, 2008 (Supp. 08-2). Section repealed by final rulemaking at 15 A.A.R. 207, effective March 7, 2009 (Supp. 09-1).

**R2-5-419. Repealed**

**Historical Note**

Adopted effective August 2, 1989 (Supp. 89-3). Former Section R2-5-419 renumbered to R2-5-421; new Section R2-5-419 renumbered from R2-5-418 and amended by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Amended by final rulemaking at 14 A.A.R. 1420, effective May 31, 2008 (Supp. 08-2). Section repealed by final rulemaking at 15 A.A.R. 207, effective March 7, 2009 (Supp. 09-1).

**R2-5-420. Repealed**

**Historical Note**

Adopted effective August 2, 1989 (Supp. 89-3). Former Section R2-5-420 renumbered to R2-5-422; new Section R2-5-420 adopted by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Section repealed by final rulemaking at 15 A.A.R. 207, effective March 7, 2009 (Supp. 09-1).

**R2-5-421. Repealed**

**Historical Note**

Adopted effective February 28, 1991 (Supp. 91-1). Former Section R2-5-421 renumbered to R2-5-423; new Section R2-5-421 renumbered from R2-5-419 and amended by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Amended by final rulemaking at 14 A.A.R. 1420, effective May 31, 2008 (Supp. 08-2). Section repealed by final rulemaking at 15 A.A.R. 207, effective March 7, 2009 (Supp. 09-1).

**R2-5-422. Repealed**

**Historical Note**

New Section R2-5-422 renumbered from R2-5-420 and amended by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Amended by final rulemaking at 14 A.A.R. 1420, effective May 31, 2008 (Supp. 08-2). Section repealed by final rulemaking at 15 A.A.R. 207, effective March 7, 2009 (Supp. 09-1).

**R2-5-423. Renumbered**

**Historical Note**

New Section R2-5-423 renumbered from R2-5-421 and amended by final rulemaking at 6 A.A.R. 4093, effective October 3, 2000 (Supp. 00-4). Former R2-5-423 renumbered to R2-5-415 by final rulemaking at 15 A.A.R. 207, effective March 7, 2009 (Supp. 09-1).

**ARTICLE 5. REPEALED**

**R2-5-501. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective April 20, 1995 (Supp. 95-2). Amended by final rulemaking at 7 A.A.R. 5811, effective December 6, 2001 (Supp. 01-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-502. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective September 15, 1994 (Supp. 94-3). Amended by final rulemaking at 7 A.A.R. 5811, effective December 6, 2001 (Supp. 01-4). Amended by final rulemaking at 12 A.A.R. 1733, effective July 1, 2006 (Supp. 06-2). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-503. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 7 A.A.R. 5811, effective December 6, 2001 (Supp. 01-4). Section repealed by

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exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**ARTICLE 6. REPEALED**

**R2-5-601. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4).

**R2-5-602. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4).

**R2-5-603. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4).

**R2-5-604. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4).

**R2-5-605. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 6 A.A.R. 4572, effective November 13, 2000 (Supp. 00-4).

**ARTICLE 7. REPEALED**

**R2-5-701. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective September 15, 1994 (Supp. 94-3). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-702. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective September 15, 1994 (Supp. 94-3). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**ARTICLE 8. REPEALED**

**R2-5-801. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended effective July 25, 1994 (Supp. 94-3). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-802. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-803. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

*Editor's Note: Article 9 contained rules which were repealed and adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 1997, Ch. 288, § 10. Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit these rules to the Governor's Regulatory Review Council for review; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on these rules. Temporary rules repealed and adopted under these Sections are repealed from and after June 30, 1999 (Supp. 98-2). Temporary rules repealed and adopted pursuant to Laws 1997, Ch. 288, § 10 were repealed from and after June 30, 1999 and the rule in effect before the adoption of the temporary rules became effective again upon the repeal of the temporary rules (Supp. 99-3).*

**ARTICLE 9. REPEALED**

**R2-5-901. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

*Editor's Note: The following Section R2-5-902 was temporarily repealed and a new Section was temporarily adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 1997, Ch. 288, § 10. Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit these rules to the Governor's Regulatory Review Council for review; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on these rules. Temporary rules adopted are repealed effective June 30, 1999 (Supp. 98-2). The temporary rules were repealed from and after June 30, 1999, pursuant to Laws 1997, Ch. 288, § 10; the rule in effect before the adoption of the temporary rules became effective again upon the repeal of the temporary rules (Supp. 99-3). Section R2-5-902 was repealed and a new Section was adopted by final rulemaking (Supp. 99-4).*

**R2-5-902. Repealed**

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Section R2-5-902 temporarily repealed; new Section temporarily adopted effective April 23, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1997, Ch. 288, § 10. Rules adopted under this temporary Section are repealed effective June 30, 1999 (Supp. 98-2). Section repealed from and after June 30, 1999, pursuant to Laws 1997, Ch. 288, § 10; the rule in effect before the adoption of the temporary rules became effective again upon the repeal of the temporary rules (Supp. 99-3). Section repealed by final rulemaking at 5 A.A.R. 4529, effective November 2, 1999; new Section adopted by final rulemaking at 6 A.A.R. 20, effective



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December 7, 1999 (Supp. 99-4). Amended by final rulemaking at 13 A.A.R. 958, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 16 A.A.R. 2379, effective January 15, 2011 (Supp. 10-4). Section repealed by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5-903. Repealed**

**Historical Note**

Emergency rule adopted effective January 4, 1996, pursuant to A.R.S. § 41-1026, in effect for a maximum of 180 days (Supp. 86-6). Adopted with changes effective June 7, 1996 (Supp. 96-2). Section repealed by final rulemaking at 17 A.A.R. 650, effective June 4, 2011 (Supp. 11-2).

*Editor's Note: The following Section was temporarily adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 1997, Ch. 288, § 10. Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit these rules to the Governor's Regulatory Review Council for review; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on these rules. Temporary rules adopted are repealed effective June 30, 1999 (Supp. 98-2). Section repealed from and after June 30, 1999, pursuant to Laws 1997, Ch. 288, § 10 (Supp. 99-3). New Section R2-5-904 adopted by final rulemaking (99-4). Section repealed by final rulemaking (Supp. 10-4).*

**R2-5-904. Repealed**

**Historical Note**

New Section adopted effective April 23, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1997, Ch. 288, § 10. This Section is automatically repealed effective June 30, 1999 (Supp. 98-2). Section repealed from and after June 30, 1999, pursuant to Laws 1997, Ch. 288, § 10 (Supp. 99-3). New Section adopted by final rulemaking at 6 A.A.R. 20, effective December 7, 1999 (Supp. 99-4). Formatting errors corrected (Supp. 08-3). Section repealed by final rulemaking at 16 A.A.R. 2379, effective January 15, 2011 (Supp. 10-4).

**SUBCHAPTER A. COVERED AND UNCOVERED EMPLOYEES**

**ARTICLE 1. GENERAL**

**R2-5A-101. Definitions**

In this Subchapter, the following words and phrases have the defined meanings unless otherwise clearly indicated by the context:

"Agency head" means the chief executive officer of a state agency, or designee.

"Appeal" means a covered employee's request for a review of a disciplinary action by the State Personnel Board under A.R.S. § 41-782 or the Law Enforcement Merit System Council under A.R.S. § 41-1830.16, as applicable.

"Applicant" means a person who seeks appointment to a position in state employment.

"Appointing authority" means the person or group of persons authorized by law or delegated authority to make appointments to fill positions. A.R.S. § 41-741(1)

"Appointment" means the offer to and the acceptance by a candidate of a position in a state agency.

"At will" means an employment relationship where either party to the relationship may sever the relationship at any time for any reason other than an unlawful reason. A.R.S. § 41-741(2)

"Base salary" means an employee's salary excluding supplemental pay provided by R2-5A-403, overtime pay or other pay allowance provided by law.

"Break in service" means a separation from state employment, regardless of the reason for separation. A.R.S. § 41-741(3)

"Business day" means the hours between 8:00 a.m. and 5:00 p.m., Monday through Friday, excluding observed state holidays.

"Candidate" means a person whose education, experience, competencies and other qualifications meet the requirements of a position and who may be considered for employment.

"Cause" means any of the reasons for disciplinary action provided by A.R.S. § 41-773 or these rules.

"Change in assignment" means movement of an employee to a different position in the same state agency or another state agency. A.R.S. § 41-741(4)

"Child" means a natural child, adopted child, foster child, or stepchild.

"Class" means a group of positions with the same title and grade because each position in the group has similar duties, scope of discretion and responsibility, required qualifications, or other job-related characteristics.

"Class series" means a group of related classes as listed by the Arizona Department of Administration, Human Resources Division.

"Class specification" means a description of the type and level of duties and responsibilities of the positions assigned to a class.

"Competencies" means knowledge, skills, abilities, behaviors and other characteristics that contribute to successful job performance and the achievement of organizational results.

"Covered employee" means an employee who:

- (a) Before September 29, 2012, is in the state service, is not uncovered pursuant to section 41-742, subsection A, and has remained in covered status without a break in service since that date.
- (b) Before September 29, 2012, is in the state service, is employed as a Correctional Officer I, Correctional Officer II, Correctional Officer III or Community Corrections Officer and has remained in covered status without a break in service since that date.
- (c) Before September 29, 2012, is in the state service, is a full authority peace officer as certified by the Arizona Peace Officer Standards and Training Board and has remained in that status without a break in service since that date.
- (d) On or after September 29, 2012, is a Correctional Officer I, Correctional Officer II, Correctional Officer III or Community Corrections Officer and is appointed to a position in the covered service, but

*does not include a position in any other class in the correctional officer class series or the community correctional officer class series or in any other correctional class series.*

- (e) *On or after September 29, 2012, is a full authority peace officer as certified by the Arizona Peace Officer Standards and Training Board and is appointed to a position that requires such a certification in the covered service.* A.R.S. § 41-741(5)
- (f) *On or after September 14, 2024, is employed by the Arizona Department of Corrections as a Correctional Captain, Correctional Lieutenant, Correctional Sergeant, Correctional Corporal, Correctional Officer IV, Community Corrections Unit Supervisor or Community Corrections Group Supervisor and is appointed to a position in the covered service.*

“Covered position” means a position in the covered service.

“Covered positions in the Arizona Department of Corrections” means, for the purposes of R2-5A-403, pertaining to supplemental pay, R2-5A-B611, pertaining to meritorious service leave, and R2-5B-102, pertaining to applicability, the job classes listed in A.R.S. § 41-745(D).

“Covered service” is defined in A.R.S. § 41-741 and means that employment status conferring rights of appeal as prescribed in A.R.S. §§ 41-782 and 41-783 or A.R.S. § 41-1830.16, as applicable.

“Days” means calendar days, unless otherwise stated.

“Demotion” means a change in the assignment of an employee from a position in one class to a position in another class that has a lower grade.

“Department” means the Arizona Department of Administration.

*“Director” means the Director of the Arizona Department of Administration, or the Director’s designee, who is responsible for administering the state personnel system pursuant to applicable state and federal laws.* A.R.S. § 41-741(7)

“Disabled veteran” means, for the purposes of R2-5A-302, pertaining to preferences, an honorably separated veteran who served on active duty in the armed forces of the United States at any time and who has a service-connected disability.

“Disciplinary action” means a letter of reprimand, suspension, involuntary demotion, or dismissal.

*“Employee” means all officers and employees of this state, whether in covered service or uncovered service, unless otherwise prescribed.* A.R.S. § 41-741(8)

“Employing agency” means the agency where the employee is employed or, if an applicant, the agency to which the person has applied.

“Essential job function” means a fundamental job duty of a position that an applicant or employee must be able to perform, with or without a reasonable accommodation.

“FLSA” means the federal Fair Labor Standards Act.

“FLSA exempt” means a position that is not entitled to overtime compensation under the FLSA.

“FLSA non-exempt” means a position that is entitled to overtime compensation under the FLSA.

“FMLA” means the federal Family and Medical Leave Act.

*“Full authority peace officer” means a peace officer whose authority to enforce the laws of this state is not limited by the rules adopted by the Arizona Peace Officer Standards and Training Board.* A.R.S. § 41-741(9)

“Grade” means the numeric identifier associated with one or more pay ranges, used to determine the internal worth of a class relative to other classes.

“Manifest error” means an act or failure to act that is, or clearly has caused, a mistake.

“Parent” means, for purposes of R2-5A-B602, pertaining to annual leave, R2-5A-B603, pertaining to sick leave, and R2-5A-B605, pertaining to bereavement leave, a birth parent, adoptive parent, stepparent, foster parent, grandparent, parent-in-law, or anyone who can be considered “in loco parentis.”

“Part-time” means employment scheduled for less than 40 hours per week.

“3/4 time” means employment regularly scheduled for at least 30 hours but fewer than 40 hours per week.

“1/2 time” means employment regularly scheduled for at least 20 hours but fewer than 30 hours per week.

“1/4 time” means employment regularly scheduled for at least 10 hours but fewer than 20 hours per week.

“Pay status” means an employee is receiving pay for work or for a compensated absence.

“Premium/contribution” means the amount paid in exchange for insurance coverage. Depending on the type of coverage, the premium/contribution is paid by the employee, the state, or a combination of both.

“Promotion” means a change in assignment of an employee from a position in one class to a position in another class that has a higher grade.

“Protected category” means race, color, national origin, religion, age, disability, genetic information, sex (including sexual orientation and gender identity), pregnancy, military or veteran status, or any other status protected by federal law, state law, or regulation.

“Reallocation” means changing the allocation of a position to a different class if a material and permanent change in duties or responsibilities occurs.

“Reversion” means the return of a covered employee on promotional probation to a position in the class in which the employee held permanent status immediately before the promotion or to a similar position in another class at the same grade as the class the employee held permanent status if the employee possesses the qualifications for that position.

*“Rules” means the rules adopted by the Department of Administration, Human Resources Division.* A.R.S. § 41-741(13)

“Special assignment” means the temporary assignment, for up to six months, of the duties and responsibilities of another position to an employee in the same agency.

*“State agency” means a department, board, office, authority, commission or other governmental budget unit of this state and includes an agency assigned to a department for administrative purposes. State agency does not include the legislative and judicial branches, the Arizona Board of Regents, state*

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*universities, the Arizona State Schools for the Deaf and the Blind, the Department of Public Safety, the Arizona Peace Officer Standards and Training Board, the Cotton Research and Protection Council or public corporations. A.R.S. § 41-741(14)*

“State Personnel Board” is defined in A.R.S. § 41-741 and means the board established by A.R.S. Title 41, Chapter 4, Article 6.

“State Personnel System” is defined in A.R.S. § 41-741 and means all state agencies and employees of those agencies that are not exempted by the provisions of A.R.S. Title 41, Chapter 4, Article 4.

“State service” is defined in A.R.S. § 41-741 and means all offices and positions of employment in state government that, before September 29, 2012, were subject to the provisions of A.R.S. Title 41, Chapter 4, Articles 5 and 6 that were in effect before September 29, 2012.

*“Supervisor” means a state employee who has one or more other state employees reporting directly to the person and, for those state employees, typically has the authority to:*

- (a) Approve sick or annual leave.*
- (b) Recommend hiring, discipline or dismissal.*
- (c) Assign or schedule daily work.*
- (d) Complete a performance evaluation. A.R.S. § 41-741(18)*

“Temporary appointment” means an appointment made for a maximum of 1,500 hours worked in any agency in each calendar year.

“Transfer” means the movement of an employee from one position to another position in the same or an equivalent grade.

*“Uncovered employee” means an employee in uncovered service. A.R.S. § 41-741(19)*

*“Uncovered service” means employment at will and includes all state employees except those in covered service. A.R.S. § 41-741(20)*

“Working day” or “working hours” means a day or the hours an employee is regularly scheduled to work.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by final rulemaking at 30 A.A.R. 2765 (September 6, 2024) effective October 12, 2024 (Supp. 24-3). Amended by final rulemaking at 31 A.A.R. 1939 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R2-5A-102. General Provisions**

**A. Authority of Director.**

1. The Director may approve, modify or deny a request, plan or proposal submitted by a state agency for review or when the Director’s approval is required by rule.
2. The Director may audit an agency’s personnel policies and procedures at any time. If the Director determines that the agency’s policies or procedures are inconsistent with these rules or are inconsistent with the procedures or guidelines issued by the Director, the Director may direct the agency head to modify them to achieve consistency or to discontinue them.

**B. Delegation of authority.**

1. The Director may, in writing, delegate authority to an agency head as consistent with legal requirements.
  2. The Director may review or audit delegated authority to determine compliance with laws, rules, and policies.
  3. Unless otherwise stated by law, or in these rules, an agency head may delegate authority granted to the agency head in these rules.
- C. Availability of funds.** The granting of any compensation under these rules is contingent upon the availability of funds, as determined by an agency head and the Director.
- D. Service of notice.** If a notice or document is to be given to a person or agency, the notice or document may be served personally or mailed to the last known residence or current business address of the person or agency. Unless otherwise provided by law or these rules, service is complete upon personal delivery or mailing.
- E. Employee handbook.** The Director may publish an employee handbook outlining pertinent rules and regulations and make the handbook available to all employees. If published, the employee handbook shall serve as the official handbook for all employees in the State Personnel System. An agency head may supplement the employee handbook with agency specific policies and directives.
- F. Employment contracts.** Unless otherwise provided by law, an appointing authority shall not execute an employment contract with any state employee.
- G. Correction of errors.** Only the Director, or designee, has authority to determine whether a manifest error exists and to correct the manifest error.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-103. Applicability**

- A. General.** Except as provided in A.R.S., Title 41, Chapter 4, Article 4 and Article 5, or otherwise stated in rule, the rules in this subchapter are applicable to covered and uncovered positions, applicants for covered and uncovered positions and covered and uncovered employees in the State Personnel System. An employee who violates or fails to comply with these rules may be disciplined or separated from state employment. Any such actions involving a covered employee shall be in accordance with the rules in Subchapter B, Article 3.
- B. Temporary procedures.** The Director may:
1. Unless otherwise prescribed by statute, waive any rule and implement temporary procedures if the Director determines that essential public services are being hampered or it is in the best interest of the state.
  2. Implement a temporary pilot project to improve efficiency, productivity, or accountability in the State Personnel System. The project may include an activity or procedure that is not in accordance with these rules and shall not exceed two years in duration.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-104. Prohibition Against Discrimination, Harassment and Retaliation**

- A. General.** Agencies shall comply with all federal and state anti-discrimination laws. Agencies shall not unlawfully discriminate against any individual with regard to the terms and conditions of employment, including hiring, pay, leave, insurance benefits, retention, and rehiring. The information provided in

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this rule is intended to serve as a summary of agencies' and employees' obligations with regard to compliance with applicable federal and state laws, rules and regulations. Nothing in these rules shall be construed as providing rights in excess of, or in addition to those authorized under federal laws and Arizona Revised Statutes.

- B. Equal Employment Opportunity.** Each agency shall provide equal employment opportunity for all individuals regardless of race, color, national origin, religion, age, disability, genetic information, sex (including sexual orientation and gender identity), pregnancy, military or veteran status, or any other status protected by federal law, state law, or regulation. It is the policy of this state that all individuals are treated in a fair and non-discriminatory manner throughout the application and employment process.
- C. Harassment Prohibited.** Harassment of a sexual nature or harassment based on any protected category is prohibited. An agency shall prohibit the unlawful harassment of any employee in the course of the employee's work by supervisors, coworkers, or third parties, such as vendors or customers. Any employee who engages in unlawful harassment may be subject to disciplinary action, up to and including termination of employment.
- D. Protection from Retaliation.** The state prohibits retaliation against anyone for raising a concern about, assisting in an investigation of, or filing a complaint concerning unlawful discrimination or unlawful harassment.
- E. Complaints.**
  - 1. An applicant for state employment who has a complaint alleging discrimination or harassment may file a complaint under the procedures in R2-5A-308.
  - 2. It is every employee's responsibility to promptly bring any allegation of discrimination, harassment or retaliation to the attention of the employing agency. Such complaints shall be filed under the procedures established under Article 9.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by final rulemaking at 30 A.A.R. 2765 (September 6, 2024) effective October 12, 2024 (Supp. 24-3).

**R2-5A-105. Records**

- A. Definitions.** For the purposes of this Section, "record" generally refers to a paper document; however, a document may be maintained electronically.
- B. Application Materials.**
  - 1. An agency head shall maintain and keep confidential all resumés, applications, tests, test results, records, correspondence, and other documents used to seek state employment. The agency head shall not release any materials that the agency head determines would compromise the application process for future applicants and shall restrict the review of the applicant's application materials to:
    - a. The applicant,
    - b. An individual who has written authorization from the applicant,
    - c. State officials in the normal line of duty, or,
    - d. Officials acting in response to court orders or subpoenas.
  - 2. The Director, or designee, shall ensure that when a person makes a public records request under A.R.S. Title 39, Chapter 1, Article 2 for applicant information:

- a. Information shall only be provided if the position under recruitment is a high-level position and the public has a legitimate interest in the names of persons being seriously considered for the position, as determined by the Director; and
- b. Only the names and resumés of the final candidates for the position as determined by the Director shall be released.

**C. Official Personnel File.**

- 1. An employee's official personnel file is the official record and documentation of the employee's employment.
- 2. An agency head shall, for each agency employee, maintain an official personnel file that contains:
  - a. A copy of the job application for the employee's current position;
  - b. A copy of all performance appraisals completed as required by Article 7;
  - c. Personnel action forms that authorize changes in employment status, position, classification, pay, or leave status;
  - d. Letters of commendation as established by agency policy; and
  - e. Correspondence consisting of:
    - i. Disciplinary actions;
    - ii. Acknowledgments of receipt of disciplinary actions; and
    - iii. Employee objections or responses to correspondence described in subsection (C)(2)(e)(i) that are not filed as complaints under Article 9 or grievances under Subchapter B, Article 4, if the objection or response is received within 30 calendar days of the date of the disciplinary action.
- 3. For the purpose of this subsection, an official is an individual who provides identification verifying that the individual is exercising powers and duties on behalf of the chief administrative head of a public body. An agency head shall limit access to an employee's official personnel file to:
  - a. The employee;
  - b. The employee's attorney or an individual who has written authorization from the employee to review the personnel file;
  - c. Agency personnel designated by the agency head as having a need for the information;
  - d. A Department official in the normal line of duty;
  - e. An official acting in response to a court order or subpoena;
  - f. An official of an agency to which the employee has applied; and
  - g. An official of an agency of the federal government, state government, or political subdivision, if the agency head of the employing agency deems access to the file to be appropriate.
- 4. When an employee moves from one state agency to another, the gaining agency shall request that the losing agency forward the employee's official personnel file to the gaining agency. The losing agency shall forward the file within 20 business days of the receipt of the request.
- 5. When a former employee returns to state employment within five years of the former employee's separation to an agency other than the agency in which the employee was last employed, the gaining agency shall request that the last agency forward the employee's official personnel

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file. The last agency shall forward the file within 20 business days of the receipt of the request.

**D. Disclosure of information.**

1. Definitions. For the purposes of this subsection:
  - a. "Records that are reasonably necessary or appropriate to maintain an accurate knowledge of the employee's disciplinary actions" includes disciplinary actions, an official notice of charges of misconduct as applicable to covered employees, the final disciplinary letter, and any responses related to complaints, grievances or appeals upholding, amending, or overturning the discipline.
  - b. "Employee responses" means any written documents, submitted and signed by the employee, either:
    - i. In response to an official notice of charges of misconduct;
    - ii. As a formal complaint filed under the provisions of Article 9 or a formal grievance under Subchapter B, Article 4, pertaining to a specific disciplinary action; or
    - iii. As an objection to a specific disciplinary action and contained in the employee's official personnel file under subsection (C)(2)(e)(iii).
2. Personnel records are confidential and an agency head shall ensure that except as provided in subsection (C)(3), only the following information about a current or former employee is provided to any person making a public records request under A.R.S. Title 39, Chapter 1, Article 2.
  - a. Name of employee;
  - b. Date of employment;
  - c. Current and previous class titles and dates of appointment to the class;
  - d. Current and previous agencies to which the employee has been assigned and the location of the main office for each agency;
  - e. Current and previous salaries and dates of each change;
  - f. Name of employee's current or last known supervisor; and
  - g. Records that are reasonably necessary or appropriate to maintain an accurate knowledge of the employee's disciplinary actions, including the employee responses to all disciplinary actions, unless providing this information is contrary to law.

**E. Insurance and medical records.** An agency head:

1. May maintain group insurance enrollment forms in an employee's official personnel file for an employee hired prior to September 29, 2012.
2. Shall maintain in a separate file that is not part of the employee's official personnel file:
  - a. Medical records, and
  - b. Group insurance enrollment forms for an employee hired on or after September 29, 2012.

**F. Employment eligibility records.** An agency head shall retain I-9 forms and other documents required by law to prove employment eligibility in a separate file that is not part of the employee's official personnel file.

**G. Employee access to files.** An employee has the right to review only the employee's official personnel file.

**H. Recordkeeping Requirements.** An agency head shall ensure that agency recruitment and employee records are maintained in accordance with the General Records Retention Schedule

for Human Resources/Personnel Records published by and on file with the Secretary of State, Arizona State Library, Archives and Public Records.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by final rulemaking at 30 A.A.R. 2765 (September 6, 2024) effective October 12, 2024 (Supp. 24-3).

**ARTICLE 2. CLASSIFICATION SYSTEM**

**R2-5A-201. Classification Plan**

- A.** General. The Director shall group positions into classes based on similarities of duties and responsibilities. All positions are assigned a class specification with a specific title. An agency head may not appoint, transfer, promote, or demote an employee, or make any change in salary for any position until the position is allocated to a class.
- B.** Class title. An agency head shall use the class title of a position to designate the position in all budget estimates, payrolls, vouchers, and communications in connection with personnel processes.
- C.** Class specification. A class specification indicates the kinds of positions to be allocated to the class, as determined by the duties and responsibilities described for that class. Each class specification shall contain a statement of the minimum education, experience, competencies, and other qualifications required to perform the work. Required postsecondary education shall be attained in an institution that meets the standards established by an accrediting agency recognized by the U.S. Department of Education.
- D.** Position description. An agency head shall ensure that every position in the agency has a completed position description describing the current duties, responsibilities, and essential job functions specific to the position.
- E.** Allocation. The Director shall place every position in a class based on its duties and responsibilities.
- F.** Reallocation. Upon completion of a review of a position, the Director may determine that the position should be placed in a different class.
- G.** Regrade. Upon completion of a review of a classification, the Director may determine that the class should be placed in a different grade.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-202. Change in Classification**

- A.** Change in classification plan. The Director may establish new classes and divide, combine, alter, or abolish existing classes, grades, or both, in consultation with affected agency heads.
- B.** Change in job duties.
  1. An employee in a position or the agency head may file a written request with the Director for review of the classification of the position. The request shall contain an updated position description, a specific explanation of how and when the position's duties and responsibilities have changed and the reasons why the current classification does not match these job duties.
  2. If a material and permanent change takes place in the duties and responsibilities of a position, the agency head shall report this change to the Director in an updated position description. The Director may order a reallocation of the position. The employee in the position at the time of reallocation shall continue to serve in the position.

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- C. Effective date. The effective date of a change in classification shall be the first day of the pay period immediately following the Director's determination, unless the Director authorizes an exception.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-203. Expired**

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2489, effective August 8, 2017 (Supp. 17-3).

**ARTICLE 3. RECRUITMENT, SELECTION AND APPOINTMENT**

**R2-5A-301. General**

An agency head shall follow the requirements outlined in this Article to identify and appoint qualified candidates to fill vacancies. The Director shall establish and maintain a centralized employment system that includes a job board for announcing vacancies in state employment, applicant tracking and candidate identification. The Director shall establish procedures for state agencies to request approval for transportation or other travel expenses or moving expenses provided by A.R.S. § 35-196.01 for out of state candidates.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by exempt rulemaking at 19 A.A.R. 717 effective April 13, 2013 (Supp. 13-1).

**R2-5A-302. Recruitment**

**A. Job posting.**

1. Unless exempted by A.R.S. Title 41, Chapter 4, Article 4, an appointing authority shall post an open position to the state's centralized job board. This includes recruitments open to only employees currently employed by the agency, to state employees currently employed in any state agency, or the general public. An agency head may authorize an exception to the job posting requirement for a position in an individual case. Any exceptions shall be documented by the agency head and subject to audit by the Director.
2. In addition to posting to the state's centralized job board, an appointing authority may post an open position in a publication or to a commercial job posting board or both, in compliance with applicable procurement rules.

**B. Application form.**

1. A candidate for a position shall complete the standardized application form developed by the Director.
2. In addition to the standardized application form, an agency head may develop supplemental application procedures and forms specific to the agency or to a certain class or classes within the agency.

**C. Preferences.**

1. The state will provide preference to qualified veterans and disabled veterans seeking employment with the state.
2. For positions in the covered service, preference points authorized by A.R.S. § 38-492 shall be added to an applicant's grade on any assessment or evaluation that results in a numeric grade after the final grade is determined, if a passing grade is earned without the addition of preference

points. Preference points shall not be applied to promotional examinations. If an evaluation does not result in a numeric grade, preference shall be given by granting applicable preference codes to qualified applicants.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-303. Reference and Background Checks**

A candidate may be required to furnish, at the candidate's own expense, evidence of education or other qualification. The appointing authority is responsible for verifying education, work experience, applicable license or licenses and references provided by candidates on the application form and in interviews. An appointing authority shall not conduct a criminal background check or a credit check on a candidate unless the agency has statutory or executive order authority to conduct such a check.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-304. Qualifications of Selected Candidate**

An agency head shall ensure that any candidate selected for hire meets the established qualifications for the position filled.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-305. Employment of Relatives**

- A. Relationship to supervisors. An individual shall not be employed in a position if the immediate supervisor of the individual is related within the third degree of affinity (marriage) or consanguinity (blood), or by adoption.
- B. Relationship to other employees. An individual shall not be employed in a position if the individual is related within the third degree to an employee who currently occupies a position under the same immediate supervisor.
- C. Exceptions. The Director may grant an exception to the prohibitions in subsections (A) and (B) if there is no other qualified person for the position at the location.
- D. Relationship to subordinate employees. A supervisor or manager at any level shall not make an employment decision specifically benefitting any individual who is related within the third degree, unless an exception under subsection (C) has been granted.
- E. Relationship to interviewer or interview panel members. An employee shall not interview or serve on an interview panel of any job candidate if the candidate is related within the third degree. An agency head may authorize an exception in an individual case. Any exception shall be documented by the agency head and subject to audit by the Director.
- F. Definition. For the purpose of this Section, persons related within the third degree include a spouse, child, parent, grandchild, grandparent, sister, brother, great grandchild, great grandparent, aunt, uncle, niece, nephew or first cousin.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by final rulemaking at 30 A.A.R. 2765 (September 6, 2024) effective October 12, 2024 (Supp. 24-3).

**R2-5A-306. Hiring Requirements**

Agencies shall comply with federal and state law, including the verification of employment eligibility pursuant to A.R.S. § 23-214. An

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agency head shall ensure the completion of the Form I-9 and the employment eligibility verification process for all new hires.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-307. Appointment**

- A.** General. Except as provided in A.R.S. Title 41, Chapter 4, Articles 4 and 5, all appointments shall be at will uncovered. An agency head may appoint a current state employee who accepts a change in assignment or an external candidate in accordance with these rules and the procedures established by the Director.
- B.** Types of Appointment.
  - 1. A regular appointment may be:
    - a. Full-time employment;
    - b. Part-time employment;
    - c. Subject to funding availability, such as federal or grant funding; or
    - d. To a trainee position.
  - 2. A temporary appointment may be made for a recurring period of time up to a maximum of 1500 hours in any one position per agency each calendar year. A temporary appointment employee may work full time for a portion of the year, intermittently, on a seasonal basis, or on an as needed basis. An employee in a pool classification is considered a temporary appointment.
  - 3. An agency head may place an employee on special assignment within the agency. A special assignment may be made non-competitively and for up to 6 months with the concurrence of the agency head of the employing agency and the Director. A special assignment shall not exceed 6 months unless extended by the Director. An agency head shall not make successive special assignments of the same person to the same class.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by exempt rulemaking at 19 A.A.R. 717 effective April 13, 2013 (Supp. 13-1).

**R2-5A-308. Applicant Complaint**

An applicant who has a complaint alleging discrimination or harassment relating to the procedures used in the selection or evaluation process shall submit the applicant complaint to the agency human resources representative within 90 days of the action giving rise to the complaint. The agency human resources representative shall evaluate the complaint and notify the applicant of the final action to be taken.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**ARTICLE 4. COMPENSATION SYSTEM**

**R2-5A-401. Salary Plans**

- A.** General. The Director shall establish a salary plan. The salary plan shall allow for the following:
  - 1. Minimum and maximum rates of pay for classes outlined in the classification plan.
  - 2. Salary adjustments, including adjustments to base salary and pay supplements and incentives, including add-ons to base salary.

- B.** Alternative salary plan. The Director may establish a special salary plan or pay practice determined to be the prevailing practice in the labor market and in the best interest of the state.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-402. Salary Administration**

- A.** General. The Director shall develop procedures for salary administration for use by all agencies when setting the salary of an employee. In setting an employee's salary, an agency head shall consider such factors as the employee's education, experience, skills, performance, and the current salaries of employees in the same class in the agency and the relative experience and performance of those employees.
- B.** Classes. The Director shall assign each class to a salary range and to a grade.
- C.** Salary. The base salary of an employee shall be not less than the minimum nor more than the maximum of the salary range of the class to which the employee's position is allocated, except as provided by these rules.
- D.** Salary adjustment. The salary used to compute a salary adjustment is the employee's base salary. Following an adjustment to the base salary, an agency shall add to the new rate of pay any special pay supplement still valid.
- E.** New hire starting rate. An agency head may offer a salary to a new hire within the salary range of the class to which the employee is being appointed in accordance with the procedures and guidelines published by the Director, unless an exception is approved by the Director.
- F.** Promotion. An employee who has a change in assignment from a position in one class to a position in another class having a higher grade shall receive a salary increase as determined by the agency head in accordance with the procedures and guidelines published by the Director, unless an exception is approved by the Director.
- G.** Demotion.
  - 1. An employee who has a change in assignment from a position in one class to a position in another class having a lower grade, whether voluntary or involuntary, shall receive a salary decrease as determined by the agency head in accordance with the procedures and guidelines published by the Director, unless an exception is approved by the Director.
  - 2. A demoted employee shall not be eligible for an increase to base salary for six months after the effective date of the demotion to the new position, other than a salary increase that is legislatively mandated. After six months, the employee may become eligible for a salary increase only after a performance evaluation in the new position for which the employee received an overall rating of "meets expectations" or higher.
- H.** Lateral transfer. An employee who has a change in assignment from a position in one class to a position in the same class or in another class having the same grade shall receive no increase in salary, unless an exception is approved by the Director. The Director may approve a salary increase based upon documentation of recruitment difficulties to fill the position, specific needs identified by the agency, or the employee's qualifications. Transferred employees are not eligible for increases to base salary during their first six months in the new job unless approved by the Director. An employee who transfers to another agency may become eligible for a salary increase only after a performance evaluation in the new position for which



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the employee received an overall rating of “meets expectations” or higher.

- I.** Reversion of covered employee. A covered employee who is reverted under the rules in Subchapter B shall be paid the same salary as that paid prior to the promotion, plus the percentage or dollar amount of increase of an intervening general salary adjustment for which the employee was eligible.
- J.** Job reallocation.
  - 1. The base salary of an employee in a position that is reallocated to a class in a higher pay range may receive a salary increase in accordance with the procedures and guidelines published by the Director. If increasing the base salary of an employee would result in a salary level that is less than the minimum or greater than the maximum salary of the pay range, the employee’s salary shall be the minimum or the maximum salary of the pay range, respectively.
  - 2. The base salary of an employee in a position that is reallocated to a class with the same or lower pay range shall remain the same provided that the employee’s salary is within the pay range of the position. If the employee’s salary is less than the minimum of the salary range or greater than the maximum salary of the new pay range, the employee’s salary shall be the minimum salary or the maximum salary of the new pay range, respectively.
- K.** Job regrade.
  - 1. The base salary of an employee in a class that is reassigned to a higher grade shall be adjusted by the amount determined by the Director. If adjusting the base salary of an employee would result in a salary level that is less than the minimum or greater than the maximum salary of the pay range, the employee’s salary shall be the minimum or the maximum salary of the pay range, respectively.
  - 2. The base salary of an employee in a class that is reassigned to a lower grade shall remain the same provided that the employee’s salary is at or above the minimum salary of the new pay range of the class, and may be greater than the maximum salary of the pay range. If the employee’s salary is greater than the maximum, the employee is not eligible for an increase to base pay until the employee’s salary is less than the maximum salary of the new pay range.
- L.** Merit increases.
  - 1. The Director shall establish guidelines for merit increases to base pay.
  - 2. Merit increases shall be available:
    - a. To uncovered employees.
    - b. To covered employees only if such increases are legislatively appropriated.
  - 3. Subject to the guidelines established by the Director:
    - a. Merit increases may be implemented at the discretion of the agency head.
    - b. Merit increases are subject to the availability of funding and must be within an agency’s appropriation unless otherwise legislatively appropriated.
- M.** Legislatively-appropriated salary adjustments. Subject to legislative appropriation, the Director shall determine employee eligibility and criteria for salary adjustments.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by exempt rulemaking at 19 A.A.R. 717 effective April 13, 2013 (Supp. 13-1). Amended by final rulemaking at 30

A.A.R. 2765 (September 6, 2024) effective October 12, 2024 (Supp. 24-3).

**R2-5A-403. Supplemental Pay**

- A.** General. Supplemental pay is in addition to an employee’s base pay. The salary of an employee may exceed the maximum salary of the pay range for the employee’s class if the excess amount is due to the receipt of supplemental pay.
- B.** Shift differential. The Director may authorize a shift differential to be paid to an employee on other than a day shift. The Director shall establish a competitive shift differential rate periodically based on an annual survey of the market place. Employees in the same class in the same agency who work on the same shift shall receive the same shift differential pay.
- C.** Special assignment. An employee on a special assignment shall remain in the employee’s current position with no change to base salary. If the classification to which the employee is on a special assignment is a higher grade, the employee shall be provided a conditional pay supplement in an amount that, when added to the employee’s base salary, would be within the range of the higher classification. If the classification to which the employee is on a special assignment is the same or a lower grade, the employee shall not be eligible for a conditional pay supplement while on special assignment. Any conditional pay supplement received by the employee for the special assignment shall be discontinued at the conclusion of the special assignment.
- D.** Conditional pay supplements. The Director may establish conditional pay supplements. A conditional pay supplement provides additional compensation to an eligible employee and shall be discontinued when the qualifying conditions no longer apply. An employee may be awarded multiple conditional pay supplements. A conditional pay supplement does not:
  - 1. Change base salary;
  - 2. Provide a basis for the computation of a salary increase; or
  - 3. Provide a basis for the computation of pay upon an employee’s promotion, demotion or transfer.
- E.** Variable pay.
  - 1. The Director may establish variable pay strategies determined to be the prevailing practices in the market and in the best interest of the state.
  - 2. If the Director establishes variable pay strategies, the Director shall establish guidelines for the administration of variable pay.
  - 3. Variable pay shall be available only to uncovered employees, except for employees in covered positions in the Arizona Department of Corrections, or covered positions that require full authority peace officer certification, as specified in the guidelines established by the Director.
  - 4. Subject to the guidelines established by the Director:
    - a. Variable pay strategies may be implemented at the discretion of the agency head.
    - b. Variable pay strategies are subject to the availability of funding and must be within an agency’s appropriation unless otherwise legislatively appropriated.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by final rulemaking at 30 A.A.R. 2765 (September 6, 2024) effective October 12, 2024 (Supp. 24-3). Amended by final rulemaking at 31 A.A.R. 1939 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R2-5A-404. Overtime**

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- A.** Approval of overtime work. An agency head may require that an employee work overtime and:
  - 1. Shall approve in advance all work in excess of 40 hours per workweek or in excess of a work period as defined by the Fair Labor Standards Act (FLSA). FLSA Regulations 29 CFR 553 and 778 (July 2012), are incorporated by this reference and on file with the Department and available from the U.S. Government Printing Office, 732 North Capitol Street N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments; and
  - 2. May assign an employee who volunteers for overtime before mandatory overtime is required.
- B.** Exemptions. The Director shall determine exemptions from minimum wage and maximum hour requirements in accordance with the Fair Labor Standards Act, 29 U.S.C. 213, January 2004, incorporated by this reference and on file with the Department and available from the U.S. Government Printing Office, 732 North Capitol Street N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments.
- C.** Non-exempt employees.
  - 1. An agency shall compensate an employee in a non-exempt position who works in excess of 40 hours per workweek or in excess of a work period as defined by the FLSA by either:
    - a. Additional pay at the rate of 1 1/2 times the employee's regular rate for each excess hour worked, or
    - b. Compensatory leave at the rate of 1 1/2 hours for each excess hour worked.
  - 2. An employee shall select either overtime pay or compensatory leave for overtime compensation. If an employee's compensatory leave balance reaches the maximum allowed in subsection (E), the agency head shall compensate the employee by overtime pay.
- D.** Exempt employees.
  - 1. Unless otherwise provided by statute or as specified in subsection (D)(2), an employee who is in a position that is exempt from the FLSA is excluded from receiving either overtime pay or compensatory leave.
  - 2. An employee who is in a position that is exempt from the FLSA who works in excess of 40 hours per workweek or in excess of an established work period shall receive for each hour of overtime worked, either one hour of additional pay or earn one hour of compensatory leave, at the option of the agency head, if the employee is either:
    - a. Engaged in law enforcement activities;
    - b. Engaged in firefighting activities; or
    - c. A full authority peace officer as certified by the Arizona Peace Officer Standards and Training Board, is in a position that requires such certification, and is in the covered service.
  - 3. An exempt employee may earn compensatory leave as provided by subsection (D)(2) until the employee's compensatory leave balance reaches the maximum allowed in subsection (E). When the maximum balance is reached, an agency head shall compensate the employee by overtime pay for excess hours worked.
  - 4. For the purposes of this subsection, "engaged in law enforcement activities" has the same meaning as defined in A.R.S. Title 23, Chapter 2, Article 9.
- E.** Maximum accumulation. The maximum number of hours of accumulated compensatory leave is:

- 1. 480 hours for an employee who works in a public safety activity or an emergency response activity, or
- 2. 240 hours for an employee who works in any other activity.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by final rulemaking at 31 A.A.R. 1939 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R2-5A-405. Education Assistance**

- A.** General. A state agency may assist an employee in the pursuit of educational goals by providing tuition reimbursement and student loan repayment assistance.
- B.** Tuition reimbursement. Prior to granting tuition reimbursement, an agency shall establish a policy which shall include the following conditions:
  - 1. The educational program will provide a benefit to the state.
  - 2. The employee shall successfully complete the required course work or the educational requirements of the program in order to receive reimbursement.
  - 3. Education assistance may not exceed \$5,250 per employee in any one calendar year unless approved in advance by the Director.
  - 4. An employee who receives education assistance may be required to return all or a portion of the amount received if the employee does not remain employed with the agency for a defined period of time, as specified in the agency's policy.
- C.** Student loan repayment assistance. An agency that provides tuition reimbursement may also provide student loan assistance to an eligible employee in the repayment of student loans obtained by the employee and used for the actual costs paid for educational expenses and living expenses that occurred during the employee's undergraduate, graduate or professional education if the education is required or a selective preference for the employee's current position. Before granting student loan repayment assistance, an agency head shall develop a written policy that provides for equal consideration of all employees similarly situated. The policy will describe the need being addressed, and the benefit expected to be gained. The agency head shall submit the proposed policy and any subsequent changes to the Director for approval, and include at a minimum:
  - 1. Eligibility requirements;
  - 2. Request and approval procedures;
  - 3. Documentation required to support the request for repayment assistance;
  - 4. The monthly limit on student loan repayment assistance and a specified lifetime cap;
  - 5. A requirement that the employee receiving student loan repayment assistance must provide to the agency monthly proof of payment of the monthly repayment amount for each active student loan approved for assistance;
  - 6. Information regarding how an employee's leave of absence or separation affects student loan repayment assistance.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by

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final rulemaking at 30 A.A.R. 2765 (September 6, 2024)  
effective October 12, 2024 (Supp. 24-3).

**R2-5A-406. Reimbursement for Relocation**

An agency head may reimburse reasonable relocation expenses to a current employee for a management initiated geographical transfer of more than 50 miles from the employee's current work site in accordance with the procedures established by the Director.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782,  
effective September 29, 2012 (Supp. 12-4).

**ARTICLE 5. CONDITIONS OF EMPLOYMENT**

**R2-5A-501. Standards of Conduct**

**A. Required conduct.** A state employee shall at all times:

1. Comply with federal and state laws and rules, statewide policies and employee handbook, and agency policies and directives;
2. Maintain high standards of honesty, integrity, and impartiality, free from personal considerations, or favoritism;
3. Be courteous, considerate, and prompt in interactions with and serving the public and other employees; and
4. Conduct himself or herself in a manner that will not bring discredit or embarrassment to the state.

**B. Prohibited conduct.** A state employee shall not:

1. Use his or her official position for personal gain, or attempt to use, or use, confidential information for personal advantage;
2. Permit himself or herself to be placed under any kind of personal obligation that could lead a person to expect official favors;
3. Perform an act in a private capacity that may be construed to be an official act;
4. Accept or solicit, directly or indirectly, anything of economic value as a gift, gratuity, favor, entertainment, or loan that is, or may appear to be, designed to influence the employee's official conduct. This provision shall not prohibit acceptance by an employee of food, refreshments, or unsolicited advertising or promotional material of nominal value;
5. Directly or indirectly use or allow the use of state equipment or property of any kind, including equipment and property leased to the state, for other than official activities unless authorized by written agency policy or as otherwise allowed by these rules;
6. Inhibit a state employee from joining or refraining from joining an employee organization; or
7. Take disciplinary or punitive action against another employee that impedes or interferes with that employee's exercise of any right granted under the law or these rules.

**C. Consequences of non-compliance.** An employee who violates the standards of conduct requirements listed in subsection (A) or (B) may be disciplined or separated from state employment. Any such actions involving a covered employee shall be in accordance with the rules in Subchapter B, Article 3.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782,  
effective September 29, 2012 (Supp. 12-4). Amended by  
exempt rulemaking at 19 A.A.R. 717 effective April 13,  
2013 (Supp. 13-1).

**R2-5A-502. Hours and Location of Work**

**A. State work week.** The state work week is the period of seven consecutive days starting Saturday at 12:00 a.m. and ending

Friday at 11:59 p.m. An agency head may apply to the Director for an exception from the work week period for all or part of an agency workforce. The Director may grant an exception from the work week period to promote efficiency in the State Personnel System.

**B. Hours of work.**

1. An agency head shall determine the hours of employment in the work week for each agency employee.
  - a. An agency head may provide for breaks during the work period consistent with carrying out the duties of the agency.
  - b. An agency head may require an employee to work overtime.
2. An agency head may offer a flexible 40-hour work week option to an employee if the agency head determines the agency's services can be maintained.
3. An agency head may establish a standard of attendance.

**C. Location of work.** Every employee shall have a designated work location in the State of Arizona.

1. An agency head shall determine the work location for each agency employee.
2. An agency head may allow an employee to work from an alternate location, subject to the employee's position requirements, the business needs of the agency, and in accordance with the procedures established by the Director. An employee who is authorized to work from an alternate location may be required to report to the employee's designated State of Arizona work location when directed.
3. The employee's designated State of Arizona work location shall be the geographic location of the position for the purposes of R2-5A-C601, pertaining to furlough, and R2-5B-602, pertaining to reduction in force.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782,  
effective September 29, 2012 (Supp. 12-4). Amended by  
final rulemaking at 30 A.A.R. 2765 (September 6, 2024)  
effective October 12, 2024 (Supp. 24-3).

**R2-5A-503. Outside Employment**

**A. General.** A state employee may seek employment and engage in a variety of activities outside of the employee's work for the state; however, the employee shall not engage in other employment or other activity that is not compatible with the full and proper discharge of the duties and responsibilities of state employment, or that tends to impair the employee's capacity to perform the employee's duties and responsibilities in an acceptable manner.

**B. Definitions.** For the purposes of this Section:

1. "Other employment" includes, but is not limited to:
  - a. Working as an employee for any employer, including another state agency;
  - b. Owning a business;
  - c. Contracting to provide services for a fee; or
  - d. Serving as a consultant for a fee or being self-employed;
  - e. Holding any elected or appointed public office, whether federal, state, or local; or
  - f. Holding a position in a political party or organization.
2. "Primary agency" means the agency in which the employee is employed at the time of the employee's request to obtain outside employment with another agency.

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3. "Secondary agency" means the agency in which the employee is requesting to be employed while remaining employed with the primary agency.

- C. Notice requirement. An employee who desires to engage in other employment shall notify the employee's supervisor and abide by the policies of the employing agency. An employee engaged in outside employment, including consultant relationships, shall inform the supervisor of the nature of the employment and corresponding work hours. An employee shall also disclose actual or potential conflicts of interest related to outside employment activities as soon as the employee becomes aware of the conflict. The determination as to whether a conflict or potential conflict exists shall be made by the agency head.
- D. Outside employment with another state agency. An employee who seeks outside employment with another state agency must request approval from both the employee's primary agency and prospective secondary agency before commencing employment with the secondary agency. The primary and secondary agencies must ensure that the request complies with state and federal guidelines. Such request, if approved shall be in writing and on file with both agencies. Employment records are to be maintained in accordance with the provisions of R2-5A-105.
- E. Outside employment as a paid public official or in a political party or organization. All employees shall comply with A.R.S. § 41-752 pertaining to political activities.
- F. Termination of outside employment. If an agency head determines that an employee's outside employment interferes with the employee's performance or creates a conflict of interest, the employee will be required to terminate the outside employment.
- G. Consequences of non-compliance. An employee who fails to make required disclosures or to take action to resolve any conflict of interest may be disciplined or separated from state employment. Any such actions involving a covered employee shall be in accordance with the rules in Subchapter B, Article 3.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-504. Alcohol and Drug-free Workplace**

- A. General. State agencies shall prohibit the manufacture, distribution, dispensation, possession or use of alcohol, illegal drugs, unauthorized drugs, inhalants, or other unauthorized controlled substances during an employee's working hours or while on state premises or worksites, including state vehicles and property leased to the state. A state employee shall not be impaired by alcohol or drugs while on duty.
- B. Written policy. Each agency head shall adopt a written policy to address testing or retesting for the presence of alcohol or drugs of its employees and if applicable, prospective employees. The policy shall include all of the requirements listed in A.R.S. § 23-493.04. The agency head will submit its proposed alcohol and drug-free workplace policy and any subsequent changes to the Director for approval.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by

final rulemaking at 30 A.A.R. 2765 (September 6, 2024)  
effective October 12, 2024 (Supp. 24-3).

**ARTICLE 6. LEAVE**

**PART A. GENERAL**

**R2-5A-A601. Leave Administration**

- A. Leave plans. The Director shall adopt leave plans. Agency heads are responsible for administering leave for agency employees in accordance with the leave plans in this Article.
- B. Eligibility for leave. All state employees, except temporary employees, are eligible for any type of leave with pay from the date of appointment. Temporary employees are eligible only for holidays subject to the provisions of R2-5A-B601, administrative leave, civic duty leave for the purpose of voting, living donor leave and military leave.
- C. Amount of leave. Leave amounts are based on full-time employment and shall be pro-rated for part-time employees, even if not specified in an individual rule.
- D. Family and Medical Leave Act (FMLA) leave. FMLA Regulations, 29 CFR 825.100 through 29 CFR 825.800 (July 2012), are incorporated by this reference and on file with the Department and available from the U.S. Government Printing Office, 732 N. Capitol Street N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments. An employee who meets FMLA eligibility requirements and uses leave for any of the situations covered by the FMLA shall be subject to the following:
  - 1. Counting FMLA leave. Periods of paid leave and periods of leave without pay shall count towards the employee's available FMLA leave.
  - 2. Use of accrued paid leave. An employee shall use available paid leave for all or part of the employee's FMLA leave under the conditions in:
    - a. R2-5A-D602 for an employee on industrial leave,
    - b. R2-5A-D601 for an employee on FMLA leave for any other reason.
- E. Insurance benefits continuation. An employee remains eligible for continued participation in the employee insurance plans while on leave pursuant to this Article.
- F. Requests for leave. Except in an emergency, an employee shall obtain approval in advance and in writing before taking any leave.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**PART B. PAID LEAVE**

**R2-5A-B601. Holidays**

- A. State holidays.
  - 1. January 1, "New Year's Day."
  - 2. Third Monday in January, "Martin Luther King, Jr./Civil Rights Day."
  - 3. Third Monday in February, "Lincoln/Washington Presidents' Day."
  - 4. Last Monday in May, "Memorial Day."
  - 5. July 4, "Independence Day."
  - 6. First Monday in September, "Labor Day."
  - 7. Second Monday in October, "Columbus Day."
  - 8. November 11, "Veterans Day."
  - 9. Fourth Thursday in November, "Thanksgiving Day."
  - 10. December 25, "Christmas Day."
- B. Employees scheduled to work. Unless required to work to maintain essential state services, an employee who is regularly scheduled to work on a day on which one of the holidays listed

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in subsection (A) is observed is entitled to be absent with pay for the number of hours regularly scheduled to work, not to exceed eight hours, provided the employee is not on leave without pay on the employee's work days immediately preceding or following the day on which the holiday is observed.

1. Part-time employees who work 1/4 time, 1/2 time, or 3/4 time are entitled to a proportional amount of holiday pay. Part-time employees who work a percentage of full-time other than 1/4 time, 1/2 time, or 3/4 time are entitled to holiday pay at the next lower rate. An employee who works less than 1/4 time is not entitled to holiday pay.
2. Temporary employees shall receive holiday pay provided they are in pay status the day before and the day after the holiday.

**C.** Employees not scheduled to work. An employee, excluding part-time and temporary employees, who is not scheduled to work on a day on which one of the holidays listed in subsection (A) above is observed shall receive holiday compensation for the number of hours normally worked per day, not to exceed eight, provided the employee is not on leave without pay on the employee's work days immediately preceding or following the day on which the holiday is observed.

**D.** Employees required to work. An employee who is required to work on a day on which a holiday listed in subsection (A) is observed shall receive:

1. Both holiday compensation and one hour of pay at the employee's current salary rate for each hour worked if the employee is in a position that is either:
  - a. FLSA non-exempt; or
  - b. Exempt from the FLSA, but meets the conditions in R2-5A-404(D)(2).
2. No additional compensation if the employee is in a position that is exempt from the FLSA and is employed in any other capacity.

**E.** Holiday compensation.

1. Except as modified by subsection (E)(2), an employee who is eligible for holiday compensation pursuant to subsection (C) or (D) shall receive for each hour of holiday compensation authorized, at the option of the agency head, either:
  - a. One hour of additional pay at the current salary rate; or
  - b. One hour of annual leave; or
  - c. One hour time off with pay on an alternate work day specified by the agency head after the holiday and during the pay period in which the holiday is observed, or the succeeding pay period.
2. Temporary employees do not accrue annual leave and shall receive either additional pay or time off as in subsection (E)(1)(c) above.
3. An employee may not receive more than eight hours of holiday compensation for any holiday.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-B602. Annual Leave**

**A.** Definitions. For the purposes of this Section:

1. "Annual leave" means a period of approved absence with pay that is not chargeable to another category of leave.
2. "Hire date" means the employee's first day of work upon hire or, if the employee has a break in service, rehire.

**B.** Accrual.

1. All employees, except temporary and part-time employees shall accrue annual leave as follows:

- a. Except as provided in subsection (B)(1)(b), covered employees shall accrue annual leave in accordance with the following schedule:

<b>Credited Service</b>	<b>Bi-weekly Accrual Hours Minutes (HH:MM)</b>
Fewer than 3 years	3 hours 42 minutes (3:42)
3 years but fewer than 7 years	4 hours 38 minutes (4:38)
7 years but fewer than 15 years	5 hours 33 minutes (5:33)
15 years or more	6 hours 29 minutes (6:29)

- b. An employee of the Arizona Department of Corrections who was employed before September 14, 2024, as an uncovered Correctional Captain, Correctional Lieutenant, Correctional Sergeant, Correctional Corporal, Correctional Officer IV, Community Corrections Unit Supervisor or Community Corrections Group Supervisor and became covered on September 14, 2024, as amended by Laws 2024, Ch. 249, Sec. 3, and who remains in covered status without a break in service, shall accrue leave based on the following schedule:

<b>Credited Service</b>	<b>Bi-weekly Accrual Hours Minutes (HH:MM)</b>
Fewer than 3 years	4 hours 0 minutes (4:00)
3 years but fewer than 9 years	5 hours 33 minutes (5:33)
9 years or more	6 hours 29 minutes (6:29)

- c. Except as provided in subsection (B)(1)(d), uncovered employees shall accrue leave based on the following schedule:

<b>Credited Service</b>	<b>Bi-weekly Accrual Hours Minutes (HH:MM)</b>
Fewer than 3 years	4 hours 0 minutes (4:00)
3 years but fewer than 9 years	5 hours 33 minutes (5:33)
9 years or more	6 hours 29 minutes (6:29)

- d. An uncovered employee shall accrue annual leave at the rate of 6 hours 29 minutes (6:29) bi-weekly if:
  - i. The employee's hire date is prior to September 29, 2012, the employee has remained employed without a break in service since that date, and the employee either was uncovered prior to September 29, 2012 or became uncovered in accordance with A.R.S. Title 41, Chapter 4, Article 4; or
  - ii. The employee is in a position listed in A.R.S. § 41-742(F).

2. Temporary employees shall not accrue annual leave.

3. Part-time employees who:

- a. Work 1/4 time, 1/2 time, or 3/4 time shall accrue a proportional amount of annual leave;
- b. Work a percentage of full-time other than 1/4 time, 1/2 time, or 3/4 time shall accrue annual leave at the next lower rate;
- c. Work less than 1/4 time shall not accrue annual leave.

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4. Except as provided by R2-5A-D602 for an employee on industrial leave, an eligible employee accrues annual leave each bi-weekly pay period if the employee is in pay status for at least one-half of the employee's scheduled work hours in that pay period.
  5. An annual leave accrual is credited on the last day of the bi-weekly pay period in which the accrual is earned and is available for use on the first day of the following pay period.
    - a. Annual leave accrued during the last pay period that begins in a calendar year is not subject to forfeiture under subsection (D).
    - b. An employee who is separating from state employment is compensated in accordance with subsection (I) for annual leave accrued through the employee's last date of employment.
  6. The effective date for change in the accrual rate is the first day of the pay period immediately following the attainment of the required credited service.
- C. Credited service.**
1. Credited service shall be calculated from the first day of the first complete pay period worked.
  2. Credited service shall include:
    - a. A period of service as an employee of a state budget unit before a break in service of less than two years;
    - b. A period of leave without pay of 240 hours or less;
    - c. Family and Medical Leave Act (FMLA) leave;
    - d. Military leave taken under A.R.S. §§ 26-168, 26-171, or 38-610; and
    - e. Active military service of an employee who is restored to state employment under A.R.S. § 38-298.
- D. Accumulation.**
1. Except as provided in subsections (D)(2) and (3), an employee shall forfeit annual leave in excess of the accumulation limit as of the last day of the last pay period that begins in a calendar year. The accumulation limit is:
    - a. Except as provided in subsection (D)(1)(c), 240 hours for a covered employee.
    - b. 320 hours for an uncovered employee.
    - c. 320 hours for an employee of the Arizona Department of Corrections who was employed before September 14, 2024, as an uncovered Correctional Captain, Correctional Lieutenant, Correctional Sergeant, Correctional Corporal, Correctional Officer IV, Community Corrections Unit Supervisor or Community Corrections Group Supervisor and became covered on September 14, 2024, as amended by Laws 2024, Ch. 249, Sec. 3, and who remains in covered status without a break in service.
  2. An agency head may request an exception to the accumulation limit contained in subsection (D)(1) for an employee in an individual case.
    - a. An agency head seeking an exception shall submit a written request to the Director that contains a plan to use the excess hours during the following calendar year, pay the employee for the excess hours, or a combination of both.
    - b. The Director may approve, modify, or deny the request.
  3. Annual leave earned for working on a day on which a state holiday is observed is not included in the accumulation limit specified in subsection (D)(1) and shall not be forfeited.
- E. Use of annual leave.**
1. An employee may take annual leave at any time approved by the agency head.
  2. An agency head shall not advance annual leave to an employee.
- F. Donation of annual leave.**
1. Definitions. For the purposes of this subsection:
    - a. *"Immediate family"* means the recipient employee's parent, spouse, or child, whether natural, adopted, foster, or step. A.R.S. § 41-748(B)(1)
    - b. *"Family"* means spouse, natural child, adopted child, foster child, stepchild, natural parent, step-parent, adoptive parent, grandparent, grandchild, brother, sister, sister-in-law, brother-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, aunt, uncle, nephew, or niece. A.R.S. § 41-748(B)(2)
    - c. "Disability that is caused by pregnancy or childbirth" means, as certified by a licensed health care practitioner:
      - i. An employee is unable to work due to the employee's pregnancy, childbirth, or medical care associated with the pregnancy or childbirth; or
      - ii. A member of the employee's immediate family requires assistance to perform regular daily activities due to the immediate family member's pregnancy, childbirth, or medical care associated with the pregnancy or childbirth.
    - d. "Extended" means a period of at least three consecutive weeks.
    - e. "Seriously incapacitating" means a licensed health care practitioner certifies that an illness, injury, or disability that is caused by pregnancy or childbirth:
      - i. Involves in-patient care, or
      - ii. Involves continuing treatment.
  2. Eligibility to receive donation of annual leave. An employee who has exhausted all available leave balances is eligible to receive donations of annual leave if, as certified by a licensed health care practitioner:
    - a. The employee is unable to work due to:
      - i. A seriously incapacitating and extended illness or injury, or
      - ii. A seriously incapacitating and extended disability that is caused by pregnancy or childbirth, or
    - b. The employee needs to care for a member of the employee's immediate family who has:
      - i. A seriously incapacitating and extended illness or injury, or
      - ii. A seriously incapacitating and extended disability that is caused by pregnancy or childbirth.
  3. Eligibility to donate annual leave. An employee may donate annual leave to another employee who has exhausted all available leave balances if:
    - a. The recipient employee is employed in the same state agency as the donating employee, or
    - b. The recipient employee is a family member of the donating employee and employed in another state agency.
  4. Exhaustion of available leave. Before using donated annual leave, a recipient employee:
    - a. Who has a qualifying illness, injury, or disability caused by pregnancy or childbirth shall exhaust all available sick leave, compensatory leave, annual

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leave earned for working on a day on which a state holiday is observed and accrued annual leave; or

- b. Whose immediate family member has a qualifying illness, injury, or disability caused by pregnancy or childbirth shall exhaust sick leave granted in accordance with R2-5A-B603(A)(4), if available, and all available compensatory leave, annual leave earned for working on a day on which a state holiday is observed and accrued annual leave.

- 5. Calculation of annual leave donated. An agency head shall adjust the number of hours of annual leave donated in proportion to the hourly rate of pay of the donating employee and the recipient employee. To calculate the number of hours of donated annual leave:

- a. Multiply the actual number of hours donated by the donating employee's hourly rate of pay,
- b. Divide the result by the recipient employee's hourly rate of pay, and
- c. If the calculation results in a decimal, convert the decimal to minutes in accordance with the procedures established by the Director.

- 6. Maximum duration. A recipient employee is limited to using donated annual leave to allow the employee to be absent from work for a maximum of six consecutive months, or if the leave is intermittent, 1040 hours (the employee's available leave plus leave donated to the employee) for each qualifying occurrence. If the recipient employee has a seriously incapacitating and extended illness or injury, or a seriously incapacitating and extended disability that is caused by pregnancy or childbirth and the employee applies for Long-term Disability (LTD) by the end of the fifth month of the employee's leave, the recipient employee may continue to use donated annual leave for up to 60 additional days or until LTD benefit payments begin, whichever is sooner.
- 7. Unused donated leave. If the recipient employee separates from state employment, recovers before using all donated leave, attains the maximum donation of annual leave as permitted under subsection (F)(6), or the need for the donated annual leave is otherwise abated, the agency head shall return unused donated leave to employees who donated leave on a pro-rata basis.

**G. Payment of annual leave. Subject to funding availability:**

- 1. An agency head may pay an employee at any time at the employee's current rate of pay for all or any portion of the employee's annual leave that was earned as the result of working on a day on which a state holiday is observed.
- 2. An agency head may approve pay to a non-separating employee for all or any portion of the employee's accumulated and unused annual leave at the employee's current rate of pay subject to the following:
  - a. Agency procedures. Before paying an employee under this subsection, an agency head shall develop written standards and procedures that provide for equal consideration of all employees similarly situated. The agency head shall submit proposed standards and procedures and any subsequent changes to the Director for approval. The agency's procedures shall include at minimum:
    - i. Request and approval procedures;
    - ii. Documentation required to support the request for payment;
    - iii. Any limitations, as applicable, including, but not limited to: the maximum number of times

an employee may receive payment under this subsection; the maximum number of hours an employee may be paid per occurrence; the minimum number of hours of annual leave an employee must have used in the previous 12 months; and the minimum balance an employee is required to maintain after payout, if any.

- b. Restrictions. The agency head shall obtain the employee's concurrence if the payment would reduce the employee's annual leave balance to fewer than:
  - i. 240 hours for a covered employee;
  - ii. 320 hours for an uncovered employee.

**H. Movement.**

- 1. To another state agency. If an employee moves from one agency to another state agency, the employee's accumulated and unused annual leave shall be transferred to the employee's annual leave account in the new state agency, unless:
  - a. The provisions of subsection (H)(2) apply; or
  - b. The employee's leave exceeds the accumulation limit contained in subsection (D)(1). An agency head may pay an employee who transfers to another state agency for all excess annual leave at the time of the transfer. An agency head may transfer part or all of the employee's excess annual leave accumulated by the employee who transfers to another agency with the gaining agency's concurrence. If the gaining agency does not concur, the losing agency shall pay all of the unused excess annual leave that the gaining agency will not accept.
- 2. To an employment status ineligible for leave accrual. If an employee becomes ineligible for accrual of annual leave under R2-5A-A601(B), the agency head or the agency head of the losing agency if the employee moves to another state agency, shall pay the employee for all unused and unforfeited annual leave at the employee's current rate of pay immediately before the change in status.

- I. Separation. An agency head shall pay an employee who separates from state employment for all unused and unforfeited annual leave at the employee's current rate of pay.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by exempt rulemaking at 19 A.A.R. 717 effective April 13, 2013 (Supp. 13-1). Amended by final rulemaking at 31 A.A.R. 1939 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R2-5A-B603. Sick Leave**

- A. Definition. "Sick leave" is any approved period of paid absence granted an employee due to:

- 1. Illness or injury that renders the employee unable to perform the duties of the employee's position.
- 2. Disability of the employee that is caused by pregnancy, childbirth, miscarriage, or abortion.
- 3. Examination or treatment of the employee by a licensed health care practitioner.
- 4. Illness, injury, disability caused by pregnancy or childbirth, or examination or treatment by a licensed health care practitioner of an employee's spouse, dependent child, or parent. Sick leave granted for this purpose shall be charged to the employee's sick leave account and shall



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not exceed 40 hours per calendar year. For the purposes of this Section:

- a. The term “dependent child” means a natural child, an adopted child, a foster child, or a stepchild, more than one-half of whose support is received from the employee.
- b. The term “parent” means a birth parent, adoptive parent, stepparent, foster parent, grandparent, parent-in-law, or an individual who stood “in loco parentis.”

5. Attendance at court-related proceedings by the employee under A.R.S. § 8-420 or A.R.S. § 13-4439.

**B. Accrual.**

1. All state employees, except temporary and part-time employees, shall accrue sick leave at the rate of 3 hours 42 minutes (3:42) bi-weekly.
2. Temporary employees shall not accrue sick leave.
3. Part-time employees who:
  - a. Work 1/4 time, 1/2 time, or 3/4 time shall accrue a proportional amount of sick leave;
  - b. Work a percentage of full-time other than 1/4 time, 1/2 time, or 3/4 time will accrue sick leave at the next lower rate;
  - c. Work less than 1/4 time shall not accrue sick leave.
4. Except as provided by R2-5A-D602 for an employee on industrial leave, an eligible employee accrues sick leave each bi-weekly pay period if the employee has been in a pay status for at least one-half of the employee’s scheduled work hours in that pay period or month.
5. A sick leave accrual is credited on the last day of the bi-weekly pay period or month in which the accrual is earned and is available for use on the first day of the following pay period or month. An employee who is separating from state employment accrues leave through the employee’s last date of employment for the purpose of determining the employee’s accumulated sick leave at the time of the employee’s separation pursuant to subsection (F).

**C. Accumulation.** Sick leave accumulates without limit.

**D. Use of sick leave.**

1. Sick leave may be taken when approved by the agency head.
2. The agency head may require submission of evidence substantiating the need for sick leave. If the agency head determines the evidence is inadequate, the absence shall be charged to another category of leave or considered absence without leave.
3. An agency head may require an employee to be examined by a licensed health care practitioner designated by the agency head.
  - a. If the licensed health care practitioner determines that the employee should not work due to illness or injury, the agency head may place the employee on sick leave or, if the employee’s sick leave is exhausted, charge the absence to another category of leave or leave without pay.
  - b. The agency head may require the employee to obtain approval from the licensed health care practitioner before returning to work.
  - c. The agency shall pay for all examinations required pursuant to this subsection. The employee shall not be charged any leave while participating in or traveling to or from any examination required pursuant to this subsection.

- E. Movement to another state agency. An employee who moves to another state agency shall transfer all accumulated and unused sick leave to the employee’s sick leave account in the new state agency.

- F. Separation. All sick leave credits are forfeited upon separation from state employment except as provided in A.R.S. § 38-615 or otherwise provided by law. However, an employee who returns to state employment within two years after separation shall be credited with all unused sick leave accumulated at the time of separation if the employee was not paid for accumulated sick leave pursuant to A.R.S. § 38-615.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by final rulemaking at 30 A.A.R. 2765 (September 6, 2024) effective October 12, 2024 (Supp. 24-3). Amended by final rulemaking at 31 A.A.R. 1939 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R2-5A-B604. Administrative Leave**

- A. General. An agency head may authorize an employee to be absent with pay on administrative leave during a state of emergency declared by the Governor or:

1. In other emergency situations such as extreme weather conditions, fire, flood, or malfunction of publicly-owned or controlled machinery or equipment.
2. To relieve an employee of duties temporarily during the investigation of alleged wrongdoing by the employee or during a disciplinary or dismissal process, subject to the requirements outlined in subsections (B) and (C).

- B. Reporting administrative leave. If an employee’s administrative leave totals 80 consecutive hours, the agency head shall submit a report to the Director and for each week thereafter, until the employee’s administrative leave is terminated. The report shall include:

1. The name of the agency,
2. The employee identification number (EIN) of the employee,
3. The name of the employee,
4. The employment status of the employee,
5. The date the employee was placed on administrative leave,
6. The number of hours the employee has been on administrative leave as of the date of the report, and
7. A brief description as to why the employee is on administrative leave.

- C. Approval of Director. If an employee’s administrative leave is anticipated to exceed 240 consecutive working hours, the agency head shall obtain the approval of the Director.

1. An agency head requesting approval to continue an employee’s administrative leave for more than 240 working hours shall submit a request to the Director for approval at least five business days before the employee’s administrative leave will total 240 working hours. If circumstances beyond the agency’s control do not permit at least five business days’ notice, the agency head shall submit the request as soon as the agency head is aware of the necessity for the request. The request shall include all of the information listed in subsection (B), the reason the administrative leave will extend beyond 240 working hours and the anticipated date the administrative leave will be terminated.

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2. The Director shall review the request and approve, modify or deny the request within three business days of receipt.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by exempt rulemaking at 19 A.A.R. 717 effective April 13, 2013 (Supp. 13-1).

**R2-5A-B605. Bereavement Leave**

- A. General. An employee may be absent with pay due to the death or funeral of a spouse, natural child, adopted child, foster child, stepchild, natural parent, stepparent, adoptive parent, an individual who stood "in loco parentis," grandparent, grandchild, brother, sister, brother-in-law, sister-in-law, mother-in-law, father-in-law, son-in-law, or daughter-in-law.
- B. Amount of bereavement leave.
  1. A full-time employee may be absent with pay for up to 24 regularly scheduled work hours. An agency head may extend the bereavement leave for up to 16 additional work hours if the employee travels out-of-state for the funeral.
  2. A part-time employee who works 1/4 time, 1/2 time, or 3/4 time may be absent with pay for a proportional amount of bereavement leave. A part-time employee who works a percentage of full-time other than 1/4 time, 1/2 time, or 3/4 time may be absent with pay at the next lower rate. An employee who works less than 1/4 time is not entitled to bereavement leave.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-B606. Civic Duty Leave**

- A. General. Upon substantiated application, an employee shall receive absence with pay as civic duty leave while serving as a juror, complying with a subpoena, voting, serving as a voting location worker, or serving as a member of a governmental board, commission, or similarly constituted governmental body, subject to the conditions set forth in this Section and the limitations in R2-5A-A601(B).
- B. Use of civic duty leave. Except for voting pursuant to A.R.S. § 16-401 (primary elections) or A.R.S. § 16-402 (general elections), an employee granted civic duty leave shall report for duty with the employing agency whenever the employee's presence is not required for the civic duty, unless:
  1. The distance to the work location would preclude timely reporting for the civic duty, or
  2. The employee cannot return to work at least one hour before the end of the work shift.
- C. Appearance as a witness. An employee who is subpoenaed as a witness by any court or administrative, executive, or judicial body in this state may be absent with pay unless the testimony or evidence to be given relates to the employee's commercial, business, or personal matters.
- D. Jury and witness fees. Employees who are granted civic duty leave when called for jury duty or subpoenaed as a witness shall remit any fees to the employing agency, except for mileage allowance.
- E. Membership on a public service body. An employee serving as a member of a governmental board, commission, or similarly constituted governmental body may be absent with pay while performing official duties with the body.

- F. Serving as a voting location worker. Subject to the guidelines established by the Director and following written approval from the employee's supervisor, an employee may be absent with pay during a statewide election in this State for the purpose of serving at a voting location and completing the required associated training. An employee who is granted civic duty leave for serving as a voting location worker shall remit to the employing agency any fees paid by the county administering the election for work performed while the employee is on civic duty leave.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by final rulemaking at 30 A.A.R. 2765 (September 6, 2024) effective October 12, 2024 (Supp. 24-3).

**R2-5A-B607. Compensatory Leave**

- A. General. Compensatory leave is leave that has been earned by an employee under the provisions of R2-5A-404.
- B. Use of compensatory leave. An agency head:
  1. Shall approve an employee's request for earned compensatory time off within a reasonable time after the employee makes the request if the use of such time off would not unduly disrupt agency operations.
  2. May require an employee to use the employee's available compensatory leave during a period specified by the agency head.
- C. Payment. Subject to funding availability, an agency head may pay an employee at any time for all or any portion of the employee's earned compensatory leave balance at the employee's regular rate of pay.
- D. Movement.
  1. To another state agency. An agency head may pay an employee who transfers to another state agency for all unused compensatory leave at the time of the transfer. An agency head may transfer part or all of the compensatory leave earned by an employee who transfers to another agency with the gaining agency's concurrence. If the gaining agency does not concur, the losing agency shall pay all of the unused compensatory leave that the gaining agency will not accept.
  2. To an employment status or a position ineligible for compensatory leave. If an employee has a change in employment status or position that results in the employee being ineligible to earn compensatory leave, the agency head or the agency head of the losing agency if the employee moves to another state agency, shall pay the employee for all unused compensatory leave at the employee's regular rate of pay immediately before the employee's change in status or position.
- E. Separation. An agency head shall pay an employee who separates from state employment for all unused compensatory leave at a rate of compensation not less than the higher of:
  1. The average regular rate received by such employee during the last three years of the employee's employment, or
  2. The final regular rate received by such employee.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-B608. Educational Leave**

- A. General. An employee may be sent with pay to participate in a formal educational or training course of study at a college, uni-

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versity, or technical school with the approval of the agency head and the Director, based on the determination that the leave is in the best interest of the state.

- B. Application.** The approved application shall be accompanied by a written agreement signed by the agency head and the employee containing the following provisions at a minimum:
1. A statement of the payments, if any, to be provided to the employee and the manner of their payment.
  2. An agreement by the employee to return to or continue in state employment upon the completion of the educational or training course of study for a period of time specified by the agency head.
  3. A statement by the employee that failure to successfully complete the course, to complete the specified state employment, or to fulfill all of the terms of the agreement, shall result in the employee's being required to repay all or a proportionate part of the salary and other payments received, if any.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-B609. Living Donor Leave**

An employee who requests absence with pay for living donor leave under A.R.S. § 41-706 shall submit written verification that the employee is to serve as a donor. An employee may be absent with pay for the time specified for the following purposes:

1. Up to 40 working hours to serve as a bone marrow donor.
2. Up to 240 working hours to serve as an organ donor.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-B610. Leave for National Disaster Medical System (NDMS) Training**

An employee who requests absence with pay on national disaster medical system leave under A.R.S. § 38-610 is entitled to be absent with pay for the number of hours regularly scheduled to work on all days the employee is on training duty.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-B611. Meritorious Service Leave**

- A.** The Director shall establish guidelines for meritorious service leave.
- B.** Except for employees in covered positions in the Arizona Department of Corrections, or positions that require full authority peace officer certification, meritorious service leave is only available to uncovered employees.
- C.** The guidelines established by the Director shall include at a minimum:
  1. The maximum number of hours of meritorious service leave that may be awarded to an employee per calendar year;
  2. The maximum percentage of agency employees eligible for meritorious service leave;
  3. A requirement that an employee shall use meritorious service leave within 12 months of receipt of the leave;
  4. A requirement that if the employee does not use the meritorious service leave within 12 months of receipt, that the leave is forfeited; and
  5. A statement that unused meritorious service leave is forfeited upon separation from state employment.

- D.** Subject to the guidelines established by the Director, a meritorious service leave program may be implemented at the discretion of the agency head.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by final rulemaking at 30 A.A.R. 2765 (September 6, 2024) effective October 12, 2024 (Supp. 24-3). Amended by final rulemaking at 31 A.A.R. 1939 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**PART C. UNPAID LEAVE**

**R2-5A-C601. Furlough**

- A.** Definition. A furlough is the involuntary placement of an employee on leave of absence without pay for budgetary reasons.
- B.** Types of furloughs. A furlough may be authorized by legislative action. In addition, the Director may approve:
  1. A reduction of funding furlough that allows an agency head to place employees on furlough for any combination of consecutive or non-consecutive days. There is no maximum number of days an employee may be placed on furlough, but consecutive furlough days shall not exceed five consecutive days or more than one-half the employee's regularly scheduled hours in a pay period, whichever is less; and
  2. A suspension of funding furlough that allows an agency head to place employees on furlough indefinitely until funding is restored.
- C.** General.
  1. The total number of days an employee is placed on furlough may vary based on the amount of the reduction or length of suspension of funding.
  2. A furlough day equals eight hours for full-time employees and is pro-rated for part-time employees. Furlough hours for part-time employees are calculated by multiplying the number of hours the employee is scheduled to work in a week by 0.2. If the calculation results in a fraction, the furlough hours shall be rounded to the nearest whole hour, as follows:
    - a. 0.5 or above is rounded up, and
    - b. Less than 0.5 is rounded down.
  3. A furlough is unpaid.
  4. Unless a work emergency occurs under subsection (D)(5)(d), while on furlough, an employee shall not conduct state work or volunteer to conduct state work, either with or without compensation.
  5. Paid leave shall not be substituted for furlough days.
  6. All state employees within the scope of the furlough shall be subject to the furlough in the same manner. Exceptions may be granted when an agency head determines certain employees within the scope of the furlough have unique knowledge or skills or are considered mission critical and need to be excluded from the furlough.
  7. Unless the employee is in a physician or attorney position, an employee who is in a position that has been determined to be exempt from the provisions of the Fair Labor Standards Act (FLSA) will lose the exemption for any work week in which the employee is furloughed for less than the full work week.
  8. A furlough shall not adversely affect an employee's service anniversary date or create a break in service.
  9. Upon conclusion of the furlough period, an agency head shall return an employee to the employee's status and

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position held prior to the furlough, unless a personnel action taken in accordance with State Personnel System rules authorizes a change to the employee's record.

10. An employee's failure or inability to return to work upon conclusion of the furlough period may, in accordance with applicable State Personnel System rules:
  - a. Result in the employee being placed on leave,
  - b. Be considered a resignation,
  - c. Result in separation without prejudice, or
  - d. Be cause for dismissal of a covered employee.

**D. Reduction of funding furlough.**

1. An agency head shall submit to the Director a furlough plan for approval if the agency head determines a furlough is necessary due to a reduction of funding. An agency head is not required to implement or exhaust other cost-savings measures prior to initiating a furlough plan.
2. The agency head shall submit the furlough plan for approval at least 30 business days prior to the proposed implementation date of the furlough. If circumstances beyond the agency head's control do not permit at least 30 business days' notice, the agency head shall submit the furlough plan as soon as the agency head is aware of the necessity for the furlough and provide a written explanation of why the 30 business day requirement was not met.
3. An agency head shall include all of the following in the furlough plan:
  - a. The proposed scope of the furlough plan, which shall be either agency-wide or limited to:
    - i. Agency operations in one or more geographic areas,
    - ii. One or more organizational units of the agency,
    - iii. One or more funding sources,
    - iv. One or more job classes,
    - v. One or more class series, or
    - vi. Any combination of the above.
  - b. If the furlough will not be conducted on an agency-wide basis, each affected:
    - i. Geographic location,
    - ii. Organizational unit,
    - iii. Funding source,
    - iv. Job class, and
    - v. Class series.
  - c. For each affected geographical location, organizational unit, funding source, job class, and class series specified in the furlough plan, the total number of employees scheduled for furlough;
  - d. If requesting any exceptions within the scope of the furlough under subsection (C)(6), the total number of employees within the scope of the furlough, the number of employees for whom an exception is requested, and the reason for the request;
  - e. The number of days and date ranges for the furlough;
  - f. The anticipated cost savings due to the furlough;
  - g. The agency's procedures for scheduling furloughs; and
  - h. The procedures for notifying employees of the furlough.
4. The Director shall review and provide written notification of approval, modification, or denial of an agency's furlough plan within 20 business days of receipt.
5. Upon approval of the Director to conduct a reduction of funding furlough, an agency head:

- a. May place an employee on furlough for any combination of consecutive or non-consecutive days, subject to the limits in subsection (B)(1);
- b. Shall determine the scheduling of furloughs that provide for the continuation of any agency operations required by law;
- c. May cancel or rescind any approved paid or unpaid leave in progress or scheduled for an employee who is designated for furlough and shall notify the affected employee in writing of the cancellation of the approved leave for the duration of the furlough. If the previously approved leave was scheduled to extend beyond the furlough, the employee may return to paid leave status, if available, following the furlough period. If the agency head cancels an employee's paid leave and:
  - i. The employee is on leave pursuant to the provisions of the federal Family and Medical Leave Act (FMLA) during a scheduled furlough day, the furlough day shall not count against the employee's FMLA entitlement and the employee's leave balance shall not be charged for the furlough day; or
  - ii. The employee is on military leave during a scheduled furlough day, the furlough day shall not count against the employee's military leave and the employee's leave balance shall not be charged for the furlough day; and
- d. Shall prohibit an employee from working during the period of the furlough, unless a work emergency arises. In the event of a work emergency, an agency head may revoke the furlough for an employee in an individual case. An employee whose furlough is revoked due to an emergency shall be paid for time required to work and shall be required to take the furlough on another day, unless otherwise exempted.

**E. Suspension of funding furlough - agency head request.**

1. An agency head shall submit to the Director for approval a furlough plan if the agency head determines a furlough is required due to a suspension of funding to pay employees.
2. The agency head shall submit the furlough plan for approval at least 15 business days prior to the proposed implementation date of the furlough. If circumstances beyond the agency head's control do not permit at least 15 business days' notice, the agency head shall submit the furlough plan as soon as the agency head is aware of the necessity for the furlough and provide a written explanation of why the 15 business day requirement was not met.
3. An agency head shall include all of the following in the furlough plan:
  - a. The proposed scope of the furlough plan, which shall be either agency-wide or limited to:
    - i. Agency operations in one or more geographic areas,
    - ii. One or more organizational units of the agency,
    - iii. One or more funding sources,
    - iv. One or more job classes,
    - v. One or more class series, or
    - vi. Any combination of the above.
  - b. If the furlough will not be conducted on an agency-wide basis, each affected:
    - i. Geographic location,

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- ii. Organizational unit,
    - iii. Funding source,
    - iv. Job class, and
    - v. Class series.
  - c. For each affected geographical location, organizational unit, funding source, job class, and class series specified in the furlough plan, the total number of employees scheduled for furlough;
  - d. If requesting any exceptions within the scope of the furlough under subsection (C)(6), the total number of employees within the scope of the furlough, the number of employees for whom an exception is requested, and the reason for the request;
  - e. The procedures for notifying employees of the furlough; and
  - f. The procedures for notifying employees of restoration of funding and when to return to work.
4. The Director shall review and provide written notification of approval, modification, or denial of an agency's furlough plan within 10 business days of receipt.
5. Upon approval of the Director to conduct a suspension of funding furlough, an agency head:
- a. Shall freeze all personnel actions except for those actions that would accomplish, or assist in accomplishing the purpose of the furlough;
  - b. May place employees on furlough indefinitely until the reason for the furlough is abated;
  - c. Shall notify affected employees of the furlough and that while on furlough, an employee:
    - i. Shall not report to work or work from any location until notified to return to work; and
    - ii. Will not receive pay for any unused and unforfeited annual leave, should the employee resign or be terminated, until funding is restored;
  - d. May cancel or rescind any approved paid or unpaid leave in progress or scheduled for an employee who is designated for furlough and shall notify the affected employee in writing of the cancellation of the approved leave for the duration of the furlough. If the previously approved leave was scheduled to extend beyond the furlough, the employee may return to paid leave status, if available, following the furlough period; and
  - e. Shall notify employees upon restoration of funding and when to return to work.
- F. Suspension of funding furlough - failure to pass state budget.** If the state fails to pass a budget and funds are not appropriated for the following fiscal year, the Director may authorize an agency head to implement a suspension of funding furlough. Upon such notification by the Director, an agency head:
- 1. Shall freeze all personnel actions except for those actions that would accomplish, or assist in accomplishing the purpose of the furlough;
  - 2. Unless an exception has been authorized as provided in subsection (F)(4), shall place all employees on furlough indefinitely until the reason for the furlough is abated;
  - 3. Shall require all employees to be subject to the furlough in the same manner;
  - 4. May establish exceptions when only a portion of the employees in a particular class are necessary to perform mission critical services;
  - 5. Shall notify affected employees of the furlough and that while on furlough, an employee:
    - a. Shall not report to work or work from any location until notified to return to work; and
    - b. Will not receive pay for any unused and unforfeited annual leave, should the employee resign or be terminated, until funding is restored;
6. Shall cancel or rescind any approved paid or unpaid leave in progress or scheduled for an employee who is designated for furlough and shall notify the affected employee in writing of the cancellation of the approved leave for the duration of the furlough. If the previously approved leave was scheduled to extend beyond the furlough, the employee may return to paid leave status, if available, following the furlough period; and
7. Shall notify employees upon restoration of funding and when to return to work.
- G. Employee request for review.**
- 1. An employee may submit a request for review of the employee's placement on furlough. The employee shall make the request for review in writing to the agency head no later than three business days after the employee's receipt of a furlough notice. The employee shall limit the request for review to the determination resulting in the employee's furlough and include a proposed resolution.
  - 2. The agency head shall provide a written response to the employee with a final decision within:
    - a. Five business days after receipt of the request if a reduction of funding furlough, or
    - b. Fifteen business days after the employee returns to work if a suspension of funding furlough.
  - 3. A request for review shall not delay implementation of the furlough.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-C602. Leave Without Pay**

- A.** Approval. All leave without pay requires a written request by an employee in advance, including the reason for the employee's request, and approval by the agency head.
- B.** Use of leave. Except for military leave, an agency head shall not grant leave without pay in excess of 80 consecutive hours until all annual leave earned for working on a day on which a state holiday is observed, all accrued annual leave and, if the leave without pay is for medical reasons, sick leave are exhausted.
- C.** Return to work.
  - 1. An employee who returns to work after an authorized period of leave without pay of 80 consecutive hours or less shall return to the same position occupied at the start of the leave without pay.
  - 2. Except as provided in subsection (C)(4), an employee who returns to work after a period of leave without pay in excess of 80 consecutive hours may return to a position in the class held at the start of the leave without pay, if a position is available and funded, and if the leave without pay is terminated in one of the following ways:
    - a. Expiration of its term and the employee's return to work;
    - b. Rescission of the leave without pay by the agency head before its scheduled expiration due to an unforeseen need that results in an insufficient number of employees available to provide service and for which:

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- i. The agency head provides written notice of the rescission to the employee's last known address at least 15 days before the date the employee is directed to return to work; or
      - ii. If circumstances beyond the agency's control do not permit at least a 15-day notice, the agency head provides notice as soon as possible after becoming aware of the need for the employee to return to work; or
    - c. Curtailment of the leave without pay before its scheduled expiration date upon request of the employee and with approval of the agency head.
  3. An agency head may consider the failure or inability of an employee to return to work on the first work day after an approved leave without pay as a resignation.
  4. An employee returning to work from leave without pay granted:
    - a. For industrial illness or injury for up to six months shall return to the position occupied at the start of the leave without pay. If this position or a position in the same class is not available and funded, the agency head shall conduct a layoff or, if the employee is covered, a reduction in force in accordance with Subchapter B.
    - b. As military leave is subject to the provisions of the USERRA regulations incorporated by reference in R2-5A-D603.
    - c. As FMLA leave is subject to the provisions of the FMLA regulations incorporated by reference in R2-5A-D601.
- D. Insurance benefits continuation.** An employee who is on leave without pay may continue to participate in the employee insurance plans as follows:
1. Health benefit plan participation.
    - a. An employee who is on FMLA leave is eligible to continue to participate in the health benefit plan for the duration of the FMLA leave by paying the employee premium/contribution. An agency head may recover the state's portion of premium/contributions paid to maintain health coverage for an employee if the employee fails to return from FMLA leave under certain circumstances, in accordance with FMLA regulations incorporated by reference in R2-5A-D601.
    - b. An employee who is on leave without pay for a health-related reason that is not an industrial illness or injury and who either does not meet FMLA eligibility requirements or has exhausted FMLA leave and remains absent from work may continue to participate in the health benefit plan by paying both the state and employee premium/contribution. Authority to continue participation in the health benefit plan shall terminate on the earliest of:
      - i. Receipt of long-term disability benefits for which there is eligibility to continue health benefit plan participation under a state-sponsored retirement plan,
      - ii. A determination of eligibility for Medicare coverage, or
      - iii. 30 months after the incapacity began.
    - c. An employee who is on leave without pay for reasons other than those outlined in subsection (D)(1)(a), (b), or R2-5A-D602 pertaining to industrial leave, may continue to participate in the health benefit plan for a maximum of six months by paying both the state and employee premiums/contributions.
  2. Life insurance plan participation.
    - a. An employee who is on FMLA leave continues to participate in the Basic Life and Accidental Death and Dismemberment Insurance Plan and may continue to participate in the supplemental life and dependent life insurance coverage by paying the full premium/contribution.
    - b. An employee who is on leave without pay for a health-related reason that is not an industrial illness or injury and who either does not meet FMLA eligibility requirements or has exhausted FMLA leave and remains absent from work may continue to participate in the basic life insurance plan by paying the state premium/contribution. An employee who elects to continue to participate in the basic plan may also continue any supplemental or dependent life coverage that is in force at the beginning of the leave without pay by continuing to pay the premium/contribution. Authority to continue in the life insurance plan shall terminate in accordance with the time limits specified in subsection (D)(1)(b).
    - c. An employee who is on leave without pay for reasons other than those outlined in subsection (D)(1)(a), (b), or R2-5A-D602 pertaining to industrial leave, may continue to participate in the basic life insurance plan by paying the state premium/contribution. An employee who elects to continue to participate in the basic plan may also continue any supplemental or dependent life coverage that is in force at the beginning of the leave without pay by continuing to pay the premium/contribution. Authority to continue in the life insurance plan shall be available for a maximum of six months.
  3. Termination of insurance. The insurance coverage of an individual on leave without pay who fails to pay insurance premiums/contributions when due shall terminate at 11:59 p.m. on the last day of the period covered by the last premium/contribution paid.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**PART D. LEAVE THAT COULD BE PAID OR UNPAID**

**R2-5A-D601. Family and Medical Leave Act (FMLA) Leave**

- A. General.** All state agencies are responsible for complying with the federal Family and Medical Leave Act (FMLA) of 1993 and all applicable revisions. FMLA Regulations, 29 CFR 825.100 through 29 CFR 825.800 (July 2012), are incorporated by this reference and on file with the Department and available from the U.S. Government Printing Office, 732 North Capitol Street N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments. Any interference with, restraint of, or denial of an employee's rights provided by the FMLA is strictly prohibited.
- B. Eligible employee.**
1. An eligible employee for the purposes of the FMLA is an employee who:
    - a. Is an employee of the state of Arizona;
    - b. Has been employed by the state of Arizona for at least 12 months; and

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- c. Worked for at least 1,250 hours of service during the 12 months immediately preceding commencement of the leave.
- 2. An agency head shall not extend FMLA benefits to an ineligible employee.
- C. Situations covered by the FMLA. A state agency shall grant an eligible employee FMLA leave when the employee takes leave for one or more of the following reasons:
  - 1. The birth of a child or placement of a child with the employee for adoption or foster care, provided the leave concludes within 12 months of the birth or placement.
  - 2. To care for the employee's spouse, child or parent with a serious health condition.
  - 3. The employee is unable to work because of the employee's own serious health condition.
  - 4. Any qualifying exigency arising out of the fact that the employee's spouse, child or parent is a covered military member on active duty or call to active duty status in support of a contingency operation.
  - 5. To care for a covered service member with a serious injury or illness when the covered service member is the employee's spouse, child, parent or next of kin.
- D. Amount of FMLA leave.
  - 1. An employee who takes FMLA leave for any of the situations described in subsections (C)(1), (2), (3) or (4) may take a maximum of 12 workweeks of leave during any rolling 12-month period, measured backward from the first day of each approved period of FMLA leave.
  - 2. An employee who takes FMLA leave for the situation described in subsection (C)(5) may take up to 26 workweeks of leave in a single 12-month period.
  - 3. During a 12-month period, an eligible employee is able to take no more than 12 workweeks of FMLA leave for any of the situations described in subsections (C)(1), (2), (3) or (4) and a combined total of 26 workweeks of FMLA leave if the leave includes the situation described in subsection (C)(5).
- E. Designation of FMLA leave. An employee need not specifically request FMLA leave to be placed on FMLA leave. If an eligible employee takes leave for any reason covered by the FMLA and has not already exhausted the employee's available FMLA leave, the agency head shall designate the employee's leave as FMLA leave.
- F. Use of paid leave. Except for portions of industrial leave, an employee on FMLA leave shall be required to use the employee's available paid leave while on FMLA leave as follows and in the following order:
  - 1. Sick leave or, as applicable, family sick leave subject to the provisions of R2-5A-B603.
  - 2. Compensatory leave subject to the provisions of R2-5A-B607.
  - 3. Annual leave subject to the provisions of R2-5A-B602.
  - 4. Leave without pay subject to the provisions of R2-5A-C602.
- G. Insurance benefits continuation. An employee who is using leave with pay remains eligible for continued participation in the employee insurance plans and the employee's share of premiums/contributions is paid through payroll deduction. An employee who is on leave without pay while on FMLA leave may continue to participate in the employee insurance plans as follows:
  - 1. Health benefit plan participation. An employee is eligible to continue to participate in the health benefit plan for the duration of the FMLA leave by paying the employee premium/contribution. An agency head may recover the state's portion of premium/contributions paid to maintain health coverage for an employee if the employee fails to return from FMLA leave under certain circumstances, in accordance with FMLA regulations incorporated by reference in subsection (A).
- 2. Life insurance plan participation. An employee continues to participate in the Basic Life and Accidental Death and Dismemberment Insurance Plan and may continue to participate in the supplemental life and dependent life insurance coverage by paying the full premium/contribution.
- 3. Termination of insurance. The insurance coverage of an employee on leave without pay who fails to pay insurance premiums/contributions when due shall terminate at 11:59 p.m. on the last day of the period covered by the last premium/contribution paid.
- H. Return from FMLA leave. An agency head shall restore an employee returning from FMLA leave to the employee's original job, or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment. The provisions of the FMLA, not the provisions of R2-5A-C602(C), shall govern return to work from leave without pay granted to complete an FMLA-qualified leave.
- I. Employee responsibilities. An employee is required to adhere to the employing agency's call-in procedures, give the agency 30 days' notice in the event of a foreseeable leave, provide requested documentation, and periodic updates of the employee's status and intent to return to work as requested by the agency.
- J. Agency rights. Nothing in the FMLA or this Section should be construed as limiting an agency's right to manage, discipline or terminate an employee, including an employee's failure to comply with the agency's request for appropriate documentation to substantiate the employee's need for the leave. However, an employee's use of FMLA leave cannot be considered as a negative factor in any employment decision.
- K. Conflict. If there is a conflict between the provisions of these rules and the FMLA, the provisions of the FMLA govern.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by final rulemaking at 30 A.A.R. 2765 (September 6, 2024) effective October 12, 2024 (Supp. 24-3).

**R2-5A-D602. Industrial Leave**

- A. Use of leave.
  - 1. An agency head shall place an employee who sustains a job-related illness or injury that is compensable under the Workers' Compensation Law, A.R.S. Title 23, Chapter 6 on sick leave.
  - 2. If an employee who is on leave under the Worker's Compensation laws meets Family and Medical Leave Act (FMLA) eligibility requirements and the leave qualifies for FMLA leave, an agency head shall count it as FMLA leave. An agency head shall apply industrial leave and FMLA concurrently.
  - 3. An employee shall use leave in an amount necessary to receive total payments (leave payments plus Workers' Compensation payments) that do not exceed the gross salary of the employee.
  - 4. If an employee exhausts all sick leave, compensatory leave and annual leave, an agency head shall place the employee on leave without pay.

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- B. Payments.** If an employee receives a retroactive Workers' Compensation payment for any period of industrial illness or injury for which leave payments were received, the employee shall reimburse the agency for Workers' Compensation payments that exceed 100% of the employee's gross salary before the illness or injury, and the agency head shall restore the equivalent value of leave to the employee's appropriate leave account.
- C. Light duty.** If an employee has a job-related illness or injury that impairs performance on the former job, the agency head shall make every effort to place the employee in a suitable position within the agency, including a light duty assignment.
- D. Restriction.** An agency head shall not grant sick leave or leave without pay to an employee who fails to accept compensation available under the industrial injury and disease provisions of A.R.S. §§ 23-901 to 23-1091.
- E. Insurance benefits continuation.** An employee who is using leave with pay in accordance with subsection (A) remains eligible for continued participation in the employee insurance plans and the employee's share of premiums/contributions is paid through payroll deduction. An employee who is on leave without pay due to an industrial illness or injury may continue to participate in the employee insurance plans as follows:
  - 1. **Health benefit plan participation.**
    - a. An employee may continue to participate in the health benefit plan for a maximum of six months from the date of illness or injury by paying the employee premium/contribution.
    - b. At the end of the six-month period, an employee who remains on leave without pay due to industrial illness or injury may continue to participate in the health benefit plan by paying both the state and employee premiums/contributions, until the employee returns to work or is determined to be eligible for Medicare coverage or Long-term Disability, whichever occurs first.
  - 2. **Life insurance plan participation.** An employee who is on leave without pay continues to participate in the basic life and accidental death and dismemberment insurance plan without cost for six months after the month in which the illness or injury occurs. During this six-month period, the employee may continue supplemental life and dependent life coverages that were in effect at the start of the leave by paying the applicable premium/contribution.
  - 3. **Termination of insurance.** The insurance coverage of an employee on leave without pay who fails to pay insurance premiums/contributions when due shall terminate at 11:59 p.m. on the last day of the period covered by the last premium/contribution paid.
- F. Accrual of leave.** An employee shall continue to receive full leave accrual as long as the employee uses two or more hours of paid leave each day.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by final rulemaking at 30 A.A.R. 2765 (September 6, 2024) effective October 12, 2024 (Supp. 24-3).

**R2-5A-D603. Military Leave**

An employee who requests absence with pay on military leave under A.R.S. §§ 26-168, 26-171, or 38-610 shall submit a copy of the orders for duty with the request for military leave. An employee who has not received the orders for duty prior to the start of the military leave shall submit a copy of the orders within five workdays of

receipt. An employee may be absent with pay for military purposes for up to three times the average of regularly scheduled work hours in a weekly work period each year and up to six times the average of regularly scheduled work hours in a weekly work period in any two consecutive federal fiscal years. All state agencies are responsible for complying with the federal Uniformed Services Employment and Reemployment Rights Act (USERRA) of 1994 and all applicable revisions. USERRA Regulations, 20 CFR 1002.1 through 20 CFR 1002.314 (April 2012), are incorporated by this reference and on file with the Department and available from the U.S. Government Printing Office, 732 North Capitol Street N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by final rulemaking at 30 A.A.R. 2765 (September 6, 2024) effective October 12, 2024 (Supp. 24-3).

**R2-5A-D604. Victim Leave**

An employee who is a victim of a juvenile offense or a crime and who requests absence from work to attend court-related proceedings under A.R.S. §§ 8-420 or 13-4439 shall submit a copy of the form provided to the employee by the law enforcement agency or a copy of the information the law enforcement agency provided to the employee with the request for victim leave. An employee shall use the employee's available sick leave, compensatory leave or annual leave for such absence. If an employee exhausts all sick leave, compensatory leave and annual leave, an agency head shall place the employee on leave without pay.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**ARTICLE 7. PERFORMANCE MANAGEMENT**

**R2-5A-701. General**

- A. Performance management system.** The Director shall establish a performance management system to evaluate the job performance of state employees. The performance management system established by the Director shall contain performance rating levels and shall contain numerical points to apply to each performance rating level established.
- B. Administration.** The Director shall develop an administrative manual and training on the performance management system.
- C. Exceptions.** The performance management system may be used:
  - 1. As determined by the appointing authority for the agency head, to evaluate the job performance of the agency head.
  - 2. As determined by the agency head, to evaluate the job performance of each subordinate uncovered employee in a position listed in A.R.S. § 41-742(F).

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by final rulemaking at 30 A.A.R. 2765 (September 6, 2024) effective October 12, 2024 (Supp. 24-3).

**R2-5A-702. Performance Management Process**

- A. Performance plan.** For the purposes of this subsection, "performance plan" means a communication by an employee's supervisor that outlines what is expected of the employee and how the employee's performance will be measured. Subject to review by agency management, a supervisor:



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1. Shall communicate performance expectations with each employee within 30 days of becoming the employee's supervisor.
2. May modify a performance plan at any time during a performance period.
3. Shall modify a performance plan when significant responsibilities or expectations are added to or removed from a position.
4. Shall notify the affected employee of any modifications made to a performance plan under subsection (A)(2) or (3).

**B. Performance evaluation requirements.**

1. Informal evaluation. A supervisor shall:
  - a. Monitor and evaluate an employee's performance throughout the rating period,
  - b. Provide feedback to the employee on a regular basis, and
  - c. Attempt to correct inadequate performance where possible and appropriate.
2. Formal evaluation. A supervisor shall:
  - a. Formally evaluate, document and rate the performance of each employee at least annually.
  - b. Submit the evaluation to agency management for review prior to the evaluation being administered to the employee.
3. Covered probationary employees. Prior to granting a covered probationary employee permanent status, a supervisor shall evaluate a probationary employee at least once prior to the end of the employee's probationary period.

**C. Responsibilities.**

1. An employee shall comply with the performance plan established by the supervisor.
2. A supervisor shall comply with performance evaluation requirements.
3. An agency head shall ensure that all performance evaluations are completed as required by this Section.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by final rulemaking at 30 A.A.R. 2765 (September 6, 2024) effective October 12, 2024 (Supp. 24-3).

**ARTICLE 8. DISCIPLINARY ACTIONS**

**R2-5A-801. General**

- A. Authority.** An agency head has the primary authority and responsibility for managing the conduct of all employees within an agency. A covered employee may be disciplined only for cause. An agency head shall discipline a covered employee in accordance with this Article and the rules in Subchapter B of this Chapter. An uncovered employee serves at the pleasure of the appointing authority and may be dismissed at will. Except for an employee who is in a position listed in A.R.S. § 41-742(F), any action that involves a suspension greater than 80 working hours, an involuntary demotion, or a dismissal requires review by the Director prior to the agency head administering such action.
- B. Level of discipline.**
1. If an agency head deems it necessary to discipline an employee, the agency head may determine the level of discipline to be imposed, up to and including dismissal, subject to review by the Director, if applicable.
  2. In determining the level of discipline to be imposed, the agency head may consider the following factors:
    - a. Consistent application of rules and standards,

- i. Unless otherwise prescribed by statute, the agency head need only consider those cases decided under the administration of the current agency head. Decisions in cases prior to the administration of the current agency head are not binding upon the current agency head and are not relevant in determining consistent application of rules and standards.
  - ii. In determining consistent application of rules and standards, the disciplinary actions imposed by one agency may not be binding upon any other agency and may not be used for comparison purposes in hearings wherein the consistent application of rules and standards is at issue.
- b. Prior knowledge of rules and standards,
  - c. The severity of the infraction,
  - d. The repeated nature of violations,
  - e. Prior corrective or disciplinary actions,
  - f. Previous oral discussions,
  - g. The employee's past work record,
  - h. The effect on agency operations,
  - i. The potential of the violations for causing damage to persons or property.

**C. Limitations.**

1. Except as otherwise provided by statute or rule, suspensions shall not exceed a total of 30 working days during any 12-month period. The 12-month period begins with the first day of the first suspension.
2. An employee who is involuntarily demoted must possess the qualifications for the position and:
  - a. A covered employee who has attained permanent status may be involuntarily demoted only to a regular position in the covered service.
  - b. An uncovered employee may be involuntarily demoted only to a position in the uncovered service.

**D. Review by Director.**

1. Letters of reprimand and suspensions without pay of 80 working hours or less are not subject to review by the Director.
2. Prior to imposing a suspension greater than 80 working hours, an involuntary demotion, or dismissal, the agency head shall submit the proposed action to the Director for review as prescribed in R2-5A-802, unless the employee is in a position listed in A.R.S. § 41-742(F). If the employee is in a position listed in A.R.S. § 41-742(F), a review by the Director is not required.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-802. Procedures for Review by the Director**

- A.** Prior to administering any action requiring review by the Director, the agency head shall submit the proposed letter to the Director prior to the date the agency head intends to issue the letter to the employee.
- B.** The Director shall review the agency head's proposed action and provide notification of concurrence or recommend modification to the proposed action.
- C.** When the agency head administers the action to an employee, the agency head shall also send a copy of the employee's letter to the Director. If the agency head determines that no action will be taken, the agency head shall notify the Director.

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**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782,  
effective September 29, 2012 (Supp. 12-4).

**R2-5A-803. Employee Request for Review of Disciplinary Action**

- A.** A covered employee who is issued a disciplinary action may have grievance or appeal rights, as applicable.
- B.** An uncovered employee does not have grievance rights or the right of appeal to the State Personnel Board or the Law Enforcement Merit System Council.
- C.** A covered employee who files a complaint on a disciplinary action alleging discrimination or harassment is precluded from also filing a grievance through the agency's grievance procedure on the same disciplinary action that is the subject of the employee's complaint.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782,  
effective September 29, 2012 (Supp. 12-4). Amended by  
final rulemaking at 30 A.A.R. 2765 (September 6, 2024)  
effective October 12, 2024 (Supp. 24-3).

**ARTICLE 9. COMPLAINTS**

**R2-5A-901. Complaint System**

- A.** General. Each agency head shall:
  - 1. Adopt a procedure to address employee complaints concerning discrimination or harassment in compliance with this rule.
  - 2. Designate an employee of the agency to serve as the agency's complaint coordinator, who shall be responsible for receiving complaints, determining applicability under the complaint system, investigating or assigning the complaint to the appropriate individual within the agency for review or investigation, and tracking the processing of complaints.
- B.** Matters subject to the complaint system. The adopted complaint procedure shall require the complainant to file the complaint with the agency complaint coordinator within 180 days of the action giving rise to the complaint and to clearly outline the allegations to be addressed, including whether the basis of the complaint is based on:
  - 1. Unlawful discrimination based on race, color, religion, sex (including pregnancy), age, national origin, genetic information or on the basis of a disability.
  - 2. Allegation of sexual harassment or other form of harassment.
  - 3. Retaliation for filing a complaint.
  - 4. Retaliation or intimidation for exercising any right under state or federal law.
- C.** Preparation. A complainant shall not be allowed the use of state time or state property to prepare a complaint, prepare for a meeting with agency management or to meet with a representative. Subject to supervisory approval, a complainant may request available compensatory or annual leave for this purpose.
- D.** Multiple complaints. Multiple complaints by an employee may be consolidated into a single complaint. Separate complaints filed by two or more employees regarding the same issue or issues may be consolidated into a group complaint. Employees having a common complaint may submit one group complaint, identifying one complainant as the selected spokesperson for the group. Employees who choose to file a group complaint are prohibited from filing separate complaints on the same issue.

- E.** Amendments. Once a complaint is submitted to the agency complaint coordinator, it may not be amended. If additional documentation is submitted by the complainant after the initiation of the complaint, the reviewing or investigating official may remand the complaint to the complainant for reconsideration and resubmission.
- F.** Approval. Each agency will submit its proposed complaint procedure and any subsequent changes to the Director for approval.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782,  
effective September 29, 2012 (Supp. 12-4).

**R2-5A-902. Complaint Procedures**

- A.** Content. Each agency complaint procedure shall include as a minimum that:
  - 1. The agency head be notified of all verbal or written complaints of discrimination or harassment reported by an employee immediately upon receipt of a complaint.
  - 2. Employees who are told or otherwise become aware that discrimination or harassment is occurring must immediately report the allegation or complaint to the agency's complaint coordinator.
  - 3. The complaint include all facts and circumstances involved in the alleged violation, including:
    - a. Description of the incident(s),
    - b. Name(s) of individual(s) involved,
    - c. Name(s) of witness(es),
    - d. The date(s) the discrimination or harassment occurred (if known),
    - e. Resolution sought,
    - f. Federal or state law alleged to have been violated.
  - 4. The agency complaint coordinator shall acknowledge receipt of the complaint in writing to the complainant not later than five business days after receipt of the written complaint.
  - 5. The agency complaint coordinator shall initiate an investigation into the alleged complaint or assign the complaint to the appropriate individual within the agency for review or investigation within 10 business days and the review or investigation shall be completed within 60 business days of receipt of the written complaint. If extenuating circumstances exist, an extension shall be requested through the agency complaint coordinator.
  - 6. Barring resolution of the complaint by agreement of the parties, the agency complaint coordinator shall forward a written recommendation to the agency head, or designee, within 10 business days of completion of the review or investigation.
  - 7. The agency head, or designee, shall review the findings and recommendations and issue a decision in writing to the complainant.
  - 8. A statement advising that retaliation against an employee for filing a complaint in good faith will not be tolerated or permitted.
  - 9. A statement specifying that a grievance filed by a covered employee under R2-5B-403 that includes an allegation of discrimination or harassment shall be reviewed or investigated under the provisions of this Article, and not the grievance system.
- B.** Review by Director.
  - 1. An employee, other than a Department of Administration employee, who is not satisfied with the agency head's response to a complaint alleging discrimination or harass-

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ment, may elevate the complaint to the Director within five business days after the receipt of the agency head's response. The Director will furnish a copy of the final decision to the agency head and the complainant within 20 business days following receipt of the complaint by the Director. The 20 business days may be extended by the Director with the concurrence of the complainant. The decision of the Director is the final step in the complaint procedure.

2. A complainant who is a Department of Administration employee and who is not satisfied with the Director's decision on a complaint alleging discrimination or harassment may resubmit the complaint to the Director within five business days after receipt of the Director's decision. The Director will appoint an individual who is not an employee of the Department of Administration and who serves in a position that is assigned to manage an agency's employee relations or investigations work unit to investigate the resubmitted complaint. The investigator shall conduct an investigation and furnish a copy of the findings and final decision to the Director and the complainant within 20 business days following receipt of the complaint by the investigator. The 20 business days may be extended by the investigator with the concurrence of the complainant. The decision of the investigator is the final step in the complaint procedure.
3. The response will refer the employee to the appropriate entity if the employee is dissatisfied with the final step of the complaint procedure.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**ARTICLE 10. SEPARATIONS**

**R2-5A-1001. Voluntary Separation**

- A. Resignation. An employee may terminate employment with the state by submitting a written resignation to the agency head. An employee should submit a resignation at least 10 business days prior to the effective date of the resignation. If an employee resigns orally, the agency head shall confirm the resignation in writing. An agency head may refuse to accept a resignation and separate the employee pursuant to R2-5A-1002.
- B. Job abandonment. An agency head may consider an employee to have voluntarily resigned from employment with the agency when the employee is absent from duty for three consecutive workdays or equivalent without proper authorization.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5A-1002. Involuntary Separation**

- A. General. An agency head may terminate an employee as deemed necessary to meet the needs of the agency and in keeping with federal and state laws and regulations. A covered employee may be dismissed only for cause. An agency head shall dismiss a covered employee in accordance with Article 8 and the rules in Subchapter B of this Chapter.
- B. Staff reduction. At times, a staff reduction is necessary due to lack of work, lack of funds, economic slowdowns, technological or structural changes in the agency's operations, or because a staff reduction is determined to be necessary to ensure the financial health and viability of the agency.

1. Except for an employee who is in a position listed in A.R.S. § 41-742(F), a staff reduction of an uncovered employee requires review by the Director prior to the agency head administering such action.
2. An agency head shall conduct staff reductions of covered employees in accordance with Subchapter B, Article 6, Reduction in Force.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**SUBCHAPTER B. COVERED EMPLOYEES**

**ARTICLE 1. GENERAL**

**R2-5B-101. Definitions**

In addition to the definitions provided in Subchapter A of this Chapter, the following definitions apply to this Subchapter:

"Limited appointment employee" means an employee who, before September 29, 2012, was subject to the provisions of A.R.S. Title 41, Chapter 4, Articles 5 and 6 that were in effect before September 29, 2012, was appointed to a position that was based on the duration of funding, and was not eligible to acquire reduction in force rights.

"Original probationary period" means the specified period following initial appointment to covered service. A.R.S. § 41-741(10)

"Permanent status" means the standing a covered employee achieves after the completion of an original probation or a promotional probation.

"Probationary period" means a working test period of employment in a covered service position for evaluation of the employee's work. A.R.S. § 41-741(11)

"Promotional probation" means the specified period of employment following promotion of a permanent status employee to another covered position that has a higher pay grade. A.R.S. § 41-741(12)

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5B-102. Applicability**

- A. The rules in this Subchapter are applicable to covered positions, applicants for covered positions and covered employees in the State Personnel System.
- B. Covered service is limited to the following:
  1. An employee who was in the state service as either a probationary or permanent status employee, was not required to become at will uncovered in accordance with A.R.S. Title 41, Chapter 4, Article 4, and who does not:
    - a. Voluntarily elect to become uncovered at will.
    - b. Voluntarily accept a change in assignment to a position in the uncovered service.
    - c. Have a break in service.
  2. An employee of the Arizona Department of Corrections who was employed before September 14, 2024, as an uncovered Correctional Captain, Correctional Lieutenant, Correctional Sergeant, Correctional Corporal, Correctional Officer IV, Community Corrections Unit Supervisor or Community Corrections Group Supervisor and became covered on September 14, 2024, as amended by Laws 2024, Ch. 249.

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3. A newly hired employee who is appointed or a current uncovered employee who voluntarily accepts a change in assignment to:
  - a. A covered position in the Arizona Department of Corrections; or
  - b. A position in any state agency that requires certification as a full authority peace officer by the Arizona Peace Officer Standards and Training Board, provided the position is not in the uncovered service.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by exempt rulemaking at 19 A.A.R. 717 effective April 13, 2013 (Supp. 13-1). Amended by final rulemaking at 31 A.A.R. 1939 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**ARTICLE 2. EMPLOYMENT STATUS**

**R2-5B-201. Applicability**

The rules under this Article are applicable only to positions in the covered service and covered employees.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5B-202. Original Probation**

- A. General. A new employee hired into a position in the covered service shall serve an original probation period of one year.
- B. Extension of probation.
  1. An agency head may extend an employee's original probation up to six additional months for employment-related reasons.
  2. The probationary period shall be extended for any period for which a probationary employee is on leave without pay for more than 80 consecutive working hours. If original probation is extended for this reason, the employee's probation may exceed 18 months.
- C. Completion of original probation.
  1. In accordance with the rules in Subchapter 5A, Article 7, a supervisor shall evaluate an original probationary employee and submit a report to the agency head before expiration of the employee's probationary period. If the agency head takes no action to extend the probationary period or to terminate the employee, the agency head shall grant permanent status to the employee upon completion of the probationary period.
  2. If an agency head determines at any time during an original probationary period that the services of a probationary employee are no longer required in that position for any reason or for no reason, the agency head may:
    - a. Dismiss the employee without a stated reason and without the right of appeal, providing the employee a letter of dismissal; or
    - b. Offer the employee another position for which the employee possesses the qualifications. An employee who accepts a position that is not in the covered service is an at will uncovered employee.
- D. Change in position. An original probation employee who is selected for another position in the covered service shall serve an original probation period in the new position.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5B-203. Promotional Probation**

- A. General. A permanent-status employee who is promoted to a position in the covered service shall serve a promotional probation period of six months.
- B. Extension of probation.
  1. An agency head may extend an employee's promotional probation up to six additional months for employment-related reasons.
  2. The probationary period shall be extended for any period for which a probationary employee is on leave without pay for more than 80 consecutive working hours. If promotional probation is extended for this reason, the employee's probation may exceed one year.
- C. Completion of promotional probation.
  1. In accordance with the rules in Subchapter 5A, Article 7, a supervisor shall evaluate a promotional probationary employee and submit a report to the agency head before expiration of the employee's probationary period. If the agency head takes no action to extend the probationary period, to revert or separate the employee, or offer the employee another position, the agency head shall grant permanent status to the employee upon completion of the probationary period.
  2. If an employee fails to complete a promotional probation successfully the agency head may revert the employee in the current employing agency to:
    - a. A vacant position in the class in which the employee held permanent status immediately before promotion, or
    - b. A similar position in another class at the same grade as the class that the employee holds permanent status if the employee possesses the qualifications for that position.
- D. Discipline. Neither subsection (C)(2)(a) nor (b) shall preclude the imposition of disciplinary action.
- E. Failure to complete promotional probation. An employee who is reverted shall not have the right to appeal.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5B-204. Permanent Status**

A covered employee who has successfully completed the employee's probationary period shall attain permanent status in the position.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5B-205. Change from Covered to Uncovered Service**

- A. Voluntary election. A covered employee may voluntarily elect to become an at will uncovered employee without a change in assignment. Such an election is subject to the approval of the head of the employing agency and the Director. If approved, the effective date of the employee's change to uncovered service shall be the first day of the pay period immediately following the Director's approval.
- B. Change in assignment. Except for a special assignment, a covered employee who voluntarily accepts a change in assignment to a position that is not in the covered service, regardless of whether the voluntary change in assignment is a promotion,

demotion, or lateral transfer, is an at will uncovered employee. The effective date of the employee's change to uncovered service shall be the same as the effective date of the change in assignment. A special assignment is not a change in assignment.

- C. Return to state employment. A covered employee who has a break in service and returns to employment in an agency in the State Personnel System in any capacity shall be an at will uncovered employee, unless the appointment is to a position in the covered service.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by exempt rulemaking at 19 A.A.R. 717 effective April 13, 2013 (Supp. 13-1).

**ARTICLE 3. DISCIPLINARY ACTIONS**

**R2-5B-301. General**

- A. Applicability. The rules under this Article are applicable only to covered employees.
- B. Review by Director. Disciplinary actions for covered employees are subject to the review requirements outlined in R2-5A-801(D) and R2-5A-802.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5B-302. Reprimand**

- A. Authority. An agency head may issue a written reprimand to an employee for cause.
- B. Reprimand Procedures. The agency head shall provide the employee with a written statement of the reasons for the reprimand and the employee's grievance rights.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5B-303. Suspension**

- A. Authority. An agency head may suspend an employee without pay for cause.
- B. Limitation. Except as otherwise provided by statute or rule, suspensions shall not exceed a total of 30 working days during any 12-month period. The 12-month period begins with the first day of the first suspension.
- C. Pre-suspension procedures for suspensions exceeding 80 working hours. Before an employee with permanent status can be suspended for more than 80 working hours, the agency head shall submit the proposed action to the Director for review as prescribed in R2-5A-802, give the employee written notice of the charges, a summary of the agency head's basis for the charges, and an opportunity for the employee to present a written response. The employee's response shall be made not later than three business days after the employee receives notice of the charges, unless extended in writing by the agency head.
- D. Suspension procedures. The agency head shall provide the employee with a written statement of the reasons for the suspension. The statement shall specify the period of suspension and the employee's grievance or appeal rights.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5B-304. Involuntary Demotion**

- A. Authority. An agency head may involuntarily demote a permanent status employee for cause to any covered position in the employing agency, provided the employee possesses the qualifications for such position.
- B. Pre-demotion procedures. Before an employee with permanent status can be involuntarily demoted, the agency head shall submit the proposed action to the Director for review as prescribed in R2-5A-802, give the employee written notice of the charges, a summary of the agency head's basis for the charges, and an opportunity for the employee to present a written response. The employee's response shall be made not later than three business days after the employee receives notice of the charges, unless extended in writing by the agency head.
- C. Involuntary demotion procedures. Prior to the effective date of the involuntary demotion, a written notice containing specific reasons for the demotion and the employee's right of appeal shall be provided to the employee and the Director.
- D. Probation. Except as otherwise provided in these rules, an employee who is involuntarily demoted shall not be required to serve a probationary period in the position to which demoted.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5B-305. Dismissal**

- A. Relief from duty. Nothing in this rule shall preclude the agency head from immediately placing an employee on administrative leave pending implementation of procedures under this Section, but no pay shall be withheld for such period.
- B. Dismissal during original probation. An employee on original probation may be dismissed without a stated reason and without the right of appeal.
- C. Pre-dismissal procedures. Before an employee with permanent status can be dismissed, the agency head shall submit the proposed action to the Director for review as prescribed in R2-5A-802, give the employee written notice of the charges, a summary of the agency head's basis for the charges, and an opportunity for the employee to present a written response. The employee's response shall be made not later than three business days after the employee receives notice of the charges, unless extended in writing by the agency head.
- D. Dismissal procedures. The agency head may dismiss an employee with permanent status only for cause but not before attempting to serve the employee personally or by registered or certified mail, return receipt requested (addressee only), with written notice of the specific reasons for dismissal in sufficient detail to inform the employee of the facts, with a copy to the Director. The agency head shall include a statement of the employee's right to appeal.
- E. Effective date of dismissal. The dismissal action is not effective until one of the following occurs:
  1. The employee signs for receipt of the dismissal letter personally served or served by mail;
  2. Three business days have passed since the letter was mailed to the employee; or
  3. An attempt is made to personally serve the dismissal letter, but the employee refuses to sign for the letter. Such attempt to personally serve the letter shall be witnessed.

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**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782,  
effective September 29, 2012 (Supp. 12-4).

**ARTICLE 4. GRIEVANCES**

**R2-5B-401. Applicability**

The rules under this Article are applicable only to covered employees.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782,  
effective September 29, 2012 (Supp. 12-4).

**R2-5B-402. Grievance System**

**A.** General. Each agency that has one or more covered employees shall:

1. Adopt a grievance procedure which will afford each covered employee a systematic means of resolving an employee's disagreement with the receipt of a disciplinary action that is either:
  - a. A written reprimand, or
  - b. A suspension of:
    - i. 40 working hours or less if the employee is a full authority peace officer, or
    - ii. 80 working hours or less if the employee is a covered employee in any other capacity.
2. Designate an employee of the agency to serve as the agency's grievance coordinator, who shall be responsible for receiving grievances, determining applicability under the grievance system, forwarding the grievance to the appropriate individual within the agency for review or investigation, and tracking the processing of grievances.

**B.** Non-applicable matters. The adopted grievance procedure shall not apply to any matter for which another method of review is provided, including but not limited to:

1. Retirement, Life Insurance, or Health Insurance;
2. Any classification action;
3. Any recruitment, selection, or appointment;
4. Any compensation action;
5. A disciplinary action that is either:
  - a. A suspension of:
    - i. More than 40 working hours if the employee is a full authority peace officer, or
    - ii. More than 80 working hours if the employee is a covered employee in any other capacity,
  - b. A demotion, or
  - c. A dismissal.
6. A complaint alleging discrimination or harassment; or
7. Any reduction in force action.

**C.** Restrictions. An employee may not submit a grievance challenging the following management rights:

1. An agency head's right to direct agency employees.
2. An agency head's right to hire, promote, transfer, assign, and retain employees.
3. An agency head's right to maintain efficiency of government operations and to determine the methods, means, and personnel by which these operations are to be conducted.

**D.** Preparation. A grievant shall not be allowed the use of state time or state property to prepare a grievance, prepare for a meeting with agency management or to meet with a representative. Subject to supervisory approval, a grievant may request available compensatory or annual leave for this purpose.

**E.** Steps. An agency's grievance procedure shall have two steps for review.

1. As determined by the agency head, the first step in the grievance procedure shall be:
  - a. The employee's second line supervisor,
  - b. The assistant director or equivalent, or
  - c. Any level of management between (a) and (b).
2. The final step in the grievance procedure shall be the agency head, or designee.
3. An agency head may choose to incorporate an additional step in the agency grievance procedure after the first step review.

**F.** Amendments. Once a grievance is submitted to the first step, it may not be amended. If additional documentation is submitted by the grievant after the initiation of the grievance, the reviewing official may remand the grievance to the appropriate previous level for reconsideration.

**G.** Approval. Each agency head will submit the agency's proposed grievance procedure and any subsequent changes to the Director for approval.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782,  
effective September 29, 2012 (Supp. 12-4).

**R2-5B-403. Grievance Procedures**

Content. The grievance procedure established in each state agency shall include as a minimum:

1. An initial statement that any complaint alleging unlawful discrimination or unlawful harassment will be reviewed or investigated according to the provisions of the separate complaint process outlined in Subchapter A, Article 9, and not the grievance system.
2. A requirement that the grievant have an oral discussion with the individual designated as the first step in the agency's grievance procedure in an attempt to resolve the employee's disagreement with the disciplinary action, prior to initiating the written grievance procedure.
3. A requirement that the employee file the grievance in writing with the agency grievance coordinator, within 10 business days after the occurrence of the action being grieved. The date of occurrence of a:
  - a. Reprimand is the date the reprimand was issued to the employee.
  - b. Suspension is the first day of suspension.
4. A requirement that the grievance contain a complete statement of all the facts and circumstances involved and the specific redress sought.
5. A provision that the grievant may select a representative at any step in the procedure after the oral discussion with the immediate supervisor.
6. A requirement that another state employee who serves as the representative of a grievant must receive approval for annual or compensatory leave to represent the grievant.
7. A requirement that the grievant must have a minimum of five business days after receipt of a response to forward the grievance at any step, must sign the grievance at each step, and must state the reasons why the response at the previous step was unsatisfactory.
8. A requirement that the agency head will respond to the grievant not later than 30 business days after receipt of the grievance at the first step. Within the 30 business day period, the time for any step may be extended by the agency head with the concurrence of the grievant.
9. A statement that the decision of the agency head is the final step in the grievance process.

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**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by final rulemaking at 30 A.A.R. 2765 (September 6, 2024) effective October 12, 2024 (Supp. 24-3).

**ARTICLE 5. APPEALS**

**R2-5B-501. Applicability**

The rules under this Article are applicable only to covered employees who have attained permanent status.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5B-502. General**

- A. Except for an employee who is a full authority peace officer, an employee may file an appeal on the receipt of a disciplinary action that is either:
  1. A suspension for more than 80 working hours,
  2. An involuntary demotion, or
  3. A dismissal.
- B. Such appeals shall be filed with the State Personnel Board and in accordance with the rules established by the Board.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5B-503. Full Authority Peace Officers**

- A. A full authority peace officer may file an appeal on the receipt of a disciplinary action that is either:
  1. A suspension for more than 40 working hours,
  2. An involuntary demotion, or
  3. A dismissal.
- B. Such appeals shall be filed with the Law Enforcement Merit System Council and in accordance with the rules established by the Council.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**ARTICLE 6. REDUCTION IN FORCE**

**R2-5B-601. Applicability**

The rules under this Article are applicable only to covered positions and covered employees.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).

**R2-5B-602. Reduction in Force Procedures**

- A. General.
  1. An agency head shall submit to the Director a proposal to conduct a reduction in force if required for one or more of the following reasons:
    - a. Lack of funds or work,
    - b. Abolition of one or more covered positions,
    - c. Material change in job duties or agency organization, or
    - d. Introduction of a cost reduction initiative.
  2. An agency head shall submit the proposal for a reduction in force at least 30 business days before the proposed effective date of the reduction in force. If circumstances beyond the agency's control do not permit at least 30 business days' notice, the agency head shall submit the

proposal as soon as the agency head is aware of the necessity for a reduction in force.

3. An agency head shall include all of the following in the proposal for a reduction in force:
  - a. The reason for the reduction in force;
  - b. The proposed scope of the reduction in force, which shall be limited to either:
    - i. The agency,
    - ii. An organizational unit of the agency, or
    - iii. Agency operations within a geographic area,
  - c. Each specific covered position proposed for elimination and an organization chart identifying each position, and
  - d. The proposed effective date of the reduction in force.
4. An agency head shall submit a proposal that is consistent with A.R.S. § 41-772 and this Section.
5. An agency head shall not approve a personnel action that would have an effect on the reduction in force after the agency head has submitted a proposal for a reduction in force.
6. An agency head shall not re-establish a position that was abolished as a result of a reduction in force for two years if the position was filled when the reduction in force occurred, unless the position was abolished due to fiscal constraints, legislative action, or court order.
- B. Administration of reduction in force. The Director shall review and approve, modify or deny a reduction in force within 20 business days of receipt. Upon approval of the Director to conduct a reduction in force:
  1. An agency head shall separate a covered employee who is not a permanent status employee in the class affected by the reduction in force in the following order before any reduction in force action is taken that affects a permanent status employee, provided the separation of the non-permanent status employee will accomplish, or assist in accomplishing, the purpose of the reduction in force:
    - a. Temporary employee,
    - b. Original probationary employee, and
    - c. Limited appointment employee.
  2. An agency head shall use retention points to identify a permanent status employee within a class series affected by a reduction in force for retention in the employee's current position, transfer, reduction, or separation based on the employee's relative standing on the retention point list.
  3. An agency head shall base retention points upon performance calculated in accordance with the instructions in subsections (C) and (D).
  4. An employee on promotional probation or special assignment shall compete for retention in the employee's permanent status class.
  5. An employee in an underfill position shall compete for retention in the employee's permanent status class.
  6. A permanent part-time employee shall compete for retention against another permanent part-time employee in the same class.
- C. Calculation of retention points. An agency head shall compute the average score of a maximum of the three most recent performance evaluations in the 24 months concluded before the date of proposal for a reduction in force. An employee's average score shall be the employee's retention points. If an employee has not had a performance evaluation in the past 24 months, the employee shall receive 2.0 retention points.

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- D.** Resolution of ties. An agency head shall break any tie in total retention points in the following manner and order:
1. The employee with the highest most recent performance evaluation shall be given preference.
  2. If a tie continues to exist, the agency head shall break the tie by lot.
- E.** Offer of position.
1. An agency head shall provide written notice at least five business days in advance to each employee identified for transfer, reduction, or separation. If circumstances beyond the agency's control do not permit at least five business days' notice, the agency head shall provide notice as soon as the agency head is aware of the necessity to transfer, reduce, or separate the employee.
  2. The notice shall include:
    - a. The reason for and effective date of the action;
    - b. A job offer, if any, including the salary, location of the position, and supervisor's name;
    - c. The availability of reduction in force procedures and records for review, with references to relevant statutes and rules; and
    - d. The employee's right to request a review of the determination as provided in R2-5B-603.
  3. An agency head shall offer a position to an employee identified for transfer, reduction, or separation with the highest number of points on the retention point list in descending order as follows:
    - a. If a vacant covered position exists and an employee possesses the required qualifications for the position, an agency head shall make the single best offer, in terms of pay range, within the agency of:
      - i. A regular position at the same or lower pay range in the same class series as the employee's present permanent status position;
      - ii. A regular position at the same or lower pay range in any class series in which the employee has held permanent status during the past five years; or
      - iii. If both positions described in subsections (E)(3)(a)(i) and (ii) are available, the position described in subsection (E)(3)(a)(i).
    - b. If the offer under subsection (E)(3)(a) is a position at a lower pay range, the agency head shall provide the employee the option of accepting a vacant covered:
      - i. Funded, regular position at the employee's present pay range in a class series in which the

employee has never held permanent status for which the employee is qualified; or

- ii. Temporary or part-time position at the employee's present pay range for which the employee is qualified.
4. An employee shall possess the qualifications required when the position was last filled, unless the Director grants an exception.
  5. Any job offer shall contain a time period of not less than three business days in which the employee may accept the offer. Failure of an employee to reply in writing within the stated time period, or failure to accept the job offer, shall constitute a resignation. An employee may accept a job offer and retain the right to request a review of the determination.
  6. If no position exists, the agency head may separate the employee.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4). Amended by exempt rulemaking at 19 A.A.R. 717 effective April 13, 2013 (Supp. 13-1).

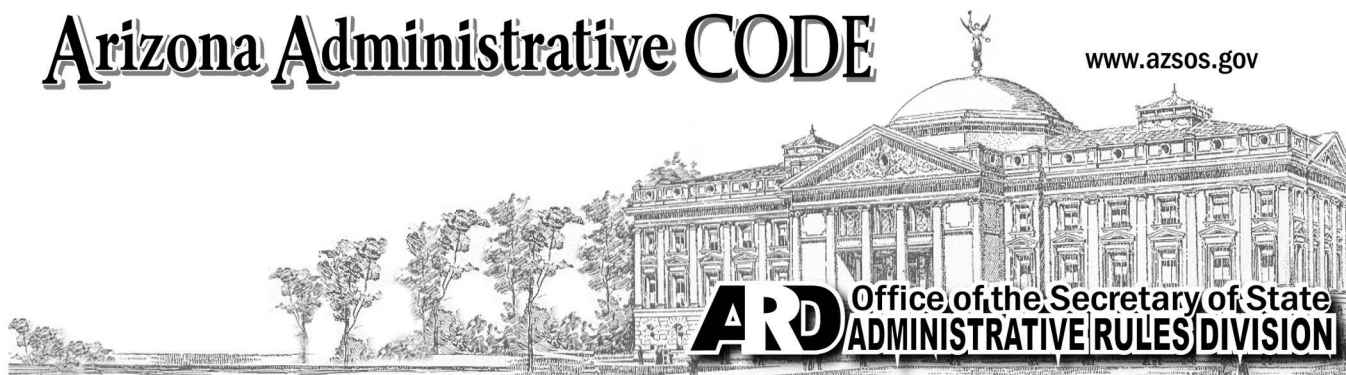
**R2-5B-603. Employee Request for Review**

- A.** An employee may request a review of the following determinations made during a reduction in force:
1. Calculation of the employee's retention points,
  2. A job offer resulting in the employee's transfer or reduction, and
  3. Notification of the employee's separation.
- B.** Within three business days of receipt of a determination notice, unless a longer period is authorized by an agency head, an employee may submit a written request to the agency head for a review of the determination. The request for review shall be based upon an error, contain specific information concerning the error involved, and include a proposed resolution of the problem.
- C.** The agency head shall review the request and respond to the employee within five business days after receipt of the request.
- D.** An agency head may postpone any portion of a reduction in force until completion of an employee request for review.

**Historical Note**

Section made by exempt rulemaking at 18 A.A.R. 2782, effective September 29, 2012 (Supp. 12-4).





## TITLE 4. PROFESSIONS AND OCCUPATIONS

### CHAPTER 1. BOARD OF ACCOUNTANCY

#### 4 A.A.C. 1

#### Supplement Information

#### Supp. 25-2

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 24-3, 1-18 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### PERSONAL USE/COMMERCIAL USE

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

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## Administrative Rules Division

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**TITLE 4. PROFESSIONS AND OCCUPATIONS****CHAPTER 1. BOARD OF ACCOUNTANCY**

Authority: A.R.S. § 32-701 et seq.

**Supp. 25-2****CHAPTER TABLE OF CONTENTS****ARTICLE 1. GENERAL**

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 1. BOARD OF ACCOUNTANCY

## ARTICLE 1. GENERAL

**R4-1-101. Definitions**

- A.** The definitions in A.R.S. § 32-701 apply to this Chapter.
- B.** In this Chapter, unless the context otherwise requires:
1. "Contested case" means any proceeding in which the legal rights, duties, or privileges of a party are required by law to be determined by any agency after an opportunity for hearing.
  2. "CPE" or "continuing professional education" means attending classes, writing articles, conducting or teaching courses, and taking self-study courses if the activities contribute to maintaining and improving of professional competence in accounting.
  3. "Facilitated State Board Access (FSBA)" means the sponsoring organization's process for providing the Board access to peer review results via a secured website.
  4. "Party" means each person or agency named or admitted as a party, or properly seeking and entitled, as of right, to be admitted as a party.
  5. "Peer review" means an assessment, conducted according to R4-1-454(A), of one or more aspects of the professional work of a firm.
  6. "Peer review program" means the sponsoring organization's entire peer review process, including but not limited to the standards for administering, performing and reporting on peer reviews, oversight procedures, training, and related guidance materials.
  7. "Person" may include any individual, and any form of corporation, partnership, or professional limited liability company.
  8. "Principal place of business" means the office designated by the individual as the principal location for the individual's practice of accounting.
  9. "Sponsoring organization" means a Board-approved professional society, or other organization approved by the Board responsible for the facilitation and administration of peer reviews through use of its peer review program and peer review standards.
  10. "Upper level course" means a course taken beyond the basic level, after any required prerequisite or introductory accounting course and does not include principles of accounting or similar introductory accounting courses.

**Historical Note**

Former Rule 1A; Amended effective February 22, 1978 (Supp. 78-1). Former Section R4-1-01 renumbered as Section R4-1-101 without change effective July 1, 1983 (Supp. 83-4). Amended effective August 21, 1986 (Supp. 86-4). Amended effective December 6, 1995 (Supp. 95-4). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 10 A.A.R. 4352, effective December 4, 2004 (Supp. 04-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 3246, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 339, effective April 5, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 1106 (May 27, 2022), effective July 3, 2022 (Supp. 22-2).

**R4-1-102. Powers of the Board: Applicability; Excuse; Extension**

- A.** This Chapter applies to all actions and proceedings of the Board and is deemed part of the record in every action or proceeding without formal introduction or reference. All parties

are deemed to have knowledge of this Chapter, which the Board shall make available on the Board's website.

- B.** The Board, when within the Board's jurisdiction, may, in the interest of justice, excuse the failure of any person to comply with any part of this Chapter.
- C.** The Board, or in case of an emergency, the President or Executive Director, when within the Board's jurisdiction, may grant an extension of time to comply with this Chapter.

**Historical Note**

Former Rules 1B, 1C, 1D, 1E; Former Section R4-1-02 renumbered as Section R4-1-102 without change effective July 1, 1983 (Supp. 83-4). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1).

**R4-1-103. Repealed****Historical Note**

Former Rule 2E; Former Section R4-1-03 renumbered as Section R4-1-103 without change effective July 1, 1983 (Supp. 83-4). Repealed effective August 21, 1986 (Supp. 86-4).

**R4-1-104. Board Records; Public Access; Copying Fees**

- A.** The Board shall maintain all records, subject to A.R.S. Title 39, Chapter 1, reasonably necessary or appropriate to maintain an accurate knowledge of the Board's official activities including, but not limited to:
1. Applications for CPA certificates and supporting documentation and correspondence;
  2. Applications to take the Uniform Certified Public Accountant Examination;
  3. Registration for registrants;
  4. Documents, transcripts, and pleadings relating to disciplinary proceedings and to hearings on the denial of a certificate; and;
  5. Investigative reports; staff memoranda; and general correspondence between any person and the Board, members of the Board, or staff members.
- B.** Any person desiring to inspect or obtain copies of records of the Board available to the public under this section shall make a request to the Board's Executive Director or the Director's designee. The Executive Director or the director's designee shall, as soon as possible within a reasonable time, advise the person making the request whether the records sought can be made available, or, if the Executive Director or the director's designee is unsure whether a record may be made available for public inspection and copying, the Executive Director or the director's designee shall refer the matter to the Board for final determination.
- C.** A person shall not remove original records of the Board from the office of the Board unless the records are in the custody and control of a board member, a member of the Board's committees or staff, or the Board's attorney. The Executive Director or the director's designee may designate a staff member to observe and monitor any examination of Board records.
- D.** The Board shall provide copies of all records available for public inspection and copying shall be provided according to the procedures described in A.R.S. Title 39, Chapter 1, Article 2.
- E.** Any person aggrieved by a decision of the Executive Director or the director's designee denying access to records of the Board may request a hearing before the Board to review the action of the Executive Director or the director's designee by

## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 1. BOARD OF ACCOUNTANCY

filing a written request for hearing. Within 60 days of receipt of the request, the Board shall conduct a hearing on the matter. If the person requires immediate access to Board records, the person may request and may be granted an earlier hearing, if the person sets forth sufficient grounds for immediate access.

**Historical Note**

Adopted effective January 3, 1977 (Supp. 77-1). Amended effective February 22, 1978 (Supp. 78-1). Amended effective July 17, 1978 (Supp. 78-4). Former Section R4-1-04 renumbered as Section R4-1-104 without change effective July 1, 1983 (Supp. 83-4). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 26 A.A.R. 339, effective April 5, 2020 (Supp. 20-1). Amended by final rulemaking at 27 A.A.R. 921, effective August 1, 2021 (Supp. 21-2). Amended by final rulemaking at 28 A.A.R. 1106 (May 27, 2022), effective July 3, 2022 (Supp. 22-2).

**R4-1-105. Expired****Historical Note**

Adopted effective January 3, 1977 (Supp. 77-1). Former Section R4-1-05 renumbered as Section R4-1-105 and amended in subsections (C) and (D) effective July 1, 1983 (Supp. 83-4). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Section expired under A.R.S. § 41-1056(J) at 25 A.A.R. 3719, effective December 4, 2019 (Supp. 19-4).

**R4-1-106. Reserved****R4-1-107. Reserved****R4-1-108. Reserved****R4-1-109. Reserved****R4-1-110. Reserved****R4-1-111. Reserved****R4-1-112. Reserved****R4-1-113. Meetings**

The Board and Board committees shall conduct meetings in accordance with the current edition of Robert's Rules of Order if the rules are compatible with the laws of the state of Arizona or the Board's own resolutions regarding meetings.

1. Regular and special meetings of the Board for the purpose of conducting business shall be called by the President or a majority of the board members.
2. Regular and special meetings of the committees shall be called by the chairperson or a majority of the committee members.

**Historical Note**

Former Rules 2A, 2B, 2C, 2D; Former Section R4-1-13 renumbered as Section R4-1-113 without change effective July 1, 1983 (Supp. 83-4). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1).

**R4-1-114. Hearing; Rehearing or Review**

- A. Hearing: The Board or an Administrative Law Judge (ALJ) employed by the Office of Administrative Hearings (OAH)

shall hear all contested cases and appealable agency actions. The Board shall conduct hearings according to the provisions of A.R.S. Title 41, Chapter 6, Article 10 as supplemented by R4-1-117. The OAH shall conduct hearings according to A.R.S. Title 41, Chapter 6, Article 10 and the rules and procedures established by the OAH. To the extent that there is no conflict with A.R.S. Title 41, Chapter 6, Article 10, the provisions of A.R.S. § 32-743 apply to hearings conducted by the Board and the OAH. The following subsections apply to hearings conducted by the Board and hearings conducted by the OAH where applicable.

1. Power to join any interested party: Any board member or the ALJ may join as a party applicant or as a party defendant, any person, firm or corporation, that appears to have an interest in the matter before the Board.
2. Stipulation at hearing: The parties may stipulate to facts that are not in dispute. The stipulation may be in writing or may be made orally by reading the stipulation into the record at the hearing. The stipulation is binding upon the parties unless the Board or the ALJ grants permission to withdraw from the stipulation. The Board or the ALJ may set aside any stipulation.
3. Settlements and consent orders: At any time before or after formal disciplinary proceedings have been instituted against a registrant, the registrant may submit to the Board an offer of conditional settlement to avoid formal disciplinary proceedings by the Board. In the offer of conditional settlement, the registrant shall agree to take specific remedial steps such as enrolling in CPE courses, limiting the scope of the registrant's practice, accepting limitation on the filing of public reports, and submitting the registrant's work product for peer review. If the Board determines that the proposed conditional settlement will protect the public safety and welfare and is more likely to rehabilitate or educate the registrant than formal disciplinary action under A.R.S. § 32-741, the Board may accept the offer and enter an order that incorporates the registrant's proposed conditional settlement and to which the registrant consents. A consent order issued under this subsection shall provide that, upon successful compliance by the registrant with all provisions of the order, the disciplinary proceedings shall be terminated and any notice of hearing previously issued shall be vacated. The consent order shall further provide that, upon failure of the registrant to comply with all provisions of the order, or upon the discovery of material facts unknown to the Board at the time the Board issued the order, formal disciplinary proceedings against the registrant may be instituted or resumed. The consent order additionally may provide that, upon failure of the registrant to comply with all provisions of the order, the Board may immediately and summarily suspend the registrant's certificate for not more than one year. Within 30 days after the summary suspension, the registrant may request a hearing solely concerning the issue of compliance with the consent order.
4. Decisions and orders: The Board shall make all decisions and orders by a majority vote of the members considering the case. The Board shall issue a final written decision in a contested case or state the decision on the record. The decision shall state separately the findings of fact and conclusions of law on which the decision is based, and the Board's order to implement the decision. All written decisions and orders of the Board shall be signed by the

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President or Secretary of the Board. When the Board suspends or revokes the certificate of a registrant, the Board may order the registrant to return the registrant's certificate within 30 days after receipt of the order. The Board shall serve each party, each attorney of record, and the Attorney General with a copy of each decision or order of the Board, as provided in R4-1-117.

- B.** ALJ: In hearings conducted by the OAH, the ALJ shall provide the Board with written findings of fact, conclusions of law, and a recommended order within 20 days after the conclusion of the hearing or as otherwise provided by A.R.S. Title 41, Chapter 6, Article 10. The Board's decision approving or modifying the ALJ's recommendations is the final decision of the Board, subject to the filing of a motion for rehearing or review as provided in subsection (C).
- C.** Rehearing or Review: Any party aggrieved by a decision of the Board may file with the Board a written motion for rehearing or review within 30 days after service of the decision specifying the particular grounds for the motion. The Attorney General may file a response to the motion for rehearing within 15 days after service of the motion. The Board may require the filing of written briefs upon issues raised in the motion for rehearing or review and provide for oral argument. Upon review of the documents submitted, the Board may modify the decision or vacate it and grant a rehearing for any of the following causes materially affecting a party's rights:
1. Irregularity in the administrative proceedings or any order or abuse of discretion, that deprived a party of a fair hearing;
  2. Misconduct of the Board or the ALJ;
  3. Accident or surprise that could not have been prevented by ordinary prudence;
  4. Newly discovered material evidence, that could not with reasonable diligence have been discovered and produced at the original hearing;
  5. Excessive or insufficient penalties;
  6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing, or during the progress of the proceeding; or
  7. That the findings of fact or decision is not justified by the evidence or is contrary to law.

**Historical Note**

Former Rules 5A, 5B, 5C; Amended effective January 3, 1977 (Supp. 77-1). Amended effective February 22, 1978 (Supp. 78-1). Former Section R4-1-14 renumbered as Section R4-1-114 without change effective July 1, 1983 (Supp. 83-4). Amended effective December 6, 1995 (Supp. 95-4). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1).

**R4-1-115. Accounting and Auditing and Tax Advisory Committees**

- A.** The Board may appoint advisory committees concerning accounting reports, taxation and other areas of public accounting as the Board deems appropriate. The committees shall evaluate investigation files referred by the Board, hold voluntary informal interviews and make advisory recommendations to the Board concerning settlement, dismissal or other disposition of the reviewed matter.
- B.** The Board, in its discretion, may accept, reject, or modify the recommendation of the advisory committee.

**Historical Note**

Adopted effective July 1, 1983 (Supp. 83-4). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1).

**R4-1-115.01. Law Review Advisory Committee**

- A.** The Board may appoint an advisory committee to assist in the evaluation of statutory and regulatory provisions. The committee shall make advisory recommendations to the Board.
- B.** The Board, in its discretion, may accept, reject, or modify the recommendations of the advisory committee.

**Historical Note**

Adopted effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1).

**R4-1-115.02. Continuing Professional Education Advisory Committee**

- A.** The Board may appoint an advisory committee to assist in the evaluation of CPE. The committee shall make advisory recommendations to the Board concerning the following:
1. CPE programs;
  2. A registrant's satisfaction of CPE requirements; and
  3. A registrant's compliance with disciplinary orders requiring CPE.
- B.** The Board, in its discretion, may accept, reject, or modify the recommendations of the advisory committee.

**Historical Note**

Adopted effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1).

**R4-1-115.03. Peer Review Oversight Advisory Committee**

- A.** The Board may appoint an advisory committee to:
1. Make advisory recommendations to the Board concerning peer review, and
  2. Monitor the peer review program and report to the Board on its effectiveness.
- B.** The Board may accept, reject, or modify recommendations of the Peer Review Oversight Advisory Committee.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4352, effective December 4, 2004 (04-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 26 A.A.R. 339, effective April 5, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 1106 (May 27, 2022), effective July 3, 2022 (Supp. 22-2).

**R4-1-115.04. Certification Advisory Committee**

- A.** The Board may appoint an advisory committee to assist in the evaluation of applicants for the Uniform Certified Public Accountant Examination and for certified public accountant. The committee shall review applications, transcripts, and related materials, and make advisory recommendations to the Board concerning the qualifications of applicants for the Uniform Certified Public Accountant Examination and for certification of certified public accountants.
- B.** The Board, in its discretion, may accept, reject, or modify the advisory recommendation in determining the qualifications of applicants.



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**Historical Note**

New Section R4-1-115.04 renumbered from R4-1-116 and amended by final rulemaking, effective February 4, 2014 (Supp. 14-1).

**R4-1-116. Renumbered****Historical Note**

Adopted effective July 1, 1983 (Supp. 83-4). Amended effective November 20, 1998 (Supp. 98-4). Section R4-1-116 renumbered to R4-1-115.04 by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1).

**R4-1-117. Procedure: Witnesses; Service**

- A.** Pleadings; depositions; briefs; and related documents. A party shall print or type all pleadings, depositions, briefs, and related documents and use only one side of the paper.
- B.** Witness' depositions. If a party wants to take the oral deposition of a witness residing outside the state, the party shall file with the Board a petition for permission to take the deposition stating the name and address of the witness and describing in detail the nature and substance of the testimony expected to be given by the witness. The petition may be denied if the testimony of the witness is not relevant and material. If the petition is granted, the party may proceed to take the deposition of the witness by complying with the Arizona Rules of Civil Procedure. The party applying to the Board for permission to take a deposition shall bear the expense of the deposition.
- C.** Witness' interrogatories. A party desiring to take the testimony of a witness residing outside the state by means of interrogatories may do so by serving the adverse party as in civil matters and by filing with the Board a copy of the interrogatories and a statement showing the name and address of the witness. The adverse party may file in duplicate cross-interrogatories with a copy of the statement within 10 days following service on the adverse party. A party that objects to the form of an interrogatory or cross-interrogatory may file a statement of the objection with the Board within five days after service of the interrogatories or cross-interrogatories and may suggest to the Board any amendment to an interrogatory or cross-interrogatory. The Board may amend, add, or strike out an interrogatory or cross-interrogatory when the Board determines it is proper to do so.
  1. Notwithstanding the fact that a party may petition for permission to take the oral deposition of a witness, the Board may require that the information be provided through written interrogatories and vice versa.
  2. A party shall provide a copy of answers to the interrogatories to the Board within 45 days after the interrogatories are answered.
- D.** Subpoenas. The Board officer presiding at a hearing may authorize subpoenas for the attendance of witnesses and for the production of books, records, documents, and other evidence, and shall administer oaths. A party desiring the Board to issue a subpoena for the production of evidence, documents or to compel the appearance of a witness at a hearing shall apply for the subpoena in writing stating the substance of the witness's testimony. If the testimony appears to be relevant and material, the Board shall issue the subpoena. Affixing the seal of the Board and the signature of a Board officer is sufficient to show that the subpoena is genuine. The party applying for the subpoena shall bear the expense of service.
- E.** Service.
  1. Service of any decision, order, subpoena, notice, or other document may be made personally in the same manner as a summons served in a civil action. If a document is

served personally, service is deemed complete at the time of delivery.

2. Except as provided in subsection (E)(3), service of any document may also be made by:
  - a. Personal service.
  - b. By enclosing a copy of the document in a sealed envelope and depositing the envelope in the United States mail, with first-class postage prepaid, addressed to the party, at the address last provided to the Board.
    - i. Service by mail is deemed complete when the document to be served is deposited in the United States mail. If the distance between the place of mailing and the place of address is more than 100 miles, service is deemed complete one day after the deposit of the document for each 100 miles to a maximum of six days after the date of mailing.
    - ii. In computing time, the date of mailing is not counted. All intermediate Sundays and holidays are counted. If the last day falls on a Sunday or holiday, that day is not counted and service is considered completed on the next business day.
  - c. By attaching the document to an email and sending it to the email address last provided to the Board.
3. The Board shall mail each notice of hearing and final decision by certified mail to the last known address reflected in the records of the Board.
4. Service on attorney. Service on an attorney who has appeared for a party constitutes service on the party.
5. Proof of service. A party shall demonstrate proof of service by filing an affidavit, as provided by law, proof of mailing by certified mail, or an affidavit of first-class mailing.

**Historical Note**

Former Rules 3A, 3B, 3C, 3D, 4A, 4B, 4C, 4D; Amended effective January 3, 1977 (Supp. 77-1). Former Section R4-1-15 renumbered as Section R4-1-117 without change effective July 1, 1983 (Supp. 83-4). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 27 A.A.R. 921, effective August 1, 2021 (Supp. 21-2).

**R4-1-118. Repealed****Historical Note**

Former Rule 8; Amended effective January 3, 1977 (Supp. 77-1). Amended effective November 5, 1980 (Supp. 80-6). Former Section R4-1-16 renumbered as Section R4-1-118 without change effective July 1, 1983 (Supp. 83-4). Amended effective November 1, 1995 (Supp. 95-4). Repealed by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1).

**ARTICLE 2. CPA EXAMINATION**

- R4-1-201. Reserved**
- R4-1-202. Reserved**
- R4-1-203. Reserved**
- R4-1-204. Reserved**
- R4-1-205. Reserved**



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R4-1-206.	Reserved
R4-1-207.	Reserved
R4-1-208.	Reserved
R4-1-209.	Reserved
R4-1-210.	Reserved
R4-1-211.	Reserved
R4-1-212.	Reserved
R4-1-213.	Reserved
R4-1-214.	Reserved
R4-1-215.	Reserved
R4-1-216.	Reserved
R4-1-217.	Reserved
R4-1-218.	Reserved
R4-1-219.	Reserved
R4-1-220.	Reserved
R4-1-221.	Reserved
R4-1-222.	Reserved
R4-1-223.	Reserved
R4-1-224.	Reserved
R4-1-225.	Reserved
R4-1-226.	Expired

**Historical Note**

Former Rules 6A, 6B, 6C; Amended effective January 15, 1976 (Supp. 76-1). Amended effective December 1, 1976 (Supp. 76-5). Amended effective July 17, 1978 (Supp. 78-4). Amended effective November 5, 1980 (Supp. 80-5). Former Section R4-1-26 renumbered as Section R4-1-226 and amended in subsections (B) and (C) effective July 1, 1983 (Supp. 83-4). Amended effective August 21, 1986 (Supp. 86-4). Amended subsection (C) effective May 25, 1989 (Supp. 89-2). Amended effective January 1, 1994; filed in the Office of the Secretary of State September 21, 1993 (Supp. 93-3). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 5 A.A.R. 4575, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 4815, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 9 A.A.R. 5022, effective January 3, 2004 (Supp. 03-4). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 372, effective December 31, 2008 (Supp. 09-1).

**R4-1-226.01. Applications; Examination - Computer-based**

A. A person desiring to take the Uniform Certified Public Accountant Examination who is qualified under A.R.S. § 32-723 may apply by submitting an initial application. A person whose initial application has already been approved by the Board to sit for the Uniform CPA Examination may apply by submitting an application for re-examination.

1. The requirements for initial application for examination are:
  - a. A completed application for initial examination,

- b. A \$100 initial application fee if:
      - i. The applicant has not previously filed an application for initial examination in Arizona, or
      - ii. The Board administratively closed a previously submitted application, or
      - iii. The applicant has been previously denied by the Board.
    - c. University or college transcripts to verify that the applicant meets the educational requirements and if necessary for education taken outside the United States an additional course-by-course evaluation from the National Association of State Boards of Accountancy International Evaluation Services (NIES).
    - d. Other information or documents requested by the Board to determine compliance with eligibility requirements.
  2. The requirements for application for re-examination are:
    - a. A completed application for re-examination, and
    - b. A \$50 re-examination application fee.
- B. Within 30 days of receiving an initial application, the Board shall provide written notice to the applicant that the application is either complete or incomplete. If the application is incomplete, the notice shall specify what information is missing. The applicant has 30 days from the date of the Board's letter to respond to the Board's request for additional information or the Board or its designee may administratively close the file. An applicant whose file is administratively closed and who later wishes to apply shall reapply under subsection (A)(1).
- C. The Board's certification advisory committee (CAC) shall evaluate the applicant's file and make a recommendation to the Board to approve or deny the application. The CAC may defer a decision on the applicant's file to a subsequent CAC meeting to provide the applicant opportunity to submit any information requested by written notice by the CAC that the CAC believes is relevant to make a recommendation to the Board. The applicant has 30 days from the date of the Board's letter to respond to the CAC's request for additional information or the Board or its designee may administratively close the file.
- D. If the Board approves the application, the Board shall notify the applicant in writing and send an authorization to test (ATT) to the National Association of State Boards of Accountancy (NASBA) to permit the applicant to take the specified section or sections of the examination for which the applicant applied. If the Board denies the application, the Board shall send the applicant written notice explaining:
  1. The reason for denial, with citations to supporting statutes or rules;
  2. The applicant's right to seek a fair hearing to challenge the denial; and
  3. The time periods for appealing the denial.
- E. If the applicant does not timely pay to the NASBA the fees owed for the examination section or sections for which the applicant applied, the ATT expires. An applicant that still wishes to take a section or sections of the Uniform CPA Examination shall submit an application for re-examination under subsection (A)(2).
- F. After an applicant has paid NASBA, NASBA shall issue a notice to schedule (NTS) to the applicant. A NTS enables an applicant to schedule testing at an approved examination center. The NTS is effective on the date of issuance and expires when the applicant sits for all sections listed on the NTS or six months from the date of issuance, whichever occurs first.

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Upon written request to the Board and showing good cause that prevents the applicant from appearing for the examination, an applicant may be granted by the Board a 90-day extension to a current NTS.

- G. The Board shall send the applicant any written notice required by this Section in accordance with R4-1-117(E)(1) or (2).

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5022, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 3413, effective February 4, 2019 (Supp. 18-4). Amended by final rulemaking at 26 A.A.R. 339, effective April 5, 2020 (Supp. 20-1). Amended by final rulemaking at 27 A.A.R. 921, effective August 1, 2021 (Supp. 21-2).

**R4-1-227. Repealed****Historical Note**

Former Rule 6D; Amended effective July 17, 1978 (Supp. 78-4). Former Section R4-1-27 renumbered and amended as Section R4-1-227 effective July 1, 1983 (Supp. 83-4). Section R4-1-227 repealed effective November 20, 1998 (Supp. 98-4).

**R4-1-228. Denial of Examination**

An applicant whose application for examination is denied by the Board is entitled to a hearing before the Board or an ALJ.

1. Written application. The applicant shall file a notice of appeal under A.R.S. § 41-1092.03 within 30 days after receipt of the notice of denial.
2. Hearing notice. The Board shall provide the applicant with notice of the hearing in the manner prescribed by A.R.S. § 41-1092.05.
3. Conduct of hearing. The Board or the ALJ shall conduct the hearing in accordance with A.R.S. Title 41, Chapter 6, Article 10 and applicable rules governing hearings.
4. Burden of persuasion. At the hearing, the applicant is the moving party and has the burden of persuasion.
5. Matters limited. At the hearing, the Board or ALJ shall limit the issues to those originally presented to the Board.

**Historical Note**

Former Rules 6E, 6F; Former Section R4-1-28 renumbered as Section R4-1-228 without change effective July 1, 1983 (Supp. 83-4). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Section repealed; new Section made by final rulemaking at 26 A.A.R. 339, effective April 5, 2020 (Supp. 20-1).

**R4-1-229. Conditioned Credit**

- A. An applicant is allowed to sit for each section individually and in any order. An applicant is given conditioned credit for each section of the examination passed. Effective retroactively from and after January 1, 2024, a conditioned credit is valid for 30 months from the score release date of the examination. Upon written request to the Board and showing good cause, an applicant may be granted by the Board a 90-day extension to a conditioned credit.
- B. Transfer of conditioned credit. The Board shall give an applicant credit for all sections of an examination passed in another jurisdiction if the credit has been conditioned. If an applicant transfers conditioned credit from another jurisdiction, the applicant shall pass the remaining sections of the examination within the 30-month period from the score release date that the

first section was passed. An applicant who fails to pass all sections of the Uniform CPA Examination within 30 months shall retake previously passed sections of the Uniform CPA Examination to ensure passage of all sections within a 30-month period.

- C. Any candidate who had exam credit expire between January 30, 2020, and May 11, 2023, during the National Public Health Emergency declared by the United States Department of Health and Human Services which have not been subsequently replaced by new credits for the same sections and any candidate with Uniform CPA Examination credit on January 1, 2024 will have such credit extended to June 30, 2025.

**Historical Note**

Former Rules 6G, 6H; Former Section R4-1-29 renumbered as Section R4-1-229 without change effective July 1, 1983 (Supp. 83-4). Amended effective August 21, 1986 (Supp. 86-4). Section repealed, new Section adopted effective January 1, 1994; filed in the Office of the Secretary of State September 21, 1993 (Supp. 93-3). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 9 A.A.R. 5022, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Section repealed; new Section made by final rulemaking at 26 A.A.R. 339, effective April 5, 2020 (Supp. 20-1). Amended by final rulemaking at 27 A.A.R. 921, effective August 1, 2021 (Supp. 21-2). Amended by final rulemaking at 29 A.A.R. 1184 (May 26, 2023), effective July 3, 2023 (Supp. 23-2). Amended by final expedited rulemaking at 30 A.A.R. 2417 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3). Amended by final expedited rulemaking at 31 A.A.R. 1654 (May 23, 2025), with an immediate effective date of May 7, 2025 (Supp. 25-2).

**R4-1-230. Expired****Historical Note**

Former Rule 6I; Former Section R4-1-30 renumbered as Section R4-1-230 without change effective July 1, 1983 (Supp. 83-4). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 9 A.A.R. 5022, effective January 3, 2004 (Supp. 03-4). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 372, effective December 31, 2008 (Supp. 09-1).

**R4-1-231. Expired****Historical Note**

Former Rule 6J; Former Section R4-1-31 renumbered as Section R4-1-231 without change effective July 1, 1983 (Supp. 83-4). Section repealed, new Section adopted effective January 1, 1994; filed in the Office of the Secretary of State September 21, 1993 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 10 A.A.R. 419, effective December 31, 2003 (Supp. 04-1).

**ARTICLE 3. CERTIFICATION AND REGISTRATION****R4-1-301. Reserved****R4-1-302. Reserved****R4-1-303. Reserved****R4-1-304. Reserved****R4-1-305. Reserved**

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|-----------|--|----|---|
| R4-1-306. | Reserved   | b. | Verification that the applicant meets the education and experience requirements specified in R4-1-343,  |
| R4-1-307. | Reserved   | c. | Proof of a score of at least 90% on the American Institute of Certified Public Accountants (AICPA) examination in professional ethics taken within the two years immediately before the application is submitted,   |
| R4-1-308. | Reserved   | d. | Evidence of lawful presence in the United States, and   |
| R4-1-309. | Reserved   | e. | Other information or documents requested by the Board to determine compliance with eligibility requirements.  |
| R4-1-310. | Reserved   | 3. | For an applicant applying for certification under A.R.S. § 32-721(A) and (C), a completed application including:  |
| R4-1-311. | Reserved   | a. | Verification that the applicant has passed the International Qualification Examination (IQEX),  |
| R4-1-312. | Reserved   | b. | License verification from each jurisdiction in which the applicant has ever been issued a certificate as a certified public accountant of which at least one must be an active certification from a jurisdiction with requirements determined by the Board to be substantially equivalent to the requirements in A.R.S. § 32-721(B) or verification that the applicant meets the education and experience requirements specified in R4-1-343, |
| R4-1-313. | Reserved   | c. | Evidence of lawful presence in the United States, and   |
| R4-1-314. | Reserved   | d. | Other information or documents requested by the Board to determine compliance with eligibility requirements.  |
| R4-1-315. | Reserved   | 4. | For an applicant applying for certification under A.R.S. § 32-721(A) and (D) for mutual recognition agreements adopted by the Board a completed application including:  |
| R4-1-316. | Reserved   | a. | Verification that the applicant has passed the International Qualification Examination (IQEX),  |
| R4-1-317. | Reserved   | b. | License verification from the applicant's country which has a mutual recognition agreement with the National Association of State Boards of Accountancy that has been adopted by the Board,   |
| R4-1-318. | Reserved   | c. | Evidence of lawful presence in the United States, and   |
| R4-1-319. | Reserved   | d. | Other information or documents requested by the Board to determine compliance with eligibility requirements.  |
| R4-1-320. | Reserved   | 5. | For an applicant applying for certification under A.R.S. § 32-4302, a completed application including:  |
| R4-1-321. | Reserved   | a. | License verification from each jurisdiction in which the applicant holds a license;   |
| R4-1-322. | Reserved   | b. | Evidence of lawful presence in the United States;   |
| R4-1-323. | Reserved   | c. | Proof of residency;   |
| R4-1-324. | Reserved   | d. | Disciplinary history, if applicable;  |
| R4-1-325. | Reserved   | e. | Other information or documents requested by the Board to determine compliance with eligibility requirements.  |
| R4-1-326. | Reserved   | 6. | For an applicant applying for reinstatement from cancelled status under A.R.S. § 32-732(B) a completed application including:   |
| R4-1-327. | Reserved   | a. | CPE that meets the requirements of R4-1-453(C)(7) and (E), and  |
| R4-1-328. | Reserved   | b. | Evidence of lawful presence in the United States.   |
| R4-1-329. | Reserved   | 7. | For an applicant applying for reinstatement from expired, relinquished, or revoked status under A.R.S. § 32-732(C), a completed application including:  |
| R4-1-330. | Reserved   |    |   |
| R4-1-331. | Reserved   |    |   |
| R4-1-332. | Reserved   |    |   |
| R4-1-333. | Reserved   |    |   |
| R4-1-334. | Reserved   |    |   |
| R4-1-335. | Reserved   |    |   |
| R4-1-336. | Reserved   |    |   |
| R4-1-337. | Reserved   |    |   |
| R4-1-338. | Reserved   |    |   |
| R4-1-339. | Reserved   |    |   |
| R4-1-340. | Reserved   |    |   |
| R4-1-341. | <b>CPA Certificates; Firm Registration; Reinstate</b>  |    |   |
| A.        | An applicant may apply for a certificate of certified public accountant or for reinstatement of a certificate by submitting: |    |   |
| 1.        | An application fee of \$100; and   |    |   |
| 2.        | For an applicant applying for certification under A.R.S. § 32-721(A) and (B), a completed application including:             |    |   |
| a.        | Verification that the applicant passed the Uniform CPA Examination,  |    |   |

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- a. CPE that meets the requirements of R4-1-453(C)(7) and (E),
  - b. Evidence of lawful presence in the United States,
  - c. If prescribed by a board relinquishment or revocation order, evidence from an accredited institution or a college or university that maintains standards comparable to those of an accredited institution that the individual has completed at least one hundred fifty semester hours of education as follows:
    - i. At least 36 semester hours are accounting courses of which at least 30 semester hours are upper level courses.
    - ii. At least 30 semester hours are related courses.
  - d. If prescribed by a board relinquishment or revocation order, evidence that the individual has retaken and passed the Uniform Certified Public Accountant Examination.
- B.** An applicant may apply for a certified public accountant firm registration or for reinstatement of a registration by submitting:
  - 1. For an applicant applying for a new firm under A.R.S. § 32-731, a completed application including:
    - a. Approved Articles of Incorporation for professional corporations, approved Articles of Organization for limited liability companies or professional limited liability companies, confirmation of business name on the Secretary of State's website for partnerships, limited liability partnerships, or an individual or sole proprietorship with a trademark name;
    - b. If applicable, peer review results as prescribed by R4-1-454(B); and
    - c. Other information or documents requested by the Board to determine compliance with eligibility requirements.
  - 2. For an applicant applying for reinstatement from cancelled under A.R.S. § 32-732(E) a completed application including:
    - a. Approved Articles of Incorporation for professional corporations, approved Articles of Organization for limited liability companies or professional limited liability companies, confirmation of business name on the Secretary of State's website for partnerships, limited liability partnerships, or an individual or sole proprietorship with a trademark name;
    - b. If applicable, peer review results as prescribed by R4-1-454(B); and
    - c. Other information or documents requested by the Board to determine compliance with eligibility requirements.
  - 3. For an applicant applying for reinstatement from expired, relinquished, or revoked status under A.R.S. § 32-732(F) a completed application including:
    - a. Approved Articles of Incorporation for professional corporations, approved Articles of Organization for limited liability companies or professional limited liability companies, confirmation of business name on the Secretary of State's website for partnerships, limited liability partnerships, or an individual or sole proprietorship with a trademark name;
    - b. If applicable, peer review results as prescribed by R4-1-454(B);
    - c. If applicable, substantial evidence that the applicant has been completely rehabilitated with respect to the conduct that was the basis of the expiration, relinquishment or revocation of the firm's registration; and
- d. Other information or documents requested by the Board to determine compliance with eligibility requirements.
- C.** Pursuant to Title 41, Chapter 6, Article 7.1, the Board's licensing time frames are as follows:
  - 1. Certification/Reinstatement/Reactivation
    - a. Administrative Completeness Review Time Frame. The Board shall notify the applicant within 30 days from the receipt of the application that the application is complete.
      - i. If the application is incomplete, an incomplete notice shall specify what information is missing. If the Board issues an incomplete notice, the administrative completeness review time frame and the overall time frame are suspended from the date the notice is issued until the date the Board receives the missing information from the applicant.
      - ii. The applicant has 30 days from the date of the incomplete notice to respond in writing and provide all the missing information or the Board may administratively close the file. An applicant whose file is administratively closed shall reapply under subsection (A).
    - b. Substantive Review Time Frame. The Board has 60 days to complete its substantive review.
      - i. If the Board finds deficiencies during the substantive review of the application, the Board may issue one comprehensive written request to the applicant for additional information. If the Board issues a comprehensive written request, or a supplemental request by mutual agreement, the substantive review time frame and the overall time frame are suspended from the date the request is issued until the date the Board receives the additional information from the applicant.
      - ii. The applicant has 30 days from the date of the written request to respond in writing and provide all the additional information or the Board may administratively close the file. An applicant whose file is administratively closed shall reapply under subsection (A).
    - c. Overall Time Frame. The Board has 150 days to issue a written notice to an applicant approving or denying an application.
  - 2. Firm Registration
    - a. Administrative Completeness Review Time Frame. The Board shall notify the applicant within 10 days from the receipt of the application that the application is complete.
      - i. If the application is incomplete, an incomplete notice shall specify what information is missing. If the Board issues an incomplete notice, the administrative completeness time frame and the overall time frame are suspended from the date the notice issued until the date the Board receives the missing information from the applicant.
      - ii. The applicant has 30 days from the date of the incomplete notice to respond in writing and provide all the missing information or the

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Board may administratively close the file. An applicant whose file is administratively closed shall reapply under subsection (B).

- b. Substantive Review Time Frame. The Board has 60 days to complete its substantive review.
    - i. If the Board finds deficiencies during the substantive review of the application, the Board may issue one comprehensive written request to the applicant for additional information. If the Board issues a comprehensive written request, or a supplemental request by mutual agreement, the substantive time frame and the overall time frame are suspended from the date the request is issued until the date the Board receives the additional information from the applicant.
    - ii. The applicant has 30 days from the date of the written request to respond in writing and provide all the additional information or the Board may administratively close the file. An applicant whose file is administratively closed shall reapply under subsection (B).
  - c. Overall Time Frame. The Board has 90 days to issue a written notice to an applicant approving or denying an application.
- D.** If the Board denies an applicant's request under this Section, the Board shall send the applicant written notice explaining:
1. The reason for denial, with citations to supporting statutes or rules;
  2. The applicant's right to seek a fair hearing to challenge the denial; and
  3. The time periods for appealing the denial.
- E.** The Board shall send the applicant any written notice required by this Section in accordance with R4-1-117(E)(1) or (2).

**Historical Note**

Former Rule 7A; Amended effective December 1, 1976 (Supp. 76-5). Amended effective November 5, 1980 (Supp. 80-5). Former Section R4-1-41 renumbered as Section R4-1-341 without change effective July 1, 1983 (Supp. 83-4). Amended effective August 21, 1986 (Supp. 86-4). Amended effective September 24, 1997 (Supp. 97-3). Amended by final rulemaking at 9 A.A.R. 5022, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 13 A.A.R. 2151, effective August 4, 2007 (Supp. 07-2). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 3246, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 339, effective April 5, 2020 (Supp. 20-1). Amended by final rulemaking at 27 A.A.R. 921, effective August 1, 2021 (Supp. 21-2). Amended by final rulemaking at 29 A.A.R. 1184 (May 26, 2023), effective July 3, 2023 (Supp. 23-2). Amended by final expedited rulemaking at 30 A.A.R. 2417 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3).

**R4-1-341.01. Repealed****Historical Note**

Adopted effective November 1, 1995 (Supp. 95-4). Amended effective September 24, 1997 (Supp. 97-3). Amended by final rulemaking at 9 A.A.R. 5022, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 13 A.A.R. 2151, effective August 4, 2007 (Supp. 07-2).

**R4-1-342. Repealed****Historical Note**

Former Rule 7B; Amended effective December 1, 1976 (Supp. 76-5). Amended effective November 5, 1980 (Supp. 80-6). Former Section R4-1-42 renumbered as Section R4-1-342 without change effective July 1, 1983 (Supp. 83-4). Amended effective March 26, 1987 (Supp. 87-1). Amended effective September 24, 1997 (Supp. 97-3). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 13 A.A.R. 2151, effective August 4, 2007 (Supp. 07-2). Repealed by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1).

**R4-1-343. Education and Accounting Experience**

- A.** To demonstrate compliance with the experience requirements of A.R.S. § 32-721(B), an applicant for certification by examination or grade transfer shall submit to the Board:
1. One or more certificates of experience, completed, signed and dated by an individual who:
    - a. Possesses personal knowledge of the applicant's work, and
    - b. Is able to confirm the applicant's accounting experience, and
    - c. Is a certified public accountant; or
    - d. Has accounting education and experience similar to that of a certified public accountant; and
  2. Other information requested by the Board for explanation or clarification of experience.
- B.** To demonstrate compliance with the experience requirements of A.R.S. § 32-721(C), an applicant for certification by reciprocity shall submit to the Board:
1. One or more certificates of experience, completed, signed and dated by an individual who:
    - a. Possesses personal knowledge of the applicant's work, and
    - b. Is able to confirm the applicant's accounting experience, and
    - c. Is a certified public accountant; or
    - d. Has accounting education and experience similar to that of a certified public accountant; or
  2. If the applicant is self-employed, the applicant shall provide a signed and dated statement indicating self-employment and three signed and dated client letters, confirming years of work experience, and
  3. Other information requested by the Board for explanation or clarification of experience.
- C.** To demonstrate compliance with the education requirements of Title 32, Chapter 6, an applicant for certification or reinstatement shall submit to the Board:
1. University or college transcripts verifying that the applicant meets the educational requirements and if necessary for education taken outside the United States, an additional course-by-course evaluation from the National Association of State Boards of Accountancy International Evaluation Services (NIES), and
  2. Other information requested by the Board for explanation or clarification of education.

**Historical Note**

Former Rule 7C; Former Section R4-1-43 repealed, new Section R4-1-43 adopted effective February 22, 1978 (Supp. 78-1). Former Section R4-1-43 renumbered as Section R4-1-343 without change effective July 1, 1983 (Supp. 83-4). Amended effective May 31, 1991 (Supp.

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91-2). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 13 A.A.R. 2151, effective August 4, 2007 (Supp. 07-2). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 3413, effective February 4, 2019 (Supp. 18-4).

**R4-1-344. Denial of Certification, Firm Registration, or Reinstatement**

An applicant whose application for certification, firm registration, or reinstatement of a certificate or registration is denied by the Board is entitled to a hearing before the Board or an ALJ.

1. Written application. The applicant shall file a notice of appeal under A.R.S. § 41-1092.03 within 30 days after receipt of the notice of denial.
2. Hearing notice. The Board shall provide the applicant with notice of the hearing in the manner prescribed by A.R.S. § 41-1092.05.
3. Conduct of hearing. The Board or the ALJ shall conduct the hearing in accordance with A.R.S. Title 41, Chapter 6, Article 10 and applicable rules governing hearings.
4. Burden of persuasion. At the hearing, the applicant is the moving party and has the burden of persuasion.
5. Matters limited. At the hearing, the Board or ALJ shall limit the issues to those originally presented to the Board.

**Historical Note**

Former Rule 7D; Former Section R4-1-44 renumbered as Section R4-1-344 without change effective July 1, 1983 (Supp. 83-4). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 26 A.A.R. 339, effective April 5, 2020 (Supp. 20-1).

**R4-1-345. Registration; Fees**

- A. Initial registration: After the Board approves an applicant's request for certification or firm registration, the registrant shall file a registration in a format prescribed by the Board and pay a registration fee under subsection (C).
- B. Renewal registration: A registrant shall file an application for renewal registration in a format prescribed by the Board no later than 5:00 p.m. on the last business day of the month. A renewal registration is deemed filed on the date and time received in the Board office. The Board shall record the date and time either by electronic date stamp in Arizona time or on physical receipt in the Board's office. The Board shall not accept a postmark as evidence of timely filing. It is the sole responsibility of the registrant to complete the renewal registration requirements at the following times:
  1. Individual registrant: An individual registrant shall renew registration at the following times:
    - a. A registrant born in an even-numbered year shall renew registration during the month of birth in each even-numbered year.
    - b. A registrant born in an odd-numbered year shall renew registration during the month of birth in each odd-numbered year.
  2. Firm registrant: A firm shall renew registration at the following times:
    - a. A business organization firm that initially registered with the Board in an even-numbered year shall renew registration during the board-approved month of the initial registration in each even-numbered year.

- b. A business organization firm that initially registered with the Board in an odd-numbered year shall renew registration during the board-approved month of the initial registration in each odd-numbered year.
- c. An individual or a sole proprietorship firm shall renew its registration pursuant to subsection (B)(1).

**C. Registration fees:**

1. Initial Registration Fee –
  - a. Certification – \$300 and, if applicable, a late fee of \$50.
  - b. The registration fee shall be prorated by month for an initial registration period of less than two years.
2. Biennial Registration Fee –
  - a. Certification – \$300 and, if applicable, a late fee of \$50.
  - b. Firm Registration – \$300 and, if applicable, a late fee of \$50. Under A.R.S. § 32-729, the Board shall not charge a fee for the registration of additional offices of the same firm or for the registration of a sole practitioner.

**Historical Note**

Former Rule 7E; Amended effective December 1, 1976 (Supp. 76-5). Amended effective February 22, 1978 (Supp. 78-1). Amended effective July 17, 1978 (Supp. 78-4). Amended effective November 5, 1980 (Supp. 80-6). Former Section R4-1-54 renumbered and amended as Section R4-1-345 effective July 1, 1983 (Supp. 83-4). Amended effective March 26, 1987 (Supp. 87-1). Amended effective July 1, 1991; filed May 2, 1991 (Supp. 91-2). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 5 A.A.R. 4575, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 4815, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 3246, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 339, effective April 5, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 1106 (May 27, 2022), effective July 3, 2022 (Supp. 22-2). Amended by final expedited rulemaking at 31 A.A.R. 1654 (May 23, 2025), with an immediate effective date of May 7, 2025 (Supp. 25-2).

**R4-1-346. Notice of Change of Address**

Within 30 days of any email, business, mailing, or residential change of address, a registrant shall notify the Board of the new address by filling out the change of address form prescribed by the Board.

**Historical Note**

Former Rule 7F; Amended effective January 3, 1977 (Supp. 77-1). Amended effective November 5, 1980 (Supp. 80-6). Former Section R4-1-55 renumbered and amended as Section R4-1-346 effective July 1, 1983 (Supp. 83-4). Amended effective January 1, 1994; filed in the Office of the Secretary of State September 21, 1993 (Supp. 93-3). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 13 A.A.R. 2151, effective August 4, 2007 (Supp. 07-2). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 26 A.A.R. 339, effective April 5, 2020 (Supp. 20-1). Amended by final rulemaking at 27 A.A.R. 921, effective August 1, 2021 (Supp. 21-2).

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**ARTICLE 4. REGULATION**

		<b>R4-1-440.</b>	<b>Reserved</b>
<b>R4-1-401.</b>	<b>Reserved</b>	<b>R4-1-441.</b>	<b>Reserved</b>
<b>R4-1-402.</b>	<b>Reserved</b>	<b>R4-1-442.</b>	<b>Reserved</b>
<b>R4-1-403.</b>	<b>Reserved</b>	<b>R4-1-443.</b>	<b>Reserved</b>
<b>R4-1-404.</b>	<b>Reserved</b>	<b>R4-1-444.</b>	<b>Reserved</b>
<b>R4-1-405.</b>	<b>Reserved</b>	<b>R4-1-445.</b>	<b>Reserved</b>
<b>R4-1-406.</b>	<b>Reserved</b>	<b>R4-1-446.</b>	<b>Reserved</b>
<b>R4-1-407.</b>	<b>Reserved</b>	<b>R4-1-447.</b>	<b>Reserved</b>
<b>R4-1-408.</b>	<b>Reserved</b>	<b>R4-1-448.</b>	<b>Reserved</b>
<b>R4-1-409.</b>	<b>Reserved</b>	<b>R4-1-449.</b>	<b>Reserved</b>
<b>R4-1-410.</b>	<b>Reserved</b>	<b>R4-1-450.</b>	<b>Reserved</b>
<b>R4-1-411.</b>	<b>Reserved</b>	<b>R4-1-451.</b>	<b>Reserved</b>
<b>R4-1-412.</b>	<b>Reserved</b>	<b>R4-1-452.</b>	<b>Reserved</b>
<b>R4-1-413.</b>	<b>Reserved</b>	<b>R4-1-452.</b>	<b>Reserved</b>
<b>R4-1-414.</b>	<b>Reserved</b>	<b>R4-1-453.</b>	<b>Continuing Professional Education</b>
<b>R4-1-415.</b>	<b>Reserved</b>	<b>A.</b> Measurement Standards. The Board shall use the following standards to measure the hours of credit given for CPE programs completed by an individual registrant.	
<b>R4-1-416.</b>	<b>Reserved</b>	1. CPE credit shall be given in one-fifth or one-half increments for periods of not less than one class hour except as noted in subsection (A)(8). The computation of CPE credit shall be measured as follows:	
<b>R4-1-417.</b>	<b>Reserved</b>	a. A class hour shall consist of a minimum of 50 continuous minutes of instruction,	
<b>R4-1-418.</b>	<b>Reserved</b>	b. A half-class hour shall consist of a minimum of 25 continuous minutes of instruction, and	
<b>R4-1-419.</b>	<b>Reserved</b>	c. A one-fifth class hour shall consist of a minimum of 10 continuous minutes of instruction.	
<b>R4-1-420.</b>	<b>Reserved</b>	2. Courses taken at colleges and universities apply toward the CPE requirement as follows:	
<b>R4-1-421.</b>	<b>Reserved</b>	a. Each semester - system credit hour is worth 15 CPE credit hours,	
<b>R4-1-422.</b>	<b>Reserved</b>	b. Each quarter - system credit hour is worth 10 CPE credit hours, and	
<b>R4-1-423.</b>	<b>Reserved</b>	c. Each noncredit class hour is worth one CPE credit hour.	
<b>R4-1-424.</b>	<b>Reserved</b>	3. Each self-study program hour is worth one CPE credit hour.	
<b>R4-1-425.</b>	<b>Reserved</b>	4. Acting as a lecturer or discussion leader in a CPE program, including college courses, may be counted as CPE credit. The Board shall determine the amount of credit on the basis of actual presentation hours, and shall allow CPE credit for preparation time that is less than or equal to the presentation hours. A registrant may only claim as much preparation time as is actually spent for a presentation. Total credit earned under this subsection for service as a lecturer or discussion leader, including preparation time may not exceed 40 credit hours of the renewal period's requirement. Credit is limited to only one presentation of any seminar or course with no credit for repeat teaching of that course.	
<b>R4-1-426.</b>	<b>Reserved</b>	5. The following may be counted for a maximum of 20 hours of CPE credit during each renewal period.	
<b>R4-1-427.</b>	<b>Reserved</b>	a. Credit may be earned for writing and publishing articles or books that contribute to the accounting profession and is published by a recognized third-party	
<b>R4-1-428.</b>	<b>Reserved</b>		
<b>R4-1-429.</b>	<b>Reserved</b>		
<b>R4-1-430.</b>	<b>Reserved</b>		
<b>R4-1-431.</b>	<b>Reserved</b>		
<b>R4-1-432.</b>	<b>Reserved</b>		
<b>R4-1-433.</b>	<b>Reserved</b>		
<b>R4-1-434.</b>	<b>Reserved</b>		
<b>R4-1-435.</b>	<b>Reserved</b>		
<b>R4-1-436.</b>	<b>Reserved</b>		
<b>R4-1-437.</b>	<b>Reserved</b>		
<b>R4-1-438.</b>	<b>Reserved</b>		
<b>R4-1-439.</b>	<b>Reserved</b>		

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- publisher of accounting material or a sponsor as long as it is not used in conjunction with a seminar.
- b. Credit may be earned for the writing or development of online course curriculum for undergraduate, graduate, or doctoral education that contribute to the accounting profession.
  - c. Two credit hours will be given for each 3,000 words of original material written or developed into curriculum. Materials must be at least 3,000 words in length. Multiple authors may share credit for material written or developed into curriculum.
6. A registrant may earn a combined maximum of 40 hours of CPE credit under subsections (A)(4) and (5) during each renewal period.
  7. A registrant may earn a maximum of 20 hours of CPE during each renewal period by completing introductory computer-related courses. Computer-related courses may qualify as consulting services pursuant to subsection (C).
  8. A registrant may earn a maximum of 4 hours of CPE during each renewal period by completing nano-learning courses. A nano-learning program is a tutorial program designed to permit a participant to learn a given subject in a ten-minute time-frame through the use of electronic media and without interaction with a real time instructor.
  9. CPE credit shall be given in one-fifth or one-half hour increments if the CPE is a segment of a continuing series related to a specific subject as long as the segments are connected by an overarching course that is a minimum of one hour and taken within the same CPE reporting period.
  10. Credit shall not be allowed for repeat participation in any seminar or course during the registration period.
- B. Programs that Qualify.** CPE credit may be given for a program that provides a formal course of learning at a professional level and contributes directly to the professional competence of participants.
1. The Board shall accept a CPE course as qualified if it:
    - a. Is developed by persons knowledgeable and experienced in the subject matter,
    - b. Provides written outlines or full text,
    - c. Is administered by an instructor or organization knowledgeable in the program, and
    - d. Uses teaching methods consistent with the study program.
  2. The Board shall accept a self-study program which includes online or computer based programs if the sponsors maintain written records of each student's participation and records of the program outline for three years following the conclusion of the program.
  3. An ethics program taught or developed by an employer or co-worker of a registrant does not qualify for the ethics requirements of subsection (C)(4).
- C. Hour Requirement.** As a prerequisite to registration pursuant to A.R.S. § 32-730(C) or to reactivate from inactive status pursuant to A.R.S. § 32-732(A), a registrant shall complete the CPE requirements during the two-year period immediately before registration or application respectively as specified under subsections (C)(1) through (C)(5). For registration periods of less than two years CPE may be prorated by quarter, with the exception of ethics.
1. A registrant whose last registration period was for two years shall complete 80 hours of CPE.
  2. A registrant shall complete a minimum of 40 hours in the subject areas of accounting, auditing, taxation, business law, or consulting services with a minimum of 16 hours in the subject areas of accounting, auditing, or taxation.
3. A registrant shall complete a minimum of 16 of the required hours:
    - a. In a classroom setting,
    - b. Through an interactive live webinar, or
    - c. By acting as a lecturer or discussion leader in a CPE program, including college courses
  4. A registrant shall complete four hours of CPE in the subject area of ethics. The four hours required by this subsection shall include a minimum of one hour of each of the following subjects:
    - a. Ethics related to the practice of accounting including the Code of Professional Conduct of the American Institute of Certified Public Accountants, and
    - b. Board statutes and administrative rules.
  5. A registrant shall report, at a minimum, the CPE hours required for the registration period.
  6. CPE hours completed for a registration period may not be used for a subsequent registration period in any of the following instances:
    - a. To vacate a suspension for nonregistration,
    - b. To vacate a suspension for noncompliance with CPE requirements, or
    - c. To comply with a granted CPE extension.
  7. As a prerequisite to reactivate from retired status or reinstate from cancelled, expired, relinquished or revoked status, a registrant or an applicant shall complete up to 160 hours of CPE during the four-year period immediately before application to reactivate or reinstate. For periods of less than four years CPE may be prorated by quarter, with the exception of ethics.
    - a. A registrant or an applicant shall complete a minimum of 80 hours in the subject areas of accounting, auditing, taxation, business law, or consulting services with a minimum of 32 hours in the subject areas of accounting, auditing or taxation.
    - b. A registrant or an applicant shall complete a minimum of 32 hours of the required hours:
      - i. In a classroom setting,
      - ii. Through an interactive live webinar, or
      - iii. By acting as a lecturer or discussion leader in a CPE program, including college courses.
    - c. A registrant or an applicant shall complete CPE in the subject area of ethics. Four hours of ethics CPE shall be required if 1 – 24 months have passed since the last registration due date for which CPE was completed. Eight hours of ethics CPE shall be required if 25 – 48 months have passed since the last registration due date for which CPE was completed. The hours required by this subsection shall include a minimum of one hour of each of the following subjects. The following subjects shall be completed during the two-year period immediately preceding application for reactivation or reinstatement:
      - i. Ethics related to the practice of accounting including the Code of Professional Conduct of the American Institute of Certified Public Accountants; and
      - ii. Board statutes and administrative rules.
- D. Reporting:** A registrant or an applicant for reactivation or reinstatement, a registrant who is subject to an audit, or a registrant completing their registration must report the following details about their completed CPE:



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1. Sponsoring organization,
  2. Number of CPE credit hours,
  3. Title of program or description of content,
  4. Dates attended,
  5. Subject, and
  6. Method.
- E.** In addition to the information required under subsection (D), a registrant or an applicant for reactivation or reinstatement from cancelled, expired, relinquished or revoked status, or a registrant subject to a CPE audit pursuant to subsection (G) shall provide the Board the following CPE records at its request: copies of transcripts, course outlines, and certificates of completion that include registrant's name, course provider or sponsor, course title, credit hours, and date of completion.
- F.** CPE Record Retention: A registrant shall maintain CPE records for three years from the date the registration was dated as received by the Board the following documents for all CPE completed for the registration period, even if not reported on the registration: transcripts, course outlines, and certificates of completion that include registrant's name, course provider or sponsor, course title, credit hours, and date of completion.
- G.** CPE audits: The Board, at its discretion, may conduct audits of a registrant's CPE and require that the registrant provide the CPE records that the registrant is required to maintain under subsection (F) to verify compliance with CPE requirements.
- H.** The Board may grant a full or partial exemption from CPE requirements on demonstration of good cause for a disability for only one registration period.
- I.** A non-resident registrant seeking renewal of a certificate in this state shall be determined to have met the CPE requirements of this Section by meeting the CPE requirements for renewal of a certificate in the jurisdiction in which the registrant's principal place of business is located.
1. Non-resident applicants for renewal shall demonstrate compliance with the CPE renewal requirements of the jurisdiction in which the registrant's principal place of business is located by signing a statement to that effect on the renewal application of this state.
  2. If a non-resident registrant's principal place of business jurisdiction has no CPE requirements for renewal of a certificate or license, the non-resident registrant must comply with all CPE requirements for renewal of a certificate in this state.

**Historical Note**

Adopted effective December 19, 1979 (Supp. 79-6). Amended effective November 5, 1980 (Supp. 80-6). Former Section R4-1-53 renumbered as Section R4-1-453 and amended in subsections (A) and (B) effective July 1, 1983 (Supp. 83-4). Former Section R4-1-453 repealed, new Section R4-1-453 adopted effective July 15, 1988 (Supp. 88-3). Correction, Historical Note for Supp. 88-3 should read "Former Section R4-1-453 repealed, new Section R4-1-453 adopted effective January 1, 1990, filed July 15, 1988" (Supp. 89-1). Section repealed, new Section adopted effective December 6, 1995 (Supp. 95-4). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 10 A.A.R. 1886, effective January 1, 2005 (Supp. 04-2). Amended by final rulemaking at 14 A.A.R. 2927, effective January 1, 2009 (Supp. 08-3). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 3246, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1).

Amended by final rulemaking at 24 A.A.R. 3413, effective February 4, 2019 (Supp. 18-4). Amended by final rulemaking at 26 A.A.R. 339, effective April 5, 2020 (Supp. 20-1). Amended by final rulemaking at 27 A.A.R. 921, effective August 1, 2021 (Supp. 21-2). Amended by final rulemaking at 28 A.A.R. 1106 (May 27, 2022), effective July 3, 2022 (Supp. 22-2). Amended by final rulemaking at 29 A.A.R. 1184 (May 26, 2023), effective July 3, 2023 (Supp. 23-2).

**R4-1-454. Peer Review**

- A.** Each firm, review team, and member of a review team shall comply with the Standards for Performing and Reporting on Peer Reviews published June 15, 2024, in the AICPA Professional Standards by the American Institute of Certified Public Accountants, 220 Leigh Farm Road, Durham, North Carolina 27707-8110 ([www.aicpa.org](http://www.aicpa.org)), which is incorporated by reference. This incorporation by reference does not include any later amendments or editions. The incorporated material is available for inspection and copying at the Board's office.
- B.** A firm shall allow the sponsoring organization to make the following documents and objective information accessible to the Board via the FSBA process:
1. Peer review report which has been accepted by the sponsoring organization,
  2. Firm's letter of response accepted by the sponsoring organization, if applicable,
  3. The acceptance letter from the sponsoring organization,
  4. Letter or letters accepting the documents signed by the firm with the understanding that the firm agrees to take any actions required by the sponsoring organization, if applicable,
  5. Letter signed by the sponsoring organization notifying the firm that required actions have been appropriately completed, if applicable,
  6. Date of the most current peer review program enrollment or reenrollment letter,
  7. Firm representation to the sponsoring organization that it has not performed engagements subject to peer review in the last 12 months, if applicable,
  8. Due date of the current peer review and due date on any open corrective actions,
  9. Date of the peer review or corrective action extension letters,
  10. Date of the letter acknowledging the peer review was scheduled, and
  11. Estimated dates of the peer review commencement and presentation to a report acceptance body
- C.** Information discovered solely as a result of a peer review is not grounds for suspension or revocation of a certificate.
- D.** Firms that reorganize a current firm, rename a firm, or create a new firm, within which at least one of the prior CPA owners remains an owner or employee, shall remain subject to the provisions of this Section. If a firm is merged, combined, dissolved, or separated, the sponsoring organization shall determine which resultant firm shall be considered the succeeding firm. The succeeding firm shall retain its peer review status and the review due date.

**Historical Note**

Adopted effective July 1, 1983 (Supp. 83-4). Repealed effective November 20, 1998 (Supp. 98-4). New Section made by final rulemaking at 10 A.A.R. 4352, effective December 4, 2004. Amended by final rulemaking at 12 A.A.R. 2823, effective September 9, 2006 (Supp. 06-3).

## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 1. BOARD OF ACCOUNTANCY

Amended by final rulemaking at 20 A.A.R. 520, effective

February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 3246, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 339, effective April 5, 2020 (Supp. 20-1). Amended by final rulemaking at 27 A.A.R. 921, effective August 1, 2021 (Supp. 21-2). Amended by final rulemaking at 28 A.A.R. 1106 (May 27, 2022), effective July 3, 2022 (Supp. 22-2). Amended by final rulemaking at 29 A.A.R. 1184 (May 26, 2023), effective July 3, 2023 (Supp. 23-2).

Amended by final expedited rulemaking at 30 A.A.R. 2417 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3). Amended by final expedited rulemaking at 31 A.A.R. 1654 (May 23, 2025), with an immediate effective date of May 7, 2025 (Supp. 25-2).

**R4-1-455. Professional Conduct and Standards**

- A.** It is the Board's policy that the rules governing registrants be consistent with the rules governing the accounting profession generally. Except as otherwise set forth in these regulations, registrants shall conform their conduct to the Code of Professional Conduct, published June 15, 2024, in the AICPA Professional Standards by the American Institute of Certified Public Accountants, 220 Leigh Farm Road, Durham, North Carolina 27707-8110 ([www.aicpa.org](http://www.aicpa.org)), available from the AICPA.
- B.** The AICPA Code of Professional Conduct, and any interpretations and ethical rulings by the issuing body, shall apply to all registrants, including those who are not members of the AICPA. The version specified above, including any interpretations and ethical rulings in effect shall apply. Any later amendments, additions, interpretations, or ethical rulings shall not apply.

**Historical Note**

Former Rule 9; Amended effective January 15, 1976 (Supp. 76-1). Amended effective January 3, 1977 (Supp. 77-1). Amended effective February 22, 1978 (Supp. 78-1). Amended effective November 5, 1980 (Supp. 80-6). Former Section R4-1-56 renumbered as Section R4-1-455 and amended in subsections (B) and (D) effective July 1, 1983 (Supp. 83-4). Section R4-1-455 amended and divided into R4-1-455 and R4-1-455.01 thru R4-1-455.04 effective April 22, 1992 (Supp. 92-2). Amended effective December 6, 1995 (Supp. 95-4). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 3246, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 339, effective April 5, 2020 (Supp. 20-1). Amended by final rulemaking at 27 A.A.R. 921, effective August 1, 2021 (Supp. 21-2). Amended by final rulemaking at 28 A.A.R. 1106 (May 27, 2022), effective July 3, 2022 (Supp. 22-2). Amended by final rulemaking at 29 A.A.R. 1184 (May 26, 2023), effective July 3, 2023 (Supp. 23-2). Amended by final expedited rulemaking at 30 A.A.R. 2417 (July 26, 2024), with an immediate effective date of July 3, 2024 (Supp. 24-3). Amended by final expedited rulemaking at 31 A.A.R. 1654 (May 23, 2025), with an immediate effective date of May 7, 2025 (Supp. 25-2).

**R4-1-455.01. Professional Conduct: Definitions; Interpretations**

Interpretation of definitions: All terms defined in A.R.S. § 32-701 et seq. shall be construed, to the extent possible, to be consistent

with corresponding definitions in the professional standards adopted in R4-1-455. The foregoing notwithstanding, for purposes of R4-1-455 and the professional standards adopted therein references to "member" shall be to "registrant" as defined in A.R.S. § 32-701.

**Historical Note**

Section R4-1-455.01 renumbered from R4-1-455(B) and amended effective April 22, 1992 (Supp. 92-2). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 3246, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 339, effective April 5, 2020 (Supp. 20-1).

**R4-1-455.02. Professional Conduct: Competence and Technical Standards**

- A.** In reporting on financial statements for which a registrant has performed attest services (as defined in A.R.S. § 32-701) any of the following will constitute a violation of A.R.S. § 32-741(A)(4):
1. In an audit engagement, failing to:
    - a. Prepare audit documentation that is sufficient to enable an experienced auditor, having no previous connection with the audit, to understand:
      - i. The nature, timing, and extent of the audit procedures performed;
      - ii. The results of the audit procedures performed, and the audit evidence obtained; and
      - iii. Significant findings or issues arising during the audit, the conclusions reached thereon, and significant professional judgments made in reaching those conclusions;
    - b. Obtain sufficient appropriate evidence to conclude that the financial statements taken as a whole are free from material misstatement; or
    - c. Modify the opinion in the auditor's report when:
      - i. The financial statements as a whole are materially misstated; or
      - ii. Sufficient appropriate audit evidence to conclude that the financial statements as a whole are free from material misstatement has not been obtained.
  2. In a review engagement, failing to:
    - a. Accumulate sufficient review evidence to provide a reasonable basis for obtaining limited assurance that there are no material modifications that should be made to the financial statements in order to be in conformity with the applicable financial reporting framework; or
    - b. Modify the accountant's review report for a departure from the applicable financial reporting framework, including inadequate disclosure, that is material to the financial statements.
  3. In an examination of prospective financial statements engagement, failing to:
    - a. Obtain sufficient evidence to provide a reasonable basis for the conclusion that is expressed in the report; or
    - b. Modify the report when:
      - i. One or more significant assumptions do not provide a reasonable basis for the prospective financial statements; or

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- ii. The examination is affected by conditions that preclude application of one or more procedures considered necessary in the circumstances.

- B. The provisions of this subsection are not intended to be all inclusive or to limit the application of A.R.S. § 32-741(A)(4).

**Historical Note**

Section R4-1-455.02 renumbered from R4-1-455(C) and amended effective April 22, 1992 (Supp. 92-2). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 3246, effective January 1, 2018 (Supp. 17-4).

**R4-1-455.03. Professional Conduct: Specific Responsibilities and Practices**

- A. Discreditable acts: In addition to any other acts prohibited by any standards incorporated in these rules, a registrant shall not commit an act that reflects adversely on the registrant's fitness to engage in the practice of public accounting, including and without limitation:
  1. Violating a provision of R4-1-455, R4-1-455.01, R4-1-455.02, R4-1-455.03 or R4-1-455.04;
  2. Violating a fiduciary duty or trust relationship with respect to any person; or
  3. Violating a provision of A.R.S. Title 32, Chapter 6, Article 3, or this Chapter.
- B. Advertising practices and solicitation practices: A registrant has violated A.R.S. § 32-741(A)(4) and engaged in dishonest or fraudulent conduct in the practice of public accounting in connection with the communication or advertising or solicitation of accounting services through any media, if the registrant willfully engages in any of the following conduct:
  1. Violates A.R.S. § 44-1522 and a court finds the violation willful;
  2. Engages in fraudulent or misleading practices in the advertising of accounting services that leads to a conviction pursuant to A.R.S. § 44-1481; or
  3. Engages in fraudulent practices in the advertising of accounting services that leads to a conviction for a violation of any other state or federal law.
- C. Form of practice and name: A registrant shall not use a professional or firm name or designation that is misleading about the legal form of the firm, or about the persons who are partners, officers, members, managers, or shareholders of the firm, or about any other matter. A firm name or designation shall not include words such as "& Company," "& Associates," or "& Consultants" unless the terms refer to additional full-time CPAs that are not otherwise mentioned in the firm name.
- D. Communications: When requested, a registrant shall file a written response to a communication from the Board within 30 days of the date of the mailing of such communication by certified mail. A written response is deemed filed on the date and time received in the Board office. The Board shall record the date and time either by electronic date stamp in Arizona time or on physical receipt in the Board's office. The Board shall not accept a postmark as evidence of timely filing.
- E. The provisions of R4-1-455.03(A) through (C) are not intended to be all inclusive or to limit the application of any standards incorporated by R4-1-455.

**Historical Note**

Section R4-1-455.03 renumbered from R4-1-455(D) and amended effective April 22, 1992 (Supp. 92-2). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 12 A.A.R. 2823, effective September

9, 2006 (Supp. 06-3). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 1807, effective June 15, 2017 (Supp. 17-2). Amended by final rulemaking at 23 A.A.R. 3246, effective January 1, 2018 (Supp. 17-4).

**R4-1-455.04. Professional Conduct: Records Disposition**

Document retention policies. Except as set forth in A.R.S. § 32-744(D), a registrant may retain and dispose of documents prescribed in A.R.S. § 32-744(C) in compliance with a reasonable document retention policy.

**Historical Note**

Section R4-1-455.04 renumbered from R4-1-455(E) and amended effective April 22, 1992 (Supp. 92-2). Section number corrected (Supp. 97-3). Amended effective November 20, 1998 (Supp. 98-4). Amended by final rulemaking at 20 A.A.R. 520, effective February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 3246, effective January 1, 2018 (Supp. 17-4).

**R4-1-456. Reporting Practice Suspensions and Violations**

- A. A registrant shall report to the Board:
  1. Any suspension or revocation of the right to practice accounting before the federal Securities and Exchange Commission, the Internal Revenue Service, or any other state or federal agency;
  2. Any final judgment in a civil action or administrative proceeding in which the court or public agency makes findings of violations, by the registrant, of any fraud provisions of the laws of this state or of federal securities laws;
  3. Any final judgment in a civil action in which the court makes findings of accounting violations, dishonesty, fraud, misrepresentation, or breach of fiduciary duty by the registrant;
  4. Any final judgment in a civil action involving negligence in the practice of public accounting by the registrant; and
  5. All convictions of the registrant of any felony, or any crime involving accounting or tax violations, dishonesty, fraud, misrepresentation, embezzlement, theft, forgery, perjury, or breach of fiduciary duty.
- B. A registrant required to report under subsection (A) shall make the report in the form of a written letter and ensure that the report is received by the Board within 30 days after the entry of any judgment or suspension or revocation of the registrant's right to practice before any agency. The registrant shall ensure that the letter contains the following information:
  1. Description of the registrant's activities that resulted in a suspension or revocation;
  2. Final judgment or conviction;
  3. Name of the state or federal agency that restricted the registrant's right to practice;
  4. Effective date and length of any practice restriction;
  5. Case file number of any court action, civil or criminal;
  6. Name and location of the court rendering the final judgment or conviction; and
  7. Entry date of the final judgment or conviction.

**Historical Note**

Adopted effective November 5, 1980 (Supp. 80-6). Former Section R4-1-57 renumbered as Section R4-1-456 without change effective July 1, 1983 (Supp. 83-4). Amended effective February 23, 1993 (Supp. 93-1). Amended by final rulemaking at 20 A.A.R. 520, effective

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## CHAPTER 1. BOARD OF ACCOUNTANCY

February 4, 2014 (Supp. 14-1). Amended by final rulemaking at 26 A.A.R. 339, effective April 5, 2020 (Supp. 20-1).

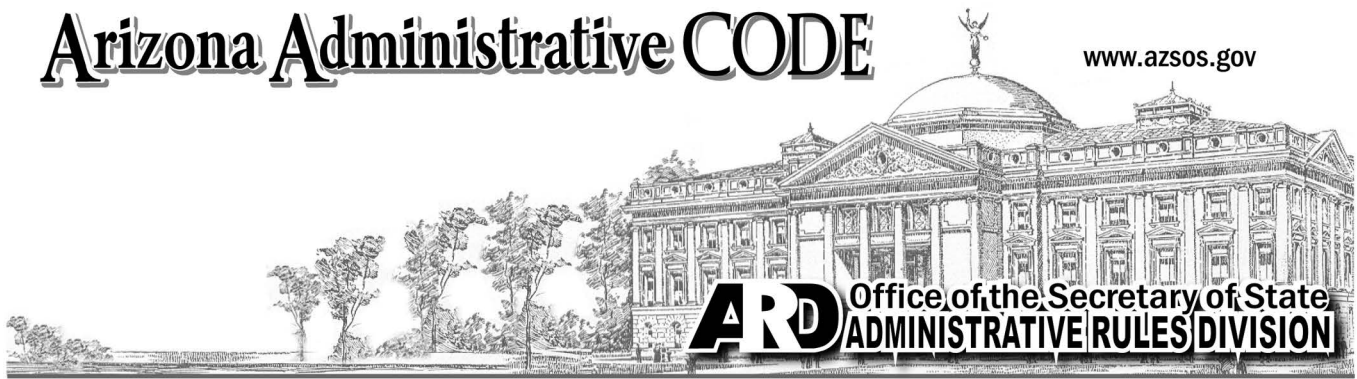
**Appendix A. Repealed****Historical Note**

Adopted effective February 22, 1978 (Supp. 78-1).  
Amended effective December 19, 1979 (Supp. 79-6).

Editorial correction, Footnote\*\*, Rules reference corrected (Supp. 83-4). Repealed effective May 31, 1991 (Supp. 91-2).

**Appendix B. Repealed****Historical Note**

Adopted effective February 22, 1978 (Supp. 78-1).  
Repealed effective April 22, 1992 (Supp. 92-2).



**TITLE 4. PROFESSIONS AND OCCUPATIONS**  
**CHAPTER 11. STATE BOARD OF DENTAL EXAMINERS**  
**4 A.A.C. 11**

**Supplement Information**  
**Supp. 25-2**

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 23-4, 1-37 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

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

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## Administrative Rules Division

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 11. STATE BOARD OF DENTAL EXAMINERS

Authority: A.R.S. §§ 32-1201 et seq.

## Supp. 25-2

*Editor's Note: All former rules renumbered, new Article 11 added (Supp. 81-4).*

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*Article 1, consisting of Sections R4-11-101 through R4-11-103, renumbered to Article 2, Sections R4-11-201 through R4-11-203; Sections R4-11-104 and R4-11-105 repealed, by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).*

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*Article 2, consisting of Sections R4-11-201 through R4-11-203, renumbered from Article 1, Sections R4-11-101 through R4-11-103 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).*

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*Article 4, consisting of Sections R4-11-401 through R4-11-403 and R4-11-408, renumbered to Article 6, Sections R4-11-601 through R4-11-603, by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).*

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Article 5, consisting of Section R4-11-501, renumbered from Article 11, Section R4-11-1102, amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

Article 5, consisting of Section R4-11-502 and R4-11-504, renumbered to Article 7, Sections R4-11-701 and R4-11-702; Sections R4-11-501 and R4-11-503 repealed, by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

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Article 6, consisting of Sections R4-11-602 and R4-11-603, renumbered to Article 10, Sections R4-11-1001 and R4-11-1002, and Section R4-11-601 repealed, by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

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Article 7, consisting of Section R4-11-701, renumbered to Article 5, Section R4-11-502, and Sections R4-11-702 through R4-11-710 repealed, by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

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Article 8, consisting of Sections R4-11-802 through R4-11-806, renumbered to Article 13, Sections R4-11-1301 through R4-11-1305, and Section R4-11-801 repealed, by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

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Article 9, consisting of Sections R4-11-901 through R4-11-906 and R4-11-909, renumbered to Article 4, Sections R4-11-401 through R4-11-407, and Sections R4-11-907 and R4-11-908 repealed, by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

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Article 10, consisting of Sections R4-11-1001 through R4-11-1005, renumbered to Article 9, Sections R4-11-901 through R4-11-905, by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

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*Article 11, consisting of Section R4-11-1102, renumbered to Article 5, Section R4-11-501, and Section R4-11-1104 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).*

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*Article 12, consisting of Sections R4-11-1201 and R4-11-1202, renumbered to Article 8, Sections R4-11-801 and R4-11-802, by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).*

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*Article 14 consisting of Sections R4-11-1401 through R4-11-1406, repealed by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).*

*Article 14, consisting of Sections R4-11-1401 through R4-11-1406, adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).*

*Article 14, consisting of Sections R4-11-1402 through R4-11-1408, renumbered to Article 12, Sections R4-11-1201 through R4-11-1207 and Sections R4-11-1401 and R4-11-1409 repealed, by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).*

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

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**ARTICLE 1. DEFINITIONS AND LICENSEE PARTICIPATION****R4-11-101. Definitions**

The following definitions, and definitions in A.R.S. § 32-1201, apply to this Chapter:

“Analgesia” means a state of decreased sensibility to pain produced by using nitrous oxide and oxygen with or without Local Anesthesia.

“Business Entity” means a business organization that offers to the public professional services regulated by the Board and is established under the laws of any state or foreign country, including a sole practitioner, partnership, limited liability partnership, corporation, and limited liability company, unless specifically exempted by A.R.S. § 32-1213(J).

“Calculus” means a hard, mineralized deposit attached to the teeth.

“Charitable Dental Clinic or Organization” means a non-profit organization meeting the requirements of 26 U.S.C. 501(c)(3) and providing dental, dental therapy, or dental hygiene services.

“Clinical evaluation” means a dental examination of a patient named in a complaint regarding the patient’s dental condition as it exists at the time the examination is performed.

“Controlled substance” has the meaning prescribed in A.R.S. § 36-2501(A)(3).

“Credit hour” means one clock hour of participation in a Recognized Continuing Dental Education program.

“Deep sedation” is a Drug-induced depression of consciousness during which a patient cannot be easily aroused but responds purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. The patient may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is maintained.

“Dentist of record” means a dentist who examines, diagnoses, and formulates treatment plans for a patient and may provide treatment to the patient.

“Direct supervision” means, for purposes of Article 7 only, that a licensed dentist is present in the office and available to provide immediate treatment or care to a patient and observe a dental assistant’s work.

“Disabled” means a dentist, dental therapist, dental hygienist, or denturist has totally withdrawn from the active practice of dentistry, dental therapy, dental hygiene, or denturism due to a permanent medical disability and based on a physician’s order.

“Documentation of attendance” means documents that contain the following information:

- Name of sponsoring entity;
- Course title;
- Number of Credit Hours;
- Name of speaker; and
- Date, time, and location of the course.

“Drug” means:

- Articles recognized, or for which standards or specifications are prescribed, in the official compendium;

Articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in the human body;

Articles other than food intended to affect the structure of any function of the human body; or

Articles intended for use as a component of any articles specified in this definition but does not include devices or components, parts, or accessories of devices.

“Emerging scientific technology” means any technology used in the treatment of oral disease that is not currently generally accepted or taught in a recognized dental, dental therapy, or dental hygiene school and use of the technology poses material risks.

“Epithelial attachment” means the layer of cells that extends apically from the depth of the gingival sulcus along the tooth, forming an organic attachment.

“Ex-parte communication” means a written or oral communication between a decision maker, fact finder, or Board member and one party to the proceeding, in the absence of other parties.

“General anesthesia” is a Drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. The patient often requires assistance in maintaining a patent airway, and positive-pressure ventilation may be required because of depressed spontaneous ventilation or Drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

“General supervision” means, for purposes of Article 7 only, a licensed dentist is available for consultation, whether or not the dentist is in the office, regarding procedures or treatment that the dentist authorizes and for which the dentist remains responsible.

“Homebound patient” means a person who is unable to receive dental care in a dental office as a result of a medically diagnosed disabling physical or mental condition.

“Irreversible procedure” means a single treatment, or a step in a series of treatments, that causes change in the affected hard or soft tissues and is permanent or may require reconstructive or corrective procedures to correct the changes.

“Licensee” means a dentist, dental therapist, dental hygienist, dental consultant, retired licensee, or person who holds a restricted permit under A.R.S. §§ 32-1237 or 32-1292.

“Local anesthesia” is the elimination of sensations, such as pain, in one part of the body by the injection of an anesthetic Drug.

“Minimal sedation” is a minimally depressed level of consciousness that retains a patient’s ability to independently and continuously maintain an airway and respond appropriately to light tactile stimulation, not limited to reflex withdrawal from a painful stimulus, or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. In accord with this particular definition, the Drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely.

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“Mobile dental permit holder” means a Licensee or dentist who holds a mobile permit under R4-11-1301, R4-11-1302, or R4-11-1303.

“Moderate sedation” is Drug-induced depression of consciousness during which a patient responds purposefully to verbal commands either alone or accompanied by light tactile stimulation, not limited to reflex withdrawal from a painful stimulus. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is maintained. The Drugs or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of a Drug before the effects of previous dosing can be fully recognized may result in a greater alteration of the state of consciousness than intended by the permit holder.

“Nitrous oxide analgesia” means nitrous oxide used as an inhalation analgesic.

“Official compendium” means the latest revision of the United States Pharmacopeia and the National Formulary and any current supplement.

“Oral sedation” is the enteral administration of a Drug or non-Drug substance or combination inhalation and enterally administered Drug or non-Drug substance in a dental office or dental clinic to achieve Minimal Sedation or Moderate Sedation.

“Parenteral sedation” is a minimally depressed level of consciousness that allows the patient to retain the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and is induced by a pharmacological or non-pharmacological method or a combination of both methods of administration in which the Drug bypasses the gastrointestinal tract.

“Periodontal pocket” means a pathologic fissure bordered on one side by the tooth and on the opposite side by crevicular epithelium and limited in its depth by the Epithelial Attachment.

“Plaque” means a film-like sticky substance composed of mucoid secretions containing bacteria and toxic products, dead tissue cells, and debris.

“Polishing” means a procedure limited to the removal of Plaque and extrinsic stain from exposed natural and restored tooth surfaces that utilizes an appropriate rotary instrument with rubber cup or brush and Polishing agent. A Licensee or dental assistant shall not represent that this procedure alone constitutes an oral Prophylaxis.

“Prescription-only device” means:

Any device that is restricted by the federal act, as defined in A.R.S. § 32-1901, to use only under the supervision of a medical practitioner; or

Any device required by the federal act, as defined in A.R.S. § 32-1901, to bear on its label the legend “Rx Only.”

“Prescription-only Drug” does not include a Controlled Substance but does include:

Any Drug that, because of its toxicity or other potentiality for harmful effect, the method of its use, or the collateral measures necessary to its use, is not generally recognized among experts, qualified by scientific training and experience

to evaluate its safety and efficacy, as safe for use except by or under the supervision of a medical practitioner;

Any Drug that is limited by an approved new Drug application under the federal act or A.R.S. § 32-1962 to use under the supervision of a medical practitioner;

Every potentially harmful Drug, the labeling of which does not bear or contain full and adequate directions for use by the consumer; or

Any Drug required by the federal act to bear on its label the legend “RX Only.”

“President’s designee” means the Board’s executive director, an investigator, or a Board member acting on behalf of the Board president.

“Preventative and therapeutic agents” means substances that affect the hard or soft oral tissues to aid in preventing or treating oral disease.

“Prophylaxis” means a Scaling and Polishing procedure performed on patients with healthy tissues to remove coronal Plaque, Calculus, and stains.

“Recognized continuing dental education” means a program whose content directly relates to the art and science of oral health and treatment, provided by a recognized dental school, recognized dental therapy school, recognized dental hygiene school, or recognized dentist school, or sponsored by a national or state dental, dental therapy, dental hygiene, or dentist association, American Dental Association Continuing Education Recognition Program or Academy of General Dentistry, Program Approval for Continuing Education approved provider, dental, dental therapy, dental hygiene, or dentist Study Club, governmental agency, commercial dental supplier, non-profit organization, accredited hospital, or programs or courses approved by other state, district, or territorial dental licensing boards.

“Restricted permit holder” means a dentist who meets the requirements of A.R.S. § 32-1237, or a dental hygienist who meets the requirements of A.R.S. § 32-1292 and is issued a restricted permit by the Board.

“Retired” means a dentist, dental therapist, dental hygienist, or dentist is at least 65 years old and has totally withdrawn from the active practice of dentistry, dental therapy, dental hygiene, or denturism.

“Root planing” means a definitive treatment procedure designed to remove cementum or surface dentin that is rough, impregnated with Calculus, or contaminated with toxins or microorganisms.

“Scaling” means use of instruments on the crown and root surfaces of the teeth to remove Plaque, Calculus, and stains from these surfaces.

“Section 1301 permit” means a permit to administer General Anesthesia and Deep Sedation, employ or work with a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist under Article 13.

“Section 1302 permit” means a permit to administer Parenteral Sedation, employ or work with a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist under Article 13.

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“Section 1303 permit” means a permit to administer Oral Sedation, employ or work with a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist under Article 13.

“Section 1304 permit” means a permit to employ or work with a physician anesthesiologist, or employ or work with a Certified Registered Nurse Anesthetist under Article 13.

“Study club” means a group of at least five Arizona licensed dentists, dental therapists, dental hygienists, or denturists who provide written course materials or a written outline for a continuing education presentation that meets the requirements of Article 12.

“Treatment records” means all documentation related directly or indirectly to the dental treatment of a patient.

**Historical Note**

Adopted effective May 12, 1977 (Supp. 77-3). Former Section R4-11-02 renumbered as Section R4-11-102 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-101 renumbered to R4-11-201, new Section R4-11-101 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 9 A.A.R. 1054, effective May 6, 2003 (Supp. 03-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 962, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 19 A.A.R. 334 and at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**R4-11-102. Licensee Participation**

At least once per year, the Board shall provide an opportunity for any Licensee, Certificate Holder, or Business Entity to provide advice and/or assistance to the Board during a public meeting of the Board as indicated on the Board’s meeting agendas.

**Historical Note**

Adopted effective May 12, 1977 (Supp. 77-3). Former Section R4-11-02 renumbered as Section R4-11-102 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-102 renumbered to R4-11-202 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). New Section made by final rulemaking at 31 A.A.R. 2009 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R4-11-103. Renumbered****Historical Note**

Adopted effective May 12, 1977 (Supp. 77-3). Former Section R4-11-03 renumbered as Section R4-11-103 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-103 renumbered to R4-11-203 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-104. Repealed****Historical Note**

Adopted effective May 12, 1977 (Supp. 77-3). Former Section R4-11-04 renumbered as Section R4-11-104 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-104 repealed by final rulemaking at 5

A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-105. Repealed****Historical Note**

Adopted effective May 12, 1977 (Supp. 77-3). Former Section R4-11-05 renumbered as Section R4-11-105 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-105 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**ARTICLE 2. LICENSURE BY CREDENTIAL**

*New Article 2, consisting of Sections R4-11-201 through R4-11-205, made by final rulemaking at 9 A.A.R. 4126, effective November 8, 2003 (Supp. 03-3).*

**R4-11-201. Clinical Examination; Requirements**

- A. If an applicant is applying under A.R.S. §§ 32-1240, 32-1276.07, or 32-1292.01, the Board shall ensure that the applicant has passed the clinical examination of A.R.S. §§ 32-1233(2) for dentists, or 32-1276.01(B)(3)(a) for dental therapists, or 32-1285(2) for dental hygienists, notwithstanding each respective statute’s timing stipulation. Satisfactory completion of the clinical examination may be demonstrated by certified documentation, sent directly from another state, United States territory, District of Columbia or a testing agency that meets the requirements of A.R.S. §§ 32-1233(2) for dentists, or 32-1276.01(B)(3)(a) for dental therapists, or 32-1285(2) for dental hygienists, notwithstanding each respective statute’s timing stipulation, that confirms successful completion of the clinical examination or multiple examinations administered by the state, United States territory, District of Columbia or testing agency. The certified documentation shall contain the name of the applicant, date of examination or examinations and proof of a passing score.
- B. An applicant shall meet the licensure requirements in R4-11-301 and R4-11-303.

**Historical Note**

Former Rule 2a; Amended effective November 20, 1979 (Supp. 79-6). Amended effective November 28, 1980 (Supp. 80-6). Former Section R4-11-11 renumbered as Section R4-11-201 and amended effective July 29, 1981 (Supp. 81-4). Former Section R4-11-201 renumbered to R4-11-301, new Section R4-11-201 renumbered from R4-11-101 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(E), effective April 30, 2001 (Supp. 01-2). New Section made by final rulemaking at 9 A.A.R. 4126, effective November 8, 2003 (Supp. 03-3). Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**R4-11-202. Dental Licensure by Credential; Application**

- A. A dentist applying under A.R.S. § 32-1240 shall comply with all other applicable requirements in A.R.S. Title 32, Chapter 11 and this Article.
- B. A dentist applying under A.R.S. § 32-1240 shall:
  1. Have a current dental license in another state, territory or district of the United States;
  2. Submit a written affidavit affirming that the dentist has practiced dentistry for a minimum of 5000 hours during the five years immediately before applying for licensure by credential. For purposes of this subsection, dental practice includes experience as a dental educator at a den-

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tal program accredited by the Commission on Dental Accreditation or another post-secondary dental education program accrediting agency recognized by the U.S. Department of Education, or employment as a dentist in a public health setting;

3. Submit a written affidavit affirming that the applicant has complied with the continuing dental education requirement of the state in which the applicant is currently licensed;
  4. Provide evidence regarding the clinical examination by complying with R4-11-201(A); and
  5. Pass the Arizona jurisprudence examination with a minimum score of 75%.
- C. For any application submitted under A.R.S. § 32-1240, the Board may request additional clarifying evidence required under R4-11-201(A).
- D. An applicant for dental licensure by credential shall pay the fee prescribed in A.R.S. § 32-1240, except the fee is reduced by 50% for applicants who will be employed or working under contract in:
1. Underserved areas, such as declared or eligible Health Professional Shortage Areas; or
  2. Other facilities caring for underserved populations as recognized by the Arizona Department of Health Services and approved by the Board.
- E. An applicant for dental licensure by credential who works in areas or facilities described in subsection (D) shall:
1. Commit to a three-year, exclusive service period,
  2. File a copy of a contract or employment verification statement with the Board, and
  3. As a Licensee, submit an annual contract or employment verification statement to the Board by December 31 of each year.
- F. A Licensee's failure to comply with the requirements in subsection (E) is considered unprofessional conduct and may result in disciplinary action based on the circumstances of the case.

**Historical Note**

Former Rule 2b; Former Section R4-11-12 renumbered as Section R4-11-202 and amended effective July 29, 1981 (Supp. 81-4). Former Section R4-11-202 repealed, new Section R4-11-202 renumbered from R4-11-102 and the heading amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Labeling changes made to reflect current style requirements (Supp. 99-1). Section expired under A.R.S. § 41-1056(E), effective April 30, 2001 (Supp. 01-2). New Section made by final rulemaking at 9 A.A.R. 4126, effective November 8, 2003 (Supp. 03-3). Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**R4-11-203. Dental Hygienist Licensure by Credential; Application**

- A. A dental hygienist applying under A.R.S. § 32-1292.01 shall comply with all other applicable requirements in A.R.S. Title 32, Chapter 11 and this Article.
- B. A dental hygienist applying under A.R.S. § 32-1292.01 shall:
1. Have a current dental hygienist license in another state, territory, or district of the United States;
  2. Submit a written affidavit affirming that the applicant has practiced as a dental hygienist for a minimum of 1000 hours during the two years immediately before applying

for licensure by credential. For purposes of this subsection, dental hygienist practice includes experience as a dental hygienist educator at a dental program accredited by the Commission on Dental Accreditation or another post-secondary dental education program accrediting agency recognized by the U.S. Department of Education, or employment as a dental hygienist in a public health setting;

3. Submit a written affidavit affirming that the applicant has complied with the continuing dental hygienist education requirement of the state in which the applicant is currently licensed;
  4. Provide evidence regarding the clinical examination by complying with R4-11-201(A); and
  5. Pass the Arizona jurisprudence examination with a minimum score of 75%.
- C. For any application submitted under A.R.S. § 32-1292.01, the Board may request additional clarifying evidence as required under R4-11-201(A).
- D. An applicant for dental hygienist licensure by credential shall pay the fee prescribed in A.R.S. § 32-1292.01, except the fee is reduced by 50% for applicants who will be employed or working under contract in:
1. Underserved areas such as declared or eligible Health Professional Shortage Areas; or
  2. Other facilities caring for underserved populations, as recognized by the Arizona Department of Health Services and approved by the Board.
- E. An applicant for dental hygienist licensure by credential who works in areas or facilities described in subsection (D) shall:
1. Commit to a three-year exclusive service period,
  2. File a copy of a contract or employment verification statement with the Board, and
  3. As a Licensee, submit an annual contract or employment verification statement to the Board by December 31 of each year.
- F. A Licensee's failure to comply with the requirements in R4-11-203(E) is considered unprofessional conduct and may result in disciplinary action based on the circumstances of the case.

**Historical Note**

Former Rule 2c; Former Section R4-11-13 repealed, new Section R4-11-13 adopted effective November 20, 1979 (Supp. 79-6). Amended effective October 30, 1980 (Supp. 80-5). Former Section R4-11-13 renumbered as Section R4-11-203 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-203 renumbered to R4-11-302, new Section R4-11-203 renumbered from R4-11-103 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(E), effective April 30, 2001 (Supp. 01-2). New Section made by final rulemaking at 9 A.A.R. 4126, effective November 8, 2003 (Supp. 03-3). Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**R4-11-204. Dental Assistant Radiography Certification by Credential**

Eligibility. To be eligible for dental assistant radiography certification by credential, an applicant shall have a current certificate or other form of approval for taking dental radiographs, issued by a professional licensing agency in another state, United States terri-

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tory or the District of Columbia that required successful completion of a written dental radiography examination.

**Historical Note**

Former Rule 2d; Former Section R4-11-14 repealed, new Section R4-11-14 adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-14 renumbered as Section R4-11-204, repealed, and new Section R4-11-204 adopted effective July 29, 1981 (Supp. 81-4). Former Section R4-11-204 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). New Section made by final rulemaking at 9 A.A.R. 4126, effective November 8, 2003 (Supp. 03-3). Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1).

**R4-11-205. Application for Dental Assistant Radiography Certification by Credential**

- A.** An applicant for dental assistant radiography certification by credential shall provide to the Board a completed application, on a form furnished by the Board that contains the following information:
1. A sworn statement of the applicant's eligibility, and
  2. A letter from the issuing institution that verifies compliance with R4-11-204.
- B.** Based upon review of information provided under subsection (A), the Board or its designee shall request that an applicant for dental assistant radiography certification by credential provide a copy of a certified document that indicates the reason for a name change if the applicant's documentation contains different names.

**Historical Note**

Former Rule 2e; Former Section R4-11-15 renumbered as Section R4-11-205 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-205 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). New Section made by final rulemaking at 9 A.A.R. 4126, effective November 8, 2003 (Supp. 03-3).

**R4-11-206. Dental Therapist Licensure by Credential; Application**

- A.** A dental therapist applying under A.R.S. § 32-1276.07 shall comply with all other applicable requirements in A.R.S. Title 32, Chapter 11 and this Article.
- B.** A dental therapist applying under A.R.S. § 32-1276.07 shall:
1. Have a current dental therapy license in another state, territory or district of the United States with substantially the same scope of practice as defined in A.R.S. § 32-1276.03;
  2. Submit a written affidavit affirming that the applicant has practiced as a dental therapist for a minimum of 3000 hours during the five years immediately before applying for licensure by credential. For purposes of this subsection, dental therapy practice includes experience as a dental therapy educator at a dental program accredited by the Commission on Dental Accreditation or another post-secondary dental education program accrediting agency recognized by the U.S. Department of Education, or employment as a dental therapist in a public health setting;
  3. Submit a written affidavit affirming that the applicant has complied with the continuing dental therapy education requirement of the state in which the applicant is currently licensed;

4. Provide evidence showing that five years or more before applying for licensure under this Section, the applicant completed the clinical examination by complying with R4-11-201(A);
  5. Submit official transcripts to the Board directly from a recognized dental therapy school as defined by A.R.S. § 32-1201(21) or an approved third party showing a degree was conferred to the applicant; and
  6. Not be required to obtain an Arizona dental hygienist license, if the dental therapist submits one of the following:
    - a. Certified documentation of a current or past dental hygiene license sent directly from the applicable state, United States territory, District of Columbia to the Board; or
    - b. Official transcripts sent to the Board directly from a recognized dental hygiene school as defined by A.R.S. § 32-1201(19) or an approved third party showing a degree was conferred to the applicant; or
    - c. A written affidavit from a recognized dental therapy school as defined in A.R.S. § 32-1201(21) affirming that all dental hygiene procedures defined in A.R.S. § 32-1281 were part of the education the applicant received.
- C.** For any application submitted under A.R.S. § 32-1276.07, the Board may request additional clarifying evidence required under R4-11-201(A).
- D.** If an applicant meets all the requirements set forth in this Section except that their current dental therapy license is from a state, territory, or district of the United States that does not include one or more of the following procedures in its legally defined scope, then the applicant must provide evidence of competency before being granted a dental therapy license by credential:
1. Fabricating soft occlusal guards;
  2. Administering Nitrous Oxide Analgesia;
  3. Performing nonsurgical extractions of periodontally diseased permanent teeth that exhibit plus or grade three mobility and that are not impacted, fractured, unerupted or in need of sectioning for removal;
  4. Suturing; or
  5. Placing space maintainers.
- E.** The Board will accept the any of following as evidence of competency in the aforementioned procedures:
1. A certificate or credential in the procedure or procedures issued by a state licensing jurisdiction; or
  2. A signed affidavit from a recognized dental therapy school, recognized dental hygiene school, or recognized dental school, affirming that the applicant successfully completed academic coursework that included both theory and supervised clinical practice in the procedure or procedures.
- F.** Subject to A.R.S. § 32-1276.04, an applicant for licensure under this Section shall pay the fee prescribed in A.R.S. § 32-1276.07, except the fee is reduced by 50% for applicants who will be employed or working under contract in:
1. Underserved areas, such as declared or eligible Health Professional Shortage Areas; or
  2. Other facilities caring for underserved populations as recognized by the Arizona Department of Health Services and approved by the Board.
- G.** An applicant for dental therapist licensure by credential who works in areas or facilities described in subsection (F) shall:
1. Commit to a three-year, exclusive service period,

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2. File a copy of a contract or employment verification statement with the Board, and
3. As a Licensee, submit an annual contract or employment verification statement to the Board by December 31 of each year.

**H.** A Licensee's failure to comply with the requirements in subsection (G) is considered unprofessional conduct and may result in disciplinary action based on the circumstances of the case.

**Historical Note**

Former Rule 2f; Amended as an emergency effective July 7, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-4). Former emergency adoption now adopted and amended effective September 7, 1979 (Supp. 79-5). Former Section R4-11-16 renumbered as Section R4-11-206 and amended effective July 29, 1981 (Supp. 81-4). Former Section R4-11-206 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). New Section made by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**R4-11-207. Repealed****Historical Note**

Former Rule 2g; Former Section R4-11-17 renumbered as Section R4-11-207, repealed, and new Section R4-11-207 adopted effective July 29, 1981 (Supp. 81-4). Former Section R4-11-207 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-208. Repealed****Historical Note**

Former Section R4-11-20 repealed, new Section R4-11-20 adopted effective May 12, 1977 (Supp. 77-3). Amended effective October 30, 1980 (Supp. 80-5). Former Section R4-11-20 renumbered as Section R4-11-208 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-208 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-209. Repealed****Historical Note**

Adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-19 renumbered as R4-11-209 and repealed. Former Section R4-11-21 renumbered as Section R4-11-209 and amended effective July 29, 1981 (Supp. 81-4). Former Section R4-11-209 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-210. Repealed****Historical Note**

Adopted effective March 23, 1976 (Supp. 76-2). Amended effective June 7, 1978 (Supp. 78-3). Former Section R4-11-22 renumbered as Section R4-11-210 and amended effective July 29, 1981 (Supp. 81-4). Former Section R4-11-210 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-211. Repealed****Historical Note**

Adopted effective August 26, 1977 (Supp. 77-4). Former Section R4-11-23 renumbered as Section R4-11-211

without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-211 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-212. Repealed****Historical Note**

Adopted effective March 28, 1978 (Supp. 78-2). Former Section R4-11-24 renumbered as Section R4-11-212 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-212 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-213. Repealed****Historical Note**

Adopted as an emergency effective July 7, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-4). Former emergency adoption now adopted effective September 7, 1979 (Supp. 79-5). Former Section R4-11-25 renumbered as Section R4-11-213, repealed, and new Section R4-11-213 adopted effective July 29, 1981 (Supp. 81-4). Former Section R4-11-213 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-214. Repealed****Historical Note**

Former Rule 2h; Amended effective March 23, 1976 (Supp. 76-2). Former Section R4-11-18 renumbered as Section R4-11-214 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-214 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-215. Repealed****Historical Note**

Adopted effective June 16, 1982 (Supp. 82-3). Former Section R4-11-215 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-216. Repealed****Historical Note**

Adopted effective June 16, 1982 (Supp. 82-3). Former Section R4-11-216 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

### ARTICLE 3. EXAMINATIONS, LICENSING QUALIFICATIONS, APPLICATION AND RENEWAL, TIME- FRAMES

**R4-11-301. Application**

**A.** An applicant for licensure or certification shall provide the following information and documentation:

1. A sworn statement of the applicant's qualifications for the license or certificate on a form provided by the Board;
2. A photograph of the applicant that is no more than 6 months old;
3. An official, sealed transcript sent directly to the Board from either:
  - a. The applicant's dental, dental therapy, dental hygiene, or denturist school, or
  - b. A verified third-party transcript provider.
4. Except for a dental consultant license applicant, a dental, dental therapy, and dental hygiene license applicant shall provide proof of successfully completing a clinical examination by submitting:



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- a. If applying for dental licensure by examination, a copy of the certificate or scorecard sent to the Board directly from a clinical examination administered by a state or testing agency that meets the requirements of A.R.S. § 32-1233(2), indicating that the applicant passed a state or regional testing agency examination that meets the requirements of A.R.S. § 32-1233(2) within the five years immediately before the date the application is filed with the Board;
  - b. If applying for dental therapy licensure by examination, a copy of the certificate or scorecard sent to the Board directly from a clinical examination administered by a state, United States territory, District of Columbia or testing agency that meets the requirements of A.R.S. § 32-1276.01(B)(3)(a). The certificate or scorecard must indicate that the applicant passed the examination within the five years immediately before the date the application is filed with the Board. The application must also include the applicant's Arizona dental hygiene license number;
  - c. If applying for dental hygiene licensure by examination, a copy of the certificate or scorecard sent to the Board directly from a clinical examination administered by a state, United States territory, District of Columbia or testing agency that meets the requirements of A.R.S. § 32-1285(2). The certificate or scorecard must indicate that the applicant passed the examination within the five years immediately before the date the application is filed with the Board;
5. Except for a dental consultant license applicant as provided in A.R.S. § 32-1234(A)(7), dental and dental hygiene license applicants must have an official scorecard sent directly from the National Board examination to the Board;
  6. A copy showing the expiration date of the applicant's current cardiopulmonary resuscitation healthcare provider level certificate from the American Red Cross, the American Heart Association, or another certifying agency that follows the same procedures, standards, and techniques for cardiopulmonary resuscitation training and certification as the American Red Cross or American Heart Association;
  7. A license or certification verification from any other jurisdiction in which an applicant is licensed or certified, sent directly from that jurisdiction to the Board. If the license verification cannot be sent directly to the Board from the other jurisdiction, the applicant must submit a written affidavit affirming that the license verification submitted was issued by the other jurisdiction;
  8. If an applicant has been licensed or certified in another jurisdiction, a copy of the self-inquiry from the National Practitioner Data Bank that is no more than 30 calendar days old;
  9. If the applicant is in the military or employed by the United States government, a letter sent to the Board directly from the applicant's commanding officer or supervisor verifying the applicant is licensed or certified by the military or United States government; and
  10. The jurisprudence examination fee paid by a method authorized by law.

**B.** The Board may request that an applicant provide:

1. An official copy of the applicant's dental, dental therapy, dental hygiene, or denturist school diploma from the issuing institution;
  2. A copy of a certified document that indicates the reason for a name change if the applicant's application contains different names;
  3. Written verification of the applicant's work history; and
  4. A copy of a high school diploma or equivalent certificate.
- C.** An applicant shall pass the Arizona jurisprudence examination with a minimum score of 75%.

**Historical Note**

Former Rule 3A; Former Section R4-11-29 repealed, new Section R4-11-29 adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-29 renumbered as Section R4-11-301 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-301 repealed, new Section R4-11-301 renumbered from R4-11-201 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**R4-11-302. Repealed**

**Historical Note**

Former Rule 3B; Former Section R4-11-30 repealed, new Section R4-11-30 adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-30 renumbered as Section R4-11-302 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-302 repealed, new Section R4-11-302 renumbered from R4-11-203 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1).

**R4-11-303. Application Processing Procedures: Issuance, Denial, and Renewal of Dental Licenses, Dental Therapy Licenses, Restricted Permits, Dental Hygiene Licenses, Dental Consultant Licenses, Denturist Certificates, Drug or Device Dispensing Registrations, Business Entity Registration and Mobile Dental Facility and Portable Dental Unit Permits**

- A.** The Board office shall complete an administrative completeness review within 30 calendar days of the date of receipt of an application for a license, certificate, permit, or registration.
1. Within 30 calendar days of receiving an initial or renewal application for a dental license, restricted permit, dental therapy license, dental hygiene license, dental consultant license, denturist certificate, Business Entity registration, mobile dental facility or portable dental unit permit, the Board office shall notify the applicant, in writing, whether the application package is complete or incomplete.
  2. If the application package is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 30 calendar day time-frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.

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3. If the Board office does not provide the applicant with notice regarding administrative completeness, the application package shall be deemed complete 30 calendar days after receipt by the Board office.
- B. An applicant with an incomplete application package shall submit all missing information within 60 calendar days of service of the notice of incompleteness.
- C. Upon receipt of all missing information, the Board office shall notify the applicant, in writing, within 30 calendar days, that the application package is complete. If an applicant fails to submit a complete application package within the time allowed in subsection (B), the Board office shall close the applicant's file. An applicant whose file is closed and who later wishes to obtain a license, certificate, permit, or registration shall apply again as required in R4-11-301.
- D. The Board shall not approve or deny an application until the applicant has fully complied with the requirements of A.A.C. Title 4, Chapter 11, Article 3.
- E. The Board shall complete a substantive review of the applicant's qualifications in no more than 90 calendar days from the date on which the administrative completeness review of an application package is complete.
  1. If the Board finds an applicant to be eligible for a license, certificate, permit, or registration and grants the license, certificate, permit, or registration, the Board office shall notify the applicant in writing.
  2. If the Board finds an applicant to be ineligible for a license, certificate, permit, or registration, the Board office shall issue a written notice of denial to the applicant that includes:
    - a. Each reason for the denial, with citations to the statutes or rules on which the denial is based;
    - b. The applicant's right to request a hearing on the denial, including the number of days the applicant has to file the request;
    - c. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06; and
    - d. The name and telephone number of an agency contact person who can answer questions regarding the application process.
  3. If the Board finds deficiencies during the substantive review of an application package, the Board office may issue a comprehensive written request to the applicant for additional documentation. An additional supplemental written request for information may be issued upon mutual agreement between the Board or Board office and the applicant.
  4. The 90-day time-frame for a substantive review of an applicant's qualifications is suspended from the date of a written request for additional documentation until the date that all documentation is received. The applicant shall submit the additional documentation before the next regularly scheduled Board meeting.
  5. If the applicant and the Board office mutually agree in writing, the 90-day substantive review time-frame may be extended once for no more than 28 days.
- F. The following time-frames apply for an initial or renewal application governed by this Section:
  1. Administrative completeness review time-frame: 30 calendar days.
  2. Substantive review time-frame: 90 calendar days.
  3. Overall time-frame: 120 calendar days.
- G. An applicant whose license is denied has a right to a hearing, an opportunity for rehearing, and, if the denial is upheld, may

seek judicial review pursuant to A.R.S. Title 41, Chapter 6, Article 10, and A.R.S. Title 12, Chapter 7, Article 6.

**Historical Note**

Former Rule 3C; Former Section R4-11-31 renumbered as Section R4-11-303 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-303 repealed, new Section R4-11-303 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**R4-11-304. Application Processing Procedures: Issuance and Denial of Dental Assistant Certificates Radiography Certification by Credential**

- A. Within 30 calendar days of receiving an application from an applicant for a dental assistant radiography certification by credential, the Board or its designee shall notify the applicant, in writing, that the application package is complete or incomplete. If the package is incomplete, the notice shall specify what information is missing.
- B. An applicant with an incomplete application package shall supply the missing information within 60 calendar days from the date of the notice. If the applicant fails to do so, an applicant shall begin the application process anew.
- C. Upon receipt of all missing information, within 10 calendar days, the Board or its designee shall notify the applicant, in writing, that the application is complete.
- D. The Board or its designee shall not process an application until the applicant has fully complied with the requirements of this Article.
- E. The Board or its designee shall notify an applicant, in writing, whether the certificate is granted or denied, no later than 90 calendar days after the date of the notice advising the applicant that the package is complete.
- F. The notice of denial shall inform the applicant of the following:
  1. The reason for the denial, with a citation to the statute or rule which requires the applicant to pass the examination;
  2. The applicant's right to request a hearing on the denial, including the number of days the applicant has to file the request;
  3. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06; and
  4. The name and telephone number of an agency contact person or a designee who can answer questions regarding the application process.
- G. The following time-frames apply for certificate applications governed by this Section:
  1. Administrative completeness review time-frame: 24 calendar days.
  2. Substantive review time-frame: 90 calendar days.
  3. Overall time-frame: 114 calendar days.
- H. An applicant whose certificate is denied has a right to a hearing, an opportunity for rehearing, and, if the denial is upheld, may seek judicial review pursuant to A.R.S. Title 41, Chapter 6, Article 10, and A.R.S. Title 12, Chapter 7, Article 6.

**Historical Note**

Former Rule 3D; Former Section R4-11-32 renumbered as Section R4-11-304 without change effective July 29,

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1981 (Supp. 81-4). Former Section R4-11-304 repealed, new Section R4-11-304 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**R4-11-305. Application Processing Procedures: Issuance, Denial, and Renewal of General Anesthesia and Deep Sedation Permits, Parenteral Sedation Permits, Oral Sedation Permits, and Permit to Employ a Physician Anesthesiologist or Certified Registered Nurse Anesthetist**

- A. The Board office shall complete an administrative completeness review within 24 days from the date of the receipt of an application for a permit.
  1. Within 30 calendar days of receiving an initial or renewal application for a General Anesthesia and Deep Sedation permit, parenteral sedation permit, Oral Sedation permit or permit to employ a physician anesthesiologist or Certified Registered Nurse Anesthetist the Board office shall notify the applicant, in writing, whether the application package is complete or incomplete.
  2. If the application package is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 24-day time-frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.
  3. If the Board office does not provide the applicant with notice regarding administrative completeness, the application package shall be deemed complete 24 days after receipt by the Board office.
- B. An applicant with an incomplete application package shall submit all missing information within 60 calendar days of service of the notice of incompleteness.
- C. Upon receipt of all missing information, the Board office shall notify the applicant, in writing, within 10 calendar days, that the application package is complete. If an applicant fails to submit a complete application package within the time allowed in subsection (B), the Board office shall close the applicant's file. An applicant whose file is closed and who later wishes to obtain a permit shall apply again as required in A.A.C. Title 4, Chapter 11, Article 13.
- D. The Board shall not approve or deny an application until the applicant has fully complied with the requirements of this Section and A.A.C. Title 4, Chapter 11, Article 13.
- E. The Board shall complete a substantive review of the applicant's qualifications in no more than 120 calendar days from the date on which the administrative completeness review of an application package is complete.
  1. If the Board finds an applicant to be eligible for a permit and grants the permit, the Board office shall notify the applicant in writing.
  2. If the Board finds an applicant to be ineligible for a permit, the Board office shall issue a written notice of denial to the applicant that includes:
    - a. Each reason for the denial, with citations to the statutes or rules on which the denial is based;
    - b. The applicant's right to request a hearing on the denial, including the number of days the applicant has to file the request;

- c. The applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06; and
  - d. The name and telephone number of an agency contact person who can answer questions regarding the application process.
3. If the Board finds deficiencies during the substantive review of an application package, the Board office shall issue a comprehensive written request to the applicant for additional documentation.
  4. The 120-day time-frame for a substantive review of an applicant's qualifications is suspended from the date of a written request for additional documentation until the date that all documentation is received.
  5. If the applicant and the Board office mutually agree in writing, the 120-day substantive review time-frame may be extended once for no more than 36 days.
- F. The following time-frames apply for an initial or renewal application governed by this Section:
    1. Administrative completeness review time-frame: 24 calendar days.
    2. Substantive review time-frame: 120 calendar days.
    3. Overall time-frame: 144 calendar days.

**Historical Note**

New Section R4-11-305 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 22 A.A.R. 371, effective April 3, 2016 (Supp. 16-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**ARTICLE 4. FEES**

**R4-11-401. Retired or Disabled Licensure Renewal Fee**

As expressly authorized under A.R.S. § 32-1207(B)(3)(c), the licensure renewal fee for a Retired Licensee or Disabled Licensee is \$15 and shall be paid by a method authorized by law.

**Historical Note**

Adopted effective December 6, 1974 (Supp. 75-1). Amended effective March 23, 1976 (Supp. 76-2). Former Section R4-11-42 renumbered as Section R4-11-401 and repealed effective July 29, 1981 (Supp. 81-4). Adopted effective February 16, 1995 (Supp. 95-1). Former Section R4-11-401 repealed, new Section R4-11-401 renumbered from R4-11-901 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 748, effective February 2, 2000 (Supp. 00-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 22 A.A.R. 3697, effective February 6, 2017 (Supp. 16-4). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**R4-11-402. Business Entity Fees**

As expressly authorized under A.R.S. § 32-1213, the Board establishes and shall collect the following fees from a Business Entity offering dental services paid by credit card on the Board's website or by money order or cashier's check:

1. Initial triennial registration, \$300 per location;
2. Renewal of triennial registration, \$300 per location; and
3. Late triennial registration renewal, \$100 per location in addition to the fee under subsection (2).

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**Historical Note**

Adopted effective December 6, 1974 (Supp. 75-1). amended effective March 23, 1976 (Supp. 76-2). Former Section R4-11-43 renumbered as Section R4-11-402, repealed, and new Section R4-11-402 adopted effective July 29, 1981 (Supp. 81-4). Amended effective February 16, 1995 (Supp. 95-1). Former Section R4-11-402 renumbered to R4-11-601, new Section R4-11-402 renumbered from R4-11-902 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 748, effective February 2, 2000 (Supp. 00-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (05-1). Amended by final rulemaking at 22 A.A.R. 3697, effective February 6, 2017 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**R4-11-403. Licensing Fees**

- A.** As expressly authorized under A.R.S. §§ 32-1236, 32-1276.02, 32-1287, 32-1297.06, and 32-1299.23, the Board establishes and shall collect up to the following licensing fees paid by a method authorized by law:
1. Dentist triennial renewal fee: \$650;
  2. Dentist prorated initial license fee: \$110;
  3. Dental therapist triennial renewal fee: \$375;
  4. Dental therapist prorated initial license fee: \$80;
  5. Dental hygienist triennial renewal fee: \$325;
  6. Dental hygienist prorated initial license fee: \$55;
  7. Denturist triennial renewal fee: \$300;
  8. Denturist prorated initial license fee: \$46; and
  9. Mobile dental facility permit initial license or annual renewal fee: \$200.
- B.** The following license-related fees are established in or expressly authorized by statute. The Board shall collect the following fees paid by a method authorized by law:
1. Jurisprudence examination fee:
    - a. Dentists: \$300;
    - b. Dental therapists: \$200;
    - c. Dental hygienists: \$100; and
    - d. Denturists: \$250.
  2. Licensure by credential fee:
    - a. Dentists: \$2,000; and
    - b. Dental therapists: \$1,500;
    - c. Dental hygienists: \$1,000.
  3. Penalty to reinstate an expired license or certificate: \$100 for a dentist, mobile dental facility permit, dental therapist, dental hygienist, or denturist in addition to renewal fee specified under subsection (A).
  4. Penalty for a dentist, mobile dental facility permit, dental therapist, dental hygienist, or denturist who fails to notify Board of a change of mailing address:
    - a. Failure after 10 days: \$50; and
    - b. Failure after 30 days: \$100.

**Historical Note**

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-44 renumbered as Section R4-11-403 and repealed effective July 29, 1981 (Supp. 81-4). Adopted effective February 16, 1995 (Supp. 95-1). Former Section R4-11-403 renumbered to R4-11-602, new Section R4-11-403 renumbered from R4-11-903 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new

Section adopted by final rulemaking at 6 A.A.R. 748, effective February 2, 2000 (Supp. 00-1). Section repealed by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (05-1). New Section made by final rulemaking at 22 A.A.R. 3697, effective February 6, 2017 (Supp. 16-4). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2). Amended by final rulemaking at 29 A.A.R. 3791 (December 15, 2023), effective January 29, 2024 (Supp. 23-4).

**R4-11-404. Repealed****Historical Note**

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-45 renumbered as Section R4-11-404 without change effective July 29, 1981 (Supp. 81-4). Repealed effective February 16, 1995 (Supp. 95-1). New Section R4-11-404 renumbered from R4-11-904 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 748, effective February 2, 2000 (Supp. 00-1). Section repealed by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (05-1).

**R4-11-405. Charges for Board Services**

The Board shall charge the following fees for the services provided paid by credit card on the Board's website or by money order or cashier's check:

1. Duplicate license: \$25;
2. Duplicate certificate: \$25;
3. License verification: \$25;
4. Copy of audio recording: \$10;
5. Photocopies (per page): \$.25;
6. Mailing lists of Licensees in digital format: \$100

**Historical Note**

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-46 repealed, new Section R4-11-46 adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-46 renumbered as Section R4-11-405 without change effective July 29, 1981 (Supp. 81-4). Repealed effective February 16, 1995 (Supp. 95-1). New Section R4-11-405 renumbered from R4-11-905 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 748, effective February 2, 2000 (Supp. 00-1). Amended by final rulemaking at 22 A.A.R. 3697, effective February 6, 2017 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**R4-11-406. Anesthesia and Sedation Permit Fees**

- A.** As expressly authorized under A.R.S. § 32-1207, the Board establishes and shall collect the following fees:
1. Section 1301 permit fee: \$300 plus \$25 for each additional location;
  2. Section 1302 permit fee: \$300 plus \$25 for each additional location;
  3. Section 1303 permit fee: \$300 plus \$25 for each additional location; and
  4. Section 1304 permit fee: \$300 plus \$25 for each additional location.
- B.** Upon successful completion of an initial onsite evaluation and upon receipt of the required permit fee, the Board shall issue a separate Section 1301, 1302, 1303, or 1304 permit to a dentist for each location requested by the dentist. A permit expires on December 31 of every fifth year.

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**C. Permit renewal fees:**

1. Section 1301 permit renewal fee: \$300 plus \$25 for each additional location;
2. Section 1302 permit renewal fee: \$300 plus \$25 for each additional location;
3. Section 1303 permit renewal fee: \$300 plus \$25 for each additional location; and
4. Section 1304 permit renewal fee: \$300 plus \$25 for each additional location.

**Historical Note**

Adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-47 renumbered as Section R4-11-406 without change effective July 29, 1981 (Supp. 81-4). Repealed effective February 16, 1995 (Supp. 95-1). New Section R4-11-406 renumbered from R4-11-906 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section R4-11-406 renumbered from R4-11-407 and amended by final rulemaking at 6 A.A.R. 748, effective February 2, 2000 (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 4130, effective November 8, 2003 (Supp. 03-3). Amended by final rulemaking at 22 A.A.R. 3697, effective February 6, 2017 (Supp. 16-4).

**R4-11-407. Renumbered****Historical Note**

Adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-48 renumbered as Section R4-11-407 without change effective July 29, 1981 (Supp. 81-4). Repealed effective February 16, 1995 (Supp. 95-1). New Section R4-11-407 renumbered from R4-11-909 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section R4-11-407 renumbered to R4-11-406 by final rulemaking at 6 A.A.R. 748, effective February 2, 2000 (Supp. 00-1).

**R4-11-408. Repealed****Historical Note**

Adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-49 renumbered as Section R4-11-408 without change effective July 29, 1981 (Supp. 81-4). Repealed effective February 16, 1995 (Supp. 95-1).

**R4-11-409. Repealed****Historical Note**

Adopted effective September 12, 1985 (Supp. 85-5). Repealed effective July 21, 1995 (Supp. 95-3).

**ARTICLE 5. DENTISTS****R4-11-501. Dentist of Record**

- A. A dentist of record shall ensure that each patient record has the treatment records for a patient treated in any dental office, clinic, hospital dental clinic, or charitable organization that offers dental services, and the full name of a dentist who is responsible for all of the patient's treatment.
- B. A dentist of record shall obtain a patient's consent to change the treatment plan before changing the treatment plan that the patient originally agreed to, including any additional costs the patient may incur because of the change.
- C. When a dentist who is a dentist of record decides to leave the practice of dentistry or a particular place of practice in which the dentist is the dentist of record, the dentist shall ensure before leaving the practice that a new dentist of record is entered on each patient record.

- D. A dentist of record is responsible for the care given to a patient while the dentist was the dentist of record even after being replaced as the dentist of record by another dentist.

**E. A dentist of record shall:**

1. Remain responsible for the care of a patient during the course of treatment; and
2. Be available to the patient through the dentist's office, an emergency number, an answering service, or a substituting dentist.

- F. A dentist's failure to comply with subsection (E) constitutes patient abandonment, and the Board may impose discipline under A.R.S. Title 32, Chapter 11, Article 3.

**Historical Note**

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-62 renumbered as Section R4-11-501 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-501 repealed, new Section R4-11-501 renumbered from R4-11-1102 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

**R4-11-502. Affiliated Practice**

- A. A dentist in a private for profit setting shall not enter into more than 15 affiliated practice relationships under A.R.S. § 32-1289 at one time.
- B. There is no limit to the number of affiliated practice relationships a dentist may enter into when working in a government, public health, or non-profit organization under Section 501(C)(3) of the Internal Revenue Code.
- C. Each affiliated practice dentist shall be available telephonically or electronically during the business hours of the affiliated practice dental hygienist to provide an appropriate level of contact, communication, and consultation.
- D. The affiliated practice agreement shall include a provision for a substitute dentist in addition to the requirements of A.R.S. § 32-1289(E), to cover an extenuating circumstance that renders the affiliated practice dentist unavailable for contact, communication, or consultation with the affiliated practice dental hygienist.

**Historical Note**

Adopted effective December 6, 1974 (Supp. 75-1). Amended effective March 23, 1976 (Supp. 76-2). Former Section R4-11-63 renumbered as Section R4-11-502 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-502 renumbered to R4-11-701 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). New Section made by final rulemaking at 13 A.A.R. 962, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 29 A.A.R. 3793 (December 15, 2023), effective January 29, 2024 (Supp. 23-4).

**R4-11-503. Repealed****Historical Note**

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-64 repealed, new Section R4-11-64 adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-64 renumbered as Section R4-11-503 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-503 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-504. Renumbered**

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**Historical Note**

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-65 repealed, new Section R4-11-65 adopted effective May 23, 1976 (Supp. 76-2). Former Section R4-11-65 renumbered as Section R4-11-504, repealed, and new Section R4-11-504 adopted effective July 29, 1981 (Supp. 81-4). Former Section R4-11-504 renumbered to R4-11-702 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-505. Repealed****Historical Note**

Adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-66 renumbered as Section R4-11-505 and repealed effective July 29, 1981 (Supp. 81-4).

**R4-11-506. Repealed****Historical Note**

Adopted effective March 23, 1976 (Supp. 76-2). Former Section R4-11-67 renumbered as Section R4-11-506 and repealed effective July 29, 1981 (Supp. 81-4).

**ARTICLE 6. DENTAL HYGIENISTS****R4-11-601. Duties and Qualifications**

- A. A dental hygienist may apply Preventative and Therapeutic Agents under the general supervision of a licensed dentist.
- B. A dental hygienist may perform a procedure not specifically authorized by A.R.S. § 32-1281, including botulinum toxin type A or dermal fillers, as identified in A.R.S. § 32-1202, when all of the following conditions are satisfied:
  1. The procedure is recommended or prescribed by the supervising dentist;
  2. The dental hygienist has received instruction, training, or education to perform the procedure in a safe manner; and
  3. The procedure is performed under the general supervision of a licensed dentist.
- C. A dental hygienist shall not perform an Irreversible Procedure, except for botulinum toxin type A or dermal fillers as identified in A.R.S. § 32-1202.
- D. To qualify to use Emerging Scientific Technology as authorized by A.R.S. § 32-1281(C)(2), a dental hygienist shall successfully complete a course of study that meets the following criteria:
  1. Is a course offered by a recognized dental school as defined in A.R.S. § 32-1201, a recognized dental hygiene school as defined in A.R.S. § 32-1201, or sponsored by a national or state dental or dental hygiene association or government agency;
  2. Includes didactic instruction with a written examination;
  3. Includes hands-on clinical instruction; and
  4. Is technology that is scientifically based and supported by studies published in peer reviewed dental journals.

**Historical Note**

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-82 renumbered as Section R4-11-601 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-601 repealed, new Section R4-11-601 renumbered from R4-11-402 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 13 A.A.R. 962, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 2012 (June 27, 2025),

effective August 3, 2025 (Supp. 25-2).

**R4-11-602. Care of Homebound Patients**

Dental hygienists treating homebound patients shall provide only treatment prescribed by the dentist of record in the diagnosis and treatment plan. The diagnosis and treatment plan shall be based on examination data obtained not more than 12 months before the treatment is administered.

**Historical Note**

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-83 renumbered as Section R4-11-602 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-602 renumbered to R4-11-1001, new Section R4-11-602 renumbered from R4-11-403 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-603. Limitation on Number Supervised**

A dentist shall not supervise more than three dental hygienists at a time.

**Historical Note**

Adopted effective December 6, 1974 (Supp. 75-1). Former Section R4-11-84 renumbered as Section R4-11-603 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-603 renumbered to R4-11-1002, new Section R4-11-603 renumbered from R4-11-408 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-604. Repealed****Historical Note**

New Section R4-11-604 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Repealed by final rulemaking at 31 A.A.R. 2009 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R4-11-605. Repealed****Historical Note**

New Section R4-11-605 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Repealed by final rulemaking at 31 A.A.R. 2009 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R4-11-606. Repealed****Historical Note**

New Section R4-11-606 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Repealed by final rulemaking at 31 A.A.R. 2009 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R4-11-607. Repealed****Historical Note**

New Section R4-11-607 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3). Repealed by final rulemaking at 31 A.A.R. 2009 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R4-11-608. Dental Hygiene Consultants**

After submission of a current curriculum vitae or resume and approval by the Board, dental hygiene consultants may:

1. Act as dental hygiene examiners for the clinical portion of the dental hygiene examination;

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2. Act as dental hygiene examiners for the Local Anesthesia portion of the dental hygiene examination;
3. Participate in Board-related procedures, including Clinical Evaluations, investigation of complaints concerning infection control, insurance fraud, or the practice of supervised personnel, and any other procedures not directly related to evaluating a dentist's quality of care; and
4. Participate in onsite office evaluations for infection control, as part of a team.

**Historical Note**

New Section R4-11-608 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**R4-11-609. Affiliated Practice**

- A.** To perform dental hygiene services under an affiliated practice relationship pursuant to A.R.S. § 32-1289.01, a dental hygienist shall:
1. Provide evidence to the Board of successfully completing a total of 12 hours of Recognized Continuing Dental Education that consists of the following subject areas:
    - a. A minimum of four hours in medical emergencies; and
    - b. A minimum of eight hours in at least two of the following areas:
      - i. Pediatric or other special health care needs,
      - ii. Preventative dentistry, or
      - iii. Public health community-based dentistry, and
  2. Hold a current certificate in basic cardiopulmonary resuscitation.
- B.** A dental hygienist shall complete the required continuing dental education before entering an affiliated practice relationship. The dental hygienist shall complete the continuing dental education in subsection (A) before renewing the dental hygienist's license. The dental hygienist may take the continuing dental education online but shall not exceed the allowable hours indicated in R4-11-1209(B)(1).
- C.** To comply with A.R.S. § 32-1287(B) and this Section, a dental hygienist shall submit a completed affidavit on a form supplied by the Board office. Board staff shall review the affidavit to determine compliance with all requirements.
- D.** Each affiliated practice dentist shall be available telephonically or electronically during the business hours of the affiliated practice dental hygienist to provide an appropriate level of contact, communication, and consultation.
- E.** The affiliated practice agreement shall include a provision for a substitute dentist, to cover an extenuating circumstance that renders the affiliated practice dentist unavailable for contact, communication, and consultation with the affiliated practice dental hygienist.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 962, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**ARTICLE 7. DENTAL ASSISTANTS****R4-11-701. Procedures and Functions Performed by a Dental Assistant under Supervision**

- A.** A dental assistant may perform the following procedures and functions under the Direct Supervision of a licensed dentist or a licensed dental therapist:

1. Place dental material into a patient's mouth in response to a licensed dentist's or licensed dental therapist's instruction;
  2. Cleanse the supragingival surface of the tooth in preparation for:
    - a. The placement of bands, crowns, and restorations;
    - b. Dental dam application;
    - c. Acid etch procedures; and
    - d. Removal of dressings and packs;
  3. Remove excess cement from inlays, crowns, bridges, and orthodontic appliances with hand instruments;
  4. Remove temporary cement, interim restorations, and periodontal dressings with hand instruments;
  5. Remove sutures;
  6. Place and remove dental dams and matrix bands;
  7. Fabricate and place interim restorations with temporary cement;
  8. Apply sealants;
  9. Apply topical fluorides;
  10. Take final digital impressions for any activating orthodontic appliance, fixed, or removable prosthesis;
  11. Prepare a patient for Nitrous Oxide Analgesia administration upon the direct instruction and presence of a dentist or licensed dental therapist; or
  12. Observe a patient during Nitrous Oxide Analgesia as instructed by the dentist or licensed dental therapist.
- B.** A dental assistant may perform the following procedures and functions under the general supervision of a licensed dentist or a licensed dental therapist:
1. Train or instruct patients in oral hygiene techniques, preventive procedures, dietary counseling for caries and Plaque control, and provide pre-and post-operative instructions relative to specific office treatment;
  2. Collect and record information pertaining to extraoral conditions; and
  3. Collect and record information pertaining to existing intraoral conditions.

**Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-100 renumbered as Section R4-11-701 and amended effective July 29, 1981 (Supp. 81-4). Former Section R4-11-701 renumbered to R4-11-1701, new Section R4-11-701 renumbered from R4-11-502 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**R4-11-702. Limitations on Procedures or Functions Performed by a Dental Assistant under Supervision**

A dental assistant shall not perform the following procedures or functions:

1. A procedure which by law only licensed dentists, licensed dental therapists, licensed dental hygienists, or certified denturists can perform;
2. Intraoral carvings of dental restorations or prostheses;
3. Final jaw registrations;
4. Taking final impressions, other than digital impressions, for any activating orthodontic appliance, fixed or removable prosthesis;
5. Activating orthodontic appliances; or
6. An Irreversible Procedure.

**Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former

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Section R4-11-101 renumbered as Section R4-11-702 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-702 repealed, new Section R4-11-702 renumbered from R4-11-504 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**R4-11-703. Repealed****Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-102 renumbered as Section R4-11-703 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-703 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-704. Repealed****Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-103 renumbered as Section R4-11-704 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-704 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-705. Repealed****Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-104 renumbered as Section R4-11-705 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-705 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-706. Repealed****Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-105 renumbered as Section R4-11-706 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-706 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-707. Repealed****Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-106 renumbered as Section R4-11-707 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-707 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-708. Repealed****Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-107 renumbered as Section R4-11-708 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-708 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-709. Repealed****Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-108 renumbered as Section R4-11-709 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-709 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-710. Repealed****Historical Note**

Adopted effective April 27, 1977 (Supp. 77-2). Former Section R4-11-109 renumbered as Section R4-11-710 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-710 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**ARTICLE 8. DENTURISTS****R4-11-801. Expired****Historical Note**

Adopted effective March 28, 1978 (Supp. 78-2). Former Section R4-11-120 renumbered as Section R4-11-801 without change effective July 29, 1981 (Supp. 81-4). Section R4-11-801 repealed, new Section filed April 4, 1986, adopted effective January 1, 1988 (Supp. 86-2). Amended effective May 17, 1995 (Supp. 95-2). Former Section R4-11-801 repealed, new Section R4-11-801 renumbered from R4-11-1201 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2575, effective August 25, 2017 (Supp. 17-3).

**R4-11-802. Expired****Historical Note**

Adopted effective March 28, 1978 (Supp. 78-2). Former Section R4-11-121 renumbered as Section R4-11-802 without change effective July 29, 1981 (Supp. 81-4). Section R4-11-802 repealed, new Section filed April 4, 1986, adopted effective January 1, 1988 (Supp. 86-2). Amended effective May 17, 1995 (Supp. 95-2). Former Section R4-11-802 renumbered to R4-11-1301, new Section R4-11-802 renumbered from R4-11-1202 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2575, effective August 25, 2017 (Supp. 17-3).

**R4-11-803. Renumbered****Historical Note**

Adopted effective March 28, 1978 (Supp. 78-2). Former Section R4-11-122 renumbered as Section R4-11-803 without change effective July 29, 1981 (Supp. 81-4). Section R4-11-803 repealed, new Section filed April 4, 1986, adopted effective January 1, 1988 (Supp. 86-2). Amended effective May 17, 1995 (Supp. 95-2). Former Section R4-11-803 renumbered to R4-11-1302 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-804. Renumbered****Historical Note**

Adopted effective March 28, 1978 (Supp. 78-2). Former Section R4-11-123 renumbered as Section R4-11-804 without change effective July 29, 1981 (Supp. 81-4). Section R4-11-804 repealed, new Section filed April 4, 1986, adopted effective January 1, 1988 (Supp. 86-2). Former Section R4-11-804 renumbered to R4-11-1303 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).



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**R4-11-805. Renumbered****Historical Note**

Adopted as filed April 4, 1986, adopted effective January 1, 1988 (Supp. 86-2). Amended effective May 17, 1995 (Supp. 95-2). Former Section R4-11-805 renumbered to R4-11-1304 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-806. Renumbered****Historical Note**

Adopted effective May 17, 1995 (Supp. 95-2). Former Section R4-11-806 renumbered to R4-11-1305 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**ARTICLE 9. RESTRICTED PERMITS****R4-11-901. Application for Restricted Permit**

A. An applicant for a restricted permit shall provide the following information and documentation on a form provided by the Board:

1. A sworn statement of the applicant's qualifications for a restricted permit;
2. A photograph of the applicant that is no more than six months old;
3. A letter from any other jurisdiction in which an applicant is licensed or certified verifying that the applicant is licensed or certified in that jurisdiction, sent directly from that jurisdiction to the Board;
4. If the applicant is in the military or employed by the United States government, a letter from the applicant's commanding officer or supervisor verifying the applicant is licensed or certified by the military or United States government;
5. A copy of the applicant's current cardiopulmonary resuscitation certification that meets the requirements of R4-11-301(A)(6); and
6. A copy of the applicant's pending contract with a Charitable Dental Clinic or Organization offering dental or dental hygiene services.

B. The Board may request that an applicant provide a copy of a certified document that indicates the reason for a name change if the applicant's application contains different names.

**Historical Note**

Adopted effective September 7, 1979 (Supp. 79-5). Former Section R4-11-130 renumbered as Section R4-11-901, repealed, and new Section R4-11-901 adopted effective July 29, 1981 (Supp. 81-4). Amended effective April 4, 1986 (Supp. 86-2). Emergency amendment adopted effective June 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency expired. Adopted effective July 13, 1992 (Supp. 92-3). Former Section R4-11-901 renumbered to R4-11-401, new Section R4-11-901 renumbered from R4-11-1001 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 28 A.A.R. 1885 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**R4-11-902. Issuance of a Restricted Permit**

Before issuing a restricted permit under A.R.S. §§ 32-1237 through 32-1239 or 32-1292, the Board shall investigate the statutory qualifications of the charitable dental clinic or organization. The Board

shall not recognize a dental clinic or organization under A.R.S. §§ 32-1237 through 32-1239 or 32-1292 as a charitable dental clinic or organization permitted to employ dentists or dental hygienists not licensed in Arizona who hold restricted permits unless the Board makes the following findings of fact:

1. That the entity is a dental clinic or organization offering professional dental or dental hygiene services in a manner consistent with the public health;
2. That the dental clinic or organization offering dental or dental hygiene services is operated for charitable purposes only, offering dental or dental hygiene services either without compensation to the clinic or organization or with compensation at the minimum rate to provide only reimbursement for dental supplies and overhead costs;
3. That the persons performing dental or dental hygiene services for the dental clinic or organization do so without compensation; and
4. That the charitable dental clinic or organization operates in accordance with applicable provisions of law.

**Historical Note**

Adopted effective September 7, 1979 (Supp. 79-5). Former Section R4-11-131 renumbered as Section R4-11-902, repealed, and new Section R4-11-902 adopted effective July 29, 1981 (Supp. 81-4). Amended effective April 4, 1986 (Supp. 86-2). Emergency amendment adopted effective June 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency expired. Adopted effective July 13, 1992 (Supp. 92-3). Former Section R4-11-902 renumbered to R4-11-402, new Section R4-11-902 renumbered from R4-11-1002 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

**R4-11-903. Recognition of a Charitable Dental Clinic or Organization**

In order for the Board to make the findings required in R4-11-902, the charitable clinic or organization shall provide information to the Board, such as employment contracts with restricted permit holders, Articles and Bylaws, and financial records.

**Historical Note**

Adopted effective September 7, 1979 (Supp. 79-5). Former Section R4-11-132 renumbered as Section R4-11-903, repealed, and new Section R4-11-903 adopted effective July 29, 1981 (Supp. 81-4). Former Section R4-11-903 renumbered to R4-11-403, new Section R4-11-903 renumbered from R4-11-1003 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 29 A.A.R. 3793 (December 15, 2023), effective January 29, 2024 (Supp. 23-4).

**R4-11-904. Determination of Minimum Rate**

In determining whether professional services are provided at the minimum rate to provide reimbursement for dental supplies and overhead costs under A.R.S. §§ 32-1237(1) or 32-1292(A)(1), the Board shall obtain and review information relating to the actual cost of dental supplies to the dental clinic or organization, the actual overhead costs of the dental clinic or organization, the amount of charges for the dental or dental hygiene services offered, and any other information relevant to its inquiry.

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**Historical Note**

Adopted effective September 7, 1979 (Supp. 79-5). Former Section R4-11-133 renumbered as Section R4-11-904 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-904 renumbered to R4-11-404, new Section R4-11-904 renumbered from R4-11-1004 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

**R4-11-905. Expired****Historical Note**

Adopted effective September 7, 1979 (Supp. 79-5). Former Section R4-11-134 renumbered as Section R4-11-905 without change effective July 29, 1981 (Supp. 81-4). Amended effective April 4, 1986 (Supp. 86-2). Former Section R4-11-905 renumbered to R4-11-405, new Section R4-11-905 renumbered from R4-11-1005 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2575, effective August 25, 2017 (Supp. 17-3).

**R4-11-906. Expired****Historical Note**

Adopted effective July 29, 1981 (Supp. 81-4). Amended effective April 4, 1986 (Supp. 86-4). Emergency amendment adopted effective June 18, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency expired. Adopted effective July 13, 1992 (Supp. 92-3). Former Section R4-11-906 renumbered to R4-11-406, new Section R4-11-906 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2575, effective August 25, 2017 (Supp. 17-3).

**R4-11-907. Repealed****Historical Note**

Adopted effective April 4, 1986 (Supp. 86-2). Former Section R4-11-907 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-908. Repealed****Historical Note**

Adopted effective April 4, 1986 (Supp. 86-2). Former Section R4-11-908 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-909. Renumbered****Historical Note**

Adopted effective May 17, 1995 (Supp. 95-2). Former Section R4-11-909 renumbered to R4-11-407 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**ARTICLE 10. DENTAL TECHNICIANS****R4-11-1001. Expired****Historical Note**

Adopted effective November 28, 1980 (Supp. 80-6). Former Section R4-11-140 renumbered as Section R4-11-

1001 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-1001 renumbered to R4-11-901, new Section R4-11-1001 renumbered from R4-11-602 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2575, effective August 25, 2017 (Supp. 17-3).

**R4-11-1002. Expired****Historical Note**

Adopted effective November 28, 1980 (Supp. 80-6). Former Section R4-11-141 renumbered as Section R4-11-1002 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-1002 renumbered to R4-11-902, new Section R4-11-1002 renumbered from R4-11-603 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2575, effective August 25, 2017 (Supp. 17-3).

**R4-11-1003. Renumbered****Historical Note**

Adopted effective November 28, 1980 (Supp. 80-6). Former Section R4-11-142 renumbered as Section R4-11-1003 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-1003 renumbered to R4-11-903 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-1004. Renumbered****Historical Note**

Adopted effective November 28, 1980 (Supp. 80-6). Former Section R4-11-143 renumbered as Section R4-11-1004 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-1004 renumbered to R4-11-904 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-1005. Renumbered****Historical Note**

Adopted effective November 28, 1980 (Supp. 80-6). Former Section R4-11-144 renumbered as Section R4-11-1005 without change effective July 29, 1981 (Supp. 81-4). Former Section R4-11-1005 renumbered to R4-11-905 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-1006. Repealed****Historical Note**

Adopted effective September 12, 1985 (Supp. 85-5). Repealed effective July 21, 1995 (Supp. 95-3).

**ARTICLE 11. ADVERTISING****R4-11-1101. Advertising**

A dentist may advertise specific dental services or certification in a non-specialty area only if the advertisement includes the phrase "Services provided by an Arizona licensed general dentist." A dental hygienist may advertise specific dental hygiene services only if the advertisement includes the phrase "Services provided by an Arizona licensed dental hygienist." A denturist may advertise specific denture services only if the advertisement includes the phrase "Services provided by an Arizona certified denturist."

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**Historical Note**

Adopted effective July 29, 1981 (Supp. 81-4). Amended by repealing the former guideline on “Management of Craniomandibular Disorders” and adopting a new guideline effective June 16, 1982 (Supp. 82-3). Repealed effective November 20, 1992 (Supp. 92-4). Former Section R4-11-1101 repealed, new Section R4-11-1101 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

**R4-11-1102. Advertising as a Recognized Specialist**

- A.** A dentist may advertise as a specialist or use the terms “specialty” or “specialist” to describe professional services only if the dentist limits the dentist’s practice exclusively to one or more specialty area that are:
1. Recognized by a board that certifies specialists for the area of specialty; and
  2. Accredited by the Commission on Dental Accreditation of the American Dental Association.
- B.** The following specialty areas meet the requirements of subsection (A):
1. Endodontics,
  2. Oral and maxillofacial surgery,
  3. Orthodontics and dentofacial orthopedics,
  4. Pediatric dentistry,
  5. Periodontics,
  6. Prosthodontics,
  7. Dental Public Health,
  8. Oral and Maxillofacial Pathology, and
  9. Oral and Maxillofacial Radiology.
- C.** For purposes of this Article, a dentist who wishes to advertise as a specialist or a multiple-specialist in a recognized field under subsection (B) shall meet the criteria in one or more of the following categories:
1. Grandfathered: A dentist who declared a specialty area before December 31, 1964, according to requirements established by the American Dental Association, and has a practice limited to a dentistry area approved by the American Dental Association;
  2. Educationally qualified: A dentist who has successfully completed an educational program of two or more years in a specialty area accredited by the Commission on Dental Accreditation of the American Dental Association, as specified by the Council on Dental Education of the American Dental Association;
  3. Board eligible: A dentist who has met the guidelines of a specialty board that operates in accordance with the requirements established by the American Dental Association in a specialty area recognized by the Board, if the specialty board:
    - a. Has established examination requirements and standards,
    - b. Appraised an applicant’s qualifications,
    - c. Administered comprehensive examinations, and
    - d. Upon completion issues a certificate to a dentist who has achieved diplomate status; or
  4. Board certified: A dentist who has met the requirements of a specialty board referenced in subsection (C)(3), and who has received a certificate from the specialty board, indicating the dentist has achieved diplomate status.
- D.** A dentist, dental hygienist, or denturist whose advertising implies that services rendered in a dental office are of a specialty area other than those listed in subsection (B) and recog-

nized by a specialty board that has been accredited by the Commission on Dental Accreditation of the American Dental Association violates this Article and A.R.S. § 32-1201(18)(u), and is subject to discipline under A.R.S. Title 32, Chapter 11.

**Historical Note**

Adopted effective July 29, 1981 (Supp. 81-4). Former Section R4-11-1102 renumbered to R4-11-501 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). New Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

**R4-11-1103. Reserved****R4-11-1104. Repealed****Historical Note**

Adopted effective November 25, 1985 (Supp. 85-6). Former Section R4-11-1104 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-1105. Repealed****Historical Note**

Adopted effective September 12, 1985 (Supp. 85-5). Repealed effective July 21, 1995 (Supp. 95-3).

**ARTICLE 12. CONTINUING DENTAL EDUCATION AND RENEWAL REQUIREMENTS**

**R4-11-1201. Continuing Dental Education**

- A.** A Licensee or Certificate Holder shall:
1. Satisfy a continuing dental education requirement that is designed to provide an understanding of current developments, skills, procedures, or treatment related to the Licensee’s or Certificate Holder’s practice; and
  2. Complete the Recognized Continuing Dental Education required by this Article each renewal period.
- B.** A Licensee or Certificate Holder receiving an initial license or certificate shall complete the prescribed credit hours of Recognized Continuing Dental Education by the end of the first full renewal period.

**Historical Note**

Adopted effective May 21, 1982 (Supp. 82-3). Former Section R4-11-1201 renumbered to R4-11-801, new Section R4-11-1201 renumbered from R4-11-1402 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 31 A.A.R. 2012 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R4-11-1202. Continuing Dental Education Compliance and Renewal Requirements**

- A.** When applying for a renewal license, certificate, or restricted permit, a Licensee, dentist, or Restricted Permit Holder shall complete a renewal application provided by the Board.
- B.** Before receiving a renewal license or certificate, each Licensee or dentist shall possess a current form of one of the following:
1. A cardiopulmonary resuscitation healthcare provider level certificate from the American Red Cross, the American Heart Association, or another certifying agency;
  2. Advanced cardiac life support course completion confirmation from the American Heart Association or another agency. The confirmation must indicate that the course

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was completed within two years immediately before submitting a renewal application; or

3. Pediatric advanced life support course completion confirmation from the American Heart Association or another agency. The confirmation must indicate that the course was completed within two years immediately before submitting a renewal application.
- C. A Licensee or denturist shall include an affidavit affirming the Licensee's or denturist's completion of the prescribed Credit Hours of Recognized Continuing Dental Education with a renewal application. A Licensee or denturist shall include on the affidavit the Licensee's or denturist's name, license or certificate number, the number of hours completed in each category, and the total number of hours completed for activities defined in R4-11-1209(A)(4).
- D. A Licensee or denturist shall submit a written request for an extension before the renewal deadline prescribed in A.R.S. §§ 32-1236, 32-1276.02, 32-1287, and 32-1297.06. If a Licensee or denturist fails to meet the Credit Hours requirement because of military service, dental or religious missionary activity, residence in a foreign country, or other extenuating circumstances as determined by the Board, the Board, upon written request, may grant an extension of time to complete the Recognized Continuing Dental Education Credit Hour requirement.
- E. The Board shall:
  1. Only accept Recognized Continuing Dental Education credits accrued during the prescribed period immediately before license or certificate renewal, and
  2. Not allow Recognized Continuing Dental Education credit accrued in a renewal period in excess of the amount required in this Article to be carried forward to the next renewal period.
- F. A Licensee or denturist shall maintain Documentation of Attendance for each program for which credit is claimed that verifies the Recognized Continuing Dental Education Credit Hours the Licensee or denturist participated in during the most recently completed renewal period.
- G. Each year, the Board shall audit continuing dental education requirement compliance on a random basis or when information is obtained which indicates a Licensee or denturist may not be in compliance with this Article. A Licensee or denturist selected for audit shall provide the Board with Documentation of Attendance that shows compliance with the continuing dental education requirements within 35 calendar days from the date the Board issues notice of the audit by certified mail.
- H. If a Licensee or denturist is found to not be in compliance with the continuing dental education requirements, the Board may take any disciplinary or non-disciplinary action authorized by A.R.S. Title 32, Chapter 11.

**Historical Note**

Adopted effective May 21, 1982 (Supp. 82-3). Former Section R4-11-1202 renumbered to R4-11-802, new Section R4-11-1202 renumbered from R4-11-1403 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 21 A.A.R. 921, effective August 3, 2015 (Supp. 15-2). Amended by final rulemaking at 28 A.A.R. 344 (February 4, 2022), effective March 14, 2022 (Supp. 22-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**R4-11-1203. Dentists and Dental Consultants**

Dentists and dental consultants shall complete 63 hours of Recognized Continuing Dental Education in each renewal period as follows:

1. At least 36 Credit Hours in any one or more of the following areas: Dental and medical health, preventive services, dental diagnosis and treatment planning, dental record-keeping, dental clinical procedures, managing medical emergencies, pain management, dental public health, and courses in corrective and restorative oral health and basic dental sciences, which may include current research, new concepts in dentistry, chemical dependency, tobacco cessation, and behavioral and biological sciences that are oriented to dentistry. A Licensee who holds a permit to administer General Anesthesia, Deep Sedation, Parenteral Sedation, or Oral Sedation who is required to obtain continuing education pursuant to Article 13 may apply those Credit Hours to the requirements of this Section;
2. No more than 15 Credit Hours in one or more of the following areas: Dental practice organization and management, patient management skills, and methods of health care delivery;
3. At least three Credit Hours in opioid education;
4. At least three Credit Hours in infectious diseases or infectious disease control;
5. At least three Credit Hours in cardiopulmonary resuscitation healthcare provider level, advanced cardiac life support or pediatric advanced life support. Coursework may be completed online if the course requires a physical demonstration of skills; and
6. At least three Credit Hours in ethics or Arizona dental jurisprudence.
7. If the dentist provides botulinum toxin type A or dermal fillers to a patient, at least 12 Credit Hours in didactic or clinical training related to botulinum toxin type A or dermal fillers, as identified in A.R.S. § 32-1202.

**Historical Note**

Adopted effective September 12, 1985 (Supp. 85-5). Repealed effective July 21, 1995 (Supp. 95-3). New Section R4-11-1203 renumbered from R4-11-1404 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 1012 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R4-11-1204. Dental Hygienists**

- A. A dental hygienist shall complete 45 Credit Hours of Recognized Continuing Dental Education in each renewal period as follows:
  1. At least 25 Credit Hours in any one or more of the following areas: Dental and medical health, and dental hygiene services, periodontal disease, care of implants, maintenance of cosmetic restorations and sealants, radiology safety and techniques, managing medical emergencies, pain management, dental recordkeeping, dental public health, and new concepts in dental hygiene;
  2. No more than 11 Credit Hours in one or more of the following areas: Dental hygiene practice organization and

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management, patient management skills, and methods of health care delivery;

3. At least three Credit Hours in one or more of the following areas: chemical dependency, tobacco cessation, ethics, risk management, or Arizona dental jurisprudence;
4. At least three Credit Hours in infectious diseases or infectious disease control; and
5. At least three Credit Hours in cardiopulmonary resuscitation healthcare provider level, advanced cardiac life support and pediatric advanced life support. Coursework may be completed online if the course requires a physical demonstration of skills.
6. If the hygienist provides botulinum toxin type A or dermal fillers to a patient, at least 12 Credit Hours in didactic or clinical training related to botulinum toxin type A or dermal fillers, as identified in A.R.S. § 32-1202.

- B.** A Licensee who performs dental hygiene services under an affiliated practice relationship who is required to obtain continuing education under R4-11-609 may apply those Credit Hours to the requirements of this Section.

**Historical Note**

New Section R4-11-1204 renumbered from R4-11-1405 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 962, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 19 A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 2012 (June 27, 2025), effective August 3, 2025; removed the hyphen in “requires” in subsection (A)(5) (Supp. 25-2).

**R4-11-1205. Denturists**

Denturists shall complete 27 Credit Hours of Recognized Continuing Dental Education in each renewal period as follows:

1. At least 15 Credit Hours in any one or more of the following areas: Medical and dental health, laboratory procedures, clinical procedures, dental recordkeeping, removable prosthetics, pain management, dental public health, and new technology in dentistry;
2. No more than three Credit Hours in one or more of the following areas: Denturist practice organization and management, patient management skills, and methods of health care delivery;
3. At least one Credit Hour in chemical dependency, which may include tobacco cessation;
4. At least two Credit Hours in infectious diseases or infectious disease control;
5. At least three Credit Hours in cardiopulmonary resuscitation healthcare provider level, advanced cardiac life support and pediatric advanced life support. Coursework may be completed online if the course requires a physical demonstration of skills; and
6. At least three Credit Hours in ethics or Arizona dental jurisprudence.

**Historical Note**

New Section R4-11-1205 renumbered from R4-11-1406 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19

A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3). The Division removed the hyphen in “requires” in subsection (5) (Supp. 25-2).

**R4-11-1206. Restricted Permit Holders - Dental**

In addition to the requirements in R4-11-1202, a dental Restricted Permit Holder shall comply with the following requirements:

1. When applying for renewal under A.R.S. § 32-1238, the Restricted Permit Holder shall provide information to the Board that the Restricted Permit Holder has completed 15 Credit Hours of Recognized Continuing Dental Education yearly.
2. To determine whether to grant the renewal, the Board shall only consider Recognized Continuing Dental Education credits accrued during the 36 months immediately before the renewal deadline prescribed in A.R.S. § 32-1236.
3. A dental Restricted Permit Holder shall complete the 15 hours of Recognized Continuing Dental Education before renewal as follows:
  - a. At least six Credit Hours in one or more of the subjects enumerated in R4-11-1203(1);
  - b. No more than three Credit Hours in one or more of the subjects enumerated in R4-11-1203(2);
  - c. At least one Credit Hour in the subjects enumerated in R4-11-1203(3);
  - d. At least one Credit Hour in the subjects enumerated in R4-11-1203(4).
  - e. At least three Credit Hours in the subjects enumerated in R4-11-1203(5); and
  - f. At least one Credit Hour in the subjects enumerated in R4-11-1203(6).

**Historical Note**

New Section R4-11-1206 renumbered from R4-11-1407 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 28 A.A.R. 344 (February 4, 2022), effective March 14, 2022 (Supp. 22-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**R4-11-1207. Restricted Permit Holders - Dental Hygiene**

In addition to the requirements in R4-11-1202, a dental hygiene Restricted Permit Holder shall comply with the following:

1. When applying for renewal under A.R.S. § 32-1292, the Restricted Permit Holder shall provide information to the Board that the Restricted Permit Holder has completed nine Credit Hours of Recognized Continuing Dental Education yearly.
2. To determine whether to grant renewal, the Board shall only consider Recognized Continuing Dental Education credits accrued during the 36 months immediately before the renewal deadline prescribed in A.R.S. § 32-1287.
3. A dental hygiene Restricted Permit Holder shall complete the nine hours of Recognized Continuing Dental Education before renewal as follows:
  - a. At least three Credit Hours in one or more of the subjects enumerated in R4-11-1204(1);
  - b. No more than three Credit Hours in one or more of the subjects enumerated in R4-11-1204(2);

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- c. At least one Credit Hour in the subjects enumerated in R4-11-1204(3);
- d. At least two Credit Hours in the subjects enumerated in R4-11-1204(4) and
- e. At least three Credit Hours in the subjects enumerated in R4-11-1204(5).

**Historical Note**

New Section R4-11-1207 renumbered from R4-11-1408 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 28 A.A.R. 344 (February 4, 2022), effective March 14, 2022 (Supp. 22-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**R4-11-1208. Retired Licensees or Retired Denturists**

A Retired Licensee or Retired dentist shall:

1. Except for the number of Credit Hours required, comply with the requirements in R4-11-1202; and
2. When applying for renewal under A.R.S. § 32-1236 for a dentist, A.R.S. § 32-1276.02 for a dental therapist, A.R.S. § 32-1287 for a dental hygienist, and A.R.S. § 32-1297.06 for a denturist, provide information to the Board that the Retired Licensee or Retired dentist has completed the following Credit Hours of Recognized Continuing Dental Education per renewal period:
  - a. Dentist - 24 Credit Hours of which no less than three Credit Hours shall be for cardiopulmonary resuscitation-healthcare provider level;
  - b. Dental therapist - 21 Credit Hours of which no less than three Credit Hours shall be for cardiopulmonary resuscitation- healthcare provider level;
  - c. Dental hygienist - 18 Credit Hours of which no less than three Credit Hours shall be for cardiopulmonary resuscitation-healthcare provider level; and
  - d. Denturist - six Credit Hours of which no less than three Credit Hours shall be for cardiopulmonary resuscitation-healthcare provider level.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**R4-11-1209. Types of Courses**

- A. A Licensee or dentist shall obtain Recognized Continuing Dental Education from one or more of the following activities:
  1. Seminars, symposiums, lectures, or programs designed to provide an understanding of current developments, skills, procedures, or treatment related to the practice of dentistry;
  2. Seminars, symposiums, lectures, or programs designed to provide an understanding of current developments, skills, procedures, or treatment related to the practice of dentistry by means of audio-video technology in which the Licensee is provided all seminar, symposium, lecture or program materials and the technology permits attendees to fully participate; or
  3. Curricula designed to prepare for specialty board certification as a specialist or recertification examinations or

advanced training at an accredited institution as defined in A.R.S. Title 32, Chapter 11; and

4. Subject to the limitations in subsection (B), any of the following activities that provide an understanding of current developments, skills, procedures, or treatment related to the practice of dentistry:
  - a. A correspondence course, video, internet or similar self-study course, if the course includes an examination and the Licensee or dentist passes the examination;
  - b. Participation on the Board, in Board complaint investigations including Clinical Evaluations or anesthesia and sedation permit evaluations;
  - c. Participation in peer review of a national or state dental, dental therapy, dental hygiene, or denturist association or participation in quality of care or utilization review in a hospital, institution, or governmental agency;
  - d. Providing dental-related instruction to dental, dental therapy, dental hygiene, or denturist students, or allied health professionals in a recognized dental school, recognized dental therapy school, recognized dental hygiene school, or recognized denturist school or providing dental-related instruction sponsored by a national, state, or local dental, dental therapy, dental hygiene, or denturist association;
  - e. Publication or presentation of a dental paper, report, or book authored by the Licensee or dentist that provides information on current developments, skills, procedures, or treatment related to the practice of dentistry. A Licensee or dentist may claim Credit Hours:
    - i. Only once for materials presented;
    - ii. Only if the date of publication or original presentation was during the applicable renewal period; and
    - iii. One Credit Hour for each hour of preparation, writing, and presentation; or
  - f. Providing dental, dental therapy, dental hygiene, or denturist services in a Board-recognized Charitable Dental Clinic or Organization.

- B. The following limitations apply to the total number of Credit Hours earned per renewal period in any combination of the activities listed in subsection (A)(4):

1. Dentists, no more than 21 hours;
2. Dental therapists, no more than 18 hours;
3. Dental hygienists, no more than 15 hours;
4. Denturists, no more than nine hours;
5. Retired or Restricted Permit Holder dentists, dental therapists, or dental hygienists, no more than two hours; and
6. Retired denturists, no more than two hours.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 3873, effective January 5, 2014 (Supp. 13-4). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**R4-11-1210. Dental Therapists**

Dental therapists shall complete 54 hours of Recognized Continuing Dental Education in each renewal period as follows:

1. At least 31 Credit Hours in any one or more of the following areas: Dental and medical health, dental therapy ser-

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- vices, dental therapy treatment planning, preventive services, dental diagnosis and treatment planning, dental recordkeeping, dental clinical procedures, managing medical emergencies, pain management, dental public health, periodontal disease, care of implants, maintenance of cosmetic restorations and sealants, radiology safety and techniques, and courses in corrective and restorative oral health and basic dental sciences, which may include current research, new concepts in dentistry, and behavioral and biological sciences that are oriented to dentistry;
2. No more than 14 Credit Hours in any one or more of the following areas: Dental practice organization and management, patient management skills, and methods of health care delivery;
  3. At least three Credit Hours in infectious diseases or infectious disease control;
  4. At least three Credit Hours in cardiopulmonary resuscitation healthcare provider level, advanced cardiac life support or pediatric advanced life support. Coursework may be completed online if the course requires a physical demonstration of skills; and
  5. At least three Credit Hours in any one or more of the following areas: ethics, risk management, chemical dependency, tobacco cessation, or Arizona dental jurisprudence.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**ARTICLE 13. GENERAL ANESTHESIA AND SEDATION****R4-11-1301. General Anesthesia and Deep Sedation**

- A. Before administering General Anesthesia, or Deep Sedation by any means, in a dental office or dental clinic, a dentist shall possess a Section 1301 Permit issued by the Board. The dentist may renew a Section 1301 Permit every five years by complying with R4-11-1307.
  - B. To obtain or renew a Section 1301 Permit, a dentist shall:
    1. Submit a completed application on a form provided by the Board office that, in addition to the requirements of subsections (B)(2) and (3), and R4-11-1307, includes:
      - a. General information about the applicant such as:
        - i. Name;
        - ii. Home and office addresses and telephone numbers;
        - iii. Limitations of practice;
        - iv. Hospital affiliations;
        - v. Denial, curtailment, revocation, or suspension of hospital privileges;
        - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
        - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
      - b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
    2. On forms provided by the Board, provide a dated and signed affidavit attesting that any office or dental clinic where the dentist will administer General Anesthesia or Deep Sedation:
      - a. Contains the following properly operating equipment and supplies during the provision of General Anesthesia and Deep Sedation:
        - i. Emergency Drugs;
        - ii. Electrocardiograph monitor;
        - iii. Pulse oximeter;
        - iv. Cardiac defibrillator or automated external defibrillator;
        - v. Positive pressure oxygen and supplemental oxygen;
        - vi. Suction equipment, including endotracheal, tonsillar, or pharyngeal and emergency backup medical suction device;
        - vii. Laryngoscope, multiple blades, backup batteries, and backup bulbs;
        - viii. Endotracheal tubes and appropriate connectors;
        - ix. Magill forceps;
        - x. Oropharyngeal and nasopharyngeal airways;
        - xi. Auxiliary lighting;
        - xii. Stethoscope; and
        - xiii. Blood pressure monitoring device; and
      - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. All personnel involved in administering and monitoring General Anesthesia or Deep Sedation shall hold a current course completion confirmation in cardiopulmonary resuscitation healthcare provider level;
  3. Hold a valid license to practice dentistry in this state;
  4. Maintain a current permit to prescribe and administer Controlled Substances in this state issued by the United States Drug Enforcement Administration; and
  5. Provide confirmation of completing coursework within the two years prior to submitting the permit application in one or more of the following:
    - a. Advanced cardiac life support from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
    - b. Pediatric advanced life support in a practice treating pediatric patients; or
    - c. A recognized continuing education course in advanced airway management.
- C. Initial applicants shall meet one or more of the following conditions by submitting to the Board verification of meeting the condition directly from the issuing institution:
  1. Complete, within the three years before submitting the permit application, a full credit load, as defined by the training program, during one calendar year of training, in anesthesiology or related academic subjects, beyond the undergraduate dental school level in a training program described in R4-11-1306(A), offered by a hospital accredited by the Joint Commission on Accreditation of Hospitals Organization, or sponsored by a university accredited by the American Dental Association Commission on Dental Accreditation;
  2. Be, within the three years before submitting the permit application, a Diplomate of the American Board of Oral and Maxillofacial Surgeons or eligible for examination by the American Board of Oral and Maxillofacial surgeons, a Fellow of the American Association of Oral and Maxillofacial surgeons, a Fellow of the American Dental Society of Anesthesiology, a Diplomate of the National

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Dental Board of Anesthesiology, or a Diplomate of the American Dental Board of Anesthesiology; or

3. For an applicant who completed the requirements of subsections (C)(1) or (C)(2) more than three years before submitting the permit application, provide the following documentation:

- a. On a form provided by the Board, a written affidavit affirming that the applicant has administered General Anesthesia or Deep Sedation to a minimum of 25 patients within the year before submitting the permit application or 75 patients within the last five years before submitting the permit application;
- b. A copy of the General Anesthesia or Deep Sedation permit in effect in another state or certification of military training in General Anesthesia or Deep Sedation from the applicant's commanding officer; and
- c. On a form provided by the Board, a written affidavit affirming the completion of 30 clock hours of continuing education taken within the last five years as outlined in R4-11-1306(B)(1)(a) through (f).

- D. After submitting the application and written evidence of compliance with requirements in subsection (B) and, if applicable, subsection (C) to the Board, the applicant shall schedule an onsite evaluation by the Board during which the applicant shall administer General Anesthesia or Deep Sedation. After the applicant completes the application requirements and successfully completes the onsite evaluation, a Section 1301 Permit shall be issued to the applicant.

1. The onsite evaluation team shall consist of:
  - a. Two dentists who are Board members, or Board designees for initial applications; or
  - b. One dentist who is a Board member or Board designee for renewal applications.
2. The onsite team shall evaluate the following:
  - a. The availability of equipment and personnel as specified in subsection (B)(2);
  - b. Proper administration of General Anesthesia or Deep Sedation to a patient by the applicant in the presence of the evaluation team;
  - c. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
  - d. Proper documentation of Controlled Substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of Controlled Substances;
  - e. Proper recordkeeping as specified in subsection (E) by reviewing the records generated for the patient specified in subsection (D)(2)(b); and
  - f. For renewal applicants, records supporting continued competency as specified in R4-11-1306.
3. The evaluation team shall recommend one of the following:
  - a. Pass. Successful completion of the onsite evaluation;
  - b. Conditional Approval for failing to have appropriate equipment, proper documentation of Controlled Substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued;
  - c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a

subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency;

- d. Category 2 Evaluation Failure. The applicant must complete Board approved continuing education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency; or
- e. Category 3 Evaluation Failure. The applicant must complete Board approved remedial continuing education with the subject matter outlined in R4-11-1306 as identified by the evaluators and reapply not less than 90 days from the failed evaluation. An example is failure to recognize and manage an anesthetic urgency.
4. The onsite evaluation of an additional dental office or dental clinic in which General Anesthesia or Deep Sedation is administered by an existing Section 1301 Permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (D)(2)(a).
5. A Section 1301 mobile permit may be issued if a Section 1301 Permit holder travels to dental offices or dental clinics to provide anesthesia or Deep Sedation. The applicant must submit a completed affidavit verifying:
  - a. That the equipment and supplies for the provision of anesthesia or Deep Sedation as required in subsection (B)(2)(a) either travel with the Section 1301 Permit holder or are in place and in appropriate condition at the dental office or dental clinic where anesthesia or Deep Sedation is provided, and
  - b. Compliance with subsection (B)(2)(b).
- E. A Section 1301 Permit holder shall keep an anesthesia or Deep Sedation record for each General Anesthesia and Deep Sedation procedure that includes the following entries:
  1. Pre-operative and post-operative electrocardiograph documentation;
  2. Pre-operative, intra-operative, and post-operative pulse oximeter documentation;
  3. Pre-operative, intra-operative, and post-operative blood pressure and vital sign documentation;
  4. A list of all medications given, with dosage and time intervals, and route and site of administration;
  5. Type of catheter or portal with gauge;
  6. Indicate nothing by mouth or time of last intake of food or water;
  7. Consent form; and
  8. Time of discharge and status, including name of escort.
- F. The Section 1301 Permit holder, for intravenous access, shall use a new infusion set, including a new infusion line and new bag of fluid, for each patient.
- G. The Section 1301 Permit holder shall utilize supplemental oxygen for patients receiving General Anesthesia or Deep Sedation for the duration of the procedure.
- H. The Section 1301 Permit holder shall continuously supervise the patient from the initiation of anesthesia or Deep Sedation until termination of the anesthesia or Deep Sedation procedure and oxygenation, ventilation, and circulation are stable. The Section 1301 Permit holder shall not commence with the



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administration of a subsequent anesthetic case until the patient is in monitored recovery or meets the guidelines for discharge.

- I.** A Section 1301 Permit holder may employ the following health care professionals to provide anesthesia or sedation services and shall ensure that the health care professional continuously supervises the patient from the administration of anesthesia or sedation until termination of the anesthesia or sedation procedure and oxygenation, ventilation, and circulation are stable:

1. An allopathic or osteopathic physician currently licensed in Arizona by the Arizona Medical Board or the Arizona Board of Osteopathic Examiners who has successfully completed a residency program in anesthesiology approved by the American Council on Graduate Medical Education or the American Osteopathic Association or who is certified by either the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology and is credentialed with anesthesia privileges through an Arizona licensed medical facility, or
2. A Certified Registered Nurse Anesthesiology currently licensed in Arizona who provides services under the Nurse Practice Act in A.R.S. Title 32, Chapter 15.

- J.** A Section 1301 Permit holder may also administer parenteral sedation without obtaining a Section 1302 Permit.

**Historical Note**

New Section R4-11-1301 renumbered from R4-11-802 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 9 A.A.R. 1054, effective May 6, 2003 (Supp. 03-1). Amended by final rulemaking at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**R4-11-1302. Parenteral Sedation**

- A.** Before administering parenteral sedation in a dental office or dental clinic, a dentist shall possess a Section 1302 Permit issued by the Board. The dentist may renew a Section 1302 Permit every five years by complying with R4-11-1307.

1. A Section 1301 Permit holder may also administer parenteral sedation.
2. A Section 1302 Permit holder shall not administer or employ any agents which have a narrow margin for maintaining consciousness including, but not limited to, ultra-short acting barbiturates, propofol, parenteral ketamine, or similarly acting Drugs, agents, or techniques, or any combination thereof that would likely render a patient deeply sedated, generally anesthetized or otherwise not meeting the conditions of Moderate Sedation.

- B.** To obtain or renew a Section 1302 Permit, the dentist shall:

1. Submit a completed application on a form provided by the Board office that, in addition to the requirements of subsections (B)(2) and (3) and R4-11-1307, includes:
  - a. General information about the applicant such as:
    - i. Name;
    - ii. Home and office addresses and telephone numbers;
    - iii. Limitations of practice;
    - iv. Hospital affiliations;
    - v. Denial, curtailment, revocation, or suspension of hospital privileges;
    - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and

- vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and

- b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;

2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist will administer parenteral sedation by intravenous or intramuscular route:

- a. Contains the following properly operating equipment and supplies during the provision of parenteral sedation by the permit holder or General Anesthesia or Deep Sedation by a physician anesthesiologist or Certified Registered Nurse Anesthetist:

- i. Emergency Drugs;
- ii. Positive pressure oxygen and supplemental oxygen;
- iii. Stethoscope;
- iv. Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device;
- v. Oropharyngeal and nasopharyngeal airways;
- vi. Pulse oximeter;
- vii. Auxiliary lighting;
- viii. Blood pressure monitoring device; and
- ix. Cardiac defibrillator or automated external defibrillator; and

- b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one staff member who:

- i. Holds a current course completion confirmation in cardiopulmonary resuscitation health-care provider level;
- ii. Is present during the parenteral sedation procedure; and
- iii. After the procedure, monitors the patient until discharge;

3. Hold a valid license to practice dentistry in this state;
4. Maintain a current permit to prescribe and administer Controlled Substances in this state issued by the United States Drug Enforcement Administration;
5. Provide confirmation of completing coursework within the two years prior to submitting the permit application in one or more of the following:

- a. Advanced cardiac life support from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
- b. Pediatric advanced life support in a practice treating pediatric patients; or
- c. A recognized continuing education course in advanced airway management.

- C.** Initial applicants shall meet one of the following conditions by submitting to the Board verification of meeting the condition directly from the issuing institution:

1. Successfully complete Board-recognized undergraduate, graduate, or postgraduate education within the three years before submitting the permit application, that includes the following:
  - a. Sixty didactic hours of basic parenteral sedation to include:
    - i. Physical evaluation;

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- ii. Management of medical emergencies;
  - iii. The importance of and techniques for maintaining proper documentation; and
  - iv. Monitoring and the use of monitoring equipment; and
- b. Hands-on administration of parenteral sedative medications to at least 20 patients in a manner consistent with this Section; or
- 2. An applicant who completed training in parenteral sedation more than three years before submitting the permit application shall provide the following documentation:
  - a. On a form provided by the Board, a written affidavit affirming that the applicant has administered parenteral sedation to a minimum of 25 patients within the year or 75 patients within the last five years before submitting the permit application;
  - b. A copy of the parenteral sedation permit in effect in another state or certification of military training in parenteral sedation from the applicant's commanding officer; and
  - c. On a form provided by the Board, a written affidavit affirming the completion of 30 clock hours of continuing education taken within the last five years as outlined in R4-11-1306(B)(1)(b) through (f).
- D. After submitting the application and written evidence of compliance with requirements outlined in subsection (B) and, if applicable, subsection (C) to the Board, the applicant shall schedule an onsite evaluation by the Board during which the applicant shall administer parenteral sedation. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue a Section 1302 Permit to the applicant.
  - 1. The onsite evaluation team shall consist of:
    - a. Two dentists who are Board members, or Board designees for initial applications, or
    - b. One dentist who is a Board member or Board designee for renewal applications.
  - 2. The onsite team shall evaluate the following:
    - a. The availability of equipment and personnel as specified in subsection (B)(2);
    - b. Proper administration of parenteral sedation to a patient by the applicant in the presence of the evaluation team;
    - c. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
    - d. Proper documentation of Controlled Substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of all Controlled Substances;
    - e. Proper recordkeeping as specified in subsection (E) by reviewing the records generated for the patient receiving parenteral sedation as specified in subsection (D)(2)(b); and
    - f. For renewal applicants, records supporting continued competency as specified in R4-11-1306.
  - 3. The evaluation team shall recommend one of the following:
    - a. Pass. Successful completion of the onsite evaluation;
    - b. Conditional Approval for failing to have appropriate equipment, proper documentation of Controlled Substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued;
- c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency;
- d. Category 2 Evaluation Failure. The applicant must complete Board approved continuing education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency; or
- e. Category 3 Evaluation Failure. The applicant must complete Board approved remedial continuing education with the subject matter outlined in R4-11-1306 as identified by the evaluators and reapply not less than 90 days from the failed evaluation. An example is failure to recognize and manage an anesthetic urgency.
- 4. The onsite evaluation of an additional dental office or dental clinic in which parenteral sedation is administered by an existing Section 1302 Permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (D)(2)(a).
- 5. A Section 1302 mobile permit may be issued if a Section 1302 Permit holder travels to dental offices or dental clinics to provide parenteral sedation. The applicant must submit a completed affidavit verifying:
  - a. That the equipment and supplies for the provision of parenteral sedation as required in R4-11-1302(B)(2)(a) either travel with the Section 1302 Permit holder or are in place and in appropriate working condition at the dental office or dental clinic where parenteral sedation is provided, and
  - b. Compliance with R4-11-1302(B)(2)(b).
- E. A Section 1302 Permit holder shall keep a parenteral sedation record for each parenteral sedation procedure that:
  - 1. Includes the following entries:
    - a. Pre-operative, intra-operative, and post-operative pulse oximeter documentation;
    - b. Pre-operative, intra-operative, and post-operative blood pressure and vital sign documentation;
    - c. A list of all medications given, with dosage and time intervals and route and site of administration;
    - d. Type of catheter or portal with gauge;
    - e. Indicate nothing by mouth or time of last intake of food or water;
    - f. Consent form; and
    - g. Time of discharge and status, including name of escort; and
  - 2. May include pre-operative and post-operative electrocardiograph report.
- F. The Section 1302 Permit holder shall establish intravenous access on each patient receiving parenteral sedation utilizing a new infusion set, including a new infusion line and new bag of fluid.
- G. The Section 1302 Permit holder shall utilize supplemental oxygen for patients receiving parenteral sedation for the duration of the procedure.

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- H.** The Section 1302 Permit holder shall continuously supervise the patient from the initiation of parenteral sedation until termination of the parenteral sedation procedure and oxygenation, ventilation and circulation are stable. The Section 1302 Permit holder shall not commence with the administration of a subsequent anesthetic case until the patient is in monitored recovery or meets the guidelines for discharge.
- I.** A Section 1302 Permit holder may employ a health care professional as specified in R4-11-1301(I).

**Historical Note**

New Section R4-11-1302 renumbered from R4-11-803 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 9 A.A.R. 1054, effective May 6, 2003 (Supp. 03-1). Amended by final rulemaking at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**R4-11-1303. Oral Sedation**

- A.** Before administering Oral Sedation in a dental office or dental clinic, a dentist shall possess a Section 1303 Permit issued by the Board. The dentist may renew a Section 1303 Permit every five years by complying with R4-11-1307.
1. A Section 1301 Permit holder or Section 1302 Permit holder may also administer Oral Sedation without obtaining a Section 1303 Permit.
  2. The administration of a single Drug for Minimal Sedation does not require a Section 1303 Permit if:
    - a. The administered dose is within the Food and Drug Administration's maximum recommended dose as printed in the Food and Drug Administration's approved labeling for unmonitored home use;
      - i. Incremental multiple doses of the Drug may be administered until the desired effect is reached, but does not exceed the maximum recommended dose; and
      - ii. During Minimal Sedation, a single supplemental dose may be administered. The supplemental dose may not exceed one-half of the initial dose and the total aggregate dose may not exceed one and one-half times the Food and Drug Administration's maximum recommended dose on the date of treatment; and
    - b. Nitrous oxide/oxygen may be administered in addition to the oral Drug as long as the combination does not exceed Minimal Sedation.
- B.** To obtain or renew a Section 1303 Permit, a dentist shall:
1. Submit a completed application on a form provided by the Board office that, in addition to the requirements of subsections (B)(2) and (3) and R4-11-1307, includes:
    - a. General information about the applicant such as:
      - i. Name;
      - ii. Home and office addresses and telephone numbers;
      - iii. Limitations of practice;
      - iv. Hospital affiliations;
      - v. Denial, curtailment, revocation, or suspension of hospital privileges;
      - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
    - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
  2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist will administer Oral Sedation:
    - a. Contains the following properly operating equipment and supplies during the provision of sedation:
      - i. Emergency Drugs;
      - ii. Cardiac defibrillator or automated external defibrillator;
      - iii. Positive pressure oxygen and supplemental oxygen;
      - iv. Stethoscope;
      - v. Suction equipment, including tonsillar or pharyngeal and emergency backup medical suction device;
      - vi. Pulse oximeter;
      - vii. Blood pressure monitoring device; and
      - viii. Auxiliary lighting; and
    - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents, including at least one staff member who:
      - i. Holds a current certificate in cardiopulmonary resuscitation healthcare provider level;
      - ii. Is present during the Oral Sedation procedure; and
      - iii. After the procedure, monitors the patient until discharge;
  3. Hold a valid license to practice dentistry in this state;
  4. Maintain a current permit to prescribe and administer Controlled Substances in this state issued by the United States Drug Enforcement Administration;
  5. Provide confirmation of completing coursework within the two years prior to submitting the permit application in one or more of the following:
    - a. Cardiopulmonary resuscitation healthcare provider level from the American Heart Association, American Red Cross, or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association or American Red Cross;
    - b. Pediatric advanced life support in a practice treating pediatric patients; or
    - c. A recognized continuing education course in advanced airway management.
- C.** Initial applicants shall meet one of the following by submitting to the Board verification of meeting the condition directly from the issuing institution:
1. Complete a Board-recognized post-doctoral residency program that includes documented training in Oral Sedation within the last three years before submitting the permit application; or
  2. Complete a Board recognized post-doctoral residency program that includes documented training in Oral Sedation more than three years before submitting the permit application shall provide the following documentation:
    - a. On a form provided by the Board, a written affidavit affirming that the applicant has administered Oral Sedation to a minimum of 25 patients within the

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- year or 75 patients within the last five years before submitting the permit application;
  - b. A copy of the Oral Sedation permit in effect in another state or certification of military training in Oral Sedation from the applicant's commanding officer; and
  - c. On a form provided by the Board, a written affidavit affirming the completion of 30 hours of continuing education taken within the last five years as outlined in R4-11-1306(C)(1)(a) through (f); or
- 3. Provide proof of participation in 30 clock hours of Board-recognized undergraduate, graduate, or post-graduate education in Oral Sedation within the three years before submitting the permit application that includes:
  - a. Training in basic Oral Sedation,
  - b. Pharmacology,
  - c. Physical evaluation,
  - d. Management of medical emergencies,
  - e. The importance of and techniques for maintaining proper documentation, and
  - f. Monitoring and the use of monitoring equipment.
- D. After submitting the application and written evidence of compliance with requirements in subsection (B) and, if applicable, subsection (C) to the Board, the applicant shall schedule an onsite evaluation by the Board. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue a Section 1303 Permit to the applicant.
  - 1. The onsite evaluation team shall consist of:
    - a. For initial applications, two dentists who are Board members, or Board designees.
    - b. For renewal applications, one dentist who is a Board member, or Board designee.
  - 2. The onsite team shall evaluate the following:
    - a. The availability of equipment and personnel as specified in subsection (B)(2);
    - b. Successful responses by the applicant to oral examination questions from the evaluation team about patient management, medical emergencies, and emergency medications;
    - c. Proper documentation of Controlled Substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of Controlled Substances;
    - d. Proper recordkeeping as specified in subsection (E) by reviewing the forms that document the Oral Sedation record; and
    - e. For renewal applicants, records supporting continued competency as specified in R4-11-1306.
  - 3. The evaluation team shall recommend one of the following:
    - a. Pass. Successful completion of the onsite evaluation;
    - b. Conditional Approval for failing to have appropriate equipment, proper documentation of Controlled Substance, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before permit will be issued;
    - c. Category 1 Evaluation Failure. The applicant must review the appropriate subject matter and schedule a subsequent evaluation by two Board Members or Board designees not less than 30 days from the failed evaluation. An example is failure to recognize and manage one emergency; or
    - d. Category 2 Evaluation Failure. The applicant must complete Board approved continuing education in subject matter within the scope of the onsite evaluation as identified by the evaluators and schedule a subsequent evaluation by two Board Members or Board designees not less than 60 days from the failed evaluation. An example is failure to recognize and manage more than one emergency.
  - 4. The onsite evaluation of an additional dental office or dental clinic in which Oral Sedation is administered by a Section 1303 Permit holder may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (D)(2)(a).
  - 5. A Section 1303 mobile permit may be issued if the Section 1303 Permit holder travels to dental offices or dental clinics to provide Oral Sedation. The applicant must submit a completed affidavit verifying:
    - a. That the equipment and supplies for the provision of Oral Sedation as required in R4-11-1303(B)(2)(a) either travel with the Section 1303 Permit holder or are in place and in appropriate condition at the dental office or dental clinic where Oral Sedation is provided, and
    - b. Compliance with R4-11-1303(B)(2)(b).
- E. A Section 1303 Permit holder shall keep an Oral Sedation record for each Oral Sedation procedure that:
  - 1. Includes the following entries:
    - a. Pre-operative, intra-operative, and post-operative, pulse oximeter oxygen saturation and pulse rate documentation;
    - b. Pre-operative and post-operative blood pressure;
    - c. Documented reasons for not taking vital signs if a patient's behavior or emotional state prevents monitoring personnel from taking vital signs;
    - d. List of all medications given, including dosage and time intervals;
    - e. Patient's weight;
    - f. Consent form;
    - g. Special notes, such as, nothing by mouth or last intake of food or water; and
    - h. Time of discharge and status, including name of escort; and
  - 2. May include the following entries:
    - a. Pre-operative and post-operative electrocardiograph report; and
    - b. Intra-operative blood pressures.
- F. The Section 1303 Permit holder shall utilize supplemental oxygen for patients receiving Oral Sedation for the duration of the procedure.
- G. The Section 1303 Permit holder shall ensure the continuous supervision of the patient from the administration of Oral Sedation until oxygenation, ventilation and circulation are stable and the patient is appropriately responsive for discharge from the dental office or dental clinic.
- H. A Section 1303 Permit holder may employ a health care professional to provide anesthesia services, if all of the following conditions are met:
  - 1. The physician anesthesiologist or Certified Registered Nurse Anesthetist meets the requirements as specified in R4-11-1301(I);
  - 2. The Section 1303 Permit holder has completed coursework within the two years prior to submitting the permit application in one or more of the following:

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- a. Advanced cardiac life support from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
- b. Pediatric advanced life support in a practice treating pediatric patients;
- c. A recognized continuing education course in advanced airway management;
3. The Section 1303 Permit holder ensures that:
  - a. The dental office or clinic contains the equipment and supplies listed in R4-11-1304(B)(2)(a) during the provision of anesthesia or sedation by the physician anesthesiologist or Certified Registered Nurse Anesthetist;
  - b. The anesthesia or sedation record contains all the entries listed in R4-11-1304(D);
  - c. For intravenous access, the physician anesthesiologist or Certified Registered Nurse Anesthetist uses a new infusion set, including a new infusion line and new bag of fluid for each patient; and
  - d. The patient is continuously supervised from the administration of anesthesia or sedation until the termination of the anesthesia or sedation procedure and oxygenation, ventilation and circulation are stable. The Section 1303 Permit holder shall not commence with a subsequent procedure or treatment until the patient is in monitored recovery or meets the guidelines for discharge.

**Historical Note**

New Section R4-11-1303 renumbered from R4-11-805 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Former Section R4-11-1303 renumbered to R4-11-1304; new Section R4-11-1303 made by final rulemaking at 9 A.A.R. 1054, effective May 6, 2003 (Supp. 03-1). Amended by final rulemaking at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**R4-11-1304. Permit to Employ or Work with a Physician Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA)**

- A.** This Section does not apply to a Section 1301 permit holder or a Section 1302 permit holder practicing under the provisions of R4-11-1302(I) or a Section 1303 permit holder practicing under the provisions of R4-11-1303(H). A dentist may utilize a physician anesthesiologist or certified registered nurse anesthetist (CRNA) for anesthesia or sedation services while the dentist provides treatment in the dentist's office or dental clinic after obtaining a Section 1304 permit issued by the Board.
1. The physician anesthesiologist or CRNA meets the requirements as specified in R4-11-1301(I).
  2. The dentist permit holder shall provide all dental treatment and ensure that the physician anesthesiologist or CRNA remains on the dental office or dental clinic premises until any patient receiving anesthesia or sedation services is discharged.
  3. A dentist may renew a Section 1304 permit every five years by complying with R4-11-1307.
- B.** To obtain or renew a Section 1304 permit, a dentist shall:

1. Submit a completed application on a form provided by the Board office that, in addition to the requirements of subsections (B)(2) and (3) and R4-11-1307 includes:
  - a. General information about the applicant such as:
    - i. Name;
    - ii. Home and office addresses and telephone numbers;
    - iii. Limitations of practice;
    - iv. Hospital affiliations;
    - v. Denial, curtailment, revocation, or suspension of hospital privileges;
    - vi. Denial of membership in, denial of renewal of membership in, or disciplinary action by a dental organization; and
    - vii. Denial of licensure by, denial of renewal of licensure by, or disciplinary action by a dental regulatory body; and
  - b. The dentist's dated and signed affidavit stating that the information provided is true, and that the dentist has read and complied with the Board's statutes and rules;
2. On forms provided by the Board, provide a dated and signed affidavit attesting that any dental office or dental clinic where the dentist provides treatment during administration of general anesthesia or sedation by a physician anesthesiologist or CRNA:
  - a. Contains the following properly operating equipment and supplies during the provision of general anesthesia and sedation:
    - i. Emergency drugs;
    - ii. Electrocardiograph monitor;
    - iii. Pulse oximeter;
    - iv. Cardiac defibrillator or automated external defibrillator (AED);
    - v. Positive pressure oxygen and supplemental continuous flow oxygen;
    - vi. Suction equipment, including endotracheal, tonsillar or pharyngeal and emergency backup medical suction device;
    - vii. Laryngoscope, multiple blades, backup batteries and backup bulbs;
    - viii. Endotracheal tubes and appropriate connectors;
    - ix. Magill forceps;
    - x. Oropharyngeal and nasopharyngeal airways;
    - xi. Auxiliary lighting;
    - xii. Stethoscope; and
    - xiii. Blood pressure monitoring device; and
  - b. Maintains a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. All personnel involved in administering and monitoring general anesthesia or sedation shall hold a current course completion confirmation in cardiopulmonary resuscitation (CPR) Health Care Provider level;
3. Hold a valid license to practice dentistry in this state; and
4. Provide confirmation of completing coursework within the last two years prior to submitting the permit application in one or more of the following:
  - a. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;

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- b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or
  - c. A recognized continuing education course in advanced airway management.
- C. After submitting the application and written evidence of compliance with requirements in subsection (B) to the Board, the applicant shall schedule an onsite evaluation by the Board. After the applicant completes the application requirements and successfully completes the onsite evaluation, the Board shall issue the applicant a Section 1304 permit.
  - 1. The onsite evaluation team shall consist of one dentist who is a Board member, or Board designee.
  - 2. The onsite team shall evaluate the following:
    - a. The availability of equipment and personnel as specified in subsection (B)(2);
    - b. Proper documentation of controlled substances, that includes a perpetual inventory log showing the receipt, administration, dispensing, and destruction of controlled substances; and
    - c. Proper recordkeeping as specified in subsection (E) by reviewing previous anesthesia or sedation records.
  - 3. The evaluation team shall recommend one of the following:
    - a. Pass. Successful completion of the onsite evaluation; or
    - b. Conditional approval for failing to have appropriate equipment, proper documentation of controlled substances, or proper recordkeeping. The applicant must submit proof of correcting the deficiencies before a permit is issued.
  - 4. The evaluation of an additional dental office or dental clinic in which a Section 1304 permit holder provides treatment during the administration general anesthesia or sedation by a physician anesthesiologist or CRNA may be waived by the Board staff upon receipt in the Board office of an affidavit verifying compliance with subsection (B)(2).
- D. A Section 1304 permit holder shall keep an anesthesia or sedation record for each general anesthesia and sedation procedure that includes the following entries:
  - 1. Pre-operative and post-operative electrocardiograph documentation;
  - 2. Pre-operative, intra-operative, and post-operative, pulse oximeter documentation;
  - 3. Pre-operative, intra-operative, and post-operative blood pressure and vital sign documentation; and
  - 4. A list of all medications given, with dosage and time intervals and route and site of administration;
  - 5. Type of catheter or portal with gauge;
  - 6. Indicate nothing by mouth or time of last intake of food or water;
  - 7. Consent form; and
  - 8. Time of discharge and status, including name of escort.
- E. For intravenous access, a Section 1304 permit holder shall ensure that the physician anesthesiologist or CRNA uses a new infusion set, including a new infusion line and new bag of fluid for each patient.
- F. A Section 1304 permit holder shall ensure that the physician anesthesiologist or CRNA utilizes supplemental continuous flow oxygen for patients receiving general anesthesia or sedation for the duration of the procedure.
- G. The Section 1304 permit holder shall continuously supervise the patient from the administration of anesthesia or sedation

until termination of the anesthesia or sedation procedure and oxygenation, ventilation and circulation are stable. The Section 1304 permit holder shall not commence with a subsequent procedure or treatment until the patient is in monitored recovery or meets the guidelines for discharge.

**Historical Note**

New Section R4-11-1304 renumbered from R4-11-805 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Former Section R4-11-1304 renumbered to R4-11-1305; new Section R4-11-1304 renumbered from R4-11-1303 and amended by final rulemaking at 9 A.A.R. 1054, effective May 6, 2003 (Supp. 03-1). Section repealed; new Section made by final rulemaking at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1).

**R4-11-1305. Reports of Adverse Occurrences**

If a death, or incident requiring emergency medical response, occurs in a dental office or dental clinic during the administration of or recovery from general anesthesia, deep sedation, moderate sedation, or minimal sedation, the permit holder and the treating dentist involved shall submit a complete report of the incident to the Board within 10 days after the occurrence.

**Historical Note**

New Section R4-11-1305 renumbered from R4-11-806 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Former Section R4-11-1305 renumbered to R4-11-1306; new Section R4-11-1305 renumbered from R4-11-1304 and amended by final rulemaking at 9 A.A.R. 1054, effective May 6, 2003 (Supp. 03-1). Section repealed; new Section made by final rulemaking at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1).

**R4-11-1306. Education; Continued Competency**

- A. To obtain a Section 1301, permit by satisfying the education requirement of R4-11-1301(B)(6), a dentist shall successfully complete an advanced graduate or post-graduate education program in pain control.
  - 1. The program shall include instruction in the following subject areas:
    - a. Anatomy and physiology of the human body and its response to the various pharmacologic agents used in pain control;
    - b. Physiological and psychological risks for the use of various modalities of pain control;
    - c. Psychological and physiological need for various forms of pain control and the potential response to pain control procedures;
    - d. Techniques of local anesthesia, sedation, and general anesthesia, and psychological management and behavior modification, as they relate to pain control in dentistry; and
    - e. Handling emergencies and complications related to pain control procedures, including the maintenance of respiration and circulation, immediate establishment of an airway, and cardiopulmonary resuscitation.
  - 2. The program shall consist of didactic and clinical training. The didactic component of the program shall:
    - a. Be the same for all dentists, whether general practitioners or specialists; and
    - b. Include each subject area listed in subsection (A)(1).

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3. The program shall provide at least one calendar year of training as prescribed in R4-11-1301(B)(6)(a).
- B.** To maintain a Section 1301 or 1302 permit under R4-11-1301 or R4-11-1302 a permit holder shall:
  1. Participate in 30 clock hours of continuing education every five years in one or more of the following areas:
    - a. General anesthesia,
    - b. Parenteral sedation,
    - c. Physical evaluation,
    - d. Medical emergencies,
    - e. Monitoring and use of monitoring equipment, or
    - f. Pharmacology of drugs and non-drug substances used in general anesthesia or parenteral sedation; and
  2. Provide confirmation of completing coursework within the two years prior to submitting the renewal application from one or more of the following:
    - a. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
    - b. Pediatric advanced life support (PALS) in a practice treating pediatric patients; or
    - c. A recognized continuing education course in advanced airway management;
  3. Complete at least 10 general anesthesia, deep sedation or parenteral sedation cases a calendar year; and
  4. Apply a maximum of six hours from subsection (B)(2) toward the continuing education requirements for subsection (B)(1).
- C.** To maintain a Section 1303 permit issued under R4-11-1303, a permit holder shall:
  1. Participate in 30 clock hours of continuing education every five years in one or more of the following areas:
    - a. Oral sedation,
    - b. Physical evaluation,
    - c. Medical emergencies,
    - d. Monitoring and use of monitoring equipment, or
    - e. Pharmacology of oral sedation drugs and non-drug substances; and
  2. Provide confirmation of completing coursework within the two years prior to submitting the renewal application from one or more of the following:
    - a. Cardiopulmonary resuscitation (CPR) Health Care Provider level from the American Heart Association, American Red Cross or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association or American Red Cross;
    - b. Advanced cardiac life support (ACLS) from the American Heart Association or another agency that follows the same procedures, standards, and techniques for training as the American Heart Association;
    - c. Pediatric advanced life support (PALS);
    - d. A recognized continuing education course in advanced airway management; and
  3. Complete at least 10 oral sedation cases a calendar year.

**Historical Note**

Section R4-11-1306 renumbered from R4-11-1305 and amended by final rulemaking at 9 A.A.R. 1054, effective May 6, 2003 (Supp. 03-1). Amended by final rulemaking at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1).

**R4-11-1307. Renewal of Permit**

- A.** To renew a Section 1301, 1302, or 1303 permit, the permit holder shall:
  1. Provide written documentation of compliance with the applicable continuing education requirements in R4-11-1306;
  2. Provide written documentation of compliance with the continued competency requirements in R4-11-1306;
  3. Before December 31 of the year the permit expires, submit a completed application on a form provided by the Board office as described in R4-11-1301, R4-11-1302, or R4-11-1303; and
  4. Not less than 90 days before the expiration of a permit holder's current permit, arrange for an onsite evaluation as described in R4-11-1301, R4-11-1302, or R4-11-1303.
- B.** To renew a Section 1304 permit, the permit holder shall:
  1. Before December 31 of the year the permit expires, submit a completed application on a form provided by the Board office as described in R4-11-1304; and
  2. Not less than 90 days before the expiration of a permit holder's current permit, arrange for an onsite evaluation as described in R4-11-1304.
- C.** After the permit holder successfully completes the evaluation and submits the required affidavits, the Board shall renew a Section 1301, 1302, 1303, 1304 permit, as applicable.
- D.** The Board may stagger due dates for renewal applications.

**Historical Note**

Made by final rulemaking at 19 A.A.R. 341, effective April 6, 2013 (Supp. 13-1).

**ARTICLE 14. DISPENSING DRUGS AND DEVICES****R4-11-1401. Prescribing**

- A.** In addition to the requirements of A.R.S. § 32-1298(C), a dentist shall ensure that a prescription order contains the following information:
  1. Date of issuance;
  2. Name and address of the patient to whom the prescription is issued;
  3. Name, strength, dosage form, and quantity of the drug or name and quantity of the device prescribed;
  4. Name and address of the dentist prescribing the drug; and
  5. Drug Enforcement Administration registration number of the dentist, if prescribing a controlled substance.
- B.** Before dispensing a drug or device, a dentist shall present to the patient a written prescription for the drug or device being dispensed that includes on the prescription the following statement in bold type: "This prescription may be filled by the prescribing dentist or by a pharmacy of your choice."

**Historical Note**

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1401 repealed, new Section R4-11-1401 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

**R4-11-1402. Labeling and Dispensing**

- A.** A dentist shall include the following information on the label of all drugs and devices dispensed:
  1. The dentist's name, address, and telephone number;
  2. The serial number;
  3. The date the drug or device is dispensed;
  4. The patient's name;

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5. Name, strength, and quantity of drug or name and quantity of device dispensed;
  6. The name of the drug or device manufacturer or distributor;
  7. Directions for use and cautionary statement necessary for safe and effective use of the drug or device; and
  8. If a controlled substance is prescribed, the cautionary statement "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."
- B.** Before delivery to the patient, the dentist shall prepare and package the drug or device to ensure compliance with the prescription and personally inform the patient of the name of the drug or device, directions for its use, precautions, and storage requirements.
- C.** A dentist shall purchase all dispensed drugs and devices from a manufacturer, distributor, or pharmacy that is properly licensed in this state or one of the other 49 states, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States of America.
- D.** When dispensing a prescription drug or device from a prescription order, a dentist shall perform the following professional practices:
1. Verify the legality and pharmaceutical feasibility of dispensing a drug based upon:
    - a. A patient's allergies,
    - b. Incompatibilities with a patient's currently-taken medications,
    - c. A patient's use of unusual quantities of dangerous drugs or narcotics, and
    - d. The frequency of refills;
  2. Verify that the dosage is within proper limits;
  3. Interpret the prescription order;
  4. Prepare, package, and label, or assume responsibility for preparing, packaging, and labeling, the drug or device dispensed under each prescription order;
  5. Check the label to verify that the label precisely communicates the prescriber's directions and hand-initial each label;
  6. Record, or assume responsibility for recording, the serial number and date dispensed on the front of the original prescription order; and
  7. Record on the original prescription order the name or initials of the dentist who dispensed the order.

**Historical Note**

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1402 renumbered to R4-11-1201, new Section R4-11-1402 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

**R4-11-1403. Storage and Packaging**

A dentist shall:

1. Keep all prescription-only drugs and devices in a secured area and control access to the secured area by written procedure. The dentist shall make the written procedure available to the Board or its authorized agents on demand for inspection or copying;
2. Keep all controlled substances secured in a locked cabinet or room, control access to the cabinet or room by written procedure, and maintain an ongoing inventory of the contents. The dentist shall make the written procedure

- available to the Board or its authorized agents on demand for inspection or copying;
3. Maintain drug storage areas so that the temperature in the drug storage areas does not exceed 85° F;
  4. Not dispense a drug or device that has expired or is improperly labeled;
  5. Not redispense a drug or device that has been returned;
  6. Dispense a drug or device:
    - a. In a prepackaged container or light-resistant container with a consumer safety cap, unless the patient or patient's representative requests a non-safety cap; and
    - b. With a label that is mechanically or electronically printed;
  7. Destroy an outdated, deteriorated, or defective controlled substance according to Drug Enforcement Administration regulations or by using a reverse distributor. A list of reverse distributors may be obtained from the Drug Enforcement Administration; and
  8. Destroy an outdated, deteriorated, or defective non-controlled substance drug or device by returning it to the supplier or by using a reverse distributor. A list of reverse distributors may be obtained from the Drug Enforcement Administration.

**Historical Note**

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1403 renumbered to R4-11-1202, new Section R4-11-1403 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

**R4-11-1404. Recordkeeping**

**A.** A dentist shall:

1. Chronologically date and sequentially number prescription orders in the order that the drugs or devices are originally dispensed;
2. Sequentially file orders separately from patient records, as follows:
  - a. File Schedule II drug orders separately from all other prescription orders;
  - b. File Schedule III, IV, and V drug orders separately from all other prescription orders; and
  - c. File all other prescription orders separately from orders specified in subsections (A)(2)(a) and (b);
3. Record the name of the manufacturer or distributor of the drug or device dispensed on each prescription order and label;
4. Record the name or initials of the dentist dispensing the drug or device on each prescription order and label; and
5. Record the date the drug or device is dispensed on each prescription order and label.

**B.** A dentist shall record in the patient's dental record the name, dosage form, and strength of the drug or device dispensed, the quantity or volume dispensed, the date the drug or device is dispensed, and the dental therapeutic reasons for dispensing the drug or device.

**C.** A dentist shall maintain:

1. Purchase records of all drugs and devices for three years from the date purchased; and
2. Dispensing records of all drugs and devices for three years from the date dispensed.

**D.** A dentist who dispenses controlled substances:



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1. Shall inventory Schedule II, III, IV, and V controlled substances as prescribed by A.R.S. § 36-2523;
  2. Shall perform a controlled substance inventory on March 1 annually, if directed by the Board, and at the opening or closing of a dental practice;
  3. Shall maintain the inventory for three years from the inventory date;
  4. May use one inventory book for all controlled substances;
  5. When conducting an inventory of Schedule II controlled substances, shall take an exact count;
  6. When conducting an inventory of Schedule III, IV, and V controlled substances, shall take an exact count or may take an estimated count if the stock container contains fewer than 1001 units.
- E.** A dentist shall maintain invoices for drugs and devices dispensed for three years from the date of the invoices, filed as follows:
1. File Schedule II controlled substance invoices separately from records that are not Schedule II controlled substance invoices;
  2. File Schedule III, IV, and V controlled substance invoices separately from records that are not Schedule III, IV, and V controlled substance invoices; and
  3. File all non-controlled substance invoices separately from the invoices referenced in subsections (E)(1) and (2).
- F.** A dentist shall file Drug Enforcement Administration order form (DEA Form 222) for a controlled substance sequentially and separately from every other record.

**Historical Note**

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1404 renumbered to R4-11-1203, new Section R4-11-1404 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

**R4-11-1405. Compliance**

- A.** A dentist who determines that there has been a theft or loss of Drugs or Controlled Substances from the dentist's office shall immediately notify a local law enforcement agency and the Board and provide written notice of the theft or loss in the following manner:
1. For non-Controlled Substance Drug theft or loss, provide the law enforcement agency and the Board with a written report explaining the theft or loss; or
  2. For Controlled Substance theft or loss, complete a Drug Enforcement Administration's 106 form; and
  3. Provide copies of the Drug Enforcement Administration's 106 form to the Drug Enforcement Administration and the Board within one day of the discovery.
- B.** A dentist who dispenses Drugs or devices in a manner inconsistent with this Article is subject to discipline under A.R.S. Title 32, Chapter 11, Article 3.

**Historical Note**

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1405 renumbered to R4-11-1204, new Section R4-11-1405 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 28 A.A.R. 1898 (August 5, 2022), effective September 12, 2022 (Supp. 22-3).

**R4-11-1406. Dispensing for Profit Registration and****Renewal**

- A.** A dentist who is currently licensed to practice dentistry in Arizona may dispense controlled substances, prescription-only drugs, and prescription-only devices for profit only after providing the Board the following information:
1. A completed registration form that includes the following information:
    - a. The dentist's name and dental license number;
    - b. A list of the types of drugs and devices to be dispensed for profit, including controlled substances; and
    - c. Locations where the dentist desires to dispense the drugs and devices for profit; and
  2. A copy of the dentist's current Drug Enforcement Administration Certificate of Registration for each dispensing location from which the dentist desires to dispense the drugs and devices for profit.
- B.** The Board shall issue a numbered certificate indicating the dentist is registered with the Board to dispense drugs and devices for profit.
- C.** A dentist shall renew a registration to dispense drugs and devices for profit by complying with the requirements in subsection (A) before the dentist's license renewal date. When a dentist has made timely and complete application for the renewal of a registration, the dentist may continue to dispense until the Board approves or denies the application. Failure to renew a registration shall result in immediate loss of dispensing for profit privileges.

**Historical Note**

Adopted effective July 21, 1995; inadvertently not published with Supp. 95-3 (Supp. 95-4). Former Section R4-11-1406 renumbered to R4-11-1205, new Section R4-11-1406 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

**R4-11-1407. Renumbered****Historical Note**

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1407 renumbered to R4-11-1206 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-1408. Renumbered****Historical Note**

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1408 renumbered to R4-11-1207 by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**R4-11-1409. Repealed****Historical Note**

Adopted effective July 21, 1995 (Supp. 95-3). Former Section R4-11-1409 repealed by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1).

**ARTICLE 15. COMPLAINTS, INVESTIGATIONS, DISCIPLINARY ACTION****R4-11-1501. Ex-parte Communication**

A complainant, licensee, certificate holder, business entity or mobile dental permit holder against whom a complaint is filed, shall not engage in ex-parte communication by means of a written

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or oral communication between a decision maker, fact finder, or Board member and only one party to the proceeding.

**Historical Note**

New Section R4-11-1501 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 334, effective April 6, 2013 (Supp. 13-1).

**R4-11-1502. Dental Consultant Qualifications**

A dentist, dental therapist, dental hygienist, or denturist approved as a Board dental consultant shall:

1. Possess a valid license or certificate to practice in Arizona;
2. Have practiced at least five years in Arizona; and
3. Not have been disciplined by the Board within the past five years.

**Historical Note**

New Section R4-11-1502 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 19 A.A.R. 334, effective April 6, 2013 (Supp. 13-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**R4-11-1503. Initial Complaint Review**

A. The Board's procedures for complaint notification are:

1. The Board shall notify the Licensee, denturist, Business Entity or Mobile Dental Permit Holder by certified U.S. Mail when the following occurs:
  - a. A formal interview is scheduled, and
  - b. A subpoena, notice, or order is issued.
2. The Board shall notify the Licensee, denturist, Business Entity, or Mobile Dental Permit Holder by U.S. mail or email when the following occurs:
  - a. The complaint is tabled, and
  - b. The Board grants a postponement or continuance.
3. Board shall provide the Licensee, denturist, Business Entity, or Mobile Dental Permit Holder with a copy of the complaint.
4. If a complaint alleges a violation of the state or federal criminal code, the Board shall refer the complaint to the proper law enforcement agency.

B. The Board's procedures for complaints referred to Clinical Evaluation are:

1. Except as provided in subsection (B)(1)(a), the President's Designee shall appoint one or more dental consultants to perform a Clinical Evaluation. If there is more than one dental consultant, the dental consultants do not need to be present at the same time.
  - a. If the complaint involves a dental hygienist, denturist, dental therapist, or dentist who is a recognized specialist in one of the areas listed in R4-11-1102(B), the President's Designee shall appoint a dental consultant from that area of practice or specialty.
  - b. The Board shall disclose the identity of the Licensee, denturist, Business Entity, or Mobile Dental Permit Holder to a dental consultant performing a Clinical Evaluation before the Board receives the dental consultant's report.
2. The dental consultant shall prepare and submit a Clinical Evaluation report. The President's Designee shall provide a copy of the Clinical Evaluation report to the Licensee or

denturist. The Licensee or denturist may submit a written response to the Clinical Evaluation report.

C. Notwithstanding any other provision, the Board may take immediate action consistent with A.R.S. §§ 32-1201.01 or 32-1263 in order to protect public health and safety.

**Historical Note**

New Section R4-11-1503 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 334, effective April 6, 2013 (Supp. 13-1). Amended by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2). Amended by final rulemaking at 29 A.A.R. 3793 (December 15, 2023), effective January 29, 2024 (Supp. 23-4).

**R4-11-1504. Postponement of Interview**

A. The licensee, certificate holder, business entity, or mobile dental permit holder may request a postponement of a formal interview. The Board or its designee shall grant a postponement until the next regularly scheduled Board meeting if the licensee, certificate holder, business entity, or mobile dental permit holder makes a postponement request and the request:

1. Is made in writing,
2. States the reason for the postponement, and
3. Is received by the Board within 15 calendar days after the date the respondent received the formal interview request.

B. Within 48 hours of receipt of a request for postponement of a formal interview, the Board or its designee shall:

1. Review and either deny or approve the request for postponement; and
2. Notify in writing the complainant and licensee, certificate holder, business entity, or mobile dental permit holder of the decision to either deny or approve the request for postponement.

**Historical Note**

New Section R4-11-1504 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 3669, effective April 30, 2003 (Supp. 03-3). New Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 334, effective April 6, 2013 (Supp. 13-1).

**ARTICLE 16. DENTAL THERAPISTS****R4-11-1601. Duties and Qualifications**

A. A dental therapist may perform a procedure not specifically authorized by A.R.S. § 32-1276.03 when all of the following conditions are satisfied:

1. The procedure is recommended or prescribed by the supervising dentist;
2. The dental therapist has received training by a recognized dental school, recognized dental therapy school, recognized dental hygiene school, or recognized denturist school, as defined under A.R.S. § 32-1201, to perform the procedure in a safe manner; and
3. The procedure is performed under the Direct Supervision of, or according to, a written collaborative practice agreement with a licensed dentist.

B. A dental therapist may administer Nitrous Oxide Analgesia as authorized by A.R.S. § 32-1276.03(B)(12) if the dental therapist submits proof directly from an issuing institution of completing courses in the administration of Nitrous Oxide

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Analgesia offered by a recognized dental school, recognized dental therapy school, or recognized dental hygiene school, as defined under A.R.S. § 32-1201, that include both theory and supervised clinical practice in the procedures.

- C. A dental therapist may perform suturing and suture removal as authorized by A.R.S. § 32-1276.03(B)(21) if the dental therapist submits proof directly from an issuing institution of completing courses in suturing and suture removal offered by a recognized dental school, recognized dental therapy school, or recognized dental hygiene school, as defined under A.R.S. § 32-1201, that include both theory and supervised clinical practice in the procedures.
- D. A dental therapist may perform an Irreversible Procedure only if it is specifically authorized by A.R.S. § 32-1276.03 or meets the conditions of R4-11-1601(A).

**Historical Note**

New Section R4-11-1601 adopted by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Section expired under A.R.S. § 41-1056(E) at 14 A.A.R. 3183, effective April 30, 2008. New Section made by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**R4-11-1602. Limitation on Number Supervised**

A dentist shall not provide direct supervision for more than three dental therapists while the dental therapists are providing services or performing procedures under A.R.S. § 32-1276.03 or R4-11-1601.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**R4-11-1603. Dental Therapy Consultants**

After submission of a current curriculum vitae or resume and approval by the Board, dental therapy consultants may:

1. Participate in Board-related procedures, including a Clinical Evaluation, investigation of complaints concerning infection control, insurance fraud, or the practice of supervised personnel, and any other procedures not directly related to evaluating a dentist's or denturist's quality of care; and
2. Participate in onsite office evaluations for infection control, as part of a team.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**R4-11-1604. Written Collaborative Practice Agreements; Collaborative Practice Relationships**

- A. A dental therapist shall submit a signed affidavit to the Board affirming that:
  1. The Collaborative Practice Agreement complies with all the requirements listed in A.R.S. § 32-1276.04.
  2. The dental therapist is and will be continuously certified in basic life support, including healthcare provider level cardiopulmonary resuscitation and training in automated external defibrillator.
  3. The dental therapist is in compliance with the continuing dental education requirements of this state.
- B. Each dentist who enters into a Collaborative Practice Agreement shall be available telephonically or electronically during the business hours of the dental therapist to provide an appropriate level of contact, communication, and consultation.

- C. A Collaborative Practice Agreement shall include a provision for a substitute dentist, to cover an extenuating circumstance that renders the affiliated practice dentist unavailable for contact, communication, and consultation with the dental therapist.
- D. A Collaborative Practice Agreement shall include a signed and dated statement from the dentist providing Direct Supervision, verifying the dental therapist's completion of 1000 hours of dental therapy clinical practice according to A.R.S. § 32-1276.04(B).
- E. A Collaborative Practice Agreement shall be between one dentist and one dental therapist.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 1330 (June 9, 2023), effective July 10, 2023 (Supp. 23-2).

**ARTICLE 17. REHEARING OR REVIEW****R4-11-1701. Procedure**

- A. Except as provided in subsection (F), a licensee, certificate holder, or business entity who is aggrieved by an order issued by the Board may file a written motion for rehearing or review with the Board, pursuant to A.R.S. Title 41, Chapter 6, Article 10, specifying the grounds for rehearing or review.
- B. A licensee, certificate holder, or business entity filing a motion for rehearing or review under this rule may amend the motion at any time before it is ruled upon by the Board. The opposing party may file a response within 15 days after the date the motion for rehearing or review is filed. The Board may require that the parties file supplemental memoranda explaining the issues raised in the motion, and may permit oral argument.
- C. The Board may grant a rehearing or review of the order for any of the following causes materially affecting a licensee, certificate holder, or business entity's rights:
  1. Irregularity in the proceedings of the Board or any order or abuse of discretion, which deprived a licensee, certificate holder, or business entity of a fair hearing;
  2. Misconduct of the Board, its personnel, the administrative law judge, or the prevailing party;
  3. Accident or surprise which could not have been prevented by ordinary prudence;
  4. Excessive or insufficient penalties;
  5. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceeding;
  6. That the findings of fact or decision is arbitrary, capricious, or an abuse of discretion;
  7. That the findings of fact or decision is not justified by the evidence or is contrary to law; or
  8. Newly discovered, material evidence which could not, with reasonable diligence, have been discovered and produced at the original hearing.
- D. The Board may affirm or modify the order or grant a rehearing or review to all or part of the issues for any of the reasons in subsection (C). The Board, within the time for filing a motion for rehearing or review, may grant a rehearing or review on its own initiative for any reason for which it might have granted relief on motion of a party. An order granting a rehearing or review shall specify the grounds on which rehearing or review is granted, and any rehearing or review shall cover only those matters specified.
- E. When a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days after such service, serve opposing affidavits.

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- F. If the Board makes specific findings that the immediate effectiveness of the order is necessary for the preservation of public health and safety and that a rehearing or review is impracticable, unnecessary, or contrary to the public interest, the order may be issued as a final order without an opportunity for a rehearing or review. If an order is issued as a final order without an opportunity or rehearing or review, the aggrieved party shall make an application for judicial review of the order within the time limits permitted for application for judicial review of the Board's final order.
- G. The Board shall rule on the motion for rehearing or review within 15 days after the response has been filed, or at the Board's next meeting after the motion is received, whichever is later.

**Historical Note**

New Section R4-11-1701 renumbered from R4-11-701 and amended by final rulemaking at 5 A.A.R. 580, effective February 4, 1999 (Supp. 99-1). Amended by final rulemaking at 21 A.A.R. 2971, effective January 2, 2016 (Supp. 15-4).

**ARTICLE 18. BUSINESS ENTITIES****R4-11-1801. Application**

Before offering dental services, a business entity required to be registered under A.R.S. § 32-1213 shall apply for registration on an

application form supplied by the Board. In addition to the requirements of A.R.S. § 32-1213(B) and the fee under R4-11-402, the registration application shall include a sworn statement from the applicant that:

1. The information provided by the business entity is true and correct, and
2. No information is omitted from the application.

**Historical Note**

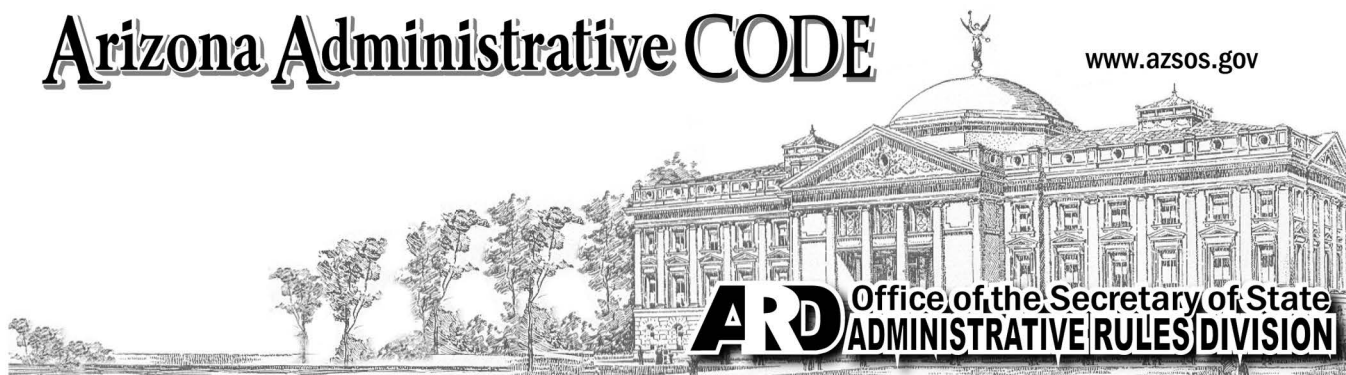
New Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).

**R4-11-1802. Display of Registration**

- A. A business entity shall ensure that the receipt for the current registration period is:
1. Conspicuously displayed in the dental practice in a manner that is always readily observable by patients and visitors, and
  2. Exhibited to members of the Board or to duly authorized agents of the Board on request.
- B. A business entity's receipt for the licensure period immediately preceding shall be kept on display until replaced by the receipt for the current period.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 793, effective April 2, 2005 (Supp. 05-1).



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**Supplement Information**  
**Supp. 25-2**

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

**For questions, contact:**

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**The release of this Chapter in Supp. 25-2 replaces Supp. 22-4, 1-29 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

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

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## Arizona Administrative Code

### Administrative Rules Division

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

### CHAPTER 26. BOARD OF PSYCHOLOGIST EXAMINERS

Authority: A.R.S. § 32-2063(A)(9) and (12)

#### Supp. 25-2

*Editor's Note: This Chapter contains amendments that were filed with the Secretary of State on March 3, 1995. At the time of filing, the original copy of the rulemaking package differed from the copy of the package filed at the same time. The Secretary of State uses the copy to prepare the Code supplement. The agency notified the Secretary of State that the wrong version was used. That led to the Secretary of State's discovery of the two versions filed in March 1995. The Secretary of State then used the original package to publish a corrected edition with Supp. 95-2. The Secretary of State has since been advised by the Attorney General that the original version as published with Supp. 95-1 was correct with the exception of one phrase in R4-26-207 that was inadvertently omitted. With this publication, this Chapter reflects the correct amendments, and the omitted phrase in R4-26-207 has now been added.*

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**CHAPTER 26. BOARD OF PSYCHOLOGIST EXAMINERS**

**ARTICLE 1. GENERAL PROVISIONS**

**R4-26-101. Definitions**

**A.** The definitions in A.R.S. § 32-2061 apply to this Chapter.

**B.** Additionally, in this Chapter:

1. "Additional examination" means an examination administered by the Board to determine the competency of an applicant and may include questions about the applicant's knowledge and application of Arizona law, the practice of psychology, ethical conduct, and psychological assessment and treatment practices.
2. "Administrative completeness review" means the Board's process for determining that an applicant has provided all of the information and documents required by the Board to determine whether to grant a license to the applicant.
3. "Advertising" means any media used to disseminate information regarding the qualifications of a psychologist or to solicit clients or patients for psychological services, regardless of whether the psychologist pays for the advertising. Methods of advertising include a published statement or announcement, directory listing, business card, personal resume, brochure, or any electronic communication conveying the psychologist's professional qualifications or promoting use of the psychologist's professional services.
4. "Applicant" means an individual requesting licensure, renewal, or approval from the Board.
5. "Application packet" means the forms and documents the Board requires an applicant to submit to the Board.
6. "Applied psychology," as used in A.R.S. § 32-2071(A), means the practice of psychology in the area of health service delivery. The Board shall consider education and training in applied psychology as qualification for licensure only if the education and training meet the standards specified in A.R.S. § 32-2071.
7. "Case," in the context of R4-26-106(G), means a legal cause of action instituted before an administrative tribunal or in a judicial forum that relates to a psychologist's practice of psychology.
8. "Case conference" means a meeting that includes the discussion of a particular client or patient or case that is related to the practice of psychology.
9. "Client or patient record" means "adequate records" as defined in A.R.S. § 32-2061(2), "medical records" as defined in A.R.S. § 12-2291(6), and all records pertaining to assessment, evaluation, consultation, intervention, treatment, or the provision of psychological services in any form or by any medium.
10. "Complaint Screening Committee" means the committee of the Board established under A.R.S. § 32-2081(H) to conduct an initial review of complaints.
11. "Confidential record" means:
  - a. Minutes of an executive session of the Board;
  - b. A record that is classified as confidential by a statute or rule applicable to the Board;
  - c. All materials relating to an investigation by the Board, including a complaint, response, client or patient record, witness statement, investigative report, and any other information relating to a client's or patient's diagnosis, treatment, or personal or family life; and
  - d. The following regarding an applicant or licensee:
    - i. College or university transcripts;
    - ii. Home address, home telephone number, and e-mail address;
    - iii. Examination scores;
    - iv. Date of birth v. Place of birth;
    - v. Social Security number; and
    - vi. Candidate identification number for the national examination required under A.R.S. § 32-2072(A).
12. "Credentialing agency" means the Association of State and Provincial Psychology Boards, the National Register of Health Service Providers in Psychology, or the American Board of Professional Psychology.
13. "Day" means a calendar day except in A.R.S. § 32-2075(A)(4), "day" means a total of eight hours in providing psychological services regardless of the number of calendar days over which the hours are accumulated.
14. "Diplomate or specialist" means a status bestowed on a person by the American Board of Professional Psychology after successful completion of the work and examinations required.
15. "Directly available," as used in A.R.S. § 32-2071(F)(2), means immediately available in person or by telephone or electronic transmission.
16. "Disaster," as used in A.R.S. § 32-2075(A)(4), means a contingency or situation for which the governor declares a state of emergency under the authority provided at A.R.S. § 35-192. The Board acknowledges any state of emergency declared by the governor or determined by the Board.
17. "Dissertation" means a document prepared as part of a graduate doctoral program that includes, at a minimum, separate sections that:
  - a. Review the literature on the psychology topic being investigated and state each research question and hypothesis under investigation;
  - b. Describe the method or procedure used to investigate each research question or hypothesis;
  - c. Describe and summarize the findings and results of the investigation;
  - d. Discuss the findings and compare them to the relevant literature presented in the literature review section; and
  - e. List the references used in the various sections of the dissertation, a majority of which are either journals of the American Psychological Association, Psychological Abstracts, or classified as a psychology subject by the Library of Congress.
18. "Fellow" means a status bestowed on a person by a psychology association or society.
19. "Gross negligence" means an extreme departure from the ordinary standard of care.
20. "Internship training program" means the supervised professional experience required in A.R.S. § 32-2071(F).
21. "Last client or patient activity," as used in R4-26-106, means the last date a particular client or patient received direct clinical contact from the psychologist retaining the client's or patient's record.
22. "License period" means:
  - a. For a licensee who holds an odd-numbered license, the two years between the first day of the month after the licensee's birth month of one odd-numbered year and the last day of the licensee's birth month of the next odd-numbered year; and
  - b. For a licensee who holds an even-numbered license, the two years between the first day of the month after the licensee's birth month of one even-numbered year and the last day of the licensee's birth month of the next even-numbered year.

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- bered year and the last day of the licensee's birth month of the next even-numbered year.
23. "National examination" means Parts 1 and 2 of the Examination for Professional Practice in Psychology provided by the Association of State and Provincial Psychology Boards.
  24. "Party" means the Board, an applicant, a licensee, or the state.
  25. "Practice monitor," as used in R4-26-310, means a Board-approved licensed psychologist who monitors or oversees the remediation of the practice of another psychologist as part of a disciplinary process.
  26. "Primarily psychological," in the context of A.R.S. § 32-2071(A)(6), means subject matter that covers the practice of psychology as defined in A.R.S. § 32-2061.
  27. "Psychologist on staff," as used in A.R.S. § 32-2071(F)(2), means a psychologist who is designated by the staff psychologist specified in A.R.S. § 32-2071(F)(1) to fulfill the responsibilities of a supervising psychologist in the training program.
  28. "Psychometric testing" means measuring cognitive and emotional processes and learning through the administration of psychological tests.
  29. "Raw test data" means test scores, client or patient responses to test questions or stimuli, and notes and recordings concerning client or patient statements and behavior during a psychologist's assessment and evaluation.
  30. "Regulatory jurisdiction" means a state or territory of the U.S., the District of Columbia, or a foreign country with authority to grant or deny entry into a profession or occupation.
  31. "Renewal year" means:
    - a. Each odd-numbered year for a licensee who holds an odd-numbered license, and
    - b. Each even-numbered year for a licensee who holds an even-numbered license.
  32. "Retired," as used in A.R.S. § 32-2073(G), means a psychologist has stopped practicing psychology, as defined in A.R.S. § 32-2061.
  33. "Stipend" means a fee paid to a supervisee that is not based on productivity or revenue generated.
  34. "Substantive review" means the Board's process for determining whether an applicant meets the requirements of A.R.S. § 32-2071 through § 32-2076 and this Chapter.
  35. "Successfully completing," as used in A.R.S. § 32-2071(A)(4), means receiving a passing grade in a course from an institution of higher education.
  36. "Supervision," as used in R4-26-310, means review and oversight of the professional work of a psychologist by a Board-approved licensed psychologist as part of a disciplinary process.
  37. "Supervise" means to control, oversee, and review the activities of an employee, intern, trainee, or resident who provides psychological services.
  38. "Supervisor," as referenced in A.R.S. § 32-2071(F)(2), means an individual who is:
    - a. Licensed or registered as a psychologist at the independent level in the regulatory jurisdiction in which the supervision occurs,
    - b. On staff as a supervisor with the training program for which supervision is provided, and

- c. Directly available to the supervisee in case of an emergency or ensures another supervisor is directly available to the supervisee.
39. "Year," as used in A.R.S. § 32-2075(A)(4) means a calendar year.

**Historical Note**

Former Rule 1; Former Section R4-26-01 repealed, new Section R4-26-01 adopted effective July 27, 1979 (Supp. 79-4). Amended effective June 17, 1981 (Supp. 81-3).

Former Section R4-26-101 renumbered to R4-26-102; new Section R4-26-101 adopted effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 737, effective

February 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2).

Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-102. Board Officers**

- A. Under A.R.S. § 32-2063(A)(8), the Board shall annually elect a chairperson, vice chairperson, and secretary.
- B. Officers elected under subsection (A) shall take office on January 1 following election and serve until December 31.
- C. If a vacancy occurs in the office of chairperson, vice chairperson, or secretary, the Board shall elect a replacement officer at the next scheduled Board meeting.

**Historical Note**

Former Rule 2; Amended effective November 22, 1977 (Supp. 77-6). Repealed effective September 15, 1978 (Supp. 78-5). New Section R4-26-02 adopted effective July 27, 1979 (Supp. 79-4). Amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-102 renumbered to R4-26-103; new Section R4-26-102 renumbered from R4-26-101 and amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-103. Repealed**

**Historical Note**

Former Rule 3; Amended effective November 22, 1977 (Supp. 77-6). Repealed effective September 15, 1978 (Supp. 78-5). New Section R4-26-03 adopted effective July 27, 1979 (Supp. 79-4). Former Section R4-26-103 renumbered to R4-26-104; new Section R4-26-103 renumbered from R4-26-102 and amended effective

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March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Repealed by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-104. Repealed**

**Historical Note**

Former Rule 4; Former Section R4-26-04 repealed effective November 22, 1977 (Supp. 77-6). New Section R4-26-04 adopted effective September 15, 1978 (Supp. 78-5). Former Section R4-26-04 repealed, new Section R4-26-04 adopted effective July 27, 1979 (Supp. 79-4). Amended effective June 17, 1981 (Supp. 81-3). Correction, paragraph (2), subparagraph (f) as amended effective June 17, 1981 (Supp. 84-1). Amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-104 renumbered to R4-26-105; new Section R4-26-104 renumbered from R4-26-103 and amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Repealed by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-105. Repealed**

- A. A person may view public records in the Board office only during business hours, which are Monday through Friday from 8:00 a.m. to 5:00 p.m., excluding holidays.
- B. All Board records are open to public inspection and copying except confidential records as defined in R4-26-101 or as otherwise provided by law.

**Historical Note**

Former Rule 5; Former Section R4-26-05 repealed effective November 22, 1977 (Supp. 77-6). New Section R4-26-05 adopted effective September 15, 1978 (Supp. 78-5). Former Section R4-26-05 repealed effective September 15, 1978 (Supp. 78-5). Former Section R4-26-05 repealed, new Section R4-26-05 adopted effective July 27, 1979 (Supp. 79-4). Former Section R4-26-105 renumbered to R4-26-107; new Section R4-26-105 renumbered from R4-26-104 and amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Repealed by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-106. Client or Patient Records**

- A. A psychologist shall not condition release of a client or patient record on payment for services by the client, patient, or a third party.
- B. Except as provided in subsection (C), a psychologist shall, with a client's or patient's written consent, provide access to or a copy of the client's or patient's record, including raw test data and other information as provided by law to the client or

patient or the client's or patient's health care decision maker unless the release violates copyright or other laws or violates one of the standards incorporated by reference at R4-26-301.

- C. A psychologist may deny a request to provide access to or a copy of a client's or patient's record if the psychologist determines:
  - 1. Access by the client or patient is reasonably likely to endanger the life or physical safety of the client or patient or another person;
  - 2. The record makes reference to a person other than a health professional and access by the client or patient or the client's or patient's health care decision maker is reasonably likely to cause substantial harm to that other person;
  - 3. Access by the client's or patient's health care decision maker is reasonably likely to cause substantial harm to the client or patient or another person;
  - 4. Access by the client or patient or the client's or patient's health care decision maker will reveal information obtained under a promise of confidentiality with someone other than a health professional and access is reasonably likely to reveal the source of the information; or
  - 5. Access by the client or patient or the client's or patient's health care decision maker may result in misuse or misrepresentation of the information and potentially harm the client or patient.
- D. Without a client's or patient's consent, a psychologist shall release the client's or patient's raw test data only to the extent required by law or under court order compelling production.
- E. A psychologist shall retain all client or patient records under the psychologist's control, including records of a client or patient who died, for at least six years from the date of the last client or patient activity. If a client or patient is a minor, the psychologist shall retain all client or patient records for at least three years past the client's or patient's 18th birthday or six years from the date of the last client or patient activity, whichever is longer.
- F. Audio or video recordings created primarily for training or supervisory purposes are exempt from the requirement of subsection (E).
- G. A psychologist who is notified by the Board or municipal, state, or federal officials of an investigation or pending case shall retain all records relating to that investigation or case until the psychologist receives written notice that the investigation is completed, the case is closed, or the matter has been fully adjudicated.
- H. The provisions of this Section apply to all psychologists including a psychologist who is on inactive status under A.R.S. § 32-2073 (G).
- I. A psychologist may retain client or patient records in electronic form. The psychologist shall ensure that client or patient records in electronic form are legible, stored securely, and an electronic backup copy is maintained.

**Historical Note**

Former Rule 6; Repealed effective November 22, 1977 (Supp. 77-6). New Section adopted effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final

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rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-107. Change of Name, Mailing, Residential, or E-mail Address, or Telephone Number**

- A.** The Board shall communicate with a psychologist using the contact information provided to the Board. To ensure timely communication from the Board, a psychologist shall notify the Board, in writing, within 30 days of any change of name, mailing, residential, or e-mail address (giving both the old and new addresses), or residential, business, or mobile telephone number.
- B.** A psychologist who reports a name change shall submit to the Board legal documentation that substantiates the name change.
- C.** A psychologist's failure to receive a renewal notice or other mail that the Board sends to the most recent address on file with the Board office does not excuse an untimely license renewal or the omission of any other action required by the psychologist.

**Historical Note**

Former Rule 7; Repealed effective September 15, 1978 (Supp. 78-5). New Section R4-26-107 renumbered from R4-26-105 and amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-108. Fees and Charges**

- A.** As specifically authorized by A.R.S. § 32-2067(A), the Board establishes and shall collect the following fees:
  - 1. Application for an active license to practice psychology: \$350. If the applicant applies through the Psychology Licensure Universal System of the Association of State and Provincial Psychology Boards, the Board shall ensure the ASPPB receives the applicable portion of the fee;
  - 2. Application for a temporary license under A.R.S. § 32-2073(B): \$200
  - 3. Reapplication for an active license: \$200;
  - 4. Biennial renewal of an active license: \$500;
  - 5. Biennial renewal of an inactive license: \$85;
  - 6. Reinstatement of an active or inactive license: \$200; and
  - 7. Delinquent compliance with continuing education requirements: \$200.
- B.** Under the specific authority provided by A.R.S. § 36-3606(A)(3), the Board establishes and shall collect the following fee to register as an out-of-state health care provider of telehealth services: \$600.
- C.** As specifically authorized by A.R.S. § 32-2067(A), the Board establishes the following charges for the services provided. The specified charge is not applicable if the Board's executive director determines the requestor demonstrates the data will be used for a non-commercial purpose or the data are obtained from the Board's online directory:
  - 1. Electronic medium containing the name and address of each licensee: \$.05 per name;
  - 2. Customized electronic medium containing the name and address of each current licensee: \$.25 per name;

- 3. Customized electronic medium containing additional, non-confidential, licensee information: \$.35 per name; and
  - 4. Copies of Board records, documents, letters, minutes, applications, files, and policy statements: \$.25 per page.
- D.** Except as provided by law, including A.R.S. § 41-1077, the fees listed in subsections (A) and (B) are not refundable.

**Historical Note**

Former Rule 8; Amended as an emergency effective June 15, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-3). Amended effective September 15, 1978 (Supp. 78-5). Repealed effective July 27, 1979 (Supp. 79-4). New Section R4-26-108 adopted effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Former Section R4-26-108 renumbered to R4-26-201 by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). New Section adopted by final rulemaking at 7 A.A.R. 1258, effective February 20, 2001 (Supp. 01-1). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 27 A.A.R. 1272, effective September 1, 2021 (Supp. 21-3). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-109. General Provisions Regarding Telepractice**

- A.** Except as otherwise provided by law, a licensee who provides psychological service or supervision by telepractice to a client or patient or supervisee located outside Arizona shall comply with not only A.R.S. § 36-3602 and this Chapter but also the laws and rules of the jurisdiction in which the client or patient or supervisee is located.
- B.** Before providing psychological service or supervision by telepractice, a licensee shall establish competence in use of telepractice that conforms to prevailing standards of scientific and professional knowledge.
- C.** A licensee who provides psychological service or supervision by telepractice shall maintain competence in use of telepractice through continuing education, consultation, or other procedures designed to address changing technology used in telepractice.
- D.** A licensee who provides psychological service or supervision by telepractice shall take all reasonable steps to ensure confidential communications stored electronically cannot be recovered or accessed by an unauthorized person when the licensee disposes of electronic equipment or data.

**Historical Note**

Former Rule 9; Repealed effective July 27, 1979 (Supp. 79-4). New Section made by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-110. Providing Psychological Service by Telepractice**

- A.** Before providing psychological service by telepractice, a licensee who is in compliance with A.R.S. § 36-3602 and R4-26-109 shall conduct a risk analysis as clinically indicated and

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document in the client or patient's record required under R4-26-106 whether use of telepractice:

1. Is consistent with the client or patient's knowledge and skill regarding use of the technology involved in providing psychological service by telepractice or with ready access to assistance with use of the technology, and
  2. Is in the best interest of the client or patient.
- B.** A licensee shall not provide psychological service by telepractice unless both conditions of the risk analysis conducted under subsection (A) are met.
- C.** Before providing psychological service by telepractice, a licensee shall:
1. Obtain the written informed consent of the client or patient, using language that is clear and understandable and consistent with accepted professional and legal requirements. The licensee shall ensure the written informed consent addresses the following and a copy is placed in the client or patient's record required under R4-26-106:
    - a. The manner in which the licensee will verify the identity of the client or patient before each psychological service if the telepractice does not involve video;
    - b. The manner in which the licensee will ensure the client or patient's electronic communications are received only by the licensee or supervisee;
    - c. Limitations and innovative nature of using technology to provide psychological service;
    - d. Inherent confidentiality risk resulting from use of technology;
    - e. Potential risk of technology failure that disrupts provision of psychological service and how to re-establish communication if disruption occurs;
    - f. When and how the licensee will respond to routine electronic communications;
    - g. The circumstances under which the licensee and client or patient will use an alternative means of communication;
    - h. Who is authorized to access the electronic communication between the licensee and client or patient;
    - i. The manner in which the licensee stores the electronic communication between the licensee and the client or patient; and
    - j. The type of secure electronic technology the licensee will use to communicate with the client or patient;
  2. Establish a written agreement with the client or patient that specifies contact information for sources of face-to-face emergency services in the client or patient's geographical area and requires the client or patient to contact a source of face-to-face emergency services when the client or patient experiences a suicidal or homicidal crisis or other emergency. If the licensee has knowledge the client or patient is experiencing a suicidal or homicidal crisis or other emergency, the licensee shall assist the client or patient to contact a source of face-to-face emergency services. The licensee shall place a copy of the written agreement required under this subsection in the client or patient's record required under R4-26-106.
  3. Obtain the name and contact information for an emergency contact;
  4. Obtain information about an alternative means of contacting the client or patient; and

5. Provide the client or patient with information about an alternative means of contacting the licensee.

- D.** A licensee who provides psychological service by telepractice shall repeat the risk analysis required under subsection (A) as clinically indicated.
- E.** If a licensee does not provide psychological service by telepractice to a client or patient, the provisions of this Section do not apply to electronic communications with the client or patient regarding:
1. Scheduling an appointment, billing, establishing benefits, or determining eligibility for services; and
  2. Checking the welfare of the client or patient in accord with reasonable professional judgment.

**Historical Note**

Adopted effective November 22, 1977 (Supp. 77-6).  
 Repealed and readopted as Section R4-26-57 effective July 27, 1979 (Supp. 79-4). New Section made by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-111. Providing Supervision through Telepractice**

- A.** As specified under A.R.S. § 32-2071(F) and (G), a licensee who provides individual supervision shall ensure that supervision provided through telepractice is conducted using secure, confidential, real-time telecommunication technology. The licensee shall ensure at least 50 percent of individual supervision is either in person or using visual technology.
- B.** Before providing supervision by telepractice, a licensee who is in compliance with R4-26-109 shall conduct a risk analysis as clinically indicated and document whether providing supervision by telepractice:
1. Is appropriate for the issue presented by the supervisee's client or patient involved in the supervisory process,
  2. Is consistent with the supervisee's knowledge and skill regarding use of the technology involved in providing supervision by telepractice, and
  3. Is in the best interest of both the supervisee and the supervisee's client or patient involved in the supervisory process.
- C.** A licensee shall not provide supervision by telepractice unless all conditions of the risk analysis conducted under subsection (B) are met.
- D.** Before providing supervision by telepractice, a licensee shall:
1. Enter a written agreement with the supervisee, using language that is clear and understandable and consistent with accepted professional and legal requirements. The licensee shall ensure the written agreement addresses the following and a copy is provided to the supervisee:
    - a. The manner in which the licensee will identify the supervisee before each supervisory session that does not involve video;
    - b. Limitations and innovative nature of using technology to provide supervision;
    - c. Potential risk of technology failure that disrupts provision of supervision and how to re-establish communication if disruption occurs;
    - d. When and how the licensee will respond to routine electronic communications from the supervisee;
    - e. The circumstances under which the licensee and supervisee will use an alternative means of communication; and

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- f. The type of secure electronic technology the licensee will use to communicate with the supervisee;
2. Obtain information about an alternative means of contacting the supervisee; and
3. Provide the supervisee with information about an alternative means of contacting the licensee.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-112. Reserved**

**R4-26-113. Reserved**

**R4-26-114. Reserved**

**R4-26-115. Reserved**

**R4-26-116. Reserved**

**R4-26-117. Reserved**

**R4-26-118. Reserved**

**R4-26-119. Reserved**

**R4-26-120. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-201 effective July 27, 1979 (Supp. 79-4).

**R4-26-121. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-202 effective July 27, 1979 (Supp. 79-4).

**R4-26-122. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-203 effective July 27, 1979 (Supp. 79-4).

**R4-26-123. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-204 effective July 27, 1979 (Supp. 79-4).

**R4-26-124. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-205 effective July 27, 1979 (Supp. 79-4).

**R4-26-125. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-206 effective July 27, 1979 (Supp. 79-4).

**R4-26-126. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-207 effective July 27, 1979 (Supp. 79-4).

**R4-26-127. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-208

effective July 27, 1979 (Supp. 79-4).

**R4-26-128. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-209 effective July 27, 1979 (Supp. 79-4).

**R4-26-129. Reserved**

**R4-26-130. Reserved**

**R4-26-131. Reserved**

**R4-26-132. Reserved**

**R4-26-133. Reserved**

**R4-26-134. Reserved**

**R4-26-135. Reserved**

**R4-26-136. Reserved**

**R4-26-137. Reserved**

**R4-26-138. Reserved**

**R4-26-139. Reserved**

**R4-26-140. Reserved**

**R4-26-141. Reserved**

**R4-26-142. Reserved**

**R4-26-143. Reserved**

**R4-26-144. Reserved**

**R4-26-145. Reserved**

**R4-26-146. Reserved**

**R4-26-147. Reserved**

**R4-26-148. Reserved**

**R4-26-149. Reserved**

**R4-26-150. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-301 effective July 27, 1979 (Supp. 79-4).

**R4-26-151. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-302 effective July 27, 1979 (Supp. 79-4).

**R4-26-152. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-303 effective July 27, 1979 (Supp. 79-4).

**R4-26-153. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-304 effective July 27, 1979 (Supp. 79-4).

**R4-26-154. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-305

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effective July 27, 1979 (Supp. 79-4).

**R4-26-155. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-306 effective July 27, 1979 (Supp. 79-4).

**R4-26-156. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-307 effective July 27, 1979 (Supp. 79-4).

**R4-26-157. Renumbered**

**Historical Note**

Former Section R4-26-120 renumbered to R4-26-201 effective July 27, 1979 (Supp. 79-4).

**ARTICLE 2. LICENSURE**

**R4-26-201. Application Deadline**

- A. The Board shall consider a license application at the Board's next scheduled meeting if an administratively complete application packet is received by the Board office at least 18 days before the date of the meeting.
- B. The Board shall consider a license application that is received fewer than 18 days before a scheduled meeting at a subsequent meeting.

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended subsection (A) statute reference, effective June 30, 1981 (Supp. 81-3). Renumbered from R4-26-120 and amended effective July 3, 1991 (Supp. 91-3). Repealed effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). New Section R4-26-201 renumbered from R4-26-108 and amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-202. Doctorate**

- A. The Board shall apply the following criteria to determine whether a doctoral program provided by an institution of higher education met the standards in A.R.S. § 32-2071(A)(2) at the time an applicant began the degree program:
  1. The program is identified and labeled as a psychology program if there were institutional catalogues and brochures that specified the intent of the institution of higher education to educate and train psychologists;
  2. The program stands as a recognized, coherent organizational entity if there was an organized sequence of courses comprising a psychology curriculum; and
  3. The program has clearly identified entry and exit criteria within its psychology curriculum if there were specific prerequisites for entrance into the program and delineated requirements for graduation.
- B. The Board shall verify that an applicant completed the hours in the subject areas described in A.R.S. § 32-2071(A)(4). For this purpose, the applicant shall have the institution of higher education that the applicant attended provide directly to the Board

an official transcript of all courses taken and verification of the dissertation or similar project.

1. The Board may require additional documentation from the applicant or from the institution to determine whether the applicant satisfied the requirements of A.R.S. § 32-2071(A)(4).
  2. The Board shall count five quarter hours or six trimester hours as the equivalent of three semester hours, as required under A.R.S. § 32-2071(A)(4). When an academic term is other than a semester, quarter, or trimester, 15 classroom contact hours equals one semester hour.
- C. To determine whether a comprehensive examination taken by an applicant as part of a doctoral program in psychology satisfies the requirements of A.R.S. § 32-2071(A)(4), the Board shall review documentation provided directly to the Board by the institution of higher education that granted the doctoral degree, that demonstrates how the applicant's comprehensive examination was constructed, lists criteria for passing, and provides the information used to determine that the applicant passed.
- D. The Board shall not accept as core program hours required under A.R.S. § 32-2071(A)(4) credit:
1. For workshops, practica, undergraduate courses, life experiences, continuing education courses, or experiential or correspondence courses;
  2. Transferred from institutions that are not accredited under A.R.S. § 32-2071(A)(1); or
  3. For seminars, readings courses, or independent study unless the applicant proves that the course was an in-depth study devoted to a particular core program content area by submitting one or more of the following:
    - a. Course description in the official catalogue of the institution of higher education,
    - b. Course syllabus, or
    - c. Signed statement from a dean or psychology department head affirming that the course was an in-depth study devoted to a particular core program content area.
- E. The Board shall count a course or comprehensive examination only once to satisfy a requirement of A.R.S. § 32-2071(A)(4).
- F. An honorary doctorate degree does not qualify an applicant for licensure as a psychologist.

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective June 17, 1981 (Supp. 81-3). Renumbered from R4-26-121 and amended effective July 3, 1991 (Supp. 91-3). Amended effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-203. Application for Initial License**

- A. An individual who wishes to be licensed as a psychologist shall submit an application packet to the Board that includes an application form approved by the Board, which is available

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from the Board office and on its website, with an attestation that is signed and dated by the applicant.

**B. Additionally, an applicant shall submit:**

1. An original, un-retouched, photograph of the applicant that is no larger than 1.5 X 2 inches and taken no more than 60 days before the date of application;
2. The results of a self-query from the National Practitioner Data Bank;
3. A copy of a valid fingerprint clearance card issued by the Department of Public Safety under A.R.S. Title 41, Chapter 12, Article 3.1 or evidence of application for a valid fingerprint clearance card;
4. As required under A.R.S. § 41-1080(A), the specified documentation of citizenship or alien status indicating the applicant's presence in the U.S. is authorized under federal law;
5. The Board's Mandatory Confidential Information form;
6. Name, position, and address of at least two individuals to serve as references who:
  - a. Are psychologists licensed or certified to practice psychology in a United States or Canadian regulatory jurisdiction and who are not members of the Arizona Board of Psychologist Examiners;
  - b. Are familiar with the applicant's work experience in the field of psychology or in a postdoctoral program within the three years immediately before the date of application. If more than three years have elapsed since the applicant last engaged in professional activities in the field of psychology or in a postdoctoral program, the references may pertain to the most recent three-year period in which the applicant engaged in professional activities in the field of psychology or in a postdoctoral program; and
  - c. Recommend the applicant for licensure;
7. The fee required under R4-26-108; and
8. Any other information authorized by statute.

**C. In addition to the requirements in subsections (A) and (B), an applicant shall arrange to have the following directly submitted to the Board:**

1. An official transcript from each university or college from which the applicant attended a graduate program or received a graduate degree that contains the date the degree was conferred;
2. An official document from the degree-granting institution indicating that the applicant completed a residency that satisfies the requirements of A.R.S. § 32-2071(K);
3. For an applicant applying supervised preinternship hours toward licensure, an attestation submitted by the doctoral program training director, faculty supervisor, or other official of the doctoral-granting institution who is knowledgeable of the applicant's preinternship experience verifying that the applicant's preinternship experience meets the requirements of A.R.S. § 32-2071(D).
4. An attestation from the applicant's supervisor, if available, or a psychologist knowledgeable of the applicant's internship training program, verifying that the applicant's internship training program meets the requirements in A.R.S. § 32-2071(F). If the supervisor or knowledgeable psychologist is not available, the Board shall accept primary source verification received from the Association of State and Provincial Psychology Boards. In this subsection, "not available" means the supervisor or knowledgeable psychologist is deceased or all reasonable efforts to

locate the supervisor or knowledgeable psychologist were unsuccessful;

5. For an applicant applying supervised postdoctoral experience toward licensure, an attestation from the applicant's postdoctoral supervisor, if available, or a psychologist knowledgeable of the applicant's postdoctoral experience verifying that the applicant's postdoctoral experience meets the requirements in A.R.S. § 32-2071(G). If the supervisor or knowledgeable psychologist is not available, the Board shall accept primary source verification received from the Association of State and Provincial Psychology Boards. In this subsection, "not available" means the supervisor or knowledgeable psychologist is deceased or all reasonable efforts to locate the supervisor or knowledgeable psychologist were unsuccessful;
6. Verification of all other psychology licenses or certificates ever held in any regulatory jurisdiction; and
7. An official notification of the applicant's score on the national examination. An applicant who passed the national examination in accordance with the standard established at A.R.S. § 32-2072(A), shall have the examination score sent directly to the Board by the Association of State and Provincial Psychology Boards or by the regulatory jurisdiction in which the applicant originally passed the examination.

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective April 25, 1980 (Supp. 80-2). Amended Introductory paragraph statute reference, effective June 30, 1981 (Supp. 81-3). Renumbered from R4-26-122 and amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-203 repealed, new Section R4-26-203 renumbered from R4-26-204 and amended effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 26 A.A.R. 1010, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-203.01. Application for Licensure by Credential**

- A.** An applicant for a psychologist license by credential under A.R.S. § 32-2071.01(D) shall submit an application packet to the Board that includes:
1. An application form approved by the Board, which is available from the Board office and on its website, with an attestation that is signed and dated by the applicant;
  2. A copy of a valid fingerprint clearance card issued by the Department of Public Safety under A.R.S. Title 41, Chapter 12, Article 3.1 or evidence of application for a valid fingerprint clearance card;
  3. As required under A.R.S. § 41-1080(A), the specified documentation of citizenship or alien status indicating the



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applicant's presence in the U.S. is authorized under federal law;

4. Verification sent directly to the Board by the credentialing agency that the applicant:
  - a. Holds a current Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;
  - b. Holds a current National Register of Health Service Providers in Psychology (NRHSP) credential and has practiced psychology independently at the doctoral level for at least five years; or
  - c. Is a diplomate or specialist of the American Board of Professional Psychology (ABPP); and
5. Verification of all other psychology licenses or certificates ever held in any jurisdiction.

- B.** An applicant for a psychologist license by credential based on a National Register of Health Service Providers in Psychology credential shall have notification that the applicant obtained a passing score on the national examination sent directly to the Board by the Association of State and Provincial Psychology Boards or by the regulatory jurisdiction in which the applicant originally passed the examination.
- C.** If the Board determines an application for licensure by credential requires clarification, the Board may require an applicant submit or cause the applicant's credentialing agency to submit directly to the Board any documentation including transcripts, course descriptions, catalogues, brochures, supervised experience verifications, examination scores, application for credential, or any other information deemed necessary by the Board.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 26 A.A.R. 1010, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-203.02. Application to Take National Examination before Completing Supervised Professional Experience Required for Licensure**

- A.** As provided under A.R.S. § 32-2072(C), an individual who has completed the education requirements specified in A.R.S. § 32-2071(A) but has not completed the supervised professional experience requirements specified in A.R.S. § 32-2071(D) may apply to the Board for approval to take the national examination.
- B.** To apply under subsection (A) for approval to take the national examination, an individual shall submit to the Board the application form and applicable documents required under R4-26-203(A) through (C) except the document required under R4-26-203(B)(3).
- C.** The Board shall administratively close an approved application to take the national examination when the Board receives the applicant's examination score. If necessary, an individual granted approval to take the national examination may request an extension under R4-26-204.
- D.** An individual whose application to take the national examination is approved may apply for an initial license under R4-26-203 after completing the supervised professional experience requirements specified in A.R.S. § 32-2071(D) as follows:

1. Within 36 months after the application to take the national examination submitted under subsection (B) was administratively closed under subsection (C), request that the Board re-open the application submitted under subsection (B); and
2. Submit the portions of the application packet required under R4-26-203 that were not submitted under subsection (B).

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-203.03. Reapplication for License; Applying Anew**

- A.** The following may reapply for a license:
  1. An individual who failed the national examination required under A.R.S. § 32-2072 and R4-26-204 no more than three times, and
  2. An individual whose application submitted under R4-26-203 or R4-26-203.01 was administratively closed by the Board under R4-26-208(H) less than one year before reapplication.
- B.** An individual identified in subsection (A) may ask the Board to base a licensing decision, in part, on applicable forms and documents previously submitted.
- C.** An individual eligible under subsection (B) to reapply for licensure shall:
  1. Submit a reapplication form, which is available from the Board office and on its website, to the Board;
  2. If previously submitted references were submitted more than 12 months before the date of reapplication, provide the names, positions, and addresses of at least two individuals to serve as references who:
    - a. Are psychologists licensed or certified to practice psychology in a United States or Canadian regulatory jurisdiction and are not members of the Arizona Board of Psychologist Examiners;
    - b. Are familiar with the applicant's work experience in the field of psychology or in a postdoctoral program within the three years immediately before the date of reapplication. If more than three years have elapsed since the applicant last engaged in professional activities in the field of psychology or in a postdoctoral program, the references may pertain to the most recent three-year period in which the applicant engaged in professional activities in the field of psychology or in a postdoctoral program; and
    - c. Recommend the applicant for licensure;
  3. List all professional employment since the date of the most recent application or reapplication including:
    - a. Beginning and ending dates of employment,
    - b. Number of hours worked per week,
    - c. Name and address of employer,
    - d. Position title,
    - e. Nature of work, and
    - f. Nature of supervision;
  4. Submit the results of a self-query from the National Practitioner Data Bank;
  5. Submit a copy of a valid fingerprint clearance card issued by the Department of Public Safety under A.R.S. Title 41, Chapter 12, Article 3.11 or evidence of application for a valid fingerprint clearance card; and
  6. Pay the fee required under R4-26-108(A)(2).

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**D.** The following shall apply anew for a license rather than reapplying:

1. An individual whose application submitted under R4-26-203 or R4-26-203.01 was denied by the Board,
2. An individual who was permitted by the Board to withdraw an application submitted under R4-26-203 or R4-26-203.01 before the Board acted on the application,
3. An individual whose application submitted under R4-26-203 or R4-26-203.01 was administratively closed by the Board under R4-26-208(H) more than one year before another application is submitted,
4. An individual whose license was revoked under A.R.S. § 32-2081(N)(1),
5. An individual whose license expired under A.R.S. § 32-2074,
6. An individual whose license was canceled under A.R.S. § 32-2074, and
7. An individual who retired under A.R.S. § 32-2073(G).

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-203.04. Temporary License under A.R.S. § 32-2073(B)**

**A.** To be eligible to be issued a temporary license under A.R.S. § 32-2073(B), an individual shall:

1. Have completed the educational requirements specified in A.R.S. § 32-2071(A) through (C);
2. Have completed 1,500 hours of supervised professional experience as described in A.R.S. § 32-2071(F); and
3. Be participating in a supervised postdoctoral professional experience as described in A.R.S. § 32-2071(G).

**B.** An applicant seeking a temporary license under A.R.S. § 32-2073(B), shall submit an application packet to the Board that includes:

1. The application form required under R4-26-203 and all information required under R4-26-203(B) and (C) except that specified in R4-26-203(C)(3), (5), and (7);
2. The written training plan required under A.R.S. § 32-2071(G)(7) from the entity at which the supervised postdoctoral professional experience is occurring that includes at least the following:
  - a. Goal and content of each training experience,
  - b. Expectations regarding the nature, quality, and quantity of work to be done by the supervisee during the supervised postdoctoral professional experience,
  - c. Methods of evaluating the supervisee and the supervised postdoctoral professional experience,
  - d. Total number of hours to be accrued during the supervised postdoctoral professional experience,
  - e. Total number of face-to-face contact hours the supervisee is to have with clients or patients during the supervised postdoctoral professional experience,
  - f. Total number of hours of supervision the supervisee is to receive during the supervised postdoctoral professional experience,
  - g. Qualifications of all individuals who provide supervision during the supervised postdoctoral professional experience including documentation that each is qualified under the standards at A.R.S. § 32-2071(G),

h. Acknowledgment that ethics training is included in the training experience; and

3. A written request for approval to take the national examination specified under A.R.S. § 32-2072, if applicable, using a form approved by the Board and available in the Board office and on its website.

**C.** An individual issued a temporary license under A.R.S. § 32-2073(B) shall practice psychology only under supervision. It is unprofessional conduct for the holder of a temporary license issued under A.R.S. § 32-2073(B) to practice psychology without supervision.

**D.** A temporary license issued under A.R.S. § 32-2073(B) is valid for 36 months and is not renewable. If the Board denies an active license under R4-26-203 to the holder of a temporary license issued under A.R.S. § 32-2073(B), the temporary license terminates at the time of license denial.

**E.** The holder of a temporary license issued under A.R.S. § 32-2073(B) shall:

1. Comply fully with all provisions of A.R.S. Title 32, Chapter 19.1, and this Chapter;
2. Not practice psychology outside the postdoctoral experience specified in the written training plan required under subsection (B)(2); and
3. Submit to the Board a proposed new training plan if the written training plan required under subsection (B)(2) is modified. The proposed new training plan shall be submitted within 10 days after the effective date of the modification.

**F.** The holder of a temporary license who was not previously approved to take the national examination may submit to the Board a written request for approval to take the national examination using a form approved by the Board and available in the Board office.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-204. Examinations**

**A.** General rules.

1. Under A.R.S. § 32-2072(C), an applicant who fails the national examination three times in any regulatory jurisdiction shall, before taking the national examination again, review the applicant's areas of deficiency and implement a program of study or practical experience designed to remedy the deficiencies. This remedial program may consist of any combination of course work, self-study, internship experience, and supervision.
2. An applicant required under subsection (A)(1) to implement a program of study or practical experience may apply anew for licensure. The applicant shall submit a new application packet, as described in R4-26-203, and include information about any actions proposed under subsection (A)(1).
3. The holder of a temporary license issued under A.R.S. § 32-2073(B) who:
  - a. Fails the national examination three times and complies with subsection (A)(1) may submit to the Board a written request to retake the national examination using a form that is approved by the Board and available at the Board office and on its website; or

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- b. Fails to take the national examination within one year after the Board's authorization to do so shall submit a written request for approval to take the national examination using a form that is approved by the Board and available at the Board office and on its website.
- 4. Examination deadline. The Board shall administratively close the file of an applicant authorized by the Board to take an examination specified in subsection (B) or (C) who fails to take the examination within one year from the date of the Board's authorization.
- 5. Extension of examination deadline. An applicant or the holder of a temporary license issued under A.R.S. § 32-2073(B) may obtain an extension of the examination deadline specified in subsection (A)(3)(b) or (A)(4). To obtain an extension of the examination deadline, the applicant or temporary licensee shall submit a written request to the Board's Executive Director on or before the examination deadline. The Board shall grant the applicant or temporary licensee one extension of up to six months to take the examination. The applicant or temporary licensee may request additional extensions for good cause, which includes but is not limited to illness or injury of the licensee or a close family member, death of a close family member, birth or adoption of a child, military service, relocation, natural disaster, financial hardship, or residence in a foreign country for at least 12 months of the license period. The Board shall ensure that an extension is for no more than six months.
- 6. The Board shall deny or revoke a license, as applicable, if an applicant or temporary licensee commits any of the following acts with respect to a licensing examination specified under subsection (B) or (C):
  - a. Violates the confidentiality of examination materials;
  - b. Removes any examination materials from the examination room;
  - c. Reproduces any portion of a licensing examination;
  - d. Aids in the reproduction or reconstruction of any portion of a licensing examination;
  - e. Pays or uses another person to take a licensing examination or to reconstruct any portion of the licensing examination;
  - f. Obtains examination material, either before, during, or after an examination, for the purpose of instructing or preparing applicants for examinations;
  - g. Sells, distributes, buys, receives, or has possession of any portion of a future, current, or previously administered licensing examination that is not authorized by the Board or its authorized agent for release to the public;
  - h. Communicates with any other examinee during the administration of a licensing examination;
  - i. Copies answers from another examinee or permits the copying of answers by another examinee;
  - j. Possesses during the administration of a licensing examination any books, equipment, notes, written or printed materials, or data of any kind, other than material distributed during the examination; or
  - k. Impersonates another examinee.
- B. National examination.** Under A.R.S. § 32-2072, the Board shall require that an applicant or temporary licensee take and pass the national examination. An applicant or temporary licensee authorized by the Board to take the national examina-

tion passes the examination by obtaining a score that equals or exceeds the passing score specified in A.R.S. § 32-2072(A). After the Board receives the examination results, the Board shall notify the applicant or temporary licensee in writing of the results.

**C. Additional examination.**

- 1. The Board shall require an applicant or temporary licensee to pass the national examination specified in subsection (B) before allowing the applicant or temporary licensee to take an additional examination.
- 2. Under A.R.S. § 32-2072(B), the Board may administer an additional examination to an applicant or temporary licensee to determine the adequacy of the applicant's or temporary licensee's knowledge and application of Arizona law. The additional examination may also cover the practice of psychology, ethical conduct, and psychological assessment and treatment practices.
  - a. The Board shall review and approve the additional examination before administration;
  - b. The additional examination may be developed and administered by the Board, a committee of the Board, consultants to the Board, or independent contractors; and
  - c. Examiners and consultants to the Board shall execute a security acknowledgment form and agree to maintain examination security.

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended Introductory paragraph statute reference, effective June 30, 1981 (Supp. 81-3). Renumbered from R4-26-123 and amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-204 renumbered to R4-26-203, new Section R4-26-204 renumbered from R4-26-205 and amended effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**Appendix A. Repealed**

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended subsections (A) and (B) statute references, effective June 30, 1981 (Supp. 81-3). Amended effective November 1, 1985 (Supp. 85-6). Renumbered from R4-26-124 and amended effective July 3, 1991 (Supp. 91-3). Renumbered from R4-26-205, Appendix A (Supp. 95-1). Appendix A repealed by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1).

**R4-26-205. Renewal of License**

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- A.** A license issued by the Board, whether active or inactive, expires on the last day of a licensee's birth month during the licensee's renewal year.
- B.** The Board considers a license renewal application packet timely if submitted to the online renewal system on or before the last day of a licensee's birth month during the licensee's renewal year.
- C.** To renew a license, a licensee shall submit to the Board a renewal application form approved by the Board and available on its website, with an attestation that is signed and dated by the licensee.
- D.** Additionally, to renew a license, a licensee shall submit to the Board:
  - 1. The license renewal fee required under R4-26-108;
  - 2. A copy of a valid fingerprint clearance card issued by the Department of Public Safety under A.R.S. Title 41, Chapter 12, Article 3.1;
  - 3. If the documentation previously submitted under R4-26-203(B)(3) was a limited form of work authorization issued by the federal government, evidence that the work authorization has not expired;
  - 4. The following information about the continuing education completed during the previous license period:
    - a. Title of the continuing education;
    - b. Date completed;
    - c. Sponsoring organization, publication, or educational institution;
    - d. Number of hours in the continuing education; and
    - e. Brief description of the continuing education; and
  - 5. Any other information authorized by statute.
- E.** If a completed application is timely submitted under subsections (C) and (D), the licensee may continue to practice psychology under the active license until notified by the Board that the application for renewal has been approved or denied. If the Board denies license renewal, the licensee may continue to practice psychology until the last day for seeking review of the Board's decision or a later date fixed by a reviewing court.
- F.** Under A.R.S. § 32-2074 (C), the license of a licensee who fails to submit a renewal application, including the information about continuing education completed, on or before the last day of the licensee's birth month during the licensee's renewal year expires and the licensee shall immediately stop practicing psychology.
- G.** A psychologist whose license expires under subsection (F) may have the license reinstated by submitting the following to the Board within two months after the last day of the licensee's birth month during the licensee's renewal year:
  - 1. The license renewal application required under subsection (C) and the documents required under subsections (D)(2) through (4); and
  - 2. The license renewal and reinstatement fees required under R4-26-108.
- H.** A psychologist whose license expires under subsection (F) and who fails to have the license reinstated under subsection (G) may have the license reinstated by:
  - 1. Complying with subsection (G) within one year after the last day of the licensee's birth month during the licensee's renewal year, and
  - 2. Paying the fee for reinstatement of an active or inactive license as specified in R4-26-108.
- I.** A psychologist whose license expires under subsection (F) and who fails to have the license reinstated under subsection (G) or (H) may be licensed again only by complying with R4-26-203.
- J.** If the Board audits the continuing education records of a licensee and determines that some of the hours do not conform to the standards listed in R4-26-207, the Board shall disallow the non-conforming hours. If the remaining hours are less than the number required, the Board shall deem the licensee as failing to satisfy the continuing education requirements and provide notice of the disallowance to the licensee. The licensee has 90 days from the mailing date of the Board's notification of disallowance to complete the continuing education requirements for the past reporting period and shall provide the Board with an affidavit documenting completion. If the Board does not receive an affidavit within 90 days of the mailing date of notification of disallowance or the Board deems the affidavit insufficient, the Board may take disciplinary action under A.R.S. § 32-2081.

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended subsections (A) and (B) statute references, effective June 30, 1981 (Supp. 81-3). Amended effective November 1, 1985 (Supp. 85-6). Renumbered from R4-26-124 and amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-205 renumbered to R4-26-204; new Section R4-26-205 renumbered from R4-26-206 and amended effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 1010, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-206. Reinstatement of License from Inactive to Active Status; Cancellation of License**

- A.** Except as provided in subsection (C), when considering reinstatement of a psychologist from inactive to active status, the Board shall presume that the psychologist has maintained and updated the psychologist's professional knowledge and capability to practice as a psychologist if the psychologist presents to the Board documentation of completion of a prorated amount of continuing education, calculated under subsection (B).
- B.** A psychologist who is on inactive status for at least two years may reinstate the license to active status by presenting to the Board:
  - 1. A copy of a valid fingerprint clearance card issued by the Department of Public Safety under A.R.S. Title 41, Chapter 12, Article 3.1;
  - 2. If the documentation previously submitted under R4-26-203(B)(3) was a limited form of work authorization issued by the federal government, evidence that the work authorization has not expired; and

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3. Documentation of completion of at least 40 hours of continuing education that meets the standards in R4-26-207. A psychologist who is on inactive status for less than two years may reinstate the license to active status by presenting to the Board documentation of completion of a prorated amount of continuing education. To calculate the prorated amount of continuing education hours required, the Board shall multiply 1.67 by the number of months from the date of inactive status until the date the application for reinstatement is received by the Board. For every six months of inactive status, the Board shall require one hour of continuing education in ethics.
- C. A psychologist may request that the Board cancel the psychologist's license if the psychologist is not under investigation by any regulatory jurisdiction. Fees paid to obtain a license are not refundable when the license is canceled. If an individual whose request for license cancellation is approved by the Board subsequently decides to practice psychology, the individual shall submit a new application under R4-26-203 and meet the requirements in A.R.S. § 32-2071.

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective June 17, 1981 (Supp. 81-3). Renumbered from R4-26-125 effective July 3, 1991 (Supp. 91-3). Former Section R4-26-206 renumbered to R4-26-205; new Section R4-26-206 adopted effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 2007, effective July 2, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-207. Continuing Education**

- A. A licensee shall complete at least 40 hours of continuing education during each license period. Unless specified otherwise, one clock hour of instruction, training, or making a presentation equals one hour of continuing education.
- B. A licensee shall ensure the continuing education hours obtained include at least four hours in professional ethics.
- C. During the license period in which an individual is initially licensed, the Board shall pro-rate the number of continuing education hours, including a pro-rated number of hours addressing ethics, that the new licensee must complete during the initial license period. To calculate the number of continuing education hours that a new licensee must obtain, the Board shall divide the 40 hours of continuing education required in a license period by 24 and multiply the quotient by the number of whole months from the date of initial licensure until the end of the license period. During the first license period, for every six months from the month of license issuance to the end of the license period, the Board shall require one hour of continuing education in ethics.
- D. If the standards in subsection (F) are met, the Board shall accept the following for continuing education hours.

1. Post-doctoral study sponsored by a university or college that is regionally accredited under A.R.S. § 32-2071(A)(1) and provides a graduate-level degree program;
2. A course, seminar, workshop, or home study for which a certificate of attendance or completion is provided;
3. A continuing education program offered by a national, international, regional, or state association, society, board, or continuing education provider;
4. Teaching a graduate-level course in applied psychology at a university or college that is regionally accredited under A.R.S. § 32-2071(A)(1). A licensee who teaches a graduate-level course in applied psychology receives the same number of continuing education hours as number of classroom hours for those who take the graduate-level course;
5. Organizing and presenting a continuing education activity. A licensee who organizes and presents a continuing education activity receives the same number of continuing education hours as those who attend the continuing education activity;
6. Serving as a complaint consultant. During a license period, a licensee who serves as a Board complaint consultant to review Board complaints and provides written reports to the Board or provides expert testimony on behalf of the Board may receive continuing education hours equal to the actual number of hours served as a complaint consultant to a maximum of 20 hours. A licensee who is paid by the Board for services rendered shall not receive continuing education credit for the time or services for which payment was made;
7. The Board shall allow a maximum of 10 continuing education hours for each of the following during a license period:
  - a. Attending a Board meeting or serving as a member of the Board. A licensee receives up to six continuing education hours in professional ethics for attending both morning and afternoon sessions of a Board meeting and three continuing education hours for attending either the morning or afternoon session or at least four hours of a Board meeting. A licensee shall complete documentation provided by the Board at the time the licensee attends a Board meeting;
  - b. Having an authored or co-authored psychology book, psychology book chapter, or article in a peer-reviewed psychology journal published. A licensee who has an authored or co-authored psychology book, psychology book chapter, or article in a peer-reviewed psychology journal published receives 10 continuing education hours in the year of publication;
  - c. Participating in a study group for professional growth and development as a psychologist. A licensee receives one hour of continuing education for each hour of participation to a maximum of 10 continuing education hours for participating in a study group. The Board shall allow continuing education hours for participating in a study group only if the licensee maintains the documentation required under subsection (G)(5);
  - d. Presenting a symposium or paper at a state, regional, national, or international psychology meeting. A licensee who presents a symposium or paper

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receives the same number of continuing education hours as hours of the session, as published in the agenda of the meeting, at which the symposium or paper is presented to a maximum of 10 continuing education hours;

- e. Presenting a poster during a poster session at a state, regional, national, or international psychology meeting. A licensee who presents a poster receives an hour of continuing education for each hour the licensee is physically present with the poster during the poster session, as published in the agenda of the meeting, to a maximum of 10 continuing education hours; and
  - f. Serving as an elected officer of an international, national, regional, or state psychological association or society. A licensee who serves as an elected officer may receive continuing education hours equal to the actual number of hours served to a maximum of 10 continuing education hours.
- E.** The Board shall not allow continuing education credit more than once in a license period for:
- 1. Teaching the same graduate-level course,
  - 2. Organizing and presenting a continuing education activity on the same topic or content area, or
  - 3. Presenting the same symposium or paper at a state, regional, national, or international psychology meeting.
- F.** Standards for continuing education. To be acceptable for continuing education credit, an activity identified in subsections (D)(1) through (4) shall:
- 1. Focus on the practice of psychology, as defined at A.R.S. § 32-2061, for at least 75 percent of the program hours; and
  - 2. Be taught by an instructor who is readily identifiable as competent in the subject of the continuing education by having an advanced degree, teaching experience, work history, published professional articles, or previously presented continuing education on the same subject.
- G.** The Board shall accept the following documents as evidence of completion of continuing education hours:
- 1. A certificate of attendance or completion;
  - 2. Statement signed by the provider verifying participation in the activity;
  - 3. Copy of transcript of course completed under subsection (D)(1);
  - 4. Documents indicating a licensee's participation as an elected officer or appointed member as specified in subsection (D)(7)(f); or
  - 5. An attestation signed by all participants of a study group under subsection (D)(7)(c) that includes a description of the activity, subject covered, dates, and number of hours.
- H.** A licensee shall maintain the documents listed in subsection (G) through the license period following the license period in which the documents were obtained.
- I.** The Board may audit a licensee's compliance with continuing education requirements. The Board may deny renewal or take other disciplinary action against a licensee who fails to obtain or document required continuing education hours. The Board may discipline a licensee who commits fraud, deceit, or misrepresentation regarding continuing education hours.
- J.** A licensee who cannot meet the continuing education requirement for good cause may seek an extension of time to complete the continuing education requirement by submitting a written request to the Board with the timely submission of the renewal application required under R4-26-205.

- 1. Good cause includes but is not limited to illness or injury of the licensee or a close family member, death of a close family member, birth or adoption of a child, military service, relocation, natural disaster, financial hardship, or residence in a foreign country for at least 12 months of the license period.
  - 2. The Board shall not grant an extension longer than one year.
  - 3. A licensee who cannot complete the continuing education requirement within the extension may apply to the Board for inactive license status under A.R.S. § 32-2073 (G).
- K.** No continuing education hours may be carried over to the next licensing period.
- L.** The Board shall not accept for continuing education hours a course, workshop, seminar, or symposium designed to increase income or office efficiency.

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective January 23, 1981 (Supp. 81-1). Renumbered from R4-26-126 and amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-207 repealed; new Section R4-26-207 adopted effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995. Text corrected. (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 1010, effective July 4, 2020 (Supp. 20-2).

**R4-26-208. Time Frames for Processing Applications**

- A.** For the purpose of A.R.S. § 41-1073, the Board establishes the time frames listed in Table 1. An applicant or a person requesting an approval from the Board and the Board's Executive Director may agree in writing to extend the substantive review and overall time frames by no more than 25 percent of the overall time frame.
- B.** The administrative completeness review time frame begins when the Board receives an application packet or request for approval. During the administrative completeness review time frame, the Board shall notify the applicant or person requesting approval that the application packet or request for approval is either complete or incomplete. If the application packet or request for approval is incomplete, the Board shall specify in the notice what information is missing.
- C.** If an applicant or person requesting approval receives a notice of incompleteness under subsection (B), the applicant or person requesting approval shall submit the missing information to the Board within the time to complete listed in Table 1. Both the administrative completeness review and overall time frames are suspended from the date of the Board's notice under subsection (B) until the Board receives all of the missing information.
- D.** Upon receipt of all missing information, the Board shall send a written notice of administrative completeness to the applicant

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or person requesting approval. The Board shall not send a separate notice of completeness if the Board grants or denies a license or approval within the administrative completeness time frame listed in Table 1.

- E.** The substantive review time frame listed in Table 1 begins on the date of the Board's notice of administrative completeness sent under subsection (D).
- F.** If the Board determines during the substantive review that additional information is needed, the Board shall send the applicant or person requesting approval a comprehensive written request for additional information.
- G.** An applicant or person requesting approval who receives a request under subsection (F) shall submit the additional information to the Board within the time for response listed in Table 1. Both the substantive review and overall time frames are suspended from the date of the Board's request until the Board receives the additional information.
- H.** An applicant or person requesting approval may receive a 30-day extension of the time provided under subsection (C) or (G) by providing written notice to the Board before the time expires. If an applicant or person requesting approval fails to submit to the Board the missing or additional information within the time provided under Table 1 or the time as extended, the Board shall administratively close the applicant's or person's file.
- I.** At any time before the overall time frame provided in Table 1 expires, an applicant or person requesting approval may, with approval by the Board, withdraw the application or request.
- J.** Within the overall time frame listed in Table 1, the Board shall:
  - 1. Grant a license or approval if the Board determines that the applicant or person requesting approval meets all criteria required by statute and this Chapter; or
  - 2. Deny a license or approval if the Board determines that the applicant or person requesting approval does not meet all criteria required by statute and this Chapter.

- K.** If the Board denies a license or approval, the Board shall send the applicant or person requesting approval a written notice explaining:
  - 1. The reason for denial, with citations to supporting statutes or rules;
  - 2. The right to appeal the denial by filing an appeal under A.R.S. Title 41, Chapter 6, Article 10;
  - 3. The time for appealing the denial; and
  - 4. The right to request an informal settlement conference.
- L.** If the last day of a time frame falls on a Saturday, Sunday, or an official state holiday, the time frame ends on the next business day.

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective January 23, 1981 (Supp. 81-1). Amended effective July 3, 1984 (Supp. 84-4). Amended effective February 24, 1988 (Supp. 88-1). Renumbered from R4-26-127 effective July 3, 1991 (Supp. 91-3). Former Section R4-26-208 repealed; new Section R4-26-208 amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 737, effective February 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

**Table 1. Time Frames (in days) for Processing Applications**

<b>Type of Application or Request</b>	<b>Statutory or Rule Authority</b>	<b>Administrative Completeness Time Frame</b>	<b>Time to Respond to Notice of Deficiency</b>	<b>Substantive Review Time Frame</b>	<b>Time to Respond to Request for Additional Information</b>	<b>Overall Time Frame</b>
Application for initial license	A.R.S. §§ 32-2071, 32-2071.01, 32-2072, and R4-26-203	30	240	90	365	120
Application for licensure by credential	A.R.S. §§ 32-2071.01, 32-2072; and R4-26-203.01	30	240	90	240	120
Application to Take National Examination before Completing Experience Required for Licensure	A.R.S. § 32-2072(C) and R4-26-203.02	30	240	90	240	120
Reapplication for Licensure	A.R.S. § 32-2067 and R4-26-203.03	30	240	90	240	120
Application for license renewal	A.R.S. § 32-2074; R4-26-205	60	N/A	90	N/A	150
Application for reinstatement of expired license	A.R.S. § 32-2074; R4-26-206	60	N/A	90	N/A	150
Request for extension of time to complete continuing education	A.R.S. § 32-2074; R4-26-207	60	N/A	90	N/A	150

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Type of Application or Request	Statutory or Rule Authority	Administrative Completeness Time Frame	Time to Respond to Notice of Deficiency	Substantive Review Time Frame	Time to Respond to Request for Additional Information	Overall Time Frame
Application for registration as an out-of-state health care provider of telehealth services	A.R.S. § 36-3606; R4-26-108	30	240	90	365	120

**Historical Note**

Table 1 adopted by final rulemaking at 5 A.A.R. 737, effective February 19, 1999 (Supp. 99-1). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 26 A.A.R. 1010, effective July 4, 2020 (Supp. 20-2). Amended by final exempt rulemaking at 27 A.A.R. 1272, effective September 1, 2021 (Supp. 21-3).

**R4-26-209. General Supervision**

- A. Under A.R.S. § 32-2071(D), an applicant is required to obtain 3,000 hours of supervised professional experience.
- B. A supervising psychologist shall not supervise a member of the psychologist's immediate family or the psychologist's employer or business partner.
- C. Payment between a supervisor and supervisee.
  1. A supervising psychologist may pay a monetary stipend or fee to a supervisee if the amount paid by the supervisor is not based on the supervisee's productivity or revenue generated by the supervisee;
  2. A supervising psychologist who accepts a fee for providing the supervisory service in Arizona may be subject to disciplinary action by the Board; and
  3. The Board shall look to the law of the jurisdiction in which the supervision occurred to determine whether to include as part of the 3,000 hours of supervised professional experience required under A.R.S. § 32-2071(D) hours for which an applicant paid the supervisor.
- D. A psychologist who supervises the professional experience of an unlicensed individual is professionally responsible for all work done by the individual during the supervised experience.
- E. The Board shall include in the 3,000 hours of supervised professional experience required under A.R.S. § 32-2071(D), hours obtained through a training program only if the training program provides the supervision required under A.R.S. § 32-2071(F)(2).

**Historical Note**

Adopted effective January 23, 1981 (Supp. 81-1). Renumbered from R4-26-128 and amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-209 renumbered to R4-26-208; new Section R4-26-209 adopted effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-210. Supervised Professional Experience**

- A. The Board shall use the following criteria to determine whether an applicant's supervised preinternship professional experience complies with A.R.S. § 32-2071(E):
  1. The supervised preinternship professional experience was part of the applicant's doctoral program from an institu-

tion of higher education that meets the standards in A.R.S. § 32-2071(A);

2. The applicant completed appropriate academic preparation before beginning the supervised preinternship professional experience. The Board shall not include any assessment or treatment conducted as part of the required academic preparation in the hours of supervised preinternship professional experience; and
3. For each supervised preinternship professional experience training site, the applicant has a written training plan with both the training site and the institution of higher education at which the applicant is pursuing a doctoral degree that includes at least the following:
  - a. Training activities included and the amount of time allotted to each activity,
  - b. Goals and objectives of each training activity,
  - c. Methods of evaluating the supervisee and the supervised preinternship professional experiences provided,
  - d. Approval of all individuals providing supervision at sites external to the training site,
  - e. Total number of hours to be accrued during the supervised preinternship professional experience,
  - f. Total number of hours of face-to-face contact hours with clients or patients during the supervised preinternship professional experience,
  - g. Total number of hours of supervision during the supervised preinternship professional experience,
  - h. Qualifications of all individuals who provide supervision during the supervised preinternship professional experience, and
  - i. Acknowledgment that ethics training will be included in all activities.
- B. The Board shall use the following criteria to determine whether an applicant's internship or training program qualifies as supervised professional experience under A.R.S. § 32-2071(F):
  1. The written statement required under A.R.S. § 32-2071(F)(9):
    - a. Was established no later than the time the applicant entered the internship or training program; and
    - b. Corresponds to the internship or training program the applicant completed;
  2. A supervisor was directly available to the applicant when decisions were made regarding emergency psychological services provided to a client or patient as required under A.R.S. § 32-2071(F)(2);



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3. Course work used to satisfy the requirements of A.R.S. § 32-2071(A) or dissertation time is not credited toward the face-to-face, individual supervision time required by A.R.S. § 32-2071(F)(6);
  4. The two hours a week of other learning activities required under A.R.S. § 32-2071(F)(6) include one or more of the following:
    - a. Case conferences involving a case in which the applicant was actively involved,
    - b. Seminars involving clinical issues,
    - c. Co-therapy with a professional staff person including discussion,
    - d. Group supervision, or
    - e. Additional individual supervision;
  5. The training program had the applicant work with other doctoral level psychology trainees and included in the written statement required under A.R.S. § 32-2071(F)(9) a description of the program policy specifying the opportunities and resources provided to the applicant for working or interacting with other doctoral level psychology trainees in the same or other sites; and
  6. Time spent fulfilling academic degree requirements, such as course work applied to the doctoral degree, practicum, field laboratory, dissertation, or thesis credit, is not credited toward the 1,500 hours of supervised professional experience hours required by A.R.S. § 32-2071(F). This subsection does not restrict a student from participating in activities designed to fulfill other doctoral degree requirements. However, the Board shall not credit time spent participating in activities to fulfill academic degree requirements toward the hours required under A.R.S. § 32-2071(F).
- C.** Under A.R.S. § 32-2071(G)(5), at least 40 percent of an applicant's supervised postdoctoral experience shall involve direct client or patient contact. If an applicant's supervised postdoctoral hours applied toward licensure include less than 40 percent direct contact hours, the applicant shall work additional time to achieve the required percentage of direct contact hours. While additional direct contact hours may be obtained to meet this requirement, the Board shall count no more than 1,500 hours of total postdoctoral experience for the purpose of licensure.
- D.** An applicant shall ensure the written training plan required under A.R.S. § 32-2071(G)(7) is from the organization at which the supervised postdoctoral professional experience is occurring and includes the following:
1. Goal and content of each training experience;
  2. Expectations regarding the nature, quality, and quantity of work to be done by the supervisee during the supervised postdoctoral professional experience;
  3. Methods of evaluation the supervisee and the supervised postdoctoral professional experience;
  4. Total number of hours to be accrued during the supervised postdoctoral professional experience;
  5. Total number of face-to-face contact hours the supervisee is to have with clients or patients during the supervised postdoctoral professional experience;
  6. Total number of hours of supervision the supervisee is to receive during the supervised postdoctoral professional experience;
  7. Qualifications of all individuals who provide supervision during the supervised postdoctoral professional experience including documentation that each is qualified under the standards at A.R.S. § 32-2071(G); and

8. Acknowledgement that ethics training is included in the supervised postdoctoral professional experience.

**Historical Note**

Adopted effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 3879 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-211. Foreign Graduates**

- A.** Under A.R.S. § 32-2071(B), an applicant for licensure whose application is based on graduation from an institution of higher education located outside the U.S. and its territories shall demonstrate that the applicant's formal education is equivalent to a doctoral degree in psychology from a regionally accredited educational institution as described in A.R.S. § 32-2071(A).
- B.** The Board shall find that the institution of higher education from which an applicant under subsection (A) graduated is equivalent to a regionally accredited education institution only if the institution of higher education is included in one of the following:
1. International Handbook of Universities, published for the International Association of Universities by Stockton Press, 345 Park Avenue South, 10th floor, New York, NY 10010-1708;
  2. Commonwealth Universities Yearbook, published for the Association of Commonwealth Universities by John Foster House, 36 Gordon Square, London, England, WC1H 0PF; or
  3. Another source the Board determines provides reliable information.
- C.** The academic transcript of an applicant under subsection (A) who graduated from an institution included under subsection (B) shall be translated into English and evaluated by a member organization of the National Association of Credential Evaluation Services (NACES). The applicant is responsible for paying all expenses incurred to obtain a translation and review of the academic transcript. An applicant can find information about obtaining a professional credential review at [www.naces.org](http://www.naces.org).
- D.** When the credential review required under subsection (C) is completed, the NACES member organization shall submit the review report to the Board. The Board shall review the report and determine whether the applicant's education meets the standard in subsection (A).
- E.** Upon written request, the Board may waive the credential review required under subsection (C) for an applicant who graduated from a doctoral program that is accredited by the accreditation panel of the Canadian Psychological Association.
- F.** After the Board determines that the formal education of an applicant under subsection (A) is equivalent to a doctoral degree in psychology from a regionally accredited educational institution, the applicant shall provide evidence to the Board that the applicant has met all other requirements for licensure.

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**Historical Note**

Adopted effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**ARTICLE 3. REGULATION**

**R4-26-301. Rules of Professional Conduct**

- A. The Board incorporates by reference standards 1.01 through 10.10 of the "Ethical Principles of Psychologists and Code of Conduct" adopted by the American Psychological Association, effective June 1, 2003. The incorporated materials do not include any later amendments or editions. A copy of the standards is available from the American Psychological Association Order Department, 750 First Street, NE, Washington, DC 20002-4242, [www.apa.org/ethics/code](http://www.apa.org/ethics/code), or the Board office.
- B. A licensee shall practice psychology in accordance with the standards incorporated under subsection (A).

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective June 17, 1981. Amended effective June 30, 1981 (Supp. 81-3). Renumbered from R4-26-150 and amended effective July 3, 1991 (Supp. 91-3). Repealed effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). New Section made by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-302. Informal Interviews**

- A. When a complaint is scheduled for informal interview, the Board shall send written notice of an informal interview to the licensee who is the subject of the complaint, by personal service or certified mail, return receipt requested, at least 20 days before an informal interview.
- B. The Board shall include the following in the written notice of an informal interview:
  1. The time, date, and place of the interview;
  2. An explanation of the informal nature of the proceedings;
  3. The licensee's right to appear at the informal interview with legal counsel licensed in Arizona or without legal counsel;
  4. A statement of the allegations and issues involved;
  5. The licensee's right to a formal hearing instead of the informal interview; and
  6. Notice that the Board may take disciplinary action at the conclusion of the informal interview;
- C. The procedure used during an informal interview may include the following:
  1. Swearing in and taking testimony from the licensee, complainant, and witnesses, if any;
  2. Optional opening and closing remarks by the licensee;
  3. An opportunity for the complainant to address the Board, if requested;

4. Board questions to the licensee, complainant, and witnesses, if any; and
5. Deliberation and discussion by the Board.

**Historical Note**

Renumbered from R4-26-151 effective July 3, 1991 (Supp. 91-3). New Section made by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-303. Titles**

A person shall not use a title that claims a potential or future degree or qualification such as "Ph.D. (Cand)," "Ph.D. (ABD)," "License Eligible," "Candidate for Licensure," or "Board Eligible." The use of a title that claims a potential or future degree or qualification is a violation of A.R.S. § 32-2061 et seq.

**Historical Note**

Renumbered from R4-26-151 effective July 3, 1991 (Supp. 91-3). New Section adopted effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-304. Representation before the Board by Attorney Not Admitted to State Bar of Arizona**

An attorney who is not a member of the State Bar of Arizona shall not represent a party before the Board unless the attorney is admitted to practice *pro hac vice* before the Board under Rule 38(a) of the Rules of the Supreme Court of Arizona.

**Historical Note**

Renumbered from R4-26-151 effective July 3, 1991 (Supp. 91-3). New Section made by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

**R4-26-305. Confidentiality of Investigative Materials**

- A. A psychologist shall not disclose a confidential record, as defined by R4-26-101, that relates to a Board investigation to any person or entity other than the psychologist's attorney, except:
  1. A redacted summary that ensures the anonymity of the client or patient;
  2. Information regarding the nature of a complaint, the processes utilized by the Board, and the outcomes of a case;
  3. As required by law;
  4. As required by a court order compelling production; or
  5. If disclosure is protected under the United States or Arizona Constitutions.
- B. A psychologist who violates this Section commits an act of unprofessional conduct.

**Historical Note**

Renumbered from R4-26-151 effective July 3, 1991 (Supp. 91-3). New Section made by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

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tive January 30, 2016 (Supp. 15-4).

**R4-26-306. Renumbered**

**Historical Note**

Renumbered from R4-26-151 effective July 3, 1991  
(Supp. 91-3).

**R4-26-307. Renumbered**

**Historical Note**

Renumbered from R4-26-151 effective July 3, 1991  
(Supp. 91-3).

**R4-26-308. Rehearing or Review of Decision**

- A.** Except as provided in subsection (G), any party in a contested case or appealable agency action before the Board who is aggrieved by a Board order or decision may file with the Board, not later than 30 days after service of the decision, a written motion for rehearing or review of the decision specifying the particular grounds for rehearing or review. For purposes of this subsection, service is complete on personal service or five days after the date that a Board order or decision is mailed to the party's last known address.
- B.** A motion for rehearing or review may be amended at any time before it is ruled upon by the Board. A party may file a response within 15 days after service of the motion or amended motion by any other party. The Board may require written briefs regarding the issues raised in the motion and may provide for oral argument.
- C.** The Board may grant rehearing or review of a Board order or decision for any of the following causes materially affecting the moving party's rights:
  1. An irregularity in the administrative proceedings of the agency, its hearing officer, or the prevailing party, or any order or abuse of discretion that caused the moving party to be deprived of a fair hearing;
  2. Misconduct of the Board, its hearing officer, or the prevailing party;
  3. An accident or surprise that could not be prevented by ordinary prudence;
  4. Newly discovered material evidence that could not with reasonable diligence be discovered and produced at the original hearing;
  5. Excessive or insufficient penalties;
  6. An error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing or during the progress of the case; or
  7. The order or decision is not justified by the evidence or is contrary to law.
- D.** The Board may affirm or modify a Board order or decision or grant a rehearing or review to all or any of the parties, on all or part of the issues, for any of the reasons specified in subsection (C). An order granting a rehearing or review shall specify the grounds on which the rehearing or review is granted, and the rehearing or review shall cover only the matters specified.
- E.** Not later than 30 days after a Board order or decision is rendered, the Board may on its own initiative order a rehearing or review of its order or decision for any reason specified in subsection (C). After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing or review for a reason not stated in the motion.
- F.** When a motion for rehearing or review is based on affidavits, the party shall serve the affidavits with the motion. An opposing party may, within 15 days after service, serve opposing affidavits. The Board for good cause or by written agreement

- of all parties may extend the period for service of opposing affidavits to a total of 20 days. Reply affidavits are permitted.
- G.** If the Board finds that the immediate effectiveness of a Board order or decision is necessary to preserve public peace, health, or safety and that a rehearing or review of the Board order or decision is impracticable, unnecessary, or contrary to the public interest, the Board order or decision may be issued as a final order or decision without an opportunity for a rehearing or review. If a Board order or decision is issued as a final order or decision without an opportunity for rehearing or review, any application for judicial review of the order or decision shall be made within the time permitted for final orders or decisions.
- H.** For purposes of this Section, "contested case" is defined in A.R.S. § 41-1001 and "appealable agency action" is defined in A.R.S. § 41-1092.
- I.** A person who files a complaint with the Board against a licensee:
  1. Is not a party to:
    - a. A Board administrative action, decision, or proceeding; or
    - b. A court proceeding for judicial review of a Board decision under A.R.S. §§ 12-901 through 12-914; and
  2. Is not entitled to seek rehearing or review of a Board action or decision under this Section.

**Historical Note**

Former Section R4-26-10 renumbered and adopted as R4-26-57 effective July 27, 1979 (Supp. 79-4). Amended subsection (c)(4) effective June 30, 1981 (Supp. 81-3). Renumbered from R4-26-157 effective July 3, 1991 (Supp. 91-3). Amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-309. Complaints against Judicially Appointed Psychologists**

- A.** A.R.S. § 32-2081(B) applies when a complaint is filed against a psychologist who conducts an evaluation, treatment, or psycho-education under a court order even if the psychologist is not specifically named in the court order.
- B.** If a complaint is filed against a psychologist who conducts an evaluation, treatment, or psycho-education under a court order, the Board shall return the complaint to the complainant with instructions that the court issuing the order must find there is a substantial basis to refer the complaint for consideration by the Board.

**Historical Note**

Section made by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-310. Disciplinary Supervision; Practice Monitor**

- A.** If the Board determines, after a hearing conducted under A.R.S. Title 41, Chapter 6, Article 10, after an informal interview under A.R.S. § 32-2081(K), or through an agreement with the Board, that to protect public health and safety and ensure a licensee's ability to engage safely in the practice of psychology, it is necessary to require that the licensee practice

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psychology for a specified term under another licensee who provides supervision or service as a practice monitor, the Board shall enter into an agreement with the licensee or issue an order regarding the disciplinary supervision or practice monitoring.

- B.** Payment between a licensee and supervisor or practice monitor.
  - 1. A licensed psychologist who enters into an agreement with the Board or is ordered by the Board to practice psychology under the supervision of another licensee may pay the supervising licensee for the supervisory service;
  - 2. A licensed psychologist who provides supervisory service to a licensed psychologist who has been ordered by the Board or entered into an agreement with the Board to practice psychology under supervision may accept payment for the supervisory service;
  - 3. A licensed psychologist who enters into an agreement with the Board or is ordered by the Board to practice psychology under a practice monitor may pay the practice monitor for the service provided; and
  - 4. A licensed psychologist who provides practice monitoring to a licensed psychologist who has been ordered by the Board or entered into an agreement with the Board to practice psychology under a practice monitor may accept payment for the service provided.
- C.** A licensed psychologist who supervises or serves as a practice monitor for a licensed psychologist who has entered an agreement with the Board or been ordered by the Board to practice psychology under supervision or with a practice monitor is professionally responsible only for work specified in the agreement or order.

**Historical Note**

Section made by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

**ARTICLE 4. BEHAVIOR ANALYSIS**

**R4-26-401. Definitions**

**A.** The definitions in A.R.S. § 32-2091 apply in this Article.

**B.** Additionally, in this Article:

- 1. “Accredited” means an institution of higher education:
  - a. In the U.S. is listed with the Council for Higher Education Accreditation,
  - b. In Canada is a member of the Universities Canada, and
  - c. Outside of the U.S. or Canada is determined by a member of the National Association of Credential Evaluation Services to have standards substantially similar to those of an institution of higher education in the U.S. or Canada.
- 2. “Advertising” means any media used to disseminate information regarding the qualifications of a behavior analyst in order to solicit clients for behavior analysis services, regardless of whether the behavior analyst pays for the advertising.
- 3. “Applicant” means an individual who applies to the Board for an initial or renewal license.
- 4. “BACB” means the Behavior Analyst Certification Board, Inc.<sup>®</sup>.
- 5. “Confidential information” means:
  - a. Minutes of an executive session of the Board except as provided under A.R.S. § 38-431.03(B);

- b. A record that is classified as confidential by a statute or rule applicable to the Board;
- c. Materials relating to an investigation by the Board, including a complaint, response, client record, witness statement, investigative report, and any information relating to a client’s diagnosis, treatment, or personal family life; and
- d. The following regarding an applicant or licensee:
  - i. College or university transcripts if requested from the Board by a person other than the applicant or licensee;
  - ii. Home address, telephone number, and e-mail address;
  - iii. Test scores;
  - iv. Date of birth;
  - v. Place of birth; and
  - vi. Social Security number.
- 6. “Gross negligence” means an extreme departure from the ordinary standard of care.
- 7. “Inactive status” means a behavior analyst maintains a license as a behavior analyst but is prohibited from practicing behavior analysis or holding oneself out as practicing behavior analysis in Arizona.
- 8. “License period” means:
  - a. For a licensee who holds an odd-numbered license, the two years between the first day of the month after the licensee’s birth month of one odd-numbered year and the last day of the licensee’s birth month of the next odd-numbered year; and
  - b. For a licensee who holds an even-numbered license, the two years between the first day of the month after the licensee’s birth month of one even-numbered year and the last day of the licensee’s birth month of the next even-numbered year.
- 9. “Mitigating circumstances that prevent resolution” means factors the Board considers in reviewing allegations against an applicant or licensee of unprofessional conduct occurring in another regulatory jurisdiction when the allegations would not prohibit licensure in Arizona. The factors may include:
  - a. Nature of the alleged conduct,
  - b. Severity of the alleged conduct,
  - c. Recentness of the alleged conduct,
  - d. Actions taken by the applicant to remedy potential violations, and
  - e. Whether the alleged conduct was an isolated incident or part of a recurring pattern.
- 10. “Party” means the Board, an applicant, a licensee, or the state.
- 11. “Psychometric testing materials” means manuals, instruments, protocols, and questions or stimuli used in testing.
- 12. “Raw test data” means test scores, client responses to test questions or stimuli, and a behavior analyst’s notes and recordings concerning client statements and behavior during examination.
- 13. “Regulatory jurisdiction” means a state or territory of the United States, the District of Columbia, or a foreign country with authority to grant or deny entry into a profession or occupation.
- 14. “Renewal year” means:
  - a. Each odd-numbered year for a licensee who holds an odd-numbered license, and
  - b. Each even-numbered year for a licensee who holds an even-numbered license.

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15. “Supervised experience” means supervised independent fieldwork, practicum, or intensive practicum.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2).

**R4-26-402. Fees and Charges**

- A.** As specifically authorized by A.R.S. §§ 32-2091.01(A) and 32-2091.07(B), the Board establishes and shall collect the following fees:
1. Application for an active license: \$350;
  2. Renewal of an active license: \$500;
  3. Renewal of an inactive license: \$85; and
  4. Reinstatement of expired license: \$200.
- B.** Under the specific authority provided by A.R.S. § 36-3606(A)(3), the Board establishes and shall collect the following fee to register as an out-of-state health care provider of telehealth services: \$600.
- C.** As specifically authorized by A.R.S. § 32-2091.01(B), the Board establishes the following charges for the services specified. The specified charge is not applicable if the Board’s executive director determines the requestor demonstrated the data will be used for a non-commercial purpose or the data are obtained from the Board’s online directory:
1. Electronic medium containing the name and address of all licensees: \$.05 per name;
  2. Customized electronic medium containing the name and address of all licensees: \$.25 per name;
  3. Customized electronic medium: \$.35 per name; and
  4. Copy of Board records, letters, minutes, applications, files, policy statements, and other non-confidential documents: \$.25 per page.
- D.** Except as provided by law, including A.R.S. § 41-1077, the fees listed in subsections (A) and (B) are not refundable.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Amended by final exempt rulemaking at 27 A.A.R. 1272, effective September 1, 2021 (Supp. 21-3). Amended by final rulemaking at 28 A.A.R. 3891 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-403. Application for Initial License; Application for License by Reciprocity**

- A.** An individual who wishes to practice as a behavior analyst and is qualified under A.R.S. § 32-2091.02 for an initial license or under A.R.S. § 32-2091.04 for a license by reciprocity shall complete and submit an application form, which is available from the Board office and on its website.
- B.** Additionally, an applicant shall submit:
1. An original, un-retouched, photograph that is no larger than 1.5 X 2 inches in size and taken no more than 60 days before the date of application;
  2. The application fee required under R4-26-402;
  3. A copy of a valid fingerprint clearance card issued by the Department of Public Safety under A.R.S. Title 41, Chapter 12, Article 3.1 or evidence of application for a valid fingerprint clearance card;
  4. A written request that Board staff verify with the BACB that the applicant passed the examination referenced in R4-26-404;

5. As required under A.R.S. § 41-1080(A), the specified documentation of citizenship or alien status indicating the applicant’s presence in the U.S. is authorized under federal law; and
6. The Board’s Mandatory Confidential Information form.

- C.** Application for initial license. Additionally, an applicant for an initial license under A.R.S. § 32-2091.02 shall ensure the following is submitted directly to the Board:

1. Verification of supervised experience that meets the standards specified in R4-26-404.2. For the purpose of licensure, the Board shall accept the following as verification of supervised experience:
  - a. From the supervisor of the experience:
    - i. A copy of the BACB final experience verification form, signed by the supervisor, submitted by the applicant to the BACB when the applicant applied to the BACB for certification; or
    - ii. A completed Board verification form; or
  - b. From the applicant. If the applicant demonstrates to the Board that a supervisor cannot be located, or at the request of the Board, the applicant may submit a copy of each BACB final experience verification form the applicant submitted to the BACB when the applicant applied to the BACB for certification; and
  - c. If the Board requires additional information, the Board shall accept from the applicant or supervisor of the experience:
    - i. A copy of the plan required under R4-26-404.2(C)(6), and
    - ii. Letters or other documentation from third parties who observed the supervisory relationship;
2. Official transcript for the graduate degree required under R4-26-404.1 submitted by the accredited institution of higher education that awarded the degree; and
3. Official transcript or other official document demonstrating the applicant completed the coursework required under R4-26-405 submitted by the accredited institution of higher education or BACB-approved program in which the coursework was completed.

- D.** Application for license by reciprocity. Additionally, an applicant for license by reciprocity under A.R.S. § 32-2091.04 shall ensure the following is submitted directly to the Board:

1. Verification of supervised experience that meets the requirements specified by the BACB at the time the applicant was initially certified. For the purpose of licensure, the Board shall accept the verification of supervised experience specified in subsection (C)(1);
2. Official transcript for the graduate degree submitted by the accredited institution of higher education that awarded the degree;
3. Official transcript or other official document demonstrating the applicant completed coursework that meets the Verified Course Sequence requirements specified by the Association for Behavior Analysis, International, at the time the applicant was initially certified and submitted by the accredited institution of higher education providing the coursework; and
4. Official verification of licensure from every jurisdiction that issued a license to the applicant and a statement of whether the license is in good standing.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective

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March 5, 2017 (Supp. 17-1). Amended by final rulemaking at 24 A.A.R. 3100, effective December 11, 2018 (Supp. 18-4). Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 3891 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-404. Examination Requirement**

To be licensed as a behavior analyst in Arizona, an individual shall take and pass the examination administered by the BACB for Board Certified Behavior Analysts as part of its certification process.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1).

**R4-26-404.1. Education Requirement**

To be licensed as a behavior analyst in Arizona, an individual shall have a master's degree or higher completed:

1. From an accredited institution of higher education and
2. In a program that met the requirements specified by the BACB at the time of graduation.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 3891 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-404.2. Supervised Experience Requirement**

**A.** Application of this Section: This Section does not apply to an individual who was certified by the BACB with at least 1500 hours of supervised experience before January 1, 2015.

**B.** To be licensed as a behavior analyst in Arizona, an individual shall have completed 1500 hours of supervised experience. The Board shall accept, for the purpose of licensure, hours of supervised experience obtained on or after January 1, 2015, that meet the following standards:

1. Supervised independent fieldwork. The supervisee shall be supervised at a frequency that meets the standards of the BACB at the time of supervision;
2. Practicum. The supervisee shall:
  - a. Participate in a practicum in behavior analysis within a program approved by the BACB;
  - b. Achieve a passing grade in the practicum;
  - c. Obtain graduate-level academic credit for the practicum; and
  - d. Be supervised at a frequency that meets the standard of the BACB at the time of supervision;
3. Intensive practicum. The supervisee shall:
  - a. Participate in an intensive practicum in behavior analysis within a program approved by the BACB;
  - b. Achieve a passing grade in the intensive practicum;
  - c. Obtain graduate-level academic credit for the intensive practicum; and
  - d. Be supervised at a frequency that meets the standards of the BACB at the time of supervision;
4. Combination of experience categories. The supervisee may accrue hours of supervised experience in a single category or may combine any two or three categories listed in subsections (B)(1) through (3). However, the

supervisee shall accrue supervised experience in only one category in each supervisory period; and

5. For all categories of supervised experience, the supervisee shall accrue:
    - a. No fewer than 20 hours and no more than 130 hours, including time spent in supervision, each month; or
    - b. The number of hours that meets the standards of the BACB at the time of supervision.
- C. Standards for supervised experience.**
1. Onset of supervised experience. The Board shall not accept, for the purpose of licensure, hours of supervised experience completed before attending courses required under R4-26-405. However, the Board shall accept hours of supervised experience completed concurrent with attending courses required under R4-26-405.
  2. Appropriate activities. The Board shall accept, for the purpose of licensure, hours of supervised experience that demonstrate participation in supervised experiences with various populations, at various sites, with multiple supervisors, and including all of the following activity areas:
    - a. Conducting assessments related to behavioral intervention;
    - b. Designing, implementing, and monitoring skill-acquisition and behavior-reduction programs;
    - c. Overseeing implementation of behavior-analytic programs by others;
    - d. Training, designing behavioral systems, and managing performance; and
    - e. Performing other activities directly related to behavior analysis such as attending planning meetings regarding the behavior analytic program, researching literature related to the program, and talking with others about the program.
  3. Appropriate clients. The Board shall accept, for the purpose of licensure, hours of supervised experience with appropriate clients.
    - a. An appropriate client is one for whom behavior-analytic services are suitable.
    - b. A client is not appropriate if:
      - i. The client is related to the supervisee,
      - ii. The client's primary caretaker is related to the supervisee, or
      - iii. The supervisee is the client's primary caretaker.
  4. Supervisor qualifications. The Board shall accept, for the purpose of licensure, hours of supervised experience only if the supervisor:
    - a. Was licensed by the state in which the supervision occurred during the period of supervised experience; or
    - b. If licensure of behavior analysts was not available or not in effect in the state in which the supervision occurred or during the period of supervised experience, was certified as a behavior analyst by the BACB; and
    - c. Was not related to, subordinate to, or employed by the supervisee during the period of supervised experience. Employment does not include payment made to the supervisor by the supervisee for supervisory services.
  5. Nature of supervision. The Board shall accept, for the purpose of licensure, hours of supervised experience that are effective in improving and maintaining the behavior-analytic, professional, and ethical skills of the supervisee.
    - a. Effective supervision includes:

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- iii. Developing performance expectations for the supervisee;
  - ii. Observing the supervisee and providing performance feedback on behavior-analytic activities with clients in the natural environment. In person, on-site observation is preferred but use of web cameras, video record, videoconferencing, or a similar means that provides synchronous or asynchronous observation is acceptable;
  - iii. Modeling technical, professional, and ethical behavior for the supervisee;
  - iv. Guiding behavioral case conceptualization, problem solving, and decision making skills of the supervisee;
  - v. Reviewing written materials prepared by the supervisee such as behavior programs, data sheets, and reports;
  - vi. Providing oversight and evaluation of the effects of the supervisee's delivery of behavioral service; and
  - vii. Evaluating the effects of supervising the supervisee; and
- b. Effective supervision may be conducted:
  - i. Individually for at least half of the total supervised hours in each supervisory period; and
  - ii. In groups of two to 10 supervisees for no more than half of the total supervised hours in each supervisory period.
- 6. Supervision plan. The Board shall accept, for the purpose of licensure, hours of supervised experience for which the supervisee and supervisor executed a written plan before starting the supervised experience, which includes the following:
  - a. States the responsibilities of both the supervisor and supervisee;
  - b. Requires the supervisor to complete eight hours of supervision training provided by BACB;
  - c. Includes a description of appropriate activities and instructional objectives;
  - d. Specifies the measurable circumstance under which the supervisor will complete the supervisee's Experience Verification Form;
  - e. Delineates the consequences if either supervisor or supervisee does not comply with the plan;
  - f. Requires the supervisee to obtain written permission from the supervisee's employer or manager when applicable; and
  - g. Requires both the supervisor and supervisee to comply with the ethical standard specified at R4-26-406.
- 7. Multiple supervisors or settings. The Board shall accept, for the purpose of licensure, hours of supervised experience provided by multiple supervisors or at multiple settings if all the hours of supervised experience meet the standards specified in subsections (C)(1) through (6).

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3100, effective December 11, 2018 (Supp. 18-4). Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 28 A.A.R. 3891 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-405. Coursework Requirement**

- A. This Section does not apply to an applicant who was certified as a behavior analyst by the BACB before January 1, 2015.
- B. To be licensed as a behavior analyst in Arizona, an individual shall complete, as part of or in addition to the coursework necessary to obtain the graduate degree required under R4-26-404.1, a minimum of 270 classroom hours of graduate-level instruction, the content of which is consistent with the minimum verified course sequence of the Association for Behavior Analysis International in effect at the time the instruction is obtained.
- C. The Board shall accept classroom hours of graduate-level instruction completed at an accredited institution of higher education or in a program consistent with the minimum verified course sequence of the Association for Behavior Analysis International in effect at the time the instruction is obtained.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Amended by final rulemaking at 28 A.A.R. 3891 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-406. Ethical Standard**

The Board incorporates by reference the Ethics Code for Behavior Analysts, 2020 edition, updated February 2024, and published by the BACB. The incorporated material is available at <https://bacb.com/wp-content/ethics-code-for-behavior-analysts> and on the Board's website. This incorporation by reference does not include later amendments or editions of the incorporated material.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2). Amended by final rulemaking at 31 A.A.R. 1255 (April 18, 2025), effective May 31, 2025 (Supp. 25-2).

**R4-26-407. Repealed**

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Section amended by final rulemaking at 24 A.A.R. 3100, effective December 11, 2018 (Supp. 18-4). Repealed by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2).

**R4-26-408. License Renewal**

- A. A license issued by the Board, whether active or inactive, expires on the last day of a licensee's birth month during the licensee's renewal year.
- B. The Board shall provide a licensee with 60 days' notice of the license renewal deadline. Failure to receive the notice does not excuse failure to renew timely.
- C. To renew a license, a licensee shall, on or before the last day of the licensee's birth month during the licensee's renewal year, submit to the Board a renewal application form, which is available from the Board office and on its website.
- D. Additionally, to renew a license, a licensee shall submit:
  - 1. The license renewal fee required under R4-26-402;

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2. A copy of a valid fingerprint clearance card issued by the Department of Public Safety under A.R.S. Title 41, Chapter 12, Article 3.1; and
  3. If the documentation previously submitted under R4-26-404(B) was a limited form of work authorization issued by the federal government, evidence that the work authorization has not expired.
- E.** If a completed application is timely submitted under subsections (C) and (D) to renew an active license, the licensee may continue to practice behavior analysis under the active license until notified by the Board that the application for renewal has been approved or denied. If the Board denies license renewal, the licensee may continue to practice behavior analysis until the last day for seeking review of the Board's decision or a later date fixed by a reviewing court.
- F.** Under A.R.S. § 32-2091.07, the license of a licensee who fails to submit a renewal application on or before the last day of the licensee's birth month during the licensee's renewal year expires and the licensee shall immediately stop practicing as a behavior analyst in Arizona.
- G.** A behavior analyst whose license expires under subsection (F) may have the license reinstated by submitting the following to the Board within two months after last day of the licensee's birth month during the licensee's renewal year:
1. The license renewal application required under subsection (C) and the document required under subsection (D)(2), and
  2. The license renewal and license reinstatement fees.
- H.** A behavior analyst whose license expires under subsection (F) and who fails to have the license reinstated under subsection (G) may have the license reinstated by:
1. Complying with subsection (G) within one year after the last day of the licensee's birth month during the licensee's renewal year, and
  2. Providing proof of competency and qualifications to the Board.
- I.** A behavior analyst whose license expires under subsection (F) and who fails to have the license reinstated under subsection (G) or (H) may be licensed again only by complying with R4-26-403.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Repealed by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2).

Amended by final rulemaking at 28 A.A.R. 3891 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-409. Continuing Education Requirement**

- A.** A licensee shall complete a minimum of 30 hours of continuing education during each license period. A licensee shall ensure a minimum of four hours of continuing education during each license period addresses ethics.
- B.** During a licensee's first license period, the licensee shall complete a pro-rated number of continuing education hours. To determine the number of continuing education hours required during the first license period, the licensee shall multiply the number of whole months from the month of license issuance to the end of the license period by 1.25.
- C.** A licensee shall ensure that each continuing education program provides the necessary understanding of current developments, skills, or procedures related to the practice of behavior

analysis. The following provide the necessary understanding of current developments, skills, or procedures related to the practice of behavior analysis:

1. College or university graduate coursework that directly relates to behavior analysis and is provided by an accredited educational institution: 15 hours of continuing education for each semester hour completed and 10 hours of continuing education for each quarter hour completed; a course syllabus and transcript are required for documentation;
  2. Continuing education programs offered by a BACB-approved provider: One hour of continuing education for each hour of participation; a certificate or letter from the BACB-approved provider is required for documentation;
  3. Self-study or correspondence course that is directly related to behavior analysis and offered by a BACB-approved provider or approved or offered by an accredited educational institution: Hours of continuing education determined by the course provider; a certificate or letter from the BACB-approved provider or a course syllabus and transcript from the accredited educational institution are required for documentation;
  4. Online course that is directly related to behavior analysis and offered by a BACB-approved provider or approved or offered by an accredited educational institution: Hours of continuing education determined by the course provider; a certificate or letter from the BACB-approved provider or a course syllabus and transcript from the accredited educational institution are required for documentation;
  5. Teaching a continuing education program offered by a BACB-approved provider or teaching a graduate university or college course offered by an accredited educational institution: One hour of continuing education for each hour taught; for graduate courses taught, 15 hours of continuing education for each semester hour completed and 10 hours of continuing education for each quarter hour completed;
  6. Credentialing activities or events pre-approved for continuing education and initiated by the BACB: One hour of continuing education for each hour of participation; documentation from the BACB is required;
  7. Publication of a peer-reviewed article or text book on the practice of behavior analysis or serving as a reviewer or action editor of an article pertaining to behavior analysis: eight hours of continuing education for one publication and one hour of continuing education for one review; and
  8. Attending a meeting of the Board or Committee on Behavior Analysts: Three hours for attending a morning or afternoon session of a meeting and six hours for attending a full-day meeting.
- D.** The number of hours of continuing education is limited as follows:
1. No more than 50 percent of the required hours may be obtained from teaching a continuing education program or course under subsection (C)(5). A licensee shall not obtain continuing education hours for teaching the same continuing education program or course more than once during each licensing period. A licensee shall earn no continuing education hours for participating as a member of a panel at a continuing education program or course;
  2. No more than 25 percent of the required hours may be obtained from continuing education under each of subsections (C)(3), (6) and (7).



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3. No more than six of the required hours may be obtained under subsection (C)(8). Hours obtained under subsection (C)(8) may be used to complete the ethics requirement under subsection (A).
4. Hours obtained in excess of the minimum required during a license period shall not be carried over to a subsequent license period.
- E. A licensee shall obtain a certificate or other evidence of attendance from the provider of each continuing education program or course attended that includes the following:
  1. Name of the licensee;
  2. Title of the continuing education;
  3. Name of the continuing education provider;
  4. Date, time, and location of the continuing education; and
  5. Number of hours of continuing education obtained.
- F. A licensee shall maintain the evidence of attendance described in subsection (E) for two licensing periods and make the evidence available to the Board upon request.
- G. The Board may audit a licensee's compliance with the continuing education requirement. The Board may deny license renewal or take other disciplinary action against a licensee who fails to obtain or document the required continuing education hours. The Board may discipline a licensee who commits fraud, deceit, or misrepresentation regarding the continuing education hours.
- H. A licensee who cannot comply with the continuing education requirement for good cause may seek an extension of time in which to comply by submitting a written request to the Board with the timely submission of the renewal application required under R4-26-408.
  1. Good cause includes but is not limited to illness or injury of the licensee or a close family member, death of a close family member, birth or adoption of a child, military service, relocation, natural disaster, financial hardship, or residence in a foreign country for at least 12 months of the license period.
  2. The Board shall not grant an extension longer than one year.
  3. A licensee who obtains hours of continuing education during an extension of time provided by the Board shall ensure the hours are reported only for the license period extended.
  4. A licensee who cannot comply with the continuing education requirement within an extension may apply to the Board for inactive license status under A.R.S. § 32-2091.06(E).

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Section amended by final rulemaking at 24 A.A.R. 3100, effective December 11, 2018 (Supp. 18-4). Amended by final rulemaking at 28 A.A.R. 3891 (December 23, 2022), effective January 29, 2023 (Supp. 22-4).

**R4-26-410. Voluntary Inactive Status**

- A. A licensed behavior analyst may request that the Board place the license on inactive status for one of the following reasons:
  1. The behavior analyst no longer provides behavior analysis services in Arizona,
  2. The behavior analyst is retired, or
  3. The behavior analyst is physically or mentally incapacitated or otherwise disabled.

- B. To place a license on inactive status, a licensee shall comply with R4-26-408.
- C. To remain licensed, a licensee on inactive status shall comply with R4-26-408 on or before the last day of the licensee's birth month during the licensee's renewal year.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1).

**R4-26-411. License Reinstatement**

A licensee seeking reinstatement from an inactive to an active license shall:

1. Comply with the provisions of R4-26-408(C) and (D);
2. Submit evidence of completing a pro-rated number of hours of continuing education. The licensee shall calculate the number of continuing education hours required by multiplying the number of whole months that the license was on inactive status by 1.25; and
3. Complete any other requirements the Board determines are necessary to ensure that the licensee has maintained and updated the licensee's ability to practice as a behavior analyst.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3).

**R4-26-412. Client Records**

- A. A licensee shall not condition release of a client's record on payment for services by the client or a third party.
- B. A licensee shall release a client's raw test data to another licensed behavior analyst only after obtaining the client's informed, written consent to the release. Without a client's informed, written consent, a licensee shall release the client's raw test data only to the extent required by law or under court order compelling production.
- C. A licensee shall retain all client records under the licensee's control for at least six years from the date of the last client activity. If a client is a minor, the licensee shall retain the client's record for at least three years past the client's 18th birthday or six years from the date of the last client activity, whichever is longer.
- D. Audio or video tapes created primarily for training or supervisory purposes are exempt from the requirement of subsection (C).
- E. A licensee who is notified by the Board or municipal, state, or federal officials of an investigation or pending case shall retain all records relating to the investigation or case until the licensee receives written notice that the investigation is complete or the case is closed.
- F. A licensee may retain client records in electronic form. The licensee shall ensure that client records in electronic form are stored securely and a backup copy is maintained.
- G. The provisions of this Section apply to all licensees including those on inactive status.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3).

**R4-26-413. Change of Name, Mailing Address, E-mail Address, or Telephone Number**

- A. The Board shall communicate with a licensee using the contact information provided to the Board. To ensure timely commu-

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nication from the Board, a licensee shall notify the Board, in writing, within 30 days of any change of name, mailing address, e-mail address, or residential or business telephone number.

- B.** A licensee who reports a name change shall submit to the Board legal documentation that explains the name change.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3).

**R4-26-414. Complaints and Investigations**

- A.** Anyone, including the Board, may file a complaint. A complainant shall ensure that a complaint filed with the Board involves:
1. An individual licensed under this Article; or
  2. An individual, including an applicant, believed to be engaged in the unlicensed practice of behavior analysis.
- B.** Complaint requirements. A complainant shall:
1. Submit the complaint to the Board in writing; and
  2. Provide the following information:
    - a. Name and business address of licensee or other individual who is the subject of complaint;
    - b. Name and address of complainant;
    - c. Allegations constituting unprofessional conduct;
    - d. Details of the complaint with pertinent dates and activities;
    - e. Whether the complainant has contacted any other organization regarding the complaint; and
    - f. Whether the complainant has contacted the licensee or other individual concerning the complaint and if so, the response, if any.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1).

**R4-26-415. Informal Interview**

- A.** As authorized by A.R.S. § 32-2091.09, the Board may facilitate investigation of a complaint by conducting an informal interview. The Board shall send written notice of an informal interview to the individual who is the subject of the complaint, by personal service or certified mail, return receipt requested, at least 30 days before the informal interview.
- B.** The Board shall ensure that the written notice of informal interview contains the following information:
1. The time, date, and place of the informal interview;
  2. An explanation of the informal nature of the proceedings;
  3. The individual's right to appear with legal counsel who is authorized to practice law in Arizona or without legal counsel;
  4. A statement of the allegations and issues involved with a citation to relevant statutes and rules;
  5. The individual's right to a formal hearing under A.R.S. Title 41, Chapter 6, Article 10 instead of the informal interview;
  6. The licensee's right, as specified in A.R.S. § 32-3206, to request a copy of information the Board will consider in making its determination; and
  7. Notice that the Board may take disciplinary action as a result of the informal interview if it finds the individual violated A.R.S. Title 32, Chapter 19.1, Article 4, or this Article;

- C.** The Board shall ensure that an informal interview proceeds as follows:

1. Introduction of the respondent and, if applicable, the complainant, any other witnesses, and legal counsel for the respondent;
2. Introduction of the Board members, staff, and Assistant Attorney General present;
3. Swearing in of the respondent, complainant, and witnesses;
4. Brief summary of the allegations and purpose of the informal interview;
5. Optional opening comment by the respondent and complainant;
6. Questioning of the respondent and witnesses by the Board;
7. Questioning of the complainant by the respondent through the Chair;
8. Optional additional comments by the respondent and complainant; and
9. Deliberation by the Board.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2).

**R4-26-416. Rehearing or Review of Decision**

- A.** The Board shall provide for a rehearing and review of its decisions under A.R.S. Title 41, Chapter 6, Article 10.
- B.** Except as provided in subsection (H), a party is required to file a motion for rehearing or review of a decision of the Board to exhaust the party's administrative remedies.
- C.** A party may amend a motion for rehearing or review at any time before the Board rules on the motion.
- D.** The Board may grant a rehearing or review for any of the following reasons materially affecting a party's rights:
1. Irregularity in the proceedings of the Board or any order or abuse of discretion that deprived the moving party of a fair hearing;
  2. Misconduct of the Board, its staff, or an administrative law judge;
  3. Accident or surprise that could not have been prevented by ordinary prudence;
  4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
  5. Excessive or insufficient penalty;
  6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings; and
  7. The findings of fact or a decision is not justified by the evidence or is contrary to law.
- E.** The Board may affirm or modify a decision or grant a rehearing or review to all or some of the parties on all or some of the issues for any of the reasons listed in subsection (D). An order modifying a decision or granting a rehearing or review shall specify with particularity the grounds for the order. If a rehearing or review is granted, the rehearing or review shall cover only the matters specified in the order.
- F.** Within 30 days after the date of a decision and after giving the parties notice and an opportunity to be heard, the Board may, on its own initiative, order a rehearing or review of its decision for any reason it might have granted a rehearing or review on motion of a party. The Board may grant a motion for rehearing

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or review, timely served, for a reason not stated in the motion. An order granting a rehearing or review shall specify with particularity the grounds on which the rehearing or review is granted.

- G.** When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits.
- H.** If, in a particular decision, the Board makes a specific finding that the immediate effectiveness of the decision is necessary for preservation of the public health, safety, or welfare and that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the decision may be issued as a final decision without an opportunity for a rehearing or review.
- I.** An application for judicial review of any final Board decision may be made under A.R.S. § 12-901 et seq.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490,  
effective September 11, 2012 (Supp. 12-3).

**R4-26-417. Licensing Time Frames**

- A.** For the purpose of A.R.S. § 41-1073, the Board establishes the following time frames:
  - 1. Initial license.
    - a. Overall time frame: 120 days,
    - b. Administrative completeness review time frame: 30 days, and
    - c. Substantive review time frame: 90 days;
  - 2. Renewal license.
    - a. Overall time frame: 150 days,
    - b. Administrative completeness review time frame: 60 days, and
    - c. Substantive review time frame: 90 days; and
  - 3. Initial registration as an out-of-state health care provider of telehealth services.
    - a. Overall time frame: 120 days,
    - b. Administrative completeness review time frame: 30 days, and
    - c. Substantive review time frame: 90 days.
- B.** An applicant and the Executive Director of the Board may agree in writing to extend the substantive review and overall time frames by no more than 25 percent of the overall time frame.
- C.** The administrative completeness review time frame begins when the Board receives the application materials required under R4-26-403, R4-26-408(C) and (D), or as prescribed under A.R.S. § 36-3606. During the administrative completeness review time frame, the Board shall notify the applicant that the application is either complete or incomplete. If the application is incomplete, the Board shall specify in the notice what information is missing.
- D.** An applicant whose application is incomplete shall submit the missing information to the Board within 240 days for an initial license. Both the administrative completeness review and overall time frames are suspended from the date of the Board's notice under subsection (C) until the Board receives all of the missing information.
- E.** Upon receipt of all missing information, the Board shall notify the applicant that the application is complete. The Board shall not send a separate notice of completeness if the Board grants or denies a license within the administrative completeness review time frame listed in subsection (A)(1)(b) or (A)(2)(b).

- F.** The substantive review time frame begins on the date of the Board's notice of administrative completeness.
- G.** If the Board determines during the substantive review that additional information is needed, the Board shall send the applicant a comprehensive written request for additional information.
- H.** An applicant who receives a request under subsection (G) shall submit the additional information to the Board within 240 days. Both the substantive review and overall time frames are suspended from the date of the Board's request until the Board receives the additional information.
- I.** An applicant may receive a 30-day extension of the time provided under subsection (D) or (H) by providing written notice to the Board before the time expires. If an applicant fails to submit to the Board the missing or additional information within the time provided under subsection (D) or (H) or the time as extended, the Board shall close the applicant's file. To receive further consideration, a person whose file is closed shall re-apply.
- J.** Within the overall time frame listed in subsection (A), the Board shall:
  - 1. Grant a license if the Board determines that the applicant meets all criteria required by statute and this Article; or
  - 2. Deny a license if the Board determines that the applicant does not meet all criteria required by statute and this Article.
- K.** If the Board denies a license, the Board shall send the applicant a written notice explaining:
  - 1. The reason for denial, with citations to supporting statutes or rules;
  - 2. The applicant's right to appeal the denial by filing an appeal under A.R.S. Title 41, Chapter 6, Article 10;
  - 3. The time for appealing the denial; and
  - 4. The applicant's right to request an informal settlement conference.
- L.** If a time frame's last day falls on a Saturday, Sunday, or official state holiday, the next business day is the time frame's last day.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490,  
effective September 11, 2012 (Supp. 12-3). Section  
amended by final rulemaking at 23 A.A.R. 215, effective  
March 5, 2017 (Supp. 17-1). Amended by final exempt  
rulemaking at 27 A.A.R. 1272, effective September 1,  
2021; % symbol in subsection (B) changed to "percent"  
to maintain consistency with Chapter style (Supp. 21-3).  
Amended by final rulemaking at 28 A.A.R. 3891  
(December 23, 2022), effective January 29, 2023 (Supp.  
22-4).

**R4-26-418. Mandatory Reporting Requirement**

- A.** As required by A.R.S. § 32-3208, an applicant or licensee who is charged with a misdemeanor involving conduct that may affect client safety or a felony shall provide written notice of the charge to the Board within 10 days after the charge is filed.
- B.** A list of reportable misdemeanors is available on the Board's website.

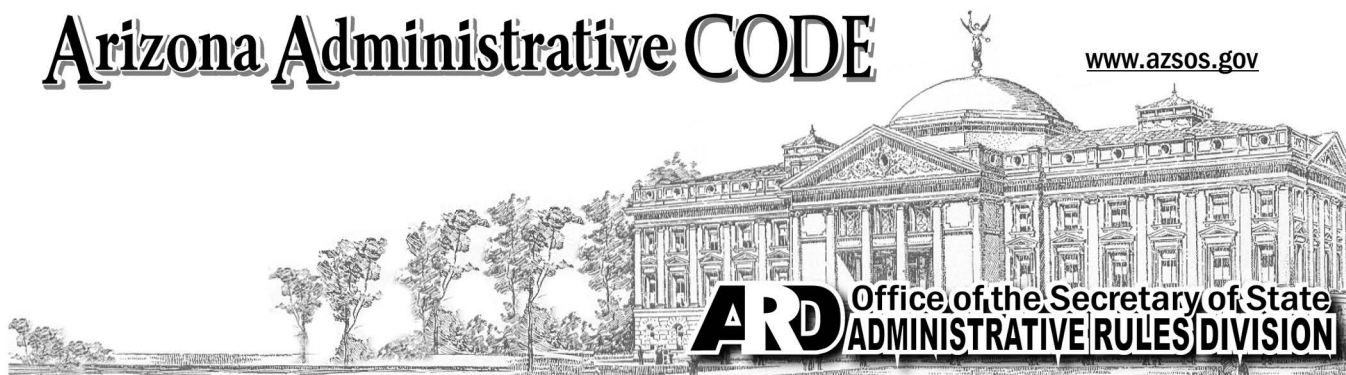
**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490,  
effective September 11, 2012 (Supp. 12-3).

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# Arizona Administrative CODE

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## **TITLE 7. EDUCATION CHAPTER 2. STATE BOARD OF EDUCATION 7 A.A.C. 2**

### **Supplement Information Supp. 25-2**

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 24-3, 1-182 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

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

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## Administrative Rules Division

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## TITLE 7. EDUCATION

## CHAPTER 2. STATE BOARD OF EDUCATION

Authority: A.R.S. § 15-203(A)(1)

## Supp. 25-2

*Editor's Note: Under A.R.S. 41-1011(C) changes were made to headings and rule language for consistency in style and format. Part headings in this Chapter were assigned numbers. These changes did not alter the sense, meaning or effect of any rule in this Chapter. The Board reviewed and approved these clerical changes. Section R7-2-604.01 was inadvertently removed when Supp. 19-4 was published. It has been reinstated as last amended in Supp. 15-3 (Supp. 21-2).*

*Editor's Note: This Chapter contains rules in Articles 10 and 11 that were filed in 2015 but were adopted in 2014. The Office has corrected all Supp. 15-3 historical notes in these Articles to reflect the true effective year of the rules to July 1, 2014 (Supp. 18-2).*

*Editor's Note: This Chapter contains rules that were filed out of sequence by adoption date. The Office has made every effort to codify the previous filings with the current Chapter and update the historical references where necessary. Refer to the historical notes for more information (Supp. 16-2).*

*Editor's Note: Supp. 16-1 contains rules that were submitted as final exempt rules and approved by the Board February 25, 2008. Although approved by the Board in 2008, the rulemaking was not filed in the Secretary of State's Office for publication in this Chapter until 2016. The final exempt rulemaking was filed by the Board on January 6, 2016 (Supp. 16-1).*

*Editor's Note: Supp. 15-3 contains rules that were submitted as final exempt rules. Pursuant to the Board's rulemaking procedures a public hearing was held on the rules after they were proposed at a Board meeting. Even though the proposed rules were not published in the Register, the Office of the Secretary of State makes a distinction between exempt rulemakings and final exempt rulemakings. Final exempt rulemakings are those filed with conditional exemptions to the Arizona Administrative Procedures Act such as requirements to conduct a public hearing or accept public comments on a proposed exempt rulemaking. Although approved by the Board, these final exempt rulemakings were not filed with the Secretary of State's Office at the time of approval. Therefore these rules were in effect prior to the release of Supp. 15-3. Refer to the historical notes for effective dates.*

*Editor's Note: This Chapter contains rules made, amended, repealed, renumbered and approved by the State Board of Education that were exempt from the rulemaking process. Although approved by the Board, certain rulemakings were not filed with the Secretary of State's Office at the time of approval. These rulemakings were filed in 2009 and 2010 and printed as Exempt Rulemakings in the Arizona Administrative Register. The Office has expedited the publishing of these Sections in the Arizona Administrative Code because these rules were in effect prior to Supp. 09-1, Supp. 09-2, Supp. 09-3, Supp. 09-4, Supp. 10-1, Supp. 10-2, Supp. 10-3, Supp. 10-4, Supp. 11-1, and Supp. 12-2 releases. Refer to the historical notes for more information.*

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*Article 6, consisting of Sections R7-2-601 through R7-2-617, adopted effective December 4, 1998 (Supp. 98-4).*

*Article 6, consisting of Sections R7-2-601 through R7-2-608, repealed effective December 4, 1998 (Supp. 98-4).*

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*The Part headings in Article 10 were assigned Part numbers (Supp. 21-2).*

*Article 10, consisting of Sections R7-2-1001 through R7-2-1009, R7-2-1021 through R7-2-1032, R7-2-1035 through R7-2-1037, R7-2-1041 through R7-2-1050, R7-2-1053, R7-2-1056, R7-2-1057, R7-2-1061 through R7-2-1068, R7-2-1072 through R7-2-1086, R7-2-1091 through R7-2-1093, R7-2-1101 through R7-2-1105, R7-2-1111 through R7-2-1115, R7-2-1117 through R7-2-1123, R7-2-1125, R7-2-1131 through R7-2-1133, R7-2-1141 through R7-2-1153, R7-2-1155 through R7-2-1159, R7-2-1161 through R7-2-1171, R7-2-1181, R7-2-1182, R7-2-1184, and R7-2-1191 through R7-2-1195, adopted effective December 17, 1987.*

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## CHAPTER 2. STATE BOARD OF EDUCATION

**ARTICLE 1. STATE BOARD OF EDUCATION MEETINGS****R7-2-101. Governance****A. Officers**

1. The elective officers of the State Board of Education (Board) shall be a President and a Vice President.
2. The State Superintendent of Public Instruction shall serve as the Secretary and as the Executive Officer of the Board.
3. The President shall preside over all meetings of the Board, call meetings as herein provided and perform such other special duties as may be vested in him or her by the Board.
4. In the absence of the President, the Vice President shall preside over all meetings and shall perform such other special duties as may be vested in him or her by the Board.
5. The President shall appoint a nominating committee that will prepare a slate of candidates for presentation to the Board at the first regular meeting following January 1 of each year. Other candidates may be nominated from the floor. The two elected officers shall be elected by written ballot and shall serve for one year, or until their successors are elected.
6. If a vacancy occurs in the office of President, the Vice President shall immediately become the President. As soon as practicable, the Board shall elect a new Vice President.

**B. Regular and special meetings**

1. Unless otherwise agreed upon by a majority of the Board, meetings shall be held on the fourth Monday of each month.
2. The place of the meeting shall be designated by the President. In the absence of the President, the place of meeting shall be designated by the Vice President.

**C. Public input to the Board**

1. Requests for matters to be placed on the agenda.
  - a. When any person wishes to have a matter placed on the agenda, that person shall submit a written request to the President of the Board not less than 21 days prior to the Board meeting.
  - b. The President of the Board may choose not to place an item submitted by a person other than a Board member on the agenda.
2. Public comment on agenda items.
  - a. Any member of the public who wishes to address the Board regarding a matter on the agenda for Board action may submit a written request to be heard on forms provided by the Board.
  - b. The President of the Board or a majority of the Board may allot a reasonable time for members of the public to address the Board with respect to agenda items.

**Historical Note**

Former Section R7-2-101 repealed, new Section R7-2-101 adopted effective December 4, 1978 (Supp. 78-6). Amended effective February 27, 1980 (Supp. 80-1). Former Section R7-2-101 repealed, new Section R7-2-101 adopted effective June 17, 1985 (Supp. 85-3).

**R7-2-102. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-103. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**ARTICLE 2. STATE BOARD OF EDUCATION COMMITTEES****R7-2-201. Advisory Committees**

- A.** The State Board of Education (Board) may create an advisory committee for the purpose of providing advice and recommendations as assigned by the Board. In this Section, unless the context otherwise requires, the following definitions shall apply:
  1. "Ad Hoc Advisory Committee" means a committee, established by the Board, for a limited time and scope, for the purpose of providing advice and recommendations to the Board.
  2. "Executive Committee" means a committee, whose members consist of the President and Vice-President of the Board, established for the purpose of appointing ad hoc advisory committee members.
  3. "Standing Advisory Committee" means the Certification Advisory Committee, the Professional Practices Advisory Committee, or any other designated permanent committee, established by the Board, for the specific purpose of providing ongoing advice and recommendations as assigned by the Board.
- B.** Any advisory committee or similar body that has been created by either the Board or statute shall be appointed and conduct its business in accordance with this Section except as otherwise required by law.
- C.** The Board shall determine the structure, membership, and tasks of any standing advisory committee the Board has created.
- D.** The Board's Appointments Subcommittee, whose members are appointed by the President of the Board, shall review nominations submitted by the Board members for appointment to a standing advisory committee and shall provide a recommendation to the Board for consideration. A vacancy on a standing advisory committee shall be filled in the manner described in this Section.
- E.** The Board shall determine the structure and task of an ad hoc advisory committee it has created and may make suggestions as to members. The Executive Committee shall appoint the members of an ad hoc advisory committee. An ad hoc advisory committee shall exist for the time necessary to accomplish its assigned task or for one year from the date it is created, whichever is less. An ad hoc advisory committee may continue to function beyond a one-year period only with the express approval of the Executive Committee. A vacancy on an ad hoc advisory committee shall be filled in the manner prescribed by the Executive Committee.
- F.** The Board may in its discretion remove any member from and dissolve any standing advisory committee that the Board has created. The Executive Committee may in its discretion remove any member from and dissolve any ad hoc advisory committee that the Executive Committee has created.
- G.** An advisory committee shall not conduct a meeting of its members without prior acknowledgment from the Executive Director of the Board that the notice and agenda for the meeting have been approved by the President of the Board and posted and that there are sufficient funds to meet all expenses that would be incurred in connection with such meeting. An advisory committee member shall not obligate the payment of Board funds.

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- H. The meetings of a committee shall be held at the offices of the Board or any other facility for which no charges would be incurred for use of the facility.
- I. Activities of an advisory committee are limited to preparation of advice and recommendations to be presented to the Board for issues which relate directly to the task assigned by the Board.
- J. Advisory committees are not authorized the use of Board letterhead stationery without the express approval of the President of the Board and are not authorized the use of Department of Education letterhead stationery without the express approval of the Superintendent of Public Instruction.
- K. An advisory committee shall:
  1. Annually select from its members a chair and vice chair;
  2. Request information, assistance, or opinions from the Department of Education necessary to accomplish its task. An advisory committee shall convey any such request through the Department liaison designated pursuant to this Section.
- L. A quorum of an advisory committee shall be a majority of the voting members of the advisory committee. Voting members shall be only those members specifically appointed by the Board or Executive Committee. A quorum of an advisory committee is necessary to conduct its business. An affirmative vote of the majority of voting members present is necessary for an advisory committee to take action.
- M. The Superintendent shall designate an employee of the Department of Education to serve as a liaison to each advisory committee. The President of the Board may appoint a member of the Board to serve as an additional liaison to each advisory committee as the President deems appropriate.

**Historical Note**

Amended effective July 1, 1977 (Supp. 77-4). Former Section R7-2-201 repealed, new Section R7-2-201 adopted effective December 4, 1978 (Supp. 78-6). Amended effective February 25, 1987 (Supp. 87-1). Section repealed, new Section adopted effective March 18, 1994 (Supp. 94-1). Amended by final exempt rulemaking at 22 A.A.R. 2239, effective August 1, 2016 (Supp. 16-3). Amended by final exempt rulemaking at 25 A.A.R. 98, effective December 17, 2018 (Supp. 18-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-202. Repealed****Historical Note**

Former Section R7-2-202 repealed, new Section R7-2-202 adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-202 repealed, new Section R7-2-202 adopted effective June 21, 1979 (Supp. 79-3). Amended effective June 12, 1989 (Supp. 89-2). Amended effective December 12, 1990 (90-4). Amended effective August 28, 1992 (Supp. 92-3). Repealed effective March 18, 1994 (Supp. 94-1).

**R7-2-203. Repealed****Historical Note**

Former Section R7-2-203 repealed, new Section R7-2-203 adopted effective April 9, 1984 (Supp. 84-2). Amended subsections (A) and (B) effective December 30, 1988 (Supp. 88-4). Repealed effective February 20, 1997 (Supp. 97-1).

**R7-2-204. Repealed****Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-204 repealed, new Section R7-2-204 adopted effective December 31, 1984 (Supp. 84-6). Amended effective August 28, 1992 (Supp. 92-3). Repealed effective February 20, 1997 (Supp. 97-1).

**R7-2-205. Professional Practices Advisory Committee**

- A. Professional Practices Advisory Committees (Committees) shall act in an advisory capacity to the State Board of Education (Board) in regard to certification or recertification matters related to immoral conduct, unprofessional conduct, unfitness to teach, revocation, suspension, censure, or surrender of certificates, and matters related to immoral or unprofessional conduct, unfitness to teach and the discipline of noncertificated individuals.
- B. Committees shall each consist of nine members comprised of the following:
  1. One elementary classroom teacher,
  2. One secondary classroom teacher,
  3. One principal,
  4. One superintendent or assistant/associate superintendent,
  5. Three lay members, one lay member who shall be a parent of a student currently attending public school in Arizona,
  6. One local governing board member, and
  7. One charter school teacher, principal, or administrator.
- C. Members appointed under subsections (B)(1) through (4) shall meet at least the following requirements:
  1. Certified to teach in Arizona.
  2. Currently employed in or retired from the education profession in the specific category of their appointment.
- D. Terms of the members
  1. All regular terms shall be for four years except as set forth in subsection (E).
  2. A member may be reappointed with Board approval.
- E. The Board may remove any member from the Committee. All vacancies shall be filled as prescribed in subsections (C)(1) and (2), and those persons appointed to fill vacancies shall serve to complete the term of the person replaced.
- F. The Committee shall:
  1. Select from its members a Chairman and Vice-Chairman,
  2. A quorum shall be a majority of members of the Committee. A quorum is necessary to conduct business. An affirmative vote of the majority of the members present is needed to take action.
  3. Hold meetings as needed to conduct hearings or other Committee business by call of the Chairman of the Committee. If the Chairman neglects or declines to call a meeting, then a majority of the Committee may call a meeting. The Board may call a meeting as required to conduct necessary business. Notice of any meeting shall be given to Committee members seven days prior to the meeting.
  4. Recommend the removal of any member who is absent from three consecutive meetings.
  5. Refer to R7-2-1308 to assist in determining whether the acts complained of constitute unprofessional conduct.
  6. Conduct its business pursuant to R7-2-1301 et seq. and hearings pursuant to R7-2-701 et seq.

**Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-205 repealed, new Section R7-2-205 adopted effective February 24, 1982 (Supp. 82-1). For-

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mer Section R7-2-205 repealed, new Section R7-2-205 adopted effective August 30, 1984 (Supp. 84-4).

Amended effective February 21, 1986 (Supp. 86-1). Amended subsections (H), (I), and (J) effective February 3, 1987 (Supp. 87-1). Amended effective December 15, 1989 (Supp. 89-4). Amended effective May 31, 1991 (Supp. 91-2). Amended effective April 9, 1993 (Supp. 93-2). Amended effective December 3, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 21 A.A.R. 1775, effective May 20, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). The word "rule" has been changed to "Section," the words "above" and "below" have been removed to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-206. Certification Denial Appeals Process for Applications for Certification that Do Not Involve Allegations of Immoral or Unprofessional Conduct**

**A.** Request for hearing. A person who has had an application for certification denied by the Department of Education pursuant to A.R.S. § 15-534.01(B) may file a written request for a hearing with the Board within 15 days after being served notice of the denial pursuant to subsection (C). Intermediate Saturdays, Sundays and legal holidays shall be included in the computation of the 15 days. If the final day of the 15 day deadline falls on a Saturday, Sunday or legal holiday, the next business day is the final day of the deadline. Applications for certification that involve allegations of immoral or unprofessional conduct shall be reviewed by the Professional Practices Advisory Committee pursuant to R7-2-205.

**B.** Notice of hearing

1. If an applicant requests a hearing to appeal the denial of an application for certification, a notice of hearing shall be given at least 20 days prior to the date set for the hearing.
2. The notice shall include:
  - a. A statement of the time, place and nature of the hearing.
  - b. A statement of the legal authority and jurisdiction under which the hearing is to be held.
  - c. A reference to the particular sections of the statutes and rules involved.
  - d. A short and plain statement of the matters asserted. If a party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter upon application a more definite and detailed statement shall be furnished.

**C.** Service of documents; change of address notice requirement

1. Every notice or decision issued by the Board or the Department pertaining to the denial of an application for initial certification or renewal of a certificate shall be served by personal delivery, first class mail or certified mail, return receipt requested, to the applicant or certificated person's last address of record with the Department of Education or by any other method that is reasonably calculated to give actual notice to the applicant or the certificated person. A document is filed with the Board on the date it is received by the Board, as established by the Board's date stamp on the face of the document. A docu-

ment issued by the Board or the Department pursuant to this Section is served on a party as follows:

- a. On the date it is personally served.
- b. Five days after it is mailed by first class mail.
- c. On the date of the return receipt if it is mailed by certified mail.

2. Each applicant or certificated person shall inform the Department of Education and the Board of any change of address within 30 days of the change of address.

**D.** Hearing process

1. All hearings shall be conducted before the Board or a hearing officer pursuant to A.R.S. Title 41, Chapter 6, Article 6 and this Section.
2. Parties may participate in the hearing in person or through an attorney.
3. Upon request of either party, the hearing officer may schedule a prehearing conference. The purpose of a prehearing conference shall be to narrow issues, attempt settlement, address evidentiary issues or for any other purpose deemed necessary by the hearing officer.
4. Opportunity shall be afforded all parties to respond and present evidence and argument on the issues involved.
5. The Board may dispose of any certification appeal by decision or approved stipulation, agreed settlement, consent agreement or by default.
6. A hearing shall be recorded manually or by a recording device and shall be transcribed on request of any party, unless otherwise provided by law. The cost of such transcript shall be paid by the party making the request, unless otherwise provided by law or unless assessment of the cost is waived by the Board.
7. The hearing may be rescheduled, maintaining due regard for the interests of justice and the orderly and prompt conduct of the proceedings.
8. The record in an appeal of a certification denial shall include:
  - a. All pleadings, motions and interlocutory rulings;
  - b. Evidence received or considered;
  - c. A statement of matters officially noticed;
  - d. Objections and offers of proof and rulings thereon;
  - e. Proposed findings of fact and conclusions of law and exceptions thereto;
  - f. Any decision, opinion, recommendation or report of the hearing officer;
  - g. All staff memoranda, other than privileged communications, or data submitted to the hearing officer in connection with its consideration of the case.
9. Findings of fact shall be based exclusively on the evidence and on matters officially noticed.
10. A hearing may be conducted in an informal manner and without adherence to the rules of evidence required in judicial proceedings. Neither the manner of conducting the hearing nor the failure to adhere to the rules of evidence required in judicial proceedings shall be grounds for reversing any administrative decision or order, providing the evidence supporting such decision or order is substantial, reliable, and probative. Irrelevant, immaterial or unduly repetitious evidence shall be excluded. Every person who is a party to such proceedings shall have the right to be represented by counsel, to submit evidence in open hearing and shall have the right of cross-examination. Unless otherwise provided by law, hearings may be held at any place determined by the Board. At such hear-

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ing such applicant shall be the moving party and have the burden of proof.

11. Copies of documentary evidence may be received in the discretion of the hearing officer. Upon request, the parties shall be given an opportunity to compare the copy with the original.
12. Notice may be taken of judicially cognizable facts. In addition, notice may be taken of generally recognized technical or scientific facts within the specialized knowledge of the hearing officer. Parties shall be notified either before or during the hearing or by reference in preliminary reports or otherwise of the material noticed including any staff memoranda or data and they shall be afforded an opportunity to contest the material so noticed. The hearing officer's experience, technical competence and specialized knowledge may be utilized in the evaluation of the evidence.

**E. Subpoenas**

1. The hearing officer may issue subpoenas for the attendance of witnesses and for the production of books, records, documents and other evidence on the hearing officer's own volition or at the request of a party.
2. A request for a hearing subpoena shall be in writing and served on each party at least seven days prior to the date set for hearing and shall state:
  - a. The name of the case, the case number, and the date, time and place where the witness is expected to appear and testify;
  - b. The name and address of the witness subpoenaed;
  - c. The documents, if any, sought to be provided; and
  - d. A brief statement of the relevance of the testimony or documents.
3. On application of a party or the agency and for use as evidence, the hearing officer may permit a deposition to be taken, in the manner and upon the terms designated by the hearing officer, of a witness who cannot be subpoenaed or is unable to attend the hearing.
4. The individual to whom a subpoena is directed shall comply with its provisions unless, prior to the date set for appearance, the hearing officer grants a written request to quash or modify the subpoena. The request shall state the reasons why it should be granted. The hearing officer shall grant or deny such request by order.
5. The hearing officer shall quash or modify the subpoena if:
  - a. It is unreasonable or oppressive; or
  - b. The desired testimony or evidence may be obtained by an alternative method.
6. The party requesting the subpoena shall prepare it and cause it to be served upon the individual to whom it is directed in the same manner as provided for service of subpoenas in civil matters before the superior court. The return of service shall be filed with the Board.

**F. Conduct of hearing**

1. The hearing officer may conduct all or part of the hearing by telephone or other electronic means, as long as each party has an opportunity to participate in the entire proceeding as it takes place.
2. Except for those hearings which may involve presentation of evidence protected by law as confidential, or which are otherwise closed pursuant to an express provision of law, all hearings are open to public observation.

3. Conduct at any hearing that is disruptive or shows contempt for the proceedings shall be grounds for exclusion from further participation or observation.

**G. Evidence**

1. All witnesses shall testify under oath or affirmation.
2. The hearing officer shall have the power to administer oaths and affirmations.
3. All parties shall have the right to present such oral or documentary evidence and to conduct such cross-examination as may be required for a full and fair disclosure of the facts.
4. The hearing officer shall receive evidence, rule upon offers of proof, and exclude evidence the hearing officer has determined to be irrelevant, immaterial, or unduly repetitious.
5. Unless otherwise ordered by the hearing officer, documentary evidence shall be limited in size when folded to 8 1/2 by 11 inches. The submitting party shall identify documentary exhibits by number or letter and party and furnish a copy of each exhibit to each party present. One additional copy shall be furnished to the hearing officer unless the hearing officer otherwise directs. When evidence offered by any party appears in a larger work, containing other information, the party shall plainly designate the portion offered. If the evidence offered is so voluminous as would unnecessarily encumber the record, the book, paper, or document shall not be received in evidence but may be marked for identification and, if properly authenticated, the designated portion may be read into or photocopied for the record. All documentary evidence offered shall be subject to appropriate and timely objection.

- H. Stipulations.** Parties to an appeal of a certification denial may stipulate, in writing, agreement upon any matter involved in the proceeding. If approved by the hearing officer, agreement on matters of procedure shall be binding upon the parties to the stipulation. The hearing officer may require presentation of evidence for proof of stipulated facts for the hearing officer's consideration. No substantive matter agreed to by the parties shall be binding upon the Board unless incorporated into the decision of the Board.

**I. Recommendations**

1. A recommended decision shall be prepared for the Board by the hearing officer and shall include findings of fact and conclusions of law, separately stated.
2. Parties shall be notified either personally or by mail to their last known address of any decision or order.
3. A recommended decision shall be delivered to the Board within 30 days after the close of the hearing unless the Board extends the period for good cause.

**J. Decisions and orders**

1. Any final decision or order adverse to a party shall be in writing or stated in the record.
2. When the Board is the hearing body, the decision shall be rendered within 60 days following the final day of the hearing.
3. Within 30 days after receipt of any recommended decision from the hearing officer, the Board shall render a decision to affirm, reverse, adopt, modify, supplement, amend or reject the recommendation and may remand the matter to the hearing officer with instructions, or may convene itself as the hearing body.

**K. Rehearing and review of decisions**



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1. After a hearing is held, a party in an appeal of a certification denial who is aggrieved by a decision rendered by the Board may file with the Board, not later than 30 days after such decision has been made, a written motion for rehearing specifying the particular grounds therefor. A motion for rehearing under this Section may be amended at any time before it is ruled upon by the Board. A response may be filed within 15 days after service of such motion by any other party. The Board may require the filing of written briefs on the issues raised in the motion or response and may provide for oral argument.
2. A rehearing of a decision by the Board may be granted for any of the following causes materially affecting the moving party's rights:
  - a. Irregularity in the administrative proceedings of the hearing body, or abuse of discretion, whereby the moving party was deprived of a fair hearing.
  - b. Misconduct of the hearing body or the prevailing party.
  - c. Accident or surprise which could not have been prevented by ordinary prudence.
  - d. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the hearing.
  - e. Excessive or insufficient penalties.
  - f. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing.
  - g. That the decision is not justified by the evidence or is contrary to the law.
3. The Board may affirm or modify the decision or grant a rehearing to all or any of the parties, on all or part of the issues, for any of the reasons set forth in subsection (K)(2). An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.
4. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. The order granting such a rehearing shall specify the grounds therefor.
5. Not later than 20 days after a decision is rendered, the Board may, on its own initiative, order a rehearing of its decision for any reasons for which it might have granted a rehearing on motion of a party. The order granting such a rehearing shall specify the grounds therefor.
6. When a motion for rehearing is based upon affidavits they shall be served with the motion. An opposing party may, within 10 days after service of such motion, serve opposing affidavits and this period may be extended for an additional period not exceeding 20 days, by the Board for good cause shown or by written stipulation of the parties. Reply affidavits may be permitted.
7. After a hearing has been held and a final administrative decision has been entered, a party is not required to file a motion for rehearing or review of the decision in order to exhaust the party's administrative remedies.
8. Any party in an appeal of a certification denial who is aggrieved by a decision rendered by the Board may file with the Board, not later than 20 days after such decision has been made, a written request for review of the decision. If a review of the decision is granted, the Board may affirm or modify the previous decision.

**Historical Note**

Former Section R7-2-206 adopted effective December 4, 1978 (Supp. 78-6). Repealed effective February 24, 1982. See R7-2-205 adopted effective February 24, 1982 (Supp. 82-1). New Section R7-2-206 adopted effective August 9, 1989 (Supp. 89-3). Repealed effective March 18, 1994 (Supp. 94-1). New Section made by exempt rulemaking at 16 A.A.R. 156, effective December 7, 2009 (Supp. 09-4). Amended by final exempt rulemaking at 25 A.A.R. 98, effective December 17, 2018 (Supp. 18-4).

**R7-2-207. Repealed****Historical Note**

Adopted effective August 9, 1989 (Supp. 89-3). Repealed effective March 18, 1994 (Supp. 94-1).

**ARTICLE 3. CURRICULUM REQUIREMENTS AND SPECIAL PROGRAMS****R7-2-300. Adoption of Assessments**

As required in A.R.S. § 15-741, the Board shall adopt statewide assessments in order to measure pupil achievement of the state board adopted academic standards as follows:

1. In English language arts and mathematics, annually in grades three through eight and at least once in high school.
2. In science, once in grades three through five and grades six through eight and at least once in high school.
3. In other subjects and for other students, at the direction of the Board.

**Historical Note**

New Section made by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-301. Minimum Course of Study and Competency Goals for Students in the Common Schools**

- A. Students shall demonstrate competency as defined by the State Board-adopted academic standards, at the grade levels specified, in the following required subject areas. District and charter school instructional programs shall include an ongoing assessment of student progress toward meeting the competency requirements. These shall include the successful completion of the academic standards in at least reading, writing, mathematics, science and social studies, as determined by district and/or statewide assessments.
  1. English language arts;
  2. Mathematics;
  3. Science;
  4. Social Studies; including:
    - a. Civics; and
    - b. Instruction on the Holocaust and other genocides at least once in either grade seven or grade eight;
  5. The Arts, which may consist of two or more of the following: visual arts, dance, theatre, music or media arts;
  6. Health/Physical Education, including mental health. Mental health instruction may be included as part of other subject areas and shall comply with A.R.S. § 15-701.02.
- B. The local governing board or charter school may prescribe course of study and competency requirements for promotion that are in addition to or higher than the course of study and competency requirements the State Board of Education prescribes. Additional subjects may be offered by the local gov-

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erning board or charter school as options and may include, but are not limited to:

1. Career and Technical Education,
  2. Computer Science,
  3. Educational Technology,
  4. World and Native Languages.
- C. Prior to the issuance of a standard certificate of promotion from the eighth grade, each student shall demonstrate competency, as defined by the local governing board, of the State Board of Education adopted academic standards for grade eight in the subject areas listed in subsections (A)(1) through (6).
- D. Special education and promotion from the eighth grade.
1. The charter school or local governing board of each school district shall be responsible for developing a course of study and graduation requirements for all students placed in special education programs in accordance with R7-2-401 et seq.
  2. Students placed in special education classes in grades K through eight are eligible to receive the standard certificate of promotion without meeting State Board of Education competency requirements.
- E. Online and distance education courses may be offered by the local governing board or charter school if the course is provided through an Arizona Online Instruction Program established pursuant to A.R.S. § 15-808.
- F. Alternative Demonstration of Competency. Upon request of the student, the local school district governing board or charter school shall provide the opportunity for a student in grades seven and eight to demonstrate competency in the subject areas listed in subsections (A)(1) through (6) in lieu of classroom time.

**Historical Note**

Former Section R7-2-301 repealed, new Section R7-2-301 adopted effective December 4, 1978 (Supp. 78-6). Amended subsections (A) and (B) effective May 4, 1982 (Supp. 82-3). Amended subsection (B) by adding subsection (10) effective July 26, 1982 (Supp. 82-4). Section repealed, new Section adopted effective April 12, 1993 (Supp. 93-2). Amended effective May 3, 1993 (Supp. 93-2). Amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013 (the making of subsection (F)); filed in the Office January 15, 2016, with historical note added for clarification as the Board adopted the same amendment June 23, 2014 (Supp. 16-2). Amended by final exempt rulemaking at 21 A.A.R. 1778, effective June 23, 2014; filed in the Office August 4, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 691, effective February 26, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 2897, effective October 26, 2020 (Supp. 20-4). The hyphen between “K-8” has been changed to the word “through,” the numeral “8” has been changed to “eight,” the ordinal “8th” was corrected to “eighth” for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2694 (November 19, 2021), effective October 25, 2021 (Supp. 21-4).

**R7-2-301.01. Repealed****Historical Note**

R7-2-301(A), (B), and (C) repeated and numbered as R7-2-301.01(A), (B), and (C); R7-2-301(D) and (E) repeated

and numbered as R7-2-301.01(D) and (E) and amended; the text of R7-2-301.01 as amended is effective January 1, 1989 (Supp. 86-2). Complete text printed and historical note added (Supp. 89-3). Repealed effective April 12, 1993 (Supp. 93-2).

**R7-2-301.02. Repealed****Historical Note**

Adopted effective March 26, 1990 (Supp. 90-1). Amended effective December 18, 1991; amended effective December 20, 1991 (Supp. 91-4). Repealed effective March 18, 1994 (Supp. 94-1).

**R7-2-302. Minimum Course of Study and Competency Requirements for Graduation from High School**

The Board prescribes the minimum course of study and competency requirements as outlined in subsections (1) through (5) and, through the graduating class of 2025, receipt of a passing score of 60 correct answers out of one hundred questions on a civics test identical to the civics portion of the naturalization test used by the United States Citizenship and Immigration Services as prescribed in A.R.S. § 15-701.01. Beginning with the graduating class of 2026, students shall obtain a passing score of at least 70 correct answers out of one hundred questions on a civics test identical to the civics portion of the naturalization test used by the United States Citizenship and Immigration Services prescribed in A.R.S. § 15-701.01.

1. Subject area course requirements. The Board establishes 22 credits as the minimum number of credits necessary for high school graduation. Students shall obtain credits for required subject areas as specified in subsections (1)(a) through (e) based on completion of subject area course requirements or competency requirements. At the discretion of the local school district governing board or charter school, credits may be awarded for completion of elective subjects specified in subsection (1)(f) based on completion of subject area course requirements or competency requirements. The awarding of a credit toward the completion of high school graduation requirements shall be based on successful completion of the subject area requirements prescribed by the State Board and local school district governing board or charter school as follows:
  - a. Four credits of English or English as a Second Language, which shall include but not be limited to the following: reading American and other world literature, reading informational text, writing, research methods, speaking and listening skills, grammar, and vocabulary.
  - b. Three credits in social studies to minimally include the following:
    - i. One credit of American history, including Arizona history;
    - ii. One credit of world history/geography, to include instruction on the Holocaust and other genocides;
    - iii. One-half credit of American government, including civics and Arizona government; and
    - iv. One-half credit in economics.
  - c. Four credits of mathematics to minimally include:
    - i. Three credits containing course content in preparation for proficiency at the high school level on the statewide assessment and aligned to the Arizona Mathematics Standards for Algebra I, Geometry, and Algebra II. These three credits shall be taken beginning with the

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- ninth grade unless a student meets these requirements prior to the ninth grade pursuant to subsection (1)(c)(iii). The requirement for the third credit covering Algebra II, may be met by, but is not limited to the following: a math course comparable to Algebra II course content; computer science, career and technical education and vocational education, economics, science and arts courses as determined by the local school district governing board or charter school.
- ii. A fourth credit that includes significant mathematics content as determined by the local school district governing board or charter school.
  - iii. Courses successfully completed prior to the ninth grade that meet the high school mathematics credit requirements may be applied toward satisfying those requirements.
  - iv. The mathematics requirements may be modified for students using a Personal Curriculum pursuant to R7-2-302.03.
- d. Three credits of science in preparation for proficiency at the high school level on the statewide assessment.
  - e. One credit of the Arts or career and technical education and vocational education.
  - f. Seven credits of additional courses prescribed by the local school district governing board or charter school.
    - i. Health instruction, regardless of the course it is provided in, shall include instruction on mental health;
    - ii. Mental health instruction may be included in other courses; and
    - iii. All mental health instruction shall comply with A.R.S. § 15-701.03.
  - g. A credit or partial credit may apply toward more than one subject area but shall count only as one credit or partial credit toward satisfying the 22 required credits.
2. Credits earned through correspondence courses to meet graduation requirements shall be taken from an accredited institution as defined in R7-2-601. Credits earned thereby shall be limited to four, and only one credit may be earned in each of the following subject areas:
    - a. English as described in subsection (1)(a) of this Section,
    - b. Social Studies,
    - c. Mathematics, and
    - d. Science.
  3. Online and distance education courses may be offered by the local governing board or charter school if the course is provided through an Arizona Online Instruction Program established pursuant to A.R.S. § 15-808.
  4. Local school district governing boards or charter schools may grant to career and technical education and vocational education program completers a maximum of 5 1/2 credits to be used toward the Board English, mathematics, science, and economics credit requirements for graduation, subject to the following restrictions:
    - a. The Board has approved the career and technical education and vocational education program for equivalent credit to be used toward the Board English, mathematics, science, and economics credit requirements for graduation.
    - b. A credit or partial credit may apply toward more than one subject area but shall count only as one credit or partial credit toward satisfying the 22 required credits.
    - c. A student who satisfies any part of the Board English, mathematics, science, and economics requirements through the completion of a career and technical education and vocational education program shall still be required to earn 22 total credits to meet the graduation requirements prescribed in this Section.
  5. Competency requirements.
    - a. The awarding of a credit toward the completion of high school graduation requirements shall be based on the requirements outlined in A.R.S. § 15-701.01 and the successful completion of State Board-adopted academic standards for subject areas listed in subsections (1)(a) through (1)(e) and the successful completion of the competency requirements for the elective subjects specified in subsection (1)(f). Competency requirements for elective subjects as specified in subsection (1)(f) shall be the academic standards adopted by the State Board. If there are no adopted academic standards for an elective subject, the local school district governing board or charter school shall be responsible for developing and adopting competency requirements for the successful completion of the elective subject. The school district governing board or charter school shall be responsible for developing and adopting the method and manner in which to administer a test that is identical to the civics portion of the naturalization test used by the United States Citizenship and Immigration Services. School districts and charter schools shall document and report student outcome data on the test pursuant to A.R.S. § 15-701.01 and based on procedures adopted by the Arizona Department of Education. Schools may administer the test to students beginning in the seventh grade and any pupil who does not obtain a passing score on the test may retake the test until the pupil obtains a passing score.
    - b. The determination and verification of student accomplishment and performance shall be the responsibility of the subject area teacher.
    - c. Upon request of the student, the local school district governing board or charter school shall provide the opportunity for the student to demonstrate competency in the subject areas listed in subsections (1)(a) through (1)(f) in lieu of classroom time. In appropriate courses, a school district governing board or charter school shall include as a mechanism to demonstrate competency a score determined by the State Board as college and career ready on the appropriate assessment adopted by the State Board pursuant to A.R.S. §§ 15-741 or 15-741.01.
  6. The local school district governing board or charter school shall be responsible for developing a course of study and graduation requirements for all students placed in special education programs in accordance with A.R.S. Title 15, Chapter 7, Article 4 and R7-2-401 et seq. Students placed in special education classes, through 12, are

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eligible to receive a high school diploma upon completion of graduation requirements.

**Historical Note**

Former Section R7-2-302 repealed, new Section R7-2-302 adopted effective December 4, 1978 (Supp. 78-6). Amended effective July 8, 1983 (Supp. 83-4). Amended subsections (1) and (5) effective January 1, 1987 (Supp. 84-3). See R7-2-302.01 and R7-2-302.02 for minimum credits for graduating classes of 1987 forward (Supp. 86-5). Repealed effective August 28, 1992; Inadvertently omitted from Supp. 92-3; corrected Supp. 93-4. Amended effective November 17, 1994 (Supp. 94-4). Repealed effective February 20, 1997 (Supp. 97-1). New Section adopted by final rulemaking at 7 A.A.R. 1255, effective February 20, 2001 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 3893, effective August 21, 2002 (Supp. 02-3). Amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; since the Board did not file the amendments until January 15, 2016, subsection (3)(a) through (b) was already repealed at the time of publishing the Section in Supp. 15-3; therefore, there is no record of the amendments in the Administrative Code; these amendments can be viewed at 21 A.A.R. 1778 (Supp. 16-2). Amended by final exempt rulemaking at 21 A.A.R. 1778, effective June 23, 2014; filed in the Office August 4, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 197, effective October 26, 2015; filed in the Office January 15, 2016 (Supp. 16-3). Amended by final rulemaking at 24 A.A.R. 691, effective February 26, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 2897, effective October 26, 2020 (Supp. 20-4). The word “sixty” has been changed to the numeral “60,” the hyphen between “9-12” was replaced with the word “through” and the numeral “9” has been changed to “nine,” the phrase “of this Section” was removed, and “one hundred” was changed to the numeral “100” to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2694 (November 19, 2021), effective October 25, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-302.01. Repealed****Historical Note**

Section R7-2-302 repeated and amended effective January 1, 1987, filed September 24, 1986 (Supp. 86-5). Amended as an emergency by adding a new subsection (B) effective May 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Filing date for January 1, 1987, amendments corrected to September 24, 1986 (Supp. 89-3). Emergency expired. Adopted as a permanent rule effective February 7, 1990 (Supp. 90-1). Repealed effective August 28, 1992; Inadvertently omitted from Supp. 92-3; corrected Supp. 93-4. New Section made by exempt rulemaking at 14 A.A.R. 195, effective December 10, 2007 (Supp. 08-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.02. Repealed****Historical Note**

Adopted effective January 1, 1991, filed September 24, 1986 (Supp. 86-5). Amended effective May 9, 1988 (Supp. 88-2). Amended effective June 12, 1989 (Supp. 89-2). Amended effective March 26, 1990 (Supp. 90-1). Repealed effective March 18, 1994 (Supp. 94-1). New Section made by exempt rulemaking at 14 A.A.R. 195, effective December 10, 2007 (Supp. 08-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.03. Personal Curriculum****A. Definitions.**

1. “Personal Curriculum” means a documented process that may be used to modify the high school graduation requirements for mathematics delineated in R7-2-302.02(1)(c). A student may use a personal curriculum to modify the Algebra II requirement delineated in R7-2-302.02(1)(c)(ii) and reduce the credit requirements for mathematics from four to three credits. A student who successfully completes the student’s personal curriculum meets the requirements for high school graduation.
2. “Development Team” means a team that develops a personal curriculum for a student and consists of the student, the parent or legal guardian of the student, and a school counselor or principal or their designee. A school principal may add additional members to the development team as the principal deems appropriate.

**B. A student is eligible for a personal curriculum if the student meets the following criteria:**

1. The student has successfully completed the mathematics requirements delineated in R7-2-302.02(1)(c)(i); and
2. Despite the student’s successful completion of the mathematics requirements delineated in R7-2-302.02(1)(c)(i), the development team determines that the student demonstrates a need to modify the requirement delineated in R7-2-302.02(1)(c)(ii) for Algebra II or its equivalent course content.

**C. The requirements for a personal curriculum are as follows:**

1. An eligible student may only modify the mathematics requirement delineated in R7-2-302.02(1)(c)(ii) for Algebra II or its equivalent course content;
2. In lieu of successfully completing Algebra II or its equivalent course content, an eligible student shall successfully complete at least one credit in mathematics that shall include significant mathematics content as determined by the local school district governing board or charter school; and
3. An eligible student shall successfully complete a course in mathematics in the student’s senior year.

**D. The procedures for developing and implementing a personal curriculum are as follows:**

1. The parent or legal guardian of a student, an emancipated student, or a student with permission from the student’s parent or legal guardian may request a personal curriculum in a manner prescribed by the local school district governing board or charter school.
2. Upon receipt of a request for a personal curriculum made pursuant to subsection (D)(1), the local school district or charter school shall verify that the student successfully completed the mathematics requirements delineated in R7-2-302.02(1)(c)(i) and, upon verification, shall convene a development team.
3. The development team shall:

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- a. Verify that the student demonstrates a need to modify the requirement delineated in R7-2-302.02(1)(c)(ii) for Algebra II or its equivalent course content,
  - b. Identify an appropriate alternative mathematics course or courses to modify the requirement for Algebra II or its equivalent course content,
  - c. Develop a written personal curriculum plan that includes the alternative mathematics course or courses identified in subsection (D)(3)(b) and a plan for monitoring student progress toward successfully completing the alternative mathematics course or courses. In developing the personal curriculum plan the development team shall consider how the proposed modifications maintain the integrity of the high school diploma and enable the student to achieve the student's post-secondary education and career goals.
4. The development team may modify the personal curriculum plan based upon the development team's evaluation of the student's progress.
- E. The Superintendent of Public Instruction shall monitor a school district or charter school if there is reason to believe that the school district or charter school is allowing modifications inconsistent with the requirements delineated in this Section.

**Historical Note**

Adopted effective November 1, 1989 (Supp. 89-4).  
 Amended effective December 12, 1990 (Supp. 90-4).  
 Repealed effective February 20, 1997 (Supp. 97-1). New  
 Section made by exempt rulemaking at 14 A.A.R. 195,  
 effective December 10, 2007 (Supp. 08-1).

**R7-2-302.04. Repealed****Historical Note**

Adopted effective July 10, 1992 (Supp. 92-3). Amended  
 effective May 3, 1993 (Supp. 93-2). Amended effective  
 December 17, 1998 (Supp. 98-4). Section repealed by  
 final exempt rulemaking at 22 A.A.R. 143, effective  
 August 26, 2013; filed in the Office on January 15, 2016  
 (Supp. 16-2).

**R7-2-302.05. Arizona Education and Career Action Plan for Students in Grades nine through 12**

- A. Effective for the graduation class of 2013, schools shall complete for every student in grades nine through 12 an Arizona Education and Career Action Plan ("ECAP") prior to graduation. Schools shall develop an Education and Career Action Plan in consultation with the student, the student's parent or guardian and the appropriate school personnel as designated by the school principal or chief administrative officer. Schools shall monitor, review and update each Education and Career Action Plan at least annually. Completion of an Education and Career Action Plan shall be verified by appropriate school personnel.
- B. An Arizona Education and Career Action Plan shall at a minimum allow students to enter, track and update the following information:
  1. Academic Goals that include identifying and planning the coursework necessary to achieve the high school graduation requirements and pursue postsecondary education and career options; analyzing assessment results to determine progress and identify needs for intervention and advisement; and documenting academic achievement;

2. Career Goals that include identifying career plans, options, interests and skills; exploring entry level opportunities; and evaluating educational requirements;
3. Postsecondary Education Goals that include identifying progress toward meeting admission requirements, completing application forms and creating financial assistance plans; and
4. Extracurricular Activity Goals that include documenting participation in clubs, organizations, athletics, fine arts, community service, recreational activities, volunteer activities, work-related activities, leadership opportunities, and other activities.

**Historical Note**

New Section made by exempt rulemaking at 12 A.A.R. 876, effective August 22, 2005 (Supp. 06-1). Section R7-2-302.05 renumbered to R7-2-302.06; new Section R7-2-302.05 made by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). The hyphen between "9-12" has been changed to the word "through" and the numeral 9 has been changed to "nine," to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-302.06. Repealed****Historical Note**

New Section made by exempt rulemaking at 12 A.A.R. 876, effective August 22, 2005 (Supp. 06-1). Amended by exempt rulemaking at 15 A.A.R. 1570, effective September 25, 2006 (Supp. 09-1). Amended by exempt rulemaking at 16 A.A.R. 2031, effective August 25, 2008 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). Section R7-2-302.06 renumbered to R7-2-302.07; new Section R7-2-302.06 renumbered from Section R7-2-302.05 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.07. Repealed****Historical Note**

New Section made by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). Section R7-2-302.07 renumbered to R7-2-302.08; new Section R7-2-302.07 renumbered from Section R7-2-302.06 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.08. Repealed****Historical Note**

New Section made by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). Section R7-2-302.08 renumbered to R7-2-302.09; new Section R7-2-302.08 renumbered from Section R7-2-302.07 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22

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A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.09 Repealed****Historical Note**

New Section made by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). R7-2-302.09 renumbered to R7-2-302.10; new Section R7-2-302.09 renumbered from Section R7-2-302.08 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.10. Repealed****Historical Note**

New Section R7-2-302.10 renumbered from Section R7-2-302.09 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2). Repealed by final exempt rulemaking at 22 A.A.R. 197, effective October 26, 2015; filed in the Office January 15, 2016 (Supp. 16-3).

**R7-2-302.11. Minimum Course of Study and Competency Requirements During Public Health Emergency in the 2019-2020 School Year**

- A. Notwithstanding any other rule, local education agencies shall not refuse to withhold academic credit or a diploma from a student solely because the student missed instructional time due to a school closure issued by the governor.
- B. Local education agencies may issue academic credit and a diploma to a student if the student meets competency requirements pursuant to Article 3. When determining if a student meets competency requirements in a school year during which the governor issues a school closure, local education agencies may consider the educational opportunities provided to the student during the school closure. Educational opportunities, as determined by the local education agency, may include, but are not limited to the following:
  - 1. Independent study provided online or through printed materials; and
  - 2. Online instruction.
- C. If a local education agency is unable to consider or unable to provide the educational opportunities pursuant to subsection (B), the local education agency may award academic credit or a diploma if the student was on track to earn the academic credit or diploma prior to the school closure. Evidence that a student was on track to earn academic credit or a diploma, as determined by the local education agency, may include, but is not limited to, passing grades issued by the student's teacher or passing scores on locally or nationally administered assessments. It is the intent of the Board that all schools attempt, to the extent possible, to provide educational opportunities to students during a school closure issued by the governor.
- D. Local education agencies that issue academic credit and a diploma to a student pursuant to subsections (B) and (C) shall issue transcripts and diplomas to students in the same manner as the local education agency would for students that did not miss instructional time due to a school closure caused issued by the governor.

- E. This Section applies only to the 2019-2020 school year and the graduating class of 2020.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 966, effective March 31, 2020 (Supp. 19-2).

**R7-2-303. Sex Education**

- A. Instruction in sex education in the public schools of Arizona, including instruction provided after hours, shall be offered only in conformity with the following requirements. Nothing in this Section shall be construed to require a school district or charter school provide sex education instruction to pupils.
  - 1. Common schools: Nature of instruction; approval; format.
    - a. Supplemental/elective nature of instruction. The common schools of Arizona may provide a specific elective lesson or lessons concerning sex education as a supplement to the health course of study.
      - i. This supplement may only be taken by the student at the written request of the student's parent or guardian. When the school district or charter school seeks consent pursuant to this subsection, the school district or charter school shall inform the parent or guardian of their right to review the instructional materials and activities.
      - ii. Alternative elective lessons from the state-adopted optional subjects shall be provided for students who do not enroll in elective sex education.
      - iii. School districts and charter schools may not provide sex education lessons or instruction before grade five.
      - iv. Elective sex education lessons shall not exceed the equivalent of one class period per day for 1/4 of the school year for grades five through eight.
    - b. Local governing board approval. All elective sex education lessons to be offered shall first be approved by the local governing board.
      - i. Each local governing board contemplating the offering of elective sex education shall establish an advisory committee with membership representative of district size and the racial and ethnic composition of the community to assist in the development of lessons and advise the local governing board on an ongoing basis. All meetings of committees that are authorized for the purposes of reviewing and selecting the sex education course of study shall be publicly noticed at least two weeks before occurring and be open to the public according to A.R.S. Title 38, Chapter 3, Article 3.1.
      - ii. The local governing board shall review the total instructional materials and approve all lessons and curricula in the course of study to be offered in sex education.
      - iii. The local governing board shall make any proposed sex education course of study available and accessible for review and public comment for at least 60 days before the governing board or governing body decides whether to approve that course of study. The local governing board shall publicize and hold at least two public

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- hearings within the 60-day period for the purpose of receiving public input at least one week prior to the local governing board meeting at which the elective sex education lessons will be considered for approval. Public input may include written comments, oral comments and comments submitted electronically.
- iv. The local governing board shall maintain for viewing by the public, both online and in-person according to A.R.S. § 15-102(A)(2), the total instructional materials to be used in approved elective sex education lessons within the school district or charter school at least two weeks before any instruction is offered.
  - c. Format of instruction.
    - i. Lessons shall be taught to boys and girls separately.
    - ii. Lessons shall be ungraded, require no homework, and any evaluation administered for the purpose of self-analysis shall not be retained or recorded by the school or the teacher in any form.
    - iii. Lessons shall not include tests, psychological inventories, surveys, or examinations containing any questions about the student's or the student's parents' personal beliefs or practices in sex, family life, morality, values or religion.
  2. High schools: Course offering; approval; format.
    - a. A course in sex education may be provided in the high schools of Arizona.
    - b. This course may only be taken by the student at the written request of the student's parent or guardian.
    - c. Alternative elective lessons from the state-adopted optional subjects shall be provided for students who do not enroll in elective sex education.
    - d. All meetings of committees that are authorized for the purposes of reviewing and selecting the sex education course of study shall be publicly noticed at least two weeks before occurring and be open to the public according to A.R.S. Title 38, Chapter 3, Article 3.1.
    - e. The local governing board shall review the total instructional materials and approve all lessons and curricula in the course of study to be offered in sex education.
    - f. The local governing board shall make any proposed sex education course of study available and accessible for review and public comment for at least sixty days before the governing board or governing body decides whether to approve that course of study. The local governing board shall publicize and hold at least two public hearings within the sixty-day period for the purpose of receiving public input at least one week prior to the local governing board meeting at which the elective sex education lessons will be considered for approval. Public input may include written comments, oral comments and comments submitted electronically.
    - g. Lessons shall not include tests, psychological inventories, surveys, or examinations containing any questions about the student's or the student's parents' personal beliefs or practices in sex, family life, morality, values or religion.
    - h. Local governing boards shall maintain for viewing by the public, both online and in-person according to A.R.S. § 15-102(A)(2), the total instructional materials to be used in all sex education courses to be offered in high schools within the school district or charter school at least two weeks before any instruction is offered.
  3. Content of instruction: Common schools and high schools.
    - a. All sex education materials and instruction shall be age appropriate, recognize the needs of exceptional students, meet the needs of the district, recognize local community standards and sensitivities, shall not include the teaching of abnormal, deviate, or unusual sexual acts and practices, and shall include the following:
      - i. Emphasis upon the power of individuals to control their own personal behavior. Pupils shall be encouraged to base their actions on reasoning, self-discipline, sense of responsibility, self-control and ethical considerations such as respect for self and others; and
      - ii. Instruction on how to say "no" to unwanted sexual advances and to resist negative peer pressure. Pupils shall be taught that it is wrong to take advantage of, or to exploit, another person.
    - b. All sex education materials and instruction which discuss sexual intercourse shall:
      - i. Stress that pupils should abstain from sexual intercourse until they are mature adults;
      - ii. Emphasize that abstinence from sexual intercourse is the only method for avoiding pregnancy that is 100 percent effective;
      - iii. Stress that sexually transmitted diseases have severe consequences and constitute a serious and widespread public health problem;
      - iv. Include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual intercourse and the consequences of preadolescent and adolescent pregnancy;
      - v. Advise pupils of Arizona law pertaining to the financial responsibilities of parenting, and legal liabilities related to sexual intercourse with a minor.
  - B. Certification of compliance. All districts and charter schools offering a local governing board-approved sex education course or lesson shall certify, under the notarized signature of both the president of the local governing board and the chief administrator of the school district or charter school, compliance with this Section except as specified in subsection (C). Acknowledgment of receipt of the compliance certification from the State Board of Education is required as a prerequisite to the initiation of instruction. Certification of compliance shall be in a format and with such particulars as shall be specified by the Department of Education.
  - C. School districts and charter schools shall make any existing sex education course of study available and accessible for review both online and in person by June 30, 2021.

**Historical Note**

Former Section R7-2-303 repealed, new Section R7-2-303 adopted effective December 4, 1978 (Supp. 78-6).  
 Former Section R7-2-303 repealed, new Section R7-2-

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303 adopted effective June 12, 1989 (Supp. 89-2). Amended by final exempt rulemaking at 25 A.A.R. 1551, effective May 20, 2019 (Supp. 19-2). The hyphens between grades in this Section have been replaced with the word “through,” the word “rule” was corrected to “Section,” the numeral “4” was corrected to “four,” the numeral “5” was corrected to “five,” and the numeral “8” was corrected to “eight” to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 1107, effective June 28, 2021 (Supp. 21-3). Amended by final exempt rulemaking at 27 A.A.R. 2340 (October 22, 2021) effective September 27, 2021 (Supp. 21-4).

**R7-2-304. Extended School Year**

The governing board of a common high school considering the adoption of an extended school year shall:

1. Prepare a comparative cost analysis of the extended school year program versus the cost of new facilities and sites.
2. Hold at least one public hearing, publicized a week in advance, to present the alternatives, including the results of the comparative cost analysis.
3. Determine faculty, community, and parental support prior to making a final determination.

**Historical Note**

Former Section R7-2-304 repealed, new Section R7-2-304 adopted effective December 4, 1978 (Supp. 78-6). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-305. Declaration of Independence**

The governing board of each common school district shall adopt policies that:

1. Require pupils to recite the following passage from the Declaration of Independence for pupils in grades four through six at the commencement of the first class of the day in the schools: “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness. That to secure these rights, governments are instituted among men, deriving their just powers from the consent of the governed.”; and
2. Enable the pupil or the parent or legal guardian of the pupil to object to reciting the passage of the Declaration of Independence, and that specify that a pupil shall not be required to participate if the pupil or the pupil’s parent or guardian objects.

**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6). Adopted effective February 15, 1979 (Supp. 79-1). Repealed effective February 20, 1997 (Supp. 97-1). New Section made by final rulemaking at 7 A.A.R. 5363, effective November 7, 2001 (Supp. 01-4). The numeral “4” was corrected to “four,” the numeral “6” was corrected to “six” to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-306. English Language Learner Programs**

**A.** Definitions. All terms defined in A.R.S. § 15-751 are applicable, with the following additions:

1. “Statewide assessment” means the test prescribed by A.R.S. § 15-741 or an assessment approved by the Board

pursuant to A.R.S. § 15-741.02 to administer to students instead of the statewide assessment.

2. “Arizona Academic Standards” means the standards adopted by the State Board of Education pursuant to A.R.S. §§ 15-203, 15-701, and 15-701.01.
3. “Board” means the State Board of Education.
4. “Compensatory instruction” means instruction given in addition to regular classroom instruction, such as individual or small group instruction, extended day classes, summer school or intersession school.
5. “Department” means the Department of Education.
6. “EL” means English learner.
7. “FEP” means fluent English language proficient, a student who has met the requirements for exit from an English language learner program.
8. “Federal EL grant monies” means federal grants or funds awarded to an LEA to educate ELs or to improve the LEA’s capacity to educate ELs, including but not limited to grants awarded under Title III of the Every Student Succeeds Act of 2015.
9. “IEP” means individualized education program, a written statement specifying special education services to be provided to a child with a disability.
10. “LEA” means local education agency, the school district or charter school that provides educational services.
11. “PHLOTE” means primary or home language other than English.
12. “Reassessment for reclassification” means the process of determining whether an English language learner may be reclassified as fluent English proficient (FEP).
13. “Superintendent” means the State Superintendent of Public Instruction.
14. “WICP” means written individualized compensatory plan that documents the scope and type of services provided to an EL to overcome the identified language and academic deficiencies.

**B. Identification of students to be assessed.**

1. The primary or home language of all students shall be identified by the students’ parent or legal guardian on the home language survey. These documents shall inform parents that the responses to these questions will determine whether their student will be assessed for English language proficiency.
2. A student shall be considered as a PHLOTE student if the home language survey indicates that one or more of the following are true:
  - a. The primary language used in the home is a language other than English, regardless of the language spoken by the student.
  - b. The language most often spoken by the student is a language other than English.
  - c. The student’s first acquired language is a language other than English.
3. The English language proficiency of all PHLOTE students shall be assessed as provided in subsection (C).

**C. English language proficiency assessment.**

1. PHLOTE students in kindergarten shall be administered an English language proficiency test. Students in grades one through 12 shall be administered an English language proficiency test. Students who score below the designated score for fluent English language proficiency, adopted by the Department and based on the test publishers’ designated scores, shall be classified as ELs.



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2. English language proficiency assessments shall be conducted by individuals who are proficient in English and trained in language proficiency testing to administer and, when applicable, score the tests.
  3. The LEA shall assess the English language proficiency of all new PHLOTE students as prescribed above within 60 days of the beginning of the school year or within 30 school days of a student's enrollment in school, whichever is later, unless the LEA receives funds under Title III of the Every Student Succeeds Act of 2015 or another federal grant that requires assessment and parental notification within 30 calendar days from the start of the school year or within two calendar weeks of a student enrolling at a school.
- D.** Screening and assessment of students in gifted education. ELs who meet the qualifications for placement in a gifted educational program shall receive programmatic services designed to develop their specific areas of potential and academic ability and may be concurrently enrolled in gifted programs and English language learner programs.
- E.** English language learner programs.
1. All ELs shall be provided daily instruction in English language development appropriate to their level of English language proficiency and consistent with A.R.S. §§ 15-751, 15-752, and, as applicable, § 15-753. The English language instruction shall include listening and speaking skills, reading and writing skills, and cognitive and academic development in English.
  2. ELs shall be provided daily instruction in subject areas required under the minimum course of study adopted by the Board pursuant to R7-2-301 and R7-2-302 that is understandable and appropriate to the level of academic achievement of the EL and is in conformity with accepted strategies for teaching ELs. This subsection does not require an LEA to provide daily instruction in every subject area required pursuant to R7-2-301 and R7-2-302 if those subject areas are not provided daily to English proficient students.
  3. The curriculum of all English language learner programs shall incorporate the Academic Standards adopted by the Board and shall be comparable in amount, scope and quality to that provided to English language proficient students.
  4. ELs who are not progressing toward achieving proficiency of the Arizona Academic Standards adopted by the Board, as evidenced by the failure to improve scores on the statewide assessment, shall be provided compensatory instruction to assist them in achieving those Arizona Academic Standards. A WICP describing the compensatory instruction provided shall be kept in the student's academic file.
  5. On request of a parent or legal guardian of an EL the principal of the EL's school shall require a meeting with the principal or principal's designee, the parent or legal guardian and the classroom teacher to review the student's progress in achieving proficiency in the English language or in making progress toward the Arizona Academic Standards adopted by the Board, to identify any problems, to determine appropriate solutions and to identify the person or persons responsible for implementing the changes and determining their effectiveness.
- F.** Reassessment for reclassification.
1. The purpose of reassessment is to determine if an EL has developed the English language skills necessary to succeed in the English language curricula.
  2. An EL in grades one through 12 may be reassessed for reclassification during test windows established by the Department if the mid-year test requirements are met, but shall be reassessed for reclassification at least once per year. ELs that score at or above the designated score for fluent English language proficiency, adopted by the Department and based on the test publishers' designated scores, shall be reclassified as FEP.
  3. LEAs shall notify the parents or legal guardians in writing that their child has been reclassified as FEP when the student meets the criteria for such reclassification.
- G.** Evaluation of FEP students after exit from EL programs.
1. The LEA shall monitor exited students based on the criteria provided in this Section during each of the two years after being reclassified as FEP to determine whether these students are performing satisfactorily in achieving the Arizona Academic Standards adopted by the Board. Such students will be monitored in reading, writing and mathematics skills and mastery of academic content areas, including science and social studies. The criteria shall be grade-appropriate and uniform throughout the LEA, and upon request, is subject to Board review. Students who are not making satisfactory progress shall, with parent consent, be provided compensatory instruction or shall be re-enrolled in an EL program. A WICP describing the compensatory instruction provided shall be maintained in the students' EL files.
  2. The LEA shall use statewide assessment scores to determine progress toward achieving the Arizona Academic Standards in monitoring FEP students after exit from an EL program unless no score is available. Performing satisfactorily will be measured by whether a student meets or exceeds the state standards in reading, writing, and mathematics as measured by the statewide assessment.
  3. If a statewide assessment score is not available because the test is not administered in the students' grade or to assess progress in academic subjects not assessed by the statewide assessment, the LEA shall use one or more of the following criteria in its evaluation to determine progress toward achieving the Arizona Academic Standards in monitoring FEP students after exit from an EL program:
    - a. LEA-developed criterion-referenced tests of academic achievement that demonstrate alignment to the Arizona Academic Standards; or
    - b. Standardized tests measuring academic achievement that demonstrate alignment to the Arizona Academic Standards; or
    - c. Nationally norm-referenced test scores; or
    - d. Teacher recommendations based on classroom assessments that demonstrate alignment to the Arizona Academic Standards.
- H.** Monitoring of EL programs.
1. Each year the Department shall monitor at least 32 LEAs, as follows:
    - a. At least 12 of the 50 LEAs with the highest EL enrollment;
    - b. At least 10 LEAs with ELs that are not included in the 50 described above;
    - c. At least 10 LEAs that have reported that they have 25 or fewer EL students in their schools; and

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- d. Other LEAs upon receipt of a documented written complaint from any Arizona resident, the U.S. Department of Education, or the U.S. Office for Civil Rights, alleging that the LEA is not complying with state or federal law regarding ELs.
  2. All of the 50 LEAs in subsection (H)(1)(a) shall be monitored by the Department at least once every four years.
  3. The monitoring shall be on-site monitoring and shall include classroom observations, curriculum reviews, faculty interviews, student records reviews, and review of EL programs. The Department may use personnel from other schools to assist in the monitoring.
  4. The Department shall issue a report on the results of its monitoring within 45 days after completing the monitoring. If the Department determines that an LEA is not complying with state or federal laws applicable to EL students, the LEA shall prepare and submit to the Department, within 60 days of the Department's determination, a corrective action plan that sets forth steps that the LEA will take to correct the deficiencies noted in the report.
  5. The Department shall review and return such corrective action plan to the LEA within 30 days, noting any required changes. No later than 30 days after receiving its corrective action plan back from the Department, the LEA shall begin implementing the measures set forth in the plan, including any revisions required by the Department.
  6. The Department shall conduct a follow-up evaluation of the LEA within one year after returning the corrective action plan to the LEA.
  7. If the Department finds continued non-compliance during the follow-up evaluation, the LEA shall be referred to the Board for a determination of non-compliance. If the Board determines the LEA to be out of compliance with state or federal laws applicable to EL students, it may take one or more of the following actions:
    - a. Temporarily withhold cash payments of federal EL grant monies;
    - b. Disallow (that is deny both use of funds and matching credit for) all or part of the cost of the activity or action not in compliance;
    - c. Wholly or partly suspend or terminate the current award of federal EL grant monies;
    - d. Withhold further awards of federal EL grant monies for the program.
  8. The Department shall monitor all LEAs that the Board has determined to be non-compliant and which have had federal EL grant monies withheld or terminated to ensure that such LEAs do not reduce the amount of funds spent on their EL programs as the result of its loss of funds.
- A. For the purposes of this Section, the following definitions shall apply:
    1. "DANTES" means the Defense Activity for Non-Traditional Education Support.
    2. "Department" means the Adult Education Services Division of the Arizona Department of Education.
    3. "Equivalency Test" means a High School Equivalency Test approved by the State Board of Education.
    4. "High School Equivalency Testing Center" means a testing center established by the Department for the purpose of administering High School Equivalency tests and providing High School Equivalency testing services pursuant to the requirements established by a State Board approved testing provider and state jurisdictional rules.
    5. "USAFI" means the United States Armed Forces Institute.
  - B. Eligibility requirements. Any individual who is 16 years of age or older and who has officially been withdrawn from school may take a High School Equivalency Test.
    1. Individuals shall be required to provide the High School Equivalency Testing Center with positive identification and proof of age, and
    2. Individuals who are at least 16 years of age and under 18 years of age shall also be required to provide:
      - a. A signed and notarized statement of consent from a parent or legal guardian, and
      - b. A letter from the last school attended verifying that the individual has officially withdrawn from the school.
  - C. Issuance of a diploma. The Department shall issue a high school equivalency diploma to any individual who has not received a high school diploma or high school equivalency certificate or diploma if the individual:
    1. Meets the eligibility requirements specified in subsection (B) and has received passing scores on a High School Equivalency Test; or
    2. Is a member of the U.S. Armed Forces and has received passing scores on a High School Equivalency Test through USAFI or DANTES provided that the individual's last high school enrollment was in an Arizona high school. Individuals who have taken a High School Equivalency Test through USAFI or DANTES shall send their military permanent record and application card to DANTES with a request that the official High School Equivalency Test scores and application card be forwarded to the Department; or
    3. Has received passing scores on a High School Equivalency Test taken at an approved testing provider's site, provided that the Department receives an official transcript directly from the approved testing provider.
  - D. The Department shall keep a record of test scores for each individual who has taken a High School Equivalency Test.
  - E. The Arizona Department of Education may collect fees for the issuance of High School Equivalency Diplomas and Transcripts. Fees established pursuant to this Section shall not exceed \$20.
    1. The State Board of Education will deposit, pursuant to A.R.S. §§ 35-146 and 35-147, fees collected under this Section in the High School Equivalency Testing Revenue Account within the Arizona Department of Education budget, to be used to offset costs of providing these services.

**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6). New Section R7-2-306 adopted effective July 10, 1979 (Supp. 79-4). Amended effective August 20, 1981 (Supp. 81-4). Former Section R7-2-306 repealed, new Section R7-2-306 adopted effective November 14, 1984 (Supp. 84-6). Amended by final rulemaking at 10 A.A.R. 353, effective March 8, 2004 (Supp. 04-1). Amended by final exempt rulemaking at 26 A.A.R. 66, effective December 13, 2019 (Supp. 19-4). The word "twelve" was changed to the numeral "12" for consistency in Chapter style and format (Supp. 21-2).

**R7-2-307. High School Equivalency Diplomas**

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2. If the state fee for General High School Equivalency Diplomas and/or Transcripts presents a financial hardship for the examinee, the examinee may request a fee waiver.
3. A fee waiver shall be granted if all of the following apply:
  - a. Applicant presents documented proof of Arizona residency.
  - b. Applicant submits a completed Fee Waiver Request Form, available from the State High School Equivalency Testing Office or from any official High School Equivalency Testing Center.
  - c. Applicant demonstrates sufficient need for a fee waiver. This may include, but is not limited to the following:
    - i. Proof of eligibility for public assistance and/or federally subsidized housing,
    - ii. Residence in a foster home,
    - iii. Enrollment in a program for the economically disadvantaged such as Upward Bound, or
    - iv. Participation in a free or reduced lunch program.
3. Applications shall include budgets and be submitted according to the standard procurement and grants management policies of the Department of Education for the awarding of competitive grants.
- C. Board priorities and criteria for application approval
  1. Priority shall be given to projects funded during the previous fiscal year which:
    - a. Adhered to all applicable state and federal rules and regulations.
    - b. Operated in an efficient and effective manner demonstrating high levels of student educational gains as measured by standardized assessments and student retention as compared with the state average for these projects.
    - c. Completed and submitted all required state and federal reports.
    - d. Utilized volunteers where possible.
  2. Equal opportunity for project application approval will be given to eligible applicants who demonstrate previous comparable experience and performance in another adult literacy program.
  3. Criteria for approval shall include a determination by the project review committee that the application meets state and federal rules and regulations and the policies and procedures contained in the Arizona State Plan for Adult Education.

**Historical Note**

Adopted effective August 20, 1981 (Supp. 81-4). Amended subsections (A), (C), and (G) effective October 2, 1984 (Supp. 84-5). Amended effective December 22, 1997 (Supp. 97-4). Amended effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 18 A.A.R. 1023, effective October 24, 2011 (Supp. 12-2). Amended by final exempt rulemaking at 21 A.A.R. 1781, effective September 23, 2013 (Supp. 15-3). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-308. Adult Education**

- A. For the purposes of this Section the following definitions apply:
  1. "Adult Basic Education" (ABE) means instruction in reading, writing and math equivalent to grades one through eight, speaking and citizenship skills.
  2. "Adult Secondary Education" (ASE) means instruction in reading, writing, math, science and social studies equivalent to the completion of high school.
  3. "Eligible applicants" may include local educational agencies, community based organizations, volunteer literacy organizations, institutions of higher education, public or private nonprofit organizations, institutions of higher education, public or private nonprofit agencies, libraries, public housing authorities, and consortiums of any of the aforementioned entities.
  4. "English Language Acquisition for Adults" (ELAA) means a program of instruction designed to help individuals of limited English proficiency achieve competency in the English language, including reading, writing, listening and speaking.
  5. "Literacy" means an individual's ability to read, write and speak in English, compute and solve problems at levels of proficiency necessary to function on the job, in the family and in society.
  6. "Project" means the approved and funded application which is administered by the eligible applicant.
- B. Application for funding
  1. Only eligible applicants may apply for funding.
  2. Contracts shall be awarded through a competitive funding process.
- D. Use of funds and student reporting
  1. Federal and state funds shall not be co-mingled.
  2. Projects shall not assess students a tuition charge for instruction or fees for books, instructional supplies, or materials used in the program.
  3. Student attendance hours reported to the Adult Education Division shall not be used in securing financing from any other source. Classes taught by volunteers are not to be reported unless they are administered and supervised by the local project.
- E. An adult education certificate issued by the Board shall be required to teach in the Adult Education Program.
- F. Students enrolled in adult education classes must be at least 16 years of age and officially withdrawn from school.
- G. Course of study
  1. Adult Basic Education (A.B.E.) students shall be functioning academically below the eighth grade level. The sequential course of study shall:
    - a. Develop and improve communication and computational skills of students.
    - b. Raise the general educational level of students.
    - c. Improve the student's ability to benefit from occupational training.
    - d. Increase opportunities for more productive and profitable employment.
    - e. Assist students to be better able to meet their adult responsibilities as parents, citizens and as co-workers.
  2. Adult Secondary Education (A.S.E.) students shall be functioning below the 12th grade level. The course of study shall:
    - a. Give the students a foundation in the areas of English, social studies, literature, science and math.
    - b. Enable students, through the development of critical thinking, to utilize new learning experiences in recognizing, evaluating and solving problems of daily life.

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- c. Attempt to motivate students to continue their education through more advanced study and to become more proficient in observing and adopting new skills in a changing society.
  - d. Equip students with the knowledge prerequisite for satisfactory achievement on a High School Equivalency Test approved by the State Board of Education.
3. English Language Acquisition for Adults (ELAA) and citizenship students shall be resident aliens. The course of study shall:
- a. Develop an increasing ability to speak, understand, read, and write English.
  - b. Encourage the student to become a participating citizen and give insight into the values of such participation.
  - c. Help the student prepare for the Naturalization Test for U.S. Citizenship by developing a background in American history and government.
  - d. Create a desire for continued learning and self-realization.

**H. Reports**

- 1. Each project shall maintain bookkeeping records and must be able to substantiate expenditures.
- 2. A financial report shall be filed quarterly for each project with the Adult Education Division within 30 days after the close of the quarter.
- 3. Projects shall be completed by June 30. A fiscal completion report which has been reconciled with the County School Superintendent's Office, or if another agency, that agency's comparable administrative office, shall be filed with the Adult Education Division within 60 days after the project ending date.
- 4. Participation in the project reporting system designed to collect student and staff attendance, demographic information and student performance data is required. These reports shall be filed with the Adult Education Division monthly.
- 5. An annual written report on the year's activities, including internal written monitoring reports, shall be submitted to the Adult Education Division, no later than August 15.

- I. If changes in the approved program or budget are desired, an amendment shall be submitted to the Adult Education Division for review and approval prior to expending any funds for the proposed changes.

**Historical Note**

Adopted effective December 14, 1984 (Supp. 84-6).  
Amended by exempt rulemaking at 15 A.A.R. 1292, effective June 26, 2006 (Supp. 09-1). Amended by final exempt rulemaking at 21 A.A.R. 1781, effective September 23, 2013 (Supp. 15-3). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-309. Completion of Grade 10**

Completion of grade 10 is accomplished when a student has earned 10 credits which shall include:

- 1. Two credits of English.
- 2. One credit of mathematics.
- 3. One credit of science.
- 4. Six credits of additional courses prescribed by the local Governing Board.

**Historical Note**

Adopted effective March 13, 1986 (Supp. 86-2). The Section heading has been updated to title case, governing board has been changed to lowercase to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-310. Pupil Achievement Testing**

- A. The statewide assessments adopted by the Board shall be administered annually during the testing windows established by the Department. By June 1 of each year, the Department shall designate the window for testing for the next school year and all school districts and charter schools shall administer the test during the windows designated.
- B. The superintendent or head of the local education agency shall be responsible for:
  - 1. Reviewing, and attesting to have reviewed, the policies, procedures and guidance provided by the Department regarding administration of statewide assessments.
  - 2. Providing school district enrollment data to the Department annually for purposes of test material distribution.
  - 3. Verifying the count of test materials received and distributing the test materials to each public school in the local education agency.
  - 4. Securing the test materials prior to distribution to pupils or persons administering the tests at the time of testing, as well as after the time of testing. Test materials shall be kept in locked storage.
  - 5. Advising all district and school employees that the test materials are not to be reproduced in any manner.
  - 6. Familiarizing each person who will administer the test with the test publishers' directions for administering the tests, the timing of the tests and the testing schedule. This is to be accomplished through meetings which shall be held near the window for testing.
  - 7. Distributing actual test materials to persons administering the tests on the day of testing and collecting test materials at the end of the day of testing.
  - 8. Training persons administering the tests on how to properly complete the identification information and how to code the information required on the variables being collected according to A.R.S. § 15-741, et seq.
  - 9. Properly packaging all scorable and nonscorable materials which are to be returned to the scoring contractor. Packaging shall comply with instructions furnished by the scoring contractor or the Department.
  - 10. Forwarding all scorable and nonscorable materials which are to be returned to the scoring contractor per instructions. Materials for the entire local education agency should be forwarded in one shipment.
  - 11. Retaining all unused and reusable test materials, reporting them in the school's inventory, storing them in a safe and secure manner and returning the test materials at the end of the testing window per instructions.
  - 12. Immediately reporting to the Department any losses of test materials or other irregularities.
  - 13. The superintendent or head of the local education agency may designate a testing coordinator to act on their behalf.
- C. Persons designated by the superintendent or head of the local education agency to administer the test shall:
  - 1. Keep all test materials in locked storage.
  - 2. Not reproduce any test materials in any manner.
  - 3. Not disclose any actual test items to pupils prior to testing.
  - 4. Not provide answers of any test items to any pupils.

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5. Administer only sample tests which are provided by the test publishers. Previous editions of the test series being used in the statewide testing program may not be used as sample tests.
  6. Strictly observe all timed statewide assessments, if the assessments are timed. The test publishers' suggested time limits for untimed subtests shall be followed as closely as possible in order to maintain uniformity in test administration.
  7. Follow directions for administering the test explicitly. No test item may be repeated unless otherwise indicated in the directions.
  8. Not change a pupil's answer.
  9. Return all test materials to the superintendent or head of the local education agency immediately upon completion of testing.
- D.** Local education agencies shall administer the statewide assessment to all students in the grades designated by the Board. Failure to administer a statewide assessment to at least 95 percent of all students will be factored into the statewide accountability system.
- E.** All violations of this Section shall be referred by the superintendent or head of the local education agency to the State Superintendent of Public Instruction, for appropriate action.

**Historical Note**

Adopted effective March 13, 1986 (Supp. 86-2). Amended subsections (A) and (B) effective February 25, 1987 (Supp. 87-1). Amended effective October 22, 1991; amended effective December 20, 1991 (Supp. 91-4). The Section heading has been updated to title case, the numeral "3" has been changed to "three," the numeral "7" has been changed to "seven," the numeral "8" has been changed to "eight," and the word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-311. Pupil Testing Variable Information**

Persons designated by the superintendent or head of the local education agency to administer the State Board approved statewide assessments shall assure that information requested by the Department is properly completed for each pupil that is administered a statewide assessment.

**Historical Note**

Adopted effective June 25, 1986 (Supp. 86-3). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-1). Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-312. Honorary High School Diploma**

- A.** An honorary high school diploma shall be provided to an individual who has never obtained a high school diploma and who meets both of the following requirements:
1. Currently resides in Arizona; and
  2. Provides documented evidence from the Arizona Department of Veterans' Services that the individual enlisted in the armed forces of the United States and served in World War I, World War II, the Korean conflict or the Vietnam conflict.
- B.** All high schools shall provide for the presentation of an honorary high school diploma to an individual eligible pursuant to

subsection (A). The individual shall not be required to reside within the school boundaries. The Arizona Department of Education may issue an honorary high school diploma to an individual eligible pursuant to subsection (A).

**Historical Note**

Adopted effective December 15, 1989 (Supp. 89-4). Repealed effective February 20, 1997 (Supp. 97-1). New Section made by final rulemaking at 9 A.A.R. 1125, effective May 10, 2003 (Supp. 03-1). Amended by final exempt rulemaking at 27 A.A.R. 241, effective January 25, 2021 (Supp. 21-1).

**R7-2-313. Academic Contests Fund**

The State Board of Education establishes an academic contests fund consisting of monies appropriated by the legislature or received as gifts or grants for deposit in the academic contests fund pursuant to A.R.S. § 15-1241.

1. The Superintendent of Public Instruction shall, at least annually, compile a list of national contests to be presented to the State Board of Education for approval. Contest requirements are:
  - a. Shall be sponsored by a recognized national organization.
  - b. Shall be academic in nature, motivate pupils to be creative and demonstrate excellence.
  - c. Shall be open to all pupils, regardless of race, creed, sex or national origin. Contests may separate pupils by age or grade level.
2. School districts shall submit an application for academic contest funds to the Superintendent of Public Instruction for student and chaperone expenses. Requirements are:
  - a. No other sponsoring agency is assuming the total costs.
  - b. The participation of the students shall be the result of successfully competing at the local or state level, or both, of that contest.
  - c. The governing board of the school district in which the students attend shall approve the participation and travel of the students.
  - d. The fiscal agent applying for academic contest funds shall be an authorized district representative and responsible for the disbursement of travel funds.
  - e. A school district receiving academic contest funds shall submit a completion report and return any unused portion within 90 days after completion of travel to the Department of Education.
3. Application review and approval; funding limitations.
  - a. The State Board of Education shall annually set expenditure limitations for expenses of students and chaperones. These limitations shall be based on the number of applicants, monies available and current state travel regulations.
  - b. The Superintendent of Public Instruction shall review applications for academic contest funds and shall approve applications based upon the criteria set forth in this Section and the availability of funds.

**Historical Note**

Adopted effective December 15, 1989 (Supp. 89-4). The Section heading has been updated to title case, the word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-314. Definitions**

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The following definitions apply to Sections R7-2-315 and R7-2-315.01:

1. "Board examination system" means a complete instructional system that includes all of the following components:
  - a. A coherent group of courses that collectively constitutes a core curriculum at the high school level,
  - b. A comprehensive syllabus for each course,
  - c. Appropriate instructional and teaching materials for each course,
  - d. High quality examinations that are closely aligned with the course syllabus,
  - e. Professional scoring of examinations, and
  - f. Teacher education that is designed to train teachers to properly teach those courses.
2. "Grand Canyon Diploma" means a high school diploma that is offered to any student who demonstrates readiness for college level mathematics and English according to standards prescribed by an interstate compact on board examination systems, who has passing grades on an additional set of required approved board examinations in core academic courses as determined by the State Board of Education.
3. "Readiness for college level mathematics and English" means that a student has the mathematics and English skills and knowledge needed to succeed in college level courses that count toward a degree or certificate without taking remedial or developmental coursework.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-4).  
 Repealed effective February 20, 1997 (Supp. 97-1). New  
 Section made by exempt rulemaking at 18 A.A.R. 1025,  
 effective January 24, 2011 (Supp. 12-2).

**R7-2-315. Board Examination Systems; Offerings; Procedures**

- A. The State Board of Education shall select board examination systems that may be used by traditional public schools and charter schools in accordance with the requirements of this Section. Board examination systems selected by the State Board of Education shall:
  1. Be approved by an interstate compact on board examination systems,
  2. Be periodically modified to reflect core standards selected by an interstate compact on board examination systems,
  3. Be aligned to State Board of Education approved academic standards,
  4. Have common passing scores that are prescribed by an interstate compact on board examination systems that are set to the level of literacy required to succeed in college-level courses offered by community colleges in this state that count toward a degree or certificate without taking remedial or developmental coursework.
- B. The State Board of Education shall contract with a private organization to act as primary administrator of approved board examination systems. The private organization shall:
  1. Identify, select and contract with a national organization that is devoted to issues concerning education and the economy and that is selected by the State Board of Education to provide technical services to develop and maintain an interstate system of approved board examination systems.
  2. Provide data and other information to a national organization that is devoted to issues concerning education and the economy and that is selected by the State Board of Education to provide technical services the national organization deems necessary to set appropriate performance standards for students in this state. The Department of Education shall provide data and other information to the private organization, as necessary.
  3. Conduct technical studies required by the State Board of Education to compare the scores on approved board examinations by the students in this state to scores on the Arizona Instrument to Measure Standards Test and other measures deemed necessary to ensure the efficacy of the approved board examinations. The private organization may contract with other entities that are selected by the State Board of Education for the purpose of conducting technical studies.
  4. In cooperation with the Superintendent of Public Instruction and the State Board of Education, solicit monies from all lawful private and public sources, including federal monies, to offset the costs of instruction provided to students pursuant to this Section.
  5. Exercise general supervision over the implementation of the approved board examination systems in this state.
  6. Prepare an annual report for the State Board of Education, which shall forward it to the legislature and the governor, on the progress made toward the goals established in A.R.S. Title 15, Chapter 7, Article 6. Participating schools and the Department of Education shall provide data to the private organization as needed in order to complete the annual report.
  7. Identify, select and represent this state on the national governing body of an interstate compact on board examination systems, as approved by the State Board of Education.
  8. Select this state's representatives in an interstate compact on board examination systems in accordance with the policies prescribed by that interstate compact.
  9. Develop the Grand Canyon Diploma to be approved and adopted by the State Board of Education.
- C. The Department of Education shall develop a system, subject to State Board of Education approval, to track the academic progress of pupils who participate in board examination systems.
- D. School districts or charter schools wishing to implement an approved board examination in one or more schools shall:
  1. Send written notice to the private organization described in this Section indicating that school district's or charter school's interest in implementing an approved board examination system,
  2. Submit an implementation plan to the private organization described in this Section that includes at least the following elements:
    - a. The specific approved board examination system the school district wishes to implement;
    - b. A proposed timeline for the implementation of an approved board examination system;
    - c. A description of the funding model that will be employed to ensure the sustainability of the approved board examination system offering;
    - d. A communication plan for students and parents that provides an overview of the selected approved board examination system, potential course offerings, a description of student support systems, and contact

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information for students and parents to obtain more detailed information regarding board examination systems and the Grand Canyon Diploma option, as defined in R7-2-315.01.

- E. Upon receipt of an implementation plan described in this Section the private organization shall work cooperatively with the applicable school district or charter school to ensure that the plan is feasible and to modify any elements of the plan deemed necessary for successful implementation of the approved board examination system.

**Historical Note**

Adopted effective November 17, 1994 (Supp. 94-4).  
Repealed effective February 20, 1997 (Supp. 97-1). New  
Section made by exempt rulemaking at 18 A.A.R. 1025,  
effective January 24, 2011 (Supp. 12-2).

**R7-2-315.01. Grand Canyon Diploma**

- A. School districts and charter schools in this state may choose to offer a Grand Canyon Diploma beginning in the 2012 – 2013 school year. A high school student who is enrolled in a school district or charter school that offers a Grand Canyon Diploma may choose to pursue a Grand Canyon Diploma.
- B. A student may be awarded a Grand Canyon Diploma at the end of grade 10 or during or at the end of grade 11 or 12 provided that the student has passed both the mathematics and English assessments for the applicable approved board examination system, and the student has successfully completed the following subject area requirements within board examination system curriculum:
1. Two credits of English;
  2. Two credits of mathematics;
  3. Two credits of science, including lab-based science, engineering or information technologies;
  4. One credit of American History;
  5. One credit of World History;
  6. One credit of fine arts or career and technical education and vocational education; and
  7. One-half credit of economics.
- C. A student that satisfies all the criteria for issuance of a Grand Canyon Diploma is exempt from the minimum course of study requirements delineated in R7-2-302.02.
- D. Students who earn a Grand Canyon Diploma shall have multiple pathways available to them and may:
1. Enroll the following semester in a community college under the jurisdiction of a community college in this state. Students who take community college courses on high school campuses pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.
  2. Remain in high school and enroll in additional advanced preparation board examination programs that are designed to prepare students for admission to high quality postsecondary institutions that offer baccalaureate degree programs. These board examination programs shall be selected from a list provided by an interstate compact for board examination systems and approved by the State Board of Education. Students who elect to remain in high school pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.
  3. Enroll in a full-time career and technical education program offered on a community college campus, a high school campus or a joint technical education district campus, or any combination of these campuses. Students who

elect to remain in high school pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.

4. Return to a traditional academic program without completing the next level of board examination systems curriculum through the end of grade 12. Students who elect to remain in high school pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.
- E. Students who pursue but do not earn a Grand Canyon Diploma at the end of grade 10 or 11 shall receive a customized program of assistance during the next school year that addresses the areas in which the student demonstrated deficiencies in the approved board examinations. These students may retake the board examinations at the next available examination administration. Students may choose to return to a traditional academic program without completing the board examination system curriculum.
- F. A student who remains in a board examination system curriculum through grade 12 and does not pass the board examination may graduate with a standard diploma provided that the student meets the following requirements:
1. The student has passed the Arizona Instrument to Measure Standards assessments in mathematics and English or received a sufficient score as determined by the State Board of Education on the ACT, SAT, or an approved board examination in mathematics and English.
  2. The student has earned at least 22 credits and has passed a State Board of Education approved sequence of courses within the board examination system curriculum. For the purpose of this requirement the private organization and the Department of Education shall recommend for State Board of Education approval a sequence of courses for each approved board examination system. The sequence of courses for each board examination system shall ensure that students receive instruction in all State Board of Education approved academic standards encompassed in R7-2-302.02(1)(a) through (e).
- G. A student who is enrolled in a school district or charter school that does not offer a board examination system curriculum may earn a Grand Canyon Diploma by:
1. Obtaining a passing score on the assessments of an approved board examination system in each of the subject areas delineated in R7-2-315.01(B)(1) through (6), and
  2. Completing a high school course in economics.

**Historical Note**

New Section made by exempt rulemaking at 18 A.A.R.  
1025, effective January 24, 2011 (Supp. 12-2).

**Appendix A. Repealed****Historical Note**

Adopted effective November 17, 1994 (Supp. 94-4).  
Repealed effective February 20, 1997 (Supp. 97-1).

**R7-2-316. Charter Schools Stimulus Fund**

- A. "Start-up costs" mean those costs associated with developing or implementing the following essential components of a charter school:
1. The hiring of teachers and other essential staff members;
  2. The hiring of a chief administrative officer and other costs associated with instituting the administrative structure of the school;

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3. Curriculum development and implementation;
  4. The leasing of physical facilities or equipment and costs associated with establishment of utility services and accounts;
  5. Operational expenses incurred prior to the date on which the charter school begins operations;
  6. The development and implementation of an accounting system which complies with the uniform system of financial records requirements;
  7. Obtaining insurance, including prepayment of premiums which will effectuate insurance coverage during the first year of operation;
  8. Costs associated with licensing and compliance with other health, safety and civil rights requirements.
- B.** "Costs associated with renovating or remodeling existing buildings and structures" means those costs associated with the following essential components:
1. Modifications affecting the structural integrity of the building, including those changes needed to meet building code and zoning standards.
  2. Modifications needed to meet non-structural building code requirements, such as those related to plumbing, electrical wiring and fire safety.
  3. Modifications needed to meet state health standards, such as those related to rest rooms and food preparation and service.
  4. Adjusting the size of rooms to accommodate the number of students to be served.
  5. Construction-related finish work, such as exterior and interior replastering and painting, carpeting, flooring, baseboards and door hanging.
  6. Roofing and air conditioning/heating installation or repair required prior to operation of the school.
  7. Access requirements for persons with disabilities.
- C.** The State Board of Education shall, subject to legislative appropriation, provide an initial grant or an additional grant from the charter schools stimulus fund to applicants who have a charter or application that has been approved by a sponsor pursuant to A.R.S. § 15-183 and who meet the requirements of A.R.S. § 15-188 and this Section. The grant may be in any amount up to \$100,000 per charter school applicant or charter school.
- D.** The application for an initial grant shall include:
1. A copy of the applicant's charter;
  2. The identity of the sponsor which approved the charter;
  3. The total amount of funding requested;
  4. An itemization of the specific start-up costs and costs associated with renovating or remodeling existing building and structures for which the funds will be used. Itemization shall include the amount of funds requested for each essential component and a detailed explanation of the basis for calculating the amount requested;
  5. The number of students to be served at the school;
  6. The dimensions of the facility in which the school is to be operated;
  7. A description of the extent to which the facility must be remodeled or renovated in order to meet applicable health and safety standards, unless this information is included in the applicant's charter.
- E.** The application for an additional grant shall be in a format approved by the State Board of Education and shall include:
1. The date and amount of the initial grant award.
  2. A copy of any amendments or other modifications to the charter or application which formed the basis for the initial grant.
  3. The identity of the current sponsor of the charter school.
  4. An itemized accounting of the expenditures made with the initial grant monies.
  5. The total amount of additional funding requested.
  6. An itemization of the specific start-up costs associated with renovating or remodeling existing buildings and structures for which the additional funds will be used. Itemization shall include the amount of funds requested for each essential component and a detailed explanation of the basis for calculating the amount requested.
- F.** In its review of an application for a stimulus fund grant, the State Board of Education may receive information concerning the application from the Department of Education, an advisory committee, and any other source. The State Board may award a grant in an amount different from that requested by the applicant. No grant shall be awarded pursuant to this Section unless the State Board determines that:
1. Every amount requested in the applicant's itemization of costs is for the essential component with which the amount is associated; and
  2. Based on all of the information before the State Board concerning the application, there is a rational basis for the award of funds.
- G.** No applicant or charter school shall be eligible for more than one initial grant and one additional grant, regardless of the amount awarded.
- H.** An applicant who receives an initial grant and fails to begin operating a charter school within the 18 months following the date of the award shall reimburse the Department of Education for the amount of the initial grant plus interest calculated at a rate of 10% per year. Such reimbursement is immediately due and payable at the end of the initial 18-month period.
- I.** An applicant who receives an additional grant and fails to begin operating a charter school within the 18 months following the date of the award shall reimburse the Department of Education for the amount of the initial grant plus interest calculated at a rate of 10% per year. Such reimbursement is immediately due and payable at the end of the applicable 18-month period and is in addition to any amounts required by subsection (H).
- J.** An applicant for a grant pursuant to this Section shall be notified of the date at which the State Board of Education shall consider the application no less than 10 days in advance thereof. Written notification of the Board's decision concerning an application for a grant shall be mailed to the applicant within 10 days following such decision.

**Historical Note**

Adopted effective April 20, 1995 (Supp. 95-2). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-317. State Seal of Biliteracy Program**

- A.** Definitions. For purposes of this Section, "foreign language" means any language other than English.
- B.** School districts and charter schools in this state may choose to participate in the State Seal of Biliteracy Program (Program) which recognizes students who have attained a high level of proficiency in one or more foreign languages, in addition to English. School districts and charter schools participating in the Program may award the State Seal of Biliteracy to any high school student who graduates from a school operated by the



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school district or charter school and who meets the requirements of subsections (B)(1) or (2), and subsection (B)(3).

1. **Assessment Method.** To demonstrate language proficiency through the assessment method, the student must attain the required score on a language assessment as adopted by the State Board of Education, upon recommendation by the Arizona Department of Education, for purposes of demonstrating language proficiency for the Program in the four domains of speaking, writing, listening, and reading.
2. **Alternative evidence model.** A school district or charter school may choose to award the State Seal of Biliteracy through an alternative evidence method.
  - a. An alternative evidence method may be used in any of the following circumstances:
    - i. No standardized assessment exists for the targeted foreign language;
    - ii. Evaluating the language proficiency of a student with disabilities for whom the standardized assessment is inappropriate as determined by the student's Individualized Education Program team or a student on a 504 plan as determined by the student's 504 plan committee; or
    - iii. The standardized assessment for the targeted foreign language does not assess one or more of the four domains of speaking, writing, listening and reading.
  - b. Any alternative evidence method used shall consist of a student portfolio that contains evidence of experience in the targeted foreign language, as well as work samples, test results and other accomplishments that demonstrate proficiency, as established in the guidelines developed by the Arizona Department of Education, in the targeted foreign language in the four domains of speaking, writing, listening and reading. Student portfolios shall comply with guidelines adopted by the Department.
  - c. A school district or charter school that uses an alternative evidence model must notify the Arizona Department of Education.
3. To be eligible to be awarded the State Seal of Biliteracy, each student shall also demonstrate proficiency in English by meeting the following requirements:
  - a. The student must successfully complete all English Language Arts requirements for graduation, pursuant to R7-2-302, with an overall grade point average in those classes of 2.0 or higher on a 4.0 scale, or the equivalent; and
  - b. The student receives a passing score in English Language Arts on one of the following:
    - i. The statewide assessment adopted pursuant to A.R.S. § 15-741, an assessment approved by the Board pursuant to A.R.S. § 15-741.02, or another state's statewide assessment;
    - ii. A nationally recognized college entrance exam;
    - iii. An exam that is accepted for credit or admission by at least one university under the jurisdiction of the Arizona Board of Regents; or
    - iv. An end of course exam administered as part of a dual enrollment or concurrent enrollment course.
  - c. If the student has a primary home language other than English, the student shall obtain a score of pro-

ficient based on the English language proficiency standards pursuant to A.R.S. § 15-756.

- C. By October 1 of each year, the Arizona Department of Education shall make an electronic facsimile of the State Seal of Biliteracy available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Biliteracy to the student's diploma upon graduation, and shall note the receipt of the State Seal of Biliteracy on the transcript of the student.
- D. The Arizona Department of Education shall post on its website by July 1 of each year, the list of acceptable language assessments and the score to be achieved on each, as approved by the Board, which qualifies the student as proficient in a foreign language. The Arizona Department of Education shall ensure that all approved assessments are aligned to the Arizona world and native languages standards adopted by the Board.
- E. Each school district and charter school that chooses to participate in the Program shall meet the following requirements:
  1. Notify the Arizona Department of Education of its intent to participate in the Program at least 30 days prior to issuing the seal by filling out the form provided on the Arizona Department of Education's website.
  2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education.
  3. Using a format prescribed by the Arizona Department of Education, submit a report no later than 90 days after the end of the school year with the total number of students awarded the State Seal of Biliteracy, the number of seals for each targeted foreign language and the method used to determine proficiency in the foreign language.
  4. Make available to parents and students information regarding the Program and the name and contact information for the coordinator of the Program.
- F. The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.

**Historical Note**

New Section made by final exempt rulemaking at 22 A.A.R. 3367, effective October 24, 2016 (Supp. 16-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 1529, effective August 27, 2021 (Supp. 21-3).

**R7-2-318. K through Three Reading Program**

- A. In this Section, unless the context otherwise requires:
  1. "Intensive reading instruction" is a proactive instructional approach used to reduce the likelihood of future reading problems by addressing severe and persistent difficulties with learning to read through the use of evidence-based instruction in smaller-group settings, increased instructional time, and increased intensity that is aligned to individual student needs or deficiencies and is driven by ongoing student performance data from a valid assessment tool.
  2. "Interventions" are instructional supports provided to students with the purpose of preventing and remediating reading difficulties. These supports are organized in tiers which provide increasing instructional intensity and support with each level.

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3. "Motivational assessments" are measures of motivation or attitudes toward reading and produce information to monitor student progress.
  4. "Prevention" is instructional support provided to students before students have experienced failure in learning to read.
  5. "Remediation" is instructional support provided to students after a student has experienced significant and persistent difficulties in learning to read.
  6. "Universal screeners" are very brief measures based on established standardized benchmarks or performance targets developed through extensive research designed to improve accuracy of identifying students who will likely need additional support for meeting grade level reading standards.
- B.** Prior to the release of monies generated by the K through three reading support level weight, each school district or charter school shall submit to the Department on or before October 1, a comprehensive local education agency K through three reading program plan, using the format prescribed by the Department.
- C.** Pursuant to A.R.S. §§ 15-211, 15-701 and 15-704, the K through three reading program plan submission shall contain the following components for pupils in half-day and full-day kindergarten programs and grades one through three:
1. School literacy contacts, literacy team members and master K through three school schedules, to include all subject areas, with a clear emphasis on literacy instruction and displaying all levels of reading support;
  2. A list of the staff who reviewed and approved the individual school K through three reading program plan, including special education directors/staff and staff directly involved with reading instruction;
  3. Program expenditures for the prior school year and a budget for the current school year regarding the monies used only on instructional purposes intended to improve reading proficiency from the K through three support level weight and the K through three reading support level weight;
  4. An analysis of the effectiveness of the local education agency's K through three reading program for the previous school year and plans for improvement for the current school year, including the specific strategies being employed to support populations currently eligible for exemption from retention, such as struggling readers, English language learners, and students with disabilities;
  5. Core reading programs which teach the essential components of reading instruction including explicit and systematic phonics pursuant to A.R.S. § 15-704(H)(1), with a description of the frequency and duration of the instruction;
  6. Date of last K through three reading curriculum review for standards alignment;
  7. Tier II and Tier III intensive reading intervention programs including reading programs used for students with disabilities (separate from specially designed instruction outlined within a child with a disability's individualized education program), including frequency and duration;
  8. A sample template of a parental notification letter;
  9. Evidence-based intervention and remedial services provided to students,
  10. Evidence of ongoing teacher training based on evidence-based reading research; and
  11. Assurance that all parts of the assessment system are accessible to all students as required by federal law.
- D.** The local education agency shall submit universal screening data by October 1, winter data by February 1 and spring data by June 1 for pupils in kindergarten programs and grades one through three. Beginning with school year 2025-2026, reported data to the Arizona Department of Education will include third grade statewide ELA exam data disaggregated by subgroups.
1. Student counts of subgroups that are less than 11 are to be reviewed by the LEA, but are to be redacted for reporting purposes by the Arizona Department of Education.
  2. Subgroups:
    - a. All,
    - b. English Learners,
    - c. American Indian or Alaska Native,
    - d. Asian,
    - e. African American/Black,
    - f. Hispanic or Latino,
    - g. Multiple Races,
    - h. Native Hawaiian or Pacific Islander,
    - i. White,
    - j. Income Eligibility 1 and 2, and
    - k. Students with Disabilities.
- E.** Each school district or charter school governing body shall submit data for the prior school year on the total number of pupils that were subject to retention, the total number that were promoted, the total number actually retained and the interventions administered pursuant to A.R.S. § 15-701 to the Department no later than October 1 and prior to the release of monies generated by the K through three reading support level weight.
- F.** The State Board prescribes competency requirements for the promotion of pupils from the eighth grade and competency requirements for the promotion of pupils from the third grade incorporating the academic standards in at least the areas of reading, writing, mathematics, science and social studies. The competency requirements for the promotion of pupils from the third grade include the following:
1. A pupil shall not be promoted from the third grade if the pupil obtains a score on the reading portion of the statewide assessment that does not demonstrate sufficient reading skills as established by the state board. A pupil may not be retained pursuant to this subsection if data regarding the pupil's performance on the statewide assessment is not available before the end of the current academic year and may not be retained due to Move On When Reading more than once. A pupil who is not retained due to the unavailability of test data must receive evidence-based intervention and remedial strategies pursuant to A.R.S. § 15-701(A)(2)(c) if the third-grade assessment data subsequently does not demonstrate sufficient reading skills.
    - a. Each school district shall continue to provide targeted reading interventions and supports for students who are promoted to fourth grade due to one of the good-cause exemptions. As an example, implementing the following evidence-based practices:
      - i. Placement with a highly-effective teacher, as determined by teacher evaluations;
      - ii. Use of a valid literacy assessment to determine specific areas of struggle with reading;
      - iii. High-dose tutoring targeted to the specific areas of struggle, including:

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- (1) Continued development of phonological awareness skills;
      - (2) Continued development of decoding skills;
      - (3) Continued development of fluency skills;
    - iv. Use of a valid and reliable literacy assessment for regular progress monitoring;
    - v. Regular communication with the parents/guardians of students receiving supports to detail the reports received at school and specific strategies that parents can use to support students in the home.
  - b. Each school district or charter school governing body shall use a valid and reliable literacy assessment to collect and provide updated data on the progress of students who are promoted to fourth grade due to one of the good-cause exemptions.
  2. A school district governing board or the governing body of a charter school may promote a pupil from the third grade who does not demonstrate sufficient reading skills pursuant to subsection (F)(1) if the pupil:
    - a. Is an English learner or a limited English proficient student as defined in A.R.S. § 15-751 and has had fewer than three years of English language instruction.
    - b. Is in the process of a special education referral or evaluation for placement in special education, has been diagnosed as having a significant reading impairment, including dyslexia, or is a child with a disability as defined in A.R.S. § 15-761 if the pupil's individualized education program team and the pupil's parent or guardian agree that promotion is appropriate based on the pupil's individualized education program.
    - c. Has demonstrated or subsequently demonstrates sufficient reading skills or adequate progress toward sufficient reading skills of the third grade reading standards as evidenced through a collection of valid and reliable reading assessments approved by the State Board of Education, which includes an alternative standardized reading assessment approved by the state board. The approved alternative standardized reading assessment shall be a re-administration of the statewide third-grade English language arts exam, which shall be administered by the Arizona Department of Education, and shall use the same State Board approved K through three reading program (Move On When Reading) cut score.
    - d. Receives intervention and remedial services during the summer or a subsequent school year pursuant to A.R.S. § 15-701(A)(2)(c) and demonstrates sufficient progress based on guidelines issued in A.R.S. § 15-701(B)(7). Sufficient progress toward reading may be demonstrated by meeting the State Board of Education approved cut score for the K through three reading program (Move On When Reading) on a readministration of the statewide third-grade English language arts exam as administered by the Arizona Department of Education.
- G.** On or before December 15, the Department of Education shall submit an annual report on the K through three reading program to the governor, the president of the Senate and the speaker of the House of Representatives and shall provide a copy of this annual report to the secretary of state, the State Board of Education and the chairpersons of the education committees of the Senate and the House of Representatives. The report shall contain all of the following:
1. Information on the improvement of K through three reading in this state, including achievement data statewide and achievement data at the school district and charter school level. The information pursuant to this paragraph shall include data and information on continued proficiency on the statewide assessment in subsequent grades.
  2. A description of the activities of the department to support school districts and charter schools in improving K through three reading.
  3. Specific findings on methods by which the department may continue to improve support and assistance for school districts and charter schools in the administration of K through three reading program plans.
  4. Information and data on K through three reading program plans throughout this state and the expenditure of K through three reading monies by school districts and charter schools.
  5. Information on the progress towards reading at grade level of students who were promoted in the previous year due to a good cause exemption, including strategies used to support these students and the progress they have made towards grade-level reading.
    - a. Example Strategies:
      - i. Placement with a highly-effective teacher, as determined by teacher evaluations;
      - ii. Use of a valid literacy assessment to determine specific areas of struggle with reading;
      - iii. High-dose tutoring targeted to the specific areas of struggle, including:
        - (1) Continued development of phonological awareness skills;
        - (2) Continued development of decoding skills;
        - (3) Continued development of fluency skills;
      - iv. Use of a valid literacy assessment for regular progress monitoring;
      - v. Regular communication with the parents/guardians of students receiving supports to detail the reports received at school and specific strategies that parents can use to support students in the home.
  6. Data reported pursuant to A.R.S. § 15-701(A)(2)(d).
    1. Beginning with school year 2025/2026, the Arizona Department of Education shall disaggregate and report the data submitted by local education agencies by subgroup by grade level for each of the three data submission windows. Student counts of subgroups that are less than 11 are to be redacted for reporting purposes.
    2. Subgroups:
      - i. All,
      - ii. English Learners,
      - iii. American Indian or Alaska Native,
      - iv. Asian,
      - v. African American/Black,
      - vi. Hispanic or Latino,
      - vii. Multiple Races,
      - viii. Native Hawaiian or Pacific Islander,
      - ix. White,
      - x. Income Eligibility 1 and 2,
      - xi. Students with Disabilities;

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- (1) Autism,
- (2) Developmental delay,
- (3) Emotional disability,
- (4) Hearing impairment,
- (5) Other health impairment,
- (6) Specific learning disability,
- (7) Mild, moderate, or severe intellectual disability,
- (8) Multiple disabilities,
- (9) Multiple disabilities with severe sensory impairment,
- (10) Orthopedic impairment,
- (11) Preschool severe delay,
- (12) Speech/language impairment,
- (13) Traumatic brain injury,
- (14) Visual impairment.

**Historical Note**

New Section made by final exempt rulemaking at 23 A.A.R. 1637, effective May 22, 2017 (Supp. 17-2). The hyphen between “K-3” and the numeral “3” have been corrected to the words “through three” for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 29 A.A.R. 2532 (October 10, 2023), effective September 25, 2023 (Supp. 23-3).

**R7-2-319. State Seal of Personal Finance Proficiency**

A. School districts and charter schools may participate in the State Seal of Personal Finance Proficiency Program (Program), which recognizes students who have attained a high level of proficiency in personal finance. School districts and charter schools participating in the Program may award the State Seal of Personal Finance Proficiency to any high school student who graduates from a school operated by the school district or charter school and who meets the requirements of the Program outlined in subsections (A)(1) and (A)(2) of this subsection. To be eligible to be awarded the State Seal of Personal Finance Proficiency, each student shall do each of the following:

1. Complete all Social Studies requirements for graduation with GPA of 3.0 or higher on a 4.0 scale, or the equivalent; and
2. Complete all of the following activities:
  - a. Passage of an assessment. The student shall attain the required score on one personal finance assessment as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency;
  - b. Completion of an approved Personal Finance Program. The student shall complete one of the personal finance programs as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency;
  - c. Participation in a curricular or extracurricular program. The student shall complete one personal finance curricular or extracurricular program as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency; and
  - d. Demonstrated college and/or career readiness plan. The student shall complete one college and career readiness plan as adopted by the State Board of Education, defined by the Arizona Department of Education,

for purposes of demonstrating personal finance proficiency.

- B. By October 1 of each year, the Arizona Department of Education shall make an electronic facsimile of the State Seal of Personal Finance Proficiency available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Personal Finance Proficiency to the student's diploma upon graduation, and shall note the receipt of the State Seal of Personal Finance Proficiency on the transcript of the student.
- C. The Arizona Department of Education shall post on its website by July 1 of each year:
  1. The list of acceptable personal finance assessments and the score to be achieved on each, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(a);
  2. The list of acceptable personal finance programs, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(b);
  3. The list of acceptable personal finance curricular or extra-curricular programs, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(c); and
  4. The list of acceptable college and/or career readiness plans, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(d).
- D. Each school district and charter school that participates in the Program shall meet the following requirements:
  1. Notify the Arizona Department of Education of its intent to participate in the Program at least 30 days prior to issuing the seal by filling out the form provided on the Arizona Department of Education's website;
  2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education;
  3. Using a format prescribed by the Arizona Department of Education, submit a report no later than 90 days after the end of the school year with the total number of students awarded the State Seal of Personal Finance Proficiency; and
  4. Make available to parents and students information regarding the Program and the name and contact information for the coordinator of the Program.
- E. The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.

**Historical Note**

New Section made by final exempt rulemaking at 25 A.A.R. 962, effective March 25, 2019 (Supp. 19-1).

**R7-2-320. State Seal of Civics Literacy**

- A. School districts and charter schools may participate in the State Seal of Civics Literacy Program (Program), which recognizes students who have attained a high level of proficiency in Civics. School districts and charter schools participating in the Program may award the State Seal of Civics Literacy to any high school student who graduates from a school operated by the school district or charter school and who meets the requirements of the Program outlined in (A)(1), (2) and (3) of this subsection. To be eligible, each student shall do all of the following:

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1. Complete all Social Studies requirements for graduation with GPA of 3.0 or higher on a 4.0 scale, or the equivalent;
2. Pass the Civics test prescribed in R7-2-302; and
3. Complete all of the following activities:
  - a. Civic Learning Programs. The student shall complete the required number of civic learning programs for purposes of demonstrating civic literacy.
    - i. Students graduating in school year 2019-2020 shall complete at least two approved civic learning programs.
    - ii. Students graduating in school year 2020-2021 and thereafter shall complete at least three approved civic learning programs.
  - b. Civic Engagement Activities. The student shall complete the required number of civic engagement activities as for purposes of demonstrating civic literacy.
    - i. Students graduating in school year 2019-2020 shall complete at least one approved civic engagement activity.
    - ii. Students graduating in school year 2020-2021 and thereafter shall complete at least two approved civic engagement activities.
    - iii. Students graduating in school year 2024-25 and thereafter shall complete at least 30 hours engaged in civic engagement activities.
      - (1) At least 10 hours shall be satisfied through approved civic engagement activities.
      - (2) Remaining hours may be satisfied through community service if the students are focused on solving a public problem. Community service hours shall be satisfied through unpaid work with a public agency or charitable organization that serves the public good.
  - c. Written Reflection. The student shall complete a writing assignment as adopted by the State Board of Education for purposes of demonstrating civic literacy proficiency.
- B.** By October 1 of each year, the Arizona Department of Education shall make an electronic facsimile of the State Seal of Civics Literacy available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Civics Literacy to the student's diploma upon graduation, and shall note the receipt of the State Seal of Civics Literacy on the transcript of the student.
- C.** The Arizona Department of Education shall post on its website by July 1 of each year:
  1. The list of acceptable civic learning programs, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(a);
  2. The list of acceptable civic engagement activities, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(b);
  3. The defined number of hours of community service for a public agency or charitable organization that serves the public good, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(b); and
  4. The list of written assignments, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(c).
- D.** Each school district and charter school that chooses to participate in the Program shall meet the following requirements:
  1. Notify the Arizona Department of Education of its intent to participate in the Program at least 30 days prior to issuing the seal by filling out the form provided on the Arizona Department of Education's website;
  2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education;
  3. Using a format prescribed by the Arizona Department of Education, submit a report no later than 90 days after the end of the school year with the total number of students awarded the State Seal of Civics Literacy; and
  4. Make available to parents and students information regarding the Program and the name and contact information for the coordinator of the Program.
- E.** The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.

**Historical Note**

New Section made by final exempt rulemaking at 25 A.A.R. 962, effective March 25, 2019 (Supp. 19-1). Section amended by final exempt rulemaking at 30 A.A.R. 2547 (August 9, 2024), effective July 24, 2024 (Supp. 24-3).

**R7-2-321. State Seal of Arts Proficiency**

- A.** School districts and charter schools in this state may choose to participate in the State Seal of Arts Proficiency Program, which recognizes students who have attained a high level of proficiency in the Arts. School districts and charter schools participating in the Program may award the State Seal of Arts Proficiency to any high school student who graduates from a school operated by the school district or charter school and who meets the requirements of the Program outlined in subsections (A)(1) and (2). To be eligible, a student shall do both of the following:
  1. Complete all qualifying Arts and Career and Technical Education (CTE) courses with GPA of 3.0 or better on a 4.0 scale, or the equivalent.
  2. Complete the required activities from each of the following three categories:
    - a. Minimum Credit Requirements. The student shall complete one of the following credit pathways of Arts and CTE classes as follows:
      - i. A minimum of 4 credits in one artistic discipline; or
      - ii. 3 credits in one artistic discipline, and 1 qualifying creative industries CTE credit or separate artistic discipline; or
      - iii. 2 credits in one artistic discipline, and 2 credits in a qualifying creative industries CTE credits or separate artistic discipline.
    - b. Arts related extracurricular activities. The student shall complete the required number of hours engaged in arts related extracurricular activity for purposes of demonstrating arts proficiency as follows:
      - i. Students graduating in school year 2019-2020 must complete at least 30 hours engaged in arts related extracurricular activities as identified by the school district or charter school.

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- ii. Students graduating in school year 2020-2021 must complete at least 45 hours engaged in arts related extracurricular activities as identified by the school district or charter school.
    - iii. Students graduating in school year 2021-2022 must complete at least 60 hours engaged in arts related extracurricular activities as identified by the school district or charter school.
    - iv. Students graduating in school year 2022-2023 and beyond must complete at least 80 hours engaged in arts related extracurricular activities as identified by the school district or charter school.
  - c. Student Capstone Project. The student shall complete a Capstone Project, as defined by the Arizona Department of Education, for purposes of demonstrating arts proficiency.
  - B. By October 1 of each year, the Arizona Department of Education shall make the State Seal of Arts Proficiency available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Arts Proficiency to the student's diploma upon graduation, and shall note the receipt of the State Seal of Arts Proficiency on the transcript of the student.
  - C. The Arizona Department of Education shall post on its website by July 1 of each year:
    1. A list of arts and CTE classes which meet the requirements of R7-2-321(A)(2)(a);
    2. A list of extracurricular arts activities which meet the requirements of R7-2-321(A)(2)(b);
    3. A list of student capstone examples which meet the requirements of R7-2-321(A)(2)(c).
  - D. Each school district and charter school that chooses to participate in the Program shall meet the following requirements:
    1. Notify the Arizona Department of Education of its intent to participate in the Program by September 15 by filling out the form provided on the Arizona Department of Education's website.
    2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education.
    3. Using a format prescribed by the Arizona Department of Education, submit a list of qualifying students who have met graduation and Arts Seal pathway requirements to the Arizona Department of Education by April 15 of each year.
    4. Make information available to parents and students regarding the Program and the name and contact information for the coordinator of the Program.
  - E. The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.
- Historical Note**  
 New Section made by final exempt rulemaking at 25  
 A.A.R. 3399, effective October 28, 2019 (Supp. 19-4).
- ARTICLE 4. SPECIAL EDUCATION**  
 Authority: Laws 2017, Ch. 337
- R7-2-401. Special Education Standards for Public Agencies Providing Educational Services**
- A. For the purposes of this Article, the Individuals with Disabilities Education Improvement Act (IDEA), 20 U.S.C. 1400 et seq. and its implementing regulations, 34 CFR 300.1 et seq., are incorporated herein by reference. Copies of the incorporated material can be obtained from the U.S. Government Printing Office, <https://bookstore.gpo.gov/catalog/law-regulations> or the Arizona Department of Education, Exceptional Student Services, 1535 West Jefferson Street, Phoenix, Arizona 85007.
  - B. Definitions. All terms defined in the IDEA, its implementing regulations and A.R.S. § 15-761 are applicable, with the following additions:
    1. "Accommodations" means the provisions made to allow a student to access the general education curriculum and demonstrate learning. Accommodations do not substantially change the instructional level, content or performance criteria, but are made in order to provide a student equal access to learning and equal opportunity to demonstrate what is known. Accommodations shall not alter the content of the curriculum or a test, or provide inappropriate assistance to the student within the context of the test.
    2. "Administrator" means the chief administrative official or designee authorized to act on behalf of a public education agency.
    3. "Boundaries of responsibility" means for:
      - a. A school district, the geographical area within its legally designated boundaries.
      - b. A charter school, the population of students enrolled in the charter school.
      - c. A public education agency other than a school district or charter school, the population of students receiving educational services from a public education agency.
    4. "Child with a disability," has the same meaning prescribed in A.R.S. § 15-761.
    5. "Department" means the Arizona Department of Education.
    6. "Exceptional Student Services" means the Exceptional Student Services Division of the Arizona Department of Education.
    7. "Evaluator" means a person trained and knowledgeable in a field relevant to the child's disability who administers specific and individualized assessment for the purpose of special education evaluation and placement.
    8. "Full and individual evaluation" means procedures used in accordance with the IDEA to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. This evaluation includes:
      - a. A review of existing information about the child;
      - b. A decision regarding the need for additional information;
      - c. If necessary, the collection of additional information; and
      - d. A review of all information about the child and a determination of eligibility for special education services and needs of the child.
    9. "Independent educational evaluation" means an evaluation conducted by an evaluator who is not employed by the public education agency responsible for the education of the child in question.
    10. "Informed written consent" means a person has been fully informed of all information relevant to the activity for which consent is sought, in the person's native lan-

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guage or through another mode of communication; the person understands and agrees in writing to the carrying out of the activity for which consent is sought; and the person understands that the granting of consent is voluntary and may be revoked at any time.

11. "Interpreter" means a person trained to translate orally or in sign language in matters pertaining to special education identification, evaluation, placement, the provision of free appropriate public education (FAPE), or assurance of procedural safeguards for parents and students who converse in a language other than spoken English. Each student's IEP team determines the level of interpreter skill necessary for the provision of FAPE.
  12. "Multidisciplinary Evaluation Team" has the same meaning prescribed in A.R.S. § 15-761.
  13. "Modifications" means substantial changes in what a student is expected to learn and to demonstrate. Changes may be made in the instructional level, the content or the performance criteria. Such changes are made to provide a student with meaningful and productive learning experiences, environments, and assessments based on individual needs and abilities.
  14. "Private school" means any nonpublic educational institution where academic instruction is provided, including nonsectarian and parochial schools, that are not under the jurisdiction of the state or a public education agency.
  15. "Private special education school" means a nonpublic educational institution where instruction is provided primarily to students with disabilities. The school may also serve students without disabilities.
  16. "Public education agency" or "PEA" means a school district, charter school, accommodation school, state supported institution, or other political subdivision of the state that is responsible for providing education to children with disabilities.
  17. "Qualified professionals" means individuals who have met state approved or recognized degree, certification, licensure, registration or other requirements that apply in the areas in which the individuals are providing services such as screening, identification, evaluation, general education, special education or related services, including supplemental aids and services.
  18. "Specially designed instruction" has the same meaning prescribed in A.R.S. § 15-761.
  19. "Special education teacher" means a teacher holding a special education certificate from the Arizona Department of Education.
  20. "Suspension" has the same meaning prescribed in A.R.S. § 15-840.
- C. Public Awareness.**
1. Each public education agency shall inform the general public and all parents, within the public education agency's boundaries of responsibility, of the availability of special education services for students aged 3 through 21 years and how to access those services. This includes information regarding early intervention services for children aged birth through 2 years.
  2. School districts are responsible for public awareness in private schools located within their boundaries of responsibility.
- D. Child Identification and Referral.**
1. Each public education agency shall establish, implement, and make available, either in writing or electronically, to its school-based personnel and all parents, within the public education agency boundaries of responsibility, written procedures for the identification and referral of all children with disabilities, aged birth through 21, including children with disabilities attending private schools and home schools, regardless of the severity of their disability.
  2. Each public education agency shall require appropriate school-based personnel to review the written procedures related to child identification and referral on an annual basis. The public education agency shall maintain documentation of school-based personnel review.
  3. Procedures for child identification and referral shall meet the requirements of the IDEA and regulations, A.R.S. Title 15, Chapter 7, Article 4 and these rules.
  4. The public education agency responsible for child identification activities is the school district in which the parents reside unless:
    - a. The student is enrolled in a charter school or public education agency that is not a school district. In that event, the charter school or public education agency is responsible for child identification activities;
    - b. The student is enrolled in a non-profit private school. In that event, the school district within whose boundaries the private school is located is responsible for child identification activities.
  5. Identification (screening for possible disabilities) shall be completed within 45 calendar days after:
    - a. Entry of each preschool or kindergarten student and any student enrolling without appropriate records of screening, evaluation, and progress in school; or
    - b. Notification to the public education agency by parents of concerns regarding developmental or educational progress by their child aged 3 years through 21 years.
  6. Screening procedures shall include vision and hearing status and consideration of the following areas: cognitive or academic, communication, motor, social or behavioral, and adaptive development. Screening does not include detailed individualized comprehensive evaluation procedures.
  7. For a student transferring into a school; the public education agency shall review enrollment data and educational performance in the prior school. If there is a history of special education for a student not currently eligible for special education, or poor progress, the name of the student shall be submitted to the administrator for consideration of the need for a referral for a full and individual evaluation or other services.
  8. If a concern about a student is identified through screening procedures or through review of records, the public education agency shall notify the parents of the student of the concern within 10 school days and inform them of the public education agency procedures to follow-up on the student's needs.
  9. Each public education agency shall maintain documentation of the identification procedures utilized, the dates of entry into school or notification by parents made pursuant to subsection (D)(5), and the dates of screening. The results shall be maintained in the student's permanent records in a location designated by the administrator. In the case of a student not enrolled, the results shall be maintained in a location designated by the administrator.
  10. If the identification process indicates a possible disability, the name of the student shall be submitted to the adminis-

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trator for consideration of the need for a referral for a full and individual evaluation or other services. A parent or a student may request an evaluation of the student. For parentally-placed private school students the school district within whose boundaries the non-profit private school is located is responsible for such evaluation.

11. If, after consultation with the parent, the responsible public education agency determines that a full and individual evaluation is not warranted, the public education agency shall provide prior written notice and procedural safeguards notice to the parent in a timely manner.

**E. Evaluation/re-evaluation.**

1. Each public education agency shall establish, implement, and make available to school-based personnel and parents within its boundaries of responsibility written procedures for the initial full and individual evaluation of students suspected of having a disability, and for the re-evaluation of students previously identified as being eligible for special education.
2. Procedures for the initial full and individual evaluation of children suspected of having a disability and for the re-evaluation of students with disabilities shall meet the requirements of IDEA and its regulations, state statutes and State Board of Education rules.
3. The initial evaluation of a child being considered for special education, or the re-evaluation per a parental request of a student already receiving special education services, shall be conducted within 60 calendar days from the public education agency's receipt of the parent's informed written consent and shall conclude with the date of the Multidisciplinary Evaluation Team (MET) determination of eligibility.
4. If the parent requests the evaluation the PEA must, within a reasonable amount of time not to exceed 15 school days from the date it receives a parent's written request for an evaluation, either begin the evaluation by reviewing existing data, or provide prior written notice refusing to conduct the requested evaluation. The 60-day evaluation period shall commence upon the PEA's receipt of the parent's informed written consent.
5. The 60-day evaluation period may be extended for an additional 30 days, provided it is in the best interest of the child, and the parent and PEA agree in writing to such an extension. Neither the 60-day evaluation period nor any extension shall cause a re-evaluation to exceed the timelines for a re-evaluation within three years of the previous evaluation.
6. The public education agency may accept current information about the student from another state, public agency, public education agency, or through an independent educational evaluation. In such instances, the Multidisciplinary Evaluation Team shall be responsible for reviewing and approving or supplementing an evaluation to meet the requirements identified in subsections (E)(1) through (7).
7. For the following disabilities, the full and individual initial evaluation shall include:
  - a. Emotional disability: verification of a disorder by a qualified professional.
  - b. Hearing impairment:
    - i. An audiological evaluation by a qualified professional, and
    - ii. An evaluation of communication/language proficiency.

- c. Other health impairment: verification of a health impairment by a qualified professional.
  - d. Specific learning disability: a determination of whether the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development that meets the public education agency criteria through one of the following methods:
    - i. A discrepancy between achievement and ability;
    - ii. The child's response to scientific, research-based interventions; or
    - iii. Other alternative research-based procedures.
  - e. Orthopedic impairment: verification of the physical disability by a qualified professional.
  - f. Speech/language impairment: an evaluation by a qualified professional.
  - g. For students whose speech impairments appear to be limited to articulation, voice, or fluency problems, the written evaluation may be limited to:
    - i. An audiometric screening within the past calendar year,
    - ii. A review of academic history and classroom functioning,
    - iii. An assessment of the speech problem by a speech therapist, or
    - iv. An assessment of the student's functional communication skills.
  - h. Traumatic brain injury: verification of the injury by a qualified professional.
  - i. Visual impairment: verification of a visual impairment by a qualified professional.
8. The Department shall develop a list, subject to review and approval of the State Board of Education, of qualified professionals eligible to conduct the appropriate evaluations prescribed in subsection (E)(7).
  9. The Multidisciplinary Evaluation Team shall determine, in accordance with the IDEA and regulations, whether the requirements of subsections (E)(7)(a) through (i) are required for a student's re-evaluation.

**F. Parental Consent.**

1. A public education agency shall obtain informed written consent from the parent of the child with a disability before the initial provision of special education and related services to the child.
2. If the parent of a child fails to respond to a request for, or refuses to consent to, the initial provision of special education and related services, the public education agency may not use mediation or due process procedures in order to obtain agreement or a ruling that the services may be provided to the child.
3. If the parent of the child refuses to consent to the initial provision of special education and related services, or the parent fails to respond to a request to provide consent for the initial provision of special education and related services, the public education agency:
  - a. Will not be considered to be in violation of the requirement to make available FAPE to the child because of the failure to provide the child with the special education and related services for which the parent refuses to or fails to provide consent, and
  - b. Is not required to convene an IEP Team meeting or develop an IEP in accordance with these rules.



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4. If, at any time subsequent to the initial provision of special education and related services, the parent of a child revokes consent in writing for the continued provision of special education and related services, the public education agency:
    - a. May not continue to provide special education and related services to the child, but shall provide prior written notice before ceasing the provision of special education and related services;
    - b. May not use the mediation procedures or the due process procedures in order to obtain agreement or a ruling that the services may be provided to the child;
    - c. Will not be considered to be in violation of the requirement to make FAPE available to the child because of the failure to provide the child with further special education and related services; and
    - d. Is not required to convene an IEP Team meeting or develop an IEP for the child for further provision of special education and related services.
  5. If a parent revokes consent in writing for their child's receipt of special education services after the child is initially provided special education and related services, the public agency is not required to amend the child's education records to remove any references to the child's receipt of special education and related services because of the revocation of consent.
- G. Individualized Education Program (IEP).**
1. Each public education agency shall establish, implement, and make available to its school-based personnel and parents written procedures for the development, implementation, review, and revision of IEPs.
  2. Procedures for IEPs shall meet the requirements of the IDEA and its regulations, state statutes and State Board of Education rules.
  3. Procedures shall include the incorporation of Arizona academic standards as adopted by the State Board of Education into the development of each IEP and address grade-level expectations and grade-level content instruction.
  4. Each IEP of a student with a disability shall be developed in accordance with IDEA and its regulations, state statutes and State Board of Education rules. If appropriate to meet the needs of a student and to ensure access to the general curriculum, an IEP team may include specially designed instruction in the IEP that may be delivered in a variety of educational settings by a general education teacher or other certificated personnel provided that certificated special education personnel are involved in the planning, progress monitoring and when appropriate, the delivery of the specially designed instruction.
  5. Each student with a disability who has an IEP shall participate in the state assessment system. Students with disabilities can test with or without accommodations or modifications as indicated in the student's IEP. Students who are determined to have a significant cognitive disability based on the established eligibility criteria will be assessed with the state's alternate assessment as determined by the IEP team.
  6. A meeting of the IEP team shall be conducted to review and revise each student's IEP at least annually, or more frequently if the student's progress substantially deviates from what was anticipated. The public education agency shall provide written notice of the meeting to the parents of the student to ensure that parents have the opportunity to participate in the meeting. After the annual review, the public education agency and parent may agree not to convene an IEP team meeting for the purposes of making changes, and instead may develop a written document to amend or modify the student's current IEP.
- 7.** A parent or public education agency may request in writing a review of the IEP, and shall identify the basis for requesting review. Such review shall take place within 45 school days of the receipt of the request at a mutually agreed upon date and time.
- H. Least Restrictive Environment.**
1. Each public education agency shall establish, implement, and make available to its school-based personnel and parents, written procedures to ensure the delivery of special education services in the least restrictive environment as identified by IDEA and its regulations, state statutes and State Board of Education rules.
  2. A continuum of services and supports for students with disabilities shall be available through each public education agency.
- I. Procedural Safeguards.**
1. Each public education agency shall establish, implement, and make available to school-based personnel and parents of students with disabilities written procedures to ensure children with disabilities and their parents are afforded the procedural safeguards required by federal statute and regulation and state statute. These procedures shall include dissemination to parents information about the public education agency's and state's dispute resolution options.
  2. In accordance with the requirements of IDEA, prior written notice shall be provided to the parents of a child within a reasonable time after the PEA proposes to initiate or change, or refuses to initiate or change, the identification, evaluation, educational placement or the provision of FAPE to the child, but before the decision is implemented.
- J. Confidentiality.**
1. Each public education agency shall establish, implement, and make available to its personnel and parents written policies and procedures to ensure the confidentiality of records and information in accordance with the IDEA and its regulations, the Family Educational Rights and Privacy Act (FERPA) and its regulations, and state statutes.
  2. Parents shall be fully informed about the requirements of the IDEA and regulations, including an annual notice of the policies and procedures that the PEA shall follow regarding storage, disclosure to a third party, retention, and destruction of personally identifiable information.
  3. The rights of parents regarding education records are transferred to the student at age 18, unless the student has been adjudicated incapacitated, or the student has executed a delegation of rights to make educational decisions pursuant to A.R.S. § 15-773.
  4. Upon receiving a written request, each public education agency shall forward special education records to any other public education agency in which a student has enrolled or is seeking to enroll. Records shall be forwarded within the time-frame specified in A.R.S. § 15-828(F). The public education agency shall also forward records to any other person or agency for which the parents have given signed consent.
- K. Preschool Programs.** Each public education agency responsible for serving preschool children with disabilities shall establish

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lish, implement, and make available to its personnel and parents, written procedures for:

1. The operation of the preschool program, in accordance with federal statute and regulation, and state statute, that provides a continuum of placements to students;
  2. The smooth and effective transition from the Arizona Early Intervention Program to a public school preschool program in accordance with the agreement between the Department of Economic Security and the Department; and
  3. The provision of a minimum of 360 minutes per week of instruction in a program that meets at least 216 hours over the minimum number of days.
- L. Children in Private Schools.** Each education agency shall establish, implement, and make available to its personnel and parents written procedures regarding the access to special education services to students enrolled in private schools by their parents as identified by the IDEA and its regulations, state statutes and State Board of Education rules.
- M. Department Responsible for General Supervision and Obligations Related to and Methods of Ensuring Services.**
1. The Department is responsible for the general supervision of services to children with disabilities aged 3 through 21 served through a public education agency.
  2. The Department shall ensure through fund allocation, monitoring, dispute resolution, and technical assistance that all eligible students receive FAPE in conformance with the IDEA and its regulations, A.R.S. Title 15, Chapter 7, Article 4, and these rules.
  3. In exercising its general supervision responsibilities, the Department shall ensure that when it identifies noncompliance with the requirements of the IDEA Part B, the noncompliance is corrected as soon as possible, and in no case later than one year after the Department's written notification to the PEA of its identification of the noncompliance.
- N. Procedural Requirements Relating to Public Education Agency Eligibility.**
1. Each public education agency shall establish eligibility for funding with the Department in accordance with the IDEA and its regulations, state statutes and with schedules and methods prescribed by the Department.
  2. In the event the Department determines that a public education agency does not meet eligibility for funding requirements, the public education agency has a right to a hearing before such funding is withheld.
  3. The Department may suspend payments during any time period when a public education agency has not corrected deficiencies in eligibility for federal funds as a result of fiscal requirements of monitoring, auditing, complaint and due process findings.
  4. Each public education agency shall, on an annual basis, determine the number of children within each disability category who have been identified, located, evaluated, and/or receiving special education services. This includes children residing within the boundaries of responsibility of the public education agency who have been placed by their parents in private schools or who are home schooled.
- O. Public Participation.**
1. Each public education agency shall establish, implement, and make available to personnel and parents written procedures to ensure that, prior to the adoption of any poli-

cies and procedures needed to comply with federal and state statutes and regulations, there are:

- a. Public hearings;
  - b. Notice of the hearings; and
  - c. An opportunity for comment available to the general public, including individuals with disabilities and parents of children with disabilities.
2. This requirement does not pertain to day-to-day operating procedures.
- P. Suspension and Expulsion.**
1. Each public education agency shall establish, implement, and make available to personnel and parents written procedures for the suspension and expulsion of students with disabilities.
  2. Each public education agency shall require all school-based staff involved in the disciplinary process to review the policies and procedures related to suspension and expulsion on an annual basis. The public education agency shall maintain documentation of staff review.
  3. Procedures for such suspensions and expulsions shall meet the requirements of the IDEA and its regulations, and state statutes.

**Historical Note**

Amended effective December 11, 1974. Amended effective July 14, 1975 (Supp. 75-1). Amended effective July 1, 1977 (Supp. 77-4). Amended effective April 26, 1978 (Supp. 78-2). Former Section R7-2-401 repealed, new Section R7-2-401 adopted effective December 4, 1978 (Supp. 78-6). Amended by adding subsection (H) as an emergency effective July 20, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Amended (D)(11), (E)(5)(b) and added (H) effective December 14, 1984 (Supp. 84-6). Amended as an emergency effective June 18, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-3). Emergency expired. Amended subsection (D) by adding subsection (12) effective March 13, 1986 (Supp. 86-2). Amended subsection (G) effective July 8, 1986 (Supp. 86-4). Amended subsections (D) and (H) and added subsection (I) effective June 22, 1987 (Supp. 87-2). Amended effective August 2, 1988 (Supp. 88-3). Amended effective December 6, 1995 (Supp. 95-4). Amended by final rulemaking at 7 A.A.R. 1541, effective March 19, 2001 (Supp. 01-1). Amended to correct a manifest typographical error in subsection (D)(1) (Supp. 01-3). Subsections (D)(9), (E)(4), and (E)(6) amended under A.R.S. § 41-1011 to correct subsection cross-references (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4). Amended by exempt rulemaking at 15 A.A.R. 1838, effective August 29, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1849, effective May 19, 2008 (Supp. 09-2). Amended by exempt rulemaking at 16 A.A.R. 201, effective December 7, 2009 (Supp. 10-1). Amended by final exempt rulemaking at 24 A.A.R. 140, effective October 23, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

**R7-2-402. Standards for Approval of Special Education Programs in Private Schools**

- A. Definitions.** All terms defined in the regulations for the Individuals with Disabilities Education Improvement Act (IDEA) Amendments, A.R.S. § 15-761, and State Board of Education Section R7-2-401 are applicable.

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- B. No student may be placed by a public education agency in a private special education school program unless the facility has been approved as meeting the standards as outlined in this Section, and the public education agency is unable to provide satisfactory education and services through its own facilities and personnel.
- C. In order for a private special education school to be approved by the Department for the purpose of contracting with a public education agency, the private facility shall:
  - 1. Provide special education instructional programs for students with disabilities that are at least comparable to those provided by the public schools of Arizona and meet the requirements of IDEA.
  - 2. Provide the following documentation:
    - a. Policies and procedures based on IDEA and state statutes;
    - b. Curriculum that is aligned with the Arizona Academic Standards;
    - c. A completed application;
    - d. Copies of all teacher and related service personnel certifications and licenses; and
    - e. If applicable, a copy of North Central Accreditation.
  - 3. Provide certificated special education teachers in each classroom to implement the IEPs of those students assigned to that classroom.
  - 4. Provide related services to meet the needs of the students as indicated on their IEPs.
  - 5. Provide administration personnel such as head teacher, principal, or other administrator certificated in an administrative area or experienced and certificated in the appropriate area of special education.
  - 6. Provide an education that meets the standards that apply to education provided by the public education agency.
  - 7. Maintain student records in accordance with the statutory requirements.
  - 8. Accept all responsibilities concerning instructional programs to the disabled student and parent or guardian that are required of the public schools of Arizona. Ultimate responsibility for any student under contract in a private special education school rests with the public education agency contracting for the students' education.
  - 9. Administer all required statewide assessments to those students placed in the private facility by a PEA or through the educational voucher system.
  - 10. Maintain adequate liability insurance.
  - 11. Maintain an accounting system and budget which includes the costs of operation, maintenance, transportation, and capital outlay, and which is open to review upon request.
  - 12. Maintain an attendance reporting system that provides public education agencies and the Department with required information.
  - 13. Provide notification to contracting public education agencies and the Department of any changes in staff or deletion of programs within 10 school days of the change or deletion.
  - 14. Provide notification to the contracting PEA of any intent to discontinue, suspend, or terminate services to a student for longer than 10 days. Services to the student must be continued by the private school until an IEP meeting with the PEA is convened to determine an appropriate alternative placement. The PEA must be given up to 10 school days to arrange for the transition of the student after the IEP determination.

- 15. Permit onsite evaluation of the program by the Department or its designees, and the representatives of the public education agencies.
- 16. Request approval to contract with public education agencies from the Department in accordance with the prescribed procedures.

**Historical Note**

Former Section R7-2-402 repealed, new Section R7-2-402 adopted effective December 4, 1978 (Supp. 78-6). Amended by final rulemaking at 7 A.A.R. 1541, effective March 19, 2001 (Supp. 01-1). Amended by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4). Amended by exempt rulemaking at 15 A.A.R. 1849, effective May 19, 2008 (Supp. 09-2). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-403. Repealed****Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6). Amended as an emergency effective September 26, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-5). Former emergency adoption now adopted effective December 4, 1979 (Supp. 79-6). Section repealed by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4).

**R7-2-404. Special Education Voucher Program Policies and Procedures**

- A. Institutional vouchers. Students residing and attending special education programs at the Arizona Schools for the Deaf and the Blind (ASDB) or the Arizona State Hospital (ASH) or students attending special education day programs provided by ASDB may be eligible for special education institutional voucher funding.
  - 1. Eligibility criteria.
    - a. Student shall be between the ages of 3 and 22 years.
    - b. Student shall have a recognized disability as documented by a current educational evaluation. Evaluations shall be completed by the institution or the student's home school district (HSD), as determined by a multidisciplinary evaluation team (MET).
    - c. Student shall have a current individualized education program (IEP) identifying the placement as the most appropriate and least restrictive educational environment.
  - 2. Institutional voucher application/approval.
    - a. Applications for special education institutional vouchers shall be completed by the institution and submitted to the Exceptional Student Services Division of the Department of Education. The institution shall provide all student information requested on the institutional voucher application.
    - b. Institutions shall sign a Statement of Assurance guaranteeing their maintenance of and ability to produce all supporting documentation for each application.
    - c. Institutional voucher applications shall be reviewed and approved or disapproved by the voucher unit manager. Applications that are disapproved may be corrected and resubmitted. Institutional voucher payments will not be made for student attendance prior to voucher approval date.

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- d. Voucher identification numbers shall be assigned for each new student approval, and shall be used by the institution to complete claims for payment and the special education census form.
- e. Institutional vouchers are approved for the current year only; therefore the application process shall be repeated each school year for each student.
- f. Institutions shall report any changes in student status, including withdrawals, transfers, current evaluation dates and changes in disability categories to the Exceptional Student Services Division of the Department of Education. Changes shall be submitted within ten days of the occurrence.
- 3. Institutional voucher claim for payment.
  - a. The special education institutional voucher claim for payment form shall be completed by the institution at the end of each calendar month. The claim shall be submitted in accordance with procedures established by the School Finance Division of the Department of Education.
  - b. Claims for payment shall be submitted to the School Finance Division of the Department of Education.
- 4. Special education census.  
All institutional voucher students shall be reported on the special education census in accordance with procedures established by the School Finance Division of the Department of Education.
- 5. Review of placement.
  - a. It is the responsibility of the HSD to review student progress at least once a semester.
  - b. The IEP may be completed by the institution but is ultimately the responsibility of the student's HSD to ensure that it is reviewed and revised annually.
  - c. It is the responsibility of the HSD to ensure that re-evaluations are conducted on a tri-annual basis or more frequently as needed.
- B. Residential vouchers: Students placed in private residential treatment facilities (PRF) may be eligible for residential voucher funding for the educational portion of the placement.
  - 1. Eligibility Criteria.
    - a. Students shall be enrolled in and eligible for educational services from a Public Education Agency (PEA).
    - b. Placement shall be made by one of the State Placing Agencies. They are the Department of Economic Security (DES), the Department of Health Services (DHS), the Administrative Office of the Courts (AOC), or the Department of Juvenile Corrections (ADJC).
    - c. Residential facilities shall be licensed by the Department of Health Services or Department of Economic Security and approved by the Department of Education for the specific educational needs of each student placed there.
    - d. The following conditions invalidate eligibility.
      - i. Placement by any agency other than those noted in subsection (B)(1)(b).
      - ii. Placement in facilities not appropriately licensed by DHS or DES or approved by the Department of Education.
      - iii. Student attendance at a PEA while residing in a residential facility.
    - e. Eligible students are divided into three categories.
      - i. Non-special education (NSE): Students not eligible for special education services who are placed by a State Placing Agency for their care, safety, or treatment.
      - ii. Care special education (CSE): Students eligible for special education services who are placed by a State Placing Agency for their care, safety, or treatment.
      - iii. Residential special education (RSE): Students requiring residential placement to benefit from educational programming who are placed by an IEP team.
  - 2. Voucher application/approval process. The process differs depending on category.
    - a. NSE and CSE options:
      - i. When a placement decision is reached, the State Placing Agency (SPA) shall complete a SPA Application for Voucher Funding, and forward a copy to the student's Home School District (HSD) for appropriate signatures within five days of placement.
      - ii. Upon placement, copies of the completed voucher shall be provided to the PRF and the Exceptional Student Services of the Department of Education (ESS).
      - iii. Upon receipt and review of the application and verification of facility approval, the SPA application will be approved for the initial 60 days of placement. An approval memo is sent to the PRF and the HSD. The Exceptional Student Services shall assign a student identification number to each approved voucher student. This number shall be used by the private facility when completing the special education census form and the claim for payment form.
      - iv. The HSD shall submit the HSD Application for Education Voucher Funding packet and submit it to the Exceptional Student Services of the Department of Education. Appropriate documentation of eligibility for special education and provision of services, if applicable, shall be included.
      - v. The HSD voucher application packet shall be reviewed and approved or disapproved by the voucher unit manager. Applications that are disapproved may be corrected and resubmitted. Approvals are granted from the date of receipt through the end of the school year. An approval memo is sent to the PRF and the HSD.
      - vi. If the HSD cannot complete the requirements for the HSD application packet within the initial 60-day approval period, they shall submit an Application For Extension Of Education Voucher Funding.
    - b. RSE option.  
The HSD shall follow statutory requirements and procedures agreed upon by the ADE, DHS, and DES when considering placement in a PRF for educational reasons. If a need for such a placement is determined, the HSD shall complete and submit the HSD Application for Education Voucher Funding packet to the ESS. Documentation of the necessity for PRF placement, measurable exit criteria, and a reintegration plan shall be required.

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3. Changes in placement/Discharge.
    - a. If a student is discharged or is absent without leave for more than ten days from the PRF, the facility shall notify the State Placing Agency, Home School District and the Exceptional Student Services Division of the Department of Education in writing within five days.
    - b. Students returning to a facility after a discharge or students transferred from one facility to another require a new SPA voucher application.
    - c. Students placed under the RSE option shall not be discharged without the consent of the IEP team.
  4. Voucher claim for payment.
    - a. A special education voucher claim for payment shall be submitted in accordance with procedures established by the School Finance Division of the Department of Education.
    - b. Claim for payment shall be submitted to the School Finance Division of the Department of Education.
  5. Special education census.
 

A special education census form shall be completed for all voucher students in accordance with procedures established by the School Finance Division of the Department of Education.
  6. Review and continuation of placement.
    - a. The Home School District (HSD) shall regularly monitor the progress of students, ensure the annual review and revision of IEPs, and complete three-year re-evaluations as applicable.
    - b. Voucher approval is for one school year only. Students remaining in an PRF from the end of one school year to the beginning of the next year require new voucher applications. Prior to the beginning of the new school year, the PRF shall submit an Application for Continuing Voucher funding, signed by both the SPA and the HSD. For a student who is eligible for special education services, a current IEP shall accompany the continuing application if the IEP has been reviewed or revised after the original voucher was approved.
- edgeable in the laws governing special education and administrative hearings.
3. "Public agency" ("PEA") has the same definition as provided in R7-2-401.
  4. "State Education Agency" ("SEA") means the Department of Education, Exceptional Student Services Section.
- B. The due process procedures specified in this Section apply to all public agencies dealing with the identification, evaluation, special education placement of, and the provision of a free appropriate public education ("FAPE") for children with disabilities.
  - C. The SEA shall establish procedures concerning:
    1. Impartial due process hearings, and
    2. Confidentiality and access to student records.
  - D. An impartial hearing officer shall be:
    1. Unbiased - not prejudiced for or against any party in the hearing;
    2. Disinterested - not having any personal or professional interest that would conflict with objectivity in the hearing;
    3. Independent - may not be an officer, employee, or agent of a public agency involved in the education or care of the child or the SEA. A person who otherwise qualifies to conduct a hearing is not an employee of the public agency or the SEA solely because the person is paid by the public agency to serve as a hearing officer;
    4. Trained by the SEA as to the state and federal laws pertaining to the identification, evaluation, placement of, and the provision of FAPE for children with disabilities.
  - E. Hearing officer qualifications and training.
    1. All hearing officers shall participate in all required training conducted by the SEA as to the state and federal laws pertaining to the identification, evaluation, educational placement, and the provision of FAPE for children with disabilities.
    2. A hearing officer shall meet the requirements set forth by OAH regarding ALJs. A hearing officer shall not have represented a parent in a special education matter during the preceding 12 months, and shall not have represented a school district in any matter during the preceding 12 months.
  - F. Selection of hearing officers.
    1. The SEA shall prepare and maintain a list of individuals who meet the qualifications specified in subsection (E) to serve as hearing officers. This list shall also include the qualifications of each hearing officer.
    2. A hearing officer shall be assigned in accordance with the procedures of the Office of Administrative Hearings.
  - G. Request for due process hearing.
    1. The due process complaint must allege a violation that occurred not more than two years before the date the parent or public education agency knew or should have known about the alleged action that forms the basis of the due process complaint.
    2. A parent shall submit a written request for a due process hearing to the public education agency and the SEA. The SEA shall provide a model form that a parent may use in requesting a due process hearing. Upon receipt of a written request, there shall be no change in the educational placement of the child except under the applicable provisions of IDEA, unless the PEA and parents agree. If a parent requests a due process hearing, the public education agency shall advise the parents of any free or low-cost legal services available, and provide a copy of the

**Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6).  
 Amended by final rulemaking at 9 A.A.R. 4633, effective  
 December 8, 2003 (Supp. 03-4).

*Editor's Note: The following Section was erroneously published in Supp. 04-2 with amendments that were not approved by the Attorney General's Office. It is republished with the text in effect before Supp. 04-2. The correct notice was published at 10 A.A.R. 3274 (Supp. 04-3).*

**R7-2-405. Special Education Dispute Resolution; Due Process**

- A. Definitions. The following definitions are applicable to this Section:
  1. "Due process hearing" means a fair and impartial administrative hearing conducted by the State Education Agency by an impartial hearing officer through the Arizona Office of Administrative Hearings in accordance with the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.) and its implementing regulations (34 CFR 300).
  2. "Impartial hearing officer" or "hearing officer" means an Administrative Law Judge ("ALJ") of the Arizona Office of Administrative Hearings ("OAH") and who is knowl-

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procedural safeguards notice. All correspondence to the parent shall be provided in English and the primary language of the home. If the written request involves an application for initial admission, the child, with the consent of the parent, shall be placed in the public school until the completion of all proceedings.

3. If the public education agency requests a due process hearing, such request may be made on a model form, as noted in subsection (G)(2), and a copy shall be provided to the parent and the SEA. Upon receipt of a written request, there shall be no change in the educational placement of the child except under the applicable provisions of IDEA, unless the PEA and the parents agree. In conjunction with its request for due process hearing, the public education agency shall advise the parents of any free or low-cost legal services available and provide a copy of the procedural safeguards notice. All correspondence to the parent, including the due process request, shall be provided in English and the primary language of the home. If the written request involves an application for initial admission, the child, with the consent of the parent, shall be placed in the public school until the completion of all proceedings.

**H.** An impartial due process hearing shall be conducted in accordance with the following procedures:

1. The hearing officer shall hold a pre-hearing conference, either telephonically or at a location that is reasonably convenient to the parents and the child involved, to determine if the complaint is a legitimate due process complaint, to ensure that all matters are clearly defined, to establish the proceedings that will be used for the hearing, to determine who will represent and/or advise each party, and to set the time and dates for the hearing.
2. The hearing officer shall conduct the hearing at a location that is reasonably convenient to the parents and the child involved.
3. The hearing officer shall preside at the hearing and shall conduct the proceedings in a fair and impartial manner, and shall ensure that all parties involved have an opportunity to:
  - a. Present their evidence and confront, cross-examine, and compel the attendance of witnesses;
  - b. Object to the introduction of any evidence at the hearing that has not been disclosed to all parties at least five business days before the hearing;
  - c. Produce outside expert witnesses;
  - d. Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities.
4. The parent involved in the hearing shall be given the right to:
  - a. Have the child who is the subject of the hearing present,
  - b. Have the hearing conducted in public,
  - c. Have an interpreter provided by the public agency.
5. The hearing officer shall review all relevant facts concerning the identification, evaluation, the educational placement, and the provision of FAPE. This shall include any Independent Education Evaluation secured by the parent.
  - a. The hearing officer shall determine whether the public agency has met all requirements of federal and state law, rules, and regulations.

- b. The hearing officer shall render findings of fact and a decision, which shall be binding on all parties unless appealed pursuant to this Section.

6. The hearing officer's findings of fact and decision shall be in writing and shall be provided to the parent, the public education agency, the SEA, and their respective representatives. The parent may choose to receive an electronic verbatim record of the hearing and electronic findings of fact and decision relative to the hearing in addition to the written findings of fact and decision. The hearing officer's findings of fact and decision shall be delivered by certified mail or by hand within 45 calendar days after notification to the hearing officer that the parties have been unable to resolve the matter in accordance with 20 U.S.C. 1415(f)(1)(B). A hearing officer may grant specific extensions of time beyond the 45 calendar days for good cause shown at the request of either party.
7. The findings of fact and decision of the hearing officer shall be final at the administrative level. The notification of the findings of fact and decision shall contain notice to the parties that they have a right to judicial review.
8. Any party to the proceeding has the right to appeal a final administrative decision to a court of competent jurisdiction within 35 calendar days after receipt of the decision.
9. The SEA, after deleting any personally identifiable information, shall make such written findings of fact and decision available to the public.

**I.** Expedited hearing.

1. An expedited hearing regarding disciplinary matters may be requested in accordance with federal law as set forth in 20 U.S.C. 1415(k).
2. Hearing officers for an expedited hearing shall be assigned by the Office of Administrative Hearings.
3. The expedited hearing shall be conducted within 20 school days of the date the hearing is requested and shall result in a determination within 10 school days after the hearing.

**Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6). Amended subsection (V) effective May 1, 1987 (Supp. 87-2). Amended effective July 20, 1990 (Supp. 90-3). Emergency amendment adopted effective November 21, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendment readopted effective March 21, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Amended effective May 2, 1991 (Supp. 91-2). Amended effective November 17, 1994 (Supp. 94-4). Amended effective December 6, 1995 (Supp. 95-4). Amended by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). Supp. 04-2 Historical Note entry is in error. R7-2-405 was erroneously included in Supp. 04-2 with amendments that were not approved by the Attorney General's Office. It is republished with the text in effect before Supp. 04-2. The correct notice was published at 10 A.A.R. 3274 (Supp. 04-3). Amended by exempt rulemaking at 15 A.A.R. 1732, effective January 26, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1849, effective May 19, 2008 (Supp. 09-2). Amended by exempt rulemaking at 16 A.A.R. 201, effective December 7, 2009 (Supp. 10-1). The word "rule" has been replaced with "Section" to

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reflect current standards in Chapter style and format  
(Supp. 21-1).

**R7-2-405.01. Special Education Dispute Resolution; State Administrative Complaints**

- A.** Notwithstanding any other provision of law, a state administrative complaint filed with the Department regarding any alleged violations of Part B of the federal Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 et seq.) or its implementing regulations (34 CFR 300) shall be investigated in accordance with the Code of Federal Regulations Title 34.
1. The party filing the complaint shall forward a copy of the state administrative complaint to the public education agency serving the child at the same time the party files the complaint with the Department.
  2. A written decision shall be issued to the complainant and the public education agency that is the subject of the state administrative complaint in accordance with the 60-day time limit specified in the Code of Federal Regulations Title 34.
- B.** The Department shall accept and investigate state administrative complaints that allege a violation that occurred not more than one year prior to the date that the complaint is received by the Department.
- C.** The state administrative complaint shall include all of the following:
1. A statement that a public education agency has violated a requirement of Part B of the IDEA or its implementing regulations.
  2. The facts on which the statement is based.
  3. The signature and contact information for the complainant.
  4. If alleging violations with respect to a specific child, all of the following:
    - a. The name and address of the child.
    - b. The name of the school the child is attending.
    - c. In the case of a homeless child or youth (within the meaning of Section 725(2) of the McKinney-Vento Homeless Assistance Act (20 U.S.C. 11434a(2))), available contact information for the child, and the name of the school the child is attending.
    - d. A description of the nature of the problem of the child, including facts relating to the problem.
    - e. A proposed resolution of the problem to the extent known and available to the party at the time the complaint is filed.
  5. The Department shall develop a model form to assist parents and public agencies in filing a state administrative complaint under this Section.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R.  
201, effective December 7, 2009 (Supp. 10-1).

**R7-2-405.02. Special Education Dispute Resolution; Mediation**

In accordance with the Individuals with Disabilities Education Act, the Department shall provide parents of students with disabilities and public education agencies the opportunity to resolve disputes involving any matter under IDEA, including matters arising prior to the filing of a request for due process, through a mediation process.

1. The mediation process shall:
  - a. Be voluntary on the part of both parties,
  - b. Not be used to deny or delay a parent's right to a due process hearing or any other rights afforded under Part B of the IDEA,

- c. Be conducted by a qualified and impartial mediator who is trained in effective mediation techniques.
2. The Department shall maintain a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services.
3. The Department shall select mediators on a random or rotational basis.
4. The Department shall bear the cost of the mediation process.
5. Each session in the mediation process shall be scheduled in a timely manner and shall be held in a location that is convenient to both the parent and the public education agency.
6. If the parties resolve a dispute through the mediation process, the parties shall execute a legally binding agreement that:
  - a. States that all discussions that occurred during the mediation process will remain confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings,
  - b. Is signed by both the parent and a representative of the public education agency who has the authority to bind the agency, and
  - c. Is enforceable in any state court of competent jurisdiction or in a district court of the United States.
7. Whether or not the dispute is resolved through mediation, discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings of any federal court or state court.
8. Impartiality of the Mediator. An individual who serves as a mediator:
  - a. May not be an employee of the Department or of the public education agency that is involved in the education or care of the student.
  - b. Shall not have a personal or professional interest that conflicts with the person's objectivity.
  - c. Is not an employee of the Department or of a public education agency solely because the mediator is paid by the Department of Education to serve as a mediator.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R.  
201, effective December 7, 2009 (Supp. 10-1).

**R7-2-406. Gifted Education Programs and Services**

- A.** Governing boards shall adopt policies for the education of gifted students which shall include:
1. Procedures for identification and placement of students to be placed in gifted programs.
    - a. Students shall be served who score at or above the 97th percentile on national norms in any one of three areas - verbal, nonverbal, or quantitative reasoning - on any test from the State Board-approved list. Students who score below the 97th percentile also may be served.
    - b. Local educational agencies (LEAs) shall accept, as valid for placement, scores at or above the 97th percentile on any State Board-approved test submitted by other LEAs or by qualified professionals.
    - c. LEAs shall place transfer students as soon as they have verified eligibility.

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2. Curriculum, differentiated instruction, and supplemental services for gifted students.
  - a. Expanded academic course offerings may include, for example, one or more of the following: acceleration, enrichment, flexible pacing, interdisciplinary curriculum, and seminars.
  - b. Differentiated instruction, which emphasizes the development of higher order thinking, may include critical thinking, creative thinking, and problem solving skills.
  - c. Supplemental services, which may be offered to meet the individual needs of each gifted student, may include, for example, guidance and counseling, mentorships, independent study, correspondence courses, and concurrent enrollment.
3. Parent involvement.
  - a. Each LEA shall provide the following information to all parents or legal guardians:
    - i. Definition of a gifted child;
    - ii. Services mandated for gifted students by the state of Arizona;
    - iii. Services available from the LEA;
    - iv. Written criteria of the LEA for referral, screening, selection and placement.
  - b. Each LEA shall develop policies and procedures which ensure that parents or legal guardians are:
    - i. Given the opportunity to have their children tested;
    - ii. Given advance notice of the week that their children are to be tested;
    - iii. Given the opportunity to withhold permission for testing;
  - c. Each LEA shall:
    - i. Make testing available for students K through 12 on a periodic basis but not less than three times per year;
    - ii. Inform parents or legal guardians of the results of the district-administered test within 30 school days of determining the test results;
    - iii. Upon request, explain test results to parents or legal guardians.
4. The scope and sequence shall be a written program description which demonstrates articulation across all grades and schools to ensure opportunities for continuous progress and shall include:
  - a. Statement of purpose;
  - b. General population description;
  - c. Identification process and placement criteria including provisions for special populations;
  - d. Goals and objectives;
  - e. Curriculum, differentiated instruction, and supplemental services;
  - f. Program models;
  - g. Time allocations for services;
  - h. Procedures and criteria for evaluation of student and program outcomes.

- B. The Arizona Department of Education shall develop and make available model policies for the development, implementation, and evaluation of services for gifted students.

**Historical Note**

Adopted effective December 12, 1990 (Supp. 90-4). The hyphen between "K-12" has been changed to the word

"through" for consistency in Chapter style and format (Supp. 21-2).

**R7-2-407. Special Education Standards and Assistance for Providing Educational Services and Materials for Visually Impaired Students**

- A. All requirements in this Section are in addition to the general special education standards in R7-2-401 for public education agencies providing special education.
- B. For the purposes of this Section, the following definitions apply:
  1. "Accessible Electronic File" means, until the effective date of a nationally adopted file format, a digital file in a mutually agreed upon electronic file format that has been prepared using a markup language that maintains the structural integrity of the information and can be processed by Braille conversion software. Upon the effective date of a nationally adopted file format, such as the Instructional Materials Accessibility Standard (IMAS), "Accessible Electronic File" shall mean an electronic file conforming to the specifications of the nationally adopted file format, including future technical revisions and versions of this nationally adopted file format.
  2. "Individualized Braille literacy assessment" means the Learning Media Assessment or other standardized or individualized assessments that pertain to the child's reading medium.
  3. "Non-printed instructional materials" means non-printed textbooks and related core materials, including those that require the availability of electronic equipment in order to be used as a learning resource, that are written and published primarily for use in elementary school and secondary school instruction and are required by a state educational agency or a local educational agency for use by pupils in the classroom. These materials shall be available to the extent technologically available, and may include software programs, CD-ROMs and internet-based materials.
  4. "Printed instructional materials" means textbooks and related printed core materials, that are written and published primarily for use in elementary school and secondary school instruction and are required by a state educational agency or a local educational agency for use by pupils in the classroom. This may include workbooks, practice tests, and tests.
  5. "Publisher" means an individual, firm, partnership or corporation that publishes or manufactures printed instructional materials for students attending public schools in Arizona, including an on-line service, a software developer, or a distributor of an electronic textbook.
  6. "Specialized format" means Braille, audio or digital text which is exclusively for use by blind or other persons with disabilities.
  7. "Structural integrity" means the structure of all parts of the printed instructional material will be kept intact to the extent feasible and as mutually agreed upon by the publisher and the local educational agency. This may include appropriate representation of graphic illustrations.
- C. Upon determination of a student having a visual impairment as assessed by a full and initial evaluation defined in R7-2-401(E)(6)(i), a visually impaired student who is determined to be blind as defined by A.R.S. § 15-214(B) shall receive an individualized Braille literacy assessment.
- D. Individualized Education Programs (IEP) for blind students. In addition to the requirements for establishing and implementing



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an IEP consistent with R7-2-401(F) for a student determined to have a disability, each IEP for a student determined to be “blind” as assessed by R7-2-401(E)(6)(i) and defined by A.R.S. § 15-214(B), shall presume that proficiency in Braille is essential in achieving academic success unless otherwise determined by the IEP team established consistent with the regulations for the most recent reauthorization of the Individuals with Disabilities Education Act (IDEA) and in the manner provided by the most recent reauthorization of the IDEA Act for developing an IEP. An IEP developed under this Section for a student determined to be blind shall include all required provisions of A.R.S. § 15-214(A)(3), including the following:

1. The results of the individualized Braille literacy assessment.
2. The date on which Braille instruction will begin, the methods to be used and the frequency and duration of the Braille instruction.
3. The level of competency expected to be achieved within specified time-frames and the objective measures to be used for evaluation.
4. The Braille materials and equipment necessary to achieve the stated expected competency gains, including ordering instructional materials to achieve the IEP-stated goals.
5. The rationale for not providing Braille instruction if Braille is not determined to be an appropriate medium by the IEP team and is not included in the IEP.

E. The Arizona Department of Education shall designate a central repository for publishers to, upon request, provide accessible electronic files for instructional materials used by public schools in Arizona as defined in subsection (B)(1). The central repository shall be responsible for maintaining a complete list of available accessible electronic files for instructional materials and instructional materials in specialized formats, processing requests from PEAs for instructional materials in specialized formats and providing access to these materials in specialized formats to schools throughout Arizona that are providing services to blind or other students with disabilities.

1. Upon receipt of a written request certifying to the requirements set forth in subsections (E)(1)(a) through (c) publishers shall deliver to the repository, at no additional cost and consistent with the time-frame for providing materials for students without disabilities, accessible electronic files for printed instructional materials and non-printed instructional materials. Certification shall include all of the following:
  - a. The PEA purchased a copy of the printed instructional material or non-printed instructional material for use by a student who is blind or has a visual impairment in a course that the student is attending or registered to attend;
  - b. The student who will utilize the instructional materials in a specialized format has an IEP stating that such materials and/or equipment are necessary for the student to achieve stated expected competency gains; and
  - c. The instructional materials are for use by the student in connection with a course in which he or she is enrolled, as verified by the person overseeing the education of students who are blind or visually impaired.
2. A PEA may access the materials maintained by the central repository, upon written request, for instructional use with a student with a visual impairment, as identified by R7-2-401(E)(6)(i), who requires the use of instructional

materials in a specialized format pursuant to the student’s IEP.

3. Nothing in this Section shall be construed to prohibit the central repository from assisting a student with a disability by using the electronic format version of instructional material provided pursuant to this Section solely to transcribe or arrange for the transcription of the printed instructional material into Braille or large print. In the event a Braille transcription is made, the central repository has the right to share the Braille copy of the printed instructional material with other eligible students with disabilities. The PEA will be required to return the specialized format version of the instructional material to the central repository when the student no longer needs the instructional material. The central repository may share the copies of the specialized format of the instructional material with other PEAs who have met the requirements of subsections (B) and (D) to provide services to students who require such services pursuant to R7-2-401(F)(5).

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). The word “rule” has been changed to “Section,” and “of this Section” was removed to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-408. Extended School Year Programs for Children with Disabilities**

- A. “Extended school year” (ESY) shall be as defined in A.R.S. § 15-881.
- B. Eligibility. Eligibility shall be determined by the Individualized Education Program (IEP) Team. Criteria for determining eligibility in an extended school year program shall be as defined in A.R.S. § 15-881.
- C. For a student with a disability currently enrolled in special education, eligibility for ESY services shall be determined no later than 45 calendar days prior to the last day of the school year.
- D. The availability of an extended school year program is required for all students for whom the IEP team has determined that it is necessary in order to ensure a free appropriate public education. Student participation in an ESY program is not compulsory. ESY services are not required for all students with a disability.
- E. Factors that are inappropriate for consideration. Eligibility for participation shall not be based on need or desire for any of the following:
  1. A day care or respite care service for students with a disability;
  2. A program to maximize the academic potential of a student with a disability; and
  3. A summer recreation program for students with a disability.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4).

**ARTICLE 5. CAREER AND VOCATIONAL EDUCATION****R7-2-501. Repealed**

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**Historical Note**

Not in original publication, correction, Section R7-2-501.

Adopted effective July 2, 1974. Amended effective November 8, 1974. Amended effective August 11, 1975 (Supp. 75-1). Former Section R7-2-501 repealed, new Section R7-2-501 adopted effective December 4, 1978 (Supp. 78-6). Repealed effective February 20, 1997 (Supp. 97-1).

**R7-2-502. Vocational Education Provisions and Standards**

All eligible recipients receiving federal or state monies or services in support of vocational and technical education programs, courses, or classes shall comply with the applicable provisions and standards of the following plans, which are filed with the Secretary of State, which plans are incorporated herein by reference.

1. 1986-1988 Arizona State Plan for Vocational Education for Federal Funding as required by A.R.S. § 15-784; and
2. Arizona State Plan for Vocational Education for State Funding approved April 22, 1985, as required by A.R.S. § 15-787(C).

**Historical Note**

Adopted (FY 76) effective July 14, 1975 (Supp. 75-1). Adopted (FY 77) effective June 25, 1976 (Supp. 76-3). Former Section R7-2-502 repealed, new Section R7-2-502 adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-502 repealed, new Section R7-2-502 adopted effective March 13, 1986 (Supp. 86-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2)

**R7-2-503. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-504. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-505. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-506. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-507. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-508. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-509. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-510. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-511. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-512. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-513. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-514. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-515. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-516. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-517. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-518. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-519. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-520. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**ARTICLE 6. CERTIFICATION****R7-2-601. Definitions**

In this Article, the following definitions apply unless the context otherwise requires:

1. "Accredited institution" means a postsecondary institution that has accreditation that is recognized by the U.S. Department of Education. An institution based outside the United States shall be considered accredited if a Department-approved foreign document evaluation firm verifies that it has accreditation in the foreign country that is comparable to accreditation that is recognized by the U.S. Department of Education.
2. "Accredited training" means training provided by an organization that has accreditation from an association approved by the Board.
3. "Appropriately certified" means holding the certificate, endorsement and approved area that is required for a teaching assignment.

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4. "Approved area" means a subject area denoted on a teaching certificate that is taught in Arizona public schools.
5. "Board" means the State Board of Education.
6. "Capstone experience" means a culminating professional experience in a PreK through 12 setting that may include student teaching or internships in administration, counseling, or school psychology, or alternative path PreK through 12 teaching.
7. "CTE" means Career and Technical Education.
8. "Department" means the Arizona Department of Education.
9. "Practicum" means a period of structured observation and practice of the skills being learned, supervised by an individual trained in that area. The commonly used terms "student teaching," "internship," "residency," or "observation course" are included in this definition.
10. "Professional development" means training to increase skills related to the occupation of education.
11. "Self-contained classroom" means a classroom in which the teacher teaches multiple subjects to one class of students.
12. "Single subject classroom" means a classroom in which the teacher teaches one subject to one class of students.
13. "Teaching experience" means full-time employment which included full responsibility for the planning and delivery of instruction and evaluation of student learning. Except for meeting the capstone experience requirement when applying for a standard teaching certificate, substitute teaching is not considered full-time teaching experience.

**Historical Note**

Former Section R7-2-601 repealed, new Section R7-2-601 adopted effective December 4, 1978 (Supp. 78-6). Amended subsection (C) effective May 31, 1983 (Supp. 83-3). Amended subsection (I) effective September 12, 1989 (Supp. 89-3). Amended effective August 14, 1991 (Supp. 91-3). Amended effective July 30, 1992 (Supp. 92-3). Section repealed, new Section adopted effective March 10, 1994 (Supp. 94-1). Amended effective July 25, 1994 (Supp. 94-3). Amended effective September 20, 1996 (Supp. 96-3). Amended effective March 6, 1997 (Supp. 97-1). Typographical error corrected in subsection (A) (Supp. 97-3). Section repealed; new Section adopted effective December 3, 1998 (Supp. 98-4). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-602. Professional Teaching Standards**

- A. The standards presented in this Section shall be the basis for approved teacher preparation programs, described in R7-2-604, and the Arizona Teacher Proficiency Assessment, described in R7-2-606.
- B. Standard 1. Learner Development: The teacher understands how learners grow and develop, recognizing that patterns of learning and development vary individually within and across the cognitive, linguistic, social, emotional, and physical areas, and designs and implements developmentally appropriate and challenging learning experiences. The teacher:
  1. Regularly assesses individual and group performance in order to design and modify instruction to meet learners' needs in each area of development (cognitive, linguistic,

social, emotional, and physical) and scaffolds the next level of development.

2. Creates developmentally appropriate instruction that takes into account individual learners' strengths, interests, and needs and that enables each learner to advance and accelerate his/her learning.
  3. Collaborates with families, communities, colleagues, and other professionals to promote learner growth and development.
  4. Understands how learning occurs – how learners construct knowledge, acquire skills, and develop disciplined thinking processes – and knows how to use instructional strategies that promote student learning.
  5. Understands that each learner's cognitive, linguistic, social, emotional, and physical development influences learning and knows how to make instructional decisions that build on learners' strengths and needs.
  6. Identifies readiness for learning, and understands how development in any one area may affect performance in others.
  7. Understands the role of language and culture in learning and, consistent with Arizona law, knows how to modify instruction to make language comprehensible and instruction relevant, accessible, and challenging.
  8. Respects learners' differing strengths and needs and is committed to using this information to further each learner's development.
  9. Is committed to using learners' strengths as a basis for growth, and their misconceptions as opportunities for learning.
  10. Takes responsibility for promoting learners' growth and development.
- C. Standard 2. Learning Differences: The teacher uses understanding of individual differences and diverse cultures and communities to ensure inclusive learning environments that enable each learner to meet high standards. The teacher:
1. Designs, adapts, and delivers instruction to address each student's diverse learning strengths and needs and creates opportunities for students to demonstrate their learning in different ways.
  2. Makes appropriate and timely provisions (e.g., pacing for individual rates of growth, task demands, communication, assessment, and response modes) for individual students with particular learning differences or needs.
  3. Designs instruction to build on learners' prior knowledge and experiences, allowing learners to accelerate as they demonstrate their understandings.
  4. Brings multiple perspectives to the discussion of content, including attention to learners' personal, family, and community experiences and cultural norms.
  5. Incorporates tools of language development into planning and instruction, including strategies for making content accessible to English language learners and for evaluating and supporting their development of English proficiency.
  6. Accesses resources, supports, and specialized assistance and services to meet particular learning differences or needs.
  7. Understands and identifies differences in approaches to learning and performance and knows how to design instruction that uses each learner's strengths to promote growth.
  8. Understands students with exceptional needs, including those associated with disabilities and giftedness, and

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- knows how to use strategies and resources to address these needs.
9. Knows about second language acquisition processes and knows how to incorporate instructional strategies and resources to support language acquisition.
  10. Understands that learners bring assets for learning based on their individual experiences, abilities, talents, prior learning, and peer and social group interactions, as well as language, culture, family, and community values.
  11. Knows how to access information about the values of diverse cultures and communities and how to incorporate learners' experiences, cultures, and community resources into instruction.
  12. Believes that all learners can achieve at high levels and persists in helping each learner reach his/her full potential.
  13. Respects learners as individuals with differing personal and family backgrounds and various skills, abilities, perspectives, talents, and interests.
  14. Makes learners feel valued and helps them learn to value each other.
  15. Values diverse languages and dialects and seeks to integrate them into his/her instructional practice to engage students in learning.
- D.** Standard 3. Learning Environments: The teacher works with others to create environments that support individual and collaborative learning, and that encourage positive social interaction, active engagement in learning, and self motivation. The teacher:
1. Collaborates with learners, families, and colleagues to build a safe, positive learning climate of openness, mutual respect, support, and inquiry.
  2. Develops learning experiences that engage learners in collaborative and self-directed learning and that extend learner interaction with ideas and people locally and globally.
  3. Collaborates with learners and colleagues to develop shared values and expectations for respectful interactions, rigorous academic discussions, and individual and group responsibility for quality work.
  4. Manages the learning environment to actively and equitably engage learners by organizing, allocating, and coordinating the resources of time, space, and learners' attention.
  5. Uses a variety of methods to engage learners in evaluating the learning environment and collaborates with learners to make appropriate adjustments.
  6. Communicates verbally and nonverbally in ways that demonstrate respect for and responsiveness to the cultural backgrounds and differing perspectives learners bring to the learning environment.
  7. Promotes responsible learner use of interactive technologies to extend the possibilities for learning locally and globally.
  8. Intentionally builds learner capacity to collaborate in face-to-face and virtual environments through applying effective interpersonal communication skills.
  9. Understands the relationship between motivation and engagement and knows how to design learning experiences using strategies that build learner self-direction and ownership of learning.
  10. Knows how to help learners work productively and cooperatively with each other to achieve learning goals.
  11. Knows how to collaborate with learners to establish and monitor elements of a safe and productive learning environment including norms, expectations, routines, and organizational structures.
  12. Understands how learner diversity can affect communication and knows how to communicate effectively in differing environments.
  13. Knows how to use technologies and how to guide learners to apply them in appropriate, safe, and effective ways.
  14. Is committed to working with learners, colleagues, families, and communities to establish positive and supportive learning environments.
  15. Values the role of learners in promoting each other's learning and recognizes the importance of peer relationships in establishing a climate of learning.
  16. Is committed to supporting learners as they participate in decision making, engage in exploration and invention, work collaboratively and independently, and engage in purposeful learning.
  17. Seeks to foster respectful communication among all members of the learning community.
  18. Is a thoughtful and responsive listener and observer.
- E.** Standard 4. Content Knowledge: The teacher understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches and creates learning experiences that make these aspects of the discipline accessible and meaningful for learners to assure mastery of the content. The teacher:
1. Effectively uses multiple representations and explanations that capture key ideas in the discipline, guide learners through learning progressions, and promote each learner's achievement of content standards.
  2. Engages students in learning experiences in the discipline(s) that encourage learners to understand, question, and analyze ideas from diverse perspectives so that they master the content.
  3. Engages learners in applying methods of inquiry and standards of evidence used in the discipline.
  4. Stimulates learner reflection on prior content knowledge, links new concepts to familiar concepts, and makes connections to learners' experiences.
  5. Recognizes learner misconceptions in a discipline that interfere with learning, and creates experiences to build accurate conceptual understanding.
  6. Evaluates and modifies instructional resources and curriculum materials for their comprehensiveness, accuracy for representing particular concepts in the discipline, and appropriateness for his or her learners.
  7. Uses supplementary resources and technologies effectively to ensure accessibility and relevance for all learners.
  8. Creates opportunities for students to learn, practice, and master academic language in their content.
  9. Accesses school and/or district-based resources to evaluate the learner's content knowledge in his or her primary language.
  10. Understands major concepts, assumptions, debates, processes of inquiry, and ways of knowing that are central to the discipline(s) he or she teaches.
  11. Understands common misconceptions in learning the discipline and how to guide learners to accurate conceptual understanding.
  12. Knows and uses the academic language of the discipline and knows how to make it accessible to learners.

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13. Knows how to integrate culturally relevant content to build on learners' background knowledge.
  14. Has a deep knowledge of student content standards and learning progressions in the discipline(s) he or she teaches.
  15. Realizes that content knowledge is not a fixed body of facts but is complex, culturally situated, and ever evolving. The teacher keeps abreast of new ideas and understandings in the field, and ensures instruction is consistent with Arizona's adopted academic standards.
  16. Appreciates multiple perspectives within the discipline and facilitates learners' critical analysis of these perspectives.
  17. Recognizes the potential of bias in his or her representation of the discipline and seeks to appropriately address problems of bias.
  18. Commits to work toward each learner's mastery of disciplinary content and skills.
- F. Standard 5. Application of Content:** The teacher understands how to connect concepts and use differing perspectives to engage learners in critical thinking, creativity, and collaborative problem solving related to authentic local and global issues. The teacher:
1. Develops and implements projects that guide learners in analyzing the complexities of an issue or question using perspectives from varied disciplines and cross-disciplinary skills (e.g., a water quality study that draws upon biology and chemistry to look at factual information and social studies to examine policy implications).
  2. Engages learners in applying content knowledge to real world problems through the lens of interdisciplinary themes (e.g., financial literacy, environmental literacy).
  3. Facilitates learners' use of current tools and resources to maximize content learning in varied contexts.
  4. Engages learners in questioning and challenging assumptions and approaches in order to foster innovation and problem solving in local and global contexts.
  5. Develops learners' communication skills in disciplinary and interdisciplinary contexts by creating meaningful opportunities to employ a variety of forms of communication that address varied audiences and purposes.
  6. Engages learners in generating and evaluating new ideas and novel approaches, seeking inventive solutions to problems, and developing original work.
  7. Facilitates learners' ability to develop diverse social and cultural perspectives that expand their understanding of local and global issues and create novel approaches to solving problems.
  8. Develops and implements supports for learner literacy development across content areas.
  9. Understands the ways of knowing in his/her discipline, how it relates to other disciplinary approaches to inquiry, and the strengths and limitations of each approach in addressing problems, issues, and concerns.
  10. Understands how current interdisciplinary themes (e.g., civic literacy, health literacy, global awareness) connect to the core subjects and knows how to weave those themes into meaningful learning experiences.
  11. Understands the demands of accessing and managing information as well as how to evaluate issues of ethics and quality related to information and its use.
  12. Understands how to use digital and interactive technologies for efficiently and effectively achieving specific learning goals.
13. Understands critical thinking processes and knows how to help learners develop high level questioning skills to promote their independent learning.
  14. Understands communication modes and skills as vehicles for learning (e.g., information gathering and processing) across disciplines as well as vehicles for expressing learning.
  15. Understands creative thinking processes and how to engage learners in producing original work.
  16. Knows where and how to access resources to build global awareness and understanding, and how to integrate them into the curriculum.
  17. Is constantly exploring how to use disciplinary knowledge as a lens to address local and global issues.
  18. Values knowledge outside his/her own content area and how such knowledge enhances student learning.
  19. Values flexible learning environments that encourage learner exploration, discovery, and expression across content areas.
- G. Standard 6. Assessment:** The teacher understands and uses multiple methods of assessment to engage learners in their own growth, to monitor learner progress, and to guide the teacher's and learner's decision making. The teacher:
1. Balances the use of formative and summative assessment as appropriate to support, verify, and document learning.
  2. Designs assessments that match learning objectives with assessment methods and minimizes sources of bias that can distort assessment results.
  3. Works independently and collaboratively to examine test and other performance data to understand each learner's progress and to guide planning.
  4. Engages learners in understanding and identifying quality work and provides them with effective descriptive feedback to guide their progress toward that work.
  5. Engages learners in multiple ways of demonstrating knowledge and skill as part of the assessment process.
  6. Models and structures processes that guide learners in examining their own thinking and learning as well as the performance of others.
  7. Effectively uses multiple and appropriate types of assessment data to identify each student's learning needs and to develop differentiated learning experiences.
  8. Prepares all learners for the demands of particular assessment formats and makes appropriate accommodations in assessments or testing conditions, especially for learners with disabilities and language learning needs.
  9. Continually seeks appropriate ways to employ technology to support assessment practice both to engage learners more fully and to assess and address learner needs.
  10. Understands the differences between formative and summative applications of assessment and knows how and when to use each.
  11. Understands the range of types and multiple purposes of assessment and how to design, adapt, or select appropriate assessments to address specific learning goals and individual differences, and to minimize sources of bias.
  12. Knows how to analyze assessment data to understand patterns and gaps in learning, to guide planning and instruction, and to provide meaningful feedback to all learners.
  13. Knows when and how to engage learners in analyzing their own assessment results and in helping to set goals for their own learning.

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14. Understands the positive impact of effective descriptive feedback for learners and knows a variety of strategies for communicating this feedback.
  15. Knows when and how to evaluate and report learner progress against standards.
  16. Understands how to prepare learners for assessments and how to make accommodations in assessments and testing conditions, especially for learners with disabilities and language learning needs.
  17. Is committed to engaging learners actively in assessment processes and to developing each learner's capacity to review and communicate about their own progress and learning.
  18. Takes responsibility for aligning instruction and assessment with learning goals.
  19. Is committed to providing timely and effective descriptive feedback to learners on their progress.
  20. Is committed to using multiple types of assessment processes to support, verify, and document learning.
  21. Is committed to making accommodations in assessments and testing conditions, especially for learners with disabilities and language learning needs.
  22. Is committed to the ethical use of various assessments and assessment data to identify learner strengths and needs to promote learner growth.
- H. Standard 7. Planning for Instruction:** The teacher plans instruction that supports every student in meeting rigorous learning goals by drawing upon knowledge of content areas, curriculum, cross-disciplinary skills, and pedagogy, as well as knowledge of learners and the community context. The teacher:
1. Individually and collaboratively selects and creates learning experiences that are appropriate for curriculum goals and content standards, and are relevant to learners.
  2. Plans how to achieve each student's learning goals, choosing appropriate strategies and accommodations, resources, and materials to differentiate instruction for individuals and groups of learners.
  3. Develops appropriate sequencing of learning experiences and provides multiple ways to demonstrate knowledge and skill.
  4. Plans for instruction based on formative and summative assessment data, prior learner knowledge, and learner interest.
  5. Plans collaboratively with professionals who have specialized expertise (e.g., special educators, related service providers, language learning specialists, librarians, media specialists) to design and jointly deliver as appropriate learning experiences to meet unique learning needs.
  6. Evaluates plans in relation to short- and long-range goals and systematically adjusts plans to meet each student's learning needs and enhance learning.
  7. Understands content and content standards and how these are organized in the curriculum.
  8. Understands how integrating cross-disciplinary skills in instruction engages learners purposefully in applying content knowledge.
  9. Understands learning theory, human development, cultural diversity, and individual differences and how these impact ongoing planning.
  10. Understands the strengths and needs of individual learners and how to plan instruction that is responsive to these strengths and needs.
  11. Knows a range of evidence-based instructional strategies, resources, and technological tools and how to use them effectively to plan instruction that meets diverse learning needs.
12. Knows when and how to adjust plans based on assessment information and learner responses.
  13. Knows when and how to access resources and collaborate with others to support student learning (e.g., special educators, related service providers, language learner specialists, librarians, media specialists, community organizations).
  14. Respects learners' diverse strengths and needs and is committed to using this information to plan effective instruction.
  15. Values planning as a collegial activity that takes into consideration the input of learners, colleagues, families, and the larger community.
  16. Takes professional responsibility to use short- and long-term planning as a means of assuring student learning.
  17. Believes that plans must always be open to adjustment and revision based on learner needs and changing circumstances.
- I. Standard 8. Instructional Strategies:** The teacher understands and uses a variety of instructional strategies to encourage learners to develop deep understanding of content areas and their connections, and to build skills to apply knowledge in meaningful ways. The teacher:
1. Uses appropriate strategies and resources to adapt instruction to the needs of individuals and groups of learners.
  2. Continuously monitors student learning, engages learners in assessing their progress, and adjusts instruction in response to student learning needs.
  3. Collaborates with learners to design and implement relevant learning experiences, identify their strengths, and access family and community resources to develop their areas of interest.
  4. Varies his/her role in the instructional process (e.g., instructor, facilitator, coach, audience) in relation to the content and purposes of instruction and the needs of learners.
  5. Provides multiple models and representations of concepts and skills with opportunities for learners to demonstrate their knowledge through a variety of products and performances.
  6. Engages all learners in developing higher order questioning skills and metacognitive processes.
  7. Engages learners in using a range of learning skills and technology tools to access, interpret, evaluate, and apply information.
  8. Uses a variety of instructional strategies to support and expand learners' communication through speaking, listening, reading, writing, and other modes.
  9. Asks questions to stimulate discussion that serves different purposes (e.g., probing for learner understanding, helping learners articulate their ideas and thinking processes, stimulating curiosity, and helping learners to question).
  10. Understands the cognitive processes associated with various kinds of learning (e.g., critical and creative thinking, problem framing and problem solving, invention, memorization and recall) and how these processes can be stimulated.
  11. Knows how to apply a range of developmentally, culturally, and linguistically appropriate instructional strategies to achieve learning goals.

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12. Knows when and how to use appropriate strategies to differentiate instruction and engage all learners in complex thinking and meaningful tasks.
  13. Understands how multiple forms of communication (oral, written, nonverbal, digital, visual) convey ideas, foster self expression, and build relationships.
  14. Knows how to use a wide variety of resources, including human and technological, to engage students in learning.
  15. Understands how content and skill development can be supported by media and technology and knows how to evaluate these resources for quality, accuracy, and effectiveness.
  16. Is committed to deepening awareness and understanding the strengths and needs of diverse learners when planning and adjusting instruction.
  17. Values the variety of ways people communicate and encourages learners to develop and use multiple forms of communication.
  18. Is committed to exploring how the use of new and emerging technologies can support and promote student learning.
  19. Values flexibility and reciprocity in the teaching process as necessary for adapting instruction to learner responses, ideas, and needs.
- J. Standard 9. Professional Learning and Ethical Practice:** The teacher engages in ongoing professional learning and uses evidence to continually evaluate his/her practice, particularly the effects of his/her choices and actions on others (learners, families, other professionals, and the community), and adapts practice to meet the needs of each learner. The teacher:
1. Engages in ongoing learning opportunities to develop knowledge and skills in order to provide all learners with engaging curriculum and learning experiences based on local and state standards.
  2. Engages in meaningful and appropriate professional learning experiences aligned with his/her own needs and the needs of the learners, school, and system.
  3. Independently and in collaboration with colleagues, uses a variety of data (e.g., systematic observation, information about learners, research) to evaluate the outcomes of teaching and learning and to adapt planning and practice.
  4. Actively seeks professional, community, and technological resources, within and outside the school, as supports for analysis, reflection, and problem-solving.
  5. Reflects on his/her personal biases and accesses resources to deepen his/her own understanding of cultural, ethnic, gender, and learning differences to build stronger relationships and create more relevant learning experiences.
  6. Advocates, models, and teaches safe, legal, and ethical use of information and technology including appropriate documentation of sources and respect for others in the use of social media.
  7. Understands and knows how to use a variety of self-assessment and problem-solving strategies to analyze and reflect on his/her practice and to plan for adaptations/adjustments.
  8. Knows how to use learner data to analyze practice and differentiate instruction accordingly.
  9. Understands how personal identity, worldview, and prior experience affect perceptions and expectations, and recognizes how they may bias behaviors and interactions with others.
  10. Understands and adheres to laws related to learners' rights and teacher responsibilities (e.g., for educational equity, appropriate education for learners with disabilities, confidentiality, privacy, appropriate treatment of learners, reporting in situations related to possible child abuse).
- K. Standard 10. Leadership and Collaboration:** The teacher seeks appropriate leadership roles and opportunities to take responsibility for student learning, to collaborate with learners, families, colleagues, other school professionals, and community members to ensure learner growth, and to advance the profession. The teacher:
1. Takes an active role on the instructional team, giving and receiving feedback on practice, examining learner work, analyzing data from multiple sources, and sharing responsibility for decision making and accountability for each student's learning.
  2. Works with other school professionals to plan and jointly facilitate learning on how to meet diverse needs of learners.
  3. Engages collaboratively in the schoolwide effort to build a shared vision and supportive culture, identify common goals, and monitor and evaluate progress toward those goals.
  4. Works collaboratively with learners and their families to establish mutual expectations and ongoing communication to support learner development and achievement.
  5. Working with school colleagues, builds ongoing connections with community resources to enhance student learning and well being.
  6. Engages in professional learning, contributes to the knowledge and skill of others, and works collaboratively to advance professional practice.
  7. Uses technological tools and a variety of communication strategies to build local and global learning communities that engage learners, families, and colleagues.
  8. Uses and generates meaningful research on education issues and policies.
  9. Seeks appropriate opportunities to model effective practice for colleagues, to lead professional learning activities, and to serve in other leadership roles.
  10. Strives to meet the needs of learners and to strengthen the learning environment.
  11. Takes on leadership roles at the school, district, state, and/or national levels.

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12. Understands schools as organizations within a historical, cultural, political, and social context and knows how to work with others across the system to support learners.
13. Understands that alignment of family, school, and community spheres of influence enhances student learning and that discontinuity in these spheres of influence interferes with learning.
14. Knows how to work with other adults and has developed skills in collaborative interaction appropriate for both face-to-face and virtual contexts.
15. Knows how to contribute to a common culture that supports high expectations for student learning.
16. Actively shares responsibility for shaping and supporting the mission of his/her school as one of advocacy for learners and accountability for their success.
17. Respects families' beliefs, norms, and expectations and seeks to work collaboratively with learners and families in setting and meeting challenging goals.
18. Takes initiative to grow and develop with colleagues through interactions that enhance practice and support student learning.
19. Takes responsibility for contributing to and advancing the profession.
20. Embraces the challenge of continuous improvement and change.

**Historical Note**

Former Section R7-2-602 repealed, new Section R7-2-602 adopted effective December 4, 1978 (Supp. 78-6). Amended by adding a new subsection (B) effective August 29, 1988 (Supp. 88-3). Amended effective December 15, 1989 (Supp. 89-4). Amended effective July 10, 1992 (Supp. 92-3). Amended effective March 6, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 3, 1998 (Supp. 98-4). Amended by exempt rulemaking at 18 A.A.R. 1029, effective December 5, 2011 (Supp. 12-2).

**R7-2-602.01. Induction Program Standards for New Teachers**

- A. For the purposes of this Section, the following definitions apply:
  1. "Induction" and "mentoring and retention programming" means a program of regular, job-embedded, in-person, one-on-one feedback that is focused on instruction and ensuring new classroom teacher quality, success and retention.
  2. "New classroom teacher" means a classroom teacher who is in the first, second, or third year of teaching.
- B. The Arizona Teacher Induction Standards, and substantially similar programs developed by local education agencies, shall serve as the form and format of mentoring and retention programming for school districts, charter schools, the State Education System for Committed Youth, and the Arizona State Schools for the Deaf and the Blind who receive grant funds established pursuant to A.R.S. § 15-1281(D)(3). The standards and programs developed by local education agencies shall require that the equivalent of one full-time mentor may be assigned to not more than 15 new classroom teachers employed by the school district or charter school.
- C. The Department shall:
  1. Develop the induction program standards in consultation with state educators and experts in instruction and educator quality, success, and retention.

2. Present the induction program standards and the development process to the Board for review and approval.
- D. The Board shall adopt the Arizona Teacher Induction Standards in a meeting following the presentation of the standards to the Board.

**Historical Note**

New Section made by final exempt rulemaking at 27 A.A.R. 743, effective April 26, 2021 (Supp. 21-2).

**R7-2-602.02. Teacher Leader Professional Standards**

- A. For the purposes of this Section, the following definition applies: "Teacher leadership" means practices and professional capacities in which teachers act or fulfill duties and roles that support school-system faculty, staff, and administrators to improve instruction and teaching practices to improve educator and student development and performance.
- B. The Arizona Teacher Leader Professional Standards are established. Teacher leader professional roles and professional learning programs developed by Arizona school districts, charter schools, the State Education System for Committed Youth, and the Arizona State Schools for the Deaf and the Blind who receive grant funds pursuant to A.R.S. § 15-1281(D)(3) may use the Arizona Teacher Leader Professional Standards to establish and align professional duties, plans, pathways, and development programs.
- C. The Board shall adopt Arizona Teacher Leader Professional Standards as follows:
  1. The Department shall develop teacher leader professional standards and guidance and resources in consultation with state educators and experts in instruction, educator quality, educator workforce development, success, leadership and retention;
  2. The Department shall present the teacher leader standards and the development process to the Board at a regularly scheduled Board meeting; and
  3. The Board shall adopt the Arizona Teacher Leader Professional Standards at a subsequent meeting.

**Historical Note**

New Section made by final exempt rulemaking at 29 A.A.R. 1401 (June 23, 2023), effective May 22, 2023 (Supp. 23-2).

**R7-2-603. Professional Administrative Standards**

- A. The standards presented in this Section shall be the basis for approved administrative preparation programs, described in R7-2-604. The Arizona Administrator Proficiency Assessment shall assess proficiency in the standards as a requirement for certification of supervisors, principals, and superintendents, as set forth in R7-2-616.
- B. Standard 1: Effective educational leaders develop, advocate, and enact a shared mission, vision, and core values of high-quality education and academic success and well-being of each student. Effective leaders:
  1. Develop an educational mission for the school to promote the academic success and well-being of each student.
  2. In collaboration with members of the school and the community and using relevant data, develop and promote a vision for the school on the successful learning and development of each child and on instructional and organizational practices that promote such success.
  3. Articulate, advocate, and cultivate core values that define the school's culture and stress the imperative of child-centered education; high expectations and student sup-



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- port; equity, inclusiveness, and social justice; openness, caring, and trust; and continuous improvement.
4. Strategically develop, implement, and evaluate actions to achieve the vision for the school.
  5. Review the school's mission and vision and adjust them to changing expectations and opportunities for the school, and changing needs and situations of students.
  6. Develop shared understanding of and commitment to mission, vision, and core values within the school and the community.
  7. Model and pursue the school's mission, vision, and core values in all aspects of leadership.
- C. Standard 2: Effective educational leaders act ethically and according to professional norms to promote each student's academic success and well-being. Effective leaders:**
1. Act ethically and professionally in personal conduct, relationships with others, decision-making, stewardship of the school's resources, and all aspects of school leadership.
  2. Act according to and promote the professional norms of integrity, fairness, transparency, trust, collaboration, perseverance, learning, and continuous improvement.
  3. Place children at the center of education and accept responsibility for each student's academic success and well-being.
  4. Safeguard and promote the values of democracy, individual freedom and responsibility, equity, social justice, community, and diversity.
  5. Lead with interpersonal and communication skill, social-emotional insight, and understanding of all students' and staff members' backgrounds and cultures.
  6. Provide moral direction for the school and promote ethical and professional behavior among faculty and staff.
- D. Standard 3: Effective educational leaders strive for equity of educational opportunity and culturally responsive practices to promote each student's academic success and well-being. Effective leaders:**
1. Ensure that each student is treated fairly, respectfully, and with an understanding of each student's culture and context.
  2. Recognize, respect, and employ each student's strengths, diversity, and culture as assets for teaching and learning.
  3. Ensure that each student has equitable access to effective teachers, learning opportunities, academic and social support, and other resources necessary for success.
  4. Develop student policies and address student misconduct in a positive, fair, and unbiased manner.
  5. Confront and alter institutional biases of student marginalization, deficit-based schooling, and low expectations associated with race, class, culture and language, gender and sexual orientation, and disability or special status.
  6. Promote the preparation of students to live productively in and contribute to the diverse cultural contexts of a global society.
  7. Act with cultural competence and responsiveness in their interactions, decision making, and practice.
  8. Address matters of equity and cultural responsiveness in all aspects of leadership.
- E. Standard 4: Effective educational leaders develop and support intellectually rigorous and coherent systems of curriculum, instruction, and assessment to promote each student's academic success and well-being. Effective leaders:**
1. Implement coherent systems of curriculum, instruction, and assessment that promote the mission, vision, and core values of the school, embody high expectations for student learning, align with academic standards, and are culturally responsive.
  2. Align and focus systems of curriculum, instruction, and assessment within and across grade levels to promote student academic success, love of learning, the identities and habits of learners, and healthy sense of self.
  3. Promote instructional practice that is consistent with knowledge of child learning and development, effective pedagogy, and the needs of each student.
  4. Ensure instructional practice that is intellectually challenging, authentic to student experiences, recognizes student strengths, and is differentiated and personalized.
  5. Promote the effective use of technology in the service of teaching and learning.
  6. Employ valid assessments that are consistent with knowledge of child learning and development and technical standards of measurement.
  7. Use assessment data appropriately and within technical limitations to monitor student progress and improve instruction.
- F. Standard 5: Effective educational leaders cultivate an inclusive, caring, and supportive school community that promotes the academic success and well-being of each student. Effective leaders:**
1. Build and maintain a safe, caring, and healthy school environment that meets that the academic, social, emotional, and physical needs of each student.
  2. Create and sustain a school environment in which each student is known, accepted and valued, trusted and respected, cared for, and encouraged to be an active and responsible member of the school community.
  3. Provide coherent systems of academic and social supports, services, extracurricular activities, and accommodations to meet the range of learning needs of each student.
  4. Promote adult-student, student-peer, and school-community relationships that value and support academic learning and positive social and emotional development.
  5. Cultivate and reinforce student engagement in school and positive student conduct.
  6. Infuse the school's learning environment with the cultures and languages of the school's community.
- G. Standard 6: Effective educational leaders develop the professional capacity and practice of school personnel to promote each student's academic success and well-being. Effective leaders:**
1. Recruit, hire, support, develop, and retain effective and caring teachers and other professional staff and form them into an educationally effective faculty.
  2. Plan for and manage staff turnover and succession, providing opportunities for effective induction and mentoring of new personnel.
  3. Develop teachers' and staff members' professional knowledge, skills, and practice through differentiated opportunities for learning and growth, guided by understanding of professional and adult learning and development.
  4. Foster continuous improvement of individual and collective instructional capacity to achieve outcomes envisioned for each student.
  5. Deliver actionable feedback about instruction and other professional practice through valid, research-anchored systems of supervision and evaluation to support the

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- development of teachers' and staff members' knowledge, skills, and practice.
6. Empower and motivate teachers and staff to the highest levels of professional practice and to continuous learning and improvement.
  7. Develop the capacity, opportunities, and support for teacher leadership and leadership from other members of the school community.
  8. Promote the personal and professional health, well-being, and work-life balance of faculty and staff.
  9. Tend to their own learning and effectiveness through reflection, study, and improvement, maintaining a healthy work-life balance.
- H.** Standard 7: Effective educational leaders foster a professional community of teachers and other professional staff to promote each student's academic success and well-being. Effective leaders:
1. Develop workplace conditions for teachers and other professional staff that promote effective professional development, practice, and student learning.
  2. Empower and entrust teachers and staff with collective responsibility for meeting the academic, social, emotional, and physical needs of each student, pursuant to the mission, vision, and core values of the school.
  3. Establish and sustain a professional culture of engagement and commitment to shared vision, goals, and objectives pertaining to the education of the whole child; high expectations for professional work; ethical and equitable practice; trust and open communication; collaboration, collective efficacy, and continuous individual and organizational learning and improvement.
  4. Promote mutual accountability among teachers and other professional staff for each student's success and the effectiveness of the school as a whole.
  5. Develop and support open, productive, caring, and trusting working relationships among leaders, faculty, and staff to promote professional capacity and the improvement of practice.
  6. Design and implement job-embedded and other opportunities for professional learning collaboratively with faculty and staff.
  7. Provide opportunities for collaborative examination of practice, collegial feedback, and collective learning.
  8. Encourage faculty-initiated improvement of programs and practices.
- I.** Standard 8: Effective educational leaders engage families and the community in meaningful, reciprocal, and mutually beneficial ways to promote each student's academic success and well-being. Effective leaders:
1. Are approachable, accessible, and welcoming to families and members of the community.
  2. Create and sustain positive, collaborative, and productive relationships with families and the community for the benefit of students.
  3. Engage in regular and open two-way communication with families and the community about the school, students, needs, problems, and accomplishments.
  4. Maintain a presence in the community to understand its strengths and needs, develop productive relationships, and engage its resources for the school.
  5. Create means for the school community to partner with families to support student learning in and out of school.
6. Understand, value, and employ the community's cultural, social, intellectual, and political resources to promote student learning and school improvement.
  7. Develop and provide the school as a resource for families and the community.
  8. Advocate for the school and district, and for the importance of education and student needs and priorities to families and the community.
  9. Advocate publicly for the needs and priorities of students, families, and the community.
  10. Build and sustain productive partnerships with public and private sectors to promote school improvement and student learning.
- J.** Standard 9: Effective educational leaders manage school operations and resources to promote each student's academic success and well-being. Effective leaders:
1. Institute, manage, and monitor operations and administrative systems that promote the mission and vision of the school.
  2. Strategically manage staff resources, assigning and scheduling teachers and staff to roles and responsibilities that optimize their professional capacity to address each student's learning needs.
  3. Seek, acquire, and manage fiscal, physical, and other resources to support curriculum, instruction, and assessment; student learning community; professional capacity and community; and family and community engagement.
  4. Are responsible, ethical, and accountable stewards of the school's monetary and non-monetary resources, engaging in effective budgeting and accounting practices.
  5. Protect teachers' and other staff members' work and learning from disruption.
  6. Employ technology to improve the quality and efficiency of operations and management.
  7. Develop and maintain data and communication systems to deliver actionable information for classroom and school improvement.
  8. Know, comply with, and help the school community understand local, state, and federal laws, rights, policies, and regulations so as to promote student success.
  9. Develop and manage relationships with feeder and connecting schools for enrollment management and curricular and instructional articulation.
  10. Develop and manage productive relationships with the central office and school board.
  11. Develop and administer systems for fair and equitable management of conflict among students, faculty and staff, leaders, families, and community.
  12. Manage governance processes and internal and external politics toward achieving the school's mission and vision.
- K.** Standard 10: Effective educational leaders act as agents of continuous improvement to promote each student's academic success and well-being. Effective leaders:
1. Seek to make school more effective for each student, teachers and staff, families, and the community.
  2. Use methods of continuous improvement to achieve the vision, fulfill the mission, and promote the core values of the school.
  3. Prepare the school and the community for improvement, promoting readiness, an imperative for improvement, instilling mutual commitment and accountability, and developing the knowledge, skills, and motivation to succeed in improvement.

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4. Engage others in an ongoing process of evidence-based inquiry, learning, strategic goal setting, planning, implementation, and evaluation for continuous school and classroom improvement.
5. Employ situationally-appropriate strategies for improvement, including transformational and incremental, adaptive approaches and attention to different phases of implementation.
6. Assess and develop the capacity of staff to assess the value and applicability of emerging educational trends and the findings of research for the school and its improvement.
7. Develop technically appropriate systems of data collection, management, analysis, and use, connecting as needed to the district office and external partners for support in planning, implementation, monitoring, feedback, and evaluation.
8. Adopt a systems perspective and promote coherence among improvement efforts and all aspects of school organization, programs, and services.
9. Manage uncertainty, risk, competing initiatives, and politics of change with courage and perseverance, providing support and encouragement, and openly communicating the need for, process for, and outcomes of improvement efforts.
10. Develop and promote leadership among teachers and staff for inquiry, experimentation and innovation, and initiating and implementing improvement.

**Historical Note**

Former Section R7-2-603 repealed, new Section R7-2-603 adopted effective December 4, 1978 (Supp. 78-6). Amended effective July 21, 1980 (Supp. 80-4). Amended subsection (J) effective August 20, 1981 (Supp. 81-4). Amended subsections (D) and (E) effective April 10, 1984 (Supp. 84-2). Amended subsection (J)(8) and (9) effective October 10, 1984 (Supp. 84-5). Amended subsection (G) effective December 13, 1985. Amended subsection (J)(6), (7), (8) and (9) effective December 18, 1985 (Supp. 85-6). Editorial correction, amendment to subsections (D) and (E) shown effective April 10, 1984 should read Amended subsections (D) and (E) effective October 1, 1985. Amended by adding subsection (G)(9) and (10) effective January 31, 1986 (Supp. 86-1). Amended by adding subsection (R) effective April 24, 1986 (Supp. 86-2). Amended subsection (G), filed May 5, 1986, effective July 1, 1987 (Supp. 86-3). Amended by adding subsection (J)(10) and (11) effective July 2, 1986; amended by adding subsection (J)(12), (13) and (14), filed August 7, 1986, effective July 1, 1987 (Supp. 86-4). Amended subsection (H) effective September 16, 1987 (Supp. 87-3). Correction: subsection (G)(3), "Provisional" is corrected to read: "Principal" as certified effective December 3, 1985; amended subsection (B) effective July 13, 1988; amended subsection (J)(2) effective August 10, 1988; amended subsection (R)(2)(b) effective August 15, 1988 (Supp. 88-3). Amended effective August 9, 1989, and amended effective September 12, 1989 (Supp. 89-3). Amended effective December 15, 1989 (Supp. 89-4). Amended effective November 6, 1990; Amended effective December 12, 1990 (Supp. 90-4). Amended effective March 21, 1991 (Supp. 91-1). Amended effective May 2, 1991 (Supp. 91-2). Amended effective October 22, 1991 (Supp. 91-4). Section repealed, new Section adopted effective March 10, 1994

(Supp. 94-1). Amended effective December 19, 1996 (Supp. 96-4). Amended effective March 6, 1997 (Supp. 97-1). Typographical error corrected in subsection (J) (Supp. 97-4). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by exempt rulemaking at 18 A.A.R. 1029, effective December 5, 2011 (Supp. 12-2). Amended by final exempt rulemaking at 22 A.A.R. 3369, effective October 24, 2016 (Supp. 16-4).

**R7-2-604. Definitions**

In R7-2-604 through R7-2-604.05, unless the context otherwise requires:

1. "Accreditation" means a professional preparation institution's recognition by a national or regional agency or organization acknowledged for meeting identified standards or criteria.
2. "Alternative educator preparation program" means a program designed for individuals who are working as a PreK through 12 teacher or administrator while certified under an alternative teaching certificate or interim administrative certificate. Alternative educator preparation programs may have substantially different program sequences, designs, and/or formats than that of a traditional education preparation program.
3. "Biennial report" means a report submitted every two years to the Department by all Arizona State Board approved professional preparation institutions for each approved educator preparation program.
4. "Biennial status letter" means correspondence issued by the Department to the professional preparation institution within 30 days upon completion of the review of the biennial report, indicating the status of the educator preparation program(s).
5. "Board approved program" means a course of study that is approved by the Board and meets all relevant standards for teachers, administrators, school guidance counselors, or school psychologists.
6. "Capstone experience" means a culminating professional experience in a PreK through 12 setting. This experience may include student teaching or internships in administration, counseling, or school psychology, or alternative path PreK through 12 teaching.
7. "Classroom-based educator preparation program" means a program administered through a school district or charter school that is approved pursuant to R7-2-604.05.
8. "Educator preparation program" means a traditional or alternative educator preparation program that prepares PreK through 12 teachers, administrators, school counselors, and school psychologists for an institutional recommendation for an Arizona certificate.
9. "Field experience" means scheduled, directed, structured, supervised, frequent experiences in a PreK through 12 setting that occurs prior to the capstone experience. Field experiences must assist educator candidates in developing the knowledge, skills, and dispositions necessary to ensure all students learn, and provide evidence in meeting standards described in the Board approved professional teaching standards or professional administrative standards, and relevant Board approved academic standards.
10. "Institutional recommendation" means a form developed by the Department and issued by a professional preparation institution, that indicates an individual has completed a Board approved educator preparation program.

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11. "Internship" means significant opportunities for candidates to practice and develop the skills identified in relevant state and national standards as measured by substantial and sustained work in real settings, appropriate for the certificate the candidate is seeking, performed under the direction of a supervising practitioner and a program supervisor.
12. "Locally based school leadership preparation program" means a program administered through a school district or charter school that is approved pursuant to R7-2-604.06.
13. "National standards" means written expectations for meeting a specified level of performance that are established by, but not limited to, the following organizations: Council for Accreditation of Counseling and Related Education Program (CACREP), Council for the Accreditation of Educator Preparation (CAEP), Council for Exceptional Children (CEC), The National Educational Leadership Preparation (NELP), Interstate New Teacher Assessment and Support Consortium (InTASC), Professional Standards for Educational Leadership (PSEL), International Society for Technology in Education (ISTE), National Association for the Education of Young Children (NAEYC), National Association of School Psychologists (NASP), National Council for Accreditation of Teacher Education (NCATE) or Teacher Education Accreditation Council (TEAC).
14. "Probationary educator preparation program" means a program with at least one deficiency identified in the biennial status letter issued by the Department, as a result of a Department review of the biennial report. Programs with the same deficiency(s) in two consecutive biennial status letters are subject to revocation of Board approval. A deficiency may include, but is not limited to, stakeholder surveys, completer data and student achievement data.
15. "Professional preparation institutions" means organizations that include, but are not limited to, universities and colleges, school districts, not for profit organizations, professional organizations, private businesses, charter schools, and regional training centers that oversee one or more educator preparation programs.
16. "Program completer" means a student who has met all the professional program institution's requirements of a Board approved educator preparation program necessary to obtain an institutional recommendation.
17. "Program supervisor" means an educator from the professional preparation institution under whose supervision the candidate for licensure practices during a capstone experience. The program supervisor's professional work experiences must be relevant to the license the candidate is seeking. Program supervisors must also have adequate training from the professional preparation institution.
18. "Review Team" means a committee that reviews educator preparation programs seeking Board approval that consists of representatives from the Department and at least three of the following entities: institutions under the jurisdiction of the Arizona Board of Regents, Arizona private institutions of higher education, Arizona community colleges, other organizations with a Board approved educator preparation program, professional educator associations, PreK through 12 administrators from local education agencies, National Board Certified Teachers, and a graduate or representative from an Arizona educator preparation program. For alternative educator preparation program applications, the review team shall include at least one graduate or representative from an Arizona alternative educator preparation program.
19. "Student teaching" means a minimum of 12 weeks of rigorous field-based experiences, appropriate for the certificate the candidate is seeking, performed under the direction of a supervising practitioner and a program supervisor. The student teaching placement must be appropriate for the certification that the applicant is seeking.
20. "Supervising practitioner" means a standard certified educator, currently employed by a local education agency, private agency or other PreK through 12 setting who supervises the candidate during a capstone experience. Supervising practitioners must have:
  - a. A minimum of three full years of experience relevant to the license the candidate is seeking.
  - b. A current classification of highly effective or effective pursuant to A.R.S. §§ 15-341(A)(41), 15-189.06, when applicable.
  - c. Adequate training from the professional preparation institution.
21. "Traditional educator preparation program" means a program that includes courses, field experiences, and a capstone experience that is designed to prepare preservice PreK through 12 teachers, administrators, school counselors, and school psychologists."

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 318, effective August 29, 2006 (Supp. 09-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 26 A.A.R. 66, effective December 13, 2019 (Supp. 19-4). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). The word "twelve" has been changed to the numeral "12," the hyphen between "PreK-12" has been changed to the word "through" for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-604.01. Educator Preparation Programs**

- A. Professional preparation institutions shall include evidence that the educator preparation program is aligned to standards described in the Board approved professional teaching standards or professional administrative standards and relevant national standards, and provides field experiences, and a capstone experience.
- B. Educator preparation programs of professional preparation institutions requesting Board approval shall be reviewed by the Department, and the Department shall recommend Board action. Upon the recommendation of the Department, the Board shall evaluate and may approve an educator preparation program. The Board may grant program approval for a period not to exceed six years.
- C. All educator preparation programs that lead to an Arizona certification must be approved by the Board pursuant to these rules. Board approval of educator preparation programs may be granted following the successful evaluation of the program. Board rules in effect at the time of the submission of a pro-

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gram for evaluation shall be the rules upon which the educator preparation program is evaluated.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 318, effective August 29, 2006 (Supp. 09-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). This Section was inadvertently removed when Supp. 19-4 was published. It has been reinstated as last amended in Supp. 15-3 (Supp. 21-2).

**R7-2-604.02. Educator Preparation Program Approval Procedures**

**A.** Professional preparation institutions with no Board approved educator preparation programs, seeking initial approval for an educator preparation program shall submit to the Department the information necessary to conduct a readiness review of the professional preparation institution. The Department shall prescribe forms to assist professional preparation institutions with providing all information required as part of the readiness review process. The required information, includes the following:

1. An institutional profile demonstrating program and financial stability, a description of the educator preparation program seeking approval, a listing of national or regional accreditations the institution's governance and administrative structures and student demographic data.
2. A description of the professional preparation institution's vision, mission, philosophy and goals, and a description of how this information is shared with students, relevant staff and other relevant stakeholders.
3. Data regarding the professional preparation institution's relevant staff, including the following:
  - a. Demographic data relating to the relevant staff for each educator preparation program seeking approval, including, at a minimum, educational degrees, staff to student ratio, experience teaching in a PreK through 12 setting, and, if available, ethnicity and gender data.
  - b. Definitions of titles and clarification of roles of individuals responsible for courses, seminars, or modules of study; field experiences; capstone experiences; and administration.
  - c. A description of the professional preparation institution's employment policies, including procedures for determining staff assignments, evaluation procedures and professional development opportunities and requirements.

**B.** The Department shall provide professional preparation institutions written notification, within 60 days of receiving readiness review materials, either indicating readiness to submit educator preparation programs for review or specifying any deficiencies. The institution has 30 days from receipt of the notice to supply the Department with all required information regarding identified deficiencies.

**C.** The Department shall initiate a review of the specific educator preparation programs being considered for Board approval. The Department shall prescribe forms to assist institutions with providing all information required as part of the educator preparation programs review. Professional Preparation Institutions with accreditation may submit accreditation documentation to be considered as part of the review process. To

facilitate this review, institutions shall provide the Department with the following:

1. A description of the educator preparation programs being considered for Board approval. This shall include, at a minimum, the criteria for student entry into the program; a summary of the program courses, seminars, or modules of study; field experiences; and capstone experiences. The professional preparation institution must verify that it requires courses, seminars, or modules of study necessary to obtain a full Structured English Immersion endorsement if required for the certificate the candidate is seeking.
2. A description of the field experience and capstone experience policies for the educator preparation programs being considered for Board approval. The review team shall verify that the field experience and capstone experience includes evidence of engagement in the application of relevant standards as articulated in the Board approved professional teaching standards or professional administrative standards and relevant national standards. Educator preparation programs applying for approval in school psychology and guidance counseling shall only be required to demonstrate compliance with applicable national standards.
3. Evidence that candidates are provided instruction and practice in how to gather, evaluate, and synthesize multiple data sources and how to effectively use data in educational and classroom instructional decisions.
4. Provide the Department with evidence that candidates are provided instruction and practice in how to appropriately integrate technology when working with students.
5. A description of the assessment plan for measuring each candidate's competencies as they progress through courses, seminars, or modules of study and field experiences to ensure readiness for a capstone experience. The plan shall require, at a minimum, that candidates demonstrate competencies as articulated in the Board approved professional teaching standards or professional administrative standards, relevant Board approved academic standards, and relevant national standards. The plan shall also describe processes for utilizing performance-based assessments and for providing candidates with necessary remediation. Programs applying for approval in school psychology and guidance counseling shall only be required to demonstrate compliance with relevant national standards.
6. A description of the procedures used to monitor and evaluate the operation, scope and quality of the educator preparation program being considered for approval. This shall include the use of internal and external evaluations, and may include stakeholder surveys, program completion employment information, and PreK through 12 student achievement data.
7. An educator preparation program matrices demonstrating that program course, seminar, or module assessments, field experiences and capstone experiences measure candidates' success in meeting the Board approved professional teaching standards or professional administrative standards, and relevant national standards. Educator preparation programs applying for approval in school psychology and guidance counseling shall only be required to demonstrate compliance with relevant national standards.

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8. A plan for how the education preparation program will notify and assist program participants and partner schools if the educator preparation program closes.
- D. The Department may schedule and conduct an onsite visit upon completion of the educator preparation programs review for professional preparation institutions seeking initial approval. The onsite visit may include a tour of the professional preparation institution; a review of documentation and related evidence; and interviews of relevant staff, educator candidates, and local education agency, private agency or other PreK through 12 administrators who employ program completers.
- E. Upon completion of the review, and onsite review if applicable, the Department shall, within 90 days, provide the professional preparation institution with a program report of the Department's findings. This report shall cite any evidence showing deviation from each relevant standard Board approved professional teaching standard, professional administrative standard, and relevant national standard that applies to the educator preparation program. The professional preparation institution shall have 30 days from receipt of the Department's program report to submit a response addressing any identified deficiencies.
- F. Based upon the Department's program report, the Department shall recommend to the Board that the educator preparation program be approved or denied.
- G. The Board may grant educator preparation program approval for a period not to exceed six years or deny program approval.
- H. Within 60 days of the Board's action, a professional preparation institution may request reconsideration of the Board's decision to deny an educator preparation program.
- I. Professional preparation institutions with Board approval shall make available to the public a statement indicating the valid period for which the educator preparation program has been approved.
- J. Professional preparation institutions with Board approved educator preparation programs shall comply with the reporting requirements established by Title II of the Higher Education Act (P.L. 110-315).
- K. Each approved professional preparation institution shall submit a biennial report with the Department documenting educator preparation program activities for the previous two years. The biennial report shall include the following:
  1. A description of any substantive changes in courses, seminars, modules, assessments, field experiences or capstone experiences in Board approved educator preparation programs;
  2. Electronic access to relevant educator preparation program information;
  3. The name, title and original signature of the certification officer for the professional preparation institution;
  4. Relevant data on the educator preparation program, relevant staff, and candidates, which may include, but is not limited to, stakeholder surveys, completer data, and student achievement data required as a condition of initial or continuing program approval.
- L. The Department shall provide annual updates to the Board and make publicly available information summarizing the biennial reports to include, but not limited to, program status, deficiencies, and commendations.
- M. Board approved educator preparation programs shall provide their program completers with an institutional recommendation for issuance of the appropriate Arizona certification within 45 days.
- N. To maintain Board educator preparation program approval, the professional preparation institution shall be in continuous operation and training candidates in accordance with its mission and program objectives, fulfill all reporting requirements, and maintain compliance with all applicable local, state, tribal and federal requirements.
- O. The Department shall provide a timeline for professional preparation institutions to submit educator preparation programs for approval.
- P. Professional preparation Institutions seeking renewal of educator preparation program approval shall submit the required preliminary documents for review at least six month prior to the program expiration date.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 318, effective August 29, 2006 (Supp. 09-1). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). The hyphen between "PreK-12" was replaced with the word "through" for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-604.03. Alternative Educator Preparation Program Approval Process**

- A. An organization that includes, but is not limited to, universities under the jurisdiction of the Arizona Board of Regents, community colleges in this state, private postsecondary institutions licensed by this state, school districts, charter schools, professional organizations, nonprofit organizations, private entities and regional training centers that oversee one or more educator preparation program which wishes to offer a program for an alternative route for the certification of teachers and administrators in this State shall apply to the Department of Education for review to become an approved provider of such a program. The Department of Education shall convene a review team to review the application, using a rubric approved by the Board, and submit a recommendation to the Board. The application shall include:
  1. The name and location of the applicant;
  2. The name of the program;
  3. If the applicant is accredited, the name of the regional accrediting body and the accreditation status of the applicant;
  4. If the applicant is a private postsecondary educational institution, evidence that the applicant is licensed to operate by the State Board of Private Postsecondary Education pursuant to A.R.S. § 32-3021;
  5. A description of the budget of the program;
  6. A list of all staff members responsible for the administration of the program, the roles and responsibilities of each person and his or her credentials;
  7. The areas of certification for which the applicant will offer the program;
  8. A description of the program, which shall include:
    - a. The way in which the elements of the program will comply with the requirements of this Section and R7-2-602, R7-2-603 as applicable and A.R.S. § 15-501.01;
    - b. The application and review process for persons to enroll in the program, including a copy of all forms that will be used in the process;

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- c. A summary of the program courses, seminars, or modules of study; and
- d. The supervised, school-based experiences the applicant will provide, including:
  - i. The name of each school and school district that will participate in the supervised, school-based experience, evidenced by a letter or other communication from the school or school district that demonstrates interest in participating;
  - ii. The length of time for which a candidate will be required to participate in the supervised, school-based experience, including any orientation that the candidate must complete;
  - iii. The manner by which candidates will be mentored by an effective or highly effective teacher and evaluated during the supervised, school-based experience;
  - iv. How the supervised, school-based experience will promote the effectiveness of teachers and administrators, as appropriate; and
  - v. A copy of all forms that will be used for the supervised, school-based experience process;
- 9. If available, data on the efficacy of its preparation program which may include stakeholder surveys, completer data, and student achievement data;
- 10. A statement of the estimated time it will take a candidate enrolled in the program to complete the program, which shall allow for completion of the program within one year but not more than three years;
- 11. A description of the manner by which the applicant will evaluate the success or failure of each candidate enrolled in the program and track the progress of each such candidate, including a copy of all forms that will be used for the evaluation and tracking;
- 12. A description of how the applicant will evaluate the success of the program, which must include the information required for the evaluation pursuant to R7-2-604.02(K)(4);
- 13. A plan for how the education preparation program will notify and assist program participants and partner schools if the educator preparation program closes.
- B.** Upon receipt of an application for approval as an approved provider pursuant to subsection (A), the Department of Education shall convene a review team that shall:
  - 1. Examine the application;
  - 2. Determine whether to recommend that the State Board of Education grant its approval of the application based upon the requirements of this Section and the Board-approved rubric without any additional requirements; and
  - 3. Submit its recommendation to the State Board of Education within 90 days of receipt of the application.
- C.** The State Board of Education shall review the recommendation of the review team and provide to the applicant written notice of its approval or denial. The State Board of Education may grant provisional approval to an applicant pursuant to subsection (D). If the State Board of Education denies an application, the applicant may correct any deficiencies identified in the notice of denial and resubmit the application for review by the Department within 30 days of the denial. The review team shall review the resubmitted application and submit its recommendation to the Board within 60 days of receipt of the resubmitted application.
- D.** If the State Board of Education grants an applicant provisional approval, the applicant may offer the program for an alternative route to certification described in the application for the period prescribed by the State Board of Education. The applicant must remove all the provisions under which the approval was issued before the expiration of the provisional approval. If the applicant removes the provisions within the prescribed time, the State Board of Education will grant nonprovisional approval to the applicant as an approved provider. Provisional approval is valid for two years after the date on which the State Board of Education granted provisional approval. If an applicant does not remove all the provisions within the prescribed time, the provisional approval is automatically revoked.
- E.** Except as otherwise provided in subsection (D), if an applicant is approved as an approved provider pursuant to this Section, the approval is valid for six years after the date of approval. To continue the approval, the qualified provider must submit an application for renewal before the expiration of the approval to the Department of Education. If the application for renewal is approved by the State Board of Education, the renewal is valid for six years after the date of the approval.
- F.** If an approved provider intends to offer a program for an alternative route to certification for an area of certification that is different from the area of certification for which the qualified provider has been approved, the qualified provider must submit a new application pursuant to subsection (A) to offer a program for an alternative route to certification for that area of certification.
- G.** An approved provider shall provide its program completers with an institutional recommendation for issuance of the appropriate Arizona alternative path certification within 45 days. An approved provider seeking renewal of its program approval shall submit the required renewal application for review at least 90 days prior to the program expiration date.
- H.** Each qualified provider must submit a report once every two years which includes:
  - 1. A description of any substantive changes in courses, seminars, modules or assessments in the Board approved educator preparation programs;
  - 2. The name, title and original signature of the certification officer for the professional preparation institution; and
  - 3. Relevant data on the educator preparation program, relevant staff, and candidates, which may include, but is not limited to, stakeholder surveys, completer data, and student achievement data required as a condition of continuing program approval.
- I.** The Department shall:
  - 1. Present the results of the report to the State Board of Education; and
  - 2. After the results have been presented to the State Board of Education, post the report on the Department's website.
- J.** Each qualified provider shall cooperate with the State Board of Education and the Department in the evaluation of the effectiveness of this Section.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 728, effective March 22, 2010 (Supp. 10-3). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 25 A.A.R. 965, effective March 25, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). Amended by final exempt rulemaking

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at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-604.04. Revocation of Approval of Qualified Provider: Notification of Intent; Requirements of Exit Plan**

- A. The State Board of Education may revoke its approval of an approved provider if the Board determines that the program for an alternative route to certification offered by the qualified provider does not meet the applicable requirements of R7-2-604.03.
- B. Before the Board revokes its approval of an approved provider, the Board will notify the qualified provider of its intent to revoke approval. The notice must include the specific reasons upon which the Board is basing its decision. Not later than 30 days after the date on which the qualified provider receives the notice, the qualified provider may submit a written response to the Board which sets forth the reasons why approval should not be revoked. The Board will review the notice and any response submitted by the qualified provider and will determine whether to:
  - 1. Revoke the approval of the qualified provider;
  - 2. Allow the qualified provider to continue providing the program for an alternative route to certification if certain enumerated conditions are met; or
  - 3. Allow the continued approval of the qualified provider without conditions.
- C. If the Board revokes its approval of an approved provider, the qualified provider must provide an exit plan which includes a description of how the qualified provider will assist candidates enrolled in the program for an alternative route to certification in completing another program with a different qualified provider at no cost to the candidate.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 728, effective March 22, 2010 (Supp. 10-3). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

**R7-2-604.05. Classroom-Based Alternative Preparation Program Approval Process**

- A. A school district or charter school may apply to the Board for approval as a classroom-based alternative preparation program provider. The Department shall facilitate the Board approval process and prescribe an application form that shall include the following:
  - 1. The name of the program and the school district or charter school applying;
  - 2. The areas of certification for which the applicant will offer the program;
  - 3. Verification that individuals enrolled in the program will have a bachelor's degree from an accredited institution, or will meet all of the following criteria:
    - a. Will be currently enrolled in an accredited public or private postsecondary institution's bachelor's degree program;
    - b. Will not be a contracted or permanent full-time teacher or teacher of record for any classroom of students, except those enrollees may be employed by the school district or charter school; and
    - c. Will not regularly instruct students without the presence of a full-time teacher, certificated teacher, instructional coach or instructional mentor unless the individual possesses other means of certification.

- 4. Verification that individuals to be enrolled in the program will meet the background requirements and have a valid fingerprint card issued by the Arizona Department of Public Safety pursuant to A.R.S. § 15-534;
- 5. Data supporting the efficacy of its teacher preparation program, which may include stakeholder surveys, completer data and student achievement data. The school district or charter school may contract with a third party provider to provide the classroom-based alternative preparation program and may use that program's efficacy data to meet this requirement.
- 6. A list of all staff members responsible for administering the program and the roles and responsibilities of each person;
- 7. A description of the program, which shall include the following:
  - a. A program sequence or training schedule; and
  - b. Information regarding the mentoring and coaching of teacher candidates.
- 8. The school district or charter school may provide information on professional expectations, professional requirements, or student achievement requirements that exceed expectations and requirements of this Section, including requiring candidates to complete specified coursework or trainings.
- 9. A plan for how the program will notify and assist program participants if the program or school closes.
- B. Upon receipt of an application for approval as a classroom-based preparation program provider, the Department shall convene a review team that shall:
  - 1. Examine the application;
  - 2. Determine whether to recommend that the Board grant its approval of the application based upon the requirements of this Section and a Board-approved rubric; and
  - 3. Submit its recommendation to the State Board of Education within 90 days of receipt of the application.
- C. The State Board of Education shall review the recommendation of the review team and provide to the applicant written notice of its approval or denial.
- D. If the Board denies an applicant for program approval, the applicant may correct any deficiencies identified in the notice of denial and resubmit the application for review by the Department within 30 days of the denial. The review team shall review the resubmitted application and submit its recommendation to the Board within 60 days of receipt of the resubmitted application.
- E. If the Board approves an applicant as a classroom-based preparation program provider, the approval is valid for six years after the date of approval. To continue as a program provider, the school district or charter school shall apply for renewal before the expiration of its current approval. If the application for renewal is approved by the Board, the renewal is valid for six years after the date of the approval.
- F. Approved classroom-based alternative preparation program providers shall submit a new application pursuant to subsection (A) to offer a program in an additional certification area.
- G. Each qualified provider shall submit a report once every two years that includes:
  - 1. A description of any substantive changes in courses, seminars, modules or assessments in the Board approved classroom-based preparation programs;
  - 2. The name, title and original signature of the certification officer for the approved program provider;



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3. Relevant data on the educator preparation program, relevant staff, and candidates, which may include, but is not limited to, stakeholder surveys, completer data, and student achievement data required as a condition of continuing program approval.
- H. Classroom-based preparation program providers shall provide program completers with an institutional recommendation for the appropriate Classroom-Based Standard Teaching Certificate within 45 days of program completion.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-604.06. Locally Based School Leadership Preparation Program Approval Process**

- A. A school district or charter school may apply to the Board for approval as a locally based school leadership preparation program provider. The Department shall administer the Board approval process and prescribe an application form, which shall include the following:
  1. The name of the program and the school district or charter school applying;
  2. A list of all staff members responsible for administering the program and the roles and responsibilities of each person;
  3. The areas of certification for which the applicant will offer the program;
  4. A description of the program, which shall include the following:
    - a. A program sequence or training schedule; and
    - b. Information regarding the learning experiences, mentoring and coaching of school leader candidates.
  5. Evidence supporting the efficacy of the school district's or charter school's preparation program. A school district or charter school may contract with a third party provider to provide or assist in the preparation in the preparation program and may use that program's efficacy evidence to meet this requirement.
  6. Verification that individuals enrolled in the program will have a bachelor's degree from an accredited institution;
  7. Verification that individuals enrolled in the program will meet the background requirements and have a valid fingerprint card issued by the Arizona Department of Public Safety pursuant to A.R.S. § 15-534.
  8. A plan for how the program will notify and assist program participants if the program or school closes.
- B. Upon receipt of an application for approval as a locally-based school leadership preparation program provider, the Department shall convene a review team that shall:
  1. Examine the application;
  2. Determine whether to recommend that the Board grant its approval of the application based upon the requirements of this Section and a Board-approved rubric; and
  3. Submit its recommendation to the State Board of Education within 90 days of receipt of the application.
- C. The State Board of Education shall review the recommendation of the review team and provide to the applicant written notice of its approval or denial.

- D. If the Board denies an applicant for program approval, the applicant may correct any deficiencies identified in the notice of denial and resubmit the application for review by the Department within 30 days of the denial. The review team shall review the resubmitted application and submit its recommendation to the Board within 60 days of receipt of the resubmitted application.
- E. If the Board approves an applicant as a locally based school leadership preparation program provider, the approval is valid for six years after the date of approval. To continue as a locally based school leadership program provider, the school district or charter school shall apply for renewal before the expiration of its current approval. If the application for renewal is approved by the Board, the renewal is valid for six years after the date of the approval.
- G. Locally based leadership program providers shall provide program completers with an institutional recommendation for the appropriate locally based pathway standard administrative certificate within 45 days of program completion.

**Historical Note**

New Section made by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-605. Certification Responsibility**

The Superintendent of Public Instruction or the Superintendent's designee shall be responsible for the issuance and evaluation of the appropriate certificates based on the applicant's compliance with the statutes and rules.

**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6). New Section R7-2-605 adopted effective April 10, 1984 (Supp. 84-2). Editorial correction, new Section R7-2-605 shown adopted effective April 10, 1984 should read new Section R7-2-605 adopted effective October 1, 1985. Amended by adding a new subsection (B) effective December 18, 1985 (Supp. 85-6). Amended by adding subsection (C), filed May 5, 1986, effective July 1, 1987; amended by adding subsection (D) effective June 30, 1986 (Supp. 86-3). Correction to Historical Note dated June 30, 1986, second part should have read: "...amended by adding subsections (D), (E), (F), (G) and (H) effective June 30, 1986"; amended subsection (A) effective August 10, 1988 (Supp. 88-3). Amended effective September 12, 1989 (Supp. 89-3). Amended effective November 6, 1990; Amended effective December 12, 1990 (Supp. 90-4). Amended effective March 10, 1994 (Supp. 94-1). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4).

**R7-2-606. Proficiency Assessments**

- A. The Arizona Teacher Proficiency Assessment is adopted as the proficiency assessment for applicants for teaching certificates. The Arizona Administrator Proficiency Assessment is adopted as the proficiency assessment for applicants for administrative certificates.
- B. The subject knowledge portion of the Arizona Teacher Proficiency Assessment shall assess proficiency as described in R7-2-602 related to the teacher's knowledge of the certification subject area or areas.
- C. The professional knowledge portion of the Arizona Teacher Proficiency Assessment shall assess proficiency as described in R7-2-602 related to the teacher's pedagogical knowledge.

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- D. The Arizona Administrator Proficiency Assessment shall assess professional knowledge as described in R7-2-603 as a requirement for certification of administrators, supervisors, principals, and superintendents.
- E. The passing score for each assessment shall be determined by the Board using the results of validity and reliability studies. The passing score for each assessment shall be reviewed by the Board at least every three years.
- F. The proficiency assessments for professional knowledge and subject knowledge for a certificate, endorsement, or approved area shall be approved by the Board.

**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6). New Section adopted effective March 10, 1994 (Supp. 94-1). Amended effective March 6, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Section R7-2-606 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). Emergency Section R7-2-606 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 3739, effective August 5, 2002 for a period of 180 days (Supp. 02-3). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 for a period of 180 days (Supp. 02-4). August 5, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 9 A.A.R. 522, effective January 31, 2003 for a period of 180 days (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 24 A.A.R. 1427, effective April 23, 2018 (Supp. 18-2).

**R7-2-607. General Certification Provisions**

- A. The evaluation to determine qualification for certification shall not begin until an institutional recommendation or application for certification and official transcripts, and the appropriate fees have been received by the Department. Course descriptions, verification of employment, and other documents may also be required for the evaluation.
- B. Unless otherwise specified, a standard certificate shall be issued for 12 years and may be issued with deficiencies. Applicants may receive a standard certificate with the following deficiencies of requirements to be completed within three years: research-based phonics; reading instruction including for students with dyslexia; professionalism and ethics; and U.S. and Arizona Constitutions. If an applicant fails to meet these requirements within the prescribed time period, the Department of Education or the Board shall temporarily suspend the standard certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining time of the standard certification.
- C. The effective date of a new certificate shall be the date the evaluation is completed by the Department. The effective date of a renewed certificate shall be the date the evaluation for renewal is completed by the Department.
- D. Unless otherwise specified, all certificates and provisional endorsements issued for three years or less shall expire on the date of issuance in the year of expiration. All certificates issued for more than three years shall expire on the holder's birth date in the year of expiration.
- E. Only those degrees awarded by an accredited institution shall be considered to satisfy the requirements for certification.
- F. Professional preparation programs, courses, practica, and examinations required for certification shall be taken at an accredited institution or a Board-approved teacher preparation program.
- G. Only those courses in which the applicant received a passing grade or credit shall be considered to satisfy the requirements for certification.
- H. All certificates issued by the Department are considered to have been issued in conformance with these rules, except on a finding that an applicant submitted falsified or misrepresented documents, records, or facts in an application for certification or on a finding that a certificate was issued in error due to an error by the verifying authority or issuing authority. If the Department makes a finding pursuant to this subsection, the Department shall provide notice to the applicant of the finding. Within 60 days of the date of the notice, the applicant shall submit proof to the Department that the applicant meets the requirements for the certification. If the applicant is unable to provide proof they meet the requirements within 60 days of receipt of notice, the Department shall reclaim the certificate. Reclaiming a certificate pursuant to this subsection is not considered a disciplinary action but the Department shall refer the case for investigation pursuant to R7-2-1308 for findings that an applicant submitted falsified or misrepresented documents, records, or facts.
- I. The Department shall issue a comparable standard Arizona certificate described in R7-2-608, R7-2-609, R7-2-610, R7-2-611, R7-2-612 or R7-2-613 to an applicant who holds a valid certification from the National Board for Professional Teaching Standards, possess a valid fingerprint clearance card issued by the Arizona Department of Public Safety, and holds a bachelor's, master's or doctoral degree from an accredited institution. These applicants are exempt from all portions of the Arizona Teacher Proficiency Assessment.
- J. An applicant is not required to take any portion of the Arizona Teacher Proficiency Assessment if the applicant has at least three years of full-time teaching experience in any state, including this state, in the comparable area of certification or endorsement in which the person is applying for certification, regardless of whether the applicant was certified or uncertified. An applicant is not required to take any portion of the Arizona Administrator Proficiency Assessment if the person has at least three years of full-time experience in a school leadership position in any state, including this state, regardless of whether the applicant was certified or uncertified.
- K. An applicant is exempt from the testing requirements for Arizona certificates if the applicant passed corresponding portions of a professional or subject knowledge examinations, or administrator examination adopted by a state agency in another state that are similar to the Arizona Teacher Proficiency Assessments or the Arizona Administrator Proficiency Assessment.
- L. An applicant is exempt from the subject knowledge portion of the Arizona Teacher Proficiency Assessment if:
  1. The applicant provides verification of teaching courses relevant to a content area or subject matter for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions; or
  2. The applicant obtained a bachelor's, master's or doctoral degree from an accredited institution in a relevant subject area; or

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3. The applicant provides verification of a minimum of five years of work experience that is relevant to a subject area of certification.
- M.** Unless otherwise specified, individuals who hold a valid Arizona elementary, middle grades or secondary certificate, or a special education certificate that includes grades six through 12, may add an approved area to their certificate by passing the appropriate subject area portion of the Arizona Teacher Proficiency Assessment or as provided in subsections (J), (K) and (L). Any approved area shall be specified on the certificate. If a proficiency assessment is not offered in a subject area, an approved area shall consist of a minimum of 24 semester hours of courses in the subject.
- N.** If a language assessment is not offered through the Arizona Teacher Proficiency Assessment, a passing score on a nationally accredited test of a foreign language approved by the Board may demonstrate proficiency of that foreign language in lieu of the 24 semester hours of courses in that subject.
- O.** A teacher's language proficiency in a Native American language shall be verified by a person, persons, or entity designated by the appropriate tribe in lieu of the 24 semester hours of courses in that subject.
- P.** Teachers of homebound students shall hold the same certificate that is required of a classroom teacher.
- Q.** Fingerprint clearance cards shall be issued by the Arizona Department of Public Safety.
- R.** A person who surrenders their teaching certificate for any reason shall not submit an application for certification with the Board for a period of five years. A person re-applying after the five-year ban must apply under the current rules at the time of re-application.
- S.** Notwithstanding any other provision, an individual with a deficiency in the Arizona and U.S. Constitutions who teaches an academic course that focuses primarily on history, government, social studies, citizenship, law or civics shall be issued a standard certificate subject to suspension in one year if that deficiency is not removed. The suspension is not considered a disciplinary action and the individual shall be allowed to correct that deficiency within the remaining time of the standard certification.
- T.** As used in this Article, unless otherwise provided, "work experience" means paid or unpaid work, including teaching experience as a certificated or noncertificated educator at a public or private school, which demonstrates knowledge or skill relevant to a subject area. Work experience, and its relevance to a subject area, shall be verified with one of the following:
1. A letter from a superintendent or personnel director that the applicant demonstrates knowledge or skill in the subject area that is comparable to holding a bachelor's degree, master's degree, or doctoral degree in that subject area, as identified in a resume;
  2. A letter from a public or private school superintendent or personnel director, in this state or in another state, that the applicant has the requisite experience teaching the most advanced Arizona academic standards, or comparable out-of-state standards, in the subject area sought; or
  3. If an applicant is unable to obtain a letter described in subsections (T)(1) or (2), the applicant may submit a letter from a current or former supervisor verifying that the applicant demonstrates knowledge or skill in the subject area that is comparable to holding a bachelor's degree, master's degree, or doctoral degree in that subject area, as determined by the Department.
- U.** Single subject classroom teachers in grades six through 12 are required to be appropriately certified for the subject they teach for the greater part of their instructional schedule. If a teacher is assigned to two or more subjects for equal parts of their instructional schedule, the teacher is required to be appropriately certified in each subject.
- V.** The requirements to be considered appropriately certified for a self-contained, single subject, or other classroom shall be established in the Certification Guidelines for Teaching Assignments, which shall be approved by the Board and on file with the Department.

**Historical Note**

Adopted effective December 5, 1977 (Supp. 77-6).  
 Repealed effective December 4, 1978 (Supp. 78-6). New Section adopted effective May 3, 1993 (Supp. 93-2).  
 Amended effective March 6, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1).  
 Amended by exempt rulemaking at 16 A.A.R. 102, effective May 1, 2009 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 160, effective October 26, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 324, effective January 25, 2010 (Supp. 10-3).  
 Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2054, effective December 8, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 648, effective January 25, 2016 (Supp. 16-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4).  
 Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-607.01 Subject Areas – Waiver**

Notwithstanding any other provision in this Article, any individual with a valid Elementary or Secondary certificate, or a Special Education certificate that includes grades six through 12, issued prior to August 1, 2016 may add one or more approved areas to the certificate prior to August 1, 2017 without any additional requirements provided the individual received an evaluation in the top two levels of performance on the most recent teacher evaluation related to one or more of the subject areas and meets one of the following requirements:

1. The individual was teaching in one or more subject areas based on a verified Arizona High, Objective, Uniform, State Standard of Evaluation (HOUSSE) rubric as highly qualified to teach the subject area(s) as defined under the No Child Left Behind Act; or
2. The individual has completed of a minimum of 24 semester hours of courses in the subject area(s).

**Historical Note**

New Section made by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1).

**R7-2-608. Early Childhood Education Teaching Certificate**

- A.** The Standard Professional Early Childhood Education Certificate authorizes the holder to teach students in a birth through grade three classroom. An individual who holds a Standard

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Professional Early Childhood Education certificate described in this Section in combination with an Arizona cross categorical, specialized special education, mild/moderate disabilities, or moderate/severe disabilities special education certificate described in R7-2-611 is also authorized to teach early childhood special education, birth-age eight or grade three.

- B. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- C. Standard Professional Early Childhood Education Certificate – birth through grade three.
  1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in early childhood education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
      - i. At least 45 classroom hours of Department-approved training or three college-level credit hours, or the equivalent, in research-based science of reading, including systematic phonics;
      - ii. At least 45 classroom hours of Department-approved training or three college-level credit hours, or the equivalent, in research-based reading instruction, including training on assessments, instructional practices and interventions to improve student reading proficiency. The instruction provided must meet the requirements for dyslexia training prescribed in A.R.S. § 15-219;
      - iii. Foundations of early childhood education;
      - iv. Teaching students with exceptionalities;
      - v. Child guidance and classroom management, including characteristics and quality practices for typical and atypical behaviors of young children;
      - vi. Child growth and development, including health, safety and nutrition;
      - vii. Child, family, cultural and community relationships;
      - viii. Developmentally appropriate instructional methodologies for teaching language, math, science, social studies and the arts;
      - ix. Assessing, monitoring and reporting progress of young children;
      - x. Instructional design and lesson planning, including modifications and accommodations;
      - xi. Professional responsibility and ethical conduct; and
      - xii. Twelve-week capstone experience as described in R7-2-604 in a preschool through grade three classroom, which may be completed during the valid period of an alternative teaching or student teaching intern certificate. One year of verified full-time teaching experience in preschool through grade three may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.

- c. A valid Fingerprint Clearance Card issued by the Arizona Department of Public Safety;
  - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
  - e. A passing score on the early childhood subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge examination pursuant to the provisions in R7-2-607.
2. Applicants may meet the requirements in subsection (C)(1)(b) with the submission of an application for the Standard Professional Early Childhood Education certificate that includes evidence of two years of verified full-time teaching experience serving children birth through grade three, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (C)(1)(b)(i) through (x).

**Historical Note**

Adopted effective May 20, 1994 (Supp. 94-2). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-608 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Former Section R7-2-608 recodified to R7-2-609 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). New Section R7-2-608 made by exempt rulemaking at 16 A.A.R. 52, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 119, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Section amended by final exempt rulemaking at 30 A.A.R. 2547 (August 9, 2024), effective July 24, 2024 (Supp. 24-3).

**R7-2-609. Elementary Teaching Certificate**

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. Standard Professional Elementary Certificate – grades kindergarten through eight.
  1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in elementary education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. At least forty-five classroom hours of Department-approved training or three semester hours of college-level coursework, or the equivalent,

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- in research-based science of reading systematic phonics;
- ii. At least forty-five classroom hours of Department-approved training or three semester hours of college coursework, or the equivalent, in research-based reading instruction, including training on assessments, instructional practices and interventions to improve student reading proficiency. Instruction provided must meet the requirements for dyslexia training prescribed in A.R.S. § 15-219;
  - iii. Developmentally appropriate instructional delivery, facilitation and methodologies for teaching language, math, science, social studies and the arts;
  - iv. Instructional design and lesson planning, including modifications, and accommodations;
  - v. The learning environment, including classroom management;
  - vi. Assessing, monitoring and reporting progress;
  - vii. Teaching students with exceptionalities;
  - viii. Professional responsibility and ethical conduct; and
  - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades kindergarten through eight, which may be completed during the valid period of an alternative teaching or student teaching intern certificate. One year of verified full-time teaching experience in grades kindergarten through eight may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
- c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
  - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant qualifies for a waiver of the subject knowledge assessment pursuant to the general certification provisions in R7-2-607; and
  - e. A valid fingerprint card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (B)(1)(b) with the submission of an application for the Standard Professional Elementary certificate that includes evidence of two years of verified full-time teaching experience in grades kindergarten through eight, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (B)(1)(b)(i) through (viii).

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-609 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Former R7-2-609 recodified to R7-2-610; new R7-2-609 recodified from R7-2-608 at 16 A.A.R. 68,

effective December 8, 2008 (Supp. 10-1). R7-2-609 “Pre-kindergarten” corrected to “PreK” at request of the Board, Office File No. M09-444, filed November 24, 2009 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947, effective September 24, 2018 (Supp. 18-3). Section amended by final exempt rulemaking at 30 A.A.R. 2547 (August 9, 2024), effective July 24, 2024 (Supp. 24-3).

**R7-2-609.01. Middle Grades Teaching Certificate**

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. Standard Professional Middle Grades Certificate – grades five through nine
  1. The requirements include all of the following:
    - a. A bachelor’s degree;
    - b. Completion of a teacher preparation program in middle grades education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Early adolescent psychology;
      - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - iii. Instructional design and lesson planning, including modifications and accommodations;
      - iv. The learning environment, including classroom management;
      - v. Developmentally appropriate instructional delivery, facilitation and methodologies;
      - vi. Assessing, monitoring and reporting progress;
      - vii. Teaching students with exceptionalities;
      - viii. Professional responsibility and ethical conduct; and
    - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades five through nine, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades five through nine may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
- c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
- d. A passing score on at least one subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor’s, master’s or doctoral degree in the relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment; and

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- e. A valid fingerprint card issued by the Arizona Department of Public Safety.
- 2. Applicants may meet the requirements in subsection (B)(1)(b) with the submission of an application for the Standard Professional Middle Grades certificate that includes evidence of two years of verified full-time teaching experience in grades five through nine, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (B)(1)(b)(i) through (viii).

**Historical Note**

New Section by final exempt rulemaking at 24 A.A.R. 791, effective March 26, 2018 (Supp. 18-1).

**R7-2-610. Secondary Teaching Certificates**

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. Standard Professional Secondary Certificate – grades six through 12. The requirements are:
  - 1. A bachelor's degree,
  - 2. One of the following:
    - a. Completion of a teacher preparation program in secondary education from an accredited institution or a Board-approved teacher preparation program, described in R7-2-604; or
    - b. Thirty semester hours of education courses which teach the knowledge and skills described in R7-2-602, including at least eight semester hours of practicum in grades six through 12. Two years of verified teaching experience in grades six through postsecondary may substitute for the eight semester hours of practicum; or
    - c. A valid secondary certificate from another state.
  - 3. A passing score on one or more subject knowledge portions of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant subject area or otherwise qualifies for a waiver of the subject knowledge exam;
  - 4. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
  - 5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- C. Standard Professional Secondary Certificate – grades six through 12 for applications received on and after August 1, 2018.
  - 1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in secondary education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - ii. Instructional design and lesson planning, including modifications and accommodations;
      - iii. The learning environment, including classroom management;
    - c. Developmentally appropriate instructional delivery, facilitation and methodologies;
    - d. Assessing, monitoring and reporting progress;
    - e. Teaching students with exceptionalities;
    - f. Professional responsibility and ethical conduct;
    - g. Twelve weeks of capstone experience as described in R7-2-604 in grades six through postsecondary, which may be completed during the valid period of a teaching intern or student teaching intern certificate; one year of verified full-time teaching experience in grades six through postsecondary may substitute for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
  - 2. Applicants may meet the requirements in subsection (C)(1)(b) with the submission of an application for the Standard Professional Secondary certificate that includes evidence of two years of verified full-time teaching experience in grades six through postsecondary, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (C)(1)(b)(i) through (vii). One year of verified full-time teaching experience in grades six through postsecondary may be substituted for the capstone experience.
- D. Notwithstanding any other provision, individuals seeking a secondary certificate with an approved area in science, technology, engineering or mathematics are exempted from the requirements of a passing score on one or more subject knowledge portions of the Arizona Teacher Proficiency Assessment based on:
  - 1. Verified work experience of five or more years in science, technology, engineering or mathematics; and
  - 2. Demonstrated adequate knowledge of science, technology, engineering or mathematics by:
    - a. A master's or a doctoral degree in an academic subject that is specific to science, technology, engineering or mathematics; or
    - b. Twenty-four semester hours of relevant coursework in an academic subject that is specific to science, technology, engineering or mathematics.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-610 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final

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rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). Amended by exempt rulemaking at 15 A.A.R. 1838, effective August 29, 2006 (Supp. 09-1). Former R7-2-610 recodified to R7-2-611; new R7-2-610 recodified from R7-2-609 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2054, effective December 8, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

**R7-2-610.01. Specialized Secondary Teaching Certificates**

Specialized Secondary Certificate – Science, Technology, Engineering or Mathematics – grades six through 12

**A.** The requirements are:

1. One of the following:
  - a. Demonstrate expertise in the subject matter knowledge through:
    - i. A bachelor's, master's or a doctoral degree and 24 semester hours of relevant coursework in an academic subject that is specific to science, technology, engineering or mathematics; or
    - ii. Verified teaching experience for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions in science, technology, engineering or mathematics
2. Verified work experience of five or more years in science, technology, engineering or mathematics
3. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**B.** An individual who meets the requirements of this Section is exempt from the competency requirements of the United States and Arizona Constitutions, and the professional knowledge and the subject knowledge portions of the Arizona Teacher Proficiency Assessments.**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

**R7-2-610.02. Subject Matter Expert Standard Teaching Certificate**

Subject Matter Expert Standard Teaching Certificate – grades six through 12

**A.** The requirements are:

1. A bachelor's degree and one of the following:
  - a. Verified teaching experience for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions in the relevant subject area of certification. An individual seeking certification pursuant to this subdivision is exempt from passing the professional knowledge portion of the Arizona Teacher Proficiency Assessment; or
  - b. A bachelor's, master's or doctoral degree from an accredited postsecondary institution in the specific subject area of certification that is directly relevant to a content area or subject matter taught in public schools; or

c. Verification of expertise through work experience of a minimum of five years in the relevant area of certification.

2. A passing score on the professional knowledge Arizona Teacher Proficiency Assessment within two years except as provided by subsection (A)(1)(a). If an applicant fails to meet this requirement within two years, the Department of Education or the Board shall temporarily suspend the standard certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining time of the standard certification.
3. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
4. Verification that the applicant has reviewed and attests to reviewing the best practices for social media and cellular telephone use between students and school personnel adopted by the Board.
5. Completion of Board-approved training in professionalism and ethics within two years. If an applicant fails to meet this requirement within two years, the Department or the Board shall temporarily suspend the standard certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining time of the standard certification.

**B.** An individual who meets the requirements of this Section is exempt from the competency requirements of the United States and Arizona Constitutions and the subject knowledge portion of the Arizona Teacher Proficiency Assessment.**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947, effective September 24, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-611. Special Education Teaching Certificates****A.** Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619. An Early Childhood Special Education certificate as described in this Section is not required for individuals who hold the Early Childhood endorsement as described in R7-2-615 in combination with an Arizona cross-categorical, specialized special education, or moderate/severe disabilities teaching certificate as described in this Section. An Early Childhood Special Education certificate as described in this Section is not required for individuals who hold the Early Childhood Teaching Certificate as described in R7-2-608 in combination with an Arizona cross-categorical, specialized special education, or moderate/severe disabilities teaching certificate as described in this Section.**B.** Terms used in this Section are defined in A.R.S. § 15-761.**C.** Standard Professional Mild/Moderate Disabilities Certificate - grades K through 12.

1. The holder is qualified to teach students with mild/moderate disabilities as documented by student needs in the individualized education program and the following categories, including: autism, mild/moderate intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.

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2. The requirements are:
  - a. A bachelor's degree;
  - b. One of the following:
    - i. Completion of a teacher preparation program in special education from an accredited institution which included courses in the instruction and behavior management of students with mild/moderate disabilities; or
    - ii. Forty-five semester hours of education courses which teach the standards described in R7-2-602, including a minimum of 37 semester hours of special education courses and eight semester hours of practicum with students with mild/moderate disabilities. Special education courses shall include foundations of special education, legal aspects, effective collaboration and communication practices, research-based instruction in mathematics, research-based instruction in English language arts, classroom management and behavior analysis, assessment and eligibility, language development and disorders, and electives. Two years of verified teaching experience in mild/moderate special education, grades K through 12 may substitute for the eight semester hours of practicum.
  - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
  - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in mild/moderate special education or otherwise qualifies for a waiver of the subject knowledge examination, and
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- D. Standard Professional Mild/Moderate Disabilities Certificate - grades K through 12 for applications received on or after August 1, 2018.
  1. The holder is qualified to teach students with mild/moderate disabilities as documented by student needs in the individualized education program and the following categories, including: autism, mild/moderate intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.
  2. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in mild/moderate disabilities special education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
      - i. Research-based systematic phonics;
      - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - iii. Instructional design and lesson planning, including specially designed instruction;
      - iv. The learning environment, including classroom and behavioral management;
    - v. Instructional delivery, facilitation and methodologies;
    - vi. Legal aspects of special education, including individualized education programs and transition planning;
    - vii. Effective collaboration and communication practices, including modifications and accommodations;
    - viii. Research-based instruction in math;
    - ix. Research-based instruction in English language arts;
    - x. Assessment and eligibility, including monitoring and reporting requirements;
    - xi. Language development and disorders;
    - xii. Professional responsibility and ethical conduct;
    - xiii. Twelve weeks of capstone experience as described in R7-2-604 in mild/moderate special education in grades K through 12, which may be completed during the valid period of a teaching intern certificate. One year of verified teaching experience in mild/moderate special education in grades K through 12 may substitute for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
  - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
  - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
3. Applicants may meet the requirements in subsection (D)(2)(b) with the submission of an application for the Standard Professional Mild/Moderate Disabilities Certificate grades K through 12 that includes evidence of two years of verified full-time teaching experience in mild/moderate disabilities special education in grades K through 12 and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (D)(2)(b)(i) through (xii).
4. Board approved educator preparation programs leading to dual certification in mild/moderate disabilities and elementary, middle school, or secondary education may exempt a student from the mild/moderate special education capstone experience upon the completion of the following:
  - a. Verification from the applicable district or charter school administrator that the student was employed continuously as a paraprofessional whose primary responsibility was working with students in mild/moderate special education classrooms for the two years preceding commencement of the capstone experience in elementary, middle school, or secondary education;
  - b. Verification from the applicable district or charter school administrator that the student received evaluations, in each of the preceding two years of employment as a paraprofessional, indicating effectiveness in performance; and
  - c. Completion of the capstone experience in elementary, middle school or secondary education and demonstration of all of the following competencies



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during the dual certification educator preparation program:

- i. Participation on a multi-disciplinary evaluation team;
- ii. Participation in and drafting of an acceptable individualized education program; and
- iii. Planning and delivery of specially designed instruction for a class of students.

**E. Provisional Specialized Special Education Certificate – grades K through 12.**

1. The certificate is valid for three years and is not renewable.
2. No new applications for a Provisional Specialized Education Certificate will be accepted after December 31, 2015.
3. The holder is qualified to teach students with intellectual disabilities, emotional disability, specific learning disability, orthopedic impairments or other health impairments, as specified on the certificate.

**F. Standard Professional Specialized Special Education Certificate – grades K through 12.**

1. The certificate is valid for 12 years and may be renewed.
2. The holder is qualified to teach students with intellectual disabilities, emotional disability, specific learning disability, orthopedic impairments or other health impairments, as specified on the certificate.
3. The requirements are:
  - a. A valid Arizona Provisional Specialized Special Education certificate, or a Provisional Specialized Special Education certificate which has not expired for more than one year;
  - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**G. Standard Professional Moderate/Severe Disabilities Certificate – grades K through 12.**

1. The holder is qualified to teach students with moderate/severe disabilities as documented by student needs in the individualized education program and the following categories, including: autism, moderate/severe intellectual disabilities, traumatic brain injury, emotional disability, orthopedic impairments, and/or other health impairments.
2. The requirements are:
  - a. A bachelor's degree,
  - b. One of the following:
    - i. Completion of a teacher preparation program in moderate/severe disabilities education from an accredited institution; or
    - ii. Forty-five semester hours of education courses which teach the standards described in R7-2-602, including a minimum of 37 semester hours of special education courses and eight semester hours of practicum with students with moderate/severe disabilities. Special education courses shall include foundations of low incidence disabilities, legal aspects, effective collaboration and communication practices, adaptive communication, instructional strategies across the curriculum, classroom management and behavior analysis, assessment and eligibility, and electives. Two years of verified special education teaching experience in with students with moderate/severe disabilities, grades K through 12 may substitute for the eight semester hours of practicum.

- c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
- d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in moderate/severe special education or otherwise qualifies for a waiver of the subject knowledge examination, and
- e. A valid fingerprint card issued by the Arizona Department of Public Safety.

**H. Standard Professional Moderate/Severe Disabilities Certificate – grades K through 12 for applications received on or after August 1, 2018.**

1. The holder is qualified to teach students with moderate/severe disabilities as documented by student needs in the individualized education program and the following categories, including: autism, moderate/severe intellectual disabilities, traumatic brain injury, emotional disability, orthopedic impairments, and/or other health impairments.
2. The requirements include all of the following:
  - a. A bachelor's degree;
  - b. Completion of a teacher preparation program in moderate/severe disabilities education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
    - i. Research-based systematic phonics;
    - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
    - iii. Instructional design and lesson planning, including specially designed instruction;
    - iv. The learning environment, including classroom and individual behavioral management;
    - v. Instructional delivery, facilitation and methodologies for teaching research-based instruction in math and English language arts;
    - vi. Legal aspects of special education, including individualized education programs and transition planning;
    - vii. Effective collaboration and communication practices, including modifications and accommodations;
    - viii. Adaptive communication, including language development and disorders;
    - ix. Assessment and eligibility, including monitoring and reporting requirements;
    - x. Professional responsibility and ethical conduct;
    - xi. Twelve weeks of capstone experience as described in R7-2-604 in special education in moderate/severe disabilities grades K through 12, which may be completed during the valid period of a teaching intern certificate. One year of verified full-time teaching experience in special education in moderate/severe disabilities grades K through 12 may substitute for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.

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- c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
  - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in moderate/severe special education or otherwise qualifies for a waiver of the subject knowledge examination, and
  - e. A valid fingerprint card issued by the Arizona Department of Public Safety.
- 3. Applicants may meet the requirements in subsection (H)(2)(b) with the submission of an application for the Standard Professional Moderate/Severe Disabilities Certificate grades K through 12 that includes evidence of two years of verified full-time teaching experience in moderate/severe disabilities special education in grades K through 12 and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (H)(2)(b)(i) through (x).
- I. Standard Professional Hearing Impaired Certificate – birth through grade 12. The requirements are:**
  - 1. A bachelor's degree,
  - 2. One of the following:
    - a. Completion of a teacher preparation program in hearing impaired education from an accredited institution; or
    - b. Forty-five semester hours of education courses which teach the knowledge and skills described in R7-2-602, including 21 semester hours of special education courses for the hearing impaired and eight semester hours of practicum. Special education courses shall include survey of exceptional students, teaching methodologies for students with hearing impairment, foundations of instruction of students with hearing impairment, and diagnostic and assessment procedures for the hearing impaired. Two years of verified teaching experience in the area of hearing impaired in grade PreK through 12 may be substituted for the eight semester hours of practicum.
  - 3. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
  - 4. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in hearing impaired special education or otherwise qualifies for a waiver of the subject knowledge examination, and
  - 5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- J. Standard Professional Hearing Impaired Certificate – birth through grade 12 for applications received on or after August 1, 2018.**
  - 1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in hearing impaired education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
      - i. Research-based systematic phonics;
      - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - iii. Survey of exceptional students;
      - iv. Teaching methodologies for students with hearing impairment;
      - v. Foundations of instruction of students with hearing impairment;
      - vi. Diagnostic and assessment procedures for the hearing impaired;
      - vii. Professional responsibility and ethical conduct;
      - viii. Twelve weeks of capstone experience as described in R7-2-604 in hearing impaired special education birth through grade 12, which may be completed during the valid period of a teaching intern certificate. One year of verified full-time teaching experience in the area of hearing impaired in birth through grade 12 may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
  - 2. Applicants may meet the requirements in subsection (J)(1)(b) with the submission of an application for the Standard Professional Hearing Impaired Certificate – birth through grade 12 that includes evidence of receipt of two years of verified full-time teaching experience in hearing impaired special education birth through grade 12 and training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (J)(1)(b)(i) through (vii).
- K. Standard Professional Visually Impaired Certificate – birth through grade 12. The requirements are:**
  - 1. A bachelor's degree,
  - 2. One of the following:
    - a. Completion of a teacher preparation program in visual impairment from an accredited institution; or
    - b. Forty-five semester hours of education courses which teach the knowledge and skills described in R7-2-602, including 21 semester hours of special education courses for the visually impaired and eight semester hours of practicum. Special education courses shall include survey of exceptional students, teaching methodologies for students with visual impairment, foundations of instruction of students with visual impairment, and diagnostic and assessment procedures for the visually impaired. Two years of verified teaching experience in the area of visually impaired in grades PreK through 12 may be

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- substituted for the eight semester hours of practicum.
3. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
  4. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, and
  5. Demonstration of competency in Braille through one of the following:
    - a. A passing score on the original version of the National Library of Congress certification exam, or
    - b. A valid certificate for a literary Braille transcriber issued by the National Library of Congress, or
    - c. A passing score on a Braille exam administered by another state, or
    - d. A passing score on the Braille exam developed and administered by the University of Arizona. Individuals who take this test and are not students at the University of Arizona may be assessed a fee.
  6. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- L. Standard Professional Visually Impaired Certificate – birth through grade 12 for applications received on or after August 1, 2018.**
1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in visual impairment from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
      - i. Research-based systematic phonics;
      - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - iii. Survey of exceptional students;
      - iv. Teaching methodologies for students with visual impairment;
      - v. Foundations of instruction of students with visual impairment;
      - vi. Diagnostic and assessment procedures for the visually impaired;
      - vii. Professional responsibility and ethical conduct;
      - viii. Twelve weeks of capstone experience as described in R7-2-604 in visually impaired special education birth through grade 12, which may be completed during the valid period of a teaching intern certificate. One year of verified full-time teaching experience in the area of visually impaired in birth through grade 12 may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
    - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
    - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment,
    - e. Demonstration of competency in Braille through one of the following:
      - i. A passing score on the original version of the National Library of Congress certification exam, or
      - ii. A valid certificate for a literary Braille transcriber issued by the National Library of Congress, or
      - iii. A passing score on a Braille exam administered by another state, or
      - iv. A passing score on the Braille exam developed and administered by the University of Arizona. Individuals who take this test and are not students at the University of Arizona may be assessed a fee.
    - f. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  2. Applicants may meet the requirements in subsection (L)(1)(b) with the submission of an application for the Standard Professional Visually Impaired Certificate – birth through grade 12 that includes evidence of two years of verified full-time teaching experience in visually impaired special education birth through grade 12 and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (L)(1)(b)(i) through (vii).
- M. Standard Professional Early Childhood Special Education Certificate – Birth through age 8 or grade three.**
1. The requirements are:
    - a. A bachelor's degree,
    - b. Completion of a teacher preparation program in early childhood special education from an accredited institution,
    - c. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in early childhood special education or otherwise qualifies for a waiver of the subject knowledge examination,
    - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  2. Applicants may meet the requirements in subsection (M)(1)(b) with completion of the following:
    - a. Thirty-seven semester hours of early childhood education which teach the standards described in R7-2-602 which include the following areas of study:
      - i. Foundations early childhood education and special education;
      - ii. Behavioral interventions for children with and without disabilities;
      - iii. Characteristics and quality practices for typical and atypical behaviors of young children;
      - iv. Typical and atypical child growth and development, including health, safety and nutrition with an emphasis on special health care needs for children birth through grade three;
      - v. Child, family, cultural and community relationships including community organizations that support and assist children with disabilities and their families;
      - vi. Developmentally appropriate instructional and inclusive methodologies for teaching social and emotional development, language arts, math, science, social studies, and the arts;

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- vii. Diagnosis and remediation of learning difficulties;
  - viii. Early language and literacy development including communication methods in early childhood education/special education;
  - ix. Assessment and evaluation for early childhood special education to include observing, assessing, monitoring and reporting on the progress of young children;
  - x. A minimum of four semester hours in a supervised field experience, practicum, internship or student teaching setting serving children with identified special needs birth through preschool or one year of full-time teaching experience with children identified with special needs birth through preschool; and
  - xi. A minimum of four semester hours in a supervised student teaching setting serving children with identified special needs in kindergarten through grade three or one year of full time teaching experience with children identified with special needs kindergarten through grade three.
- N. Standard Professional Early Childhood Special Education Certificate – birth through age 8 or grade three for applications received on or after August 1, 2018.
1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in early childhood special education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
      - i. Research-based systematic phonics;
      - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - iii. Teaching students with exceptionalities;
      - iv. Characteristics and quality practices for typical and atypical behaviors of young children, including behavioral interventions for children with and without disabilities;
      - v. Typical and atypical child growth and development, including health, safety and nutrition with an emphasis on special health care needs for children birth through grade three;
      - vi. Child, family, cultural and community relationships including community organizations that support and assist children with disabilities and their families;
      - vii. Developmentally appropriate instructional and inclusive methodologies for teaching social and emotional development, language arts, math, science, social studies, the arts and diagnosis and remediation of learning difficulties;
      - viii. Early language and literacy development including communication methods in early childhood education/special education;
      - ix. Assessment and evaluation for early childhood special education to include observing, assessing, monitoring and reporting on the progress of young children;
  2. Applicants may meet the requirements in subsection (N)(1)(b) with the submission of an application for the Standard Professional Early Childhood Special Education Certificate – birth through age 8 or grade three that includes two years of verified full-time teaching experience in early childhood special education serving children birth through prekindergarten and kindergarten through grade three and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (N)(1)(b)(i) through (xi).
  3. Board approved educator preparation programs leading to dual certification in early childhood special education and early childhood teaching may exempt a student from the early childhood special education capstone experience upon completion of the following:
    - a. Verification from the applicable district or charter school administrator that the student was employed continuously as a paraprofessional whose primary responsibility was working with students in early childhood special education for two years preceding commencement of the early childhood teaching capstone experience;
    - b. Verification from the applicable district or charter school administrator that the student received evaluations, in each of the preceding two years of employment as a paraprofessional, indicating effectiveness in performance; and
    - c. Completion of the capstone experience in early childhood education and demonstration of all of the following competencies during the dual certification educator preparation program:
      - i. Participation on a multi-disciplinary evaluation team;
      - ii. Participation in and drafting of an acceptable individualized education program; and

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- iii. Planning and delivery of specially designed instruction for a class of students.
- O. Provisional Cross-Categorical Special Education Certificate – grades K through 12
  1. No new applications for the Provisional Cross-Categorical Special Education certificate are accepted as of December 31, 2015.
  2. Individuals who hold a valid Provisional Cross-Categorical Special Education certificate are qualified to teach students with mild to moderate autism, intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.
  3. The Provisional certificate may not be renewed or extended. Individuals who hold a valid Provisional Cross-Categorical Special Education certificate, or a Provisional Cross-Categorical certificate which has not expired for more than one year, may apply for a Standard Professional Cross-Categorical Special Education certificate.
- P. Standard Professional Cross-Categorical Special Education Certificate – grades K through 12.
  1. The Standard Professional Cross-Categorical is valid for 12 years and may be renewed.
  2. Individuals who hold a valid Standard Professional Cross-Categorical Special Education certificate are qualified to teach students with autism, intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.
  3. The requirements are:
    - a. An Arizona Provisional Cross-Categorical Special Education Certificate that is either valid or has not expired for more than one year.
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 5139, effective November 19, 2002 for a period of 180 days (Supp. 02-4). Emergency rulemaking renewed under A.R.S. § 41-1026(D) at 9 A.A.R. 1547, effective April 29, 2003 for a period of 180 days (Supp. 03-2). Emergency rulemaking repealed under A.R.S. § 41-1026(E) and permanent R7-2-611 amended by final rulemaking at 9 A.A.R. 3950, effective October 21, 2003 (Supp. 03-3). Former R7-2-611 recodified to R7-2-612; new R7-2-611 recodified from R7-2-610 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). R7-2-611 “Prekindergarten” corrected to “PreK” at request of the Board, Office File No. M09-444, filed November 24, 2009 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 119, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2056, effective December 2, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 1427, effective April 23, 2018 (Supp. 18-2). The

word “kindergarten” has been changed to the letter “K,” the term, “grade 3” has been changed to “grade three,” the word “twelve” has been changed to the numeral “12,” and “age eight” has been changed to “age 8” for consistency in this Section at the request of the Board (Supp. 21-2).

**R7-2-612. Career and Technical Education Teaching Certificates**

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607, and the renewal requirements in R7-2-619.
- B. For purposes of this Section, the following definitions apply:
  1. “Career and Technical Education means a field of study in any area relating to a CTE program approved by the Arizona Department of Education as described in the Guidance on CTE Teacher Certification, which is on file with the Arizona Department of Education.
  2. “Occupational Area” means employment in any area relating to a CTE program approved by the Department as described in the Guidance on CTE Teacher Certification, which is on file with the Arizona Department of Education.
  3. “Verified Work Experience” means written documentation from a current or former supervisor for paid or unpaid work, a current school superintendent, or the Department of Education Career and Technical Education Programmatic State Supervisor indicating that an applicant for a career and technical education certificate performed work in a business or industry setting related to an approved CTE program occupational area.
- C. Standard Career and Technical Education (CTE) Certificate – CTE Field of Study – grades K through 12
  1. The requirements include all of the following:
    - a. Within three years, obtain a passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment or qualification for a waiver of this assessment.
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
    - c. At least one of the following options:
      - i. Option A – Bachelor’s degree in the specified CTE field of study – requirements include all of the following:
        - (1) A bachelor’s or more advanced degree in the specified CTE field of study from an accredited institution.
        - (2) Thirty semester hours of courses in the specified CTE field of study.
        - (3) Two hundred forty clock hours of verified work experience in the specified CTE occupational area. Hours may have been accumulated before obtaining a certification.
        - (4) Within three years, complete 15 semester hours of courses in professional knowledge in career and technical education, to include any of the following areas: principles/philosophy of career and technical education, developmentally appropriate instructional delivery, facilitation and methodologies, instructional technology, instructional design and lesson planning, including modifications and accommodations, assessing, monitoring and reporting

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- progress, the learning environment, including classroom management, teaching students with exceptionalities, or professional responsibility and ethical conduct. Hours may be obtained prior to issuance of the standard career and technical education certificate in the specified CTE field of study. Fifteen semester hours may be obtained through Department or Board-CTE approved professional development. Fifteen clock hours equals one semester hour.
- ii. Option B – Valid non-CTE Arizona Provisional or Standard teaching certificate or an Arizona CTE teaching certificate in another CTE field of study – requirements include all of the following:
    - (1) A valid Arizona provisional or standard teaching certificate for teachers in birth through grade 12 issued pursuant to this Article.
    - (2) One year of the most recent teacher evaluation(s) approved by a certificated administrator, or the administrator's designee, in a grades PreK through 12 school setting and issued during the term of the Arizona teaching certificate exhibiting satisfactory performance in the classroom.
    - (3) Three semester hours of courses in professional knowledge in career and technical education to include any of the following areas: principles/philosophy of career and technical education, developmentally appropriate instructional delivery, facilitation and methodologies for career and technical education, or instructional technology. Three semester hours may be obtained through Department or Board-CTE approved professional development. Fifteen clock hours equals one semester hour.
    - (4) Two hundred forty clock hours of verified work experience in the specified CTE occupational area. Hours may have been accumulated before obtaining a certification.
    - (5) Within three years, complete nine semester hours of subject knowledge courses in the CTE field of study.
  - iii. Option C – Business and industry professional - requirements include 6,000 clock hours of verified work experience in an occupational area. Within three years, complete 15 semester hours of courses in professional knowledge in career and technical education to include any of the following areas: principles/philosophy of career and technical education, developmentally appropriate instructional delivery, facilitation and methodologies, instructional design and lesson planning, including modifications and accommodations, assessing, monitoring and reporting progress, instructional technology, the learning environment, including classroom management, teaching students with exceptionalities, or professional responsibility and ethical conduct. Fifteen semester hours may be obtained through Department or Board-CTE approved professional development. Fifteen clock hours equals one semester hour; and
  - iv. Option D – Bachelor's degree in the specified CTE field of study teacher preparation program – requirements include both of the following:
    - (1) A bachelor's or more advanced degree that included completion of a Board approved teacher preparation program in the CTE field of study or from an accredited institution offering substantially similar training, addressing the following topics in career and technical education and any others as required by law: Principles/philosophy of career and technical education, instructional design and lesson planning, including modifications and accommodations; the learning environment, including classroom management; developmentally appropriate instructional delivery, facilitation and methodologies; assessing, monitoring and reporting progress; teaching students with exceptionalities; professional responsibility and ethical conduct; and
    - (2) Two hundred forty clock hours of verified work experience in the specified occupational area. Hours shall have been accumulated before obtaining a certification.
2. If an applicant fails to meet these requirements within the prescribed time period, the Department of Education or the Board shall temporarily suspend the standard certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining time of the standard certification.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4).  
 Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-612 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by final rulemaking at 11 A.A.R. 1885, effective June 26, 2005 (Supp. 05-2). Amended by exempt rulemaking at 15 A.A.R. 1292, effective June 26, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1893, effective September 25, 2006 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 2086, effective May 19, 2008 (Supp. 09-3). Former R7-2-612 recodified to R7-2-613 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). New Section made by exempt rulemaking at 15 A.A.R. 2143, effective August 25, 2008 (Supp. 09-4). Former R7-2-612 recodified to R7-2-613; new R7-2-612 recodified from R7-2-611 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 102, effective May 1, 2009 (Supp. 10-1). Amended by final exempt rulemaking at 21 A.A.R. 2063, effective August 26, 2013

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(Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 23 A.A.R. 694, effective February 26, 2018 (Supp. 18-1). The word “fifteen” has been changed to the numeral “15,” the words “six thousand” have been changed to the numeral “6,000,” and the word “rule” has been changed to “Section” to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-612.01. Standard Specialized Career and Technical Education (CTE) Certificates – grades K through 12**

- A. Standard Specialized CTE certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. The holder is qualified to teach in an area that is specified on the certificate relating to a CTE program approved by the Arizona Department of Education as described in Guidance on CTE Teacher Certification which is on file with the Arizona Department of Education.
- C. The requirements are:
  - 1. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  - 2. Demonstration of expertise in the specified CTE area through one of the following:
    - a. A Bachelor’s, master’s or doctoral degree in the specified CTE area; or
    - b. A Bachelor’s or more advanced degree and completion of 24 semester hours of coursework in the specified CTE area; or
    - c. An Associate’s degree in the specified CTE area; or
    - d. An industry certification, license, or credential in the specified CTE area approved by the appropriate Department of Education Career and Technical Education Program Specialist or Career and Technical Education Program Services Director; or
    - e. Verified teaching experience for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions in a subject that is specific to the CTE course being taught.
  - 3. Verification of five years of work experience in the specified CTE occupational area.
  - 4. An individual who meets the requirements of this Section is exempt from the competency requirements of the United States and Arizona Constitutions, the professional knowledge and subject knowledge portions of the Arizona Teacher Proficiency Assessments, and structured English immersion endorsement requirements.

**Historical Note**

New Section made by final exempt rulemaking at 22 A.A.R. 2617, effective August 22, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 23 A.A.R. 694, effective February 26, 2018 (Supp. 18-1). The term “twenty-four” has been changed to the numeral “24,” the hyphen between “PreK-12” has been replaced with the word “through” in the Section heading for consistency in Chapter style and format (Supp. 21-1).

**R7-2-613. PreK through 12 Teaching Certificates**

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.

- B. Standard Professional PreK through 12 Arts Education Certificate: art, dance, dramatic arts or music. The requirements are:
  - 1. A bachelor’s degree.
  - 2. One of the following:
    - a. Completion of a teacher preparation program in PreK through 12 arts education in one of the following approved areas: art, dance, dramatic arts or music from a Board-approved teacher preparation program, described in R7-2-604; or
    - b. Completion of a teacher preparation program in PreK through 12 arts education in one of the following approved areas: art, dance, dramatic arts or music from an institution accredited by the National Association of Schools of Art and Design, National Association of Schools of Dance, National Association of Schools of Theatre, the National Association of Schools of Music, or National Council for Accreditation of Teacher Education; or
    - c. Thirty semester hours of education or arts education courses which teach the knowledge and skills described in R7-2-602, including at least eight semester hours of elementary and secondary methods in the certificate area and 12 semester hours of practicum in the certificate area grades PreK through 12. Two years of verified full-time teaching experience in the certificate area in grades PreK through 12 may substitute for the 12 semester hours of practicum; or
    - d. A valid PreK through 12 arts education certificate from another state.
  - 3. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor’s, master’s or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment. If a proficiency assessment is not offered in a subject area, an approved area shall consist of a minimum of 24 semester hours of courses in the subject.
  - 4. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment.
  - 5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- C. Standard Professional PreK through 12 Arts Education Certificate for applications received on or after August 1, 2018.
  - 1. The requirements include all of the following:
    - a. A bachelor’s degree;
    - b. Completion of a teacher preparation program in PreK through 12 arts education from a Board-approved teacher educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Studio art;
      - ii. Art history and analysis;
      - iii. Advanced work in studio or art application areas;
      - iv. Technical processes;
      - v. Instructional design and lesson planning, including modifications, and accommodations;
      - vi. The learning environment, including classroom management;
      - vii. Assessing, monitoring and reporting progress;
      - viii. Professional responsibility and ethical conduct;

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- ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 arts education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in the certificate area in grades PreK through 12 arts education may substitute for the capstone experience requirement;
- c. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
- d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment and
- e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- 2. Applicants may meet the requirements in subsection (C)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Arts Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 arts education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (C)(1)(b)(i) through (vii). One year of verified full-time teaching experience in grades PreK through 12 arts education may be substituted for the capstone experience.
- D. Standard Professional PreK through 12 Dance Education Certificate**
  - 1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in PreK through 12 dance education from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Performance;
      - ii. Choreography;
      - iii. Theoretical and historical studies of dance;
      - iv. Technical processes;
      - v. Instructional design and lesson planning, including modifications, and accommodations;
      - vi. The learning environment, including classroom management;
      - vii. Assessing, monitoring and reporting progress;
      - viii. Professional responsibility and ethical conduct; and
    - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 dance education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades PreK through 12 dance education may substitute for the capstone experience requirement; and
  - c. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
  - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  - 2. Applicants may meet the requirements in subsection (D)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Dance Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 dance education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (D)(1)(b)(i) through (viii). One year of verified full-time teaching experience in grades PreK through 12 dance education may be substituted for the capstone experience.
- E. Standard Professional PreK through 12 Theatre Education Certificate**
  - 1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in PreK through 12 theatre education from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Foundations of production;
      - ii. Aesthetics, theatre history, literature, theory and criticism;
      - iii. Advanced work in theatre performance;
      - iv. Instructional design and lesson planning, including modifications, and accommodations;
      - v. The learning environment, including classroom management;
      - vi. Assessing, monitoring and reporting progress;
      - vii. Professional responsibility and ethical conduct and;
      - viii. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 theatre education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades PreK through 12 theatre education may substitute for the capstone experience requirement; and
    - c. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
    - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
    - 2. Applicants may meet the requirements in subsection (E)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Theatre Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 theatre education, and Board-approved or



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accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (E)(1)(b)(i) through (vii). One year of verified full-time teaching experience in grades PreK through 12 theatre education may be substituted for the capstone experience.

**F. Standard Professional PreK through 12 Music Education Certificate**

1. The requirements include all of the following:
  - a. A bachelor's degree;
  - b. Completion of a teacher preparation program in PreK through 12 music education from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
    - i. Performance;
    - ii. Musicianship skills and analysis;
    - iii. Composition and improvisation;
    - iv. Music history and repertory;
    - v. Instructional design and lesson planning, including modifications, and accommodations;
    - vi. The learning environment, including classroom management;
    - vii. Assessing, monitoring and reporting progress;
    - viii. Professional responsibility and ethical conduct; and
    - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 music education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades PreK through 12 music education may substitute for the capstone experience requirement; and
  - c. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
  - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (F)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Music Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 music education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (F)(1)(b)(i) through (viii). One year of verified full-time teaching experience in grades PreK through 12 music education may be substituted for the capstone experience.

**G. Standard Professional PreK through 12 Physical Education Certificate. The requirements are:**

1. A bachelor's degree.
2. One of the following:
  - a. Completion of a teacher preparation program in PreK through 12 physical education, including 12 semester practicum hours evenly split between ele-

mentary and secondary physical education from an accredited institution or a Board-approved teacher preparation program; or

- b. Thirty-three semester hours of education or physical education courses, including:
    - i. At least nine semester hours of elementary, secondary and adaptive physical education methods;
    - ii. Foundational coursework in the areas of Growth and Motor Development, Movement Activities, Lifelong Physical Fitness and Comprehensive School Physical Activity Programming; and
    - iii. Twelve semester hours of practicum in physical education in PreK through 12 grades, evenly split between elementary and secondary physical education, and supervised by a licensed or certified physical education teacher. Two years of verified full-time teaching experience in the certificate area in grades PreK through 12 may substitute for the 12 semester hours of practicum; or
  - c. A valid PreK through 12 physical education certificate from another state.
3. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment.
  4. A passing score on the Physical Education subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
  5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**H. Standard Professional PreK through 12 Physical Education Certificate for applications received on or after August 1, 2018.**

1. The requirements include all of the following:
  - a. A bachelor's degree;
  - b. Completion of a teacher preparation program in PreK through 12 physical education a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
    - i. Elementary, secondary and adaptive physical education methods;
    - ii. Foundational coursework in the areas of Growth and Motor Development;
    - iii. Movement Activities;
    - iv. Lifelong Physical Fitness;
    - v. Instructional design and lesson planning, including modifications, and accommodations;
    - vi. The learning environment, including classroom management;
    - vii. Assessing, monitoring and reporting progress;
    - viii. Professional responsibility and ethical conduct and;
    - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 physical education, serving students in elementary and secondary physical education, which may be completed during the valid period of a teaching intern or student teaching

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- intern certificate. One year of verified full-time teaching experience in the certificate area in grades PreK through 12 physical education may substitute for the capstone experience requirement;
- c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
  - d. A passing score on the Physical Education subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment; and
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (H)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Physical Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 physical education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (H)(1)(b)(i) through (viii). One year of verified full-time teaching experience in grades PreK through 12 physical education may be substituted for the capstone experience.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4).  
 Amended by final rulemaking at 10 A.A.R. 4581, effective December 18, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 1885, effective June 26, 2005 (Supp. 05-2). Amended by exempt rulemaking at 15 A.A.R. 1225, effective December 5, 2006 (Supp. 09-1).  
 Amended by exempt rulemaking at 15 A.A.R. 1259, effective March 26, 2007 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 1298, effective July 18, 2007 (Supp. 09-3). Former R7-2-613 recodified to R7-2-614; new R7-2-613 recodified from R7-2-612 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4).  
 Former R7-2-613 recodified to R7-2-614; new R7-2-613 recodified from R7-2-612 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 2073, effective June 22, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).  
 The hyphen between "PreK-12" has been changed to the word "through" in the Section heading and subsections for consistency in Chapter style and format (Supp. 21-1).

**R7-2-614. Other Teaching Certificates**

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607.
- B. Substitute Certificate - PreK through 12
  1. The certificate is valid for six years and renewable by reapplication.
  2. The certificate entitles the holder to substitute in the temporary absence of a regular contract teacher. A person holding only a substitute certificate shall not be assigned a contract teaching position.

3. An individual who holds a valid teaching or administrator certificate shall not be required to hold a substitute certificate to be employed as a substitute teacher.
4. The requirements for issuance are:
  - a. A bachelor's degree, and
  - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
5. Substitute certificates previously issued as valid for life under this Section shall remain valid for life.
- C. Emergency Substitute Certificate - PreK through 12
  1. The certificate is valid for two school years or part thereof. The expiration date shall be July 1 in the year of expiration.
  2. The certificate entitles the holder to substitute only in the district that has a verified emergency employment situation.
  3. The certificate entitles the holder to substitute in the temporary absence of a regular contract teacher. A person holding only an emergency substitute certificate shall not be assigned a contract teaching position.
  4. The holder of an emergency substitute certificate shall be limited to 120 days of substitute teaching in the same school each school year. A person holding an emergency substitute certificate may be exempt from the limit on teaching 120 days in the same school each school year if the school district superintendent provides verification to the Department that the position has been continuously advertised on a statewide basis at a minimum of three sites with at least one being a higher education institution and that an employable candidate was not found. An exemption from teaching 120 days shall not be granted to the same individual more than three times.
  5. The requirements for initial issuance are:
    - a. A high school diploma, General Education diploma, or associate's degree;
    - b. Verification from the school district superintendent that an emergency employment situation exists; and
    - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  6. The requirements for each reissuance are:
    - a. Two semester hours of academic courses completed since the last issuance of the Emergency Substitute Certificate. District in-service programs designed for professional development may substitute for academic courses. Fifteen clock hours of in-service is equivalent to one semester hour. In-service hours shall be verified by the district superintendent or personnel director. Academic courses and in-service programs completed pursuant to this Section may include classroom management and professionalism and ethics. Individuals who have earned 30 or more semester hours are exempt from this requirement,
    - b. Verification from the school district superintendent that an emergency employment situation exists, and
    - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- D. Emergency Teaching Certificate - birth through grade 12
  1. The emergency teaching certificate is valid one school year or part thereof. The expiration date shall be the following July 1. Excluding an emergency teaching certificate issued under subsection (D)(6), an emergency teaching certificate shall not be issued more than three times to an individual.

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2. The emergency teaching certificate entitles the holder to enter into a teaching contract.
  3. Emergency teaching certificates shall be issued for early childhood, elementary and secondary certificates required by A.R.S. § 15-502(B) and required endorsements.
  4. The emergency teaching certificate entitles the holder to teach only in the district or charter school that verifies that an emergency employment situation exists.
  5. The requirements for initial issuance are:
    - a. A bachelor's degree,
    - b. Verification from the school district superintendent or charter school administrator that an emergency employment situation exists, and
    - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  6. Notwithstanding this subsection, an emergency teaching certificate entitling the holder to teach in any Arizona school district or charter school may be issued for early childhood, elementary, middle grades, secondary, special education, and PreK through 12 teaching certificates for applicants who meet the following requirements:
    - a. A bachelor's degree,
    - b. Completion of a teacher preparation program in the certification area, as described in R7-2-608, R7-2-609, R7-2-609.01, R7-2-610, R7-2-611 and R7-2-613, from a Board-approved educator preparation program or from an accredited institution offering substantially similar training,
    - c. Verification that the applicant was unable to take one or all portions of the proficiency assessments required for the requested certificate as the result of a public health emergency declared by the governor or a public health official, and
    - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  7. Emergency teaching certificates issued pursuant to subsection (D)(6) shall not be renewed or re-issued.
- E. Alternative Teaching Certificate - PreK through 12**
1. The certificate is valid for two years from the date of initial issuance and may be extended yearly for no more than two consecutive years at no cost to the applicant if the provisions in subsection (E)(5) are met.
  2. The alternative teaching certificate entitles the holder to enter into a teaching contract while completing the requirements for an Arizona teaching certificate. During the valid period of the alternative teaching certificate the holder may teach in a Structured English Immersion classroom, or in any subject area in which the holder has passed the appropriate Arizona Teacher Proficiency Assessment. Alternative Teaching certificate holders who teach in a Structured English Immersion classroom shall hold a valid Provisional or full Structured English Immersion Endorsement, an English as a Second Language Endorsement, or a Bilingual Endorsement, if applicable. The candidate shall be enrolled in a Board authorized alternative path to certification program or a Board approved teacher educator preparation program.
  3. An individual is not eligible to hold the alternative teaching certificate more than once in a five year period.
  4. The requirements for initial issuance of the alternative teaching certificate are:
    - a. A bachelor's degree or higher from an accredited institution;
    - b. Verification of enrollment in a Board approved alternative path to certification program, or a Board approved educator preparation program; and
    - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  5. The requirements for the extension of the alternative teaching certificate are:
    - a. The alternative teaching certificate outlined in subsection (E)(4),
    - b. Verification from the educator preparation program in which the alternative teaching certificate holder is enrolled, that the certificate holder has made adequate progress toward completion of the program,
    - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  6. The holder of the alternative teaching certificate may apply for a Standard teaching certificate upon completion of the following:
    - a. Successful completion of a Board authorized alternative path to certification program or a Board-approved educator preparation program.
    - b. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment as applicable;
    - c. A passing score on one or more subject knowledge portions of the Arizona Teacher Proficiency Assessment that corresponds to the Board approved alternative path to certification program in which the applicant is enrolled, unless the applicant has a bachelor's, master's or doctoral degree in the corresponding content area;
    - d. The submission of an application for a Standard teaching certificate to the Department;
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  7. Placement decisions of alternative teaching certificate holders shall only be based on agreements between the educator preparation provider, the provider's partner organizations and the local education agency except as otherwise provided in this subsection.
- F. Standard Adult Education Certificate**
1. The holder is qualified to teach Adult Basic Education, Adult Secondary Education, English Language Acquisition for Adults, or Citizenship.
  2. The requirements are:
    - a. A valid fingerprint clearance card issued by the Arizona Department of Public Safety, and
    - b. A bachelor's degree.
  3. The renewal requirements are completion of a professional development program, described in R7-2-619.
- G. Junior Reserve Officer Training Corps Teaching Certificate - grades nine through 12**
1. The standard certificate is valid at any local education agency which conducts an approved Junior Reserve Officer Training Corps program of the Air Force, Army, Navy, or Marine Corps.
  2. The requirements are:
    - a. Verification by the district of an approved Junior Reserve Officer Training Corps program of instruction in which the applicant will be teaching,
    - b. Verification by the district that the applicant meets the work experience required by the respective military service, and

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- c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- H. Athletic coaching certificate - grades seven through 12**
  - 1. The standard certificate entitles the holder to perform coaching duties in interscholastic and extracurricular athletic activities. It is not required for teachers who hold a valid elementary, secondary or special education certificate.
  - 2. The requirements are:
    - a. Valid certification in first aid and Coronary and Pulmonary Resuscitation (CPR);
    - b. Completion of courses, Board-approved or accredited seminars or modules of study which shall include the following:
      - i. Methods of coaching,
      - ii. Anatomy and physiology,
      - iii. Sports psychology,
      - iv. Adolescent psychology,
      - v. The prevention and treatment of athletic injuries; and
      - vi. Signs of physical abuse, emotional abuse, sexual abuse, neglect, bullying, hazing and cyberbullying.
    - c. Two hundred fifty hours of verified coaching experience in the sport to be coached. Coaching experience may include experience as a head coach or assistant coach in a school program or in an organized athletic league; and
    - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  - 4. Renewal requirements are:
    - a. Completion of a professional development program described in R7-2-619,
    - b. Valid certification in first aid and CPR.
- I. International Teaching Certificate**
  - 1. The International Teaching certificate is issued to teachers from foreign countries who are contracted through the foreign teacher program as authorized by federal statutes enacted by the Congress of the United States or other foreign teacher recruitment programs approved by the United States Department of State or the United States Citizenship and Immigration Services.
  - 2. This certificate is valid for the length of the certificate holder's visa, not to exceed 12 years.
  - 3. The requirements are:
    - a. Verification that the applicant has completed teacher preparation in the home country or country of legal residence that is comparable to the requirements to qualify for an Arizona teaching certificate as provided in R7-2-608, R7-2-609, R7-2-610, R7-2-610.01, R7-2-610.02, R7-2-611 and R7-2-613.
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
    - c. A valid non-immigrating visa issued by the United States Department of State or the United States Citizenship and Immigration Services for international teachers.
    - d. Verification that the applicant has been contracted by an Arizona school through a foreign teacher program.
  - 4. An individual with an international teaching certificate may qualify for a certificate to instruct students in a language other than English with submission of a letter from a department chair or dean of an accredited institution in another country or in the United States verifying that the applicant is proficient in the language.
- 5. The international teaching certificate may be extended with the following:
  - a. Verification of an extended visa issued by the United States Department of State or the United States Citizenship and Immigration Services for international teachers. The certificate may be extended to the new expiration date of the visa not to exceed 12 years.
  - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- J. Native American Language Certificate**
  - 1. The standard certificate is optional and issued to individuals to teach only a Native American language in grades PreK through 12.
  - 2. The requirements are:
    - a. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
    - b. Language proficiency in a Native American Language. Proficiency shall be verified on official letterhead by a person, persons, or entity designated by the appropriate tribe.
  - 3. The certificate may be renewed upon completion of professional development, as prescribed in R7-2-619.
- K. Student Teaching Intern Certificate - PreK through 12**
  - 1. The student teaching intern certificate is optional and is not a requirement for participation in a student teaching capstone experience.
  - 2. The certificate entitles the holder to perform teaching duties under the supervision of a program supervisor as defined in R7-2-604(14) and is only valid in the school district or charter school requesting the certificate.
  - 3. The certificate is valid for one year from date of initial issuance and may be extended for one year at no cost to the applicant if the provisions in subsection (K)(4) are met.
  - 4. The requirements are:
    - a. Verification of enrollment in the culminating student teaching capstone experience of a Board approved educator preparation program pursuant to R7-2-604.01,
    - b. Verification documenting completed coursework with a minimum GPA of 3.0 on a 4.0 scale or the equivalent,
    - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment that corresponds to the teaching certificate the student teaching intern is pursuing,
    - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment that corresponds to the teaching certificate the student teaching intern is pursuing,
    - e. A request for issuance of the student teaching intern certificate from the district superintendent or charter school superintendent and the educator preparation program.
    - f. Verification from the educator preparation provider that a written supervision plan, approved by the Board, includes the following:
      - i. The educator preparation provider's roles and responsibilities for the Program Supervisor, and
      - ii. The onsite mentorship and induction provided by the Local Education Agency.

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- g. A valid fingerprint card issued by the Arizona Department of Public Safety.
- 5. Placement decisions of student teaching intern certificate holders shall only be based on collaborative agreements between the Board approved educator preparation provider and the local education agency. Notwithstanding any other provision, a student teaching intern certificate holder may not teach in a special education classroom unless the certificate holder has a bachelor's degree.
- 6. The holder of the student teaching certificate may apply for an Arizona Teaching Certificate upon completion of the following:
  - a. Successful completion of a Board approved educator preparation program.
  - b. The submission of an application, and all required documentation including an institutional recommendation, for the Arizona teaching certificate to the Department.
- L. Classroom-Based Standard Teaching Certificate
  - 1. The requirements are:
    - a. A bachelor's degree;
    - b. Successful completion of a Board-approved Classroom-Based Alternative Preparation Program;
    - c. Verification of satisfactory progress and achievement with students;
    - d. Demonstration of subject knowledge proficiency with:
      - i. Verification of teaching courses relevant to a content area or subject matter for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions; or
      - ii. A bachelor's, master's or doctoral degree from an accredited institution in the applicable subject area; or
      - iii. Verification of a minimum of five years of work experience in the applicable subject area of certification; or
      - iv. Three years of verified teaching experience in the same area of certification in which the individual is applying for certification; or
      - v. A passing score on the applicable subject knowledge portion of the Arizona Teacher Proficiency Assessment;
    - e. Demonstration of professional knowledge proficiency with:
      - i. Three years of verified teaching experience in the same area of certification in which the individual is applying for certification; or
      - ii. A passing score on the applicable professional knowledge portion of the Arizona Teacher Proficiency Assessment;
    - f. An individual seeking certification who was teaching courses or subjects tested by the statewide assessment must also provide:
      - i. Verified evidence of two years of full-time teaching; and
      - ii. Verified evidence that the individual's students performed at grade level; or
      - iii. Verified evidence that the individual's students achieved at least one year of academic growth at a rate equivalent to the state average for the students' associated peer groups;

- g. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-614 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 3739, effective August 5, 2002 for a period of 180 days (Supp. 02-3). Emergency rulemaking renewed under A.R.S. § 41-1026 at 9 A.A.R. 522, effective January 31, 2003 for a period of 180 days (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by exempt rulemaking at 15 A.A.R. 1304, effective June 26, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1898, effective April 28, 2008 (Supp. 09-2). Former R7-2-614 recodified to R7-2-615; new R7-2-614 recodified from R7-2-613 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-614 recodified to R7-2-615; new R7-2-614 recodified from R7-2-613 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 52, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 63, effective June 22, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 728, effective March 22, 2010 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). R7-2-614(J) amended by final exempt rulemaking at 21 A.A.R. 2073, effective August 27, 2012; R7-2-614(I) amended by final exempt rulemaking at 21 A.A.R. 2073, effective June 24, 2013; R7-2-614(B)(C)(E) amended by final exempt rulemaking at 21 A.A.R. 2073, effective January 26, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 667, effective January 25, 2016; filed in the Office March 1, 2016 (Supp. 16-3). Amended by final exempt rulemaking at 22 A.A.R. 2617, effective August 22, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947, effective September 24, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). The hyphen between "PreK-12" has been changed to the word "through," and the word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 366 (February 11, 2022), with an immediate effective date of January 24, 2022 (Supp. 22-1).

**R7-2-615. Endorsements**

- A. An endorsement shall be automatically renewed with the certificate on which it is posted.
- B. Except as noted, all endorsements are subject to the general certification provisions in R7-2-607.
- C. Endorsements which are optional as specified herein may be required by local governing boards.
- D. Special subject endorsements, grades Pre-K through 12
  - 1. Special subject endorsements shall be issued in the area of art, computer science, dance, dramatic arts, music, or physical education.
  - 2. Special subject endorsements are optional.

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3. The requirements are:
  - a. An Arizona elementary, secondary, or special education certificate;
  - b. One course in the methods of teaching the subject at the elementary level and one course in the methods of teaching the subject at the secondary level; and
  - c. One of the following:
    - i. Thirty semester hours of courses in the subject area which may include the courses listed in subsection (D)(3)(b);
    - ii. A passing score on the subject area portion of the Arizona Teacher Proficiency Assessment, if an assessment has been adopted by the Board; or
    - iii. A passing score on a comparable out-of-state subject area assessment.
- E. Mathematics Specialist Endorsement, grades K through eight. This subsection is valid until June 30, 2011.
  1. The mathematics specialist endorsement is optional.
  2. The requirements are:
    - a. An Arizona elementary or special education certificate,
    - b. Three semester hours of courses in the methods of teaching elementary school mathematics, and
    - c. Fifteen semester hours of courses in mathematics education for teachers of elementary or middle school mathematics.
- F. Mathematics Endorsement, grades K through eight. This subsection becomes effective on July 1, 2011.
  1. The mathematics endorsement is optional for all K through eight teachers, but recommended for an individual in the position of mathematics specialist, consultant, interventionist, or coach. Nothing in this Section prevents school districts from requiring certified staff to obtain a mathematics endorsement as a condition of employment. The mathematics endorsement does not waive the requirements set forth in R7-2-607.
  2. The requirements are:
    - a. An Arizona elementary or special education certificate;
    - b. Three years of full-time teaching experience in grades K through eight; and
    - c. Eighteen semester hours to include:
      - i. Three semester hours of data analysis, probability, and discrete mathematics;
      - ii. Three semester hours of geometry and measurement;
      - iii. Six semester hours of patterns, algebra, and functions; and
      - iv. Six semester hours of number and operations.
    - d. Six semester hours to include:
      - i. Three semester hours of mathematics classroom assessment;
      - ii. Three semester hours of research-based practices, pedagogy, and instructional leadership in mathematics.
    - e. A passing score on the middle school mathematics knowledge portion of the Arizona Educator Proficiency Assessment may be substituted for the 18 semester hours described in subsection (F)(2)(c).
    - f. Completion of a comparable valid mathematics specialist certificate or endorsement from another state may be substituted for the requirements described in subsection (F)(2)(c) and (d).
- G. Reading Specialist Endorsement, grades K through 12. This subsection is valid until June 30, 2011.
  1. The reading specialist endorsement shall be required of an individual in the position of reading specialist, reading consultant, remedial reading teacher, special reading teacher, or in a similar position.
  2. The requirements are:
    - a. An Arizona elementary, secondary, or special education certificate; and
    - b. Fifteen semester hours of courses to include decoding, diagnosis and remediation of reading difficulties, and practicum in reading.
- H. Reading Endorsement. This subsection becomes effective on July 1, 2011.
  1. A reading endorsement shall be required of an individual in the position of reading or literacy specialist, reading or literacy coach, and reading or literacy interventionist.
  2. Reading Endorsement for grades K through eight. The requirements are:
    - a. A valid Arizona elementary special education or early childhood certificate,
    - b. Three years of full-time teaching experience,
    - c. Three semester hours of a supervised field experience or practicum in reading completed for the grades K through eight, and
    - d. One of the following:
      - i. Twenty-one semester hours beyond requirements of initial provisional or standard teaching certificate to include the following:
        - (1) Three semester hours in the theoretical and research foundations of language and literacy;
        - (2) Three semester hours in the essential elements of elementary reading and writing instruction (grades K through eight);
        - (3) Three semester hours in the elements of elementary content area reading and writing (grades K through eight);
        - (4) Six total semester hours in reading assessment systems;
        - (5) Three semester hours in leadership; and
        - (6) Three semester hours of elective courses in an area of focus that will deepen knowledge in the teaching of reading to elementary students, such as children's literature, or teaching reading to English Language Learners.
      - ii. Proof of a comparable valid reading specialist certificate or endorsement from another state may be substituted for the requirements described in subsections (H)(2)(c) and (d)(i).
    - e. A passing score on the reading endorsement subject knowledge portion of the Arizona Educator Proficiency Assessment for grades K through eight may be substituted for 21 semester hours of reading endorsement coursework as described in subsection (H)(2)(d)(i).
  3. Reading Endorsement for grades six through 12. The requirements are:
    - a. A valid Arizona elementary, secondary, or special education certificate;
    - b. Three years of full-time teaching experience;

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- c. Three semester hours of supervised field experience or practicum in reading completed for the grades six through 12; and
  - d. One of the following:
    - i. Twenty-one semester hours beyond requirements of initial provisional or standard teaching certificate to include the following:
      - (1) Three semester hours in the theoretical and research foundations of language and literacy;
      - (2) Three semester hours in the essential elements of reading and writing instruction for adolescents (grades six through 12);
      - (3) Three semester hours in the elements of content area reading and writing for adolescents (grades six through 12);
      - (4) Six total semester hours in reading assessment systems;
      - (5) Three semester hours in leadership; and
      - (6) Three semester hours of elective courses in an area of focus that will deepen knowledge in the teaching of reading such as adolescent literature, or teaching reading to English Language Learners.
    - ii. Proof of a comparable valid reading specialist certificate or endorsement from another state may be substituted for the requirements described in subsections (H)(3)(c) and (d)(i).
  - e. A passing score on the reading endorsement subject knowledge portion of the Arizona Educator Proficiency Assessment for grades six through 12 may be substituted for 21 semester hours of reading endorsement coursework as described in subsection (H)(3)(d)(i).
4. Reading Endorsement, grades K through 12. The requirements are:
- a. A valid Arizona elementary, secondary, special education certificate or early childhood certificate;
  - b. Three years of full-time teaching experience;
  - c. Three semester hours of a supervised field experience or practicum in reading completed for the grades K through five;
  - d. Three semester hours of a supervised field experience or practicum in reading completed for the grades six through 12; and
  - e. One of the following:
    - i. Twenty-four semester hours beyond requirements of initial provisional or standard teaching certificate to include the following:
      - (1) Three semester hours in the theoretical and research foundations of language and literacy,
      - (2) Three semester hours in the essential elements of elementary reading and writing instruction (grades K through eight),
      - (3) Three semester hours in the essential elements of reading and writing instruction for adolescents (grades six through 12),
      - (4) Three semester hours in the elements of elementary content area reading and writing (grades K through eight),
      - (5) Three semester hours in the elements of content area reading and writing for adolescents (grades six through 12),
      - (6) Six total semester hours in reading assessment systems, and
      - (7) Three semester hours in leadership,
    - ii. Proof of a comparable valid reading specialist certificate or endorsement from another state may be substituted for the requirements described in subsections (H)(4)(c), (d) and (e)(i).
    - f. A passing score on the reading endorsement subject knowledge portion of the Arizona Educator Proficiency Assessment for grades K through eight and a passing score on the reading endorsement professional knowledge portion of the Arizona Educator Proficiency Assessment for grades six through 12 may be substituted for 24 semester hours of reading endorsement coursework as described in subsection (H)(4)(e)(i).
- I. Elementary Foreign Language Endorsement, grades K through eight**
- 1. The elementary foreign language endorsement is optional.
  - 2. The requirements are:
    - a. An Arizona elementary, secondary or special education certificate.
    - b. Proficiency in speaking, reading, and writing a language other than English, verified by the appropriate language department of an accredited institution. American Indian language proficiency shall be verified by an official designated by the appropriate tribe.
    - c. Three semester hours of courses in the methods of teaching a foreign language at the elementary level.
- J. Bilingual Endorsements, PreK through 12**
- 1. A provisional bilingual endorsement or a bilingual endorsement is required of an individual who is a bilingual classroom teacher, bilingual resource teacher, bilingual specialist, or otherwise responsible for providing bilingual instruction.
  - 2. The provisional bilingual endorsement is valid for three years and is not renewable. The requirements are:
    - a. An Arizona elementary, secondary, supervisor, principal, superintendent, special education, early childhood, arts education or CTE certificate; and
    - b. Proficiency in a spoken language other than English, verified by one of the following:
      - i. A passing score on the Arizona Classroom Spanish Proficiency exam;
      - ii. A passing score on a foreign language subject knowledge portion of the Arizona Teacher Proficiency Assessment or a comparable foreign language subject knowledge exam from another state;
      - iii. If an exam in the language is not offered through the Arizona Teacher Proficiency Assessment or the American Council on the Teaching of Foreign Languages, proficiency may be verified by the language department of an accredited institution. A minimum passing score of "Advanced Low" is required on the American Council on the Teaching of Foreign Languages for Speaking and Writing Exams in the foreign language;

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- iv. Proficiency in American Indian languages shall be verified by an official designated by the appropriate tribe; or
- c. Proficiency in sign language is verified through 24 hours of coursework from an accredited institution.
- 3. The holder of the bilingual endorsement is also authorized to teach English as a Second Language.
- 4. The requirements are:
  - a. An Arizona elementary, secondary, supervisor, principal, superintendent, special education, early childhood, arts education or CTE certificate;
  - b. Completion of a bilingual education program from an accredited institution or the following courses:
    - i. Three semester hours of foundations of instruction for non-English-language-background students;
    - ii. Three semester hours of bilingual methods;
    - iii. Three semester hours of English as a Second Language for bilingual settings;
    - iv. Three semester hours of courses in bilingual materials and curriculum, assessment of limited-English-proficient students, teaching reading and writing in the native language, or English as a Second Language for bilingual settings;
    - v. Three semester hours of linguistics to include psycholinguistics, sociolinguistics, first language acquisition, and second language acquisition for language minority students, or American Indian language linguistics;
    - vi. Three semester hours of courses dealing with school, community, and family culture and parental involvement in programs of instruction for non-English-language-background students; and
    - vii. Three semester hours of courses in methods of teaching and evaluating handicapped children from non-English-language backgrounds. These hours are only required for bilingual endorsements on special education certificates.
  - c. A valid bilingual certificate or endorsement from another state may be substituted for the courses described in subsection (J)(4)(b);
  - d. Practicum in a bilingual program or two years of verified bilingual teaching experience; and
  - e. Proficiency in a spoken language other than English, verified by one of the following:
    - i. A passing score on the Arizona Classroom Spanish Proficiency exam;
    - ii. A passing score on a foreign language subject knowledge portion of the Arizona Teacher Proficiency Assessment or a comparable foreign language subject knowledge exam from another state;
    - iii. If an exam in the language is not offered through the Arizona Teacher Proficiency Assessment or the American Council on the Teaching of Foreign Languages, proficiency may be verified by the language department of an accredited institution. A minimum passing score of "Advanced Low" is required on the American Council on the Teaching of Foreign Languages for Speaking and Writing Exams in the foreign language;
- iv. Proficiency in American Indian languages shall be verified by an official designated by the appropriate tribe; or
- f. Proficiency in sign language is verified through 24 hours of coursework from an accredited institution.
- K. English as a Second Language (ESL) Endorsements, grades Pre-K through 12**
  - 1. An ESL or bilingual endorsement is required of an individual who is an ESL classroom teacher, ESL specialist, ESL resource teacher, or otherwise responsible for providing ESL instruction.
  - 2. The provisional ESL endorsement is valid for three years and is not renewable. The requirements are:
    - a. An Arizona elementary, secondary, supervisor, principal, superintendent, special education, early childhood, arts education or CTE certificate; and
    - b. Six semester hours of courses specified in subsection (K)(3)(b), including at least one course in methods of teaching ESL students.
  - 3. The requirements for the ESL endorsement are:
    - a. An Arizona elementary, secondary, supervisor, principal, superintendent, special education, early childhood, arts education or CTE certificate;
    - b. Completion of an ESL education program from an accredited institution or the following courses:
      - i. Three semester hours of courses in foundations of instruction for non-English-language-background students. Three semester hours of courses in the nature and grammar of the English language, taken before January 1, 1999, may be substituted for this requirement;
      - ii. Three semester hours of ESL methods;
      - iii. Three semester hours of teaching of reading and writing to limited-English-proficient students;
      - iv. Three semester hours of assessment of limited-English-proficient students;
      - v. Three semester hours of linguistics; and
      - vi. Three semester hours of courses dealing with school, community, and family culture and parental involvement in programs of instruction for non-English-language-background students.
    - c. A passing score on a foreign language subject knowledge portion of the Arizona Teacher Proficiency Assessment or a comparable foreign language subject knowledge exam from another state; or
- c. Three semester hours of a practicum or two years of verified ESL or bilingual teaching experience, verified by the district superintendent;
- d. Second language learning experience, which may include sign language. Second language learning experience may be documented by any of the following:
  - i. Six semester hours of courses in a single second language, or the equivalent, verified by the department of language, education, or English at an accredited institution;
  - ii. Completion of intensive language training by the Peace Corps, the Foreign Service Institute, or the Defense Language Institute;
  - iii. Placement by the language department of an accredited institution in a third-semester level;



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- iv. Placement at level 1-intermediate/low or more advanced score on the Oral Proficiency Interview, verified by the American Council for the Teaching of Foreign Languages;
  - v. Passing score on the Arizona Classroom Spanish Proficiency Examination approved by the Board; or
  - vi. Proficiency in an American Indian language, verified by an official designated by the appropriate tribe.
  - vii. A passing score on a foreign language subject knowledge portion of the Arizona Teacher Proficiency Assessment or a comparable foreign language subject knowledge exam from another state; or
  - e. A valid ESL certificate or endorsement from another state may be substituted for the requirements described in subsection (K)(3)(b), (c) and (d).
- L. Structured English Immersion (SEI) Endorsement, Pre-K through 12.** A Provisional or full Structured English Immersion (SEI) endorsement, or an English as a Second Language or Bilingual endorsement, shall be required of a teacher who is instructing students in a sheltered English immersion or structured English immersion model.
1. The provisional SEI endorsement is valid for three years and is not renewable. The requirements are:
    - a. An Arizona elementary, secondary, special education, CTE, early childhood, Pre-K through 12 teaching, supervisor, principal or superintendent certificate; and
    - b. One semester hour or 15 clock hours of professional development in Structured English Immersion methods of teaching English Language Learner (ELL) students, including but not limited to instruction in SEI strategies, teaching with the ELL Proficiency Standards adopted by the Board and monitoring ELL student academic progress using a variety of assessment tools through a training program that meets the requirements of A.R.S. § 15-756.09(B).
  2. The requirements for the SEI endorsement are: an Arizona elementary, secondary, special education, CTE, early childhood, Pre-K through 12 teaching, supervisor, principal, or superintendent certificate; and one of the following:
    - a. Three semester hours of courses related to the teaching of the English Language Learner Proficiency Standards adopted by the Board, including but not limited to instruction in SEI strategies, teaching with the ELL Proficiency Standards adopted by the Board and monitoring ELL student academic progress using a variety of assessment tools; or
    - b. Completion of 45 clock hours of professional development in the teaching of the English Language Learner Proficiency Standards adopted by the Board, including but not limited to instruction in SEI strategies, teaching with the ELL Proficiency Standards adopted by the Board and monitoring ELL student academic progress using a variety of assessment tools through a training program that meets the requirements of A.R.S. § 15-756.09(B).
    - c. A passing score on the Structured English Immersion portion of the Arizona Teacher Proficiency Assessment.
  3. Nothing in this Section prevents a school district or charter school from requiring certified staff to obtain an SEI, ESL or bilingual endorsement as a condition of employment.
- M. Gifted Endorsements, grades Pre-K through 12**
1. The gifted endorsements authorize the holder to teach gifted students within the grade range and subject area of the prerequisite certificate. A gifted endorsement is required for all district teachers who have primary responsibility for teaching gifted pupils.
  2. The provisional gifted endorsement is valid for three years and is not renewable. The requirements are:
    - a. A valid Arizona International or Standard Professional teaching certificate.
    - b. One of the following:
      - i. Six semester hours of courses in gifted education; or
      - ii. Verification from a public school superintendent or personnel director that the applicant completed a minimum of 90 clock hours of in-service training in gifted education, or the equivalent through competency-based credentials, that is aligned to the Teacher Preparation Standards in Gifted and Talented Education adopted by the National Association for Gifted Children and the Council for Exceptional Children.
  3. Requirements for the gifted endorsement are:
    - a. A valid Arizona International or Standard Professional teaching certificate;
    - b. One of the following:
      - i. Verification from a public school superintendent or personnel director that the applicant completed a minimum of 180 clock hours of in-service training in gifted education, or the equivalent through competency-based credentials, that is aligned to the Teacher Preparation Standards in Gifted and Talented Education adopted by the National Association for Gifted Children and the Council for Exceptional Children; or
      - ii. Completion of 12 semester hours of courses in gifted education. No more than six semester hours of courses in gifted education may be obtained through completion of in-service training that is aligned to the Teacher Preparation Standards in Gifted and Talented Education adopted by the National Association for Gifted Children and the Council for Exceptional Children. Fifteen clock hours of in-service is equivalent to one semester hour. In-service hours shall be verified by the district superintendent or personnel director.
- N. Early Childhood Education Endorsements, birth through age eight**
1. When combined with an Arizona elementary education teaching certificate or an Arizona special education teaching certificate, the early childhood endorsement may be used in lieu of an early childhood education certificate as described in R7-2-608. When combined with an Arizona cross-categorical, specialized special education, or severe and profound teaching certificate as described in R7-2-611, the early childhood endorsement

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may be used in lieu of an Early Childhood Special Education certificate.

2. The provisional early childhood endorsement is valid for three years and is not renewable. The requirements are:
    - a. A valid Arizona elementary teaching certificate as provided in R7-2-609 or a valid Arizona special education teaching certificate as provided in R7-2-611, and
    - b. A passing score on the early childhood subject knowledge portion of the Arizona Teacher Proficiency Assessment.
  3. The requirements for the early childhood endorsement are:
    - a. A valid Arizona elementary education teaching certificate as provided in R7-2-609 or a valid Arizona special education teaching certificate as provided in R7-2-611, and
    - b. Early childhood education coursework and practicum experience which includes both of the following:
      - i. Twenty-one semester hours of early childhood education courses to include all of the following areas of study:
        - (1) Foundations of early childhood education;
        - (2) Child guidance and classroom management;
        - (3) Characteristics and quality practices for typical and atypical behaviors of young children;
        - (4) Child growth and development, including health, safety and nutrition;
        - (5) Child, family, cultural and community relationships;
        - (6) Developmentally appropriate instructional methodologies for teaching language, math, science, social studies and the arts;
        - (7) Early language and literacy development;
        - (8) Assessing, monitoring and reporting progress of young children; and
      - ii. A minimum of eight semester hours of practicum including:
        - (1) A minimum of four semester hours in a supervised field experience, practicum, internship or student teaching setting serving children birth through preschool. One year of full-time verified teaching experience with children in birth through preschool may substitute for this student teaching experience. This verification may come from a school-based education program or center-based program licensed by the Department of Health Services or regulated by tribal or military authorities; and
        - (2) A minimum of four semester hours in a supervised student teaching setting serving children in kindergarten through grade three. One year of full-time verified teaching experience with children in kindergarten through grade three in an accredited school may substitute for this student teaching experience;
    - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety, and
    - d. A passing score on the early childhood professional knowledge portion of the Arizona Educator Proficiency Assessment may be substituted for the 21 semester hours of early childhood education courses as described in subsection (N)(3)(b)(i); and
    - e. A passing score on the early childhood subject knowledge portion of the Arizona Educator Proficiency Assessment.
  4. Teachers with a valid Arizona elementary education certificate or Arizona special education certificate meet the requirements of this Section with evidence of the following:
    - a. A minimum of three years infant/toddler, preschool or kindergarten through grade three classroom teaching experience; and
    - b. A passing score on the early childhood subject knowledge portion of the Arizona Educator Proficiency Assessment.
- O. Library-Media Specialist Endorsement, grades Pre-K through 12**
1. The library-media specialist endorsement is optional.
  2. Requirements are:
    - a. An Arizona elementary, secondary, early childhood or special education certificate;
    - b. A passing score on the Library Media Specialist portion of the Arizona Teacher Proficiency Assessment. A master's degree in Library Science may be substituted for a passing score on the assessment; and
    - c. One year of teaching experience.
- P. Middle Grade Endorsement, grades five through nine**
1. The middle grade endorsement is optional. The middle grade endorsement may expand the grades a teacher is authorized to teach on an elementary or secondary certificate.
  2. The requirements are:
    - a. An Arizona elementary or secondary certificate, and
    - b. Six semester hours of courses in middle grade education to include:
      - i. One course in early adolescent psychology;
      - ii. One course in middle grade curriculum; and
      - iii. A practicum or one year of verified teaching experience, in grades five through nine.
- Q. Drivers Education Endorsement**
1. The drivers education endorsement is optional.
  2. The requirements are:
    - a. An Arizona teaching certificate,
    - b. A valid Arizona driver's license,
    - c. One course in each of the following:
      - i. Safety education,
      - ii. Driver and highway safety education, and
      - iii. Driver education laboratory experience, and
    - d. A driving record with less than seven violation points and no revocation or suspension of driver's license within the two years preceding application.
  3. For the purposes of this Section, a course is defined as a three hour semester course offered by an accredited institution of higher learning or 45 clock hours of educational classes approved by the Department. Each semester hour of courses shall be equivalent to 15 clock hours of training. If semester hours are used, the required documentation for the semester hours shall be an official transcript.
- R. Cooperative Education Endorsement, grades K through 12**
1. The cooperative education endorsement is required for individuals who coordinate or teach CTE.

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2. The requirements are:
  - a. A provisional or standard CTE certificate in the areas of agriculture, business, family and consumer sciences, health occupations, marketing, or industrial technology; and
  - b. One course in CTE.
- S. Computer Science, PreK through eight Endorsement
  1. The computer science, PreK through eight endorsement authorizes the holder to teach computer science in prekindergarten through grade eight.
  2. The requirements are:
    - a. An Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Special Education, or PreK through 12 Teaching certificate;
    - b. Three semester hours in foundations for teaching computer science which addresses the following topics:
      - i. Introduction to computer science;
      - ii. Inclusive recruitment, retention, and pedagogical strategies in computing education;
      - iii. Computational thinking;
      - iv. Instructional planning based on the Arizona state standards for computer science, or comparable computer science standards.
    - c. Six semester hours in computer science to include the following:
      - i. Three semester hours in teaching and learning programming for educators; and
      - ii. Three semester hours in a computer science elective which may include, but is not limited to, physical computing or mobile computing.
  3. Completion of a training program through an Arizona public local education agency or an accredited institution may substitute for the semester hours required in subsections (S)(2)(b) and (c). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour of college coursework. Training programs shall be verified by a superintendent or personnel director of the Arizona local education agency or the appropriate administrator of an accredited institution.
- T. Computer Science, grades six through 12 Endorsement
  1. The computer science, grades six through 12 endorsement authorizes the holder to teach computer science in grades six through 12.
  2. The requirements are:
    - a. A valid Arizona Standard Professional Elementary, Middle Grades, Secondary, Hearing Impaired, Visually Impaired, Mild/Moderate Disabilities, Moderate/Severe Disabilities, or PreK through 12 Teaching certificate;
    - b. Three semester hours in foundations for teaching computer science which addresses the following topics:
      - i. Introduction to computer science;
      - ii. Inclusive recruitment, retention, and pedagogical strategies in computing education;
      - iii. Computational thinking;
      - iv. Instructional planning based on the Arizona state standards for computer science or comparable computer science standards.
    - c. Nine semester hours of courses in computer science to include the following:
      - i. Three semester hours in teaching and learning programming for educators; and
      - ii. Six semester hours in computer science electives which may include, but is not limited to, computer programming, cybersecurity, algorithms and data structures, operating systems, artificial intelligence, machine learning, database development and management, computer networks, and data mining and analytics.
  3. Completion of a training program through an Arizona public local education agency or an accredited institution may substitute for the semester hours required in subsections (T)(2)(b) and (c). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour of college coursework. Training programs shall be verified by a superintendent or personnel director of the Arizona local education agency or the appropriate administrator of an accredited institution.
- U. Literacy, K through five Endorsement
  1. For the purposes of this Section, the following definitions apply:
    - a. "Literacy instruction" means instruction in English language arts provided by a teacher.
    - b. "Science of reading instruction" means instruction which includes a focus on the elements of structured literacy, to include oral language, phonological awareness, phonics, fluency, vocabulary, comprehension, and foundational writing skills, including spelling and handwriting.
    - c. "Teaching certificate" means an Alternative Teaching certificate, International Teaching certificate, Classroom-Based Standard Teaching certificate, or Standard Professional teaching certificate.
  2. An individual who receives a teaching certificate in early childhood education, elementary education, middle grades education, or special education issued on or before August 1, 2025, and who provides literacy instruction in kindergarten programs or in any of grades one through five must obtain a Literacy, K through five endorsement, a Reading Specialist endorsement, grades K through 12, a Reading endorsement for grades K through 12, or a Reading endorsement for grades K through eight by August 1, 2028.
  3. An individual who receives a teaching certificate in early childhood education, elementary education, middle grades education, or special education issued after August 1, 2025, and who provides literacy instruction in kindergarten or in any of grades one through five must obtain a Literacy, K through five endorsement, a Reading Specialist endorsement, grades K through 12, a Reading endorsement for grades K through 12, or a Reading endorsement for grades K through eight within three years after the teaching certificate is issued.
  4. Literacy, K through Five Endorsement
    - a. The Literacy, K through five Endorsement authorizes the holder to provide literacy instruction within the grade range and subject area of the teaching certificate it endorses. The requirements are:
      - i. A valid teaching certificate in early childhood education, elementary education, middle grades education, or special education;
      - ii. Three semester hours in the science of reading instruction, including systematic phonics instruction;
      - iii. Three semester hours in reading instruction, including assessments, instructional practices,

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- and interventions to improve student reading proficiency for struggling readers, including students with the characteristics of dyslexia;
- iv. A passing score on a literacy instruction assessment approved by the Board for the Literacy, K through five endorsement.
  - b. Completion of Department-approved training may substitute for the semester hours required in subsections (U)(4)(a)(ii) and (iii). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour.
5. Applicants may meet the requirements described in subsections (U)(4)(a)(ii), (iii), and (iv) with verification from an Arizona public school superintendent, principal or personnel director that the applicant meets the following requirements: The applicant is a teacher who provides literacy instruction in kindergarten through grade five and has demonstrated through classroom observations and student achievement data across subgroups using evidence-based measures for at least three consecutive years, based on criteria established by the Board, that the teacher possesses the instructional knowledge and skills to:
- a. Effectively teach foundational reading skills, phonological awareness, phonics, fluency, vocabulary, and comprehension; and
  - b. Implement reading instruction using high-quality instructional materials; and
  - c. Provide effective instruction and interventions for students with reading deficiencies, including students with characteristics of dyslexia.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by exempt rulemaking at 15 A.A.R. 1838, effective August 29, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1306, effective September 26, 2006 (Supp. 09-1). Former R7-2-615 recodified to R7-2-616; new R7-2-615 recodified from R7-2-614 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-615 recodified to R7-2-616; new R7-2-615 recodified from R7-2-614 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 52, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 119, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 129, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 734, effective July 1, 2011 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by exempt rulemaking at 16 A.A.R. 1496, effective July 1, 2011 (Supp. 11-1). Amended by final exempt rulemaking at 22 A.A.R. 227, effective June 23, 2014; filed in the Office January 20, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 22 A.A.R. 1912, effective October 1, 2011; filed in the Office July 1, 2016 (Supp. 16-3). Amended by final exempt rulemaking at 22 A.A.R. 219, effective June 5, 2015; filed in the Office January 20, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 22 A.A.R. 233, effective September 28, 2015 and filed in the Office January 20, 2016 (Supp. 17-1). Amended by final exempt rulemaking at 22 A.A.R. 670, effective Jan-

uary 1, 2016, filed in the Office March 2, 2016; amended by final exempt rulemaking at 22 A.A.R. 2241, effective August 6, 2016, filed in the Office August 5, 2016 (Supp. 17-2). Amended by final exempt rulemaking at 25 A.A.R. 1552, effective May 20, 2019 (Supp. 19-2). The hyphen between “6-12,” “PreK-8,” and “PreK-12” have been corrected to the word “through,” the numeral “6” has been changed to “six,” and the numeral “8” has been changed to “eight” for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021; amended by final exempt rulemaking at 28 A.A.R. 180, (January 14, 2022) effective January 25, 2022 (Supp. 21-4).

**R7-2-615.01 Special Education Endorsements**

- A. Except as noted, special education endorsements are subject to the general certification provisions in R7-2-607.
- B. Mild/Moderate Disabilities Endorsement:
  1. The endorsement authorizes the holder to teach students with mild/moderate disabilities in preschool through grade 12.
  2. A provisional mild/moderate disabilities endorsement is valid for three years and is not renewable. The requirements are:
    - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Moderate/Severe Disabilities certificate;
    - b. Three years of full-time teaching experience in preschool through grade 12;
    - c. Six semester hours of special education courses to include both of the following:
      - i. Behavior management for students with disabilities; and
      - ii. Special education assessment and individualized education program planning.
    - d. Completion of 15 clock hours of practicum in mild/moderate disabilities special education that may be included in the courses listed in (B)(2)(c).
  3. The requirements for the mild/moderate disabilities endorsement are:
    - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Moderate/Severe Disabilities certificate;
    - b. Three years of full-time teaching experience in preschool through grade 12;
    - c. Fifteen semester hours of special education courses to include all of the following:
      - i. Methods for teaching students with disabilities;
      - ii. Behavior management for students with disabilities;
      - iii. Special education law;
      - iv. Special education assessment and individualized education program planning;
      - v. Language development and disorders.
    - d. Completion of 45 clock hours of practicum in mild/moderate disabilities special education that may be included in the courses listed in (B)(3)(c).
- C. Moderate/Severe Disabilities Endorsement

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1. The endorsement authorizes the holder to teach students with moderate/severe disabilities in preschool through grade 12.
  2. A provisional moderate/severe disabilities endorsement is valid for three years and is not renewable. The requirements are:
    - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Mild/Moderate Disabilities certificate;
    - b. Three years of full-time teaching experience in preschool through grade 12; and
    - c. Six semester hours of special education courses to include both of the following:
      - i. Behavior management for students with disabilities; and
      - ii. Special education assessment and individualized education program planning.
    - d. Completion of 15 clock hours of practicum in moderate/severe disabilities special education that may be included in the courses listed in (C)(2)(c).
  3. The requirements are for the moderate/severe disabilities endorsement are:
    - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Mild/Moderate Disabilities certificate;
    - b. Three years of full-time teaching experience in preschool through grade 12;
    - c. Fifteen semester hours of special education courses to include all of the following:
      - i. Behavior management for students with disabilities;
      - ii. Special education law;
      - iii. Special education assessment and individualized education program planning;
      - iv. Methods for teaching students with severe disabilities;
      - v. Adaptive communication, including language development and disorders.
    - d. Completion of 45 clock hours of practicum in moderate/severe disabilities special education that may be included in the courses listed in (C)(3)(c).
- D. Deaf/Hard of Hearing Endorsement**
1. The endorsement authorizes the holder to teach students who are deaf or hard of hearing from birth through grade 12.
  2. The requirements are:
    - a. A valid Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Mild/Moderate Disabilities, Moderate/Severe Disabilities, Early Childhood Special Education, Specialized Special Education, Cross-Categorical Special Education, or Visually Impaired teaching certificate.
    - b. Three years of full-time teaching experience in preschool through grade 12.
    - c. Six semester hours of special education courses to include all of the following:
      - i. Special education law and individualized education program planning,
      - ii. Behavior management for students with disabilities,
      - iii. The use of instructional and assistive technologies in the classroom.
    - d. Fifteen semester hours of courses in deaf/hard of hearing education that adhere to a guidance document approved by the Board and include all of the following:
      - i. Methods for facilitating language acquisition and literacy development in children who are deaf or hard of hearing;
      - ii. Auditory skill development for students who are deaf or hard of hearing;
      - iii. Assessment of students who are deaf or hard of hearing;
      - iv. Principles of audiology;
      - v. Social and cultural foundations and family involvement for students who are deaf or hard of hearing;
      - vi. Early intervention and parental involvement to enhance the early language skills of students who are deaf or hard of hearing;
      - vii. Methods for teaching students who are deaf or hard of hearing with multiple disabilities, including deaf-blindness.
    - e. Completion of at least 90 clock hours of supervised practicum in teaching students who are deaf or hard of hearing, which may be included in the courses listed under subsections (2)(c) or (d).
    - f. American Sign Language learning experience documented by one of the following:
      - i. A passing score on an American Sign Language proficiency assessment approved by the Board. An applicant who meets the requirement in this subsection under this option shall qualify for a deaf/hard of hearing endorsement with an American Sign Language proficiency designation; or
      - ii. Verification of proficiency in American Sign Language from an accredited institution; or
      - iii. Completion of six semester hours of courses in American Sign Language.
- E. Visually Impaired Endorsement**
1. The endorsement authorizes the holder to teach students who are blind or visually impaired in birth through grade 12.
  2. The requirements are:
    - a. A valid Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Mild/Moderate Disabilities, Moderate/Severe Disabilities, Early Childhood Special Education, Specialized Special Education, Cross-Categorical Special Education, or Hearing Impaired teaching certificate.
    - b. Three years of full-time teaching experience in preschool through grade 12.
    - c. Six semester hours of special education courses to include all of the following:
      - i. Special education law and individualized education program planning,
      - ii. Behavior management for students with disabilities,
      - iii. The use of instructional and assistive technologies in the classroom.
    - d. Fifteen semester hours of courses in visually impaired special education that adhere to a guidance

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document approved by the Board and include all of the following:

- i. Instructional approaches for teaching students who have vision impairments;
  - ii. Methods for facilitating literacy development in children who are blind or low vision;
  - iii. Assistive technologies for students with vision impairments;
  - iv. Assessment of students with vision impairment;
  - v. Early intervention and parental involvement to enhance early skills of students with vision impairment;
  - vi. Anatomy and physiology of the eye;
  - vii. Methods for teaching orientation and mobility to students who have visual impairments;
  - viii. Methods for teaching students who have visual impairments with multiple disabilities, including deaf-blindness.
- e. Completion of a minimum of 90 clock hours of supervised practicum in teaching students who have visual impairments, which may be included in the courses listed under subsections (2)(c) or (d).
  - f. Proficiency in braille verified by one of the following:
    - i. Successful completion of a nationally validated braille test approved by the Board; or
    - ii. Successful completion of a braille test developed in the program in visual impairment at the University of Arizona.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 595, effective February 24, 2020 (Supp. 20-1).  
Amended by final exempt rulemaking at 27 A.A.R. 743, effective April 26, 2021 (Supp. 21-2).

**R7-2-616. Standard Professional Administrative Certificates**

- A. All certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. Standard Professional Supervisor Certificate – grades PreK through 12
  1. Except for individuals who hold a valid Arizona principal or superintendent certificate, the supervisor certificate is required for all personnel, except for superintendents pursuant to R7-2-616(D), whose primary responsibility is administering instructional programs, supervising certified personnel, or similar administrative duties.
  2. The requirements are:
    - a. A valid Arizona Standard Professional teaching certificate, Career and Technical Education certificate, Classroom-Based Standard Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, or Specialized Secondary Teaching Certificate or an other professional certificate established in R7-2-617 issued by the Department;
    - b. A master's or more advanced degree;
    - c. Three years of verified full-time teaching experience or related education services experience in a PreK through 12 setting;
    - d. Completion of a program in educational administration which shall consist of a minimum of 18 graduate semester hours of educational administration courses which teach the knowledge and skills

described in R7-2-603 to include three semester hours in school law and three semester hours in school finance;

- e. A practicum in educational administration or two years of verified educational administrative experience in grades PreK through 12;
  - f. A passing score on the Supervisor, Principal, or Superintendent portion of the Arizona Administrator Proficiency Assessment; and
  - g. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- C. Standard Professional Principal Certificate – grades PreK through 12
    1. The principal certificate is required for all personnel who hold the title of principal, assistant principal, or perform the duties of principal or assistant principal as delineated in A.R.S. Title 15.
    2. The requirements are:
      - a. A master's or more advanced degree;
      - b. Three years of verified teaching experience in grades PreK through 12;
      - c. Completion of a program in educational administration for principals including at least 30 graduate semester hours of educational administration courses teaching the knowledge and skills described in R7-2-603 to include three semester hours in school law and three semester hours in school finance;
      - d. A practicum as a principal or two years of verified experience as a principal or assistant principal under the supervision of a certified principal in grades PreK through 12;
      - e. A passing score on either the Principal or Superintendent portion of the Arizona Administrator Proficiency Assessment; and
      - f. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  - D. Standard Professional Superintendent Certificate – grades PreK through 12
    1. The superintendent certificate is optional, but may be required by local governing boards for individuals who hold the title or perform the duties of a superintendent, assistant superintendent or associate superintendent and who perform duties directly relevant to curriculum, instruction, certified employee evaluations, and instructional supervision.
    2. The requirements are:
      - a. A master's or more advanced degree including at least 60 graduate semester hours;
      - b. Completion of a program in educational administration for superintendents, including at least 36 graduate semester hours of educational administrative courses which teach the standards described in R7-2-603 to include three semester hours in school law and three semester hours in school finance;
      - c. Three years of verified full-time teaching experience or related education services experience in a PreK through 12 setting;
      - d. A practicum as a superintendent or two years verified experience as a superintendent, assistant superintendent, or associate superintendent in grades PreK through 12;
      - e. A passing score on the Superintendent portion of the Arizona Administrator Proficiency Assessment; and

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- f. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Former R7-2-616 recodified to R7-2-617; new R7-2-616 recodified from R7-2-615 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-616 recodified to R7-2-617; new R7-2-616 recodified from R7-2-615 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 326, effective January 25, 2010 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by exempt rulemaking at 16 A.A.R. 2034, effective October 1, 2010 (Supp. 11-1). Amended by final exempt rulemaking at 22 A.A.R. 219, effective June 5, 2015; filed in the Office January 20, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-616.01. Standard Administrative Certificates – Locally Based Leadership Program Pathway**

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. Standard Site-Based Supervisor Certificate – grades PreK through 12.
- The certificate authorizes the holder to administer instructional programs, supervise certified personnel, or perform similar administrative duties at the school-level.
  - The requirements are:
    - A bachelor's or more advanced degree; and
    - A valid fingerprint clearance card issued by the Arizona Department of Public Safety; and
    - Verification from the superintendent of a school district or the principal of a charter school that the applicant has made satisfactory progress in the program sequence and model, which may include professional evaluations, observations of the applicant, student achievement data and demonstration of competencies, skills and knowledge associated with the relevant school leadership position; and
    - Verification of successful completion of a Board-approved locally based school leadership preparation program for supervisors; and
    - A passing score on the Supervisor, Principal or Superintendent portion of the Arizona Administrator Proficiency Assessment.
- C. Standard Site-Based Principal Certificate – grades PreK through 12.
- The certificate authorizes the holder to administer instructional programs, supervise certified personnel, or perform similar administrative and leadership duties at the school-level, and perform the duties and hold the title of principal, assistant principal as delineated in A.R.S. Title 15.
  - The requirements are:
    - A bachelor's or more advanced degree; and
    - A valid fingerprint clearance card issued by the Arizona Department of Public Safety; and

- Verification from the superintendent of a school district or the principal of a charter school that the applicant has made satisfactory progress in the program sequence and model, which may include professional evaluations, observations of the applicant, student achievement data and demonstration of competencies, skills and knowledge associated with the relevant school leadership position; and
- Verification of successful completion of a Board-approved locally based school leadership preparation program for principals; and
- A passing score on the Principal or Superintendent portion of the Arizona Administrator Proficiency Assessment.

**Historical Note**

New Section made by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-616.02. Interim Administrative Certificates**

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607.
- B. The certificate authorizes the holder to serve an administrator while completing the requirements for a standard administrator certificate.
- C. Interim administrative certificates are valid for one year and may be extended yearly for no more than two consecutive years at no cost to the certificate holder if the requirements in subsection (I) are met.
- D. An individual is not eligible for issuance of an interim administrative certificate more than once in a five-year period.
- E. Interim administrative certificate holders shall be enrolled in a Board approved alternative administrator preparation program, a Board approved locally based leadership preparation program, or a Board approved traditional administrator preparation program.
- F. Interim Supervisor Certificate – grades PreK through 12:
- The Interim Supervisor Certificate authorizes the holder for a position in which the primary responsibility is administering instructional programs, supervising certified personnel, or similar administrative duties. An individual who is enrolled in a locally-based school leadership program shall be limited to a supervisor position at the school-level.
  - The requirements are:
    - A valid Arizona Standard Professional teaching certificate, Career and Technical Education Certificate, Classroom-Based Standard Teaching Certificate, Subject Matter Expert Standard Teaching Certificate, Specialized Secondary Teaching Certificate or an other professional certificate established in R7-2-617; and
    - A bachelor's or more advanced degree; and
    - Verification of three years of full-time teaching or related education services experience in a PreK through grade 12 setting; and
    - Verification of enrollment in a Board approved alternative administrator preparation program, a Board approved locally based school leadership program, or a Board approved administrator preparation program; and
    - Verification that the certificate holder will be employed as an administrator and will be under the direct supervision of an Arizona certified adminis-

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trator or the appropriate county school superintendent; and

- f. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**G. Interim Principal Certificate – grades PreK through 12**

1. The Interim Principal certificate authorizes the holder to administer instructional programs, supervise certified personnel, perform the duties, hold the title of principal or assistant principal as delineated in A.R.S. Title 15, and perform similar administrative duties. An individual who is enrolled in a locally-based school leadership program shall be limited to an administrative position at the school-level.
2. The requirements are:
  - a. A bachelor's or more advanced degree; and
  - b. Verification of three years of full-time teaching in grades PreK through 12; and
  - c. Verification of enrollment in a Board approved alternative administrator preparation program, a Board approved locally based school leadership program, or a Board approved administrator preparation program; and
  - d. Verification that the certificate holder will be employed as a principal or assistant principal under the direct supervision of an Arizona certified principal, an Arizona certified superintendent, or the appropriate county school superintendent; and
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**H. Interim Superintendent Certificate – Grades PreK through 12:**

1. The superintendent certificate is optional, but may be required by local governing boards for individuals who hold the title or perform the duties of a superintendent, assistant superintendent or associate superintendent and who perform duties directly relevant to curriculum, instruction, certified employee evaluations, and instructional supervision
2. The requirements are:
  - a. A master's degree or more advanced degree;
  - b. Three years of verified full-time teaching experience or related education services experience in a PreK through 12 setting;
  - c. Verification of enrollment in a Board approved alternative path to administrator certification program, or a Board approved administrator preparation program;
  - d. Verification that the holder of the interim certificate shall be employed as a superintendent, assistant superintendent, or associate superintendent and working under the direct supervision of an Arizona certified superintendent or the appropriate county school superintendent; and
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**I. Interim Administrative Certificate Extension**

1. The Interim Administrative certificate may be extended yearly for no more than two consecutive years at no cost to the applicant.
2. The requirements to extend an Interim Administrative Certificate are:
  - a. Qualification and issuance of the initial Interim Administrative certificate;
  - b. Verification from the Board approved program provider that the applicant is enrolled and has made

adequate progress towards completion of the Board approved alternative administrator preparation program, Board approved locally based leadership preparation program, or Board approved traditional administrator preparation program;

- c. Verification that the holder meets the employment and supervision requirements for the Interim Administrative certificate as described in subsection (F)(2)(e), (G)(2)(d), and (H)(2)(d); and
- d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**J. The holder of an interim administrative certificate may apply for the appropriate Arizona standard administrative certificate with verification of the following:**

1. Successful completion of the Board approved alternative path to administrator certification program, Board approved locally based leadership program, or Board approved administrator preparation program; and
2. A passing score on the required portion of the Arizona Administrator Proficiency Assessment; and
3. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
4. Individuals who have completed a locally based leadership program shall also submit verification from the superintendent of a school district or the principal of a charter school that the applicant has made satisfactory progress in the program sequence and model, which may include professional evaluations, observations of the applicant, student achievement data and demonstration of competencies, skills and knowledge associated with the relevant school leadership position.

**K. Interim Administrative Certificates – Public Health Emergency**

1. Notwithstanding this Section, an Interim Administrative Certificate entitling the holder to serve as a supervisor, principal, or superintendent may be issued to an applicant who meets the following requirements:
  - a. Completion of all requirements for the Standard Professional Supervisor, Standard Professional Principal, or Standard Professional Superintendent certificate, as described in subsection (B)(2), (C)(2), and (D)(2), with the exception of a passing score on the Arizona Administrator Proficiency Assessment.
  - b. Verification that the applicant was unable to take the Arizona Administrator Proficiency Assessment required for the Standard Professional Administrative certificate as the result of a public health emergency declared by the governor or a public health official.
2. A certificate issued pursuant to this subsection shall be issued for one year and shall not be renewed or extended.

**Historical Note**

New Section made by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-617. Other Professional Certificates**

- A.** All certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B.** Standard School Counselor Certificate - grades PreK through 12.
  1. The school counselor certificate is optional but may be required by local governing boards.
  2. The requirements are:



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- a. A master's or more advanced degree,
  - b. Completion of a graduate program in guidance and counseling,
  - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety, and
  - d. One of the following:
    - i. Completion of a supervised counseling practicum in school counseling;
    - ii. Two years of verified, full-time experience as a school counselor; or
    - iii. Three years of verified teaching experience.
  3. The certificate may be renewed consistent with the provisions of R7-2-619 that may include continuing education in the area of college and career readiness.
  4. Applicants may meet the requirements in subsection (B)(2)(b) with completion of one of the following:
    - a. Completion of a graduate program in counseling, social work, or psychology and six semester hours of courses in any of the following areas: school counseling, college and career guidance, or academic advising; or
    - b. A valid license as an associate counselor, professional counselor, master or clinical social worker, or marriage and family therapist issued by the Arizona Board for Behavioral Health Examiners and six semester hours of courses in any of the following areas: school counseling, college and career guidance, or academic advising; or
    - c. Completion of a graduate program in academic advising and six semester hours of courses in school counseling to include any of the following areas: social and emotional development, mental health counseling, trauma and disaster counseling, multiculturalism in counseling, theories of counseling, foundations of school counseling, or child and adolescent counseling.
  5. Applicants who otherwise qualify but are deficient in the required six semester hours of courses described in subsections (B)(4)(a), (b), or (c) may receive a Standard School Counselor certificate with a deficiency in the required courses to be completed within three years. If an applicant fails to meet this requirement within the prescribed time, the Department of Education shall temporarily suspend the certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining timeframe of the certificate.
  6. Applicants who otherwise qualify but are deficient in the requirements prescribed in subsection (B)(2)(d) may receive a Standard School Counselor certificate with a deficiency in the required experience or practicum to be completed within three years. If an applicant fails to meet this requirement within the prescribed time, the Department of Education shall temporarily suspend the certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining timeframe of the certificate.
- C. Standard School Psychologist Certificate - grades PreK through 12**
1. A standard school psychologist certificate is required for all personnel whose primary responsibility is in the role of a school psychologist providing services that include but are not limited to the duties of student psychoeducational assessment, therapeutic consultation and intervention, and involvement in the process of determination of student disabilities or disorders.
  2. The requirements are:
    - a. A master's or more advanced degree;
    - b. Completion of a graduate program in school psychology consisting of at least 60 graduate semester hours, or completion of a doctoral program in psychology and completion of a re-training program in school psychology from an accredited institution or Board approved program with a letter of institutional endorsement from the head of the school psychology program;
    - c. A supervised internship of at least 1200 clock hours with a minimum of 600 of those hours in a school setting. Three years experience as a certified school psychologist within the last 10 years may be substituted for the internship requirement; and
    - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  3. Any of the following may be substituted for the requirement described in subsection (C)(3)(b):
    - a. Five years experience within the last 10 years working full time in the capacity of a school psychologist in a school setting serving any portion of grades kindergarten through 12; or
    - b. A Nationally Certified School Psychologist Credential; or
    - c. A diploma in school psychology from the American Board of School Psychology.
- D. Standard Speech-Language Pathologist Certificate - grades PreK through 12**
1. The standard speech-language pathologist certificate is required for school-based speech-language pathologists.
  2. The certificate may be renewed consistent with the provisions of R7-2-619 with relevant professional development in the field of speech pathology, or professional development in the areas of articulation, voice, fluency, language, low incidence disabilities, curriculum and instruction, professional issues and ethics, or service delivery models.
  3. The requirements are:
    - a. A master's or more advanced degree, from an accredited institution, in speech pathology or communication disorders;
    - b. A minimum of 250 clinical clock hours supervised by a university or a speech-language pathologist with a certificate of clinical competence;
    - c. A certificate of clinical competence, or a passing score on the national exam, or a passing score on the speech and language impaired special education portion of the Arizona Teacher Proficiency Assessment; and
    - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- E. Standard Speech-Language Technician - grades PreK through 12**
1. The standard speech-language technician certificate is required for school-based speech-language professionals.
  2. No new applications for a speech-language technician certificate will be accepted after June 30, 2014.
  3. The certificate may be renewed consistent with the provisions of R7-2-619 with professional development in the areas of articulation, voice, fluency, language disorders,

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low incidence disabilities, professional issues and ethics, or service delivery models.

4. The requirements are:
  - a. A bachelor's degree from an accredited program in Speech-Language Pathology, Speech Hearing Sciences, or Communication Disorders;
  - b. A minimum of 50 hours of university supervised observation;
  - c. A minimum of 150 university clinical clock hours, or 150 clock hours supervised by a master's level licensed speech-language pathologist, or two years' experience as a school speech-language therapist or technician;
  - d. A passing score on the speech and language impaired special education portion of the Arizona Teacher Proficiency Assessment; and
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- F. Standard School Social Worker Certificate - grades PreK through 12
  1. The standard School Social Worker certificate is optional but may be required by local governing boards.
  2. The requirements are:
    - a. Master's or more advanced degree in social work from an accredited institution or completion of a Board approved school social worker program;
    - b. A valid fingerprint clearance issued by the Arizona Department of Public Safety; and
    - c. One of the following:
      - i. Completion of at least six semester hours of practicum in social work in a school setting completed through an accredited institution; or
      - ii. One year of full time experience as a social worker in a setting which primarily serves children in preschool through grade 12.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 5139, effective November 19, 2002 for a period of 180 days (Supp. 02-4). Emergency rulemaking renewed under A.R.S. § 41-1026(D) at 9 A.A.R. 1547, effective April 29, 2003 for a period of 180 days (Supp. 03-2). Emergency rulemaking repealed under A.R.S. § 41-1026(E) and permanent R7-2-617 amended by final rulemaking at 9 A.A.R. 3950, effective October 21, 2003 (Supp. 03-3). Amended by exempt rulemaking at 15 A.A.R. 1264, effective May 22, 2006 (Supp. 09-1). Former R7-2-617 recodified to R7-2-618; new R7-2-617 recodified from R7-2-616 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-617 recodified to R7-2-618; new R7-2-617 recodified from R7-2-616 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). R7-2-617 "Prekindergarten" corrected to "PreK" at request of the Board, Office File No. M09-444, filed November 24, 2009 (Supp. 10-1). Office corrected labeling error in subsection (C) under A.R.S. § 41-1011 and A.A.C. R1-1-108 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2077, effective October 28, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 231, effective December 19, 2016 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947, effective September 24,

2018 (Supp. 18-3). The hyphen between "PreK-12" has been changed to the word "through" for consistency in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 276 (January 28, 2022), effective April 29, 2019; filed January 11, 2022 (Supp. 22-1).

**R7-2-618. Fees**

- A. The Superintendent of Public Instruction or the Superintendent's designee shall collect proper fees for certification services and shall transmit the fees to the state Treasurer. The following fees are established for certification services:
  1. Evaluation of qualification for a certificate: \$30.
  2. Evaluation of qualification for an endorsement: \$30.
  3. Issuance of a certificate, endorsement, or letter of non-qualification: \$30.
  4. Renewal of a certificate: \$20.
  5. Name change, duplicate copy, or changes of coding to existing files or certificates: \$20.
- B. Fees shall be paid by credit or debit card, money order, cashier's check, certified check, business check, or personal check and shall be made payable to the order of the Arizona Department of Education. If a check offered in payment for services is not cleared by the financial institution, the applicant shall be notified to pay the fees by money order or certified check. If a certificate has been issued or renewed and payment is not received within two weeks of notification to the applicant, the Department may file a statement of complaint pursuant to R7-2-1302. If a certificate or renewal has not been issued, no certificate or renewal shall be issued until the fees are paid by cashier's check or money order.
- C. Fees paid pursuant to this Section are not refundable.
- D. Notwithstanding this Section and pursuant to A.R.S. § 41-1080.01, the Superintendent or the Superintendent's designee shall waive any certification fee for initial certification, including for endorsements, for any of the following individuals if the individual is applying for the specific certification or endorsement in this state for the first time:
  1. Any individual applicant whose family income does not exceed 200 percent of the federal poverty guidelines;
  2. Any active duty military service member's spouse.
  3. Any honorably discharged veteran who has been discharged not more than two years before application.
- E. Applicants who are requesting a waiver of a certification fee shall submit an attestation and appropriate documentation verifying that they meet the criteria as described in subsection (D).

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2002, effective May 27, 1999 (Supp. 99-2). Former R7-2-618 recodified to R7-2-619; new R7-2-618 recodified from R7-2-617 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-618 recodified to R7-2-619; new R7-2-618 recodified from R7-2-617 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-619. Renewal Requirements**

- A. A certificate may be renewed within six months of its expiration date except that an individual holding multiple valid certificates may renew all certificates at one time in order to align the expiration dates of each certificate. Certificates being

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aligned shall be renewed at the same time as the certificate that will expire first. Individuals seeking to align certificates shall meet the renewal requirements for each certificate being aligned. Certificates that are renewed or aligned pursuant to this Section shall be valid for 12 years.

- B.** A certificate may be renewed within ten years after it expires. Individuals whose certificates have been expired for more than ten years shall reapply for certification under the requirements in effect at the time of reapplication. Nothing in this Section shall imply that an individual may be employed in a position that requires certification after the expiration of the relevant certificate.
- C.** Renewal of certificates requires the completion of continuing education credits after the most recent issuance or renewal of the certificate, except that continuing education credits completed during the valid term of the certificate that expires first meets the requirement of certificates being aligned. Fifteen hours of continuing education credits are required each year of the certificate term to renew a certificate, which may be accumulated in various increments per year prior to renewal. One hour of continuing education credit shall be equivalent to one clock hour of a professional development activity. Continuing education credits must relate to Arizona academic or professional educator standards or apply toward the attainment of an additional Arizona certificate, endorsement, or approved area, and may include training regarding suicide awareness and prevention; child abuse, human trafficking of children and the sexual abuse of children, including warning signs that a child may be a victim of child abuse, human trafficking, or sexual abuses; screening, intervention, accommodation, use of technology and advocacy for students with reading impairments, including dyslexia; or other training programs explicitly permitted or required by state law. Professional development that may be counted toward the required hours of continuing education credit shall consist of any of the following activities:
1. Courses related to education or a subject area taught in Arizona schools, taken from an accredited institution. Each semester hour of courses shall be equivalent to 15 clock hours of professional development. The required documentation shall be an official transcript.
  2. Professional activities such as conferences and workshops related to the profession of teaching or the field of public education. A maximum of 30 clock hours per year may be earned by attendance at professional conferences and workshops. The required documentation shall be a conference agenda and a statement or certificate from the sponsoring organization noting the clock hours earned.
  3. District-sponsored or school-sponsored in-services or activities which are specifically designed for professional development. The required documentation shall be written verification from the sponsoring district or school stating the dates of participation and the number of clock hours earned.
  4. Internships in business settings. The internship shall be based on an agreement between a business and a district or school with the stated objective of aligning teaching curriculum with workplace skills. A maximum of 80 clock hours may be earned through business internships. The required documentation shall be written verification by the sponsoring business and district or school stating the dates of participation and number of clock hours earned.
  5. Educational research. The research shall be sponsored by a research facility or an accredited institution or funded

by a grant. The required documentation shall be the published report of the research or verification by the sponsoring agency; and a statement of the dates of participation and the number of clock hours earned.

6. Serving in a leadership role of a professional organization that provides training, activities, or projects related to the profession of teaching or the field of public education. A maximum of 30 clock hours per year may be earned by serving in a leadership role of a professional organization. The required documentation shall be written verification by the governing body of the professional organization of the dates of service and clock hours earned.
  7. Serving on a visitation team for a school accreditation agency. A maximum of 60 clock hours per year may be earned by serving on a visitation team. The required documentation shall be written verification from the accreditation agency of the dates of service and clock hours earned.
- D.** An individual holding a Standard teaching certificate, a standard administrative certificate, or other professional certificate may renew the certificate for 12 years upon completion of 15 hours of continuing education credits each year of the certificate term which may be accumulated in various increments per year prior to renewal or with one of the following:
1. A valid professional license as a counselor, social worker, psychologist, or speech pathologist issued by the appropriate state agency in this state or in another state;
  2. A valid certificate issued by the National Board of Professional Teaching Standards;
  3. A valid Certificate of Clinical Competence in Speech-Language Pathology issued by the American Speech-Language Hearing Association; or
  4. A Nationally Certified School Psychologist credential issued by the National Association of School Psychologists.
- E.** An individual who is employed by a school or school district at the time of renewal shall submit the required documentation of professional development to the district superintendent, director of personnel, or other designated administrator for verification. A certified individual who is not employed by a school or school district at the time of renewal shall submit the required documentation of professional development to a county school superintendent, the dean of a college of education, or the Department for verification. The school or district official, county school superintendent, or the dean of a college of education shall verify on forms provided by the Department the number of hours of professional development completed by the individual during the valid period of the certificate being renewed.
- F.** The Department shall issue a Standard teaching certificate of the same type.
- G.** Notwithstanding any other provision in this Section, an individual with a valid fingerprint clearance card who has had a certificate or certificates expire for at least two years but not more than 10 years may renew the expired certificate or certificates and any endorsements or approved areas if the individual is in good standing. Individuals who apply for renewal under this provision are exempt from the continuing education requirements described in subsections (C) and (D). Standard certificates issued to that individual pursuant to this subsection shall be identical to the expired certificate or certificates.

**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 2396, effective May 10, 2002 (Supp. 02-2). Amended by

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exempt rulemaking at 15 A.A.R. 1225, effective December 5, 2006 (Supp. 09-1). Former R7-2-619 recodified to R7-2-620; new R7-2-619 recodified from R7-2-618 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-619 recodified to R7-2-620; new R7-2-619 recodified from R7-2-618 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 242, effective December 7, 2009 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 22 A.A.R. 648, effective January 25, 2016 (Supp. 16-1). Amended by final exempt rulemaking at 22 A.A.R. 2246, effective August 6, 2016 (Supp. 16-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 214, effective January 27, 2020 (Supp. 20-1). Amended by final exempt rulemaking at 27 A.A.R. 2694 (November 19, 2021), effective October 25, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 183 (January 13, 2023), effective December 9, 2022 (Supp. 22-4).

**R7-2-620. Certification Time-frames**

- A. For certification by the State Board of Education (Board), Certification Division (Division), the time-frames required by A.R.S. § 41-1072 et seq are:
  1. Overall time-frame: 165 days.
  2. Administrative review time-frame: 45 days.
  3. Substantive review time-frame: 120 days.
- B. Administrative completeness review time-frame. The Division shall issue a written notice of administrative completeness or deficiency to an applicant for certification within 45 days of receipt of the application.
  1. If the Division determines that an application for certification is not administratively complete, the Division shall include a comprehensive list of the specific deficiencies in the written notice.
  2. If the Division issues a written notice of deficiency, the administrative completeness review time-frame and the overall time-frame are suspended from the date the notice is issued until the date that the Division receives the missing information from the applicant.
  3. If the Division does not issue a notice of administrative completeness or deficiency within 45 days of receipt of the application, the application is deemed administratively complete.
- C. Substantive review time-frame. Within 120 days after the administrative completeness review time-frame is complete, the Division shall determine whether an applicant for certification meets all substantive criteria required by statute or rule.
  1. During the substantive review time-frame, the Division may make one comprehensive written request for additional information. If the Division issues a comprehensive written request for additional information, the substantive review time-frame and the overall time-frame are suspended from the date the request is issued until the date that the Division receives the additional information from the applicant.
  2. The Division and the applicant may mutually agree in writing to allow the Division to submit supplemental requests for additional information. If the Division issues a supplemental request by mutual written agreement for additional information, the substantive review time-frame

and the overall time-frame are suspended from the date the request is issued until the date that the Division receives the additional information from the applicant.

- D. Overall time-frame. The Division shall issue a written notice that the Board has granted or denied a certificate no later than 165 days after receipt of an application for certification, or no later than the time-frame extension allowed under subsection (E).
  1. Written notice denying an applicant certification shall include justification for the denial with references to the statutes or rules on which the denial is based and an explanation of the applicant's right to appeal the denial.
  2. The explanation of an applicant's right to appeal the denial shall include the number of days the applicant has to file an appeal challenging the denial and the name and telephone number of the Executive Director of the Board as the contact person who can answer questions regarding the appeals process.
- E. By mutual written agreement, the Division and an applicant for certification may extend the substantive review time-frame and the overall time-frame. An extension of the substantive review time-frame and the overall time-frame may not exceed 33 days.
- F. If the Division does not issue to an applicant written notice granting or denying a certificate within the overall time-frame or any extension mutually agreed upon in writing, the Division shall refund to the applicant all fees charged, excuse payment of any fees that have not yet been paid, and pay all penalties required by A.R.S. § 41-1077.
- G. The Division shall issue all written notices under this Section to the last known address of the applicant by regular, 1st-class mail. The written notices are deemed "issued" on the postmark date.
- H. By August 1 of each year, the Division shall report to the Executive Director of the Board the Division's compliance with the overall time-frames for the prior fiscal year. The Division shall include the number of certificates issued or denied within the time-frames specified in this Section and the dollar amount of all fees returned or excused. The Division shall also include the amount of all penalties paid to the state general fund due to the Division's failure to comply with the time-frames.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). Former R7-2-620 recodified to R7-2-621; new R7-2-620 recodified from R7-2-619 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-620 recodified to R7-2-621; new R7-2-620 recodified from R7-2-619 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1).

**R7-2-621. Reciprocity**

- A. The Board shall issue a comparable standard Arizona certificate or endorsement as applicable, if one is established pursuant to this Article, to an applicant who holds a valid certificate or endorsement from another state and is in good standing with that other state. These applicants are exempt from all provisions of the Arizona Teacher proficiency examinations.
- B. Standard certificates shall be valid for 12 years and are renewable.
- C. The applicant shall possess a valid fingerprint clearance card issued by the Arizona Department of Public Safety.

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- D. The applicant shall have completed the required class or passed a satisfactory examination on the provisions and principles of the Constitutions of the United States and Arizona.
- E. Notwithstanding any other provision, the deficiencies allowed pursuant to Arizona Revised Statutes in Arizona Constitution and United States Constitution shall be satisfied prior to the issuance of the same type of certificate prescribed in this Article, but are subject to suspension as follows:
1. An applicant's standard Arizona teaching certificate shall be suspended three years from the date of issuance if the applicant has not completed the required class or passed a satisfactory examination on the provisions and principles of the Constitutions of the United States and Arizona.
  2. An applicant's standard Arizona teaching certificate shall be suspended one year from the date of issuance if the applicant has not completed the required class or passed a satisfactory examination on the provisions and principles of the Constitutions of the United States and Arizona if the applicant applies for a certificate authorizing the person to teach an academic course that focuses predominantly on history, government, social studies, citizenship, law or civics.
  3. The suspension for a deficiency in the Constitutions of the United States and Arizona is not considered a disciplinary action and the applicant shall be allowed to correct that deficiency within the remaining time of the standard certification.

**Historical Note**

New Section recodified from R7-2-620 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-621 recodified to R7-2-622; new R7-2-621 recodified from R7-2-620 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 135, effective September 21, 2009 (Supp. 10-1). Amended by final exempt rulemaking at 22 A.A.R. 227, effective June 23, 2014; filed in the Office January 20, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 22 A.A.R. 219, effective June 5, 2015; filed in the Office January 20, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 22 A.A.R. 2248, effective August 6, 2016 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

**R7-2-622. Qualification Requirements of Professional, Non-Teaching School Personnel****A. Definitions:**

1. "Educational Interpreter." For the purposes of this Section, "educational interpreter" means a person trained to translate in sign language for students identified to require such services through an Individualized Education Program (IEP) or a 504 accommodation plan in order to access academic instruction. This does not in any way restrict the provisions of R7-2-401(B)(14) which defines "interpreter" and provides that each student's IEP team determines the level of interpreter skill necessary for the provision of FAPE, nor does it restrict a school district's ability to develop a job description for someone in a position of "educational interpreter" that requires additional job responsibilities.
2. "Accommodation plan developed to comply with Section 504 of the Rehabilitation Act of 1973, 29 USC 794, et seq. ("504 accommodation plan")." For the purposes of this Section, "504 accommodation plan" means a plan

developed for the purpose of specifying accommodations and/or services that will be implemented by classroom teachers and other school personnel so that students will benefit from their educational program.

**B. Educational Interpreters for the Hearing Impaired.**

1. Persons employed by or contracting with schools and school districts to provide educational interpreting services for hearing impaired students must meet the following qualifications from and after January 1, 2005:
    - a. Have a high school diploma or GED;
    - b. Hold a valid fingerprint clearance card, and
    - c. Show proficiency in interpreting skills through one of the following:
      - i. A minimum passing score of 3.5 or higher on the Educational Interpreter Performance Assessment (EIPA), or
      - ii. Hold a valid Certificate of Interpretation (CI) and/or Certificate of Transliteration (CT) from the Registry of Interpreters for the Deaf (RID), or
      - iii. Hold a valid certificate from the National Association of the Deaf (NAD) at level 3 or higher.
  2. If a public education agency (PEA) is unable to find an individual meeting the above qualifications, the PEA may hire an individual with lesser qualifications, but the PEA is required to provide a professional development plan for the individual they employ to provide educational interpreting services. This professional development plan must include the following:
    - a. Proof of at least 24 hours of training in interpreting each year that a valid certification is not held or EIPA passing score is not attained, and
    - b. Documentation of a plan for the individual to meet the required qualifications within three years of employment. If the qualifications are not attained within three years, but progress toward attainment is demonstrated, the plan shall be modified to include an intensive program for up to one year to meet the provisions of subsection (B)(1).
  3. An individual employed under the provisions of subsection (B)(2) must also have the following:
    - a. A valid fingerprint clearance card, and
    - b. A high school diploma or GED.
- C. Compliance with these rules will be reviewed at the same time as a PEA is monitored for compliance with the requirements of the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. § 1400, et seq.

**Historical Note**

New Section recodified from R7-2-621 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1).

**R7-2-623. Certification Requirements in a Public Health Emergency**

- A. As the result of a public health emergency declared by the governor, the Department may temporarily modify certification requirements established in this Article, subject to review and approval by the Board.
- B. A modification made pursuant to this Section shall:
1. Not be more restrictive than requirements in effect at the time the public health emergency is declared.
  2. Comply with statutory requirements.
  3. Be limited to requirements that cannot be feasibly completed as the result of the public health emergency.

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4. Be in effect for no more than one year after Board approval.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2).

**ARTICLE 7. ADJUDICATIONS****R7-2-701. Definitions**

In this Article, unless the context otherwise specifies:

1. "Board" means the State Board of Education.
2. "Chairman" means the chairperson of the Professional Practices Advisory Committee, established pursuant to R7-2-205.
3. "Contested case" means any proceeding in which the legal rights, duties or privileges of a party are required by law to be determined by the State Board of Education after an opportunity for hearing.
4. "Department" means the Department of Education.
5. "Document" includes papers such as complaints, petitions, motions, responses and notices.
6. "Hearing body" means the Board or the Professional Practices Advisory Committee.
7. "Party" means each person or agency named or admitted as a party or properly seeking and entitled as of right to be admitted as a party.
8. "PPAC" means the Professional Practices Advisory Committee, established pursuant to R7-2-205.
9. "Presiding officer" means a hearing officer, with either a minimum of three years of verified experience in the practice of law or a minimum of one year of verified experience in conducting hearings, who shall oversee hearings pursuant to this Article.
10. "Pupil" means any student enrolled in an Arizona public or private school defined in A.R.S. § 15-101. "Pupil" also means any student who was enrolled in an Arizona public or private school at the time of the events which are the subject of a proceeding.
11. "Victim" means any person who has been previously identified pursuant to state law as a victim in a criminal proceeding which is the basis for a contested case.

**Historical Note**

Adopted effective May 25, 1978 (Supp. 78-3). Former Section R7-2-701 repealed, new Section R7-2-701 adopted effective December 4, 1978 (Supp. 78-6). Amended effective June 27, 1979 (Supp. 79-3). Amended subsection (A) effective October 7, 1980 (Supp. 80-5). Amended by adding subsection (A)(6) effective April 6, 1984 (Supp. 84-2). Amended effective October 19, 1984 (Supp. 84-5). Section R7-2-701 repealed as an emergency, new Section R7-2-701 adopted as an emergency effective January 2, 1985 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-1). Emergency expired. Repealed effective December 17, 1987 (Supp. 87-4). New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 21 A.A.R. 1775, effective May 20, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-702. Filing; Computation of Time; Extension of Time**

- A. All documents concerning a contested case shall be filed within the time limit, if any, for such filing.
- B. All documents filed in any contested case shall be typewritten or legibly written on paper 8 1/2 by 11 inches in size, shall contain the name and address of the party or other correspondent, shall be properly captioned and designate the title and case number, shall state the name and address of each party served with a copy and how service was made, and shall be signed by the party or, if represented, by the party's attorney. The signature constitutes a certification that the signer has read the document, has a good faith basis for submission of the document, and that it is not filed for the purpose or delay or harassment.
- C. In computing any period of time prescribed or allowed by this Article, or any notice or order concerning a contested case, the day of the act, event, or default from which the designated period of time begins to run shall not be included. When the period of time prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays and legal holidays shall not be included in the computation. When that period to time is 11 days or more, intermediate Saturdays, Sundays and legal holidays shall be included in the computation. The last day of the period so computed shall be included, unless it is a Saturday, Sunday or legal holiday, in which event the period runs until the end of the next day which is not a Saturday, Sunday or a legal holiday.
- D. Whenever a party has the right or is required to do some act within a prescribed period after the service of a notice or other document upon the party by another party, and the notice or other document is served by mail, five days shall be added to the prescribed period.
- E. For good cause shown, the presiding officer may grant continuances and extensions of time for filing notices or other documents.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-703. Contested Cases; Notice; Hearing Records**

- A. In a contested case, the parties shall be afforded an opportunity for hearing after reasonable notice. The notice shall be given at least 20 days prior to the date set for the hearing.
- B. The notice shall include:
  1. A statement of the time, place and nature of the hearing.
  2. A statement of the legal authority and jurisdiction under which the hearing is to be held.
  3. A reference to the particular sections of the statutes and rules involved.
  4. A short and plain statement of the matters asserted. If a party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter upon application a more definite and detailed statement shall be furnished.
- C. Opportunity shall be afforded all parties to respond and present evidence and argument on the issues involved.
- D. The Board may dispose of any contested case by decision or approved stipulation, agreed settlement, consent agreement or by default.

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- E. A hearing before a hearing body in a contested case or any part thereof shall be recorded manually or by a recording device and shall be transcribed on request of any party, unless otherwise provided by law. The cost of such transcript shall be paid by the party making the request, unless otherwise provided by law or unless assessment of the cost is waived by the Board.
- F. The Board or the presiding officer may reschedule the hearing, maintaining due regard for the interests of justice and the orderly and prompt conduct of the proceedings.
- G. The record in a contested case shall include:
  1. All pleadings, motions and interlocutory rulings.
  2. Evidence received or considered, including confidential evidence received in executive session.
  3. A statement of matters officially noticed.
  4. Objections and offers of proof and rulings thereon.
  5. Proposed findings of fact, conclusions of law and recommendations of the hearing body.
  6. All staff memoranda, other than privileged communications, or data submitted to the hearing body in connection with its consideration of the case.
  7. A victim impact statement, if submitted by the victim.
- H. Findings of fact shall be based exclusively on the evidence and on matters officially noticed.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 21 A.A.R. 1775, effective May 20, 2013 (Supp. 15-3). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-704. Service; Proof of Service**

- A. The Board shall serve notices of hearing, findings of fact, conclusions of law, and recommendations of the hearing body, and decisions and final orders of the Board, either by personal service or by first class mail or by email at the request of the parties involved. All other documents required to be served by the Board may be served by regular or certified mail or may be personally served or may be served by email at the request of the parties involved.
- B. After service of a notice of hearing in a contested case, a copy of every document filed by a party, or individual seeking to intervene, shall be served on all parties to the contested case, or their lawyers if represented, at the same time the document is filed. Filing with the Board and service shall be completed by personal delivery, first-class mail or email.
- C. The following evidences completed service:
  1. If personally served, an affidavit of personal service, sworn to by the individual serving the document and stating the name of the individual upon whom it was served, where service was made, and the date of such service; or
  2. If served by certified mail, proof of delivery; or
  3. If served by email or regular mail, either a statement subscribed on the document filed, or an affidavit indicating the date mailed and listing those to whom it was mailed.
- D. When a party is represented by an attorney, service shall be made on the attorney. If a notice of hearing shows service on the Attorney General, all documents served thereafter shall be served on the Assistant Attorney General named on the notice of hearing or who later appears on behalf of the Attorney General, or if no Assistant Attorney General is named, then on the

Attorney General, Education and Health Section, Education Unit.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 31 A.A.R. 1968 (June 20, 2025), effective September 14, 2024; filed with the Division March 26, 2025 (Supp. 25-2).

**R7-2-705. Hearings and Evidence**

- A. Parties may participate in the hearing in person or through an attorney.
- B. The parties may submit proposed findings of fact and conclusions of law prior to the hearing. The presiding officer or hearing body may require that the parties submit proposed findings of fact and conclusions of law prior to the hearing or at the close of evidence.
- C. A hearing in a contested case shall be conducted in an informal manner and without adherence to the rules of evidence required in judicial proceedings. Irrelevant, immaterial or unduly repetitious evidence shall be excluded. A party to such proceedings may be represented by counsel and shall have the right to submit evidence in open hearing and conduct cross examination. Hearings may be held in any location or manner determined by the Board.
- D. Copies of documentary evidence may be received in the discretion of the presiding officer. Upon request, the parties shall be given an opportunity to compare the copy with the original.
- E. Notice may be taken of judicially cognizable facts. In addition, notice may be taken of generally recognized technical or scientific facts within the specialized knowledge of the hearing body. Parties shall be notified either before or during the hearing or by reference in preliminary reports or otherwise of the material noticed including any staff memoranda or data and they shall be afforded an opportunity to contest the material so noticed. The hearing body's experience, technical competence and specialized knowledge may be utilized in the evaluation of the evidence.
- F. If a party fails to appear at a hearing, the hearing body may proceed with the presentation of the evidence of the appearing party.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-706. Request for Hearing**

When a request for a hearing is filed with the Board, the request shall be in writing and shall state the specific grounds which are the basis of the hearing request and the statute, rule or other legal basis entitling the person to a hearing.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4).

**R7-2-707. Denial of Request for Hearing**

If the Board denies the request for a hearing, the denial shall be in writing and shall state the reasons therefor. A denial of a request for hearing is final and not subject to further administrative review.

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**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-708. Repealed****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Section repealed by final rulemaking at 11 A.A.R. 696, effective March 29, 2005 (Supp. 05-1).

**R7-2-709. Rehearing and Review of Decisions**

- A.** After a hearing is held, a party in a contested case who is aggrieved by a decision rendered by the Board may file with the Board, not later than 30 days after such decision has been made, a written motion for rehearing specifying the particular grounds therefor. A response may be filed within 15 days after service of such motion by any other party. The Board may require the filing of written briefs on the issues raised in the motion or response and may provide for oral argument.
- B.** A rehearing of a decision by the Board may be granted for any of the following causes materially affecting the moving party's rights:
  1. Irregularity in the administrative proceedings of the hearing body, or abuse of discretion, whereby the moving party was deprived of a fair hearing.
  2. Misconduct of the hearing body or the prevailing party.
  3. Accident or surprise which could not have been prevented by ordinary prudence.
  4. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the hearing.
  5. Excessive or insufficient penalties.
  6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing.
  7. That the decision is not justified by the evidence or is contrary to the law.
- C.** The Board may affirm or modify the decision or grant a rehearing before a hearing body to all or any of the parties, on all or part of the issues, for any of the reasons set forth in subsection (B). An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.
- D.** After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. The order granting such a rehearing shall specify the grounds therefor.
- E.** Not later than 20 days after a decision is rendered, the Board may, on its own initiative, order a rehearing of its decision for any reasons for which it might have granted a rehearing on motion of a party. The order granting such a rehearing shall specify the grounds therefor.
- F.** When a motion for rehearing is based upon affidavits they shall be served with the motion. An opposing party may, within ten days after service of such motion, serve opposing affidavits and this period may be extended for an additional period not exceeding 20 days, by the Board for good cause shown or by written stipulation of the parties. Reply affidavits may be permitted.
- G.** After a hearing has been held and a final administrative decision has been entered, a party is not required to file a motion

for rehearing or review of the decision in order to exhaust the party's administrative remedies.

- H.** Any party in a contested case who is aggrieved by a decision rendered by the Board may file with the Board, not later than 20 days after such decision has been made, a written request for review of the decision. If a review of the decision is granted, the Board may affirm or modify the previous decision.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-710. Repealed****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Repealed by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-711. Consolidation and Severance**

- A.** When proceedings involving a common question of law or fact or common parties are pending before the hearing body, the presiding officer may, upon the presiding officer's own volition or upon request of any party, order a consolidated hearing on any or all the matters at issue.
- B.** In furtherance of convenience, to avoid prejudice, or when separate hearings will be conducive to expedition and economy, the presiding officer may, upon the presiding officer's own volition or upon request of any party, order any proceeding severed with respect to some or all issues or parties.
- C.** The presiding officer shall send a written ruling granting or denying consolidation or severance to all parties, identifying the cases, and the reasons for the decision.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-712. Subpoenas**

- A.** The Board may issue subpoenas for the attendance of witnesses and for the production of books, records, documents and other evidence on its own volition or at the request of a party. The subpoena shall be signed by a Board employee designated by the Board.
- B.** A request for a hearing subpoena shall be in writing and served on each party at least seven days prior to the date set for hearing and shall state:
  1. The name of the contested case, the case number, and the time and place where the witness is expected to appear and testify;
  2. The name and address of the witness subpoenaed;
  3. The documents, if any, sought to be provided; and
  4. A brief statement of the relevance of testimony or documents.



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- C. On application of a party or the agency and for use as evidence, the presiding officer may permit a deposition to be taken, in the manner and upon the terms designated by the presiding officer, of a witness who cannot be subpoenaed or is unable to attend the hearing.
- D. The individual to whom a subpoena is directed shall comply with its provisions unless, prior to the date set for appearance, the presiding officer grants a written request to quash or modify the subpoena. The request shall be submitted to the Board and state the reasons why it should be granted. The presiding officer shall grant or deny such request by order.
- E. The party requesting the subpoena shall prepare it and cause it to be served upon the individual to whom it is directed and on all parties in the same manner as provided for service of subpoenas in civil matters before the superior court. The return of service shall be filed with the Board.
- F. A party, or the person served with a subpoena who objects to the subpoena, or any portion of it, may file an objection with the presiding officer. The objection shall be filed within five days after service of the subpoena, or at the outset of the hearing, if the subpoena is served fewer than five days before the hearing.
- G. If a subpoena issued for the Board is disobeyed, the Board may petition the superior court to enforce the subpoena pursuant to A.R.S. § 15-203.
- H. If a subpoena issued for a party other than the Board is disobeyed, the party may petition the superior court in the manner provided by law for the enforcement of subpoenas in a civil action.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-713. Conduct of Hearing**

- A. The presiding officer may conduct all or part of the hearing by telephone, or other electronic means, as long as each party has an opportunity to participate in the entire proceeding as it takes place.
- B. Except for those hearings which may involve presentation of evidence protected by A.R.S. § 15-350, or which are otherwise closed pursuant to an express provision of law, all hearings are open to public observation.
- C. Conduct at any hearing that is disruptive or shows contempt for the proceedings shall be grounds for exclusion from further participation or observation.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-714. Testimony of Pupils**

- A. All individuals present at a hearing regarding an action against a certificate shall:
  - 1. Keep confidential the name and identifying information of any pupil involved in the hearing, unless disclosure is with the consent of the pupil's parent or guardian or the pupil if the pupil is at least 18 years of age at the time of the hearing, or by order of the superior court. This action

does not prevent disclosure of the pupil's name to any party to the hearing.

- 2. Keep confidential the testimony of any pupil, all of which shall be taken in executive session, except that the Board office shall be furnished a confidential copy of the pupil's testimony as part of the complete transcript of the hearing. The individuals present during the executive session shall be determined by the presiding officer in consultation with the Attorney General's office except that the respondent and counsel shall always be permitted to be present. The transcripts of testimony taken during executive session shall be maintained by the Board.
- B. The Board of Education or its designee shall:
  - 1. Make available a consent form which requires the signature of the pupil's parent or guardian or the pupil if the pupil is at least 18 years of age at the time of the hearing, prior to disclosure of the pupil's name;
  - 2. Assign a fictitious name to all witnesses identified as pupils on the witness lists provided by the complainant and respondent if not in receipt of written parental or guardian consent for disclosure;
  - 3. Notify hearing participants, prior to and during the hearing, of any fictitious names to be used.
- C. The presiding officer shall instruct all individuals present at the hearing of the confidentiality requirements of A.R.S. § 15-551 and this Section.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-715. Evidence**

- A. All witnesses shall testify under oath or affirmation. At the request of a party, or at the discretion of the presiding officer, the presiding officer may exclude witnesses who are not parties from the hearing room so that they cannot hear the testimony of other witnesses.
- B. The presiding officer shall have the power to administer oaths and affirmations.
- C. All parties shall have the right to present such oral or documentary evidence and to conduct such cross-examination as may be required for a full and fair disclosure of the facts.
- D. The presiding officer shall make rulings necessary to prevent argumentative, repetitive, or irrelevant questioning, to exclude evidence the presiding officer determines to be irrelevant, immaterial, or unduly repetitious, and to expedite the examination to the extent consistent with the disclosure of all relevant testimony and information.
- E. Unless otherwise ordered by the hearing body, documentary evidence shall be limited in size when folded to 8 1/2 by 11 inches. The submitting party shall identify documentary exhibits by number or letter and party and furnish a copy of each exhibit to each party present. One additional copy shall be furnished to the hearing body unless the hearing body otherwise directs. When evidence offered by any party appears in a larger work, containing other information, the party shall plainly designate the portion offered. If the evidence offered is so voluminous as would unnecessarily encumber the record, the book, paper, or document shall not be received in evidence but may be marked for identification and, if properly authenti-

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cated, the designated portion may be read into or photocopied for the record. All documentary evidence offered shall be subject to appropriate and timely objection.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021) effective September 27, 2021 (Supp. 21-4).

**R7-2-716. Stipulations**

Parties to any contested case may stipulate, in writing, agreement upon any matter involved in the proceeding. If approved by the presiding officer, agreement on matters of procedure shall be binding upon the parties to the stipulation. No substantive matter agreed to by the parties shall be binding upon the Board unless incorporated into the decision of the Board.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021) effective September 27, 2021 (Supp. 21-4).

**R7-2-717. Recommended Decisions**

- A.** A recommended decision, findings of fact and conclusions of law shall be prepared for the Board by the PPAC.
- B.** A recommended decision, findings of fact and conclusions of law shall be delivered to the Board within 90 days after the close of the hearing or the date ordered for submission of proposed findings or legal memoranda, whichever comes last, unless the Board extends the period for good cause.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353, (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-718. Decisions and Orders**

- A.** Any final decision or order adverse to a party in a contested case shall be in writing or stated in the record. Any final decision shall include findings of fact and conclusions of law, separately stated. Findings of fact, if set forth in statutory language, shall be accompanied by a concise and explicit statement of the underlying facts supporting the findings. Parties shall be notified either personally or by mail to their last known address of any decision or order.
- B.** When the Board is the hearing body, the decision shall be rendered within 120 days following the final day of the hearing or the date ordered for submission of proposed findings of fact and conclusions of law or legal memoranda, whichever comes last.
- C.** Within 30 days after receipt of any recommended decision from the PPAC, the Board shall render a decision to affirm, reverse, adopt, modify, supplement, amend or reject the findings of fact, conclusions of law and recommendations in whole or in part, may remand the matter to the hearing body with instructions, or may convene itself as the hearing body.
- D.** If no request for rehearing or review has been timely filed by a party, a decision in a contested case is effective and final ten days from the date served on that party.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021) effective September 27, 2021 (Supp. 21-4).

**ARTICLE 8. COMPLIANCE****R7-2-801. Compliance**

- A.** Procedures governing noncompliance with laws and rules by school districts.
  - 1. Scope. Except as may be otherwise directed by federal or state statute or by rules adopted by the State Board of Education, this Section shall govern the procedure for determining noncompliance by school districts with laws and rules concerning school districts, the enforcement of which is the statutory responsibility of the State Board of Education or the Department of Education.
  - 2. Preliminary notice of noncompliance and response:
    - a. The Department of Education, upon its own initiative or at the direction of the State Board of Education, shall inform school districts by written notice that the district is in possible noncompliance with laws or rules, the enforcement of which is the statutory responsibility of the Board or the Department.
    - b. A preliminary notice of possible noncompliance shall detail in writing the nature of the possible noncompliance and shall identify:
      - i. The law or rule which the school district may be violating; and
      - ii. The manner in which the school district may be in noncompliance with the identified law or rule.
    - c. A school district may submit a written response to the Department of Education within 20 days of receipt of a preliminary notice of noncompliance.
    - d. Nothing contained in this Section is intended to preclude a reasonable attempt between Department of Education personnel and school district personnel to resolve administratively possible noncompliance prior to sending a written preliminary notice of noncompliance.
  - 3. Scheduling a formal hearing
    - a. Recommendation by the Department of Education
      - i. After giving a school district preliminary notice as provided in this Section, the Department of Education shall submit a written recommendation to the State Board of Education. This recommendation shall be submitted within 10 days after receipt of a written response from the school district or if no response is received within 30 days of the issuance of the preliminary notice. The Department shall recommend one of the following courses of action to be taken by the Board.
        - (1) A formal hearing should be scheduled before noncompliance is probable and achieving voluntary compliance within a reasonable period of time under the circumstances is unlikely; or
        - (2) A formal hearing should not be scheduled at this time because, although noncompliance is probable, achieving voluntary compliance within a reasonable period of time is likely; or
        - (3) A formal hearing should not be scheduled because the school district is in compliance with the law or rule in question.
      - ii. Any written response of the school district to the preliminary notice of noncompliance shall

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- accompany the written recommendation of the Department of Education.
- b. Within 30 days of receipt of the recommendation of the Department of Education, the State Board of Education shall either:
    - i. Schedule formal hearing;
    - ii. Postpone the decision to schedule a hearing for a stated time period not to exceed six months, or
    - iii. Dismiss the matter.
  - c. When the State Board of Education determines that a formal hearing is necessary, it shall be scheduled within 30 days after such determination, unless an extension of time is granted by the Board.
  - d. When a formal hearing is scheduled, the Board or its designee shall give notice of the hearing as provided in A.R.S. § 41-1009(A) and (B).
  - e. When the Board decides to postpone scheduling a formal hearing, the Board shall specify the extent of the postponement and the Department of Education shall report periodically, at least every 30 days, unless otherwise directed, with respect to progress by the school district toward compliance with the law or rule in question. At the end of the postponement period, the Board shall again make a determination whether to schedule a hearing, further postpone the determination, or dismiss the matter.
  - f. The Board may order further investigation by the Department of Education at any time, and admit into evidence any such report at any subsequent formal hearing.
4. Hearings held pursuant to this Section shall be conducted as provided in A.R.S. § 41-1010.
  5. The Board's decision
    - a. A decision by the State Board of Education shall be determined by a majority of the members of the Board and shall be based upon substantial evidence.
    - b. A decision shall be rendered within 30 days after the hearing.
    - c. Within 30 days after a decision is reached, copies of the written decision shall be delivered to the parties personally or by certified mail.
    - d. The parties shall have the opportunity to provide proposed findings of fact and conclusions of law to the Board no later than five days after the decision of the Board is received.
  6. Rehearing procedure
    - a. Any party aggrieved by a decision rendered by the Board may file with the Board, not later than 15 days after service of the decision, a written motion for rehearing or review of the decision, specifying the particular grounds therefor.
    - b. A motion to alter or amend a decision or order shall be filed not later than 15 days after service of the decision.
    - c. A motion for rehearing under this Section may be amended at any time before it is ruled upon by the Board.
    - d. A response may be filed within 10 days after service of such motion by any other party or by the Attorney General.
    - e. The Board may require the filing of written memoranda upon the issues raised in the motion and may provide for oral argument.
    - f. The Board may consolidate the hearing to consider the motion for rehearing with the requested rehearing.
    - g. A rehearing or review of the decision may be granted for any of the following causes materially affecting the moving party's rights:
      - i. Irregularity in the administrative proceedings of the agency or its hearing officer or the prevailing party, or any order, or abuse of discretion, whereby the moving party was deprived of a fair hearing;
      - ii. Misconduct of the Board of the prevailing party.
      - iii. Accident or surprise which could not have been prevented by ordinary prudence;
      - iv. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the original hearing;
      - v. Excessive or insufficient penalty;
      - vi. Error in the admission or rejection of evidence or other errors of law occurring in the administrative hearing;
      - vii. The decision is not justified by the evidence or is contrary to law.
    - h. The Board may affirm or modify the decision or grant a rehearing to all or any of the parties and on all or part of the issues for any of the reasons set forth in subsection (A)(6). An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.
    - i. Not later than 15 days after a decision is rendered, the Board may on its own initiative order a rehearing or a review of its decision for any reason for which it might have granted a rehearing on motion of a party. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. In either case, the order granting such a rehearing shall specify the grounds on which the order is based.
    - j. When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may, within 10 days after such service, serve opposing affidavits, which period may be extended for an additional period not exceeding 20 days, by the Board for good cause shown, or by the parties by written stipulation. The Board may permit a reply affidavit by the moving party.
- B. Waiver from administrative rules. Upon request of a school district acting either on its own behalf or on behalf of a school within the district's jurisdiction, the State Board of Education may grant a waiver exempting such district or school from specific administrative rules.
    1. Requests
      - a. Requests for exemption from any State Board of Education rule shall include:
        - i. Evidence that the school or school district is currently in compliance with all state laws and State Board of Education rules;

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- ii. A statement identifying goals that will be accomplished and how the waiver will assist in enhancing school improvement;
  - iii. A three-year plan for school improvement;
  - iv. Identification of the specific rules for which the waiver is requested;
  - v. Evidence of a public hearing held by the school or school district which provided for parental and public involvement and input into the proposed three-year plan.
- b. Requests for waiver may be granted by the State Board of Education for a period not to exceed three years. The State Board of Education may at any time rescind approved waivers at its discretion.
- c. Requests for waiver may be submitted by a local governing board and shall be made through the State Superintendent of Public Instruction for consideration by the State Board of Education.
- d. Local governing boards shall adopt policies and procedures which will allow their schools to request waivers from the State Board of Education and shall submit those policies and procedures to the Superintendent of Public Instruction prior to October 1, 1993. Those policies shall be consistent with the criteria specified in subsections (B)(1)(a) and (B)(3). Additionally, those policies shall provide that:
  - i. Requests for such waivers by schools be forwarded within 30 days of receipt by the governing board to the Superintendent of Public Instruction. Requests may include additional information as the governing board deems appropriate.
  - ii. Schools not be required to meet criteria other than those specified in subsection (B)(1)(a).
- 2. Reporting
  - a. Schools or school districts with State Board-approved waivers shall document progress obtained as a result of the waiver and report on or before June 30 of each year to the State Superintendent of Public Instruction.
  - b. A school district having a school with an approved waiver may report the effects that such waiver has had on the operation of the school district. Reports shall be submitted on or before June 30 of each year to the State Superintendent of Public Instruction.
  - c. The State Superintendent of Public Instruction shall report to the State Board of Education, on or before September 30 of each year, the status of those schools and school districts with approved waivers and, as a minimum, include the following:
    - i. The status of meeting the goals as stated in the three-year plan;
    - ii. Recommendations regarding approved continuance of the waiver, conditions for continuance of the waiver, revision of the three-year plan or rescission of the waiver.
- 3. Renewal. Upon request from a school district, on behalf of itself or a school within its jurisdiction, waivers may be approved by the State Board of Education for additional three-year periods. Requests shall be made through the State Superintendent of Public Instruction and requests from schools shall be forwarded by the local governing board to the State Superintendent of Public Instruction within 30 days from receipt.

**Historical Note**

Adopted effective February 27, 1980 (Supp. 80-1).  
Amended effective April 9, 1993 (Supp. 93-2). The word "rule" has been updated to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-802. School and School District Compliance with the Uniform System of Financial Records and the Uniform System of Financial Records for Charter Schools**

- A. Upon receipt of a report from the Auditor General that a school or school district has failed to comply with the Uniform System of Financial Records ("USFR") or the Uniform System of Financial Records for Charter Schools ("USFRCS") within 90 days after having received a notice of noncompliance from the Auditor General, the State Board of Education ("Board") shall review the Auditor General's report to determine whether the school or school district is in noncompliance.
- B. When the Board determines that a school or school district is in noncompliance with the USFR or USFRCS, it shall give written notice to the school or district of its determination. The written notice shall advise the school or district of the following:
  - 1. The Superintendent of Public Instruction shall withhold distribution of state funds to the school or district until such time as the Auditor General reports compliance with the USFR or USFRCS unless a hearing is requested by the school or district.
  - 2. The school or district has 10 days from the receipt of the written notice of noncompliance by the Board to submit a written request for a hearing.
  - 3. If the school or district makes a timely request for a hearing, the hearing will be held pursuant to the hearing procedures specified in R7-2-701 et seq.
- C. The Board's decision
  - 1. The Board shall determine whether the school or school district was in compliance with the USFR or USFRCS within 90 days after having been informed of noncompliance by the Auditor General, and whether the district is in compliance with the USFR or USFRCS at the time of the hearing.
  - 2. A decision by the Board shall be determined by a majority of the members of the Board and shall be based upon substantial evidence.

**Historical Note**

Adopted effective February 27, 1980 (Supp. 80-1).  
Amended subsections (A) and (E)(1) and (5) effective December 17, 1981 (Supp. 81-6). Amended effective December 31, 1998 (Supp. 98-4).

**R7-2-803. Implementation of the Uniform System of Financial Records**

All school districts shall implement the current version of the Uniform System of Financial Records, as prescribed by the Auditor General, in conjunction with the Department of Education. The Uniform System of Financial Records shall include standards to ensure that enrollment is determined by all school districts on a uniform basis.

**Historical Note**

Adopted effective November 10, 1980 (Supp. 80-6).  
Amended effective February 20, 1997 (Supp. 97-1).

**R7-2-804. Compliance with Federal Statutes or Regulations**

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- A. This Section prescribes procedures to be used in filing and processing written complaints alleging the failure of a public agency or school district to comply with federal statutes or regulations applicable to federal education programs conducted and subject to Title 34, Code of Federal Regulations, § 76.780.
- B. The Arizona Department of Education (Department) shall accept and investigate complaints provided that the complaint:
  1. Is written and signed by the complaining party or his or her designated representative;
  2. Sets forth the facts forming the basis of the complaint; the facts set forth in the complaint, if true, could constitute noncompliance by a public agency or school district;
- C. Upon receipt of a complaint setting forth the criteria contained in (B), the Department shall immediately begin an impartial review which may include onsite investigations. If in the course of the review it is determined that the nature of the complaint is not a matter of noncompliance, the complainant will be so informed and advised of appropriate means of resolving the complaint.
- D. A written decision with specific findings shall be issued by the Department within 60 calendar days of receipt of the written complaint. If corrective action is required, such action shall be designated in the decision and shall include the time line for correction and possible consequences for continued noncompliance. A copy of the written decision shall be sent to the complaining party and the agency involved on or before the expiration of the 60-day period. An extension of this timeline will be permitted only if exceptional circumstances exist with respect to a particular complaint.
- E. If there appears to be a failure or refusal to comply with the applicable law or regulations, and if the noncompliance or refusal to comply cannot be corrected or avoided by informal means, compliance shall be effected by the Superintendent and the State Board of Education by any means authorized by law or by rule and regulation. The Superintendent shall retain jurisdiction over the issue of noncompliance with the law or regulations and shall retain jurisdiction over the implementation of any corrective action required. However, nothing herein shall preclude the availability of an informal resolution between the complainant and the agency or school district involved, nor shall this Section preclude the availability of any administrative hearing remedies to resolve such disputes or judicial review of such administrative remedies.
- F. If, pursuant to an investigation by the Department, the Superintendent finds a failure to comply with applicable law or regulations, he or she shall so inform the agency or school district and compliance shall be obtained by informal means whenever possible. If corrective action is required, such action shall be designated in this decision and shall include the time lines for correction and the possible consequences for continued noncompliance.
- G. A summary of each complaint received and investigated by the Department and the decision of the Superintendent shall be submitted annually to the State Board of Education for informational purposes only. Any personally identifiable information shall be deleted from the report to the State Board of Education.
- H. The complainant may request the U.S. Department of Education to review the final decision of the Superintendent. The Department shall inform a complainant of the procedures for requesting a review by the U.S. Department of Education.

**Historical Note**

Adopted effective February 11, 1983 (Supp. 83-1).  
 Amended subsection (B) effective March 13, 1986 (Supp. 86-2). The Section heading has been updated to title case, the word “rule” has been updated to “Section.” Both changes reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-805. Education Division General Administrative Regulations**

- A. This Section prescribes procedures to be used for appealing a decision by the Arizona Department of Education (Department) relating to federal programs administered by the Department and subject to the Education Division General Administrative Regulations (EDGAR) Title 34, Code of Federal Regulations § 75 and 76.
- B. A school district or public agency may request a hearing if it alleges that the Department violated a federal statute or regulation by:
  1. Terminating further assistance for an approved project;
  2. Ordering, in accordance with a final state audit resolution determination, the repayment of misspent or misapplied federal funds;
  3. Disapproving or failing to approve the application or project in whole or in part; or
  4. Failing to provide funds in amounts in accordance with the requirements of statutes and regulations.
  5. Not approving the school district or public agency’s proposal for funding.
- C. When a school district or public agency requests a hearing, the Superintendent of Public Instruction (Superintendent) shall select a hearings appeals panel from Department staff other than those within the same division as the federal program area under which the appeal rose.
- D. Hearing procedures
  1. An applicant must request a hearing by notifying the Superintendent by certified mail of its decision to appeal a decision as set forth in subsection (B). If the applicant is or represents a school district, authorization to seek a hearing must come from the Governing Board of that school district.
  2. The request for hearing must set forth the nature of the complaint and the facts on which the complaint is based.
  3. The applicant shall request a hearing within 30 days of the date notice of the Department action was sent. For purposes of this Section, the date of notice by the Department is the date of sending notice of the Department action.
  4. A hearing shall be scheduled before the appeal panel within 30 days from the receipt of the request.
  5. The appeals panel chairperson shall give at least 10 days’ notice of the hearing date to the complainant.
  6. The parties may submit written materials no later than five days prior to the hearing, such materials to consist of six copies.
  7. At the hearing the parties may present evidence in writing and through witnesses and may be represented by counsel.
  8. The length and order of the presentation may be determined by the appeals panel chairperson.
  9. If the complainant or authorized representative fails to appear at the designated time, place and date of the hearing, the appeal shall be considered closed and the process terminated.

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- E. Decision. No later than five days after the hearing, the appeals panel shall forward to the Superintendent its recommendation relating to the school district or agency's request for review. Within 10 days after the hearing, the Superintendent shall issue his or her written ruling, including findings of fact and reasons for the ruling. If the Superintendent determines that the Department's action was contrary to the statutes and regulations that govern the applicable program, the Superintendent shall rescind the action.
- F. Appeal. If the Superintendent does not rescind the Department action, the applicant may appeal to the U.S. Department of Education. The applicant shall file a notice of appeal with the U.S. Department of Education within 20 days after the applicant has been notified by the Superintendent of his or her decision by certified mail.
- G. State Board of Education submission. The Superintendent shall annually submit to the State Board of Education as an informational item summaries of all decisions including the findings of fact of hearing procedures conducted pursuant to this Section for State Board of Education review.

**Historical Note**

Adopted effective June 24, 1983 (Supp. 83-3). The Section heading has been updated to title case, the word "rule" has been updated to "Section," the phrase, "of this rule" has been removed to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-806. Repealed****Historical Note**

Adopted effective February 6, 1984 (Supp. 84-1). Section repealed by final rulemaking at 7 A.A.R. 182, effective December 15, 2000 (Supp. 00-4).

**R7-2-807. Repealed****Historical Note**

Adopted as an emergency effective August 2, 1984 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Permanent rule adopted effective November 27, 1984 (Supp. 84-6). Amended effective May 3, 1993 (Supp. 93-2). Repealed effective February 20, 1997 (Supp. 97-1).

**R7-2-808. Pupil Participation in Extracurricular Activities**

The following standards are effective for students in grade six, if part of a middle school, and grades seven through 12.

1. Definition. Extracurricular activities are:
  - a. All interscholastic activities which are of a competitive nature and involve more than one school where a championship, winner, or rating is determined; and all those endeavors of a continuous and ongoing nature for which no credit is earned in meeting graduation or promotional requirements and are organized, planned, and sponsored by the district consistent with district policy.
  - b. Activities which are an integral part of a credit class shall be excepted from the rule.
2. Eligibility requirements and ineligibility.
  - a. Eligibility. To be eligible to participate in extracurricular activities, a student shall be required to:
    - i. Earn a passing grade in each course in which the student is enrolled; and
    - ii. Maintain satisfactory progress toward promotion or graduation.

- b. Ineligibility. When it is determined that a student has failed to meet the requirements specified for eligibility, the student shall be declared ineligible to participate in extracurricular activities and shall remain ineligible until the requirements of eligibility are met.

- i. The governing board shall establish the criteria for a passing grade and satisfactory progress toward promotion or graduation, taking into account the needs of children placed in special education programs pursuant to R7-2-401 et seq. Passing grades shall be determined on a cumulative basis, from the beginning of instruction to the recording of a final grade for the course.
- ii. Every nine weeks or less, as determined by the governing board, district personnel shall review the progress of students to determine their eligibility status. If a student is declared ineligible, the student shall remain ineligible until a subsequent check is performed and it is determined that the student meets the eligibility requirements specified in subsection (2)(a).

3. Each governing board shall adopt a policy and implement a program pursuant to that policy to provide:
  - a. Oral or written preliminary notice to all district students and their parents or guardian of pending ineligibility;
  - b. Written notice to students and their parents or guardians when ineligibility has been determined;
  - c. Educational support services to students declared ineligible because of this Section, as well as those notified of pending ineligibility.

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended subsection (B) and added a new subsection (D) effective February 17, 1988 (Supp. 88-1). Amended subsection (A) effective August 15, 1988 (Supp. 88-3). Amended effective April 28, 1989 (Supp. 89-2). Amended effective December 20, 1991 (Supp. 91-4). Section R7-2-808 repealed, new Section adopted effective July 10, 1992 (Supp. 92-3). Amended effective September 20, 1996 (Supp. 96-3). Amended effective December 22, 1997 (Supp. 97-4). Numerals were corrected and the word "rule" was replaced with "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-809. Emergency Administration of Auto-Injectable Epinephrine**

- A. Applicability. This Section applies to:
  1. Any school district or charter school that voluntarily chooses to stock auto-injectable epinephrine pursuant to A.R.S. § 15-157.
  2. All school districts and charter schools when required to stock auto-injectable epinephrine pursuant to A.R.S. § 15-157.
- B. Definitions. The following definitions are applicable to this Section:
  1. "Anaphylactic shock" is a severe systemic allergic reaction, resulting from exposure to an allergen, which may result in death.
  2. "Auto-injectable epinephrine" means a disposable drug delivery device that is easily transportable and contains a

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- premeasured single dose of epinephrine used to treat anaphylactic shock.
3. "Standing order" means a prescription protocol or instructions issued by the chief medical officer of the department of health services, the chief medical officer of a county health department, a doctor of medicine licensed pursuant to A.R.S. Title 32, Chapter 13, a doctor of naturopathic medicine licensed pursuant to A.R.S. Title 32, Chapter 14, a doctor of osteopathic medicine licensed pursuant to A.R.S. Title 32, Chapter 17, a nurse practitioner licensed pursuant to A.R.S. Title 32, Chapter 15 or a physician assistant licensed pursuant to A.R.S. Title 32, Chapter 25 for non-individual specific epinephrine.
- C. Annual training in the administration of auto-injectable epinephrine.
1. Each school district and charter school shall designate at least two school personnel for each school site who shall be required to receive annual training in the proper administration of auto-injectable epinephrine in cases of anaphylactic shock pursuant to standing order. One or more of the trained personnel may be a school nurse or athletic trainer if they are employed by the school.
  2. Training in the administration of auto-injectable epinephrine shall be conducted in accordance with minimum standards and curriculum developed by the Arizona Department of Health Services in consultation with the Arizona Department of Education.
  3. At a minimum, training shall include procedures to follow when responding to anaphylactic shock, including direction regarding summoning appropriate emergency care, and documenting, tracking and reporting of the event.
  4. Training shall also include standards and procedures for acquiring a supply of at least two juvenile doses and two adult doses of auto-injectable epinephrine, restocking auto-injectable epinephrine upon use or expiration, and storing all auto-injectable epinephrine at room temperature and in secure, easily accessible locations on school sites.
  5. Training shall be conducted via courses provided in collaboration with a public health organization or by a regulated health care professional, whose competencies include the administration of auto-injectable epinephrine, including but not limited to a licensed school nurse, certified emergency medical technician or licensed athletic trainer.
  6. School districts and charter schools shall maintain and make available upon request a list of those school personnel authorized and trained to administer auto-injectable epinephrine pursuant to a standing order.
- D. Annual training on the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs.
1. Each school district and charter school shall require all school site personnel to receive an annual training on the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs.
  2. Training shall be conducted in accordance with minimum training standards developed by the Arizona Department of Health Services in consultation with the Arizona Department of Education and shall follow the most current guidelines issued by the American Academy of Pediatrics.
  3. Training shall be conducted in collaboration with a public health organization by a regulated health care professional whose competencies include the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs, including but not limited to a licensed school nurse, certified emergency medical technician or licensed athletic trainer.
- E. Procedures for annually requesting a standing order for auto-injectable epinephrine.
1. Each school district or charter school shall obtain a standing order from its designated district or charter school physician licensed pursuant to A.R.S. Title 32, Chapter 13, 14, 17, 15, or 25 and if no such physician is available to provide a standing order, from the chief medical officer of the Department of Health Services or the chief medical officer of a county health department.
  2. Standing orders shall be renewed annually and upon the change of any designated school district or charter school physician.
  3. Standing orders shall identify the appropriate dosage of auto-injectable epinephrine to administer based upon weight and the frequency at which auto-injectable epinephrine may be administered if symptoms persist or return.
- F. Procedures for the administration of auto-injectable epinephrine in emergency situations.
1. All school districts and charters schools shall adopt procedures for the emergency administration of auto-injectable epinephrine by designated trained personnel.
  2. Procedures shall address, at a minimum, the following requirements:
    - a. Determining if symptoms indicate possible anaphylactic shock.
    - b. Selecting the appropriate dosage of auto-injectable epinephrine to administer pursuant to a standing order.
    - c. Injecting epinephrine via auto-injector pursuant to a standing order, noting the time and dose given.
    - d. Calling 911 to advise that anaphylactic shock is suspected and epinephrine was administered.
    - e. Keeping the person stable until emergency responders arrive.
    - f. Advising school medical personnel and administration of the incident.
    - g. Repeating dose pursuant to a standing order when symptoms persist and emergency responders have not arrived.
    - h. Providing emergency responders with used epinephrine auto-injector labeled with name, date and time administered.
    - i. Assuring that parents/guardians have been notified and advised to promptly alert student's primary care physician of the incident.
    - j. Completing written documentation of the incident, detailing who administered the injection, the rationale for administering the injection, the approximate time of the injection or injections, and notifications made to school administration, emergency responders, the student's parents or guardians, and the doctor or chief medical officer who issued the standing order.
    - k. Ordering replacement dose or doses of auto-injectable epinephrine.

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1. Reviewing any incident involving emergency administration of epinephrine to determine the adequacy of response.
- G.** All school districts and charter schools shall report to the Arizona Department of Health Services all incidents of use of auto-injectable epinephrine pursuant to this Section in the format prescribed by the Arizona Department of Health Services.

**Historical Note**

Adopted effective July 30, 1992 (Supp. 92-3). Amended effective April 9, 1993 (Supp. 93-2). Repealed effective February 20, 1997 (Supp. 97-1). Amended by final exempt rulemaking at 21 A.A.R. 1784, effective February 24, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 3279, effective October 22, 2018 (Supp. 18-4). The word "rule" has been updated to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 1531, effective August 27, 2021 (Supp. 21-3).

**R7-2-810. Emergency Administration of Inhalers****A.** Applicability. This Section applies to:

1. Any school district or charter school that voluntarily chooses to stock inhalers pursuant to A.R.S. § 15-158.
2. All school districts when required to stock inhalers pursuant to A.R.S. § 15-158.

**B.** Definitions. The following definitions are applicable to this Section:

1. "Authorized Entity" refers to any school district or charter school.
2. "Bronchodilator" means Albuterol or another short-acting bronchodilator that is approved by the United States Food and Drug Administration for the treatment of respiratory distress.
3. "Inhaler" means a device that delivers a bronchodilator to alleviate symptoms of respiratory distress that is manufactured in the form of a metered-dose inhaler or dry-powder inhaler that includes a spacer or holding chamber that attaches to the inhaler to improve the delivery of the bronchodilator.
4. "Personnel" means employees at a school district or charter school or nurses who are under contract with the school district or charter school.
5. "Respiratory distress" includes the perceived or actual presence of coughing, wheezing or shortness of breath.
6. "Standing order" means a prescription protocol or instructions issued by the chief medical officer of a county health department, physicians licensed pursuant to A.R.S. Title 32, Chapter 13, 14, or 17, or nurse practitioners licensed pursuant to A.R.S. Title 32, Chapter 15.

**C.** Annual training on recognition of symptoms of respiratory distress and administration of inhalers:

1. Each school district and charter school that elects to administer inhalers shall designate at least two personnel at each school site who shall be required to be trained in the recognition of respiratory distress symptoms, the procedures to follow when respiratory distress occurs, and the administration of inhalers, as directed on the prescription protocol. While each school is required to have two trained personnel in order to implement the stock inhaler policies, schools may train as many personnel as they feel necessary.
2. Training in the administration of inhalers shall be conducted by a nationally recognized organization or profes-

sionally certified medical professionals that are experienced in training laypersons in emergency health treatment.

**3.** Training may be conducted online or in person and at a minimum shall include:

- a. How to recognize signs and symptoms of respiratory distress in accordance with good clinical practice.
- b. Standards and procedures for the storage of inhalers.
- c. Standards and procedures for the administration of an inhaler, as directed on the prescription protocol.
- d. If necessary, emergency follow-up procedures after the administration of an inhaler.

**4.** The organization that conducts the training shall issue a certificate to each person who successfully completes the training. The personnel shall submit this certificate to the school.**5.** Annual training is required for all designated personnel of the school.**6.** School districts and charter schools shall maintain and make available on request a list of school personnel who are authorized to administer inhalers pursuant to a standing order.**D.** Procedures for annually requesting a standing order and the prescription for the inhaler and holding chamber

1. Each participating school district or charter school shall obtain a standing order and prescription for inhalers and spacers or holding chambers pursuant to A.R.S. § 15-158 from the chief medical officer of a county health department, a physician licensed pursuant to A.R.S. Title 32, Chapter 13, 14, or 17, or a nurse practitioner pursuant to A.R.S. Title 32, Chapter 15.
2. Standing orders and prescriptions shall be requested and renewed annually.

**E.** Procedures for the administration of inhalers in emergency situations:

1. School districts and charter schools that elect to administer inhalers shall:
  - a. Prescribe and enforce policies and procedures for the emergency administration of inhalers by designated and trained medical and non-medical personnel.
  - b. Designate at least two personnel at each school to be trained to recognize respiratory distress and administer inhalers.
  - c. Require designated personnel to participate in annual training and provide a certificate of successful completion to the school.
  - d. Designate personnel who have completed the required training to be responsible for the storage, maintenance, control and general oversight of the inhalers and spacers or holding chambers acquired by the school.
  - e. Acquire and stock a supply of inhalers and spacers or holding chambers pursuant to a standing order prescription.
  - f. Store medication in a secure, temperature appropriate location, unlocked and readily accessible to designated personnel.
2. Pursuant to a standing order, school district or charter school personnel who are trained in the administration of inhalers may administer or assist in the administration of an inhaler to a pupil or adult whom the personnel believes in good faith to be exhibiting symptoms of respiratory distress while at school or a school-sponsored activity.



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3. Procedures adopted by school districts and charter schools shall address at a minimum, the following requirements:
  - a. Determine if symptoms indicate possible respiratory distress or emergency and determine if the use of an inhaler will properly address the respiratory distress or emergency.
  - b. Administer the correct dose of inhaler medication, as directed by the prescription protocol, regardless of whether the individual who is believed to be experiencing respiratory distress has a prescription for an inhaler and spacer or holding chamber or has been previously diagnosed with a condition requiring an inhaler.
  - c. Restrict physical activity, encourage slow breaths and allow the individual to rest.
  - d. Assure that trained personnel stay with the subject who has been administered inhaler medication until it is determined whether the medication alleviates symptoms.
  - e. If applicable, instruct office staff to notify the school nurse if the inhaler is administered by a trained but non-licensed person.
  - f. Instruct school staff to notify the parent or guardian.
  - g. Call 911 if severe respiratory distress continues. Advise that inhaler medication was administered and stay with the person until emergency medical responders arrive.
  - h. If the individual shows improvement, keep the individual under supervision until breathing returns to normal, with no more chest tightness or shortness of breath, and the individual can walk and talk easily.
  - i. Allow a student to return to class if breathing has returned to normal and all symptoms have resolved.
  - j. Notify a parent or guardian once the inhaler has been administered and the student has returned to class.
  - k. Document the incident detailing who administered the inhaler, the approximate time of the incident, notifications made to the school administration, emergency responders, and parents/guardians.
  - l. Retain the incident data on file at the school pursuant to the general records retention schedule regarding health records for school districts and charter schools established by the Arizona State Library, Archives and Public Records.
  - m. Order replacement inhalers, spacers and holding chambers as needed.
4. A school district or charter school may accept monetary donations for or apply for grants for the purchase of inhalers and spacers or holding chamber or may accept donations of inhalers and spacers or holding chambers directly from the product manufacturers.

**F. Immunity from civil liability is prescribed in A.R.S. § 15-158.**

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 146, effective August 9, 2018; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 3279, effective October 22, 2018 (Supp. 18-4). The word "rule" has been updated to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt

rulemaking at 27 A.A.R. 1531, effective August 27, 2021 (Supp. 21-3).

**R7-2-811. Emergency Administration of Seizure Management Plans and Medication**

**A. Applicability.** This Section applies to:

1. Any school district or charter school that has received a seizure management plan from a parent pursuant to A.R.S. § 15-160.02.
2. All school districts and charter schools when required to stock seizure rescue medication or a medication prescribed to treat seizure disorder pursuant to A.R.S. § 15160.02.
3. The State Board of Education shall adopt rules as necessary to administer this Section pursuant to A.R.S. § 15-160.02.

**B. Definitions.** The following definitions are applicable to this Section:

1. "Parent" is the guardian responsible for the student in question.
2. "Seizure Management and Treatment Plan", also known as a seizure action plan, outlines procedures recommended by the student's parent and the student's physician or registered nurse practitioner as defined in A.R.S. § 32-1601 and is signed by the student's parent and the student's physician or registered nurse practitioner.
3. "Seizure rescue medication" is a medication prescribed by the student's physician or registered nurse practitioner and is approved as an acute treatment, given at the time of the seizure to abort an ongoing or excessive number of seizures on an as need basis.
4. "School Nurse" is a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) employed by, or under contract with, a school district or charter school whose duties at the school include regular contact with students who have submitted a seizure management and treatment plan.
5. "School Personnel" includes the school principal, guidance counselor, teacher, bus driver, or classroom aide whose duties at the school include regular contact with students who have submitted a seizure management and treatment plan.

**C. Quinquennial training in the administration of seizure management and treatment plans, stocking of seizure rescue medication, or stocking of a medication prescribed to treat seizure disorder.**

1. A school nurse who is employed or under contract with a school district or charter school that has received a seizure management and treatment plan shall complete an online course of instruction for school nurses regarding managing students with seizure disorders. This training must be approved by the State Board of Education. The minimum requirements of this training are defined pursuant to A.R.S. § 15-160.02. Information regarding training that has been approved by the State Board of Education shall be posted on the Board's website.
  - a. Information regarding training that has been approved by the State Board of Education shall be posted on the Board's website.
  - b. The training shall be initially completed within 30 days of receipt of the first seizure management and treatment plan.
  - c. A new hire who will have regular contact with a student who has previously submitted a seizure management and treatment plan shall be required to complete the training during the school's new hire

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- orientation unless the new hire can submit proof of successful completion within the last five years.
- d. The training must be completed at least once in a five-year period.
2. A school principal, guidance counselor, teacher, bus driver or classroom aide whose duties at the school include regular contact with students who have submitted a seizure management and treatment plan shall complete an online course of instruction for school personnel regarding awareness of students with seizure disorders. This training must be completed at least once in a five-year period and be approved by the State Board of Education. The minimum requirements of this training are defined pursuant to A.R.S. § 15-160.02. Information regarding training that has been approved by the State Board of Education shall be posted on the Board's website.
    - a. Information regarding training that has been approved by the State Board of Education shall be posted on the Board's website.
    - b. The training shall be initially completed within 30 days of receipt of the first seizure management and treatment plan.
    - c. A new hire who will have regular contact with a student who has previously submitted a seizure management and treatment plan shall be required to complete the training during the school's new hire orientation unless the new hire can submit proof of successful completion within the last five years.
    - d. The training must be completed at least once in a five-year period.
  3. Each school district and charter school shall have at least one school employee at the school, other than the school nurse, who has met the training requirements necessary to administer or assist with the self-administration of both of the following:
    - a. A seizure rescue medication or a medication prescribed to treat seizure disorder symptoms as approved by the United States Food and Drug Administration, or its successor agency.
    - b. A manual dose of prescribed electrical stimulation using a vagus nerve stimulator magnet as approved by the United States Food and Drug Administration, or its successor agency.
  4. The State Board of Education shall approve the school district or charter school course of instruction per the minimum training requirements pursuant to A.R.S. § 15-160.02.
    - a. All unapproved courses of instruction must be submitted to the State Board of Education for approval.
    - b. All courses of instruction shall issue a certificate to each person who successfully completes the training and the date of completion. The school personnel shall submit this certificate to the school.
    - c. Any approved courses of instruction that are altered must seek pre-approval from the State Board of Education. Approval from the State Board of Education must be gained prior to launching the updated course of instruction.
  5. School districts and charter schools shall maintain and make available on request:
    - a. List of school personnel who are authorized to administer seizure medication pursuant to the seizure management and treatment plan, the date the training was successfully completed, and the certificate signifying successful completion.
    - b. The school's course of instruction that is not consistent with (C)(1)(a) and (C)(2)(a) of this Section.
- D.** Procedures for the administration of seizure rescue medication, a medication prescribed to treat seizure disorder symptoms, or manual dose of prescribed electrical stimulation using a vagus nerve stimulator magnet.
1. All school districts and charter schools shall adopt procedures for the emergency administration of seizure rescue medication or medication prescribed to treat seizure disorder symptoms.
  2. All school districts and charter schools shall adopt procedures for the manual dose of prescribed electrical stimulation using a vagus nerve stimulator magnet.
  3. Procedures shall address, at minimum, the following requirements:
    - a. Basic seizure first aid steps with steps to keep the student safe and from injury during a seizure, guidelines for activating 911/the Emergency Medical System (EMS) and notifying the student's parent.
    - b. Steps to obtain a seizure management and treatment plan also known as a seizure action plan for students with a seizure disorder.
    - c. Designate personnel who have completed the required training to be responsible for the storage, maintenance, control, and general oversight of the items for students with seizures including a seizure action plan and medication.
    - d. Store the medication in a secure, temperature-appropriate location and readily accessible to designated personnel.
    - e. Store the vagus nerve stimulator magnet in a secure location, where it is readily accessible to designated personnel.
    - f. Documenting the incident detailing the seizure, location where the seizure began, actions taken as defined by the seizure action plan on file for the student, who administered the medication or vagus nerve stimulator magnet, the approximate time of the incident, student response to the medication or vagus nerve stimulator magnet, notifications made to the school administration, emergency responders, and parent, disposition per the seizure action plan, and any other pertinent details of the incident.
    - g. Steps to obtain an updated seizure action plan from the parent post-incident if found to be necessary.
    - h. Steps to obtain replacement medication for the student, if needed, in alignment with the student's seizure action plan.
- E.** Immunity from civil liability is prescribed in A.R.S. § 15-160.02.

**Historical Note**

New Section made by final exempt rulemaking at 30 A.A.R. 2547 (August 9, 2024), effective July 24, 2024 (Supp. 24-3).

**ARTICLE 9. SCHOOL DISTRICT BUDGET AND ACCOUNTING****R7-2-901. Teacher Experience Index Provisions**

- A.** General purpose. These guidelines are provided for local governing boards to assist in development of policies identifying activities which contribute to the instructional programs at the local school level. The policies will define what constitutes a

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full-time vs. a part-time teacher position for the purpose of developing a school district's Teacher Experience Index.

- B.** Local governing boards may include the following activities in their policies as those which contribute toward an instructional program. This listing is not intended to be exclusive, and districts may utilize additional activities:

1. Classroom related:
  - a. Classroom instruction,
  - b. Preparation time,
  - c. Supervision,
  - d. Evaluation,
  - e. Curriculum development,
  - f. Housekeeping chores, i.e., daily reports, blackboard preparation, etc.
2. School related:
  - a. Teacher conferences,
  - b. Parent conferences,
  - c. Professional association activities,
  - d. Professional days,
  - e. District directed reports,
  - f. Participation in activities related to education scheduled by county, state, or federal agencies.

Professional association activities must be, in the opinion of the local governing board, for a public purpose and must not be for the sole benefit of the professional association.

3. Other district related:
  - a. Special assignments,
  - b. School board approved leave,
  - c. Home visitation,
  - d. Home instruction,
  - e. Off-site instruction,
  - f. Research,
  - g. In-service training.

In-service training activities are those approved by the local governing board and intended to promote the educational advancement of the youth of the district. These activities may be conducted either during the regular school day or at other times.

- C.** A local governing board may exercise its option to contract with certified personnel on a less than full-time basis in order to meet local district needs.
- D.** In those instances where a district may contract with certified personnel, and the responsibilities specified within the contract include activities not related to instruction, then the district must define in terms of "full-time equivalencies" that portion which is instruction-related.

#### Historical Note

Adopted as an emergency effective May 21, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-3). Former emergency adoption now adopted without change effective October 7, 1980 (Supp. 80-5).

#### R7-2-902. Independent Accounting Responsibility

- A.** The governing board of a school district applying to operate with full independence from the county school superintendent as provided in A.R.S. § 15-914.01, shall apply to the State Board of Education and submit a plan for accounting responsibility to the county school superintendent of the county in which the school district is located and the Department of Education before January 1, which documents the following:
1. Administrative and internal accounting controls designed to achieve compliance with the Uniform System of Financial Records and the following objectives:

- a. Procedures for approving, preparing and signing vouchers and warrants;
  - b. Procedures to ensure verification of administrators' and teachers' certification records with the Department of Education for all classroom and administrative personnel required to hold a certificate by the State Board pursuant to A.R.S. § 15-203, before issuing warrants for their services;
  - c. Procedures to account for all revenues, including allocation of certain revenues to funds as provided in the revenues section of the Uniform Accounting Manual for Arizona County School Superintendents;
  - d. Procedures for reconciling the accounting records monthly to the county treasurer as provided in the reconciliations section of the Uniform Accounting Manual for Arizona County School Superintendents.
2. A compilation of resources required to implement accounting responsibility, including personnel, training and equipment, and a comprehensive analysis of the budgetary implications of accounting responsibility for the school district and the county treasurer.

- B.** Before January 1 of the fiscal year preceding the fiscal year of implementation and before submitting an application to assume accounting responsibility, a school district shall apply for evaluation by the Auditor General. After completing the evaluation, the Auditor General may recommend approval or denial of accounting responsibility to the State Board of Education. The evaluation by the Auditor General shall be performed contingent on staff availability and may be billed to the school district at cost. Evaluation at a minimum shall include the following:

1. The most recent financial statements audited by an independent certified public accountant.
2. The most recent reports on internal control, compliance and uniform system of financial records compliance questionnaire prepared by an independent certified public accountant or procedural review completed by the Auditor General.
3. The working papers of the independent certified public accountant responsible for auditing the school district, if deemed appropriate by the Auditor General.
4. A procedural review if deemed appropriate by the Auditor General.

- C.** Before January 1 of the fiscal year preceding the fiscal year of implementation and before submitting an application to assume accounting responsibility, a school district shall apply for evaluation by the county treasurer of the county in which the school district is located. After completing the evaluation, the county treasurer may recommend approval or denial of accounting responsibility to the State Board of Education. The evaluation by the county treasurer shall be performed contingent on staff availability and may be billed to the school district at cost. Evaluation by the county treasurer at a minimum shall include an analysis of the computer programming required for the county to manage the school districts funds.

- D.** School districts that are approved by the State Board of Education to assume accounting responsibility shall contract with an independent certified public accountant for an annual financial and compliance audit. The Auditor General may reevaluate the school district annually based on the audit to determine compliance with the uniform system of financial records. If permitted by federal law, a school district may convert to a biennial audit schedule if the previous annual audit conducted pursuant to this subsection did not contain any significant neg-

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ative findings. If a biennial audit of a school district conducted pursuant to this subsection contains any significant negative findings, the school district shall convert back to an annual audit schedule. If a school district is required to convert back to an annual audit schedule pursuant to this subsection because of significant negative findings, the school district may subsequently convert to a biennial audit schedule if the previous two annual audits did not contain any significant negative findings. For the purposes of this subsection, "significant negative finding" means a finding that results in the issuance of a letter of noncompliance from the Auditor General.

- E. Upon receipt of an accounting responsibility plan as prescribed in subsection (A), the county treasurer shall establish acceptable standards for interface by school districts with the county treasurer, including specifications for computer hardware and software compatibility and procedures to ensure the capacity of each school district to reconcile accounts with those of the county treasurer.
- F. Any school district that fails to maintain accounting standards as provided by the uniform system of financial records and that is found to be in noncompliance with the uniform system of financial records by the State Board of Education as provided in A.R.S. § 15-272 is not eligible to participate in the program provided by this Section.

**Historical Note**

Adopted effective February 4, 1988 (Supp. 88-1). The word "rule" has been updated to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 29 A.A.R. 1402 (June 23, 2023), with an effective date of May 22, 2023 (Supp. 23-2).

**ARTICLE 10. SCHOOL DISTRICT PROCUREMENT****PART I. IN GENERAL****R7-2-1001. Definitions**

In Articles 10 and 11, unless the context otherwise requires:

1. "Acceptance period" means the period of time specified in the solicitation that a bid or proposal is irrevocable, except as specified in R7-2-1030.
2. "Actual energy production" means the actual amount of energy that flows from the energy production measure on an annual basis as measured by a meter in kilowatt hours alternating current.
3. "Advantageous to the school district" means in the best interest of the school district, but does not necessarily mean lowest bid/cost.
4. "Affiliate" means any person whose governing instruments require it to be bound by the decision of another person or whose governing board includes enough voting representatives of the other person to cause or prevent action, whether or not the power is exercised. It also may include persons doing business under a variety of names, or where there is a parent-subsidiary relationship between persons.
5. "Alternative project delivery methods for construction" means construction-manager-at-risk, design-build, and job-order-contracting construction services.
6. "Architect services," "engineer services," "land surveying services," "geologist services" and "landscape architect services" mean those professional services within the scope of the practice of those services as provided in A.R.S. Title 32, Chapter 1, Article 1.
7. "Award" means a determination by the school district that it is entering into a contract with one or more bidders or offerors.
8. "Bid" means a response to an invitation for bids and includes an offer to contract with the school district.
9. "Bidder" means a person submitting a bid in response to an invitation for bids.
10. "Brand name or equal specification" means a written description that uses one or more manufacturers' names or catalog numbers to describe the standard of quality, performance, and other characteristics needed to meet the school district's requirements, and that provides for the submission of equivalent products.
11. "Brand name specification" means a written description limited to one or more items by manufacturers' names or catalog numbers.
12. "Business" means any corporation, partnership, individual, sole proprietorship, joint stock company, joint venture or any other private legal entity.
13. "Change order" means a written order that is approved by the governing board and that directs the contractor to make changes that the changes clause of the contract authorizes the governing board to order.
14. "Clergy" means a minister of a religion.
15. "Coefficient" means the contractor's price adjustment to the unit price in a job order contract. Several coefficients may apply to the unit price book.
16. Construction:
  - a. Means the process of building, altering, repairing, improving or demolishing any school district structure or building, or other public improvements of any kind to any public real property.
  - b. Construction does not include:
    - i. The routine operation, routine repair or routine maintenance of existing facilities, structures, buildings or real property.
    - ii. The investigation, characterization, restoration or remediation due to an environmental issue of existing facilities, structures, buildings or real property.
17. "Construction-manager-at-risk" means a project delivery method in which:
  - a. There is a separate contract for design services and a separate contract for construction services, except that instead of a single contract for construction services, the school district may elect separate contracts for preconstruction services during the design phase, for construction during the construction phase and for any other construction services.
  - b. The contract for construction services may be entered into at the same time as the contract for design services or at a later time.
  - c. Design and construction of the project may be either:
    - i. Sequential with the entire design complete before construction commences.
    - ii. Concurrent with the design produced in two or more phases and construction of some phases commencing before the entire design is complete.
  - d. Finance services, maintenance services, operations services, preconstruction services and other related services may be included.

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18. "Construction services" means either of the following for construction-manager-at-risk, design-build and job-order-contracting project delivery methods:
  - a. Construction, excluding services, through the construction-manager-at-risk or job-order-contracting project delivery methods.
  - b. A combination of construction and, as elected by the school district, one or more related services, such as finance services, maintenance services, operations services, design services and preconstruction services, as those services are authorized in the definitions of construction-manager-at-risk, design-build or job-order-contracting in this Section.
19. "Contract" means all types of agreements, including purchase orders, regardless of what they may be called, for the procurement of materials, services, construction or construction services, or the disposal of materials.
20. "Contract modification" means any written alteration in the terms and conditions of any contract accomplished by mutual action of the parties to the contract.
21. "Contractor" means any person who has a contract with a school district.
22. "Cooperative purchasing" means procurement conducted by, or on behalf of, more than one public procurement unit.
23. "Cost" means the aggregate cost of all materials and services, including labor performed by school district employees.
24. "Cost data" means information concerning the actual or estimated cost of labor, material, overhead and other cost elements that have been actually incurred or that are expected to be incurred by the offeror or contractor in performing the contract.
25. "Cost-plus-a-percentage-of-cost contract" means a contract that, prior to completion of the work, the parties agree that the fee will be a predetermined percentage of the cost of the work.
26. "Data" means documented information, regardless of form or characteristic.
27. "Days" means calendar days and shall be computed pursuant to A.R.S. § 1-243.
28. "Defective data" means data that is inaccurate, incomplete or outdated.
29. "Dentist" means a person licensed pursuant to A.R.S. Title 32, Chapter 11.
30. "Descriptive literature" means information available in the ordinary course of business that shows the characteristics, construction or operation of an item offered in a bid or proposal.
31. "Design-bid-build" means a project delivery method in which:
  - a. There is a sequential award of two separate contracts.
  - b. The first contract is for design services.
  - c. The second contract is for construction.
  - d. Design and construction of the project are in sequential phases.
  - e. Finance services, maintenance services and operations services are not included.
32. "Design-build" means a project delivery method in which:
  - a. There is a single contract for design services and construction services, except that instead of a single contract for design services and construction services, the school district may elect separate contracts for preconstruction services and design services during the design phase, for construction and design services during the construction phase and for any other construction services.
  - b. Design and construction of the project may be either:
    - i. Sequential with the entire design complete before construction commences.
    - ii. Concurrent with the design produced in two or more phases and construction of some phases commencing before the entire design is complete.
  - c. Finance services, maintenance services, operations services, preconstruction services and other related services may be included.
33. "Design professional" means an individual or firm that is registered by the state board of technical registration pursuant to A.R.S. Title 32, Chapter 1 to practice architecture, engineering, geology, landscape architecture or land surveying or any combination of those professions and any person employed by the registered individual or firm.
34. "Design professional service contract" means a written agreement relating to the planning, design, construction administration, study, evaluation, consulting, inspection, surveying, mapping, material sampling, testing or other professional, scientific or technical services furnished in connection with any actual or proposed study, planning, survey, environmental remediation, construction, improvement, alteration, repair, maintenance, relocation, moving, demolition or excavation of a structure, street or roadway, appurtenance, facility or development or other improvement to land.
35. "Design professional services" means architect services, engineer services, land surveying services, geologist services or landscape architect services or any combination of those services performed by or under the supervision of a design professional or an employee or subconsultant of the design professional.
36. "Design requirements" means at a minimum:
  - a. The school district's written description of the project or service to be procured, including:
    - i. The required features, functions, characteristics, qualities and properties.
    - ii. The anticipated schedule, including start, duration and completion.
    - iii. The estimated budgets applicable to the specific procurement for design and construction and, if applicable, for operation and maintenance.
  - b. May include:
    - i. Drawings and other documents illustrating the scale and relationship of the features, functions and characteristics of the project, which shall all be prepared by a design professional who is registered pursuant to A.R.S. § 32-121.
    - ii. Additional design information or documents that the school district elects to include.
37. "Design services" means architect services, engineer services or landscape architect services.
38. "Designee" means the governing board member or school district employee who has been delegated procurement authority by the governing board as specified by board action.

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39. "Detailed record" means minutes, that shall include the date, time, place, persons in attendance and a summary of what was said by whom and the decisions made. The minutes may be made either in writing or by a recording.
40. "Discussions" means an exchange or series of exchanges between the school district and a person who has submitted an unpriced technical offer or a proposal, resulting in an opportunity for the person to revise the unpriced technical offer or proposal prior to final evaluation by the school district.
41. "District representative" means a district employee or the governing board acting within the limits of the district representative's authority. There may be more than one appointed for different purposes and different procurements.
42. "Earth-moving, material-handling, road maintenance and construction equipment" means a track-type tractor, motor grader, excavator, landfill compactor, wheel tractor scraper, off-highway truck, wheel loader or track loader, having a published manufacturer's minimum unit list price of \$50,000 or more and a minimum expected life cycle of three years.
43. "Effective utility rate" means the average price per kilowatt hour that a school district paid to its utility provider for electricity service to the facility that is the subject of the guaranteed energy production contract over the previous twelve months.
44. "Eligible procurement unit" means a public procurement unit, a nonprofit corporation, or an external procurement activity.
45. "Employee" means an individual drawing a salary from a school district and any noncompensated individual performing personal services for any school district.
46. "Energy baseline" means a calculation of the amount of energy used in an existing facility before the installation or implementation of the energy cost savings measures.
47. "Energy cost savings" means one or both of the following:
  - a. An estimated reduction in net fuel costs, energy costs, water costs, stormwater fees or other utility costs, or related net operating costs, including costs for anticipated equipment replacement and repair, from or as compared to an established baseline of those costs.
  - b. An estimated revenue increase associated with additional facility use or the use of improved meters or other measuring devices due to improvements included in the guaranteed energy cost savings contract.
48. "Energy cost savings measure" means a training program or facility alteration designed to reduce energy consumption, which may include one or more of the measures authorized in A.R.S. § 15-213.01, and any related meters or other measuring devices.
49. "Energy production measure" means renewable and alternative energy projects or renewable energy power service agreements.
50. "Established catalog price" means the price included in a catalog, price list, schedule or other form that:
  - a. Is regularly maintained by a manufacturer, distributor or contractor.
  - b. Is either published or otherwise available for inspection by customers.
- c. States prices at which sales are currently or were last made to a significant number of any category of buyers or buyers constituting the general buying public for the materials or services involved.
51. "Excess materials" means any materials which have a remaining useful life but which are no longer required by the using school district in possession of the materials.
52. "External procurement activity" means any buying organization not located in this state that would qualify as a public procurement unit.
53. "Fair market value" means the price at which sales have been consummated for materials of like type, quality, and quantity in a particular market at the time of acquisition.
54. "Filed" means delivery to the district representative, school district or its hearing officer, whichever is applicable. A time/date stamp affixed to a document by the school district shall be determinative of the time or delivery for purposes of filing.
55. "Finance services" means financing for a construction services project.
56. "General Services Administration contract" means contracts awarded by the United States government General Services Administration.
57. "Gift or benefit" means a payment, distribution, expenditure, advance, deposit or donation of monies, any intangible personal property or any kind of tangible personal or real property that is not of nominal value such as a greeting card, t-shirt, mug or pen. Gift or benefit does not include either:
  - a. Food or beverage.
  - b. Expenses or sponsorships relating to a special event or function to which individuals involved in procurement and purchasing are invited.
58. "Governing board" has the meaning defined in A.R.S. § 15-101.
59. "Governing instruments" means legal documents that establish the existence of an organization and define its powers, including articles of incorporation or association, constitution, charter, by-laws, or similar documents.
60. "Guaranteed energy cost savings contract" means a contract for implementing one or more energy cost savings measures.
61. "Guaranteed energy price" means the agreed on price to be charged to the school district for each kilowatt hour alternating current of actual energy production as such may change on an annual basis as set forth in the guaranteed energy production contract.
62. "Guaranteed energy production" means the amount of energy, measured in kilowatt hours alternating current, that the qualified provider guarantees for each year of the guaranteed energy production contract.
63. "Guaranteed energy production contract" means a contract for implementing one or more energy production measures between one or more qualified providers and a school district.
64. "Guaranteed energy production shortfall" means the amount, if any, that the actual energy production is less than the guaranteed energy production in any given year.
65. "Incremental award" means an award of portions of a definite quantity requirement to more than one contractor. Each portion is for a definite quantity and the sum of the portions is the total definite quantity required.
66. "Interested party" means an actual or prospective bidder or offeror whose economic interest may be affected sub-

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- stantially and directly by the issuance of a solicitation, the award of a contract or by the failure to award a contract. Whether an actual or prospective bidder or offeror has an economic interest will depend upon the circumstances of each case.
67. "Internet" means the international computer network of both federal and nonfederal interoperable packet switched data networks, including the graphical subnetwork called the world wide web.
  68. "Invitation for bids" means all documents, whether attached or incorporated by reference, which are used for soliciting bids in accordance with the procedures prescribed in R7-2-1024.
  69. "In writing" has the same meaning as "written" or "writing" in A.R.S. § 47-1201, which includes printing, typewriting, electronic transmission, facsimile, or any other intentional reduction to tangible form.
  70. "Job-order-contracting" means a project delivery method in which:
    - a. The contract is a requirements contract for indefinite quantities of construction.
    - b. The construction to be performed is specified in job orders issued during the contract.
    - c. Finance services, maintenance services, operations services, preconstruction services, design services and other related services may be included.
  71. "Legal counsel" means a person licensed as an attorney by the Arizona Supreme Court.
  72. "Life cycle" means the useful life of the earth-moving, material-handling, road maintenance and construction equipment to the original using school district.
  73. "Local public procurement unit" means any political subdivision, any agency, board, department or other instrumentality of such political subdivision, and any nonprofit corporation created solely for the purpose of administering a cooperative purchase under Articles 10 and 11.
  74. "Maintenance services" means routine maintenance, repair and replacement of existing facilities, structures, buildings or real property.
  75. "Materials" means all property, including equipment, supplies, printing, insurance and leases of property, but does not include land, a permanent interest in land or real property or leasing space.
  76. "May" denotes the permissive.
  77. "Minor" means mistakes, excluding judgmental errors, that have negligible effect on price, quantity, quality, delivery or other contractual terms and the waiver or correction of such mistake does not prejudice other bidders or offerors.
  78. "Multiple award" means award of multiple contracts for identical or similar materials or services to more than one bidder or offeror.
  79. "Multistep sealed bidding" means a 2-phase process consisting of a technical first phase composed of one or more steps in which bidders submit unpriced technical offers to be evaluated by the school district and a second phase in which those bidders whose technical offers are determined to be acceptable during the first phase have their price bids considered.
  80. "Negotiation" means an exchange or series of exchanges between the school district and a person with a goal of establishing the terms, conditions and prices in a contract between the school district and the person, where such negotiation is authorized in Articles 10 and 11.
  81. "Nonexpendable materials" means all tangible materials which have an original acquisition cost over an amount set by regulation and a probable useful life of more than one year.
  82. "Nonprofit corporation" means any nonprofit corporation as designated by the Internal Revenue Service under section 501(c)(3) through 501(c)(6) or under section 115, if created by two or more local public procurement units, and includes certified nonprofit agencies that serve individuals with disabilities as defined in A.R.S. § 41-2636.
  83. "Offeror" means a person submitting a proposal in response to a request for proposals.
  84. "Operations services" means routine operation of existing facilities, structures, buildings or real property.
  85. "Outright purchase" means the initial cost to the school district for the earth-moving, material-handling, road maintenance and construction equipment, including all vendor charges and financing costs.
  86. "Owner" means the school district.
  87. "Paper" means newspaper, high-grade office paper, fine paper, bond paper, offset paper, xerographic paper, duplicator paper and related types of cellulosic material containing not more than ten percent by weight or volume of noncellulosic material such as laminates, binders, coatings or saturants.
  88. "Paper product" means paper items or commodities, including paper napkins, towels, corrugated paper and related types of cellulosic products containing not more than ten percent by weight or volume of noncellulosic material such as laminates, binders, coatings or saturates.
  89. "Person" means any corporation, business, individual, union, committee, club, other organization or group of individuals.
  90. "Physician" means a person licensed pursuant to A.R.S. Title 32, Chapters 7, 8, 13, 14, 15.1, 16, or 17.
  91. "Post-consumer material" means a discard generated by a business or residence that has fulfilled its useful life. Post-consumer material does not include discards from industrial or manufacturing processes.
  92. "Posted prices" means the sale price determined by the school district to be fair market value.
  93. "Preconstruction services" means services and other activities during the design phase.
  94. "Pricing data" means information concerning prices, including profit, for materials, services or construction substantially similar to those being procured under a contract or subcontract. In this definition, "prices" refers to offered selling prices, historical selling prices or current selling prices of the items being purchased.
  95. "Prime contractor" means a general contractor, who contracts with a property owner and, in turn, employs a subcontractor, or subcontractors, to perform some or all of the work.
  96. "Procurement" means buying, purchasing, renting, leasing or otherwise acquiring any materials, services, construction or construction services. Procurement also includes all functions that pertain to the obtaining of any material, service, construction, or construction services, including description of requirements, selection and solicitation of sources, preparation and award of contract, and all phases of contract administration.
  97. "Procurement file" means the official procurement records of the school district containing the following:
    - a. List of notified vendors.

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- b. Procurement disclosure statements.
  - c. Final solicitation.
  - d. Solicitation amendments.
  - e. Bids and offers.
  - f. Offer revisions and best and final offers.
  - g. Discussions.
  - h. Clarifications.
  - i. Final evaluation reports.
  - j. Additional information, as necessary.
98. "Proposal" means a response to a request for proposals and includes an offer to contract with the school district.
  99. "Proprietary specification" means a specification that describes a material made and marketed by a person having the exclusive right to manufacture and sell such material and excludes other material with similar quality, performance or functional characteristics from being responsive to the solicitation.
  100. "Public procurement unit" means either a local public procurement unit, the Arizona Department of Administration, any other state or an agency of the United States.
  101. "Public service corporation" means all corporations other than municipal engaged in furnishing gas, electricity, or water and subject to regulation as a utility by the Arizona Corporation Commission.
  102. "Purchase description" means the words used in a solicitation to describe the materials, services or construction for purchase and includes specifications attached to, or made a part of, the solicitation.
  103. "Purchase requisition" means that document, or electronic transmission, whereby a school district requests that a contract be entered into for a specific need, and may include, but is not limited to, the description of the requested item, delivery schedule, transportation data, criteria for evaluation, suggested source of supply and information supplied for the making of any written determination required by Articles 10 and 11.
  104. "Qualified products list" means an approved list of materials or construction items described by model or catalog numbers that, prior to competitive solicitation, the governing board has determined will meet the applicable specification requirement.
  105. "Qualified select bidders list" means a selection process for establishing a list of best-qualified prime contractors or construction material suppliers for a specific, single project. The selection process is based upon listed evaluation criteria and conducted through a request for qualifications. Once the selection process is complete, the qualified bidders are invited to submit a sealed competitive bid based upon architectural/engineering plans and specifications or material specifications.
  106. "Reasonably susceptible of being awarded a contract" means those proposals that the school district determines are subject to award after the initial review of all original proposals.
  107. "Recycled paper" means paper products which have been manufactured from materials otherwise destined for the waste stream and which contain at least forty percent recovered wastepaper with ten percent of that being post-consumer material.
  108. "Regional award" means an award of portions of the total requirement by geographic region.
  109. "Request for information" means all documents issued to vendors for the sole purpose of seeking information about the availability in the commercial marketplace of materials or services.
  110. "Request for proposals" means all documents, whether attached or incorporated by reference, which are used for soliciting proposals in accordance with procedures prescribed in R7-2-1042.
  111. "Request for qualifications" means all documents, whether attached or incorporated by reference, which are used for soliciting statements of qualifications in accordance with procedures prescribed in R7-2-1101, R7-2-1106, R7-2-1108 or R7-2-1117.
  112. "Residual value" means the guaranteed minimum market value of the earth-moving, material-handling, road maintenance and construction equipment at the end of the life cycle of the equipment being procured, as determined by a guaranteed minimum value offered by the vendor or other parties in its bid.
  113. "Responsible bidder or offeror" means a person who at the time of contract award has the capability to perform the contract requirements and the integrity and reliability which will assure good faith performance.
  114. "Responsive bidder or offeror" means a person who submits a bid or proposal which conforms in all material respects to the invitation for bids or request for proposals.
  115. "Reverse auction" means a procurement method in which bidders are invited to bid on supplying specified materials over the Internet in a real-time competitive bidding event.
  116. "School district" has the meaning defined in A.R.S. § 15-101, whose authority is exercised by the governing board or its designee.
  117. "Services" means the furnishing of labor, time or effort by a contractor or subcontractor that does not involve the delivery of a specific end product other than required reports and performance. Services does not include employment agreements or collective bargaining agreements.
  118. "Shall" denotes the imperative.
  119. "Solicitation" means an invitation for bids, an invitation to submit technical offers, a request for proposals, a request for qualification, or any other invitation or request by which the school district invites a person to participate in a procurement.
  120. "Specification" means any description of the physical or functional characteristics, or of the nature of a material, service or construction item. Specification may include a description of any requirement for inspecting, testing or preparing a material, service or construction item for delivery.
  121. "Specified professional services" means services of an architect, engineer, land surveyor, assayer, geologist and landscape architect and any combination of those services.
  122. "Standard commercial material" means material that, in the normal course of business, is customarily maintained in stock or readily available by a manufacturer, distributor or dealer for the marketing of such material.
  123. "Statement of qualifications" means a response to a request for qualifications issued pursuant to R7-2-1101, R7-2-1106, R7-2-1108 or R7-2-1117, or unsolicited qualifications submitted pursuant to R7-2-1062 or R7-2-1122, and does not include an offer to contract with the school district.



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124. "Subcontractor" means a person who contracts to perform work or render service to a contractor or to another subcontractor as a part of a contract with a school district.
125. "Subconsultant" means any person, firm, partnership, corporation, association or other organization or a combination of any of them, that has a direct contract with a design professional or another subconsultant to perform a portion of the work under a design professional service contract.
126. "Surplus materials" means any materials that no longer have any use to the school district or materials acquired from the United States government. This includes obsolete materials, scrap materials and nonexpendable materials that have completed their useful life.
127. "Suspension" means an action taken by the governing board under R7-2-1168 temporarily disqualifying a person from participating in school district procurements.
128. "Technical offer" means unpriced written information from a prospective contractor stating the manner in which the prospective contractor intends to perform certain work, its qualifications and its terms and conditions.
129. "Total life cycle cost" means total school district costs and financing costs throughout the life cycle of the earth-moving, material-handling, road maintenance and construction equipment being purchased less residual value.
130. "Total school district costs" means costs to the school district for the earth-moving, material-handling, road maintenance and construction equipment, including repair costs, present value of monies, vendor charges, and all other identifiable school district costs that may be incurred.
131. "Unit price" means the price published in the unit price book for a specific construction or construction related task. Each unit price is comprised of labor, equipment, or material costs to accomplish a specific task, and shall be defined in the contract.
132. "Unit price book" means a comprehensive listing of specific construction related tasks together with a specific unit of measurement and a unit price.
133. "Vendor charges" means the costs of all vendor support, materials, transportation, and all other identifiable costs associated with the vendor's proposal or bid.
134. "Vendor support" means services provided by the vendor for items such as consulting, education and training.
135. "Wastepaper" means recyclable paper and paperboard, including high-grade office paper, computer paper, fine paper, bond paper, offset paper, xerographic paper, duplicator paper and corrugated paper.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended effective March 21, 1991 (Supp. 91-1).  
 Amended effective October 22, 1992 (Supp. 92-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1). Amended by final exempt rulemaking at 27 A.A.R. 2342, (October 22, 2021) effective September 27, 2021 (Supp. 21-4).

**R7-2-1002. Applicability**

- A. Articles 10 and 11 apply to every expenditure of public monies, including federal assistance monies and grants, by a school district as specified in A.R.S. § 15-213(A) for the procurement

of all construction, materials and services when the total procurement cost exceeds the aggregate dollar amount specified in A.R.S. § 41-2535(A). If procurement involves the expenditure of federal assistance or contract monies, the school district shall comply with federal law and authorized regulations which are mandatorily applicable and which are not presently reflected in Articles 10 and 11.

- B. Articles 10 and 11 apply to the disposal of school district materials regardless of value.
- C. Articles 10 and 11 do not apply to:
  1. Agreements for providing career and technological education and vocational education pursuant to A.R.S. § 15-789;
  2. Contracts between a school district and other governments, including intergovernmental agreements and contracts pursuant to A.R.S. § 11-952, except as provided by R7-2-1191 through R7-2-1196. This exemption also includes the purchase of a fee or license from a local, state or federal public entity required by law to collect said fees;
  3. Purchases for amounts not exceeding the aggregate dollar amount specified in A.R.S. § 41-2535(A). Such procurements shall comply with the guidelines prescribed by the Auditor General in the Uniform System of Financial Records pursuant to A.R.S. § 15-271;
  4. Contracts for professional witnesses if the purpose of such contracts is to provide for professional services or testimony relating to an existing or probable judicial or administrative proceeding in which the school district is or may become a party;
  5. Agreements negotiated by legal counsel representing the school district in settlement of litigation or threatened litigation;
  6. Expenditures from student activity monies as defined in A.R.S. § 15-1121, if no district funds are involved;
  7. Expenditures for governing board adopted textbooks as defined in A.R.S. § 15-721 and A.R.S. § 15-722, if purchased from the publisher;
  8. The placement of a pupil in a private school that provides special education services if such placement is prescribed in the pupil's individualized education program and the private school has been approved by the Department of Education Division of Special Education pursuant to A.R.S. § 15-765;
  9. Purchases of any products, materials and services directly from certified nonprofit agencies that serve individuals with disabilities as defined in A.R.S. § 41-2636, and Arizona Correctional Industries if the delivery and quality of the products, materials or services meet the school district's reasonable requirements;
  10. The decision to participate in programs pursuant to A.R.S. § 15-382. A program authorized by A.R.S. § 15-382 is not required to engage in competitive bidding for the services necessary to administer the program or for the purchase of insurance or reinsurance;
  11. The purchase of water, gas or electric utilities from a public service corporation. This exemption expressly does not apply to guaranteed energy cost savings contracts and guaranteed energy production contracts subject to A.R.S. § 15-213.01 and A.R.S. § 15-213.03;
  12. Purchases of professional certifications, professional memberships, conference registrations, conference hotels and airfare that meets Arizona Department of Administration General Travel Principles and Policies;

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13. Purchases, sales or leases of real estate. This exemption expressly does not apply to the services of a real estate broker as defined in A.R.S. § 32-2101;
  14. Purchases of surplus property from the state or United States Federal Government in accordance with R7-2-1132;
  15. Purchases in compliance with the terms and conditions of any grant, gift, bequest or cooperative agreement; and
  16. The cost of special elections, including the preparation of ballots in accordance with A.R.S. § 15-406.
- D.** Unless displaced by the particular provisions of Articles 10 and 11, the principles of law and equity, including the Uniform Commercial Code of this state, the common law of contracts as applied in this state and law relative to agency, fraud, misrepresentation, duress, coercion, and mistake supplement the provisions of Articles 10 and 11.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended effective March 21, 1991 (Supp. 91-1).  
 Amended effective March 6, 1997 (Supp. 97-1).  
 Amended effective December 4, 1998 (Supp. 98-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1491, effective October 28, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1003. General Provisions**

- A.** The school district shall not award a contract or incur an obligation on behalf of the school district unless it is reasonable to believe sufficient funds will be available for the procurement. If sufficient funds are not available when a solicitation is issued, the solicitation shall include a statement that funds are not currently available and that any contract awarded will be conditioned upon the availability of funds.
- B.** Projects and purchases shall not be divided or sequenced into separate projects or purchases in order to avoid the limits prescribed in Articles 10 and 11.
- C.** Any bid or proposal that is conditioned upon award to the bidder or offeror of both the particular contract being solicited and another school district contract shall be deemed nonresponsive or unacceptable.
- D.** Except by mutual consent of the parties to the contract, rules in Articles 10 and 11 shall not change any commitment, right or obligation of a school district or of a contractor under a contract in existence on the effective date of the Section.
- E.** If a contractor requests to change the name in which it holds a school district contract, the school district may, upon receipt of a document indicating the name change, enter into a contract modification with the contractor to effect the name change. The contract modification shall provide that no other terms and conditions of the contract are changed.
- F.** The school district may allow electronic media transactions, including an electronic record or electronic signature, if consistent with state law and advantageous to the school district.
- G.** Rights and duties arising from a school district contract may only be transferred, waived or assigned upon the express written consent of both parties.
- H.** School district employees and public officers shall not purchase construction, materials or services for their own personal or business use from contracts entered into by the school district.

- I.** A person who supervises or participates in contracts, purchases, payments, claims or other financial transactions, or who supervises or participates in the planning, recommending, selecting or contracting for materials, services, goods, construction, or construction services of a school district or school purchasing cooperative is subject to the penalties prescribed in A.R.S. § 15-213(N) if the person solicits, accepts or agrees to accept any personal gift or benefit from a person or vendor that has secured or has taken steps to secure a contract, purchase, payment, claim or financial transaction with a school district or school purchasing cooperative.
- J.** Any person or vendor that has secured or has taken steps to secure a contract, purchase, payment, claim or financial transaction with a school district or school purchasing cooperative that offers, confers or agrees to confer any personal gift or benefit on a person who supervises or participates in contracts, purchases, payments, claims or other financial transactions, or on a person who supervises or participates in planning, recommending, selecting or contracting for materials, services, goods, construction or construction services of a school district or school purchasing cooperative is subject to the penalties prescribed in A.R.S. § 15-213(O).
- K.** A person who serves on an evaluation committee for a procurement is subject to A.R.S. § 41-2616(C).
- L.** A person who contracts for or purchases materials, services, goods, construction or construction services shall be subject to the penalties prescribed in A.R.S. § 15-213 and A.R.S. § 41-2616 for violations of and attempts to avoid Articles 10 and 11.
- M.** Pursuant to A.R.S. § 15-213 and A.R.S. Title 41, Chapter 23, the Attorney General shall enforce the provisions of Articles 10 and 11 and may take action prescribed therein.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended effective March 21, 1991 (Supp. 91-1).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4). Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1004. Written Determinations**

- A.** Written determinations required by Articles 10 and 11, including for any specified professional services, construction, construction services or materials to an entity selected from a qualified select bidders list or through a school purchasing cooperative, shall specify the reasons for the determination, including how the determination was made.
- B.** The school district is authorized to prescribe methods and operational procedures to be used in preparing written determinations.
- C.** The school district shall place the written determination into the school district's procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemak-

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ing at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4).

**R7-2-1005. Change orders and contract modifications**

Any change order or contract modification that exceeds \$100,000 or five percent, whichever is greater, may be executed only if the governing board determines in writing that the change order or contract modification is advantageous to the school district and the price is determined to be fair and reasonable.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1006. Confidential Information**

- A. If a person believes that a bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest contains confidential trade secrets or other proprietary data not to be disclosed as otherwise required by A.R.S. § 39-121, a statement advising the school district of this fact shall accompany the submission and the information shall be so identified wherever it appears. Contract terms and conditions, pricing, and information generally available to the public are not considered confidential information under this Section.
- B. Until a determination is made under subsection (C), the school district shall not disclose information designated as confidential under subsection (A) except to school district personnel having a legitimate interest in, or persons assisting the school district in evaluation of, the bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest.
- C. Upon receipt of a submission designating information as confidential, the school district shall make one of the following written determinations:
  1. The designated information is confidential and the school district shall not disclose the information except to school district personnel having a legitimate interest in, or persons assisting the school district in evaluation of, the bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest.
  2. The designated information is not confidential.
- D. The school district may request additional information, if necessary to make the determination required by subsection (C).
- E. If the school district determines that information submitted is not confidential, the person who made the submission shall be notified in writing. The notice shall specify that a request for review of the district representative's determination may be filed within 10 days of the date of the district representative's determination.
- F. A request for review of the district representative's determination shall be filed in writing with the district representative. The request for review shall state the precise legal or factual errors in the district representative's decision. If a request for review is received:
  1. The district representative shall consider the alleged legal or factual errors in the request for review of the district representative's determination and issue a final written determination to the person filing the request.
  2. Until the final determination is made under subsection (C)(2), the school district shall not disclose information designated as confidential under subsection (A) except to school district personnel having a legitimate interest in, or persons assisting the school district in evaluation of,

the bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest.

- G. The school district may release information determined to not be confidential under subsection (C)(2) if:
  1. A request for review is not received by the district representative within the time period specified in the notice; or
  2. The district representative issues a final written determination under subsection (F)(1) that the designated information is not confidential.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended effective March 21, 1991 (Supp. 91-1). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1007. Delegation of Procurement Authority**

- A. The governing board may, in a public meeting held in conformity with A.R.S. Title 38, Chapter 3, Article 3.1, delegate procurement authority to a designee. Any delegation shall be accomplished by adopting a governing board policy for this purpose.
  1. Delegated procurement authority may include, but is not limited to the following:
    - a. Authority to make determinations required by Articles 10 and 11;
    - b. Authority to award contracts;
    - c. Authority to make sole source and emergency procurements; and
    - d. Authority to approve change orders and contract modifications.
  2. Delegated activities and functions shall be adequately separated among individuals so that one individual does not have complete authority over an entire procurement.
- B. Any delegation shall specify:
  1. The title of the school district employee or employees to whom authority is delegated;
  2. The activity or function authorized;
  3. Any limits or restrictions on the exercise of the delegated authority, including the maximum cost of any procurement;
  4. Whether the authority may be further delegated;
  5. The duration of the delegation; and
  6. The conditions and procedures for revocation and modification of the delegation.
- C. No person delegated such authority may participate in any aspect of a specific procurement if the person would receive any benefit directly or indirectly from a contract for such procurement. Violation of this prohibition may result in termination or other disciplinary action.
- D. Delegation of procurement authority does not abrogate the responsibility of the governing board to ensure compliance with Articles 10 and 11 notwithstanding the fact that school district personnel were authorized to make procurement decisions.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1008. Procurement Consultants and Procurement Advisory Groups**

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- A. The school district may contract with a procurement consultant to assist in drafting specifications, in the development of solicitations, or in the management of the procurement process. A procurement consultant may provide guidance or advice to a procurement evaluation committee, but shall not serve as a voting member of such committee. For the purposes of this Section, a school district employee or a contracted business manager or purchasing director for the school district is not a procurement consultant.
- B. The school district may appoint procurement advisory groups or evaluation committees to assist with respect to specifications, solicitation evaluations or procurement in specific areas. Members of such procurement advisory groups or evaluation committees are not procurement consultants as set forth in this Section. Non-school district employees serving on such procurement advisory groups or evaluation committees are not eligible to receive compensation but are eligible for reimbursement of expenses consistent with the school district's travel policy adopted pursuant to A.R.S. § 15-342(5).
- C. A procurement consultant, a member of a procurement advisory group, or a member of an evaluation committee who participates in any aspect of a specific procurement shall be prohibited from receiving any benefit directly or indirectly from a contract for such procurement, and shall sign a procurement disclosure statement that the person has no interest in the procurement other than that of a disclosed remote interest, as defined in A.R.S. § 38-502, will have no contact with any representative of a competing vendor related to the particular procurement except those contacts specifically authorized by these rules, and has not accepted any personal gift or benefit from a person or vendor that has secured or has taken steps to secure a contract, purchase, payment, claim or financial transaction with the school district or school purchasing cooperative. The procurement disclosure statements shall be retained in the procurement file.
- D. Specifications prepared by a procurement consultant or a procurement advisory group shall comply with R7-2-1010 through R7-2-1016.
- E. The school district shall not delegate to a procurement consultant, a procurement advisory group, or an evaluation committee the authority for the award or administration of any particular contract, or over any dispute, claim or litigation pertaining thereto, and a procurement consultant or a procurement advisory group shall not be authorized to obligate the school district in any manner.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1009. Repealed****Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**PART II. SPECIFICATIONS****R7-2-1010. Preparation of Specifications**

- A. Specifications shall be prepared only by the school district or by contract pursuant to R7-2-1014 and R7-2-1015. Regardless

of who prepares the specifications, the governing board retains the authority to disapprove all specifications.

- B. In an emergency under R7-2-1055, any necessary specifications may be utilized by the person designated in R7-2-1055 (C) without regard to the provisions of this Section.
- C. Content of specifications.
  1. A specification may provide alternate descriptions of materials, services, or construction items where two or more design, functional, or performance criteria will satisfactorily meet the school district's requirements.
  2. To the extent practicable, a specification shall not include any solicitation term or condition or any contract term or condition.
  3. If a specification for a common or general use item has been developed in accordance with R7-2-1011(A) or a qualified products list has been developed in accordance with R7-2-1011(D) for a particular material, service, or construction item, it shall be used unless the school district makes a written determination that its use is not advantageous to the school district and that another specification shall be used.
  4. To the extent practicable, specifications shall emphasize functional or performance criteria. To facilitate the use of such criteria, the school district shall use reasonable efforts to include the principle functional or performance requirements as a part of their purchase requisitions.
  5. All procurement solicitations for volatile organic compound containing commodities shall include a request for substitute commodities with lower or no volatile organic content. Substitute products shall not have increased toxicity compared to the original commodity.

**Historical Note**

Adopted effective October 22, 1992 (Supp. 92-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1011. Types of Specifications**

- A. Specification for common or general use items. To the extent practicable, a specification for common or general use item shall be prepared and utilized when:
  1. A material, service or construction item is used repeatedly by the school district, and the characteristics of the material, service, or construction item, as commercially produced or provided, remain relatively stable while the frequency or volume of procurements is significant;
  2. The school district's recurring needs require uniquely designed or specially produced items; or
  3. The school district finds it to be advantageous to the school district.
- B. Brand name or equal specification. A brand name or equal specification may be used when the school district determines that use of a brand name or equal specification is advantageous to the school district.
- C. Brand name specification. A brand name specification may be prepared and utilized only if the school district makes a determination that only the identified brand name item will satisfy the school district's needs. If only one source can supply the requirement, the procurement shall be made pursuant to R7-2-1053.
- D. Qualified products list. A qualified products list may be prepared and utilized when:
  1. The school district determines that testing or examination of the materials or construction items prior to issuance of

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the solicitation is desirable or necessary in order to best satisfy the school district's requirements.

2. The school district shall solicit as many potential suppliers as practicable to submit products for testing and examination to determine acceptability for inclusion on a qualified products list. Any potential supplier, even though not solicited, may offer its products for consideration in accordance with the schedule or procedure established for this purpose. The qualified products list shall not be modified after the solicitation is issued.
3. Inclusion on a qualified products list shall be based on results of tests or examinations conducted in accordance with requirements established by the school district.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1012. Proprietary Specifications**

The school district shall not use specifications in any way proprietary to one supplier unless the specification includes a statement of the reasons why no other specification is practicable, a description of the essential characteristics of the specified product and a statement specifically permitting an acceptable alternative product to be supplied.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1013. Recycled Products Use**

- A. If the price of a recycled paper product that conforms to specifications is within five percent of a low bid product that is not recycled and the recycled product bidder is otherwise the lowest responsible and responsive bidder, the award shall be made to the bidder offering the recycled product. The governing board may adopt rules requiring a five percent preference for other products made from recycled materials.
- B. Specifications shall emphasize functional or performance criteria which, to the extent practicable, do not discriminate against the use of recycled materials.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1014. Maximum Practicable Competition**

- A. Procurement of any materials, services, goods, construction or construction services pursuant to Article 10 or Article 11, shall seek to achieve maximum practicable competition.
- B. All specifications, including those prepared by architects, engineers, consultants and others for public contracts, shall seek to promote overall economy for the purposes intended and encourage competition in satisfying the school district's needs and shall not be unduly restrictive.
- C. Unless otherwise permitted by R7-2-1010 through R7-2-1016, all specifications shall describe the school district's requirements in a manner that does not unreasonably exclude a material, service, or construction item. Proprietary specifications shall be used only as provided in R7-2-1012.
- D. To the extent practicable, the school district shall use accepted commercial specifications and shall procure standard commercial materials.

- E. Contracts for the preparation of specifications by persons other than the school district shall require the specification writer to adhere to R7-2-1010 through R7-2-1016.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4).

**R7-2-1015. Conflict of Interest**

- A. No person preparing specifications pursuant to R7-2-1014 shall receive any direct or indirect benefit from the utilization of such specifications.
- B. The governing board may contract for the preparation of specifications with persons, including, but not limited to, consultants, architects, engineers, designers, and other draftsmen of specifications.
- C. If a person prepares a specification pursuant to subsection (B) of this Section, such person shall comply with the requirements of R7-2-1010 through R7-2-1016.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1016. Confidentiality**

- A. Specifications and any written determination or other document generated or used in the development of a specification shall be available for public inspection pursuant to A.R.S. § 39-121, except to the extent that the withholding of such information is permitted or required by law.
- B. If the supplier believes that the specifications contain confidential trade secrets, test data, or similar information, a statement advising the school district of this fact shall accompany the specification in accordance with R7-2-1006.
- C. Qualified products lists test results shall be made available in a manner to protect the identity of the supplier.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1017. Reserved****PART III. REVERSE AUCTIONS****R7-2-1018. Reverse Auctions**

- A. Using reverse auctions
  1. If a governing board determines in writing that use of reverse auctions is more advantageous to the school district than other procurement methods prescribed by Articles 10 and 11, the school district may use reverse auctions for the purchase of materials.
  2. The written determination shall include, but is not limited to the following information:
    - a. An estimate of the number of prospective bidders;
    - b. An explanation of how reverse auctions will foster competition;
    - c. An explanation of why reverse auctions is more advantageous to the school district than other prescribed procurement methods; and
    - d. The scope and estimated total dollar value of the proposed procurement.
- B. Reverse auction procedures

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1. The school district shall develop and implement procedures prior to conducting procurement via reverse auctions. The procedures shall include:
  - a. The method or methods to ensure the integrity and security of the reverse auctions;
  - b. The method or methods for registering bidders for reverse auctions;
  - c. The method or methods for notifying vendors of reverse auction opportunities;
  - d. The method or methods for receiving reverse auction bids; and
  - e. The school district official or officials authorized to conduct reverse auctions.
2. School districts may require bidders to register before the date and time for opening the reverse auction for submission of bids and, as part of that registration, require bidders to agree to any terms, conditions or other requirements of the invitation for bids.
3. Notice of a reverse auction shall be issued at least 14 days before the date and time for opening the reverse auction for submission of bids, unless a shorter time is determined necessary by the school district. If a shorter time is necessary, the school district shall document the specific reasons in the procurement file. The reverse auction notice shall include:
  - a. The school district's requirements for registering prior to the opening date and time, if any;
  - b. The designated site on the Internet for bidder registration and bid submission;
  - c. A link to the designated site on the Internet;
  - d. The scheduled date and time for opening the reverse auction for bid submission; and
  - e. The scheduled date and time for closing the reverse auction for bid submission.
4. The school district shall issue the notice of reverse auction as follows:
  - a. Mail or otherwise furnish the notice of reverse auctions to all prospective bidders registered with the school district for the specific material being solicited.
  - b. Notice of reverse auction shall be given by the school district pursuant to R7-2-1022.
  - c. In addition to the notice provided in subsections (B)(4)(a) and (b), the school district may give such additional notice as the school district deems appropriate, including posting on a designated site on the Internet.
5. The school district shall prepare an invitation for bids that includes:
  - a. Notice that all information submitted by bidders will be made available for public inspection following the award of the contract, except for bid prices which will be made available to other bidders and the public when submitted by the bidder;
  - b. Information for submitting bids, including:
    - i. The date and time for opening the reverse auction for bid submission;
    - ii. The date and time for closing the reverse auction for bid submission;
    - iii. The provisions for extending the period for bid submission, if any;
    - iv. Instructions for submitting bids and other required information, including the designated site on the Internet for submitting bids;
  - v. Notice that bids shall be accepted electronically at the time and in the manner designated in the invitation for bids;
  - vi. Notice that bidders' prices shall be disclosed electronically to other bidders and the public on a real time basis;
  - vii. Notice that bidders may submit multiple prices and may reduce their bid prices until the reverse auction bidding is closed;
  - viii. Notice that the lowest price offered shall become the official bid price;
  - ix. Notice that the bidder is required to certify that submission of the bid did not involve collusion or other anticompetitive practices;
  - x. Notice that the bidder is required to declare whether the bidder has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity, including, but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body;
- c. The purchase description, specifications, delivery or performance schedule, and inspection and acceptance requirements, as applicable. If a brand name or equal specification is used, instructions that use of a brand name is for the purpose of describing the standard of quality, performance, and characteristics needed to meet the school district's requirements and is not intended to limit or restrict competition. The invitation for bids shall state that products substantially equivalent to the brands designated qualify for consideration;
- d. The factors to be used in bid evaluations, including criteria to determine acceptability such as inspection, testing, quality, workmanship, delivery and suitability for a particular purpose. Only objectively measurable evaluation criteria shall be included in the invitation for bids. Examples of such criteria include, but are not limited to, transportation cost, energy cost, ownership cost and other identifiable costs. Evaluation factors need not be precise predictors, but to the extent possible the evaluation factors shall be reasonable estimates based upon information the school district has available concerning future use.
- e. The contract terms and conditions, including:
  - i. Warranty and bonding or other security requirements, as applicable;
  - ii. The length of the contract and whether the contract will include an option for extension; and
  - iii. Any other contract terms and conditions;
- f. The name of the district representative or district representatives;
- g. The manner by which the bidder is required to acknowledge amendments;
- h. The minimum required information in the bid;
- i. The specific requirements for designating trade secrets and other proprietary data as confidential;
- j. Any specific responsibility criteria;
- k. A statement specifying where documents incorporated by reference may be obtained;
- l. A statement that the school district may cancel the solicitation or reject a bid in whole or in part if deemed advantageous to the school district;

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- m. The date, time and location of bid opening;
  - n. A description of all information that will be recorded and available for public inspection at bid opening; and
  - o. Procurement of earth-moving, material-handling, road maintenance and construction equipment shall include as price evaluation criteria the total life cycle cost including residual value of the earth-moving, material-handling, road maintenance and construction equipment and, to the extent practicable, outright purchase.
6. Amendments to invitations for bids shall be made in accordance with R7-2-1026.
- C.** The school district shall accept reverse auction bids as follows:
- 1. At the date and time for opening the reverse auction for bid submission, the school district shall begin accepting on-line bids and shall continue accepting bids until the reverse auction is officially closed.
  - 2. Bids shall be accepted electronically in the manner designated in the invitation for bids.
  - 3. All reverse auction on-line bids shall be posted electronically and updated on a real-time basis. Bidders' prices shall be disclosed to other bidders and the public.
  - 4. The identity of competing bidders shall not be disclosed until the reverse auction bidding is closed.
  - 5. Bidders shall have the opportunity to submit multiple prices and to reduce their bid prices.
  - 6. The lowest price offered shall become the official bid price.
- D.** Bids made through a reverse auction are considered to be opened when a computer generated record of the information contained in all bids that were received by the designated site on the Internet not later than the scheduled or final closing date and time are reviewed publicly by the school district in the presence of one or more witnesses at the time and place designated in the invitation for bids. Bid opening shall not be later than 24 hours after the scheduled or final closing date and time.
- E.** The contract shall be awarded to the lowest responsible and responsive bidder whose bid conforms in all material respects to the requirements and evaluation criteria set forth in the invitation for bids. No criteria may be used in bid evaluation that are not set forth in the invitation for bids. The amount of any applicable transaction privilege or use tax of a political subdivision of this state is not a factor in determining the lowest bidder.
- F.** The school district shall not modify evaluation criteria after the closing date and time.
- G.** In the event that multiple bidders submit identical prices for the same materials, bids will be considered in the order received with the first being considered to be the lowest bid.
- H.** If only one bid is received in response to an invitation for bids, the school district shall proceed according to R7-2-1032.
- I.** The date and time for closing a reverse auction for bid submission may be fixed or remain open depending on the materials being bid.
- J.** After the reverse auction bidding has closed, a bidder may withdraw a bid or correct a mistake in accordance with R7-2-1030. Withdrawal of bids shall also be permitted as provided in R7-2-1028.
- K.** The school district shall notify all bidders of an award.
- L.** A copy of the invitation for bids shall be made available for public inspection at the school district office.
- M.** A record of the bid prices received and the name of each bidder shall be open to public inspection following bid opening.
- N.** A record of the reverse auction shall be maintained by the school district that will include all prices offered by all bidders. This record will become part of the procurement file.
- O.** Within 10 days after a contract is awarded, the school district shall make the procurement file, including all bids, available for public inspection.
- 1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
  - 2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1019. Reserved**

**R7-2-1020. Reserved**

**PART IV. COMPETITIVE SEALED BIDDING****R7-2-1021. Method of Source Selection**

- A.** Unless otherwise authorized by law, all school district contracts shall be awarded by competitive sealed bidding as provided in R7-2-1021 through R7-2-1032, except as provided in R7-2-1018, R7-2-1033 through R7-2-1068, R7-2-1100 through R7-2-1123, and R7-2-1196.
- B.** A school district may conduct competitive sealed bidding electronically, provided that the electronic competitive sealed bidding process complies with the requirements of R7-2-1021 through R7-2-1032. A determination that conducting competitive sealed bidding electronically is advantageous to the school district shall be in writing and retained in the procurement file.
- C.** When using electronic competitive sealed bidding, the school district shall determine whether electronic submission of bids is required or optional and state the electronic submission requirements in the public notice and the invitation for bids.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended effective October 22, 1992 (Supp. 92-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1022. Notice of Competitive Sealed Bidding**

- A.** Adequate public notice of the invitation for bids shall be given as provided in R7-2-1024. Notice also may be given as provided in subsection (B). In the event there are four or fewer prospective bidders on the bidders list, then notice also shall be given as provided in subsection (B). If the invitation for bids is for the procurement of services other than those described in R7-2-1061 through R7-2-1068 and R7-2-1100 through R7-2-1123, notice also shall be given as provided in subsection (B).
- B.** If required by subsection A, the notice shall include publication in the official newspaper of the county, within which the school district is located, as prescribed in A.R.S. § 11-255. The

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publication, shall occur in a reasonable time before bid opening, which shall not be less than 14 days before bid opening. The time of publication may be altered if deemed necessary pursuant to R7-2-1024(A).

- C. In addition to the notice provided in subsections (A) and (B), the school district may give such additional notice as the school district deems appropriate, including posting on a designated site on the Internet.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1023. Prospective Bidders Lists**

- A. The school district shall compile and maintain a prospective bidders list. Inclusion of the name of a person shall not indicate whether the person is responsible concerning a particular procurement or otherwise capable of successfully performing a school district contract.
- B. Persons desiring to be included on the prospective bidders list shall notify the school district. Upon notification, the school district shall mail or otherwise provide the person with the school district procedures for inclusion on the bidders list. Within 30 days after receiving the required information, the school district shall add the person to the prospective bidders list unless the school district makes a determination that inclusion is not advantageous to the school district.
- C. Persons who fail to respond to invitations for bids for two consecutive procurements of similar items may be removed from the applicable bidders list after notifying the person in writing. This notice shall not be required if the two invitations for bids which were not responded to both contained the notice that bidders' names may be removed from the bidders list if they fail to respond to invitations for bids for two consecutive procurements of similar items. Persons may be reinstated upon request.
- D. Prospective bidders lists shall be available for public inspection, unless the school district makes a written determination that it is advantageous to the school district that they be kept confidential or private and should not be open for inspection pursuant to A.R.S. § 39-121.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1024. Invitation for Bids**

- A. Invitation for bids shall be issued at least 14 days before the due date and time in the invitation for bids unless a shorter time is deemed necessary for a particular procurement as determined by the school district. If a shorter time is necessary, the school district shall document the specific reasons in the procurement file.
- B. Content.
1. The invitation for bids shall include the following:
    - a. Notice that all information and bids submitted by bidders will be made available for public inspection following the award of the contract;
    - b. Instructions and information to bidders concerning bid submission requirements, including the means for bid submission such as, hand delivery, U.S. mail,

electronic mail, facsimile, or other acceptable means, the bid due date and time, the address of the office at which bids or other documents are to be received, the bid acceptance period, and any other special information or requirements;

- c. Whether the school district will consider partial bids for award of a contract;
- d. Notification of whether the school district may award multiple contracts and the school district's basis for determining whether to award multiple contracts. If multiple contracts may be awarded, the invitation for bids shall include the criteria the school district will use for selecting vendors for each contract under the multiple award, including, as applicable, whether contracts will be awarded by individual line items, groups of line items, or categories, whether contracts will be awarded incrementally, and whether contracts will be awarded by designated regions or locations;
- e. The basis for determining the lowest bidder or bidders;
- f. Procurement of earth-moving, material-handling, road maintenance and construction equipment shall include as price evaluation criteria the total life cycle cost including residual value of the earth-moving, material-handling, road maintenance and construction equipment and, to the extent practicable, the cost of outright purchase;
- g. The purchase description, specifications, delivery or performance schedule, and inspection and acceptance requirements, as applicable. If a brand name or equal specification is used, instructions that use of a brand name is for the purpose of describing the standard of quality, performance, and other characteristics needed to meet the school district's requirements and is not intended to limit or restrict competition. The invitation for bids shall state that products substantially equivalent to the brands designated qualify for consideration;
- h. The factors to be used in bid evaluations, including criteria to determine acceptability such as inspection, testing, quality, workmanship, delivery and suitability for a particular purpose. Only objectively measurable evaluation criteria shall be included in the invitation for bids. Examples of such criteria include, but are not limited to, transportation cost, energy cost, ownership cost and other identifiable costs. Evaluation factors need not be precise predictors, but to the extent possible the evaluation factors shall be reasonable estimates based upon information the school district has available concerning future use;
- i. The contract terms and conditions, including:
  - i. Warranty and bonding or other security requirements, as applicable;
  - ii. The length of the contract and whether the contract will include an option for extension; and
  - iii. Any other contract terms and conditions;
- j. The name of the district representative or district representatives;
- k. The manner by which the bidder is required to acknowledge amendments;
- l. The minimum information required in the bid;



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- m. The specific requirements for designating trade secrets and other proprietary data as confidential;
  - n. Any specific responsibility criteria;
  - o. A statement specifying where documents incorporated by reference may be obtained;
  - p. A statement that the school district may cancel the solicitation or reject a bid in whole or in part if deemed advantageous to the school district;
  - q. Notice that the bidder is required to certify that submission of the bid did not involve collusion or other anticompetitive practices and that the bidder has taken steps and exercised due diligence to ensure that no violation of A.R.S. § 15-213(O) has occurred;
  - r. Notice that the bidder is required to declare whether the bidder has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity, including, but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body;
  - s. Any bid security required;
  - t. A description of all information that will be recorded and available for public inspection at bid opening; and
  - u. The date, time and location of any pre-bid conference.
2. When using electronic competitive sealed bidding, the invitation for bids shall specify whether electronic submission of bids is required or optional, the electronic submission requirements, and the electronic signature requirements.
- C.** The school district shall mail or otherwise furnish invitation for bids or notices of the availability of invitation for bids to all prospective bidders registered with the school district for the specific material, service or construction being bid.
- D.** A copy of the invitation for bids shall be made available for public inspection at the school district office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended effective October 22, 1992 (Supp. 92-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1025. Pre-bid Conferences**

- A.** The school district may conduct a pre-bid conference to explain the procurement requirements.
- B.** If a pre-bid conference is conducted, it shall be not less than seven days before the bid due date and time, unless the school district makes a written determination that the specific needs of the procurement justify a shorter time. Statements made during a pre-bid conference are not amendments to the solicitation.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1026. Amendments to Invitation for Bids**

- A.** An amendment to an invitation for bids shall be issued if necessary to:

- 1. Make changes in the invitation for bids;
- 2. Correct defects or ambiguities;
- 3. Furnish to other bidders information given to one bidder if the information will assist the other bidders in submitting bids or if the lack of the information will prejudice the other bidders;
- 4. Provide additional information or instructions; or
- 5. Set a later bid due date and time if the school district determines that an extension is advantageous to the school district.

- B.** Amendments to an invitation for bids shall be so identified and the school district shall ensure that the amendments are distributed or made available to all persons to whom the original invitation for bids was distributed or made available. The school district shall make a copy of the amendments to an invitation for bids available for public inspection at the school district office. If the school district posted the invitation for bids or a notice of the availability of an invitation for bids on a designated site on the Internet, then the school district shall post any amendments to the invitation for bids on the same designated site on the Internet. The school district shall also do one or more of the following:

- 1. Distribute the amendment, by any method reasonably calculated to ensure delivery, to all prospective bidders to whom the invitation for bids was distributed;
- 2. Make the amendment available and issue a notice of amendment which contains instructions for obtaining copies of the amendment. The notice of amendment shall be distributed, by any method reasonably calculated to ensure delivery, to all prospective bidders to whom the invitation for bids was distributed. Upon receipt of such notice of amendment, it is the responsibility of the prospective bidder to obtain the amendment.

- C.** Amendments to invitation for bids shall be issued within a reasonable time before bid opening to allow prospective bidders to consider them in preparing their bids. If the school district determines that the bid due date and time does not permit sufficient time for bid preparation, the bid due date and time shall be extended in the amendment or, if necessary, by telephone, facsimile, email, or other communications methods, and confirmed in the amendment.

- D.** A bidder shall acknowledge receipt of an amendment in the manner specified in the invitation for bids or the amendment on or before the bid due date and time.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1027. Pre-opening Modification or Withdrawal of Bids**

- A.** A bidder may modify or withdraw a bid in writing at any time before bid opening if the modification or withdrawal is received before the bid due date and time at the location designated in the invitation for bids for receipt of bids.
- B.** All documents concerning a modification or withdrawal of a bid shall be retained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525,

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effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1028. Late Bids, Late Withdrawals and Late Modifications**

- A.** A bid, modification or withdrawal is late if it is received at the location designated in the invitation for bids for receipt of bids after the bid due date and time.
- B.** A late bid, late modification, or late withdrawal shall be rejected, unless the late bid, late modification, or late withdrawal would have been timely received but for the action or inaction of school district personnel and is received before contract award.
- C.** Upon receiving a late bid, late modification, or late withdrawal, the school district shall record the time and date of receipt and promptly send written notice of late receipt to the bidder. The school district may discard the document 30 days after the date on the notice unless the bidder requests and provides funding for the document to be returned.
- D.** All documents concerning acceptance of a late bid, late modification, or late withdrawal shall be retained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1029. Receipt, Opening and Recording of Bids**

- A.** A school district shall maintain a record of bids and modifications received for each invitation for bids, shall record the time and date when each bid or modification is received, and shall store each unopened bid or modification in a secure place until the bid due date and time.
  - 1. If required to confirm a vendor's inquiry regarding receipt of its bid prior to the due date and time, a school district may open a bid to identify the vendor. If this occurs, the school district shall record the reason for opening the bid, the date and time the bid was opened, and the solicitation number. The school district shall secure the bid and retain it for public opening.
  - 2. One or more witnesses shall be present for the opening of a bid under subsection (A)(1).
- B.** Bids and modifications shall be opened publicly at the date, time and place designated in the invitation for bids in the presence of one or more witnesses. The name of each bidder, the amount of each bid, and other relevant information deemed appropriate by the school district shall be recorded. The person opening the bids and all witnesses shall sign the record.
  - 1. The record created in subsection (B) shall be available for public inspection.
  - 2. The bids shall not be open for public inspection until after a contract is awarded.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1030. Mistakes in Bids**

- A.** If an apparent mistake in a bid, relevant to the award determination, is discovered after opening and before award, a school district shall contact the bidder for written confirmation of the bid. If the bidder fails to act, the bidder is considered nonre-

sponsive and the school district shall place a written determination that the bidder is nonresponsive in the procurement file. The school district shall designate a time-frame within which the bidder shall either:

1. Confirm that no mistake was made and assert that the bid stands as submitted; or
  2. Acknowledge that a mistake was made and include all of the following in a written response:
    - a. An explanation of the mistake and any other relevant information;
    - b. A request for correction including the corrected bid or a request for withdrawal; and
    - c. The reasons why correction or withdrawal is consistent with fair competition and advantageous to the school district.
- B.** A bidder who discovers a mistake in its bid after bid opening and before award, may request correction or withdrawal in writing and shall include all of the following in the written request:
1. An explanation of the mistake and any other relevant information;
  2. A request for correction including the corrected bid or a request for withdrawal; and
  3. The reasons why correction or withdrawal is consistent with fair competition and advantageous to the school district.
- C.** After bid opening and before award, a bid mistake based on an error in judgment may not be corrected or withdrawn. Other bid mistakes may be corrected or withdrawn pursuant to subsections (D) through (F).
- D.** After bid opening and before award, the school district shall either waive minor informalities in a bid or allow the bidder to correct them if correction is advantageous to the school district.
- E.** After bid opening and before award, the bid may not be withdrawn and shall be corrected to the intended bid if a bid mistake and the intended bid are evident on the face of the bid.
- F.** After bid opening and before award, the school district may permit a bidder to withdraw a bid if:
1. A nonjudgmental mistake is evident on the face of the bid but the intended bid is not evident; or
  2. The bidder establishes by clear and convincing evidence that a nonjudgmental mistake was made.
- G.** If correction or withdrawal of a bid after bid opening is permitted or denied under subsections (D), (F) and (J), the school district shall prepare a written determination showing that the relief was permitted or denied under this Section.
- H.** Notwithstanding other provisions of this Section, after bid opening and before award, no corrections in bid prices or other provisions of bids prejudicial to the interest of the school district or fair competition shall be permitted.
- I.** If a mistake in the bid is discovered after the award, the bidder may request withdrawal or correction in writing and shall include all of the following in the written request:
1. An explanation of the mistake and any other relevant information;
  2. A request for correction including the corrected bid or a request for withdrawal; and
  3. The reasons why correction or withdrawal is consistent with fair competition and advantageous to the school district.
- J.** Based on the considerations of fair competition and the best interest of the school district, the school district may take one

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of the following actions regarding a bid mistake discovered after the award:

1. Allow correction of the mistake, if the corrected bid amount is less than the next lowest bid;
2. Cancel all or part of the award; or
3. Deny correction or withdrawal.

- K.** After cancellation of all or part of an award in accordance with subsection (J)(2), if the bid acceptance period has not expired, the school district may award all or part of the contract to the next lowest responsible and responsive bidder, based on the considerations of fair competition and the best interest of the school district.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1031. Bid Evaluation and Award**

- A.** As provided in subsection (C), the contract or contracts shall be awarded to the lowest responsible and responsive bidder or bidders whose bid or bids conform in all material respects to the requirements and evaluation criteria set forth in the invitation for bids. No criteria may be used in bid evaluation that are not set forth in the invitation for bids. The amount of any applicable transaction privilege or use tax of a political subdivision of this state is not a factor in determining the lowest bidder.
- B.** A product acceptability evaluation shall be conducted solely to determine whether a bidder's product is acceptable as set forth in the invitation for bids and not whether one bidder's product is superior to another bidder's product. Any bidder's offering that does not meet the acceptability requirements shall be rejected as nonresponsive.
- C.** The school district shall award the contract to the single lowest responsible and responsive bidder for all materials or services, except that the school district may make a multiple award if the invitation for bids included notification that multiple contracts may be awarded, the school district's basis for determining whether to award multiple contracts, and the criteria for selecting vendors for the multiple contracts.
- D.** Before making a multiple award, the school district shall determine in writing that a multiple award is necessary and is advantageous to the school district and shall establish procedures for the use of the multiple awarded contracts to ensure that purchases are made from the contracts determined by the school district to offer the lowest cost in satisfying the school district's requirements. A multiple award shall be limited to the least number of suppliers the school district determines in writing to be necessary to meet the school district's requirements, and may include the following types of awards:
1. Awards to the lowest responsible and responsive bidder for individual line items, groups of line items, or categories.
  2. Awards to the lowest responsible and responsive bidders for similar or identical line items, groups of line items, or categories only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery, and the awards are limited to the least number of bidders necessary to meet the school district's requirements.
  3. An incremental award only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery. The award shall be

made to the lowest responsible and responsive bidder, then the next lowest responsible and responsive bidder or bidders until the total definite quantity required is awarded.

4. A regional award to the lowest responsible and responsive bidder in designated regions or locations only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery over widely scattered locations or a particular requirement is of a local nature.
- E.** The procurement file shall contain the basis on which the award or awards are made.
- F.** The school district shall not modify evaluation criteria after the bid due date and time.
- G.** A school district may appoint an evaluation committee to assist in the evaluation of bids. If bids are evaluated by an evaluation committee, the evaluation committee shall prepare an evaluation report for the school district. The school district may:
1. Accept the findings of the evaluation committee;
  2. Request additional information from the evaluation committee; or
  3. Reject the findings of the evaluation committee, in which case the school district shall appoint a new evaluation committee to evaluate the existing bids or cancel the solicitation.
- H.** The school district may contact a bidder to confirm the school district's understanding of the bid. Such contact shall be prior to award. The school district shall obtain written confirmation from the bidder and shall retain the confirmation in the procurement file.
- I.** The contract or contracts shall be awarded during the bid acceptance period. If the bid acceptance period expires prior to award of the contract or contracts, the procurement shall be canceled, unless the bid acceptance period is extended in accordance with subsection (J).
- J.** To extend the bid acceptance period, a school district shall notify all bidders in writing of an extension and request written concurrence from each bidder. To be eligible for a contract award, a bidder shall submit a written concurrence to the extension. The school district shall reject a bid as nonresponsive if written concurrence is not provided as requested.
- K.** A contract may not be awarded to a bidder submitting a higher quality item than that designated in the invitation for bids unless the bidder is also the lowest bidder as determined under subsection (A). This Section does not permit negotiations with any bidder, except as provided in subsection (L).
- L.** If all bids for a construction project exceed available monies as certified by the school district, and the lowest responsive bid from a responsible bidder does not exceed such monies by more than five percent, the school district may in situations in which time or economic considerations preclude resolicitation of work of a reduced scope, negotiate an adjustment of the bid price, including changes in the bid requirements, with the lowest responsible and responsive bidder, to bring the bid within the amount of available monies.
- M.** If there are two or more low responsive bids from responsible bidders that are identical in price and that meet all the requirements and criteria set forth in the invitation for bids, award shall be made by drawing lots in the presence of one or more witnesses.
- N.** A record showing the basis for determining the successful bidder shall be retained in the procurement file.
- O.** The school district shall notify all bidders of an award.

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- P. After a contract is awarded, the school district shall return any bid security provided by unsuccessful bidders.
- Q. Upon execution of the contract, if performance and payment bonds were not required, or upon receipt of the specified bonds, if performance and payment bonds were required, the school district shall return any bid security provided by the successful bidder.
- R. Within 10 days after a contract is awarded, the school district shall make the procurement file, including all bids, available for public inspection.
  - 1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
  - 2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended effective October 22, 1992 (Supp. 92-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1032. Only One Bid Received**

If only one responsive bid is received in response to an invitation for bids, an award may be made to the single bidder if the school district determines in writing that the bidder is responsible, that the price submitted is fair and reasonable, and that either other prospective bidders had reasonable opportunity to respond, or there is not adequate time for resolicitation. Otherwise the bid may be rejected in whole or in part as may be specified in the invitation for bids if it is advantageous to the school district. The reasons for cancellation or rejection shall be made part of the procurement file and:

- 1. New bids may be solicited;
- 2. The proposed procurement may be canceled; or
- 3. If the school district determines that the need for the material or service continues and the acceptance of the one bid is not advantageous to the school district, the procurement may then be conducted as follows:
  - a. The school district may follow the sole source procurement procedure if R7-2-1053 applies.
  - b. Notwithstanding any other provision of Articles 10 and 11, the school district may make emergency procurements pursuant to R7-2-1055 and R7-2-1056 if an emergency condition exists pursuant to R7-2-1055.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1033. Simplified School Construction Procurement Program**

- A. The simplified school construction procurement program is applicable to construction projects which do not exceed the maximum amount specified in A.R.S. § 15-213(A)(2).
- B. To participate in the simplified school construction procurement program:

- 1. Each county school superintendent shall maintain a prospective bidders list of persons who desire to receive solicitations to bid on school district construction projects within that county. The prospective bidders list shall be maintained in accordance with R7-2-1023;
- 2. The prospective bidders list maintained pursuant to subsection (B)(1) shall be available for public inspection;
- 3. A performance bond and a payment bond, as required by A.R.S. § 34-222, shall be provided for contracts for construction by contractors;
- 4. All bids for construction shall be opened at a public opening and the bids shall remain confidential until the public opening;
- 5. All persons desiring to submit bids shall be treated equitably and the information related to each project shall be available to all eligible persons; and
- 6. Competition for construction projects under the simplified school construction procurement program shall be encouraged to the maximum extent possible. School districts shall submit information on each project to all persons listed on the prospective bidders list maintained by the county school superintendent pursuant to subsection (B)(1).

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1034. Reserved****PART V. MULTISTEP SEALED BIDDING****R7-2-1035. Multistep Sealed Bidding**

- A. The multistep sealed bidding method may be used if:
  - 1. Available specifications or purchase descriptions are not sufficiently complete to permit full competition without technical evaluations and discussions to ensure mutual understanding between each bidder and the school district;
  - 2. Definite criteria exist for evaluation of technical offers;
  - 3. More than one technically qualified source is expected to be available; and
  - 4. A fixed-price contract will be used.
- B. The multistep sealed bidding method may not be used for construction contracts.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1036. Phase 1 of Multistep Sealed Bidding**

- A. Multistep sealed bidding shall be initiated by the issuance of an invitation to submit technical offers. The invitation to submit technical offers shall be issued according to R7-2-1022 and R7-2-1024(A).
- B. The invitation to submit technical offers shall include the following information:
  - 1. Notice that the procurement shall be conducted in two phases;
  - 2. The best description of the material or services desired;
  - 3. A statement that unpriced technical offers only shall be considered in phase 1;

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4. The requirements for the technical offers, such as drawings and descriptive literature;
  5. The criteria for evaluating technical offers;
  6. The due date and time for receipt of technical offers and the location where technical offers shall be delivered or mailed;
  7. A statement that discussions may be held;
  8. A statement that only bids based on technical offers determined to be acceptable in phase 1 shall be considered for award;
  9. The name of the district representative or district representatives;
  10. Notice that all technical offers submitted will be made available for public inspection following the award of the contract; and
  11. The date, time and location of any pre-technical offer conference.
- C. A school district may conduct a pre-technical offer conference open to all persons. If a pre-technical offer conference is conducted, it shall be not less than seven days before the technical offer due date and time, unless the school district makes a written determination that the specific needs of the procurement justify a shorter time. Statements made during the pre-technical offer conference shall not be considered modifications to the invitation to submit technical offers.
- D. The invitation to submit technical offers may be amended before or after the submission of the unpriced technical offers. Amendments to an invitation to submit technical offers shall be so identified and the school district shall ensure that the amendments are distributed or made available to all persons to whom the original invitation to submit technical offers was distributed or made available. The school district shall make a copy of the amendments to an invitation to submit technical offers available for public inspection at the school district office. If the school district posted the invitation to submit technical offers or a notice of the availability of an invitation to submit technical offers on a designated site on the Internet, then the school district shall post any amendments to the invitation to submit technical offers on the same designated site on the Internet. The school district shall also do one or more of the following:
- a. Distribute the amendment, by any method reasonably calculated to ensure delivery, to all persons to whom the invitation to submit technical offers was distributed;
  - b. Make the amendment available and issue a notice of amendment which contains instructions for obtaining copies of the amendment. The notice of amendment shall be distributed, by any method reasonably calculated to ensure delivery, to all persons to whom the invitation to submit technical offers was distributed. Upon receipt of such notice of amendment, it is the responsibility of the person to obtain the amendment.
2. Amendments shall be issued within a reasonable time before technical offer opening to allow persons to consider them in preparing their technical offers. If the school district determines that the technical offer due date and time does not permit sufficient time for technical offer preparation, the technical offer due date and time shall be extended in the amendment or, if necessary, telephone, facsimile, email, or other communications methods, and confirmed in the amendment.
3. A person shall acknowledge receipt of an amendment in the manner specified in the invitation to submit technical offers or the amendment on or before the technical offer due date and time.
- E. Unpriced technical offers shall not be opened publicly, but shall be opened in the presence of two or more district officials designated by the school district. The contents of unpriced technical offers shall not be disclosed to unauthorized persons. Late technical offers shall not be considered except under the circumstances set forth in R7-2-1028(B).
- F. Unpriced technical offers shall be evaluated solely in accordance with the criteria set forth in the invitation to submit technical offers and shall be determined to be either acceptable for further consideration or unacceptable. A determination that an unpriced technical offer is unacceptable shall be in writing, state the basis for the determination and be retained in the procurement file. If the school district determines a person's unpriced technical offer is unacceptable, the school district shall notify that person of the determination and that the person shall not be afforded an opportunity to amend the technical offer.
- G. The school district may conduct discussions with any person who submits an acceptable or potentially acceptable technical offer. During discussions, the school district shall not disclose any information derived from one unpriced technical offer to any other person. After discussions, the school district shall establish a due date and time for receipt of final technical offers and shall notify, in writing, persons submitting acceptable or potentially acceptable technical offers of the due date and time. The school district shall keep a detailed record of all discussions.
- H. At any time during phase 1, technical offers may be withdrawn.
- I. A copy of the invitation to submit technical offers shall be made available for public inspection at the school district office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1037. Phase 2 of Multistep Sealed Bidding**

- A. Upon completion of phase 1, the school district shall issue an invitation for bids and conduct phase 2 under R7-2-1024 through R7-2-1032 as a competitive sealed bidding procurement, except that the invitation for bids shall be issued only to persons whose technical offers were determined to be acceptable in phase 1.
- B. Unpriced technical offers of unsuccessful persons shall be open to public inspection after contract award, except to the extent set forth in R7-2-1006.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1038. Reserved**

**R7-2-1039. Reserved**

**R7-2-1040. Reserved**

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## PART VI. COMPETITIVE SEALED PROPOSALS

**R7-2-1041. Competitive Sealed Proposals**

- A.** This Section does not apply to procurement of services of clergy, certified public accountants, physicians, dentists, and legal counsel, construction, construction services, or specified professional services. Services of clergy, certified public accountants, physicians, dentists and legal counsel shall be procured pursuant to R7-2-1061 through R7-2-1068. Construction and construction services shall be procured as provided in R7-2-1100. Specified professional services shall be procured pursuant to R7-2-1117 through R7-2-1123.
- B.** As an alternative to competitive sealed bidding, competitive sealed proposals may be used in order to:
1. Use a contract other than a fixed-price type;
  2. Conduct oral or written discussions with offerors concerning technical and price aspects of their proposals;
  3. Afford offerors an opportunity to revise their proposals;
  4. Compare the different price, quality, and contractual factors of the proposals submitted; or
  5. Award a contract in which price is not the determining factor.
- C.** A school district may conduct competitive sealed proposals electronically, provided that the electronic competitive sealed proposals process complies with the requirements of R7-2-1041 through R7-2-1050. A determination that conducting competitive sealed proposals electronically is advantageous to the school district shall be in writing and retained in the procurement file.
- D.** When using electronic competitive sealed proposals, the school district shall determine whether electronic submission of proposals is required or optional and state the electronic submission requirements in the public notice and the request for proposals.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective March 21, 1991 (Supp. 91-1).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1042. Request for Proposals**

- A.** Competitive sealed proposals shall be solicited through a request for proposals. A request for proposals shall include the following:
1. Instructions to offerors, including:
    - a. Instructions and information to offerors concerning proposal submission requirements, including the means for proposal submission such as, hand delivery, U.S. mail, electronic mail, facsimile, or other acceptable means, the proposal due date and time, the address of the office at which proposals or other documents are to be received, the proposal acceptance period, and any other special information or requirements;
    - b. The manner by which the offeror is required to acknowledge amendments;
    - c. Notification of whether the school district may award multiple contracts and the school district's basis for determining whether to award multiple contracts. If multiple contracts may be awarded, the request for proposals shall include the criteria the school district will use for selecting vendors for each contract under the multiple award, including as applicable, whether contracts will be awarded by

individual line items, groups of line items, or categories, whether contracts will be awarded incrementally, and whether contracts will be awarded by designated regions or locations;

- d. The minimum information required in the proposal;
  - e. The specific requirements for designating trade secrets and other proprietary data as confidential;
  - f. Any specific responsibility criteria;
  - g. Whether the offeror is required to submit samples, descriptive literature, and technical data with the proposal;
  - h. Evaluation factors and the relative importance of price and other evaluation factors. Specific numerical weighting is not required;
  - i. Procurement of earth-moving, material-handling, road maintenance and construction equipment shall include as evaluation factors the total life cycle cost including residual value of the earth-moving, material-handling, road maintenance and construction equipment and, to the extent practicable, the cost of outright purchase;
  - j. A statement specifying where documents incorporated by reference may be obtained;
  - k. A statement that the school district may cancel the solicitation or reject a proposal in whole or in part if deemed advantageous to the school district;
  - l. Notice that the offeror is required to certify that submission of the proposal did not involve collusion or other anticompetitive practices and that the offeror has taken steps and exercised due diligence to ensure that no violation of A.R.S. § 15-213(O) has occurred;
  - m. Notice that the offeror is required to declare whether the offeror has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity, including, but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body;
  - n. Any bid security required;
  - o. Any cost or pricing data required;
  - p. The type of contract to be used;
  - q. A statement that discussions may be conducted with offerors who submit proposals determined to be reasonably susceptible of being awarded a contract;
  - r. The date, time and location of any pre-proposal conference;
  - s. The name of the district representative or district representatives;
  - t. A description of all information that will be recorded and available for public inspection at proposal opening;
  - u. Notice that all information and proposals submitted by offerors will be made available for public inspection following the award of the contract; and
  - v. Whether the school district will consider partial proposals for award of a contract.
2. Specifications, including:
    - a. The purchase description, delivery or performance schedule, and inspection and acceptance requirements, as applicable;
    - b. If a brand name or equal specification is used, instructions that the use of a brand name is for the purpose of describing the standard of quality, perfor-

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mance, and other characteristics needed to meet the school district's requirements and is not intended to limit or restrict competition. The solicitation shall state that products substantially equivalent to those brands designated shall qualify for consideration; and

- c. Any other specification requirements specific to the solicitation.
- 3. Contract terms and conditions, including:
  - a. Warranty and bonding or other security requirements, as applicable;
  - b. The length of the contract and whether the contract will include an option for extension; and
  - c. Any other contract terms and conditions.
- 4. When using electronic competitive sealed proposals, the request for proposals shall specify whether electronic submission of proposals is required or optional, the electronic submission requirements, and the electronic signature requirements.
- B. A request for proposals shall be issued at least 14 days before the due date and time for receipt of proposals unless a shorter time is determined necessary by the school district. If a shorter time is necessary, the school district shall document the specific reasons in the procurement file.
- C. Notice of the request for proposals shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C).
- D. Before submission of initial proposals, amendments to requests for proposals shall be made in accordance with R7-2-1026. After submission of proposals, amendments may be made in accordance with R7-2-1036(D).
- E. A copy of the request for proposals shall be made available for public inspection at the school district office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended effective October 22, 1992 (Supp. 92-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1043. Pre-proposal Conferences**

Pre-proposal conferences may be convened in accordance with R7-2-1025.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1044. Late Proposals, Modifications or Withdrawals**

- A. An offeror may modify or withdraw a proposal in writing at any time before proposal opening if the modification or withdrawal is received before the proposal due date and time at the location designated in the request for proposals for receipt of proposals.
- B. Withdrawal of a proposal after proposal opening is permissible only in accordance with R7-2-1049.
- C. A proposal received after the due date and time for receipt of proposals is late and shall not be considered except under the circumstances set forth in R7-2-1028(B). A best and final offer received after the due date and time for receipt of best and final offers is late and shall not be considered except under the circumstances set forth in R7-2-1028(B).
- D. A modification of a proposal received after the due date and time for receipt of proposals is late and shall not be considered except under the circumstances set forth in R7-2-1028(B).

- E. A modification of a proposal resulting from an amendment issued after the due date and time for receipt of proposals or a modification of a proposal resulting from discussions shall be considered if received by the due date and time set forth in the amendment or by the due date and time for submission of best and final offers, whichever is applicable. If the modifications described in this subsection are received after the respective date and time described in this subsection, the modifications are late and shall not be considered except under the circumstances set forth in R7-2-1028(B).
- F. Upon receiving a late proposal, late modification, or late withdrawal, the school district shall record the time and date of receipt and promptly send written notice of late receipt to the offeror. The school district may discard the document 30 days after the date on the notice unless the offeror requests and provides funding for the document to be returned.
- G. All documents concerning acceptance of a late proposal, late modification, or late withdrawal shall be retained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1045. Receipt, Opening and Recording of Proposals**

- A. A school district shall maintain a record of proposals and modifications received for each solicitation, shall record the time and date when each proposal or modification is received, and shall store each unopened proposal or modification in a secure place until the proposal due date and time.
  - 1. If required to confirm a vendor's inquiry regarding receipt of its proposal prior to the due date and time, a school district may open a proposal to identify the vendor. If this occurs, the school district shall record the reason for opening the proposal, the date and time the proposal was opened, and the solicitation number. The school district shall secure the proposal and retain it for public opening.
  - 2. One or more witnesses shall be present for the opening of a proposal under subsection (A)(1).
- B. Proposals and modifications shall be opened publicly at the date, time and place designated in the request for proposals in the presence of one or more witnesses. The name of each offeror and other relevant information deemed appropriate by the school district shall be recorded. The person opening the proposals and all witnesses shall sign the record. All other information contained in the proposals shall be confidential so as to avoid disclosure of contents prejudicial to competing offerors during the evaluation of proposals. Proposals and modifications shall be shown only to school district personnel having a legitimate interest in them or persons assisting the school district in evaluation.
  - 1. The record created in subsection (B) shall be available for public inspection.
  - 2. The proposals shall not be open for public inspection until after a contract is awarded.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525,

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effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1046. Evaluation of Proposals**

- A. Evaluation of proposals and best and final offers shall be based on the evaluation factors set forth in the request for proposals. Specific numerical weighting may be used.
1. If only one proposal is received in response to a request for proposals, the school district shall proceed according to R7-2-1032.
  2. The school district shall not modify evaluation factors or the relative importance of price and other evaluation factors after the proposal due date and time.
  3. A school district may appoint an evaluation committee to assist in the evaluation of proposals. If proposals are evaluated by an evaluation committee, the evaluation committee shall prepare an evaluation report for the school district. The school district may:
    - a. Accept the findings of the evaluation committee;
    - b. Request additional information from the evaluation committee; or
    - c. Reject the findings of the evaluation committee, in which case the school district shall appoint a new evaluation committee to evaluate the existing proposals or cancel the solicitation.
- B. As part of its initial evaluation, the school district may contact an offeror to confirm the school district's understanding of the proposal. Such contact shall be prior to the determination that a proposal is acceptable for further consideration. The school district shall obtain written confirmation from the offeror and shall retain the confirmation in the procurement file.
- C. The contract or contracts shall be awarded during the proposal acceptance period. If the proposal acceptance period expires prior to award of the contract or contracts, the procurement shall be canceled, unless the proposal acceptance period is extended in accordance with subsection (D).
- D. To extend the proposal acceptance period, a school district shall notify all offerors in writing of an extension and request written concurrence from each offeror. To be eligible for a contract award, an offeror shall submit a written concurrence to the extension. The school district shall reject a proposal as nonresponsive if written concurrence is not provided as requested.
- E. For the purpose of conducting discussions, the school district shall determine that proposals are either acceptable for further consideration or unacceptable.
- F. A proposal is acceptable if it is determined to be reasonably susceptible of being awarded a contract in accordance with the evaluation criteria and a comparison and ranking of original proposals. Proposals to be considered reasonably susceptible of being awarded a contract shall, at a minimum, demonstrate the following:
  1. Affirmative compliance with mandatory requirements designated in the solicitation.
  2. An ability to deliver goods or services on terms advantageous to the school district sufficient to be entitled to continue in the competition.
  3. That the proposal is technically acceptable as submitted.
- G. A proposal is unacceptable if it is determined to not be reasonably susceptible of being awarded a contract. Those proposals that have no reasonable chance for award when compared on a relative basis with more highly ranked proposals will not be reasonably susceptible of being awarded a contract. The determination shall be in writing, state the basis for the determination and be retained in the procurement file. When there is

doubt as to whether a proposal is reasonably susceptible of being awarded a contract, the proposal shall be considered acceptable.

- H. If the school district determines an offeror's proposal is unacceptable, the school district shall notify that offeror of the determination and that the offeror shall not be afforded an opportunity to amend its proposal.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1047. Discussions with Individual Offerors**

- A. Discussions may be conducted with responsible offerors who submit proposals determined to be acceptable for further consideration. Discussions may be conducted to assure full understanding of the proposal in order to obtain the most advantageous contract for the school district based upon the requirements and evaluation factors in the request for proposals. Offerors shall be afforded fair treatment with respect to any opportunity for discussion and revision of proposals.
- B. A school district shall establish procedures and schedules for conducting discussions. The school district shall ensure there is no disclosure of one offeror's price or any information derived from competing proposals to another offeror.
- C. Discussions may be conducted orally or in writing. If oral discussions are conducted, the offeror shall confirm the discussions in writing.
- D. If discussions are conducted, they shall be conducted with all offerors who submit proposals determined to be acceptable for further consideration. Proposals may not be revised during discussions.
- E. The school district shall keep a detailed record of all discussions in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1048. Best and Final Offers**

- A. Only if discussions are conducted pursuant to R7-2-1047, the school district shall issue a written request for best and final offers to all offerors who submitted proposals determined to be acceptable pursuant to R7-2-1046(E). The request shall set forth the date, time and place for the submission of best and final offers.
- B. Best and final offers shall be requested only once, unless the school district makes a determination that it is advantageous to the school district to conduct further discussions or change the school district's requirements.
- C. The request for best and final offers shall inform offerors that, if they do not submit a notice of withdrawal or a best and final offer, their immediate previous offer will be construed as their best and final offer.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1049. Mistakes in Proposals**



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- A. Prior to the due date and time for receipt of best and final offers, any offeror may withdraw a proposal in writing or correct any mistake by modifying the proposal.
- B. After receipt of best and final offers, an offeror may withdraw a proposal or correct a mistake in accordance with R7-2-1030.
- C. The offeror shall withdraw or correct its proposal in writing. The school district shall retain the written withdrawal or correction in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1050. Contract Award**

- A. As provided in subsection (B), the school district shall award a contract or contracts to the responsible offeror or offerors whose proposal or proposals are determined in writing to be most advantageous to the school district based on the factors set forth in the request for proposals. No factors or criteria may be used in proposal evaluation that are not set forth in the request for proposals. The amount of any applicable transaction privilege or use tax of a political subdivision of this state is not a factor in determining the most advantageous proposal.
- B. The school district shall award the contract to the offeror whose proposal is deemed most advantageous to the school district for all materials or services, except that the school district may make a multiple award if the request for proposals included notification that multiple contracts may be awarded, the school district's basis for determining whether to award multiple contracts, and the criteria for selecting vendors for the multiple contracts.
- C. Before making a multiple award, the school district shall determine in writing that a multiple award is necessary and is advantageous to the school district and shall establish procedures for the use of the multiple awarded contracts to ensure that purchases are made from the contracts determined by the school district to be most advantageous to the school district in satisfying the school district's requirements. A multiple award shall be limited to the least number of contracts the school district determines in writing to be necessary to meet the school district's requirements, and may include the following types of awards:
  1. Awards to the offerors most advantageous to the school district for individual line items, groups of line items, or categories.
  2. Awards to the offerors most advantageous to the school district for similar or identical line items, groups of line items, or categories only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery, and the awards are limited to the least number of offerors necessary to meet the school district's requirements.
  3. An incremental award only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery. The award shall be made to the offeror whose proposal is determined to be the most advantageous to the school district, then to the offeror with the next most advantageous proposal, etc., until the total definite quantity required is reached.
  4. Regional awards to the offerors most advantageous to the school district in designated regions or locations only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery over widely scattered locations or a particular requirement is of a local nature.
- D. The school district shall notify all offerors of an award.
- E. The procurement file shall contain the basis on which the award or awards are made.
- F. After a contract is awarded, the school district shall return any bid security provided by the unsuccessful offerors.
- G. Upon execution of the contract, if performance and payment bonds were not required, or upon receipt of the specified bonds, if performance and payment bonds were required, the school district shall return any bid security provided by the successful offeror.
- H. Within 10 days after a contract is awarded, the school district shall make the procurement file, including all proposals, available for public inspection.
  1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
  2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended effective October 22, 1992 (Supp. 92-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1051. Reserved****R7-2-1052. Reserved****PART VII. SOLE SOURCE PROCUREMENTS****R7-2-1053. Sole Source Procurements**

- A. A contract may be awarded for a material, service or construction item without competition if the governing board determines in writing that there is only one source for the required material, service or construction item. The school district may require the submission of cost or pricing data in connection with an award under this Section. Sole source procurement shall be avoided, except when no reasonable alternative source exists.
- B. The governing board's determination shall be made before entering the contract and shall include the following information:
  1. A description of the procurement need and the reason why there is only a single source available or why no reasonable alternative exists;
  2. The name of the proposed supplier;
  3. The duration and estimated total dollar value of the proposed procurement;
  4. Documentation that the price submitted is fair and reasonable; and
  5. A description of efforts made to seek other sources.
- C. The school district shall, to the extent practicable, negotiate with the single supplier a contract advantageous to the school district.
- D. A copy of the written determination of the basis for the sole source procurement and any cost or pricing data shall be retained in the procurement file by the school district. The

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school district shall keep a record of all sole source procurements pursuant to R7-2-1086.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1054. Reserved****PART VIII. EMERGENCY PROCUREMENTS****R7-2-1055. Emergency Procurement Procedure**

- A. An emergency condition creates an immediate and serious need for materials, services, or construction that cannot be met through normal procurement methods and seriously threatens the functioning of the school district, the preservation or protection of property or the public health, welfare or safety. Some examples of emergency conditions are floods, epidemics, or other natural disasters, riots, fire or equipment failures.
- B. An emergency procurement shall be limited to the materials, services, or construction necessary to satisfy the emergency need.
- C. The governing board shall designate a board member or members or school district official or officials authorized to make emergency procurements, and may prescribe limiting factors including maximum spending limits with regard to emergency procurements.
- D. The designated board member or district official shall:
  1. Select the contractor to perform the emergency work with as much competition as practicable under the circumstances;
  2. Obtain a price that is fair and reasonable under the circumstances;
  3. Prepare a written statement documenting the basis for the emergency, the basis for the selection of the particular contractor, and why the price paid was fair and reasonable. The statement shall be signed by the designated governing board member or district official authorized to initiate emergency procurements; and
  4. Convene a meeting of the governing board to approve the emergency procurement, unless the nature of the emergency requires that the procurement be made prior to governing board approval.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1056. Emergency Procurement Reporting**

- A. If the nature of the emergency does not permit convening a meeting of the governing board to approve the emergency procurement, the designated board member or district official who makes an emergency procurement shall, at the first scheduled governing board meeting following the procurement, provide to the governing board a report concerning the emergency procurement including the following information:
  1. The written statement documenting the basis for the emergency, the basis for the selection of the particular contractor, and why the price paid was fair and reasonable; and
  2. Why it was impracticable to convene a meeting of the governing board.
- B. The information and documentation required in this Section shall be included in the procurement file.

- C. The school district shall keep a record of all emergency procurements pursuant to R7-2-1086.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1057. Repealed****Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**PART IX. REQUEST FOR INFORMATION****R7-2-1058. Request for Information**

- A. The school district may issue a request for information to obtain data about services or materials available to meet a specific need. Notice of the request for information shall be issued in accordance with R7-2-1024(A) and R7-2-1024(C).
- B. Responses to a request for information are not offers and cannot be accepted to form a binding contract.
- C. Information contained in a response to a request for information may be withheld from public inspection until the subsequent procurement is awarded or terminated, two years from the date of the vendor's response, or upon commencement of a new procurement, whichever occurs first.
- D. There is no required format to be used for requests for information.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1059. Reserved****R7-2-1060. Reserved****PART X. SERVICES OF CLERGY, CERTIFIED PUBLIC ACCOUNTANTS, PHYSICIANS, DENTISTS AND LEGAL COUNSEL****R7-2-1061. Competitive Selection Procedures for Clergy, Certified Public Accountants, Physicians, Dentists and Legal Counsel**

- A. The services of clergy, certified public accountants, physicians, dentists, or legal counsel shall be procured in accordance with R7-2-1061 through R7-2-1068, except as authorized pursuant to R7-2-1002, R7-2-1053, or R7-2-1055.
- B. Pursuant to A.R.S. § 15-914, contracts for financial and compliance audits and completed audits shall be approved by the Auditor General as provided in A.R.S. § 41-1279.21.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1062. Statement of Qualifications**

- A. If the services specified in R7-2-1061(A) are needed, persons may submit and the school district may solicit persons engaged in providing the services to submit statements of

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qualifications on a prescribed form that shall include the following information:

1. Technical education and training;
2. General or special experience, certifications, licenses, and memberships in professional associations, societies, or boards;
3. An expression of interest in providing a particular service; and
4. Any other pertinent information requested by the school district.

- B.** Persons who have submitted statements of qualifications may amend those statements at any time by filing a new statement.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1063. Request for Proposals**

- A.** Adequate notice of the need for services specified in R7-2-1061(A) shall be given by the school district through a request for proposals. The request for proposals shall be in accordance with R7-2-1042.
- B.** In addition to providing notice of the request for proposals pursuant to R7-2-1022 and R7-2-1024(C), the school district shall provide notice to all persons who submitted statements of qualifications for the particular services solicited.
- C.** If required to evaluate proposals, the request for proposals shall require all offerors who have not already done so to submit a statement of qualifications pursuant to R7-2-1062.
- D.** Pre-proposal conferences may be convened in accordance with R7-2-1025.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1064. Receipt of Proposals**

Proposals shall be received and opened in accordance with R7-2-1045. Late proposals, modifications, or withdrawals shall be considered in accordance with R7-2-1044.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1065. Evaluation of Proposals**

Proposals shall be evaluated in accordance with R7-2-1046.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1066. Discussions with Individual Offerors**

- A.** As part of its initial evaluation, the school district may contact an offeror to confirm the school district's understanding of the proposal. Such contact shall be prior to the determination that a proposal is acceptable for further consideration. The school district shall obtain written confirmation from the offeror and shall retain the confirmation in the procurement file.
- B.** The school district may conduct discussions with any offeror in accordance with R7-2-1047. If such discussions are conducted, the school shall issue a request for best and final offers pursuant to R7-2-1048.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1067. Mistakes in Proposals**

Mistakes in proposals shall be addressed pursuant to R7-2-1049.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1068. Contract Award**

- A.** As provided in subsection (B), the school district shall award a contract or contracts to the responsible offeror or offerors best qualified based on the evaluation factors set forth in the request for proposal and after making a written determination that the price is fair and reasonable. The school district shall not award a contract based solely on price. No factors or criteria may be used in proposal evaluation that are not set forth in the request for proposals.
- B.** The school district shall award the contract to the best qualified offeror whose price is determined to be fair and reasonable for all services, except that the school district may make a multiple award if the request for proposals included notification that multiple contracts may be awarded, the school district's basis for determining whether to award multiple contracts, and the criteria for selecting vendors for the multiple contracts.
- C.** Before making a multiple award, the school district shall determine in writing that a multiple award is necessary and is advantageous to the school district and shall establish procedures for the use of the multiple awarded contracts to ensure that purchases are made from the contracts determined by the school district to be most advantageous to the school district in satisfying the school district's requirements. A multiple award shall be limited to the least number of contracts the school district determines in writing to be necessary to meet the school district's requirements, and may include the following types of awards:
1. Award to the best qualified offeror whose price is determined to be fair and reasonable for individual line items, groups of line items, or categories.
  2. Awards to the best qualified offerors whose prices are determined to be fair and reasonable for similar or identical line items, groups of line items, or categories only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery, and the awards are limited to the least number of offerors necessary to meet the school district's requirements.
  3. An incremental award only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery. The award shall be made to the best qualified person whose price is determined to be fair and reasonable, then to the next best qualified person whose price is determined to be fair and reasonable, etc., until the total definite quantity required is reached.
  4. Regional awards to the best qualified offerors whose prices are determined to be fair and reasonable in designated regions or locations only if the school district determines in writing that such an award is necessary to obtain

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the required quantity or delivery over widely scattered locations or a particular requirement is of a local nature.

- D. The school district shall notify all offerors of an award.
- E. The procurement file shall contain the basis on which the award or awards are made.
- F. Within 10 days after a contract is awarded, the school district shall make the procurement file, including all proposals, available for public inspection.
  - 1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
  - 2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**PART XI. GUARANTEED ENERGY CONTRACTS****R7-2-1069. Guaranteed Energy Cost Savings Contracts**

- A. A school district may procure a guaranteed energy cost savings contract with a qualified provider through competitive sealed proposals in accordance with R7-2-1041 through R7-2-1050.
  - 1. The request for proposal evaluation factors required by R7-2-1042(A)(1)(h) shall include objective criteria for selecting the qualified provider, including the cost of the contract, the energy cost savings, the net projected energy savings, the quality of the technical approach, the quality of the project management plan, the financial solvency of the qualified provider and the experience of the qualified provider with projects of similar size and scope.
  - 2. Notwithstanding R7-2-1042(A)(1)(h), the request for proposals shall set forth the respective numerical weighting for each evaluation criterion.
  - 3. At the qualified provider's expense, the proposal shall include an independent third-party validation of cost savings calculations associated with each proposed energy cost savings measure by a licensed, registered professional engineer, with credentials from the national association of energy engineers, who has demonstrated experience in energy analysis. The school district shall approve the selection of the independent third party.
  - 4. A school district may enter into a guaranteed energy cost savings contract with a qualified provider if the school district determines that the energy savings project will pay for itself within the expected life of the energy cost savings measures implemented (according to the manufacturer's equipment standards), the term of the financial agreement or 25 years, whichever is shortest, if the recommendations in the proposal are followed. Notwithstanding this subsection, a school district may elect to use a shorter capital cost repayment schedule than required pursuant to this subsection. The school district shall retain the cost savings achieved by a guaranteed energy cost savings contract, and these cost savings may be used to pay for the contract and project implementation.
- 5. A qualified provider is a person that is experienced in designing, implementing or installing energy cost savings measures, that has a record of established projects or measures of similar size and scope, that has demonstrated technical, operational, financial and managerial capabilities to design and operate cost savings measures and projects and that has the financial ability to satisfy guarantees for energy cost savings.
- B. In selecting a contractor to perform any construction work related to performing the guaranteed energy cost savings contract, the qualified provider may:
  - 1. Develop and use a prequalification process for contractors.
  - 2. Require the contractor to demonstrate that the contractor is adequately bonded to perform the work and that the contractor has not failed to perform on a prior job.
- C. A study shall be performed by the selected qualified provider in order to establish the exact scope of the guaranteed energy cost savings contract, the fixed cost savings guarantee amount and the methodology for determining actual savings. The selected qualified provider will provide the school district with a final study report which validates that the fixed cost savings guarantee amount will meet or exceed the cost savings calculations contained within the original proposal. The study report shall be reviewed and approved by the school district before the actual installation of any equipment. The qualified provider shall transmit a copy of the approved study report to the division of school facilities within the department of administration and the governor's office.
- D. The information to develop the energy baseline shall be derived from historical energy costs or actual energy measurements or shall be calculated from energy measurements at the facility where energy cost savings measures are to be installed or implemented. The baseline shall be established before the installation or implementation of energy cost savings measures.
- E. One or more school districts may enter into a financing agreement with a qualified provider or a financial institution, trustee or paying agent for the purchase and installation or implementation of energy cost savings measures. Any required financing may be obtained as part of the original competitive sealed proposal process from the qualified provider, or from a third-party financing institution that is procured separately in accordance with Articles 10 and 11.
- F. The selected qualified provider shall provide a performance bond in accordance with R7-2-1103(A)(1)(c).
- G. The selected qualified provider shall make public the information in the subcontractor's bids.
- H. The guaranteed energy cost savings contract shall include the following:
  - 1. A requirement that, in determining whether the projected energy savings calculations have been met, the energy savings shall be computed by comparing the energy baseline before installation or implementation of the energy cost savings measures with the energy consumed after installation or implementation of the energy cost savings measures. The qualified provider and the school district may agree to make modifications to the energy baseline only for any of the following:
    - a. Changes in utility rates.
    - b. Changes in the number of days in the utility billing cycle.
    - c. Changes in the square footage of the facility.
    - d. Changes in the operational schedule of the facility.

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- e. Changes in facility temperature.
  - f. Significant changes in the weather.
  - g. Significant changes in the amount of equipment or lighting used in the facility.
  - h. Significant changes in the nature or intensity of energy use such as the change of classroom space to laboratory space.
2. A payment schedule, with payments over a period of not more than the expected life of the energy cost savings measures implemented (according to the manufacturer's equipment standards), the term of the financial agreement or 25 years, whichever is shortest, except a school district may elect to use a shorter capital cost repayment schedule than required pursuant to this subsection.
  3. A requirement that all payments, except obligations on termination of the contract before its expiration, be made pursuant to the terms of the financing agreement.
  4. A written guarantee from the qualified provider that the energy savings will meet or exceed the costs of the energy cost savings measures over the expected life of the energy cost savings measures implemented (according to the manufacturer's equipment standards), the term of the financial agreement or 25 years, whichever is shortest, except a school district may elect to use a shorter capital cost repayment schedule than required pursuant to this subsection. The school district shall ensure that the contractor:
    - a. For the term of the guaranteed energy cost savings contract, prepares a measurement and verification report on an annual basis in addition to an annual reconciliation of savings.
    - b. Reimburses the school district for any shortfall of guaranteed energy cost savings on an annual basis.
    - c. Uses the international performance and measurement and verification protocol standards or the federal energy management program standards to validate the savings guarantee.
- I. A school district may use a simplified energy performance contract for projects that are less than \$500,000. Simplified energy performance contracts are not required to include an energy savings guarantee and shall comply with all requirements in this Section except for subsections (D), (H)(1)(a) through (h) and (H)(4)(a) through (c).
  - J. This Section does not apply to the construction of new buildings.
  - K. For all projects under this Section, the school district shall report to the division of school facilities within the department of administration and the governor's office:
    1. The name of the project.
    2. The name of the qualified provider.
    3. The total cost of the project.
    4. The expected energy cost savings and relevant escalators.
    5. The agreed-on baseline in the measurement and verification agreement in both kilowatt hours and dollars.
- Historical Note**
- New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1). Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).
- A. A school district may procure a guaranteed energy production contract with a qualified provider through competitive sealed proposals in accordance with R7-2-1041 through R7-2-1050.
    1. The request for proposals evaluation factors required by R7-2-1042(A)(1)(h) shall include objective criteria for selecting the qualified provider, including the guaranteed energy price, the guaranteed energy production, the quality of the technical approach, the quality of the project management plan, the financial solvency of the qualified provider and the experience of the qualified provider with projects of similar size and scope.
    2. Notwithstanding R7-2-1042(A)(1)(h), the request for proposals shall set forth the respective numerical weighting for each evaluation criterion.
    3. The school district may obtain any required financing as part of the original competitive sealed proposal process from the qualified provider, or from a third-party financing institution procured separately in accordance with Articles 10 and 11.
    4. When submitting a proposal for the installation of equipment, the qualified provider shall include information containing the guaranteed energy production associated with each proposed energy production measure. The school district shall review and approve this guarantee before the actual installation of any equipment. The qualified provider shall transmit a copy of the approved guarantee to the division of school facilities within the department of administration and the governor's office.
    5. A qualified provider is a person that is experienced in designing, implementing or installing energy cost savings measures, that has demonstrated technical, operational, financial and managerial capabilities to design and operate cost savings measures and projects and that has the financial ability to satisfy guarantees for guaranteed energy production, financial solvency and experience for projects of similar size and scope.
  - B. In selecting a contractor to perform any construction work related to performing the guaranteed energy production contract, the qualified provider may:
    1. Develop and use a prequalification process for contractors.
    2. Require the contractor to demonstrate that the contractor is adequately bonded to perform the work and that the contractor has not failed to perform on a prior job.
  - C. A guaranteed energy production contract shall include a guaranteed energy price, and a written guaranteed energy production as measured on an annual basis over the expected life of the energy production measures implemented or within 25 years, whichever is shorter. The school district shall ensure that the contractor:
    1. Prepares a measurement and verification report on an annual basis in addition to an annual reconciliation of any guaranteed energy production shortfall.
    2. Reimburses the school district for any guaranteed energy production shortfall on an annual basis by multiplying any energy production shortfall by either the difference between the guaranteed energy price and the effective utility rate, or an alternative method as mutually agreed on by the school district and the qualified provider.
  - D. The selected qualified provider shall provide a performance bond in accordance with R7-2-1103(A)(1)(c).
  - E. The selected qualified provider shall make public information in the subcontractor's bids.

**R7-2-1070. Guaranteed Energy Production Contracts**

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- F. For all projects under this Section, the school district shall report to the governor's office and the division of school facilities within the department of administration:
1. The name of the project.
  2. The name of the qualified provider.
  3. The total cost of the project.
  4. The expected guaranteed energy production and guaranteed energy price, including relevant escalators, if applicable, over the term of the guaranteed energy production contract.
- G. For all projects under this Section, the school district shall annually report the actual energy production and guaranteed energy price to the division of school facilities within the department of administration no later than October 15.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**PART XII. GENERAL CONTRACT REQUIREMENTS****R7-2-1071. Reserved****R7-2-1072. Cancellation of Solicitations; Rejection of Bids and Proposals**

Each solicitation issued by the school district shall state that the solicitation may be canceled or bids or proposals rejected if it is advantageous to the school district.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1073. Cancellation of Solicitation Before the Due Date and Time**

- A. Before the due date and time, a solicitation may be canceled in whole or in part if the school district determines that cancellation is advantageous to the school district. The reasons for the cancellation shall be made part of the procurement file.
- B. The school district shall notify in writing all persons to whom the original notice or solicitation was distributed by the school district. Notice shall be in the same manner as the original notice or solicitation, including posting on a designated site on the Internet, as applicable.
- C. The school district shall not open bids or proposals after cancellation. The school district may discard the bid or proposal 30 days after notice is given in accordance with subsection (B), unless the bidder or offeror requests the bid or proposal be returned.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1074. Cancellation of Solicitation After Bid or Proposal Opening and Before Award**

- A. After opening of bids or proposals but before award, a solicitation may be canceled in whole or in part if the school district determines that cancellation is advantageous to the school district. The reasons for the cancellation shall be made part of the procurement file.
- B. The school district shall notify bidders or offerors of the cancellation in writing.

- C. The school district shall retain bids or proposals received under the canceled solicitation in the procurement file. If the school district intends to issue another solicitation within six months after cancellation of the procurement, the school district shall withhold the bids or proposals from public inspection. After award of a contract under the subsequent solicitation, the school district shall make bids or proposals submitted in response to the canceled solicitation available for public inspection except for information determined to be confidential pursuant to R7-2-1006.
- D. In the event of cancellation, the school district shall promptly return any bid security provided by a bidder or offeror.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1075. Rejection of Individual Bids and Proposals**

- A. A bid or proposal may be rejected in whole or in part if:
1. The person responding to the solicitation is determined to be nonresponsive pursuant to R7-2-1076;
  2. It is nonresponsive or unacceptable;
  3. The proposed price is unreasonable; or
  4. It is otherwise not advantageous to the school district.
- B. Bidders or offerors whose bids or proposals are rejected shall be notified. A record of the rejection shall be retained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1076. Responsibility of Bidders and Offerors**

- A. The school district shall make a written determination that a bidder or offeror is responsible before awarding a contract to that bidder or offeror.
- B. If the school district determines a bidder or offeror is nonresponsive, the school district shall promptly send a determination to the bidder or offeror stating the basis for the determination. The school district shall file a copy of the determination in the procurement file.
- C. A finding of nonresponsibility shall not be construed as a violation of the rights of any person.
- D. If the school district included specific responsibility criteria in the solicitation, such criteria shall be considered in determining if a bidder or offeror is responsible.
- E. Factors to be considered in determining if a bidder or offeror is responsible may include:
1. The bidder or offeror's financial, material, personnel or other resources, including subcontracts;
  2. The bidder or offeror's record of performance and integrity;
  3. Whether the bidder or offeror has been debarred or suspended; and
  4. Whether the bidder or offeror is qualified legally to contract with the school district.
- F. The unreasonable failure of a bidder or offeror to promptly supply information in connection with an inquiry with respect to responsibility shall be grounds for a determination of nonresponsibility with respect to the bidder or offeror.
- G. As required by A.R.S. § 41-2540(B), information furnished by a bidder or offeror pursuant to this Section shall not be dis-

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closed outside of the school district without prior written consent by the bidder or offeror except to law enforcement agencies.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1077. Prequalification of Contractors for Materials, Services and Construction**

- A. Prospective contractors may be prequalified for particular types of materials, services and construction. Prospective contractors have a continuing duty to provide the school district with information on any material change affecting the basis of prequalification. Solicitation mailing lists of prospective contractors shall include the prequalified contractors.
- B. A prospective contractor need not be prequalified to be awarded a contract. Prequalification does not represent a determination of responsibility.
- C. The existence of a qualified product list pursuant to R7-2-1011(D) does not constitute prequalification of any prospective supplier of that product.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1078. Bid and Contract Security**

- A. Bid and performance bonds or other security may be required for material or service contracts to guarantee faithful bid and contract performance if the governing board determines that such requirement is advantageous to the school district. In determining the amount and type of security required for each contract, the governing board shall consider the nature of the performance and the need for future protection to the school district. The requirement for bonds or other security shall be included in the solicitation.
- B. Bid or performance bonds shall not be used as a substitute for a determination of bidder or offeror responsibility.
- C. If a bid or proposal is withdrawn at any time before bid or proposal opening, any bid security shall be returned to the bidder or offeror.
- D. After the contract is awarded, any bid security shall be returned to the unsuccessful bidders or offerors. Upon execution of the contract, if performance bonds or other security were not required, or upon receipt of the specified bonds, if performance bonds or other security were required, the school district shall return any bid security provided by the successful bidder or offeror.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1079. Cost or Pricing Data**

- A. The submission of current cost or pricing data may be required in connection with an award in situations in which analysis of the proposed price is essential to determine that the price is fair and reasonable. A contractor shall, except as provided in subsection (C), submit current cost or pricing data and shall certify that, to the best of the contractor's knowledge and belief,

the cost or pricing data submitted is accurate, complete and current as of a mutually determined specified date before the date of either:

1. The pricing of any contract awarded by competitive sealed proposals or pursuant to the sole source procurement authority, if the total contract price is expected to exceed \$100,000.
  2. The pricing of any change order or contract modification which is expected to increase the total contract price which will then exceed \$100,000.
- B. Any contract, change order or contract modification for which certified cost or pricing data is required shall contain a provision that the price to the school district shall be adjusted to exclude any significant amounts by which the school district finds that the price was increased because the contractor-furnished cost or pricing data was inaccurate, incomplete or not current as of the date agreed on between the parties. Such adjustment by the school district may include profit or fee. The school district may reduce the contract price pursuant to R7-2-1081.
  - C. The requirements of this Section may be waived if any of the following apply:
    1. The contract price is based on adequate price competition.
    2. The contract price is based on established catalog prices or market prices.
    3. Contract prices are set by law or regulation.
    4. It is determined in writing by the school district that the waiver is advantageous to the school district. The determination shall include the reasons why the waiver is advantageous to the school district.
  - D. When applicable, the solicitation shall include a notice that certified cost or pricing data shall be submitted.
  - E. In an emergency, cost or pricing data may be submitted at a reasonable time after the contract is awarded.
  - F. A copy of all determinations by the school district that pertain to the submission of cost or pricing data shall be retained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1080. Refusal to Submit Cost or Pricing Data**

- A. If the offeror fails to submit cost or pricing data in the required form, the school district may reject the proposal.
- B. If a contractor fails to submit data to support a price adjustment in the form required, the school district may:
  1. Reject the price adjustment; or
  2. Set the amount of the price adjustment subject to the contractor's rights under R7-2-1141 through R7-2-1185.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1081. Defective Cost or Pricing Data**

- A. The school district may reduce the contract price if, upon determination, the cost or pricing data are defective.
- B. The contract price shall be reduced in the amount of the defect plus related overhead and profit or fee if the school district relied upon the defective data in awarding the contract.

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- C. Any dispute as to the existence of defective cost or pricing data or the amount of an adjustment due to defective cost or pricing data may be appealed as a contract controversy under R7-2-1141 through R7-2-1185. Pending appeal, the adjusted contract price shall remain in effect.
- D. If certification of either current cost or pricing data is required, the awarded contract shall include notice of the right of the school district to a reduction in price if certified cost or pricing data are subsequently determined to be defective.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1082. Right to Inspect Plant**

The school district may at reasonable times inspect the part of the plant or place of business of a contractor or any subcontractor which is related to the performance of any contract awarded or to be awarded by the school district.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1083. Right to Audit Records**

- A. The school district may, at reasonable times and places, audit the books and records of any person who submits cost or pricing data as provided in R7-2-1079 to the extent that the books and records relate to the cost or pricing data. Any person who receives a contract, change order or contract modification for which cost or pricing data is required shall maintain the books and records that relate to the cost or pricing data for five years after completion of the contract.
- B. The school district is entitled to audit the books and records of a contractor or any subcontractor under any contract or subcontract to the extent that the books and records relate to the performance of the contract or subcontract. The books and records shall be maintained by the contractor for a period of five years after completion of the contract and by the subcontractor for a period of five years after completion of the subcontract.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1084. Anticompetitive Practices**

- A. If for any reason collusion or other anticompetitive practices are suspected among any bidders or offerors, a notice or the relevant facts shall be transmitted to the governing board and the attorney general. This Section does not require a law enforcement agency conducting an investigation into such practices to convey such notice to the school district.
- B. Upon submitting a bid or proposal, the bidder or offeror shall certify on a form prescribed by the school district that the submission of the bid or proposal did not involve collusion or other anticompetitive practices.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1085. Retention of Procurement Records**

All procurement records shall be retained and disposed of in accordance with records retention guidelines and schedules approved by the Arizona State Library, Archives and Public Records.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1086. Record of Procurement Actions**

- A. The school district shall maintain a record listing all contracts made under R7-2-1053, Sole source procurements, or R7-2-1055, Emergency procurements, for a minimum of five years. The record shall contain:
  1. Each contractor's name.
  2. The amount and type of each contract.
  3. A listing of the materials, services or construction procured under each contract.
- B. The record shall be available for public inspection.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1087. Contract Clauses**

- A. The school district shall include in solicitations and contracts all contract clauses necessary to ensure the school district's interests are addressed. The school district may modify clauses for inclusion in any particular school district contract, provided that any variations are supported by a written determination that states the circumstances justifying the variation and provided that notice of any material variation is stated in the solicitation.
- B. All contract clauses shall be consistent with the provisions of Articles 10 and 11.
- C. The school district may permit or require the inclusion of clauses providing for appropriate remedies, adjustments in prices, time of performance or other contract provisions.
- D. A contract for the procurement of construction or construction services shall include a provision for the recovery of damages related to expenses incurred by the contractor for a delay for which the school district is responsible, that is unreasonable under the circumstances and that was not within the contemplation of the parties to the contract. This subsection does not void any provision in the contract that requires notice of delays, provides for arbitration or any other procedure for settlement or provides for liquidated damages.
- E. A provision, covenant, clause or understanding in, collateral to or affecting a construction contract or design professional service contract that makes the contract subject to the laws of another state or that requires any litigation, arbitration or other dispute resolution proceeding arising from the contract to be conducted in another state is against the public policy of this state and is void and unenforceable.
- F. A provision or clause for contract termination in accordance with A.R.S. § 38-511. The school district may cancel the Contract within three years after Contract execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting, or creating the Contract on behalf of the school district is or becomes at any time while the Contract, or an extension of the Contract is in effect an employee of or a consultant to any party to the Contract with respect to the subject matter of the Contract. The



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cancellation shall be effective when the Contractor receives written notice of the cancellation unless the notice specifies a later time.

- G.** A provision or clause for contract termination if it appears that any person has not complied with A.R.S. § 15-213(O). The school district or school purchasing cooperative may, by written notice, terminate the Contract, in whole or in part, if the school district or school purchasing cooperative determines that any person or vendor has offered, conferred or agreed to confer any personal gift or benefit on any employee of the school district or school purchasing cooperative who supervised or participated in the planning, recommending, selecting or contracting of the Contract.
- H.** A provision or clause for contract termination for gratuities. The school district or school purchasing cooperative may, by written notice, terminate the Contract in whole or in part, if the school district or school purchasing cooperative determines that employment or a gratuity was offered or made by the Contractor or a representative of the Contractor to any officer or employee of the school district or school purchasing cooperative for the purpose of influencing the outcome of the procurement or securing the Contract, an amendment to the Contract, or favorable treatment concerning the Contract, including making of any determination or decision about contract performance.
- I.** A covenant, clause or understanding in, collateral to or affecting a construction contract or subcontract or a design professional services contract or subcontract that purports to indemnify, to hold harmless or to defend the promisee of, from or against liability for loss or damage resulting from the negligence of the promisee or the promisee's agents, employees or indemnitee is against the public policy of this state and is void.
- J.** If a design professional provides work, services, studies, planning, surveys or other preparatory work in connection with a public building or improvement, the school district or property owner may require that the design professional services contract or subcontract require the design professional to indemnify and hold harmless the school district or property owner, and its officers and employees, from liabilities, damages, losses and costs, including reasonable attorney fees and court costs, but only to the extent caused by the negligence, recklessness or intentional wrongful conduct of such design professional or other persons employed or used by such design professional in the performance of the contract or subcontract.
- K.** A design professional services subcontract entered into in connection with a public building or improvement may also require any design professional to indemnify and hold harmless the school district or property owner and the indemnified design professional who executed the subcontract, and their respective owners, officers and employees, from liabilities, damages, losses and costs, including reasonable attorney fees and court costs, but only to the extent caused by the negligence, recklessness or intentional wrongful conduct of such design professional, or persons employed or used by the indemnifying design professional in connection with the subcontract.
- L.** Nothing in this Section shall prohibit the requirement of insurance coverage that complies with this Section, including the designation of the school district or property owner as an additional insured on a general liability insurance policy or as a designated insured on an automobile liability policy provided in connection with a construction contract or subcontract or design professional services contract or subcontract.
- M.** Notwithstanding subsection (I), a contractor who is responsible for the performance of a construction contract or subcontract may fully indemnify a person, firm, corporation, state or other agency for whose account the construction contract or subcontract is not being performed and that, as an accommodation, enters into an agreement with the contractor that permits the contractor to enter on or adjacent to its property to perform the construction contract or subcontract for others.
- N.** Except as provided in subsections (J), (K) and (L), a design professional services contract or subcontract entered into in connection with a public building or improvement shall not require that a design professional defend, indemnify, insure or hold harmless the school district or property owner or its employees, officers, directors, agents, contractors or subcontractors from any liability, damage, loss, claim, action or proceeding, and any contract provision that is not permitted by subsections (J), (K) and (L) is against the public policy of this state and is void.
- O.** If any provision or condition contained in this Section conflicts with any provision of a contract between the school district and the federal government, such provision shall not apply to any construction contract or subcontract, or design professional services contract or subcontract to the extent such conflict exists, but all provisions of this Section with which there is no such conflict, shall apply.
- P.** In this Section:
1. "Construction contract or subcontract" means a written or oral agreement relating to the construction, alteration, repair, maintenance, relocation, moving, demolition or excavation of a structure, street or roadway, appurtenance, facility, development, or other improvement to land.
  2. "Design professional services" means architect services, engineer services, land surveying services, geologist services or landscape architect services or any combination of those services performed by or under the supervision of a design professional or any person employed by the design professional.
  3. "Design professional services contract or subcontract" means a written or oral agreement relating to the planning, design, construction administration, study, evaluation, consulting, inspection, surveying, mapping, material sampling, testing or other professional, scientific or technical services furnished in connection with any actual or proposed study, planning, survey, environmental remediation, construction, improvement, alteration, repair, maintenance, relocation, moving, demolition or excavation of a structure, street or roadway, appurtenance, facility, development or other improvement to land.
  4. "Other persons employed or used" means a subcontractor to a contractor or design professional in any tier, or any other person or entity who performs work or design professional services, or provides labor, services, materials or equipment in connection with a construction contract or subcontract or design professional service contract or subcontract subject to this Section.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final

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exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1088. Reserved**

**R7-2-1089. Reserved**

**R7-2-1090. Reserved**

### PART XIII. CONTRACT TYPES

**R7-2-1091. Repealed**

#### Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1092. Authority to Use Contract Types**

Subject to the limitations of this Section, any type of contract that would be advantageous to the school district may be used, except that the use of a cost-plus-a-percentage-of-cost contract is prohibited.

#### Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1093. Multiterm Contracts**

- A.** Unless otherwise provided by law, multiterm contracts for materials or services and contracts for job-order-contracting construction services may be entered into if the duration of the contract and the conditions of renewal or extension, if any, are included in the invitation for bids or the request for proposals and if monies are available for the first fiscal period at the time the contract is executed. The duration of contracts for materials or services and contracts for job-order-contracting construction services shall be limited to no more than five years unless the governing board determines in writing before the procurement solicitation is issued that a contract of longer duration would be advantageous to the school district. Payment and performance obligations for succeeding fiscal periods are subject to the availability and appropriation of monies.
- B.** Before the use of a multiterm contract, it shall be determined in writing by the governing board that:
  1. Estimated requirements cover the period of the contract and are reasonable and continuing.
  2. Such a contract will be advantageous to the school district by encouraging effective competition or otherwise promoting economies in school district procurement.
- C.** The school district shall include in all multiterm contracts a clause specifying that the contract shall be canceled if monies are not appropriated or otherwise made available to support the continuation of performance in a subsequent fiscal year.
- D.** If monies are not appropriated or otherwise made available to support continuation of performance in a subsequent fiscal period, the contract shall be canceled and the contractor may only be reimbursed for the reasonable value of any nonrecurring costs incurred but not amortized in the price of the materials or services delivered under the contract or which are otherwise not recoverable. The cost of cancellation may be paid from any appropriations available for such purposes.
- E.** A contract for specified professional services shall have a term not to exceed five years after the date of contract award by the school district of the first contract under the procurement,

except that the contract may continue in effect after the five year term for projects on which the rendering of specified professional services commences within the five year term.

- F.** Notwithstanding this Section, contracts for auditors and auditing firms shall have a term as prescribed in A.R.S. § 15-213.

#### Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4).

**R7-2-1094. Reserved**

**R7-2-1095. Reserved**

**R7-2-1096. Reserved**

**R7-2-1097. Reserved**

**R7-2-1098. Reserved**

**R7-2-1099. Reserved**

## ARTICLE 11. SCHOOL DISTRICT PROCUREMENT (CONTINUED)

### PART XIV. PROCUREMENT OF CONSTRUCTION

**R7-2-1100. Construction Project Delivery Methods**

- A.** For the design-bid-build project delivery method, the school district shall procure:
  1. Design services pursuant to R7-2-1117 through R7-2-1123, except as authorized by R7-2-1053 and R7-2-1055.
  2. Construction by competitive sealed bidding pursuant to R7-2-1021 through R7-2-1032 and R7-2-1102 through R7-2-1105, except as authorized by R7-2-1033, R7-2-1053, R7-2-1055, and R7-2-1101.
- B.** For construction-manager-at-risk, design-build and job-order-contracting project delivery methods, the school district shall procure construction services pursuant to R7-2-1102 through R7-2-1115.
- C.** For construction-manager-at-risk project delivery method, the school district shall purchase design services pursuant to R7-2-1117 through R7-2-1123.
- D.** For job-order-contracting project delivery method, the school district may include design services in the job-order-contracting construction services contract, but if the school district does not include design services in the contract, the school district shall procure any design services relating to construction services projects under the contract pursuant to R7-2-1117 through R7-2-1123.

#### Historical Note

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1101. Qualified Select Bidders List**

- A.** The school district may use the qualified select bidders list method to determine the vendors who receive the notice of competitive sealed bidding for a construction contract. The qualified select bidders list shall be determined in accordance with this Section.
- B.** Sealed prime contractor or construction materials supplier statements of qualifications shall be solicited through requests for qualifications.

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1. Notice of the request for qualifications shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C).
  2. Requests for qualifications shall be issued at least 21 days before the due date and time for submission.
  3. Use of the qualified select bidders list shall be restricted to the specific project identified in the request for qualifications.
  4. The qualified select bidders list shall consist of at least three prime contractors when a contractor is solicited or three construction material suppliers when material suppliers are solicited.
  5. The qualified select bidders list for any specific project is valid for one year but may be extended for an additional year, at the option of the school district.
- C. The request for qualifications shall include the following:
1. Notice that all information and statements of qualifications submitted by persons will be made available for public inspection following the establishment of a qualified select bidders list.
  2. Instructions and information to persons concerning the statement of qualifications submission requirements, including the due date and time for submission, the address of the office at which the statements of qualifications are to be received, and any other special information.
  3. The anticipated evaluation period and selection of a qualified select bidders list.
  4. General information on the project site or sites, scope of work, schedule, evaluation criteria, project design and construction budget, or life cycle budget for a procurement that includes maintenance, operations, and finance services.
  5. The weight prescribed by the school district for each of the criteria to be used in making the evaluation.
  6. The criteria to be used in making the evaluation, which shall include at a minimum:
    - a. Person's capabilities and qualifications for performing the scope of work;
    - b. Person's project team, and key members' education, training and qualifications;
    - c. Method of approach, including subcontractor plan, safety plan;
    - d. Safety record and worker's compensation rate;
    - e. Projected construction schedule;
    - f. Current workload;
    - g. Five most recent representative examples of similar work along with references for each example;
    - h. Current bonding availability and capacity;
    - i. Any judgment or liens against the person within the last three years;
    - j. Any current unresolved bond claims against the person;
    - k. Any deficiency orders issued against the prime contractor by the Arizona Registrar of Contractors within the last three years; and
    - l. Any filing under the United States Bankruptcy Code, assignments for the benefit of creditors, or other measures taken for the protection against creditors during the last three years.
  7. The type of contract to be used.
  8. The name of the district representative or district representatives.
  9. The expiration date of the qualified select bidders list if less than one year.
  10. A statement that the school district reserves the right to conduct interviews as part of the evaluation process.
  11. The date, time and location of any pre-submittal conference.
- D. The school district may conduct a pre-submittal conference not less than 14 days prior to the statement of qualifications due date and time for the purposes of explaining the requirements of the request for qualifications.
- E. Amendments to request for qualifications.
1. An amendment to a request for qualifications shall be issued if necessary to do any of the following:
    - a. Make changes in the request for qualifications;
    - b. Correct defects or ambiguities;
    - c. Furnish to persons information given to any other person, if the information will assist the persons in submitting their statements of qualifications or if the lack of the information will prejudice the persons;
    - d. Provide additional information or instructions;
    - e. Extend the due date and time if the school district determines that an extension is advantageous to the school district.
  2. Amendments to a request for qualifications shall be so identified and the school district shall ensure that the amendments are distributed or made available to all persons to whom the original request for qualifications was distributed or made available. The school district shall make a copy of the amendments to a request for qualifications available for public inspection at the school district office. If the school district posted the request for qualifications or a notice of the availability of a request for qualifications on a designated site on the Internet, then the school district shall post any amendments to the request for qualifications on the same designated site on the Internet. The school district shall also do one or more of the following:
    - a. Distribute the amendment, by any method reasonably calculated to ensure delivery, to all persons to whom the request for qualifications was distributed;
    - b. Make the amendment available and issue a notice of amendment which contains instructions for obtaining copies of the amendment. The notice of amendment shall be distributed, by any method reasonably calculated to ensure delivery, to all persons to whom the request for qualifications was distributed. Upon receipt of such notice of amendment, it is the responsibility of the person to obtain the amendment.
  3. Amendments to request for qualifications shall be issued within a reasonable time before the due date and time to allow persons to consider them in preparing their statements of qualifications. If the school district determines that the due date and time in the request for qualifications does not permit sufficient time for statement of qualifications preparation, the due date and time shall be extended in the amendment or, if necessary, by telephone, facsimile, email, or other communications methods, and confirmed in the amendment.
  4. A person shall acknowledge receipt of an amendment in the manner specified in the request for qualifications or the amendment on or before the due date and time.
- F. Pre-submittal modification or withdrawal of statements of qualifications

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1. A person may modify or withdraw a statement of qualifications in writing at any time before the prescribed due date and time if the modification or withdrawal is received before the due date and time at the location designated in the request for qualifications for receipt of statements of qualifications.
  2. All documents concerning a modification or withdrawal of a statement of qualifications shall be retained in the procurement file.
- G. Late statements of qualifications, late withdrawals and late modifications**
1. A statement of qualifications, modification or withdrawal is late if it is received at the location designated in the request for qualifications for receipt of statements of qualifications after the due date and time.
  2. A late statement of qualifications, late modification, or late withdrawal shall be rejected, unless the statement of qualifications, modification or withdrawal would have been timely received but for the action or inaction of school district personnel and is received before the qualified select bidders list is established.
  3. Upon receiving a late statement of qualifications, late modification, or late withdrawal, the school district shall record the time and date of receipt and promptly send notice of late receipt to the person. The school district may discard the document 30 days after the date on the notice unless the person requests the document be returned.
  4. All documents concerning acceptance of a late statement of qualifications, late modification, or late withdrawal shall be retained in the procurement file.
- H. Receipt, opening and recording statements of qualifications**
1. A school district shall maintain a record of statements of qualifications and modifications received for each solicitation, shall record the time and date when each statement of qualifications or modification is received, and shall store each unopened statement of qualifications or modification in a secure place until the due date and time.
    - a. If required to confirm a vendor's inquiry regarding receipt of its statement of qualifications prior to the due date and time, a school district may open a statement of qualifications to identify the vendor. If this occurs, the school district shall record the reason for opening the statement of qualifications, the date and time the statement of qualifications was opened, and the solicitation number. The school district shall secure the statement of qualifications and retain it for public opening.
    - b. One or more witnesses shall be present for the opening of a statement of qualifications under subsection (H)(1)(a).
  2. Statements of qualifications and modifications shall be opened publicly at the date, time and location designated in the request for qualifications in the presence of one or more witnesses. The name of each person and any other relevant information deemed appropriate by the school district shall be recorded. The person opening the statements of qualifications and all witnesses shall sign the record.
    - a. The record created in subsection (H)(2) shall be available for public inspection.
    - b. The statements of qualifications shall not be open for public inspection until after the qualified select bidders list has been established.
- I. Establishing the qualified select bidders list.**
1. The qualified select bidders list shall be established by determining the highest rated persons from the statements of qualifications received. This will be a minimum of three and a maximum of five.
  2. For each qualified select bidders list process there will be established by the school district an evaluation committee composed of five members. These members shall include the project designer or construction material specifier, one member from the prime contracting or construction material supplier community that performs commensurate level work and is disinterested in this project, a school district facilities representative and two other members as designated by the school district.
  3. The evaluation committee shall review and score each statement of qualifications received according to the established evaluation criteria. The committee shall rank the statements of qualifications in accordance with the scores.
  4. The committee may conduct interviews before making the final determination of the qualified select bidders list. The committee shall document the interviews in writing.
  5. The committee shall select at least three and not more than five of the highest scoring persons for the qualified select bidders list.
  6. The district representative shall review the committee's qualified select bidders list. The district representative shall:
    - a. Accept the list as submitted;
    - b. Return the list for additional committee review;
    - c. Reject the list and terminate the process.
  7. A one-year eligibility period for the qualified select bidders list shall begin on the date the district representative accepts it. The qualified select bidders list may be extended one year at the option of the school district.
  8. Once the qualified select bidders list is established, a written notice of the selected persons shall be sent to all the persons that submitted statements of qualifications.
  9. After the establishment of the qualified select bidders list, a written record showing the basis for determining the qualified select bidders list shall be prepared by the district representative and retained in the procurement file. Within 10 days after the qualified select bidders list has been established, the school district shall make the procurement file, including all statements of qualifications, available for public inspection.
    - a. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
    - b. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.
  10. The qualified select bidders shall be provided an invitation for bids in accordance with R7-2-1024 to R7-2-1032. For any projects not identified in the request for qualifications, the school district may not solicit bids on those projects under the qualified select bidders list either in the initial one-year period or the one-year extension period.
  11. The project identified in the request for qualifications shall have invitation for bids issued within the initial one-

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year period, or in the one-year extension period, to be awarded a contract under that qualified select bidders list.

- J.** Terminating the process for insufficient response or selection
1. In the event that less than three statements of qualifications are received, this procurement process shall cease and the school district may elect to reissue the request for qualifications or pursue other procurement methods.
  2. In the event that less than three persons are identified by the selection committee as being the most highly qualified, this procurement process shall cease and the school district may elect to reissue the request for qualifications or pursue other procurement methods.
- K.** A copy of the request for qualifications shall be made available for public inspection at the school district office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1102. Bid Security**

- A.** Bid security shall be required for all competitive sealed bidding for construction contracts, and for all competitive sealed proposals for design-build construction services or job-order-contracting construction services procured pursuant to R7-2-1111, if the price, excluding the cost of any finance services, maintenance services, operations services, design services, preconstruction services, or other related services included in the contract, is estimated by the school district to exceed the amount established by R7-2-1002(A).
- B.** Invitations for bid on school district construction contracts and requests for proposals for design-build construction services or job-order-contracting construction services, shall require submission of bid security as follows:
1. For design-build construction services, ten percent of the contractor's bid.
  2. For design-build construction services awarded by competitive sealed proposals pursuant to R7-2-1111, ten percent of the school district's construction budget for the project as stated in the request for proposals, excluding finance services, maintenance services, operations services, design services, preconstruction services or any other related services included in the contract.
  3. For job-order-contracting construction services awarded by competitive sealed proposals pursuant to R7-2-1111, the amount prescribed by the school district in the request for proposals, but not more than ten percent of the school district's reasonably estimated budget for construction that the school district believes is likely to actually be done during the first year under the contract, excluding any finance services, maintenance services, operations services, design services, preconstruction services or other related services included in the contract.
- C.** Acceptable bid security shall be limited to:
1. An annual or one-time bid bond executed and furnished as required by A.R.S. Title 34, Chapter 2 or 6, as applicable; or
  2. A certified check.
- D.** The school district may issue a written determination to accept the bid security if the bid security fails to comply in a nonsubstantial manner when:

1. Only one bid or proposal is received and there is not sufficient time to rebid or resolicit proposals;
  2. The amount of the bid security submitted, although less than the amount required by the invitation for bids or request for proposals, is equal to or greater than the difference between the apparent low bid or highest scoring proposal and the next higher acceptable bid or next highest scoring proposal; or
  3. The bid security is inadequate as a result of modifying or correcting a bid in accordance with R7-2-1027 or R7-2-1030, if the bidder increases the amount of security to required limits within two days after notification.
- E.** After the bids and proposals are opened, they are irrevocable for the period specified in the invitation for bids or request for proposals, except as provided in R7-2-1030. If a bidder or offeror is permitted to withdraw its bid before award, no action may be had against the bidder or offeror or the bid security.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1103. Contract Performance and Payment Bonds**

- A.** The following bonds or security is required and is binding on the parties to the contract if the value of a construction or construction services award exceeds the amount established by R7-2-1002(A):
1. A performance bond that is executed and furnished as required under Arizona Revised Statutes Title 34, Chapter 2, Article 2 or Chapter 6, as applicable, in an amount equal to 100 percent of the price specified in the contract conditioned on the faithful performance of the contract in accordance with the plans, specifications and conditions of the contract, except that:
    - a. For job-order-contracting construction services, the performance bond shall cover the full amount of construction under the job-order-contracting construction services contract, shall not include any design services, preconstruction services, finance services, maintenance services, operations services or other related services included in the contract, may be a single bond for the full term of the contract, a separate bond for each year of a multiyear contract or a separate bond for each job order, as determined by the school district, and, if a single bond for the full term of the contract or a separate bond for each year of a multiyear contract, shall initially be based on the school district's reasonable estimate of the amount of construction that the school district believes is likely to actually be done during the full term of the contract or during the particular year of a multiyear contract, as applicable.
    - b. For construction-manager-at-risk construction services and design-build construction services, the amount of the performance bond shall be the price of construction and shall not include the cost of any design services, preconstruction services, finance services, maintenance services, operations services and other related services included in the contract. This bond is solely for the protection of the school district. The conditions and provisions of the perfor-

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mance bond regarding the surety's obligations shall follow the form required under A.R.S. § 34-222(G) or A.R.S. § 34-610(G), as applicable.

- c. For guaranteed energy cost savings contracts and guaranteed energy production contracts, the amount of the performance bond shall be one hundred percent of the project amount to the school district for its faithful performance of the equipment installment.
2. A payment bond that is executed and furnished as required by Arizona Revised Statutes Title 34, Chapter 2, Article 2 or Chapter 6, as applicable, in an amount equal to one hundred percent of the price specified in the contract for the protection of all persons supplying labor or material to the contractor or its subcontractors for the performance of the construction provided for in the contract, except that:
  - a. For job-order-contracting construction services, the payment bond shall cover the full amount of construction under the job-order-contracting construction services contract, shall not include any design services, preconstruction services, finance services, maintenance services, operations services or other related services included in the contract, may be a single bond for the full term of the contract, a separate bond for each year of a multiyear contract or a separate bond for each job order, as determined by the school district, and, if a single bond for the full term of the contract or a separate bond for each year of a multiyear contract, shall initially be based on the school district's reasonable estimate of the amount of construction that the school district believes is likely to actually be done during the full term of the contract or during the particular year of a multiyear contract, as applicable.
  - b. For construction-manager-at-risk construction services and design-build construction services, the amount of the payment bond shall be the price of construction and shall not include the cost of any design services, preconstruction services, finance services, maintenance services, operations services or other related services included in the contract. The conditions and provisions of the payment bond regarding the surety's obligations shall follow the form required under A.R.S. § 34-222(F) or A.R.S. § 34-610(F), as applicable.
- B. For design-bid-build construction, the bonds prescribed in subsection (A) shall be provided on and at the same time as execution of the construction contract. For construction-manager-at-risk, design-build and job-order-contracting construction services, the bonds prescribed in subsection (A) shall be provided only on and at the same time as execution of a contract or contract modification that commits the contractor to provide construction for a fixed price, guaranteed maximum price or other fixed amount within a designated time frame.
- C. If the prime contract or specifications require any persons supplying labor or materials in the prosecution of the work to furnish payment or performance bonds, these bonds shall be executed solely by a surety company or companies holding a certificate of authority to transact surety business in this state issued by the director of the Department of Insurance pursuant to Arizona Revised Statutes Title 20, Chapter 2, Article 1. Notwithstanding the provisions of any other statute, the bonds

shall not be executed by an individual surety or sureties, even if the requirements of A.R.S. § 7-101 are satisfied.

- D. If a contractor fails to deliver the required performance bond or payment bond, the contractor's bid shall be rejected, its bid security shall be enforced, and award of the contract shall be made pursuant to Articles 10 and 11.
- E. This Section shall not be construed to limit the authority of the school district to require a performance bond or other security in addition to those bonds or in circumstances other than specified in subsection (A).
- F. Any person who furnishes labor or material to the contractor or its subcontractors for the work provided in the contract, in respect of which a payment bond is furnished under this Section, and who has not been paid in full within 90 days from the date on which the last of the labor was performed or material was supplied by the person for whom the claim is made has the right to sue on the payment bond for any amount unpaid at the time the suit is instituted and to prosecute the action for the amount due the person. However, any person who has a contract with a subcontractor of the contractor, but no express or implied contract with the contractor furnishing the payment bond, has a right of action on the payment bond on giving the contractor, only, a written preliminary 20-day notice as provided for in A.R.S. § 33-992.01, subsection (C)(1), (2), (3), and (4) and subsections (D), (E), and (H), and upon giving written notice to the contractor within 90 days from the date on which the last of the labor was performed or material was supplied by the person for whom the claim is made. The person shall state in the notice the amount claimed and the name of the party for whom the labor was performed or to whom the material was supplied. The notice shall be personally served or sent by registered mail, postage prepaid, in an envelope addressed to the contractor at any place the contractor maintains an office or conducts business.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. The term "one hundred" was changed to "100" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1104. Contract Payment Retention and Substitute Security**

- A. Ten percent of all construction contract payments shall be retained by the school district as insurance of proper performance of the contract or, at the option of the contractor, a substitute security may be provided by the contractor pursuant to this Section. The contractor is entitled to all interest from any such substitute security. When the contract is fifty percent completed, one-half of the amount retained or securities substituted pursuant to this Section shall be paid to the contractor upon the contractor's request provided the contractor is making satisfactory progress on the contract and there is no specific cause or claim requiring a greater amount to be retained. After the contract is fifty percent completed, no more than five percent of the amount of any subsequent progress payments made under the contract shall be retained providing the contractor is making satisfactory progress on the project, except if at any time the governing board determines satisfactory progress is not being made, ten percent retention shall be reinstated for all progress payments made under the contract subsequent to the determination.

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- B.** Notwithstanding subsection (A), there shall be no retention for job-order-contracting construction services contracts. The school district may elect to have no retention for construction-manager-at-risk and design-build construction services contracts. If the school district elects to have retention, then payment retention for construction-manager-at-risk and design-build contracts shall be in accordance with this Section.
- C.** Retention applies only to amounts payable for construction and does not apply to amounts payable for design services, preconstruction services, finance services, maintenance services, operations services, or any other related services included in the contract.
- D.** The form of substitute security is limited to the following:
1. An assignment of time certificates of deposit by financial institutions licensed by this state;
  2. Share certificate of a financial institution or credit union authorized to transact business in this state; or
  3. Security issued or guaranteed as to principal and interest by:
    - a. The United States;
    - b. The state;
    - c. Counties, municipalities and school districts within this state.
- E.** Conditions for use of substitute security.
1. A contractor may submit substitute security to replace contract payment retention if:
    - a. The use of substitute security is requested of the school district or designee for work performed under the contract. The contractor shall have the option of submitting the substitute security:
      - i. Prior to each progress payment in an amount of no less than five percent of each progress payment; or
      - ii. Once, prior to the first progress payment in an amount no less than five percent of the total contract amount.
    - b. The interest earned on such security shall accrue to the benefit of the contractor, but shall be retained until the school district has approved completion and acceptance of all work to be performed under the contract;
    - c. The term of such security shall not mature until after the estimated contract completion date; and
    - d. The security shall mature no later than one year after the estimated contract completion date.
  2. The substitute security shall not be released without written approval by the school district.
  3. A contractor may submit a single substitute security for more than one project provided that:
    - a. The amount of such security is sufficient to cover the aggregate retention amount;
    - b. The school district determines that such single substitute security is advantageous to the school district; and
    - c. Such security complies with the requirements of subsection (E)(1).
- F.** Any retention shall be paid or substitute security shall be returned to the contractor within 60 days after final completion and acceptance of work under the contract. Retention of payments by a school district longer than 60 days after final completion and acceptance requires a specific written finding by the governing board of the reasons justifying the delay in payment. No school district may retain any monies after 60 days which are in excess of the amount necessary to pay the

expenses the governing board reasonably expects to incur in order to pay or discharge the expenses determined in the finding justifying the retention of monies.

- G.** The school district shall not accept any substitute security unless accompanied by a signed and acknowledged waiver of any right or power of the obligor to set off any claim against either the school district or the contractor in relationship to the security assigned. In any instance in which the school district accepts substitute security as provided in this Section, any subcontractor undertaking to perform any part of the contract is entitled to provide such security to the contractor.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1105. Progress Payments**

- A.** Progress payments may be made by the school district to the contractor on the basis of a duly certified and approved estimate of the work performed during the preceding month if the contractor agrees to adhere to the provisions of A.R.S. § 41-2577(B), (D), and (F). Payment shall be made within 14 days after the estimate of the work is certified and approved, except that a percentage of all estimates shall be retained as provided in R7-2-1104. The estimate of the work shall be deemed received by the school district on submission of the estimate of the work to the school district or a person designated by the school district for the submission, review or approval of the estimate of the work. An estimate of the work submitted under this Section shall be considered approved and certified after seven days from the date of submission unless before that time the school district or designee prepares and issues a specific written finding detailing those items in the estimate of the work that are not approved and certified under the contract or design professional service contract. The school district may withhold an amount from the progress payment sufficient to pay the expenses the school district reasonably expects to incur in correcting the deficiency set forth in the written finding. No contract for construction or design professional service contract may materially alter the rights of any contractor, subcontractor, design professional or material supplier to receive prompt and timely payment as provided under this Section. On completion and acceptance of separate divisions of the contract or design professional service contract on which the price is stated separately in the contract, payment may be made in full including retained percentages, less deductions, unless a substitute security has been provided pursuant to R7-2-1104.
- B.** Progress payments pursuant to subsection (A) are authorized for construction services and design professional services contracts. The requirements of subsection (A) apply only to amounts payable in a construction services contract for construction and in a contract for design services and do not apply to amounts payable in a contract for preconstruction services, finance services, maintenance services, operations services or any other related services included in the contract.
- C.** A subcontractor or design professional may notify the school district, in writing, requesting that the subcontractor or design professional be notified by the school district in writing within five days from payment of each progress payment made to the contractor. The subcontractor's or design professional's request remains in effect for the duration of the subcontractor's or design professional's work on the project.

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- D. If any payment to a contractor is delayed after the date due, interest shall be paid at the rate of one percent per calendar month, or a fraction of a calendar month, on such unpaid balance as may be due.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1106. Procurement of Construction Using Alternative Project Delivery Methods**

- A. A school district may use an alternative project delivery method if it determines in writing that such alternative project delivery method is advantageous to the school district. The following factors may be used for such determination:
1. Cost and cost control method;
  2. Value engineering;
  3. Market conditions;
  4. Schedule;
  5. Required specialized expertise;
  6. Technical complexity of the project; or
  7. Project management.
- B. Use of alternative project delivery methods
1. Alternative project delivery methods for construction services shall be procured as provided in R7-2-1100.
  2. For design-build construction services and construction-manager-at-risk construction services, the school district is limited to one contract per procurement.
    - a. Alternatively, for construction-manager-at-risk construction services, a school district may elect separate contracts for preconstruction services during the design phase, for construction during the construction phase and for any other construction services.
    - b. Alternatively, for design-build construction services, a school district may elect separate contracts for preconstruction services and design services during the design phase, for construction and design services during the construction phase and for any other construction services.
    - c. If the school district enters into the first contract for preconstruction services or construction services the procurement ends. After execution of that first contract the school district may not use the procurement or the existing final list in the procurement as the basis for entering into a contract with any other person that participated in the procurement.
  3. For job-order-contracting construction services, the school district may award a single contract, or multiple contracts for similar job-order-contracting construction services to be awarded to separate persons. If the school district enters into the number of contracts specified under the request for qualifications, the procurement ends. After that time the school district may not use the procurement or any existing final list in the procurement as the basis for entering into a contract with any other person that participated in the procurement.
  4. All construction-manager-at-risk construction services or design-build construction services included in a procurement shall be limited to construction services to be performed at a single location, a common location or, if the construction services are all for a similar purpose, multiple locations. For construction-manager-at-risk construction services and design-build construction services to be performed at multiple locations:
    - a. At the time the request for qualifications is issued, the school district shall intend to commence all construction at each location within thirty months after execution of the first contract for preconstruction services or other construction services at any of the locations.
    - b. The request for qualifications shall include the information described in R7-2-1108(B)(2).
5. The school district and the selection committee shall not request or consider fees, price, man-hours or any other cost information at any point in the selection process under this Section and R7-2-1107, R7-2-1108, R7-2-1110, and R7-2-1111, including the selection of persons to be interviewed, the selection of persons to be on the final list, in determining the order of preference of persons on the final list or for any other purpose in the selection process, except as provided in R7-2-1110(D) and R7-2-1111.
6. In determining the persons to participate in any interviews, in determining the persons to be on the final list, and in determining the order on the final list, the selection committee shall use and consider only the criteria and weighting of criteria in the request for qualifications. No other factors or criteria may be used in the evaluation, determinations and other actions.
7. Notwithstanding any other provision specifying the number of persons to be interviewed, the number of persons to be on a final list, or any other numerical specification in R7-2-1106 through R7-2-1115:
- a. If a smaller number of persons respond to the request for qualifications or if one or more persons drop out of the procurement so there is a smaller number of persons participating in the procurement, the school district, as the school district determines necessary and appropriate, may elect to proceed with the participating persons if there are at least two participating responsive and responsible persons. Alternatively, the school district may elect to terminate the procurement.
  - b. As to a request for qualifications to be negotiated pursuant to R7-2-1110(D), if only one responsive and responsible person responds to the request for qualifications or if one or more persons drop out of the procurement so that only one responsive and responsible person remains in the procurement, the school district may elect to proceed with the procurement with only one person if the governing board determines in writing that the negotiated fee is fair and reasonable and that either other prospective persons had reasonable opportunity to respond or there is not adequate time for a resolicitation.
  - c. If a person on the final list withdraws or is removed from the procurement and the selection committee determines that it is advantageous to the school district, the selection committee may replace that person on the final list with another person that submitted qualifications in the procurement and that is selected as the next most qualified.



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**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1107. Selection Committee**

- A. The school district shall initiate an appropriately qualified selection committee for each request for qualifications. The school district shall ensure that selection committee members are competent to serve on the selection committee.
- B. Each selection committee shall include at least one school district representative appointed by the school district.
- C. The selection committee shall not have more than seven members and shall include at least one person who is a senior management employee of a licensed contractor and one person who is an architect or an engineer who is registered pursuant to A.R.S. § 32-121.
- D. Non-school district employees serving on a selection committee shall not receive compensation from the school district for performing this service, but the school district may elect to reimburse non-school district members for travel, lodging and other expenses incurred in connection with service on a selection committee.
- E. A person who is a member of a selection committee shall not be a contractor or subcontractor under a contract awarded under the procurement or provide any specified professional services, construction, construction services, materials or other services under the contract.
- F. For the procurement of multiple contracts for job-order-contracting, the same selection committee shall be used for all contracts in the procurement.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1108. Request for Qualifications**

- A. Notice of the need for construction services shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C). Such notice shall be issued not less than 14 days in advance of when responses shall be received. The notice shall:
  1. Contain a statement of the construction services required that adequately describes the procurement and specifies how a request for qualifications containing specific information on the procurement may be obtained;
  2. Specify whether the procurement is for a single contract or, for job-order-contracting construction services only, for multiple contracts; and
  3. If the procurement is for multiple job-order-contracting construction services contracts:
    - a. Specify that multiple contracts may or will be awarded;
    - b. Specify the number of contracts that may or will be awarded; and
    - c. Describe the construction services to be performed under each contract.
- B. The request for qualifications shall include the following:
  1. Instructions and information to persons concerning the statement of qualifications submission requirements, including the due date and time for receipt of statements of qualifications, the address of the office at which the statements of qualifications are to be received, and any other special information.
2. In a procurement of construction-manager-at-risk construction services or design-build construction services to be performed at multiple locations, include:
  - a. A brief description of the construction services to be performed at each location;
  - b. The estimated budget for the construction services to be performed at each location; and
  - c. A schedule for the construction services to be performed at each location that shows the school district's intent to commence all construction at each location within thirty months after execution of the first contract for preconstruction services or other construction services at any of the locations.
3. General information on the project site, scope of work, schedule, selection criteria, project design and construction budget, or life cycle budget for a procurement that includes maintenance, operations, and finance services.
4. The criteria and the weight prescribed by the school district for each of the criteria to be used in making the evaluation.
  - a. All selection criteria shall be factors that demonstrate competence and qualifications for the type of construction services included in the procurement.
  - b. One of the criteria shall be the person's subcontractor selection plan or procedures to implement the school district's subcontractor selection plan.
  - c. If interviews will be held, state the selection criteria and relative weights to be used in selecting the persons to be interviewed. The request for qualifications may state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list. The final list selection criteria and relative weights may be different than the selection criteria and relative weights used to determine the persons to be interviewed. The request for qualifications also shall state whether the school district will select the persons on the final list and their order on the final list solely through the results of the interview process or through the combined results of both the interview process and the evaluation of statements of qualifications and performance data submitted in response to the school district's request for qualifications.
  - d. If interviews will not be held, state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list.
5. Whether one contract or multiple contracts may or will be awarded.
  - a. For design-build construction services, construction-manager-at-risk construction services, and a single contract for job-order-contracting construction services, state that one person may or will be awarded the contract.
  - b. For multiple contracts for similar job-order-contracting construction services, state the number of contracts that may or will be awarded, the job-order-contracting construction services to be performed under each of the contracts, and that each of the multiple contracts will be awarded to a separate person.
6. In a procurement where the contract is to be negotiated under R7-2-1110(D):

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- a. State that there will be a single final list of at least three and not more than five persons for a design-build, construction-manager-at-risk, or single job-order-contracting construction services award.
  - b. In a procurement for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, state that there will be a single final list and the number of persons on the final list, which shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
7. In a procurement in which the contract will be awarded under R7-2-1111:
- a. State that there will be a single final list and that the number of persons on the final list will be three for a design-build or single job-order-contracting construction services award.
  - b. In a procurement for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, state that there will be a single final list and the number of persons on the final list, which shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
8. The type of contract to be used.
9. The name of the district representative or district representatives and the publicly available location of the school district's protest policy and procedures.
10. If the school district will hold interviews as part of the selection process:
- a. State that interviews will be held and that the interviews will be with at least three and not more than five persons for a design-build, construction-manager-at-risk, or single job-order-contracting construction services procurement.
  - b. In a procurement for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, state that interviews will be held and that the interviews will be with a specified number of persons. The specified number shall be stated in the request for qualifications, shall be determined by the school district and shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
11. The manner in which subcontractors shall be selected, either:
- a. A requirement that each person submit a proposed subcontractor selection plan and a requirement that the proposed subcontractor selection plan shall select subcontractors based on qualifications alone or on a combination of qualifications and price and shall not select subcontractors based on price alone; or
  - b. A subcontractor selection plan adopted by the school district that applies to the person that is selected to perform the construction services and that requires subcontractors to be selected based on qualifications alone or on a combination of qualifications and price and not based on price alone and a requirement that each person shall submit a description of the proce-

dures it proposes to use to implement the school district's subcontractor selection plan.

12. Notice that all information and statements of qualifications submitted by persons will be made available for public inspection after the school district has entered into a single contract or all of the multiple contracts.

- C. A copy of the request for qualifications shall be made available for public inspection at the school district office.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1109. Receipt and Opening of Statements of Qualifications, Technical Proposals and Price Proposals for Design-build and Job-order-contracting**

- A. Statements of qualifications, technical proposals and price proposals shall be received and opened in accordance with R7-2-1045. Late statements of qualifications, proposals, modifications, or withdrawals shall be considered in accordance with R7-2-1044 and R7-2-1049.
- B. A school district may cancel a request for qualifications or a request for proposals, reject in whole or in part any or all statements of qualifications or proposals or determine not to enter into a contract as specified in the solicitation if it is advantageous to the school district. The school district shall make the reasons for cancellation, rejection or determination not to enter into a contract part of the procurement file.

**Historical Note**

New Section made by exempt rulemaking at 13 A.A.R. 1266, effective February 26, 2007 (Supp. 07-1). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1110. Committee Evaluation and Contract Award**

- A. If interviews are specified in the request for qualifications:
  1. The selection committee shall determine the persons to be interviewed by evaluating the statements of qualifications and performance data submitted based solely on the selection criteria and relative weights in the request for qualifications to be used to determine the persons to be interviewed.
  2. If the selection criteria and relative weights to be used by the selection committee to select the persons on the final list and to determine their order on the final list are not included in the request for qualifications:
    - a. Before the interviews are held the school district shall distribute to the persons to be interviewed the selection criteria and relative weights to be used to select the persons on the final list and to determine their order on the final list.
    - b. These selection criteria and relative weights may be different than the selection criteria and relative weight used to determine the persons to be interviewed.
  3. The selection committee shall conduct interviews with the number of persons specified in the request for qualifications.
- B. Based solely on the selection criteria and relative weights for selection of the persons on the final list and their order on the final list, the selection committee shall select the persons for

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the final list and, in the case of a final list for a contract that will be negotiated under subsection (D), rank the persons in order of preference.

**C.** The school district shall make the following notifications regarding the final lists:

1. If the contract will be negotiated under subsection (D) before or at the same time as the school district notifies the highest ranking person on the final list that it is the highest ranking person, the school district shall send actual notice to each of the following that it is not the highest ranking person or that another person is the highest ranking person:
  - a. If interviews were held, the other persons interviewed.
  - b. If interviews were not held, the other persons that made submittals.
2. If the contract will be awarded under R7-2-1111, before or at the same time as the school district notifies the persons on the final list that they are on the final list, the school district shall send actual notice to each of the following persons that they are not on the final list or that other persons are on the final list:
  - a. If interviews were held, the other persons interviewed.
  - b. If interviews were not held, the other persons that made submittals.

**D.** The school district shall conduct negotiations with persons on the final list as follows:

1. The negotiations shall include consideration of compensation and other contract terms that the school district determines to be fair and reasonable to the school district. In making this decision, the school district shall take into account the estimated value, the scope, the complexity and the nature of the construction services to be rendered.
2. If the procurement is for a single contract, there is one final list and the school district shall enter into negotiations with the highest qualified person on the final list. If the school district is not able to negotiate a satisfactory contract with the highest qualified person on the final list, at compensation and on other contract terms the school district determines to be fair and reasonable, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations with the next most qualified person on the final list in sequence until an agreement is reached or a determination is made to reject all persons on the final list.
3. If the procurement is for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, there is one final list and the school district shall enter into separate negotiations for contracts with the number of the highest qualified persons on the final list equal to the number of contracts to be awarded. If the school district is not able to negotiate a satisfactory contract with a person with whom the school district has commenced negotiations, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations for a contract with the next most qualified person on the final list with whom the school district is not then negotiating and with whom the school district has not previously negotiated in sequence until an agreement is reached for some or all of the multiple contracts included in the request for qualifications or a determination is made to reject all persons on the final list.

4. If the school district terminates negotiations with a person and commences negotiations with another person on the final list, the school district shall not recommence negotiations or enter into a contract for the construction services covered by the final list with any person with whom the school district terminated negotiations.

**Historical Note**

New Section made by exempt rulemaking at 13 A.A.R. 1266, effective February 26, 2007 (Supp. 07-1). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1111. Alternative Procedure for Design-build or Job-order-contracting Construction Services**

- A.** As an alternative to R7-2-1110(D), the school district may award a single contract for design-build construction services or a single or multiple contracts for similar job-order-contracting construction services pursuant to this Section.
- B.** The school district shall use the selection committee appointed for the request for qualifications pursuant to R7-2-1107.
- C.** The school district shall issue a request for proposals to the persons on the final list developed pursuant to R7-2-1110(A) through (C). The request for proposals shall be issued at least 14 days before the due date and time for receipt of proposals unless a shorter time is determined necessary by the school district.
- D.** The request for proposals shall include the following:
  1. A statement that the procurement is for a single contract or, for similar job-order-contracting construction services only, for multiple contracts.
  2. If the procurement is for multiple contracts for similar job-order-contracting construction services, the notice shall specify that multiple contracts will be awarded, shall specify the number of contracts that will be awarded, shall specify the number of offerors to whom contracts will be awarded which shall be the number of contracts in the procurement, and shall describe the job-order-contracting services to be performed under each contract.
  3. Instructions and information to persons concerning the proposal submission requirements, including the due date and time for receipt of proposals, the address of the office at which proposals are to be received, the proposal acceptance period, and any other special information.
  4. The school district's project schedule and project final budget for design and construction or life cycle budget for a procurement that includes maintenance services or operations services.
  5. If a single contract will be awarded, a statement that the contract will be awarded to the person whose proposal receives the highest number of points under a scoring method. If multiple contracts for similar job-order-contracting services will be awarded, a statement that the multiple contracts will be awarded to a specified number of offerors whose proposals receive the highest number of points under a scoring method. The specified number of offerors will be the number of contracts included in the procurement.
  6. A description of the scoring method, including a list of the factors in the scoring method and the number of points allocated to each factor.
  7. For design-build constructions services only, the design requirements, including the required features, functions,

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characteristics, qualities and properties, the anticipated schedule, including start, duration and completion, and the estimated budgets applicable to the specific procurement for design and construction and, if applicable, for operation and maintenance. Drawings and other documents illustrating the scale and relationship of the features, functions and characteristics of the project, which shall all be prepared by an architect or engineer, as appropriate, and additional design information or documents specified by the school district, may also be included.

8. A requirement that each offeror submit separately a technical proposal and a price proposal and that the offeror's entire proposal is responsive to the requirements in the request for proposals. For design-build construction services, the price in the price proposal shall be a fixed price or a guaranteed maximum price.
  9. A statement that in applying the scoring method, the selection committee will separately evaluate and score the technical proposal before opening, evaluating, and scoring the price proposal.
  10. If the school district desires to conduct discussions with offerors, a statement that discussions may be held and a requirement that each offeror submit a preliminary technical proposal before the discussions are held.
  11. Type of contract to be used.
  12. That offerors may designate as proprietary portions of the proposal.
  13. Notice that all information and proposals submitted by offerors, except as stated in subsection (D)(12), will be made available for public inspection after the school district has entered into a single contract or all of the multiple contracts.
  14. The contract terms and conditions, including warranty and bonding or other security requirements, as applicable.
  15. The name of the district representative or district representatives.
  16. If the request for proposals incorporates documents by reference, the request for proposals shall specify where such documents may be obtained.
- E. The factors in the scoring method described in the request for proposals may include:
1. For design-build construction services only, demonstrated compliance with the design requirements.
  2. Offeror qualifications.
  3. Offeror financial capacity.
  4. Compliance with the school district's project schedule.
  5. For design-build construction services only, if the request for proposals specifies that the school district will spend its project budget and not more than its project budget and is seeking the best proposal for the project budget, compliance of the offeror's price or life cycle price for procurements that include maintenance services, operations services or finance services with the school district's budget as prescribed in the request for proposals.
  6. For design-build construction services if the request for proposals does not contain the specifications prescribed in subsection (E)(5) and for job-order-contracting construction services, the price or life cycle price for procurements that include maintenance services, operations services or finance services.
  7. An offeror quality management plan.
  8. Other evaluation factors that demonstrate competence and qualifications for the type of construction services in

the request for proposals as determined by the school district, if any.

- F. If determined by the school district and included in the request for proposals, the selection committee shall conduct discussions with all offerors that submit preliminary technical proposals. Discussions shall be for the purpose of clarification to ensure full understanding of, and responsiveness to, the solicitation requirements. Offerors shall be accorded fair treatment with respect to any opportunity for discussion and for clarification by the school district. Revision of preliminary technical proposals shall be permitted after submission of preliminary technical proposals and before award for the purpose of obtaining best and final proposals. In conducting any discussions, information derived from proposals submitted by competing offerors shall not be disclosed to other competing offerors.
- G. After completion of any discussions pursuant to subsection (F) or if no discussions are held, each offeror shall submit separately its final technical proposal and its price proposal.
- H. Before opening any price proposal, the selection committee shall open and evaluate the final technical proposals and score the final technical proposals using the scoring method in the request for proposals. No other factors or criteria may be used in evaluation and scoring.
- I. After completion of the evaluation and scoring of all final technical proposals, the selection committee shall open, evaluate and score the price proposals, and complete scoring of the entire proposals using the scoring method in the request for proposals. No other factors or criteria may be used in evaluation and scoring.
- J. The school district shall award the contract to the responsive and responsible offeror whose proposal receives the highest score under the method of scoring in the request for proposals. No other factors or criteria may be used in evaluation and award.
- K. For procurements of multiple contracts for similar job-order-contracting construction services, the school district may award up to the number of contracts specified in the request for proposals.
- L. Before or at the same time as the school district notifies the selected offeror of contract award, the school district shall notify all other offerors of the award.
- M. For design-build construction services only, the school district shall award a stipulated fee equal to a percentage of the school district's project final budget for design and construction, as prescribed in the request for proposals, but not less than two-tenths of one percent of the project final budget for design and construction to each final list offeror who provides a responsive, but unsuccessful, proposal. If the school district does not award a contract, all responsive final list offerors shall receive the stipulated fee based on the school district's project final budget for design and construction as included in the request for proposals. The school district shall pay the stipulated fee to each offeror within 90 days after the award of the initial contract or the decision not to award a contract. In consideration for paying the stipulated fee, the school district may use any ideas or information contained in the proposals in connection with any contract awarded for the project, or in connection with a subsequent procurement, without any obligation to pay any additional compensation to the offerors. Notwithstanding the other provisions of this subsection, an offeror may elect to waive the stipulated fee. If an offeror elects to waive the stipulated fee, the school district may not use ideas and information contained in the offeror's proposal, except that this restriction

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does not prevent the school district from using any idea or information if the idea or information is also included in a proposal of an offeror that accepts the stipulated fee.

- N. The procurement file shall contain the basis on which the award is made, including at a minimum the information and documents required under R7-2-1115.
- O. A copy of the request for proposals shall be made available for public inspection at the school district office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1112. Contractor Licenses, Contract and Performance Requirements****A. Notwithstanding any other Section:**

1. The contractor for design-build or job-order-contracting construction services is not required to be registered to perform design services pursuant to A.R.S. Title 32, Chapter 1 if the person actually performing the design services on behalf of the contractor is appropriately registered.
2. The contractor for construction-manager-at-risk, design-build or job-order-contracting construction services shall be licensed to perform construction pursuant to A.R.S. Title 32, Chapter 10.
3. The school district shall obtain and maintain a record of proof in the procurement file that a construction or construction services provider that has been awarded a contract with the school district, or through a cooperative purchasing agreement, has a license in good standing to perform construction work pursuant to A.R.S. Title 32, Chapter 10. The license shall be active on the day the contract is awarded. This subsection does not require licensure for professions that are not licensed pursuant to A.R.S. Title 32, Chapter 10.

**B. In a procurement for construction-manager-at-risk construction services or design-build construction services, except for design-build contracts awarded pursuant to R7-2-1111, the school district shall enter into a written contract with the contractor for preconstruction services under which the school district shall pay the contractor a fee for preconstruction services in an amount agreed by the school district and the contractor, and the school district shall not request or obtain a fixed price or a guaranteed maximum price for the construction from the contractor or enter into a construction contract with the contractor until after the school district has entered into the written contract for preconstruction services and a preconstruction services fee.****C. Construction shall not commence under a construction services contract until the school district and contractor agree in writing on either a fixed price that the school district will pay or a guaranteed maximum price for the construction to be commenced. The construction to be commenced may be the entire project or may be one or more phased parts of the project.****D. For negotiated construction-manager-at-risk and design-build contracts, preconstruction services, general conditions, schedules, construction contingency, and construction fees shall be part of the contract. For design-build contracts awarded pursuant to a request for proposals, the fees shall be included in the vendor's proposal and shall become part of the awarded contract.****E. For job-order-contracting construction services only:**

1. The maximum dollar amount of an individual job order for job-order-contracting construction services shall be one million dollars or a higher or lower amount prescribed by the governing board in a policy adopted in a public meeting held pursuant to A.R.S. Title 38, Chapter 3, Article 3.1. Requirements shall not be artificially divided or fragmented in order to constitute a job order that satisfies the requirements of this subsection.
2. If the contractor subcontracts or intends to subcontract part or all of the work under a job order and if the job-order-contracting construction services contract includes descriptions of standard individual tasks, standard unit prices for standard individual tasks and pricing of job orders based on the number of units of standard individual tasks in the job order:
  - a. The contractor has a duty to deliver promptly to each subcontractor invited to bid a coefficient to the contractor to do all or part of the work under one or more job orders a copy of the descriptions of all standard individual tasks on which the subcontractor is invited to bid and a copy of the standard unit prices for the individual tasks on which the subcontractor is invited to bid.
  - b. If not previously delivered to the subcontractor, the contractor has a duty to promptly deliver to each subcontractor invited to or that has agreed to do any of the work included in any job order a copy of the description of each standard individual task that is included in the job order and that the subcontractor is invited to perform, the number of units of each standard individual task that is included in the job order and that the subcontractor is invited to perform, and the standard unit price for each standard individual task that is included in the job order and that the subcontractor is invited to perform.

**F. For all construction services contracts, the contractor performing the construction services is permitted to self-perform part of the construction work, if and to the extent agreed in writing by the school district and the contractor. The school district may use methods other than competitive bidding to assure itself that the price the school district pays to the contractor for self-performed work is fair and reasonable. Permitted methods to evaluate fairness and reasonableness of the price of self-performed work include evaluation of the contractor's proposed scope of work and price for self-performed work by an estimator who is hired and paid by the school district, who is independent of the contractor and who may be an employee of the school district. Although the school district may elect to so require, nothing in Articles 10 and 11 shall be construed or interpreted to require the school district to require a contractor desiring to self-perform part of the construction work to competitively bid that part of the construction work against other contractors in a bid competition.****G. For all construction services contracts, the following requirements apply to the construction work to be performed by subcontractors and do not apply to construction work that the school district and the contractor agree in writing will be self-performed by the contractor:**

1. The person selected to perform the construction services shall select subcontractors based on qualifications alone or on a combination of qualifications and price and shall not select subcontractors based on price alone. A qualifications and price selection may be a single-step selection

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based on a combination of qualifications and price or a two-step selection. In a two-step selection, the first step shall be based on qualifications alone and the second step may be based on a combination of qualifications and price or on price alone.

2. The school district shall include in each contract:
    - a. If the school district included its subcontractor selection plan in the request for qualifications, the school district's subcontractor selection plan and the procedures to implement the school district's subcontractor selection plan proposed by the awarded contractor in submitting its qualifications with those modifications to the procedures as the school district and the contractor agree.
    - b. If the school district did not include its subcontractor selection plan in the request for qualifications, the subcontractor selection plan proposed by the awarded contractor in submitting its qualifications with those modifications as the school district and the contractor agree.
  3. In making the selection of subcontractors, the contractor shall use the subcontractor selection plan and any procedures included in its contract.
- H.** The school district shall include in each contract for construction services the full street or physical address of each separate location at which the construction will be performed and a requirement that the contractor and each subcontractor at any level include in each of its subcontracts the same address information. The contractor and each subcontractor at any level shall include in each subcontract the full street or physical address of each separate location at which construction work will be performed.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1113. Prohibitions**

- A.** Notwithstanding any contrary provision of Articles 10 and 11, a school district shall not enter into a contract to provide construction-manager-at-risk construction services, design-build construction services or job-order-contracting construction services.
- B.** The prohibitions prescribed in subsection (A) do not prohibit a school district from providing construction for itself as provided by law.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1114. Bid Security, Contract Performance and Payment Bonds, and Payment and Retention**

- A.** Bid security shall be provided pursuant to R7-2-1102.
- B.** Contract performance and payment bonds shall be provided pursuant to R7-2-1103.
- C.** Contract payment retention and substitute security shall be in accordance with R7-2-1104.

- D.** Progress payments shall be in accordance with R7-2-1105.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended effective March 21, 1991 (Supp. 91-1).  
Amended effective October 22, 1992 (Supp. 92-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1115. Procurement File Contents and Review**

- A.** At a minimum, the school district shall retain the following for each procurement under R7-2-1106 through R7-2-1114:
1. For each request for qualifications procurement process:
    - a. If interviews were not held:
      - i. The submittal of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract.
      - ii. The final list.
      - iii. A list of the selection criteria and relative weight of selection criteria used to select the persons for the final list and to determine their order on the final list.
      - iv. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score.
      - v. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district shall retain the individual scoring sheets for individual selection committee members.
    - b. If interviews were held:
      - i. All submittals of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract.
      - ii. The final list.
      - iii. A list of the selection criteria and relative weight of selection criteria used to select the persons for the final list and to determine their order on the final list.
      - iv. A list that contains the name of each person that was interviewed and that shows the person's final overall rank or score.
      - v. Documents that show the final score or rank on each selection criteria of each person that was interviewed and that support the final overall rankings and scores of the persons that were interviewed. The school district shall retain the individual scoring sheets for individual selection committee members.
      - vi. A list of the selection criteria and relative weight of the selection criteria used to select the persons for the short list to be interviewed.
      - vii. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score in the selection of the persons to be on the short list to be interviewed.
      - viii. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district

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shall retain the individual scoring sheets for individual selection committee members.

2. For each request for proposals procurement process under R7-2-1111:
  - a. The entire proposal submitted by the person that received the highest score in the scoring method in the request for proposals and the entire proposal submitted by each person with whom the school district enters into a contract.
  - b. The description of the scoring method, the list of factors in the scoring method and the number of points allocated to each factor, all as included in the request for proposals.
  - c. A list that contains the name of each offeror that submitted a proposal and that shows the offeror's final overall score.
  - d. Documents that show the final score or rank on each factor in the scoring method in the request for proposals of each offeror that submitted a proposal and that support the final overall scores of the offerors that submitted proposals. The school district shall retain the individual scoring sheets for individual selection committee members.
- B. Information relating to each procurement under R7-2-1106 through R7-2-1114 shall be made available to the public as follows:
  1. Until the school district awards a single contract or all of the multiple contracts or terminates the procurement, only the name of each person on the final list may be made available to the public. All other information received by the school district in response to the request for qualifications shall be confidential in order to avoid disclosure of the contents that may be prejudicial to competing respondents during the selection process.
  2. After the school district awards a single contract or all of the multiple contracts or terminates the procurement, the school district shall make the contents of the procurement file, except the proposals and statements of qualifications submitted in response to a solicitation and the documents described in subsections (A)(1)(a)(v), (A)(1)(b)(v), (A)(1)(b)(viii), and (A)(2)(d), available to the public.
  3. After the school district has entered into a single contract or all of the multiple contracts or has terminated the procurement, the school district shall make the proposals and statements of qualifications and the documents described in subsections (A)(1)(a)(v), (A)(1)(b)(v), (A)(1)(b)(viii), and (A)(2)(d) available to the public.
  4. To the extent that an offeror designates and the school district concurs, trade secrets and other proprietary data contained in a proposal or statement of qualifications shall remain confidential.
  5. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.
- C. The school district shall retain the records of a procurement under R7-2-1106 through R7-2-1114 in accordance with R7-2-1085.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended effective March 21, 1991 (Supp. 91-1).  
 Amended effective October 22, 1992 (Supp. 92-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1116. Repealed****Historical Note**

New Section made by exempt rulemaking at 13 A.A.R. 1266, effective February 26, 2007 (Supp. 07-1). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

### PART XV. PROCUREMENT OF SPECIFIED PROFESSIONAL SERVICES

**R7-2-1117. Procurement of Specified Professional Services**

- A. Specified professional services, which is defined in R7-2-1001(120), as services of an architect, engineer, land surveyor, assayer, geologist and landscape architect, shall be procured as provided in R7-2-1117 through R7-2-1123, except as authorized in R7-2-1033, R7-2-1053, R7-2-1055, and R7-2-1122.
- B. Prior to public notice of the need for specified professional services, the school district shall determine that the services to be acquired are specified professional services.
- C. In the procurement of specified professional services:
  1. The school district shall specify whether the procurement is for a single contract or for multiple contracts. Multiple contracts may be awarded to separate persons or may be awarded to a single person as specified in the request for qualifications.
  2. The school district and the selection committee shall not request or consider fees, price, man-hours or any other cost information at any point in the selection process under this Section and R7-2-1120 or R7-2-1121, including the selection of persons to be interviewed, the selection of persons to be on the final list, in determining the order of preference of persons on a final list or for any other purpose in the selection process except as provided in R7-2-1121.
  3. In determining the persons to participate in any interviews, in determining the persons to be on the final list, and in determining the order on the final list, the selection committee shall use and consider only the criteria and weighting of criteria in the request for qualifications. No other factors or criteria may be used in the evaluation, determinations and other actions.
  4. If the school district enters into the number of contracts specified in the request for qualifications, the procurement ends. After that time the school district may not use the procurement or any final list in the procurement as the basis for entering into a contract with any other person that participated in the procurement.
  5. Notwithstanding any other provision specifying the number of persons to be interviewed, the number of persons to be on a final list, or any other numerical specification in this Section or R7-2-1121:
    - a. If a smaller number of persons respond to the request for qualifications or if one or more persons drop out of the procurement so that there is a smaller number of persons participating in the procurement, the school district, as the school district determines

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necessary and appropriate, may elect to proceed with the participating persons if there are at least two participating responsive and responsible persons. Alternatively, the school district may elect to terminate the procurement.

- b. As to a request for qualifications to be negotiated pursuant to R7-2-1121(D), if only one responsive and responsible person responds to the request for qualifications, or if one or more persons drop out of the procurement so that only one responsive and responsible person remains in the procurement, the school district may elect to proceed with the procurement with only one person if the governing board determines in writing that the negotiated fee is fair and reasonable and that either other prospective persons had reasonable opportunity to respond or there is not adequate time for a resolicitation.
  - c. If a person on the final list withdraws or is removed from the procurement and the selection committee determines that it is advantageous to the school district, the selection committee may replace that person on the final list with another person that submitted qualifications in the procurement and that is selected as the next most qualified.
- D. The request for qualifications shall:
1. Provide instructions and information to persons concerning the statement of qualifications submission requirements, including the due date and time for receipt of statements of qualifications, the address of the office at which the statements of qualifications are to be received, and any other special information.
  2. State whether one contract or multiple contracts may or will be awarded.
    - a. If one contract will be awarded, state that one contract may or will be awarded, describe the services to be performed under the contract and state that one person may or will be awarded the contract.
    - b. If multiple contracts may or will be awarded, state the number of contracts that may or will be awarded, the services to be performed under each of the multiple contracts, and either that each contract will be awarded to a separate person or that all of the contracts will be awarded to the same person.
  3. State the number of persons to be included on the final list.
    - a. If a single contract will be awarded, state that there will be a single final list of at least three and not more than five persons.
    - b. If multiple contracts will be awarded to a single person, state that there will be a single final list of at least three and not more than five persons.
    - c. In a procurement for multiple contracts for similar specified professional services to be awarded to separate persons, state that there will be a single final list and the number of persons on the final list, which shall be the sum of the number of contracts that may or will be awarded plus another number that is determined by the school district and that is not more than five.
    - d. If multiple contracts for different specified professional services will be awarded to separate persons, state that there will be a separate final list for each type of specified professional services and that the number of persons on each final list will be equal to the number of contracts that may or will be awarded for each type of specified professional services plus a number determined by the school district not to exceed five.
  4. State the selection criteria and relative weight to be used. All selection criteria shall be factors that demonstrate competence and qualifications for the type of specified professional services included in the procurement.
    - a. If interviews will be held, state the selection criteria and relative weights to be used in selecting the persons to be interviewed. The request for qualifications may state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list. The final list selection criteria and relative weights may be different than the selection criteria and relative weights used to determine the persons to be interviewed. The request for qualifications also shall state whether the school district will select the persons on the final list and their order on the final list solely through the results of the interview process or through the combined results of both the interview process and the evaluation of statements of qualifications and performance data submitted in response to the request for qualifications.
    - b. If interviews will not be held, state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list.
  5. State whether interviews will be held.
    - a. If a single contract will be awarded, state that there will be interviews with at least three and not more than five persons.
    - b. If multiple contracts will be awarded to a single person, state that there will be interviews with at least three and not more than five persons.
    - c. In a procurement for multiple contracts for similar specified professional services to be awarded to separate persons, state that interviews will be held and that the interviews will be with a specified number of persons. The specified number shall be stated in the request for qualifications, shall be determined by the school district and shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
    - d. If multiple contracts for different specified professional services will be awarded to separate persons, state that interviews will be held and that the interviews will be with a specified number of persons. The specified number shall be stated in the request for qualifications, shall be determined by the school district, shall be at least three times the number of contracts that may or will be awarded and shall not be more than five times the number of contracts that may or will be awarded.
  6. The name of the district representative or district representatives and the publicly available location of the school district's protest policy or procedure.
  7. Notice that all information and statements of qualifications submitted by persons will be made available for public inspection after the school district has entered into a single contract or all of the multiple contracts.



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- E. Statements of qualifications shall be received and opened in accordance with R7-2-1045. Late statements of qualifications, late modifications, or late withdrawals shall be considered in accordance with R7-2-1044 and R7-2-1049.
- F. A copy of the request for qualifications shall be made available for public inspection at the school district office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1118. Public Notice of Specified Professional Services**

- A. Notice of the need for specified professional services shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C). Such notice shall be issued not less than 14 days in advance of when responses shall be received.
- B. The notice shall:
  1. Contain a statement of the services required that adequately describes the procurement and specifies how a request for qualifications containing specific information on the procurement may be obtained.
  2. Specify whether the procurement is for a single contract or for multiple contracts; and
  3. If the procurement is for multiple contracts:
    - a. Specify that multiple contracts may or will be awarded;
    - b. Specify the number of contracts that may or will be awarded; and
    - c. Describe the specified professional services to be performed under each contract.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1119. Cancellation or Rejection of the Solicitation**

A school district may cancel a request for qualifications, reject in whole or in part any or all statements of qualifications or determine not to enter into a contract as specified in the solicitation if it is advantageous to the school district. The school district shall make the reasons for cancellation, rejection or determination not to enter into a contract part of the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1120. Specified Professional Services Selection Committee**

- A. The school district shall initiate an appropriately qualified selection committee for each request for qualifications. The school district shall ensure that selection committee members are competent to serve on the selection committee.
- B. Each selection committee shall include at least one school district representative appointed by the school district.
- C. The school district shall determine the number and qualifications of the selection committee members. These members may be employees of the school district or non-school district appointees.

- D. Non-school district employees serving on a selection committee shall not receive compensation from the school district for performing this service, but the school district may elect to reimburse non-school district members for travel, lodging and other expenses incurred in connection with service on a selection committee.
- E. A person who is a member of a selection committee shall not be a contractor or subcontractor under a contract awarded under the procurement or provide any specified professional services or other services under the contract.
- F. For the procurement of multiple contracts for specified professional services, the same selection committee shall be used for all contracts in the procurement.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1121. Committee Evaluation and Selection**

- A. If interviews are specified in the request for qualifications:
  1. The selection committee shall determine the persons to be interviewed by evaluating the statements of qualifications and performance data submitted based solely on the selection criteria and relative weights in the request for qualifications to be used to determine the persons to be interviewed.
  2. If the selection criteria and relative weights to be used by the selection committee to select the persons on the final list or final lists and to determine their order on the final list or final lists are not included in the request for qualifications:
    - a. Before the interviews are held the school district shall distribute to the persons to be interviewed the selection criteria and relative weights to be used to select the persons on the final list and to determine their order on the final list.
    - b. These selection criteria and relative weight may be different than the selection criteria and relative weight used to determine the persons to be interviewed.
  3. The selection committee shall conduct interviews with the number of persons specified in the request for qualifications.
- B. Based solely on the selection criteria and relative weights for selection of the persons on the final list or final lists and their order on the final list or final lists, the selection committee shall select the persons for the final list or final lists and rank the persons on the final list or final lists in order of preference. If the procurement is for multiple contracts for different specified professional services to be awarded to separate persons, and if a person submitted qualifications for more than one type of specified professional services, the person may be on more than one final list.
- C. Before or at the same time as the school district notifies the highest ranking person on the final list or final lists that it is the highest ranking person, the school district shall send actual notice to each of the following that it is not the highest ranking person or that another person is the highest ranking person:
  1. If interviews were held, the other persons interviewed.
  2. If interviews were not held, the other persons that made submittals.
- D. The school district shall conduct negotiations with persons on the final list or final lists as follows:

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1. The school district shall negotiate a contract with the highest qualified person for the required specified professional services at compensation determined in writing to be fair and reasonable to the school district. Contract negotiations shall be directed toward:
  - a. Making certain that the person has a clear understanding of the scope of the work, specifically, the essential requirements involved in providing the required services;
  - b. Determining that the person will make available the necessary personnel and facilities to perform the services within the required time; and
  - c. Agreeing upon compensation that is fair and reasonable.
2. The negotiations shall include consideration of compensation and other contract terms that the school district determines to be fair and reasonable to the school district. In making this decision, the school district shall take into account the estimated value, the scope, the complexity and the nature of the specified professional services to be rendered.
3. If the procurement is for a single contract, there is one final list and the school district shall enter into negotiations with the highest qualified person on the final list. If the school district is not able to negotiate a satisfactory contract with the highest qualified person on the final list, at compensation and on other contract terms the school district determines to be fair and reasonable, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations with the next most qualified person on the final list in sequence until an agreement is reached or a determination is made to reject all persons on the final list.
4. If the procurement is for multiple contracts for specified professional services to be awarded to a single person on the final list, there is one final list and the school district shall enter into negotiations with the highest qualified person on the final list. If the school district is not able to negotiate a satisfactory contract with the highest qualified person on the final list, at compensation and on other contract terms the school district determines to be fair and reasonable, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations with the next most qualified person on the final list in sequence until an agreement is reached or a determination is made to reject all persons on the final list.
5. If the procurement is for multiple contracts for similar specified professional services to be awarded to separate persons, there is one final list and the school district shall enter into separate negotiations for contracts with the number of the highest qualified persons on the final list equal to the number of contracts to be awarded. If the school district is not able to negotiate a satisfactory contract with a person with whom the school district has commenced negotiations, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations for a contract with the next most qualified person on the final list with whom the school district is not then negotiating and with whom the school district has not previously negotiated in sequence until an agreement is reached for some or all of the multiple contracts included in the request for qualifications or a determination is made to reject all persons on the final list.
6. If the procurement is for multiple contracts for different specified professional services to be awarded to separate persons, there is a separate final list for each type of specified professional services and the school district shall enter into separate negotiations for contracts with the number of the highest qualified persons on each final list equal to the number of contracts to be awarded. If the school district is not able to negotiate a satisfactory contract with a person with whom the school district has commenced negotiations, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations for a contract with the next most qualified person on the applicable final list with whom the school district is not then negotiating and with whom the school district has not previously negotiated in sequence until an agreement is reached for some or all of the multiple contracts included in the request for qualifications or a determination is made to reject all persons on the final list.
7. If the school district terminates negotiations with a person and commences negotiations with another person on the final list, the school district shall not recommence negotiations or enter into a contract for the specified professional services covered by the final list with any person with whom the school district terminated negotiations.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1122. Specified Professional Services Contracts Not Exceeding Certain Amounts**

- A. A school district may procure a single contract or multiple contracts for specified professional services under this Section if the contract is for specified professional services by an architect or architect firm and the contract amount is \$250,000 or less or if the contract is for specified professional services by a person other than an architect and the contract amount is \$500,000 or less. For such procurements, the school district shall encourage persons engaged in the lawful practice of the profession to submit annually a statement of qualifications and experience.
- B. For each procurement of specified professional services under this Section, the school district shall establish a selection committee pursuant to R7-2-1120.
- C. The selection committee shall evaluate current statements of qualifications and experience on file with the school district, together with those that may be submitted by other persons regarding the procurement.
- D. The school district and the selection committee shall not request or consider fees, price, man-hours or any other cost information at any point in the selection process under this Section, including the selection of the persons to be interviewed, the selection of persons to be on a final list, in determining the order of preference of persons on a final list or for any other purpose in the selection process, except as provided in subsection (F).
- E. If possible and practicable, the selection committee shall conduct interviews regarding the procurement and the relative methods of furnishing the required specified professional services and, if possible, shall select, in order of preference and

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based on criteria established and published by the selection committee, one or more final lists of the persons deemed to be the most qualified to provide the specified professional services required. The selection committee shall base the selection of each final list and the order of preference on demonstrated competence and qualifications only.

1. If the procurement is for a single contract or if the procurement is for multiple contracts to be awarded to a single person, there shall be one final list of three persons.
  2. If the procurement is for multiple contracts for different specified professional services to be awarded to separate persons, there shall be a separate final list of three persons for each contract.
  3. In a procurement for multiple contracts for similar specified professional services to be awarded to separate persons, there shall be one final list and the number of persons on the final list shall be the number of contracts, plus another number that is determined by the school district and that is not more than five.
- F.** The school district shall enter into negotiations with the highest qualified person on each final list or, in the case of a single final list for multiple contracts for the same specified professional services to be awarded to separate persons, the school district shall enter into negotiations with a number of the highest qualified persons on the final list equal to the number of contracts that may or will be awarded.
1. Negotiations shall include consideration of compensation and other contract terms that the school district determines to be fair and reasonable to the school district. In making this determination, the school district shall take into account the estimated value, the scope, the complexity and the nature of the specified professional services to be rendered.
  2. If the school district is unable to negotiate a satisfactory contract with a person with whom the school district is negotiating at a price and on other contract terms the school district determines to be fair and reasonable to the school district, the school district shall formally terminate negotiations with that person.
  3. The school district may undertake negotiations with the next most qualified person on the final list in sequence until an agreement is reached or a determination is made to reject all persons on the final list.
  4. If the school district terminates negotiations with a person on a final list and commences negotiations with another person on the final list, the school district shall not in that procurement recommence negotiations or enter into a contract or contracts with any person with whom the school district has terminated negotiations.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1123. Procurement File Contents and Review for Procurements Conducted under R7-2-1117 through R7-2-1121**

- A.** At a minimum, the school district shall retain the following for each procurement under R7-2-1117 through R7-2-1121:
1. If interviews were not held:
    - a. The submittal of the person listed first on the final list and the submittal of each person with whom the

school district enters into a contract. If the procurement has multiple final lists, the school district shall retain the submittal of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract, for each final list.

- b. The final list or final lists.
  - c. A list of the selection criteria and relative weight of selection criteria used to select the persons for the final list or final lists and to determine their order on the final list or final lists.
  - d. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score.
  - e. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district shall retain the individual scoring sheets for individual selection committee members.
- 2.** If interviews were held:
- a. All submittals of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract. If the procurement has multiple final lists, the school district shall retain the submittal of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract, for each final list.
  - b. The final list or final lists.
  - c. A list of the selection criteria and relative weight of selection criteria used to select the persons for the final list or final lists and to determine their order on the final list or final lists.
  - d. A list that contains the name of each person that was interviewed and that shows the person's final overall rank or score.
  - e. Documents that show the final score or rank on each selection criteria of each person that was interviewed and that support the final overall rankings and scores of the persons that were interviewed. The school district shall retain the individual scoring sheets for individual selection committee members.
  - f. A list of the selection criteria and relative weight of the selection criteria used to select the persons for the short list or short lists to be interviewed.
  - g. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score in the selection of the persons to be on the short list or short lists to be interviewed.
  - h. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district shall retain the individual scoring sheets for individual selection committee members.
- B.** Information relating to each procurement under R7-2-1117 through R7-2-1121 shall be made available to the public as follows:
1. Until the school district awards a single contract or all of the multiple contracts or terminates the procurement,

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only the name of each person on the final list may be made available to the public. All other information received by the school district in response to the request for qualifications shall be confidential in order to avoid disclosure of the contents that may be prejudicial to competing respondents during the selection process.

2. After the school district awards a single contract or all of the multiple contracts or terminates the procurement, the school district shall make the contents of the procurement file, except the statements of qualifications and the documents described in subsections (A)(1)(e), (A)(2)(e), and (A)(2)(h), available to the public.
  3. After the school district has entered into a single contract or all of the multiple contracts or has terminated the procurement, the school district shall make the statements of qualifications and the documents described in subsections (A)(1)(e), (A)(2)(e), and (A)(2)(h) available to the public.
  4. To the extent that a person designates and the school district concurs, trade secrets and other proprietary data contained in a statement of qualifications shall remain confidential.
  5. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.
- C. The school district shall retain the records of a procurement under R7-2-1117 through R7-2-1121 in accordance with R7-2-1085.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1124. Reserved****PART XVI. COST PRINCIPLES****R7-2-1125. Cost Principles**

The cost principles adopted by the director of the Department of Administration pursuant to A.R.S. § 41-2591 shall be used to determine the allowability of incurred costs for the purpose of reimbursing costs under contract provisions that provide for the reimbursement of costs.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1126. Reserved****R7-2-1127. Reserved****R7-2-1128. Reserved****R7-2-1129. Reserved****R7-2-1130. Reserved****PART XVII. MATERIALS MANAGEMENT****R7-2-1131. Material Management and Disposition**

- A. The school district shall ascertain or verify that materials, services, or construction items procured by the school district conform to specifications as set forth in the solicitation.
- B. The school district shall determine the fair market value of excess and surplus material.
- C. Disposition of surplus materials.
  1. Except as provided in A.R.S. § 15-342(7) related to sales or leases to the state, a county, a city, another school district, or a tribal government agency, and A.R.S. § 15-342(18) related to the disposition of surplus or outdated learning materials, educational equipment and furnishings, surplus materials, regardless of value, shall be offered through competitive sealed bids, public auction, on-line sales, established markets, trade in, posted prices or state surplus property. If unusual circumstances render the above methods impractical, the school district may employ other disposition methods, including appraisal or barter, provided the school district makes a written determination that such procedure is advantageous to the school district. Only United States Postal Money Orders, certified checks, cashiers' checks or cash shall be accepted for sales of surplus material unless otherwise approved by the school district.
  2. Competitive sealed bidding.
    - a. Notice for sale bids shall be publicly available from the school district at least 10 days before the due date set for bids. Notice of the sale bids shall be provided to prospective bidders, including those bidders on lists maintained by the school district pursuant to R7-2-1023. The notice for sale bids shall list the materials offered for sale, their location, availability for inspection, the terms and conditions of sale and instructions to bidders including the bid due date and time. Bids shall be opened publicly pursuant to the requirements of R7-2-1029.
    - b. The award shall be made in accordance with the provisions of the notice for sale bids to the highest responsive and responsible bidder, provided that the price offered by such bidder is acceptable to the school district. If the school district determines that the bid is not advantageous to the school district, the school district may reject the bids in whole or in part and may resolicit bids or the school district may negotiate the sale, provided that the negotiated sale price is higher than the highest responsive and responsible bidder's price.
  3. Auctions shall be advertised in the official newspaper of the county as prescribed in A.R.S. § 11-255 or a newspaper of general circulation, in accordance with A.R.S. § 41-2533. The publication shall not be less than 14 days before the auction date. All the terms and conditions of any sale shall be available to the public at least 24 hours prior to the auction date. The school district or any agent acting on the school district's behalf may also advertise the auction in any other manner determined advantageous to the school district.
  4. Internet-based on-line sales shall not be subject to the advertisement requirements in subsection (C)(3). For such disposal services, the school district shall post and maintain a notice explaining the use of Internet-based on-line sales on a designated site on the Internet. The notice shall include:
    - a. The name of the on-line sales provider and the designated site on the Internet where potential buyers

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may obtain information or participate in the on-line auctions;

- b. A link to the Internet-based on-line sales service;
  - c. A link to the terms and conditions of sale;
  - d. Instructions for bidding on the Internet-based on-line sales site; and
  - e. A period of not less than 14 days for each Internet-based on-line sale during which persons may submit offers to purchase the specified materials.
5. Before surplus materials are disposed of by trade-in to a vendor for credit on an acquisition, the school district shall approve such disposal. The school district shall base this determination on whether the trade-in value is expected to exceed the value realized through the sale or other disposition of such materials.
6. An employee of the school district or a governing board member, or an employee of a school district's agent conducting an auction on behalf of the school district, shall not directly or indirectly purchase or agree with another person to purchase surplus property if said employee or board member is, or has been, directly or indirectly involved in the purchase, disposal, maintenance, or preparation for sale of the surplus material.
7. State surplus property manager. The school district may enter into an agreement with the State Surplus Property Manager for the disposition of materials pursuant to Article 8 of the Arizona Procurement Code (A.R.S. § 41-2601 et seq.) and the rules adopted thereunder.
8. Pursuant to A.R.S. § 15-342(35), a school district may offer to sell outdated learning materials, educational equipment or furnishings at a posted price commensurate with the value of the items to pupils who are currently enrolled in that school district before those materials are offered for public sale.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective March 21, 1991 (Supp. 91-1).

Amended effective October 22, 1992 (Supp. 92-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1132. State and Federal Surplus Materials Program**

- A. The governing board may acquire surplus materials from the state and the United States government.
- B. The governing board may enter into an agreement with the State Surplus Property Manager for the purpose of acquiring surplus materials from the United States government pursuant to A.R.S. § 41-2603 and the rules adopted thereunder.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective March 21, 1991 (Supp. 91-1).

**R7-2-1133. Authority for Transfer of Material**

Notwithstanding any law to the contrary, the governing board may secure the transfer of surplus materials and obligate its monies to the extent necessary to comply with the laws and conditions of such transfers.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1134. Reserved**

**R7-2-1135. Reserved**

**R7-2-1136. Reserved**

**R7-2-1137. Reserved**

**R7-2-1138. Reserved**

**R7-2-1139. Reserved**

**R7-2-1140. Reserved**

**PART XVIII. BID PROTESTS****R7-2-1141. Resolution of Bid Protests**

- A. Informal resolution of bid protests. Nothing in Articles 10 and 11 are intended to eliminate the informal resolution of problems by school district personnel.
- B. Formal resolution of bid protests. The governing board pursuant to R7-2-1007 shall designate a district representative, as defined in R7-2-1001, to resolve bid protests. All solicitations issued by the school district shall include the name of the district representative and shall indicate that any bid protest shall be filed with the district representative. Appeal from the decision of the district representative may be made to the hearing officer pursuant to R7-2-1147 and R7-2-1181.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 27 A.A.R. 2342 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-1142. Filing of a Protest**

- A. Any interested party may protest a solicitation issued by the school district, a determination that a proposal is unacceptable, or the proposed award or the award of a school district contract. Protests shall be filed with the district representative.
- B. Content of protest. The protest shall be in writing and shall include the following information:
  - 1. The name, address and telephone number of the interested party;
  - 2. The signature of the interested party or the interested party's representative;
  - 3. Identification of the solicitation or contract number;
  - 4. A detailed statement of the legal and factual grounds of the protest including copies of relevant documents; and
  - 5. The form of relief requested.
- C. The interested party shall supply any other information requested by the district representative within 10 days of the request.
- D. The interested party may file a written request with the district representative for an extension of the time limit for providing additional information set forth in subsection (C). The written request shall be filed before the expiration of the time limit set forth in subsection (C) and shall set forth good cause as to the specific reason that the interested party is unable to provide the additional information within the 10 days. The district representative shall approve or deny the request in writing, state the

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reasons for the determination, and if an extension is granted, set forth a new date for submission of the filing.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1143. Time for Filing Protests**

- A. Protests based upon alleged improprieties in a solicitation that are apparent before the due date and time for responses to the solicitation, shall be filed before the due date and time for responses to the solicitation.
- B. In cases other than those covered in subsection (A), the interested party shall file the protest within 10 days after the school district makes the procurement file available for public inspection.
- C. The interested party may file a written request with the district representative for an extension of the time limit for protest filing set forth in subsection (B). The written request shall be filed before the expiration of the time limit set forth in subsection (B) and shall set forth good cause as to the specific action or inaction of the school district that resulted in the interested party being unable to file the protest within the 10 days. The district representative shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for submission of the filing.
- D. If the interested party shows good cause and it is advantageous to the school district, the district representative may consider any protest that is not filed timely.
- E. The district representative shall immediately give notice of the protest to the successful contractor if award has been made or, if no award has been made, to all interested parties.
- F. At any time the district representative or hearing officer may refer the protest to the governing board for resolution in accordance with R7-2-1152.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1144. Stay of Procurements During the Protest**

The district representative may stay all or part of the procurement or contract if it is determined that there is a reasonable probability the protest will be upheld or that a stay is advantageous to the school district. The district representative shall notify the successful contractor if award has been made or, if no award has been made, all interested parties of the stay in writing no later than the time of issuance of the district representative's decision in accordance with R7-2-1145.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1145. Decision by the District Representative**

- A. The district representative shall have the authority granted to the district representative by the governing board to settle and resolve a protest.
- B. The district representative shall issue a written decision within 14 days after a protest has been filed, or after additional information requested by the district representative has been submitted, pursuant to R7-2-1142. The decision shall include:
  1. A statement of the decision of the district representative with supporting rationale; and
  2. A paragraph substantially as follows: "This is the decision of the district representative of the \_\_\_\_\_ School District. The decision may be appealed to a hearing officer. If you appeal, you must file a written notice of appeal with the district representative within 30 days from the date of the decision."
- C. The district representative shall furnish a copy of the decision to the interested party by any method that provides evidence of receipt.
- D. On agreement of all interested parties, the time limit for decisions set forth in subsection (B) may be extended by the district representative for good cause for a reasonable time not to exceed an additional 30 days. The district representative shall notify the interested party in writing that the time for the issuance of a decision has been extended and the date by which a decision will be issued.
- E. If the district representative fails to issue a decision within the time limits set forth in subsections (B) or (D), the interested party may proceed as if the district representative had issued an adverse decision.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1146. Remedies**

- A. If the district representative sustains the protest in whole or part and determines that a solicitation, a determination that a proposal is unacceptable, proposed contract award, or contract award does not comply with Articles 10 and 11, the school district shall implement an appropriate remedy.
- B. In determining an appropriate remedy, the district representative shall consider all the circumstances surrounding the procurement or proposed procurement including, but not limited to, the seriousness of the procurement deficiency, the degree of prejudice to other interested parties or to the integrity of the procurement system, the good faith of the parties, the extent of performance, costs to the school district, the urgency of the procurement, the impact of the relief on the mission of the school district, and other relevant issues.
- C. An appropriate remedy may include one or more of the following:
  1. Decline to exercise an option to renew under the contract;
  2. Terminate the contract;
  3. Amend the solicitation;
  4. Issue a new solicitation;
  5. Award a contract consistent with procurement statutes and regulations; or
  6. Such other relief as is determined necessary to ensure compliance with Articles 10 and 11.

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**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1147. Appeals to a Hearing Officer**

- A. An appeal to a hearing officer from a decision entered or deemed to be entered by the district representative shall be filed with the district representative within 30 days from the date of decision.
- B. Content of appeal. The appeal shall contain:
  1. The information set forth in R7-2-1142(B); and
  2. The precise factual or legal error in the decision of the district representative from which an appeal is taken.
- C. All costs associated with conducting a hearing, including the costs of the hearing officer, shall be paid by the school district. If the hearing officer decides in favor of the school district, the other party shall reimburse the school district for the costs of the hearing within 30 days of receipt of a copy of the hearing officer's invoice.
- D. The Executive Director of the State Board of Education ("Executive Director") shall prepare and maintain a list of individuals who meet the qualifications specified in R7-2-1185 to serve as hearing officers.
- E. A hearing officer may be selected by mutual agreement of both parties. If the parties are unable to mutually agree on a hearing officer, three hearing officers shall be selected randomly by the Executive Director and shall be screened to determine availability and possible bias. Once the Executive Director has selected three hearing officers who are available and show no evidence of bias, the three names shall be provided to both parties. Both parties have the opportunity to strike one name from the list provided, but shall do so within 14 calendar days from the date on which the Executive Director provided the list to the parties. If after the time period for striking a hearing officer has passed and more than one person remains on the list, the Executive Director shall select one of the remaining individuals on the list as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. If after the time period for striking a hearing officer has passed and there is only one person remaining on the list, the remaining individual shall be named as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. Objections for cause shall require specific evidence that the individual does not meet the criteria specified in R7-2-1185. The Executive Director shall review the evidence submitted and determine the qualifications of the individual. If the Executive Director determines that the individual is not qualified to serve as the hearing officer, the Executive Director shall repeat the process and select three additional hearing officers to be provided to the parties.
- F. Issuance of a school district purchase order shall constitute the official selection date of the hearing officer.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1148. Notice of Appeal**

The district representative shall within three working days give notice of the filing of the appeal to the governing board and the successful contractor if award has been made.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1149. Stay of Procurement During Appeal**

If an appeal is filed and the procurement or contract was stayed by the district representative pursuant to R7-2-1144, the filing of an appeal shall automatically continue the stay unless the hearing officer makes a written determination that the award of the contract without delay is necessary to protect substantial interests of the school district. If no such determination is made, the stay shall automatically end upon written decision of the hearing officer pursuant to R7-2-1151 or R7-2-1181.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1150. District Representative's Response**

- A. The district representative shall file a complete response to the appeal within 21 days from the date the appeal is filed or within five days after the hearing officer has been selected, whichever is later. At the same time, the district representative shall furnish a copy of the response to the appellant and to any interested party.
- B. The district representative may submit a written request to the hearing officer for an extension of the period for submission of response, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing a response. The hearing officer shall notify the district representative and the interested party of any extension.
- C. The interested party shall file comments on the district representative's response with the hearing officer within 10 days after receipt of the response. The interested party shall provide copies of the comments to the district representative and other interested parties.
- D. The interested party may submit a written request to the hearing officer for an extension of the period for submission of comments, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing comments. The hearing officer shall notify the district representative and the interested party of any extension.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1151. Dismissal Before Hearing**

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- A. The hearing officer shall dismiss, upon a written determination, an appeal before scheduling a hearing if:
1. The appeal does not state a valid basis for protest;
  2. The appeal is untimely pursuant to R7-2-1147(A); or
  3. The appeal attempts to raise issues not raised in the protest.
- B. The hearing officer shall notify the interested party and the district representative in writing of a determination to dismiss an appeal before hearing.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1152. Hearing**

Hearings on appeals of bid protest decisions shall be conducted pursuant to R7-2-1181 and A.R.S. § 41-1092.07 as contested cases.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1153. Remedies**

If the hearing officer sustains the appeal in whole or part and determines that a solicitation, a determination that a proposal is unacceptable, proposed award, or award does not comply with Articles 10 and 11, remedies shall be implemented pursuant to R7-2-1146.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1154. Reserved****PART XIX. CONTRACT CLAIMS AND CONTROVERSIES****R7-2-1155. Resolution of Contract Claims and Controversies**

- A. The district representative shall have the authority granted to the district representative by the governing board to settle and resolve contract claims and controversies including claims relating to assignees of the contractor.
- B. The district representative shall receive prior written approval of the governing board for the settlement or resolution of a claim exceeding the dollar amount specified in A.R.S. § 41-2535.
- C. Appeals from decisions of the district representative may be made to the hearing officer pursuant to R7-2-1158.
- D. A claimant shall file a contract claim with the district representative within 180 days after the claim arises. The claim shall include the following:
1. The name, address, and telephone number of the claimant;
  2. The signature of the claimant or claimant's representative;
  3. Identification of the solicitation or contract number;
  4. A detailed statement of the legal and factual grounds of the claim including copies of the relevant documents; and
  5. The form and dollar amount of the relief requested.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R.

1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1156. District Representative's Decision**

- A. If a controversy cannot be resolved by mutual agreement, the district representative shall issue a written decision within no more than 60 days from receipt of the contractor's written request for a decision. Before issuing a written decision, the district representative shall review the facts pertinent to the claim and secure any necessary assistance from legal, fiscal, and other advisors.
- B. Decision of the district representative. The district representative shall furnish a copy of the decision to the contractor by any method that provides evidence of receipt. The decision shall include:
1. A description of the claim;
  2. A reference to the pertinent contract provision;
  3. A statement of the factual areas of agreement or disagreement;
  4. A statement of the district representative's decision, with supporting rationale; and
  5. A paragraph substantially as follows:  
"This is the decision of the district representative of the \_\_\_\_\_ School District. This decision may be appealed to a hearing officer. If you appeal, you must file a written notice of appeal with the district representative within 30 days from the date of decision."

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1157. Issuance of a Timely Decision**

- A. On agreement of all interested parties, the time limit for decisions set forth in R7-2-1156(A) may be extended for good cause for a reasonable time not to exceed 14 days. The district representative shall notify the contractor in writing that the time for the issuance of a decision has been extended and the date by which a decision shall be issued.
- B. If the district representative fails to issue a decision within 60 days after the request is filed or within the time prescribed under subsection (A), the contractor may proceed as if the district representative had issued an adverse decision.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1158. Appeals to a Hearing Officer**

- A. An appeal from a decision entered or deemed to be entered by the district representative on a contract claim or controversy shall be filed with the district representative within 30 days from the date of decision.



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- B. The appeal shall contain the basis for the precise factual or legal error in the decision of the district representative from which an appeal is taken.
- C. The district representative shall file a complete response to the appeal within 21 days from the date the appeal is filed or within five days after the hearing officer has been selected, whichever is later. At the same time, the district representative shall furnish a copy of the response to the appellant and to any interested party.
- D. The district representative may submit a written request to the hearing officer for an extension of the period for submission of response, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing a response. The hearing officer shall notify the district representative and the interested party of any extension.
- E. The interested party shall file comments on the district representative's response with the hearing officer within 10 days after receipt of the response. The interested party shall provide copies of the comments to the district representative and other interested parties.
- F. The interested party may submit a written request to the hearing officer for an extension of the period for submission of comments, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing comments. The hearing officer shall notify the district representative and the interested party of any extension.
- G. All costs associated with conducting a hearing, including the costs of the hearing officer, shall be paid by the school district. If the hearing officer decides in favor of the school district, the other party shall reimburse the school district for the costs of the hearing within 30 days of receipt of a copy of the hearing officer's invoice.
- H. The Executive Director of the State Board of Education ("Executive Director") shall prepare and maintain a list of individuals who meet the qualifications specified in R7-2-1185 to serve as hearing officers.
- I. A hearing officer may be selected by mutual agreement of both parties. If the parties are unable to mutually agree on a hearing officer, three hearing officers shall be selected randomly by the Executive Director and shall be screened to determine availability and possible bias. Once the Executive Director has selected three hearing officers who are available and show no evidence of bias, the three names shall be provided to both parties. Both parties have the opportunity to strike one name from the list provided, but shall do so within 14 calendar days from the date on which the Executive Director provided the list to the parties. If after the time period for striking a hearing officer has passed and more than one person remains on the list, the Executive Director shall select one of the remaining individuals on the list as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. If after the time period for striking a hearing officer has passed and there is only one person remaining on the list, the remaining individual shall be named as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. Objections for cause shall require specific evidence that the individual does not meet the criteria specified in R7-2-1185. The Executive Director shall review the evidence submitted and determine the qualifications of the individual. If the

Executive Director determines that the individual is not qualified to serve as the hearing officer, the Executive Director shall repeat the process and select three additional hearing officers to be provided to the parties.

- J. Issuance of a school district purchase order shall constitute the official selection date of the hearing officer.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1159. Hearing**

Hearings on appeals of contract claim and controversy decisions shall be conducted pursuant to R7-2-1181 and A.R.S. § 41-1092.07 as contested cases.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1160. Reserved****PART XX. DEBARMENT AND SUSPENSION****R7-2-1161. Authority to Debar or Suspend**

- A. Except as provided in A.R.S. § 41-1279.21(B), the governing board has the sole authority to debar or suspend a person from participating in school district procurements.
- B. The causes for debarment or suspension include the following:
  1. Conviction of any person or any subsidiary or affiliate of any person for commission of a criminal offense arising out of obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of such contract or subcontract.
  2. Conviction of any person or any subsidiary or affiliate of any person under any statute of the federal government, this state or any other state for embezzlement, theft, fraudulent schemes and artifices, fraudulent schemes and practices, bid rigging, perjury, forgery, bribery, falsification or destruction of records, receiving stolen property or any other offense indicating a lack of business integrity or business honesty which affects responsibility as a school district contractor.
  3. Conviction or civil judgment finding a violation by any person or any subsidiary or affiliate of any person under state or federal antitrust statutes.
  4. Violations of contract provisions of a character which are deemed to be so serious as to justify debarment action, such as either of the following:
    - a. Knowingly fails without good cause to perform in accordance with the specification or within the time limit provided in the contract.
    - b. Failure to perform or unsatisfactory performance in accordance with the terms of one or more contracts, except that failure to perform or unsatisfactory performance caused by acts beyond the control of the contractor shall not be considered to be a basis for debarment.
  5. Any other cause deemed to affect responsibility as a school district contractor, including suspension or debar-

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ment of such person or any subsidiary or affiliate of such person by another governmental entity for any cause.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1162. Initiation of Debarment**

Upon receipt of information concerning a possible cause for debarment, the school district shall investigate the possible cause. If the school district has a reasonable basis to believe that a cause for debarment exists, the school district may propose debarment under R7-2-1164.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1163. Period of Debarment**

- A. The period of time for a debarment shall not exceed three years from the date of the debarment determination.
- B. If debarment is based solely upon debarment by another governmental agency including another school district, the period of debarment may run concurrently with the period established by that other debarring agency.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1164. Notice**

- A. If the school district proposes debarment, the school district shall notify the person and affected affiliates in writing within seven days of the proposed debarment by any means evidencing receipt, which notice shall indicate that a hearing shall be scheduled, if requested, in accordance with R7-2-1181 as contested cases.
- B. The notice of debarment shall state:
  1. The basis for debarment;
  2. The period, including dates, of the debarment;
  3. That bids or proposals shall not be solicited or accepted from the person and, if received, will not be considered; and
  4. That the person is entitled to a hearing on the suspension if the person files a written request for a hearing with a designated district representative within 10 days after receipt of the notice.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1165. Notice to Affiliates**

- A. If the school district proposes to debar an affiliate, the affiliate shall have a right to appear in any hearing on the proposed debarment to show mitigating circumstances.
- B. The affiliate shall in writing advise the school district within 10 days of receipt of the notice under R7-2-1164 of its intention to appear under subsection (A). Failure to provide written notice of appearance within the 10-day period shall be a waiver of the right to appear in the hearing.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R.

1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1166. Imputed Knowledge**

- A. Improper conduct may be imputed to an affiliate for purposes of debarment where the impropriety occurred in connection with the affiliate's duties for or on behalf of, or with the knowledge, approval, or acquiescence of, the contractor.
- B. The improper conduct of a person or its affiliate having a contract with a contractor may be imputed to the contractor for purposes of debarment where the impropriety occurred in connection with the person's duties for or on behalf of, or with the actual or constructive knowledge, approval, or acquiescence of, the contractor.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1167. Reinstatement**

- A. The governing board may at any time reinstate a debarred person or rescind the debarment upon a determination that the cause upon which the debarment is based no longer exists or upon a determination that such reinstatement or rescission is advantageous to the school district. The governing board's determination shall include any limitations on the debarred person's ability to contract with the school district.
- B. Any debarred person may request reinstatement by submitting a petition to the school district supported by documentary evidence showing that the cause for debarment no longer exists or has been substantially mitigated.
- C. The school district may require a hearing on the request for reinstatement.
- D. The school district shall make a written decision on reinstatement within 30 days after the request is filed and specify the factors on which it is based.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1168. Suspension**

- A. If adequate grounds for debarment exist, the governing board may suspend a person from participating in any procurement or receiving any award in accordance with the procedures in R7-2-1170.
- B. The governing board shall not suspend a person pending debarment unless compelling reasons require suspension to protect school district interests.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1169. Period and Scope of Suspension**

- A. Unless otherwise agreed to by the parties, the period of suspension shall not exceed 35 days without satisfying the notice requirements of R7-2-1170. If the notice requirements are satisfied the period of suspension shall not exceed six months.
- B. For purpose of suspension, a person's conduct may be imputed to an affiliate or another person in accordance with R7-2-1166.

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**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1170. Notice and Hearing**

- A. The school district shall notify the person suspended by any means evidencing receipt.
- B. The notice of suspension shall state:
  - 1. The basis for suspension;
  - 2. The period, including dates, of the suspension;
  - 3. That bids or proposals shall not be solicited or accepted from the person and, if received, will not be considered; and
  - 4. That the person is entitled to a hearing on the suspension if the person files a written request for a hearing, including the basis for the request, with a designated district representative within 10 days after receipt of the notice.
- C. A hearing requested under this Section shall be conducted pursuant to R7-2-1181.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1171. List of Debarments, Suspensions and Voluntary Exclusions**

The school district shall maintain a list of debarment, suspensions, and voluntary exclusions. It is recommended that the school district provide notice of any debarments, suspensions and voluntary exclusions to the state purchasing office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

- R7-2-1172. Reserved**
- R7-2-1173. Reserved**
- R7-2-1174. Reserved**
- R7-2-1175. Reserved**
- R7-2-1176. Reserved**
- R7-2-1177. Reserved**
- R7-2-1178. Reserved**
- R7-2-1179. Reserved**
- R7-2-1180. Reserved**

## PART XXI. HEARING PROCEDURES

**R7-2-1181. Hearing Procedures**

- A. If a hearing is required or permitted under Articles 10 and 11, this Section shall apply. Hearing officers shall be selected pursuant to R7-2-1147(D) and (E) or R7-2-1158(E) and (F).
- B. The Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6) shall apply where the Act is not inconsistent with Articles 10 and 11.
- C. The hearing officer shall arrange for a hearing to be held within 30 days of receiving required responses and comments from both parties and notify the parties in writing of the time and place of the hearing.
- D. The hearing officer may:
  - 1. Hold pre-hearing conferences to settle, simplify, or identify the issues in a proceeding, or to consider other mat-

ters that may aid in the expeditious disposition of the proceeding;

- 2. Require parties to state their positions concerning the various issues in the proceeding;
- 3. Require parties to produce for examination those relevant witnesses and documents under their control;
- 4. Rule on motions and other procedural items on matters pending before such officer;
- 5. Regulate the course of the hearing and conduct of participants;
- 6. Establish time limits for submission of motions or memoranda;
- 7. Impose appropriate sanctions against any person failing to obey an order under these procedures, which may include:
  - a. Refusing to allow the person to assert or oppose designated claims or defenses, or prohibiting that person from introducing designated matters in evidence;
  - b. Excluding all testimony of an unresponsive or evasive witness; and
  - c. Expelling person from further participation in the hearing;
- 8. Take official notice of any material fact not appearing in evidence in the record, if the fact is among the traditional matters of judicial notice; and
- 9. Administer oaths or affirmations.
- E. A transcribed record of the hearing shall be made available at cost to any requesting party.
- F. Decision by the hearing officer. A decision by the hearing officer shall be sent within 30 days after the conclusion of the hearing to all parties by any means evidencing receipt. A decision shall contain:
  - 1. A statement of facts;
  - 2. A statement of the decision with supporting rationale; and
  - 3. A statement that the parties may file a motion for rehearing within 15 days from the date a copy of this decision is served upon the party.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1182. Rehearing of Decisions**

- A. Procedure; grounds. A decision of the hearing officer may be vacated and new hearing granted on motion of the aggrieved party for any of the following causes materially affecting the party's rights:
  - 1. Irregularity in the proceedings of the hearing officer or prevailing party, or any order or abuse of discretion, whereby the moving party was deprived of a fair hearing.
  - 2. Misconduct of the prevailing party.
  - 3. Accident or surprise not preventable by ordinary prudence.
  - 4. Material evidence, newly discovered, which despite reasonable diligence was not discovered and produced at the hearing.
  - 5. Excessive or insufficient damages or penalties.
  - 6. Error of law occurring at the hearing or during the progress of the proceeding.

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7. That the findings of fact or decision is not justified by the evidence or is contrary to law.
- B.** Scope. A rehearing may be granted to all or any of the parties and on all or part of the issues in the proceeding for any of the reasons for which rehearings are authorized by law or rule of court. On a motion for a rehearing, the hearing officer may open the decision, take additional testimony, amend findings of fact and conclusions of law or make new findings and conclusions, and direct the entry of a new decision.
- C.** Contents of motion; amendment; rulings reviewable.
1. The motion for rehearing shall be in writing, shall specify generally the grounds upon which the motion is based, and may be amended at any time before it is ruled upon by the hearing officer.
  2. Upon the general ground that the hearing officer erred in admitting or rejecting evidence, the hearing officer shall review all rulings during the hearing upon objections to evidence.
  3. Upon the general ground that the findings of fact or decision are not justified by the evidence, the hearing officer shall review the sufficiency of the evidence.
- D.** Time for motion for rehearing. A motion for rehearing shall be filed not later than 15 days after service of the decision upon the party.
- E.** Time for serving affidavits. When a motion for rehearing is based upon affidavits they shall be served with the motion. The opposing party has 10 days after such service within which to serve opposing affidavits, which period may be extended for an additional period not exceeding 20 days either by the hearing officer for good cause shown or by the parties by written stipulation. The hearing officer may permit reply affidavits.
- F.** On initiative of hearing officer. Not later than 15 days after the date of the decision, the hearing officer may order a rehearing for any reason for which it might have granted a rehearing on motion of a party. After giving the parties notice and an opportunity to be heard on the matter, the hearing officer may grant a motion for a rehearing, timely served, for a reason not stated in the motion. In either case, the hearing officer shall specify in the order the grounds therefor.
- G.** Questions to be considered in rehearing. A rehearing, if granted, shall be only a rehearing of the question or questions with respect to which the decision is found erroneous, if separable. If a rehearing is ordered because the damages or penalties are excessive or inadequate and granted solely for that reason, the decision shall be set aside only in respect of the damages or penalties, and shall stand in all other respects.
- H.** Motion on ground of excessive or inadequate damages. When a motion for rehearing is made upon the ground that the damages or penalties awarded are either excessive or insufficient, the hearing officer may grant the rehearing conditionally upon the filing within a fixed period of time, not to exceed 15 days, of a statement by the party adversely affected by reduction or increase of damages or penalties accepting that amount of damages or penalties which the hearing officer shall designate. If such a statement is filed with the prescribed time, the motion for rehearing shall be regarded as denied as of the date of such filing. If no statement is filed, the motion for rehearing shall be regarded as granted as of the date of the expiration of the time period within which a statement may have been filed. No further written order shall be required to make an order granting or denying the rehearing final. If the conditional order of the hearing officer requires a reduction of or increase in damages or penalties, then the rehearing will be granted in respect of the

damages or penalties only and the decision shall stand in all other respects.

- I.** Number of motions for rehearing. Not more than two motions for rehearing shall be granted to any party in the same action.
- J.** Specifications of grounds of rehearing in order. An order granting a motion for rehearing shall specify with particularity the ground or grounds on which the rehearing is granted.
- K.** Final decision.
1. If a motion for rehearing is denied, the final decision denying the motion for rehearing shall be sent within five days after the denial to all parties by any means evidencing receipt. A final decision shall contain a paragraph substantially as follows: "This is the final decision of the hearing officer in the matter of \_\_\_\_\_."
  2. If the motion for rehearing was granted, after the rehearing is completed, a final decision shall be made and shall be sent within five days after the conclusion of the rehearing to all parties as required in subsection (K)(1). A final decision shall contain:
    - a. A statement of facts;
    - b. A statement of the decision with supporting rationale; and
    - c. A paragraph substantially as stated in subsection (K)(1).

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1183. Judicial Review**

Any final decision made as a result of a hearing held pursuant to Articles 10 and 11 are subject to judicial review in accordance with A.R.S. Title 12, Chapter 7, Article 6.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1184. Exclusive Remedy**

Articles 10 and 11 (R7-2-1001 et seq.) provide the exclusive procedure for asserting a cause against the school district and its governing board arising in relation to any procurement conducted under Articles 10 and 11.

**Historical Note**

Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1185. Qualifications for Hearing Officers**

- A.** A "hearing officer" means a person assigned to preside at a hearing held pursuant to Articles 10 and 11 and whose duty it is to assure that proper procedures are followed and that the rights of the parties are protected.
- B.** A hearing officer shall be:
1. Unbiased - not prejudiced for or against any party in the hearing;
  2. Disinterested - not having any personal or professional interest which would conflict with his/her objectivity in the hearing; and

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3. Independent - may not be an officer, employee or agent of the contractor or governing board, or of any other public agency involved in the dispute to be settled. A person who otherwise qualifies to conduct a hearing is not an employee of the contractor or governing board solely because he or she is paid by the parties to serve as a hearing officer.
- C. A hearing officer shall have:
  1. A minimum of three years of verified experience in the practice of law; or
  2. A minimum of three years of verified experience in school procurement or school facilities management and a minimum of one year of verified experience in conducting hearings. Completion of a course or program in conducting a hearing or arbitration may substitute for the one year of verified experience in conducting hearings.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1186. Reserved**

**R7-2-1187. Reserved**

**R7-2-1188. Reserved**

**R7-2-1189. Reserved**

**R7-2-1190. Reserved**

**PART XXII. INTERGOVERNMENTAL PROCUREMENTS****R7-2-1191. Cooperative Purchasing Authorized**

- A. A school district may either participate in, sponsor, conduct, or administer a cooperative purchasing agreement for the procurement of any materials, services, specified professional services, construction, or construction services with one or more eligible procurement units in accordance with an agreement entered into between the participants. An agreement entered into as provided in R7-2-1191 through R7-2-1195 is exempt from A.R.S. § 11-952(D) and (E). Parties under a cooperative purchasing agreement may:
  1. Sponsor, conduct, or administer a cooperative purchasing agreement for the procurement or disposal of any materials, services or construction.
  2. Cooperatively use materials or services.
  3. Commonly use or share warehousing facilities, capital equipment and other facilities.
  4. Provide personnel, except that the requesting public procurement unit shall pay the public procurement unit providing the personnel the direct and indirect cost of providing the personnel, in accordance with the agreement.
  5. On request, make available to other public procurement units informational, technical or other services or software that may assist in improving the efficiency or economy of procurement. The public procurement unit furnishing the informational, technical, or other services or software has the right to request reimbursement for the reasonable and necessary costs of providing such services or software.
- B. The activities described in subsections (A)(1) through (A)(5) do not limit what parties may do under a cooperative purchasing agreement.

- C. A nonprofit corporation shall comply with Articles 10 and 11 in any cooperative purchasing agreement the nonprofit corporation administers in which a school district participates.
- D. Whether administering or purchasing from the agreement, this Section does not abrogate the responsibility of each school district to perform due diligence in order to ensure compliance with Articles 10 and 11 notwithstanding the fact that the cooperative purchase is administered by another eligible procurement unit.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1192. Contract Provisions in a Cooperative Purchasing Agreement**

Any contract entered pursuant to R7-2-1191 shall provide that:

1. Payment for materials and services and inspection and acceptance of materials or services ordered by an eligible procurement unit under a cooperative purchasing agreement shall be the exclusive obligation of such procurement unit;
2. The exercise of any rights or remedies by a using eligible procurement unit shall be the exclusive obligation of such procurement unit. The administering public procurement unit, as the contract administrator and without subjecting itself to any liability, may join in the resolution of any controversy;
3. Any school district may terminate without notice any cooperative purchasing agreement if another eligible procurement unit fails to comply with the terms of the contract;
4. Failure of an eligible procurement unit to secure performance from the contractor in accordance with the terms and conditions of its purchase order does not necessarily require any other eligible procurement unit to exercise its own rights or remedies; and
5. An eligible procurement unit shall not use a cooperative purchasing contract as a method for obtaining concessions or reduced prices for non-contract purchases of similar materials or services.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1193. Use of Payments Received by a Supplying Public Procurement Unit**

All payments received by a public procurement unit supplying personnel or services shall be available to the supplying public procurement unit to defray the cost of the cooperative program.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1194. Public Procurement Units in Compliance with Article Requirements**

- A. If the eligible procurement unit administering a cooperative purchase complies with the requirements of Articles 10 and 11, any public procurement unit participating in such a purchase is deemed to have complied with Articles 10 and 11. Public procurement units may not enter into a cooperative purchasing agreement.

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chasing agreement for the purpose of circumventing Articles 10 and 11.

- B.** A participating public procurement unit using a contract awarded by another eligible procurement unit shall only purchase awarded materials, services, specified professional services, construction, or construction services in compliance with the terms, conditions and prices in the contract.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1195. Contract Controversies**

- A.** Under a cooperative purchasing agreement in which a school district is a party, controversies arising between an administering public procurement unit and its bidders, offerors or contractors shall be resolved in accordance with Articles 10 and 11.
- B.** Any local public procurement unit which is not subject to R7-2-1181 through R7-2-1185 may enter into an agreement with a school district to establish procedures or use such school district's existing procedures to resolve controversies with contractors, whether or not such controversy arose from a cooperative purchasing agreement.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1196. General Services Administration Contracts**

- A.** The governing board may authorize purchases under a current General Services Administration contract for materials or services without complying with the requirements of Articles 10 and 11 if the governing board determines in writing before proceeding with a General Services Administration contract procurement that all of the following apply:
1. The price for materials or services is equal to or less than the contractor's current federal supply contract price with the General Services Administration and is fair and reasonable.
  2. The contractor has indicated in writing that the contractor is willing to extend the current federal supply contract pricing, terms and conditions to the school district.
  3. The purchase order adequately identifies the federal supply contract on which the order is based, including the name of the contractor, contract number and procurement description.
  4. The purchase contract is cost effective based on price, quality and other relevant factors, and is advantageous to the school district.
- B.** The school district shall only purchase materials or services awarded under the applicable General Services Administration contract.
- C.** The governing board shall comply with all federal requirements applicable to state and local government use of General Services Administration contracts.

**Historical Note**

Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1197. Reserved**

**R7-2-1198. Reserved**

**R7-2-1199. Reserved**

**R7-2-1200. Reserved**

**ARTICLE 12. REPEALED**

**R7-2-1201. Repealed**

**Historical Note**

Adopted effective April 27, 1989 (Supp. 89-2). Repealed effective February 20, 1997 (Supp. 97-1).

**ARTICLE 13. CONDUCT****R7-2-1301. Definitions**

In this Article, unless the context otherwise specifies:

1. "Alleging party" means an individual, partnership, corporation, association, governmental subdivision or unit of a governmental subdivision, a public or private organization of any character or other agency who completes a statement alleging immoral or unprofessional conduct against a certificated individual.
2. "Applicant" means a noncertificated person who has been disciplined by the Board and who has submitted an application requesting reinstatement of the person's legal right to work in a public school, or a person who has submitted an application to the Department requesting an evaluation of the requirements set forth in R7-2-601 et seq., requesting issuance of a certificate pursuant to R7-2-601 et seq., requesting renewal of a certificate issued pursuant to R7-2-601 et seq. or requesting changes of coding to existing files or certificates pursuant to R7-2-601 et seq.
3. "Board" means the State Board of Education.
4. "Certificated individual" means an individual who holds or has held an Arizona certificate issued pursuant to R7-2-601 et seq.
5. "Complaint" means the filing of a charge by the Board against a certificated individual alleging immoral or unprofessional conduct.
6. "Department" means the Arizona Department of Education.
7. "Hearing" means an adjudicative proceeding held pursuant to A.R.S. Title 41, Chapter 6 and R7-2-701 et seq.
8. "Noncertificated individual" means a noncertificated person defined in A.R.S. § 15-505, as determined by the Board.
9. "PPAC" means the Professional Practices Advisory Committee established pursuant to R7-2-205.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-1302. Statement of Allegations**

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- A. Any person may file, with the Board, a statement of allegations against a certificated or noncertificated individual on forms provided by the Board.
- B. A statement of allegations shall state the facts under which a party is alleging immoral or unprofessional conduct and shall be signed and notarized.
- C. The facts in a statement of allegations shall clearly state the details of the alleged immoral or unprofessional conduct.
- D. A statement of allegations shall contain the names, addresses and telephone numbers of individuals who can be contacted to provide information regarding the allegations contained in the statement. The list of individuals shall also include a brief summary of the substance and extent of each individual's knowledge regarding the allegations contained in the statement.
- E. The alleging party may attach written or other evidence to a statement of allegations at the time that the statement is filed with the Board.
- F. A statement of allegations may be returned to the alleging party if the statement is not complete or not legible.
- G. The Board shall conduct an investigation of all statements of allegations filed pursuant to this Article.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-1303. Complaint**

- A. Upon completion of an investigation resulting from a statement of allegations, the Board may file a complaint against a certificated or noncertificated individual, may issue or deny certification to an applicant, or may reinstate a noncertificated individual's legal right to work in a public school and matters related to immoral or unprofessional conduct, unfitness to teach, and the discipline of noncertificated individuals pursuant to A.R.S. § 15-505.
- B. The Board may, at its own discretion, investigate any matter and file a complaint against a certificated or noncertificated individual upon receiving any information, from any source, indicating immoral or unprofessional conduct has occurred.
- C. A hearing shall be held on a complaint before the PPAC.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Section R7-2-1303 renumbered to R7-2-1304; new Section R7-2-1303 renumbered from R7-2-1304 and amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-1304. Notification; Investigation**

The certificated or noncertificated individual shall have 20 days from service by U.S. mail and email of the notice of investigation to file a written response with the Board.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Section R7-2-1304 renumbered to R7-2-1303; new Section R7-2-1304 renumbered from R7-2-1303 and amended by

final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-1305. Investigation**

- A. Applicants shall certify on forms that are provided by the Department whether the applicant:
  - 1. Has ever received any disciplinary action, including revocation, suspension or reprimand, involving any professional certification or license;
  - 2. Is currently under investigation or has ever been the subject of any investigation by the Department of Child Safety or a similar department in this state or another jurisdiction;
  - 3. Has ever been convicted of a felony offense;
  - 4. Has ever been arrested, cited and released, or received a criminal summons for any offense, regardless if eventually convicted of a crime or if a conviction was set aside or expunged; or
  - 5. Has ever been arrested, cited and released, or received a criminal summons for any offense involving a child, regardless if eventually convicted of a crime or if a conviction was set aside or expunged.
- B. Upon receipt of notification that an applicant, certificated, or noncertificated individual has engaged in unprofessional or immoral conduct pursuant to R7-2-1308, conduct that would warrant disciplinary action if the person had been certified at the time that the alleged conduct occurred, or conduct listed in subsections (A)(1) through (5), the Board shall initiate an investigation.
- C. Applicants, certificated, and noncertificated individuals who are alleged to have engaged in unprofessional or immoral conduct pursuant to R7-2-1308, conduct that would warrant disciplinary action if the person had been certified at the time that the alleged conduct occurred, or conduct listed in subsections (A)(1) through (5) shall provide the Board with copies of court records and law enforcement reports pertaining to the offense.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-1306. Repealed****Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Repealed by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1).

**R7-2-1307. Criminal Offenses**

- A. The Board shall prohibit a noncertificated individual's employment at a school district or charter school, or revoke, not issue, or not renew the certification or certifications of a certificated individual, who has been convicted of committing or attempting, soliciting, facilitating, or conspiring to commit

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any of the following criminal offenses in this state or similar offenses in another jurisdiction:

1. Sexual abuse of a minor;
2. Incest;
3. First-degree murder;
4. Second-degree murder;
5. Manslaughter;
6. Sexual assault;
7. Sexual exploitation of a minor;
8. Commercial sexual exploitation of a minor;
9. A dangerous crime against children;
10. Armed robbery;
11. Aggravated assault;
12. Sexual conduct with a minor;
13. Molestation of a child;
14. Exploitation of minors involving drug offenses;
15. Sexual abuse of a vulnerable adult;
16. Sexual exploitation of a vulnerable adult;
17. Commercial sexual exploitation of a vulnerable adult;
18. Child sex trafficking;
19. Child abuse;
20. Abuse of a vulnerable adult;
21. Molestation of a vulnerable adult;
22. Taking a child for the purpose of prostitution;
23. Neglect or abuse of a vulnerable adult;
24. Sex trafficking;
25. Sexual abuse;
26. Production, publication, sale, possession and presentation of obscene items;
27. Furnishing harmful items to minors;
28. Furnishing harmful items to minors by internet activity;
29. Obscene or indecent telephone communications to minors for commercial purposes;
30. Luring a minor for sexual exploitation;
31. Enticement of persons for purposes of prostitution;
32. Procurement by false pretenses of person for purposes of prostitution;
33. Procuring or placing persons in a house of prostitution;
34. Receiving earnings of a prostitute;
35. Causing one's spouse to become a prostitute;
36. Detention of persons in a house of prostitution for debt;
37. Keeping or residing in a house of prostitution or employment in prostitution;
38. Pandering;
39. Transporting persons for the purpose of prostitution, polygamy and concubinage;
40. Portraying adult as a minor;
41. Admitting minors to public displays of sexual conduct;
42. Unlawful sale or purchase of children;
43. Child bigamy;
44. Trafficking of persons for forced labor or services;
45. Kidnapping; or
46. Child enticement.

- B.** Upon notification by the clerk of the court, magistrate, or court of competent jurisdiction, the Board shall immediately and permanently prohibit a noncertificated individual's employment at a school district or charter school or revoke the certificate or certificates of a certificated individual who has been convicted of any of the following offenses:

1. A dangerous crime against children as defined in A.R.S. § 13-705;
2. Sexual abuse as prescribed in A.R.S. § 13-1404 in which the victim was a minor;

3. Sexual assault as prescribed in A.R.S. § 13-1406 in which the victim was a minor;
4. Sexual conduct with a minor as prescribed A.R.S. § 13-1405;
5. A preparatory offense as prescribed in A.R.S. § 13-1001 of any of the offenses listed in subsections (B)(1), (2), (3) or (4);
6. Any crime that requires the person to register as a sex offender; or
7. An act committed in another state or territory that if committed in this state would have been one of the offenses listed in subsections (B)(1), (2), (3), (4), (5) or (6).

- C.** If the Board takes disciplinary action against a noncertificated individual or, does not issue, does not renew, or revokes a certificate or certificates due to a person's conviction or admission of an offense listed in subsection (A), but which is not an offense listed in subsection (B), the notice of non-issuance, non-renewal, or revocation shall inform the person of that person's right to request a hearing within 20 days of service of the notice subject to the conditions set forth in subsection (D).

- D.** Notwithstanding subsection (A), the Board may allow a non-certificated individual to be employed at a school district or charter school or may issue, renew, or not revoke the certificate or certificates of a person who has been convicted of an offense or offenses listed in subsection (A), but which is not an offense listed in subsection (B), if, at a hearing before the PPAC held pursuant to Article 7, the PPAC finds that at least one of the following conditions is met:

1. The individual was previously reviewed, investigated, or disciplined by the Board for the conviction or convictions prior to the implementation of R7-2-1307 on March 27, 2019; or
2. The individual has provided evidence consisting of certified copies of police reports, court orders, or other official records related to the conviction or convictions that demonstrate that all of the following are true:
  - a. The criminal offense or offenses did not involve a minor; and
  - b. The criminal offense or offenses was originally a misdemeanor or reduced to a misdemeanor or the judgment of guilt has been set aside, vacated, expunged, or pardoned.

- E.** At the hearing described in subsection (D), the individual shall present, and the PPAC shall consider evidence that the individual meets the conditions set forth in subsection (D). PPAC shall also consider mitigating and aggravating factors surrounding the conviction or convictions at issue, factors bearing on the individual's fitness as an educator, other allegations of unprofessional or immoral conduct, or any other criminal activity.

- F.** The criminal offenses set forth in subsection (A) constitute immoral or unprofessional conduct in addition to the acts set forth in R7-2-1308.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1).

The phrase "paragraphs one, two, three or four" was changed to "subsections (B)(1), (2), (3) or (4)" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R.



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2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 31 A.A.R. 1968 (June 20, 2025), effective September 14, 2024; filed with the Division March 26, 2025 (Supp. 25-2).

**R7-2-1308. Unprofessional and Immoral Conduct**

- A.** Noncertificated individuals and individuals holding certificates issued by the Board pursuant to R7-2-601 et seq. and individuals applying for certificates issued by the Board pursuant to R7-2-601 et seq. shall:
1. Make reasonable efforts to protect pupils from conditions harmful to learning, health, or safety;
  2. Account for all funds collected from pupils, parents, or school personnel;
  3. Adhere to provisions of the Uniform System of Financial Records related to use of school property, resources, or equipment; and
  4. Abide by copyright restrictions, security, or administration procedures for a test or assessment.
- B.** Noncertificated individuals and individuals holding certificates issued by the Board pursuant to R7-2-601 et seq. and individuals applying for certificates issued by the Board pursuant to R7-2-601 et seq. shall not:
1. Discriminate against or harass any pupil or school employee on the basis of race, national origin, religion, sex, including sexual orientation, disability, color or age;
  2. Deliberately suppress or distort information or facts relevant to a pupil's academic progress;
  3. Misrepresent or falsify pupil, classroom, school, or district-level data from the administration of a test or assessment;
  4. Engage in a pattern of conduct for the sole purpose or with the sole intent of embarrassing or disparaging a pupil;
  5. Use professional position or relationships with pupils, parents, or colleagues for improper personal gain or advantage;
  6. Falsify or misrepresent documents, records, or facts related to professional qualifications or educational history or character;
  7. Assist in the professional certification or employment of a person the certificate holder knows to be unqualified to hold a position;
  8. Accept gratuities or gifts that influence judgment in the exercise of professional duties;
  9. Possess, consume, or be under the influence of alcohol on school premises or at school-sponsored activities;
  10. Illegally possess, use, or be under the influence of marijuana, dangerous drugs, or narcotic drugs, as each is defined in A.R.S. § 13-3401;
  11. Make any sexual advance towards a pupil or child, either verbal, written, or physical;
  12. Engage in sexual activity, a romantic relationship, or dating of a pupil or child;
  13. Submit fraudulent requests for reimbursement of expenses or for pay;
  14. Use school equipment to access pornographic, obscene, or illegal materials; or
  15. Engage in conduct which would discredit the teaching profession.
- C.** Individuals found to have engaged in unprofessional or immoral conduct shall be subject to, and may be disciplined by, the Board.

- D.** Procedures for making allegations, complaints, and investigation of unprofessional or immoral conduct shall be as set forth in this Article.
- E.** Application forms and certificates shall include the rules and statutes related to unprofessional and immoral conduct, including resignation from a contracted position without authorization and duties to report as required by law.
- F.** Individuals applying for certificates issued by the Board pursuant to R7-2-601 et seq shall certify:
1. That they have read and understood the rules and statutes related to unprofessional and immoral conduct, including resignation from a contracted position without authorization and duties to report as required by law; and
  2. Whether they have been disciplined or are under investigation in another state for engaging in conduct that is immoral or unprofessional.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1544, effective June 28, 2003 (Supp. 03-2). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4).

**R7-2-1309. Summary Suspension**

- A.** If a certificate holder is arrested, cited and released, or received a criminal summons for an offense listed in R7-2-1307 and if the Board finds the public health, safety or welfare imperatively requires emergency action, the Board may proceed under A.R.S. § 41-1064(C) ordering a summary suspension of a certificate while other proceedings are pending. The Board shall provide notice to the certificate holder of the meeting pursuant to R7-2-703 and R7-2-704.
- B.** If a noncertificated individual is arrested, cited and released, or received a criminal summons for an offense listed in R7-2-1307 and if the Board finds the public health, safety or welfare imperatively requires emergency action, the Board may proceed under A.R.S. § 41-1064(C) ordering a summary suspension of the right to work in a school district or charter school while other proceedings are pending. The Board shall provide notice to the noncertificated individual of the meeting pursuant to R7-2-703 and R7-2-704.
- C.** Summary suspensions issued by the Board shall remain in effect pending a public hearing and final decision by the Board pursuant to Article 7 of this Chapter.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 66, effective December 13, 2019 (Supp. 19-4). Amended by final exempt rulemaking at 27 A.A.R. 2353 (October 22, 2021), effective September 27, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 31 A.A.R. 1968 (June 20, 2025), effective September 14, 2024; filed with the Division March 26, 2025 (Supp. 25-2).

**R7-2-1400. Reserved****ARTICLE 14. CHARTER SCHOOLS****R7-2-1401. Definitions**

For the purpose of this Article the following definitions shall apply:

1. "Applicant" means a person, public body, or private organization that has applied to the State Board of Education to establish a charter school under the provisions of A.R.S. § 15-181 et seq.

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2. "Background check" means a report received related to an applicant and the identified governing board members regarding the status of each person's credit and credit history, and any criminal activity identified by the law enforcement agency processing the applicant and governing board member's fingerprints.
3. "Committee" means the Charter School Committee established pursuant to this Article.
4. "Charter School" means a school chartered pursuant to A.R.S. § 15-181 et seq. and sponsored by the Board of Education.
5. "Contract" means a document outlining the terms and conditions of an agreement between the parties.
6. "Governing board" means the governing body responsible for the policy and operational decisions of the charter school formed pursuant to A.R.S. § 15-183 et seq.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**R7-2-1402. Charter School Committee**

- A. The Board of Education shall establish a Charter School Committee that shall have the responsibility of reviewing applications and preparing a recommendation for the Board of Education's consideration.
- B. The Board of Education shall appoint the members of the committee. The committee shall consist of seven members as follows:
  1. An individual knowledgeable in building construction or renovation;
  2. An individual knowledgeable in finance and accounting and in generally accepted accounting practices;
  3. An individual representing a city in this state who is knowledgeable about zoning and operating permit requirements;
  4. An individual knowledgeable about elementary and high school curricula and the development and evaluation of curricula;
  5. An individual knowledgeable about assessments and the administration of assessments;
  6. An individual representing the Board of Education;
  7. A current operator of a charter school sponsored by the Board of Education.
- C. Terms of each member of the committee shall be for three years. Members may be appointed for subsequent terms upon approval by the Board of Education.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**R7-2-1403. Application**

- A. Interested parties or individuals may submit an application for approval by the Board of Education pursuant to A.R.S. § 15-181 et seq. Applications shall be on forms approved by the Board of Education.
- B. Applications shall be evaluated by the committee. The committee shall prepare a recommendation for the Board of Education's consideration. The recommendation shall be based upon a review of all aspects of the application, including, for example, completeness of the application, the viability of the school including the financial viability, the projected funding sources, the number and population to be served, including school-aged students who are deemed to be unserved or underserved.

1. The committee may request additional information as needed to assist in evaluating the application and preparing a recommendation for the Board of Education's consideration.
  2. Recommendations of the committee to the Board of Education may include approval of the application, denial of the application, or deferral of the application pending further information or clarification.
  3. Applicants shall be notified in writing at least 10 days prior to the Board of Education meeting of the date, time, and place of the meeting at which the Board of Education shall consider the charter school committee's recommendation related to the application.
  4. Action by the Board of Education may include approval of the application, denial of the application, or deferral of the application pending further information or clarification. The Board of Education shall state the reasons for denial or deferral of the application.
  5. Applicants shall be notified in writing of the decision of the Board of Education. Written notification that the Board of Education has denied an application shall include reasons for denial. Written notification shall be provided to applicants within 15 days following a decision of the Board of Education.
- C. An approved application does not constitute an approved contract, and approval of an application shall not be construed to imply that a contract will be issued.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**R7-2-1404. Contract**

- A. A contract shall be on forms approved by the Board of Education.
- B. At least once per year, the Board of Education shall consider issuance of a contract to approved applicants.
- C. Upon review and recommendation from the committee, the Board of Education may approve the issuance of a contract, approve the issuance of a contract pending receipt of specific information or completion of requirements, defer the issuance of a contract, or deny the issuance of a contract. The Board of Education shall state the reasons for denial or deferral of issuance of a contract.
- D. Applicants shall be notified in writing at least 10 days prior to the Board of Education meeting of the date, time, and place of the meeting at which the Board of Education shall consider the charter school committee's recommendation related to issuance of a charter.
- E. Applicants shall be notified in writing of the decision of the Board of Education. Written notification that the Board of Education has denied issuance of a contract shall include reasons for denial. Written notification shall be provided to applicants within 15 days following a decision of the Board of Education.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**R7-2-1405. Execution of a Contract**

- A. Contracts shall be signed by the applicant, or a person with signatory authority for the applicant, within six months from the date of approval of issuance of the contract by the Board of Education, unless an extension of time is granted by the Board of Education. If issuance of a contract was approved by the

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Board of Education pending receipt of additional information, the contract shall be signed by the applicant or a person with signatory authority for the applicant within six months of receipt of the additional information by the Board of Education.

- B.** Contracts which have not been signed pursuant to this Section shall require reapplication and approval during a subsequent application cycle.
- C.** The following items shall be submitted to the Board of Education prior to signing of a contract:
  1. Background check, including fingerprint clearance for all authorized signatories and all governing board members approved;
  2. Certificate of Occupancy or a written exemption from the local municipality or county that the certificate is not required for operation of a public school. A set of architectural plans approved by the local planning and zoning office may be submitted in lieu of a certificate of occupancy for the purposes of this subsection for construction of new buildings or renovation of existing buildings. A certificate of occupancy will be required to be submitted prior to opening of the school.
  3. A lease agreement or proof of building availability;
  4. Executed statement of assurances;
  5. Written verification that the facility meets the requirements established by the state and local fire marshal;
  6. Written verification from an insurance company authorized to do business in the state of Arizona that arrangements have been finalized to provide the required amount of insurance;
  7. Proof of local County Health Department approval.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1406. Amendments to a Contract**

- A.** Any changes to the contract shall be submitted on forms approved the Board of Education.
- B.** All amendments to the contract shall be accompanied by a signed governing board resolution or an official copy of the minutes of a governing board meeting that the amendment was approved by the governing board.
- C.** No amendment shall be effective or implemented prior to being approved by the governing board, submitted to and approved by the Board of Education.
- D.** Amendments requesting a change in the membership of the governing board shall, in addition to the requirements specified in subsection (B), include a completed fingerprint application and a signed affidavit authorizing a background check.
- E.** If an extension of time was granted pursuant to R7-2-1405(A), amendments to update the application shall be submitted at the time the contract is executed.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**R7-2-1407. Revocation of a Contract**

- A.** The Board of Education may issue a Notice of Intent to Revoke a Contract and Notice of Hearing to any contract holder who is alleged to be in violation of the contract and the governing board.

- B.** Within 10 days of receipt of a Notice of Intent to Revoke a Contract and Notice of Hearing, the governing board shall:

1. Notify the parents or guardians of the students enrolled in the charter school that a Notice of Intent to Revoke a Contract and Notice of Hearing has been received;
2. Hold a public meeting to inform the public and discuss the specific charges outlined in the Notice of Intent to Revoke a Contract;
3. Provide the Board of Education with copies of all correspondence and communications used to comply with subsection (B)(1) and minutes of the meeting as evidence of compliance with subsection (B)(2);
4. Provide the Board of Education with the names and mailing addresses of parents or guardians of all students enrolled in the charter school at the time the Notice of Intent to Revoke a Contract and Notice of Hearing was received.

- C.** Hearings held pursuant to a Notice of Intent to Revoke a Contract and Notice of Hearing shall be held in accordance with Sections R7-2-701 through R7-2-709.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). The word "above" was removed from subsection (3) to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1408. Renewal of Contract**

When considering renewal of a contract, the following, as a minimum, shall be provided to the Board of Education:

1. Assessment results, including scores of the norm-referenced achievement test, the scores of the Arizona's Instrument to Measure Standards (AIMS), and scores of any school assessment programs;
2. Results of any audits conducted, including independent audits, Uniform System of Financial Records or Uniform System of Financial Records for Charter Schools compliance audits, or any audits conducted by the Auditor General's Office;
3. Enrollment reports that include enrollment figures, funding sources, budget updates, and financial reporting of expenditures;
4. All complaints received;
5. Copies of Board of Education minutes where consideration and action was taken on all issues related to the charter school;
6. Any other reports, information, or materials pertinent to the charter school.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**ARTICLE 15. EMPOWERMENT SCHOLARSHIP ACCOUNTS****R7-2-1501. Definitions**

In this Article, unless the context otherwise specifies:

1. "Administratively complete" means an ESA application that contains all components required by statute or this Article.
2. "Board" means the State Board of Education.
3. "Curriculum" means a course of study for content areas or grade levels, including any supplemental materials required or recommended by the curriculum, approved by the Department.

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4. "Department" means the Arizona Department of Education.
5. "Eligible postsecondary institution" means a community college as defined in A.R.S. § 15-1401, a university under the jurisdiction of the Arizona Board of Regents, or an accredited private postsecondary institution.
6. "Empowerment scholarship account" or "ESA" means an account administered by the Department and funded by the state to provide options for the education of qualified students pursuant to A.R.S. § 15-2401 et seq.
7. "Hearing Officer" means a non-partial representative with either at least three years of verified experience in the practice of law or at least one year of verified experience in conducting hearings, who oversees hearings pursuant to this Article.
8. "Informal Settlement Conference" means a meeting between the Department and the Parent in an attempt to settle the appeal prior to an appeal hearing. The Board and the Hearing Officer do not attend.
9. "Misuse of funds" means the use of ESA funds on goods or services not permitted by A.R.S. § 15-2402, this Article or the Department pursuant to R7-2-1507.
10. "Parent" means a resident of this state who is the parent, stepparent, legal guardian, or account holder of a qualified student.
11. "Program" means the Empowerment Scholarship Account Program.
12. "Qualified school" means a nongovernmental primary or secondary school or a preschool for pupils with disabilities that is located in this state or, for qualified students who reside within the boundaries of an Indian reservation in this state, and that is located in an adjacent state and that is within two miles of the border of the state in which the qualified student resides, and that does not discriminate on the basis of race, color or national origin.
13. "Qualified student" means a resident of this state who:
  - a. Is any of the following:
    - i. Identified as having a disability under section 504 of the rehabilitation act of 1973 (29 U.S.C. 794);
    - ii. Identified by a school district or by an independent third party pursuant to A.R.S. § 15-2403(J) as a child with a disability as defined in A.R.S. § 15-731 or § 15-761;
    - iii. A child with a disability who is eligible to receive services from a school district under A.R.S. § 15-763;
    - iv. Attending a school or school district that was assigned a letter grade of D or F pursuant to A.R.S. § 15-241 for the most recent year in which letter grades were assigned or is currently eligible to attend kindergarten and who resides within the attendance boundary of a school that was assigned a letter grade of D or F pursuant to A.R.S. § 15-241 for the most recent year in which letter grades were assigned. A child who meets the requirements of this item and who meets the income eligibility requirements for free and reduced-price lunches under the National School Lunch and Child Nutrition Acts (42 U.S.C. 1751 through 1793) is not subject to R7-2-1501(12)(b);
    - v. A previous recipient of a scholarship issued pursuant to A.R.S. § 15-891 or this Section, unless the qualified student's parent has been removed from eligibility in the Program for failure to comply pursuant to A.R.S. § 15-2403(C);
  - vi. A child of a parent who is a member of the armed forces of the United States and who is on active duty or was killed in the line of duty. A child who meets the requirements of this subsection is not subject to R7-2-1501(12)(b);
  - vii. A child who is a ward of the juvenile court and who is residing with a prospective permanent placement pursuant to A.R.S. § 8-862 and the case plan is adoption or permanent guardianship;
  - viii. A child who was a ward of the juvenile court and who achieved permanency through adoption or permanent guardianship;
  - ix. A child who is the sibling of a current or previous ESA recipient or of an eligible qualified student who accepts the terms of and enrolls in an ESA;
  - x. A child who resides within the boundaries of an Indian reservation in this state as determined by the Department or a tribal government; or
  - xi. A child of a parent who is legally blind or deaf or hard of hearing as defined in A.R.S. § 36-1941.
- b. And, except as provided in R7-2-1501(12)(a)(iv) and R7-2-1501(12)(a)(vi), who meets any of the following requirements:
  - i. Attended a governmental primary or secondary school as a full-time student as defined in A.R.S. § 15-901 for at least 45 days of the current or prior fiscal year and who transferred from a governmental primary or secondary school under a contract to participate in an ESA. Kindergarten students who are enrolled in Arizona online instruction must receive 100 hours of logged instruction to be eligible pursuant to this subsection. First, second and third grade students who are enrolled in Arizona online instruction must receive 200 hours of logged instruction to be eligible pursuant to this subsection. Fourth, fifth and sixth grade students who are enrolled in Arizona online instruction must receive 250 hours of logged instruction to be eligible pursuant to this subsection. Seventh and eighth grade students who are enrolled in Arizona online instruction must receive 275 hours of logged instruction to be eligible pursuant to this subsection. High school students who are enrolled in Arizona online instruction must receive 250 hours of logged instruction to be eligible pursuant to this subsection. For the purposes of this subsection, students may accumulate days of enrollment and hours of instruction in the current or prior fiscal year, or a combination thereof;
  - ii. Previously participated in an ESA;
  - iii. Received a scholarship under A.R.S. § 43-1505 and who continues to attend a qualified school if the student attended a governmental primary or secondary school as a full-time student as defined in A.R.S. § 15-901 for at least 90 days

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- of the prior fiscal year or one full semester before attending a qualified school;
- iv. Was eligible for an Arizona scholarship for pupils with disabilities and received monies from a school tuition organization pursuant to A.R.S. § 43-1505 or received an Arizona scholarship for pupils with disabilities but did not receive monies from a school tuition organization pursuant to A.R.S. § 43-1505 and who continues to attend a qualified school if the student attended a governmental primary or secondary school as a full-time student as defined in A.R.S. § 15-901 for at least 90 days of the prior fiscal year or one full semester prior to attending a qualified school;
  - v. Attended a nonpublic school for pupils with disabilities in the prior year if placement at the school was approved by the Department and contracted for by a public school district;
  - vi. Has not previously attended a governmental primary or secondary school but is currently eligible to enroll in a kindergarten program in a school district or charter school in this state or attended a program for preschool children with disabilities. For the purposes of this item, a child is eligible to enroll in a kindergarten program if the child is at least five years of age on January 1 of the current school year, is under seven years of age, and has not already completed a kindergarten program and is not enrolled in grade one of a private or governmental school in the current year; or
  - vii. Has not previously attended a governmental primary or secondary school but is currently eligible to enroll in a program for preschool children with disabilities in this state.
14. "Stay" means a Parent may have access to a terminated ESA account pending the resolution of their appeal.
  15. "Substantively complete" means an ESA application that meets all substantive criteria required by statute or this Article.
  16. "Supplemental materials" referenced in A.R.S. § 15-2401(2), means relevant materials directly related to the course of study for which they are being used that introduce content and instructional strategies or that enhance, complement, enrich, extend or support the curriculum.
  17. "Treasurer" means the Office of the State Treasurer.
  18. Unless otherwise specifically defined herein, all defined terms shall have the same meaning as those ascribed to them in the A.R.S., Title 41.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective November 1, 2020 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1501.01. Expanded Qualified Student Definition**

Notwithstanding A.R.S. § 15-2401 and R7-2-1501, beginning in the 2022-2023 school year, unless the context otherwise requires, "Qualified Student" includes a resident of this state who both:

1. Is eligible to enroll in a public school in this state in any of the following:
  - a. A preschool program for children with disabilities,
  - b. A kindergarten program, or
  - c. Any of grades 1 through 12.
2. Does not otherwise qualify for an Arizona Empowerment Scholarship Account pursuant to this Article.

**Historical Note**

New Section made by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1502. General Provisions**

- A. This Section is adopted pursuant to A.R.S. § 15-2403.
- B. The Department and the Treasurer shall administer and provide general supervision and oversight of the Program pursuant to A.R.S. § 15-2401 et seq and this Article.
- C. The Department and the Board shall include intermediate Saturday, Sundays, and legal holidays when computing days under this Article. If the final day of a deadline established pursuant to this Article falls on a Saturday, Sunday or legal holiday, the next business day is the final day of the deadline.
- D. Unless otherwise specified, the Department shall serve a notice or decision that removes a parent from the Program, through personal delivery, first class mail, or certified mail to the parent's last address with the Department, and also by any other method or methods that are reasonably determined to give actual notice to the parent, including electronic mail, text message, phone call, or through an online portal. Each parent shall provide the Department with the parent's mailing address, home address, phone number and email and shall inform the Department of any change of mailing address, home address, phone number or email within 30 days of the change. For all other communications that do not contain notice of removal from the Program, the Board and the Department may communicate through any method or methods, including first class mail, certified mail, electronic mail, text message, phone call or through an online portal.
- E. A document is filed with the Board or the Department on the date it is received by the Board or the Department, as established by the Board's or the Department's date stamp on the face of the document. A notice or decision containing an appealable action issued by the Board or the Department pursuant to this Article is served on a party as follows:
  1. On the date it is personally served,
  2. Five days after it is mailed by first class mail, or
  3. On the date of the return receipt if it is mailed by certified mail.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4).

**R7-2-1503. Department Responsibilities**

The Department shall:

1. On or before March 1 of each year, provide the Board with a handbook, developed in consultation with parents of children on the Program, that includes information relating to policies and processes of ESAs and complies with A.R.S. § 15-2401 et seq and this Article. The Board

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shall adopt the handbook on or before May 1 of each year. The Board shall limit substantive changes to the handbook to once every three years. The Board may approve changes to the handbook more frequently than every three years to conform and comply with changes to statute or this Article or at the Board's discretion. The handbook shall be posted on the Department's website and distributed to parents and shall clearly identify changes from the prior version, and include the date and time the new handbook was changed:

- a. The yearly handbook, when adopted, shall become effective July 1st of each fiscal year.
  - b. If the yearly handbook is adopted after July 1st, the newly adopted handbook would become effective immediately following adoption.
2. Establish a dedicated call center for exclusive use for the ESA Program that works in conjunction with the Exceptional Student Services division of the Department or its successor division. Subject to review and approval by the Board, the Department may contract with a third party to operate the call center;
  3. Implement customer service performance management policies, procedures, and metrics;
  4. Provide training to parents who use the private financial management firm contracted to assist with financial management of the program;
  5. Provide a quarterly report to the Board on the ESA Program, including:
    - a. The number of students in the program disaggregated by eligibility, grade level and the school district or charter school associated with each student:
      - i. The total number of special needs students by grade level,
      - ii. The number of special needs students by disability category, and
    - b. The annual award amount associated with each student;
    - c. The number of ESA applications received, approved and denied in the preceding quarter, including the justification for the denied applications;
    - d. The number of applications processed within 30 days of receipt and the number of administratively incomplete applications. Provide the reasons the administratively incomplete applications were not approved;
    - e. A summary of any parent input or feedback collected pursuant to R7-2-1503(6) and how the Department is responding to concerns submitted as part of the process;
    - f. Information on the private financial management firm contracted to assist with financial management of the Program, including:
      - i. The number and eligibility type of accounts utilizing the firm,
      - ii. The number of providers and vendors on the firm's platform,
      - iii. Communications and training provided to parents,
      - iv. Concerns from parents submitted to the Department, the Treasurer and the private financial management firm and how the Department, Treasurer and private financial management firm are addressing the concerns, and
    - g. Information regarding appeals filed with the Board that were resolved prior to a hearing;
    - h. Information related to the audits completed, including:
      - i. Scope of the audit,
      - ii. Data and narratives on audit findings from the Quarter,
      - iii. Data and narratives of finding outcomes from the Quarter, and
    - i. Summary of all outages within the Department, private financial management firm, Department of Treasury, GAO, ADOA, etc. that cause a delay of the ESA program;
    - j. Information related to MCC Codes, including:
      - i. Cumulative list of all MCC code expansions requested and specific reason for each denial,
      - ii. Cumulative list of all MCC code expansions and exceptions granted by the Department, and
    - k. Data related reimbursement submissions, including:
      - i. The average number of days it takes a reimbursement submission to be assigned to a Department staffer,
      - ii. The average number of days it takes a reimbursement submission to be reviewed by a Department staffer,
      - iii. The average number of days it takes a reimbursements submission to be approved by a Department staffer, and
    - l. Provide data related to Help Desk Tickets, including:
      - i. The quantity of help desk tickets not responded to within three business days,
      - ii. The quantity of help desk tickets prematurely closed and reopened, and
    - m. Provide data related to the escalation of Help Desk Tickets, including:
      - i. The quantity of escalated help desk tickets by category type,
      - ii. The average number of days to resolution,
      - iii. A summary of resolutions, and
    - n. Provide updates on the bidding process for all eligible Department contracts, including:
      - i. A.R.S. § 15-2403(A): The treasurer may contract with private financial management firms to manage Arizona empowerment scholarship accounts,
      - ii. A.R.S. § 15-2403(B): The Department shall conduct or contract for annual audits of Arizona empowerment scholarship accounts to ensure compliance with A.R.S. § 15-2402(B)(4),
      - iii. A.R.S. § 15-2403(B): The Department shall also conduct or contract for random, quarterly and annual audits of Arizona empowerment scholarship accounts as needed to ensure compliance with A.R.S. § 15-2402(B)(4),
      - iv. A.R.S. § 15-2403(J): The Department shall contract with an independent third party for the purposes of determining whether a qualified student is eligible to receive educational therapies or services pursuant to A.R.S. § 15-2402(B)(4)(c),

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- v. R7-2-1503(2): Subject to review and approval by the Board, the Department may contract with a third party to operate the call center,
- vi. Any other eligible Department contracts, and
- o. The date of the most recent update to the online database of approved expenses and disallowed expenses. A summarization of the changes made.
- p. An approximation of the most common award amount. Provide the method or methods and Formula utilized to calculate award amounts.
- q. Any other information the Board requests.
- 6. Establish and provide to the Board a process to collect parent input and feedback regarding the Program.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1504. Application and Account Activation**

- A. The Department shall accept applications to participate in the Program between July 1 and June 30 of each year.
- B. The Department shall provide information for prospective applicants on eligibility.
- C. The Department shall enroll and issue an award letter to eligible applicants within 30 days after receipt of a completed application and all required documentation. The award letter shall include information on how to activate the account and the amount of ESA funding the student will receive.
- D. Within 30 days of issuing the award letter, the Department shall issue the contract to eligible applicants.
- E. Prior to issuing a notice of a denied application, the Department shall provide notice describing the administrative or substantive incompleteness of the application and provide the applicant 30 days to provide the missing documentation or information. The Department shall include the justification for the denial and, if the application was substantively incomplete, the Department shall include the applicant's right to appeal.
- F. Pursuant to R7-2-1511, a person who has had an application denied due to being substantively incomplete may file a written request for a hearing within 30 days after being served the notice of denial. Administratively incomplete applications are not appealable.
- G. If the Board finds in favor of a parent who appealed a denied application, the Department shall expedite the contract and funding to the parent to the extent possible.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4).

**R7-2-1505. Contract Between Parent and Department**

- A. To enroll a qualified student in an ESA, a parent of the qualified student shall sign a contract with the Department. The parent:
  - 1. Shall use a portion of the ESA monies allocated annually to provide an education for the qualified student in at least the subjects of reading, grammar, mathematics, social studies and science, unless the ESA is allocated

monies according to a transfer schedule other than quarterly transfers pursuant to A.R.S. § 15-2403(F). This subsection does not require a parent to spend a portion of ESA monies on each subject every quarter;

- 2. Shall not enroll the qualified student in a school district or charter school, and shall release the school district from all obligations to educate the qualified student. This subsection does not:
  - a. Relieve the school district or charter school that the qualified student previously attended from the obligation to conduct an evaluation pursuant to A.R.S. § 15-766, or
  - b. Require a qualified student to withdraw from a school district or charter school before enrolling for an ESA if the qualified student withdraws from the school district or charter school before receiving any monies in the qualified student's ESA.
  - c. Prevent a qualified student from applying in advance for an ESA to be funded beginning the following school year.
- 3. Shall not accept a scholarship from a school tuition organization pursuant to A.R.S., Title 43 concurrently with an ESA for the qualified student in the same year a parent signs the contract pursuant to this Section;
- 4. Shall use the monies deposited in the qualified student's ESA only for the expenses listed in A.R.S. § 15-2402(B)(4);
- 5. Shall not file an affidavit of intent to homeschool pursuant to A.R.S. § 15-802(B)(2) or (3);
- 6. Shall not use monies deposited in the qualified student's account for any of the following:
  - a. Computer hardware or other technological devices, except as provided in R7-2-1505(B) and A.R.S. § 15-2402(B)(4)(p); or
  - b. Transportation of the pupil, except for transportation services described in A.R.S. § 15-2402(B)(4)(o).
- 7. Shall submit expenses and documentation as required in R7-2-1508.
- B. If a qualified student meets any of the criteria specified in A.R.S. § 15-2401(7)(a)(i), (ii), or (iii), as determined by a school district or by an independent third party under A.R.S. § 15-2403(J), the qualified student may use the following additional services:
  - 1. Educational therapies from a licensed or accredited practitioner or provider including and up to any amount not covered by insurance if the expense is partially paid by a health insurance policy for the qualified students,
  - 2. A licensed or accredited paraprofessional or educational aide,
  - 3. Tuition for vocational and life skills education approved by the Department, and
  - 4. Associated goods and services that include, but are not limited to, educational and psychological evaluations, assistive technology rentals and braille translation goods and services approved by the Department. Associated goods as described in this subsection may include computer hardware or technological devices that assist in accessing educational materials or services and that are associated with the qualified student's needs. Parents that are seeking to use Program funds for an associated good or service pursuant to this subsection shall provide to the Department the special education course of study, service or educational need that the good or service is associated with or may provide the Department with the most cur-

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rent individualized education program, evaluation, or a letter from a qualified service provider. Parents are not advised to contact their districts seeking to update or change their students' individualized education programs or request special education reevaluations in order to make ESA purchases.

5. Pursuant to A.R.S. § 15-2403(J)(2), the Department shall accept independent educational evaluations that are obtained by the parent of a student and performed by a qualified examiner. A "qualified examiner" is defined in A.R.S. § 15-2403(J)(2). A "parent" is defined in R7-2-1501. Such evaluations shall not be denied based solely on the age of the evaluation.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective November 1, 2020 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1506. Contract Renewal**

- A. A parent is eligible to renew an ESA if:
  1. Pursuant to R7-2-1508, the parent submitted expenses and documentation or submitted quarterly attestations;
  2. If required, the Department approved expenses pursuant to R7-2-1508;
  3. The parent spent monies to provide an education in at least reading, grammar, mathematics, social studies, and science for the contract year pursuant to R7-2-1505(A)(1); and
  4. The parent does not owe the Department monies for disallowed expenses. A parent remains eligible to renew an ESA if the parent has an unresolved appeal regarding a disallowed expense.
- B. A student with a disability as defined in A.R.S. § 15-2401(7)(a)(i), (ii), or (iii), as determined by a school district or by an independent third party under A.R.S. § 15-2403(J), may continue on the Program until the end of the school year in which the student reaches the age of 22, if the student or the parent provides documentation to the Department that demonstrates the student has not finished high school.
- C. A parent shall renew ESAs on an annual basis as follows:
  1. The Department shall provide renewal contracts on or before May 1 to each parent who meets R7-2-1506(A) of this Section;
  2. Each parent shall submit the renewal contract to the Department on or before June 30; and
  3. Within 30 days of receipt, the Department shall notify each parent of the renewal of the contract. The Department may provide notification through an online portal.
- D. If a parent does not submit a renewal contract pursuant to R7-2-1506(C), the Department shall temporarily close the account and cease funding to the ESA until the parent submits the appropriate signed renewal contract. During the temporary closure, funding shall remain in the account until the parent signs the appropriate renewal contract in a format provided by the Department or the Department closes the ESA pursuant to R7-2-1506(E).
- E. After an ESA has been temporarily closed for non-renewal pursuant to R7-2-1506(D), a parent may submit the appropriate signed renewal contract in a format provided by the Department to reactivate the ESA. If a parent does not submit

a renewal contract for a period of three academic years, the Department shall provide notice through certified mail, email and telephone, if applicable, that the ESA will be closed. To renew the ESA, the parent shall submit a renewal contract within 60 days of receipt of the notification. If the parent does not submit a renewal contract within 60 days, the Department shall close the ESA and return any remaining monies in the ESA to the state general fund. Notwithstanding R7-2-1506(C)(1) and (2), a parent may submit the appropriate signed renewal contract between July 1 and June 30 for the purposes of this subsection.

- F. Notwithstanding R7-2-1506(E), on the qualified student's graduation from a postsecondary institution or after any period of four consecutive years after high school graduation in which the student is not enrolled in an eligible postsecondary institution, but not before this time as long as the account holder continues using a portion of account monies for eligible expenses each year and is in good standing, the qualified student's Arizona empowerment scholarship account shall be closed and any remaining monies shall be returned to the state general fund.
- G. Pursuant to R7-2-1511, a parent whose contract was not renewed by the Department may file a written request for a hearing within 30 days after being served the notice of the non-renewal.
- H. At the written request of a parent, the Department shall extend the renewal contract timeframe for up to 30 days from the deadline prescribed in this Section if the parent demonstrates hardship, including an act of God or similar circumstance that prevented the parent from responding by the deadline.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1507. Use of Funds**

- A. The Department shall establish and maintain a database of approved expenses and disallowed expenses for the current and upcoming fiscal years pursuant to A.R.S. § 15-2401 et seq. and this Article. The Department shall make the database available to parents online and disaggregate the approved expenses by eligibility category.
- B. The Department shall establish a process to review an expense before making an administrative decision to deny the expense. The Department shall provide a copy of the process to the Board and include the process in the handbook adopted pursuant to R7-2-1503.
- C. The Department shall not request repayment for an expense it has approved for a specific ESA. The Department shall treat similar expenditures by similarly situated account holders in the same manner. This Section does not create authorization for an account holder to expend funds in a manner not permitted by statute.
- D. The Department shall consider all account holder requests for MCC Code expansions. Any MCC code exceptions granted to one parent, shall be extended to all parents within five business days.
- E. Pursuant to R7-2-1511, a parent who has had an expense disallowed by the Department may file a written request for a hear-



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ing within 30 days after being served the notice of the disallowed expense.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1508. Review of Expenses**

- A. The Department may conduct or contract for random or annual audits as needed to ensure monies are used only for expenses that were approved or allowed at the time the expense was made. The Department shall use record retention requirements that were in place at the time the expense was made to determine compliance. The Department may only audit account activity from the last two fiscal years, including the current fiscal year.
- B. The Department shall provide annual notice to each parent of when and how the Department will conduct reviews of expenses and audits. The notice may be provided in the handbook adopted pursuant to R7-2-1503. Notwithstanding any other Section, the Department may review expenses less frequently using a risk-based approach, if the Department provides notice to parents and the Board pursuant to this Section.
- C. Parents shall submit expenses that shall include, but are not limited to, the following:
  1. Invoices for each vendor, individual or product;
  2. Invoices for private schools, which shall include the following:
    - a. The name of the qualified student,
    - b. The name of the private school,
    - c. The transaction date,
    - d. Tuition or fee amounts, and
    - e. Total charged to the card, and for reimbursements, proof of method of payment;
  3. Invoices for tutors, paraprofessionals, service type or therapists which shall include:
    - a. Name of the qualified student,
    - b. The name of one of the following: the vendor, facility, therapist or tutor,
    - c. A description of the services,
    - d. The transaction date,
    - e. The rate amounts,
    - f. Any processing fees, and
    - g. Total charged to the card, and for reimbursements, proof of method of payment.
- D. For debit card transactions, a parent shall submit all debit card transaction expense receipts to the Department as follows:
  1. On or before October 31 for quarter one,
  2. On or before January 31 for quarter two,
  3. On or before April 30 for quarter three, and
  4. On or before July 31 for quarter four.
- E. The Department shall review and approve expenses and make its next quarterly disbursement of funds within 30 days of the deadlines prescribed in R7-2-1508(D).
- F. On receipt and approval of debit card transaction expense receipts or reimbursements, the Department shall notify the parent through electronic mail or through an online portal. The Department shall not withhold funds for a subsequent quarter if it fails to review expenses, debit card transaction expense receipts or reimbursements within 30 days of the deadline. A

parent may submit corrected debit card transaction expense receipts any time prior to the quarterly submission deadline.

- G. If a parent fails to submit debit card transaction expense receipts, if required, by the deadlines prescribed in R7-2-1508(D) or submits incomplete debit card transaction expense receipts or reimbursements, the Department shall:
  1. Serve notice to the parent of the deficiencies,
  2. Provide the parent 15 days from the date of receipt of the notice to submit complete debit card transaction expense receipts or reimbursements, and
  3. Review debit card transaction expense receipts or reimbursements submitted pursuant to this subsection within five days of receipt from the parent.
- H. Following the 15 day period provided in R7-2-1508(G)(2), the Department may remove a parent from the Program for failing to submit required debit card transaction expense receipts or failing to correct the deficiencies of a debit card transaction expense receipt.
- I. Pursuant to R7-2-1511, a parent that has been removed from the Program may file a written request for a hearing within 30 days after being served the notice of removal. Except in cases in which the Board has found misuse of funds or fraud pursuant to R7-2-1509, the Department shall not withhold funding to one qualified student's ESA due to deficiencies in the expense reporting of a sibling's account.
- J. At the written request of a parent, the Department shall extend the deadlines prescribed in R7-2-1508(D) for up to 30 days from the deadlines prescribed in this Section if the parent demonstrates hardship, including an act of God or similar circumstance that prevented the parent from responding by the deadline.
- K. If a parent does not make any expenses in a quarter, the parent shall submit attest to that fact in a format provided by the Department.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1509. Misuse of Funds**

- A. Based on a finding that a parent knowingly misuses funds, the Department shall temporarily suspend the account and provide notice to the parent. The notice shall:
  1. Include the reason for the temporary suspension and a detailed description of the disallowed expense; and
  2. Provide the parent 15 days, not including weekends, to either:
    - a. Present documentation that demonstrates the expense is allowable or that the parent was victim to identity theft or fraud; or
    - b. Agree to repay the amount.
- B. The Department shall review the documentation submitted pursuant to R7-2-1509(A)(2)(a) within five days of receipt to determine if the expense is allowable or if the parent was victim to identity theft or fraud. If the Department determines the expense is allowable or that the parent was victim to identity theft or fraud, the Department shall lift the temporary suspen-

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sion, reinstate the account and make any disbursements that were withheld during the suspension.

- C. If the Department determines the documentation fails to demonstrate the expense is allowable or that the parent was victim to identity theft or fraud, the Department shall provide notification to the parent that the amount must be repaid. The Department shall withhold the disbursement of any additional ESA funds until repayment is made. The Department may agree to a gradual repayment plans at the request of the parent and shall reinstate additional ESA funding once repayment has begun. The Department may remove a parent from the Program that fails to repay an amount or agree to a repayment plan.
- D. Once a parent agrees to a gradual repayment plan or repays an amount pursuant to R7-2-1509(A)(2)(b) or R7-2-1509(C), the Department shall lift the temporary suspension, reinstate the account and make any disbursements that were withheld during the suspension as follows:
  - 1. Within one day, if the repayment is made by cashier's check or money order; or
  - 2. Within seven days, if repayment is made by personal check.
- E. Except in cases which the Attorney General determines that a parent or account holder has committed fraud, any expenditure from an Arizona Empowerment Scholarship Account for a purchase that is deemed ineligible pursuant to A.R.S. § 15-2402 and that is subsequently repaid by the parent or account holder shall be credited back to the Arizona Empowerment Scholarship Account balance within 30 days after the receipt of payment.
- F. Pursuant to R7-2-1511, a parent who has been removed from the Program pursuant to this Section may file a written request for a hearing within 30 days after being served the notice of removal.
- G. The Department shall refer a case to the Board if a parent does not file an appeal pursuant to R7-2-1511 and either:
  - 1. Fails to repay the amount of a disallowed expense; or
  - 2. Fails to make a payment on a gradual repayment plan.
- H. On a finding of misuse of monies, the Board may refer the case to the Attorney General who may bring an action to recover the monies. Upon obtaining evidence of fraudulent use of an account, the Board may refer the case to the Attorney General for the purpose of a criminal investigation.
- I. A parent or qualified student is not eligible to enroll a qualified student in the ESA Program if that parent was an account holder on an account that was referred to the Attorney General for misuse of monies unless the parent's expense was subsequently found to be allowable or the parent was the victim of identity theft or fraud.
- J. If a parent commits fraud, the Department shall withhold funds from all accounts in the parent's name and close the accounts.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1510. Corrective Action**

- A. Except for misuse of funds or failing to submit debit card transaction expense receipts pursuant to R7-2-1508, if the

Department finds that a parent violated A.R.S. § 15-2401 et seq, this Article or the terms and conditions set forth by the Department in the contract signed by the parent, the Department shall:

- 1. Temporarily suspend the account;
- 2. Provide notice to the parent of the violation, including an explanation of the violation; and
- 3. Provide the parent 15 days to correct the violation.
- B. The Department may remove a parent or qualified student from the Program for failing to correct a violation pursuant to this Section.
- C. Pursuant to R7-2-1511, a parent or qualified student who has been removed from the Program pursuant to this Section may file a written request for a hearing within 30 days after being served the notice of removal.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective December 13, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

**R7-2-1511. Appeals**

- A. A parent may appeal to the Board any administrative decision the Department makes pursuant to A.R.S. Title 15, Chapter 19, Article 1, including determinations of allowable expenses, removal from the Program or enrollment eligibility.
- B. Stay
  - 1. Pending the resolution of an appeal during which an account is suspended, a parent may request a stay on the account suspension.
    - a. Included in the request for a hearing filed pursuant to R7-2-1511(F), a parent may file a request to the Board to stay an account suspension. Such request shall be in writing and shall address the matters stated in the Department's notice in R7-2-1511(E).
    - b. The Department may file a response to the parent's request to stay the suspension of the account. Such response shall be filed with the Board within five business days of receipt of the parent's request to stay the suspension. Such response shall be in writing and shall address the matters stated in the parent's request.
    - c. Within 10 business days after receipt of the Department's response, the executive director of the Board or the executive director's designee shall make a written determination to either:
      - i. Proceed with suspension of the account, or
      - ii. Stay all or part of the suspension of the account if there is a reasonable probability that the appeal will be upheld or that the stay is in the best interest of the State. If a stay is issued, the Department may not withhold funding or contract renewal for the account holder on account of the appealed administrative decision during the stay unless directed by the Board to do so.
    - d. The executive director or the executive director's designee shall provide the parent and the Department with a written copy of the stay determination including the basis for the determination.
- C. Notwithstanding any other Section, the Department may, with the agreement of the account holder on the resolution, infor-

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mally resolve a disputed administrative action at any time without a formal appeal pursuant to this Article.

- D. The Department, on its website and in the parent handbook, shall provide information on the Board's appeals process.
- E. The Department shall provide parents with written notice of an appealable action taken by the Department. Such written notice shall inform the parents of his/her right to request a hearing on the action and shall include the following:
  1. The statute or rule that is alleged to have been violated or on which the action is based;
  2. Identify, with reasonable particularity, the nature of any alleged violation or action;
  3. Include a description of the parent's right to request a hearing on the appealable agency action; and
  4. Include a description of the parent's right to request an informal settlement conference.
- F. Within 30 days after being served with notice of an appealable action, a parent may file a request for a hearing. The notice must be in writing and shall state the following:
  1. The identity of the party requesting the hearing,
  2. The mailing address of the party requesting the hearing,
  3. The agency that rendered the decision related to the appealable action,
  4. Identification of the action being appealed,
  5. A concise statement of the reasons for the request for hearing,
  6. A copy of the administrative decision issued by the Department, and
  7. Any other information or documentation requested by the Board applicable to the appeal process.
- G. If good cause is submitted, the Board may accept a request for a hearing that is not filed in a timely manner. Such request must be made in writing and state the basis for not filing the request on time.
- H. If a parent requests a hearing pursuant to R7-2-1511(F) and includes all of the items listed in R7-2-1511(F)(1) through (7), the Board shall schedule a hearing.
- I. The Board shall provide all parties with a written notice at least 20 days prior to the date set for the hearing. The notice shall include:
  1. A statement of the time, place and nature of the hearing;
  2. A statement of the legal authority and jurisdiction under which the hearing is to be held;
  3. A reference to the particular sections of the statutes and rules involved; and
  4. A short and plain statement of the matters asserted. If a party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter upon application a more definite and detailed statement shall be furnished.
- J. All notices shall be served via personal delivery or certified mail, return receipt requested or by any other method reasonably calculated to effect actual notice on the agency and all parties to the action at each party's last address of record.
- K. A hearing on the appealable action shall be held after a complete appeal is filed and may be advanced or delayed on the agreement of the parties or on a showing of good cause.
- L. Informal Settlement Conference
  1. A parent may request an informal settlement conference be held with the Department. The request shall be in writing and shall be filed with the Department, and a copy provided to the Board, no later than 10 days after the Board provides notice that the appeal is complete. The Department shall hold an informal settlement conference within seven days after receiving the request. The Department shall notify the Board of the result of the informal settlement conference within five days of the conclusion of the informal settlement conference or prior to the hearing date, whichever is first. The request for an informal settlement conference does not alter the date the hearing is to be held.
  2. If an informal settlement conference is held, a person with the authority to act on behalf of the Department must represent the Department at the conference. The Department representative shall notify the parent in writing that statements, either written or oral, made at the conference, including a written document, created or expressed solely for the purpose of settlement negotiations are inadmissible in any subsequent administrative hearing.
- M. Informal disposition may be made by stipulation, agreed settlement, consent order or default.
- N. Hearing Process
  1. All hearings shall be conducted before a hearing officer pursuant to this Section.
  2. The parties to the appealable agency action have the right to be represented by legal counsel or to proceed without counsel, to submit evidence and to cross-examine witnesses.
    - a. Pursuant to A.R.S. § 15-2403(E), a parent may designate a representative, not necessarily an attorney, before any hearing held pursuant to this Section. Any designated representative who is not an attorney admitted to practice may not charge for any services rendered in connection with such a hearing.
    - b. The fact that a representative participated in the hearing or assisted the account holder is not grounds for reversing any administrative decision or order if the evidence supporting the decision or order is substantial, reliable and probative.
  3. The Board shall schedule a prehearing conference on request of any party. A prehearing conference may be held for the following purposes:
    - a. Clarify or limit procedural, legal or factual issues;
    - b. Consider amendments to any pleading;
    - c. Identify and exchange lists of witnesses and exhibits intended to be introduced at the hearing;
    - d. Obtain stipulations or rulings regarding testimony, exhibits, facts or law;
    - e. Schedule deadlines, hearing dates and locations if not previously set; or
    - f. Allow the parties opportunity to discuss settlement.
  4. The record in a contested case shall include:
    - a. All pleadings, motions and interlocutory rulings.
    - b. Evidence received or considered.
    - c. A statement of matters officially noticed.
    - d. Objections and offers of proof and rulings thereon.
    - e. Proposed findings of fact and conclusions of law and exceptions thereto.
    - f. Any decision, opinion, recommendation or report of the hearing officer.
    - g. All staff memoranda, other than privileged communications, or data submitted to the hearing officer in connection with its consideration of the case.
  5. Findings of fact shall be based exclusively on the evidence and on matters officially noticed.

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6. A participant of record shall not communicate, either directly or indirectly, with the Hearing Officer about any substantive issue in a pending matter unless:
    - a. All participants of record are present;
    - b. Communication is during a scheduled proceeding, where an absent participant of record fails to appeal after proper notice; or
    - c. Communication is by written motion with copies to all participants of record.
  7. The Hearing Officer may postpone, continue, or cancel a hearing for good cause upon the written request of either party. The participant of record must establish good cause for the written request.
  8. For good cause shown, the hearing officer may grant continuances and extensions of time for filing notices or other documents.
  9. The Hearing Officer may direct a party to submit additional memorandum or information within a reasonable period of time. The Hearing Officer shall grant the opposing party a reasonable period of time to respond to the additional memorandum or information.
  10. Upon written request, any party may request an opportunity to compare a document copy with the original. The Hearing Officer may grant the request if the record establishes good cause.
- O. Conduct of Hearing**
1. All hearings shall be recorded. The Board shall secure either a court reporter or an electronic means of producing a clear and accurate record of the proceeding.
  2. A hearing may be conducted in an informal manner and without adherence to the rules of evidence required in judicial proceedings. Neither the manner of conducting the hearing nor the failure to adhere to the rules of evidence required in judicial proceedings shall be grounds for reversing any administrative decision or order if the evidence supporting the decision or order is substantial, reliable and probative.
  3. The parties may submit proposed findings of fact and conclusions of law prior to the hearing. The hearing officer may require that the parties submit proposed findings of fact and conclusions of law prior to the hearing or at the close of evidence.
  4. All interested parties shall be ready and present with all witnesses and documents at the time and place specified in the notice of hearing and shall be prepared at such time to dispose of all issues and questions involved in the appeal. An interested party shall arrange for the presence of that party's witnesses at a hearing.
  5. If a party fails to appear at a hearing, the hearing body may proceed with the presentation of the evidence of the appearing party.
  6. The Hearing Officer conducting the hearing may close the hearing to other than interested parties to the extent necessary to protect the interests and rights of the interested parties, within the requirements of A.R.S. §§ 38-431.01, and 38-431.03.
  7. The Hearing Officer may conduct all or part of the hearing by telephone other electronic means, as long as each party has an opportunity to participate in the entire proceeding as it takes place.
  8. Conduct at any hearing that is disruptive or shows contempt for the proceeding shall be grounds for exclusion from further participation.
- P. Evidence**
1. All witnesses shall testify under oath or affirmation. The hearing officer shall administer oaths and affirmations.
  2. The hearing officer shall afford interested parties an opportunity either to present oral or documentary evidence, or both, and to conduct such cross-examination as may be required for a full and fair disclosure of the facts. The hearing officer may limit the time of oral argument.
  3. The hearing officer may choose to admit evidence, a witness' deposition, or a witness' affidavit and determine evidentiary weight of all submitted evidence. The party taking a witness' deposition or affidavit shall bear all deposition-related or affidavit-related costs. The hearing officer shall make rulings necessary to prevent argumentative, repetitive, or irrelevant questioning, to exclude evidence the hearing officer determines to be irrelevant, immaterial or unduly repetitious, and to expedite the examination to the extent consistent with the disclosure of all relevant testimony and information.
- Q. Stipulations.** Parties to any contested case may stipulate, in writing, agreement upon any matter involved in the proceeding. If approved by the hearing officer, agreement on matters of procedure shall be binding upon the parties to the stipulation. No substantive matter agreed to by the parties shall be binding upon the Board unless incorporated into the decision of the Board.
- R. Final Administrative Decision**
1. The hearing officer shall issue a written recommendation within 20 days after the hearing is concluded. The written recommendation shall contain a concise explanation of the reasons supporting the recommendation, including the findings of fact and conclusions of law.
  2. The hearing officer shall serve a copy of the recommendation on the Board. On request of the Board, the hearing officer shall also transmit to the Board the record of the hearing as described in A.R.S. § 12-904.
  3. At one of the following two regularly scheduled meetings of the Board after the hearing officer sends a copy of the recommendation to the Board, the Board may review the recommendation and accept, reject or modify it.
    - a. If the Board declines to review the hearing officer's recommendation, the Board shall serve a copy of the recommendation on all parties.
    - b. If the Board rejects or modifies the recommendation, the Board shall serve on all parties, a copy of the hearing officer's recommendation with the rejection or modification and a written justification setting forth the reasons for the rejection or modification of each finding of fact or conclusion of law.
  4. The Board shall provide all parties with at least 20 days written notice of the date, time and location of the public meeting at which the Board will consider the hearing officer's recommendation.
- S. Rehearing and Review of Decisions**
1. A party may file a motion for rehearing or review within 10 days after service of the final administrative decision. The motion shall be in writing and state the basis upon which the rehearing or review is requested. The motion shall be filed with the Board and a copy provided to the opposing party. When a motion of rehearing is based on new evidence, the new evidence shall be served to the Board with the written motion.
  2. The opposing party may file a response to the motion for rehearing within 15 days after the date the motion for

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rehearing is filed. The response shall be in writing and address the basis upon which the rehearing or review is requested. The motion shall be filed with the Board and a copy provide to the moving party.

3. A rehearing of a final administrative decision by the Board may be granted for any of the following causes materially affecting the moving party's rights:
  - a. Except as provided for in R7-2-1511(O)(2), irregularity in the administrative proceedings of the hearing, or abuse of discretion, whereby the moving party was deprived of a fair hearing;
  - b. Misconduct of the hearing officer; or
  - c. Newly discovered materials which could not with reasonable diligence have been discovered and produced at the hearing.
4. The filed motion shall be considered at one of the following two regularly scheduled meetings of the Board.

5. Service is complete on personal service or five days after the date the final administrative decision is mailed to the party's last known address.
6. After a hearing has been held and a final administrative decision has been entered a party is not required to file a motion for rehearing or review of the decision in order to exhaust the party's administrative remedies.

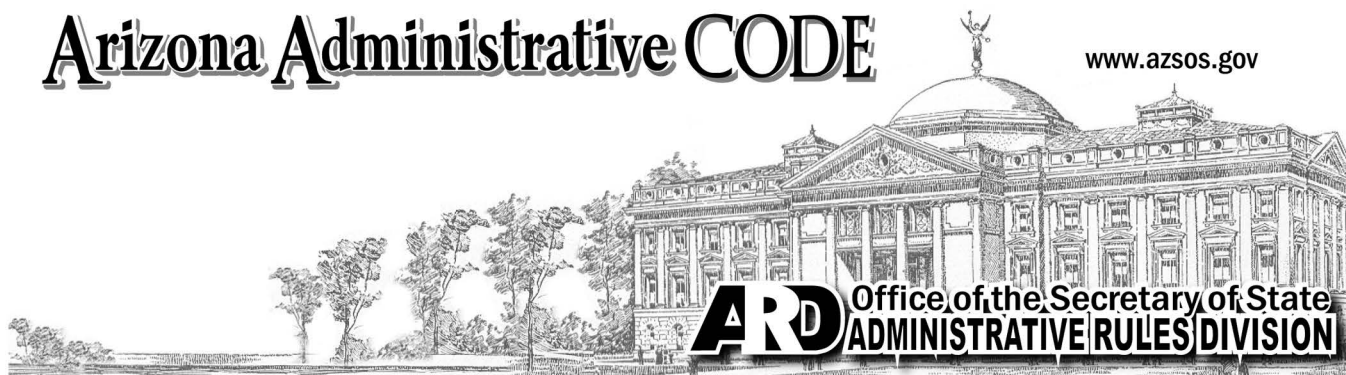
**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 187 (January 14, 2022), effective January 1, 2022 (Supp. 21-4). Amended by final exempt rulemaking at 29 A.A.R. 542 (February 10, 2023), effective January 23, 2023 (Supp. 23-1).

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# Arizona Administrative CODE

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**TITLE 7. EDUCATION**  
**CHAPTER 3. REPEALED**  
**7 A.A.C. 3**

**Supplement Information**  
**Supp. 25-2**

This Chapter contains rules that were repealed by the Arizona State Legislature in session law.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 21-3, 1-11 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### PERSONAL USE/COMMERCIAL USE

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

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## Administrative Rules Division

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

## TITLE 7. EDUCATION

## CHAPTER 3. REPEALED

## Supp. 25-2

Under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21 (retroactive effective date December 31, 2021) the Arizona Board of Regents was named the state higher education agency and scholarship grant agency pursuant to A.R.S. § 15-1703; Chapter 21 also repealed Arizona Commission for Postsecondary Education rules under Section 5, paragraph C which states, "Administrative rules and orders that were adopted by the Commission for Postsecondary Education are repealed."

Under Laws 2021, 55th Legislature, 1st Regular Session, Chapter 410, the Arizona Commission for Postsecondary Education was transferred to the Arizona Board of Regents.

**Editor's Note:** The Office of the Secretary of State publishes all Code Chapters on white paper (Supp. 01-4).

**Editor's Note:** This Chapter contains rules which were adopted, amended, repealed, or renumbered under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), pursuant to A.R.S. § 15-1852(C). Exemption from A.R.S. Title 41, Chapter 6 means the Commission was not required to hold public hearings; and the Governor's Regulatory Review Council did not review or approve the rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, it is printed on blue paper.

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## ARTICLE 1. REPEALED

**Editor's Note:** The Governor's Regulatory Review Council provided notice that Sections R7-3-101 through R7-3-108 expired on April 1, 2025; since these rules were retroactively repealed by the Legislature on December 31, 2025, the information provided in the Notice of Rule Expiration published at 31 A.A.R. 1283, April 18, 2025, Issue 16, is invalid.

Article 1, consisting of Sections R7-3-101 through R7-3-108, repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

Article 1, consisting of Sections R7-3-101 through R7-3-108, adopted effective August 22, 1996, under an exemption from the provisions of the Arizona Administrative Procedure Act (Supp. 96-3).

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## TITLE 7. EDUCATION

## CHAPTER 3. REPEALED

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*Article 5, consisting of Sections R7-3-501 through R7-3-508, recodified to R2-13-201 through R2-13-208, at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).*

*Article 5, consisting of Sections R7-3-501 through R7-3-505, adopted effective October 31, 1997, under an exemption from the provisions of the Arizona Administrative Procedure Act (Supp. 97-4).*

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TITLE 7. EDUCATION  
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Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-102. Repealed****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-103. Repealed****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-104. Repealed****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-105. Repealed****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-106. Repealed****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-107. Repealed****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

sion, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-108. Repealed****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**ARTICLE 2. EXPIRED****R7-3-201. Expired****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 1322 effective June 10, 2020 (Supp. 20-2).

**R7-3-202. Expired****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 1322 effective June 10, 2020 (Supp. 20-2).

**R7-3-203. Expired****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 1322 effective June 10, 2020 (Supp. 20-2).

**R7-3-204. Expired****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 1322 effective June 10, 2020 (Supp. 20-2).

**R7-3-205. Expired****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 1322 effective June 10, 2020 (Supp. 20-2).

**ARTICLE 3. REPEALED****R7-3-301. Repealed****Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section

TITLE 7. EDUCATION  
CHAPTER 3. REPEALED

5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-302. Repealed****Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-303. Repealed****Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-304. Repealed****Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-305. Repealed****Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-306. Repealed****Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-307. Repealed****Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999

(Supp. 99-2). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-308. Repealed****Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-309. Repealed****Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**ARTICLE 4. REPEALED****R7-3-401. Repealed****Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2006, effective May 24, 1999 (Supp. 99-2). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-402. Repealed****Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2006, effective May 24, 1999 (Supp. 99-2). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-403. Repealed****Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2006, effective May 24, 1999 (Supp. 99-2). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-404. Repealed**

TITLE 7. EDUCATION  
CHAPTER 3. REPEALED**Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2006, effective May 24, 1999 (Supp. 99-2). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**R7-3-405. Repealed****Historical Note**

Adopted by exempt rulemaking at 5 A.A.R. 2006, effective May 24, 1999 (Supp. 99-2). Section repealed under Laws 2022, 55th Legislature, 2nd Legislative Session, Chapter 21, Section 5, paragraph C, retroactively effective December 31, 2021 (Supp. 25-2).

**ARTICLE 5. RECODIFIED****R7-3-501. Recodified****Historical Note**

Adopted effective October 31, 1997, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 97-4). Amended effective December 21, 1998, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 917, effective February 10, 2000 (Supp. 00-1). Amended by exempt rulemaking at 8 A.A.R. 486, effective January 9, 2002 (Supp. 02-1). Amended by exempt rulemaking at 8 A.A.R. 3743, effective August 8, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 3886, effective August 14, 2003 (Supp. 03-3). Section R7-3-501 recodified to Section R2-13-201 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

**R7-3-502. Recodified****Historical Note**

Adopted effective October 31, 1997, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 97-4). Amended by exempt rulemaking at 9 A.A.R. 3886, effective August 14, 2003 (Supp. 03-3). Section R7-3-502 recodified to Section R2-13-202 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

**R7-3-503. Recodified****Historical Note**

Adopted effective October 31, 1997, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 97-4). Section R7-3-503 recodified to Section R2-13-203 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

**R7-3-504. Recodified****Historical Note**

Adopted effective October 31, 1997, under an exemption from the Administrative Procedure Act pursuant to

A.R.S. § 15-1852(C) (Supp. 97-4). Section repealed; new Section adopted effective December 21, 1998, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 98-4). Section R7-3-504 recodified to Section R2-13-204 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

**R7-3-505. Recodified****Historical Note**

Adopted effective October 31, 1997, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 97-4). Section repealed; new Section adopted effective December 21, 1998, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 917, effective February 10, 2000 (Supp. 00-1). Amended by exempt rulemaking at 7 A.A.R. 5699, effective November 26, 2001 (Supp. 01-4). Amended by exempt rulemaking at 9 A.A.R. 3886, effective August 14, 2003 (Supp. 03-3). Section R7-3-505 recodified to Section R2-13-205 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

**R7-3-506. Recodified****Historical Note**

Adopted effective December 21, 1998, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 917, effective February 10, 2000 (Supp. 00-1). Amended by exempt rulemaking at 6 A.A.R. 2486, effective June 7, 2000 (Supp. 00-2). Amended by exempt rulemaking at 8 A.A.R. 3743, effective August 8, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 3886, effective August 14, 2003 (Supp. 03-3). Section R7-3-506 recodified to Section R2-13-206 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

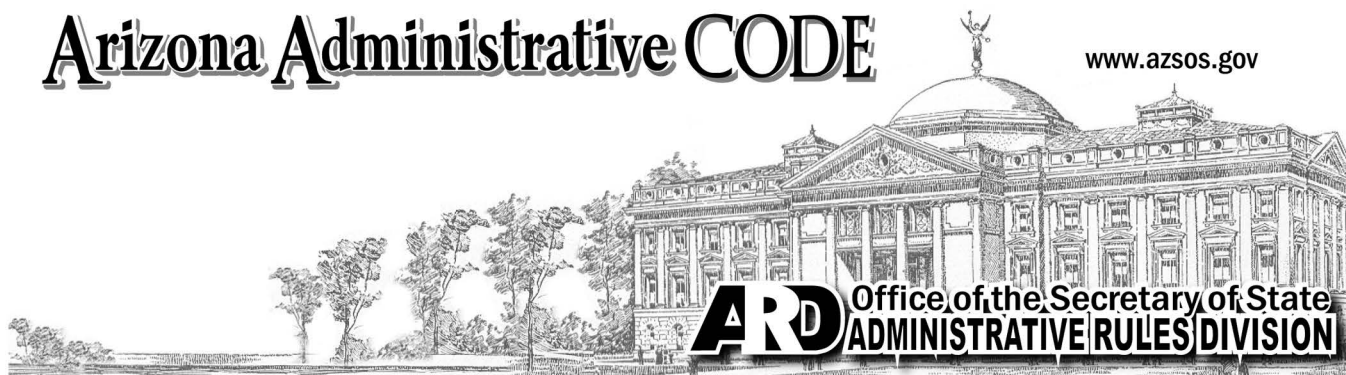
**R7-3-507. Recodified****Historical Note**

Adopted effective December 21, 1998, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 98-4). Amended by exempt rulemaking at 8 A.A.R. 3743, effective August 8, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 3886, effective August 14, 2003 (Supp. 03-3). Section R7-3-507 recodified to Section R2-13-207 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

**R7-3-508. Recodified****Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 3743, effective August 8, 2002 (Supp. 02-3). Section R7-3-508 recodified to Section R2-13-208 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

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**TITLE 9. HEALTH SERVICES**  
**CHAPTER 4. DEPARTMENT OF HEALTH SERVICES - NONCOMMUNICABLE DISEASES**  
**9 A.A.C. 4**

**Supplement Information**  
**Supp. 25-2**

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 25-1, 1-18 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

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

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## Administrative Rules Division

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## TITLE 9. HEALTH SERVICES

## CHAPTER 4. DEPARTMENT OF HEALTH SERVICES - NONCOMMUNICABLE DISEASES

Authority: A.R.S. § 36-136(G)

## Supp. 25-2

*Editor's Note: Errors in subsections R9-4-301(3) and R9-4-401(9)(a) and (b) have been corrected as published at 25 A.A.R. 3429 (Supp. 24-2).*

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*Emergency expired; new Article 6, consisting of Sections R9-4-601 and R9-4-602 amended by emergency rulemaking at 24 A.A.R. 630, effective March 20, 2018, for 180 days (Supp. 18-1).*

*New Article 6, consisting of Sections R9-4-601 and R9-4-602 made by emergency rulemaking at 23 A.A.R. 2857, effective September 21, 2017, for 180 days (Supp. 17-3).*

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## ARTICLE 1. DEFINITIONS

**R9-4-101. Definitions, General**

In this Chapter, unless otherwise specified:

1. "Admitted" means the same as in A.A.C. R9-10-101.
2. "Business day" means any day of the week other than a Saturday, a Sunday, a state legal holiday, or a day on which the Department is authorized or obligated by law or executive order to close.
3. "Calendar day" means any day of the week, including a Saturday or a Sunday.
4. "Clinical laboratory" means a facility that:
  - a. Meets the definition in A.R.S. § 36-451;
  - b. Holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967; and
  - c. Is located within Arizona.
5. "Code" means a single number or letter, a set of numbers or letters, or a set of both numbers and letters that represents specific information.
6. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
7. "Department" means the Arizona Department of Health Services.
8. "Diagnosis" means the identification of a disease or injury, by an individual authorized by law to make the identification.
9. "Discharge" means the same as in A.A.C. R9-10-101.
10. "Discharge date" means the month, day, and year of an individual's discharge from a hospital.
11. "Electronic" means the same as in A.R.S. § 44-7002.
12. "Guardian" means a person appointed as a legal guardian by a court of competent jurisdiction.
13. "Health care institution" means the same as in A.R.S. § 36-401.
14. "Health-related services" means the same as in A.R.S. § 36-401.
15. "Hospital" means the same as in A.A.C. R9-10-101.
16. "International Classification of Diseases Code" or "ICD Code" means a code, such as the ICD-9-CM or ICD-10-CM codes, which is used by a hospital for billing or reporting purposes.
17. "Medical records" means the same as in A.R.S. § 12-2291.
18. "Medical services" means the same as in A.R.S. § 36-401.
19. "Nursing services" means the same as in A.R.S. § 36-401.
20. "Ordered" means instructed by a physician, registered nurse practitioner, or physician assistant to perform a test on an individual.
21. "Parent" means the:
  - a. Biological or adoptive father of an individual; or
  - b. Woman who:
    - i. Gave birth to an individual; or
    - ii. Adopts an individual.
22. "Pathology laboratory" means a clinical laboratory in which human cells or tissues are examined for the purpose of diagnosing diseases.
23. "Physician" means an individual licensed as a doctor of allopathic medicine under A.R.S. Title 32, Chapter 13, or as a doctor of osteopathic medicine under A.R.S. Title 32, Chapter 17.

24. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
25. "Registered nurse practitioner" means an individual who meets the definition of registered nurse practitioner in A.R.S. § 32-1601, and is licensed under A.R.S. Title 32, Chapter 15.
26. "Treatment" means the same as in A.A.C. R9-10-101.

**Historical Note**

Adopted effective September 25, 1991 (Supp. 91-3). Amended by final rulemaking at 6 A.A.R. 2948, effective July 18, 2000 (Supp. 00-3). Amended by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

**R9-4-102. Repealed****Historical Note**

Adopted effective August 15, 1989 (Supp. 89-3). Amended effective April 9, 1993 (Supp. 93-2). Section repealed by final rulemaking at 6 A.A.R. 2948, effective July 18, 2000 (Supp. 00-3).

**R9-4-103. Repealed****Historical Note**

Adopted effective August 15, 1989 (Supp. 89-3). Amended effective March 4, 1993 (Supp. 93-1). Section repealed by final rulemaking at 7 A.A.R. 55, effective December 12, 2000 (Supp. 00-4).

**R9-4-104. Repealed****Historical Note**

Adopted effective January 1, 1992, filed September 25, 1991 (Supp. 91-3). "Register" corrected to "Registry" in subsection (1) (Supp. 93-1). Repealed by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1).

**R9-4-105. Repealed****Historical Note**

Adopted effective September 25, 1991 (Supp. 91-3). Section repealed by final rulemaking at 7 A.A.R. 712, effective January 17, 2001 (Supp. 01-1).

## ARTICLE 2. PESTICIDE ILLNESS

**R9-4-201. Definitions**

In this Article, unless otherwise specified:

1. "Cluster illness" means pesticide illness in two or more individuals that is caused by or may be related to one pesticide exposure incident.
2. "Documented" means evidenced by written information such as pesticide applicator reports, statements of individuals with pesticide illness, or medical records.
3. "Health care professional" means a physician, a registered nurse practitioner, a physician assistant, or any other individual who is authorized by law to diagnose human illness.
4. "Medical director" means the individual designated by a poison control center as responsible for providing medical direction for the poison control center or for approving and coordinating the activities of the individuals who provide medical direction for the poison control center.
5. "Pesticide" means the same as in A.R.S. § 3-361, but does not include an antimicrobial agent, such as a disinfectant, sanitizer, or deodorizer, used for cleaning.

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6. "Pesticide illness" means any sickness reasonably believed by a health care professional or medical director to be caused by or related to documented exposure to any pesticide, based upon professional judgment and:
  - a. The history, signs, or symptoms of the sickness;
  - b. Laboratory findings regarding the individual; or
  - c. The individual's response to treatment for the sickness.
7. "Poison control center" means an organization that is a member of and may be certified by the American Association of Poison Control Centers.

**Historical Note**

Adopted effective August 15, 1989 (Supp. 89-3).  
 Amended effective April 9, 1993 (Supp. 93-2). Former Section R9-4-201 renumbered to R9-4-202; new Section R9-4-201 adopted by final rulemaking at 6 A.A.R. 2948, effective July 18, 2000 (Supp. 00-3). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

**R9-4-202. Pesticide Illness Reporting Requirements**

- A. A health care professional who believes that an individual has pesticide illness shall submit a report to the Department, either personally or through a representative:
  1. Except as specified in subsections (A)(2) and (C), within five business days after the health care professional determines that the individual may have pesticide illness; and
  2. Within one business day after the individual is admitted to a hospital or dies due to pesticide illness.
- B. Except as specified in subsection (C), a medical director who believes that an individual has pesticide illness shall submit a report to the Department, either personally or through a representative at least once each month.
- C. A health care professional or medical director who believes that an individual is part of a cluster illness shall submit a report to the Department, either personally or through a representative, within one business day after determining that the individual has pesticide illness.
- D. A health care professional or medical director shall ensure that the report required in subsection (A), (B), or (C) includes the following information:
  1. The name, address, and telephone number of the individual with pesticide illness;
  2. The date of birth of the individual with pesticide illness;
  3. The gender, race, and ethnicity of the individual with pesticide illness;
  4. The date symptoms of pesticide illness began;
  5. The date the health care professional or medical director determined that the individual may have pesticide illness;
  6. The occupation of the individual with pesticide illness;
  7. The name of the pesticide, if known;
  8. The symptoms reported by the individual with pesticide illness;
  9. Whether any laboratory tests were performed for the individual with pesticide illness and, if so, for each test:
    - a. The type of specimen collected,
    - b. The date the specimen was collected,
    - c. The type of test performed,
    - d. The results of the test, and
    - e. What results of the test would be considered normal;
  10. A description of any treatment provided to the individual with pesticide illness;
  11. On what basis the health care professional or medical director believes the individual has pesticide illness;

12. The name and telephone number of the health care professional or medical director who believes that the individual has pesticide illness;
  13. The name and address of the health care institution or poison control center at which the health care professional or medical director determined that the individual may have pesticide illness; and
  14. A description of the type of health care institution or poison control center specified in subsection (D)(13).
- E. A health care professional or medical director, either personally or through a representative, shall submit the report required in subsection (A), (B), or (C):
1. By telephone;
  2. In person;
  3. In a document sent by fax, delivery service, or mail; or
  4. Through an electronic reporting system authorized by the Department.

**Historical Note**

New Section renumbered from R9-4-201 and amended by final rulemaking at 6 A.A.R. 2948, effective July 18, 2000 (Supp. 00-3). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 1309 (April 24, 2025), effective June 2, 2025 (Supp. 25-2).

**ARTICLE 3. BLOOD LEAD LEVELS****R9-4-301. Definitions**

In this Article, unless otherwise specified:

1. "Adult" means an individual 16 years of age or older.
2. "Child" means an individual younger than 16 years of age.
3. "Patient" means the individual whose blood has been tested for lead content.
4. "Point-of-care test for blood lead" means an analysis to screen an individual for exposure to lead:
  - a. That is performed outside a clinical laboratory, and
  - b. For which the results of the analysis are available before the individual leaves the location at which the analysis was performed.
5. "Whole blood" means human blood from which plasma, erythrocytes, leukocytes, and thrombocytes have not been separated.

**Historical Note**

Adopted effective August 15, 1989 (Supp. 89-3).  
 Amended effective March 4, 1993 (Supp. 93-1). Former Section R9-4-301 renumbered to R9-4-302; new Section R9-4-301 adopted by final rulemaking at 7 A.A.R. 55, effective December 12, 2000 (Supp. 00-4). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4). An error in subsection R9-4-301(3) has been corrected as published at 25 A.A.R. 3429 (Supp. 24-2).

**R9-4-302. Blood Lead Level Reporting Requirements**

- A. For each patient, a physician shall submit a report to the Department, either personally or through a representative, for the levels of lead and within the time periods specified in Table 3.1, Criteria for Physician Reporting of Blood Lead Levels.
- B. A physician shall ensure that the report required in subsection (A) includes the following information:
  1. The patient's name, address, and telephone number;
  2. The patient's date of birth;
  3. The patient's gender, race, and ethnicity;

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4. If the patient is an adult, the patient's occupation and the name, address, and telephone number of the patient's employer;
  5. Whether the blood collected from the patient was venous blood or capillary blood;
  6. The date the blood was collected;
  7. The results of the blood lead level test;
  8. The date of the test result;
  9. If the test result indicates a blood lead level greater than or equal to 25 µg of lead per dL of whole blood for an adult or greater than or equal to 3.5 µg of lead per dL of whole blood for a child:
    - a. The funding source for the medical services provided to the patient and, if applicable, the name of the patient's health plan and the identification number for the patient assigned by the health plan;
    - b. The language predominantly spoken in the patient's home, if known; and
    - c. If the patient is a child:
      - i. The name of the patient's parent or guardian, and
      - ii. Whether the child is a refugee;
  10. The date the physician performed the point-of-care test for blood lead or received the test result from a clinical laboratory;
  11. If applicable, the name, address, and telephone number of the clinical laboratory that tested the blood; and
  12. The name, practice name, address, and telephone number of the physician who performed the point-of-care test for blood lead or received the test result from the clinical laboratory.
- C.** For each blood lead level test, a clinical laboratory director shall submit a report to the Department, either personally or through a representative, for the levels of lead and within the time periods specified in Table 3.2, Criteria for Clinical Laboratory Director Reporting of Blood Lead Levels.
- D.** A clinical laboratory director shall ensure that the report required in subsection (C) includes the following information:
1. The patient's name, address, and telephone number;
  2. The patient's date of birth;
  3. The patient's gender, race, and ethnicity;
  4. If the patient is an adult, the patient's occupation and the name, address, and telephone number of the patient's employer if known;
  5. The name, practice name, address, and telephone number of the physician who ordered the test;
  6. If known, the funding source for the test for blood lead, the name of the patient's health plan, and the identification number for the patient assigned by the health plan;
  7. Whether the blood collected from the patient was venous blood or capillary blood;
  8. The date the blood was collected;
  9. The results of the blood lead level test;
  10. The date of the test result;
  11. The name and address of the clinical laboratory that tested the blood; and
  12. The name and telephone number of the clinical laboratory director.
- E.** A physician or clinical laboratory director, either personally or through a representative, shall submit the report required in subsection (A) or (C):
1. By telephone;
  2. In person;
  3. In a document sent by fax, delivery service, or mail; or
  4. Through an electronic reporting system authorized by the Department.

**Historical Note**

New Section renumbered from R9-4-301 and amended by final rulemaking at 7 A.A.R. 55, effective December 12, 2000 (Supp. 00-4). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 1309 (April 24, 2025), effective June 2, 2025 (Supp. 25-2).

**Table 3.1. Criteria for Physician Reporting of Blood Lead Levels**

	<b>Child</b>	<b>Adult</b>
<b>Within One Business Day After Performing a Point-of-Care Test for Blood Lead or Receiving the Result of a Test for Blood Lead from a Clinical Laboratory</b>	≥ 45 µg of lead per dL of whole blood	≥ 60 µg of lead per dL of whole blood
<b>Within Five Business Days After Performing a Point-of-Care Test for Blood Lead or Receiving the Result of a Test for Blood Lead from a Clinical Laboratory</b>	≥ 10 µg to < 45 µg of lead per dL of whole blood	≥ 25 µg to < 60 µg of lead per dL of whole blood
<b>At Least Once Each Month After Performing a Point-of-Care Test for Blood Lead</b>	< 10 µg of lead per dL of whole blood	< 25 µg of lead per dL of whole blood

**Historical Note**

Table 3.1 made by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

**Table 3.2. Criteria for Clinical Laboratory Director Reporting of Blood Lead Levels**

	<b>Child</b>	<b>Adult</b>
<b>Within One Business Day After Completing the Test</b>	≥ 45 µg of lead per dL of whole blood	≥ 60 µg of lead per dL of whole blood
<b>Within Five Business Days After Completing the Test</b>	≥ 10 µg to < 45 µg of lead per dL of whole blood	≥ 25 µg to < 60 µg of lead per dL of whole blood
<b>At Least Once Each Month</b>	< 10 µg of lead per dL of whole blood	< 25 µg of lead per dL of whole blood

**Historical Note**

Table 3.2 made by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

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## ARTICLE 4. CANCER REGISTRY

**R9-4-401. Definitions**

In this Article, unless otherwise specified:

1. "Analytic patient" means a patient, who is:
  - a. Diagnosed at a facility, or
  - b. Administered any part of a first course of treatment at the facility.
2. "Calendar year" means January 1 through December 31.
3. "Cancer" means a group of diseases characterized by uncontrolled cell growth and the spread of abnormal cells.
4. "Cancer registry" means a unit within a hospital or clinic that collects, stores, summarizes, distributes, and maintains information specified in R9-4-403 about patients who:
  - a. Are admitted to the hospital;
  - b. Receive diagnostic evaluation at, or cancer-directed treatment from, the hospital or clinic; or
  - c. Show evidence of cancer, carcinoma in situ, or a benign tumor of the central nervous system while receiving treatment from the hospital or clinic.
5. "Carcinoma" means a type of cancer that is characterized as a malignant tumor derived from epithelial tissue.
6. "Carcinoma in situ" means a cancer that is confined to epithelial tissue within the site of origin.
7. "Case report" means an electronic or paper document that includes the information in R9-4-403 for a patient.
8. "Chemotherapy" means the treatment of cancer using specific chemical agents or drugs that are selectively destructive to malignant cells and tissues.
9. "Clinic" means a facility that is not physically connected to or affiliated with a hospital, where a physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner provides cancer diagnosis, cancer treatment, or both, and that is:
  - a. An outpatient treatment center, as defined in A.A.C. R9-10-101;
  - b. An outpatient surgical center, as defined in A.A.C. R9-10-101;
  - c. An outpatient radiation treatment center; or
  - d. A private office of one or more physicians, doctors of naturopathic medicine, dentists, or registered nurse practitioners that:
    - i. Is exempt from licensing under A.R.S. § 36-402(A)(3), and
    - ii. Treats 50 or more cancer patients per year.
10. "Clinical evaluation" means an examination of the body of an individual for the presence of disease or injury to the body, and review of any laboratory test results for the individual by a physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner.
11. "Clinical or pathological" means an analysis of evidence either acquired solely before a first course of treatment was initiated, or acquired both before a first course of treatment, and supplemented or modified by evidence acquired during and subsequent to surgery or other treatment.
12. "Cytology" means the microscopic examination of cells.
13. "Date of first contact" means the day, month, and year a reporting facility first began to provide cancer-related medical services, nursing services, or health-related services, as defined in A.R.S. § 36-401, to a patient.
14. "Date of last contact" means the day, month, and year that a reporting facility last knew a patient to be alive.
15. "Designee" means a person assigned by the governing authority, as defined in A.R.S. § 36-401, of a hospital or clinic or by an individual acting on behalf of the governing authority to gather information for or report to the Department, as specified in R9-4-403 or R9-4-404.
16. "Distant lymph node" means a lymph node that is not in the same general area of a human body as the primary site of a tumor.
17. "Distant site" means an area of a human body that is not adjacent to or in the same general area of the human body as the primary site of a tumor.
18. "Doctor of naturopathic medicine" means an individual licensed under A.R.S. Title 32, Chapter 14.
19. "First course of treatment" means the initial set of cancer- or non-cancer-directed treatment that is planned and administered to the patient when a cancer is diagnosed.
20. "Follow-up report" means an electronic document that includes the information stated in R9-4-404(A)(2) for a patient.
21. "Inpatient beds" means the same as in A.R.S. § 36-401.
22. "Licensed capacity" means the same as in A.R.S. § 36-401.
23. "Lymph" means the clear, watery, sometimes faintly yellowish fluid that circulates throughout the lymphatic system.
24. "Lymph node" means any of the small bodies located along lymphatic vessels, particularly at the neck, armpit, and groin, that filter bacteria and foreign particles from lymph.
25. "Lymphatic system" means the organ system that consists of lymph, lymph nodes, and vessels or channels that contain and convey lymph throughout a human body.
26. "Malignant" means an inherent tendency of a tumor to sequentially spread to areas of a human body beyond the site of origin.
27. "Medical record number" means a unique number assigned by a hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner to an individual for identification purposes.
28. "Melanocyte" means a skin cell that makes melanin, which is a dark pigment.
29. "Melanoma" means a dark-pigmented, malignant tumor arising from a melanocyte and occurring most commonly in the skin.
30. "Metastasis" means the spread of a cancer from a primary site into a regional site or a distant site.
31. "Narrative description" means a written text describing an act, occurrence, or course of events.
32. "Organ" means a somewhat independent part of a human body, such as a heart or a kidney, that performs a specific function.
33. "Organ system" means one or more organs and associated tissues that perform a specific function, such as the circulatory system.
34. "Outpatient radiation treatment center" means a facility regulated under 9 A.A.C. 7 that provides radiation treatment.
35. "Patient" means an individual who has been diagnosed with a cancer, carcinoma in situ, or benign tumor of the central nervous system:
  - a. Including melanoma; and
  - b. Excluding skin cancer that:
    - i. Is confined to the primary site, or
    - ii. Was diagnosed after January 1, 2003.

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36. "Primary site" means a specific organ or organ system within a human body where the first cancer tumor originated.
37. "Principal diagnosis" means the primary condition for which an individual is admitted to a hospital or treated by the hospital.
38. "Radiation treatment" means the exposure of a human body to a stream of particles or electromagnetic waves for the purpose of selectively destroying certain cells or tissues.
39. "Reconstructive surgery" means a medical procedure that involves cutting into a body tissue or organ with instruments to repair damage or restore function to, or improve the shape and appearance of, a body structure that is missing, defective, damaged, or misshapen by cancer or cancer-directed therapies.
40. "Reference date" means the date on which the hospital's cancer registry began reporting patient information to the Department.
41. "Regional lymph node" means a lymph node that is in the same general area of a human body as the primary site of a tumor.
42. "Regional site" means an area of a human body that is adjacent to or in the same general area of the human body as the primary site of a tumor.
43. "Release" means to transfer care of a patient from a hospital to a physician, a doctor of naturopathic medicine, a registered nurse practitioner, an outpatient treatment center, another hospital, the patient, the patient's parent if the patient is under 18 years of age and unmarried, or the patient's legal guardian.
44. "Reporting facility" means a hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner that submits a case report to the Department.
45. "Secondary diagnosis" means all other diagnoses of an individual that may be related to cancer made after the principal diagnosis.
46. "Skin cancer" means cancer of any of the following types:
  - a. Papillary tumor, a tumor of the skin producing finger-like projections from the skin surface;
  - b. Squamous cell, a flat, scale-like skin cell that forms part of the surface of the skin;
  - c. Basal cell, a cell of the inner-most layer of the skin; or
  - d. Other carcinoma of the skin, where a specific diagnosis has not been determined.
47. "Stage group" means a scheme for categorizing a patient, based on the staging classification of the patient's cancer, to enable a physician, doctor of naturopathic medicine, or registered nurse practitioner to provide better treatment and outcome information to the patient.
48. "Staging classification" means the categorizing of a cancer according to the size and spread of a tumor from its primary site, based on an analysis of three basic components:
  - a. The tumor at the primary site,
  - b. Regional lymph nodes, and
  - c. Metastasis.
49. "Tumor" means an abnormal growth of tissue resulting from uncontrolled multiplication of cells and serving no physiological function.

**Historical Note**

Adopted effective January 1, 1992, filed September 25, 1991 (Supp. 91-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 3708, effective November 11, 2006 (Supp. 06-3). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4). Errors in subsections R9-4-401(9)(a) and (b) have been corrected as published at 25 A.A.R. 3429 (Supp. 24-2).

**R9-4-401.01. Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1859, effective June 3, 2003 (Supp. 03-2). Section repealed by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1).

**R9-4-402. Exceptions**

This Article does not apply to a hospital that is a special hospital, as defined in A.A.C. R9-10-101, that:

1. Is only licensed to provide psychiatric services, or
2. Limits admission to individuals requiring rehabilitation services, as defined in A.A.C. R9-10-101.

**Historical Note**

Adopted effective January 1, 1992, filed September 25, 1991 (Supp. 91-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

**R9-4-403. Case Reports**

- A. A physician, doctor of naturopathic medicine, dentist, registered nurse practitioner, or the designee of a clinic shall:
  1. Prepare a case report in a format provided by the Department;
  2. Include the following information in the case report:
    - a. The name, address, and telephone number of, or the identification number assigned by the Department to, the reporting facility;
    - b. The patient's name, and, if applicable, the patient's maiden name and any other name by which the patient is known;
    - c. The patient's address at the date of last contact, and address at diagnosis of cancer, including the country of residence at diagnosis;
    - d. The patient's date of birth, Social Security number, sex, race, and ethnicity;
    - e. The date of first contact with the patient for the cancer being reported, as applicable;
    - f. If the patient is an adult, the:
      - i. Primary type of activity carried out by the business where the patient was employed for the most number of years of the patient's life before the diagnosis of cancer,
      - ii. Kind of work performed by the patient for the most number of years of the patient's life during which the patient was employed for a salary or wages before the diagnosis of cancer, and
      - iii. Patient's tobacco use status;
    - g. The patient's medical record number, if applicable;
    - h. The date of diagnosis of the cancer being reported;

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- i. If the diagnosis was not made at the reporting facility, the name and address of the facility at which the diagnosis was made;
  - j. The primary site and the specific subsite area within the primary site for the cancer being reported;
  - k. The following characteristics of the tumor at diagnosis:
    - i. Size;
    - ii. Histology, the microscopic structure of the tumor cells and surrounding tissues in relation to their function;
    - iii. Grade, the degree of resemblance of the tumor to normal tissue, as an indication of the severity of the cancer, and data items related to grade; and
    - iv. Laterality, the side of a paired organ or the side of the body in which the primary site of the tumor is located;
  - l. A code that describes the presence or absence of malignancy in a tumor;
  - m. Whether the cancer had spread from the primary site at the time of diagnosis and, if so, to where;
  - n. The extent to which the cancer has spread from the primary site;
  - o. A narrative description of the extent to which the cancer had spread at diagnosis, as applicable;
  - p. The method or methods by which the diagnosis was made, or whether the method by which the diagnosis was made is unknown;
  - q. Whether the patient's laboratory results show the presence of specific substances, derived from tumor tissue, whose detection in the blood, urine, or tissues of a human body indicates the presence of a specific type of tumor, if applicable;
  - r. Any other physiological symptoms or diagnostic criteria that may indicate the presence of a specific type of tumor, if applicable;
  - s. For each treatment the patient received, the type of treatment, date of treatment, and the name of the facility where the treatment was performed;
  - t. Whether any residual tumor cells were left at the edges of a surgical site, after surgery to remove a tumor at the primary site;
  - u. Whether the patient is alive or dead, including:
    - i. The date of last contact if the patient is alive;
    - ii. The date of death if the patient is dead; and
    - iii. A code for the source of the information in subsection (A)(2)(u)(i) or (ii), as applicable;
  - v. Whether or not the patient has evidence of a current cancer, carcinoma in situ, or benign tumor of the central nervous system as of the date of last contact or death, or whether this information is unknown;
  - w. The name of the physician, nurse practitioner, or doctor of naturopathic medicine providing medical services to the patient; and
  - x. Whether the patient has a history of other cancers, and if so, identification of the primary site and the date the other cancer was diagnosed; and
3. Use codes and a coding format supplied by the Department for data items specified in subsection (A)(2) that require codes on the case report.
- B.** The cancer registry of a hospital that reports as specified in R9-4-404(A) or (C) shall:
1. Prepare a case report in a format provided by the Department;
  2. Include the information specified in subsection (A) and the following information in the case report:
    - a. The patient's unique accession number, separate from a medical record number, that was assigned by the hospital's cancer registry to the patient for identification purposes;
    - b. The unique sequence number assigned by the cancer registry to the specific cancer within the body of the patient being reported;
    - c. The date the patient was admitted to the hospital for diagnostic evaluation, cancer-directed treatment, or evidence of cancer, carcinoma in situ, or a benign tumor of the central nervous system, if applicable;
    - d. The date the patient was discharged from the hospital after the patient received diagnostic evaluation or treatment at the hospital, if applicable;
    - e. The source of payment for diagnosis or treatment of cancer, or both;
    - f. The level of the facility's involvement in the diagnosis or treatment, or both, of the patient for cancer, including the code that represents the earliest source that identified the cancer;
    - g. The year in which the hospital first provided diagnosis or treatment to the patient for the cancer being reported;
    - h. The patient's county of residence at diagnosis of cancer;
    - i. The patient's marital status and age at diagnosis of cancer, place of birth, and, if applicable, name of the patient's spouse;
    - j. If the patient is under 18 years of age and unmarried, the name of the patient's parent or legal guardian;
    - k. A narrative description of how the cancer was diagnosed, including a description of the primary site and the microscopic structure of the tumor cells and surrounding tissues;
    - l. The number of regional lymph nodes examined and the number in which evidence of cancer was detected;
    - m. The clinical, pathological, or other staging classification, based on the analysis of tumor, lymph node, and metastasis;
    - n. The patient's clinical, pathological, or other stage group;
    - o. If the cancer was diagnosed before 2018, the code for the person who determined the stage group of the patient;
    - p. A narrative description of the clinical evaluation of x-ray diagnostic films and scans of the patient, and the dates of the films or scans;
    - q. A narrative description of laboratory tests performed for the patient, including the date, type, and results of and code related to any of the patient's laboratory tests;
    - r. A narrative description of the results of the patient's clinical evaluation;
    - s. The procedures used by the reporting facility to obtain a diagnosis and staging classification, including:
      - i. The dates on which the procedures were performed; and

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- ii. The name of the facilities where the procedures were performed, if different from the reporting facility;
  - t. A narrative description of any cancer-related surgery on the patient, including the:
    - i. Date of surgery;
    - ii. Name of the facility where the surgery was performed, if different from the reporting facility; and
    - iii. Type of surgery;
  - u. The code associated with the type of surgery performed on the patient and the date of surgery;
  - v. The codes associated with the:
    - i. Extent of lymph node surgery;
    - ii. Number of lymph nodes removed;
    - iii. Surgery of regional sites, distant sites, or distant lymph nodes; and
    - iv. Reason for no surgery or that surgery was performed;
  - w. Whether reconstructive surgery on the patient was performed as a first course of treatment, delayed, or not performed;
  - x. A narrative description of cancer-related radiation treatment administered to the patient, including the:
    - i. Date of radiation treatment;
    - ii. Name of the facility where the radiation treatment was performed, if different from the reporting facility; and
    - iii. Type of radiation;
  - y. As applicable, the code specifying that radiation treatment was administered or associated with the reason for no radiation treatment;
  - z. The code associated with the type of radiation treatment administered to the patient and the date of radiation treatment;
  - aa. A narrative description of cancer-related chemotherapy administered to the patient, including the:
    - i. Date of cancer-related chemotherapy;
    - ii. Name of the facility that administered the chemotherapy, if different from the reporting facility; and
    - iii. Type of chemotherapy;
  - bb. The code associated with the type of chemotherapy administered to the patient and the date of chemotherapy;
  - cc. The code associated with any other types of cancer or non-cancer-directed first course of treatment, not otherwise coded on the case report for the patient, including:
    - i. Hormone therapy, immunotherapy, hematologic transplant, or endocrine procedures administered to the patient;
    - ii. Additional surgery, radiation, or chemotherapy administered to the patient; or
    - iii. Other treatment administered to the patient;
  - dd. If applicable, a narrative description of any other types of cancer or non-cancer-directed first course of treatment, including:
    - i. The dates of the treatment;
    - ii. The names of the facilities where the treatment was performed, if different from the reporting facility; and
    - iii. The type of treatment;
  - ee. If the patient's treatment included both surgery and another type of treatment, the sequence of the two treatments;
  - ff. The code for the status of the patient's treatment, including whether the patient received any treatment or the tumor was being actively observed and monitored;
  - gg. The code for whether the patient has had a reappearance of a cancer, carcinoma in situ, or benign tumor of the central nervous system, and, if additional cancer of the type diagnosed at the primary site is found after cancer-directed treatment:
    - i. The date of the reappearance; and
    - ii. A narrative description of the nature of the reappearance, including whether the additional cancer was found at the primary site, a regional site, or a distant site;
  - hh. If the patient has died, the place and cause of death and whether an autopsy was performed;
  - ii. The name of the individual or the code that identifies the individual completing the case report;
  - jj. The type of records used by the reporting facility to complete the case report;
  - kk. If applicable, a code that indicates the reason for a required date not to be included in the case report required in subsection (B)(1); and
  - ll. If applicable, a code that indicates that an apparently inconsistent code has been reviewed and is correct; and
3. Use codes and coding format supplied by the Department for data items specified in subsection (B)(2) that require codes in the case report.

**Historical Note**

Adopted effective January 1, 1992, filed September 25, 1991 (Supp. 91-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 12 A.A.R. 3708, effective November 11, 2006 (Supp. 06-3). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 1309 (April 24, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-4-404. Requirements for Submitting Case Reports and Follow-up Reports and Allowing Review of Hospital Records**

- A. The cancer registry of a hospital with a licensed capacity of 50 or more inpatient beds shall ensure that:
- 1. An electronic case report, prepared according to R9-4-403(B), is submitted to the Department within 180 calendar days after the date a patient is first released from the hospital;
  - 2. An electronic follow-up report, for correcting information previously submitted according to R9-4-403(A)(2)(j) through (l), or (B)(2)(a), (b), (m), (n), or (w), is submitted to the Department:
    - a. Within 30 calendar days after identifying the correct information and at least annually,
    - b. For all patients for whom applicable corrected information is obtained,
    - c. That includes patient identifying information and the information to be corrected, and
    - d. In a format provided by the Department; and
  - 3. An electronic follow-up report for analytic patients, in a format provided by the Department;



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- a. Is submitted to the Department at least annually for:
    - i. All living analytic patients in the hospital's cancer registry database, and
    - ii. All analytic patients in the hospital's cancer registry database who have died since the last follow-up report; and
  - b. Includes, as applicable:
    - i. A change of patient address;
    - ii. A summary of additional first course of treatment; and
    - iii. The information in R9-4-403(A)(2)(s), (u), (v), and (w) and R9-4-403(B)(2)(gg).
- B.** Except as specified in subsection (C), the cancer registry or other designee of a hospital with a licensed capacity of fewer than 50 inpatient beds shall either report as specified in subsection (A), or shall at least once every six months:
- 1. Prepare and submit to the Department, in a format provided by the Department:
    - a. For all individuals:
      - i. Released by the hospital since the last report was prepared, and
      - ii. Whose medical records include ICD Codes specified in a list provided to the hospital by the Department; and
    - b. The following information for each individual:
      - i. The individual's medical record number assigned by the hospital,
      - ii. The individual's date of birth,
      - iii. The individual's admission and discharge dates,
      - iv. All applicable ICD Codes for the individual that are in the list in subsection (B)(1)(a)(ii), and
      - v. Whether the ICD Code reflects the individual's principal or secondary diagnosis; and
  - 2. Allow the Department to review the records listed in R9-4-405(A) to obtain the information specified in R9-4-403 about a patient.
- C.** If a hospital with a licensed capacity of fewer than 50 inpatient beds is part of a hospital system, consisting of two or more hospitals under the same governing authority, as defined in A.R.S. § 36-401, the cancer registry or other designee of the hospital system shall report according to subsection (A)(1) for patients of the hospital.
- D.** If the designee of a clinic submitted 50 or more case reports to the Department in the previous calendar year or expects to submit 50 or more case reports in the current calendar year, the designee of the clinic shall:
- 1. Submit to the Department a case report, prepared according to R9-4-403(A), for each patient who is not referred by the clinic to a hospital for the first course of treatment; and
  - 2. Ensure that the case report in subsection (D)(1) is submitted in electronic format within 90 calendar days after:
    - a. Initiation of treatment of the patient at the clinic; or
    - b. Diagnosis of cancer in the patient, if the clinic did not provide treatment and did not refer to a hospital for the first course of treatment.
- E.** If the designee of a clinic submitted fewer than 50 case reports to the Department in the previous calendar year and expects to submit fewer than 50 case reports in the current calendar year, the designee of the clinic shall submit to the Department an electronic or paper case report, prepared according to R9-4-403(A), for each patient, within 30 calendar days after the date of diagnosis of cancer in the patient, if the clinic:
- 1. Diagnoses cancer in the patient, and
  - 2. Does not refer the patient to a hospital for the first course of treatment.
- F.** A physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner who diagnoses cancer in or provides treatment for cancer for fewer than 50 patients per year shall submit an electronic or paper case report to the Department for each patient, within 30 calendar days after the date of diagnosis of cancer in the patient, if the physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner does not refer the patient to a hospital or clinic for the first course of treatment.
- G.** A clinic, physician, dentist, registered nurse practitioner, or doctor of naturopathic medicine that receives a letter from the Department, requesting any of the information specified in R9-4-403 about a patient, shall provide to the Department the requested information on the patient within 15 business days after the date of the request.
- H.** A clinic, physician, dentist, registered nurse practitioner, or doctor of naturopathic medicine that receives a letter from a hospital, requesting any of the information specified in R9-4-403 about a patient, shall provide to the hospital the requested information on the patient within 15 business days after the date of the request.
- I.** A pathology laboratory shall:
- 1. At least once every 90 calendar days, provide to the Department electronic copies of pathology reports of patients; and
  - 2. Include in a pathology report the following information:
    - a. The patient's name, address, and telephone number;
    - b. The patient's date of birth;
    - c. The patient's gender, race, and ethnicity;
    - d. Clinical information about the patient, if available;
    - e. The type of tissue collected;
    - f. The procedure by which the tissue was collected;
    - g. The date the tissue was collected;
    - h. The code number assigned by the clinical laboratory to the tissue collected for pathological analysis;
    - i. The results of the pathological analysis of the tissue, including the pathologist's interpretation of the results;
    - j. The date of the results;
    - k. The name, practice name, address, and telephone number of the physician who ordered the pathological analysis of the tissue;
    - l. The name and address of the clinical laboratory that performed the pathological analysis of the tissue; and
    - m. The name and telephone number of the clinical laboratory director.

**Historical Note**

Adopted effective January 1, 1992, filed September 25, 1991 (Supp. 91-3). Section repealed by final rulemaking at 9 A.A.R. 1859, effective June 3, 2003 (Supp. 03-2). New Section made by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 12 A.A.R. 3708, effective November 11, 2006 (Supp. 06-3). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 1309 (April 24, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-4-405. Data Quality Assurance**

- A.** To ensure completeness and accuracy of cancer reporting:

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1. Upon notice from the Department of at least five business days, a hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner required to report under R9-4-404 shall allow the Department to review any of the following records, as are applicable to the facility:
    - a. A report meeting the requirements of R9-4-404(B)(1);
    - b. Patient medical records;
    - c. Medical records of individuals not diagnosed with cancer;
    - d. Pathology reports;
    - e. Cytology reports;
    - f. Logs containing information about surgical procedures, as specified in A.A.C. R9-10-215(6) or A.A.C. R9-10-911(A); and
    - g. Records other than those specified in subsections (A)(1)(a) through (f) that contain information about diagnostic evaluation, cancer-directed treatment, or other treatment provided to an individual by the hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner;
  2. Within 14 calendar days after the Department's request, a hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner required to report under R9-4-404 shall submit the following information about patients who were diagnosed with cancer or received treatment for cancer within the time period specified in the Department's request whose medical records include ICD Codes specified in a list provided by the Department:
    - a. The individual's name and date of birth,
    - b. The individual's medical record number,
    - c. The individual's admission and discharge dates,
    - d. All applicable codes for the individual that are in the list provided by the Department, and
    - e. Whether the code reflects the individual's principal or secondary diagnosis; and
  3. Within 14 calendar days after the Department's request, a hospital shall resubmit all of the information required in R9-4-403(B)(2) for patients first released from the hospital within the time period specified in the Department's request.
- B.** The Department shall consider a hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner required to report under R9-4-404 as meeting the criteria in R9-4-404 if the hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner submits a case report to the Department for at least 97% of the patients for whom a case report is required under R9-4-404 during a calendar year.
- C.** The Department shall consider a hospital required to report under R9-4-404(A)(3) as meeting the criteria in R9-4-404(A)(3) if the hospital submits a follow-up report specified in R9-4-404(A)(3) to the Department once each calendar year for at least:
1. Eighty percent of all analytic patients during the past 15 years or from the hospital's reference date, whichever is shorter; and
  2. Ninety percent of all analytic patients diagnosed within the last five years or from the hospital's reference date, whichever is shorter.
- D.** The Department shall return a case report not prepared according to R9-4-403 to the hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner that submitted the case report, identifying the revisions that are needed in the case report.
- E.** Upon receiving a case report returned under subsection (D), a hospital, clinic, physician, doctor of naturopathic medicine, dentist, or registered nurse practitioner shall submit the revised case report to the Department within 15 business days after the date the Department requests the revision.
- F.** Upon written request by the Department, a hospital shall:
1. Prepare a case report based on a simulated medical record provided by the Department for the purpose of demonstrating the variability with which data is reported, and
  2. Submit the case report to the Department within 15 business days after the date of the request.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 179, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 12 A.A.R. 3708, effective November 11, 2006 (Supp. 06-3). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 1309 (April 24, 2025), effective June 2, 2025 (Supp. 25-2).

**ARTICLE 5. BIRTH DEFECTS MONITORING PROGRAM****R9-4-501. Definitions**

In this Article, unless otherwise specified:

1. "Birth defect" means an abnormality:
  - a. Of body structure, function, or chemistry, or of chromosomal structure or composition;
  - b. That is present at or before birth; and
  - c. That may be diagnosed before or at birth, or later in life.
2. "Clinic" means:
  - a. A person under contract or subcontract with the Arizona Health Care Cost Containment System to provide the services specified in 9 A.A.C. 22, Article 13;
  - b. An outpatient treatment center, as defined in A.A.C. R9-10-101;
  - c. An outpatient surgical center, as defined in A.A.C. R9-10-101; or
  - d. A birth center, as defined in A.A.C. R9-13-201.
3. "Clinical evaluation" means an examination of the body of an individual and review of the individual's laboratory test results to determine the presence or absence of a medical condition that may be related to a birth defect.
4. "Conception" means the formation of an entity by the union of a human sperm and ovum, resulting in a pregnancy.
5. "Co-twin" means a sibling of a patient, who was born to the same mother as the patient and as a result of the same pregnancy as the patient.
6. "Date of first contact" means the day, month, and year a physician, clinic, or other person specified in R9-4-503(A) first began to provide medical services, nursing services, or health-related services to a patient or the patient's mother.
7. "Date of last contact" means the day, month, and year:
  - a. Of a patient's death; or
  - b. That a physician, clinic, or other person specified in R9-4-503(A) last clinically evaluated, diagnosed, or provided treatment to a patient or the patient's mother.

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8. "Designee" means an individual assigned by the governing power of a hospital, high-risk perinatal practice, genetic testing facility, or prenatal diagnostic facility or by another individual acting on behalf of the governing power to gather information for or report to the Department, as specified in R9-4-502, R9-4-503, or R9-4-504.
9. "Estimated date of confinement" means an approximation of the date on which a woman will give birth, based on the clinical evaluation of the woman.
10. "Estimated gestational age" means an approximation of the duration of a pregnancy, based on the date of the last menstrual period of the pregnant woman.
11. "Facility" means a building and associated personnel and equipment that perform or are used in connection with performing a particular service or activity.
12. "Family medical history" means an account of past and present illnesses or diseases experienced by individuals who are biologically related to a patient.
13. "Genetic testing facility" means an organization, institution, corporation, partnership, business, or entity that conducts tests to detect, analyze, or diagnose a disease or other abnormal state present at birth or before birth, as a result of an alteration of DNA, that may impair normal physiological functioning in an individual, including an evaluation to determine the structure of an individual's chromosomes.
14. "Governing power" means the individual, agency, group, or corporation appointed, elected, or otherwise designated, in which the ultimate responsibility and authority for the conduct of a hospital, high-risk perinatal practice, genetic testing facility, or prenatal diagnostic facility are vested.
15. "High-risk perinatal practice" means a clinic or physician that routinely provides medical services prenatally to a patient or a patient's mother with perinatal risk factors to prevent, clinically evaluate, diagnose, or treat the patient for a possible birth defect.
16. "Log" means a chronological list of individuals for or on whom medical services, nursing services, or health-related services were provided by a designated unit of a hospital or by another person specified in R9-4-503(A).
17. "Medical condition" means a disease, injury, other abnormal physiological state, or pregnancy.
18. "Medical record number" means a unique number assigned by a hospital, clinic, physician, or registered nurse practitioner to an individual for identification purposes.
19. "Midwife" means an individual licensed under A.R.S. Title 36, Chapter 6, Article 7, or certified under A.R.S. Title 32, Chapter 15.
20. "Mother" means the woman:
  - a. Who is pregnant with or gives birth to a patient, or
  - b. From whose fertilized egg a patient develops.
21. "Multiple gestation" means a pregnancy in which a patient is not the only fetus carried in a mother's womb.
22. "Patient" means an individual, regardless of current age:
  - a. Who, from conception to one year of age, was clinically evaluated for a possible birth defect or a medical condition that may be related to a birth defect:
    - i. By a physician, midwife, registered nurse practitioner, or physician assistant; or
    - ii. At a hospital or clinic;
  - b. Whose mother was clinically evaluated during her pregnancy with the individual:
    - i. For a medical condition that may be related to a possible birth defect, and
    - ii. By an individual or facility specified in subsection (22)(a);
  - c. Who, from conception to one year of age, was tested by a genetic testing facility or other clinical laboratory;
  - d. Whose mother was tested during her pregnancy with the individual by a:
    - i. Genetic testing facility or other clinical laboratory, or
    - ii. Prenatal diagnostic facility;
  - e. Who, from conception to one year of age, was provided treatment or whose mother during her pregnancy with the individual was provided treatment by a hospital, clinic, physician, registered nurse practitioner, or other person specified in R9-4-503(A) for a medical condition that may be related to a possible birth defect; or
  - f. Who has received a diagnosis of having a medical condition that may be related to a birth defect.
23. "Perinatal risk factor" means a situation or circumstance that may increase the chance of an individual being born with a birth defect, such as:
  - a. A family medical history of birth defects or other medical conditions;
  - b. The exposure of the individual or the individual's mother or biological father to radiation, medicines, chemicals, or diseases before the individual's birth; or
  - c. An abnormal result of a test performed for the individual or the individual's mother by a prenatal diagnostic facility or clinical laboratory, including a genetic testing facility.
24. "Prenatal diagnostic facility" means an organization, institution, corporation, partnership, business, or entity that conducts diagnostic ultrasound or other medical procedures that may diagnose a birth defect in a human being.
25. "Principal diagnosis" means the primary reason for which an individual is:
  - a. Admitted to a hospital;
  - b. Treated by a hospital, clinic, midwife, physician, registered nurse practitioner, or physician assistant; or
  - c. Tested by a genetic testing facility or prenatal diagnostic facility.
26. "Procedure" means a set of activities performed on a patient or the mother of a patient that:
  - a. Are invasive;
  - b. Are intended to diagnose or treat a disease, illness, or injury;
  - c. Involve a risk to the patient or patient's mother from the activities themselves or from anesthesia; and
  - d. Require the individual performing the set of activities to be trained in the set of activities.
27. "Refer" means to provide direction to an individual or the individual's parent or guardian to obtain medical services or a test for assessment, diagnosis, or treatment of a birth defect or other medical condition.
28. "Routinely" means occurring in the regular or customary course of business.

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29. "Secondary diagnosis" means all other diagnoses that may be related to a birth defect for an individual besides the principal diagnosis.
30. "Singleton gestation" means a pregnancy in which a patient is the only fetus carried in a mother's womb.
31. "Support services" means activities, not related to the diagnosis or treatment of a birth defect, intended to maintain or improve the physical, mental, or psychosocial capabilities of a patient or those individuals biologically or legally related to the patient.
32. "Surgical procedure" means making an incision into an individual's body for the:
  - a. Correction of a deformity or defect,
  - b. Repair of an injury,
  - c. Excision of a part of the individual's body, or
  - d. Diagnosis, amelioration, or cure of a disease.
33. "Test" means:
  - a. An analysis performed on body fluid, tissue, or excretion by a genetic testing facility or other clinical laboratory to evaluate for the presence or absence of a disease; or
  - b. A procedure performed on the body of a patient or the patient's mother that may be used to evaluate for the presence or absence of a birth defect.
34. "Transfer" means for a hospital to discharge a patient or the patient's mother and send the patient or the patient's mother to another hospital for inpatient medical services without the intent that the patient or the patient's mother will return to the sending hospital.
35. "Treatment" means the same as in A.A.C. R9-10-101.
36. "Unit" means an area of a hospital designated to provide an organized service, as defined in A.A.C. R9-10-201.

**Historical Note**

Adopted effective September 25, 1991 (Supp. 91-3). Former Section R9-4-501 renumbered to R9-4-502; new Section R9-4-501 adopted by final rulemaking at 7 A.A.R. 712, effective January 17, 2001 (Supp. 01-1). Amended by final rulemaking at 13 A.A.R. 1702, effective June 30, 2007 (Supp. 07-2). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

**R9-4-502. Reporting Sources; Information Submitted to the Department**

- A. The designee of a hospital shall:
  1. Upon the request of the Department and no more often than once per month, prepare a report, in a format specified by the Department, identifying all individuals:
    - a. Who are patients or the mothers of patients; and
    - b. Whose:
      - i. Discharge date is within the time period for which the report is being prepared, as specified in subsection (A)(2)(d); and
      - ii. Medical records include for the principal diagnosis, a secondary diagnosis, or a procedure performed on the individual, an ICD Code for a diagnosis or a procedure code specified in a list provided to the hospital by the Department;
  2. Include the following information in the report specified in subsection (A)(1):
    - a. The name, address, and telephone number of the hospital, or the identification number assigned by the Department to the hospital;
    - b. The name, telephone number, and e-mail address of the designee of the hospital;
    - c. The date the report was completed;
    - d. The time period for which the report is being prepared; and
    - e. For each patient or the mother of the patient:
      - i. The patient's or mother's medical record number;
      - ii. The name of the patient or patient's mother, if available, and, if applicable, any other name by which the patient or patient's mother is known;
      - iii. The patient's gender and date of birth, if applicable;
      - iv. The admission and discharge dates;
      - v. The principal and secondary diagnoses or the ICD Codes for the principal and secondary diagnoses for the patient or patient's mother; and
      - vi. The codes for procedures provided to the patient or patient's mother; and
- B. The designee of a prenatal diagnostic facility, high-risk perinatal practice, or clinic shall:
  1. Upon the request of the Department and no more often than once per month, prepare a report, in a format specified by the Department, identifying all individuals:
    - a. For whom a specified test was conducted, with test results indicating a diagnosis in a list provided by the Department; or
    - b. Whose medical records include a principal diagnosis or secondary diagnosis specified in a list provided by the Department;
  2. Include the following information in the report specified in subsection (B)(1):
    - a. Either:
      - i. The name, address, and telephone number of the prenatal diagnostic facility, high-risk perinatal practice, or clinic; or
      - ii. The identification number assigned by the Department to the prenatal diagnostic facility, high-risk perinatal practice, or clinic;
    - b. The name, telephone number, and e-mail address of the designee of the prenatal diagnostic facility, high-risk perinatal practice, or clinic;
    - c. The date the report was completed;
    - d. The time period for which the report is being prepared;
    - e. The mother's name, date of birth, and medical record number;
    - f. The estimated gestational age of the patient at the time of the test or diagnosis, as applicable;
    - g. The mother's estimated date of confinement;
    - h. The outcome of the pregnancy, if known;
    - i. The location and date of the patient's birth, if known;
    - j. The patient's gender, if known;
    - k. The principal diagnosis and secondary diagnoses for the patient or the patient's mother, as applicable; and
    - l. Information about the test leading to the diagnosis, including:
      - i. The type of test performed,
      - ii. The date the test was completed, and

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- iii. The results of the test; and
3. Submit the report specified in subsection (B)(1) to the Department, in a Department-provided format, within 30 calendar days after the Department's request.
- C. The designee of a genetic testing facility shall:
1. Prepare a report, in a format specified by the Department, for all individuals:
    - a. Who are patients or the mothers of patients, and
    - b. For whom the genetic testing facility performed a test specified in a list provided by the Department;
  2. Include the following information in the report specified in subsection (C)(1):
    - a. The name, address, and telephone number of the genetic testing facility, or the identification number assigned by the Department to the genetic testing facility;
    - b. The name, telephone number, and e-mail address of the designee of the genetic testing facility;
    - c. The date the report was completed;
    - d. The month for which the report is being prepared, if reporting according to subsection (C)(3)(a); and
    - e. For each patient or mother of a patient:
      - i. If the test was performed on the patient:
        - (1) The patient's name, date of birth, and gender; and
        - (2) The name of the patient's parent or guardian;
      - ii. If the test was performed on the mother of the patient:
        - (1) The mother's name and date of birth;
        - (2) The estimated gestational age of the patient when the test was performed, if available; and
        - (3) The mother's estimated date of confinement when the test was performed, if available;
      - iii. The name of the physician, registered nurse practitioner, or physician assistant who ordered the test for the patient or the patient's mother; and
      - iv. Information about the test, including:
        - (1) The type of test performed on the patient or the patient's mother,
        - (2) The date the test was completed, and
        - (3) The results of the test; and
  3. Submit to the Department the report specified in subsection (C)(1) and a copy of the test results within 30 calendar days after either:
    - a. The end of the month during which the test was completed, or
    - b. The date of the test.
- Historical Note**  
 Adopted effective September 25, 1991 (Supp. 91-3). New Section R9-4-502 renumbered from R9-4-501 and amended by final rulemaking at 7 A.A.R. 712, effective January 17, 2001 (Supp. 01-1). Section repealed; new Section made by final rulemaking at 13 A.A.R. 1702, effective June 30, 2007 (Supp. 07-2). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).
- R9-4-503. Review of Records; Information Collected**
- A. Upon notice from the Department of at least five business days, the following persons or facilities shall allow the Department access to the facility and the electronic or written records specified in subsection (B)(1) to collect the information specified in subsection (B)(2):
1. A hospital,
  2. A clinic,
  3. A physician,
  4. A midwife,
  5. A registered nurse practitioner,
  6. A genetic testing facility,
  7. A prenatal diagnostic facility,
  8. A physician assistant,
  9. A clinical laboratory, or
  10. A medical examiner.
- B. The Department may:
1. Review any of the following records in electronic or written format, as are applicable to the person or facility specified in subsection (A):
    - a. Patient medical records;
    - b. Medical records for the mother of a patient;
    - c. Reports from:
      - i. Physicians or other individuals who clinically evaluated, diagnosed, or treated a patient or the patient's mother, including physical therapists, as defined in A.R.S. § 32-2001; occupational therapists, as defined in A.R.S. § 32-3401; podiatrists, as defined in A.R.S. § 32-801; and speech-language pathologists, licensed according to A.R.S. Title 35, Chapter 17;
      - ii. High-risk perinatal practices;
      - iii. Prenatal diagnostic facilities;
      - iv. Genetic testing facilities;
      - v. Pathology laboratories; or
      - vi. Other facilities or clinical laboratories that performed a test for a patient or the patient's mother;
    - d. Logs and registers containing information about surgical procedures, as specified in A.A.C. R9-10-215(6) or A.A.C. R9-10-911(A);
    - e. Other logs that may contain information about a patient or the mother of a patient with a birth defect, such as:
      - i. Labor and delivery unit logs,
      - ii. Nursery unit logs,
      - iii. Pediatric unit logs,
      - iv. Intensive care unit logs,
      - v. Autopsy logs, and
      - vi. Ultrasound logs;
    - f. Autopsy reports; and
    - g. Records other than those specified in subsections (B)(1)(a) through (f) that contain information about or may lead to information about:
      - i. A patient,
      - ii. The patient's mother, or
      - iii. The patient's biological sibling; and
  2. Collect the following information from a person or facility specified in subsection (A), as applicable to a patient or the mother of a patient:
    - a. The name, address, and telephone number of the person or facility, or the identification number assigned by the Department to the person or facility;
    - b. The date of first contact and the date of last contact;
    - c. The date the patient was admitted to a hospital;
    - d. The date the patient was discharged from a hospital;

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- e. The dates the mother of the patient was admitted to and discharged from a hospital for:
  - i. The birth of the patient, or
  - ii. Treatment related to a possible birth defect in the patient;
- f. The name and address of the hospital or other location in which the patient was born;
- g. The name and address of a hospital in which the patient or the mother of the patient was admitted for treatment related to a possible birth defect in the patient;
- h. The specific unit of a hospital that provided medical services to the patient or the patient's mother;
- i. The medical record number of the patient or the patient's mother;
- j. The patient's name and any other name by which the patient is known;
- k. The names, addresses, and dates of birth of the patient's parents;
- l. The name, address and telephone number of the patient's guardian, if a parent of the patient does not have physical custody of the patient;
- m. The patient's date of birth and hour of birth;
- n. The estimated date of confinement for the pregnancy resulting in the patient's birth;
- o. The estimated gestational age, length, weight, and head circumference of the patient at birth;
- p. The patient's gender, race, and ethnicity;
- q. The race and ethnicity of the patient's biological mother and father;
- r. The address of the patient's mother at the time of the patient's birth;
- s. The address and telephone number of the patient at the date of last contact;
- t. The county in which the patient was born;
- u. The name of each physician, registered nurse practitioner, physician assistant, or other person that clinically evaluated, diagnosed, ordered a test for, or treated the patient or the patient's mother;
- v. The names of any facility from which or to which the patient or the patient's mother was transferred or referred;
- w. Whether the patient was referred for or approved to receive services under 9 A.A.C. 22, Article 13, and, if so, the date of referral or approval;
- x. Whether the patient is receiving any medical services, nursing services, health-related services, or other services to support the patient or the patient's parent related to a birth defect, other than services under 9 A.A.C. 22, Article 13, and, if so, the name of the person providing the services and the date the provision of the services began;
- y. The name of the insurance company, if applicable, that:
  - i. Paid for the birth of the patient, and
  - ii. Is currently covering medical expenses for the patient or the patient's mother;
- z. Any perinatal risk factors documented in:
  - i. The patient's medical record,
  - ii. The patient's mother's medical record, or
  - iii. The patient's family medical history;
- aa. Whether any tests were performed on the patient or the patient's mother by a genetic testing facility and, if so:
  - i. The types of tests performed,
  - ii. The test dates,
  - iii. The test results,
  - iv. The age or estimated gestational age of the patient at the time of each test,
  - v. The estimated date of confinement of the patient's mother at the time of each test,
  - vi. The name of the genetic testing facility that performed each test, and
  - vii. The names of the individuals who interpreted the test results;
- bb. Whether any tests were performed on the patient or the patient's mother by a prenatal diagnostic facility and, if so:
  - i. The types of tests performed,
  - ii. The test dates,
  - iii. The test results,
  - iv. The estimated gestational age of the patient at the time of each test,
  - v. The estimated date of confinement of the patient's mother at the time of each test,
  - vi. The name of the prenatal diagnostic facility that performed each test, and
  - vii. The names of the individuals who interpreted the test results;
- cc. Whether any other types of tests were performed on the patient or the patient's mother that may enable the diagnosis of a birth defect and, if so:
  - i. The types of tests performed,
  - ii. The test dates,
  - iii. The test results,
  - iv. The age or estimated gestational age of the patient at the time of each test,
  - v. The estimated date of confinement of the patient's mother at the time of each test,
  - vi. The names of the facilities that performed the tests, and
  - vii. The names of the individuals who interpreted the test results;
- dd. Whether any surgical procedures associated with a birth defect were performed on the patient or the patient's mother and, if so:
  - i. The types of surgical procedures performed,
  - ii. The dates of the surgical procedures,
  - iii. The results of the surgical procedures,
  - iv. The ages or estimated gestational ages of the patient at the time of the surgical procedures,
  - v. The estimated date of confinement of the patient's mother at the times of the surgical procedures,
  - vi. The names of the facilities at which the surgical procedures were performed, and
  - vii. The names of the individuals who performed the surgical procedures;
- ee. For each diagnosis made for the patient or the patient's mother:
  - i. The diagnosis,
  - ii. Whether the diagnosis is a principal or secondary diagnosis,
  - iii. The facility at which the diagnosis was made,
  - iv. The date on which the diagnosis was made, and
  - v. The name of the individual who made the diagnosis;

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- ff. The number of times the patient's mother has been pregnant;
- gg. The number of times a pregnancy of the patient's mother has lasted:
  - i. More than 37 weeks,
  - ii. Between 20 and 37 weeks, and
  - iii. Less than 20 weeks;
- hh. The number of children who were born as a result of the patient's mother's pregnancies, and whether the children were born alive or dead;
- ii. Whether the patient is from a singleton or multiple gestation, and, if from a multiple gestation, whether a co-twin of the patient:
  - i. Is identical or fraternal;
  - ii. Is alive, and, if not alive, the co-twin's date of death; and
  - iii. Has:
    - (1) The same birth defect as the patient,
    - (2) A different birth defect from that of the patient, or
    - (3) No birth defect;
- jj. If the patient is being adopted or living with a guardian rather than a parent;
- kk. If the patient is being adopted, the name, address, and telephone number of the individual who will adopt the patient;
- ll. The date of last contact; and
- mm. If the patient has died:
  - i. The patient's date and county of death,
  - ii. The facility in which the patient's death occurred, and
  - iii. Whether an autopsy was performed on the patient.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 1702, effective June 30, 2007 (Supp. 07-2). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

**R9-4-504. Data Quality Assurance and Follow-up**

- A. The Department may request a hospital, clinic, high-risk perinatal practice, genetic testing facility, or prenatal diagnostic facility to revise a report:
  - 1. That was submitted to the Department by the designee of the hospital, clinic, high-risk perinatal practice, genetic testing facility, or prenatal diagnostic facility under R9-4-502;
  - 2. That was not prepared according to R9-4-502; and
  - 3. By identifying the revisions that are needed in the report.
- B. If a person receives a request from the Department for revision of a report under subsection (A), the person shall return a revised report, containing the revisions requested by the Department, to the Department within 15 business days after the date of the Department's request, or by a date agreed to by the person and the Department.
- C. The Department may discuss the information submitted to the Department as specified in R9-4-502 or collected as specified in R9-4-503(B)(2) with:
  - 1. Any of the entities specified in R9-4-503(A) to obtain additional information about a patient's diagnosis or treatment;
  - 2. The Arizona Early Intervention Program, according to A.R.S. § 36-133(E); and

- 3. The parent or guardian of a patient, as allowed by A.R.S. § 36-133(E).

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 1702, effective June 30, 2007 (Supp. 07-2). Amended by final rulemaking at 25 A.A.R. 3429, effective January 1, 2020 (Supp. 19-4).

**ARTICLE 6. OPIOID POISONING-RELATED REPORTING****R9-4-601. Definitions**

In this Article, unless otherwise specified:

1. "Administrator" means the individual who is a senior leader in a health care institution or correctional facility.
2. "Ambulance service" has the same meaning as in A.R.S. § 36-2201.
3. "Business day" means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.
4. "Clinical laboratory" has the same meaning as in A.R.S. § 36-451.
5. "Correctional facility" has the same meaning as in A.A.C. R9-6-101.
6. "Dispense" has the same meaning as in A.R.S. § 32-1901.
7. "Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.
8. "First response agency" means:
  - a. An ambulance service,
  - b. An emergency medical services provider, or
  - c. A law enforcement agency.
9. "Health care institution" has the same meaning as in A.R.S. § 36-401.
10. "Health professional" has the same meaning as in A.R.S. § 32-3201.
11. "Law enforcement agency" has the same meaning as in A.A.C. R13-1-101.
12. "Medical examiner" has the same meaning as in A.R.S. § 36-301.
13. "Naloxone" means a specific opioid antagonist that has been used since 1971 to block the effects of an opioid in an individual.
14. "Neonatal abstinence syndrome" means a set of signs of opioid withdrawal occurring in an individual shortly after birth that are indicative of opioid exposure while in the womb.
15. "Opioid" means the same as "opiate" in A.R.S. § 36-2501.
16. "Opioid antagonist" means a prescription medication, as defined in A.R.S. § 32-1901, that:
  - a. Is approved by the U.S. Department of Health and Human Services, Food and Drug Administration; and
  - b. When administered, reverses, in whole or in part, the pharmacological effects of an opioid in the body.
17. "Opioid overdose" means respiratory depression, slowing heart rate, or unconsciousness or mental confusion caused by the administration, including self-administration, of an opioid to an individual.
18. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.

**Historical Note**

New Section made by emergency rulemaking at 23 A.A.R. 2857, effective September 21, 2017, for 180 days (Supp. 17-3). Emergency expired; new Section amended

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by emergency rulemaking at 24 A.A.R. 630, effective March 20, 2018, for 180 days (Supp. 18-1). New permanent Section made by final rulemaking at 24 A.A.R. 783, with an immediate effective date of April 5, 2018 (Supp. 18-2).

**R9-4-602. Opioid Poisoning-Related Reporting Requirements**

- A.** A first response agency shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after an encounter with an individual with a suspected opioid overdose, that includes:
1. The following information about the first response agency:
    - a. Name;
    - b. Street address, city, county, and zip code;
    - c. Whether the first response agency reporting is:
      - i. An ambulance service,
      - ii. An emergency medical services provider, or
      - iii. A law enforcement agency; and
    - d. If applicable, the certificate number issued by the Department to the ambulance service;
  2. The name, title, telephone number, and email address of a point of contact for the first response agency required to report;
  3. The following information about the location at which the first response agency encountered the individual:
    - a. Street address or, if the location at which the first response agency encountered the individual does not have a street address, another indicator of the location at which the encounter occurred;
    - b. City, if applicable;
    - c. County;
    - d. State; and
    - e. Zip code;
  4. If applicable, the date and time the first response agency was dispatched to the location specified according to subsection (A)(3);
  5. The following information, as known, about the individual with a suspected opioid overdose or who died of a suspected opioid overdose:
    - a. Name,
    - b. Date of birth,
    - c. Age in years,
    - d. Gender,
    - e. Race and ethnicity, and
    - f. Reason for suspecting that the individual had an opioid overdose;
  6. Whether naloxone or another opioid antagonist designated according to A.R.S. § 36-2228 was administered to the individual before the first response agency encountered the individual and, if so:
    - a. The number of doses of naloxone or other opioid antagonist administered to the individual; and
    - b. As applicable, that the naloxone or other opioid antagonist was administered to the individual by:
      - i. Another individual; or
      - ii. Another first response agency and, if so the type of first response agency that administered the naloxone or other opioid antagonist to the individual;
  7. Whether naloxone or another opioid antagonist designated according to A.R.S. § 36-2228 was administered to the individual by the first response agency and, if so, the number of doses of naloxone or other opioid antagonist administered to the individual;
  8. Whether the disposition of the individual was that the individual:
    - a. Survived the suspected opioid overdose; or
    - b. Was pronounced dead:
      - i. At the location specified according to subsection (A)(3), or
      - ii. After leaving the location specified according to subsection (A)(3);
  9. If the individual was transported by a first response agency:
    - a. The type of first response agency that transported the individual; and
    - b. Whether the individual was transported to:
      - i. A hospital and, if so, the name of the hospital to which the individual was transported;
      - ii. Another class of health care institution and, if so, the name of the health care institution to which the individual was transported; or
      - iii. A correctional facility and, if so, the name of the correctional facility to which the individual was transported; and
  10. The date of the report.
- B.** The following are not required to submit a report under this Article:
1. An administrator of a health care institution licensed under 9 A.A.C. 10, for an opioid overdose resulting from the administration of the opioid to a patient in the health care institution if the opioid overdose is addressed through the health care institution's quality management program; or
  2. A pharmacist for naloxone or another opioid antagonist that is dispensed in connection with a surgical procedure, as defined in A.A.C. R9-10-101, or other invasive procedure performed in a health care institution.
- C.** Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2 or as specified in subsection (B), a health professional or the administrator of a health care institution licensed under 9 A.A.C. 10 shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after an encounter with an individual with a suspected opioid overdose, that includes:
1. The name, street address, city, county, zip code, and telephone number of the health professional or health care institution;
  2. If different from the person in subsection (C)(1), the name, title, telephone number, and email address of the individual reporting on behalf of the person in subsection (C)(1);
  3. The following information about the individual with a suspected opioid overdose:
    - a. The individual's name;
    - b. The individual's street address, city, county, state, and zip code;
    - c. The individual's date of birth;
    - d. The individual's gender;
    - e. The individual's race and ethnicity;
    - f. Whether the individual is pregnant and, if so, the expected date of delivery;
    - g. If applicable, the name of the individual's guardian; and



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- h. Whether naloxone or another opioid antagonist designated according to A.R.S. § 36-2228 was administered to the individual before the health professional or health care institution encountered the individual and, if so:
  - i. The type of first response agency that administered the naloxone or other opioid antagonist to the individual, or
  - ii. That the naloxone or other opioid antagonist was administered to the individual by another individual;
- 4. The following information about the diagnosis of opioid overdose:
  - a. The reason for suspecting that the individual had an opioid overdose;
  - b. The date of the suspected opioid overdose;
  - c. The date of diagnosis; and
  - d. If the diagnosis was confirmed through one or more tests performed by a clinical laboratory, for each test:
    - i. The name, address, and telephone number of the clinical laboratory;
    - ii. The date a specimen was collected from the individual;
    - iii. The type of specimen collected;
    - iv. The type of laboratory test performed; and
    - v. The laboratory test result and date of the result;
- 5. The following information about the suspected opioid overdose:
  - a. Whether the opioid overdose appeared to be intentional or unintentional;
  - b. The location where the opioid overdose took place;
  - c. Whether the individual was alone at the time of the opioid overdose;
  - d. Whether the individual was transported to the health professional or health care institution by a first response agency and, if so, the type of first response agency that transported the individual;
  - e. The specific opioid that appeared to be responsible for the opioid overdose; and
  - f. If known, whether:
    - i. The individual was prescribed an opioid within the 90 calendar days before the date of the suspected opioid overdose;
    - ii. The individual had been referred to receive behavioral health services, as defined in A.R.S. § 36-401; or
    - iii. The opioid overdose was the first time the individual had an opioid overdose and, if not, the number of previous opioid overdoses the individual was known to have had;
- 6. Whether the individual with the suspected opioid overdose:
  - a. Survived the suspected opioid overdose and:
    - i. Was admitted to the health care institution;
    - ii. Was transferred to another health care institution and, if so, the name of the health care institution;
    - iii. Was discharged to a law enforcement agency or correctional facility and, if so, the name of the law enforcement agency or correctional facility;
    - iv. Was discharged to home; or
    - v. Left the health care institution against medical advice; or
    - b. Died and, if so, the date of death; and
  - 7. The date of the report.
- D. Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, a health professional or the administrator of a health care institution licensed under 9 A.A.C. 10 shall, either personally or through a representative, submit a report to the Department, in a Department-provided format and within five business days after an encounter with an individual with suspected neonatal abstinence syndrome, that includes:
  - 1. The name, street address, city, county, zip code, and telephone number of the health professional or health care institution;
  - 2. If different from the person in subsection (D)(1), the name, title, telephone number, and email address of the individual reporting on behalf of the person in subsection (D)(1);
  - 3. The following information about the individual with suspected neonatal abstinence syndrome:
    - a. The individual's name;
    - b. The individual's date of birth;
    - c. The individual's gender;
    - d. The individual's race and ethnicity;
    - e. The name of the individual's mother; and
    - f. If not the individual's mother, the name of the individual's guardian;
  - 4. The following information about a diagnosis of neonatal abstinence syndrome:
    - a. The reason for suspecting that the individual has neonatal abstinence syndrome;
    - b. The date of the onset of signs of neonatal abstinence syndrome;
    - c. The date of diagnosis;
    - d. If the diagnosis was confirmed through one or more tests performed by a clinical laboratory, for each test:
      - i. The name, address, and telephone number of the clinical laboratory;
      - ii. The date a specimen was collected from the individual;
      - iii. The type of specimen collected;
      - iv. The type of laboratory test performed; and
      - v. The laboratory test result and date of the result; and
    - e. Whether any of the following supported a diagnosis of neonatal abstinence syndrome:
      - i. A maternal history of opioid use,
      - ii. A positive laboratory test for opioid use by the individual's mother, or
      - iii. A positive laboratory test for opioids in the individual;
  - 5. If known, the following information about the suspected neonatal abstinence syndrome:
    - a. The source of the opioid believed to have caused the neonatal abstinence syndrome; and
    - b. If the source of the opioid used by the individual's mother was not through a prescription order, as defined in A.R.S. § 32-1901, the specific opioid used by the individual's mother; and
  - 6. The date of the report.
- E. A medical examiner shall, either personally or through a representative, submit a report to the Department, in a Department-

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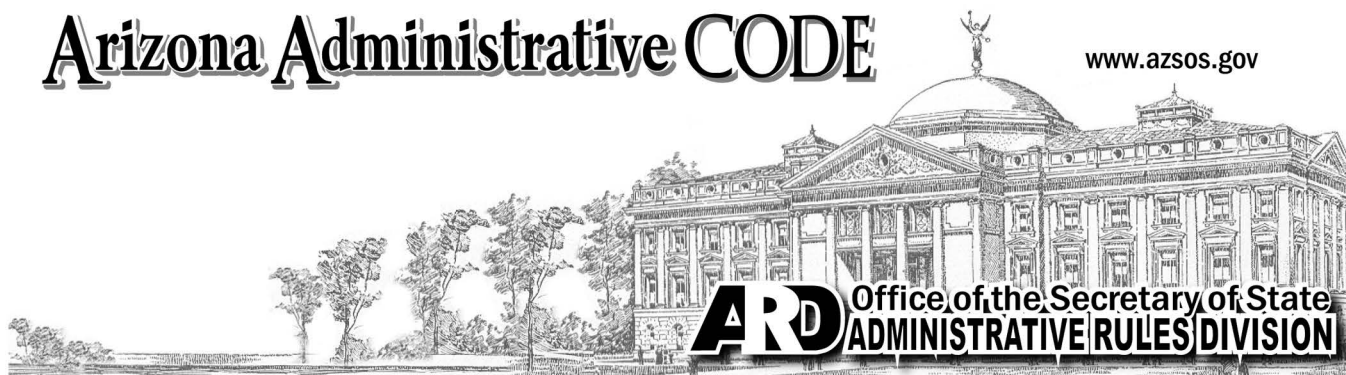
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provided format and within five business days after the completion of the death investigation required in A.R.S. § 11-594 on the human remains of a deceased individual with a suspected opioid overdose, that includes:

1. The following information about the medical examiner:
    - a. Name; and
    - b. Street address, city, county, and zip code;
  2. The following information about the deceased individual with a suspected opioid overdose:
    - a. The deceased individual's name;
    - b. The deceased individual's date of birth;
    - c. The deceased individual's gender;
    - d. The deceased individual's race and ethnicity;
    - e. Whether the deceased individual was pregnant and, if so, the expected date of delivery;
    - f. If applicable, the name of the deceased individual's guardian; and
    - g. Whether naloxone or another opioid antagonist was administered to the deceased individual before the deceased individual's death and, if known:
      - i. The type of first response agency that administered the naloxone or other opioid antagonist to the deceased individual; or
      - ii. That the naloxone or other opioid antagonist was administered to the deceased individual by another individual;
  3. The following information about the diagnosis of opioid overdose:
    - a. The reason for suspecting that the deceased individual had an opioid overdose;
    - b. The date of the opioid overdose;
    - c. The date of diagnosis; and
    - d. If the diagnosis was confirmed by clinical laboratory tests:
      - i. The name, address, and telephone number of the clinical laboratory;
      - ii. The date a specimen was collected from the deceased individual;
      - iii. The type of specimen collected;
      - iv. The type of laboratory test performed; and
      - v. The laboratory test result and date of the result;
  4. If applicable, a copy of the clinical laboratory test results;
  5. If known, the following information about the suspected opioid overdose:
    - a. Whether the opioid overdose appeared to be intentional or unintentional;
    - b. The location where the opioid overdose took place;
    - c. Whether the deceased individual was alone at the time of the opioid overdose;
    - d. The specific opioid that appeared to be responsible for the opioid overdose;
    - e. Whether the deceased individual was prescribed an opioid within the 90 calendar days before the date of the opioid overdose; and
    - f. Whether the opioid overdose was the first time the deceased individual was known to have had an opioid overdose and, if not, the number of previous opioid overdoses the deceased individual had.
  6. Whether the deceased individual with the suspected opioid overdose:
    - a. Died from the suspected opioid overdose and, if so, the date of death; or
    - b. Died from another cause after experiencing a suspected opioid overdose and, if so, the date of death; and
  7. The date of the report.
- F. Information collected on individuals pursuant to this Article is confidential according to:
1. A.R.S. § 36-133(F); and
  2. If applicable, A.R.S. §§ 36-2401 through 36-2403.

**Historical Note**

New Section made by emergency rulemaking at 23 A.A.R. 2857, effective September 21, 2017, for 180 days (Supp. 17-3). Emergency expired; new Section amended by emergency rulemaking at 24 A.A.R. 630, effective March 20, 2018, for 180 days (Supp. 18-1). New permanent Section made by final rulemaking at 24 A.A.R. 783, with an immediate effective date of April 5, 2018 (Supp. 18-2). Amended by final expedited rulemaking at 31 A.A.R. 632 (February 21, 2025), with and immediate effective date of February 4, 2025 (Supp. 25-1).



**TITLE 9. HEALTH SERVICES**  
**CHAPTER 5. DEPARTMENT OF HEALTH SERVICES - CHILD CARE FACILITIES**  
**9 A.A.C. 5**

**Supplement Information**  
**Supp. 25-2**

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 22-3, 1-42 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

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The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

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

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

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

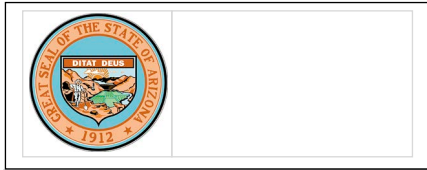
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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 9. HEALTH SERVICES

## CHAPTER 5. DEPARTMENT OF HEALTH SERVICES - CHILD CARE FACILITIES

## Supp. 25-2

Chapter 5 consisting of Sections R9-5-101, R9-5-201 through R9-5-211, R9-5-301 through R9-5-308, R9-5-401 through R9-5-404, R9-5-501 through R9-5-222, R9-5-601 through R9-5-614 adopted effective December 12, 1986.

Former Chapter 5 consisting of Sections R9-5-110 through R9-5-113, R9-5-211 through R9-5-218, R9-5-311 through R9-5-313, R9-5-411 through R9-5-425 repealed effective December 12, 1986.

Heading of Chapter permanently changed from "Department of Health Services - Day Care Centers" to "Department of Health Services - Child Care Facilities" effective October 4, 1990 (Supp. 90-4).

Heading of Chapter changed by emergency action from "Department of Health Services - Day Care Centers" to "Department of Health Services - Child Care Facilities" effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3).

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**ARTICLE 10. REPEALED**

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## TITLE 9. HEALTH SERVICES

## CHAPTER 5. DEPARTMENT OF HEALTH SERVICES - CHILD CARE FACILITIES

## ARTICLE 1. GENERAL

**R9-5-101. Definitions**

In addition to the definitions in A.R.S. § 36-881, the following definitions apply in this Chapter unless otherwise specified:

1. "Abuse" has the same meaning as in A.R.S. § 8-201.
2. "Accident" means an unexpected occurrence that:
  - a. Causes injury to an enrolled child,
  - b. Requires attention from a staff member, and
  - c. May or may not be an emergency.
3. "Accommodation school" has the same meaning as in A.R.S. § 15-101.
4. "Accredited" means approved by the U.S. Department of Education and recognized by the Council for Higher Education Accreditation.
5. "Activity" means an action planned by a licensee and performed by an enrolled child while supervised by a staff member.
6. "Activity area" means a specific indoor or outdoor space or room of a licensed facility that is designated by a licensee for use by an enrolled child for an activity.
7. "Adaptive device" means equipment used to augment an individual's use of the individual's arms, legs, sight, hearing, or other physical part or function.
8. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
9. "Adult" means an individual who is at least 18 years of age.
10. "Age-appropriate" means suitable with the developmental and social maturity of the child's age, based on physical growth, language, and emotional, social, behavioral, and cognitive development.
11. "Agency" means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.
12. "Applicant" means a person or governmental agency requesting one of the following:
  - a. A license, or
  - b. Approval of a change affecting a license under R9-5-208.
13. "Application" means the documents that an applicant is required to electronically submit to the Department for licensure or approval of a request for a change affecting a license.
14. "Assistant child educator" means a staff member who aids a child educator in planning, developing, or conducting child care activities.
15. "Association" means a group of individuals other than a corporation, limited liability company, partnership, joint venture, or public school who has established a governing board and bylaws to operate a facility.
16. "Background check" means results identified in searches according to A.R.S. § 46-811(A) and consistent with the Child Care and Development Block Grant Act of 2014 (Public Law 113-186):
  - a. The state sex offender registry within this state and each state where a staff member resided during the preceding five years;
  - b. The state-based child abuse and neglect registries and databases within this state and each state where a staff member resided during the preceding five years;
  - c. The state criminal history checks within this state and each state where a staff member resided during the preceding five years;
  - d. The National FBI criminal history check, with FBI fingerprint check; and
  - e. The National Crime Information Center, including the National Sex Offender Registry established under the Adam Walsh Child Protection and Safety Act of 2006 (42 A.S.C. 16901 et seq).
17. "Beverage" means a liquid for drinking, including water.
18. "Business organization" has the same meaning as "entity" in A.R.S. § 10-140.
19. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, or legal holiday.
20. "Calendar week" means a seven-day period beginning on Sunday at 12:00 a.m. and ending on Saturday at 11:59 p.m.
21. "C.C.P." means Certified Childcare Professional, a credential awarded by the National Early Childhood Program Accreditation.
22. "C.D.A." means Child Development Associate, a credential awarded by the Council for Professional Recognition.
23. "Charter school" has the same meaning as in A.R.S. § 15-101.
24. "Child care experience" means an individual's documented work with children in:
  - a. A child care facility or a child care group home that was licensed, certified, or approved by a state in the United States or by one of the Uniformed Services of the United States;
  - b. A public school, a charter school, a private school, or an accommodation school;
  - c. A public or private educational institution authorized under the laws of another state where instruction was provided for any grade or combination of grades between pre-kindergarten and grade 12; or
  - d. One of the following professional fields:
    - i. Nursing,
    - ii. Social work,
    - iii. Psychology,
    - iv. Child development, or
    - v. A closely-related field.
25. "Child care services" means the range of activities and programs provided by a licensee to an enrolled child, including personal care, supervision, education, guidance, and transportation.
26. "Child educator" means a staff member responsible for developing, planning, and conducting child care activities.
27. "Child educator aide" means a staff member who provides child care services under the supervision of a child educator.
28. "Child with a disability" means the same as:
  - a. A child with a "developmental disability" as defined in A.R.S. § 36-551; or
  - b. A "child with a disability" as defined in A.R.S. § 15-761.
29. "Child with a special health care needs" means a child with a health care provider's diagnosis and record of a physical or mental condition that substantially limits the child in providing self-care or performing manual tasks or any other major life function such as walking, seeing, hearing, speaking, breathing, or learning.



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30. "Clean" means to remove dirt or debris by methods such as washing with soap and water, vacuuming, wiping, dusting, or sweeping.
31. "Closely-related field" means any educational instruction or occupational experience pertaining to the growth, development, physical or mental care, or education of children.
32. "Communicable disease" has the same meaning as in A.A.C. R9-6-101.
33. "Compensation" means money or other consideration, including goods, services, vouchers, time, government or public expenditures, government or public funding, or another benefit, that is received as payment.
34. "CPR" means cardiopulmonary resuscitation.
35. "Credit hour" means an academic unit earned at an accredited college or university:
  - a. By attending a class session, which is equivalent to 15 clock hours, each calendar week during a semester or equivalent shorter course term, or
  - b. Completing practical work for a course as determined by the accredited college or university.
36. "Designated agent" means an individual who meets the requirements in A.R.S. § 36-889(D).
37. "Developmentally-appropriate" means consistent with a child's physical, emotional, social, cultural, linguistic, and cognitive development, based on the child's age and family background and the child's personality, learning style, and pattern and timing of growth.
38. "Documentation" means information in written, photographic, electronic, or other permanent form.
39. "Electronic signature" has the same meaning as in A.R.S. § 41-251.
40. "Emergency" means a potentially life-threatening occurrence involving an enrolled child or staff member that requires an immediate response or medical treatment.
41. "Endanger" means to expose an individual to a situation where physical injury or mental injury to the individual may occur.
42. "Enrolled" means placed by a parent and accepted by a licensee for child care services.
43. "Evening and nighttime care" means child care services provided between the hours of 8:00 p.m. and 5:00 a.m.
44. "Facility" has the same meaning as "child care facility" in A.R.S. § 36-881.
45. "Facility director" means an individual who is designated by a licensee as the individual responsible for the daily onsite operation of a facility.
46. "Facility premises" means property that is:
  - a. Designated on an application for a license by the applicant; and
  - b. Licensed for child care services by the Department under A.R.S. Title 36, Chapter 7.1, Article 1, and this Chapter.
47. "Fall zone" means the surface under and around a piece of equipment onto which a child falling from or exiting from the equipment would be expected to land.
48. "Field trip" means an activity planned by a staff member for an enrolled child at a:
  - a. Location or area that is not licensed for child care services by the Department, or
  - b. Child care facility in which the child is not enrolled.
49. "Final construction drawings" means facility plans that include the architectural, structural, mechanical, electrical, fire protection, plumbing, and technical specifications of the physical plant and the facility premises and that have been approved by the local government for the construction, alteration, or addition of a facility.
50. "Food" means a raw, cooked, or processed edible substance, ice, beverage, or ingredient used or intended for use or for sale in whole or in part for human consumption, or chewing gum.
51. "Food preparation" means processing food for human consumption by cooking or assembling the food, but does not include distributing prepackaged food or whole fruits or vegetables.
52. "Full-day care" means child care services provided for six or more hours per day between the hours of 5:00 a.m. and 8:00 p.m.
53. "Governmental agency" has the same meaning as in A.R.S. § 44-7002.
54. "Guidance" means the ongoing direction, counseling, teaching, or modeling of generally accepted social behavior through which a child learns to develop and maintain the self-regulation, self-reliance, and self-esteem necessary to assume responsibilities, make daily living decisions, and live according to generally accepted social behavior.
55. "Hazard" means a source of endangerment.
56. "Health care provider" means a physician, physician assistant, or registered nurse practitioner.
57. "High school equivalency diploma" means a document issued by:
  - a. The State Board of Education under A.R.S. § 15-702 to an individual who passes a general educational development test or meets the requirements of A.R.S. § 15-702(B);
  - b. Another state to an individual who passes a general educational development test or meets the requirements of a state statute equivalent to A.R.S. § 15-702(B); or
  - c. Another country to an individual who has completed that country's equivalent of a 12th grade education, as determined by the Department based upon information obtained from American or foreign consulates or embassies or other governmental agencies.
58. "Hours of operation" means the specific time during a day for which a licensee is licensed to provide child care services.
59. "Illness" means physical manifestation or signs of sickness, such as pain, vomiting, rash, fever, discharge, or diarrhea.
60. "Immediate" or "immediately" means without restriction, delay, or hesitation.
61. "Inaccessible" means:
  - a. Out of an enrolled child's reach, or
  - b. Locked.
62. "Individual plan" means a written description of the daily activities required for an enrolled child with a special health care need or disability.
63. "Infant" means a child:
  - a. 12 months of age or younger, or
  - b. 18 months of age or younger who is not yet walking.
64. "Infant care" means child care services provided to an infant.
65. "Infestation" means the presence of lice, pinworms, scabies, or other parasites.
66. "Inspection" means:

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- a. Examination of a facility by the Department to determine compliance with A.R.S. Title 36, Chapter 7.1, Article 1, and this Chapter;
  - b. Review of facility documents, records, or reports by the Department; or
  - c. Examination of a facility by a local governmental agency.
67. "Lesson plan" means a written description of the activities scheduled in each activity area for a day.
  68. "License" means the written authorization issued by the Department to operate a facility in Arizona.
  69. "Licensed capacity" means the maximum number of enrolled children for whom a licensee is authorized by the Department to provide child care services in a facility or a part of a facility at any given time.
  70. "Licensee" means a person or governmental agency to whom the Department has issued a license to operate a facility in Arizona.
  71. "Local" means under the jurisdiction of a city or county in Arizona.
  72. "Mat" means a foam pad that has a waterproof cover and is of sufficient size and thickness to accommodate the height, width, and weight of a reclining child's body.
  73. "Medication" means a substance prescribed by a health care provider or available without a prescription for the treatment or prevention of illness or infestation.
  74. "Menu" means:
    - a. A written description of the food that a facility provides and serves as a meal or snack, or
    - b. The combination of food that a facility provides and serves as a meal or snack.
  75. "Modification" means the substantial improvement, enlargement, reduction, alternation, or other substantial change in the facility or another structure on the premises at a child care facility.
  76. "Motor vehicle" has the same meaning as in A.R.S. § 28-101.
  77. "N.A.C." means the National Administrator Credential, a credential issued by the National Institute of Child Care Management.
  78. "Name" means, for an individual, the individual's first name and the individual's last name.
  79. "Naptime" means any time during hours of operation, other than evening and nighttime hours, that is designated by a licensee for the rest or sleep of enrolled children.
  80. "Neglect" has the same meaning as in A.R.S. § 8-201.
  81. "One-year-old" means a child who is not an infant and is at least 12 months of age but not yet two years of age.
  82. "Outbreak" has the same meaning as in A.A.C. R9-6-101.
  83. "Out-of-school time" means a program, as described in Article 7 of this Chapter, that is licensed with the Department and operates when school is not in session, such as before school, after school, or during school breaks, and serves school-aged children enrolled in school.
  84. "Overall time-frame" has the same meaning as in A.R.S. § 41-1072.
  85. "Parent" means:
    - a. A natural or adoptive mother or father,
    - b. A legal guardian appointed by a court of competent jurisdiction, or
    - c. A "custodian" as defined in A.R.S. § 8-201.
  86. "Part-day care" means child care services provided for fewer than six hours per day between the hours of 5:00 a.m. and 8:00 p.m.
  87. "Pediatric abusive head trauma" means an injury to the skull or intracranial contents of an infant or a child due to inflicted blunt impact and/or violent shaking.
  88. "Pesticide" has the same meaning as in A.R.S. § 3-3601.
  89. "Physical injury" means temporary or permanent damage or impairment to a child's body.
  90. "Physical plant" means a building that houses a facility, or the licensed areas within a building that houses a facility, including the architectural, structural, mechanical, electrical, plumbing, and fire protection elements of the building.
  91. "Physical restraint" means a restriction that immobilizes or prevents freedom of movement of all or part of a person's body, or restricting normal access to the person's body.
  92. "Physician" means an individual licensed as a doctor of:
    - a. Allopathic medicine under A.R.S. Title 32, Chapter 13;
    - b. Naturopathic medicine under A.R.S. Title 32, Chapter 14;
    - c. Osteopathic medicine under A.R.S. Title 32, Chapter 17;
    - d. Homeopathic medicine under A.R.S. Title 32, Chapter 29; or
    - e. Allopathic, naturopathic, osteopathic, or homeopathic medicine under the law of another state.
  93. "Physician assistant" means an individual who is licensed:
    - a. Under A.R.S. Title 32, Chapter 25; or
    - b. As a physician assistant under the law of another state.
  94. "Positive Discipline" means the on-going process of teaching a child self-regulation and assuming responsibility for the child's own actions, as well as providing guidance that focuses on preventing behavior problems by supporting children in learning appropriate social skills and emotional responses.
  95. "Private pool" has the same meaning as "private residential swimming pool" in A.A.C. R18-5-201.
  96. "Private school" has the same meaning as in A.R.S. § 15-101.
  97. "Program" means a variety of activities organized and conducted by a staff member.
  98. "Public pool" has the same meaning as "public swimming pool" in A.A.C. R18-5-201.
  99. "Public school" has the same meaning in A.R.S. § 15-101.
  100. "Punishment" means a negative physical or emotional action taken by adults in the classroom for a child's behavior that is not deemed acceptable.
  101. "Regular basis" means at recurring, fixed, or uniform intervals.
  102. "Responsible party" means an individual or a group of individuals who:
    - a. Is assigned by a public school, charter school, or governmental agency; and
    - b. Has general oversight of the child care facility.
  103. "Sanitize" means to use heat, chemical agents, or germicidal solutions to disinfect and reduce pathogen counts, including bacteria, viruses, mold, and fungi.
  104. "School-age child" means a child who:
    - a. Meets one of the following:
      - i. Is five years old on or before January 1 of the current school year, or

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- ii. Is five years old on or before January 1 of the most recent school year; and
- b. Meets one of the following:
  - i. Attends kindergarten or a higher level program in a public, charter, accommodation, or private school during the current school year;
  - ii. Attended kindergarten or a higher level program in a public, charter, accommodation, or private school during the most recent school year;
  - iii. Is home-schooled at a kindergarten or higher level during the current school year; or
  - iv. Was home-schooled at a kindergarten or higher level during the most recent school year.
- 105. "School-age child care" means child care services provided to a school-age child.
- 106. "School campus" means the contiguous grounds of a public, charter, accommodation, or private school, including the buildings, structures, and outdoor areas available for use by children attending the school.
- 107. "School governing board" has the same meaning as "governing board" in A.R.S. § 15-101.
- 108. "Screen time" means the use of electronic media to watch television or to watch a video at the facility or at another location or the use of electronic media or a computer for game-playing, entertainment, communication, or educational purposes.
- 109. "Semi-public pool" has the same meaning as "semipublic swimming pool" in A.A.C. R18-5-201.
- 110. "Separation" means removing an enrolled child from a group setting when the enrolled child needs support to gain control of them self under the supervision of a familiar and supportive adult until the enrolled child has regained regulation.
- 111. "Serious physical injury" has the same meaning as in A.R.S. § 8-201.
- 112. "Service classification" means one of the following:
  - a. Full-day care;
  - b. Part-day care;
  - c. Evening and nighttime care;
  - d. Infant care;
  - e. One-year-old child care;
  - f. Two-year-old child care;
  - g. Three-year-old, four-year-old, and five-year-old child care;
  - h. School-age child care; or
  - i. Weekend care.
- 113. "Signatory" means an individual who is authorized by a school district governing board, school district superintendent, or governmental agency to sign a document on behalf of the school district governing board, school district superintendent, or governmental agency.
- 114. "Signed" means affixed with an individual's signature or with a symbol representing an individual's signature if the individual is unable to write the individual's name.
- 115. "Space utilization" means the designated use of an area within a facility for specific child care services or activities.
- 116. "Staff" or "staff member" means the same as "child care personnel" as defined in A.R.S. § 36-883.02.
- 117. "Student-aide" means an individual between 15 and 18 years of age who is participating in an educational, curriculum-based course of study; vocational education; or occupational development program and who, without being compensated by a licensee, is present at a facility to receive instruction from and supervision by staff in the provision of child care services.
- 118. "Substantive review time-frame" has the same meaning as in A.R.S. § 41-1072.
- 119. "Supervision" means:
  - a. For an enrolled child, knowledge of and accountability for the actions and whereabouts of the enrolled child, including the ability to see or hear the enrolled child at all times, to interact with the enrolled child, and to provide guidance to the enrolled child; or
  - b. For an individual other than an enrolled child, knowledge of and accountability for the actions and whereabouts of the individual, including the ability to see and hear the individual when the individual is in the presence of an enrolled child and the ability to intervene in the individual's actions to prevent harm to enrolled children.
- 120. "Swimming pool" has the same meaning as in A.A.C. R18-5-201.
- 121. "Training" means child care-related conferences, seminars, lectures, workshops, classes, courses, or instruction.
- 122. "Tummy time" means a limited period-of-time no more than 20 minutes used to allow a non-crawling infant to:
  - a. Strengthen the infant's head, neck, and upper body muscles; and
  - b. Increase the infant's sensory perception, visual and hearing acuity, and social and emotional interaction.
- 123. "Volunteer" means a staff member who, without compensation, provides child care services that are the responsibility of a licensee.
- 124. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday, federal holiday, or a statewide furlough day.
- 125. "Written notice" means a message in written, typed, or printed characters sent or otherwise proved to have been received.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6).  
 Amended by adding a new paragraph (16) and renumbering accordingly effective July 7, 1988 (Supp. 88-3).  
 Amended as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency amendments readopted and amended effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency amendments readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency expired. Emergency amendments readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency amendments readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency amendments permanently adopted with changes effective October 4, 1990 (Supp. 90-4). Amended effective October 17, 1997 (Supp. 97-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Amended by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1). Amended by final rulemaking at 13 A.A.R. 3492, effective December 1, 2007 (Supp. 07-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by

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final expedited rulemaking at 24 A.A.R. 3429, effective

December 5, 2018 (Supp. 18-4). Amended by final rulemaking at 26 A.A.R. 1265 with an immediate effective date of June 3, 2020 (Supp. 20-2). The reference to the statutory definition for Electronic Signature at R9-5-101(38) has been corrected at the request of the Department (Supp. 20-3). Amended by final expedited rulemaking 28 A.A.R. 1845 (July 29, 2022), with an immediate effective date of July 7, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

#### **R9-5-102. Designated Person for Applicant or Licensee Requirements**

When an applicant or licensee is required by this Chapter to provide information on or sign documents, and possess a fingerprint clearance card, the following shall satisfy the requirement on behalf of the applicant or licensee, if the applicant or licensee is:

1. An individual, the individual;
2. A business organization, a designated agent who meets the requirements in A.R.S. § 36-889(D);
3. A public school, an individual designated in writing as a signatory for the public school by the school district governing board or school district superintendent;
4. A charter school, the person approved to operate the charter school by the school district governing board, the Arizona State Board of Education, or the Arizona State Board for Charter Schools; and
5. A governmental agency, the individual in the senior leadership position with the agency or an individual designated in writing as a signatory by that individual.

#### **Historical Note**

New Section made by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Amended by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

### **ARTICLE 2. FACILITY LICENSURE**

#### **R9-5-201. Application for a License**

- A. An applicant for a license shall:
  1. Be at least 21 years of age;
  2. If an individual, be a U.S. citizen or legal resident alien and a resident of Arizona;
  3. If a corporation, association, or limited liability company, be a domestic entity or a foreign entity qualified to do business in Arizona;
  4. If a partnership, have at least one partner who is a U.S. citizen or legal resident alien and a resident of Arizona;
  5. Submit to the Department an application containing:
    - a. The following information in a Department-provided format:
      - i. The applicant's name;
      - ii. The applicant's date of birth;
      - iii. The facility's name, street address, city, state, zip code, mailing address, and telephone number;
      - iv. The requested service classifications;
      - v. Whether the applicant agrees to allow the Department to submit supplemental requests for information;
      - vi. An attestation that the:
        - (1) Applicant has read and will comply with A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter; and
        - (2) Information provided on the application is accurate and complete; and
    - b. Documentation for the applicant that complies with A.R.S. § 41-1080;
    - c. A copy of the applicant's valid fingerprint clearance card, both front and back, issued according to A.R.S. Title 41, Chapter 12, Article 3.1;
    - d. A copy of the applicant's valid background check document according to A.R.S. § 46-811(A);
    - e. A copy of the form required in A.R.S. § 36-883.02(C);
    - f. Except as provided in subsection (A)(5)(j), a site plan of the facility drawn to scale by an architect, draftsman, or contractor showing:
      - i. The boundary square footage of the property upon which the facility's physical plant is located;
      - ii. If more than one building is used for the facility, the location and perimeter square footage of each building;
      - iii. The location of each driveway on the property;
      - iv. The location and boundary square footage of each parking lot on the property;
      - v. The location and perimeter square footage of each outdoor activity area;
      - vi. The location, type, and height of each fence and gate; and
      - vii. If applicable, the location of any swimming pool on the property;
    - g. Except as provided in subsection (A)(5)(j), a floor plan of each building to be used for child care services drawn to scale by an architect, draftsman, or contractor showing:
      - i. The length and width square footage for each indoor activity area;
      - ii. The requested licensed capacity and applicable service classification for each indoor activity area;
      - iii. The location of each diaper changing area;
      - iv. The location of each hand washing, utility, and three-compartment sink, toilet, urinal, and drinking fountain; and
      - v. The location and type of fire alarm system;
    - h. Except as provided in subsection (A)(5)(j):
      - i. A copy of a certificate of occupancy issued for the facility by the local jurisdiction;
      - ii. Documentation from the local jurisdiction that the facility was approved for occupancy; or
      - iii. If the documents in subsections (A)(5)(i)(i) and (ii) are not available, a statement from the local jurisdiction stating that the certificate of occupancy is not available;
    - i. For an applicant providing child care services in a facility located in a public school, a set of final construction drawings or a school map showing the:
      - i. Location of each school building;
      - ii. Location and square footage of each outdoor activity area to be used by enrolled children;
      - iii. Length and width square footage for each indoor activity area;

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- iv. Requested licensed capacity and applicable service classification for each indoor activity area; and
- v. Location of each hand-washing sink, toilet, urinal, drinking fountain, and, if applicable, diaper changing area to be used by enrolled children;
- j. If the facility is located within one-fourth of a mile of agricultural land:
  - i. The names and addresses of the owners or lessees of each parcel of agricultural land located within one-fourth mile of the facility, and
  - ii. An attestation signed and dated by the applicant agreeing with compliance of A.R.S. § 36-882 for each parcel of agricultural land;
- k. The applicable fee in R9-5-206;
- l. If the applicant is a business organization, a form provided by the Department that contains:
  - i. The name, street address, city, state, and zip code of the business organization;
  - ii. The type of business organization;
  - iii. The name, date of birth, title, street address, city, state, and zip code of each controlling person;
  - iv. Documentation of the business organization's articles of incorporation, articles of organization, partnership documents, or joint venture documents, if applicable;
  - v. Documentation of good standing issued by the Arizona Corporation Commission; and
  - vi. A statement signed by the applicant stating that each controlling person has not:
    - (1) Been denied a certificate or license to operate a child care group home or child care facility in this state or another state, and
    - (2) Had a certificate or license to operate a child care group home or child care facility revoked in this state or another state for endangering the health and safety of children;
- m. If the applicant is a public school, a form provided by the Department that contains:
  - i. The name of the school district;
  - ii. The name, title, street address, city, state, and zip code of each responsible party, if the responsible party is an individual, or each individual in the group, if the responsible party is a group of individuals;
  - iii. A statement signed by the applicant stating that each individual in subsection (A)(5)(n)(ii) has not:
    - (1) Been denied a certificate or license to operate a child care group home or child care facility in this state or another state, and
    - (2) Had a certificate or license to operate a child care group home or child care facility revoked in this state or another state for endangering the health and safety of children; and
  - iv. A letter from the school district governing board or school district superintendent designating a signatory, if applicable;
- n. If the applicant is a charter school, a form provided by the Department that contains:
  - i. The name, title, street address, city, state, and zip code of each responsible party, if the responsible party is an individual, or each individual in the group, if the responsible party is a group of individuals;
  - ii. A statement signed by the applicant stating that each individual in subsection (A)(5)(o)(i) has not:
    - (1) Been denied a certificate or license to operate a child care group home or child care facility in this state or another state, and
    - (2) Had a certificate or license to operate a child care group home or child care facility revoked in this state or another state for endangering the health and safety of children; and
  - iii. A letter from the school district governing board in which the charter school is located, the Arizona State Board of Education, or the Arizona State Board for Charter Schools, approving the applicant to operate the charter school; and
- o. If the applicant is a governmental agency, a form provided by the Department that contains:
  - i. The name, title, street address, city, state, and zip code of each responsible party, if the responsible party is an individual, or each individual in the group, if the responsible party is a group of individuals;
  - ii. A statement signed by the applicant stating that each individual in subsection (A)(5)(p)(i) has not:
    - (1) Been denied a certificate or license to operate a child care group home or child care facility in this state or another state, and
    - (2) Had a certificate or license to operate a child care group home or child care facility revoked in this state or another state for endangering the health and safety of children; and
  - iii. A letter from the individual in the senior leadership position with the agency designating a signatory.
- B.** The Department requires a separate license and a separate application for each facility owned by:
  - 1. The same person at a different location, and
  - 2. A different person at the same location.
- C.** The Department does not require a separate application and license for a structure that is:
  - 1. Located so that the structure and the facility:
    - a. Share the same street address, or
    - b. Can be enclosed by a single unbroken boundary line that does not encompass property owned or leased by another,
  - 2. Under the same ownership as the facility, or
  - 3. Intended to be used as a part of the facility.
- D.** A licensee shall provide written notice to the Department that the licensed facility is no longer operating and requests to void the license.

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**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Amended by exempt rulemaking at 15 A.A.R. 2096, effective January 1, 2010 (Supp. 09-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by final expedited rulemaking 28 A.A.R. 1845 (July 29, 2022), with an immediate effective date of July 7, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-202. Time-frames**

- A.** The administrative completeness review time-frame for each type of approval granted by the Department under this Article is listed in Table 2.1 and begins on the date that the Department receives an application.
1. An application for a license is not complete until the date, provided to the Department with the application or by written notice, that the child care facility is ready for an onsite licensing inspection.
  2. The Department shall send a notice of administrative completeness or deficiencies to the applicant within the administrative completeness review time-frame.
    - a. A notice of deficiencies shall list each deficiency and the items needed to complete the application.
    - b. The administrative completeness review time-frame and the overall time-frame are suspended from the date that the notice of deficiencies is issued until the date that the Department receives all of the missing items from the applicant.
    - c. If an applicant for a license or an approval of a change affecting a license fails to submit to the Department all of the items listed in the notice of deficiencies within 180 calendar days after the date that the Department sent the notice of deficiencies, the Department shall consider the application or request for approval withdrawn.
  3. If the Department issues a license or other approval to the applicant during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- B.** The substantive review time-frame for each type of approval granted by the Department under this Article is listed in Table 2.1 and begins on the date of the notice of administrative completeness.
1. As part of the substantive review for a license application, the Department shall conduct an inspection that may require more than one visit to the facility.
  2. As part of the substantive review for a request for approval of a change affecting a license that requires a change in the use of physical space at the facility, the Department shall conduct an evaluation of the request to determine compliance with applicable rules and statutes that may include an onsite inspection.
  3. The Department shall send a license, a written notice of approval, or denial of a license or other request for approval to an applicant within the substantive review time-frame.
  4. During the substantive review time-frame, the Department may make one comprehensive written request for

additional information, unless the Department and the applicant have agreed in writing to allow the Department to submit supplemental requests for information.

- a. If the Department determines that an applicant or a facility is not in substantial compliance with A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter, the Department shall send a comprehensive written request for additional information that includes a written statement of deficiencies stating each statute and rule upon which noncompliance is based.
  - b. An applicant shall submit to the Department all of the information requested in the comprehensive written request for additional information and documentation of the corrections required in the statement of deficiencies, if applicable within 120 calendar days after the date of the comprehensive written request for additional information.
  - c. The substantive review time-frame and the overall time-frame are suspended from the date that the Department issues a comprehensive written request for additional information or a supplemental request for information until the date that the Department receives all of the information requested, including documentation of corrections required in a statement of deficiencies, if applicable.
  - d. If an applicant fails to submit to the Department all of the information requested in a comprehensive written request for additional information or a supplemental request for information, including documentation of corrections required in a statement of deficiencies, if applicable, within the time prescribed in subsection (C)(4)(b), the Department shall deny the application.
5. The Department shall issue a license or other approval if the Department determines that the applicant and facility are in substantial compliance with A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter, and the applicant submits documentation of corrections that is acceptable to the Department for any deficiencies.
  6. If the Department determines that a license or other approval is to be denied, the Department shall send to the applicant a written notice of denial complying with A.R.S. § 36-888 and stating the reasons for denial and all other information required by A.R.S. §§ 36-888 and 41-1076.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**Table 1. Renumbered****Historical Note**

New Table made by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Table 1

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renumbered to Table 2.1 by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3).

**Table 2.1. Time-frames (in calendar days)**

Type of Approval	Statutory Authority	Overall Time-Frame	Administrative Completeness Review Time-Frame	Substantive Review Time-Frame
License under R9-5-201	A.R.S. § 36-882	120	30	90
Approval of Change Affecting License under R9-5-208	A.R.S. §§ 36-882 and 36-883	75	30	45

**Historical Note**

Table 2.1 renumbered from Table 1 and amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Table 2.1 heading amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4).

**R9-5-203. Fingerprinting and Background Check**

- A.** A licensee shall ensure that a staff member completes, signs, dates, and submits to the licensee, before the staff member's starting date of employment or volunteer service:
1. The form required in A.R.S. § 36-883.02(C); and
  2. If required by A.R.S. § 8-804, the form in A.R.S. § 8-804(I).
- B.** A licensee shall maintain documentation of a valid fingerprint clearance card issued under A.R.S. § 41-1758.03 and a valid background check document issued under A.R.S. § 46-811.
- C.** Except as provided in A.R.S. § 41-1758.03, a licensee shall ensure that each staff member, before starting date of employment or volunteer service, submits to the licensee a copy of the staff member's valid fingerprint clearance card, front and back, issued under A.R.S. Title 41, Chapter 12, Article 3.1.
- D.** A licensee shall ensure that each staff member submits to the licensee a copy of the staff member's valid fingerprint clearance card each time the fingerprint clearance card is issued or renewed every five years.
- E.** If a staff member possesses a fingerprint clearance card that was issued before the staff member became a staff member at the facility, a licensee shall:
1. Contact the Department of Public Safety before the individual becomes a staff member to determine whether the fingerprint clearance card is valid; and
  2. Document this determination, including the name of the staff member, the date of contact with the Department of Public Safety, and whether the fingerprint clearance card is valid.
- F.** A licensee shall ensure that each staff member submits to the licensee a copy of the staff member's valid background check document:
1. Issued under A.R.S. § 46-811(A) before the starting date of employment or volunteer service; and
  2. Each time a background check is issued or renewed every five years.
- G.** As required by A.R.S. § 8-804, before an individual's starting date of employment or volunteer service, a licensee shall comply with the submission requirements in A.R.S. § 8-804(C) for the individual.
- H.** A licensee shall not allow an individual to be a staff member if the individual:
1. Has been denied a fingerprint clearance card under A.R.S. Title 41, Chapter 12, Article 3.1 and has not received an interim approval under A.R.S. § 41-619.55;
  2. Has been denied a background check document that indicates the individual is not eligible for employment due to violations identified pursuant to A.R.S. § 46-811;
  3. Receives an interim approval under A.R.S. § 41-619.55 but is subsequently denied a good cause exception under A.R.S. § 41-619.55 and a fingerprint clearance card under A.R.S. Title 41, Chapter 12, Article 3.1;
- I.** Within 30 calendar days after the day of a staff member's or volunteer's 18th birthday, the staff member or volunteer shall provide to the licensee copies of a valid fingerprint clearance card and background check document specified in subsection (C).
4. Is a parent or guardian of a child adjudicated to be a dependent child as defined in A.R.S. § 8-201;
  5. Has been denied or had revoked a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state;
  6. Has been denied or had revoked a certification to work in a child care facility or a child care group home in this state or another state;
  7. If applicable, has stated on the form required in A.R.S. § 8-804(I) that the individual is currently under investigation for an allegation of abuse or neglect or has a substantiated allegation of abuse or neglect and has not subsequently received a central registry exception according to A.R.S. § 41-619.57; or
  8. If applicable, is disqualified from employment or volunteer service as a staff member according to A.R.S. § 8-804 and has not subsequently received a central registry exception according to A.R.S. § 41-619.57.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by exempt rulemaking at 19 A.A.R. 2612, effective August 1, 2013 (Supp. 13-3). Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by final expedited rulemaking 28 A.A.R. 1845 (July 29, 2022), with an immediate effective date of July 7, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 1515 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-204. Child Care Service Classifications**

- A.** The Department licenses child care facilities using the following service classifications:
1. Full-day care;
  2. Part-day care;
  3. Evening and nighttime care;
  4. Infant care;
  5. One-year-old child care;

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6. Two-year-old child care;
  7. Three-year-old, four-year-old, and five-year-old child care;
  8. School-age Out-of-school time programs; and
  9. Weekend care.
- B.** The Department shall designate on a facility's license each service classification that the facility is licensed to provide.
- C.** A licensee shall submit an application to the Department to add or change a service classification. A licensee shall not provide child care services in a service classification for which the licensee is not licensed.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Former Section R9-5-204 repealed; new Section R9-5-204 renumbered from R9-5-205 and amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-205. Submission of Licensure Fees**

A licensee shall submit the following to the Department, on an annual basis, no more than 60 calendar days before the anniversary date of the facility's license:

1. An application, in a Department-provided format that contains:
  - a. The licensee's name,
  - b. The facility's name and license number, and
  - c. Whether the licensee intends to submit the applicable fee:
    - i. With the form, or
    - ii. According to the payment plan in subsection (2)(b), and
2. Either:
  - a. The applicable fee, as specified in R9-5-206, or
  - b. One-half of the applicable fee in R9-5-206 with the application and the remainder of the applicable fee due no later than 120 calendar days after the anniversary date of the facility's license.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Former Section R9-5-205 renumbered to R9-5-204; new Section R9-5-205 renumbered from R9-5-206 and amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Amended by exempt rulemaking at 15 A.A.R. 2096, effective January 1, 2010 (Supp. 09-4). Section repealed; new Section made by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by exempt rulemaking at 28 A.A.R. 1769 (July 22, 2022), with an immediate effective date of July 1, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-206. Licensure Fees**

- A.** Except as provided in subsection (B), the annual fees, as specified in A.R.S. § 36-882, for an applicant submitting an appli-

cation or a licensee submitting licensure fees are the following for a child care facility with a licensed capacity of:

1. Five to 10 children, \$330;
2. 11 to 59 children, \$1330; and
3. 60 or more children, \$2575.

- B.** The Department may discount the fee in subsection (A), based on available funding or if the applicant or licensee participates in a Department-approved program.

- C.** The fee for a licensee requesting an increase in a facility's licensed capacity is the difference between the applicable fee in this Section for the new licensed capacity and the applicable fee in this Section for the current licensed capacity, prorated from the date the licensee submitted the request for the increase for the number of months remaining before the facility's license anniversary date specified in R9-5-205.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Former Section R9-5-206 renumbered to R9-5-205; new Section R9-5-206 renumbered from R9-5-207 and amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Former R9-5-206 renumbered to R9-5-208; new R9-5-206 renumbered from R9-5-210 and amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 2350, effective December 1, 2010 (Supp. 10-4). Amended by exempt rulemaking at 28 A.A.R. 1769 (July 22, 2022), with an immediate effective date of July 1, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-207. Invalid License**

If a licensee does not submit the licensure fee as required in R9-5-205(2), the facility license is no longer valid and the facility is operating without a license.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Former Section R9-5-207 renumbered to R9-5-206; new Section R9-5-207 made by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed; new Section made by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3).

**R9-5-208. Changes Affecting a License**

- A.** At least 30 calendar days before the date of a change in a facility's name, a licensee shall send the Department written notice of the name change.
- B.** At least 30 calendar days before the date of an intended change in a facility's service classification, space utilization, or licensed capacity, a licensee shall submit a written request for approval of the intended change to the Department that includes:
1. The licensee's name;
  2. The facility's name, street address, city, state, zip code, mailing address, and telephone number;
  3. The name, telephone number, and fax number of a point of contact for the request;
  4. The facility's license number;
  5. The type of change intended:
    - a. Service classification,



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- b. Space utilization, or
  - c. Licensed capacity;
- 6. A narrative description of the intended change; and
- 7. The following additional information, as applicable, if the intended change:
  - a. Affects an activity area, the following information about each affected activity area, as applicable:
    - i. Identification of the activity area,
    - ii. Current and intended square footage,
    - iii. Current and intended operating hours,
    - iv. Current and intended service classification,
    - v. Current and intended licensed capacity, and
    - vi. Whether the activity area has or will have a diaper changing area;
  - b. Is to increase licensed capacity, the square footage of the outdoor activity area; and
  - c. Includes an alteration or addition to the physical plant of a licensed facility, the following, as applicable, if the facility is:
    - i. Not located in a public school or if providing child care services to infants, one-year-old children, or two-year-old children in a facility located in a public school, the information required in R9-5-201(A)(5)(g) and (h) showing the intended change; or
    - ii. Located in a public school and provides child care only for three-year-old, four-year-old, or five-year-old, or school-age children, a set of final construction drawings or a school map, including the information required in R9-5-201(5)(j) showing the intended change.
- C. If the intended change in subsection (B) includes an increase in the licensed capacity, a licensee shall submit the fee for an increase in licensed capacity in R9-5-206(C) with the written request for approval.
- D. If requesting a diaper changing area outside an infant room or indoor activity area to allow privacy for diapering an enrolled child with a special health care need or a disability, submit a written request for an approval; and
  - 1. For a license application, submit physical plant documents required by R9-5-201(A)(5)(h) that designate the location of the proposed diaper changing area;
  - 2. For a licensed facility, submit a drawing of the proposed diaper changing area to the Department before installing the diaper changing area. Within 30 calendar days after the date of the receipt of the request, the Department shall send written notice to the licensee of approval or disapproval. If the proposed diaper changing area:
    - a. Complies with A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter and provides privacy for the enrolled child with a special health care need or a disability, the Department shall approve the proposed diaper changing area; or
    - b. Does not comply with A.R.S. Title 36, Chapter 7.1, Article 1 or this Chapter or provide privacy for the enrolled child with a special health care need or a disability, the Department shall provide the licensee with the requirements necessary for the Department to approve the requested change; and
  - 3. Not use a diaper changing area located outside of an activity area until the Department approves the use of the diaper changing area;
- E. The Department will review a request submitted under subsection (B) according to R9-5-202. If the intended change is in compliance with A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter and any applicable fee is submitted, the Department will send the licensee written approval of the requested change or an amended license that incorporates the change but retains the anniversary date of the current license.
- F. A licensee shall not implement any change described under subsection (B) until the Department issues an approval or amended license.
- G. At least 30 days before the date of a change in ownership of a facility, a licensee shall send the Department written notice of the change. For the purpose of this Section, "change in ownership" means a transfer of controlling legal or controlling equitable interest and authority in a facility resulting from a sale or merger of a facility. A new owner shall obtain a new license as prescribed in R9-5-201 before the new owner begins operating the facility.
- H. A licensee changing a facility's location shall apply for a new license as prescribed in R9-5-201.
- I. Within 30 calendar days after a change in a controlling person, a licensee shall send the Department written notice of the change that includes:
  - 1. The name of the licensee;
  - 2. A description of the change made;
  - 3. The name, title, street address, city, state, and zip code of each controlling person;
  - 4. A statement that each controlling person has not been denied a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state;
  - 5. A statement that each controlling person has not had a certificate to operate a child care group home or a license to operate a child care facility revoked in this state or another state for reasons that relate to the endangerment of the health and safety of children;
  - 6. A statement that the information provided in the written notice is accurate and complete; and
  - 7. The signature of the licensee.
- J. If the change in subsection (I) is a change in a controlling person who is a designated agent, a licensee shall include a copy of documentation for the designated agent that complies with A.R.S. § 41-1080.
- K. Within 30 calendar days after changing a responsible party, a licensee shall send the Department written notice of the change that includes:
  - 1. The name of the licensee;
  - 2. A description of the change made;
  - 3. The name, title, street address, city, state, and zip code of each responsible party, if the responsible party is an individual, or each individual in the group, if the responsible party is a group of individuals; and
  - 4. A statement signed by the licensee stating that each individual in subsection (K)(3) has not:
    - a. Been denied a certificate or license to operate a child care group home or child care facility in this state or another state, and
    - b. Had a certificate or license to operate a child care group home or child care facility revoked in this state or another state for endangering the health and safety of children.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3).

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Former R9-5-208 renumbered to R9-5-209; new R9-5-208 renumbered from R9-5-206 and amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 2350, effective December 1, 2010 (Supp. 10-4).

Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by final expedited rulemaking 28 A.A.R. 1845 (July 29, 2022), with an immediate effective date of July 7, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-209. Inspections; Investigations**

A licensee shall:

1. Allow the Department immediate access to all areas of the facility affecting the health, safety, or welfare of an enrolled child or to which an enrolled child has access during hours of operation, according to A.R.S. § 36-885;
2. Notify the Department within 24 hours, prior to the next business day, of business closure; and
3. Permit the Department to interview each staff member or enrolled child as part of an investigation.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Former R9-5-209 renumbered to R9-5-210; new R9-5-209 renumbered from R9-5-208 and amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-210. Denial, Revocation, or Suspension of License**

A. The Department may deny, revoke, or suspend a license to operate a facility if an applicant or licensee:

1. Provides false or misleading information to the Department;
2. Has been denied a certificate or license to operate a child care group home or child care facility in any state, unless the denial was based on the applicant's failure to complete the certification or licensing process according to a required time-frame;
3. Has had a certificate or license to operate a child care group home or child care facility revoked or suspended in any state;
4. Has been denied a fingerprint clearance card or has had a fingerprint clearance card revoked under A.R.S. Title 41, Chapter 12, Article 3.1;
5. Fails to substantially comply with any provision in A.R.S. Title 36, Chapter 7.1, Article 1 or this Chapter; or
6. Substantially complies with A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter, but refuses to carry out a plan acceptable to the Department to eliminate any deficiencies.

B. In determining whether to deny, suspend, or revoke a license, the Department shall consider the threat to the health and safety of children in a facility based on such factors as:

1. Repeated violations of statutes or rules,
2. A pattern of non-compliance,
3. The type of violation,
4. The severity of each violation, and
5. The number of violations.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended subsection (A) effective July 7, 1988 (Supp. 88-3). Repealed effective October 17, 1997 (Supp. 97-4). New Section made by exempt rulemaking at 15 A.A.R. 2096, effective January 1, 2010 (Supp. 09-4). Former R9-5-210 renumbered to R9-5-206; new R9-5-210 renumbered from R9-5-209 and amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3).

**R9-5-211. Repealed****Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Repealed effective October 17, 1997 (Supp. 97-4).

**ARTICLE 3. FACILITY ADMINISTRATION****R9-5-301. General Licensee Responsibilities**

A. A licensee shall:

1. Designate a facility director who acts on behalf of the licensee and is responsible for the daily onsite operation of a facility;
2. Submit the name of the designated facility director in a written notice to the Department before a license is issued;
3. Except as provided in subsection (A)(4), within 10 calendar days before changing a facility director, submit written notice of the change including the new designated facility director's name and starting date;
4. If the licensee is not aware of a change in the facility director 10 calendar days before the effective date of the change, submit written notice of the change to the Department including the new designated facility director's name and starting date within 72 hours after becoming aware of the change.

B. A licensee shall ensure that a facility director:

1. Designates, in writing, an individual who meets the requirements of R9-5-401(2) to act on behalf of the facility director when the facility director is not present in the facility;
2. Supervises or assigns a child educator to supervise each staff member who does not meet the qualifications of R9-5-401(3);
3. Prepares a dated attendance record for each day and ensures that each staff member documents on the attendance record the time of each arrival and departure of the staff member; and
4. Maintains on the facility premises, the dated attendance record required in subsection (B)(3) for 12 months after the date on the attendance record.

C. A licensee shall develop and implement written facility policies and procedures required for the daily onsite operation of the facility as prescribed in A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter.

D. A licensee shall ensure that the following individuals are allowed immediate access to facility premises during hours of operation:

1. A parent of an enrolled child or an individual designated in writing by the parent of an enrolled child; or
2. A representative of:
  - a. The Department,
  - b. The local health department,
  - c. Arizona Department of Child Safety, or
  - d. The local fire department or State Fire Marshal.

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- E. A licensee shall ensure that a staff member supervises any individual who is not a staff member who is on facility premises where enrolled children are present.
- F. A licensee shall ensure that a staff member submits, on or before the starting date of employment or volunteer services, a completed self-screening form in a Department-provided format for tuberculosis screening purposes and follow recommendations for further tuberculosis testing, as applicable.
- G. A licensee shall ensure that a staff member who has current certification in adult and pediatric first aid and CPR, as required by R9-5-403(E), is present:
  - 1. At all times during hours of operation on facility premises,
  - 2. On field trips, and
  - 3. While transporting enrolled children in the facility's motor vehicle or a vehicle designated by the licensee to transport enrolled children.
- H. A licensee shall prohibit the use or possession of the following items when an enrolled child is on facility premises, during hours of operation, or in any motor vehicle used for transporting an enrolled child:
  - 1. Any beverage containing alcohol;
  - 2. A controlled substance as listed in A.R.S. Title 36, Chapter 27, Article 2, except where used as a prescription medication in the manner prescribed;
  - 3. A dangerous drug as defined in A.R.S. § 13-3401, except where used as a prescription medication in the manner prescribed;
  - 4. A prescription medication as defined in A.R.S. § 32-1901, except where used in the manner prescribed; or
  - 5. A firearm as defined in A.R.S. § 13-105.
- I. At least once a month, and at different times of the day, a licensee shall ensure that:
  - 1. An unannounced practice drill that includes evacuation, relocation, shelter-in place, and lock downs are conducted;
  - 2. Each staff member, volunteer, and enrolled child at the facility participates in the practice drill;
  - 3. If applicable, accommodations are made for an enrolled child with a special need or disability according to the enrolled child's individualized plan as specified in R9-5-507(A)(1);
  - 4. If applicable, accommodations are made for an enrolled child or infant who is not yet walking; and
  - 5. Document each practice drill and maintain the documentation on facility premises for 12 months after the date of the practice drill.
- J. A licensee shall not allow a staff member who lacks proof of immunity against a disease listed in A.A.C. R9-6-702 to be present in the facility between the start and end of an outbreak of the disease at the facility.
- K. A licensee shall ensure that the Department is notified orally or in writing within 24 hours after an enrolled child's death at the child care facility during hours of operation.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by final rulemaking at 13 A.A.R. 3492, effective December 1, 2007 (Supp. 07-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by final

rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-302. Statement of Child Care Services**

A licensee shall prepare a written statement of child care services provided by the licensee that includes the following:

1. A description of the facility's child care services classifications in R9-5-204;
2. Hours of operation;
3. The facility's street address, city, state, zip code, mailing address, and telephone number;
4. Child enrollment and disenrollment procedures;
5. Charges, fees, and payment requirements for child care services;
6. Child admission and release requirements;
7. Guidelines for positive discipline reflective of age-appropriate methods for children that include clear, appropriate, consistent expectations;
8. Transportation procedures;
9. Field trip requirements and procedures;
10. Responsibilities and participation of parents in facility activities;
11. A general description of activities and programs;
12. A description of the liability insurance required by R9-5-308 that is carried by the licensee and a statement that documentation of the liability insurance coverage is available for review on the facility premises;
13. Medication administration procedures;
14. Accident and emergency procedures;
15. A notice stating inspection reports are available onsite;
16. A provision stating that the facility is regulated by the Arizona Department of Health Services including the Department's local street address, city, state, zip code, and local telephone number;
17. The procedures for notifying a parent at least 48 hours before a pesticide is applied on a facility's premises;
18. A statement that a parent has access to the areas on facility premises where the parent's enrolled child is receiving child care services; and
19. Policies and procedures for suspension and expulsion of children to include clear, appropriate, consistent expectations, including suspension and expulsion prevention strategies.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended subsection (A) effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Section R9-5-302 and its historical note were inadvertently removed and overwritten with rule text from R9-5-301 in Supp. 18-4; the Section and historical note have been restored as last amended and codified in Supp. 10-3 (Supp. 20-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-303. Posting of Notices**

- A. A licensee shall post in a place that can be conspicuously viewed by individuals entering or leaving the facility or activity area the:
  1. Facility's license;
  2. Name of the facility director;

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3. Name of the individual designated to act on behalf of the facility director when the facility director is not present in the facility, as prescribed by R9-5-301(B)(1);
  4. Schedule of child care services fees and policy for refunding fees as prescribed by A.R.S. § 36-882(P);
  5. Breakfast, lunch, dinner, and snack menus for each calendar week at the beginning of the calendar week;
  6. Notice of the presence of any communicable disease or infestation listed in 9 A.A.C. 6, Article 2, Table 2.2, from the date of discovery through the incubation period of the communicable disease or infestation;
  7. Notice of the Department's intent to deny, revoke, or suspend as prescribed by A.R.S. § 36-888 at the expiration of time in the notice for the licensee to respond;
  8. Notice of an intermediate sanction imposed as prescribed by A.R.S. § 36-891.01 within 10 calendar days after the licensee received notice of the intermediate sanction;
  9. Notice of a legal injunction imposed as prescribed by A.R.S. § 36-886.01 when the licensee receives the legal injunction; and
  10. Notice of the availability of facility inspection reports for public viewing at the facility premises.
- B.** A licensee shall ensure that the licensed capacity of each indoor activity area is posted in that activity area.
- C.** Except as prescribed in A.R.S. § 36-898(C), a licensee shall post a notification of pesticide application in each activity area and in each entrance of a facility, at least 48 hours before a pesticide is applied on the facility's premises, containing:
1. The date and time of the pesticide application, and
  2. A statement that written pesticide information is available from the licensee upon request.
6. The written authorization for emergency medical care of the enrolled child;
  7. The name of the individual to be contacted in case of injury or sudden illness of the child;
  8. The written instructions of a child's parent or health care provider for the nutritional and dietary needs of the child including, if applicable, the request in R9-5-509(C)(14); and
  9. A written record completed by the child's parent or health care provider noting the child's susceptibility to illness, physical conditions of which a staff member should be aware, and any individual requirements for health maintenance.
- C.** A licensee shall maintain a current Emergency, Information, and Immunization Record for each enrolled child on facility premises in a place that provides a staff member ready access to the record in the event of an emergency at, or evacuation of, the facility.
- D.** When an enrolled child is disenrolled from a facility, the licensee shall:
1. Enter the date of disenrollment on the child's Emergency, Information, and Immunization Record; and
  2. Maintain the records in subsection (D)(1) for 12 months after the date of disenrollment on facility premises in a place separate from the current Emergency, Information, and Immunization Record. If a licensee is a school governing board, a charter school, or a person operating multiple child care facilities, the licensee may maintain disenrollment records in a single central administrative office located in the same city, town, or school attendance area as the facility.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by final rulemaking at 13 A.A.R. 3492, effective December 1, 2007 (Supp. 07-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-304. Enrollment of Children**

- A.** A licensee shall require that a child be enrolled by the child's parent or an individual authorized in writing by the child's parent.
- B.** Except as required in A.R.S. § 36-3009, before an enrolled child receives child care services, a licensee shall require the enrolled child's parent to complete an Emergency, Information, and Immunization Record, that is no more than a two-page written notice, and is signed by the enrolled child's parent containing:
1. The child's name, home address, sex, and date of birth;
  2. The date of the child's enrollment;
  3. The name, home address, email address, and telephone number of each parent of the child;
  4. The name and telephone number of at least two individuals authorized by the child's parent to collect the child from the facility in case of emergency, or if the child's parent cannot be contacted;
  5. The name and telephone number of the child's health care provider;

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-305. Child Immunization Requirements**

- A.** A licensee shall not permit an enrolled child to attend a facility until the facility receives:
1. An immunization record for the enrolled child with the information required in 9 A.A.C. 6, Article 7, documenting that the enrolled child has received all current, age-appropriate immunizations required under 9 A.A.C. 6, Article 7:
    - a. Provided by a health care provider, or
    - b. Generated from the Arizona State Immunization Information System, which is the Department's child immunization reporting system established in A.R.S. § 36-135; or
  2. An exemption affidavit for the enrolled child provided by the enrolled child's parent that contains a statement, signed by the enrolled child's:
    - a. Health care provider, that the immunizations required by 9 A.A.C. 6, Article 7 would endanger the enrolled child's health or medical condition; or
    - b. Parent, that the enrolled child is being raised in a religion whose teachings are in opposition to immunization.
- B.** If an enrolled child has not had immunizations and is either homeless, as in "homeless children and youths" according to

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42 USC 11434a, who is referred by DCS or Tribal Child Protective Services, initial doses should be administered within 30-calendar days, unless the enrolled child has a religious or medical exemption, as specified in subsections (A)(1) and (2). A child who is experiencing homelessness or who is referred by DCS or Tribal Child Protective Services is permitted to enroll in the program while required documentation is obtained.

- C. A licensee shall attach an enrolled child's written immunization record or exemption affidavit, required in subsection (A), to the enrolled child's Emergency, Information, and Immunization Record, required in R9-5-304(B).
- D. A licensee shall ensure that a staff member updates an enrolled child's written immunization record required in subsection (A)(1)(a) each time the enrolled child's parent provides the licensee with a written statement from the enrolled child's health care provider that the enrolled child has received an age-appropriate immunization required by 9 A.A.C. 6, Article 7.
- E. If an enrolled child's immunization record indicates that the enrolled child has not received an age-appropriate immunization required by 9 A.A.C. 6, Article 7, a licensee shall ensure that a staff member:
  - 1. Notifies the enrolled child's parent in writing that the enrolled child may attend the facility for not more than 15 calendar days after the date of the notification unless the enrolled child's parent complies with the immunization requirements in 9 A.A.C. 6, Article 7; and
  - 2. Documents on the enrolled child's Emergency, Information, and Immunization Record the date on which the enrolled child's parent is notified of an immunization required by the Department.
- F. A licensee shall not allow an enrolled child who lacks proof of immunity against a disease listed in A.A.C. R9-6-702 to attend the child care facility between the start and end of an outbreak of the disease at the facility.
- G. If a parent of an enrolled child, excluded from a child care facility because of the lack of documented immunity to a disease during an outbreak of the disease at the child care facility, submits any of the documents in A.A.C. R9-6-704 as proof of the enrolled child's immunity to the disease, a licensee shall allow the enrolled child to attend the child care facility during the outbreak of the disease.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6).  
 Amended effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3).  
 Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4).  
 Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-306. Admission and Release of Children; Attendance Records**

- A. A licensee shall:
  - 1. Maintain a dated attendance form containing an enrolled child's name with the time of each admission and release, and the parent or staff member's signature or other unique identifier.
  - 2. If an electronic signature is used to admit or release the enrolled child, adopt policies and procedures to ensure that the individual whose signature the electronic or digi-

tal method of identification represents is accountable for the use of the electronic or digital method;

- 3. Develop, document, and implement policies and procedures to ensure that the identity of an individual is known to the staff member or is verified with picture identification before releasing an enrolled child to the individual.
- 4. Not release the enrolled child to an individual other than the enrolled child's parent or other individual designated in writing by the enrolled child's parent except when the enrolled child's parent is unable to collect the enrolled child and authorizes the licensee by telephone to release the enrolled child to an individual not so designated.
- 5. Not permit the self-admission or self-release of an enrolled child unless the enrolled child is of school-age and the licensee has obtained and verified written permission from the enrolled child's parent.
- 6. Maintain the attendance form on facility premises for 12 months after the date of attendance.
- B. A licensee shall:
  - 1. Develop, document, and implement policies and procedures to ensure that a staff member maintains daily documentation of the presence of an enrolled child in an activity area that includes a method to account for any temporary absences of the enrolled child from the activity area; and
  - 2. Maintain the documentation of the presence of enrolled children in an activity area required in subsection (B)(1) on facility premises for 12 months after the date of the documentation.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6).  
 Amended subsection (B) effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-307. Suspected or Alleged Child Abuse or Neglect**

A licensee shall ensure that the licensee or a staff member documents and reports all suspected or alleged cases of child abuse or neglect.

- 1. The licensee or staff member shall report the suspected or alleged child abuse or neglect to the Arizona Department of Child Safety or to a local law enforcement agency as prescribed in A.R.S. § 13-3620. The licensee or staff member shall also send documentation to the Arizona Department of Child Safety and any local law enforcement agency previously notified within three calendar days of the initial report, and maintain documentation of a child abuse or neglect report on facility premises for 12 months after the date of a report.
- 2. The licensee or staff member shall report the suspected or alleged child abuse by a staff member to the Department and to a local law enforcement agency as prescribed in A.R.S. § 13-3620. A licensee or staff member shall also send documentation to the Department and to any law enforcement agency previously notified within three calendar days of the initial report, and maintain documentation of a child abuse report on facility premises for 12 months after the date of a report.

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**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3).

Amended by final expedited rulemaking at 24 A.A.R.

3429, effective December 5, 2018 (Supp. 18-4).

**R9-5-308. Insurance Requirements**

A. A licensee shall secure and maintain the following minimum insurance coverage:

1. General facility liability insurance of at least \$300,000; and
2. Motor vehicle insurance coverage, required by A.R.S. Title 28, Chapter 9, Article 4, for each motor vehicle provided by a licensee to transport enrolled children.

B. A licensee shall maintain documentation of the insurance coverage required in subsection (A) on facility premises.

C. A licensee shall provide a copy of documentation of insurance to the Department before issuance of a license and at any time that the licensee's insurance coverage expires, is canceled, or changes.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3).

**R9-5-309. Gas and Fire Inspections**

A. An applicant shall obtain the following inspections of a facility and make any repairs or corrections stated on an inspection report before a license is issued by the Department:

1. If there are gas pipes that run from a gas meter to an appliance or location on the facility premises, a gas inspection by a licensed plumber or individual authorized by the local jurisdiction that verifies there are no gas leaks in the gas pipes that run from the gas meter to any appliance or location on facility premises; and
2. A fire inspection by a local fire department.

B. If there are gas pipes that run from a gas meter to an appliance or location on the facility premises, a licensee shall ensure that a licensed plumber or individual authorized by the local jurisdiction conducts a gas inspection that verifies there are no gas leaks in the gas pipes that run from the gas meter to any appliance or location on facility premises at least once every 12 months after the issue date of the license.

C. A licensee shall maintain on facility premises:

1. A current fire inspection report including documentation of any repairs or corrections required by the fire inspection report; and
2. If there are gas pipes that run from a gas meter to an appliance or location on the facility premises, a current gas inspection report including documentation of any repairs or corrections required by the gas inspection report.

**Historical Note**

Adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3).

**R9-5-310. Pesticides**

A. A licensee shall make written pesticide information available to a parent, upon a parent's request, at least 48 hours before a

pesticide application occurs on facility premises, containing the:

1. Brand, concentration, rate of application, and any use restrictions required by the label of the herbicide or specific pesticide;
2. Date and time of the pesticide application;
3. Pesticide label, which includes the written, printed, or graphic matter approved by the United States Environmental Protection Agency on or attached to, a pesticide container; and
4. Name and telephone number of the pesticide business licensee and the name of the licensed applicator, who complies with A.A.C. R3-8-201(C), providing pesticide services.

B. A licensee is exempt from the provisions in subsection (A), as prescribed by A.R.S. § 36-898(C).

**Historical Note**

New Section made by final rulemaking at 13 A.A.R.

3492, effective December 1, 2007 (Supp. 07-4).

Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**ARTICLE 4. FACILITY STAFF****R9-5-401. Staff Qualifications**

A licensee shall ensure that staff members meet the following qualifications for employment or volunteer service at a facility:

1. A facility director is 21 years of age or older and provides the licensee with documentation of one of the following:
  - a. At least 24 months of child care experience, a high school or high school equivalency diploma, and
    - i. Six credit hours or more in early childhood, child development, or a closely-related field from an accredited college or university; or
    - ii. At least 60 actual hours of instruction, provided in conferences, seminars, lectures, or workshops in early childhood, child development, or a closely-related field, and an additional 12 hours of instruction, provided in conferences, seminars, lectures, or workshops in the area of program administration, planning, development, or management;
  - b. At least 18 months of child care experience; and
    - i. An N.A.C., C.D.A., or C.C.P. credential; or
    - ii. At least 24 credit hours from an accredited college or university, including at least six credit hours in early childhood, child development, or a closely-related field;
  - c. At least six months of child care experience and an associate degree from an accredited college or university in early childhood, child development, or a closely-related field; or
  - d. At least three months of child care experience and a bachelor's degree from an accredited college or university in early childhood, child development, or a closely-related field;
2. A facility director's designee is 21 years of age or older and provides the licensee with documentation of one of the following:
  - a. At least 12 months of child care experience, a high school or high school equivalency diploma; and

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- i. Three credit hours or more in early childhood, child development, or a closely-related field from an accredited college or university; or
  - ii. At least 30 actual hours of instruction, provided in conferences, seminars, lectures, or workshops in early childhood, child development, or a closely-related field;
  - b. At least 12 months of child care experience; and
    - i. An N.A.C., C.D.A., or C.C.P. credential; or
    - ii. At least 24 credit hours from an accredited college or university, including at least six credit hours in early childhood, child development, or a closely-related field;
  - c. At least six months of child care experience and an associate degree from an accredited college or university in early childhood, child development, or a closely-related field; or
  - d. At least three months of child care experience and a bachelor's degree from an accredited college or university in early childhood, child development, or a closely-related field;
3. A child educator is 18 years of age or older and provides the licensee with documentation of one of the following:
    - a. Six months of child care experience if working with enrolled children five years old and younger, or three months of child care experience if working with school-aged children; and
      - i. A high school diploma or high school equivalency diploma; or
      - ii. At least 12 credit hours from an accredited college or university, including at least six credit hours in early childhood, child development, or a closely-related field;
    - b. Associate or bachelor's degree from an accredited college or university in early childhood, child development, or a closely-related field; or
    - c. N.A.C., C.D.A., or C.C.P. credential;
  4. An assistant child educator is 16 years of age or older and provides the licensee with documentation of one of the following:
    - a. Current and continuous enrollment in high school or a high school equivalency class;
    - b. High school or high school equivalency diploma;
    - c. Enrollment in vocational rehabilitation, as defined in A.R.S. § 23-501; or
    - d. Employment or service as a volunteer in a licensed child care facility for 12 months;
  5. A child educator aide is 16 years of age or older;
  6. A student-aide provides the licensee with documentation of participation in:
    - a. An educational, curriculum-based course in child development, parenting, or guidance counseling; or
    - b. A vocational education or occupational development program; and
  7. A volunteer is 15 years of age or older.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). R9-5-401(1)(a) has been corrected to reflect staff qualifications on file and as published in the 97-4 Code Supplement (04-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31

A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-402. Staff Records and Reports**

- A. A licensee shall maintain a file for each staff member containing:
  1. The staff member's name, date of birth, home address, and telephone number;
  2. The staff member's starting date of employment or volunteer service;
  3. The staff member's ending date of employment or volunteer service, if applicable;
  4. The name and telephone number of an individual to be notified in case of an emergency;
  5. The staff member's written statement attesting to current immunity against measles, rubella, diphtheria, mumps, and pertussis;
  6. The form required in A.R.S. § 36-883.02(C);
  7. Documents required by R9-5-203;
  8. Documents required by R9-5-301;
  9. Documents required by R9-5-401, if applicable;
  10. If applicable:
    - a. The form required in A.R.S. § 8-804(I),
    - b. Documentation of the submission required in A.R.S. § 8-804 and the information received as a result of the submission, and
    - c. Documentation of training provided by a licensee as required by R9-5-403;
  11. A copy of any current license or certification required by A.R.S. Title 36, Chapter 7.1, Article 1, or this Chapter; and
  12. Documentation of the requirements in A.R.S. § 36-883.02(D).
- B. A licensee shall ensure that, for a staff member who is currently working at the facility, the staff member's information required by:
  1. Subsections (A)(1) through (11) is maintained in a single location on facility premises, and
  2. Subsection (A)(12) is maintained and provided to the Department within two hours of the Department's request.
- C. A licensee shall ensure that, for an individual who is not currently working at the facility, the information required in subsections (A)(1) through (12) is:
  1. Maintained for 12 months after the date the individual last worked at the facility, and
  2. Provided to the Department within two hours of the Department's request.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by exempt rulemaking at 19 A.A.R. 2612, effective August 1, 2013 (Supp. 13-3). Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by final expedited rulemaking 28 A.A.R. 1845 (July 29, 2022), with an immediate effective date of July 7, 2022 (Supp. 22-3).

**R9-5-403. Training Requirements**

- A. Within 10 calendar days of the starting date of employment or volunteer service, a licensee shall provide, and each staff member who provides child care services shall complete,

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training for new staff members that includes all of the following:

1. Facility philosophy and goals;
2. Names and ages of and developmental expectations for enrolled children for whom the staff member will provide child care services;
3. Health needs, nutritional requirements, any known allergies, and information about adaptive devices of enrolled children for whom the staff member will provide child care services;
4. Lesson plans;
5. Child guidance and methods of positive discipline, including separation;
6. Hand washing techniques;
7. Diapering techniques and toileting, if assigned to diaper changing duties;
8. Food preparation, service, sanitation, and storage, if assigned to food preparation;
9. If a staff member is assigned to feeding infants, the preparation, handling, and storage of infant formula and breast milk;
10. Recognition of signs of illness and infestation;
11. Child abuse or neglect detection, prevention, and reporting;
12. Accident and emergency procedures;
13. Staff responsibilities as required by A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter;
14. Sun safety policies and procedures;
15. Safety in outdoor activity areas;
16. Transportation procedures, if applicable;
17. Field trip procedures, if applicable;
18. Infant tummy time, if applicable;
19. Prevention of sudden infant death syndrome and use of safe sleeping practices, if applicable; and
20. Prevention of shaken baby syndrome, pediatric abusive head trauma, and child maltreatment.

**B.** A licensee shall ensure that:

1. Each staff member who provides child care services completes 24 or more clock hours of training every 12 months after the effective date of this Chapter or the staff member's starting date of employment or volunteer service in at least two topics listed below:
  - a. Child growth and development, including:
    - i. Infant growth and development, including sudden infant death syndrome prevention and safe sleeping practices;
    - ii. Brain development;
    - iii. Basic child development, including cognitive, social, emotional, and physical, as well as approaches to learning;
    - iv. Language development;
    - v. Observation and child assessment;
    - vi. Developmentally-appropriate activities;
    - vii. Child guidance and methods of positive discipline which may include techniques to promote healthy social-emotional development and reduce challenging behaviors; or
    - viii. Developmentally-appropriate activity areas.
  - b. Health and safety issues, including:
    - i. Accident and emergency procedures, including CPR and first aid for infants and children;
    - ii. Recognition of signs of illness and infestation;
    - iii. Nutrition and developmentally-appropriate eating habits;

- iv. Child abuse detection, reporting, and prevention;
- v. Safety of indoor and outdoor activity areas;
- vi. Sun safety policies and procedures;
- vii. Water safety;
- viii. Prevention and control of infectious diseases, including immunization;
- ix. Prevention and response to emergencies due to food and allergic reactions, including anaphylactic shock;
- x. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;
- xi. Emergency preparedness, response, and recovery planning for emergencies resulting from a natural disaster or a human-caused event;
- xii. Administration of medication, consistent with standards for parental or guardian consent;
- xiii. Handling and storage of hazardous materials and the appropriate disposal of biocontaminants;
- xiv. Prevention of shaken baby syndrome, pediatric abusive head trauma, and child maltreatment; or
- xv. Physical restraint techniques.

- c. Program administration, planning, development, or management; and
- d. Availability of community services and resources, including those available to children with a special health care need or a disability; and

**2.** As part of the required 24 hours of training in subsection (B)(1):

- a. A staff member who has less than 12 months of child care experience before the staff member's starting date, completes at least 12 hours in one or more of the topics in subsection (B)(1)(a) in the staff member's first 12 months at the facility;
- b. A staff member who has 12 months or more of child care experience, completes at least six hours in one or more of the topics in subsection (B)(1)(a) every 12 months after the staff member's starting date;
- c. A staff member who provides child care services to an infant completes at least six hours in subsection (B)(1)(a)(i) every 12 months after the staff member's starting date; and
- d. A facility director completes at least six hours in subsection (B)(1)(c) every 12 months after the facility director's starting date.
- e. A child educator for school-aged children shall complete six of the 24 hours of training within the first three months of hire.

**C.** A licensee shall ensure that documentation of a staff member's completion of training required by subsection (A) is signed by the facility director and dated.

**D.** A licensee shall ensure that a staff member submits to the licensee documentation of training received as required by subsection (B) to the licensee as the training is completed.

**E.** A licensee shall ensure that a staff member, as required by R9-5-301(G):

1. Obtains adult and pediatric first aid certification;



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2. Obtains adult and pediatric CPR certification, which includes a demonstration of the staff member's ability to perform CPR;
3. Maintains current certification in adult and pediatric first aid and CPR; and
4. Provides the licensee with a copy of the front and back of the current card issued to the staff member upon completing adult and pediatric first aid and CPR training as proof of completion of the requirements of this subsection.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended subsection (A) effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-404. Staff-to-Children Ratios**

- A. A licensee shall ensure that at least the following staff-to-children ratios are maintained at all times when providing child care services to enrolled children:

<i>Age Group</i>	<i>Staff: Children</i>
Infants	1:5 or 2:11
1-year-old children	1:6 or 2:13
2-year-old children	1:8
3-year-old children	1:13
4-year-old children	1:15
5-year-old children not school-age	1:20
School-age children	1:20

- B. A licensee shall:
1. Determine and maintain the required staff-to-children ratio for each group of enrolled children based on the age of the youngest child in the group; and
  2. Only allow an individual qualified as a director, child educator, or an assistant child educator to be counted as staff in staff-to-children ratios.
- C. A licensee shall ensure that when there are:
1. Six or more enrolled children present in a facility, the following individuals are present in the facility:
    - a. A facility director or a director's designee who meets the requirements in R9-5-401 for a director's designee, and
    - b. One additional staff member;
  2. Five or fewer enrolled children are present in a facility, the facility director or director's designee who meets the requirements in R9-5-401 is present in the facility, and an additional staff member is available by telephone or other equally expeditious means and able to reach the facility within 15 minutes after notification; and
  3. Six or more enrolled children are present in a facility, an infant is not placed for supervision with a child who is not an infant.
- D. A licensee shall ensure that a staff member assigned to provide child care services to enrolled children does not perform duties that may affect the staff member's ability to provide child care services to the enrolled children.
- E. In addition to maintaining the required staff-to-children ratios, a licensee shall ensure that:

1. Staff members are present on facility premises to perform facility administration, food preparation, food service, and maintenance responsibilities; and
2. Facility maintenance does not depend on the work of enrolled children.

- F. If a licensee conducts swimming activities at a swimming pool, the licensee shall ensure that there is a lifeguard on the premises who has current lifeguard certification that includes a demonstration of the lifeguard's ability to perform CPR. If the lifeguard is a staff member, the staff member cannot be counted in the staff-to-children ratios required by subsection (A).

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by final rulemaking at 13 A.A.R. 1086, effective May 5, 2007 (Supp. 07-1). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**ARTICLE 5. FACILITY PROGRAM AND EQUIPMENT****R9-5-501. General Child Care Program, Equipment, and Health and Safety Standards**

- A. A licensee shall ensure that:

1. In addition to complying with the requirements in this Chapter, the health, safety, or welfare of an enrolled child is not placed at risk of harm;
2. The facility does not allow enrolled children to mix with non-enrolled children on licensed facility premises;
3. For enrolled infants and children five-years or younger, drinking water is available to meet the needs of each enrolled child;
4. For an enrolled school-age child, if drinking water is not accessible in an indoor or outdoor activity area, drinking water sufficient to meet the individual needs of each enrolled school-aged child is available;
5. An enrolled child is placed in an age-appropriate or developmentally-appropriate group;
6. Indoor activity areas used by enrolled children are decorated with age-appropriate articles such as mirrors, bulletin boards, pictures, and posters;
7. Age-appropriate toys, materials, and equipment are provided to enable each enrolled child to participate in an activity;
8. Storage space is provided in the facility for indoor and outdoor toys, materials, and equipment in areas accessible to enrolled children;
9. Clean clothing is available to an enrolled child when the enrolled child needs a change of clothing;
10. If a staff member places an enrolled child in a feeding chair when feeding the enrolled child the:
  - a. Feeding chair is constructed to prevent toppling;
  - b. Tray or feeding surface of the feeding chair is smooth and free of cracks; and
  - c. Staff member:
    - i. Cleans the feeding chair before and after each enrolled child's use;
    - ii. Sanitizes the tray or feeding surface before and after each enrolled child's use; and
    - iii. If the feeding chair was manufactured with a safety strap, fastens the feeding chair's safety

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- strap while the enrolled child is in the feeding chair;
11. For enrolled children one to five years old, at least one indoor activity area in the facility is equipped with at least one cot or mat, a sheet, and a blanket, where an enrolled child can rest quietly away from other enrolled children;
  12. The facility premises, including the buildings, are maintained free from hazards;
  13. Toys and play equipment, required in this Article, are maintained:
    - a. Free from hazards, and
    - b. In a condition that allows the toy or play equipment to be used for the original purpose of the toy or play equipment;
  14. Temperatures are maintained between 68° F and 82° F in each room used by enrolled children;
  15. In rooms used for napping, the lighting must be dim during nap time to promote an atmosphere conducive to sleep but must be bright enough for supervision of children;
  16. Each enrolled child's toothbrush, comb, washcloth, cloth towel, and clothing are maintained in a clean condition and stored in an identified space separate from those of other enrolled children;
  17. Each enrolled child's pacifier is labeled with an identifier that is specific to the enrolled child and maintained in a clean condition;
  18. Except as provided in subsection (A)(20), the following are stored separate from food storage areas and are inaccessible to an enrolled child:
    - a. All materials and chemicals labeled as a toxic or flammable substance;
    - b. All substances that have a child warning label and may be a hazard to a child; and
    - c. Lawn mowers, ladders, toilet brushes, plungers, and other facility equipment that may be a hazard to a child;
  19. Hand sanitizers when being:
    - a. Stored, are stored separate from food storage areas and are inaccessible to enrolled children; and
    - b. Provided for use, are accessible to enrolled children; and
  20. Except when used as part of an activity, the following are stored in an area inaccessible to an enrolled child:
    - a. Garden tools, such as a rake, trowel, and shovel; and
    - b. Cleaning equipment and supplies, such as a mop and mop bucket.
- B.** A licensee shall ensure that a staff member:
1. Supervises each enrolled child at all times;
  2. Does not smoke, vape, or use tobacco:
    - a. On facility premises, except in designated areas separated from the children; or
    - b. On a field trip or when transporting an enrolled child;
  3. Does not smoke marijuana or use marijuana, as specified in A.R.S. § 36-894;
  4. Except for an enrolled child who can change the enrolled child's own clothing, changes an enrolled child's clothing when wet or soiled;
  5. For enrolled children 12-months and older, except as provided in subsection (C), prepares, posts, and implements in each indoor activity area, a current schedule of children's age-appropriate activities, including the times the following are provided:
    - a. Meals and snacks;
    - b. Naps;
    - c. Indoor activities;
    - d. If weather and air quality permit, outdoor or large muscle development activities;
    - e. Quiet and active activities;
    - f. Teacher-directed activities;
    - g. Self-directed activities;
    - h. Activities for individuals, groups of five or fewer children, and groups of six or more children; and
    - i. Activities that develop small muscles;
  6. For enrolled children five-years or younger, and except as provided in subsection (C), prepares, posts, and implements a dated lesson plan in each indoor activity area for each calendar week, which is maintained on facility premises for 12 months after the lesson plan date and provides opportunities for each child to:
    - a. Gain a positive self-concept;
    - b. Develop and practice social skills;
    - c. Think, reason, question, and experiment;
    - d. Acquire language skills;
    - e. Develop physical coordination skills;
    - f. Participate in structured large muscle physical activity;
    - g. Develop habits that meet health, safety, and nutritional needs;
    - h. Express creativity;
    - i. Learn to respect cultural diversity of children and staff;
    - j. Learn self-help skills; and
    - k. Develop a sense of responsibility and independence;
  7. If an activity in the lesson plan required in subsection (C)(5) includes screen time, include in the lesson plan the duration of the screen time in minutes;
  8. If the schedule in subsection (C)(4) or lesson plan in subsection (C)(5) is not implemented, writes on the schedule or the lesson plan the activity that is implemented;
  9. Does the following when a parent permits or asks a staff member to apply personal products on an enrolled child, such as petroleum jelly, diaper rash ointments, sun screen or sun block preparations, toothpaste, and baby diapering preparations:
    - a. Obtains the enrolled child's personal products from the enrolled child's parent or, if the licensee provides the personal products for use by the enrolled child, obtains written approval for use of the products from the enrolled child's parent;
    - b. Labels the personal products with the enrolled child's name; and
    - c. Keeps the personal products inaccessible to enrolled children;
  10. In an indoor activity area that does not have a diaper changing area:
    - a. Stores an enrolled child's wet or soiled clothing in a sealed plastic bag labeled with the enrolled child's name; and
    - b. Sends an enrolled child's wet or soiled clothing home with the enrolled child when the facility releases the enrolled child to the enrolled child's parent; and
  11. Monitors an enrolled child for overheating or overexposure to the sun. If the enrolled child exhibits signs of overheating or overexposure to the sun, a staff member

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who has the first aid training required by R9-5-403(E) shall evaluate and treat the enrolled child.

- C. A licensee is not required to have a schedule required in subsection (C)(4) or a lesson plan required in subsection (C)(5) for an indoor activity area that is approved and used:
1. By enrolled children only for:
    - a. Snacks or meals, or
    - b. A specific activity,
  2. To provide child care services to infants, or
  3. As a substitute for an outdoor activity area.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-502. Supplemental Standards for Infants**

- A. A licensee providing child care services for infants shall:
1. Provide a wall-enclosed room for infants that provides exits required by R9-5-601(1);
  2. Provide age-appropriate active and quiet activities for each infant;
  3. Provide age-appropriate indoor and outdoor activities for each infant;
  4. Permit an infant to maintain the infant's pattern of sleeping and waking;
  5. Develop, document, and implement tummy time policies and procedures that:
    - a. Provide an opportunity for a non-crawling infant to experience tummy time each day:
      - i. While the infant is awake, and
      - ii. On the infant's stomach;
    - b. Ensure a staff member who is supervising a non-crawling infant while the infant is flat on their stomach and on the floor:
      - i. Is within reach of the infant;
      - ii. Does not perform any other duties while supervising the infant;
      - iii. Does not allow the use of pillows, comforters, sheepskins, stuffed toys, or other soft products in the same floor space as the infant; and
      - iv. Does not allow any product specified in subsection (A)(5)(b)(iii) to be within reach of the infant;
    - c. Require continuous interaction between a non-crawling infant and the staff member who is supervising the non-crawling infant during tummy time;
    - d. Ensure, as an infant demonstrates ability and strength to control physical movement and greater sensory perception and social interaction, an assigned staff member provide a tummy-time period to a:
      - i. 2 - 3 month old infant of no more than 15 minutes;
      - ii. 3 - 4 month old infant of no more than 20 minutes; and
      - iii. 5 - 6 month old infant of 20 minutes; and
    - e. Ensure a non-crawling infant's tummy time period specified in subsection (A)(5)(d):

- i. Is determined by the assigned staff member's assessment of the infant;
    - ii. Is gradually increased as the infant's ability, strength, and perception increases; and
    - iii. Does not exceed tummy time periods specified in subsection (5)(D)(i) through (iii).
  6. Provide an outdoor activity area or an indoor activity area for large muscle development substituted for an outdoor activity area that is used by infants when enrolled children older than infants are not present;
  7. Provide space, materials, and equipment in an infant room that includes the following:
    - a. An area with nonabrasive flooring for sitting, crawling, and playing;
    - b. Toys, materials, and equipment, that are too large for a child to swallow and free from sharp edges and points, in a quantity sufficient to meet the needs of the infants in attendance that include:
      - i. Toys to enhance physical development such as toys for stacking, pulling, and grasping;
      - ii. Soft toys;
      - iii. Books;
      - iv. Toys to enhance visual development such as crib mobiles and activity mats with an object or objects suspended above the infant's head; and
      - v. Unbreakable mirrors; and
    - c. At least one adult-size chair for use by a:
      - i. Staff member when holding or feeding an infant, or
      - ii. Nursing mother when breastfeeding her infant;
  8. Provide a crib for each infant that:
    - a. Has bars or openings spaced no more than 2 3/8 inches apart and a crib mattress measured to fit not more than 1/2 inch from the crib side;
    - b. Has a commercially waterproofed mattress; and
    - c. Is furnished with only a clean, sanitized, crib-size bottom fitted sheet;
  9. Prohibit the use of stacked cribs;
  10. Ensure that an occupied crib with a crib side that does not have a non-porous barrier is placed at least 2 feet from another occupied crib side that does not have a non-porous barrier; and
  11. Label each food container received from the parent with the infant's name.
- B. A licensee providing child care services for infants shall not:
1. Allow an infant room to be used as a passageway to another area of the facility;
  2. Permit an infant who is awake to remain for more than 30 consecutive minutes in a crib, swing, feeding chair, infant seat, or any equipment that confines movement;
  3. Permit an infant to use a walker;
  4. Allow screen time in an infant room;
  5. Shake an infant or child, or cause pediatric abusive head trauma;
  6. Permit an infant to sleep with other children; or
  7. Permit an infant to sleep in a playpen, pack and play, car seat, stroller, swing, bouncer, high chair, or other equipment not intended for sleep purposes.
- C. A licensee shall ensure that:
1. A staff member providing child care services in an infant room:
    - a. Plays and talks with each infant;
    - b. Holds and rocks each infant;

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- c. Responds immediately to each infant's distress signals;
  - d. Keeps dated and timed, daily, documentation of each infant including:
    - i. A description of any activities the infant participated in,
    - ii. The infant's food consumption,
    - iii. Diaper changes, and
    - iv. Tummy time;
  - e. Maintains the documentation in subsection (C)(1)(d) on facility premises for 12 months after the date on the documentation;
  - f. Provides a copy of the documentation in subsection (C)(1)(d) to the infant's parent upon request;
  - g. Does not allow bumper pads, pillows, comforters, sheepskins, stuffed toys, or other soft products in a crib when an infant is in the crib;
  - h. Cleans and sanitizes each crib and mattress used by an infant when soiled;
  - i. Changes, cleans, and sanitizes each crib sheet before use by another infant, when soiled, or at least once every 24 hours;
  - j. Places an infant to sleep on the infant's back, unless the infant's parent submits written instructions from the infant's health care provider that states otherwise;
  - k. Obtains written, current, signed, and dated dietary instructions from a parent or health care provider regarding the method of feeding and types of foods to be prepared or fed to an infant at the facility;
  - l. Posts the current written dietary instructions in the infant room and the kitchen and maintains the instructions on facility premises for 12 months after the date of the instructions; and
  - m. Follows the current written dietary instructions of a parent when feeding the infant;
2. A staff member providing child care services in an infant room does not:
    - a. Place an infant directly on a waterproof mattress cover; or
    - b. Place an infant to sleep using a positioning device that restricts movement, unless the infant's health care provider has instructed otherwise in writing;
  3. When preparing, using, or caring for an infant's feeding bottles, a staff member:
    - a. Labels each bottle received from the parent with the infant's name;
    - b. Ensures that a bottle is not:
      - i. Heated in a microwave oven;
      - ii. Propped for an infant feeding; or
      - iii. Permitted in an infant's crib unless the written instructions required by subsection (C)(1)(l) state otherwise;
    - c. Empties and rinses bottles previously used by an infant; and
    - d. Cleans and sanitizes a bottle, bottle cover, and nipple before reuse; and
  4. When feeding an infant, a staff member:
    - a. Provides an infant with food for growth and development that includes:
      - i. Formula provided by the infant's parent or the licensee or breast milk provided by the infant's parent, following written instructions required by subsection (C)(1)(l); and
      - ii. Cereal as requested by the infant's parent or health care provider;
    - b. If the staff member prepares an infant's formula, prepares the infant's formula in a sanitary manner;
    - c. Stores formula and breast milk in a sanitary manner at the facility;
    - d. Does not mix cereal with formula and feed it to an infant from a bottle or infant feeder unless the written instructions required by subsection (C)(1)(l) state otherwise;
    - e. Except for finger food, feeds solid food to an infant by spoon from an individual container;
    - f. Uses a separate container and spoon for each infant;
    - g. Holds and feeds an infant under 6 months of age and an infant older than 6 months of age who cannot hold a bottle for feeding; and
    - h. If an infant is no longer being held for feeding, seat the infant in a feeding chair or at a table with a chair that allows the infant to reach the food while sitting.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 26 A.A.R. 1265 with an immediate effective date of June 3, 2020 (Supp. 20-2). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-503. Standards for Children Needing Diaper Changing**

- A. A licensee shall ensure that each diaper changing area required in R9-5-601(4) contains:
  1. A nonabsorbent, sanitizable diaper changing surface that is:
    - a. Seamless and smooth, and
    - b. Kept clear of items not required for diaper changing;
  2. A hand-washing sink next to the diaper changing surface for staff use when changing diapers and for washing an enrolled child during or after diapering, that provides:
    - a. Running water between 86° F and 110° F,
    - b. Soap from a dispenser, and
    - c. Single-use paper hand towels from a dispenser;
  3. At least one waterproof, sanitizable container with a waterproof liner and a tight fitting lid for soiled diapers; and
  4. At least one waterproof, sanitizable container with a waterproof liner and a tight fitting lid for soiled clothing.
- B. A licensee shall ensure that a staff member does not:
  1. Permit a bottle, formula, food, eating utensil, or food preparation in a diaper changing area;
  2. Draw water for human consumption from a diaper changing area sink; or
  3. Change diapers until food preparation duties have been completed for the day.
- C. A licensee shall ensure that a written diaper changing procedure is posted and implemented in each diaper changing area.
- D. A licensee shall ensure that the written diaper changing procedure in subsection (C) states that an enrolled child's diaper is changed as soon as it is soiled, and that a staff member, when diapering:
  1. Uses a separate wash cloth and towel only once for each enrolled child;

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2. Washes and dries the enrolled child using the enrolled child's individual personal products labeled with the enrolled child's name;
  3. Uses single-use non-porous gloves;
  4. Washes the staff member's own hands with soap and running water between 86° F and 110° F before and after each diaper change;
  5. Washes each enrolled child's hands with soap and running water between 86° F and 110° F after each diaper change;
  6. Cleans, sanitizes, and dries the diaper changing surface following each diaper change; and
  7. Uses single-use paper towels from a dispenser to dry the diaper changing surface or the hands of the enrolled child or staff member.
- E.** A licensee shall ensure that in an activity area with a diaper changing area:
1. The container required in subsection (A)(3) and (4) are inaccessible, and
  2. A staff member:
    - a. Documents each diaper change with the date and time, for an:
      - i. Infant, in the infant's dated, daily, documentation required in R9-5-502(C)(1)(d); or
      - ii. Enrolled child who is not an infant, in a dated diaper changing log.
    - b. Maintains the diaper changing log on facility premises for 12 months after the date of the diaper changing log;
    - c. Empties clothing soiled with feces into a flush toilet without rinsing;
    - d. Places an enrolled child's clothing soiled by feces or urine in a plastic bag labeled with the enrolled child's name, stores the clothing in a container used for this purpose, and sends the clothing home with the enrolled child's parent; and
    - e. Removes disposable diapers and disposable training pants from a diaper changing area as needed or at least twice every 24 hours to a waste receptacle outside the facility building.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-504. Supplemental Standards for 1-year-old and 2-year-old Children**

- A.** A licensee providing child care services for 1-year-old and 2-year-old children shall:
1. Ensure that a staff member does not permit a 1-year-old or 2-year-old enrolled child who is awake to spend more than 30 minutes of consecutive time in a crib, feeding chair, or other place of confinement;
  2. Consult with each enrolled child's parent to develop an individual plan for toilet training of the enrolled child and ensure that a staff member does not force toilet training on any enrolled child;
  3. Ensure that each activity area has a supply of age-appropriate toys, materials, and equipment that are too large for a child to swallow and free from sharp edges and points,

in a quantity sufficient to meet the needs of the enrolled children in attendance including:

- a. Art supplies,
  - b. Books,
  - c. Rubber or soft plastic balls,
  - d. Puzzles and toys to enhance manipulative skills,
  - e. Blocks,
  - f. Washable soft toys and dolls,
  - g. Musical instruments, and
  - h. Indoor and outdoor equipment to enhance large muscle development;
4. Prohibit screen time in an activity area where child care services are provided to a 1-year-old child;
  5. Not permit a 1-year-old or 2-year-old enrolled child to sleep with other children;
  6. Not permit a 1-year-old or 2-year-old enrolled child to sleep in a playpen, pack and play, car seat, stroller, swing, bouncer, high chair, or other equipment not intended for sleep purposes;
  7. Not shake a child or cause pediatric abusive head trauma;
  8. Use routine activities such as nap time, feeding, diapering, and toileting as opportunities for language development and other learning; and
  9. Ensure that:
    - a. If finger food is served, the food is of a size and texture that does not present a choking hazard;
    - b. A staff member serves food to an enrolled child in a feeding chair or at a table with a chair that allows the enrolled child to reach the food while sitting;
    - c. If a child is fed with a bottle, a staff member complies with the requirements in R9-5-502(C)(3); and
    - d. If a parent brings a sippy cup for the parent's enrolled child, the sippy cup, as in a lidded drinking container that is designed to be leak proof or leak-resistant and from which a child drinks through a spout or straw, is labeled with the enrolled child's name.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-505. Supplemental Standards for 3-year-old, 4-year-old, and 5-year-old Children**

- A.** A licensee providing child care services for 3-year-old, 4-year-old, and 5-year-old children shall provide a supply of age-appropriate toys, materials, and equipment accessible to enrolled children in each activity area in a quantity sufficient to meet the needs of the enrolled children in attendance including:
1. Art supplies,
  2. Blocks,
  3. Books and posters,
  4. Toys and dress-up clothes,
  5. Indoor and outdoor equipment to enhance large muscle development,
  6. Puzzles and toys to enhance manipulative and categorization skills,
  7. Science materials, and
  8. Musical instruments.

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- B.** If applicable, a licensee providing child care services for 3-year-old, 4-year-old, and 5-year-old children shall consult with each enrolled child's parent to develop an individual plan for individual toilet training of the enrolled child and ensure that a staff member does not force toilet training on any enrolled child.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended subsection (F) effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-506. Supplemental Standards for School-age Out-of-School Time Programs**

- A.** A licensee providing child care services for school-age children shall:
1. Ensure that a staff member supervises an enrolled school-age child to and from a bathroom and allows the enrolled child privacy while in the bathroom;
  2. Ensure that if an enrolled child remains in the bathroom for more than three minutes, the supervising staff member checks on the enrolled child to ensure the child's safety;
  3. Provide age-appropriate toys, materials, and equipment accessible to enrolled children in a quantity sufficient to meet the needs of the enrolled children in attendance including:
    - a. Arts and crafts,
    - b. Games,
    - c. Puzzles and toys to enhance manipulative skills,
    - d. Books,
    - e. Science materials,
    - f. Sports equipment, and
    - g. Outdoor play equipment;
  4. Provide enrolled school-age children with a quiet study area;
  5. Ensure that if drinking water is not accessible in an indoor or outdoor activity area, drinking water is available to meet the individual needs of each enrolled school-aged child; and
  6. Ensure that, when a parent permits, a staff member allows an enrolled school-age child to possess and use a topical sunscreen product without a note or prescription from a licensed health care professional.
- B.** A school-age out-of-school time program provider shall:
1. Operate after school, before school, or during a time when school is not in session;
  2. Serve school-age children; and
  3. Promote expanded childhood learning, enrichment, child and youth development, or educational, recreational, or character-building activities.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-507. Supplemental Standards for Children with a Special Health Care Need or a Disability**

- A.** A licensee providing child care services for a child with a special health care need or a disability shall:
1. Except as provided in subsection (A)(2), before a child with a special health care need or a disability receives child care services, obtain from the enrolled child's parent a copy of an existing individualized plan for the enrolled child that can be reviewed, adopted, and implemented by the licensee when providing child care services to the enrolled child that includes the following as needed for the enrolled child:
    - a. Medication schedule;
    - b. Nutrition and feeding instructions;
    - c. Qualifications required of a staff member who feeds the enrolled child;
    - d. Medical equipment or adaptive devices;
    - e. Medical emergency instructions;
    - f. Toileting and personal hygiene instructions;
    - g. Specific child care services to be provided to the enrolled child at the facility;
    - h. Information from health care providers, including the frequency and length of any prescribed medical treatment or therapy;
    - i. Training required of a staff member to care for the enrolled child's a special health care need or a disability; and
    - j. Participation in practice drills;
  2. If an enrolled child with a special health care need or a disability does not have an existing individualized plan, obtain from the enrolled child's parent written instructions for providing services to the enrolled child until a written individualized plan required in subsection (A)(1) is developed by a team consisting of staff members, the enrolled child's parent, and health care providers, if applicable, that is completed within 30 calendar days after the enrolled child's initial date of receiving child care services;
  3. Maintain an enrolled child's current individualized plan on facility premises and if the current individualized plan was developed according to subsection (A)(2), provide a copy to the enrolled child's parent; and
  4. Ensure the individualized plan is updated at least every 12 months after the date of the initial plan or as changes occur.
- B.** If an enrolled child with a special health care need or a disability who is 18 months of age or older and does not walk is placed in an infant group, a licensee may move the enrolled child after the enrolled child's parent and licensee determine that the proposed move is developmentally-appropriate.
- C.** A licensee shall ensure that:
1. When tube feeding an enrolled child, a staff member only uses:
    - a. Commercially prepackaged formula in a ready-to-use state,
    - b. Formula prepared by the enrolled child's parent and brought to the facility in an unbreakable container, or
    - c. Breast milk brought to the facility in an unbreakable container; and
  2. Only a staff member instructed by an enrolled child's parent or individual designated by the enrolled child's parent:
    - a. Feeds the enrolled child using the enrolled child's tube-feeding apparatus, and
    - b. Cleans the enrolled child's tube-feeding apparatus.

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- D.** A licensee shall provide an enrolled child with a special health care need or a disability with:
1. Developmentally-appropriate toys, materials, and equipment; and
  2. Assistance from staff members to enable the enrolled child to participate in the activities of the facility.
- E.** In addition to complying with the transportation requirements in R9-5-517, a licensee transporting an enrolled child with a special health care need or a disability in a wheelchair in a facility's motor vehicle shall ensure that the enrolled:
1. Child's wheelchair is manufactured to be secured in a motor vehicle;
  2. Child's wheelchair is secured in the motor vehicle using a minimum of four anchorages attached to the motor vehicle floor, and four securement devices, such as straps or webbing that have buckles and fasteners, that attach the wheelchair to the anchorages;
  3. Child is secured in the wheelchair by means of a wheelchair restraint that is a combination of pelvic and upper body belts intended to secure a passenger in a wheelchair; and
  4. Child's wheelchair is placed in a position in the motor vehicle that does not prevent access to the enrolled child in the wheelchair or passage to the front and rear of the motor vehicle.
- F.** A licensee providing child care services for an enrolled child who uses a wheelchair or is not able to walk shall locate the enrolled child on the ground floor of the facility.
- G.** If a child care facility requires a separate diaper changing area to allow privacy while providing diapering to an enrolled child with a special health care need or a disability, the licensee shall submit a written request for approval of the intended change to the Department according to R9-5-208 prior to adding a diaper changing area.
- Historical Note**
- Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).
- R9-5-508. General Nutrition Standards**
- A.** A licensee shall:
1. Make breakfast available to an enrolled child who is present at a facility before 8:00 a.m.,
  2. Serve lunch to an enrolled child who is present at a facility between 11:00 a.m. through 1:00 p.m., and
  3. Serve dinner to an enrolled child who is present from 5:00 p.m. through 7:00 p.m. and who will remain at the facility after 7:00 p.m.
- B.** A licensee shall serve the following meals or snacks to an enrolled child present at a facility if an enrolled child is present:
1. For two to four hours, one or more snacks;
  2. During any of the meal times stated in subsection (A), a meal that meets the meal pattern requirements in subsection (C);
  3. For four to eight hours, one or more snacks and a meal;
  4. For nine or more hours, two snacks and one or more meals; and
  5. Before bedtime, one snack.
- C.** If a licensee provides food, a licensee shall prepare and serve food according to the meal pattern requirements found in Table 5.1, "Meal Pattern Requirements for Children."
- D.** If an enrolled child's parent provides food for the parent's enrolled child, the licensee shall provide milk or juice to the enrolled child if not provided by the parent.
- E.** If a licensee plans and serves meals, the licensee shall ensure that the meals:
1. Meet the age-appropriate nutritional requirements of an enrolled child; and
  2. For each calendar week, provide a variety of foods within each food group from the meal pattern requirements.
- F.** If a licensee provides food, the licensee shall maintain on the facility premises at least a one day supply of food needed to provide the meals and snacks required by subsections (B) and (C) to each enrolled child attending the facility.
- G.** In addition to the required daily servings of food stated in subsection (C), a licensee:
1. Shall make second servings of food available to each enrolled child at meals and at snack time,
  2. May substitute a food that is equivalent to a specific food component if second servings of the specific food component are not available, and
  3. Shall ensure that a food substitution in subsection (G)(2) is written on the posted weekly menu by the end of the meal or snack service.
- Historical Note**
- Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**Table 5.1 Meal Pattern Requirements for Children**

TABLE OF MEAL PATTERN REQUIREMENTS FOR CHILDREN			
Food Components	Ages 1 through 2 years	Ages 3 through 5 years	Ages 6 and Older
Breakfast:			
1. Milk, fluid	1/2 cup	3/4 cup	1 cup
2. Vegetable, fruit, or both	1/4 cup	1/2 cup	1/2 cup
3. Grains	1/2 oz. eq <sup>1</sup>	1/2 oz. eq <sup>1</sup>	1 oz. eq <sup>1</sup>
Lunch or Dinner:			
1. Milk, fluid	1/2 cup	3/4 cup	1 cup
2. Vegetables Fruits	1/8 cup 1/8 cup	1/4 cup 1/4 cup	1/2 cup 1/4 cup

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3. Grains	1/2 oz. eq <sup>1</sup>	1/2 oz. eq <sup>1</sup>	1 oz. eq <sup>1</sup>
4. Meat or meat alternates	1 oz.	1 1/2 oz.	2 oz.
Snack: (select 2 of these 4 components)***			
1. Milk, fluid	1/2 cup	1/2 cup	1 cup
2. Vegetables Fruits	1/2 cup 1/2 cup	1/2 cup 1/2 cup	3/4 cup 3/4 cup
3. Grains	1/2 oz.	1/2 oz.	1 oz.
4. Meat or meat alternates	1/2 oz.	1/2 oz.	1 oz.

<sup>1</sup> Meat and meat alternates may be used to substitute the entire grains component a maximum of three times per week. Oz eq = ounce equivalents

\* In the same meal service, dried beans or dried peas may be used as a meat alternate or as a vegetable; however, such use does not satisfy the requirement for both components.

\*\* At lunch and dinner, no more than 50% of the requirement shall be met with nuts, seeds, or nut butters. Nuts, seeds, or nut butters shall be combined with another meat or meat alternative to fulfill the requirement. Two tablespoons of nut butter or one ounce of nuts or seeds equals one ounce of meat.

\*\*\* Juice may not be served when milk is served as the only other component.

**Historical Note**

Table 5.1 made by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Table 5.1 amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Table 5.1 amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-509. General Food Service and Food Handling Standards**

- A.** A licensee that prepares food for enrolled children on facility premises shall, if required by 9 A.A.C. 8, Article 1, and the local ordinances of the local health department where the facility is located, obtain a food establishment permit issued under 9 A.A.C. 8, Article 1, and:
1. Submit to the Department a written notice of the facility's food establishment permit before the Department issues a license to the facility,
  2. Maintain the facility's current food establishment permit on the facility's premises, and
  3. Provide a written notice of the facility's current food establishment permit to the Department upon request.
- B.** If a licensee contracts with a food establishment to prepare and deliver food to the facility, the licensee shall obtain and provide the Department with a copy of the food establishment's permit, issued under 9 A.A.C. 8, Article 1, at the following times:
1. Before the Department issues a license to the facility,
  2. Upon contracting with the food establishment, and
  3. Every 12 months after the date the contract is entered into while the contract is in effect.
- C.** A licensee shall ensure that:
1. Enrolled children, except infants and children with a special health care need or a disability who cannot wash their own hands, wash their hands with soap and running water before and after handling or eating food;
  2. A staff member:
    - a. Washes the hands of an infant or a child with a special health care need or a disability who cannot wash the child's own hands before and after the infant or child with a special health care need or a disability handles or eats food using:
      - i. A washcloth,
      - ii. A single-use paper towel, or
      - iii. Soap and running water; and
    - b. If using a washcloth, uses each washcloth on only one child and only one time before it is laundered or discarded;
  3. An enrolled child is not permitted to eat food directly off the floor, carpet, or ground or with utensils placed directly on the floor, carpet, or ground;
  4. A staff member encourages, but never forces, enrolled children to eat food;
  5. A staff member assists each enrolled child who needs assistance with eating;
  6. A staff member teaches self-feeding skills and habits of good nutrition to each enrolled child as necessary;
  7. Lunch and dinner are family-style meals as demonstrated by at least one of the following:
    - a. Food is served from a serving container on the table where enrolled children are seated;
    - b. Enrolled children serve themselves, independently or with the help of a staff member, from a serving container on the table where enrolled children are seated;
    - c. Enrolled children pass a serving container from individual to individual;
    - d. In a facility where lunch or dinner is provided by the facility, a staff member sits at the table and eats the lunch or dinner with enrolled children; or
    - e. In a facility where each enrolled child brings the enrolled child's own lunch or dinner, a staff member sits at the table with the enrolled children and eats the staff member's own lunch or dinner;
  8. Fresh milk is served from the original, commercially filled container, to a container used for meal service or a cup, and unused portions are not returned to the original container;
  9. Milk served to an enrolled child older than two years of age is fat-free or 1% lowfat milk unless the enrolled child's parent requests otherwise;
  10. Reconstituted dry milk is not served to meet the fluid milk requirement;
  11. Juice served to children for a meal or snack is full-strength 100% vegetable or 100% fruit juice from an original, commercially filled container or reconstituted from a concentrate according to manufacturer instructions;



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12. Fruit juice served to an enrolled child is limited to the following amounts for an enrolled child:
    - a. Younger than six years of age, four ounces per day; or
    - b. Six years of age or older, six ounces per day;
  13. Each staff member is informed of a modified diet prescribed for an enrolled child by the child's parent or health care provider, and the modified diet is posted in the kitchen and in the child's activity area;
  14. The food served to an enrolled child is consistent with a modified diet prescribed for the child by the child's parent or health care provider;
  15. An enrolled child is not permitted in the kitchen during food preparation or food service except as part of an activity;
  16. An enrolled child does not use the kitchen or a food storage area as a passageway;
  17. A staff member:
    - a. Prepares a weekly menu at least one week in advance,
    - b. Includes on the menu the specific foods to be served on each day,
    - c. Dates each menu,
    - d. Posts each menu at least one day before the first meal on the menu will be served, and
    - e. Writes food substitutions on a posted menu no later than the morning of the day of meal service;
  18. Non-single-use utensils and equipment used in preparing, eating, or drinking food are:
    - a. After each use washed in:
      - i. An automatic dishwasher and air dried or heat dried; or
      - ii. Hot soapy water, rinsed in clean water, sanitized, and air dried or heat dried; and
    - b. Stored in a clean area protected from contamination;
  19. Single-use utensils and equipment are disposed of after being used;
  20. Perishable foods, which are foods that become unfit for human consumption if not stored to prevent spoilage, are covered and stored in a refrigerator at a temperature of 41° F or below;
  21. A refrigerator at the child care facility maintains a temperature of 41° F or below and a freezer maintains a temperature of 0° F or below, as shown by a thermometer kept in the refrigerator and in the freezer at all times;
  22. Foods are prepared as close as possible to serving time and, if prepared in advance, are either:
    - a. Cold held at a temperature of 45° F or below or hot held at a temperature of 130° F or above until served, or
    - b. Cold held at a temperature of 45° F or below and then reheated to a temperature of at least 165° F before being served.
- A. A staff member shall provide guidance to help children respond to difficult situations. To develop self-regulation, children should receive adult support that is individual to the child and adapts as the child develops internal controls. This process should include:
    1. Forming a positive relationship with the child, which occurs when the adult spends time talking to the child, listening to the child, following the child's lead, playing with the child, and responding to the child's needs;
    2. Base expectations on the child's developmental level;
    3. Establishing and being proactive in teaching and supporting children in learning simple rules;
    4. Modifying the learning/play environment to support the child's appropriate behavior;
    5. Creating a predictable daily routine and schedule;
    6. Modeling desired behavior;
    7. Showing children positive alternatives;
    8. Using deliberate redirection, the staff member should encourage the child to use appropriate behavior, and provide positive feedback when the child exhibits the behavior;
    9. Individualized positive discipline strategies based on the individual needs of children, such as using a buddy system, individualized schedule, special break, or another applicable positive discipline strategy; and
    10. If applicable, a licensee shall develop a written plan with the enrolled child's parent to provide individualized social and emotional intervention supports for the enrolled child that includes methods for understanding the enrolled child's behavior, and developing, adopting, and implementing a team-based positive behavior support plan.
  - B. A licensee shall ensure that a staff member does not use or permit:
    1. The use of physical punishment including:
      - a. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting;
      - b. Demanding excessive physical exercise or excessive rest; and
      - c. Forcing a child to eat or consume soap, food, or foreign substances;
    2. Any form of emotional abuse, including rejecting, extended ignoring, public or private humiliation;
    3. Abusive, profane, sarcastic language, verbal abuse, threats, or derogatory remarks about the child or child's family;
    4. Punishment associated with eating, resting, sleeping, toileting, and withholding outdoor play;
    5. Using medication to control behavior or restrict freedom of movement unless it is prescribed by a health care provider;
    6. Mechanical restraint to restrict a child's freedom of movement;
    7. Placing a child in a crib, high chair, car seat, or other restrictive device for a time-out or to restrict a child's freedom of movement; and
    8. Directing an enrolled child to punish another enrolled child.
  - C. A licensee may allow a staff member to separate an enrolled child from other enrolled children with continuous supervision.
    1. Separation should only be used in combination with instructional approaches that teach children what to do in place of the behavior problem;

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-510. Positive Discipline and Guidance**

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2. Separation may not be used for children ages infant to two-years-old;
  3. A staff member may allow an enrolled child to be separated for no longer than three minutes. If the enrolled child has not regained control or composure after three minutes, a staff member may extend the separation for up to 10 minutes with staff member interaction.
- D.** A licensee shall not physically restrain an enrolled child, except when necessary to protect an enrolled child from physical injury, to protect persons on the premises from physical injury, or to protect property from damage.
1. When a child has an out-of-control behavior, the enrolled child may be removed from the company of other enrolled children until the enrolled child's behavior has stabilized. Removal of a child is only to be used when there is a safety concern that cannot be reduced or eliminated with reasonable accommodations;
  2. After determining that an enrolled child's behavior may result in harm, a staff member may safely hold the child until the enrolled child regains control or composure; and
  3. A licensee shall develop and implement written policies and procedures on physical restraint to protect children's safety and development.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-511. Sleeping and Napping**

- A.** A licensee shall provide each enrolled child who naps or sleeps at the facility with a separate cot or mat or a crib that meets the requirements of R9-5-502(A)(8) and ensure that:
1. A cot, mat, or crib used by the enrolled child accommodates the enrolled child's height and weight;
  2. A staff member covers each cot or mat with a clean sheet that is laundered when soiled, or at least once every seven days and before use by a different enrolled child;
  3. A clean blanket or sheet is available for each enrolled child;
  4. A rug, carpet, blanket, or towel is not used as a mat;
  5. Each cot, mat, or crib is maintained in a clean and repaired condition;
  6. An infant is placed to sleep on the infant's back, unless the infant's parent submits written instructions from the infant's health care provider that states otherwise; and
  7. An enrolled child sleeps alone with no other children.
- B.** A licensee shall not use bunk beds or waterbed mattresses.
- C.** A licensee shall provide an unobstructed passageway at least 18 inches wide between each row of cots or mats to allow a staff member access to each enrolled child.
- D.** A licensee shall ensure that if an enrolled child is present at the facility during evening and nighttime hours, the licensee:
1. Permits the enrolled child to use a mat only when used on top of a cot;
  2. Before bathing the enrolled child at the facility, obtains written consent and bathing instructions from the enrolled child's parent and follows the instructions when bathing the enrolled child;
  3. Requires that a staff member cleans and sanitizes a bathtub or shower stall after bathing each enrolled child;

4. Requires that a staff member remains awake while supervising the sleeping enrolled child; and
  5. Prohibits the operation of a television set in a room where the enrolled child is sleeping.
- E.** A licensee shall ensure that if an enrolled child is present at the facility during naptime, the licensee:
1. Does not permit the enrolled child to lie in direct contact with the floor while napping,
  2. Prohibits the operation of a television set in a room where the enrolled child is napping,
  3. Requires that a staff member remain awake while supervising the enrolled sleeping child, and
  4. Prohibits the enrolled child from napping in an attic or a loft during naptime.
- F.** A licensee shall ensure that storage space is provided in the facility for cots, mats, sheets, and blankets, that is:
1. Accessible to an area used for naptime or sleeping; and
  2. Separate from food service and preparation areas, toilet rooms, and laundry rooms.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-512. Cleaning and Sanitation**

- A.** A licensee shall maintain facility premises free of insects and vermin.
- B.** A licensee shall maintain facility premises and furnishings:
1. In a clean condition, and
  2. Free from odor.
- C.** A licensee shall ensure that floor coverings are:
1. Clean, and
  2. Free from:
    - a. Dampness,
    - b. Odors, and
    - c. Hazards.
- D.** A licensee shall ensure that toilet bowls, lavatory fixtures, and floors in toilet rooms and kitchens are cleaned and sanitized as often as necessary to maintain them in a clean and sanitized condition or at least once every 24 hours.
- E.** If laundry belonging to a facility is done on facility premises, a licensee shall:
1. Not use a kitchen or food storage area for sorting, handling, washing, or drying laundry;
  2. Locate the laundry equipment in an area that is separate from licensed activity areas and inaccessible to enrolled children;
  3. Not permit an enrolled child to be in a laundry room or use a laundry area as a passageway for enrolled children; and
  4. Ensure that laundry soiled by vomitus, urine, feces, blood, or other body fluid is stored, cleaned, and sanitized separately from other laundry.
- F.** A licensee shall ensure that:
1. Each toilet room in a facility contains, within easy reach of enrolled children:
    - a. Mounted toilet tissue; and
    - b. Except as provided in subsection (G):
      - i. A sink with running water;
      - ii. Soap contained in a dispenser; and

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- iii. Disposable, single-use paper towels in a mounted dispenser, or a mechanical air hand dryer;
  - 2. Staff members wash their hands with soap and running water after toileting;
  - 3. An enrolled child's hands are washed with soap and running water after toileting;
  - 4. Except for a cup or receptacle used only for water, food waste is stored in a covered container and the container is clean and lined with a plastic bag;
  - 5. Food waste and other refuse is removed from the facility building at least once every 24 hours or more often as necessary to maintain a clean condition and avoid odors;
  - 6. A staff member or an enrolled child does not draw water for human consumption from a toilet room hand-washing sink;
  - 7. Toys, materials, and equipment are maintained in a clean condition;
  - 8. Plumbing fixtures are maintained in a clean and working condition; and
  - 9. Chipped or cracked sinks and toilets are replaced or repaired.
- G.** A licensee may have a sink with running water, soap contained in a dispenser, and single-use paper towels in a mounted dispenser or a mechanical air hand dryer located directly outside a toilet room if an enrolled child exiting the toilet room can access the sink, soap, and paper towels or air hand dryer without having to cross space that is used for any activity.
- Historical Note**
- Adopted effective December 12, 1986 (Supp. 86-6). Amended subsection (P) effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3).
- R9-5-513. Pets and Animals**
- A.** A licensee shall maintain written documentation of current immunization against rabies for each ferret, dog, or cat owned by a licensee or staff member that is present on facility premises.
  - B.** A licensee shall ensure that a staff member:
    - 1. Keeps all pet and animal habitats clean;
    - 2. Prohibits reptiles, such as turtles, iguanas, snakes, and lizards, in the facility;
    - 3. Prohibits birds in food preparation and eating areas;
    - 4. Keeps pets and animals clean;
    - 5. Prohibits pets and animals from endangering an enrolled child, staff member, or other individual on facility premises; and
    - 6. Keeps birds and animals such as horses, sheep, cattle, and poultry in an enclosure that is not accessible to an enrolled child except as part of an activity.
- Historical Note**
- Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3).
- R9-5-514. Accident and Emergency Procedures**
- A.** A licensee shall ensure that there is a first aid kit on facility premises that contains first aid supplies in a quantity sufficient to meet the needs of the enrolled children including the following:
    - 1. Sterile bandages including:
      - a. Adhesive bandages of assorted sizes,
      - b. Sterile gauze pads, and
      - c. Sterile gauze rolls;
    - 2. Antiseptic solution or sealed antiseptic wipes;
    - 3. A pair of scissors;
    - 4. Adhesive or self-adhering tape;
    - 5. Single-use, non-porous gloves; and
    - 6. Reclosable plastic bags of at least one-gallon size.
  - B.** A licensee shall ensure that the first aid kit required in subsection (A) is accessible to staff members but inaccessible to enrolled children.
  - C.** A licensee shall:
    - 1. Prepare and date a written fire and emergency plan that contains:
      - a. The location of the first aid kit;
      - b. The names of staff members who have adult and pediatric first aid and CPR certification, as required by R9-5-403(E);
      - c. The directions for:
        - i. Initiating verbal notification of an enrolled child's parent by telephone or other equally expeditious means within 30 minutes of a fire or emergency, and
        - ii. Providing written notification to the enrolled child's parent within 24 hours, and
      - d. The facility's street address and the emergency telephone numbers for the local fire department, police department, ambulance service, and poison control center;
      - e. The procedures for evacuation, relocation, shelter-in-place and lockdown, staff and volunteer emergency preparedness training and practice drills, communication and reunification with families, continuity of operations, and accommodation of infants, children with disabilities, and children with chronic medical conditions, as specified in R9-5-301;
    - 2. Maintain the plan required in subsection (C)(1) in a location on facility premises that has an operable telephone service or two-way voice communication system that connects the facility with an individual who has direct access to an in-and-out operable telephone service;
    - 3. Post the plan required in subsection (C)(1) in any indoor activity area that does not have an operable telephone service or two-way voice communication system that connects the indoor activity area with an individual who has direct access to an in-and-out operable telephone services; and
    - 4. Update the plan in subsection (C)(1) every 12 months after the date of initial preparation of the plan or when any information changes.
  - D.** The licensee shall consult with appropriate state and local authorities and shall establish and follow a written multi-hazard emergency and evacuation plan to protect children in the event of emergencies.
  - E.** A licensee shall post, near an activity area or a room's designated exit, a building evacuation plan that details the designated exits from the activity area or room and the facility.
  - F.** A licensee shall maintain and use a communication system that contains:
    - 1. A direct-access, in-and-out, operating telephone service at the facility; or

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2. A two-way voice communication system that connects the facility with an individual who has direct access to an in-and-out, operating telephone service.
- G.** If while attending a facility an enrolled child has an accident, injury, or emergency that, based on an evaluation by a staff member, requires medical treatment by a health care provider, a licensee shall ensure that a staff member:
1. Notifies the enrolled child's parent and the Department immediately after the accident, serious physical injury, as defined in A.R.S. § 8-201, or emergency;
  2. Documents:
    - a. A description of the accident, serious physical injury, or emergency, including the date, time, and location of the accident, serious physical injury, or emergency;
    - b. The method used to notify the enrolled child's parent; and
    - c. The time the enrolled child's parent was notified; and
  3. Maintains documentation required in subsection (F)(2) on facility premises for 12 months after the date of the child's disenrollment.
- H.** If an enrolled child's parent informs a staff member at the facility that the enrolled child's parent obtained medical treatment from a health care provider for an accident, serious physical injury, or emergency the enrolled child had while attending the facility, a licensee shall ensure that a staff member:
1. Documents any information about the enrolled child's accident, serious physical injury, or emergency received from the enrolled child's parent; and
  2. Maintains documentation required in subsection (G)(1) on facility premises for 12 months after the date of the child's disenrollment.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-515. Illness and Infestation**

- A.** A licensee shall not permit an enrolled child to remain at the facility if a staff member determines that the enrolled child shows signs of illness or infestation.
- B.** If an enrolled child exhibits signs of illness or infestation at a facility, a licensee shall ensure that a staff member:
1. Immediately separates the enrolled child from other enrolled children,
  2. Immediately notifies the enrolled child's parent by telephone or other expeditious means to arrange for the enrolled child's removal from the facility, and
  3. Maintains documentation of the notification on facility premises for 12 months after the date of the notification.
- C.** A licensee shall ensure that a staff member who has signs of illness or infestation is excluded from a facility.
- D.** A facility director shall not permit a staff member to return to a facility until free from signs of illness or infestation or until the staff member provides documentation by a health care provider that the individual may return to the facility.
- E.** If a staff member or enrolled child contracts a communicable disease or infestation listed in 9 A.A.C. 6, Article 2, Table 2.2, a licensee shall ensure that, within 24 hours of notice of the

communicable disease or infestation, written notice is provided to each staff member, parent, and the local health department.

- F.** A licensee shall ensure that:

1. A dated, written notice of the communicable disease or infestation is prepared and posted in the facility's entrance as required by R9-5-303;
2. Documentation of the notification is maintained on facility premises for 12 months from the date of the notification; and
3. Documentation of the absences of staff members and enrolled children due to a communicable disease or infestation listed in 9 A.A.C. 6, Article 2, Table 2.2, is prepared and maintained on facility premises for 12 months from the first date of absence.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-516. Medications**

- A.** A licensee shall ensure that a written statement is prepared and maintained on facility premises that specifies:
1. Whether prescription or nonprescription medications are administered to enrolled children; and
  2. If prescription or nonprescription medications are administered, the requirements in subsection (B) for administering the prescription or nonprescription medications.
- B.** If prescription or nonprescription medications are administered, a licensee shall ensure that:
1. A facility director, or a staff member designated in writing by the facility director, is responsible for the administration of all medications in the facility, including storing, supervising an enrolled child's ingestion of a medication, and documenting all medications administered to an enrolled child;
  2. A facility director ensures that only one staff member in the facility at any given time is responsible for the administration of medications;
  3. A facility director, or a staff member designated in writing by the facility director, does not administer a medication to an enrolled child unless the facility receives written authorization signed by the enrolled child's parent or health care provider that includes the:
    - a. Name of the enrolled child;
    - b. Type of the medication;
    - c. Prescription number, if any;
    - d. Instructions for administration specifying the:
      - i. Dosage and route of administration;
      - ii. If indicated, starting and ending dates of the dosage period; and
      - iii. Times and frequency of administration;
    - e. Reason for the medication; and
    - f. Date of authorization; and
  4. A staff member:
    - a. Administers a prescription medication provided by a parent only from a container dispensed by a pharmacy;
    - b. Administers a nonprescription medication provided by a parent for an enrolled child only from a con-

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- tainer prepackaged and labeled for use by the manufacturer and labeled with the enrolled child's name;
- c. Does not administer any medication that has been transferred from one container to another; and
  - d. Does not administer a nonprescription medication to an enrolled child inconsistent with the instructions on the nonprescription medication's label, unless the facility receives written authorization from the enrolled child's health care provider.
- C.** A licensee shall allow an enrolled child to receive an injection only after obtaining a written authorization from a health care provider.
- D.** A licensee shall maintain the health care provider's written authorization required in subsection (C) on facility premises for 12 months after the date of the written authorization.
- E.** An individual authorized by state law to give injections may give an injection to an enrolled child. In an emergency, an individual may give an injection to an enrolled child according to A.R.S. §§ 32-1421(A)(1) and 32-1631(2).
- F.** A licensee shall maintain documentation of all medications administered to an enrolled child.
1. Documentation shall contain:
    - a. The name of the enrolled child;
    - b. The name and amount of medication administered and the prescription number, if any;
    - c. The date and time the medication was administered; and
    - d. The signature of the staff member who administered the medication to the enrolled child; and
  2. A licensee shall maintain the documentation on facility premises for 12 months after the date the medication is administered.
- G.** A licensee shall return all unused prescription and nonprescription medications to a parent when the medication prescription date has expired or the medication is no longer being administered to the enrolled child or dispose of the medication if unable to locate the enrolled child's parent after the child's disenrollment.
- H.** Except as provided in subsection (J), a licensee shall ensure that prescription and nonprescription medications are stored as follows:
1. An enrolled child's medication is kept in a locked, leak-proof storage cabinet or container that is used only for storing enrolled children's medications and is located out of reach of children;
  2. Medication for a staff member is kept in a locked, leak-proof storage cabinet or container that is separate from the storage container for enrolled children's medications and is located out of reach of children; and
  3. Medications requiring refrigeration are kept in a locked, leak-proof container in a refrigerator.
- I.** Except as specified in A.R.S. § 36-2229(B) through (D), a licensee shall ensure that a facility does not stock a supply of medications for administration to enrolled children, including:
1. Any prescription medication; or
  2. A nonprescription medication such as aspirin, acetaminophen, ibuprofen, or cough syrup.
- J.** A staff member's or enrolled child's prescription medication necessary to treat life-threatening symptoms:
1. May be kept in the activity area where the staff member or enrolled child is present; and
  2. Except when the prescription medication is administered to treat life-threatening symptoms, is inaccessible to an enrolled child.
- K.** A licensee of a licensed child care facility owned and located on a public school premises shall ensure that enrolled school-aged children are allowed to possess emergency medications and self-administer auto-injectable epinephrine and handheld inhaler devices according to A.R.S. § 15-341, if an enrolled school-aged child:
1. Has a written prescription from a physician,
  2. Is named on the prescription label, and
  3. Has written documentation from the enrolled school-aged child's parent approving the enrolled school-aged child to possess and self-administer emergency medication.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 3476, effective August 17, 2000 (Supp. 00-3). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 26 A.A.R. 1265 with an immediate effective date of June 3, 2020 (Supp. 20-2).

**R9-5-517. Transportation**

- A.** A licensee who transports an enrolled child in a motor vehicle that the licensee owns, or acquires for use by contract, shall:
1. Obtain dated, written permission from the enrolled child's parent before the licensee transports the enrolled child;
  2. Maintain written permission required in subsection (A)(1) on facility premises for 12 months after the date on the written permission;
  3. Ensure that the motor vehicle is registered by the Arizona Department of Transportation as required by A.R.S. Title 28, Chapter 7;
  4. Maintain documentation of current motor vehicle insurance coverage inside the motor vehicle;
  5. Contact the Department no later than 24 hours after a motor vehicle accident that occurs while transporting an enrolled child;
  6. Submit a written report to the Department within seven calendar days after a motor vehicle accident that occurs while transporting an enrolled child;
  7. Not permit an enrolled child to be transported in a truck bed, camper, or trailer attached to a motor vehicle;
  8. Use a child passenger restraint system, as required by A.R.S. § 28-907, for each enrolled child who is:
    - a. Under eight years of age, and
    - b. Not more than four feet nine inches tall.
  9. Ensure that the motor vehicle has:
    - a. A working mechanical heating system capable of maintaining a temperature throughout the motor vehicle of at least 60° F when outside air temperatures are below 60° F;
    - b. Except as provided in subsection (E), a working air-conditioning system capable of maintaining a temperature throughout the motor vehicle at or below 86° F when outside air temperatures are above 86° F;
    - c. Except as provided in subsection (F), a first aid kit that meets the requirements of R9-5-514(A);
    - d. Two large, clean towels or blankets; and
    - e. Sufficient drinking water available to meet the needs of each enrolled child in the motor vehicle and sufficient cups or other drinking receptacles so that each

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- enrolled child can drink from a different cup or receptacle;
10. Ensure that the motor vehicle is:
    - a. Maintained in a clean condition,
    - b. In a mechanically safe condition, and
    - c. Free from hazards; and
  11. Maintain the service and repair records of the motor vehicle as follows:
    - a. A person operating a single child care facility shall maintain the service and repair records for at least 12 months after the date of an inspection or repair in a single location on facility premises;
    - b. A public or private school that uses a school bus, as defined in A.R.S. § 28-101, shall maintain the service and repair records for the school bus as provided in A.A.C. R13-13-108; and
    - c. A school governing board, charter school, or person operating multiple child care facilities shall maintain the service and repair records for any motor vehicle other than a school bus for at least 12 months after the date of an inspection or repair in a single administrative office located in the same city, town, or school attendance area as the facility.
- B.** A licensee shall ensure that an individual who drives a motor vehicle used to transport an enrolled child:
1. Is 18 years of age or older;
  2. Holds a valid driver's license issued by the Arizona Department of Motor Vehicles as prescribed by A.R.S. Title 28, Chapter 8;
  3. Carries a list stating the name of each enrolled child being transported and a copy of each enrolled child's Emergency, Information, and Immunization Record including the attached immunization record or exemption affidavit, in the motor vehicle;
  4. Requires that each door be locked before the motor vehicle is set in motion and keeps the doors locked while the motor vehicle is in motion;
  5. Does not permit an enrolled child to be seated in front of a motor vehicle's air bag;
  6. Requires that each enrolled child remain seated and entirely inside the motor vehicle while the motor vehicle is in motion;
  7. Except as provided in subsection (E), requires that each enrolled child be secured in a seat belt before the motor vehicle is set in motion and while the motor vehicle is in motion;
  8. Does not permit an enrolled child to open or close a door or window in the motor vehicle;
  9. Sets the emergency parking brake and removes the ignition keys from the motor vehicle before exiting the motor vehicle;
  10. Ensures that each enrolled child is loaded into or unloaded from the motor vehicle away from moving traffic at curbside or in a driveway, parking lot, or other location designated for this purpose; and
  11. Does not use audio headphones or a telephone while the motor vehicle is in motion.
- C.** When transporting an enrolled school-age child in a motor vehicle, a licensee shall ensure that the staff-to-children ratios required in R9-5-404(A) are met. A motor vehicle driver may be counted in the staff-to-children ratio, when transporting an enrolled school-age child in a motor vehicle, if the motor vehicle driver meets the qualifications of a child educator.
- D.** When transporting an enrolled child who is not school-age in a motor vehicle, a licensee shall ensure that the staff-to-children ratios required in R9-5-404(A) are met. A motor vehicle driver may be counted in the staff-to-children ratio, when transporting an enrolled child who is not school-age in a motor vehicle, only if four or fewer enrolled children are being transported and the motor vehicle driver meets the qualifications of a child educator.
- E.** A licensee who is transporting an enrolled child in a commercial motor vehicle, as defined in A.R.S. § 28-1301, is exempt from the provisions in subsections (A)(9), (A)(10)(b), and (B)(7).
- F.** A licensee who is transporting an enrolled child in a school bus, as defined in A.R.S. § 28-101, is exempt from the provision in subsection (A)(10)(c) and shall comply with A.A.C. R13-13-107.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by final rulemaking at 13 A.A.R. 1086, effective May 5, 2007 (Supp. 07-1). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-518. Field Trips**

- A.** A licensee providing a field trip for an enrolled child shall:
1. Obtain written permission from a parent before the enrolled child participates in a field trip including the:
    - a. Date and description of the field trip;
    - b. Times of departure from and return to the facility; and
    - c. Name, street address, and telephone number, if any, of the field trip destination;
  2. Prepare a written field trip plan including:
    - a. The name of each participating enrolled child, staff member, and other individuals on the field trip;
    - b. The times of departure from and return to the facility;
    - c. If applicable, the license plate number of any motor vehicle used on the field trip; and
    - d. The name, street address, and telephone number, if any, of the field trip destination; and
  3. Maintain the written permission in subsection (A)(1) and written field trip plan in subsection (A)(2) on facility premises for 12 months after the date of the field trip.
- B.** A licensee shall ensure that a staff member taking enrolled children on a field trip carries the following on the field trip:
1. Documentation of the Emergency, Information, and Immunization Record including the attached immunization record or exemption affidavit, of each enrolled child participating in the field trip;
  2. A copy of the written field trip plan required in subsection (A)(2);
  3. A list stating the name of each participating enrolled child; and
  4. Sufficient water to meet the needs of each enrolled child participating in the field trip.
- C.** A staff member shall verify the presence of each enrolled child and place a checkmark next to the enrolled child's name on the

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list required in subsection (B)(3) for each enrolled child who is present at the following times:

1. At the beginning of the field trip or when boarding the motor vehicle,
  2. Upon arrival and each hour while at the field trip destination,
  3. When preparing to leave the field trip destination or when boarding the motor vehicle to return to the facility, and
  4. When reentering the facility at the conclusion of the field trip.
- D.** A licensee shall ensure that each enrolled child participating in a field trip is wearing in plain view a written identification stating the facility's name, address, and telephone number.
- E.** A licensee shall also ensure that each enrolled child is wearing out of view a written identification stating the enrolled child's name.
- F.** If a licensee uses a motor vehicle volunteered by a parent or other individual for a field trip, a licensee shall determine before the field trip begins that the motor vehicle is in compliance with R9-5-517(A)(3) and (4) and that the motor vehicle driver is in compliance with R9-5-517(B)(1) and (2).
- G.** When six or more enrolled children are participating in a field trip, a licensee shall ensure that a child educator and at least one additional staff member are present on the field trip, including in each motor vehicle unless vehicles travel and remain together to and from the destination.
- H.** A licensee may use the written permission required in subsection (A) annually for multiple field trips to the same destination.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-519. Repealed****Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended subsection (F) effective July 7, 1988 (Supp. 88-3). Repealed effective October 17, 1997 (Supp. 97-4).

**R9-5-520. Repealed****Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Repealed effective October 17, 1997 (Supp. 97-4).

**R9-5-521. Repealed****Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended by adding subsection (C) effective July 7, 1988 (Supp. 88-3). Repealed effective October 17, 1997 (Supp. 97-4).

**R9-5-522. Repealed****Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended paragraph (1), subparagraph (e) effective July 7, 1988 (Supp. 88-3). Repealed effective October 17, 1997 (Supp. 97-4).

**Table 1. Repealed****Historical Note**

Table 1 adopted effective October 17, 1997 (Supp. 97-4). Table 1 repealed by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3).

**ARTICLE 6. PHYSICAL PLANT OF A FACILITY****R9-5-601. General Physical Plant Standards**

A licensee shall comply with the following physical plant requirements, as applicable:

1. When a facility is licensed to care for more than five infants in an infant room as described in R9-5-502(A)(1), each infant room has two or more designated exits from the room;
2. Not including infants and children who use diapers, toilets and hand-washing sinks are available to enrolled children in a facility as follows:
  - a. At least one flush toilet and one hand-washing sink for 10 or fewer children,
  - b. At least two flush toilets and two hand-washing sinks for 11 to 25 children, and
  - c. At least one flush toilet and one hand-washing sink for each additional 20 children;
3. A hand-washing sink required in R9-5-503(A)(2) or subsection (2) provides running water with a drain connected to a sanitary sewer as defined in A.R.S. § 45-101;
4. Except as provided in subsection (5), when providing child care services for infants or children who require diapering, a diaper changing area that meets the requirements in R9-5-503 is available in each infant room or indoor activity area used by an enrolled infant or child who wears diapers or disposable training pants;
5. A diaper changing area is not required in an activity area that is:
  - a. Only used by enrolled children for snacks or meals,
  - b. Used for a specific activity by enrolled children who are two years of age or older, or
  - c. An indoor activity area that is being substituted for an outdoor activity area under R9-5-602(D); and
6. A glass mirror, window, or other glass surface that is located within 36 inches of the floor is made of safety glass that has been manufactured, fabricated, or treated to prevent the glass from shattering or flying when struck or broken, or is shielded by a barrier to prevent impact by or physical injury to an enrolled child.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Section repealed; new R9-5-601 renumbered from R9-5-602 and amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-602. Facility Square Footage Requirements**

**A.** A licensee shall ensure that the facility meets the following square footage requirements for indoor activity areas based on the child care services classifications:

1. At least 35 square feet of indoor activity space for each infant and 1-year-old child;
2. At least 25 square feet of indoor activity space for each child who is not an infant or a 1-year-old child; and

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3. When 1-year-old children are grouped together with children older than 1-year-old children in the same activity area, at least 35 square feet of indoor activity space for each child.
- B. When computing indoor activity space for subsections (A)(1) through (3) to determine licensed capacity, the floor space occupied by the following shall be excluded:
  1. The interior walls;
  2. A kitchen, bathroom, closet, hallway, stair, entryway, office, a room designated for isolating an enrolled child from other children, storage rooms, and a room designated for the sole use of child care staff; and
  3. Room space occupied by desks, file cabinets, storage cabinets, and hand washing sinks.
- C. To provide activities that develop large muscles and an opportunity to participate in structured large muscle physical activities, a licensee shall:
  1. Provide at least 75 square feet of outdoor or indoor activity area per child for at least 50% of the facility's licensed capacity, or
  2. If children are in care for less than four consecutive hours, the licensee is not required to have an outdoor activity space.
- D. A licensee substituting indoor activity area for outdoor activity area shall install and maintain a mat or pad designed to provide impact protection in the fall zone of indoor swings, slides, and climbing equipment.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Former R9-5-602 renumbered to R9-5-601; new R9-5-602 renumbered from R9-5-603 and amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-603. Outdoor Activity Areas**

- A. Except as provided in subsection (B), a licensee shall not permit an enrolled child to cross a driveway or parking lot to access an outdoor activity area on the facility premises or a school campus unless the licensee obtains written approval from the Department.
- B. Except as provided in subsection (D), a licensee shall ensure that an outdoor activity area:
  1. Is enclosed by a fence:
    - a. A minimum of 4 feet high,
    - b. Secured to the ground, and
    - c. With either vertical or horizontal open spaces on the fence or gate that do not exceed 4.0 inches;
  2. Is maintained free from hazards, such as exposed concrete footings and broken toys; and
  3. Has gates that are kept closed while an enrolled child is in the outdoor activity area.
- C. A licensee shall ensure that a playground used only for enrolled school-age children at a facility operating at a public school meets the fencing requirements of the public school. If the Department determines by inspection that a facility fence at a public school does not ensure the health, safety, or welfare of enrolled children, the licensee shall meet the fencing requirements of subsection (C).

- D. A licensee shall ensure that the following is provided and maintained within the fall zones of swings and climbing equipment in an outdoor activity area:
  1. A shock-absorbing unitary surfacing material manufactured for such use in outdoor activity areas; or
  2. A minimum depth of 6 inches of a nonhazardous, resilient material such as fine loose sand or wood chips.
- E. A licensee shall ensure that hard surfacing material such as asphalt or concrete is not installed or used under swings or climbing equipment unless used as a base for a rubber surfacing.
- F. A licensee shall ensure that a swing or climbing equipment is not located in the fall zone of another swing or climbing equipment.
- G. A licensee shall provide a shaded area for each enrolled child occupying an outdoor activity area at any time of day.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Former R9-5-603 renumbered to R9-5-602; new R9-5-603 renumbered from R9-5-604 and amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 3429, effective December 5, 2018 (Supp. 18-4). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-604. Swimming Pools**

- A. If a licensee uses a public or semi-public swimming pool for an enrolled child, the swimming pool shall meet the requirements of the swimming pool ordinance enacted by the local government. If no ordinance has been adopted, the swimming pool shall meet the requirements in A.A.C. R9-8-801 through R9-8-813.
- B. A licensee that uses a private pool for an enrolled child shall ensure that the swimming pool and its equipment meet the following requirements:
  1. If a licensee uses a private pool that is a minimum of 2 feet in depth for enrolled children, the swimming pool shall meet the requirements of the swimming pool ordinance enacted by the local government and, at a minimum, be equipped with the following:
    - a. A recirculation system consisting of piping, pumps, filters, and water conditioning and disinfecting equipment that conforms to the swimming pool manufacturer's specifications for installation and operation, and is adequate to clarify and disinfect the pool water continuously;
    - b. Two swimming pool inlets located on opposite sides of the swimming pool to produce uniform circulation of water and maintain uniform chlorine residual throughout the entire swimming pool without the existence of dead spots;
    - c. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed by bathers;
    - d. A swimming pool water vacuum system in operating condition;
    - e. A removable strainer to prevent hair, lint, or other objects from reaching the pump and filter;
    - f. An automatic mechanical water disinfectant system in use and in operating condition. The disinfecting



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agents shall maintain the swimming pool water as follows:

- i. A free chlorine level between 1.0 and 3.0 parts per million as tested by the diethyl-p-phenylene diamine method or 0.4 to 1.0 parts per million when tested by the orthotolidine method;
  - ii. A pH level between 7.0 and 8.0 as tested by the diethyl-p-phenylene diamine method or the orthotolidine method; or
  - iii. A bromine level between 2.0 and 4.0 parts per million as tested by the diethyl-p-phenylene diamine method;
  - g. A shepherd's crook; and
  - h. A ring buoy attached to a 1/2 inch diameter rope at least 25 feet in length;
2. If a licensee uses a private pool that is less than 2 feet in depth for enrolled children, the swimming pool shall meet the requirements of subsection (B)(1) except that:
    - a. The swimming pool shall have a minimum of one swimming pool inlet;
    - b. The swimming pool is not required to have a bottom drain;
    - c. A pool water vacuum cleaning system is not required, and
    - d. A ring buoy with an attached rope is not required;
  3. A portable pool that does not meet the requirements of subsection (B)(1) or (2) is prohibited;
  4. On each day an enrolled child uses the swimming pool, a licensee shall test the water in the swimming pool at least once every day to verify that the swimming pool water meets the swimming pool water chemical ranges in subsection (B)(1)(f);
  5. A licensee shall create a written swimming pool log at the swimming pool site while enrolled children are using the swimming pool that includes results of tests required in subsection (B)(4) and maintain the written swimming pool log on facility premises for three months after the last date the swimming pool water was tested and documented.
  6. If the swimming pool water does not meet the swimming pool water chemical ranges in subsection (B)(1)(f), the licensee shall:
    - a. Add liquid or dissolved dry chemicals to the swimming pool water,
    - b. Document any actions taken by the licensee to restore the swimming pool water chemical ranges in the written swimming pool log required in subsection (B)(5)(a), and
    - c. Not allow enrolled children to use the swimming pool until tests of the swimming pool water verify that the swimming pool water meets the swimming pool water chemical ranges in subsection (B)(1)(f).
- C. A licensee shall ensure that a public, semi-public, or private pool used by an enrolled child is enclosed by a wall, fence, or barrier that complies with:
1. The requirements of a swimming pool barrier ordinance adopted by the local government where the swimming pool is located; or
  2. If the local government where the swimming pool is located has not adopted a swimming pool barrier ordinance, the requirements in A.R.S. § 36-1681.
- D. A licensee that uses any semi-public or private swimming pool for enrolled children shall ensure that the swimming pool has

been inspected by the Department or a city or county health department before it is used by enrolled children.

1. If a licensee operates or uses a swimming pool that is inspected by a city or county health department, the licensee shall provide the Department with a current written report of the swimming pool inspection.
  2. A licensee shall maintain the current swimming pool inspection reports of a swimming pool used by enrolled children on the facility premises.
- E. A licensee shall ensure that written permission is:
1. Obtained from an enrolled child's parent before allowing the enrolled child to participate in a swimming activity, and
  2. Maintained on facility premises for 12 months after the date the enrolled child participated in the swimming activity.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6).

Amended effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Former R9-5-604 renumbered to R9-5-603; new R9-5-604 renumbered from R9-5-605 and amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-605. Fire and Safety**

- A. A licensee shall install and maintain a portable, pressurized fire extinguisher that meets, at a minimum, a 2A-10-BC rating of the Underwriters Laboratories in a facility's kitchen and any other location required by Standard 10-1 of the International Fire Code, incorporated by reference in A.A.C. R9-10-104.01.
- B. A licensee shall ensure that:
1. All designated exits, corridors, and passageways that provide an escape from the building are unobstructed and unlocked during hours of operation;
  2. Combustible material, such as paper, boxes, or rags, is not permitted to accumulate inside or outside the facility premises;
  3. An unvented or open-flame space heater or portable heater is not used on the facility premises;
  4. A gas valve on an unused gas outlet is removed and capped where it emerges from the wall or floor;
  5. Electrical extension cords are not used;
  6. Except for a room used only for an enrolled school-age child, each unused electrical outlet is covered with a safety plug cover or insert;
  7. Slow cookers and hot plates are used only in a kitchen and are inaccessible to an enrolled child;
  8. Heating and cooling equipment is inaccessible to an enrolled child;
  9. Fans are mounted and inaccessible to an enrolled child;
  10. Toilet rooms are ventilated to the outside of the building, either by a screened window open to the outside air or by an exhaust fan and duct system that is operated when the toilet room is in use;
  11. A toilet room with a door that opens to the exterior of a building is equipped with a self-closing device that keeps the door closed except when an individual is entering or exiting;
  12. A toilet room door does not open into a kitchen;
  13. A smoke detector is installed in each indoor activity area and kitchen;

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14. Each smoke detector required in subsection (B)(13) is:
  - a. Maintained in an operable condition;
  - b. Either battery operated or, if hard wired into the electrical system of the child care facility, has a back-up battery; and
  - c. Tested monthly;
15. If the local fire jurisdiction requires a sprinkler system, the sprinkler system is:
  - a. Installed,
  - b. Operable,
  - c. Tested quarterly, and
  - d. Serviced at least once every 12 months;
16. The fire extinguisher required in subsection (A):
  - a. Is serviced at least once every 12 months; and
  - b. Has a tag attached to the fire extinguisher that specifies the date of the last servicing, and
17. The testing required in subsections (B)(14) and (15) and servicing required in subsection (B)(16) is documented and the documentation is:
  - a. Maintained by the licensee, and
  - b. Available for at least 12 months after the date of the testing or servicing.

**Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Former Section R9-5-605 repealed and a new Section R9-5-605 adopted effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Former R9-5-605 renumbered to R9-5-604; new R9-5-605 renumbered from R9-5-606 and amended by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3). Amended by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-606. Renumbered****Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended subsection (A) effective July 7, 1988 (Supp. 88-3). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Section R9-5-606 renumbered to R9-5-605 by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3).

**R9-5-607. Repealed****Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Section repealed; new Section adopted effective October 17, 1997 (Supp. 97-4). Section repealed by exempt rulemaking at 16 A.A.R. 1564, effective September 30, 2010 (Supp. 10-3).

**R9-5-608. Repealed****Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Repealed effective October 17, 1997 (Supp. 97-4).

**R9-5-609. Repealed****Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Repealed effective October 17, 1997 (Supp. 97-4).

**R9-5-610. Repealed****Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Correction to subsection (F) as certified effective December 12, 1986; Amended subsection (A) effective July 7, 1988 (Supp. 88-3). Repealed effective October 17, 1997 (Supp. 97-4).

**R9-5-611. Repealed****Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended effective July 7, 1988 (Supp. 88-3). Repealed effective October 17, 1997 (Supp. 97-4).

**R9-5-612. Repealed****Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Repealed effective October 17, 1997 (Supp. 97-4).

**R9-5-613. Repealed****Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Repealed effective October 17, 1997 (Supp. 97-4).

**R9-5-614. Repealed****Historical Note**

Adopted effective December 12, 1986 (Supp. 86-6). Amended subsection (C) effective July 7, 1988 (Supp. 88-3). Repealed effective October 17, 1997 (Supp. 97-4).

**ARTICLE 7. SCHOOL-AGE OUT-OF-SCHOOL TIME PROGRAMS**

*Article 7, consisting of Sections R9-5-701 through R9-5-744, made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).*

*Article 7, consisting of Sections R9-5-701 through R9-5-708, repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).*

**R9-5-701. Definitions**

In addition to the definitions in A.R.S. § 36-881, the following definitions apply in this Article unless otherwise specified:

1. "Abuse" has the same meaning as in A.R.S. § 8-201.
2. "Accident" means an unexpected occurrence that:
  - a. Causes injury to an enrolled child,
  - b. Requires attention from a staff member, and
  - c. May or may not be an emergency.
3. "Accommodation school" has the same meaning as in A.R.S. § 15-101.
4. "Accredited" means approved by the US Department of Education and recognized by the Council for Higher Education Accreditation.
5. "Activity" means an action planned by a licensee and performed by an enrolled child while supervised by a staff member.
6. "Activity area" means a specific indoor or outdoor space or room of a licensed facility that is designated by a licensee for use by an enrolled child for an activity.
7. "Adaptive device" means equipment used to augment an individual's use of the individual's arms, legs, sight, hearing, or other physical part or function.
8. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
9. "Adult" means an individual who is at least 18 years of age.

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10. "Age-appropriate" means suitable with the developmental and social maturity of the child's age based on physical growth, language, emotional, social, behavioral and cognitive development.
11. "Agency" means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.
12. "Applicant" means a person or governmental agency requesting one of the following:
  - a. A license, or
  - b. Approval of a change affecting a license under R9-5-208.
13. "Application" means the documents that an applicant is required to electronically submit to the Department for licensure or approval of a request for a change affecting a license.
14. "Assistant child educator" means a staff member who aids a child educator in planning, developing, or conducting child care activities.
15. "Association" means a group of individuals other than a corporation, limited liability company, partnership, joint venture, or public school who has established a governing board and bylaws to operate a facility.
16. "Background check" means results identified in searches according to A.R.S. § 46-811(A) and consistent with the Child Care and Development Block Grant Act of 2014 (Public Law 113-186):
  - a. The state sex offender registry within this state and each state where a staff member resided during the preceding five years;
  - b. The state-based child abuse and neglect registries and databases within this state and each state where a staff member resided during the preceding five years;
  - c. The state criminal history checks within this state and each state where a staff member resided during the preceding five years;
  - d. The National FBI criminal history check, with FBI fingerprint check; and
  - e. The National Crime Information Center including the National Sex Offender Registry established under the Adam Walsh Child Protection and Safety Act of 2006 (42 A.S.C. 16901 et seq).
17. "Beverage" means a liquid for drinking, including water.
18. "Business organization" has the same meaning as "entity" in A.R.S. § 10-140.
19. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, or legal holiday.
20. "Calendar week" means a seven-day period beginning on Sunday at 12:00 a.m. and ending on Saturday at 11:59 p.m.
21. "C.C.P." means Certified Childcare Professional, a credential awarded by the National Early Childhood Program Accreditation.
22. "C.D.A." means Child Development Associate, a credential awarded by the Council for Professional Recognition.
23. "Charter school" has the same meaning as in A.R.S. § 15-101.
24. "Child care experience" means an individual's documented work with children in:
  - a. A child care facility or a child care group home that was licensed, certified, or approved by a state in the United States or by one of the Uniformed Services of the United States;
  - b. A public school, a charter school, a private school, or an accommodation school;
  - c. A public or private educational institution authorized under the laws of another state where instruction was provided for any grade or combination of grades between pre-kindergarten and grade 12; or
  - d. One of the following professional fields:
    - i. Nursing,
    - ii. Social work,
    - iii. Psychology,
    - iv. Child development, or
    - v. A closely-related field.
25. "Child care services" means the range of activities and programs provided by a licensee to an enrolled child, including personal care, supervision, education, guidance, and transportation.
26. "Child educator" means a staff member responsible for developing, planning, and conducting child care activities.
27. "Child educator aide" means a staff member who provides child care services under the supervision of a child educator.
28. "Child with a disability" means the same as
  - a. A child with a "developmental disability" as defined in A.R.S. § 36-551; or
  - b. A "child with a disability" as defined in A.R.S. § 15-761.
29. "Child with a special health care need" means a child with a health care provider's diagnosis and record of a physical or mental condition that substantially limits the child in providing self-care or performing manual tasks or any other major life function such as walking, seeing, hearing, speaking, breathing, or learning.
30. "Clean" means to remove dirt or debris by methods such as washing with soap and water, vacuuming, wiping, dusting, or sweeping.
31. "Closely-related field" means any educational instruction or occupational experience pertaining to the growth, development, physical or mental care, or education of children.
32. "Communicable disease" has the same meaning as in A.A.C. R9-6-101.
33. "Compensation" means money or other consideration, including goods, services, vouchers, time, government or public expenditures, government or public funding, or another benefit, that is received as payment.
34. "CPR" means cardiopulmonary resuscitation.
35. "Credit hour" means an academic unit earned at an accredited college or university:
  - a. By attending a class session, which is equivalent to 15 clock hours, each calendar week during a semester or equivalent shorter course term, or
  - b. Completing practical work for a course as determined by the accredited college or university.
36. "Designated agent" means an individual who meets the requirements in A.R.S. § 36-889(D).
37. "Developmentally-appropriate" means consistent with a child's physical, emotional, social, cultural, linguistic, and cognitive development, based on the child's age and

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- family background and the child's personality, learning style, and pattern and timing of growth.
38. "Documentation" means information in written, photographic, electronic, or other permanent form.
  39. "Electronic signature" has the same meaning as in A.R.S. § 41-251.
  40. "Emergency" means a potentially life-threatening occurrence involving an enrolled child or staff member that requires an immediate response or medical treatment.
  41. "Endanger" means to expose an individual to a situation where physical injury or mental injury to the individual may occur.
  42. "Enrolled" means placed by a parent and accepted by a licensee for child care services.
  43. "Evening and nighttime care" means child care services provided between the hours of 8:00 p.m. and 5:00 a.m.
  44. "Facility" has the same meaning as "child care facility" in A.R.S. § 36-881.
  45. "Facility director" means an individual who is designated by a licensee as the individual responsible for the daily onsite operation of a facility.
  46. "Facility premises" means property that is:
    - a. Designated on an application for a license by the applicant; and
    - b. Licensed for child care services by the Department under A.R.S. Title 36, Chapter 7.1, Article 1, and this Chapter.
  47. "Fall zone" means the surface under and around a piece of equipment onto which a child falling from or exiting from the equipment would be expected to land.
  48. "Field trip" means an activity planned by a staff member for an enrolled child at a:
    - a. Location or area that is not licensed for child care services by the Department, or
    - b. Child care facility in which the child is not enrolled.
  49. "Final construction drawings" means facility plans that include the architectural, structural, mechanical, electrical, fire protection, plumbing, and technical specifications of the physical plant and the facility premises and that have been approved by the local government for the construction, alteration, or addition of a facility.
  50. "Food" means a raw, cooked, or processed edible substance, ice, beverage, or ingredient used or intended for use or for sale in whole or in part for human consumption, or chewing gum.
  51. "Food preparation" means processing food for human consumption by cooking or assembling the food, but does not include distributing prepackaged food or whole fruits or vegetables.
  52. "Full-day care" means child care services provided for six or more hours per day between the hours of 5:00 a.m. and 8:00 p.m.
  53. "Governmental agency" has the same meaning as in A.R.S. § 44-7002.
  54. "Guidance" means the ongoing direction, counseling, teaching, or modeling of generally accepted social behavior through which a child learns to develop and maintain the self-regulation, self-reliance, and self-esteem necessary to assume responsibilities, make daily living decisions, and live according to generally accepted social behavior.
  55. "Hazard" means a source of endangerment.
  56. "Health care provider" means a physician, physician assistant, or registered nurse practitioner.
  57. "High school equivalency diploma" means a document issued by:
    - a. The State Board of Education under A.R.S. § 15-702 to an individual who passes a general educational development test or meets the requirements of A.R.S. § 15-702(B);
    - b. Another state to an individual who passes a general educational development test or meets the requirements of a state statute equivalent to A.R.S. § 15-702(B); or
    - c. Another country to an individual who has completed that country's equivalent of a 12th grade education, as determined by the Department based upon information obtained from American or foreign consulates or embassies or other governmental agencies.
  58. "Hours of operation" means the specific time during a day for which a licensee is licensed to provide child care services.
  59. "Illness" means physical manifestation or signs of sickness, such as pain, vomiting, rash, fever, discharge, or diarrhea.
  60. "Immediate" or "immediately" means without restriction, delay, or hesitation.
  61. "Inaccessible" means:
    - a. Out of an enrolled child's reach, or
    - b. Locked.
  62. "Individual plan" means a written description of the daily activities required for an enrolled child with a special health care need or disability.
  63. "Infestation" means the presence of lice, pinworms, scabies, or other parasites.
  64. "Inspection" means:
    - a. Examination of a facility by the Department to determine compliance with A.R.S. Title 36, Chapter 7.1, Article 1, and this Chapter;
    - b. Review of facility documents, records, or reports by the Department; or
    - c. Examination of a facility by a local governmental agency.
  65. "License" means the written authorization issued by the Department to operate a facility in Arizona.
  66. "Licensed capacity" means the maximum number of enrolled children for whom a licensee is authorized by the Department to provide child care services in a facility or a part of a facility at any given time.
  67. "Licensee" means a person or governmental agency to whom the Department has issued a license to operate a facility in Arizona.
  68. "Local" means under the jurisdiction of a city or county in Arizona.
  69. "Mat" means a foam pad that has a waterproof cover and is of sufficient size and thickness to accommodate the height, width, and weight of a reclining child's body.
  70. "Medication" means a substance prescribed by a health care provider or available without a prescription for the treatment or prevention of illness or infestation.
  71. "Menu" means:
    - a. A written description of the food that a facility provides and serves as a meal or snack, or
    - b. The combination of food that a facility provides and serves as a meal or snack.
  72. "Modification" means the substantial improvement, enlargement, reduction, alternation, or other substantial

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- change in the facility or another structure on the premises at a child care facility.
73. "Motor vehicle" has the same meaning as in A.R.S. § 28-101.
  74. "N.A.C." means the National Administrator Credential, a credential issued by the National Institute of Child Care Management.
  75. "Name" means, for an individual, the individual's first name and the individual's last name.
  76. "Neglect" has the same meaning as in A.R.S. § 8-201.
  77. "Outbreak" has the same meaning as in A.A.C. R9-6-101.
  78. "Out-of-school time" means a program, as described in Article 7 of this Chapter, that is licensed with the Department and operates when school is not in session, such as before school, after school, or during school breaks, and serves school-aged children enrolled in school.
  79. "Overall time-frame" has the same meaning as in A.R.S. § 41-1072.
  80. "Parent" means:
    - a. A natural or adoptive mother or father,
    - b. A legal guardian appointed by a court of competent jurisdiction, or
    - c. A "custodian" as defined in A.R.S. § 8-201.
  81. "Part-day care" means child care services provided for fewer than six hours per day between the hours of 5:00 a.m. and 8:00 p.m.
  82. "Pediatric abusive head trauma" means an injury to the skull or intracranial contents of an infant or a child due to inflicted blunt impact and/or violent shaking.
  83. "Pesticide" has the same meaning as in A.R.S. § 3-3601.
  84. "Physical injury" means temporary or permanent damage or impairment to a child's body.
  85. "Physical plant" means a building that houses a facility, or the licensed areas within a building that houses a facility, including the architectural, structural, mechanical, electrical, plumbing, and fire protection elements of the building.
  86. "Physical restraint" means a restriction that immobilizes or prevents freedom of movement of all or part of a person's body, or restricting normal access to the person's body.
  87. "Physician" means an individual licensed as a doctor of:
    - a. Allopathic medicine under A.R.S. Title 32, Chapter 13;
    - b. Naturopathic medicine under A.R.S. Title 32, Chapter 14;
    - c. Osteopathic medicine under A.R.S. Title 32, Chapter 17;
    - d. Homeopathic medicine under A.R.S. Title 32, Chapter 29; or
    - e. Allopathic, naturopathic, osteopathic, or homeopathic medicine under the law of another state.
  88. "Physician assistant" means an individual who is licensed:
    - a. Under A.R.S. Title 32, Chapter 25; or
    - b. As a physician assistant under the law of another state.
  89. "Positive Discipline" means the on-going process of teaching a child self-regulation and assuming responsibility for the child's own actions, as well as providing guidance that focuses on preventing behavior problems by supporting children in learning appropriate social skills and emotional responses.
  90. "Private pool" has the same meaning as "private residential swimming pool" in A.A.C. R18-5-201.
  91. "Private school" has the same meaning as in A.R.S. § 15-101.
  92. "Program" means a variety of activities organized and conducted by a staff member.
  93. "Public pool" has the same meaning as "public swimming pool" in A.A.C. R18-5-201.
  94. "Public school" has the same meaning in A.R.S. § 15-101.
  95. "Punishment" means a negative physical or emotional action taken by adults in the classroom for a child's behavior that is not deemed acceptable.
  96. "Regular basis" means at recurring, fixed, or uniform intervals.
  97. "Responsible party" means an individual or a group of individuals who:
    - a. Is assigned by a public school, charter school, or governmental agency; and
    - b. Has general oversight of the child care facility.
  98. "Sanitize" means to use heat, chemical agents, or germicidal solutions to disinfect and reduce pathogen counts, including bacteria, viruses, mold, and fungi.
  99. "School-age child" means a child who:
    - a. Meets one of the following:
      - i. Is five years old on or before January 1 of the current school year, or
      - ii. Is five years old on or before January 1 of the most recent school year; and
    - b. Meets one of the following:
      - i. Attends kindergarten or a higher level program in a public, charter, accommodation, or private school during the current school year;
      - ii. Attended kindergarten or a higher level program in a public, charter, accommodation, or private school during the most recent school year;
      - iii. Is home-schooled at a kindergarten or higher level during the current school year; or
      - iv. Was home-schooled at a kindergarten or higher level during the most recent school year.
  100. "School-age child care" means child care services provided to a school-age child.
  101. "School campus" means the contiguous grounds of a public, charter, accommodation, or private school, including the buildings, structures, and outdoor areas available for use by children attending the school.
  102. "School governing board" has the same meaning as "governing board" in A.R.S. § 15-101.
  103. "Screen time" means the use of electronic media to watch television or to watch a video at the facility or at another location or the use of electronic media or a computer for game-playing, entertainment, communication, or educational purposes.
  104. "Semi-public pool" has the same meaning as "semipublic swimming pool" in A.A.C. R18-5-201.
  105. "Separation" means removing an enrolled child from a group setting when the enrolled child needs support to gain control of them self under the supervision of a familiar and supportive adult until the enrolled child has regained regulation.
  106. "Serious physical injury" has the same meaning as in A.R.S. § 8-201.
  107. "Service classification" means one of the following:

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- a. Full-day care;
  - b. Part-day care;
  - c. Evening and nighttime care;
  - d. School-age child care; or
  - e. Weekend care.
108. "Signatory" means an individual who is authorized by a school district governing board, school district superintendent, or governmental agency to sign a document on behalf of the school district governing board, school district superintendent, or governmental agency.
109. "Signed" means affixed with an individual's signature or with a symbol representing an individual's signature if the individual is unable to write the individual's name.
110. "Space utilization" means the designated use of an area within a facility for specific child care services or activities.
111. "Staff" or "staff member" means the same as "child care personnel" as defined in A.R.S. § 36-883.02.
112. "Student-aide" means an individual between 15 and 18 years of age who is participating in an educational, curriculum-based course of study; vocational education; or occupational development program and who, without being compensated by a licensee, is present at a facility to receive instruction from and supervision by staff in the provision of child care services.
113. "Substantive review time-frame" has the same meaning as in A.R.S. § 41-1072.
114. "Supervision" means:
- a. For an enrolled school-age child, as defined in R9-5-101(98), knowledge of and accountability for the actions and whereabouts of the enrolled child, including the ability to see or hear the enrolled child at all times, to interact with the enrolled child, and to provide guidance to the enrolled child; or
  - b. For an individual other than an enrolled child, knowledge of and accountability for the actions and whereabouts of the individual, including the ability to see and hear the individual when the individual is in the presence of an enrolled child and the ability to intervene in the individual's actions to prevent harm to enrolled children.
115. "Swimming pool" has the same meaning as in A.A.C. R18-5-201.
116. "Training" means child care-related conferences, seminars, lectures, workshops, classes, courses, or instruction.
117. "Volunteer" means a staff member who, without compensation, provides child care services that are the responsibility of a licensee.
118. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday, federal holiday, or a statewide furlough day.
119. "Written notice" means a message in written, typed, or printed characters sent or otherwise proved to have been received.

**Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted and amended effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired.

Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted with changes effective October 4, 1990 (Supp. 90-4). Section repealed; new Section made by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1). New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-702. Designated Person for Applicant or Licensee Requirements**

When an applicant or licensee is required by this Chapter to provide information on or sign documents, and possess a fingerprint clearance card, the following shall satisfy the requirement on behalf of the applicant or licensee, if the applicant or licensee is:

1. An individual, the individual;
2. A business organization, a designated agent who meets the requirements in A.R.S. § 36-889(D);
3. A public school, an individual designated in writing as a signatory for the public school by the school district governing board or school district superintendent;
4. A charter school, the person approved to operate the charter school by the school district governing board, the Arizona State Board of Education, or the Arizona State Board for Charter Schools; and
5. A governmental agency, the individual in the senior leadership position with the agency, or an individual designated in writing as a signatory by that individual.

**Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency permanently adopted effective October 4, 1990 (Supp. 90-4). Section repealed; new Section made by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1). New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**Table 2. Repealed****Historical Note**

New Table made by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Table repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-703. Application for a License**

- A.** An applicant for a license shall:
1. Be at least 21 years of age;
  2. If an individual, be a U.S. citizen or legal resident alien and a resident of Arizona;

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3. If a corporation, association, or limited liability company, be a domestic entity or a foreign entity qualified to do business in Arizona;
4. If a partnership, have at least one partner who is a U.S. citizen or legal resident alien and a resident of Arizona;
5. Submit to the Department an application containing:
  - a. The following information in a Department-provided format:
    - i. The applicant's name;
    - ii. The applicant's date of birth;
    - iii. The facility's name, street address, city, state, zip code, mailing address, and telephone number;
    - iv. The requested service classifications;
    - v. Whether the applicant agrees to allow the Department to submit supplemental requests for information;
    - vi. An attestation that the:
      - (1) Applicant has read and will comply with A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter; and
      - (2) Information provided on the application is accurate and complete; and
    - vii. The applicant's signature and date of signature;
  - b. Documentation for the applicant that complies with A.R.S. § 41-1080; and
  - c. A copy of the applicant's valid fingerprint clearance card, both front and back, issued according to A.R.S. Title 41, Chapter 12, Article 3.1;
  - d. A copy of the applicant's valid background check document according to A.R.S. § 46-811(A);
  - e. A copy of the form required in A.R.S. § 36-883.02(C);
  - f. Except as provided in subsection (A)(5)(j), a site plan of the facility drawn to scale by an architect, draftsman, or contractor showing:
    - i. The boundary square footage of the property upon which the facility's physical plant is located;
    - ii. If more than one building is used for the facility, the location and perimeter square footage of each building;
    - iii. The location of each driveway on the property;
    - iv. The location and boundary square footage of each parking lot on the property;
    - v. The location and perimeter square footage of each outdoor activity area;
    - vi. The location, type, and height of each fence and gate; and
    - vii. If applicable, the location of any swimming pool on the property;
  - g. Except as provided in subsection (A)(5)(j), a floor plan of each building to be used for child care services drawn to scale by an architect, draftsman, or contractor showing:
    - i. The length and width square footage for each indoor activity area;
    - ii. The requested licensed capacity and applicable service classification for each indoor activity area;
    - iii. The location of each diaper changing area;
    - iv. The location of each hand washing, utility, and three-compartment sink, toilet, urinal, and drinking fountain; and
    - v. The location and type of fire alarm system;
  - h. Except as provided in subsection (A)(5)(j):
    - i. A copy of a certificate of occupancy issued for the facility by the local jurisdiction;
    - ii. Documentation from the local jurisdiction that the facility was approved for occupancy; or
    - iii. If the documents in subsections (A)(5)(i)(i) and (ii) are not available, a statement from the local jurisdiction stating that the certificate of occupancy is not available;
  - i. For an applicant providing child care services in a facility located in a public school, a set of final construction drawings or a school map showing the:
    - i. Location of each school building;
    - ii. Location and square footage of each outdoor activity area to be used by enrolled children;
    - iii. Length and width square footage for each indoor activity area;
    - iv. Requested licensed capacity and applicable service classification for each indoor activity area; and
    - v. Location of each hand-washing sink, toilet, urinal, drinking fountain, and, if applicable, diaper changing area to be used by enrolled children;
  - j. If the facility is located within one-fourth of a mile of agricultural land:
    - i. The names and addresses of the owners or lessees of each parcel of agricultural land located within one-fourth mile of the facility, and
    - ii. An attestation signed and dated by the applicant agreeing with compliance of A.R.S. § 36-882 for each parcel of agricultural land;
  - k. The applicable fee in R9-5-206;
  - l. If the applicant is a business organization, a form provided by the Department that contains:
    - i. The name, street address, city, state, and zip code of the business organization;
    - ii. The type of business organization;
    - iii. The name, date of birth, title, street address, city, state, and zip code of each controlling person;
    - iv. Documentation of the business organization's articles of incorporation, articles of organization, partnership documents, or joint venture documents, if applicable;
    - v. Documentation of good standing issued by the Arizona Corporation Commission; and
    - vi. A statement signed by the applicant stating that each controlling person has not:
      - (1) Been denied a certificate or license to operate a child care group home or child care facility in this state or another state, and
      - (2) Had a certificate or license to operate a child care group home or child care facility revoked in this state or another state for endangering the health and safety of children;
  - m. If the applicant is a public school, a form provided by the Department that contains:
    - i. The name of the school district;
    - ii. The name, title, street address, city, state, and zip code of each responsible party, if the responsible party is an individual, or each indi-

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- vidual in the group, if the responsible party is a group of individuals;
- iii. A statement signed by the applicant stating that each individual in subsection (A)(5)(n)(ii) has not:
    - (1) Been denied a certificate or license to operate a child care group home or child care facility in this state or another state, and
    - (2) Had a certificate or license to operate a child care group home or child care facility revoked in this state or another state for endangering the health and safety of children; and
  - iv. A letter from the school district governing board or school district superintendent designating a signatory, if applicable;
  - n. If the applicant is a charter school, a form provided by the Department that contains:
    - i. The name, title, street address, city, state, and zip code of each responsible party, if the responsible party is an individual, or each individual in the group, if the responsible party is a group of individuals;
    - ii. A statement signed by the applicant stating that each individual in subsection (A)(5)(o)(i) has not:
      - (1) Been denied a certificate or license to operate a child care group home or child care facility in this state or another state, and
      - (2) Had a certificate or license to operate a child care group home or child care facility revoked in this state or another state for endangering the health and safety of children; and
    - iii. A letter from the school district governing board in which the charter school is located, the Arizona State Board of Education, or the Arizona State Board for Charter Schools, approving the applicant to operate the charter school; and
  - o. If the applicant is a governmental agency, a form provided by the Department that contains:
    - i. The name, title, street address, city, state, and zip code of each responsible party, if the responsible party is an individual, or each individual in the group, if the responsible party is a group of individuals;
    - ii. A statement signed by the applicant stating that each individual in subsection (A)(5)(p)(i) has not:
      - (1) Been denied a certificate or license to operate a child care group home or child care facility in this state or another state, and
      - (2) Had a certificate or license to operate a child care group home or child care facility revoked in this state or another state for endangering the health and safety of children; and
    - iii. A letter from the individual in the senior leadership position with the agency designating a signatory.
- B. The Department requires a separate license and a separate application for each facility owned by:
    - 1. The same person at a different location, and
    - 2. A different person at the same location.
  - C. The Department does not require a separate application and license for a structure that is:
    - 1. Located so that the structure and the facility:
      - a. Share the same street address, or
      - b. Can be enclosed by a single unbroken boundary line that does not encompass property owned or leased by another,
    - 2. Under the same ownership as the facility, or
    - 3. Intended to be used as a part of the facility.
  - D. A licensee shall provide written notice to the Department that the licensed facility is no longer operating and requests to void the license.

**Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted and amended effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; editorial corrections to labels of subsections (A)(8)(a)(i) through (A)(8)(a)(xix) (Supp. 89-4). Emergency rule readopted with changes effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted with changes effective October 4, 1990 (Supp. 90-4). Section repealed; new Section made by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1). New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-704. Time-frames**

- A. The administrative completeness review time-frame for each type of approval granted by the Department under this Article is listed in Table 2.1 and begins on the date that the Department receives an application.
  - 1. An application for a license is not complete until the date, provided to the Department with the application or by written notice, that the child care facility is ready for an onsite licensing inspection.
  - 2. The Department shall send a notice of administrative completeness or deficiencies to the applicant within the administrative completeness review time-frame.
    - a. A notice of deficiencies shall list each deficiency and the items needed to complete the application.
    - b. The administrative completeness review time-frame and the overall time-frame are suspended from the date that the notice of deficiencies is issued until the date that the Department receives all of the missing items from the applicant.
    - c. If an applicant for a license or an approval of a change affecting a license fails to submit to the Department all of the items listed in the notice of deficiencies within 180 calendar days after the date that the Department sent the notice of deficiencies,



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the Department shall consider the application or request for approval withdrawn.

3. If the Department issues a license or other approval to the applicant during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- B. The substantive review time-frame for each type of approval granted by the Department under this Article is listed in Table 2.1 and begins on the date of the notice of administrative completeness.
  1. As part of the substantive review for a license application, the Department shall conduct an inspection that may require more than one visit to the facility.
  2. As part of the substantive review for a request for approval of a change affecting a license that requires a change in the use of physical space at the facility, the Department shall conduct an evaluation of the request to determine compliance with applicable rules and statutes that may include an onsite inspection.
  3. The Department shall send a license, a written notice of approval, or denial of a license or other request for approval to an applicant within the substantive review time-frame.
  4. During the substantive review time-frame, the Department may make one comprehensive written request for additional information, unless the Department and the applicant have agreed in writing to allow the Department to submit supplemental requests for information.
    - a. If the Department determines that an applicant or a facility is not in substantial compliance with A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter, the Department shall send a comprehensive written request for additional information that includes a written statement of deficiencies stating each statute and rule upon which noncompliance is based.
    - b. An applicant shall submit to the Department all of the information requested in the comprehensive written request for additional information and documentation of the corrections required in the statement of deficiencies, if applicable within 120 calendar days after the date of the comprehensive written request for additional information.
    - c. The substantive review time-frame and the overall time-frame are suspended from the date that the Department issues a comprehensive written request

for additional information or a supplemental request for information until the date that the Department receives all of the information requested, including documentation of corrections required in a statement of deficiencies, if applicable.

- d. If an applicant fails to submit to the Department all of the information requested in a comprehensive written request for additional information or a supplemental request for information, including documentation of corrections required in a statement of deficiencies, if applicable, within the time prescribed in subsection (C)(4)(b), the Department shall deny the application.
5. The Department shall issue a license or other approval if the Department determines that the applicant and facility are in substantial compliance with A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter, and the applicant submits documentation of corrections that is acceptable to the Department for any deficiencies.
6. If the Department determines that a license or other approval is to be denied, the Department shall send to the applicant a written notice of denial complying with A.R.S. § 36-888 and stating the reasons for denial and all other information required by A.R.S. §§ 36-888 and 41-1076.

**Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency permanently adopted effective October 4, 1990 (Supp. 90-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1). New Section made by final rulemaking at 31 A.A.R. 1015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**Table 7.1. Time-frames (in calendar days)**

Type of Approval	Statutory Authority	Overall Time-Frame	Administrative Completeness Review Time-Frame	Substantive Review Time-Frame
License under R9-5-703	A.R.S. § 36-882	120	30	90
Approval of Change Affecting License under R9-5-710	A.R.S. §§ 36-882 and 36-883	75	30	45

**Historical Note**

Table 7.1 made by final rulemaking at 31 A.A.R. 1015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-705. Fingerprinting and Background Check**

- A. A licensee shall ensure that a staff member completes, signs, dates, and submits to the licensee, before the staff member's starting date of employment or volunteer service:
  1. The form required in A.R.S. § 36-883.02(C); and
  2. If required by A.R.S. § 8-804, the form in A.R.S. § 8-804(I).

- B. A licensee shall maintain documentation of a valid fingerprint clearance card issued under A.R.S. § 41-1758.03 and a valid background check document issued under A.R.S. § 46-811.
- C. Except as provided in A.R.S. § 41-1758.03, a licensee shall ensure that each staff member, before starting date of employment or volunteer service, submits to the licensee a copy of the staff member's valid fingerprint clearance card, front and back, issued under A.R.S. Title 41, Chapter 12, Article 3.1.

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- D. A licensee shall ensure that each staff member submits to the licensee a copy of the staff member's valid fingerprint clearance card each time the fingerprint clearance card is issued or renewed every five years.
- E. If a staff member possesses a fingerprint clearance card that was issued before the staff member became a staff member at the facility, a licensee shall:
  1. Contact the Department of Public Safety before the individual becomes a staff member to determine whether the fingerprint clearance card is valid; and
  2. Document this determination, including the name of the staff member, the date of contact with the Department of Public Safety, and whether the fingerprint clearance card is valid.
- F. A licensee shall ensure that each staff member submits to the licensee a copy of the staff member's valid background check document:
  1. Issued under A.R.S. § 46-811(A) before the starting date of employment or volunteer service; and
  2. Each time a background check is issued or renewed every five years.
- G. As required by A.R.S. § 8-804, before an individual's starting date of employment or volunteer service, a licensee shall comply with the submission requirements in A.R.S. § 8-804(C) for the individual.
- H. A licensee shall not allow an individual to be a staff member if the individual:
  1. Has been denied a fingerprint clearance card under A.R.S. Title 41, Chapter 12, Article 3.1 and has not received an interim approval under A.R.S. § 41-619.55;
  2. Has been denied a background check document that indicates the individual is not eligible for employment due to violations identified pursuant to A.R.S. § 46-811;
  3. Receives an interim approval under A.R.S. § 41-619.55 but is subsequently denied a good cause exception under A.R.S. § 41-619.55 and a fingerprint clearance card under A.R.S. Title 41, Chapter 12, Article 3.1;
  4. Is a parent or guardian of a child adjudicated to be a dependent child as defined in A.R.S. § 8-201;
  5. Has been denied or had revoked a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state;
  6. Has been denied or had revoked a certification to work in a child care facility or a child care group home in this state or another state;
  7. If applicable, has stated on the form required in A.R.S. § 8-804(I) that the individual is currently under investigation for an allegation of abuse or neglect or has a substantiated allegation of abuse or neglect and has not subsequently received a central registry exception according to A.R.S. § 41-619.57; or
  8. If applicable, is disqualified from employment or volunteer service as a staff member according to A.R.S. § 8-804 and has not subsequently received a central registry exception according to A.R.S. § 41-619.57.
- I. Within 30 calendar days after the day of a staff member's or volunteer's 18th birthday, the staff member or volunteer shall provide to the licensee copies of a valid fingerprint clearance card and background check document specified in subsection (C).

**Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency

rule readopted effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted effective October 4, 1990 (Supp. 90-4). Section repealed; new Section made by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1). New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-706. Child Care Service Classifications**

- A. The Department licenses child care facilities using the following service classifications:
  1. Full-day care;
  2. Part-day care;
  3. Evening and nighttime care;
  4. School age out-of-school time programs; and
  5. Weekend care.
- B. The Department shall designate on a facility's license each service classification that the facility is licensed to provide.
- C. A licensee shall submit an application to the Department to add or change a service classification. A licensee shall not provide child care services in a service classification for which the licensee is not licensed.

**Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted effective October 4, 1990 (Supp. 90-4). Section repealed; new Section made by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1). New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-707. Submission of Licensure Fees**

A licensee shall submit the following to the Department, on an annual basis, no more than 60 calendar days before the anniversary date of the facility's license:

1. An application, in a Department-provided format that contains:
  - a. The licensee's name,
  - b. The facility's name and license number, and
  - c. Whether the licensee intends to submit the applicable fee:
    - i. With the form, or

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- ii. According to the payment plan in subsection (2)(b), and
- 2. Either:
  - a. The applicable fee, as specified in R9-5-206, or
  - b. One-half of the applicable fee in R9-5-206 with the form and the remainder of the applicable fee due no later than 120 calendar days after the anniversary date of the facility's license.

**Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted effective October 4, 1990 (Supp. 90-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1). New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-708. Licensure Fees**

- A. Except as provided in subsection (B), the annual fees, as specified in A.R.S. § 36-882, for an applicant submitting an application or a licensee submitting licensure fees are for a child care facility with a licensed capacity of:
  - 1. Five to 10 children, \$330;
  - 2. 11 to 59 children, \$1330; and
  - 3. 60 or more children, \$2575.
- B. The Department may discount the fee in subsection (A), based on available funding or if the applicant or licensee participates in a Department-approved program.
- C. The fee for a licensee requesting an increase in a facility's licensed capacity is the difference between the applicable fee in this Section for the new licensed capacity and the applicable fee in this Section for the current licensed capacity, prorated from the date the licensee submitted the request for the increase for the number of months remaining before the facility's license anniversary date specified in R9-5-205.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1). New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-709. Invalid License**

If a licensee does not submit the licensure fee as required in R9-5-707(2), the facility license is no longer valid and the facility is operating without a license.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-710. Changes Affecting a License**

- A. At least 30 calendar days before the date of a change in a facility's name, a licensee shall send the Department written notice of the name change.
- B. At least 30 calendar days before the date of an intended change in a facility's service classification, space utilization, or licensed capacity, a licensee shall submit a written request for approval of the intended change to the Department that includes:
  - 1. The licensee's name;
  - 2. The facility's name, street address, city, state, zip code, mailing address, and telephone number;
  - 3. The name, telephone number, and fax number of a point of contact for the request;
  - 4. The facility's license number;
  - 5. The type of change intended:
    - a. Service classification,
    - b. Space utilization, or
    - c. Licensed capacity;
  - 6. A narrative description of the intended change; and
  - 7. The following additional information, as applicable, if the intended change:
    - a. Affects an activity area, the following information about each affected activity area, as applicable:
      - i. Identification of the activity area,
      - ii. Current and intended square footage,
      - iii. Current and intended operating hours,
      - iv. Current and intended service classification,
      - v. Current and intended licensed capacity, and
      - vi. Whether the activity area has or will have a diaper changing area;
    - b. Is to increase licensed capacity, the square footage of the outdoor activity area; and
    - c. Includes an alteration or addition to the physical plant of a licensed facility, the following, as applicable, if the facility is located in a public school and provides child care only for school-age children, a set of final construction drawings or a school map, including the information required in R9-5-703(5)(j) showing the intended change.
- C. If the intended change in subsection (B) includes an increase in the licensed capacity, a licensee shall submit the fee for an increase in licensed capacity in R9-5-708(C) with the written request for approval.
- D. The Department will review a request submitted under subsection (B) according to R9-5-202. If the intended change is in compliance with A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter and any applicable fee is submitted, the Department will send the licensee written approval of the requested change or an amended license that incorporates the change but retains the anniversary date of the current license.
- E. A licensee shall not implement any change described under subsection (B) until the Department issues an approval or amended license.
- F. At least 30 days before the date of a change in ownership of a facility, a licensee shall send the Department written notice of the change. For the purpose of this Section, "change in ownership" means a transfer of controlling legal or controlling equitable interest and authority in a facility resulting from a sale or merger of a facility. A new owner shall obtain a new license as prescribed in R9-5-703 before the new owner begins operating the facility.
- G. A licensee changing a facility's location shall apply for a new license as prescribed in R9-5-703.

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- H.** Within 30 calendar days after a change in a controlling person, a licensee shall send the Department written notice of the change that includes:
1. The name of the licensee;
  2. A description of the change made;
  3. The name, title, street address, city, state, and zip code of each controlling person;
  4. A statement that each controlling person has not been denied a certificate to operate a child care group home or a license to operate a child care facility for the care of children in this state or another state;
  5. A statement that each controlling person has not had a certificate to operate a child care group home or a license to operate a child care facility revoked in this state or another state for reasons that relate to the endangerment of the health and safety of children;
  6. A statement that the information provided in the written notice is accurate and complete; and
  7. The signature of the licensee.
- I.** If the change in subsection (H) is a change in a controlling person who is a designated agent, a licensee shall include a copy of documentation for the designated agent: that complies with A.R.S. § 41-1080.
- J.** Within 30 calendar days after changing a responsible party, a licensee shall send the Department written notice of the change that includes:
1. The name of the licensee;
  2. A description of the change made;
  3. The name, title, street address, city, state, and zip code of each responsible party, if the responsible party is an individual, or each individual in the group, if the responsible party is a group of individuals; and
  4. A statement signed by the licensee stating that each individual in subsection (K)(3) has not:
    - a. Been denied a certificate or license to operate a child care group home or child care facility in this state or another state, and
    - b. Had a certificate or license to operate a child care group home or child care facility revoked in this state or another state for endangering the health and safety of children.
1. Provides false or misleading information to the Department;
  2. Has been denied a certificate or license to operate a child care group home or child care facility in any state, unless the denial was based on the applicant's failure to complete the certification or licensing process according to a required time-frame;
  3. Has had a certificate or license to operate a child care group home or child care facility revoked or suspended in any state;
  4. Has been denied a fingerprint clearance card or has had a fingerprint clearance card revoked under A.R.S. Title 41, Chapter 12, Article 3.1;
  5. Fails to substantially comply with any provision in A.R.S. Title 36, Chapter 7.1, Article 1 or this Chapter; or
  6. Substantially complies with A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter, but refuses to carry out a plan acceptable to the Department to eliminate any deficiencies.
- B.** In determining whether to deny, suspend, or revoke a license, the Department shall consider the threat to the health and safety of children in a facility based on such factors as:
1. Repeated violations of statutes or rules,
  2. A pattern of non-compliance,
  3. The type of violation,
  4. The severity of each violation, and
  5. The number of violations.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R.  
2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-713. General Licensee Responsibilities**

- A.** A licensee shall:
1. Designate a facility director who acts on behalf of the licensee and is responsible for the daily onsite operation of a facility;
  2. Submit the name of the designated facility director in a written notice to the Department before a license is issued;
  3. Except as provided in subsection (A)(4), within 10 calendar days before changing a facility director, submit written notice of the change including the new designated facility director's name and starting date;
  4. If the licensee is not aware of a change in the facility director 10 calendar days before the effective date of the change, submit written notice of the change to the Department including the new designated facility director's name and starting date within 72 hours after becoming aware of the change.
- B.** A licensee shall ensure that a facility director:
1. Designates, in writing, an individual who meets the requirements of R9-5-401(2) to act on behalf of the facility director when the facility director is not present in the facility;
  2. Supervises or assigns a child educator to supervise each staff member who does not meet the qualifications of R9-5-401(3);
  3. Prepares a dated attendance record for each day and ensures that each staff member documents on the attendance record the time of each arrival and departure of the staff member; and

**Historical Note**

New Section made by final rulemaking at 31 A.A.R.  
2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-711. Inspections; Investigations**

A licensee shall:

1. Allow the Department immediate access to all areas of the facility affecting the health, safety, or welfare of an enrolled child or to which an enrolled child has access during hours of operation, according to A.R.S. § 36-885;
2. Notify the Department within 24 hours, prior to the next business day, of business closure; and
3. Permit the Department to interview each staff member or enrolled child as part of an investigation.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R.  
2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-712. Denial, Revocation, or Suspension of License**

- A.** The Department may deny, revoke, or suspend a license to operate a facility if an applicant or licensee:

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4. Maintains on the facility premises, the dated attendance record required in subsection (B)(3) for 12 months after the date on the attendance record.
- C. A licensee shall develop and implement written facility policies and procedures required for the daily onsite operation of the facility as prescribed in A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter.
- D. A licensee shall ensure that the following individuals are allowed immediate access to facility premises during hours of operation:
  1. A parent of an enrolled child or an individual designated in writing by the parent of an enrolled child; or
  2. A representative of:
    - a. The Department,
    - b. The local health department,
    - c. Arizona Department of Child Safety, or
    - d. The local fire department or State Fire Marshal.
- E. A licensee shall ensure that a staff member supervises any individual who is not a staff member who is on facility premises where enrolled children are present.
- F. A licensee shall ensure that a staff member submits, on or before the starting date of employment or volunteer services, a completed self-screening form in a Department-provided format for tuberculosis screening purposes and follow recommendations for further tuberculosis testing, as applicable.
- G. A licensee shall ensure that a staff member who has current certification in adult and pediatric first aid and CPR, as required by R9-5-403(E), is present:
  1. At all times during hours of operation on facility premises,
  2. On field trips, and
  3. While transporting enrolled children in the facility's motor vehicle or a vehicle designated by the licensee to transport enrolled children.
- H. A licensee shall prohibit the use or possession of the following items when an enrolled child is on facility premises, during hours of operation, or in any motor vehicle used for transporting an enrolled child:
  1. Any beverage containing alcohol;
  2. A controlled substance as listed in A.R.S. Title 36, Chapter 27, Article 2, except where used as a prescription medication in the manner prescribed;
  3. A dangerous drug as defined in A.R.S. § 13-3401, except where used as a prescription medication in the manner prescribed;
  4. A prescription medication as defined in A.R.S. § 32-1901, except where used in the manner prescribed; or
  5. A firearm as defined in A.R.S. § 13-105.
- I. At least once a month, and at different times of the day, a licensee shall ensure that:
  1. An unannounced practice drill that includes evacuation, relocation, shelter-in place, and lock downs are conducted;
  2. Each staff member, volunteer, and enrolled child at the facility participates in practice drills;
  3. If applicable, accommodations are made for an enrolled child with a special need or disability; according to the enrolled child's individualized plan as specified in R9-5-507(A)(1); and
  4. Document each practice drill and maintain the documentation on facility premises for 12 months after the date of the practice drill.
- J. A licensee shall not allow a staff member who lacks proof of immunity against a disease listed in A.A.C. R9-6-702 to be

present in the facility between the start and end of an outbreak of the disease at the facility.

- K. A licensee shall ensure that the Department is notified orally or in writing within 24 hours after an enrolled child's death at the child care facility during hours of operation.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-714. Statement of School-Age Child Care Services**

A licensee shall prepare a written statement of child care services provided by the licensee that includes the following:

1. A description of the facility's child care services classifications in R9-5-204;
2. Hours of operation;
3. The facility's street address, city, state, zip code, mailing address, and telephone number;
4. Child enrollment and disenrollment procedures;
5. Charges, fees, and payment requirements for child care services;
6. Child admission and release requirements;
7. Guidelines for positive discipline reflective of age-appropriate methods for children that include clear, appropriate, consistent expectations;
8. Transportation procedures;
9. Field trip requirements and procedures;
10. Responsibilities and participation of parents in facility activities;
11. A general description of activities and programs;
12. A description of the liability insurance required by R9-5-308 that is carried by the licensee and a statement that documentation of the liability insurance coverage is available for review on the facility premises;
13. Medication administration procedures;
14. Accident and emergency procedures;
15. A notice stating inspection reports are available onsite;
16. A provision stating that the facility is regulated by the Arizona Department of Health Services including the Department's local street address, city, state, zip code, and local telephone number;
17. The procedures for notifying a parent at least 48 hours before a pesticide is applied on a facility's premises;
18. A statement that a parent has access to the areas on facility premises where the parent's enrolled child is receiving child care services; and
19. Policies and procedures for suspension and expulsion of enrolled children to include clear, appropriate, consistent expectations, including suspension and expulsion prevention strategies.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-715. Posting of Notices**

- A. A licensee shall post in a place that can be conspicuously viewed by individuals entering or leaving the facility or activity area the:
  1. Facility's license;
  2. Name of the facility director;
  3. Name of the individual designated to act on behalf of the facility director when the facility director is not present in the facility, as prescribed by R9-5-301(B)(1);

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4. Schedule of child care services fees and policy for refunding fees as prescribed by A.R.S. § 36-882(P);
  5. Breakfast, lunch, dinner, and snack menus for each calendar week at the beginning of the calendar week;
  6. Notice of the presence of any communicable disease or infestation listed in 9 A.A.C. 6, Article 2, Table 2.2, from the date of discovery through the incubation period of the communicable disease or infestation;
  7. Notice of the Department's intent to deny, revoke, or suspend as prescribed by A.R.S. § 36-888 at the expiration of time in the notice for the licensee to respond;
  8. Notice of an intermediate sanction imposed as prescribed by A.R.S. § 36-891.01 within 10 calendar days after the licensee received notice of the intermediate sanction;
  9. Notice of a legal injunction imposed as prescribed by A.R.S. § 36-886.01 when the licensee receives the legal injunction; and
  10. Notice of the availability of facility inspection reports for public viewing at the facility premises.
- B.** A licensee shall ensure that the licensed capacity of each indoor activity area is posted in that activity area.
- C.** Except as prescribed in A.R.S. § 36-898(C), a licensee shall post a notification of pesticide application in each activity area and in each entrance of a facility, at least 48 hours before a pesticide is applied on the facility's premises, containing:
1. The date and time of the pesticide application, and
  2. A statement that written pesticide information is available from the licensee upon request.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-716. Enrollment of Children**

- A.** A licensee shall require that a child be enrolled by the child's parent or an individual authorized in writing by the parent.
- B.** Except as required in A.R.S. § 36-3009, before an enrolled child receives child care services, a licensee shall require the enrolled child's parent to complete an Emergency, Information, and Immunization Record, no more than a two-page written notice, that is signed by the enrolled child's parent containing:
1. The child's name, home address, sex, and date of birth;
  2. The date of the child's enrollment;
  3. The name, home address, email address, and telephone number of each parent of the child;
  4. The name and telephone number of at least two individuals authorized by the child's parent to collect the child from the facility in case of emergency, or if the child's parent cannot be contacted;
  5. The name and contact telephone number of the child's health care provider;
  6. The written authorization for emergency medical care of the enrolled child;
  7. The name of the individual to be contacted in case of injury or sudden illness of the child;
  8. The written instructions of a child's parent or health care provider for the nutritional and dietary needs of the child including, if applicable, the request in R9-5-731(C)(13); and
  9. A written record completed by the child's parent or health care provider noting the child's susceptibility to illness, physical conditions of which a staff member should be

aware, and any individual requirements for health maintenance.

- C.** A licensee shall maintain a current Emergency, Information, and Immunization Record for each enrolled child on facility premises in a place that provides a staff member ready access to the record in the event of an emergency at, or evacuation of, the facility.
- D.** When an enrolled child is disenrolled from a facility, the licensee shall:
1. Enter the date of disenrollment on the child's Emergency, Information, and Immunization Record; and
  2. Maintain the records in subsection (D)(1) for 12 months after the date of disenrollment on facility premises in a place separate from the current Emergency, Information, and Immunization Record. If a licensee is a school governing board, a charter school, or a person operating multiple child care facilities, the licensee may maintain disenrollment records in a single central administrative office located in the same city, town, or school attendance area as the facility.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-717. Child Immunization Requirements**

- A.** A licensee shall not permit an enrolled child to attend a facility until the facility receives:
1. An immunization record for the enrolled child with the information required in 9 A.A.C. 6, Article 7, documenting that the enrolled child has received all current, age-appropriate immunizations required under 9 A.A.C. 6, Article 7:
    - a. Provided by a health care provider, or
    - b. Generated from the Arizona State Immunization Information System, which is the Department's child immunization reporting system established in A.R.S. § 36-135; or
  2. An exemption affidavit for the enrolled child provided by the enrolled child's parent that contains a statement, signed by the enrolled child's:
    - a. Health care provider, that the immunizations required by 9 A.A.C. 6, Article 7 would endanger the enrolled child's health or medical condition; or
    - b. Parent, that the enrolled child is being raised in a religion whose teachings are in opposition to immunization; or
- B.** If an enrolled child has not had immunizations and is either homeless, as in "homeless children and youths" according to 42 USC 11434a, who is referred by DCS or Tribal Child Protective Services, initial doses should be administered within 30-calendar days, unless the enrolled child has a religious or medical exemption, as specified in subsections (A)(1) and (2). A child who is experiencing homelessness or who is referred by DCS or Tribal Child Protective Services is permitted to enroll in the program while required documentation is obtained
- C.** A licensee shall attach an enrolled child's written immunization record or exemption affidavit, required in subsection (A), to the enrolled child's Emergency, Information, and Immunization Record, required in R9-5-304(B).
- D.** A licensee shall ensure that a staff member updates an enrolled child's written immunization record required in subsection (A)(1)(a) each time the enrolled child's parent provides the

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licensee with a written statement from the enrolled child's health care provider that the enrolled child has received an age-appropriate immunization required by 9 A.A.C. 6, Article 7.

- E. If an enrolled child's immunization record indicates that the enrolled child has not received an age-appropriate immunization required by 9 A.A.C. 6, Article 7, a licensee shall ensure that a staff member:
  - 1. Notifies the enrolled child's parent in writing that the enrolled child may attend the facility for not more than 15 calendar days after the date of the notification unless the enrolled child's parent complies with the immunization requirements in 9 A.A.C. 6, Article 7; and
  - 2. Documents on the enrolled child's Emergency, Information, and Immunization Record the date on which the enrolled child's parent is notified of an immunization required by the Department.
- F. A licensee shall not allow an enrolled child who lacks proof of immunity against a disease listed in A.A.C. R9-6-702 to attend the child care facility between the start and end of an outbreak of the disease at the facility.
- G. If a parent of an enrolled child, excluded from a child care facility because of the lack of documented immunity to a disease during an outbreak of the disease at the child care facility, submits any of the documents in A.A.C. R9-6-704 as proof of the enrolled child's immunity to the disease, a licensee shall allow the enrolled child to attend the child care facility during the outbreak of the disease.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-718. Admission and Release of Children; Attendance Records**

- A. A licensee shall:
  - 1. Maintain a dated attendance form containing an enrolled child's name with the time of each admission and release, and the parent or staff member's signature or other unique identifier.
  - 2. If an electronic signature is used to admit or release the enrolled child, adopt policies and procedures to ensure that the individual whose signature the electronic or digital method of identification represents is accountable for the use of the electronic or digital method;
  - 3. Develop, document, and implement policies and procedures to ensure that the identity of an individual is known to the staff member or is verified with picture identification before releasing an enrolled child to the individual.
  - 4. Not release the enrolled child to an individual other than the enrolled child's parent or other individual designated in writing by the enrolled child's parent except when the enrolled child's parent is unable to collect the enrolled child and authorizes the licensee by telephone to release the enrolled child to an individual not so designated.
  - 5. Not permit the self-admission or self-release of an enrolled child unless the enrolled child is of school-age and the licensee has obtained and verified written permission from the enrolled child's parent.
  - 6. Maintain the attendance form on facility premises for 12 months after the date of attendance.
- B. A licensee shall:
  - 1. Develop, document, and implement policies and procedures to ensure that a staff member maintains daily docu-

mentation of the presence of an enrolled child in an activity area that includes a method to account for any temporary absences of the enrolled child from the activity area; and

- 2. Maintain the documentation of the presence of enrolled children in an activity area required in subsection (B)(1) on facility premises for 12 months after the date of the documentation.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-719. Suspected or Alleged Child Abuse or Neglect**

A licensee shall ensure that the licensee or a staff member documents and reports all suspected or alleged cases of child abuse or neglect.

- 1. The licensee or staff member shall report the suspected or alleged child abuse or neglect to the Arizona Department of Child Safety or to a local law enforcement agency as prescribed in A.R.S. § 13-3620. The licensee or staff member shall also send documentation to the Arizona Department of Child Safety and any local law enforcement agency previously notified within three calendar days of the initial report, and maintain documentation of a child abuse or neglect report on facility premises for 12 months after the date of a report.
- 2. The licensee or staff member shall report the suspected or alleged child abuse by a staff member to the Department and to a local law enforcement agency as prescribed in A.R.S. § 13-3620. A licensee or staff member shall also send documentation to the Department and to any law enforcement agency previously notified within three calendar days of the initial report, and maintain documentation of a child abuse report on facility premises for 12 months after the date of a report.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-720. Insurance Requirements**

- A. A licensee shall secure and maintain the following minimum insurance coverage:
  - 1. General facility liability insurance of at least \$300,000; and
  - 2. Motor vehicle insurance coverage, required by A.R.S. Title 28, Chapter 9, Article 4, for each motor vehicle provided by a licensee to transport enrolled children.
- B. A licensee shall maintain documentation of the insurance coverage required in subsection (A) on facility premises.
- C. A licensee shall provide a copy of documentation of insurance to the Department before issuance of a license and at any time that the licensee's insurance coverage expires, is canceled, or changes.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-721. Gas and Fire Inspections**

- A. An applicant shall obtain the following inspections of a facility and make any repairs or corrections stated on an inspection report before a license is issued by the Department:

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1. If there are gas pipes that run from a gas meter to an appliance or location on the facility premises, a gas inspection by a licensed plumber or individual authorized by the local jurisdiction that verifies there are no gas leaks in the gas pipes that run from the gas meter to any appliance or location on facility premises; and
  2. A fire inspection by a local fire department.
- B.** If there are gas pipes that run from a gas meter to an appliance or location on the facility premises, a licensee shall ensure that a licensed plumber or individual authorized by the local jurisdiction conducts a gas inspection that verifies there are no gas leaks in the gas pipes that run from the gas meter to any appliance or location on facility premises at least once every 12 months after the issue date of the license.
- C.** A licensee shall maintain on facility premises:
1. A current fire inspection report including documentation of any repairs or corrections required by the fire inspection report; and
  2. If there are gas pipes that run from a gas meter to an appliance or location on the facility premises, a current gas inspection report including documentation of any repairs or corrections required by the gas inspection report.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R.  
2015 (June 27, 2025), effective August 3, 2025 (Supp.  
25-2).

**R9-5-722. Pesticides**

- A.** A licensee shall make written pesticide information available to a parent, upon a parent's request, at least 48 hours before a pesticide application occurs on facility premises, containing the:
1. Brand, concentration, rate of application, and any use restrictions required by the label of the herbicide or specific pesticide;
  2. Date and time of the pesticide application;
  3. Pesticide label, which includes the written, printed, or graphic matter approved by the United States Environmental Protection Agency on or attached to, a pesticide container; and
  4. Name and telephone number of the pesticide business licensee and the name of the licensed applicator, who complies with A.A.C. R3-8-201(C), providing pesticide services.
- B.** A licensee is exempt from the provisions in subsection (A), as prescribed by A.R.S. § 36-898(C).

**Historical Note**

New Section made by final rulemaking at 31 A.A.R.  
2015 (June 27, 2025), effective August 3, 2025 (Supp.  
25-2).

**R9-5-723. Staff Qualifications**

A licensee shall ensure that staff members meet the following qualifications for employment or volunteer service at a facility:

1. A facility director is 21 years of age or older and provides the licensee with documentation of one of the following:
    - a. At least 24 months of child care experience, a high school or high school equivalency diploma, and
      - i. Six credit hours or more in early childhood, child development, or a closely-related field from an accredited college or university; or
      - ii. At least 60 actual hours of instruction, provided in conferences, seminars, lectures, or work-
  - shops in early childhood, child development, or a closely-related field, and an additional 12 hours of instruction, provided in conferences, seminars, lectures, or workshops in the area of program administration, planning, development, or management;
  - b. At least 18 months of child care experience; and
    - i. An N.A.C., C.D.A., or C.C.P. credential; or
    - ii. At least 24 credit hours from an accredited college or university, including at least six credit hours in early childhood, child development, or a closely-related field;
  - c. At least six months of child care experience and an associate degree from an accredited college or university in early childhood, child development, or a closely-related field; or
  - d. At least three months of child care experience and a bachelor's degree from an accredited college or university in early childhood, child development, or a closely-related field;
- 2.** A facility director's designee is 21 years of age or older and provides the licensee with documentation of one of the following:
- a. At least 12 months of child care experience, a high school or high school equivalency diploma; and
    - i. Three credit hours or more in early childhood, child development, or a closely-related field from an accredited college or university; or
    - ii. At least 30 actual hours of instruction, provided in conferences, seminars, lectures, or workshops in early childhood, child development, or a closely-related field;
  - b. At least 12 months of child care experience; and
    - i. An N.A.C., C.D.A., or C.C.P. credential; or
    - ii. At least 24 credit hours from an accredited college or university, including at least six credit hours in early childhood, child development, or a closely-related field;
  - c. At least six months of child care experience and an associate degree from an accredited college or university in early childhood, child development, or a closely-related field; or
  - d. At least three months of child care experience and a bachelor's degree from an accredited college or university in early childhood, child development, or a closely-related field;
- 3.** A child educator is 18 years of age or older and provides the licensee with documentation of one of the following:
- a. Three months of child care experience if working with school-aged children; and
    - i. A high school diploma or high school equivalency diploma; or
    - ii. At least 12 credit hours from an accredited college or university, including at least six credit hours in early childhood, child development, or a closely-related field;
  - b. Associate or bachelor's degree from an accredited college or university in early childhood, child development, or a closely-related field; or
  - c. N.A.C., C.D.A., or C.C.P. credential;
- 4.** An assistant child educator is 16 years of age or older and provides the licensee with documentation of one of the following:



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- a. Current and continuous enrollment in high school or a high school equivalency class;
- b. High school or high school equivalency diploma;
- c. Enrollment in vocational rehabilitation, as defined in A.R.S. § 23-501; or
- d. Employment or service as a volunteer in a licensed child care facility for 12 months;
5. A child educator aide is 16 years of age or older;
6. A student-aide provides the licensee with documentation of participation in:
  - a. An educational, curriculum-based course in child development, parenting, or guidance counseling; or
  - b. A vocational education or occupational development program; and
7. A volunteer is 15 years of age or older.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-724. Staff Records and Reports**

- A. A licensee shall maintain a file for each staff member containing:
  1. The staff member's name, date of birth, home address, and telephone number;
  2. The staff member's starting date of employment or volunteer service;
  3. The staff member's ending date of employment or volunteer service, if applicable;
  4. The name and telephone number of an individual to be notified in case of an emergency;
  5. The staff member's written statement attesting to current immunity against measles, rubella, diphtheria, mumps, and pertussis;
  6. The form required in A.R.S. § 36-883.02(C);
  7. Documents required by R9-5-203;
  8. Documents required by R9-5-301;
  9. Documents required by R9-5-401, if applicable;
  10. If applicable:
    - a. The form required in A.R.S. § 8-804(I),
    - b. Documentation of the submission required in A.R.S. § 8-804 and the information received as a result of the submission, and
    - c. Documentation of training provided by a licensee as required by R9-5-403;
  11. A copy of any current license or certification required by A.R.S. Title 36, Chapter 7.1, Article 1, or this Chapter; and
  12. Documentation of the requirements in A.R.S. § 36-883.02(D).
- B. A licensee shall ensure that, for a staff member who is currently working at the facility, the staff member's information required by:
  1. Subsections (A)(1) through (11) is maintained in a single location on facility premises, and
  2. Subsection (A)(12) is maintained and provided to the Department within two hours of the Department's request.
- C. A licensee shall ensure that, for an individual who is not currently working at the facility, the information required in subsections (A)(1) through (12) is:
  1. Maintained for 12 months after the date the individual last worked at the facility, and

2. Provided to the Department within two hours of the Department's request.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-725. Training Requirements**

- A. Within 10 calendar days of the starting date of employment or volunteer service, a licensee shall provide, and each staff member who provides child care services shall complete, training for new staff members that includes all of the following:
  1. Facility philosophy and goals;
  2. Names and ages of and developmental expectations for enrolled children for whom the staff member will provide child care services;
  3. Health needs, nutritional requirements, any known allergies, and information about adaptive devices of enrolled children for whom the staff member will provide child care services;
  4. Lesson plans;
  5. Child guidance and methods of positive discipline, including separation;
  6. Hand washing techniques;
  7. Food preparation, service, sanitation, and storage, if assigned to food preparation;
  8. Recognition of signs of illness and infestation;
  9. Child abuse or neglect detection, prevention, and reporting;
  10. Accident and emergency procedures;
  11. Staff responsibilities as required by A.R.S. Title 36, Chapter 7.1, Article 1 and this Chapter;
  12. Sun safety policies and procedures;
  13. Safety in outdoor activity areas;
  14. Transportation procedures, if applicable;
  15. Field trip procedures, if applicable; and
  16. Prevention of pediatric abusive head trauma and child maltreatment.
- B. A licensee shall ensure that:
  1. Each staff member who provides child care services completes 24 or more clock hours of training every 12 months after the effective date of this Chapter or the staff member's starting date of employment or volunteer service in at least two topics listed below:
    - a. Child growth and development, including:
      - i. Brain development;
      - ii. Basic child development, including cognitive, social, emotional, and physical, as well as approaches to learning;
      - iii. Language development;
      - iv. Observation and child assessment;
      - v. Developmentally-appropriate activities;
      - vi. Child guidance and methods of positive discipline which may include techniques to promote healthy social-emotional development and reduce challenging behaviors; or
      - vii. Developmentally-appropriate activity areas.
    - b. Health and safety issues, including:
      - i. Accident and emergency procedures, including CPR and first aid for children;
      - ii. Recognition of signs of illness and infestation;
      - iii. Nutrition and developmentally-appropriate eating habits;

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- iv. Child abuse detection, reporting, and prevention;
- v. Safety of indoor and outdoor activity areas;
- vi. Sun safety policies and procedures;
- vii. Water safety;
- viii. Prevention and control of infectious diseases, including immunization;
- ix. Prevention and response to emergencies due to food and allergic reactions, including anaphylactic shock;
- x. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;
- xi. Emergency preparedness, response, and recovery planning for emergencies resulting from a natural disaster or a human-caused event;
- xii. Administration of medication, consistent with standards for parental or guardian consent;
- xiii. Handling and storage of hazardous materials and the appropriate disposal of biocontaminants;
- xiv. Prevention of pediatric abusive head trauma and child maltreatment; or
- xv. Physical restraint techniques.
- c. Program administration, planning, development, or management; and
- d. Availability of community services and resources, including those available to children with a special health care need or a disability; and
- 2. As part of the required 24 hours of training in subsection (B)(1):
  - a. A staff member who has less than 12 months of child care experience before the staff member's starting date, completes at least 12 hours in one or more of the topics in subsection (B)(1)(a) in the staff member's first 12 months at the facility;
  - b. A staff member who has 12 months or more of child care experience, completes at least six hours in one or more of the topics in subsection (B)(1)(a) every 12 months after the staff member's starting date;
  - c. A facility director completes at least six hours in subsection (B)(1)(c) every 12 months after the facility director's starting date.
  - d. A child educator for school-aged children shall complete six of the 24 hours of training within the first three months of hire.
- C. A licensee shall ensure that documentation of a staff member's completion of training required by subsection (A) is signed by the facility director and dated.
- D. A licensee shall ensure that a staff member submits to the licensee documentation of training received as required by subsection (B) to the licensee as the training is completed.
- E. A licensee shall ensure that a staff member, as required by R9-5-301(G):
  - 1. Obtains adult and pediatric first aid certification;
  - 2. Obtains adult and pediatric CPR certification, which includes a demonstration of the staff member's ability to perform CPR;
  - 3. Maintains current certification in adult and pediatric first aid and CPR; and
  - 4. Provides the licensee with a copy of the front and back of the current card issued to the staff member upon complet-

ing adult and pediatric first aid and CPR training as proof of completion of the requirements of this subsection.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-726. Staff-to-Children Ratios**

- A. A licensee shall ensure that at least the following staff-to-children ratios are maintained at all times when providing child care services to enrolled children:
 

<i>Age Group</i>	<i>Staff:Children</i>
School-age children	1:20
- B. A licensee shall:
  - 1. Determine and maintain the required staff-to-children ratio for each group of enrolled children based on the age of the youngest child in the group; and
  - 2. Only allow an individual qualified as a director, child educator, or an assistant child educator to be counted as staff in staff-to-children ratios.
- C. A licensee shall ensure that when there are:
  - 1. Six or more enrolled children present in a facility, the following individuals are present in the facility:
    - a. A facility director or a director's designee who meets the requirements in R9-5-723 for a director's designee, and
    - b. One additional staff member; and
  - 2. Five or fewer enrolled children are present in a facility, the facility director or director's designee who meets the requirements in R9-5-401 is present in the facility, and an additional staff member is available by telephone or other equally expeditious means and able to reach the facility within 15 minutes after notification; and
- D. A licensee shall ensure that a staff member assigned to provide child care services to enrolled children does not perform duties that may affect the staff member's ability to provide child care services to the enrolled children.
- E. In addition to maintaining the required staff-to-children ratios, a licensee shall ensure that:
  - 1. Staff members are present on facility premises to perform facility administration, food preparation, food service, and maintenance responsibilities; and
  - 2. Facility maintenance does not depend on the work of enrolled children.
- F. If a licensee conducts swimming activities at a swimming pool, the licensee shall ensure that there is a lifeguard on the premises who has current lifeguard certification that includes a demonstration of the lifeguard's ability to perform CPR. If the lifeguard is a staff member, the staff member cannot be counted in the staff-to-children ratios required by subsection (A).

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-727. General Equipment Health, and Safety Standards**

- A. A licensee shall ensure that:
  - 1. In addition to complying with the requirements in this Chapter, the health, safety, or welfare of an enrolled child is not placed at risk of harm;
  - 2. The facility does not allow enrolled children to mix with non-enrolled children on licensed facility premises;

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3. An enrolled child is placed in an age-appropriate or developmentally-appropriate group;
  4. Indoor activity areas used by enrolled children are decorated with age-appropriate articles such as mirrors, bulletin boards, pictures, and posters;
  5. Age-appropriate toys, materials, and equipment are provided to enable each enrolled child to participate in an activity;
  6. Storage space is provided in the facility for indoor and outdoor toys, materials, and equipment in areas accessible to enrolled children;
  7. Clean clothing is available to an enrolled child when the enrolled child needs a change of clothing;
  8. The facility premises, including the buildings, are maintained free from hazards;
  9. Toys and play equipment, required in this Article, are maintained:
    - a. Free from hazards, and
    - b. In a condition that allows the toy or play equipment to be used for the original purpose of the toy or play equipment;
  10. Temperatures are maintained between 68° F and 82° F in each room used by enrolled children;
  11. Each enrolled child's toothbrush, comb, washcloth, cloth towel, and clothing are maintained in a clean condition and stored in an identified space separate from those of other enrolled children;
  12. Except as provided in subsection (A)(14), the following are stored separate from food storage areas and are inaccessible to an enrolled child:
    - a. All materials and chemicals labeled as a toxic or flammable substance;
    - b. All substances that have a child warning label and may be a hazard to a child; and
    - c. Lawn mowers, ladders, toilet brushes, plungers, and other facility equipment that may be a hazard to a child;
  13. Hand sanitizers when being:
    - a. Stored, are stored separate from food storage areas and are inaccessible to enrolled children; and
    - b. Provided for use, are accessible to enrolled children; and
  14. Except when used as part of an activity, the following are stored in an area inaccessible to an enrolled child:
    - a. Garden tools, such as a rake, trowel, and shovel; and
    - b. Cleaning equipment and supplies, such as a mop and mop bucket.
- B.** A licensee shall ensure that a staff member:
1. Supervises each enrolled child at all times;
  2. Does not smoke, vape, or use tobacco:
    - a. On facility premises, except in designated areas separated from the children; or
    - b. On a field trip or when transporting an enrolled child;
  3. Does not smoke or use marijuana, as specified in A.R.S. § 36-894;
  4. Except for an enrolled child who can change the enrolled child's own clothing, changes an enrolled child's clothing when wet or soiled;
  5. Except as provided in subsection (C), prepares, posts, and implements in each indoor activity area, a current schedule of children's age-appropriate activities, including the times the following are provided:
    - a. Meals and snacks;
    - b. Naps;
    - c. Indoor activities;
    - d. If weather and air quality permit, outdoor or large muscle development activities;
    - e. Quiet and active activities;
    - f. Teacher-directed activities;
    - g. Self-directed activities;
    - h. Activities for individuals, groups of five or fewer children, and groups of six or more children; and
    - i. Activities that develop small muscles;
  6. If an activity in the lesson plan required in subsection (C)(5) includes screen time, include in the lesson plan the duration of the screen time in minutes;
  7. If the schedule in subsection (C)(4) or lesson plan in subsection (C)(5) is not implemented, writes on the schedule or the lesson plan the activity that is implemented;
  8. Does the following when a parent permits or asks a staff member to apply personal products on an enrolled child, such as sun screen or sun block preparations, and toothpaste:
    - a. Obtains the enrolled child's personal products from the enrolled child's parent or, if the licensee provides the personal products for use by the enrolled child, obtains written approval for use of the products from the enrolled child's parent;
    - b. Labels the personal products with the enrolled child's name; and
    - c. Keeps the personal products inaccessible to enrolled children;
  9. In an indoor activity area that:
    - a. Stores an enrolled child's wet or soiled clothing in a sealed plastic bag labeled with the enrolled child's name; and
    - b. Sends an enrolled child's wet or soiled clothing home with the enrolled child when the facility releases the enrolled child to the enrolled child's parent; and
  10. Monitors an enrolled child for overheating or overexposure to the sun. If the enrolled child exhibits signs of overheating or overexposure to the sun, a staff member who has the first aid training required by R9-5-403(E) shall evaluate and treat the enrolled child.
- C.** A licensee is not required to have a schedule required in subsection (C)(4) or a lesson plan required in subsection (C)(5) for an indoor activity area that is approved and used:
1. By enrolled children only for:
    - a. Snacks or meals, or
    - b. A specific activity,
  2. As a substitute for an outdoor activity area.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-728. Supplemental Standards**

- A.** A licensee providing child care services for school-age children shall:
1. Ensure that a staff member supervises an enrolled school-age child to and from a bathroom and allows the enrolled child privacy while in the bathroom;
  2. Ensure that if an enrolled child remains in the bathroom for more than three minutes, the supervising staff member checks on the enrolled child to ensure the child's safety;

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3. Provide age-appropriate toys, materials, and equipment accessible to enrolled children in a quantity sufficient to meet the needs of the enrolled children in attendance including:
    - a. Arts and crafts,
    - b. Games,
    - c. Puzzles and toys to enhance manipulative skills,
    - d. Books,
    - e. Science materials,
    - f. Sports equipment, and
    - g. Outdoor play equipment;
  4. Provide enrolled school-age children with a quiet study area;
  5. Ensure that if drinking water is not accessible in an indoor or outdoor activity area, drinking water is available to meet the individual needs of each enrolled school-aged child; and
  6. Ensure that, when a parent permits, a staff member allows an enrolled school-age child to possess and use a topical sunscreen product without a note or prescription from a licensed health care professional.
- B.** A school age out-of-school time program provider shall:
1. Operate after school, before school, or during a time when school is not in session;
  2. Serve school-age children; and
  3. Promote expanded childhood learning, enrichment, child and youth development, or educational, recreational, or character-building activities.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R.  
2015 (June 27, 2025), effective August 3, 2025 (Supp.  
25-2).

**R9-5-729. Supplemental Standards for Children with a Special Health Care Need or a Disability**

- A.** A licensee providing child care services for a child with a special health care need or a disability shall:
1. Except as provided in subsection (A)(2), before a child with a special health care need or a disability receives child care services, obtain from the enrolled child's parent a copy of an existing individualized plan for the enrolled child that can be reviewed, adopted, and implemented by the licensee when providing child care services to the enrolled child that includes the following as needed for the enrolled child:
    - a. Medication schedule;
    - b. Nutrition and feeding instructions;
    - c. Qualifications required of a staff member who feeds the enrolled child;
    - d. Medical equipment or adaptive devices;
    - e. Medical emergency instructions;
    - f. Toileting and personal hygiene instructions;
    - g. Specific child care services to be provided to the enrolled child at the facility;
    - h. Information from health care providers, including the frequency and length of any prescribed medical treatment or therapy;
    - i. Training required of a staff member to care for the enrolled child's a special health care need or a disability; and
    - j. Participation in practice drills;
  2. If an enrolled child with a special health care need or a disability does not have an existing individualized plan, obtain from the enrolled child's parent written instruc-

tions for providing services to the enrolled child until a written individualized plan required in subsection (A)(1) is developed by a team consisting of staff members, the enrolled child's parent, and health care providers, if applicable, that is completed within 30 calendar days after the enrolled child's initial date of receiving child care services;

3. Maintain an enrolled child's current individualized plan on facility premises and if the current individualized plan was developed according to subsection (A)(2), provide a copy to the enrolled child's parent; and
  4. Ensure the individualized plan is updated at least every 12 months after the date of the initial plan or as changes occur.
- B.** A licensee shall ensure that:
1. When tube feeding an enrolled child, a staff member only uses:
    - a. Commercially prepackaged formula in a ready-to-use state,
    - b. Formula prepared by the enrolled child's parent and brought to the facility in an unbreakable container, or
    - c. Breast milk brought to the facility in an unbreakable container; and
  2. Only a staff member instructed by an enrolled child's parent or individual designated by the enrolled child's parent:
    - a. Feeds the enrolled child using the enrolled child's tube-feeding apparatus, and
    - b. Cleans the enrolled child's tube-feeding apparatus.
- C.** A licensee shall provide an enrolled child with a special health care need or a disability with:
1. Developmentally-appropriate toys, materials, and equipment; and
  2. Assistance from staff members to enable the enrolled child to participate in the activities of the facility.
- D.** In addition to complying with the transportation requirements in R9-5-517, a licensee transporting an enrolled child with a special health care need or a disability in a wheelchair in a facility's motor vehicle shall ensure that the enrolled:
1. Child's wheelchair is manufactured to be secured in a motor vehicle;
  2. Child's wheelchair is secured in the motor vehicle using a minimum of four anchorages attached to the motor vehicle floor, and four securement devices, such as straps or webbing that have buckles and fasteners, that attach the wheelchair to the anchorages;
  3. Child is secured in the wheelchair by means of a wheelchair restraint that is a combination of pelvic and upper body belts intended to secure a passenger in a wheelchair; and
  4. Child's wheelchair is placed in a position in the motor vehicle that does not prevent access to the enrolled child in the wheelchair or passage to the front and rear in of the motor vehicle.
- E.** A licensee providing child care services for an enrolled child who uses a wheelchair or is not able to walk shall locate the enrolled child on the ground floor of the facility.
- F.** If a child care facility requires a separate diaper changing area to allow privacy while providing diapering to an enrolled child with a special health care need or a disability, the licensee shall submit a written request for approval of the intended change to the Department according to R9-5-710 prior to adding a diaper changing area.

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**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-730. General Nutrition Standards****A.** A licensee shall:

1. Make breakfast available to an enrolled child who is present at a facility before 8:00 a.m.,
2. Serve lunch to an enrolled child who is present at a facility between 11:00 a.m. through 1:00 p.m., and
3. Serve dinner to an enrolled child who is present from 5:00 p.m. through 7:00 p.m. and who will remain at the facility after 7:00 p.m.

**B.** A licensee shall serve the following meals or snacks to an enrolled child present at a facility if an enrolled child is present:

1. For two to four hours, one or more snacks;
2. During any of the meal times stated in subsection (A), a meal that meets the meal pattern requirements in subsection (C);
3. For four to eight hours, one or more snacks and a meal;
4. For nine or more hours, two snacks and one or more meals; and
5. Before bedtime, one snack.

**C.** If a licensee provides food, a licensee shall prepare and serve food according to the meal pattern requirements found in Table 7.2, "Meal Pattern Requirements for Children."

**D.** If an enrolled child's parent provides food for the parent's enrolled child, the licensee shall provide milk or juice to the enrolled child if not provided by the parent.

**E.** If a licensee plans and serves meals, the licensee shall ensure that the meals:

1. Meet the age-appropriate nutritional requirements of an enrolled child; and
2. For each calendar week, provide a variety of foods within each food group from the meal pattern requirements.

**F.** If a licensee provides food, the licensee shall maintain on the facility premises at least a one day supply of food needed to provide the meals and snacks required by subsections (B) and (C) to each enrolled child attending the facility.

**G.** In addition to the required daily servings of food stated in subsection (C), a licensee:

1. Shall make second servings of food available to each enrolled child at meals and at snack time,
2. May substitute a food that is equivalent to a specific food component if second servings of the specific food component are not available, and
3. Shall ensure that a food substitution in subsection (G)(2) is written on the posted weekly menu by the end of the meal or snack service.

**Table 7.2 Meal Pattern Requirements for Children**

TABLE OF MEAL PATTERN REQUIREMENTS		
Food Components	Ages 3 through 5 years	Ages 6 and Older
Breakfast:		
1. Milk, fluid	3/4 cup	1 cup
2. Vegetable, fruit, or both	1/2 cup	1/2 cup
3. Grains	1/2 oz. eq <sup>1</sup>	1 oz. eq <sup>1</sup>
Lunch or Dinner:		
1. Milk, fluid	3/4 cup	1 cup
2. Vegetables Fruits	1/4 cup 1/4 cup	1/2 cup 1/4 cup
3. Grains	1/2 oz. eq <sup>1</sup>	1 oz. eq <sup>1</sup>
4. Meat or meat alternates	1 1/2 oz.	2 oz.
Snack: (select 2 of these 4 components)***		
1. Milk, fluid	1/2 cup	1 cup
2. Vegetables Fruits	1/2 cup 1/2 cup	3/4 cup 3/4 cup
3. Grains	1/2 oz.	1 oz.
4. Meat or meat alternates	1/2 oz.	1 oz.

<sup>1</sup> Meat and meat alternates may be used to substitute the entire grains component a maximum of three times per week. Oz eq = ounce equivalents

\* In the same meal service, dried beans or dried peas may be used as a meat alternate or as a vegetable; however, such use does not satisfy the requirement for both components.

\*\* At lunch and dinner, no more than 50% of the requirement shall be met with nuts, seeds, or nut butters. Nuts, seeds, or nut butters shall be combined with another meat or meat alternative to fulfill the requirement. Two tablespoons of nut butter or one ounce of nuts or seeds equals one ounce of meat.

\*\*\* Juice may not be served when milk is served as the only other component.

**Historical Note**

New Table 7.2 made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-731. General Food Service and Food Handling Standards**

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- A. A licensee that prepares food for enrolled children on facility premises shall, if required by 9 A.A.C. 8, Article 1, and the local ordinances of the local health department where the facility is located, obtain a food establishment permit issued under 9 A.A.C. 8, Article 1, and:
  1. Submit to the Department a written notice of the facility's food establishment permit before the Department issues a license to the facility,
  2. Maintain the facility's current food establishment permit on the facility's premises, and
  3. Provide a written notice of the facility's current food establishment permit to the Department upon request.
- B. If a licensee contracts with a food establishment to prepare and deliver food to the facility, the licensee shall obtain and provide the Department with a copy of the food establishment's permit, issued under 9 A.A.C. 8, Article 1, at the following times:
  1. Before the Department issues a license to the facility,
  2. Upon contracting with the food establishment, and
  3. Every 12 months after the date the contract is entered into while the contract is in effect.
- C. A licensee shall ensure that:
  1. Enrolled children, except children with a special health care need or a disability who cannot wash their own hands, wash their hands with soap and running water before and after handling or eating food;
  2. A staff member:
    - a. Washes the hands of a child with a special health care need or a disability who cannot wash the child's own hands before and after the child with a special health care need or a disability handles or eats food using:
      - i. A washcloth,
      - ii. A single-use paper towel, or
      - iii. Soap and running water; and
    - b. If using a washcloth, uses each washcloth on only one child and only one time before it is laundered or discarded;
  3. An enrolled child is not permitted to eat food directly off the floor, carpet, or ground or with utensils placed directly on the floor, carpet, or ground;
  4. A staff member encourages, but never forces, enrolled children to eat food;
  5. A staff member assists each enrolled child who needs assistance with eating;
  6. A staff member teaches self-feeding skills and habits of good nutrition to each enrolled child as necessary;
  7. Fresh milk is served from the original, commercially filled container, to a container used for meal service or a cup, and unused portions are not returned to the original container;
  8. Milk served to an enrolled school-aged child is fat-free or 1% lowfat milk unless the enrolled child's parent requests otherwise;
  9. Reconstituted dry milk is not served to meet the fluid milk requirement;
  10. Juice served to children for a meal or snack is full-strength 100% vegetable or 100% fruit juice from an original, commercially filled container or reconstituted from a concentrate according to manufacturer instructions;
  11. Fruit juice served to an enrolled child is limited to six ounces per day;
  12. Each staff member is informed of a modified diet prescribed for an enrolled child by the child's parent or health care provider, and the modified diet is posted in the kitchen and in the child's activity area;
  13. The food served to an enrolled child is consistent with a modified diet prescribed for the child by the child's parent or health care provider;
  14. An enrolled child is not permitted in the kitchen during food preparation or food service except as part of an activity;
  15. An enrolled child does not use the kitchen or a food storage area as a passageway;
  16. A staff member:
    - a. Prepares a weekly menu at least one week in advance,
    - b. Includes on the menu the specific foods to be served on each day,
    - c. Dates each menu,
    - d. Posts each menu at least one day before the first meal on the menu will be served, and
    - e. Writes food substitutions on a posted menu no later than the morning of the day of meal service;
  17. Non-single-use utensils and equipment used in preparing, eating, or drinking food are:
    - a. After each use washed in:
      - i. An automatic dishwasher and air dried or heat dried; or
      - ii. Hot soapy water, rinsed in clean water, sanitized, and air dried or heat dried; and
    - b. Stored in a clean area protected from contamination;
  18. Single-use utensils and equipment are disposed of after being used;
  19. Perishable foods, which are foods that become unfit for human consumption if not stored to prevent spoilage, are covered and stored in a refrigerator at a temperature of 41° F or below;
  20. A refrigerator at the child care facility maintains a temperature of 41° F or below and a freezer maintains a temperature of 0° F or below, as shown by a thermometer kept in the refrigerator and in the freezer at all times;
  21. Foods are prepared as close as possible to serving time and, if prepared in advance, are either:
    - a. Cold held at a temperature of 45° F or below or hot held at a temperature of 130° F or above until served, or
    - b. Cold held at a temperature of 45° F or below and then reheated to a temperature of at least 165° F before being served.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R.  
2015 (June 27, 2025), effective August 3, 2025 (Supp.  
25-2).

**R9-5-732. Positive Discipline and Guidance**

- A. A staff member shall provide guidance to help children respond to difficult situations. To develop self-regulation, children should receive adult support that is individual to the child and adapts as the child develops internal controls. This process should include:
  1. Forming a positive relationship with the child, which occurs when the adult spends time talking to the child, listening to the child, following the child's lead, playing with the child, and responding to the child's needs;
  2. Base expectations on children's developmental level;

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3. Establishing and being proactive in teaching and supporting children in learning simple rules;
  4. Modifying the learning/play environment to support the child's appropriate behavior;
  5. Creating a predictable daily routine and schedule;
  6. Modeling desired behavior;
  7. Showing children positive alternatives;
  8. Using deliberate redirection, the staff member should encourage the child to use appropriate behavior, and provide positive feedback when the child exhibits the behavior;
  9. Individualized positive discipline strategies based on the individual needs of children, such as using a buddy system, individualized schedule, special break, or another applicable positive discipline strategy.
- B.** A licensee shall ensure that a staff member does not use or permit:
1. The use of physical punishment including:
    - a. Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting;
    - b. Demanding excessive physical exercise or excessive rest; and
    - c. Forcing a child to eat or consume mouth soap, food, or foreign substances.
  2. Any form of emotional abuse, including rejecting, extended ignoring, public or private humiliation;
  3. Abusive, profane, sarcastic language, verbal abuse, threats, or derogatory remarks about the child or child's family;
  4. Punishment associated with eating, resting, sleeping, toileting, and withholding outdoor play;
  5. Using medication to control behavior or restrict freedom of movement unless it is prescribed by a health care provider;
  6. Mechanical restraint to restrict a child's freedom of movement;
  7. Placing a child in a crib, high chair, car seat, or other restrictive device for a time-out or to restrict a child's freedom of movement; and
  8. Directing an enrolled child to discipline or punish another enrolled child.
- C.** A licensee may allow a staff member to separate an enrolled child from other enrolled children for behaviors that are persistent and unacceptable. Separation should only be used in combination with instructional approaches that teach children what to do in place of the behavior problem.
1. A staff member may allow an enrolled child to be separated for no longer than three minutes. If the enrolled child has not regained control or composure after three minutes, a staff member may extend the separation for up to 10 minutes with staff member interaction with the enrolled child, except as provided in (C)(4);
  2. An enrolled child may not be physically restrained, except when necessary to protect an enrolled child from injury, to protect persons on the premises from physical injury, or to protect property from damage, only physical restraint may be used;
  3. When a child has an out-of-control behavior, the enrolled child may be removed from the company of other enrolled children until the enrolled child's behavior has stabilized. Removal of a child is only to be used when there is a safety concern that cannot be reduced or eliminated with reasonable accommodations; and
  4. A licensee shall develop a written plan with the enrolled child's parent to provide individualized social and emotional intervention supports for the enrolled child that includes methods for understanding the enrolled child's behavior, and developing, adopting, and implementing a team-based positive behavior support plan.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-733. Cleaning and Sanitation**

- A.** A licensee shall maintain facility premises free of insects and vermin.
- B.** A licensee shall maintain facility premises and furnishings:
1. In a clean condition, and
  2. Free from odor.
- C.** A licensee shall ensure that floor coverings are:
1. Clean, and
  2. Free from:
    - a. Dampness,
    - b. Odors, and
    - c. Hazards.
- D.** A licensee shall ensure that toilet bowls, lavatory fixtures, and floors in toilet rooms and kitchens are cleaned and sanitized as often as necessary to maintain them in a clean and sanitized condition or at least once every 24 hours.
- E.** If laundry belonging to a facility is done on facility premises, a licensee shall:
1. Not use a kitchen or food storage area for sorting, handling, washing, or drying laundry;
  2. Locate the laundry equipment in an area that is separate from licensed activity areas and inaccessible to enrolled children;
  3. Not permit an enrolled child to be in a laundry room or use a laundry area as a passageway for enrolled children; and
  4. Ensure that laundry soiled by vomitus, urine, feces, blood, or other body fluid is stored, cleaned, and sanitized separately from other laundry.
- F.** A licensee shall ensure that:
1. Each toilet room in a facility contains, within easy reach of enrolled children:
    - a. Mounted toilet tissue; and
    - b. Except as provided in subsection (G):
      - i. A sink with running water;
      - ii. Soap contained in a dispenser; and
      - iii. Disposable, single-use paper towels in a mounted dispenser, or a mechanical air hand dryer;
  2. Staff members wash their hands with soap and running water after toileting;
  3. An enrolled child's hands are washed with soap and running water after toileting;
  4. Except for a cup or receptacle used only for water, food waste is stored in a covered container and the container is clean and lined with a plastic bag;
  5. Food waste and other refuse is removed from the facility building at least once every 24 hours or more often as necessary to maintain a clean condition and avoid odors;
  6. A staff member or an enrolled child does not draw water for human consumption from a toilet room hand-washing sink;

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7. Toys, materials, and equipment are maintained in a clean condition;
  8. Plumbing fixtures are maintained in a clean and working condition; and
  9. Chipped or cracked sinks and toilets are replaced or repaired.
- G.** A licensee may have a sink with running water, soap contained in a dispenser, and single-use paper towels in a mounted dispenser or a mechanical air hand dryer located directly outside a toilet room if an enrolled child exiting the toilet room can access the sink, soap, and paper towels or air hand dryer without having to cross space that is used for any activity.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-734. Pets and Animals**

- A.** A licensee shall maintain written documentation of current immunization against rabies for each ferret, dog, or cat owned by a licensee or staff member that is present on facility premises.
- B.** A licensee shall ensure that a staff member:
1. Keeps all pet and animal habitats clean;
  2. Prohibits reptiles, such as turtles, iguanas, snakes, and lizards, in the facility;
  3. Prohibits birds in food preparation and eating areas;
  4. Keeps pets and animals clean;
  5. Prohibits pets and animals from endangering an enrolled child, staff member, or other individual on facility premises; and
  6. Keeps birds and animals such as horses, sheep, cattle, and poultry in an enclosure that is not accessible to an enrolled child except as part of an activity.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-735. Accident and Emergency Procedures**

- A.** A licensee shall ensure that there is a first aid kit on facility premises that contains first aid supplies in a quantity sufficient to meet the needs of the enrolled children including the following:
1. Sterile bandages including:
    - a. Adhesive bandages of assorted sizes,
    - b. Sterile gauze pads, and
    - c. Sterile gauze rolls;
  2. Antiseptic solution or sealed antiseptic wipes;
  3. A pair of scissors;
  4. Adhesive or self-adhering tape;
  5. Single-use, non-porous gloves; and
  6. Reclosable plastic bags of at least one-gallon size.
- B.** A licensee shall ensure that the first aid kit required in subsection (A) is accessible to staff members but inaccessible to enrolled children.
- C.** A licensee shall:
1. Prepare and date a written fire and emergency plan that contains:
    - a. The location of the first aid kit;
    - b. The names of staff members who have adult and pediatric first aid and CPR certification, as required by R9-5-725(E);
    - c. The directions for:

- i. Initiating verbal notification of an enrolled child's parent by telephone or other equally expeditious means within 30 minutes of a fire or emergency, and
    - ii. Providing written notification to the enrolled child's parent within 24 hours, and
  - d. The facility's street address and the emergency telephone numbers for the local fire department, police department, ambulance service, and poison control center;
  - e. The procedures for evacuation, relocation, shelter-in-place and lockdown, staff and volunteer emergency preparedness training and practice drills, communication and reunification with families, continuity of operations, and accommodation of children with disabilities and children with chronic medical conditions, as specified in R9-5-713;
2. Maintain the plan required in subsection (C)(1) in a location on facility premises that has an operable telephone service or two-way voice communication system that connects the facility with an individual who has direct access to an in-and-out operable telephone service;
3. Post the plan required in subsection (C)(1) in any indoor activity area that does not have an operable telephone service or two-way voice communication system that connects the indoor activity area with an individual who has direct access to an in-and-out operable telephone services; and
4. Update the plan in subsection (C)(1) every 12 months after the date of initial preparation of the plan or when any information changes.
- D.** The licensee shall consult with appropriate state and local authorities and shall establish and follow a written multi-hazard emergency and evacuation plan to protect children in the event of emergencies.
- E.** A licensee shall post, near an activity area or a room's designated exit, a building evacuation plan that details the designated exits from the activity area or room and the facility.
- F.** A licensee shall maintain and use a communication system that contains:
1. A direct-access, in-and-out, operating telephone service at the facility; or
  2. A two-way voice communication system that connects the facility with an individual who has direct access to an in-and-out, operating telephone service.
- G.** If while attending a facility an enrolled child has an accident, injury, or emergency that, based on an evaluation by a staff member, requires medical treatment by a health care provider, a licensee shall ensure that a staff member:
1. Notifies the enrolled child's parent and the Department immediately after the accident, serious physical injury, as defined in A.R.S. § 8-201, or emergency;
  2. Documents:
    - a. A description of the accident, serious physical injury, or emergency, including the date, time, and location of the accident, serious physical injury, or emergency;
    - b. The method used to notify the enrolled child's parent; and
    - c. The time the enrolled child's parent was notified; and
  3. Maintains documentation required in subsection (F)(2) on facility premises for 12 months after the date of the child's disenrollment.



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- H.** If an enrolled child's parent informs a staff member at the facility that the enrolled child's parent obtained medical treatment from a health care provider for an accident, serious physical injury, or emergency the enrolled child had while attending the facility, a licensee shall ensure that a staff member:

1. Documents any information about the enrolled child's accident, serious physical injury, or emergency received from the enrolled child's parent; and
2. Maintains documentation required in subsection (G)(1) on facility premises for 12 months after the date of the child's disenrollment.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-736. Illness and Infestation**

- A.** A licensee shall not permit an enrolled child to remain at the facility if a staff member determines that the enrolled child shows signs of illness or infestation.
- B.** If an enrolled child exhibits signs of illness or infestation at a facility, a licensee shall ensure that a staff member:
1. Immediately separates the enrolled child from other enrolled children;
  2. Immediately notifies the enrolled child's parent by telephone or other expeditious means to arrange for the enrolled child's removal from the facility; and
  3. Maintains documentation of the notification on facility premises for 12 months after the date of the notification.
- C.** A licensee shall ensure that a staff member who has signs of illness or infestation is excluded from a facility.
- D.** A facility director shall not permit a staff member to return to a facility until free from signs of illness or infestation or until the staff member provides documentation by a health care provider that the individual may return to the facility.
- E.** If a staff member or enrolled child contracts a communicable disease or infestation listed in 9 A.A.C. 6, Article 2, Table 2.2, a licensee shall ensure that, within 24 hours of notice of the communicable disease or infestation, written notice is provided to each staff member, parent, and the local health department.
- F.** A licensee shall ensure that:
1. A dated, written notice of the communicable disease or infestation is prepared and posted in the facility's entrance as required by R9-5-303;
  2. Documentation of the notification is maintained on facility premises for 12 months from the date of the notification; and
  3. Documentation of the absences of staff members and enrolled children due to a communicable disease or infestation listed in 9 A.A.C. 6, Article 2, Table 2.2, is prepared and maintained on facility premises for 12 months from the first date of absence.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-737. Medications**

- A.** A licensee shall ensure that a written statement is prepared and maintained on facility premises that specifies:
1. Whether prescription or nonprescription medications are administered to enrolled children; and

2. If prescription or nonprescription medications are administered, the requirements in subsection (B) for administering the prescription or nonprescription medications.

- B.** If prescription or nonprescription medications are administered, a licensee shall ensure that:

1. A facility director, or a staff member designated in writing by the facility director, is responsible for the administration of all medications in the facility, including storing, supervising an enrolled child's ingestion of a medication, and documenting all medications administered to an enrolled child;
2. A facility director ensures that only one staff member in the facility at any given time is responsible for the administration of medications;
3. A facility director, or a staff member designated in writing by the facility director, does not administer a medication to an enrolled child unless the facility receives written authorization signed by the enrolled child's parent or health care provider that includes the:
  - a. Name of the enrolled child;
  - b. Type of the medication;
  - c. Prescription number, if any;
  - d. Instructions for administration specifying the:
    - i. Dosage and route of administration;
    - ii. If indicated, starting and ending dates of the dosage period; and
    - iii. Times and frequency of administration;
  - e. Reason for the medication; and
  - f. Date of authorization; and
4. A staff member:
  - a. Administers a prescription medication provided by a parent only from a container dispensed by a pharmacy;
  - b. Administers a nonprescription medication provided by a parent for an enrolled child only from a container prepackaged and labeled for use by the manufacturer and labeled with the enrolled child's name;
  - c. Does not administer any medication that has been transferred from one container to another; and
  - d. Does not administer a nonprescription medication to an enrolled child inconsistent with the instructions on the nonprescription medication's label, unless the facility receives written authorization from the enrolled child's health care provider.

- C.** A licensee shall allow an enrolled child to receive an injection only after obtaining a written authorization from a health care provider.

- D.** A licensee shall maintain the health care provider's written authorization required in subsection (C) on facility premises for 12 months after the date of the written authorization.

- E.** An individual authorized by state law to give injections may give an injection to an enrolled child. In an emergency, an individual may give an injection to an enrolled child according to A.R.S. §§ 32-1421(A)(1) and 32-1631(2).

- F.** A licensee shall maintain documentation of all medications administered to an enrolled child.

1. Documentation shall contain:
  - a. The name of the enrolled child;
  - b. The name and amount of medication administered and the prescription number, if any;
  - c. The date and time the medication was administered; and
  - d. The signature of the staff member who administered the medication to the enrolled child; and

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2. A licensee shall maintain the documentation on facility premises for 12 months after the date the medication is administered.
- G. A licensee shall return all unused prescription and nonprescription medications to a parent when the medication prescription date has expired or the medication is no longer being administered to the enrolled child or dispose of the medication if unable to locate the enrolled child's parent after the child's disenrollment.
- H. Except as provided in subsection (J), a licensee shall ensure that prescription and nonprescription medications are stored as follows:
  1. An enrolled child's medication is kept in a locked, leak-proof storage cabinet or container that is used only for storing enrolled children's medications and is located out of reach of children;
  2. Medication for a staff member is kept in a locked, leak-proof storage cabinet or container that is separate from the storage container for enrolled children's medications and is located out of reach of children; and
  3. Medications requiring refrigeration are kept in a locked, leak-proof container in a refrigerator.
- I. Except as specified in A.R.S. § 36-2229(B) through (D), a licensee shall ensure that a facility does not stock a supply of medications for administration to enrolled children, including:
  1. Any prescription medication; or
  2. A nonprescription medication such as aspirin, acetaminophen, ibuprofen, or cough syrup.
- J. A staff member's or enrolled child's prescription medication necessary to treat life-threatening symptoms:
  1. May be kept in the activity area where the staff member or enrolled child is present; and
  2. Except when the prescription medication is administered to treat life-threatening symptoms, is inaccessible to an enrolled child.
- K. A licensee of a licensed child care facility owned and located on a public school premises shall ensure that enrolled school-aged children are allowed to possess emergency medications and self-administer auto-injectable epinephrine and handheld inhaler devices according to A.R.S. § 15-341, if an enrolled school-aged child:
  1. Has a written prescription from a physician,
  2. Is named on the prescription label, and
  3. Has written documentation from the enrolled school-aged child's parent approving the enrolled school-aged child to possess and self-administer emergency medication.
4. Maintain documentation of current motor vehicle insurance coverage inside the motor vehicle;
5. Contact the Department no later than 24 hours after a motor vehicle accident that occurs while transporting an enrolled child;
6. Submit a written report to the Department within seven calendar days after a motor vehicle accident that occurs while transporting an enrolled child;
7. Not permit an enrolled child to be transported in a truck bed, camper, or trailer attached to a motor vehicle;
8. Use a child passenger restraint system, as required by A.R.S. § 28-907, for each enrolled child who is:
  - a. Under eight years of age, and
  - b. Not more than four feet nine inches tall.
9. Ensure that the motor vehicle has:
  - a. A working mechanical heating system capable of maintaining a temperature throughout the motor vehicle of at least 60° F when outside air temperatures are below 60° F;
  - b. Except as provided in subsection (E), a working air-conditioning system capable of maintaining a temperature throughout the motor vehicle at or below 86° F when outside air temperatures are above 86° F;
  - c. Except as provided in subsection (F), a first aid kit that meets the requirements of R9-5-735(A);
  - d. Two large, clean towels or blankets; and
  - e. Sufficient drinking water available to meet the needs of each enrolled child in the motor vehicle and sufficient cups or other drinking receptacles so that each enrolled child can drink from a different cup or receptacle;
10. Ensure that the motor vehicle is:
  - a. Maintained in a clean condition,
  - b. In a mechanically safe condition, and
  - c. Free from hazards; and
11. Maintain the service and repair records of the motor vehicle as follows:
  - a. A person operating a single child care facility shall maintain the service and repair records for at least 12 months after the date of an inspection or repair in a single location on facility premises;
  - b. A public or private school that uses a school bus, as defined in A.R.S. § 28-101, shall maintain the service and repair records for the school bus as provided in A.A.C. R13-13-108; and
  - c. A school governing board, charter school, or person operating multiple child care facilities shall maintain the service and repair records for any motor vehicle other than a school bus for at least 12 months after the date of an inspection or repair in a single administrative office located in the same city, town, or school attendance area as the facility.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R.  
2015 (June 27, 2025), effective August 3, 2025 (Supp.  
25-2).

**R9-5-738. Transportation**

- A. A licensee who transports an enrolled child in a motor vehicle that the licensee owns, or acquires for use by contract, shall:
  1. Obtain dated, written permission from the enrolled child's parent before the licensee transports the enrolled child;
  2. Maintain written permission required in subsection (A)(1) on facility premises for 12 months after the date on the written permission;
  3. Ensure that the motor vehicle is registered by the Arizona Department of Transportation as required by A.R.S. Title 28, Chapter 7;
- B. A licensee shall ensure that an individual who drives a motor vehicle used to transport an enrolled child:
  1. Is 18 years of age or older;
  2. Holds a valid driver's license issued by the Arizona Department of Motor Vehicles as prescribed by A.R.S. Title 28, Chapter 8;
  3. Carries a list stating the name of each enrolled child being transported and a copy of each enrolled child's Emergency, Information, and Immunization Record including the attached immunization record or exemption affidavit, in the motor vehicle;

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4. Requires that each door be locked before the motor vehicle is set in motion and keeps the doors locked while the motor vehicle is in motion;
  5. Does not permit an enrolled child to be seated in front of a motor vehicle's air bag;
  6. Requires that each enrolled child remain seated and entirely inside the motor vehicle while the motor vehicle is in motion;
  7. Except as provided in subsection (E), requires that each enrolled child be secured in a seat belt before the motor vehicle is set in motion and while the motor vehicle is in motion;
  8. Does not permit an enrolled child to open or close a door or window in the motor vehicle;
  9. Sets the emergency parking brake and removes the ignition keys from the motor vehicle before exiting the motor vehicle;
  10. Ensures that each enrolled child is loaded into or unloaded from the motor vehicle away from moving traffic at curbside or in a driveway, parking lot, or other location designated for this purpose; and
  11. Does not use audio headphones or a telephone while the motor vehicle is in motion.
- C.** When transporting an enrolled school-age child in a motor vehicle, a licensee shall ensure that the staff-to-children ratios required in R9-5-726(A) are met. A motor vehicle driver may be counted in the staff-to-children ratio, when transporting an enrolled school-age child in a motor vehicle, if the motor vehicle driver meets the qualifications of a child educator.
- D.** A licensee who is transporting an enrolled child in a commercial motor vehicle, as defined in A.R.S. § 28-1301, is exempt from the provisions in subsections (A)(9), (A)(10)(b), and (B)(7).
- E.** A licensee who is transporting an enrolled child in a school bus, as defined in A.R.S. § 28-101, is exempt from the provision in subsection (A)(10)(c) and shall comply with A.A.C. R13-13-107.
- B.** A licensee shall ensure that a staff member taking enrolled children on a field trip carries the following on the field trip:
1. Documentation of the Emergency, Information, and Immunization Record including the attached immunization record or exemption affidavit, of each enrolled child participating in the field trip;
  2. A copy of the written field trip plan required in subsection (A)(2);
  3. A list stating the name of each participating enrolled child; and
  4. Sufficient water to meet the needs of each enrolled child participating in the field trip.
- C.** A staff member shall verify the presence of each enrolled child and place a checkmark next to the enrolled child's name on the list required in subsection (B)(3) for each enrolled child who is present at the following times:
1. At the beginning of the field trip or when boarding the motor vehicle,
  2. Upon arrival and each hour while at the field trip destination,
  3. When preparing to leave the field trip destination or when boarding the motor vehicle to return to the facility, and
  4. When reentering the facility at the conclusion of the field trip.
- D.** A licensee shall ensure that each enrolled child participating in a field trip is wearing in plain view a written identification stating the facility's name, address, and telephone number.
- E.** A licensee shall also ensure that each enrolled child is wearing out of view a written identification stating the enrolled child's name.
- F.** If a licensee uses a motor vehicle volunteered by a parent or other individual for a field trip, a licensee shall determine before the field trip begins that the motor vehicle is in compliance with R9-5-517(A)(3) and (4) and that the motor vehicle driver is in compliance with R9-5-517(B)(1) and (2).
- G.** When six or more enrolled children are participating in a field trip, a licensee shall ensure that a child educator and at least one additional staff member are present on the field trip, including in each motor vehicle.
- H.** A licensee may use the written permission required in subsection (A) annually for multiple field trips to the same destination.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-739. Field Trips**

- A.** A licensee providing a field trip for an enrolled child shall:
1. Obtain written permission from a parent before the enrolled child participates in a field trip including the:
    - a. Date and description of the field trip;
    - b. Times of departure from and return to the facility; and
    - c. Name, street address, and telephone number, if any, of the field trip destination;
  2. Prepare a written field trip plan including:
    - a. The name of each participating enrolled child, staff member, and other individuals on the field trip;
    - b. The times of departure from and return to the facility;
    - c. If applicable, the license plate number of any motor vehicle used on the field trip; and
    - d. The name, street address, and telephone number, if any, of the field trip destination; and
  3. Maintain the written permission in subsection (A)(1) and written field trip plan in subsection (A)(2) on facility premises for 12 months after the date of the field trip.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-740. General Physical Plant Standards**

A licensee shall comply with the following physical plant requirements, as applicable:

1. Toilets and hand-washing sinks are available to enrolled children in a facility as follows:
  - a. At least one flush toilet and one hand-washing sink for 10 or fewer children,
  - b. At least two flush toilets and two hand-washing sinks for 11 to 25 children, and
  - c. At least one flush toilet and one hand-washing sink for each additional 20 children;
2. A hand-washing sink required in R9-5-503(A)(2) or subsection (2) provides running water with a drain connected to a sanitary sewer as defined in A.R.S. § 45-101;
3. A glass mirror, window, or other glass surface that is located within 36 inches of the floor is made of safety glass that has been manufactured, fabricated, or treated to

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prevent the glass from shattering or flying when struck or broken, or is shielded by a barrier to prevent impact by or physical injury to an enrolled child.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-741. Facility Square Footage Requirements**

- A. A licensee shall ensure that the facility meets the following square footage requirements for indoor activity areas based on the child care services classifications at least 25 square feet of indoor activity space for each school-aged child.
- B. When computing indoor activity space for subsections (A)(1) through (3) to determine licensed capacity, the floor space occupied by the following shall be excluded:
  - 1. The interior walls;
  - 2. A kitchen, bathroom, closet, hallway, stair, entryway, office, a room designated for isolating an enrolled child from other children, storage rooms, and a room designated for the sole use of child care staff; and
  - 3. Room space occupied by desks, file cabinets, storage cabinets, and hand washing sinks.
- C. To provide activities that develop large muscles and an opportunity to participate in structured large muscle physical activities, a licensee shall:
  - 1. Provide at least 75 square feet of outdoor or indoor activity area per child for at least 50% of the facility's licensed capacity, or
  - 2. If children are in care for less than four consecutive hours, the licensee is not required to have an outdoor activity space.
- D. A licensee substituting indoor activity area for outdoor activity area shall install and maintain a mat or pad designed to provide impact protection in the fall zone of indoor swings, slides, and climbing equipment.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-742. Outdoor Activity Areas**

- A. Except as provided in subsection (B), a licensee shall not permit an enrolled child to cross a driveway or parking lot to access an outdoor activity area on the facility premises or a school campus unless the licensee obtains written approval from the Department.
- B. Except as provided in subsection (D), a licensee shall ensure that an outdoor activity area:
  - 1. Is enclosed by a fence:
    - a. A minimum of 4 feet high,
    - b. Secured to the ground, and
    - c. With either vertical or horizontal open spaces on the fence or gate that do not exceed 4.0 inches;
  - 2. Is maintained free from hazards, such as exposed concrete footings and broken toys; and
  - 3. Has gates that are kept closed while an enrolled child is in the outdoor activity area.
- C. A licensee shall ensure that a playground used only for enrolled school-age children at a facility operating at a public school meets the fencing requirements of the public school. If the Department determines by inspection that a facility fence at a public school does not ensure the health, safety, or welfare

of enrolled children, the licensee shall meet the fencing requirements of subsection (C).

- D. A licensee shall ensure that the following is provided and maintained within the fall zones of swings and climbing equipment in an outdoor activity area:
  - 1. A shock-absorbing unitary surfacing material manufactured for such use in outdoor activity areas; or
  - 2. A minimum depth of 6 inches of a nonhazardous, resilient material such as fine loose sand or wood chips.
- E. A licensee shall ensure that hard surfacing material such as asphalt or concrete is not installed or used under swings or climbing equipment unless used as a base for a rubber surfacing.
- F. A licensee shall ensure that a swing or climbing equipment is not located in the fall zone of another swing or climbing equipment.
- G. A licensee shall provide a shaded area for each enrolled child occupying an outdoor activity area at any time of day.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-743. Swimming Pools**

- A. If a licensee uses a public or semi-public swimming pool for an enrolled child, the swimming pool shall meet the requirements of the swimming pool ordinance enacted by the local government. If no ordinance has been adopted, the swimming pool shall meet the requirements in A.A.C. R9-8-801 through R9-8-813.
- B. A licensee that uses a private pool for an enrolled child shall ensure that the swimming pool and its equipment meet the following requirements:
  - 1. If a licensee uses a private pool that is a minimum of 2 feet in depth for enrolled children, the swimming pool shall meet the requirements of the swimming pool ordinance enacted by the local government and, at a minimum, be equipped with the following:
    - a. A recirculation system consisting of piping, pumps, filters, and water conditioning and disinfecting equipment that conforms to the swimming pool manufacturer's specifications for installation and operation, and is adequate to clarify and disinfect the pool water continuously;
    - b. Two swimming pool inlets located on opposite sides of the swimming pool to produce uniform circulation of water and maintain uniform chlorine residual throughout the entire swimming pool without the existence of dead spots;
    - c. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed by bathers;
    - d. A swimming pool water vacuum system in operating condition;
    - e. A removable strainer to prevent hair, lint, or other objects from reaching the pump and filter;
    - f. An automatic mechanical water disinfectant system in use and in operating condition. The disinfecting agents shall maintain the swimming pool water as follows:
      - i. A free chlorine level between 1.0 and 3.0 parts per million as tested by the diethyl-p-phenylene diamine method or 0.4 to 1.0 parts per million when tested by the orthotolidine method;

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- ii. A pH level between 7.0 and 8.0 as tested by the diethyl-p-phenylene diamine method or the orthotolidine method; or
  - iii. A bromine level between 2.0 and 4.0 parts per million as tested by the diethyl-p-phenylene diamine method;
- g. A shepherd's crook; and
- h. A ring buoy attached to a 1/2 inch diameter rope at least 25 feet in length;
- 2. If a licensee uses a private pool that is less than 2 feet in depth for enrolled children, the swimming pool shall meet the requirements of subsection (B)(1) except that:
  - a. The swimming pool shall have a minimum of one swimming pool inlet;
  - b. The swimming pool is not required to have a bottom drain;
  - c. A pool water vacuum cleaning system is not required; and
  - d. A ring buoy with an attached rope is not required;
- 3. A portable pool that does not meet the requirements of subsection (B)(1) or (2) is prohibited;
- 4. On each day an enrolled child uses the swimming pool, a licensee shall test the water in the swimming pool at least once every day to verify that the swimming pool water meets the swimming pool water chemical ranges in subsection (B)(1)(f);
- 5. A licensee shall create a written swimming pool log at the swimming pool site while enrolled children are using the swimming pool that includes results of tests required in subsection (B)(4) and maintain the written swimming pool log on facility premises for three months after the last date the swimming pool water was tested and documented.
- 6. If the swimming pool water does not meet the swimming pool water chemical ranges in subsection (B)(1)(f), the licensee shall:
  - a. Add liquid or dissolved dry chemicals to the swimming pool water;
  - b. Document any actions taken by the licensee to restore the swimming pool water chemical ranges in the written swimming pool log required in subsection (B)(5)(a), and
  - c. Not allow enrolled children to use the swimming pool until tests of the swimming pool water verify that the swimming pool water meets the swimming pool water chemical ranges in subsection (B)(1)(f).
- C. A licensee shall ensure that a public, semi-public, or private pool used by an enrolled child is enclosed by a wall, fence, or barrier that complies with:
  - 1. The requirements of a swimming pool barrier ordinance adopted by the local government where the swimming pool is located; or
  - 2. If the local government where the swimming pool is located has not adopted a swimming pool barrier ordinance, the requirements in A.R.S. § 36-1681.
- D. A licensee that uses any semi-public or private swimming pool for enrolled children shall ensure that the swimming pool has been inspected by the Department or a city or county health department before it is used by enrolled children.
  - 1. If a licensee operates or uses a swimming pool that is inspected by a city or county health department, the licensee shall provide the Department with a current written report of the swimming pool inspection.
- 2. A licensee shall maintain the current swimming pool inspection reports of a swimming pool used by enrolled children on the facility premises.
- E. A licensee shall ensure that written permission is:
  - 1. Obtained from an enrolled child's parent before allowing the enrolled child to participate in a swimming activity, and
  - 2. Maintained on facility premises for 12 months after the date the enrolled child participated in the swimming activity.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R.  
2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**R9-5-744. Fire and Safety**

- A. A licensee shall install and maintain a portable, pressurized fire extinguisher that meets, at a minimum, a 2A-10-BC rating of the Underwriters Laboratories in a facility's kitchen and any other location required by Standard 10-1 of the International Fire Code, incorporated by reference in A.A.C. R9-10-104.01.
- B. A licensee shall ensure that:
  - 1. All designated exits, corridors, and passageways that provide an escape from the building are unobstructed and unlocked during hours of operation;
  - 2. Combustible material, such as paper, boxes, or rags, is not permitted to accumulate inside or outside the facility premises;
  - 3. An unvented or open-flame space heater or portable heater is not used on the facility premises;
  - 4. A gas valve on an unused gas outlet is removed and capped where it emerges from the wall or floor;
  - 5. Electrical extension cords are not used;
  - 6. Slow cookers and hot plates are used only in a kitchen and are inaccessible to an enrolled child;
  - 7. Heating and cooling equipment is inaccessible to an enrolled child;
  - 8. Fans are mounted and inaccessible to an enrolled child;
  - 9. Toilet rooms are ventilated to the outside of the building, either by a screened window open to the outside air or by an exhaust fan and duct system that is operated when the toilet room is in use;
  - 10. A toilet room with a door that opens to the exterior of a building is equipped with a self-closing device that keeps the door closed except when an individual is entering or exiting;
  - 11. A toilet room door does not open into a kitchen;
  - 12. A smoke detector is installed in each indoor activity area and kitchen;
  - 13. Each smoke detector required in subsection (B)(13) is:
    - a. Maintained in an operable condition;
    - b. Either battery operated or, if hard wired into the electrical system of the child care facility, has a back-up battery; and
    - c. Tested monthly;
  - 14. If the local fire jurisdiction requires a sprinkler system, the sprinkler system is:
    - a. Installed,
    - b. Operable,
    - c. Tested quarterly, and
    - d. Serviced at least once every 12 months;
  - 15. The fire extinguisher required in subsection (A):
    - a. Is serviced at least once every 12 months; and

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- b. Has a tag attached to the fire extinguisher that specifies the date of the last servicing, and
- 16. The testing required in subsections (B)(14) and (15) and servicing required in subsection (B)(16) is documented and the documentation is:
  - a. Maintained by the licensee, and
  - b. Available for at least 12 months after the date of the testing or servicing.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2015 (June 27, 2025), effective August 3, 2025 (Supp. 25-2).

**ARTICLE 8. REPEALED**

*Article 8, consisting of Sections R9-5-801 through R9-5-809, repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).*

**R9-5-801. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted and amended effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted with changes effective October 4, 1990 (Supp. 90-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-802. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted and amended effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted effective October 4, 1990 (Supp. 90-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-803. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989,

pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted with changes effective October 4, 1990 (Supp. 90-4). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-804. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted effective October 4, 1990 (Supp. 90-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-805. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted effective October 4, 1990 (Supp. 90-4). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-806. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted and amended effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted effective October 4, 1990 (Supp. 90-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp.

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02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-807. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted and amended effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted effective October 4, 1990 (Supp. 90-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-808. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted effective October 4, 1990 (Supp. 90-4). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-809. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted effective October 4, 1990 (Supp. 90-4). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**ARTICLE 9. REPEALED**

*Article 9, consisting of Sections R9-5-901 through R9-5-912, repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).*

**R9-5-901. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted and amended effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted with changes effective October 4, 1990 (Supp. 90-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-902. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted and amended effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted with changes effective October 4, 1990 (Supp. 90-4). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-903. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted effective October 4, 1990 (Supp. 90-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-904. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days





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rule readopted and amended effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted effective October 4, 1990 (Supp. 90-4). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-912. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted and amended effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted with changes effective October 4, 1990 (Supp. 90-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**ARTICLE 10. REPEALED**

*Article 10, consisting of Sections R9-5-1001 through R9-5-1006, repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).*

**R9-5-1001. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted and amended effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted effective October 4, 1990 (Supp. 90-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-1002. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted and amended effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90

days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted effective October 4, 1990 (Supp. 90-4). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-1003. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted and amended effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted with changes effective October 4, 1990 (Supp. 90-4). Amended by final rulemaking at 8 A.A.R. 4060, effective November 10, 2002 (Supp. 02-3). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-1004. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency rule readopted effective April 3, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired. Emergency rule readopted effective July 9, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency rule permanently adopted effective October 4, 1990 (Supp. 90-4). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-1005. Repealed****Historical Note**

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## TITLE 9. HEALTH SERVICES

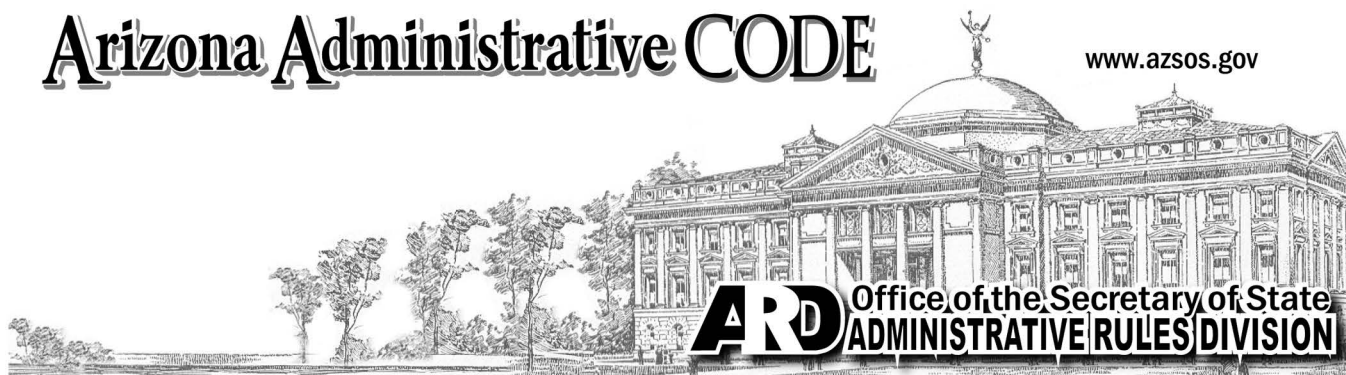
## CHAPTER 5. DEPARTMENT OF HEALTH SERVICES - CHILD CARE FACILITIES

(Supp. 90-4). Section repealed by final rulemaking at 10 A.A.R. 1282, effective September 1, 2004 (Supp. 04-1).

**R9-5-1006. Repealed****Historical Note**

Adopted as an emergency effective July 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days; Emergency rule readopted effective September 28, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency rule readopted effective December 27, 1989,

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**TITLE 9. HEALTH SERVICES**  
**CHAPTER 6. DEPARTMENT OF HEALTH SERVICES - COMMUNICABLE DISEASES AND INFESTATIONS**

**9 A.A.C. 6**

**Supplement Information**  
**Supp. 25-2**

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 25-1, 1-83 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

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The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

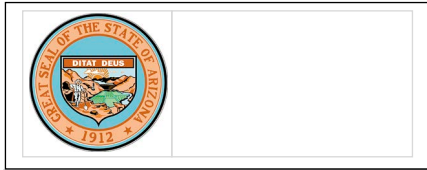
The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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

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## Administrative Rules Division

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## TITLE 9. HEALTH SERVICES

## CHAPTER 6. DEPARTMENT OF HEALTH SERVICES - COMMUNICABLE DISEASES AND INFESTATIONS

Authority: A.R.S. §§ 36-132(A)(1) and 36-136(G)

## Supp. 25-2

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Article 4, consisting of Sections R9-6-401 through R9-6-408, renumbered from Article 8, Sections R9-6-801 through R9-6-808 effective October 19, 1993 (Supp. 93-4).

Article 4, consisting of Sections R9-6-411 through R9-6-419 and R9-6-431 through R9-6-433, repealed effective October 19, 1993 (Supp. 93-4).

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*Article 5, consisting of Sections R9-6-501 through R9-6-503, renumbered from Article 2, Sections R9-6-201 through R9-6-203 effective October 19, 1993 (Supp. 93-4).*

*Article 5, consisting of Sections R9-6-501 through R9-6-506 and Tables 1 and 2, renumbered to Article 7, Sections R9-6-701 through R9-6-706 and Tables 1 and 2 effective October 19, 1993 (Supp. 93-4).*

*Article 5, consisting of Sections R9-6-501 through R9-6-506 and Tables 1 and 2, adopted effective January 20, 1992 (Supp. 92-1).*

*Article 5, consisting of Sections R9-6-501 through R9-6-504, repealed effective January 20, 1992 (Supp. 92-1).*

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*Article 6, consisting of Sections R9-6-601 through R9-6-603, adopted effective October 19, 1993 (Supp. 93-4).*

*Article 6, Sections R9-6-601 and R9-6-602, renumbered to Article 2, Sections R9-6-201 and R9-6-202, and Article 6, Sections R9-6-602 through R9-6-605 repealed effective October 19, 1993 (Supp. 93-4).*

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*Article 7, consisting of Sections R9-6-701 through R9-6-706, renumbered from Article 5 effective October 19, 1993 (Supp. 93-4).*

*Article 7 renumbered to Article 3 effective October 19, 1993 (Please refer to the individual Sections for the appropriate actions and new locations) (Supp. 93-4).*

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*Article 8 heading corrected as amended by final expedited rulemaking at 24 A.A.R. 2758, effective September 11, 2018 (Supp. 19-4).*

*New Article 8, consisting of Sections R9-6-801 through R9-6-803, made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4).*

*Article 8, consisting of Sections R9-6-801 through R9-6-808, renumbered to Article 4, Sections R9-6-401 through R9-6-408 (Supp. 93-4).*

*Article 8 consisting of Sections R9-6-801 through R9-6-808 adopted as permanent rules effective May 22, 1989.*

*Article 8 consisting of Sections R9-6-801 through R9-6-808 readopted as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

*Article 8 consisting of Sections R9-6-801 through R9-6-808 readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

*Article 8 consisting of Sections R9-6-801 through R9-6-809 readopted as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 8 consisting of Sections R9-6-801 through R9-6-809 adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

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*Article 9, consisting of Sections R9-6-901 through R9-6-903 and Exhibits A and B, made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).*

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## ARTICLE 1. GENERAL

**R9-6-101. Definitions**

In this Chapter, unless otherwise specified:

1. "Active tuberculosis" means the same as in A.R.S. § 36-711.
2. "Administrator" means the individual who is the senior leader at a child care establishment, health care institution, correctional facility, school, pharmacy, or shelter.
3. "Agency" means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.
4. "Agent" means an organism that may cause a disease, either directly or indirectly.
5. "AIDS" means Acquired Immunodeficiency Syndrome.
6. "Airborne precautions" means, in addition to use of standard precautions:
  - a. Either:
    - i. Placing an individual in a private room with negative air-pressure ventilation, at least six air exchanges per hour, and air either:
      - (1) Exhausted directly to the outside of the building containing the room, or
      - (2) Recirculated through a HEPA filtration system before being returned to the interior of the building containing the room; or
    - ii. If the building in which an individual is located does not have an unoccupied room meeting the specifications in subsection (6)(a)(i):
      - (1) Placing the individual in a private room, with the door to the room kept closed when not being used for entering or leaving the room, until the individual is transferred to a health care institution that has a room meeting the specifications in subsection (6)(a)(i) or to the individual's residence, as medically appropriate; and
      - (2) Ensuring that the individual is wearing a mask covering the individual's nose and mouth; and
  - b. Ensuring the use by other individuals, when entering the room in which the individual is located, of a device that is:
    - i. Designed to protect the wearer against inhalation of an atmosphere that may be harmful to the health of the wearer, and
    - ii. At least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator.
7. "Approved test for tuberculosis" means a Mantoux skin test or other test for tuberculosis recommended by the Centers for Disease Control and Prevention or the Tuberculosis Control Officer appointed under A.R.S. § 36-714.
8. "Arizona State Laboratory" means the part of the Department authorized by A.R.S. Title 36, Chapter 2, Article 2, and A.R.S. § 36-132(A)(11) that performs serological, microbiological, entomological, and chemical analyses.
9. "Average window period" means the typical time between exposure to an agent and the ability to detect infection with the agent in human blood.
10. "Barrier" means a mask, gown, glove, face shield, face mask, or other membrane or filter to prevent the transmission of infectious agents and protect an individual from exposure to body fluids.
11. "Body fluid" means semen, vaginal secretion, tissue, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, urine, blood, lymph, or saliva.
12. "Carrier" means an infected individual without symptoms who can spread the infection to a susceptible individual.
13. "Case" means an individual:
  - a. With a communicable disease whose condition is documented:
    - i. By laboratory results that support the presence of the agent that causes the disease;
    - ii. By a health care provider's diagnosis based on clinical observation; or
    - iii. By epidemiologic associations with the communicable disease, the agent that causes the disease, or toxic products of the agent;
  - b. Who has experienced diarrhea, nausea, or vomiting as part of an outbreak; or
  - c. Who has experienced respiratory disease symptoms as part of an outbreak; or
  - d. Who has experienced a vaccinia-related adverse event.
14. "Case definition" means the disease-specific criteria that must be met for an individual to be classified as a case.
15. "Chief medical officer" means the senior health care provider in a correctional facility or that individual's designee who is also a health care provider.
16. "Child" means an individual younger than 18 years of age.
17. "Child care establishment" means:
  - a. A "child care facility," as defined in A.R.S. § 36-881;
  - b. A "child care group home," as defined in A.R.S. § 36-897;
  - c. A child care home registered with the Arizona Department of Education under A.R.S. § 46-321; or
  - d. A child care home certified by the Arizona Department of Economic Security under A.R.S. Title 46, Chapter 7, Article 1.
18. "Clinical signs and symptoms" means evidence of disease or injury that can be observed by a health care provider or can be inferred by the health care provider from a patient's description of subjective complaints.
19. "Cohort room" means a room housing only individuals infected with the same agent and no other agent.
20. "Communicable disease" means an illness caused by an agent or its toxic products that arises through the transmission of that agent or its products to a susceptible host, either directly or indirectly.
21. "Communicable period" means the time during which an agent may be transmitted directly or indirectly:
  - a. From an infected individual to another individual;
  - b. From an infected animal, arthropod, or vehicle to an individual; or
  - c. From an infected individual to an animal.
22. "Confirmatory test" means a laboratory analysis approved by the U.S. Food and Drug Administration to be used after a screening test to diagnose or monitor the progression of HIV infection.
23. "Contact" means an individual who has been exposed to an infectious agent in a manner that may have allowed transmission of the infectious agent to the individual during the communicable period.

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24. "Correctional facility" means any place used for the confinement or control of an individual:
  - a. Charged with or convicted of an offense,
  - b. Held for extradition, or
  - c. Pursuant to a court order for law enforcement purposes.
25. "Court-ordered subject" means a subject who is required by a court of competent jurisdiction to provide one or more specimens of blood or other body fluids for testing.
26. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
27. "Department" means the Arizona Department of Health Services.
28. "Designated service area" means the same as in A.A.C. R9-1-601.
29. "Diagnosis" means an identification of a disease by an individual authorized by law to make the identification.
30. "Disease" means a condition or disorder that causes the human body to deviate from its normal or healthy state.
31. "Emerging or exotic disease" means:
  - a. A new disease resulting from change in an existing organism;
  - b. A known disease not usually found in the geographic area or population in which it is found;
  - c. A previously unrecognized disease appearing in an area undergoing ecologic transformation; or
  - d. A disease reemerging as a result of a situation such as antimicrobial resistance in a known infectious agent, a breakdown in public health measures, or deliberate release.
32. "Entity" has the same meaning as "person" in A.R.S. § 1-215.
33. "Epidemiologic investigation" means the application of scientific methods to ascertain a diagnosis; identify risk factors for a disease; determine the potential for spreading a disease; institute control measures; and complete forms and reports such as communicable disease, case investigation, and outbreak reports.
34. "Fever" means a temperature of 100.4° F or higher.
35. "Food establishment" has the same meaning as in the document incorporated by reference in A.A.C. R9-8-101.
36. "Food handler" means:
  - a. A paid or volunteer full-time or part-time worker who prepares or serves food or who otherwise touches food in a food establishment; or
  - b. An individual who prepares food for or serves food to a group of two or more individuals in a setting other than a food establishment.
37. "Foodborne" means that food serves as a mode of transmission of an infectious agent.
38. "Guardian" means an individual who is invested with the authority and charged with the duty of caring for an individual by a court of competent jurisdiction.
39. "HBsAg" means hepatitis B surface antigen.
40. "Health care institution" has the same meaning as in A.R.S. § 36-401.
41. "Health care provider" means the same as in A.R.S. § 36-661.
42. "Health education" means supplying to an individual or a group of individuals:
  - a. Information about a communicable disease or options for treatment of a communicable disease, and
  - b. Guidance about methods to reduce the risk that the individual or group of individuals will become infected or infect other individuals.
43. "HIV" means Human Immunodeficiency Virus.
44. "HIV-related test" has the same meaning as in A.R.S. § 36-661.
45. "Infected" or "infection" means when an individual has an agent for a disease in a part of the individual's body where the agent may cause a disease.
46. "Infectious active tuberculosis" means pulmonary or laryngeal active tuberculosis in an individual, which can be transmitted from the infected individual to another individual.
47. "Infectious agent" means an agent that can be transmitted to an individual.
48. "Infant" means a child younger than 12 months of age.
49. "Isolate" means:
  - a. To separate an infected individual or animal from others to limit the transmission of infectious agents, or
  - b. A pure strain of an agent obtained from a specimen.
50. "Isolation" means separation, during the communicable period, of an infected individual or animal from others to limit the transmission of infectious agents.
51. "Laboratory report" means a document that:
  - a. Is produced by a laboratory that conducts a test or tests on a subject's specimen; and
  - b. Shows the outcome of each test, including personal identifying information about the subject.
52. "Local health agency" means a county health department, a public health services district, a tribal health unit, or a U.S. Public Health Service Indian Health Service Unit.
53. "Local health officer" means an individual who has daily control and supervision of a local health agency or the individual's designee.
54. "Medical evaluation" means an assessment of an individual's health by a physician, physician assistant, or registered nurse practitioner.
55. "Medical examiner" means an individual:
  - a. Appointed as a county medical examiner by a county board of supervisors under A.R.S. § 11-592, or
  - b. Employed by a county board of supervisors under A.R.S. § 11-592 to perform the duties of a county medical examiner.
56. "Multi-drug resistant tuberculosis" means active tuberculosis that is caused by bacteria that are not susceptible to the antibiotics isoniazid and rifampin.
57. "Officer in charge" means the individual in the senior leadership position in a correctional facility or that individual's designee.
58. "Outbreak" means an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness.
59. "Parent" means a biological or adoptive mother or father.
60. "Person" has the same meaning as in A.R.S. § 1-215.
61. "Petition" means a formal written application to a court requesting judicial action on a matter.
62. "Pharmacy" has the same meaning as in A.R.S. § 32-1901.
63. "Physician" means an individual licensed as a doctor of:
  - a. Allopathic medicine under A.R.S. Title 32, Chapter 13;
  - b. Naturopathic medicine under A.R.S. Title 32, Chapter 14;

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- c. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
  - d. Homeopathic medicine under A.R.S. Title 32, Chapter 29.
64. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
65. "Pupil" means a student attending a school.
66. "Quarantine" means the restriction of activities of an individual or animal that has been exposed to a case or carrier of a communicable disease during the communicable period, to prevent transmission of the disease if infection occurs.
67. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
68. "Respiratory disease" means a communicable disease with acute onset of fever and symptoms such as cough, sore throat, or shortness of breath.
69. "Risk factor" means an activity or circumstance that increases the chances that an individual will become infected with or develop a communicable disease.
70. "School" means:
- a. An "accommodation school," as defined in A.R.S. § 15-101;
  - b. A "charter school," as defined in A.R.S. § 15-101;
  - c. A "private school," as defined in A.R.S. § 15-101;
  - d. A "school," as defined in A.R.S. § 15-101;
  - e. A college or university;
  - f. An institution that offers a "private vocational program," as defined in A.R.S. § 32-3001; or
  - g. An institution that grants a "degree," as defined in A.R.S. § 32-3001, for completion of an educational program of study.
71. "Screening test" means a laboratory analysis approved by the U.S. Food and Drug Administration as an initial test to indicate the possibility that an individual is infected with a communicable disease.
72. "Sexual contact" means vaginal intercourse, anal intercourse, fellatio, cunnilingus, or other deliberate interaction with another individual's genital area for a non-medical or non-hygienic reason.
73. "Shelter" means:
- a. A facility or home that provides "shelter care," as defined in A.R.S. § 8-201;
  - b. A "homeless shelter," as defined in A.R.S. § 16-121; or
  - c. A "shelter for victims of domestic violence," as defined in A.R.S. § 36-3001.
74. "Significant exposure" means the same as in A.R.S. § 32-3207.
75. "Standard precautions" means the use of barriers by an individual to prevent parenteral, mucous membrane, and nonintact skin exposure to body fluids and secretions other than sweat.
76. "Subject" means an individual whose blood or other body fluid has been tested or is to be tested.
77. "Submitting entity" means the same as in A.R.S. § 13-1415.
78. "Suspect case" means an individual whose medical history, signs, or symptoms indicate that the individual:
- a. May have or is developing a communicable disease;
  - b. May have experienced diarrhea, nausea, or vomiting as part of an outbreak; or
  - c. May have experienced respiratory disease symptoms as part of an outbreak; or
  - d. May have experienced a vaccinia-related adverse event.
79. "Syndrome" means a pattern of signs and symptoms characteristic of a disease.
80. "Test" means an analysis performed on blood or other body fluid to evaluate for the presence or absence of a disease.
81. "Test result" means information about the outcome of a laboratory analysis of a subject's specimen and does not include personal identifying information about the subject.
82. "Treatment" means a procedure or method to cure, improve, or palliate an illness or a disease.
83. "Tuberculosis control officer" means the same as in A.R.S. § 36-711.
84. "Vaccine" means a preparation of a weakened or killed agent, a portion of the agent's structure, or a synthetic substitute for a portion of the agent's structure that, upon administration into the body of an individual or animal, stimulates a response in the body to produce or increase immunity to a particular disease.
85. "Vaccinia-related adverse event" means a reaction to the administration of a vaccine against smallpox that requires medical evaluation of the reaction.
86. "Victim" means an individual on whom another individual is alleged to have committed a sexual offense, as defined in A.R.S. § 13-1415.
87. "Viral hemorrhagic fever" means disease characterized by fever and hemorrhaging and caused by a virus.
88. "Waterborne" means that water serves as a mode of transmission of an infectious agent.
89. "Working day" means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1).  
 Amended effective September 14, 1990 (Supp. 90-3).  
 Amended effective October 19, 1993 (Supp. 93-4).  
 Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 15 A.A.R. 215, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 29 A.A.R. 3423 (October 27, 2023), with an immediate effective date of October 3, 2023 (Supp. 23-4). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-102. Release of Information**

A person shall release information, including protected health information as defined in 45 CFR 160.103, to the Department or a local health agency upon request if the information is:

1. Requested by the Department or the local health agency for the purpose of:
  - a. Detecting, preventing, or controlling a communicable disease; or
  - b. Preventing injury or disability that may result from a communicable disease; and
2. In the possession of the person.

**Historical Note**

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Adopted effective May 2, 1991 (Supp. 91-2). Former Section R9-6-102 renumbered to R9-6-105, new Section R9-6-102 renumbered from R9-6-106 and amended effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-102 renumbered to R9-6-201; new R9-6-102 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 4522, effective December 2, 2008 (Supp. 08-4).

**R9-6-103. Disclosure of Communicable Disease-Related Information to a Good Samaritan**

- A.** In this Section, unless otherwise specified, the following definitions apply:
1. "Affidavit" means a voluntary declaration or statement of facts that is made in writing and under oath or affirmation.
  2. "Assisted person" means the individual with whom a Good Samaritan alleges interaction constituting a significant exposure risk.
  3. "Available" means in the possession of or accessible by the Designated Officer who is reviewing a disclosure request.
  4. "Communicable disease-related information" has the same meaning as in A.R.S. § 36-661.
  5. "Designated Officer" means an individual appointed by the Director or a local health officer to:
    - a. Review a disclosure request from a Good Samaritan;
    - b. Determine whether disclosure of communicable disease-related information is required under A.R.S. § 36-664(E) and this Section; and
    - c. Respond to the Good Samaritan.
  6. "Director" has the same meaning as in A.R.S. § 36-101.
  7. "Disclosure request" means the information submitted by a Good Samaritan according to A.R.S. § 36-664(E) and subsection (C) or (D).
  8. "Emergency care or assistance" means actions performed by an individual on or for another individual, which are necessary to prevent death or impairment of the health of the other individual.
  9. "Emergency department" has the same meaning as in A.A.C. R9-11-101.
  10. "Good Samaritan" has the same meaning as in A.R.S. § 36-661.
  11. "In writing" means:
    - a. An original document,
    - b. A photocopy,
    - c. A facsimile, or
    - d. An email.
  12. "Medical consultation" means discussion between a Good Samaritan and:
    - a. A physician or a registered nurse practitioner working in an emergency department or urgent care unit;
    - b. An occupational health provider as defined in A.A.C. R9-6-801; or
    - c. Any other health care provider knowledgeable in determining circumstances when post-exposure prophylaxis is necessary.
  13. "Mucous membrane" means a thin, pliable layer of tissue that lines passageways and cavities in the human body that lead to the outside, such as the mouth, gastrointestinal tract, nose, vagina, and urethra.
  14. "Notarized" means signed and dated by a notary.
  15. "Notary" means any individual authorized to perform the acts specified under A.R.S. § 41-251.
  16. "Post-exposure prophylaxis" means treatment provided to an individual who may have been exposed to a communicable disease, which is intended to prevent infection of the individual.
  17. "Significant exposure risk" has the same meaning as in A.R.S. § 36-661.
  18. "Under oath or affirmation" means a sworn or affirmed statement made by a Good Samaritan to a notary under the penalty of perjury.
  19. "Urgent care unit" has the same meaning as in A.A.C. R9-11-201.
- B.** A significant exposure risk may occur when a Good Samaritan's interaction with an individual results in:
1. A transfer of blood or body fluids from the individual onto the mucous membranes or into breaks in the skin of the Good Samaritan; or
  2. A sharing of airspace between the Good Samaritan and the individual.
- C.** If a Good Samaritan makes a disclosure request to the Department or a local health agency 72 hours or less after an alleged significant exposure risk, the disclosure request shall include:
1. The Good Samaritan's name;
  2. The Good Samaritan's mailing address or email address;
  3. The telephone number at which the Good Samaritan may be reached during a working day;
  4. A description of the accident, fire, or other life-threatening emergency, in which the Good Samaritan rendered emergency care or assistance;
  5. A description of the:
    - a. Emergency care or assistance rendered by the Good Samaritan at the accident, fire, or other life-threatening emergency; and
    - b. Circumstances that the Good Samaritan believes constitute a significant exposure risk;
  6. If known, the name of the assisted person;
  7. If known, the date of birth of the assisted person; and
  8. Any additional information that may identify the assisted person.
- D.** If a Good Samaritan makes a disclosure request to the Department or a local health agency more than 72 hours after an alleged significant exposure risk, the disclosure request shall include:
1. A statement in writing that the Good Samaritan is requesting communicable disease-related information for an assisted person as allowed under A.R.S. § 36-664(E);
  2. Documentation concerning the accident, fire, or other life-threatening emergency in which the Good Samaritan rendered emergency care or assistance; and
  3. A notarized affidavit that contains:
    - a. The information specified in subsections (C)(1) through (8);
    - b. A statement that the Good Samaritan understands that the Good Samaritan may seek medical consultation to determine whether post-exposure prophylaxis for a communicable disease is needed;
    - c. A statement that the Good Samaritan certifies that the declarations contained within the affidavit are truthful to the best of the Good Samaritan's knowledge; and
    - d. The Good Samaritan's signature.

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E. Within two working days after the Department or a local health agency receives a disclosure request from a Good Samaritan, the Designated Officer shall:

1. If the Designated Officer determines that the information provided as specified in subsection (C) or (D) indicates a significant exposure risk to the Good Samaritan and communicable disease-related information is available for the assisted person:
  - a. Attempt to contact the Good Samaritan by telephone and provide the Good Samaritan with the communicable disease-related information:
    - i. For the assisted person;
    - ii. Pertaining to the specific communicable disease or diseases that may be transmitted through the interaction between the Good Samaritan and the assisted person; and
    - iii. Without revealing the assisted person's name;
  - b. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that disclosure of communicable disease-related information for one communicable disease does not rule out the possibility that the Good Samaritan was exposed to other communicable diseases about which information is not available to the Designated Officer;
  - c. Attempt to contact the Good Samaritan by telephone and provide to the Good Samaritan information concerning the agent causing the communicable disease for which the Designated Officer is disclosing communicable disease-related information, including:
    - i. A description of the disease or syndrome caused by the agent, including its symptoms;
    - ii. A description of how the agent is transmitted to others;
    - iii. The average window period for the agent;
    - iv. An explanation that exposure to an individual with a communicable disease does not mean that infection has occurred or will occur;
    - v. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
    - vi. That it is necessary to notify others that they may be or may have been exposed to the agent through interaction with the Good Samaritan; and
    - vii. The availability of assistance from the Department, local health agencies, or other resources; and
  - d. Send to the Good Samaritan in writing:
    - i. The information specified in subsection (E)(1)(a);
    - ii. The notification specified in subsection (E)(1)(b);
    - iii. The information specified in subsection (E)(1)(c); and
    - iv. A statement that the confidentiality of the disclosed communicable disease-related information is protected by A.R.S. §§ 36-664(G) and 36-666(A)(2);
2. If the Designated Officer determines that the information provided as specified in subsection (C) or (D) indicates a significant exposure risk to the Good Samaritan, but the

Designated Officer is unable to provide communicable disease-related information for the assisted person:

- a. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that either:
    - i. Communicable disease-related information, pertaining to the specific communicable disease or diseases that may be transmitted through the interaction between the Good Samaritan and the assisted person, is not available to the Designated Officer; or
    - ii. The Designated Officer is unable to identify the assisted person from the information provided in the Good Samaritan's disclosure request, as specified in subsection (C) or (D);
  - b. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that:
    - i. The Good Samaritan's interaction with the assisted person may pose a significant exposure risk to the Good Samaritan; and
    - ii. The Good Samaritan may seek medical consultation on the need for post-exposure prophylaxis; and
  - c. Send to the Good Samaritan in writing the notifications specified in subsections (E)(2)(a) and (b); and
3. If the Designated Officer determines that the information provided as specified in subsection (C) or (D) does not indicate a significant exposure risk to the Good Samaritan:
- a. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that the Designated Officer will not disclose any available communicable disease-related information for the assisted person; and
  - b. Send to the Good Samaritan in writing:
    - i. The notification specified in subsection (E)(3)(a);
    - ii. A statement that the Designated Officer's decision not to disclose communicable disease-related information to the Good Samaritan is based on A.R.S. § 36-664(E) and this Section;
    - iii. The Designated Officer's reasons for not disclosing communicable disease-related information to the Good Samaritan; and
    - iv. A statement that the Good Samaritan has the right to obtain a hearing as specified in A.R.S. § 41-1092.03(B).

**Historical Note**

Renumbered from R9-6-107 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section renumbered to R9-6-301 by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). New Section made by final rulemaking at 14 A.A.R. 4641, effective January 31, 2009 (Supp. 08-4). Amended by final expedited rulemaking at 29 A.A.R. 3423 (October 27, 2023), with an immediate effective date October 3, 2023 (Supp. 23-4).

**R9-6-104. Repealed****Historical Note**

Renumbered from R9-6-108 and amended effective October 19, 1993 (Supp. 93-4). Section repealed by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002

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(Supp. 02-2).

**R9-6-105. Renumbered****Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-105 renumbered to R9-6-107, new Section R9-6-105 renumbered from R9-6-102 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Section renumbered to R9-6-501 by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

**R9-6-106. Renumbered****Historical Note**

Amended effective June 4, 1980 (Supp. 80-3). Former Section R9-6-112 renumbered and amended as Section R9-6-106 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-106 renumbered to R9-6-102, new Section R9-6-106 adopted effective October 19, 1993 (Supp. 93-4). Section renumbered to R9-6-601 by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

**Exhibit I-A. Repealed****Historical Note**

New Exhibit I-A made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit I-A repealed by final rulemaking at 15 A.A.R. 215, effective March 7, 2009 (Supp. 09-1).

**R9-6-107. Repealed****Historical Note**

Adopted effective September 14, 1990 (Supp. 90-3). Former Section R9-6-107 renumbered to R9-6-103, new Section R9-6-107 renumbered from R9-6-105 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Section repealed by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

**R9-6-108. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and Paragraph (9) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-104 effective October 19, 1993 (Supp. 93-4).

**R9-6-109. Reserved****R9-6-110. Reserved****R9-6-111. Repealed****Historical Note**

Corrected Departmental reference in subsection (C) (Supp. 76-5). Amended effective June 4, 1980 (Supp. 80-3). Repealed effective January 28, 1987 (Supp. 87-1).

**R9-6-112. Renumbered****Historical Note**

Amended effective June 4, 1980 (Supp. 80-3). Former Section R9-6-112 renumbered and amended as Section R9-6-106 effective January 28, 1987 (Supp. 87-1).

**R9-6-113. Repealed****Historical Note**

Former Section R9-6-113 repealed, new Section R9-6-113 adopted effective June 4, 1980 (Supp. 80-3). Amended paragraph 4, effective January 31, 1983 (Supp. 83-1). Repealed effective January 28, 1987 (Supp. 87-1).

**R9-6-114. Repealed****Historical Note**

Corrected Departmental reference in subsections (B) and (C) (Supp. 76-5). Former Section R9-6-114 repealed, new Section R9-6-114 adopted effective June 4, 1980 (Supp. 80-3). Repealed effective January 28, 1987 (Supp. 87-1).

**ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING****R9-6-201. Definitions**

In this Article, unless otherwise specified:

1. "Clinical laboratory" has the same meaning as in A.R.S. § 36-451.
2. "Drug" has the same meaning as in A.R.S. § 32-1901.
3. "Epidemiologic curve" means a graphic display of the number of cases over time.
4. "Normally sterile site" means an anatomic location, or tissue or body fluid from an anatomic location, in which microorganisms are not found in the absence of disease and includes:
  - a. The lower respiratory tract;
  - b. Blood;
  - c. Bone marrow;
  - d. Cerebrospinal fluid;
  - e. Pleural fluid;
  - f. Peritoneal fluid;
  - g. Synovial fluid;
  - h. Pericardial fluid;
  - i. Amniotic fluid;
  - j. Lymph;
  - k. A closed abscess; or
  - l. Another anatomic location other than the skin, mouth, eyes, upper respiratory tract, middle ear, urogenital tract, or gastrointestinal tract.
5. "Health care provider required to report" means a physician, physician assistant, registered nurse practitioner, or dentist who diagnoses, treats, or detects a case or suspect case of a communicable disease listed in Table 2.1 or detects an occurrence listed in Table 2.1.
6. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
7. "Point of contact" means an individual through whom the Department or a local health agency can obtain information upon request.
8. "Whole blood" means human blood from which plasma, erythrocytes, leukocytes, and thrombocytes have not been separated.

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**Historical Note**

Former Section R9-6-211 renumbered and amended and subsection (C) renumbered from R9-6-212 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-201 renumbered to R9-6-501, new Section R9-6-201 renumbered from R9-6-601, repealed, and a new Section R9-6-201 adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-201 repealed; new R9-6-201 renumbered from R9-6-102 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-202. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility**

- A.** A health care provider required to report shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 2.1 and as specified in subsection (C) or (D).
- B.** An administrator of a health care institution or correctional facility in which a case or suspect case of a communicable disease listed in Table 2.1 is diagnosed, treated, or detected or an occurrence listed in Table 2.1 is detected shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 2.1 and as specified in subsection (C) or (D).
- C.** Except as described in subsection (D), for each case, suspect case, or occurrence for which a report on an individual is required by subsection (A) or (B) and Table 2.1, a health care provider required to report or an administrator of a health care institution or correctional facility shall submit a report that includes:
  1. The following information about the case or suspect case:
    - a. Name;
    - b. Residential and mailing addresses;
    - c. County of residence;
    - d. Whether the individual is living on a reservation and, if so, the name of the reservation;
    - e. Whether the individual is affiliated with a tribe and, if so, the name of the tribe;
    - f. Telephone number and, if available, email address;
    - g. Date of birth;
    - h. Race and ethnicity;
    - i. Sex assigned at birth;
    - j. A unique patient identifier, such as a medical record number;
  2. The following information about the disease:
    - a. The name of the disease,
    - b. The date of onset of symptoms, and
    - c. The date of diagnosis;
  3. If reporting a case or suspect case of tuberculosis:
    - a. The site of infection;
    - b. A description of the treatment prescribed, if any, including:
      - i. The name of each drug prescribed,
      - ii. The dosage prescribed for each drug, and
      - iii. The date of prescription for each drug; and
    - c. Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the laboratory;
  4. If reporting a case or suspect case of chancroid, or gonorrhea:
    - a. A description of the treatment prescribed, if any, including:
      - i. The name of each drug prescribed,
      - ii. The dosage prescribed for each drug, and
      - iii. The date of prescription for each drug;
    - b. The site of infection;
- 5.** If reporting a case or suspect case of syphilis:
  - a. For a case or suspect case whose sex assigned at birth is female, whether the case or suspect case is pregnant;
  - b. The information required under subsection (C)(4); and
  - c. Identification of the stage of the disease;
- 6.** If reporting a case of congenital syphilis in an infant, and in addition to the information required under subsections (C)(5)(b) and (c) and A.R.S. § 36-694(A), the following information:
  - a. The name and date of birth of the individual who gave birth to the infant, and
  - b. The residential address and telephone number of the individual who gave birth to the infant;
- 7.** If reporting a case or suspect case with one of the following, the pregnancy status of a case or suspected case whose sex assigned at birth is female:
  - a. Hepatitis C,
  - b. Listeriosis,
  - c. Rubella, or
  - d. Emerging or exotic disease;
- 8.** The name, address, telephone number, and, if available, email address of the individual making the report; and
- 9.** The name, address, telephone number, and, if available, email address of the:
  - a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (C)(8); or
  - b. Health care institution or correctional facility, if reporting under subsection (B).
- D.** For each outbreak for which a report is required by subsection (B) and Table 2.1, an administrator of a health care institution or correctional facility shall submit a report that includes:
  1. A description of the signs and symptoms;
  2. If possible, a diagnosis and identification of suspected sources;
  3. The number of known cases and suspect cases;
  4. A description of the location and setting of the outbreak;
  5. The name, address, telephone number, and, if available, email address of the individual making the report; and
  6. The name, address, telephone number, and, if available, email address of the health care institution or correctional facility.
- E.** When an HIV-related test is ordered for an infant, the health care provider who orders the HIV-related test or the administrator of the health care institution in which the HIV-related test is ordered shall:
  1. Report the results of the infant's HIV-related test to the Department, either personally or through a representative, within five working days after receiving the results of the HIV-related test;
  2. Include the following information in the report specified in subsection (E)(1):
    - a. The name and date of birth of the infant;



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- b. The residential address, mailing address, and telephone number of the infant;
  - c. The name and date of birth of the individual who gave birth to the infant;
  - d. The date of the last medical evaluation of the infant;
  - e. The types of HIV-related tests ordered for the infant;
  - f. The dates of the infant's HIV-related tests;
  - g. The results of the infant's HIV-related tests; and
  - h. The ordering health care provider's name, address, and telephone number; and
3. Include with the report specified in subsection (E)(1) a report for the individual who gave birth to the infant, including the following information:
    - a. The name and date of birth of the individual who gave birth to the infant;
    - b. The residential address, mailing address, and telephone number of the individual who gave birth to the infant;
    - c. The date of the last medical evaluation of the individual who gave birth to the infant;
    - d. The types of HIV-related tests ordered for the individual who gave birth to the infant;
    - e. The dates of the HIV-related tests for the individual who gave birth to the infant;
    - f. The results of the HIV-related tests for the individual who gave birth to the infant;
    - g. What HIV-related risk factors the individual who gave birth to the infant has;
    - h. Whether the individual who gave birth to the infant delivered the infant vaginally or by C-section;
- i. Whether the individual who gave birth to the infant was receiving HIV-related drugs prior to the infant's birth to reduce the risk of perinatal transmission of HIV; and
  - j. The name, address, and telephone number of the health care provider who ordered the HIV-related tests for the individual who gave birth to the infant.

**Historical Note**

Renumbered from R9-6-213 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-202 renumbered to R9-6-502, new Section R9-6-202 renumbered from R9-6-602 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 4467, effective December 1, 2002 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**Table 1. Repealed****Historical Note**

New Table 1 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Table 1 amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Table 1 repealed by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**Table 2.1. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility**

✓ Anthrax	! Hantavirus infection	! Rubella (German measles)
✓ Botulism	! Hemolytic uremic syndrome	! Rubella syndrome, congenital
! Brucellosis	☐ HIV infection and related disease in an infant	✓ Severe acute respiratory syndrome (SARS)
! <i>Candida auris</i>	! Influenza-associated mortality in a child	✓ Smallpox
☐ Chancroid	! Leptospirosis	! Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
! Chikungunya	! Listeriosis	☐ <sup>1</sup> Syphilis
! Cholera	! Lymphocytic choriomeningitis	☐ Taeniasis
☐ Creutzfeldt-Jakob disease	✓ Measles (rubeola)	☐ Tetanus
✓ Cronobacter infection in an infant	! Melioidosis	☐ Toxic shock syndrome
☐ Cysticercosis	✓ Meningococcal invasive disease	! Trichinosis
! Dengue	✓ Middle East respiratory syndrome (MERS)	! Tuberculosis, active disease
O Diarrhea, nausea, or vomiting	☐ Mpox	! Tuberculosis latent infection in a child 5 years of age or younger
✓ Diphtheria	! Mumps	✓ Tularemia
✓ Emerging or exotic disease	✓ Novel coronavirus infection	! Typhoid fever
✓ Encephalitis, parasitic	! Pertussis (whooping cough)	! Typhus fever
! Encephalitis, viral	✓ Plague	! Vaccinia-related adverse event
✓ Glanders	✓ Poliomyelitis (paralytic or non-paralytic)	☐ Varicella (chickenpox)
☐ Gonorrhea	! Q fever	✓ Viral hemorrhagic fever
! <i>Haemophilus influenzae</i> , invasive disease	✓ Rabies in a human	✓ Yellow fever
☐ Hansen's disease (Leprosy)	! Relapsing fever (borreliosis)	! Zika virus infection
	O Respiratory disease	

Key:

✓ Submit a report through an electronic reporting system authorized by the Department or by telephone within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.

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- ! Submit a report within one working day through an electronic reporting system or by telephone after a case or suspect case is diagnosed, treated, or detected.
- ☐ Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.
- O Submit a report within 24 hours after detecting an outbreak.

Footnote:

- <sup>1</sup> Submit a report within one working day if the case or suspect case is a pregnant woman.

**Historical Note**

New Table 2.1 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-203. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter**

- A. An administrator of a school, child care establishment, or shelter shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 2.2 and as specified in subsection (B).
- B. For each individual with a disease, infestation, or symptoms of a communicable disease or infestation listed in Table 2.2, or an outbreak of the communicable disease or infestation, an administrator of a school, child care establishment, or shelter shall submit a report that includes:
1. The name and address of the school, child care establishment, or shelter;
  2. The number of individuals with the disease, infestation, or symptoms;
  3. The date and time that the disease or infestation was detected or that the symptoms began;
  4. The number of rooms, grades, or classes affected and the name of each;
  5. The following information about each individual with the disease, infestation, or symptoms:
    - a. Name;
    - b. Date of birth or age;
    - c. If the individual is a child, name and contact information for the individual's parent or guardian;
    - d. Residential address and telephone number; and

- e. Late date the individual was present at the school, child care establishment, or shelter, as applicable; and
  - f. Whether the individual is a staff member, student, child in care, or resident;
6. The number of individuals attending or residing at the school, child care establishment, or shelter; and
  7. The name, address, telephone number, and, if available, email address of the individual making the report.

**Historical Note**

Renumbered from R9-6-214 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-203 renumbered to R9-6-503, new Section R9-6-202 adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-203 renumbered to R9-6-206; new R9-6-203 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**Table 2. Renumbered****Historical Note**

New Table 2 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Table 2, renumbered to Table 2.2 by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**Table 2.2. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter**

O	Diarrhea, nausea, or vomiting	✓	Mumps
✓	Emerging or exotic disease	✓	Pertussis (whooping cough)
✓	<i>Haemophilus influenzae</i> , invasive disease	✓	Rubella (German measles)
✓	Hepatitis A	O	Streptococcal group A infection
✓	Measles	☐	Varicella (chickenpox)
✓	Meningococcal invasive disease		

Key:

- ✓ Submit a report within 24 hours after detecting a case or suspect case.
- ☐ Submit a report within five working days after detecting a case or suspect case.
- O Submit a report within 24 hours after detecting an outbreak.

**Historical Note**

New Table 2.2 renumbered from Table 2 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-204. Clinical Laboratory Director Reporting Requirements**

- A. A director of a clinical laboratory that obtains a test result described in Table 2.3 or that receives a specimen for detection of an infectious agent or toxin listed in Table 2.3 shall, either personally or through a representative, submit a report, in a Department-provided format, and, if applicable, an isolate or a specimen to the Department within the time limitation and as specified in Table 2.3 and subsection (B) or (C).

- B. For each specimen for which an immediate report is required by subsection (A) and Table 2.3, a clinical laboratory director shall ensure the report includes:
1. The name and address of the laboratory;
  2. The name and telephone number of the director of the clinical laboratory;
  3. The name and, as available, the address, telephone number, and email address of the subject;
  4. The date of birth of the subject;

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5. The sex assigned at birth of the subject;
  6. The race and ethnicity of the subject;
  7. The laboratory identification number;
  8. The specimen type;
  9. The date of collection of the specimen;
  10. The type of test ordered on the specimen; and
  11. The ordering health care provider's name, address, telephone number, and, if available, email address.
- C. Except as provided in Table 2.3, for each test result for a subject for which a report is required by subsection (A) and Table 2.3, a clinical laboratory director shall ensure the report includes:
1. The name and address of the laboratory;
  2. The name and telephone number of the director of the clinical laboratory;
  3. The name and, as available, the address, telephone number, and email address of the subject;
  4. The date of birth of the subject;
  5. The sex assigned at birth of the subject;
  6. The race and ethnicity of the subject;
  7. The laboratory identification number;
  8. The specimen type;
  9. The date of collection of the specimen;
  10. The date of the result of the test;
  11. The type of test completed on the specimen;
  12. The test result, including:
    - a. Qualitative results;
    - b. Quantitative values and reference ranges, if applicable;
    - c. Susceptibility testing data and a drug sensitivity pattern, if performed; and
    - d. Variant type, if available; and
  13. The ordering health care provider's name, address, telephone number, and, if available, email address.
- D. Upon the request of the Department, the director of a clinical laboratory shall:
1. Include an equivocal result or a negative test result for any subject in the report of test results, required in subsection (C)(12), for an infectious agent or toxin for which a report is required by subsection (A) and Table 2.3;
  2. Submit sequencing-related information, as available, in a Department-provided format; or
  3. Submit to the Arizona State Laboratory an isolate of an infectious agent, if available, or a specimen from a subject.

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-204 renumbered to R9-6-302; new R9-6-204 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**Table 3. Repealed****Historical Note**






























New Table 3 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Table 3 amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Table 3 repealed by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**Table 2.3. Clinical Laboratory Director Reporting Requirements**




<i>Anaplasma</i> spp.	<i>Ehrlichia</i> spp.	! Norovirus
! Arbovirus	Emerging or exotic disease agent	Novel coronavirus
<i>Babesia</i> spp.	!,* <i>Escherichia coli</i> , Shiga toxin-producing	Novel influenza virus
<i>Bacillus anthracis</i>	<i>Francisella tularensis</i>	Plasmodium spp.
<i>Basidiobolus</i> spp.	<i>Giardia duodenalis</i>	!,* Rabies virus from a human
<i>Blastomyces</i> spp.	!,* <sup>4</sup> <i>Haemophilus influenzae</i> , from a normally sterile site	! Rabies virus from an animal
! <i>Bordetella pertussis</i>	! Hantavirus	Respiratory syncytial virus
<i>Borrelia</i> spp.	<sup>1</sup> Hepatitis A virus	! <i>Rickettsia</i> spp.
!,* <i>Brucella</i> spp.	<sup>1</sup> Hepatitis B virus	!,* <sup>1</sup> Rubella virus
!,* <i>Burkholderia mallei</i>	<sup>1</sup> Hepatitis C virus	!,* <i>Salmonella</i> spp.
!,* <i>Burkholderia pseudomallei</i>	<sup>1</sup> Hepatitis D virus	Severe acute respiratory syndrome coronavirus
<i>Campylobacter</i> spp.	<sup>1</sup> Hepatitis E virus	Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2)
!,* <sup>3</sup> <i>Candida auris</i>	<sup>1</sup> HIV	! <i>Shigella</i> spp.
<sup>3</sup> Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB)	<sup>1</sup> HIV—any test result for an infant	St. Louis encephalitis virus
<sup>3</sup> Carbapenem-resistant Enterobacterales (CRE)	Influenza virus	<i>Streptococcus</i> group A, from a normally sterile site
<sup>3</sup> Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA)	!,+ <i>Legionella</i> spp.	<i>Streptococcus</i> group B, from a normally sterile site in an infant younger than 90 days of age
CD4-T-lymphocyte count	! <i>Leptospira</i> spp.	<i>Streptococcus pneumoniae</i> from a normally sterile site
! Chikungunya virus	!,* <i>Listeria</i> spp., from a normally sterile site	<sup>1</sup> <i>Treponema pallidum</i> (syphilis) or rapid plasma reagin

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 <i>Chlamydia trachomatis</i>	! <i>Lymphocytic choriomeningitis virus</i>	 <i>Trypanosoma cruzi</i> (Chagas disease)
 <i>Chlamydia psittaci</i>	 <sup>1</sup> , * Measles virus	!, * Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
 <i>Clostridium botulinum</i> toxin (botulism)	 <sup>2</sup> Methicillin-resistant <i>Staphylococcus aureus</i> , from a normally sterile site	   Variola virus (smallpox)
 <i>Coccidioides</i> spp.	 Middle East respiratory syndrome coronavirus (MERS-CoV)	!, * <i>Vibrio</i> spp.
 Colorado tick fever virus	 Monkeypox virus	   Viral hemorrhagic fever agent
! <i>Coxiella burnetii</i>	!  <sup>1</sup> , * Mumps virus	 West Nile virus
  <i>Cronobacter</i> spp. in an infant	!, * <sup>3</sup> <i>Mycobacterium tuberculosis</i> complex	  Yellow fever virus
! <i>Cryptosporidium</i> spp.	 <i>Mycoplasma genitalium</i>	   <i>Yersinia pestis</i> (plague)
!, * <i>Cyclospora</i> spp.	 <i>Neisseria gonorrhoeae</i>	!, * <i>Yersinia</i> spp. (other than <i>Y. pestis</i> )
! Dengue virus	  <i>Neisseria meningitidis</i> , from a normally sterile site	!, * Zika virus

## Key:

-  Submit a report immediately after receiving one specimen for detection of the agent. Report the receipt of subsequent specimens within five working days after receipt.
-  Submit a report within 24 hours after obtaining a positive test result.
- ! Submit a report within one working day after obtaining a positive test result.
-  Submit a report within five working days after obtaining a positive test result or a test result specified in Table 2.3.
- \* Submit an isolate of the organism for each positive culture, if available, or a specimen for each positive test result to the Arizona State Laboratory within one working day.
- + Submit an isolate of the organism for each positive culture to the Arizona State Laboratory within one working day.

## Footnotes:

When appearing after one of the symbols above, the following modify the requirement:

- <sup>1</sup> When reporting a positive result for any of the specified tests, report the results of all other tests performed for the subject as part of the disease panel or as a reflex test.
- <sup>2</sup> Submit a report only when an initial positive result is obtained for an individual.
- <sup>3</sup> Submit an isolate or specimen of the organism, as applicable, only when an initial positive result is obtained for an individual, when a change in resistance pattern or mechanism is detected, or when a positive result is obtained  $\geq 12$  months after the initial positive result is obtained for an individual.
- <sup>4</sup> Submit an isolate of the organism, if available, or a specimen when a positive result is obtained for an individual  $< 5$  years of age.

## Historical Note

Table 2.3 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-205. Reporting Requirements for a Pharmacist or an Administrator of a Pharmacy**

- A. A pharmacist who fills an individual's initial prescription for two or more of the drugs listed in subsection (B) or an administrator of a pharmacy in which an individual's initial prescription for two or more of the drugs listed in subsection (B) is filled shall, either personally or through a representative, submit a report, in a Department-provided format, that complies with subsection (C) to the Department within five working days after the prescription is filled.
- B. Any combination of two or more of the following drugs when initially prescribed for an individual triggers the reporting requirement of subsection (A):
  1. Isoniazid,
  2. Any rifamycin,
  3. Pyrazinamide, or
  4. Ethambutol.
- C. A pharmacist or an administrator of a pharmacy shall submit a report required under subsection (A) that includes:
  1. The following information about the individual for whom the drugs are prescribed:
    - a. Name,
    - b. Address,
    - c. Telephone number, and

- d. Date of birth; and
2. The following information about the prescription:
  - a. The name of the drugs prescribed,
  - b. The date of prescription, and
  - c. The name and telephone number of the prescribing health care provider.

## Historical Note

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-206. Local Health Agency Responsibilities Regarding Communicable Disease Reports**

- A. The Department shall notify each local health agency of the format to be used by:
  1. A health care provider required to report when making a report required under R9-6-202(A) and Table 2.1;
  2. An administrator of a health care institution or correctional facility when making a report required under R9-6-202(B) and Table 2.1; and

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3. An administrator of a school, child care establishment, or shelter when making a report required under R9-6-203(A) and Table 2.2.
- B. A local health agency shall inform health care providers required to report and administrators of health care institutions, correctional facilities, schools, child care establishments, and shelters of the format to use when making a report, as specified in subsection (A).
- C. Except as specified in Table 2.4 and Article 3, a local health agency shall provide to the Department the information contained in each report of a case, suspect case, or occurrence received by the local health agency under R9-6-202 or R9-6-203, including any report of disease in a nonresident of the jurisdiction who is or has been diagnosed or treated in the jurisdiction, within five working days after receipt and shall specify:
  1. Which of the following best describes the individual identified in each report:
    - a. The individual meets the case definition for a case of the specific disease,
    - b. The individual is a suspect case,
    - c. The individual does not meet the case definition for a case or suspect case of the specific disease, or
    - d. The local health agency has not yet determined the status of the disease in the individual; and
  2. The status of the epidemiologic investigation for each report.
- D. Except as specified in Table 2.4 and Article 3, a local health agency shall submit to the Department a report, in a Department-provided format, of an epidemiologic investigation conducted by the local health agency:
  1. In response to a report of a case, suspect case, or occurrence:
    - a. Submitted under R9-6-202 or R9-6-203, or
    - b. About which the local health agency was notified by the Department;
  2. Within 30 calendar days after receiving the report submitted under R9-6-202 or R9-6-203 or notification by the Department;
  3. If an epidemiologic investigation is required for the reported disease under Article 3; and
  4. Including in the report of the epidemiologic investigation:
    - a. The information described in:
      - i. R9-6-202(C) for a report submitted under R9-6-202,
      - ii. R9-6-203(B) for a report submitted under R9-6-203, or
      - iii. R9-6-202(C) for a report about which the Department notified the local health agency;
    - b. A description of all laboratory or other test results, performed in addition to the laboratory tests described in R9-6-202(C) and contributing to the diagnosis;
    - c. A description of the case's symptoms of the disease and other signs that may be observed that indicate that the individual may have the disease, if applicable;
    - d. A classification of the case according to the case definition;
    - e. A description of the condition or status of the case at the end of the epidemiologic investigation;
    - f. A description of the case's specific risk factors for acquiring the disease or other epidemiologic evidence of how the case acquired the infection that resulted in the disease;
- E. For each instance when the local health agency receives a report or reports indicating an outbreak or possible outbreak, the local health agency shall:
  1. Within 24 hours after receiving the report or reports, provide to the Department, in a Department-provided format, the following information:
    - a. The location of the outbreak or possible outbreak;
    - b. If known, the number of cases and suspect cases;
    - c. The date that the outbreak was reported or the dates that cases suggestive of an outbreak were reported;
    - d. The setting of the outbreak or possible outbreak;
    - e. The name of the disease suspected or known to be the cause of the outbreak or possible outbreak; and
    - f. The name and telephone number of an individual at the local health agency who can serve as a point of contact regarding the outbreak or possible outbreak; and
  2. Within 30 calendar days after receiving the last report or reports associated with the outbreak, submit to the Department a report, in a Department-provided format, of the epidemiologic investigation conducted by the local health agency in response to the outbreak or possible outbreak, including:
    - a. A description of the outbreak location and setting;
    - b. The date that the local health agency was notified of the outbreak;
    - c. A description of how the local health agency verified the outbreak;
    - d. The number of individuals reported to be ill during the outbreak;
    - e. The number of individuals estimated to be at risk for illness as a result of the outbreak;
    - f. The specific case definition used;
    - g. A summary profile of the signs and symptoms;
    - h. An epidemiologic curve;
    - i. A copy of the laboratory evidence collected, including all laboratory test results, for all specimens submitted for testing to a laboratory other than the Arizona State Laboratory;
    - j. Hypotheses of how the outbreak occurred;
    - k. A description of the control measures used and the dates the control measures were implemented;
    - l. The conclusions drawn based upon the results of the epidemiologic investigation;
    - m. Recommendations for preventing future outbreaks; and
    - n. The name, address, and telephone number of the individual making the report to the Department.

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**Historical Note**

Section renumbered from R9-6-203 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1,

2018 (Supp. 17-3).

**Table 4.****Repealed****Historical Note**

New Table 4 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Table 4 repealed by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**Table 2.4. Local Health Agency Reporting Requirements**

O	Amebiasis	☐,→	Giardiasis	↘,→,*	Rabies in a human
☐,→	Anaplasmosis	!,→,*	Glanders	!,→	Relapsing fever (borreliosis)
↘,→,*	Anthrax	☐	Gonorrhea	O	Respiratory disease
☐,→	Arboviral infection	!,→	<i>Haemophilus influenzae</i> , invasive disease	!,→,*	Rubella (German measles)
☐,→	Babesiosis	☐,→	Hansen's disease (Leprosy)	↘,→,*	Rubella syndrome, congenital
☐,→	Basidiobolomycosis	!,→	Hantavirus infection	!,→	Salmonellosis
☐,→	Blastomycosis	!,→	Hemolytic uremic syndrome	!,→	Severe acute respiratory syndrome (SARS)
↘,→,*	Botulism	!,→	Hepatitis A	!,→	Shigellosis
☐,→,*	Brucellosis	☐,→	Hepatitis B and Hepatitis D	↘,→,*	Smallpox
☐,→	Campylobacteriosis	☐	Hepatitis C	!,→	Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
!,→,*	<i>Candida auris</i>	☐,→	Hepatitis E	☐	Streptococcal group A infection, invasive disease
☐,→,*	Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB)	☐,→	HIV infection and related disease	☐	Streptococcal group B infection in an infant younger than 90 days of age, invasive disease
☐,→,*	Carbapenem-resistant Enterobacterales (CRE)	!,→	Influenza-associated mortality in a child	☐	<i>Streptococcus pneumoniae</i> infection, (pneumococcal invasive disease)
☐,→,*	Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA)	!,→	Legionellosis (Legionnaires' disease)	☐,→	Syphilis
☐,→	Chagas infection and related disease (American Trypanosomiasis)	!,→	Leptospirosis	☐,→	Taeniasis
☐,→	Chancroid ( <i>Haemophilus ducreyi</i> )	!,→,*	Listeriosis	☐,→	Tetanus
☐,→	Chikungunya	☐,→	Lyme disease	☐,→	Toxic shock syndrome
☐	<i>Chlamydia trachomatis</i> infection	!,→	Lymphocytic choriomeningitis	!,→	Trichinosis
!,→	Cholera	☐,→	Malaria	!,→,*	Tuberculosis, active disease
☐	Coccidioidomycosis (Valley Fever)	↘,→,*	Measles (rubeola)	!,→	Tuberculosis latent infection in a child five years of age or younger
☐,→	Colorado tick fever	!,→,*	Melioidosis	↘,→,*	Tularemia
☐,→	Creutzfeldt-Jakob disease	↘,→,*	Meningococcal invasive disease		
↘,→	Cronobacter infection in an infant	!,→	Middle East respiratory syndrome (MERS)	!,→	Typhoid fever
☐,→	Cryptosporidiosis	☐,→	Mpox	!,→	Typhus fever
☐,→	<i>Cyclospora</i> infection	!,→,*	Mumps	!,→	Vaccinia-related adverse event
☐,→	Cysticercosis	☐	<i>Mycoplasma genitalium</i> infection	!,→,*	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
!,→	Dengue	↘,→	Novel coronavirus infection	☐,→ <sup>1</sup>	Varicella (chickenpox)
↘,→	Diphtheria	↘	Novel influenza virus infection	!,→	<i>Vibrio</i> infection
☐,→	Ehrlichiosis	!,→	Pertussis (whooping cough)	↘,→,*	Viral hemorrhagic fever
↘,→	Emerging or exotic disease	↘,→,*	Plague	☐,→	West Nile virus infection
↘,→	Encephalitis, parasitic	↘,→,*	Poliomyelitis (paralytic or non-paralytic)	↘,→,*	Yellow fever
!,→	Encephalitis, viral	☐,→	Psittacosis (ornithosis)	!,→,*	Yersiniosis (enteropathogenic <i>Yersinia</i> )
!,→	<i>Escherichia coli</i> , Shiga toxin-producing	!,→	Q Fever	!,→,*	Zika virus infection

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## Key:

- ✓ Notify the Department within 24 hours after receiving a report under R9-6-202 or R9-6-203.
- ! Notify the Department within one working day after receiving a report under R9-6-202 or R9-6-203.
- ☐ Notify the Department within five working days after receiving a report under R9-6-202 or R9-6-203.
- O Notify the Department within 24 hours after receiving a report or reports indicating an outbreak or possible outbreak.
- ➔ Submit an epidemiologic investigation report within 30 calendar days after receiving a report under R9-6-202 or R9-6-203 or notification by the Department.
- \* In consultation with the Department, ensure that an isolate of the organism for each positive culture, if available, or a specimen for each positive test result is submitted to the Arizona State Laboratory within one working day.

## Footnote:

- <sup>1</sup> Submit an epidemiologic investigation report only if a case or suspect case has died as a result of the communicable disease.

**Historical Note**

New Table 2.4 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-207. Federal or Tribal Entity Reporting**

A. To the extent permitted by law, a federal or tribal entity shall comply with the reporting requirements in this Article as follows:

1. If the federal or tribal entity is participating in the diagnosis or treatment of an individual, the federal or tribal entity shall comply with the reporting requirements in R9-6-202 and Table 2.1 for a health care provider;
2. If the federal or tribal entity is operating a facility that provides health care services, the federal or tribal entity shall comply with the reporting requirements in R9-6-202 and Table 2.1 for an administrator of a health care institution;
3. If the federal or tribal entity is operating a correctional facility, the federal or tribal entity shall comply with the reporting requirements in R9-6-202 and Table 2.1 for an administrator of a correctional facility;
4. If the federal or tribal entity is operating a facility that provides child care services, the federal or tribal entity shall comply with the reporting requirements in R9-6-203 and Table 2.2 for an administrator of a child care establishment;
5. If the federal or tribal entity is operating a facility that offers instruction to students in a grade level from kindergarten through grade 12, a college or university, a "private vocational program" as defined in A.R.S. § 32-3001, or an institution that grants a "degree" as defined in A.R.S. § 32-3001, the federal or tribal entity shall comply with the reporting requirements in R9-6-203 and Table 2.2 for an administrator of a school;
6. If the federal or tribal entity is operating a clinical laboratory, the federal or tribal entity shall comply with the reporting requirements in R9-6-204 and Table 2.3 for a clinical laboratory director; and
7. If the federal or tribal entity is operating a facility that provides pharmacy services, the federal or tribal entity shall comply with the reporting requirements in R9-6-205 for an administrator of a pharmacy.

B. For the purposes of this Section, "federal or tribal entity" means a person operating within this state, whether on federal or tribal land or otherwise, under the authority of an agency or other administrative subdivision of the federal government or a tribal nation and who is:

1. Licensed as a doctor of allopathic, naturopathic, osteopathic, or homeopathic medicine under the laws of this or another state;
2. Licensed as a physician assistant under the laws of this or another state;

3. Licensed as a registered nurse practitioner under the laws of this or another state;
4. Licensed as a dentist under the laws of this or another state;
5. Operating a facility that provides health care services;
6. Operating a correctional facility;
7. Operating a facility that provides child care services;
8. Operating a facility that offers instruction to students in a grade level from kindergarten through grade 12, a college or university, a "private vocational program" as defined in A.R.S. § 32-3001, or an institution that grants a "degree" as defined in A.R.S. § 32-3001;
9. Operating a clinical laboratory; or
10. Operating a facility that provides pharmacy services.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-208. Reserved**

**R9-6-209. Reserved**

**R9-6-210. Reserved**

**R9-6-211. Renumbered**

**Historical Note**

Renumbered to R9-6-201 effective May 2, 1991 (Supp. 91-2).

**R9-6-212. Renumbered**

**Historical Note**

Renumbered to R9-6-201(C) effective May 2, 1991 (Supp. 91-2).

**R9-6-213. Renumbered**

**Historical Note**

Renumbered to R9-6-202 effective May 2, 1991 (Supp. 91-2).

**R9-6-214. Renumbered**

**Historical Note**

Renumbered to R9-6-203 effective May 2, 1991 (Supp. 91-2).

## ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE DISEASES AND INFESTATIONS

**R9-6-301. Definitions**

In this Article, unless otherwise specified:

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1. "Aquatic venue" means an artificially constructed structure or modified natural structure that:
  - a. Is used:
    - i. For water contact recreation, as defined in A.A.C. R9-8-801; or
    - ii. To treat a diagnosed injury, illness, or medical condition under the supervision of a health professional, as defined in A.R.S. § 32-3201;
  - b. Is open to all individuals or to all residents of a community, members of a club or camp, individuals being treated by a specific health professional, or patrons of other such establishments; and
  - c. Includes a:
    - i. Natural bathing place as defined in A.A.C. R18-5-201,
    - ii. Public spa as defined in A.A.C. R18-5-201,
    - iii. Public swimming pool as defined in A.A.C. R18-5-201,
    - iv. Semi-artificial bathing place as defined in A.A.C. R18-5-201,
    - v. Semi-public spa as defined in A.A.C. R18-5-201,
    - vi. Semi-public swimming pool as defined in A.A.C. R18-5-201, and
    - vii. Water-play area, an artificially constructed depression in which water issues from showers or other nozzles and drains away to leave little or no standing water.
2. "Blood bank" means a facility where human whole blood or a blood component is collected, prepared, tested, processed, or stored, or from which human whole blood or a blood component is distributed.
3. "Blood center" means a mobile or stationary facility that procures human whole blood or a blood component that is transported to a blood bank.
4. "Contact precautions" means, in addition to use of standard precautions:
  - a. Placing an individual in a private room or a cohort room with a distance of three or more feet separating the individual's bed from the bed of another individual; and
  - b. Ensuring the use of a gown and gloves by other individuals when entering the room in which the individual is located.
5. "Contaminated" means to have come in contact with a disease-causing agent or toxin.
6. "Disinfection" means killing or inactivating communicable-disease-causing agents on inanimate objects by directly applied chemical or physical means.
7. "Disinfestation" means any physical, biological, or chemical process to reduce or eliminate undesired arthropod or rodent populations.
8. "Droplet precautions" means, in addition to use of standard precautions:
  - a. Placing an individual in a private room or a cohort room with a distance of three or more feet and a curtain separating the individual's bed from the bed of another individual;
  - b. Ensuring that the individual wears a mask covering the individual's mouth and nose, if medically appropriate, when not in the room described in subsection (8)(a); and
  - c. Ensuring the use of a mask covering the mouth and nose by other individuals when entering the room in which the individual is located.
9. "Follow-up" means the practice of investigating and monitoring cases, carriers, contacts, or suspect cases to detect, treat, or prevent disease.
10. "Incapacitated adult" means an individual older than 18 years of age for whom a guardian has been appointed by a court of competent jurisdiction.
11. "Isolation precautions" means methods to limit the transmission of an infectious agent, based on the infectious agent and the location of infection in or on the infected individual or animal, that includes isolation of the infected individual or animal and may include any one or combination of the following:
  - a. Standard precautions,
  - b. Contact precautions,
  - c. Droplet precautions, or
  - d. Airborne precautions.
12. "Midwife" has the same meaning as in A.R.S. § 36-751.
13. "Multi-drug-resistant organism" means a bacterial agent on a Department-provided list that is known to not be killed or whose growth is not slowed by specific classes of antibiotics.
14. "Pediculocide" means a shampoo or cream rinse manufactured and labeled for controlling head lice.
15. "Person in charge" means the individual present at a food establishment who is responsible for the food establishment's operation at the time in question.
16. "Plasma center" means a facility where the process of plasmapheresis or another form of apheresis is conducted.
17. "State health officer" means the Director of the Department or the Director's designee.
18. "Vector" means a living animal, usually a mosquito, tick, flea, or other arthropod, that may transmit an infectious agent to an individual.

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4).  
 Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-301 repealed; new R9-6-301 renumbered from R9-6-103 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-302. Local Health Agency Control Measures**

A local health agency shall:

1. Review each report received under Article 2 for completeness and accuracy;
2. Confirm each diagnosis;
3. Conduct epidemiologic and other investigations required by this Chapter or in cooperation with the Department;
4. Facilitate notification of known contacts;
5. Conduct surveillance;
6. Determine trends;
7. Implement control measures, quarantines, isolations, and exclusions as required by the Arizona Revised Statutes and this Chapter;
8. Disseminate surveillance information to health care providers;



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9. Provide health education to a disease case or contact to reduce the risk of transmission of the respective disease; and
10. Report to the Department, as specified in R9-6-206 and this Article.

**Historical Note**

Renumbered from R9-6-702 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-302 renumbered to R9-6-304; new R9-6-302 renumbered from R9-6-204 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-303. Isolation, Quarantine, Exclusion, and Other Control Measures**

- A. When a local health agency is required by this Article to isolate or quarantine an individual or group of individuals, the local health agency:
  1. Shall issue a written order:
    - a. For isolation or quarantine and other control measures;
    - b. To each individual or group of individuals and, for each individual who is a minor or incapacitated adult, the individual's parent or guardian, except as provided in subsection (A)(2);
    - c. That specifies:
      - i. The isolation or quarantine and other control measure requirements being imposed, including, if applicable, requirements for physical examinations and medical testing to ascertain and monitor each individual's health status;
      - ii. The identity of each individual or group of individuals subject to the order;
      - iii. The premises at which each individual or group of individuals is to be isolated or quarantined;
      - iv. The date and time at which isolation or quarantine and other control measure requirements begin; and
      - v. The justification for isolation or quarantine and other control measure requirements, including, if known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
    - d. That may provide information about existing medical treatment, if available and necessary to render an individual less infectious, and the consequences of an individual's failure to obtain the medical treatment; and
  2. May post the written order in a conspicuous place at the premises at which a group of individuals is to be isolated or quarantined if:
    - a. The written order applies to the group of individuals, and
    - b. It would be impractical to provide a copy to each individual in the group.
- B. A local health agency may issue a written order for additional control measures:
  1. Except as provided in subsection (A)(2), to each affected individual, group of individuals, or person and, for each individual who is a minor or incapacitated adult, the individual's parent or guardian;
2. That specifies:
  - a. The control measure requirements being imposed, including, if applicable, requirements for:
    - i. Being excluded from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a school or child care establishment;
    - ii. Avoiding other locations where the individual or an individual in the group of individuals may pose a health risk to other individuals;
    - iii. Observing airborne precautions, droplet precautions, or contact precautions and the methods by which the individual shall comply with the requirement;
    - iv. Prophylaxis or immunization, as applicable, as an alternative to or to reduce the length of exclusion;
    - v. Physical examinations and medical testing to ascertain and monitor the individual's health status; or
    - vi. Not creating a situation where additional individuals may be exposed to the communicable disease;
  - b. The identity of each individual, group of individuals, or person subject to the order;
  - c. The date and time at which the control measure requirements begin; and
  - d. The justification for the control measure requirements, including:
    - i. If known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
    - ii. If applicable, the possible consequences of the individual, group of individuals, or person failing to follow the recommendations of the Department or the local health agency to control the spread of the communicable disease; and
3. That may provide information about the disease, existing medical treatment, if applicable, and the consequences of an individual's failure to comply with the order.

- C. Within 10 calendar days after the issuing of a written order described in subsection (A) or (B), if a local health agency determines that isolation, quarantine, or other control measure requirements need to continue for more than 10 calendar days after the date of the order, the local health agency shall file a petition for a court order that:
  1. Authorizes the continuation of isolation, quarantine, or other control measure requirements pertaining to an individual, a group of individuals, or a person;
  2. Includes the following:
    - a. The isolation, quarantine, or other control measure requirements being imposed, including, if applicable, requirements for physical examinations and medical testing to ascertain and monitor an individual's health status;
    - b. The identity of each individual, group of individuals, or person subject to isolation, quarantine, or other control measure requirements;
    - c. If applicable, the premises at which each individual or group of individuals is isolated or quarantined;
    - d. The date and time at which isolation, quarantine, or other control measure requirements began; and

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- e. The justification for isolation, quarantine, or other control measure requirements, including, if applicable and known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
- 3. Is accompanied by the sworn affidavit of a representative of the local health agency or the Department attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.
- D.** A local health agency that files a petition for a court order under subsection (C) shall provide notice to each individual, group of individuals, or person identified in the petition according to the Arizona Rules of Civil Procedure, except that notice shall be provided within 24 hours after the petition is filed.
- E.** In the event of noncompliance with a written order issued under subsection (A) or (B), a local health agency may contact law enforcement to request assistance in enforcing the order.
- F.** If the Department determines that isolation, quarantine, or other control measure requirements are necessary, the Department, under A.R.S. § 36-136(H), may take any of the actions specified in subsections (A) through (E).

**Historical Note**

Renumbered from R9-6-703 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-303 renumbered to R9-6-305; new R9-6-303 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-303 renumbered to R9-6-304; new R9-6-303 renumbered from R9-6-388 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 29 A.A.R. 1890 (August 25, 2023), with an immediate effective date of August 2, 2023 (Supp. 23-3).

**R9-6-304. Food Establishment Control Measures**

The person in charge of a food establishment shall ensure compliance with all food handler exclusion requirements in this Article or as ordered by a local health agency or the Department.

**Historical Note**

Renumbered from R9-6-704 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-304 renumbered to R9-6-306; new R9-6-304 renumbered from R9-6-302 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-304 renumbered to R9-6-305; new R9-6-304 renumbered from R9-6-303 by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-305. Control Measures for Multi-drug-resistant Organisms**

Case control measures:

- 1. A diagnosing health care provider or an administrator of a health care institution transferring a case with active infection or colonization of a bacterial or fungal disease, for which the agent is known to be a multi-drug-resistant organism, to another health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correc-

- tional facility is informed that the case is infected or colonized with a multi-drug-resistant organism and the type of isolation precautions being used for the case.
- 2. An administrator of the correctional facility transferring a case with active infection or colonization of a bacterial disease or fungal, for which the agent is known to be a multi-drug-resistant organism, to another correctional facility or to a health care institution shall, either personally or through a representative, ensure that the receiving correctional facility or health care institution is informed that the case is infected or colonized with a multi-drug-resistant organism and the type of isolation precautions being used for the case.

**Historical Note**

Renumbered from R9-6-705 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-305 renumbered to R9-6-308; new R9-6-305 renumbered from R9-6-303 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-305 renumbered to R9-6-306; new R9-6-305 renumbered from R9-6-304 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-305 renumbered to R9-6-306; new Section R9-6-305 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 29 A.A.R. 1890 (August 25, 2023), with an immediate effective date of August 2, 2023 (Supp. 23-3).

**R9-6-306. Amebiasis**

Outbreak control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported amebiasis outbreak;
- 2. Exclude an amebiasis case or suspect case with diarrhea from:
  - a. Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
    - i. Diarrhea has resolved, or
    - ii. The local health agency has determined that the amebiasis case or suspect case is unlikely to infect other individuals; and
  - b. Using an aquatic venue for two weeks after diarrhea has resolved;
- 3. Submit to the Department the information required under R9-6-206(E).

**Historical Note**

Renumbered from R9-6-706 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-306 renumbered to R9-6-309; new R9-6-306 renumbered from R9-6-304 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-306 renumbered to R9-6-307; new R9-6-306 renumbered from R9-6-305 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-306 renumbered to R9-6-308; new Section R9-6-306 renumbered from R9-6-305 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-307. Anaplasmosis**

Case control measures: A local health agency shall:

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1. Conduct an epidemiologic investigation of each reported anaplasmosis case or suspect case; and
2. For each anaplasmosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Former Section R9-6-115, Paragraph (5), renumbered and amended as R9-6-707 effective January 28, 1987 (Supp. 87-1). Former R9-6-307 renumbered to R9-6-310; new R9-6-307 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-307 renumbered to R9-6-308; new R9-6-307 renumbered from R9-6-306 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-307 repealed; new Section R9-6-307 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-308. Anthrax**

- A. Case control measures: A local health agency shall:
  1. Upon receiving a report under R9-6-202 of an anthrax case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  2. Conduct an epidemiologic investigation of each reported anthrax case or suspect case;
  3. For each anthrax case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  4. In consultation with the Department, ensure that an isolate or a specimen, as available, from each anthrax case or suspect case is submitted to the Arizona State Laboratory.
- B. Environmental control measures: A local health agency shall, in conjunction with the Department and applicable federal agencies, provide or arrange for disinfection of areas or objects contaminated by *Bacillus anthracis* through sterilization by dry heating, incineration of objects, or other appropriate means.

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-308 renumbered to R9-6-311; new R9-6-308 renumbered from R9-6-305 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-308 renumbered to R9-6-309; new R9-6-308 renumbered from R9-6-307 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-308 renumbered to R9-6-311; new Section R9-6-308 renumbered from R9-6-306 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-309. Arboviral Infection**

- A. Case control measures: A local health agency shall:
  1. Conduct an epidemiologic investigation of each reported arboviral infection case or suspect case;
  2. For each arboviral infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  3. Ensure that each arboviral infection case is provided with health education that includes measures to:
    - a. Avoid mosquito bites, and
    - b. Reduce mosquito breeding sites.
- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each arboviral infection case or suspect case and implement vector control measures as necessary.

**Historical Note**

Renumbered from R9-6-708 and amended effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-309 renumbered to R9-6-312; new R9-6-309 renumbered from R9-6-306 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-309 renumbered to R9-6-310; new R9-6-309 renumbered from R9-6-308 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-309 renumbered to R9-6-312; new Section R9-6-309 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-310. Babesiosis**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported babesiosis case or suspect case; and
2. For each babesiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-709 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-310 renumbered to R9-6-313; new R9-6-310 renumbered from R9-6-307 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-310 renumbered to R9-6-311; new R9-6-310 renumbered from R9-6-309 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-310 renumbered to R9-6-313; new Section R9-6-310 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-311. Basidiobolomycosis**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported basidiobolomycosis case or suspect case; and
2. For each basidiobolomycosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Repealed effective May 2, 1991 (Supp. 91-2). New Section R9-6-311 renumbered from R9-6-710 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-311 renumbered to R9-6-314; new R9-6-311 renumbered from R9-6-308 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-311 renumbered to R9-6-313; new R9-6-311 renumbered from R9-6-310 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-311 renumbered to R9-6-314; new Section R9-6-311 renumbered from R9-6-308 and amended by final rulemaking at 23 A.A.R. 2605,

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effective January 1, 2018 (Supp. 17-3).

**R9-6-312. Blastomycosis Infection**

- A. Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported blastomycosis case or suspect case; and
  2. For each blastomycosis case, submit to the Department, as specified in Table 2.4, the information required under R9-206(D).
- B. Outbreak control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported outbreak of blastomycosis; and
  2. For each outbreak of blastomycosis, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-312 renumbered to R9-6-315; new R9-6-312 renumbered from R9-6-309 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-312 renumbered to R9-6-314; new R9-6-312 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-312 renumbered to R9-6-316; new Section R9-6-312 renumbered from R9-6-309 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-312 renumbered to R9-6-313; new Section R9-6-312 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-313. Botulism**

- A. Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a botulism case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  2. Conduct an epidemiologic investigation of each reported botulism case or suspect case; and
  3. For each botulism case or suspect case:
    - a. Submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
    - b. In consultation with the Department, ensure that one or more specimens from each botulism case or suspect case are submitted to the Arizona State Laboratory.
- B. Environmental control measures: An individual in possession of:
1. Food known to be contaminated by *Clostridium botulinum* or *Clostridium botulinum* toxin shall boil the contaminated food for 10 minutes and then discard it, and
  2. Utensils known to be contaminated by *Clostridium botulinum* or *Clostridium botulinum* toxin shall boil the contaminated utensils for 10 minutes before reuse or disposal.

**Historical Note**

Renumbered from R9-6-711 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-313 renumbered to R9-6-316; new R9-6-313 renumbered from R9-6-310 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-313 renumbered to R9-6-315; new R9-6-313 renumbered from R9-6-311 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Section R9-6-313 renumbered to R9-6-317; new Section R9-6-313 renumbered from R9-6-310 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-313 renumbered to R9-6-314; new Section R9-6-313 renumbered from R9-6-312 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-314. Brucellosis**

- Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported brucellosis case or suspect case;
  2. For each brucellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  3. In consultation with the Department, ensure that an isolate or a specimen, as available, from each brucellosis case is submitted to the Arizona State Laboratory.

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-314 renumbered to R9-6-318; new R9-6-314 renumbered from R9-6-311 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-314 renumbered to R9-6-316; new R9-6-314 renumbered from R9-6-312 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-314 renumbered to R9-6-319; new Section R9-6-314 renumbered from R9-6-311 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-314 renumbered to R9-6-315; new Section R9-6-314 renumbered from R9-6-313 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-315. Campylobacteriosis**

- Case control measures: A local health agency shall:
1. Exclude a campylobacteriosis case or suspect case with diarrhea from:
    - a. Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
      - i. Diarrhea has resolved,
      - ii. A stool specimen negative for *Campylobacter* spp. is obtained from the campylobacteriosis case or suspect case, or
      - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
    - b. Using an aquatic venue until diarrhea has resolved;
  2. Conduct an epidemiologic investigation of each reported campylobacteriosis case or suspect case; and
  3. For each campylobacteriosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-712 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-315 renumbered to R9-6-321; new R9-6-315 renumbered from R9-6-312 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-315 renumbered to R9-6-317; new R9-6-315 renumbered from R9-6-313 and amended by final

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rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-315 renumbered to R9-6-320; new Section R9-6-315 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-315 renumbered to R9-6-318; new Section R9-6-315 renumbered from R9-6-314 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-316. *Candida auris*****A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
  - a. Institute isolation precautions as necessary for a case with *Candida auris* infection or colonization to prevent transmission; and
  - b. If a case with *Candida auris* infection or colonization is being transferred to another health care provider or health care institution or to a correctional facility, comply with R9-6-305.
2. An administrator of a correctional facility, either personally or through a representative, shall:
  - a. Institute isolation precautions as necessary for a case with *Candida auris* infection or colonization to prevent transmission; and
  - b. If a case with *Candida auris* infection or colonization is being transferred to another correctional facility or to a health care institution, comply with R9-6-305.
3. A local health agency, in consultation with the Department, shall ensure that:
  - a. A case with *Candida auris* infection or colonization is isolated as necessary to prevent transmission; and
  - b. An isolate or a specimen, as available, from each case with *Candida auris* infection or colonization is submitted to the Arizona State Laboratory.

**B. Outbreak control measures: A local health agency shall:**

1. Conduct an epidemiologic investigation for each outbreak or suspected outbreak of *Candida auris*; and
2. For each outbreak or suspected outbreak of *Candida auris*, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Renumbered from R9-6-713 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-316 repealed; new R9-6-316 renumbered from R9-6-313 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-316 renumbered to R9-6-318; new R9-6-316 renumbered from R9-6-314 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-316 renumbered to R9-6-322; new Section R9-6-316 renumbered from R9-6-312 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-316 renumbered to R9-6-320; new Section R9-6-316 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-317. *Carbapenem-resistant Acinetobacter baumannii*****A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
    - a. Institute isolation precautions as necessary for a case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization to prevent transmission; and
    - b. If a case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization is being transferred to another health care provider or health care institution or to a correctional facility, comply with R9-6-305.
  2. An administrator of a correctional facility, either personally or through a representative, shall:
    - a. Institute isolation precautions as necessary for a case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization to prevent transmission; and
    - b. If a case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization is being transferred to another correctional facility or to a health care institution, comply with R9-6-305.
  3. A local health agency, in consultation with the Department, shall ensure that:
    - a. A case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization is isolated as necessary to prevent transmission; and
    - b. An isolate or a specimen, as available, from each case with carbapenem-resistant *Acinetobacter baumannii* infection or colonization is submitted to the Arizona State Laboratory.
- B. Outbreak control measures: A local health agency shall:**
1. Conduct an epidemiologic investigation for each outbreak or suspected outbreak of carbapenem-resistant *Acinetobacter baumannii*; and
  2. For each outbreak or suspected outbreak of carbapenem-resistant *Acinetobacter baumannii*, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Renumbered from R9-6-714 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-317 renumbered to R9-6-323; new R9-6-317 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-317 renumbered to R9-6-319; new R9-6-317 renumbered from R9-6-315 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-317 renumbered to R9-6-323; new Section R9-6-317 renumbered from R9-6-313 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-317 renumbered to R9-6-321; new Section R9-6-317 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-318. *Carbapenem-resistant Enterobacterales*****A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
  - a. Institute isolation precautions as necessary for a case with carbapenem-resistant enterobacterales infection or colonization to prevent transmission; and
  - b. If a case with carbapenem-resistant enterobacterales infection or colonization is being transferred to

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another health care provider or health care institution or to a correctional facility, comply with R9-6-305.

2. An administrator of a correctional facility, either personally or through a representative, shall:
  - a. Institute isolation precautions as necessary for a case with carbapenem-resistant enterobacterales infection or colonization to prevent transmission; and
  - b. If a case with carbapenem-resistant enterobacterales infection or colonization is being transferred to another correctional facility or to a health care institution, comply with R9-6-305.
3. A local health agency, in consultation with the Department, shall ensure that:
  - a. A case with carbapenem-resistant enterobacterales infection or colonization is isolated as necessary to prevent transmission; and
  - b. An isolate or a specimen, as available, from each case with carbapenem-resistant enterobacterales infection or colonization is submitted to the Arizona State Laboratory.

**B. Outbreak control measures: A local health agency shall:**

1. Conduct an epidemiologic investigation for each outbreak or suspected outbreak of carbapenem-resistant enterobacterales; and
2. For each outbreak or suspected outbreak of carbapenem-resistant enterobacterales, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-318 renumbered to R9-6-324; new R9-6-318 renumbered from R9-6-314 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-318 renumbered to R9-6-320; new R9-6-318 renumbered from R9-6-316 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-318 renumbered to R9-6-324; new Section R9-6-318 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-318 renumbered to R9-6-322; new Section R9-6-318 renumbered from R9-6-315 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-319. Carbapenem-resistant *Pseudomonas aeruginosa***

**A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
  - a. Institute isolation precautions as necessary for a case with carbapenem-resistant *Pseudomonas aeruginosa* infection or colonization to prevent transmission; and
  - b. If a case with carbapenem-resistant *Pseudomonas aeruginosa* infection or colonization is being transferred to another health care provider or health care institution or to a correctional facility, comply with R9-6-305.
2. An administrator of a correctional facility, either personally or through a representative, shall:
  - a. Institute isolation precautions as necessary for a case with carbapenem-resistant *Pseudomonas aeruginosa*

infection or colonization to prevent transmission; and

- b. If a case with carbapenem-resistant *Pseudomonas aeruginosa* infection or colonization is being transferred to another correctional facility or to a health care institution, comply with R9-6-305.
  3. A local health agency, in consultation with the Department, shall ensure that:
    - a. A case with carbapenem-resistant *Pseudomonas aeruginosa* infection or colonization is isolated as necessary to prevent transmission; and
    - b. An isolate or a specimen, as available, from each case with carbapenem-resistant *Pseudomonas aeruginosa* infection or colonization is submitted to the Arizona State Laboratory.
- B. Outbreak control measures: A local health agency shall:**
1. Conduct an epidemiologic investigation for each outbreak or suspected outbreak of carbapenem-resistant *Pseudomonas aeruginosa*; and
  2. For each outbreak or suspected outbreak of carbapenem-resistant *Pseudomonas aeruginosa*, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Renumbered from R9-6-715 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-319 renumbered to R9-6-326; new R9-6-319 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-319 renumbered to R9-6-321; new R9-6-319 renumbered from R9-6-317 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-319 renumbered to R9-6-325; new Section R9-6-319 renumbered from R9-6-314 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-319 renumbered to R9-6-323; new Section R9-6-319 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-320. Chagas Infection and Related Disease (*American Trypanosomiasis*)**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Chagas infection or disease case or suspect case; and
2. For each Chagas infection or disease case:
  - a. Submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  - b. Provide to the Chagas infection or disease case or ensure that another person provides to the Chagas infection or disease case health education that includes:
    - i. The treatment options for Chagas infection or disease,
    - ii. Where the Chagas infection or disease case may receive treatment for Chagas infection or disease, and
    - iii. For women of childbearing age, the risks of transmission of Chagas infection or disease to a fetus.

**Historical Note**

Renumbered from R9-6-716 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-320 renumbered to Section R9-6-321; new Section R9-6-320 adopted effective April 4, 1997 (Supp. 97-2). Section repealed; new Section made by final rulemaking at 10

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A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-320 renumbered to R9-6-322; new R9-6-320 renumbered from R9-6-318 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-320 renumbered to R9-6-326; new Section R9-6-320 renumbered from R9-6-315 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-320 renumbered to R9-6-324; new Section R9-6-320 renumbered from R9-6-316 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-321. Chancroid (*Haemophilus ducreyi*)**

- A.** Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported chancroid case or suspect case;
  2. For each chancroid case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  3. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a chancroid case.
- B.** Contact control measures: When a chancroid case has named a contact, a local health agency shall comply with the requirements specified in R9-6-1103 concerning notification, testing, treatment, and health education for the contact.

**Historical Note**

Renumbered from R9-6-717 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-321 renumbered to R9-6-322; new Section R9-6-321 renumbered from R9-6-320 effective April 4, 1997 (Supp. 97-2). Former R9-6-321 renumbered to R9-6-322; new R9-6-321 renumbered from R9-6-315 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-321 renumbered to R9-6-323; new R9-6-321 renumbered from R9-6-319 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-321 renumbered to R9-6-327; new Section R9-6-321 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-321 renumbered to R9-6-325; new Section R9-6-321 renumbered from R9-6-317 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-322. Chikungunya**

- A.** Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a chikungunya case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  2. Conduct an epidemiologic investigation of each reported chikungunya case or suspect case;
  3. For each chikungunya case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  4. Ensure that each chikungunya case is provided with health education that includes measures to:
    - a. Avoid mosquito bites, and
    - b. Reduce mosquito breeding sites.
- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each chi-

kungunya case or suspect case and implement vector control measures as necessary.

**Historical Note**

Renumbered from R9-6-718 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-322 renumbered to R9-6-323; new Section R9-6-322 renumbered from R9-6-321 effective April 4, 1997 (Supp. 97-2). Former R9-6-322 renumbered to R9-6-329; new R9-6-322 renumbered from R9-6-321 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-322 renumbered to R9-6-324; new R9-6-322 renumbered from R9-6-320 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-322 renumbered to R9-6-328; new Section R9-6-322 renumbered from R9-6-316 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-322 renumbered to R9-6-326; new Section R9-6-322 renumbered from R9-6-318 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-323. Chlamydia trachomatis Infection**

- A.** Case control measures: A local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for a *Chlamydia trachomatis* infection case that seeks treatment from the local health agency.
- B.** Contact control measures: If an individual who may have been exposed to chlamydia through sexual contact with a *Chlamydia trachomatis* infection case seeks treatment for symptoms of chlamydia infection from a local health agency, the local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for the individual.

**Historical Note**

Renumbered from R9-6-719 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-323 renumbered to R9-6-324; new Section R9-6-323 renumbered from R9-6-322 and amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-323 renumbered to R9-6-330; new R9-6-323 renumbered from R9-6-317 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-323 renumbered to R9-6-325; new R9-6-323 renumbered from R9-6-321 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-323 renumbered to R9-6-329; new Section R9-6-323 renumbered from R9-6-317 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-323 renumbered to R9-6-327; new Section R9-6-323 renumbered from R9-6-319 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-324. Cholera**

- A.** Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a cholera case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  2. Exclude a cholera case or suspect case from:

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- a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until a stool specimen negative for toxigenic *Vibrio cholerae* is obtained from the cholera case or suspect case; and
  - b. Using an aquatic venue until diarrhea has resolved;
  3. Conduct an epidemiologic investigation of each reported cholera case or suspect case; and
  4. For each cholera case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B.** Contact control measures: A local health agency shall provide follow-up for each cholera contact for five calendar days after exposure.

**Historical Note**

Renumbered from R9-6-720 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-324 renumbered to R9-6-326; new Section R9-6-324 renumbered from R9-6-323, effective April 4, 1997 (Supp. 97-2). Former R9-6-324 renumbered to R9-6-331; new R9-6-324 renumbered from R9-6-318 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-324 renumbered to R9-6-326; new R9-6-324 renumbered from R9-6-322 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-324 renumbered to R9-6-330; new Section R9-6-324 renumbered from R9-6-318 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-324 renumbered to R9-6-328; new Section R9-6-324 renumbered from R9-6-320 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-325. *Clostridioides difficile***

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution transferring a known *Clostridioides difficile* case with active infection and diarrhea to another health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correctional facility is informed that the patient is a known *Clostridioides difficile* case.
2. If a known *Clostridioides difficile* case with active infection and diarrhea is being transferred from a correctional facility to another correctional facility or to a health care institution, an administrator of the correctional facility, either personally or through a representative, shall ensure that the receiving correctional facility or health care institution is informed that the individual is a known *Clostridioides difficile* case.

**Historical Note**

Renumbered from R9-6-721 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-325 renumbered to R9-6-327; new Section R9-6-325 adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-325 renumbered to R9-6-333; new R9-6-325 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-325 renumbered to R9-6-327; new R9-6-325 renumbered from R9-6-323 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-325 renumbered to R9-

6-331; new Section R9-6-325 renumbered from R9-6-319 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-325 renumbered to R9-6-329; new Section R9-6-325 renumbered from R9-6-321 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-326. *Coccidioidomycosis (Valley Fever)***

Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported outbreak of coccidioidomycosis; and
2. For each outbreak of coccidioidomycosis, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Former Section R9-6-326 renumbered to R9-6-329; new Section R9-6-326 renumbered from R9-6-324 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-326 renumbered to R9-6-335; new R9-6-326 renumbered from R9-6-319 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-326 renumbered to R9-6-328; new R9-6-326 renumbered from R9-6-324 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-326 renumbered to R9-6-332; new Section R9-6-326 renumbered from R9-6-320 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-326 renumbered to R9-6-331; new Section R9-6-326 renumbered from R9-6-322 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-327. *Colorado Tick Fever***

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Colorado tick fever case or suspect case; and
2. For each Colorado tick fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-722 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-327 renumbered to R9-6-330; new Section R9-6-327 renumbered from R9-6-325 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-327 renumbered to R9-6-336; new R9-6-327 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-327 renumbered to R9-6-329; new R9-6-327 renumbered from R9-6-325 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-327 renumbered to R9-6-333; new Section R9-6-327 renumbered from R9-6-321 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-327 renumbered to R9-6-332; new Section R9-6-327 renumbered from R9-6-323 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-328. *Conjunctivitis: Acute***

- A.** Case control measures: An administrator of a school or child care establishment, either personally or through a representative, shall exclude an acute conjunctivitis case from attending



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the school or child care establishment until the symptoms of acute conjunctivitis subside or treatment for acute conjunctivitis is initiated and maintained for 24 hours.

- B.** Outbreak control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported conjunctivitis outbreak; and
  2. For each conjunctivitis outbreak, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Renumbered from R9-6-701 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-328 renumbered to R9-6-331; new Section R9-6-328 adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-328 renumbered to R9-6-337; new R9-6-328 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-328 renumbered to R9-6-330; new R9-6-328 renumbered from R9-6-326 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-328 renumbered to R9-6-334; new Section R9-6-328 renumbered from R9-6-322 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-328 renumbered to R9-6-333; new Section R9-6-328 renumbered from R9-6-324 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-329. Creutzfeldt-Jakob Disease**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Creutzfeldt-Jakob disease case or suspect case; and
2. For each Creutzfeldt-Jakob disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Section R9-6-329 renumbered to R9-6-332; new Section R9-6-329 renumbered from R9-6-326 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-329 repealed; new R9-6-329 renumbered from R9-6-322 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-329 renumbered to R9-6-331; new R9-6-329 renumbered from R9-6-327 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-329 renumbered to R9-6-335; new Section R9-6-329 renumbered from R9-6-323 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-329 renumbered to R9-6-334; new Section R9-6-329 renumbered from R9-6-325 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-330. Cronobacter Infection in an Infant**

**A.** Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a Cronobacter infection case or suspect case in an infant, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported Cronobacter infection case or suspect case in an infant; and

3. For each Cronobacter case in an infant, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**B.** Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Cronobacter outbreak in infants; and
2. For each Cronobacter outbreak in infants, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Renumbered from R9-6-723 and amended effective October 19, 1993 (Supp. 93-4). Section R9-6-330 renumbered to R9-6-333; new Section R9-6-330 renumbered from R9-6-327 effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-330 repealed; new R9-6-330 renumbered from R9-6-323 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-330 renumbered to R9-6-332; new R9-6-330 renumbered from R9-6-328 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-330 renumbered from R9-6-324 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-330 renumbered to R9-6-335; new Section R9-6-330 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-331. Cryptosporidiosis**

**A.** Case control measures: A local health agency shall:

1. Exclude a cryptosporidiosis case or suspect case with diarrhea from:
  - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved; and
  - b. Using an aquatic venue for two weeks after diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported cryptosporidiosis case or suspect case; and
3. For each cryptosporidiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**B.** Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each facility or location regulated under 9 A.A.C. 8 that is associated with an outbreak of cryptosporidiosis.

**Historical Note**

Renumbered from R9-6-724 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-331 renumbered to R9-6-334; new Section R9-6-331 renumbered from R9-6-328 effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-331 renumbered to R9-6-339; new R9-6-331 renumbered from R9-6-324 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-331 renumbered to R9-6-333; new R9-6-331 renumbered from R9-6-329 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-331 renumbered to R9-6-336;

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new Section R9-6-331 renumbered from R9-6-325 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-331 renumbered to R9-6-336; new Section R9-6-331 renumbered from R9-6-326 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-332. Cyclospora Infection**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported *Cyclospora* infection case or suspect case; and
2. For each *Cyclospora* infection case submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-725 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-332 renumbered to R9-6-335; new Section R9-6-332 renumbered from R9-6-329 effective April 4, 1997 (Supp. 97-2). Former R9-6-332 repealed; new R9-6-332 renumbered from R9-6-334 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-332 renumbered to R9-6-334; new R9-6-332 renumbered from R9-6-330 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-332 renumbered to R9-6-338; new Section R9-6-332 renumbered from R9-6-326 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-332 renumbered to R9-6-337; new Section R9-6-332 renumbered from R9-6-327 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-333. Cysticercosis**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported cysticercosis case or suspect case; and
2. For each cysticercosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-726 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-333 renumbered to R9-6-336; new Section R9-6-333 renumbered from R9-6-330 effective April 4, 1997 (Supp. 97-2). Former R9-6-333 renumbered to R9-6-341; new R9-6-333 renumbered from R9-6-325 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-333 renumbered to R9-6-335; new R9-6-333 renumbered from R9-6-331 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-333 renumbered to R9-6-339; new Section R9-6-333 renumbered from R9-6-327 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-333 renumbered to R9-6-338; new Section R9-6-333 renumbered from R9-6-328 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-334. Dengue**

A. Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a dengue case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported dengue case or suspect case;
3. For each dengue case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that each dengue case is provided with health education that includes measures to:
  - a. Avoid mosquito bites, and
  - b. Reduce mosquito breeding sites.

B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each dengue case or suspect case and implement vector control measures as necessary.

**Historical Note**

Renumbered from R9-6-727 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-334 renumbered to R9-6-337; new Section R9-6-334 renumbered from R9-6-331 effective April 4, 1997 (Supp. 97-2). Former R9-6-334 renumbered to R9-6-332; new R9-6-334 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-334 renumbered to R9-6-336; new R9-6-334 renumbered from R9-6-332 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-334 renumbered to R9-6-340; new Section R9-6-334 renumbered from R9-6-328 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-334 renumbered to R9-6-339; new Section R9-6-334 renumbered from R9-6-329 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-335. Diarrhea, Nausea, or Vomiting**

A. Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported outbreak of diarrhea, nausea, or vomiting;
2. Submit to the Department the information required under R9-6-206(E); and
3. Exclude each case that is part of an outbreak of diarrhea, nausea, or vomiting from:
  - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
    - i. Diarrhea and vomiting have resolved, or
    - ii. The local health agency has determined that the case is unlikely to infect other individuals; and
  - b. Using an aquatic venue for two weeks after diarrhea has resolved.

B. Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each facility or location regulated under 9 A.A.C. 8 that is associated with an outbreak of diarrhea, nausea, or vomiting.

**Historical Note**

Renumbered from R9-6-728 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-335 renumbered to R9-6-338; new Section R9-6-335

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renumbered from R9-6-332 effective April 4, 1997 (Supp. 97-2). Former R9-6-335 renumbered to R9-6-342; new R9-6-335 renumbered from R9-6-326 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-335 renumbered to R9-6-337; new R9-6-335 renumbered from R9-6-333 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-335 renumbered to R9-6-341; new Section R9-6-335 renumbered from R9-6-329 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-335 renumbered to R9-6-340; new Section R9-6-335 renumbered from R9-6-330 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-336. Diphtheria****A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
  - a. Isolate and institute droplet precautions for a pharyngeal diphtheria case or suspect case until two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from nose and throat specimens collected from the case or suspect case at least 24 hours apart and at least 24 hours after cessation of treatment; and
  - b. Isolate and institute contact precautions for a cutaneous diphtheria case or suspect case until two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from skin specimens collected from the case or suspect case at least 24 hours apart and at least 24 hours after cessation of treatment.
2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a diphtheria case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported diphtheria case or suspect case; and
  - c. For each diphtheria case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**B. Contact control measures: A local health agency shall:**

1. Exclude each diphtheria contact from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a school or child care establishment until a set of cultures negative for *Corynebacterium diphtheriae* is obtained from the contact's nose and throat specimens;
2. In consultation with the Department, quarantine a contact of a diphtheria case, if indicated, until two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from nose and throat specimens collected from the contact at least 24 hours apart;
3. Offer each previously immunized diphtheria contact prophylaxis and a vaccine containing diphtheria toxoid; and
4. Offer each unimmunized diphtheria contact prophylaxis and the primary vaccine series.

**Historical Note**

Renumbered from R9-6-729 and amended effective

October 19, 1993 (Supp. 93-4). Former Section R9-6-336 renumbered to R9-6-339; new Section R9-6-336 renumbered from R9-6-333 effective April 4, 1997 (Supp. 97-2). Former R9-6-336 renumbered to R9-6-343; new R9-6-336 renumbered from R9-6-327 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-336 renumbered to R9-6-338; new R9-6-336 renumbered from R9-6-334 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-336 renumbered to R9-6-342; new Section R9-6-336 renumbered from R9-6-331 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-336 renumbered to R9-6-341; new Section R9-6-336 renumbered from R9-6-331 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-337. Ehrlichiosis**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported ehrlichiosis case or suspect case; and
2. For each ehrlichiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-730 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-337 renumbered to R9-6-340; new Section R9-6-337 renumbered from R9-6-334 effective April 4, 1997 (Supp. 97-2). Former R9-6-337 renumbered to R9-6-344; new R9-6-337 renumbered from R9-6-328 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-337 renumbered to R9-6-339; new R9-6-337 renumbered from R9-6-335 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-337 renumbered to R9-6-343; new Section R9-6-337 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-337 renumbered to R9-6-342; new Section R9-6-337 renumbered from R9-6-332 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-338. Emerging or Exotic Disease**

**A. Case control measures: A local health agency shall:**

1. Upon receiving a report under R9-6-202 or R9-6-203 of an emerging or exotic disease case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. In consultation with the Department, isolate an emerging or exotic disease case or suspect case as necessary to prevent transmission;
3. Conduct an epidemiologic investigation of each reported emerging or exotic disease case or suspect case; and
4. For each emerging or exotic disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**B. Contact control measures: A local health agency, in consultation with the Department, shall quarantine or exclude an emerging or exotic disease contact as necessary, according to R9-6-303, to prevent transmission.**

**Historical Note**

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Renumbered from R9-6-731 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-338 renumbered to R9-6-341; new Section R9-6-338 renumbered from R9-6-335 effective April 4, 1997 (Supp. 97-2). Former R9-6-338 renumbered to R9-6-346; new R9-6-338 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-338 renumbered to R9-6-340; new R9-6-338 renumbered from R9-6-336 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-338 renumbered to R9-6-344; new Section R9-6-338 renumbered from R9-6-332 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 29 A.A.R. 1890 (August 25, 2023), with an immediate effective date of August 2, 2023 (Supp. 23-3). Section R9-6-338 renumbered to R9-6-343; new Section R9-6-338 renumbered from R9-6-333 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-339. Encephalitis, Viral or Parasitic**

Case control measures: A local health agency shall:

1. Upon receiving a report of encephalitis under R9-6-202, notify the Department:
  - a. For a case or suspect case of parasitic encephalitis, within 24 hours after receiving the report and provide to the Department the information contained in the report; and
  - b. For a case or suspect case of viral encephalitis, within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported viral or parasitic encephalitis case or suspect case; and
3. For each encephalitis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-732 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-339 renumbered to R9-6-342; new Section R9-6-339 renumbered from R9-6-336 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-339 renumbered to R9-6-347; new R9-6-339 renumbered from R9-6-331 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-339 renumbered to R9-6-341; new R9-6-339 renumbered from R9-6-337 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-339 renumbered to R9-6-345; new Section R9-6-339 renumbered from R9-6-333 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-339 renumbered to R9-6-344; new Section R9-6-339 renumbered from R9-6-334 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-340. *Escherichia coli*, Shiga Toxin-producing**

A. Case control measures: A local health agency shall:

1. Upon receiving a report of a Shiga toxin-producing *Escherichia coli* case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;

2. Exclude a Shiga toxin-producing *Escherichia coli* case or suspect case with diarrhea from:
  - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
    - i. Two successive stool specimens, collected from the Shiga toxin-producing *Escherichia coli* case or suspect case at least 24 hours apart, are negative for Shiga toxin-producing *Escherichia coli*;
    - ii. Diarrhea has resolved; or
    - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
  - b. Using an aquatic venue for two weeks after diarrhea has resolved;
3. Conduct an epidemiologic investigation of each reported Shiga toxin-producing *Escherichia coli* case or suspect case; and
4. For each Shiga toxin-producing *Escherichia coli* case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Environmental control measures: A local health agency shall:

1. If an animal located in a private residence is suspected to be the source of infection for a Shiga toxin-producing *Escherichia coli* case or outbreak, provide health education for the animal's owner about Shiga toxin-producing *Escherichia coli* and the risks of becoming infected with Shiga toxin-producing *Escherichia coli*; and
2. If an animal located in a setting other than a private residence is suspected to be the source of infection for a Shiga toxin-producing *Escherichia coli* case or outbreak:
  - a. Provide health education for the animal's owner about Shiga toxin-producing *Escherichia coli* and the risks of becoming infected with Shiga toxin-producing *Escherichia coli*, and
  - b. Require the animal's owner to provide information to individuals with whom the animal may come into contact about Shiga toxin-producing *Escherichia coli* and methods to reduce the risk of transmission.

**Historical Note**

Renumbered from R9-6-733 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-340 renumbered to R9-6-343; new Section R9-6-340 renumbered from R9-6-337 effective April 4, 1997 (Supp. 97-2). Former R9-6-340 renumbered to R9-6-348; new R9-6-340 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-340 renumbered to R9-6-343; new R9-6-340 renumbered from R9-6-338 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-340 renumbered to R9-6-346; new Section R9-6-340 renumbered from R9-6-334 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-340 renumbered to R9-6-345; new Section R9-6-340 renumbered from R9-6-335 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-341. Giardiasis**

Case control measures: A local health agency shall:

1. Exclude a giardiasis case or suspect case with diarrhea from:

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- a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
  - i. Treatment for giardiasis is initiated and diarrhea has resolved, or
  - ii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
- b. Using an aquatic venue for two weeks after diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported giardiasis case or suspect case; and
3. For each giardiasis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-734 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-341 renumbered to R9-6-344; new Section R9-6-341 renumbered from R9-6-338 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-341 renumbered to R9-6-349; new R9-6-341 renumbered from R9-6-333 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-341 renumbered to R9-6-344; new R9-6-341 renumbered from R9-6-339 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-341 renumbered to R9-6-347; new Section R9-6-341 renumbered from R9-6-335 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-341 renumbered to R9-6-346; new Section R9-6-341 renumbered from R9-6-336 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-342. Glanders**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a glanders case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported glanders case or suspect case;
3. For each glanders case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that an isolate or a specimen, as available, from each glanders case or suspect case is submitted to the Arizona State Laboratory.

**Historical Note**

Renumbered from R9-6-735 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-342 renumbered to R9-6-345; new Section R9-6-342 renumbered from R9-6-339 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-342 renumbered to R9-6-350; new R9-6-342 renumbered from R9-6-335 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-342 renumbered to R9-6-345; new R9-6-342 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-342 renumbered to R9-6-348; new Section R9-6-342 renumbered from R9-6-336 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-342

renumbered to R9-6-347; new Section R9-6-342 renumbered from R9-6-337 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-343. Gonorrhea****A. Case control measures:**

1. For the prevention of gonorrheal ophthalmia, a physician, physician assistant, registered nurse practitioner, or midwife attending the birth of an infant in this state shall treat the eyes of the infant immediately after the birth with one of the following, unless treatment is refused by the parent or guardian:
  - a. Erythromycin ophthalmic ointment 0.5%; or
  - b. If erythromycin ophthalmic ointment is not available, another appropriate antibiotic.
2. A local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for a gonorrhea case that seeks treatment from the local health agency.

- B. Contact control measures:** If an individual who may have been exposed to gonorrhea through sexual contact with a gonorrhea case seeks treatment for symptoms of gonorrhea from a local health agency, the local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for the individual.

**Historical Note**

Renumbered from R9-6-736 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-343 renumbered to R9-6-346; new Section R9-6-343 renumbered from R9-6-340 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-343 renumbered to R9-6-351; new R9-6-343 renumbered from R9-6-336 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-343 renumbered to R9-6-346; new R9-6-343 renumbered from R9-6-340 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-343 renumbered from R9-6-337 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-343 renumbered to R9-6-348; new Section R9-6-343 renumbered from R9-6-338 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-344. *Haemophilus influenzae*: Invasive Disease****A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a *Haemophilus influenzae* meningitis or epiglottitis case or suspect case for 24 hours after the initiation of treatment.
2. A local health agency shall:
  - a. Upon receiving a report of a *Haemophilus influenzae* invasive disease case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported *Haemophilus influenzae* invasive disease case or suspect case; and

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- c. For each *Haemophilus influenzae* invasive disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

- B. Contact control measures: A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a *Haemophilus influenzae* invasive disease case and, if indicated, shall provide or arrange for each contact to receive immunization or treatment.

**Historical Note**

Renumbered from R9-6-737 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-344 renumbered to R9-6-347; new Section R9-6-344 renumbered from R9-6-341 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-344 renumbered to R9-6-352; new R9-6-344 renumbered from R9-6-337 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-344 renumbered to R9-6-347; new R9-6-344 renumbered from R9-6-341 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-344 renumbered to R9-6-349; new Section R9-6-344 renumbered from R9-6-338 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-344 renumbered to R9-6-349; new Section R9-6-344 renumbered from R9-6-339 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-345. Hansen's Disease (Leprosy)**

- A. Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported Hansen's disease case or suspect case; and
  2. For each Hansen's disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B. Contact control measures: In consultation with the Department, a local health agency shall examine contacts of a Hansen's disease case, if indicated, for signs and symptoms of leprosy at six-to-twelve month intervals for five years after the last exposure to an infectious case.

**Historical Note**

Renumbered from R9-6-738 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-345 renumbered to R9-6-348; new Section R9-6-345 renumbered from R9-6-342 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-345 renumbered to R9-6-353; new R9-6-345 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-345 renumbered to R9-6-348; new R9-6-345 renumbered from R9-6-342 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-345 renumbered to R9-6-350; new Section R9-6-345 renumbered from R9-6-339 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-345 renumbered to R9-6-350; new Section R9-6-345 renumbered from R9-6-340 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-346. Hantavirus Infection**

- A. Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a hantavirus infection case or suspect case, notify the Department

within one working day after receiving the report and provide to the Department the information contained in the report;

2. Ensure that a hantavirus infection case or, if the case is a child or incapacitated adult, the parent or guardian of the case receives health education about reducing the risks of becoming reinfected with or of having others become infected with hantavirus;
  3. Conduct an epidemiologic investigation of each reported hantavirus infection case or suspect case; and
  4. For each hantavirus infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B. Environmental control measures: A local health agency shall conduct an environmental assessment for each hantavirus infection case or suspect case.

**Historical Note**

Renumbered from R9-6-739 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-346 renumbered to R9-6-349; new Section R9-6-346 renumbered from R9-6-343 effective April 4, 1997 (Supp. 97-2). Former R9-6-346 renumbered to R9-6-354; new R9-6-346 renumbered from R9-6-338 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-346 renumbered to R9-6-349; new R9-6-346 renumbered from R9-6-343 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-346 renumbered to R9-6-351; new Section R9-6-346 renumbered from R9-6-340 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-346 renumbered to R9-6-351; new Section R9-6-346 renumbered from R9-6-341 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-347. Hemolytic Uremic Syndrome**

- A. Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a hemolytic uremic syndrome case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  2. Conduct an epidemiologic investigation of each reported hemolytic uremic syndrome case or suspect case; and
  3. For each hemolytic uremic syndrome case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B. Contact control measures: A local health agency shall exclude a hemolytic uremic syndrome contact with diarrhea of unknown cause from working as a food handler until diarrhea has resolved.

**Historical Note**

Renumbered from R9-6-740 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-347 renumbered to R9-6-350; new Section R9-6-347 renumbered from R9-6-344 effective April 4, 1997 (Supp. 97-2). Former R9-6-347 renumbered to R9-6-355; new R9-6-347 renumbered from R9-6-339 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-347 renumbered to R9-6-350; new R9-6-347 renumbered from R9-6-344 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-347

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renumbered to R9-6-352; new Section R9-6-347 renumbered from R9-6-341 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-347 renumbered to R9-6-352; new Section R9-6-347 renumbered from R9-6-342 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-348. Hepatitis A****A. Case control measures:** A local health agency shall:

1. Upon receiving a report of a hepatitis A case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Exclude a hepatitis A case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
3. Conduct an epidemiologic investigation of each reported hepatitis A case or suspect case; and
4. For each hepatitis A case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**B. Contact control measures:** A local health agency shall:

1. Exclude a hepatitis A contact with symptoms of hepatitis A from working as a food handler during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
2. For 45 calendar days after exposure, monitor a food handler who was a contact of a hepatitis A case during the infectious period for symptoms of hepatitis A; and
3. Evaluate the level of risk of transmission from each contact's exposure to a hepatitis A case and, if indicated, provide or arrange for each contact to receive prophylaxis and immunization.

**Historical Note**

Renumbered from R9-6-741 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-348 renumbered to R9-6-351; new Section R9-6-348 renumbered from R9-6-345 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-348 renumbered to R9-6-356; new R9-6-348 renumbered from R9-6-340 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-348 renumbered to R9-6-352; new R9-6-348 renumbered from R9-6-345 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-348 renumbered to R9-6-353; new Section R9-6-348 renumbered from R9-6-342 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-348 renumbered to R9-6-353; new Section R9-6-348 renumbered from R9-6-343 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-349. Hepatitis B and Hepatitis D****A. Case control measures:**

1. A local health agency shall:
  - a. Evaluate a health care provider identified as the source of hepatitis B virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated;

- b. Conduct an epidemiologic investigation of each reported case or suspect case of hepatitis B or hepatitis B co-infected with hepatitis D; and
    - c. For each acute case of hepatitis B or hepatitis B co-infected with hepatitis D or case of perinatal hepatitis B, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
  2. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of hepatitis B, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
- B. Contact control measures:** A local health agency shall:
1. Refer each non-immune hepatitis B contact to a health care provider for prophylaxis and initiation of the hepatitis B vaccine series, and
  2. Provide health education related to the progression of hepatitis B disease and the prevention of transmission of hepatitis B infection to each non-immune hepatitis B contact.

**Historical Note**

Renumbered from R9-6-742 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-349 renumbered to R9-6-352; new Section R9-6-349 renumbered from R9-6-346 effective April 4, 1997 (Supp. 97-2). Former R9-6-349 renumbered to R9-6-357; new R9-6-349 renumbered from R9-6-341 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-349 renumbered to R9-6-353; new R9-6-349 renumbered from R9-6-346 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-349 renumbered to R9-6-354; new Section R9-6-349 renumbered from R9-6-344 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-349 renumbered to R9-6-354; new Section R9-6-349 renumbered from R9-6-344 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-350. Hepatitis C****Outbreak control measures:** A local health agency shall:

1. Conduct an epidemiologic investigation of each reported hepatitis C outbreak;
2. For each hepatitis C outbreak, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(E);
3. Evaluate a health care provider identified as the source of hepatitis C virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated; and
4. Ensure that health education related to the progression of hepatitis C disease and the prevention of transmission of hepatitis C infection is provided to each individual who may have been exposed to hepatitis C during the outbreak.

**Historical Note**

Renumbered from R9-6-743 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-350 renumbered to R9-6-353; new Section R9-6-350 renumbered from R9-6-347 effective April 4, 1997 (Supp. 97-2). Former R9-6-350 renumbered to R9-6-358; new R9-6-350 renumbered from R9-6-342 and amended by final rulemaking at 10 A.A.R. 3559, effective October

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2, 2004 (Supp. 04-3). Former R9-6-350 renumbered to R9-6-355; new R9-6-350 renumbered from R9-6-347 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-350 renumbered to R9-6-355; new Section R9-6-350 renumbered from R9-6-345 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-350 renumbered to R9-6-355; new Section R9-6-350 renumbered from R9-6-345 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-351. Hepatitis E**

Case control measures: A local health agency shall:

1. Exclude a hepatitis E case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
2. Conduct an epidemiologic investigation of each reported hepatitis E case or suspect case; and
3. For each hepatitis E case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-744 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-351 renumbered to R9-6-354; new Section R9-6-351 renumbered from R9-6-348 effective April 4, 1997 (Supp. 97-2). Former R9-6-351 renumbered to R9-6-359; new R9-6-351 renumbered from R9-6-343 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-351 renumbered to R9-6-356; new R9-6-351 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-351 renumbered to R9-6-356; new Section R9-6-351 renumbered from R9-6-346 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-351 renumbered to R9-6-356; new Section R9-6-351 renumbered from R9-6-346 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-352. HIV Infection and Related Disease**

A. Case control measures:

1. A local health agency shall:
  - a. Conduct an epidemiologic investigation, including a review of medical records, of each reported HIV-infected individual or suspect case; and
  - b. For each HIV-infected individual, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
2. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of HIV infection, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
3. The Department and a local health agency shall offer HIV-testing to an individual.

B. Contact control measures: The Department or the Department's designee shall confidentially notify an individual reported to be at risk for HIV infection under A.R.S. § 36-664(I) as specified in R9-6-1006(A).

C. Environmental control measures: An employer, as defined under A.R.S. § 23-401, or health care provider shall comply

with the requirements specified in A.R.S. § 23-403 and A.A.C. R20-5-602.

**Historical Note**

Renumbered from R9-6-745 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-352 renumbered to R9-6-355; new Section R9-6-352 renumbered from R9-6-349 effective April 4, 1997 (Supp. 97-2). Former R9-6-352 renumbered to R9-6-360; new R9-6-352 renumbered from R9-6-344 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-352 renumbered to R9-6-357; new R9-6-352 renumbered from R9-6-348 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-352 renumbered to R9-6-357; new Section R9-6-352 renumbered from R9-6-347 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-352 renumbered to R9-6-357; new Section R9-6-352 renumbered from R9-6-347 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-353. Influenza-Associated Mortality in a Child**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a case or suspect case of an influenza-associated death of a child, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported case or suspect case of influenza-associated mortality in a child; and
3. For each case of influenza-associated mortality in a child, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-746 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-353 renumbered to R9-6-356; new Section R9-6-353 renumbered from R9-6-350 effective April 4, 1997 (Supp. 97-2). Former R9-6-353 renumbered to R9-6-361; new R9-6-353 renumbered from R9-6-345 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-353 renumbered to R9-6-358; new R9-6-353 renumbered from R9-6-349 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-353 renumbered to R9-6-359; new Section R9-6-353 renumbered from R9-6-348 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-353 renumbered to R9-6-358; new Section R9-6-353 renumbered from R9-6-348 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-354. Legionellosis (Legionnaires' Disease)**

A. Case control measures: A local health agency shall:

1. Upon receiving a report of a legionellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported legionellosis case or suspect case; and



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3. For each legionellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**B. Environmental control measures:** The owner of a water, cooling, or ventilation system or equipment that is determined by the Department or a local health agency to be associated with a case of *Legionella* infection shall comply with the environmental control measures recommended by the Department or local health agency to prevent the exposure of other individuals.

**Historical Note**

Renumbered from R9-6-748 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-354 renumbered to R9-6-357; new Section R9-6-354 renumbered from R9-6-351 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-354 renumbered to R9-6-362; new R9-6-354 renumbered from R9-6-346 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-354 renumbered to R9-6-359; new R9-6-354 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-354 renumbered to R9-6-360; new Section R9-6-354 renumbered from R9-6-349 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-354 renumbered to R9-6-359; new Section R9-6-354 renumbered from R9-6-349 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-355. Leptospirosis**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a leptospirosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported leptospirosis case or suspect case; and
3. For each leptospirosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-749 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-355 renumbered to R9-6-358; new Section R9-6-355 renumbered from R9-6-352 effective April 4, 1997 (Supp. 97-2). Former R9-6-355 renumbered to R9-6-363; new R9-6-355 renumbered from R9-6-347 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-355 renumbered to R9-6-360; new R9-6-355 renumbered from R9-6-350 by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-355 renumbered to R9-6-362; new Section R9-6-355 renumbered from R9-6-350 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-355 renumbered to R9-6-360; new Section R9-6-355 renumbered from R9-6-350 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-356. Listeriosis**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a listeriosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported listeriosis case or suspect case;
3. For each listeriosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. In consultation with the Department, ensure that an isolate or a specimen, as available, from each listeriosis case is submitted to the Arizona State Laboratory.

**Historical Note**

Former Section R9-6-115, Paragraph (38), renumbered and amended as R9-6-750 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-750 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-356 renumbered to R9-6-360; new Section R9-6-356 renumbered from R9-6-353 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-356 renumbered to R9-6-365; new R9-6-356 renumbered from R9-6-348 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-356 renumbered to R9-6-361; new R9-6-356 renumbered from R9-6-351 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-356 renumbered to R9-6-363; new Section R9-6-356 renumbered from R9-6-351 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-356 renumbered to R9-6-361; new Section R9-6-356 renumbered from R9-6-351 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-357. Lyme Disease**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Lyme disease case or suspect case; and
2. For each Lyme disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Former Section R9-6-357 renumbered to R9-6-361; new Section R9-6-357 renumbered from R9-6-354 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-357 repealed; new R9-6-357 renumbered from R9-6-349 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-357 renumbered to R9-6-362; new R9-6-357 renumbered from R9-6-352 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-357 renumbered to R9-6-364; new Section R9-6-357 renumbered from R9-6-352 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-357 renumbered to R9-6-362; new Section R9-6-357 renumbered from R9-6-352 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-358. Lymphocytic Choriomeningitis**

Case control measures: A local health agency shall:

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1. Upon receiving a report under R9-6-202 of a lymphocytic choriomeningitis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported lymphocytic choriomeningitis case or suspect case; and
3. For each lymphocytic choriomeningitis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Former Section R9-6-115, Paragraph (39), renumbered and amended as R9-6-751 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-751 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-358 renumbered to R9-6-362; new Section R9-6-358 renumbered from R9-6-355 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-358 renumbered to R9-6-367; new R9-6-358 renumbered from R9-6-350 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-358 renumbered to R9-6-363; new R9-6-358 renumbered from R9-6-353 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-358 renumbered to R9-6-365; new Section R9-6-358 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-358 renumbered to R9-6-363; new Section R9-6-358 renumbered from R9-6-353 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-359. Malaria**

- A.** Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported malaria case or suspect case; and
  2. For each malaria case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each malaria case or suspect case and implement vector control measures as necessary.

**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-752 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-359 renumbered to R9-6-363; new Section R9-6-359 adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-359 repealed; new R9-6-359 renumbered from R9-6-351 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-359 renumbered to R9-6-364; new R9-6-359 renumbered from R9-6-354 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-359 renumbered to R9-6-366; new Section R9-6-359 renumbered from R9-6-353 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-359 renumbered to R9-6-366; new Section R9-6-359 renumbered from R9-6-354 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025),

effective June 2, 2025 (Supp. 25-2).

**R9-6-360. Measles (Rubeola)****A.** Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
  - a. Exclude a measles case from the school or child care establishment and from school- or child-care-establishment-sponsored events from the onset of illness through the fourth calendar day after the rash appears; and
  - b. Exclude a measles suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until the local health agency has determined that the suspect case is unlikely to infect other individuals.
2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute airborne precautions for a measles case from onset of illness through the fourth calendar day after the rash appears.
3. An administrator of a health care institution, either personally or through a representative, shall exclude a measles:
  - a. Case from working at the health care institution from the onset of illness through the fourth calendar day after the rash appears; and
  - b. Suspect case from working at the health care institution until the local health agency has determined that the suspect case may return to work.
4. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 or R9-6-203 of a measles case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported measles case or suspect case;
  - c. For each measles case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  - d. In consultation with the Department, ensure that one or more specimens from each measles case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the measles control measures recommended by a local health agency or the Department.

**B.** Contact control measures:

1. When a measles case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
  - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment; and
  - b. Comply with the local health agency's recommendations for exclusion.
2. A local health agency shall:
  - a. Determine which measles contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and

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- b. Provide or arrange for immunization of each non-immune measles contact within 72 hours after last exposure, if possible.
3. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a measles case or suspect case unless the worker is able to provide evidence of immunity to measles through one of the following:
  - a. A record of immunization against measles with two doses of live virus vaccine given on or after the first birthday and at least one month apart;
  - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to measles; or
  - c. Documentary evidence of birth before January 1, 1957.

**Historical Note**

Former Section R9-6-115, Paragraph (40), renumbered and amended as R9-6-753 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-753 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-360 renumbered to R9-6-364; new Section R9-6-360 renumbered from R9-6-356 and amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-360 renumbered to R9-6-368; new R9-6-360 renumbered from R9-6-352 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-360 renumbered to R9-6-365; new R9-6-360 renumbered from R9-6-355 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-360 renumbered to R9-6-367; new Section R9-6-360 renumbered from R9-6-354 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section R9-6-360 renumbered to R9-6-368; new Section R9-6-360 renumbered from R9-6-355 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-361. Melioidosis**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a melioidosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported melioidosis case or suspect case;
3. For each melioidosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. In consultation with the Department, ensure that an isolate or a specimen, as available, from each melioidosis case or suspect case is submitted to the Arizona State Laboratory.

**Historical Note**

Former Section R9-6-115, Paragraph (41), renumbered and amended as R9-6-754 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-754 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-361 renumbered to R9-6-365; new Section R9-6-361 renumbered from R9-6-357 effective April 4, 1997

(Supp. 97-2). Former R9-6-361 renumbered to R9-6-369; new R9-6-361 renumbered from R9-6-353 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-361 renumbered to R9-6-366; new R9-6-361 renumbered from R9-6-356 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-361 renumbered to R9-6-368; new Section R9-6-361 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 29 A.A.R. 1890 (August 25, 2023), with an immediate effective date of August 2, 2023 (Supp. 23-3). Section R9-6-361 renumbered to R9-6-369; new Section R9-6-361 renumbered from R9-6-356 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-362. Meningococcal Invasive Disease****A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a meningococcal invasive disease case for 24 hours after the initiation of treatment.
2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 or R9-6-203 of a meningococcal invasive disease case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported meningococcal invasive disease case or suspect case;
  - c. For each meningococcal invasive disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  - d. In consultation with the Department, ensure that an isolate or a specimen, as available, from each meningococcal invasive disease case is submitted to the Arizona State Laboratory.

- B. Contact control measures:** A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a meningococcal invasive disease case and, if indicated, provide or arrange for each contact to receive prophylaxis.

**Historical Note**

Former Section R9-6-115, Paragraph (42), renumbered and amended as R9-6-755 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-755 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-362 renumbered to R9-6-366; new Section R9-6-362 renumbered from R9-6-358 effective April 4, 1997 (Supp. 97-2). Former R9-6-362 renumbered to R9-6-370; new R9-6-362 renumbered from R9-6-354 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-362 renumbered to R9-6-367; new R9-6-362 renumbered from R9-6-357 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-362 renumbered to R9-6-369; new Section R9-6-362 renumbered from R9-6-355 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 29 A.A.R. 1890 (August 25, 2023), with an immediate effective date of August 2, 2023 (Supp. 23-3). Section

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R9-6-362 renumbered to R9-6-371; new Section R9-6-362 renumbered from R9-6-357 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

### R9-6-363. Methicillin-resistant *Staphylococcus aureus* (MRSA)

#### A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution transferring a known methicillin-resistant *Staphylococcus aureus* case with active infection to another health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correctional facility is informed that the patient is a known methicillin-resistant *Staphylococcus aureus* case.
2. If a known methicillin-resistant *Staphylococcus aureus* case with active infection is being transferred from a correctional facility to another correctional facility or to a health care institution, an administrator of the correctional facility, either personally or through a representative, shall ensure that the receiving correctional facility or health care institution is informed that the individual is a known methicillin-resistant *Staphylococcus aureus* case.

#### B. Outbreak control measures:

1. A local health agency, in consultation with the Department, shall:
  - a. Conduct an epidemiologic investigation of each reported outbreak of methicillin-resistant *Staphylococcus aureus* in a health care institution or correctional facility; and
  - b. For each outbreak of methicillin-resistant *Staphylococcus aureus* in a health care institution or correctional facility, submit to the Department the information required under R9-6-206(E).
2. When an outbreak of methicillin-resistant *Staphylococcus aureus* occurs in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, either personally or through a representative, shall comply with the control measures recommended by a local health agency or the Department.

#### Historical Note

Former Section R9-6-115, Paragraph (43), renumbered and amended as R9-6-756 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-756 and amended effective October 19, 1993 (Supp. 93-4). Section R9-6-363 renumbered to R9-6-367; new Section R9-6-363 renumbered from R9-6-359 effective April 4, 1997 (Supp. 97-2). Former R9-6-363 renumbered to R9-6-371; new R9-6-363 renumbered from R9-6-355 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-363 renumbered to R9-6-368; new R9-6-363 renumbered from R9-6-358 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-363 renumbered from R9-6-356 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-363 renumbered to R9-6-372; new Section R9-6-363 renumbered from R9-6-358 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective

June 2, 2025 (Supp. 25-2).

### R9-6-364. Middle East Respiratory Syndrome (MERS)

#### A. Case control measures:

1. In consultation with the Department, or the applicable local health agency, a diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a Middle East Respiratory Syndrome (MERS) case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner or otherwise advised by the Department or the applicable local health agency.
2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a MERS case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a hospitalized MERS case or suspect case to prevent transmission, unless otherwise advised by the Department;
  - c. Conduct an epidemiologic investigation of each reported MERS case or suspect case, unless otherwise advised by the Department; and
  - d. For each MERS case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

- B.** Contact control measures: A local health agency, in consultation with the Department, shall determine which MERS contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission.

#### Historical Note

Former Section R9-6-115, Paragraph (44), renumbered and amended as R9-6-757 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-757 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-364 renumbered to R9-6-368; new Section R9-6-364 renumbered from R9-6-360 effective April 4, 1997 (Supp. 97-2). Former R9-6-364 renumbered to R9-6-372; new R9-6-364 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-364 renumbered to R9-6-369; new R9-6-364 renumbered from R9-6-359 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-364 repealed; new Section R9-6-364 renumbered from R9-6-357 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-364 renumbered to R9-6-373; new Section R9-6-364 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

### R9-6-365. Mpox

#### A. Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported mpox case or suspect case;
2. As part of the epidemiologic investigation, provide education to a mpox case, including:
  - a. A description of the disease or syndrome caused by the Monkeypox virus, the symptoms of mpox, treatment options, and how mpox is passed to others; and
  - b. Risk reduction strategies for preventing re-infection;

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3. For each mpox case, submit to the Department, as specified in Table 2.4, the information required under R9-206(D); and
  4. For each mpox case seeking care at the local health agency, either provide care to the mpox case or refer the mpox case to another facility for treatment or services.
- B.** Contact control measures: A local health agency shall:
1. Notify a contact named by a mpox case of the exposure;
  2. Provide education about the mpox to the contact; and
  3. Provide recommendations for prevention of mpox to the contact.
- C.** Outbreak control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported outbreak of mpox; and
  2. For each outbreak of mpox, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Former Section R9-6-115, Paragraph (4), renumbered and amended as R9-6-758 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-758 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-365 renumbered to R9-6-372; new Section R9-6-365 renumbered from R9-6-361 effective April 4, 1997 (Supp. 97-2). Former R9-6-365 renumbered to R9-6-373; new R9-6-365 renumbered from R9-6-356 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-365 renumbered to R9-6-370; new R9-6-365 renumbered from R9-6-360 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-365 renumbered to R9-6-371; new Section R9-6-365 renumbered from R9-6-358 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-365 renumbered to R9-6-374; new Section R9-6-365 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-366. Mumps****A.** Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
  - a. Exclude a mumps case from the school or child care establishment for five calendar days after the onset of glandular swelling; and
  - b. Exclude a mumps suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions with a mumps case for five calendar days after the onset of glandular swelling.
3. An administrator of a health care institution, either personally or through a representative, shall exclude a mumps:
  - a. Case from working at the health care institution for five calendar days after the onset of glandular swelling; and
  - b. Suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.

4. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 or R9-6-203 of a mumps case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported mumps case or suspect case;
  - c. For each mumps case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  - d. In consultation with the Department, ensure that one or more specimens from each mumps case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the mumps control measures recommended by a local health agency or the Department.

**B.** Contact control measures:

1. When a mumps case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
  - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
  - b. Comply with the local health agency's recommendations for exclusion.
2. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a mumps case or suspect case unless the worker is able to provide evidence of immunity to mumps through one of the following:
  - a. A record of immunization against mumps with two doses of live virus vaccine given on or after the first birthday and at least one month apart; or
  - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to mumps.
3. A local health agency shall determine which mumps contacts will be:
  - a. Quarantined or excluded, according to R9-6-303, to prevent transmission; and
  - b. Advised to obtain an immunization against mumps.

**Historical Note**

Former Section R9-6-115, Paragraph (46), renumbered and amended as R9-6-759 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-759 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-366 renumbered to R9-6-374; new Section R9-6-366 renumbered from R9-6-362 effective April 4, 1997 (Supp. 97-2). Former R9-6-366 renumbered to R9-6-374; new R9-6-366 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-366 renumbered to R9-6-371; new R9-6-366 renumbered from R9-6-361 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-366 renumbered to R9-6-372;

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new Section R9-6-366 renumbered from R9-6-359 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-366 renumbered to R9-6-375; new Section R9-6-366 renumbered from R9-6-359 amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-367. *Mycoplasma genitalium* Infection**

- A.** Case control measures: A local health agency shall:
1. Offer or arrange for treatment for each *Mycoplasma genitalium* infection case that seeks treatment from the local health agency;
  2. Provide education to the *Mycoplasma genitalium* infection case about *Mycoplasma genitalium* that includes a description of *Mycoplasma genitalium* infection, symptoms, treatment options, measures to prevent transmission and re-infection, and the confidential nature of test results and services; and
  3. Inform the *Mycoplasma genitalium* infection case about the importance of notifying sexual contacts and the options for notification.
- B.** Contact control measures: A local health agency shall:
1. Offer or arrange for treatment for any contact of a *Mycoplasma genitalium* infection case that seeks care at the local health agency; and
  2. Provide education to a contact of a *Mycoplasma genitalium* infection case that includes a description of *Mycoplasma genitalium* infection, symptoms, treatment options, measures to prevent transmission and re-infection, and the confidential nature of test results and services.

**Historical Note**

Section R9-6-367 renumbered from R9-6-363 effective April 4, 1997 (Supp. 97-2). Former R9-6-367 renumbered to R9-6-375; new R9-6-367 renumbered from R9-6-358 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-367 renumbered to R9-6-372; new R9-6-367 renumbered from R9-6-362 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-367 renumbered to R9-6-373; new Section R9-6-367 renumbered from R9-6-360 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-367 renumbered to R9-6-376; new Section R9-6-367 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-368. Norovirus**

- A.** Outbreak control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported norovirus outbreak;
  2. Submit to the Department the information required under R9-6-206(E); and
  3. Exclude each case that is part of a norovirus outbreak from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
    - a. Diarrhea has resolved, or
    - b. The local health agency has determined that the case or suspect case is unlikely to infect other individuals.
- B.** Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection

is conducted of each facility or location regulated under 9 A.A.C. 8 that is associated with a norovirus outbreak.

**Historical Note**

Section R9-6-368 renumbered from R9-6-364 effective April 4, 1997 (Supp. 97-2). Former R9-6-368 renumbered to R9-6-376; new R9-6-368 renumbered from R9-6-360 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-368 renumbered to R9-6-375; new R9-6-368 renumbered from R9-6-363 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-368 renumbered to R9-6-374; new Section R9-6-368 renumbered from R9-6-361 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-368 renumbered to R9-6-377; new Section R9-6-368 renumbered from R9-6-360 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-369. Novel Coronavirus**

- A.** Case control measures:
1. In consultation with the Department, or the applicable local health agency, a diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a novel coronavirus case or suspect case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner or otherwise advised by the Department or the applicable local health agency.
  2. A local health agency shall:
    - a. Upon receiving a report under R9-6-202 of a novel coronavirus case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
    - b. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a hospitalized novel coronavirus case or suspect case to prevent transmission, unless otherwise advised by the Department;
    - c. Conduct an epidemiologic investigation of each reported novel coronavirus case or suspect case, unless otherwise advised by the Department; and
    - d. For each novel coronavirus case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B.** Contact control measures: A local health agency, in consultation with the Department, shall determine which novel coronavirus contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission.

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-369 renumbered to R9-6-379; new R9-6-369 renumbered from R9-6-361 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-369 renumbered to R9-6-376; new R9-6-369 renumbered from R9-6-364 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-369 repealed; new Section R9-6-369 renumbered from R9-6-362 and

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amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-369 renumbered to R9-6-378; new Section R9-6-369 renumbered from R9-6-361 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-370. Novel Influenza Virus****A. Case control measures:**

1. In consultation with the Department, or the applicable local health agency, a diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a novel influenza virus case or suspect case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner or otherwise advised by the Department or the applicable local health agency.
2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a novel influenza virus case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a hospitalized novel influenza virus case or suspect case to prevent transmission, unless otherwise advised by the Department;
  - c. Conduct an epidemiologic investigation of each reported novel influenza virus case or suspect case, unless otherwise advised by the Department; and
  - d. For each novel influenza virus case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

- B. Contact control measures:** A local health agency, in consultation with the Department, shall determine which novel influenza virus contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission.

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-370 renumbered to R9-6-380; new R9-6-370 renumbered from R9-6-362 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-370 renumbered to R9-6-377; new R9-6-370 renumbered from R9-6-365 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-370 renumbered to R9-6-375; new Section R9-6-370 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-370 renumbered to R9-6-379; new Section R9-6-370 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-371. Pediculosis (Lice Infestation)****A. Case control measures:**

1. An administrator of a school or child care establishment, either personally or through a representative, may exclude a pediculosis case from the school or child care establishment until the case is treated with a pediculocide.

2. An administrator of a shelter shall ensure that a pediculosis case is treated with a pediculocide and that the case's clothing and personal articles are disinfested.

- B. Contact control measures:** An administrator of a school or child care establishment that has knowledge of a pediculosis case from the school or child care establishment, either personally or through a representative, shall ensure that a parent or guardian of a child who is a contact is notified that a pediculosis case was identified at the school or child care establishment.

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-371 renumbered to R9-6-381; new R9-6-371 renumbered from R9-6-363 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-371 renumbered to R9-6-378; new R9-6-371 renumbered from R9-6-366 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-371 renumbered to R9-6-376; new Section R9-6-371 renumbered from R9-6-365 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-371 renumbered to R9-6-380; new Section R9-6-371 renumbered from R9-6-362 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-372. Pertussis (Whooping Cough)****A. Case control measures:**

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
  - a. Exclude a pertussis case from the school or child care establishment for 21 calendar days after the date of onset of cough or for five calendar days after the date of initiation of antibiotic treatment for pertussis; and
  - b. Exclude a pertussis suspect case from the school or child care establishment until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
2. An administrator of a health care institution, either personally or through a representative, shall:
  - a. Exclude a pertussis case from working at the health care institution for 21 calendar days after the date of onset of cough or for five calendar days after the date of initiation of antibiotic treatment for pertussis; and
  - b. Exclude a pertussis suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
3. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and initiate droplet precautions for a pertussis case for five calendar days after the date of initiation of antibiotic treatment for pertussis.
4. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 or R9-6-203 of a pertussis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;

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- b. Conduct an epidemiologic investigation of each reported pertussis case or suspect case; and
  - c. For each pertussis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the pertussis control measures recommended by a local health agency or the Department.

**B. Contact control measures:**

- 1. When a pertussis case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
  - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
  - b. Comply with the local health agency's recommendations for exclusion.
- 2. A local health agency shall identify contacts of a pertussis case and shall:
  - a. Determine which pertussis contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
  - b. If indicated, provide or arrange for a pertussis contact to receive antibiotic prophylaxis.

**Historical Note**

Section R9-6-372 renumbered from R9-6-365 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-372 renumbered to R9-6-382; new R9-6-372 renumbered from R9-6-364 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-372 renumbered to R9-6-379; new R9-6-372 renumbered from R9-6-367 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-372 renumbered to R9-6-378; new Section R9-6-372 renumbered from R9-6-366 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-372 renumbered to R9-6-381; new Section R9-6-372 renumbered from R9-6-363 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-373. Plague****A. Case control measures:**

- 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a pneumonic plague case or suspect case until 72 hours of antibiotic therapy have been completed with favorable clinical response.
- 2. An individual handling the body of a deceased plague case shall use droplet precautions.
- 3. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a plague case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported plague case or suspect case;

- c. For each plague case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  - d. In consultation with the Department, ensure that an isolate or a specimen, as available, from each plague case or suspect case is submitted to the Arizona State Laboratory.
- B. Contact control measures:** A local health agency shall provide follow-up to pneumonic plague contacts for seven calendar days after last exposure to a pneumonic plague case.

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-373 renumbered to R9-6-383; new R9-6-373 renumbered from R9-6-365 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-373 renumbered to R9-6-380; new R9-6-373 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-373 renumbered to R9-6-379; new Section R9-6-373 renumbered from R9-6-367 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-373 renumbered to R9-6-382; new Section R9-6-373 renumbered from R9-6-364 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-374. Poliomyelitis (Paralytic or Non-paralytic)**

Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a poliomyelitis case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
- 2. Conduct an epidemiologic investigation of each reported poliomyelitis case or suspect case;
- 3. For each poliomyelitis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
- 4. In consultation with the Department, ensure that one or more specimens from each poliomyelitis case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.

**Historical Note**

Section R9-6-374 renumbered from R9-6-366 effective April 4, 1997 (Supp. 97-2). Former R9-6-374 renumbered to R9-6-386; new R9-6-374 renumbered from R9-6-366 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-374 renumbered to R9-6-381; new R9-6-374 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-374 renumbered to R9-6-380; new Section R9-6-374 renumbered from R9-6-368 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-374 renumbered to R9-6-384; new Section R9-6-374 renumbered from R9-6-365 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-375. Psittacosis (Ornithosis)**

**A. Case control measures:** A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported psittacosis case or suspect case; and
- 2. For each psittacosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).



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- B. Environmental control measures:** A local health agency shall:
1. If a bird infected with *Chlamydia psittaci* or *Chlamydophila psittaci* is located in a private residence:
    - a. Provide health education for the bird's owner about psittacosis and the risks of becoming infected with psittacosis, and
    - b. Advise the bird's owner to obtain treatment for the bird; and
  2. If a bird infected with *Chlamydia psittaci* or *Chlamydophila psittaci* is located in a setting other than a private residence:
    - a. Provide health education for the bird's owner about psittacosis and the risks of becoming infected with psittacosis,
    - b. Ensure that the bird is treated or destroyed and any contaminated structures are disinfected, and
    - c. Require the bird's owner to isolate the bird from contact with members of the public and from other birds until treatment of the bird is completed or the bird is destroyed.

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-375 renumbered to R9-6-387; new R9-6-375 renumbered from R9-6-367 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-375 renumbered to R9-6-382; new R9-6-375 renumbered from R9-6-368 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-375 renumbered to R9-6-381; new Section R9-6-375 renumbered from R9-6-370 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-375 renumbered to R9-6-385; new Section R9-6-375 renumbered from R9-6-366 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-376. Q Fever**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a Q fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported Q fever case or suspect case; and
3. For each Q fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Section renumbered from R9-6-368 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-376 renumbered to R9-6-383; new R9-6-376 renumbered from R9-6-369 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-376 renumbered to R9-6-382; new Section R9-6-376 renumbered from R9-6-371 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-376 renumbered to R9-6-386; new Section R9-6-376 renumbered from R9-6-367 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-377. Rabies in a Human**

- A. Case control measures:** A local health agency shall:
1. Upon receiving a report under R9-6-202 of a human rabies case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  2. Conduct an epidemiologic investigation of each reported human rabies case or suspect case;
  3. For each human rabies case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  4. In consultation with the Department, ensure that a specimen from each human rabies case or suspect case, as required by the Department, is submitted to the Arizona State Laboratory.
- B. Contact control measures:** A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a human rabies case and, if indicated, provide or arrange for each contact to receive prophylaxis.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-377 renumbered to R9-6-384; new R9-6-377 renumbered from R9-6-370 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-377 renumbered to R9-6-383; new Section R9-6-377 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-377 renumbered to R9-6-387; new Section R9-6-377 renumbered from R9-6-368 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-378. Relapsing Fever (Borreliosis)**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a borreliosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported borreliosis case or suspect case; and
3. For each borreliosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-378 renumbered to R9-6-385; new R9-6-378 renumbered from R9-6-371 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-378 renumbered to R9-6-384; new Section R9-6-378 renumbered from R9-6-372 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-378 renumbered to R9-6-388; new Section R9-6-378 renumbered from R9-6-369 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-379. Respiratory Disease in a Health Care Institution or Correctional Facility**

Outbreak control measures:

1. A local health agency shall:

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- a. Conduct an epidemiologic investigation of each reported outbreak of respiratory disease in a health care institution or correctional facility; and
  - b. For each outbreak of respiratory disease in a health care institution or correctional facility, submit to the Department the information required under R9-6-206(E).
2. When an outbreak of respiratory disease occurs in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, either personally or through a representative, shall comply with the control measures recommended by a local health agency.
- b. Conduct an epidemiologic investigation of each reported rubella case or suspect case;
  - c. For each rubella case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  - d. In consultation with the Department, ensure that one or more specimens from each rubella case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the rubella control measures recommended by a local health agency or the Department.

**B. Contact control measures:**

1. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a rubella case or suspect case or of a patient who is or may be pregnant unless the worker first provides evidence of immunity to rubella consisting of:
  - a. A record of immunization against rubella given on or after the first birthday; or
  - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to rubella.
2. When a rubella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
  - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
  - b. Comply with the local health agency's recommendations for exclusion.
3. A local health agency shall:
  - a. Determine which rubella contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
  - b. Provide or arrange for immunization of each non-immune rubella contact within 72 hours after last exposure, if possible.

**Historical Note**

Section renumbered from R9-6-370 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-380 renumbered to R9-6-386; new R9-6-380 renumbered from R9-6-373 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-380 renumbered to R9-6-386; new Section R9-6-380 renumbered from R9-6-374 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-380 renumbered to R9-6-390; new Section R9-6-380 renumbered from R9-6-371 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-381. Rubella Syndrome, Congenital****A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for an infant congenital rubella syndrome case until:

**Historical Note**

Section renumbered from R9-6-369 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Section repealed; new Section renumbered from R9-6-372 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-379 renumbered to R9-6-385; new Section R9-6-379 renumbered from R9-6-373 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-379 renumbered to R9-6-389; new Section R9-6-379 renumbered from R9-6-370 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-380. Rubella (German Measles)****A. Case control measures:**

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
  - a. Exclude a rubella case from the school or child care establishment and from school- or child-care-establishment-sponsored events from the onset of illness through the seventh calendar day after the rash appears; and
  - b. Exclude a rubella suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative and in consultation with the local health agency, shall isolate and institute droplet precautions for a rubella case through the seventh calendar day after the rash appears.
3. An administrator of a health care institution, either personally or through a representative, shall exclude a rubella:
  - a. Case from working at the health care institution from the onset of illness through the seventh calendar day after the rash appears; and
  - b. Suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
4. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 or R9-6-203 of a rubella case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;

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- a. The infant congenital rubella syndrome case reaches one year of age; or
  - b. Two successive negative virus cultures, from specimens collected at least one month apart, are obtained from the infant congenital rubella syndrome case after the infant congenital rubella syndrome case reaches three months of age.
2. A local health agency shall:
- a. Upon receiving a report under R9-6-202 of a congenital rubella syndrome case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported congenital rubella syndrome case or suspect case;
  - c. For each congenital rubella syndrome case, as specified in Table 2.4, the information required under R9-6-206(D); and
  - d. In consultation with the Department, ensure that one or more specimens from each congenital rubella syndrome case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
- B. Contact control measures: An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution who is known to be pregnant does not participate in the direct care of a congenital rubella syndrome case or suspect case unless the worker first provides evidence of immunity to rubella that complies with R9-6-371(B)(1).
- iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
  - b. Using an aquatic venue until diarrhea has resolved;
- 3. Conduct an epidemiologic investigation of each reported salmonellosis case or suspect case; and
  - 4. For each salmonellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B. Environmental control measures: A local health agency shall:
- 1. If an animal infected with *Salmonella* spp. is located in a private residence, provide health education for the animal's owner about salmonellosis and the risks of becoming infected with *Salmonella* spp.; and
  - 2. If an animal infected with *Salmonella* spp. is located in a setting other than a private residence:
    - a. Provide health education for the animal's owner about salmonellosis and the risks of becoming infected with *Salmonella* spp.; and
    - b. Require the animal's owner to provide information to individuals with whom the animal may come into contact about salmonellosis and methods to reduce the risk of transmission.

**Historical Note**

Section renumbered from R9-6-372 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-382 renumbered to R9-6-388; new R9-6-382 renumbered from R9-6-375 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-382 renumbered to R9-6-388; new Section R9-6-382 renumbered from R9-6-376 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-382 renumbered to R9-6-392; new Section R9-6-382 renumbered from R9-6-373 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**Historical Note**

Section renumbered from R9-6-371 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-381 renumbered to R9-6-387; new R9-6-381 renumbered from R9-6-374 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-381 renumbered to R9-6-387; new Section R9-6-381 renumbered from R9-6-375 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 29 A.A.R. 1890 (August 25, 2023), with an immediate effective date of August 2, 2023 (Supp. 23-3). R9-6-381 renumbered to R9-6-391; new Section R9-6-381 renumbered from R9-6-372 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-382. Salmonellosis****A. Case control measures: A local health agency shall:**

- 1. Upon receiving a report of a salmonellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- 2. Exclude a salmonellosis case or suspect case with diarrhea from:
  - a. Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
    - i. Diarrhea has resolved,
    - ii. A stool specimen negative for *Salmonella* spp. is obtained from the salmonellosis case or suspect case, or

**R9-6-383. Severe Acute Respiratory Syndrome (SARS)****A. Case control measures:**

- 1. In consultation with the Department, or the applicable local health agency, a diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a Severe Acute Respiratory Syndrome (SARS) case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner or otherwise advised by the Department or the applicable local health agency.
- 2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a SARS case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a hospitalized SARS case or suspect case to prevent transmission, unless otherwise advised by the Department;
  - c. Conduct an epidemiologic investigation of each reported SARS case or suspect case, unless otherwise advised by the Department; and

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- d. For each SARS case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

- B.** Contact control measures: A local health agency, in consultation with the Department, shall determine which SARS contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission.

**Historical Note**

Section renumbered from R9-6-373 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-383 renumbered to R9-6-389; new R9-6-383 renumbered from R9-6-376 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-383 renumbered to R9-6-389; new Section R9-6-383 renumbered from R9-6-377 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-383 renumbered to R9-6-393; new Section R9-6-383 made by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-384. Scabies**

- A.** Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, may exclude a scabies case from the school or child care establishment until treatment for scabies is completed.
2. An administrator of a health care institution or shelter, either personally or through a representative, shall exclude a scabies case from participating in the direct care of a patient or resident until treatment for scabies is completed.
3. An administrator of a shelter, either personally or through a representative, shall ensure that a scabies case receives treatment for scabies and that the case's clothing and personal articles are disinfested.
4. An administrator of a correctional facility, either personally or through a representative, shall ensure that a scabies case receives treatment for scabies and that the case's clothing and personal articles are disinfested.

- B.** Contact control measures: An administrator of a school, child care establishment, health care institution, or shelter, either personally or through a representative, shall advise a scabies contact with symptoms of scabies to obtain examination and, if necessary, treatment.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-384 renumbered to R9-6-390; new R9-6-384 renumbered from R9-6-377 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-384 renumbered from R9-6-378 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-384 renumbered to R9-6-394; new Section R9-6-384 renumbered from R9-6-374 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-385. Shigellosis**

Case control measures: A local health agency shall:

1. Upon receiving a report of a shigellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Exclude a shigellosis case or suspect case with diarrhea from:
  - a. Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
    - i. Diarrhea has resolved,
    - ii. A stool specimen negative for *Shigella* spp. is obtained from the shigellosis case or suspect case, or
    - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
  - b. Using an aquatic venue for one week after diarrhea has resolved;
3. Conduct an epidemiologic investigation of each reported shigellosis case or suspect case; and
4. For each shigellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-385 renumbered to R9-6-391; new R9-6-385 renumbered from R9-6-378 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-385 renumbered to R9-6-390; new Section R9-6-385 renumbered from R9-6-379 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-385 renumbered to R9-6-395; new Section R9-6-385 renumbered from R9-6-375 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-386. Smallpox**

- A.** Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a smallpox case or suspect case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.
2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a smallpox case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. In consultation with the Department:
    - i. Ensure that isolation and both airborne precautions and contact precautions have been instituted for a smallpox case or suspect case to prevent transmission, and
    - ii. Conduct an epidemiologic investigation of each reported smallpox case or suspect case;
  - c. For each smallpox case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and

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- d. In consultation with the Department, ensure that a specimen from each smallpox case or suspect case, as required by the Department, is submitted to the Arizona State Laboratory.

- B. Contact control measures: A local health agency, in consultation with the Department, shall:
  1. Quarantine or exclude a smallpox contact as necessary, according to R9-6-303, to prevent transmission; and
  2. Monitor the contact for smallpox symptoms, including fever, each day for 21 calendar days after last exposure.

**Historical Note**

Section renumbered from R9-6-374 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-386 renumbered to R9-6-392; new R9-6-386 renumbered from R9-6-380 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-386 renumbered to R9-6-391; new Section R9-6-386 renumbered from R9-6-380 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-386 renumbered to R9-6-396; new Section R9-6-386 renumbered from R9-6-376 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-387. Spotted Fever Rickettsiosis (e.g., Rocky Mountain Spotted Fever)**

- A. Case control measures: A local health agency shall:
  1. Upon receiving a report under R9-6-202 of a spotted fever rickettsiosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  2. Ensure that a spotted fever rickettsiosis case or, if the case is a child or incapacitated adult, the parent or guardian of the case receives health education about reducing the risks of becoming reinfecting with or of having others become infected with spotted fever rickettsiosis;
  3. Conduct an epidemiologic investigation of each reported spotted fever rickettsiosis case or suspect case; and
  4. For each spotted fever rickettsiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each spotted fever rickettsiosis case or suspect case and implement vector control measures as necessary.

**Historical Note**

Section renumbered from R9-6-375 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-387 renumbered to R9-6-393; new R9-6-387 renumbered from R9-6-381 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-387 repealed; new Section R9-6-387 renumbered from R9-6-381 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-387 renumbered to R9-6-397; new Section R9-6-387 renumbered from R9-6-377 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025

(Supp. 25-2).

**R9-6-388. Streptococcal Group A Infection**

- A. Streptococcal group A infection, invasive or non-invasive: Case control measures: An administrator of a school, child care establishment, or health care institution or a person in charge of a food establishment, either personally or through a representative, shall exclude a streptococcal group A infection case with streptococcal lesions or streptococcal sore throat from working as a food handler, attending or working in a school, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution for 24 hours after the initiation of treatment for streptococcal group A infection.
- B. Invasive streptococcal group A infection: Outbreak control measures: A local health agency shall:
  1. Conduct an epidemiologic investigation of each reported outbreak of streptococcal group A invasive infection;
  2. For each streptococcal group A invasive infection case involved in an outbreak, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  3. For each outbreak of streptococcal group A invasive infection, submit to the Department the information required under R9-6-206(E).

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-388 renumbered to R9-6-303; new R9-6-388 renumbered from R9-6-382 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-388 renumbered to R9-6-392; new Section R9-6-388 renumbered from R9-6-382 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-388 renumbered to R9-6-398; new Section R9-6-388 renumbered from R9-6-378 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-389. Streptococcal Group B Invasive Infection in an Infant Younger Than 90 Days of Age**

Case control measures: A local health agency shall:

1. Confirm the diagnosis of streptococcal group B invasive infection for each reported case or suspect case of streptococcal group B invasive infection in an infant younger than 90 days of age; and
2. For each case of streptococcal group B infection in an infant younger than 90 days of age, submit to the Department the information required under R9-6-202(C).

**Historical Note**

New Section recodified from R9-19-313 at 11 A.A.R. 3578, effective September 2, 2005 (Supp. 05-4). Former R9-6-389 renumbered to R9-6-394; new R9-6-389 renumbered from R9-6-383 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-389 renumbered to R9-6-393; new Section R9-6-389 renumbered from R9-6-383 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-389 renumbered to R9-6-399; new Section R9-6-389 renumbered from R9-6-379 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025

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**R9-6-390. *Streptococcus pneumoniae* Invasive Infection**

Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported outbreak of *Streptococcus pneumoniae* invasive infection; and
2. For each outbreak of *Streptococcus pneumoniae* invasive infection, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Section R9-6-390 renumbered from R9-6-384 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-390 renumbered to R9-6-394; new Section R9-6-390 renumbered from R9-6-385 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-390 renumbered to R9-6-3100; new Section R9-6-390 renumbered from R9-6-380 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-391. Syphilis**

A. Case control measures:

1. A syphilis case shall obtain serologic testing for syphilis three months, six months, 12 months, and 24 months after initiating treatment, unless more frequent or longer testing is recommended by a local health agency.
2. A health care provider shall order serologic testing for syphilis for a pregnant individual at 28 to 32 weeks gestation and at delivery.
3. A local health agency shall:
  - a. Conduct an epidemiologic investigation, including a review of medical records, of each reported syphilis case or suspect case, confirming the stage of the disease;
  - b. For each syphilis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
  - c. If the syphilis case is pregnant, ensure that the syphilis case obtains the serologic testing for syphilis required in subsections (A)(1) and (A)(2); and
  - d. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a syphilis case.
4. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of syphilis, as required under A.R.S. § 32-1483 and 21 CFR 630.6.

B. Contact control measures: When a syphilis case has named a contact, a local health agency shall comply with the requirements specified in R9-6-1103 concerning notification, testing, treatment, and health education for the contact.

C. Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported syphilis outbreak; and
2. For each syphilis outbreak, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Section R9-6-391 renumbered from R9-6-385 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-391 renumbered to R9-6-395; new Section R9-6-391 renumbered from R9-6-386 and amended by final

rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-391 renumbered to R9-6-3101; new Section R9-6-391 renumbered from R9-6-381 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-392. Taeniasis**

Case control measures: A local health agency shall:

1. Exclude a taeniasis case with *Taenia* spp. from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until free of infestation;
2. Conduct an epidemiologic investigation of each reported taeniasis case; and
3. For each taeniasis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Section R9-6-392 renumbered from R9-6-386 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-392 renumbered to R9-6-396; new Section R9-6-392 renumbered from R9-6-388 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-392 renumbered to R9-6-3102; new Section R9-6-392 renumbered from R9-6-382 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-393. Tetanus**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported tetanus case or suspect case; and
2. For each tetanus case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Section R9-6-393 renumbered from R9-6-387 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-393 renumbered to R9-6-397; new Section R9-6-393 renumbered from R9-6-389 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-393 renumbered to R9-6-3103; new Section R9-6-393 renumbered from R9-6-383 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-394. Toxic Shock Syndrome**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported toxic shock syndrome case or suspect case; and
2. For each toxic shock syndrome case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Section R9-6-394 renumbered from R9-6-389 by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-394 renumbered from R9-6-390 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-394 renumbered to R9-6-3104; new Section R9-6-394

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renumbered from R9-6-384 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-395. Trichinosis**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a trichinosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported trichinosis case or suspect case; and
3. For each trichinosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

New Section R9-6-395 renumbered from R9-6-391 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-395 renumbered to R9-6-3105; new Section R9-6-395 renumbered from R9-6-385 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-396. Tuberculosis**

A. Case control measures:

1. Except as provided in subsection (A)(2), a diagnosing or treating health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute airborne precautions for:
  - a. An individual with infectious active tuberculosis within the diagnosing or treating health care provider's or administrator's health care institution until:
    - i. At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning as soon as possible after the individual awakens from sleep, are negative for acid-fast bacilli;
    - ii. Anti-tuberculosis treatment is initiated with multiple antibiotics; and
    - iii. Clinical signs and symptoms of active tuberculosis are improved;
  - b. A suspect case of infectious active tuberculosis within the diagnosing or treating health care provider's or administrator's health care institution until:
    - i. At least two successive tests for tuberculosis, using a product and methodology approved by the U.S. Food and Drug Administration for use when making decisions whether to discontinue isolation and airborne precautions, for the suspect case are negative; or
    - ii. At least three successive sputum smears collected from the suspect case as specified in subsection (A)(1)(a)(i) are negative for acid-fast bacilli, anti-tuberculosis treatment of the suspect case is initiated with multiple antibiotics, and clinical signs and symptoms of active tuberculosis are improved; and
  - c. A case or suspect case of multi-drug resistant active tuberculosis within the diagnosing or treating health care provider's or administrator's health care institu-

tion until a tuberculosis control officer has approved the release of the case or suspect case.

2. A tuberculosis control officer may approve the release of a case or suspect case even if the release criteria in subsection (A)(1)(a) or (b), as applicable, are not satisfied.
3. An administrator of a health care institution, either personally or through a representative, shall notify a local health agency at least one working day before discharging a tuberculosis case or suspect case.
4. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a tuberculosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  - b. Exclude an individual with infectious active tuberculosis or a suspect case from working, unless the individual's work setting has been approved by a tuberculosis control officer, until the individual with infectious active tuberculosis or suspect case is released from airborne precautions;
  - c. Conduct an epidemiologic investigation of each reported tuberculosis case, suspect case, or latent infection in a child five years of age or younger;
  - d. For each tuberculosis case or suspect case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
  - e. In consultation with the Department, ensure that an isolate or a specimen, as available, from each tuberculosis case is submitted to the Arizona State Laboratory; and
  - f. Comply with the requirements specified in R9-6-1202.

B. Contact control measures:

1. A contact of an individual with infectious active tuberculosis shall allow a local health agency to evaluate the contact's tuberculosis status.
2. A local health agency shall comply with the tuberculosis contact control measures specified in R9-6-1202.

C. An individual is not a tuberculosis case if the individual has a positive result from an approved test for tuberculosis but does not have clinical signs or symptoms of disease.

**Historical Note**

New Section R9-6-396 renumbered from R9-6-392 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-396 renumbered to R9-6-3106; new Section R9-6-396 renumbered from R9-6-386 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-397. Tularemia**

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a pneumonic tularemia case until 72 hours of antibiotic therapy have been completed with favorable clinical response.
2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a tularemia case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;

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- b. Conduct an epidemiologic investigation of each reported tularemia case or suspect case;
- c. For each tularemia case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
- d. In consultation with the Department, ensure that an isolate or a specimen, as available, from each tularemia case or suspect case is submitted to the Arizona State Laboratory.

**Historical Note**

New Section R9-6-397 renumbered from R9-6-393 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-397 renumbered to R9-6-3107; new Section R9-6-397 renumbered from R9-6-387 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-398. Typhoid Fever****A. Case control measures: A local health agency shall:**

1. Upon receiving a report under R9-6-202 of a typhoid fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported typhoid fever case or suspect case;
3. For each typhoid fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
4. Exclude a typhoid fever case or suspect case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
  - a. At least one month after the date of onset of illness; and
  - b. After two successive stool specimens, collected from the typhoid fever case at least 24 hours apart and at least 48 hours after cessation of antibiotic therapy, are negative for *Salmonella typhi*;
5. If a stool specimen from a typhoid fever case who has received antibiotic therapy is positive for *Salmonella typhi*, enforce the exclusions specified in subsection (A)(4) until two successive stool specimens, collected from the typhoid fever case at least one month apart and 12 or fewer months after the date of onset of illness, are negative for *Salmonella typhi*;
6. If a positive stool specimen, collected at least 12 months after onset of illness, is obtained from a typhoid fever case who has received antibiotic therapy, redesignate the case as a carrier; and
7. Exclude a typhoid fever carrier from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until three successive stool specimens, collected from the typhoid fever carrier at least one month apart, are negative for *Salmonella typhi*.

- B. Contact control measures: A local health agency shall exclude a typhoid fever contact from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until two successive stool specimens, collected from the typhoid fever contact at least 24 hours apart, are negative for *Salmonella typhi*.**

**Historical Note**

New Section R9-6-398 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). R9-6-398 renumbered to R9-6-3108; new Section R9-6-398 renumbered from R9-6-388 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-399. Typhus Fever****Case control measures: A local health agency shall:**

1. Upon receiving a report under R9-6-202 of a typhus fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported typhus fever case or suspect case; and
3. For each typhus fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

New Section R9-6-399 renumbered from R9-6-389 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-3100. Vaccinia-related Adverse Event****Case control measures: A local health agency shall:**

1. Upon receiving a report under R9-6-202 of a case or suspect case of a vaccinia-related adverse event, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported case or suspect case of a vaccinia-related adverse event; and
3. For each case of a vaccinia-related adverse event, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

New Section R9-6-3100 renumbered from R9-6-390 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-3101. Vancomycin-Resistant or Vancomycin-Intermediate *Staphylococcus aureus*****Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*.
2. A diagnosing health care provider or an administrator of a health care institution transferring a known case with active infection or a known carrier of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* to another health care provider or health care institution shall, either personally or through a representative, comply with R9-6-305.
3. A local health agency, in consultation with the Department, shall:
  - a. Upon receiving a report of a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;



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- b. Ensure that a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* is isolated as necessary to prevent transmission;
- c. Conduct an epidemiologic investigation of each reported case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*;
- d. For each case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
- e. In consultation with the Department, ensure that an isolate or a specimen, as available, from each case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* is submitted to the Arizona State Laboratory.

**Historical Note**

New Section R9-6-3101 renumbered from R9-6-391 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-3102. Varicella (Chickenpox)****A. Case control measures:**

- 1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a varicella case from the school or child care establishment and from school- or child-care-establishment-sponsored events until lesions are dry and crusted.
- 2. An administrator of a health care institution, either personally or through a representative, shall isolate and implement airborne precautions for a varicella case until the case is no longer infectious.
- 3. A local health agency shall:
  - a. Conduct an epidemiologic investigation of each reported case of death due to primary varicella infection; and
  - b. For each reported case of death due to varicella infection, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**B. Contact control measures:**

- 1. When a varicella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
  - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
  - b. Comply with the local health agency's recommendations for exclusion.
- 2. A local health agency shall determine which contacts of a varicella case will be:
  - a. Excluded from a school or child care establishment, and
  - b. Advised to obtain an immunization against varicella.

**Historical Note**

New Section R9-6-3102 renumbered from R9-6-392 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-3103. Vibrio Infection**

Case control measures: A local health agency shall:

- 1. Upon receiving a report of a *Vibrio* infection case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- 2. Exclude a *Vibrio* infection case or suspect case with diarrhea from:
  - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
    - i. Diarrhea has resolved, or
    - ii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
  - b. Using an aquatic venue until diarrhea has resolved;
- 3. Conduct an epidemiologic investigation of each reported *Vibrio* infection case or suspect case; and
- 4. For each *Vibrio* infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

New Section R9-6-3103 renumbered from R9-6-392 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-3104. Viral Hemorrhagic Fever****A. Case control measures:**

- 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement both droplet precautions and contact precautions for a viral hemorrhagic fever case or suspect case for the duration of the illness.
- 2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a viral hemorrhagic fever case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported viral hemorrhagic fever case or suspect case;
  - c. For each viral hemorrhagic fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  - d. In consultation with the Department, ensure that one or more specimens from each viral hemorrhagic fever case or suspect case are submitted to the Arizona State Laboratory.

- B. Contact control measures:** A local health agency, in consultation with the Department, shall quarantine a viral hemorrhagic fever contact as necessary to prevent transmission.

**Historical Note**

New Section R9-6-3104 renumbered from R9-6-394 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-3105. West Nile Virus Infection****A. Case control measures:** A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported West Nile virus infection case or suspect case;
- 2. For each case of West Nile virus infection, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
- 3. Ensure that each West Nile virus infection case is provided with health education that includes measures to:

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- a. Avoid mosquito bites, and
  - b. Reduce mosquito breeding sites.
- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each West Nile virus infection case or suspect case and implement vector control measures as necessary.

**Historical Note**

New Section R9-6-3104 renumbered from R9-6-395 by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-3106. Yellow Fever**

- A. Case control measures: A local health agency shall:
  - 1. Upon receiving a report under R9-6-202 of a yellow fever case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - 2. Conduct an epidemiologic investigation of each reported yellow fever case or suspect case;
  - 3. For each yellow fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
  - 4. Ensure that each yellow fever case is provided with health education that includes measures to:
    - a. Avoid mosquito bites, and
    - b. Reduce mosquito breeding sites; and
  - 5. In consultation with the Department, ensure that an isolate or a specimen, as available, from each yellow fever case or suspect case is submitted to the Arizona State Laboratory.
- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each yellow fever case or suspect case and implement vector control measures as necessary.

**Historical Note**

New Section R9-6-3106 renumbered from R9-6-396 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-3107. Yersiniosis (Enteropathogenic Yersinia)**

Case control measures: A local health agency shall:

- 1. Upon receiving a report of a yersiniosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- 2. Exclude a yersiniosis case or suspect case with diarrhea from:
  - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
    - i. Diarrhea has resolved,
    - ii. A stool specimen negative for enteropathogenic *Yersinia* is obtained from the case or suspect case, or
    - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
  - b. Using an aquatic venue for two weeks after diarrhea has resolved;

- 3. Conduct an epidemiologic investigation of each reported yersiniosis case or suspect case;
- 4. For each yersiniosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
- 5. In consultation with the Department, ensure that an isolate or a specimen, as available, from each yersiniosis case is submitted to the Arizona State Laboratory.

**Historical Note**

New Section R9-6-3107 renumbered from R9-6-397 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-3108. Zika Virus Infection**

- A. Case control measures: A local health agency shall:
  - 1. Upon receiving a report under R9-6-202 of a Zika virus infection case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  - 2. Conduct an epidemiologic investigation of each reported Zika virus infection case or suspect case;
  - 3. For each Zika virus infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
  - 4. In consultation with the Department, ensure that one or more specimens from each Zika virus infection case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory; and
  - 5. Provide to the Zika virus infection case or ensure that another person provides to the Zika virus infection case health education that includes measures to:
    - a. Avoid mosquito bites,
    - b. Reduce mosquito breeding sites, and
    - c. Reduce the risk of sexual or congenital transmission of Zika virus.
- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each Zika virus infection case or suspect case and implement vector control measures as necessary.

**Historical Note**

New Section R9-6-3108 renumbered from R9-6-398 and amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**Exhibit III-A. Repealed****Historical Note**

Exhibit III-A made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-A repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-B. Repealed****Historical Note**

Exhibit III-B made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-B repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-C. Repealed****Historical Note**

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Exhibit III-C made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-C repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-D. Repealed****Historical Note**

Exhibit III-D made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-D repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-E. Repealed****Historical Note**

Exhibit III-E made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-E repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-F. Repealed****Historical Note**

Exhibit III-F made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-F repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-G. Repealed****Historical Note**

Exhibit III-G made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-G repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-H. Repealed****Historical Note**

Exhibit III-H made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-H repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-I. Repealed****Historical Note**

Exhibit III-I made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-I repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-J. Repealed****Historical Note**

Exhibit III-J made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-J repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-K. Repealed****Historical Note**

Exhibit III-K made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-K repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-L. Repealed****Historical Note**

Exhibit III-L made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-L repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-M. Repealed****Historical Note**

Exhibit III-M made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-M repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-N. Repealed****Historical Note**

Exhibit III-N made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-N repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**ARTICLE 4. AIDS DRUG ASSISTANCE PROGRAM (ADAP)****R9-6-401. Definitions**

In this Article, unless otherwise specified:

1. "ADAP" means the AIDS Drug Assistance Program.
2. "Adult" means an individual who is:
  - a. Eighteen or more years old;
  - b. Married; or
  - c. Emancipated, as specified in A.R.S. Title 12, Chapter 15.
3. "AHCCCS" means the Arizona Health Care Cost Containment System.
4. "Annual household income" means the adjusted gross income of all adult individuals within a household, as would be reported on the federal income tax return for an individual in the household, modified to include:
  - a. Federal taxable wages,
  - b. Tips,
  - c. Unemployment compensation,
  - d. Social security income,
  - e. Self-employment income,
  - f. Social security disability income,
  - g. Retirement or pension income,
  - h. Capital gains,
  - i. Investment income,
  - j. Rental and royalty income,
  - k. Excluded (untaxed) foreign income, and
  - l. Alimony.
5. "Applicant" means an individual for whom a request for initial enrollment in ADAP is submitted to the Department, as specified in R9-6-404.
6. "Applying for a low-income subsidy" means submitting forms and supporting documentation to the Social Security Administration for determining eligibility for receiving a low-income subsidy.
7. "Calendar day" means any day of the week, including a Saturday, Sunday, or legal holiday.
8. "Case manager" means an individual who:
  - a. Assesses the needs of a person living with HIV for:
    - i. Medical services, nursing services, or health-related services, as defined in A.R.S. § 36-401;
    - ii. Services not related to the treatment of HIV infection, intended to maintain or improve the physical, mental, or psychosocial capabilities

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- of a person living with HIV or an individual in the person living with HIV's household;
- iii. Housing; or
  - iv. Financial assistance;
- b. If applicable, assists the person living with HIV with obtaining housing, financial assistance, or the services specified in subsection (8)(a)(i) and (ii);
  - c. Coordinates the interaction of the person living with HIV with individuals providing the services specified in subsection (8)(a)(i) and (ii); and
  - d. Monitors the interaction of the person living with HIV with individuals providing the services specified in subsection (8)(a)(i) and (ii) to:
    - i. Determine the effects of the activities of individuals providing the services specified in subsection (8)(a)(i) and (ii) on the needs of the person living with HIV, and
    - ii. Develop strategies to reduce unmet needs.
9. "CD4-T-lymphocyte count" means the number of a specific type of white blood cell in a cubic millimeter of blood.
  10. "Contract pharmacy" means an entity that has a legally binding agreement with the Department to dispense drugs through ADAP to enrolled individuals.
  11. "Current" means within the six months before the date on which an:
    - a. Individual submits the documents specified in R9-6-404 to the Department as an application for initial enrollment in ADAP, or
    - b. Enrolled individual submits to the Department the documents required in R9-6-407 for continuing enrollment.
  12. "Date of application" means the month, day, and year that the Department receives the documents specified in R9-6-404 for enrollment in ADAP.
  13. "Drug" means a chemical substance or a compound made by or derived from a plant or animal source that:
    - a. Has been determined by the U.S. Food and Drug Administration to be useful in the treatment of individuals with HIV infection, and
    - b. Is available through a prescription order.
  14. "Formulary" means a list of drugs that are available to an individual through the individual's health insurance or ADAP.
  15. "Health insurance enrollment period" means an interval of time during which an individual may apply for health insurance coverage, including:
    - a. An annual interval of time, and
    - b. Any additional intervals of time due to a change in the individual's situation or circumstances.
  16. "HIV infection" means the same as in A.R.S. § 36-661.
  17. "HIV-care provider" means the physician, registered nurse practitioner, or physician assistant who is treating an applicant or enrolled individual for HIV infection.
  18. "Household" means an applicant or enrolled individual and any of the following individuals, as applicable, residing with the applicant or enrolled individual:
    - a. The applicant's or enrolled individual's spouse;
    - b. A dependent parent;
    - c. A parent of a child who is:
      - i. The applicant or enrolled individual, and
      - ii. Claimed as a dependent by the parent;
    - d. A dependent sibling or other relative;
  - e. A dependent child of the applicant or enrolled individual, regardless of age and including an adopted child or a foster child;
  - f. A non-dependent child or other relative if claimed or could be claimed as a dependent on the applicant's or enrolled individual's taxes; and
  - g. A child who is a part of a shared custody agreement of the applicant or enrolled individual, in years for which the child is claimed or could be claimed as a dependent on the applicant's or enrolled individual's taxes.
19. "Job" means a position in which an individual is employed.
  20. "Low-income subsidy" means Medicare-provided assistance that may partially or fully cover the costs of drugs and is based on the annual household income for an individual.
  21. "Medicare" means a federal health insurance program established under Title XVIII of the Social Security Act.
  22. "Medicare drug plan" means insurance approved by Medicare to cover some of the costs of drugs for individuals enrolled in Medicare.
  23. "Non-permanent housing" means a situation in which an individual is:
    - a. Living in a place that is not designed to be a sleeping place for human beings or ordinarily used as a primary nighttime sleeping place for human beings, or
    - b. Living in a shelter or other temporary living arrangement.
  24. "Person living with HIV" means an individual who is HIV-infected.
  25. "Physician" means an individual licensed as a:
    - a. Doctor of allopathic medicine under A.R.S. Title 32, Chapter 13, or through a similar licensing board in another state; or
    - b. Doctor of osteopathic medicine under A.R.S. Title 32, Chapter 17, or through a similar licensing board in another state.
  26. "Physician assistant" means an individual licensed under A.R.S. Title 32, Chapter 25, or through a similar licensing board in another state.
  27. "Poverty level" means the annual household income for a household of a particular size, as specified in the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services.
  28. "Pre-approved enrollment status" means that an applicant may receive drugs or other services through ADAP on a temporary basis.
  29. "Prescription order" means the same as in A.R.S. § 32-1901.
  30. "Registered nurse practitioner" means an individual who meets the definition of registered nurse practitioner in A.R.S. § 32-1601 and is licensed under A.R.S. Title 32, Chapter 15, or through a similar licensing board in another state.
  31. "Regular" means recurring at fixed intervals.
  32. "Representative" means the:
    - a. Guardian of an individual;
    - b. Parent of an individual who is not an adult; or
    - c. Person designated as an agent for an individual through a power of attorney, as specified in A.R.S. Title 14, Chapter 5, Article 5.
  33. "Resident" means an individual who has a place of habitation in Arizona and is living in Arizona.

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34. "Self-employed" means receiving money as a direct result of the work performed by an individual rather than from wages or a salary paid to the individual.
35. "Valid" means still in effect or having legal force.
36. "Viral load" means the amount of HIV circulating in the body of an individual.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Adopted without change as a permanent rule effective May 22, 1989. Amended as an emergency effective June 26, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Emergency amendment readopted without change effective October 17, 1989 (Supp. 89-4). Amended effective September 19, 1990 (Supp. 90-3). Renumbered from R9-6-801 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-401 renumbered to R9-6-402; new Section R9-6-401 made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3).

Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

**R9-6-402. Limitations and Termination of Program**

ADAP ceases to provide drugs when available funding is exhausted or terminated. ADAP is not an entitlement program and does not create a right to assistance absent available funding.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4).

Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered from R9-6-802 and amended effective October 19, 1993 (Supp. 93-4).

Former Section R9-6-402 renumbered to R9-6-403; new Section R9-6-402 renumbered from R9-6-401 and

amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

**R9-6-403. Eligibility Requirements**

An individual is eligible to enroll in ADAP if the individual:

1. Has a diagnosis of HIV infection from a physician, registered nurse practitioner, or physician assistant;
2. Is a resident of Arizona, as established by documentation that complies with R9-6-404(A)(8);
3. Has an annual household income that is less than or equal to 400% of the poverty level; and
4. Satisfies one of the following:
  - a. Has no health insurance coverage and has not opted out of health insurance coverage to which the individual is eligible;
  - b. Has inadequate health insurance coverage, which may include Medicare or an AHCCCS health plan, limiting the ability of the individual to obtain drugs, such as health insurance coverage that:
    - i. Does not cover drugs,
    - ii. Does not include on its formulary at least one of the drugs prescribed for the individual, or
    - iii. Requires the use of specific pharmacies or higher co-payments for obtaining a drug;
  - c. Has health insurance that is unaffordable because premiums exceed 9.5% of the applicant's annual household income;
  - d. Is an American Indian or Alaska Native who:
    - i. Is eligible for, but chooses not to use, the Indian Health Service or a clinic operated by a sovereign tribal nation to receive drugs; and
    - ii. Either has no other health insurance coverage or has other health insurance coverage that is inadequate or unaffordable, as described in subsections (4)(b) and (c); or
  - e. Is an individual who has served in the United States Armed Forces and who:
    - i. Is eligible for, but chooses not to use, Veterans Health Administration benefits to receive drugs; and
    - ii. Either has no other health insurance coverage or has other health insurance coverage that is inadequate or unaffordable, as described in subsections (4)(b) and (c).

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4).

Emergency expired. Emergency amendments re-adopted

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without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered from R9-6-803 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-403 renumbered to R9-6-404; new Section R9-6-403 renumbered from R9-6-402 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 661 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-6-404. Initial Application Process**

- A.** An applicant for initial enrollment in ADAP or the applicant's representative shall submit to the Department the following application packet:
- 1.** An application in a Department-provided format, completed by the applicant or the applicant's representative, containing:
    - a.** The applicant's name, date of birth, and gender;
    - b.** Except as provided in subsection (A)(1)(c), the applicant's residential address and mailing address;
    - c.** If the applicant is in non-permanent housing, the address of a person that has agreed to receive written communications for the applicant;
    - d.** If applicable, the address in Arizona to which the applicant would want drugs to be shipped;
    - e.** If applicable, the name of the applicant's representative and the mailing address of the applicant's representative, if different from the applicant's mailing address;
    - f.** Either:
      - i.** The telephone number of the applicant or a person that has agreed to receive telephone communications for the applicant, or
      - ii.** An email address for the applicant;
    - g.** The number of individuals in the applicant's household that can be claimed on the applicant's income taxes and the names and ages of the individuals;
    - h.** The names of individuals, other than the persons specified in subsection (A)(1)(s)(v), with whom the applicant authorizes the Department to speak about the applicant's enrollment in ADAP;
    - i.** The applicant's annual household income;
    - j.** The applicant's race and ethnicity;
    - k.** Whether the applicant or an adult in the applicant's household:
      - i.** Is employed;
      - ii.** Is self-employed;
      - iii.** Is receiving regular monetary payments from a source not specified in subsection (A)(1)(k)(i) or (ii) and, if so, an identification of the source of the monetary payments; or
      - iv.** Is using a source not specified in subsections (A)(1)(k)(i) through (iii) or savings to assist the applicant in obtaining food, water, housing, or clothing for the applicant and if so, an identification of the source;
    - l.** Whether the applicant is receiving health insurance coverage from AHCCCS and:
      - i.** If so, the name of the AHCCCS health plan and the date enrolled; and
      - ii.** If the applicant's eligibility determination for AHCCCS is pending, the date the application for AHCCCS was submitted;
    - m.** Whether the applicant is eligible for Medicare health insurance coverage and, if not, the date on which the applicant will be eligible for Medicare health insurance coverage;
    - n.** If the applicant is eligible for Medicare health insurance coverage, whether:
      - i.** The applicant, or the applicant's representative has applied for a low-income subsidy for the applicant and, if so, the date of the application for the low-income subsidy; and
      - ii.** Either:
        - (1)** The applicant or the applicant's representative has applied for a Medicare drug plan for the applicant and, if so, the date of the application for the Medicare drug plan; or
        - (2)** The applicant is enrolled in a Medicare drug plan;
    - o.** Whether the applicant or the applicant's spouse has or is eligible to enroll in health insurance coverage other than AHCCCS or Medicare that would pay for drugs on the ADAP formulary;
    - p.** If the applicant or the applicant's spouse is eligible to enroll in health insurance coverage other than Medicare that would pay for drugs on the ADAP formulary but enrollment is closed, the date the next health insurance enrollment period begins;
    - q.** Whether the applicant is eligible to receive benefits from:
      - i.** The Indian Health Service or a clinic operated by a sovereign tribal nation, or
      - ii.** The Veterans Health Administration;
    - r.** Whether the applicant is living in non-permanent housing or is in another situation in which the applicant's financial records to verify annual household income, as specified in subsection (A)(6), are not available to the applicant;
    - s.** A statement by the applicant or the applicant's representative confirming that the applicant or the applicant's representative:
      - i.** Understands that, if the annual household income of the applicant is at an amount that may make the applicant eligible for enrollment in AHCCCS, the applicant or the applicant's representative is required to submit to the Department documentation stating the applicant's status for enrollment in AHCCCS before the end of the month after the month in which the applicant applied for ADAP, if not provided to the Department with the application;
      - ii.** Except as provided in R9-6-405(E), if the applicant is eligible for Medicare, understands that the applicant or the applicant's representative is required to submit to the Department proof of enrollment in a Medicare drug plan before the end of the month after the month in which the applicant applied for ADAP, if not provided to the Department with the application;
      - iii.** Except as provided in R9-6-405(E), if the applicant is eligible for Medicare and the annual household income of the applicant is

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- less than 175% of the poverty level, understands that the applicant or the applicant's representative is required to submit to Department documentation of the applicant's status for a low-income subsidy before the end of the month after the month in which the applicant applied for ADAP, if not provided to the Department with the application;
- iv. Except as provided in R9-6-405(E), if the applicant or the applicant's spouse has or is eligible for health insurance coverage other than AHCCCS or Medicare, understands that the applicant or the applicant's representative is required to submit to the Department information about the health insurance coverage to enable the Department to determine if the health insurance coverage is inadequate, according to R9-6-403(4)(b), or unaffordable, according to R9-6-403(4)(c), before the end of the month after the month in which the applicant applied for ADAP, if not provided to the Department with the application;
  - v. Grants permission to the Department to discuss the information provided to the Department under subsection (A) with:
    - (1) AHCCCS, for the purpose of determining AHCCCS eligibility;
    - (2) Medicare and the Social Security Administration, for the purpose of determining eligibility for a low-income subsidy and enrollment in a Medicare drug plan;
    - (3) The applicant's HIV-care provider or designee;
    - (4) The contract pharmacy or a pharmacy at which the applicant or the applicant's representative may request a drug through ADAP, to assist with drug distribution;
    - (5) Other providers of services for persons living with HIV that are funded through Ryan White;
    - (6) Other providers of HIV-related services, as applicable to the applicant; and
    - (7) Any other entity as necessary to establish eligibility for enrollment in ADAP or assist with drug distribution to the applicant or payment of prescription co-payment costs;
  - vi. Understands that the applicant or the applicant's representative is required to submit to the Department proof of the applicant's annual household income as part of the application; and
  - vii. Understands that the applicant or the applicant's representative is required to notify the Department of changes specified in R9-6-406(A);
  - t. A statement by the applicant or the applicant's representative attesting that:
    - i. To the best of the knowledge and belief of the applicant or the applicant's representative, the information and documents provided to the Department in the application packet is accurate and complete;
    - ii. The applicant meets the eligibility criteria specified in R9-6-403; and
    - iii. The applicant or applicant's representative understands that eligibility does not guarantee that the Department will be able to provide drugs and understands that an individual's enrollment in ADAP may be terminated as specified in R9-6-408; and
  - u. The dated signature of the applicant or the applicant's representative;
2. The information specified in subsection (B), completed by the applicant's HIV-care provider in a Department-provided format;
  3. If the annual household income of the applicant is an amount that may make the applicant eligible for enrollment in AHCCCS, a copy of documentation from AHCCCS, dated within 60 calendar days before the date of application, stating the status of the applicant's eligibility for enrollment in AHCCCS;
  4. If the applicant is eligible for Medicare, a copy of valid documentation stating:
    - a. The applicant's enrollment in a Medicare drug plan; and
    - b. If the applicant's annual household income is at or below 175% of the poverty level, the status of the applicant's eligibility for a low-income subsidy;
  5. If the applicant or the applicant's spouse has or is eligible for health insurance coverage other than AHCCCS or Medicare:
    - a. Information about the health insurance coverage to enable the Department to determine whether the health insurance coverage is inadequate, according to R9-6-403(4)(b), or unaffordable, according to R9-6-403(4)(c); and
    - b. If the applicant has other health insurance coverage, documentation confirming the health insurance coverage;
  6. Except as provided in subsection (C), proof of the applicant's annual household income, including the following items as applicable to the applicant's household:
    - a. An income tax return submitted by the applicant for the previous tax year to the U.S. Internal Revenue Service or the Arizona Department of Revenue;
    - b. If an income tax return in subsection (A)(6)(a) is not available, for each job held by an adult in the household:
      - i. Paycheck stubs from within 60 calendar days before the date of application, or
      - ii. A statement from the employer listing gross wages for the 30 calendar days before the date of application;
    - c. If an income tax return in subsection (A)(6)(a) is not available, from each self-employed adult in the household, documentation of the net income from self-employment, such as:
      - i. The Internal Revenue Service Forms 1099 prepared for the previous tax year for the self-employed adult in the household;
      - ii. A profit and loss statement for the self-employed adult's business, covering a period ending no earlier than three months before the date of application; or
      - iii. Bank statements from the self-employed adult's checking and savings accounts, covering a

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- period ending no earlier than three months before the date of application; and
- d. Documentation showing the amount and source of any regular monetary payments received by an adult in the household from sources other than those specified in subsection (A)(6)(a) through subsection (A)(6)(c);
7. If the applicant or the applicant's representative has stated according to subsection (A)(1)(k)(iv) that the applicant has no source of regular monetary payments and is unable to provide any of the documentation specified in subsection (A)(6), the following, in a Department-provided format, completed and signed within 30 calendar days before the date of application, containing:
    - a. Information completed by the applicant or the applicant's representative stating whether:
      - i. An adult in the applicant's household receives money from intermittent work performed by the adult in the household for which no paycheck stub is received and, if so, the average monthly earnings, and the adult's occupation;
      - ii. The applicant is living in non-permanent housing;
      - iii. The applicant is receiving assistance from another individual; and
      - iv. The applicant has another source of assistance for obtaining food, water, housing, and clothing, and, if so, an identification of the source;
    - b. A statement by the applicant or the applicant's representative attesting that, to the best of the knowledge and belief of the applicant or the applicant's representative, the information submitted under subsection (A)(7)(a) is accurate and complete; and
    - c. The dated signature of the applicant or the applicant's representative; and
  8. Proof that the applicant is a resident of Arizona that includes:
    - a. One of the following that shows the Arizona residential address specified according to subsection (A)(1)(b) and the name of the applicant or an adult in the applicant's household:
      - i. Documentation issued by a governmental entity related to the applicant's eligibility for benefits, dated within 60 calendar days before the date of application;
      - ii. Valid documentation from the Social Security Administration or the Department of Veterans Affairs related to the applicant's eligibility for benefits;
      - iii. A property tax statement for the most recent tax year issued by a governmental entity;
      - iv. A homeowners' association assessment or fee statement, dated within 60 calendar days before the date of application;
      - v. A valid lease agreement;
      - vi. A mortgage statement for the most recent tax year;
      - vii. A letter issued by an entity providing non-permanent housing to the applicant, dated within 30 calendar days before the date of application;
      - viii. Any document or mail dated within 60 calendar days before the date of application and received by the applicant, including a utility bill, check stub, or statement of direct deposit issued by an employer, a bank or credit union statement, a credit card statement, a mobile telephone company billing statement, a billing statement or receipt from an HIV-care provider's office, or a document from an insurance company;
    - ix. A non-expired Arizona driver license issued by the Arizona Department of Transportation's Motor Vehicle Division within the previous 12 months;
    - x. A non-expired Arizona vehicle registration issued by the Arizona Department of Transportation's Motor Vehicle Division within the previous 12 months;
    - xi. A non-expired Arizona identification card issued by the Arizona Department of Transportation's Motor Vehicle Division within the previous 12 months; or
    - xii. A tribal enrollment card or other type of tribal identification; or
  - b. If the applicant is unable to produce documentation that satisfies subsection (A)(8)(a), one of the following that includes the name of the applicant or an adult in the applicant's household and is dated within 30 calendar days before the date of application:
    - i. A written statement issued by the applicant's case manager verifying that the applicant is living in non-permanent housing and a resident of Arizona;
    - ii. A written statement issued by the applicant's case manager indicating that the case manager has conducted a home visit with the applicant at the Arizona residential address specified according to subsection (A)(1)(b); or
    - iii. A written statement issued by the applicant's HIV-care provider, verifying that the applicant is a resident of Arizona.
- B. The HIV-care provider of an applicant for initial enrollment in ADAP shall provide:
    1. The following information for the applicant in a Department-provided format:
      - a. The applicant's name;
      - b. The HIV-care provider's name, business address, telephone number, email address, fax number, and professional license number;
      - c. A statement that the applicant has been diagnosed with HIV infection;
      - d. A list of each drug prescribed for the applicant by the HIV-care provider;
      - e. A statement by the HIV-care provider attesting that, to the best of the HIV-care provider's knowledge and belief, the information provided to the Department as specified in subsection (B) is accurate and complete; and
      - f. The dated signature of the HIV-care provider;
    2. Documentation confirming HIV-infection of the applicant; and
    3. A copy of the most recent laboratory report of a test for viral load and, if available, CD4-T-lymphocyte count conducted for the applicant.
  - C. If an applicant or the applicant's representative stated in subsection (A)(1)(r) that the applicant is in a situation in which the applicant's financial records to verify annual household income, as required in subsection (A)(6), are not available to



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the applicant, the applicant or the applicant's representative may submit to the Department a statement describing the applicant's situation and provide whatever documentation the applicant has available to demonstrate the applicant's annual household income.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted as an emergency and subsection (A) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2).

Renumbered from R9-6-804 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-404 renumbered to R9-6-405; new Section R9-6-404 renumbered from R9-6-403 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3).

Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 661 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-6-405. Enrollment Process; Pre-approved Enrollment Status****A.** The Department shall:

1. Review the documents submitted by an applicant as required in R9-6-404(A);
2. Determine whether the applicant is eligible under R9-6-403;
3. Grant or deny enrollment based on applicant eligibility, the date of application, and the availability of funds; and
4. Notify the applicant or the applicant's representative of the Department's decision within five working days after receiving the documents specified in R9-6-404(A).

**B.** An applicant or the applicant's representative shall execute any consent forms or releases of information necessary for the Department to verify eligibility.**C.** The Department shall send an applicant or the applicant's representative a written notice of denial, setting forth the information required under A.R.S. § 41-1092.03, if:

1. The applicant does not qualify for enrollment in ADAP, based on the documentation provided to establish eligibility;
2. The documentation submitted to the Department under R9-6-404 is found to contain false information; or
3. The Department does not have funds available to enroll the applicant in ADAP.

**D.** The Department shall grant pre-approved enrollment status in ADAP to an applicant, lasting until the end of the month after the month in which an applicant applied for ADAP, if:

1. The Department determines that the applicant meets the requirement in R9-6-403(1);
2. The applicant, whose annual household income is an amount that may make the applicant eligible for enroll-

ment in AHCCCS, or the applicant's representative attests in writing that the applicant has applied for AHCCCS enrollment but is unable to provide documentation that states the status of the applicant's enrollment in AHCCCS;

3. Except as provided in subsection (E), the applicant, who is eligible for Medicare or other health insurance coverage, or the applicant's representative attests in writing that the applicant has applied for, but is unable to provide documentation of, enrollment in Medicare and a Medicare drug plan or in other health insurance coverage, as applicable; and
4. The applicant or the applicant's representative attests in writing that the applicant or the applicant's representative will provide, before the end of the period during which the applicant has pre-approved enrollment status, a missing component of:
  - a. Proof of the applicant's annual household income, according to R9-6-404(A)(6) or (7); or
  - b. Proof of residency, according to R9-6-404(A)(8).

**E.** The Department shall grant pre-approved enrollment status in ADAP, lasting until the end of the month after the month in which an applicant may apply for Medicare or other health insurance, if the applicant or the applicant's representative provides documentation that the applicant would be eligible for Medicare or other health insurance coverage during the next health insurance enrollment period, but that enrollment was closed on the date of application for ADAP.**F.** The Department shall provide an applicant to whom the Department has granted pre-approved enrollment status in ADAP with the drugs on the ADAP formulary during the period during which the applicant has pre-approved enrollment status.**G.** Except as specified in subsection (I), to continue ADAP enrollment beyond the period in subsection (D) or (E) during which the applicant has pre-approved enrollment status, an applicant or the applicant's representative shall provide to the Department, before the end of the period, documentation that establishes eligibility according to R9-6-403.**H.** Except as specified in subsection (I), if an applicant with pre-approved enrollment status or the applicant's representative fails to provide documentation as required in subsection (G) to the Department before the end of the period during which the applicant has pre-approved enrollment status, the Department shall send the applicant or the applicant's representative a written notice of denial, setting forth the information required under A.R.S. § 41-1092.03.**I.** The Department may grant an extension of pre-approved enrollment status to an applicant beyond the period in subsection (D) or (E) if the applicant or the applicant's representative provides a justification for needing more time to obtain the required documentation to verify eligibility because of missing:

1. Documentation of health insurance coverage;
2. Financial records to verify annual household income, specified in R9-6-404(A)(6);
3. Proof of residency, specified in R9-6-404(A)(8); or
4. Viral load test results on the laboratory report required in R9-6-404(B)(2).

**J.** Based on the information provided by an applicant about the applicant's health insurance coverage and except as provided in R9-6-409(F), the Department shall:

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1. For an applicant with no health insurance coverage, provide a drug on the ADAP formulary through the contract pharmacy;
2. For an applicant with health insurance coverage that is inadequate, according to R9-6-403(4)(b), provide a drug on the ADAP formulary that is not covered by the applicant's health insurance, as documented according to R9-6-409(E), through the contract pharmacy; or
3. For an applicant with health insurance coverage that is unaffordable, according to R9-6-403(4)(c), provide a drug on the ADAP formulary with no copayment cost to the applicant when requesting the filling of a prescription for the drug or obtaining a refill of the drug through ADAP.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted as an emergency and subsection (B), Paragraph (2) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-805 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-405 renumbered to R9-6-406; new Section R9-6-405 renumbered from R9-6-404 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

**R9-6-406. Notification Requirements**

- A. An enrolled individual or the enrolled individual's representative shall notify the Department in writing or by telephone and comply with the applicable requirements specified in R9-6-407 within 30 calendar days after any of the following occurs:
  1. The residential or mailing address or the telephone number of the enrolled individual changes from that provided to the Department under R9-6-404(A)(1) or R9-6-407;
  2. The enrolled individual adds or removes an individual with whom the Department may speak about the enrolled individual's ADAP enrollment from the list specified in R9-6-404(A)(1)(h);
  3. The enrolled individual has:
    - a. Lost health insurance coverage;
    - b. Been determined eligible for and enrolled to receive drug coverage through AHCCCS;
    - c. Been determined eligible for or obtained health insurance coverage, other than through AHCCCS, the Indian Health Service, the Veterans Health Administration, or the health insurance coverage previously used by the enrolled individual; or
    - d. Been determined eligible for a low-income subsidy;
  4. The enrolled individual's annual household income has changed; or
  5. The enrolled individual establishes residency outside Arizona.

- B. Within 30 calendar days after an enrolled individual loses health insurance coverage, the enrolled individual shall provide to the Department documentation stating the loss of health insurance coverage.
- C. An enrolled individual's case manager shall notify the Department in writing or by telephone within 30 calendar days after the case manager learns that:
  1. The residential or mailing address or the telephone number of the enrolled individual has changed from that provided to the Department under R9-6-404(A)(1) or R9-6-407;
  2. The enrolled individual:
    - a. Has been determined eligible for and enrolled to receive drug coverage through AHCCCS;
    - b. Obtained health insurance coverage other than AHCCCS, the Indian Health Service, or the Veterans Health Administration; or
    - c. Has been determined eligible for a low-income subsidy;
  3. The enrolled individual's annual household income has changed;
  4. The enrolled individual has established residency outside Arizona; or
  5. The enrolled individual has died.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Renumbered from R9-6-806 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-406 renumbered to R9-6-407; new Section R9-6-406 renumbered from R9-6-405 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-406 renumbered to R9-6-407; new R9-6-406 made by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

**R9-6-407. Continuing Enrollment**

- A. To continue enrollment in ADAP, an enrolled individual or the enrolled individual's representative shall:
  1. When the enrolled individual's residential address changes, comply with subsection (B);
  2. When the enrolled individual's annual household income changes, comply with subsection (C);
  3. When the enrolled individual becomes eligible for Medicare or other health insurance coverage, comply with subsection (D);
  4. Before the end of the month that is six months after the enrolled individual's month of birth, comply with subsection (E); and

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5. Before the end of the enrolled individual's month of birth each year after an individual's initial enrollment, comply with subsection (F).
- B.** When an enrolled individual's residential address changes, the enrolled individual or the enrolled individual's representative shall submit to the Department:
  1. The following information for the enrolled individual in a Department-provided format:
    - a. The enrolled individual's name and date of birth;
    - b. The new residential address and mailing address for the enrolled individual;
    - c. If the enrolled individual is in non-permanent housing, the address of a person that has agreed to receive written communications for the enrolled individual; and
    - d. If applicable, the address in Arizona to which the enrolled individual would want drugs to be shipped; and
  2. Proof of Arizona residency, as specified in R9-6-404(A)(8), showing the new Arizona residential address specified in subsection (B)(1)(b).
- C.** When an enrolled individual's annual household income changes, the enrolled individual or the enrolled individual's representative shall:
  1. Submit to the Department, within 30 calendar days after the change, documentation of the enrolled individual's annual household income, as specified in R9-6-404(A)(6) or (7); and
  2. If the enrolled individual's annual household income has decreased to an amount that may make the individual eligible for enrollment in AHCCCS:
    - a. Apply for enrollment in AHCCCS within 30 calendar days after the change in annual household income; and
    - b. Submit to the Department, within 30 calendar days after the change, documentation that states the status of the enrolled individual's enrollment in AHCCCS.
- D.** When an enrolled individual becomes eligible for Medicare or other health insurance coverage, the enrolled individual or the enrolled individual's representative shall, within 30 calendar days after the enrolled individual becomes eligible for Medicare or other health insurance coverage:
  1. If eligible for Medicare:
    - a. Enroll in a Medicare drug plan; and
    - b. If the enrolled individual's annual household income is at or below 175% of the poverty level, apply for a low-income subsidy; and
    - c. Submit to the Department a copy of valid documentation stating:
      - i. The enrolled individual's enrollment in a Medicare drug plan; and
      - ii. If the enrolled individual's annual household income is at or below 175% of the poverty level, the status of the enrolled individual's eligibility for a low-income subsidy; and
  2. If eligible for other health insurance coverage, submit to the Department information about the health insurance coverage to enable the Department to determine if the health insurance coverage is inadequate, according to R9-6-403(4)(b), or unaffordable, according to R9-6-403(4)(c).
- E.** Before the end of the month that is six months after the enrolled individual's month of birth, the enrolled individual or the enrolled individual's representative shall:
  1. Either:
    - a. Submit to the Department an attestation, in a Department-provided format, that there have been no changes specified in subsection (A)(1), (2), or (3); or
    - b. Comply with subsections (B), (C), and (D), as applicable; and
  2. Obtain from the enrolled individual's HIV-care provider and submit to the Department a copy of the most recent laboratory report of a test for viral load, and, if available, CD4-T-lymphocyte count conducted for the applicant.
- F.** Before the end of an enrolled individual's month of birth each year, an enrolled individual or the enrolled individual's representative shall submit to the Department the application packet required in R9-6-404(A).
- G.** The Department shall:
  1. Review information about an enrolled individual and determine eligibility for continuing enrollment for the enrolled individual:
    - a. At the end of the enrolled individual's month of birth each year,
    - b. At the end of the month that is six months after the enrolled individual's month of birth each year,
    - c. When the Department receives information from the enrolled individual or the enrolled individual's representative under subsection (A), or
    - d. When the Department no longer has sufficient funds to provide continuing enrollment to all enrolled individuals;
  2. Grant continuing enrollment to an enrolled individual, subject to the availability of funds, when:
    - a. The enrolled individual or the enrolled individual's representative complies with subsection (A); and
    - b. The Department determines that:
      - i. The information in the documents submitted to the Department is accurate and complete, and
      - ii. The enrolled individual is eligible under R9-6-403; and
  3. Notify the enrolled individual or the enrolled individual's representative of the Department's decision within five working days after receipt of the documents required in subsection (A).
- H.** The Department may grant pre-approved enrollment status in ADAP, according to R9-6-405(D) or (E) and ending according to R9-6-405(G), to an enrolled individual who is missing documentation to establish eligibility under R9-6-403.
- I.** If the Department denies continuing enrollment to an enrolled individual, the Department shall send to the enrolled individual or the enrolled individual's representative a written notice of denial setting forth the information required under A.R.S. § 41-1092.03.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Emergency not renewed. Former Section R9-6-808 renumbered as Section R9-6-807, amended, and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (C) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

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Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-807 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-407 repealed; new Section R9-6-407 renumbered from R9-6-406 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

Former R9-6-407 renumbered to R9-6-409; new R9-6-407 renumbered from R9-6-406 and amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

**R9-6-408. Termination from ADAP Services**

- A.** The Department may terminate an enrolled individual's enrollment in ADAP if:
1. The Department learns that information submitted to the Department by the enrolled individual or the enrolled individual's representative under R9-6-404(A) or (C), R9-6-407(A), or R9-6-409(E) or (F) is inaccurate or incomplete;
  2. The enrolled individual or the enrolled individual's representative does not request a refill of any drug through ADAP for a period of 90 calendar days; or
  3. The enrolled individual or the enrolled individual's representative exhibits violent or threatening behavior to an employee of the Department, the contract pharmacy, or a pharmacy in which the enrolled individual or the enrolled individual's representative is filling a prescription for a drug or requesting a refill of a drug through ADAP, as established by documentation such as a police report or a written document from the individual.
- B.** The Department may terminate approval of a drug approved under R9-6-409(E) or (F) for an enrolled individual if funding is no longer available to pay for the drug approved under R9-6-409(E) or (F).
- C.** The Department shall send to an enrolled individual or the enrolled individual's representative a written notice of termination setting forth the information required under A.R.S. § 41-1092.03 if the Department terminates:
1. The enrolled individual's enrollment in ADAP, or
  2. Approval of a drug approved under R9-6-409(E) or (F) for the enrolled individual.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Former Section R9-6-809 renumbered as Section R9-6-808, amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-808 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-408 renumbered to R9-6-409; new Section R9-6-408 made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December

3, 2019 (Supp. 19-4).

**R9-6-409. Drug Prescription and Distribution Requirements**

- A.** A HIV-care provider shall:
1. Issue a prescription order:
    - a. For each drug on the ADAP formulary prescribed for an applicant or enrolled individual by the HIV-care provider; and
    - b. For dispensing up to a 30-day supply of the drug; and
  2. Provide a written prescription order to the applicant or enrolled individual or an electronic prescription order to the contract pharmacy or a pharmacy at which the applicant or enrolled individual may request a drug through ADAP.
- B.** The Department shall:
1. Except as specified in subsection (D), provide up to a 30-day supply of a drug to an enrolled individual; and
  2. Ensure that a drug to be shipped to an enrolled individual is sent to the address in Arizona provided by the enrolled individual according to R9-6-404(A)(1)(d) or R9-6-407(B)(1)(d).
- C.** The Department may authorize replacement of a drug when:
1. The drug has been dispensed by the contract pharmacy or a pharmacy in which the enrolled individual or the enrolled individual's representative requested a refill of the drug through ADAP; and
  2. The enrolled individual or the enrolled individual's representative claims the dispensed drug was lost, stolen, or damaged.
- D.** The Department may authorize an enrolled individual to receive more than a 30-day supply of a drug if the enrolled individual:
1. Submits to the Department:
    - a. The enrolled individual's name and date of birth;
    - b. The number of days for which the enrolled individual is requesting a supply of the drug; and
    - c. A justification for receiving more than a 30-day supply of a drug, such as that:
      - i. The enrolled individual will be out of Arizona for more than 30 days without changing residency, or
      - ii. The enrolled individual's health insurance coverage will allow for more than a 30-day supply of a drug; and
  2. Is expected to continue to be enrolled in ADAP:
    - a. Past the number of days for which the enrolled individual is requesting a supply of the drug, and
    - b. Without needing to submit information or documentation for continuing enrollment, according to R9-6-407(E) or (F), during the time period.
- E.** For an enrolled individual who has health insurance coverage, the HIV-care provider of the enrolled individual, independently or through the contract pharmacy, may request approval of a drug on the ADAP formulary that is not covered by the enrolled individual's health insurance by submitting to the Department documentation that:
1. The drug is not covered by the enrolled individual's health insurance,
  2. A request for health insurance coverage of the drug as a medical exception has been denied by the enrolled individual's health insurance, and

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3. An appeal of the denial of the request in subsection (E)(2) has been denied by the enrolled individual's health insurance.
- F. The HIV-care provider of an enrolled individual, independently or through the contract pharmacy, may request approval of a drug that is not covered by health insurance and not on the ADAP formulary for the enrolled individual by:
  1. Providing to the Department the following information, in a Department-provided format, for each requested drug:
    - a. The name, business address, email address, and telephone number of the HIV-care provider;
    - b. The date of the request;
    - c. The enrolled individual's name and date of birth;
    - d. The name and any other identifier of the drug;
    - e. The cost of the drug, if available;
    - f. The expected duration of the enrolled individual's use of the drug, including whether:
      - i. Use of the drug is expected to be a one-time occurrence, or
      - ii. The enrolled individual is expected to need multiple refills of the drug and the expected number of refills;
    - g. A justification for use of the drug that is not on the ADAP formulary by the enrolled individual;
    - h. Whether the Department should consider adding the drug to the ADAP formulary and the reasons for the recommendation; and
    - i. The dated signature of the HIV-care provider;
  2. Issuing a valid prescription order for the drug that is not on the ADAP formulary to the contract pharmacy; and
  3. Unless the enrolled individual has no health insurance coverage, submitting to the Department the documentation required in subsections (E)(1) through (3).
- G. When the Department receives a request under subsection (E) or (F) for an enrolled individual, the Department shall:
  1. Review the documents submitted according to subsection (E) or (F), as applicable;
  2. Determine whether the information submitted to the Department:
    - a. Is complete; and
    - b. Substantiates that the enrolled individual's use of the drug is indicated; and
  3. Notify, through the contract pharmacy, the following of the Department's decision within five working days after receiving the request:
    - a. The enrolled individual or the enrolled individual's representative, and
    - b. The enrolled individual's HIV-care provider.
- H. If the Department denies a request under subsection (E) or (F) for an enrolled individual, the Department shall send to the enrolled individual or the enrolled individual's representative a written notice of denial setting forth the information required under A.R.S. § 41-1092.03.
- I. The Department shall only authorize the distribution of drugs that are included on the ADAP formulary or approved for an enrolled individual according to subsection (F).

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former Section R9-6-409 renumbered to R9-6-902; new Section R9-6-409 renumbered from R9-6-408 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-409 renumbered to R9-

6-410; new R9-6-409 renumbered from R9-6-407 and amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

**Exhibit A. Renumbered****Historical Note**

Exhibit A "Consent for HIV Testing" (English) form adopted effective April 4, 1997 (Supp. 97-2). Exhibit A renumbered to Article 9 by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

**Exhibit B. Renumbered****Historical Note**

Exhibit B "Consentimiento Para la Prueba de VIH" (Consent for HIV Testing-Spanish) form adopted effective April 4, 1997 (Supp. 97-2). Exhibit B renumbered to Article 9 by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

**R9-6-410. Confidentiality**

In administering ADAP, the Department shall comply with all applicable federal and state laws relating to confidentiality of information.

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Section renumbered to R9-6-903 by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section R9-6-410 renumbered from R9-6-409 and amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3).

**R9-6-411. Repealed****Historical Note**

Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-412. Repealed****Historical Note**

Correction, adding Historical Note: Amended effective February 25, 1976 (Supp. 87-1). Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-413. Repealed****Historical Note**

Amended effective February 25, 1976 (Supp. 76-1). Amended effective June 4, 1980 (Supp. 80-3). Amended effective January 28, 1987 (Supp. 87-1). Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-414. Repealed****Historical Note**

Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-415. Repealed****Historical Note**

Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-416. Repealed****Historical Note**

Amended effective February 25, 1976 (Supp. 76-1).

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Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-417. Repealed****Historical Note**

Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-418. Repealed****Historical Note**

Amended effective February 25, 1976 (Supp. 76-1).

Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-419. Repealed****Historical Note**

Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-420. Reserved****R9-6-421. Reserved****R9-6-422. Reserved****R9-6-423. Reserved****R9-6-424. Reserved****R9-6-425. Reserved****R9-6-426. Reserved****R9-6-427. Reserved****R9-6-428. Reserved****R9-6-429. Reserved****R9-6-430. Reserved****R9-6-431. Repealed****Historical Note**

Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-432. Repealed****Historical Note**

Amended effective February 25, 1976 (Supp. 76-1).

Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-433. Repealed****Historical Note**

Repealed effective October 19, 1993 (Supp. 93-4).

**ARTICLE 5. RABIES CONTROL****R9-6-501. Definitions**

In this Article, unless otherwise specified:

1. "Animal control agency" means a board, commission, department, office, or other administrative unit of federal or state government or of a political subdivision of the state that has the responsibility for controlling rabies in animals in a particular geographic area.
2. "Approved rabies vaccine" means a rabies vaccine authorized for use in this state by the state veterinarian under A.A.C. R3-2-409.
3. "Cat" means an animal of the genus species *Felis domesticus*.
4. "Currently vaccinated" means that an animal was last immunized against rabies with an approved rabies vaccine:

- a. At least 28 days and no longer than one year before being exposed, if the animal has only received an initial dose of approved rabies vaccine;
  - b. No longer than one year before being exposed, if the approved rabies vaccine is approved for annual use under A.A.C. R3-2-409; or
  - c. No longer than three years before being exposed, if the approved rabies vaccine is approved for triennial use under A.A.C. R3-2-409.
5. "Dog" means an animal of the genus species *Canis familiaris*.
  6. "Euthanize" means to kill an animal painlessly.
  7. "Exposed" means bitten by or having touched a rabid animal or an animal suspected of being rabid.
  8. "Ferret" means an animal of the genus species *Mustela putorius*.
  9. "Not currently vaccinated" means that an animal does not meet the definition of "currently vaccinated."
  10. "Rabid" means infected with rabies virus, a rhabdovirus of the genus *Lyssavirus*.
  11. "Suspect case" means an animal whose signs or symptoms indicate that the animal may be rabid.

**Historical Note**

Amended effective December 22, 1976 (Supp. 76-5).

Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Corrections, subsections (A), (B) and (C) (Supp. 77-5). Amended effective April 10, 1980 (Supp. 80-2). Former Section R9-6-116 renumbered without change as R9-6-501 effective January 28, 1987 (Supp. 87-1). Section R9-6-501 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-501 renumbered to R9-6-701, new Section R9-6-501 renumbered from R9-6-201 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-501 renumbered to R9-6-502; new R9-6-501 renumbered from R9-6-105 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

**R9-6-502. Management of Exposed Animals**

- A. An animal control agency shall manage an exposed dog, cat, or ferret as follows:
  1. If the exposed dog, cat, or ferret is currently vaccinated, the animal control agency shall:
    - a. Revaccinate the animal with an approved rabies vaccine within seven days after the date that the animal is exposed; and
    - b. Confine and observe the animal in the owner's home or, at the owner's expense, in a veterinary hospital or the animal control agency's facility, as determined by the animal control agency, for 45 days after the animal is exposed; or
  2. If the exposed dog, cat, or ferret is not currently vaccinated, the animal control agency shall:
    - a. Euthanize the animal; or
    - b. At the owner's request, confine the animal for 120 days, at the owner's expense, in a veterinary hospital or the animal control agency's facility, as determined by the animal control agency, and vaccinate the animal with an approved rabies vaccine 28 days before it is released from confinement.
- B. An animal control agency that is aware of an exposed animal, other than a cat, dog, ferret, or livestock, shall:

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1. Make every effort to capture the exposed animal as soon as it is identified, and
  2. Euthanize the animal as soon as it is captured.
- C. An animal control agency shall release from confinement a dog, cat, or ferret exposed to a suspect case when the animal control agency receives a negative rabies report on the suspect case from the Department.
- D. Livestock shall be handled according to A.A.C. R3-2-408.

**Historical Note**

Amended effective December 22, 1976 (Supp. 76-5).  
Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-117 amended as a permanent rule by adding a new subsection (C) and repealing the former subsections (C), (D) and (E) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-117 renumbered without change as R9-6-502 effective January 28, 1987 (Supp. 87-1).  
Section R9-6-502 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-502 renumbered to R9-6-702, new Section R9-6-502 renumbered from R9-6-202 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-502 renumbered to R9-6-503; new R9-6-502 renumbered from R9-6-501 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).  
Amended by final expedited rulemaking at 27 A.A.R. 1329, with an immediate effective date of August 4, 2021 (Supp. 21-3).

**R9-6-503. Suspect Cases**

- A. An animal control agency shall ensure confinement of a dog, cat, or ferret that is a suspect case until:
1. The animal dies,
  2. The animal is euthanized, or
  3. A veterinarian determines that the animal is not rabid.
- B. When an animal control agency euthanizes a suspect case, the animal control agency shall avoid damaging the brain, so that rabies testing can be performed.

**Historical Note**

Amended effective December 22, 1976 (Supp. 76-5).  
Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-118 amended as a permanent rule by repealing subsection (C) and renumbering subsections (D) through (I) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-118 renumbered without change as R9-6-503 effective January 28, 1987 (Supp. 87-1). Section R9-6-503 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-503 renumbered to R9-6-703, new Section R9-6-503 renumbered from R9-6-203 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-503 renumbered to R9-6-504; new R9-6-503 renumbered from R9-6-502 and amended by final rulemaking at 10

A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

**R9-6-504. Animal Control Agency Reporting Requirements**

By April 30 of each year, an animal control agency shall submit a report to the Department that contains the number of animal bites to humans reported as occurring in the animal control agency's jurisdiction during the preceding calendar year and a breakdown of the bites by:

1. Species of animal,
2. Age of victim, and
3. Month of occurrence.

**Historical Note**

Amended effective December 22, 1976 (Supp. 76-5).  
Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-119 amended as a permanent rule by repealing subsections (A) and (B), renumbering and amending subsections (C) through (I) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-119 renumbered without change as R9-6-504 effective January 28, 1987 (Supp. 87-1). Section R9-6-504 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-504 renumbered to R9-6-704 effective October 19, 1993 (Supp. 93-4). Section renumbered from R9-6-503 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

**R9-6-505. Renumbered****Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-505 renumbered to R9-6-705 effective October 19, 1993 (Supp. 93-4).

**R9-6-506. Renumbered****Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-506 renumbered to R9-6-706 effective October 19, 1993 (Supp. 93-4).

**Table 1. Renumbered****Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-506, Table 1 renumbered to R9-6-706 Table 1 effective October 19, 1993 (Supp. 93-4).

**Table 2. Renumbered****Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-506, Table 2 renumbered to R9-6-706, Table 2 effective October 19, 1993 (Supp. 93-4).

**ARTICLE 6. REPORTING POST-EXPOSURE RABIES PROPHYLAXIS****R9-6-601. Reporting Requirements**

A physician or an authorized designee shall submit a written or electronic report to the Department for each individual exposed who receive post-exposure rabies prophylaxis that includes:

1. Name, age, address, and telephone number of the individual exposed;

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2. Date of report;
3. Reporting institution or physician;
4. Date of exposure;
5. Body part exposed;
6. Type of exposure: Bite or saliva contact (non-bite);
7. Species of animal;
8. Animal disposition: quarantined, euthanized, died, unable to locate;
9. Animal rabies test results, if any: positive or negative;
10. Treatment regimen; and
11. Date treatment was initiated.

**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-601 renumbered to R9-6-201, new Section R9-6-601 adopted effective October 19, 1993 (Supp. 93-4). Section renumbered from R9-6-106 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former Section R9-6-601 renumbered to R9-6-1201; new Section R9-6-601 made by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Section amended by final expedited rulemaking at 24 A.A.R. 261, effective January 9, 2018 (Supp. 18-1).

**R9-6-602. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-602 renumbered to R9-6-202, new Section R9-6-601 adopted effective October 19, 1993 (Supp. 93-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former Section R9-6-602 renumbered to R9-6-1202 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

**R9-6-603. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Repealed effective October 19, 1993 (Supp. 93-4), new Section R9-6-603 adopted effective October 19, 1993 (Supp. 93-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former Section R9-6-603 renumbered to R9-6-1203 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

**R9-6-604. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Repealed effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former Section R9-6-604 renumbered to R9-6-1204 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

**R9-6-605. Repealed****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3).

Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-606. Emergency Expired****Historical Note**

Adopted as an emergency effective October 12, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency rule readopted without change effective February 22, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Emergency rule readopted with changes effective July 3, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency expired.

**ARTICLE 7. REQUIRED IMMUNIZATIONS FOR CHILD CARE OR SCHOOL ENTRY****R9-6-701. Definitions**

In addition to the definitions in A.R.S. § 36-671 and R9-6-101, the following definitions apply in this Article, unless otherwise specified:

1. "Child" means:
  - a. An individual 18 years of age or less, or
  - b. An individual more than 18 years of age attending school.
2. "Child care" means:
  - a. A child care facility as defined in A.R.S. § 36-881; or
  - b. A child care group home as defined in A.R.S. § 36-897.
3. "Child care administrator" means an individual, or the individual's designee, having daily control and supervision of a child care.
4. "Day" means a calendar day, and excludes the:
  - a. Day of the act or event from which a designated period of time begins to run, and
  - b. Last day of the period if a Saturday, Sunday, or official state holiday.
5. "Document" means information in written, photographic, electronic, or other permanent form.
6. "Enroll" means to accept for attendance at a school or child care.
7. "Entry" means the first day of attendance at a child care or at a specific grade level in a school.
8. "Immunization registry" means an electronic database maintained by a governmental health agency for the storage of immunization data for vaccines.
9. "In writing" means on paper or in a printable electronic format.
10. "Medical exemption" means the written certification described in A.R.S. § 15-873(A)(2).
11. "Nurse" means a:
  - a. Registered nurse, as defined in A.R.S. § 32-1601; or
  - b. Practical nurse, as defined in A.R.S. § 32-1601.
12. "Parent" means:
  - a. A natural or adoptive mother or father,
  - b. A legal guardian appointed by a court of competent jurisdiction, or
  - c. A "custodian" as defined in A.R.S. § 8-201.
13. "Physician" has the same meaning as in A.R.S. § 15-871.
14. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
15. "School-based or child care-based vaccination information system" means an electronic database used and maintained by a school, child care, or group of schools or



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child cares for the storage of immunization data for vaccines.

## 16. "Signature" means:

- a. A handwritten or stamped representation of an individual's name or a symbol intended to represent an individual's name, or
- b. An electronic signature as defined in A.R.S. § 44-7002.

**Historical Note**

Former Section R9-6-115, Paragraph (47), renumbered and amended as R9-6-701 effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Former Section R9-6-701 renumbered to Section R9-6-328, new Section R9-6-701 renumbered from R9-6-501 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1). Former Section R9-6-701 renumbered to R9-6-702; new Section R9-6-701 made by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**R9-6-702. Required Immunizations for Child Care or School Entry**

Except as provided in R9-6-706, documentary proof of immunization, according to Table 7.1 or Table 7.2, for each of the following diseases is required for child care or school entry:

1. Diphtheria;
2. Tetanus;
3. Pertussis;
4. Hepatitis A, for a child 1 through 5 years of age in child care in Maricopa County;
5. Hepatitis B;
6. Poliomyelitis;
7. Measles (rubeola);
8. Mumps;
9. Rubella (German Measles);
10. *Haemophilus influenzae* type b, for a child two months through 59 months of age;
11. Varicella; and
12. Meningococcal disease.

**Historical Note**

Former Section R9-6-115, Paragraph (1), renumbered and amended as R9-6-702 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-702 renumbered to Section R9-6-302, new Section R9-6-702 renumbered from R9-6-502 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-702 renumbered to R9-6-703; new Section R9-6-702 renumbered from R9-6-701 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**Table 7.1. Immunization Requirements for Child Care or School Entry**

Key:

DTaP	=	Diphtheria, tetanus, and acellular pertussis vaccine
DTP	=	Diphtheria, tetanus, and pertussis vaccine
Hep A	=	Hepatitis A vaccine
Hep B	=	Hepatitis B vaccine
Hib	=	<i>Haemophilus influenzae</i> type b vaccine
MMR	=	Measles, mumps, and rubella vaccine
MCV4	=	Quadrivalent meningococcal vaccine
Polio	=	Inactivated poliomyelitis vaccine (IPV) or trivalent oral poliomyelitis vaccine (tOPV)
Td	=	Tetanus and diphtheria vaccine
Tdap	=	Tetanus, diphtheria, and acellular pertussis vaccine
VAR	=	Varicella vaccine
Kindergarten	=	The grade level in a school that precedes first grade

**A. Vaccine Doses Required for Child Care Attendance**

Vaccine Against ↓	Age →	2 months	4 months	6 months	12 months	15 months	18 months	19-59 months
Diphtheria, Tetanus, Pertussis		DTaP 1	DTaP 2	DTaP 3	---	DTaP 4	---	Documented 4 DTaP
Hepatitis B		Hep B 1	Hep B 2	---	Hep B 3	---	---	Documented 3 Hep B
<i>Haemophilus influenzae</i> type b		Hib 1	Hib 2	Hib 3 <sup>1</sup>	---	Hib 3 or 4 <sup>1</sup>	---	Documented 3-4 Hib, as specified in Note 3
Poliomyelitis		Polio 1 <sup>2</sup>	Polio 2 <sup>2</sup>	---	Polio 3 <sup>2</sup>	---	---	Documented 3 Polio
Measles, Mumps, Rubella		---	---	---	MMR 1	---	---	Documented 1 MMR
Varicella		---	---	---	VAR 1	---	---	Documented 1 VAR

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<b>Hepatitis A (Maricopa County only)</b>	---	---	---	Hep A 1	---	Hep A 2	Documented 2 Hep A
---	-----	-----	-----	---------	-----	---------	--------------------

- <sup>1</sup> The recommended schedule for a four-dose Hib vaccine is two, four, and six months of age with a booster dose at 12-15 months of age. The recommended schedule for a three-dose Hib vaccine is two and four months of age with a booster dose at 12 -15 months of age.
- <sup>2</sup> Bivalent and monovalent oral poliomyelitis vaccines do not meet these immunization requirements. An oral poliomyelitis vaccine received before April 2016 is assumed to be trivalent oral poliomyelitis vaccine, unless otherwise specified, and to satisfy immunization requirements.

**B. Vaccine Doses Required for School Attendance.** A child at any age within the range designated by the black bar is required to have documentation of the indicated number of doses of the specified vaccine.

<b>Vaccine Against ↓</b>	<b>Age →</b>	<b>4 - 6 years and attendance in Kindergarten or 1st grade</b>	<b>7 - 10 years</b>	<b>11 years or older</b>
<b>Diphtheria, Tetanus, Pertussis</b>		4 to 6 DTP/DTaP <sup>1</sup>	3 or 4 tetanus-diphtheria containing vaccines <sup>2</sup>	3 to 5 tetanus-diphtheria-containing vaccines, including 1 Tdap <sup>2, 3</sup>
<b>Meningococcal invasive disease</b>		---	---	1 MCV4
<b>Hepatitis B</b>		3 to 4 Hep B <sup>4</sup>		2 to 4 Hep B <sup>4, 5</sup>
<b>Poliomyelitis</b>		3 or 4 Polio <sup>6</sup>		
<b>Measles, Mumps, Rubella</b>		2 MMR		
<b>Varicella zoster</b>		1-2 VAR <sup>7</sup>		

- <sup>1</sup> Only four doses of DTP/DTaP are required if the fourth dose of DTP/DTaP was received after the child's fourth birthday; otherwise an additional dose is required after the child's fourth birthday, up to a maximum of six doses.
- <sup>2</sup> Only three doses of tetanus-diphtheria-containing vaccine are required if the first dose of tetanus-diphtheria-containing vaccine was received on or after the child's first birthday; otherwise four are required.
- <sup>3</sup> One dose of Tdap is required if five years have passed since the date of the child's last dose of tetanus-diphtheria-containing vaccine and the child has not received Tdap. At least one dose of a tetanus-diphtheria-containing vaccine is required to have been administered within the previous 10 years.
- <sup>4</sup> Only three doses are required if the third dose was received at or after the child was 24 weeks of age; otherwise four are required.
- <sup>5</sup> Only two doses, at least four months apart, are required if the child received the adolescent series using the Merck Recombivax HB Adult Formulation vaccine when the child was 11-15 years of age.
- <sup>6</sup> Bivalent and monovalent oral poliomyelitis vaccines do not meet these immunization requirements. An oral poliomyelitis vaccine received before April 2016 is assumed to be trivalent oral poliomyelitis vaccine, unless otherwise specified, and to satisfy immunization requirements. Only three doses are required if the third dose was received after the child's fourth birthday and at least six months after the second dose; otherwise four doses are required, with the last received after the child's fourth birthday. Poliomyelitis vaccine is not required for individuals 18 years of age or older.
- <sup>7</sup> One dose is required if received by a child between 12 months and 12 years of age. A child who received a first dose of VAR at 13 years of age or older is required to receive a second dose if at least four weeks have passed since the date of the first dose.

**Historical Note**

Table 7.1 made by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

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**Table 7.2. Immunization Schedule for a Child Who Has Not Completed the Vaccine Series Required in Table 7.1 before Entry into a Child Care or School**

- A. If a child does not meet the applicable requirements in Table 7.1, the child is required to have the first dose of vaccine for each of the diseases indicated in R9-6-702 before school entry or no later than 15 calendar days after child care entry.
- B. If a child does not meet the applicable requirements in Table 7.1, the child is required to have the second and subsequent doses of vaccine for each of the diseases indicated in R9-6-702 either:
1. Before school entry or no later than 15 calendar days after child care entry, or
  2. At the intervals specified below.

		Intervals between Doses			
Vaccine Against ↓	Dose →	2nd Dose	3rd Dose	4th Dose	5th Dose
<b>Diphtheria, Tetanus, Pertussis</b>					
Child < 7 years of age (DTP or a combination of DTP and DTaP)		No sooner than four weeks after the first dose	No sooner than four weeks after the second dose	No sooner than six months after the third dose	No sooner than six months after the fourth dose, if the fourth dose was received at < 4 years of age
Child 7 through 10 years of age (Tetanus-diphtheria containing vaccines)		No sooner than four weeks after the first dose	No sooner than six months after the second dose	No sooner than six months after the third dose, if the first dose was received at < 12 months of age	---
Child > 10 years of age (Tetanus-diphtheria containing vaccine, including one Tdap)		No sooner than four weeks after the first dose	No sooner than six months after the second dose	No sooner than six months after the third dose, if the first dose was received at < 12 months of age	---
<b>Poliomyelitis</b>					
Child < 4 years of age		No sooner than four weeks after the first dose	No sooner than four weeks after the second dose	No sooner than six months after the third dose, if the third dose was received at < 4 years of age	---
Child between 4 and 18 years of age		No sooner than four weeks after the first dose	No sooner than six months after the second dose	No sooner than six months after the third dose, if the third dose was received at < 4 years of age	---
<b>Measles, Mumps, Rubella</b>					
Child 4 years of age or older		No sooner than one month after the first dose	---	---	---
<b>Haemophilus influenzae type b</b>					
Child 7-11 months of age		No sooner than two months after the first dose	---	---	---
Child 12-14 months of age		No sooner than two months after the first dose	No sooner than two months after the second dose if the first or second dose was received at < 12 months of age	---	---
Child 15-59 months of age		---	---	---	---
		(A child 15 through 59 months of age is required to have one dose of vaccine.)			

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<b>Hepatitis B</b>	No sooner than four weeks after the first dose  (Only two doses, at least four months apart, are required if the child received the adolescent series using the Merck Recombivax HB Adult Formulation vaccine when the child was 11-15 years of age.)	No sooner than four months after the first dose and two months after the second dose for a child $\geq 24$ weeks of age who did not receive the adolescent series.	---	---
<b>Hepatitis A</b> (Maricopa County only)	No sooner than six months after the first dose	---	---	---
<b>Varicella</b> (A child 12 months through 12 years of age is required to have one dose of vaccine.)	No sooner than one month after the first dose for a child 13 years of age or older	---	---	---

**Historical Note**

Table 7.2 made by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**R9-6-703. Responsibilities of Individuals and Local Health Agencies for Administering Vaccines**

- A.** Upon request of a parent, a local health agency shall provide for the immunization of a child against any disease listed in R9-6-702.
- B.** An individual administering a vaccine shall ensure that the dosage and route by which the vaccine is administered is:
  1. As recommended by the Centers for Disease Control and Prevention, or
  2. According to the manufacturer's recommendations.
- C.** Before administering a vaccine to a child, the individual administering the vaccine shall:
  1. Provide the child's parent with the following information in writing:
    - a. A description of the disease,
    - b. A description of the vaccine,
    - c. A statement of the risks of the disease and the risks and benefits of immunization, and
    - d. Contraindications for administering the vaccine; and
  2. Obtain documentation from the child's parent confirming that the child's parent:
    - a. Was provided the information described in subsection (C)(1),
    - b. Was provided an opportunity to read the information described in subsection (C)(1),
    - c. Was provided an opportunity to ask questions, and
    - d. Requests that the designated vaccine be administered to the child.
- D.** Following the administration of a vaccine, the individual administering the vaccine shall provide to the child's parent or, if a child is immunized at school, to the child to give to the child's parent:
  1. Information in writing about:
    - a. The vaccine administered,
    - b. The reactions to the vaccine that might be expected, and
    - c. The course of action if a reaction to the vaccine occurs that may require medical attention; and
  2. Documentary proof of immunization, according to A.R.S. § 36-674 and R9-6-704(A).

**Historical Note**

Former Section R9-6-115, Paragraph (2), renumbered and amended as R9-6-703 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-703 renumbered to Section R9-6-303, new Section R9-6-703 renumbered from R9-6-503 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-703 renumbered to R9-6-704; new Section R9-6-703 renumbered from R9-6-702 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**R9-6-704. Standards for Documentary Proof of Immunization or Immunity**

- A.** An administrator of a school or a child care administrator shall accept any of the following as documentary proof of immunization for a child:
  1. A copy of a document recording the immunizations administered to the child that contains:
    - a. The child's name;
    - b. The child's date of birth;
    - c. The type of vaccine administered;
    - d. The month, day, and year of each immunization; and
    - e. The name of the individual administering the vaccine or the name of the entity that the individual administering the vaccine represents;
  2. A document from an Arizona school or child care recording the child's immunizations, including a print-out from a school-based or child care-based vaccination information system, that contains, in a Department-provided format:
    - a. The child's name;
    - b. The child's date of birth;
    - c. The type of vaccine administered;
    - d. The month, day, and year of each immunization;
    - e. The name and address of the school or child care; and

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- f. The name and signature of the individual at the school or child care providing the document to the child's parent and the date signed;
3. A document from a school in another state recording the child's immunizations; or
4. A printout from an immunization registry containing the information in subsections (A)(1)(a) through (e).
- B.** An administrator of a school or a child care administrator shall accept a certification of medical exemption from immunization due to immunity, as specified in R9-6-706(D), as documentary proof of immunity for a child.
- Historical Note**
- Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-704 renumbered to Section R9-6-304, new Section R9-6-704 renumbered from R9-6-504 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-704 renumbered to R9-6-705; new Section R9-6-704 renumbered from R9-6-703 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).
- R9-6-705. Responsibilities of Administrators of Schools, Child Care Administrators, and the Department**
- A.** An administrator of a school or a child care administrator shall ensure that:
1. For each child attending the school or child care, one of the following is maintained at the school or child care for each disease listed in R9-6-702:
    - a. Documentary proof of immunization, as specified in R9-6-704(A), according to Table 7.1;
    - b. Documentary proof of immunization, as specified in R9-6-704(A), demonstrating compliance with Table 7.2;
    - c. Documentary proof of immunity, as specified in R9-6-704(B) and according to R9-6-706(D); or
    - d. A statement of exemption from immunization, as specified in R9-6-706(A) through (C);
  2. Lists are maintained at the school or child care of children who:
    - a. Do not have documentary proof of:
      - i. Immunization for each disease listed in R9-6-702, according to Table 7.1; or
      - ii. Immunity for each disease listed in R9-6-702, according to R9-6-706(D);
    - b. Do not have documentary proof according to subsection (A)(1)(a) or (c) but are in compliance with Table 7.2; or
    - c. Have a statement of exemption from immunization, according to R9-6-706(A), (B), or (C), for any of the diseases listed in R9-6-702;
  3. Except as provided in subsection (D), for a child enrolled in school who does not have one of the documents in subsection (A)(1) for each disease listed in R9-6-702:
    - a. The child's parent is notified in writing at the time of school enrollment or, for an enrolled child, at the time of review of immunization documentation that the child:
      - i. Is not in compliance with Arizona immunization requirements; and
      - ii. Except as required by 42 U.S.C. 11301, will be excluded from school entry, according to A.R.S. § 15-872(B), unless the documentation required in subsection (A)(1) is provided for each disease listed in R9-6-702 before school entry; and
    - b. The child is excluded from school entry if the required documentation is not provided before school entry; and
  4. Except as provided in subsection (D), for a child enrolled in a child care who does not have one of the documents in subsection (A)(1) for each disease listed in R9-6-702:
    - a. The child's parent is notified in writing before or at the time of child care entry or, for an enrolled child, at the time of review of immunization documentation that the child:
      - i. Is not in compliance with Arizona immunization requirements; and
      - ii. May attend the child care for not more than 15 days from the date of child care entry without providing one of the documents in subsection (A)(1) for each disease listed in R9-6-702; and
    - b. The child is excluded from child care entry if the required documentation is not provided for the child within 15 days following child care entry.
- B.** If an administrator of a school or a child care administrator questions the accuracy of a document provided for a child as documentary proof of immunization or immunity and is unable to verify the accuracy of the document, the administrator of the school or the child care administrator shall notify the child's parent in writing that:
1. For a child attending a school:
    - a. The administrator of the school cannot verify compliance with Arizona immunization requirements on the basis of the documents provided; and
    - b. Except as required by 42 U.S.C. 11301, the child will be excluded from school entry, according to A.R.S. § 15-872(B), until the child's parent provides to the school documentation that meets the requirements in R9-6-704 or R9-6-706;
  2. For a child attending a child care:
    - a. The child care administrator cannot verify compliance with Arizona immunization requirements on the basis of the documents provided; and
    - b. The child may attend the child care for not more than 15 days after the date of child care entry without the child's parent providing to the child care documentation that meets the requirements in R9-6-704 or R9-6-706; and
  3. The child's parent may bring the child to a physician, a registered nurse practitioner, a local health agency, or, as authorized under A.R.S. § 32-1974, a pharmacist as defined in A.R.S. § 32-1901 to:
    - a. Review the child's immunization history,
    - b. Provide needed immunizations, and
    - c. Provide the required documentation.
- C.** An administrator of a school or a child care administrator shall not allow a child to attend the school or child care during an outbreak of a disease listed in R9-6-702, as determined by the Department or a local health agency, for which the child lacks:
1. Documentary proof of immunization, according to R9-6-704(A); or
  2. Documentary proof of immunity, according to R9-6-704(B).

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- D.** If the Department receives notification from the Centers for Disease Control and Prevention that there is a shortage of a vaccine for a disease listed in R9-6-702, or that the amount of a vaccine for a disease listed in R9-6-702 is being limited, the Department shall:
1. Determine whether:
    - a. Compliance with exclusion requirements in subsections (A)(3) and (4) is suspended for the vaccine in limited supply, or
    - b. A different vaccine or a combination of different vaccines may substitute for the vaccine in limited supply;
  2. Provide notification in writing to each school and child care in this state:
    - a. Of the shortage or limitation of the vaccine;
    - b. Whether the Department is:
      - i. Suspending compliance with exclusion requirements in subsections (A)(3) and (4) on the basis of the vaccine in limited supply; or
      - ii. Recommending an alternative vaccine or combination of vaccines to satisfy the requirement R9-6-702 for the vaccine in limited supply and, if so, the Department's recommendation; and
    - c. If known, when the shortage or limitation of the vaccine is expected to end and the vaccine to be available; and
  3. Upon receiving notification from the Centers for Disease Control and Prevention that the vaccine is available, notify each school and child care in this state:
    - a. That the vaccine is available, and
    - b. If applicable, the date that compliance with exclusion requirements in subsections (A)(3) and (4) will be reinstated.
- E.** The Department shall notify each school and child care in this state if the Department no longer requires compliance with subsection (A) for a disease listed in R9-6-702.
- Historical Note**
- Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-705 renumbered to Section R9-6-305, new Section R9-6-705 renumbered from R9-6-505 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-705 renumbered to R9-6-706; new Section R9-6-705 renumbered from R9-6-704 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).
- R9-6-706. Exemptions from Immunizations**
- A.** For a child attending a school, the child is exempt from the applicable immunization requirements in R9-6-702 for personal beliefs, as allowed by A.R.S. § 15-873(A)(1), if the child's parent submits to the school a statement of exemption from immunization for personal beliefs, in a Department-provided format, that contains:
1. The parent's name,
  2. The child's name,
  3. The child's date of birth,
  4. The immunizations from which the child's parent is requesting an exemption,
  5. A statement that the parent is requesting the exemption based on personal beliefs, and
  6. The signature of the child's parent and the date signed.
- B.** For a child attending a child care, the child is exempt from the applicable immunization requirements in R9-6-702 for religious beliefs, as allowed in A.R.S. § 36-883(C), if the child's parent submits to the child care a statement of exemption from immunization for religious beliefs, in a Department-provided format, that contains:
1. The parent's name,
  2. The child's name;
  3. The child's date of birth;
  4. The immunizations from which the child's parent is requesting an exemption;
  5. A statement that the parent is requesting the exemption based on religious beliefs, and
  6. The signature of the child's parent and the date signed.
- C.** A child is exempt from the applicable immunization requirements in R9-6-702, as allowed by A.R.S. § 15-873(A)(2), if the child's parent submits to a school or child care a certification of medical exemption from immunization, in a Department-provided format, that contains:
1. The parent's name;
  2. The child's name;
  3. The child's date of birth;
  4. The immunizations from which the child's parent is requesting an exemption;
  5. A statement that the parent is requesting a medical exemption according to A.R.S. § 15-873(A)(2);
  6. Statements from a physician or registered nurse practitioner that:
    - a. The immunizations specified according to subsection (C)(4) may be harmful to the child's health;
    - b. Indicate the specific nature of the medical condition or circumstance that precludes immunization;
    - c. Indicate whether the medical exemption is permanent or temporary; and
    - d. If the medical exemption is temporary, provide the date the medical exemption ends;
  7. The signature of the physician or registered nurse practitioner providing the medical exemption and the date signed; and
  8. The signature of the child's parent and the date signed;
- D.** A child is exempt from the applicable immunization requirements in R9-6-702 due to immunity if the child's parent submits to a school or child care:
1. A certification of medical exemption from immunization due to immunity, in a Department-provided format, that contains:
    - a. The parent's name;
    - b. The child's name;
    - c. The child's date of birth;
    - d. The name of each disease for which the child's parent is requesting an exemption from immunization requirements;
    - e. A statement that the parent is requesting a medical exemption from immunization due to the child's immunity to a disease;
    - f. A statement from a physician or registered nurse practitioner that the physician or registered nurse practitioner has determined that the child is immune to the disease specified according to subsection (D)(1)(d), for which an exemption from immunization requirements is being requested, based on:
      - i. For measles, rubella, or varicella, a review by the physician or registered nurse practitioner of

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- laboratory evidence of immunity for the child; or
- ii. For a disease other than measles, rubella, or varicella, a review by the physician or registered nurse practitioner of either:
    - (1) Laboratory evidence of immunity for the child, or
    - (2) The medical records of the physician or registered nurse practitioner;
  - g. The signature of the physician or registered nurse practitioner providing the medical exemption and the date signed; and
  - h. The signature of the child's parent and the date signed; and
2. If applicable, a copy of the laboratory evidence of immunity.
- E.** An administrator of a school or a child care administrator shall:
1. Include a child's exemption from the requirements in R9-6-702 in the documentation required in R9-6-705(A)(1); and
  2. If a child has a temporary medical exemption:
    - a. Allow the child to attend a school or child care until the date the temporary exemption ends; and
    - b. At least 30 calendar days before the temporary medical exemption ends, notify the child's parent in writing of the date by which the child is required to complete all immunizations.

**Historical Note**

Former Section R9-6-115, Paragraph (3), renumbered and amended as R9-6-706 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-706 renumbered to Section R9-6-306, new Section R9-6-706 renumbered from R9-6-506 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former Section R9-6-706 renumbered to R9-6-707; new Section R9-6-706 renumbered from R9-6-705 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**Table 1. Renumbered****Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Article 7, Table 1 renumbered from Article 5, Table 1 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1). Table 1 renumbered to follow R9-6-707 by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

**Table 2. Renumbered****Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Article 7, Table 2 renumbered from Article 5, Table 2 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended

by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1).

Table 2 renumbered to follow R9-6-707 by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

**R9-6-707. Reporting Requirements**

- A.** By November 15 of each year, an administrator of a school shall submit to the Department a report, in a Department-provided format, that contains:
1. The name, the physical address, and, if different, the mailing address of the school;
  2. The date of the report;
  3. Whether the school is a:
    - a. Charter school, as defined in A.R.S. § 15-101;
    - b. Private school, as defined in A.R.S. § 15-101; or
    - c. Public school, as defined in A.R.S. § 15-101;
  4. The name, email address, and telephone number of an individual to contact for the school;
  5. The name and district number of the school district, if applicable;
  6. The county in which the school is located;
  7. The number of children enrolled at the school in designated grades, as of the date of the report; and
  8. The number of children in each of the designated grades who:
    - a. Have received each immunization required according to Table 7.1;
    - b. Have received an immunization required according to Table 7.1 or submitted a certification of medical exemption from immunization due to immunity, according to R9-6-706(D), for each of the diseases in R9-6-702, including the number for each disease for which certification of medical exemption from immunization due to immunity was submitted;
    - c. Have an exemption from immunization for personal beliefs, according to R9-6-706(A), for one or more of the diseases in R9-6-702, including the number for each disease;
    - d. Have a medical exemption from immunization, according to R9-6-706(C) for one or more of the diseases in R9-6-702, including:
      - i. The number for each disease, and
      - ii. Whether the medical exemption is temporary or permanent; or
    - e. Are receiving immunizations required according to Table 7.2, and the number of doses of each vaccine received.
- B.** By November 15 of each year, a child care administrator shall submit to the Department a report, in a Department-provided format, that contains:
1. The name, the physical address, and, if different, the mailing address of the child care;
  2. The date of the report;
  3. The name, email address, and telephone number of an individual to contact for the child care;
  4. The Department license or certificate number of the child care, as applicable;
  5. The name of the child care administrator; and
  6. The number of children attending the child care who are at least 18 months of age and not attending a school, as of the date of submission of the report, in each of the following categories:

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- a. Children who have received each immunization required according to Table 7.1;
  - b. Children who have received an immunization required according to Table 7.1 or submitted a certification of medical exemption from immunization due to immunity, according to R9-6-706(D), for each of the diseases in R9-6-702, including the number for each disease for which laboratory evidence of immunity was submitted;
  - c. Children who have an exemption from immunization for religious beliefs, according to R9-6-706(B), for one or more of the diseases in R9-6-702, including the number for each disease;
  - d. Children who have a medical exemption from immunization, according to R9-6-706(C), for one or more of the diseases in R9-6-702, including:
    - i. The number for each disease, and
    - ii. Whether the medical exemption is temporary or permanent; or
  - e. Children who are receiving immunizations required according to Table 7.2, and the number of doses of each vaccine received.
1. An authorized representative of a local health agency for the control, investigation, analysis, or follow-up of disease;
  2. A child care administrator, to determine the immunization status of a child in the child care;
  3. An authorized representative of the federal Women, Infants, and Children Program administered by the Department, to determine the immunization status of children enrolled in the federal Women, Infants, and Children Program;
  4. An individual or organization authorized by the Department to conduct medical research to evaluate medical services and health-related services, as defined in A.R.S. § 36-401, health quality, immunizations data quality, and efficacy; or
  5. An authorized representative of an out-of-state agency, including:
    - a. A state health department,
    - b. A health agency,
    - c. A school or child care,
    - d. A health care provider, or
    - e. A state agency that has legal custody of a child.

**Historical Note**

Former Section R9-6-115, Paragraph (5), renumbered and amended as R9-6-707 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-307 effective October 19, 1993 (Supp. 93-4). Adopted effective April 4, 1997 (Supp. 97-4). Former Section R9-6-707 renumbered to R9-6-708; new Section R9-6-707 renumbered from R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**Table 1. Repealed****Historical Note**

Table 1 renumbered from placement after R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Table 1 repealed by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**Table 2. Repealed****Historical Note**

Table 2 renumbered from placement after R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Table 2 repealed by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**R9-6-708. Release of Immunization Information**

In addition to the persons who have access to immunization information according to A.R.S. § 36-135(D), and consistent with the limitations in A.R.S. § 36-135(E) and (H), the Department may release immunization information to:

**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-309 effective October 19, 1993 (Supp. 93-4). New Section R9-6-708 renumbered from R9-6-707 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**R9-6-709. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (6), renumbered and amended as R9-6-709 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-310 effective October 19, 1993 (Supp. 93-4).

**R9-6-710. Renumbered****Historical Note**

Former Section R9-115, Paragraph (7), renumbered and amended as R9-6-710 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-311 effective October 19, 1993 (Supp. 93-4).

**R9-6-711. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (8), renumbered and amended as R9-6-711 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-313 effective October 19, 1993 (Supp. 93-4).

**R9-6-712. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-315 effective October 19, 1993 (Supp. 93-4).

**R9-6-713. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (9), renumbered and amended as R9-6-713 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-316 effective



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October 19, 1993 (Supp. 93-4).

**R9-6-714. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (10), renumbered and amended as R9-6-714 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-317 effective October 19, 1993 (Supp. 93-4).

**R9-6-715. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (11), renumbered and amended as R9-6-715 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-319 effective October 19, 1993 (Supp. 93-4).

**R9-6-716. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-320 effective October 19, 1993 (Supp. 93-4).

**R9-6-717. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (12), renumbered and amended as R9-6-717 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-321 effective October 19, 1993 (Supp. 93-4).

**R9-6-718. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (13), renumbered and amended as R9-6-718 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-322 effective October 19, 1993 (Supp. 93-4).

**R9-6-719. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-323 effective October 19, 1993 (Supp. 93-4).

**R9-6-720. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (14), renumbered and amended as R9-6-720 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-324 effective October 19, 1993 (Supp. 93-4).

**R9-6-721. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (15), renumbered and amended as R9-6-721 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-325 effective October 19, 1993 (Supp. 93-4).

**R9-6-722. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (18), renumbered and amended as R9-6-722 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-327 effective October 19, 1993 (Supp. 93-4).

**R9-6-723. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (16), renumbered and amended as R9-6-723 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-330 effective October 19, 1993 (Supp. 93-4).

**R9-6-724. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (17), renumbered and amended as R9-6-724 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-331 effective October 19, 1993 (Supp. 93-4).

**R9-6-725. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-332 effective October 19, 1993 (Supp. 93-4).

**R9-6-726. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-333 effective October 19, 1993 (Supp. 93-4).

**R9-6-727. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-334 effective October 19, 1993 (Supp. 93-4).

**R9-6-728. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (19), renumbered and amended as R9-6-728 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-335 effective October 19, 1993 (Supp. 93-4).

**R9-6-729. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (20), renumbered and amended as R9-6-729 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-336 effective October 19, 1993 (Supp. 93-4).

**R9-6-730. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (21), renumbered and amended as R9-6-730 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-337 effective October 19, 1993 (Supp. 93-4).

**R9-6-731. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (22), renumbered and amended as R9-6-731 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-338 effective October 19, 1993 (Supp. 93-4).

**R9-6-732. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (23), renumbered and amended as R9-6-732 effective January 28, 1987

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(Supp. 87-1). Renumbered to Section R9-6-339 effective October 19, 1993 (Supp. 93-4).

**R9-6-733. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (45), renumbered and amended as R9-6-733 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-340 effective October 19, 1993 (Supp. 93-4).

**R9-6-734. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (24), renumbered and amended as R9-6-734 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-341 effective October 19, 1993 (Supp. 93-4).

**R9-6-735. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (25), renumbered and amended as R9-6-735 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-342 effective October 19, 1993 (Supp. 93-4).

**R9-6-736. Renumbered****Historical Note**

Former R9-6-115, Paragraph (26), renumbered and amended as R9-6-736 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-343 effective October 19, 1993 (Supp. 93-4).

**R9-6-737. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-344 effective October 19, 1993 (Supp. 93-4).

**R9-6-738. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (27), renumbered and amended as R9-6-738 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-345 effective October 19, 1993 (Supp. 93-4).

**R9-6-739. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-346 effective October 19, 1993 (Supp. 93-4).

**R9-6-740. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (28), renumbered and amended as R9-6-740 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-347 effective October 19, 1993 (Supp. 93-4).

**R9-6-741. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (29), renumbered and amended as R9-6-741 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-348 effective

October 19, 1993 (Supp. 93-4).

**R9-6-742. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (30), renumbered and amended as R9-6-742 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-349 effective October 19, 1993 (Supp. 93-4).

**R9-6-743. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (31), renumbered and amended as R9-6-743 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-350 effective October 19, 1993 (Supp. 93-4).

**R9-6-744. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (32), renumbered and amended as R9-6-744 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-351 effective October 19, 1993 (Supp. 93-4).

**R9-6-745. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (33), renumbered and amended as R9-6-745 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-352 effective October 19, 1993 (Supp. 93-4).

**R9-6-746. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (34.) renumbered and amended as R9-6-746 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-353 effective October 19, 1993 (Supp. 93-4).

**R9-6-747. Repealed****Historical Note**

Former Section R9-6-115, Paragraph (35), renumbered and amended as R9-6-747 effective January 28, 1987 (Supp. 87-1). Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-748. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (36), renumbered and amended as R9-6-748 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-354 effective October 19, 1993 (Supp. 93-4).

**R9-6-749. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (37), renumbered and amended as R9-6-749 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-355 effective October 19, 1993 (Supp. 93-4).

**R9-6-750. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (38), renumbered and amended as R9-6-750 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-356 effective

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October 19, 1993 (Supp. 93-4).

**R9-6-751. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (39), renumbered and amended as R9-6-751 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-358 effective October 19, 1993 (Supp. 93-4).

**R9-6-752. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-359 effective October 19, 1993 (Supp. 93-4).

**R9-6-753. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (40), renumbered and amended as R9-6-753 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-360 effective October 19, 1993 (Supp. 93-4).

**R9-6-754. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (41), renumbered and amended as R9-6-754 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-361 effective October 19, 1993 (Supp. 93-4).

**R9-6-755. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (42), renumbered and amended as R9-6-755 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-362 effective October 19, 1993 (Supp. 93-4).

**R9-6-756. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (43), renumbered and amended as R9-6-756 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-363 effective October 19, 1993 (Supp. 93-4).

**R9-6-757. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (44), renumbered and amended as R9-6-757 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-364 effective October 19, 1993 (Supp. 93-4).

**R9-6-758. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (4), renumbered and amended as R9-6-758 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-365 effective October 19, 1993 (Supp. 93-4).

**R9-6-759. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (46), renumbered and amended as R9-6-759 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-366 effective October 19, 1993 (Supp. 93-4).

**ARTICLE 8. ASSAULTS ON HOSPITAL EMPLOYEES, PUBLIC SAFETY EMPLOYEES AND VOLUNTEERS, OR STATE HOSPITAL EMPLOYEES**

*Article 8 heading corrected as amended by final expedited rulemaking at 24 A.A.R. 2758, effective September 11, 2018 (Supp. 19-4).*

*New Article 8, consisting of Sections R9-6-801 through R9-6-803, made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4).*

**R9-6-801. Definitions**

In addition to the definitions in A.R.S. § 13-1210 and R9-6-101, the following definitions apply in this Article unless otherwise specified:

1. "Employer" means an individual in the senior leadership position with an agency or entity for which a named employee or volunteer works or that individual's designee.
2. "Named employee or volunteer" means one of the following who is listed as the assaulted individual in a petition, filed under A.R.S. § 13-1210 and granted by a court:
  - a. Hospital employee,
  - b. Public safety employee or volunteer, or
  - c. Arizona State Hospital employee.
3. "Occupational health provider" means a physician, physician assistant, registered nurse practitioner, or registered nurse, as defined in A.R.S. § 32-1601, who provides medical services for work-related health conditions for an agency or entity for which a named employee or volunteer works.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Adopted without change as a permanent rule effective May 22, 1989. Amended as an emergency effective June 26, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Emergency amendment readopted without change effective October 17, 1989 (Supp. 89-4). Amended effective September 19, 1990 (Supp. 90-3). Renumbered to R9-6-401 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2758, effective September 11, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 26 A.A.R. 1065, with an immediate effective date of May 7, 2020 (Supp. 20-2).

**R9-6-802. Notice of Test Results**

- A. Within 10 working days after the date of receipt of a laboratory report for a test ordered by a health care provider as a result of a court order issued under A.R.S. § 13-1210, the ordering health care provider shall:

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1. If the test is conducted on the blood of a court-ordered subject who is incarcerated or detained:
    - a. Provide a written copy of the laboratory report to the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained; and
    - b. Notify the occupational health provider in writing of the results of the test; and
  2. If the test is conducted on the blood of a court-ordered subject who is not incarcerated or detained:
    - a. Unless the court-ordered subject is deceased, notify the court-ordered subject as specified in subsection (D);
    - b. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
    - c. Notify the occupational health provider in writing of the results of the test.
- B.** Within five working days after the date of receipt of a laboratory report for a court-ordered subject who is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained shall:
1. Notify the court-ordered subject as specified in subsection (D);
  2. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
  3. Notify the officer in charge of the correctional facility as specified in subsection (E).
- C.** Within five working days after an occupational health provider receives written notice of test results as required in subsection (A), the occupational health provider shall notify:
1. The named employee or volunteer as specified in subsection (D); and
  2. The employer as specified in subsection (E).
- D.** An individual who provides notice to a court-ordered subject or named employee or volunteer as required under subsection (A), (B), or (C) shall describe the test results and provide or arrange for the court-ordered subject or named employee or volunteer to receive the following information about each agent for which the court-ordered subject was tested:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
  2. A description of how the agent is transmitted to others;
  3. The average window period for the agent;
  4. An explanation that a negative test result does not rule out infection and that retesting for the agent after the average window period has passed is necessary to rule out infection;
  5. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
  6. That it is necessary to notify others that they may be or may have been exposed to the agent by the individual receiving notice;
  7. The availability of assistance from local health agencies or other resources; and
  8. The confidential nature of the court-ordered subject's test results.
- E.** An individual who provides notice to the officer in charge of a correctional facility, as required under subsection (B), or to an employer, as required under subsection (C), shall describe the test results and provide or arrange for the officer in charge of the facility or the employer to receive the following information about each agent for which a court-ordered subject's test results indicate the presence of infection:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
  2. A description of how the agent is transmitted to others;
  3. Measures to reduce the likelihood of transmitting the agent to others;
  4. The availability of assistance from local health agencies or other resources; and
  5. The confidential nature of the court-ordered subject's test results.
- F.** An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the court-ordered subject and, if the court-ordered subject is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained.
- G.** An individual who provides notice under this Section shall protect the confidentiality of the court-ordered subject's personal identifying information and test results.
- H.** A health care provider who orders a test on the blood of a court-ordered subject who is not incarcerated or detained may, at the time the court-ordered subject is seen by the ordering health care provider, present the court-ordered subject with a telephone number and instruct the court-ordered subject to contact the ordering health care provider after a stated period of time for notification of the test results.
- I.** A health care provider who orders a test has not satisfied the obligation of the health care provider to notify under subsection (A) if:
1. The health care provider provides a telephone number and instructions, as allowed by subsection (H), for a court-ordered subject to contact the ordering health care provider and receive the information specified in subsection (D); and
  2. The court-ordered subject does not contact the ordering health care provider.
- J.** A health care provider who orders a test on a court-ordered subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Amended as an

emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted

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without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered to R9-6-402 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2758, effective September 11, 2018 (Supp. 18-3).

**R9-6-803. Repealed****Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered to R9-6-403 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**R9-6-804. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (A) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-404 effective October 19, 1993 (Supp. 93-4).

**R9-6-805. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted as an emergency and subsection (B), Paragraph (2) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-405 effective October 19, 1993 (Supp. 93-4).

**R9-6-806. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Renumbered to R9-6-406 effective October 19, 1993 (Supp. 93-4).

**R9-6-807. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Emergency not renewed. Former Section R9-6-808 renumbered as Section R9-6-807, amended, and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (C) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-407 effective October 19, 1993 (Supp. 93-4).

**R9-6-808. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Former Section R9-6-809 renumbered as Section R9-6-808, amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-408

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effective October 19, 1993 (Supp. 93-4).

**ARTICLE 9. HEALTH PROFESSIONAL EXPOSURES****R9-6-901. Definitions**

In this Article, unless otherwise specified:

1. "Employer" means an individual in the senior leadership position with the agency or entity for which a health professional works or that individual's designee.
2. "Health professional" means the same as in A.R.S. § 32-3201.
3. "Occupational health provider" means a physician, physician assistant, registered nurse practitioner, or registered nurse, as defined in A.R.S. § 32-1601, who provides medical services for work-related health conditions for an agency or entity for which a health professional works.
4. "Petitioner" means a health professional who petitions a court, under A.R.S. § 32-3207, to order testing of an individual.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section R9-6-901 recodified to R9-6-1001 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**R9-6-902. Notice of Test Results**

- A. Within 10 working days after the date of receipt of a laboratory report for a test ordered by a health care provider as a result of a court order issued under A.R.S. § 32-3207, the ordering health care provider shall:
  1. If the test is conducted on the blood of a court-ordered subject who is incarcerated or detained:
    - a. Provide a written copy of the laboratory report to the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained; and
    - b. Notify the petitioner's occupational health provider in writing of the results of the test; and
  2. If the test is conducted on the blood of a court-ordered subject who is not incarcerated or detained:
    - a. Unless the court-ordered subject is deceased, notify the court-ordered subject as specified in subsection (D);
    - b. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
    - c. Notify the petitioner's occupational health provider in writing of the results of the test.
- B. Within five working days after the date of receipt of a laboratory report for a court-ordered subject who is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained shall:
  1. Notify the court-ordered subject as specified in subsection (D);
  2. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
  3. Notify the officer in charge of the correctional facility as specified in subsection (E).
- C. Within five working days after the petitioner's occupational health provider receives written notice of test results as required in subsection (A), the petitioner's occupational health

provider shall notify the petitioner, as specified in subsection (D), and the petitioner's employer, as specified in subsection (E).

- D. An individual who provides notice to a court-ordered subject or petitioner as required under subsection (A), (B) or (C) shall describe the test results and provide or arrange for the court-ordered subject or petitioner to receive the following information about each agent for which the court-ordered subject was tested:
  1. A description of the disease or syndrome caused by the agent, including its symptoms;
  2. A description of how the agent is transmitted to others;
  3. The average window period for the agent;
  4. An explanation that a negative test result does not rule out infection and that retesting for the agent after the average window period has passed is necessary to rule out infection;
  5. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
  6. That it is necessary to notify others that they may be or may have been exposed to the agent by the individual receiving notice;
  7. The availability of assistance from local health agencies or other resources; and
  8. The confidential nature of the court-ordered subject's test results.
- E. An individual who provides notice to the officer in charge of a correctional facility, as required under subsection (B), or to the petitioner's employer, as required under subsection (C), shall describe the test results and provide or arrange for the officer in charge of the facility or the employer to receive the following information about each agent for which a court-ordered subject's test results indicate the presence of infection:
  1. A description of the disease or syndrome caused by the agent, including its symptoms;
  2. A description of how the agent is transmitted to others;
  3. Measures to reduce the likelihood of transmitting the agent to others;
  4. The availability of assistance from local health agencies or other resources; and
  5. The confidential nature of the court-ordered subject's test results.
- F. An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the court-ordered subject and, if the court-ordered subject is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained.
- G. An individual who provides notice under this Section shall protect the confidentiality of the court-ordered subject's personal identifying information and test results.
- H. A health care provider who orders a test on the blood of a court-ordered subject who is not incarcerated or detained may, at the time the court-ordered subject is seen by the ordering health care provider, present the court-ordered subject with a telephone number and instruct the court-ordered subject to contact the ordering health care provider after a stated period of time for notification of the test results.
- I. A health care provider who orders a test has not satisfied the obligation of the health care provider to notify under subsection (A) if:

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1. The health care provider provides a telephone number and instructions, as allowed by subsection (H), for a court-ordered subject to contact the ordering health care provider and receive the information specified in subsection (D); and
2. The court-ordered subject does not contact the ordering health care provider.

- J.** A health care provider who orders a test on a court-ordered subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

**Historical Note**

Section renumbered from R9-6-409 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section R9-6-902 recodified to R9-6-1002 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit A. Recodified****Historical Note**

Exhibit A renumbered from Article 4, Exhibit A and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Exhibit A recodified to Article 10, Exhibit A at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2).

**Exhibit B. Recodified****Historical Note**

Exhibit A renumbered from Article 4, Exhibit A and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Exhibit B recodified to Article 10, Exhibit B at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2).

**R9-6-903. Recodified****Historical Note**

Section renumbered from R9-6-410 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section R9-6-903 recodified to R9-6-1003 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2).

**ARTICLE 10. HIV-RELATED TESTING AND NOTIFICATION****R9-6-1001. Definitions**

In this Article, unless otherwise specified:

1. "Governing board" means a group of individuals, elected as specified in A.R.S. Title 15, Chapter 4, Article 2, to carry out the duties and functions specified in A.R.S. Title 15, Chapter 3, Article 3.
2. "School district" means the same as in A.R.S. § 15-101.
3. "Superintendent of a school district" means an individual appointed by the governing board of a school district to oversee the operation of schools within the school district.

**Historical Note**

New Section recodified from R9-6-901 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2761, effective September 11, 2018 (Supp. 18-3).

**R9-6-1002. Local Health Agency Requirements**

For each HIV-infected individual or suspect case, a local health agency shall comply with the requirements in R9-6-352.

**Historical Note**

New Section recodified from R9-6-902 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Former R9-6-1002 renumbered to R9-6-1003; new R9-6-1002 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-1003. Expired****Historical Note**

New Section recodified from R9-6-903 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Former R9-6-1003 renumbered to R9-6-1004; new R9-6-1003 renumbered from R9-6-1002 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3).

**Exhibit A. Expired****Historical Note**

Exhibit A recodified from Article 9, Exhibit A at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Exhibit A repealed; new Exhibit A made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Exhibit A expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3).

**Exhibit B. Repealed****Historical Note**

Exhibit B recodified from Article 9, Exhibit B at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Exhibit B repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**R9-6-1004. Court-ordered HIV-related Testing**

- A.** A health care provider who receives the results of a test, ordered by the health care provider to detect HIV infection and performed as a result of a court order issued under A.R.S. § 13-1210, shall comply with the requirements in 9 A.A.C. 6, Article 8.
- B.** A health care provider who receives the results of a test, ordered by the health care provider to detect HIV infection and performed as a result of a court order issued under A.R.S. § 32-3207, shall comply with the requirements in 9 A.A.C. 6, Article 9.
- C.** When a court orders a test under A.R.S. § 8-341 or 13-1415 to detect HIV infection, the prosecuting attorney who petitioned the court for the order shall provide to the Department:
  1. A copy of the court order, including an identifying number associated with the court order;
  2. The name and address of the victim; and
  3. The name and telephone number of the prosecuting attorney or the prosecuting attorney's designee.
- D.** A person who tests a specimen of blood or another body fluid from a subject to detect HIV infection as authorized by a court order issued under A.R.S. § 8-341 or 13-1415 shall:
  1. Use a screening test; and

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2. If the test results from a screening test on the specimen indicate a positive result, retest the specimen using a confirmatory test.
- E. A person who performs a test described in subsection (D) shall report the test results for each subject to the submitting entity within five working days after obtaining the test results.
- F. A submitting entity that receives the results of a test to detect HIV infection that was performed for a subject as a result of a court order issued under A.R.S. § 8-341 or 13-1415 shall:
  1. Notify the Department within five working days after receiving the results of the test to detect HIV infection;
  2. Provide to the Department:
    - a. A written copy of the court order,
    - b. A written copy of the results of the test to detect HIV infection, and
    - c. The name and telephone number of the submitting entity or submitting entity's designee; and
  3. Either:
    - a. Comply with the requirements in:
      - i. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and
      - ii. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained; or
    - b. Provide to the Department or the local health agency in whose designated service area the subject is living:
      - i. The name and address of the subject;
      - ii. A written copy of the results of the test to detect HIV infection, if not provided as specified in subsection (F)(2)(b); and
      - iii. Notice that the submitting entity did not provide notification as specified in subsection (F)(3)(a).
- G. If the Department or a local health agency is notified by a submitting entity as specified in subsection (F)(3)(b), the Department or local health agency shall comply with the requirements in:
  1. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and
  2. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained.
- H. When the Department receives a written copy of the results of a test to detect HIV infection that was performed for a subject as a result of a court order issued under A.R.S. § 8-341 or 13-1415, the Department shall either:
  1. Provide to the victim:
    - a. A description of the results of the test to detect HIV infection;
    - b. The information specified in R9-6-802(D); and
    - c. A written copy of the test results; or
  2. Provide to the local health agency in whose designated service area the victim is living:
    - a. The name and address of the victim,
    - b. A written copy of the results of the test to detect HIV infection, and
    - c. Notice that the Department did not provide notification as specified in subsection (H)(1).
- I. If a local health agency is notified by the Department as specified in subsection (H)(2), the local health agency shall:
  1. Provide to the victim:
    - a. A description of the results of the test to detect HIV infection;
    - b. The information specified in R9-6-802(D); and
    - c. A written copy of the test results; or
  2. If the local health agency is unable to locate the victim, notify the Department that the local health agency did not inform the victim of the results of the test to detect HIV infection.

**Historical Note**

Section R9-6-1004 renumbered from R9-6-1003 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2761, effective September 11, 2018 (Supp. 18-3).

**R9-6-1005. Repealed****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2761, effective September 11, 2018 (Supp. 18-3). Repealed by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-1006. Notification**

- A. The Department or the Department's designee shall confidentially notify an individual reported to be at risk for HIV infection, as required under A.R.S. § 36-664(I), if all of the following conditions are met:
  1. The Department receives the report of risk for HIV infection in a document that includes the following:
    - a. The name and address of the individual reported to be at risk for HIV infection or enough other identifying information about the individual to enable the individual to be recognized and located,
    - b. The name and address of the HIV-infected individual placing the individual named under subsection (A)(1)(a) at risk for HIV infection,
    - c. The name and address of the individual making the report, and
    - d. The type of exposure placing the individual named under subsection (A)(1)(a) at risk for HIV infection;
  2. The individual making the report is in possession of confidential HIV-related information; and
  3. The Department determines that the information provided in the report is accurate and contains sufficient detail to:
    - a. Indicate that the exposure described as required in subsection (A)(1)(d) constitutes a significant exposure for the individual reported to be at risk for HIV infection, and
    - b. Enable the individual reported to be at risk for HIV infection to be recognized.
- B. As authorized under A.R.S. § 36-136(M), the Department shall notify the superintendent of a school district in a confidential document that a pupil of the school district tested positive for HIV if the Department determines that:
  1. The pupil places others in the school setting at risk for HIV infection; and
  2. The school district has an HIV policy that includes the following provisions:
    - a. That a school shall not exclude a pupil who tested positive for HIV from attending school or school functions or from participating in school activities solely due to HIV infection;



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- b. That school district personnel who are informed that a pupil tested positive for HIV shall keep the information confidential; and
- c. That the school district shall provide HIV-education programs to pupils, parents or guardians of pupils, and school district personnel through age-appropriate curricula, workshops, or in-service training sessions.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2761, effective September 11, 2018 (Supp. 18-3).

**ARTICLE 11. STI-RELATED TESTING AND NOTIFICATION****R9-6-1101. Definitions**

In this Article, unless otherwise specified:

- 1. "Primary syphilis" means the initial stage of syphilis infection characterized by the appearance of one or more open sores in the genital area, anus, or mouth of an infected individual.
- 2. "Secondary syphilis" means the stage of syphilis infection occurring after primary syphilis and characterized by a rash that does not itch, fever, swollen lymph glands, and fatigue in an infected individual.
- 3. "Sexually transmitted infections" or "STI" means the same as "sexually transmitted diseases" in A.R.S. § 13-1415 or other diseases that may be transmitted through sexual contact.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section amended by final expedited rulemaking at 29 A.A.R. 3633 (November 24, 2023), with an immediate effective date of November 8, 2023 (Supp. 23-4).

**R9-6-1102. Health Care Provider Requirements**

When a laboratory report for a test ordered by a health care provider for a subject indicates that the subject is infected with an STI, the ordering health care provider or the ordering health care provider's designee shall:

- 1. Describe the test results to the subject;
- 2. Provide or arrange for the subject to receive the following information about the STI for which the subject was tested:
  - a. A description of the infection or syndrome caused by the STI, including its symptoms;
  - b. Treatment options for the STI and where treatment may be obtained;
  - c. A description of how the STI is transmitted to others;
  - d. A description of measures to reduce the likelihood of transmitting the STI to others and that it is necessary to continue the measures until the infection is eliminated;
  - e. That it is necessary for the subject to notify individuals who may have been infected by the subject that the individuals need to be tested for the STI;
  - f. The availability of assistance from local health agencies or other resources; and
  - g. The confidential nature of the subject's test results;
- 3. Report the information required in R9-6-202 to a local health agency; and

- 4. If the subject is pregnant and is a syphilis case, inform the subject of the requirement that the subject obtain serologic testing for syphilis according to R9-6-391.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section amended by final expedited rulemaking at 29 A.A.R. 3633 (November 24, 2023), with an immediate effective date of November 8, 2023 (Supp. 23-4). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).

**R9-6-1103. Local Health Agency Requirements****A. For each STI case, a local health agency shall:**

- 1. Comply with the requirements in:
  - a. R9-6-321(A)(1) and (2) for each chancroid case reported to the local health agency, and
  - b. R9-6-391(A)(3)(a) through (c) for each syphilis case reported to the local health agency;
- 2. Offer or arrange for treatment for each STI case that seeks treatment from the local health agency for:
  - a. Chancroid,
  - b. Chlamydia infection,
  - c. Gonorrhea, or
  - d. Syphilis;
- 3. Provide information about the following to each STI case that seeks treatment from the local health agency:
  - a. A description of the infection or syndrome caused by the applicable STI, including its symptoms;
  - b. Treatment options for the applicable STI;
  - c. A description of measures to reduce the likelihood of transmitting the STI to others and that it is necessary to continue the measures until the infection is eliminated; and
  - d. The confidential nature of the STI case's test results; and
- 4. Inform the STI case that:
  - a. A chlamydia or gonorrhea case must notify each individual, with whom the chlamydia or gonorrhea case has had sexual contact within 60 days preceding the onset of chlamydia or gonorrhea symptoms up to the date the chlamydia or gonorrhea case began treatment for chlamydia or gonorrhea infection, of the need for the individual to be tested for chlamydia or gonorrhea; and
  - b. The Department or local health agency will notify, as specified in subsection (B), each contact named by a chancroid or syphilis case.

**B. For each contact named by a chancroid or syphilis case, the Department or a local health agency shall:**

- 1. Notify the contact named by a chancroid or syphilis case of the contact's exposure to chancroid or syphilis and of the need for the contact to be tested for:
  - a. Chancroid, if the chancroid case has had sexual contact with the contact within 10 days preceding the onset of chancroid symptoms up to the date the chancroid case began treatment for chancroid infection; or
  - b. Syphilis, if the syphilis case has had sexual contact with the contact within:

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- i. 90 days preceding the onset of symptoms of primary syphilis up to the date the syphilis case began treatment for primary syphilis infection;
    - ii. Six months preceding the onset of symptoms of secondary syphilis up to the date the syphilis case began treatment for secondary syphilis infection; or
    - iii. 12 months preceding the date the syphilis case was diagnosed with syphilis if the syphilis case cannot identify when symptoms of primary or secondary syphilis began;
  2. Offer or arrange for each contact named by a chancroid or syphilis case to receive testing and, if appropriate, treatment for chancroid or syphilis; and
  3. Provide information to each contact named by a chancroid or syphilis case about:
    - a. The characteristics of the applicable STI,
    - b. The syndrome caused by the applicable STI,
    - c. Measures to reduce the likelihood of transmitting the applicable STI, and
    - d. The confidential nature of the contact's test results.
- C.** For each contact of a chlamydia or gonorrhea case who seeks treatment from a local health agency for chlamydia or gonorrhea, the local health agency shall:
1. Offer or arrange for treatment for chlamydia or gonorrhea;
  2. Provide information to each contact of a chlamydia or gonorrhea case about:
    - a. The characteristics of the applicable STI,
    - b. The syndrome caused by the applicable STI,
    - c. Measures to reduce the likelihood of transmitting the applicable STI, and
    - d. The confidential nature of the contact's test results.
- Historical Note**
- New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Section amended by final expedited rulemaking at 29 A.A.R. 3633 (November 24, 2023), with an immediate effective date of November 8, 2023 (Supp. 23-4). Amended by final rulemaking at 31 A.A.R. 1317 (April 25, 2025), effective June 2, 2025 (Supp. 25-2).
- R9-6-1104. Court-ordered STI-related Testing**
- A.** A health care provider who receives the results of a test, ordered by the health care provider to detect an STI and performed as a result of a court order issued under A.R.S. § 13-1210, shall comply with the requirements in 9 A.A.C. 6, Article 8.
- B.** A health care provider who receives the results of a test, ordered by the health care provider to detect an STI and performed as a result of a court order issued under A.R.S. § 32-3207, shall comply with the requirements in 9 A.A.C. 6, Article 9.
- C.** When a court orders a test under A.R.S. § 13-1415 to detect a sexually transmitted infection, the prosecuting attorney who petitioned the court for the order shall provide to the Department:
1. A copy of the court order, including an identifying number associated with the court order;
  2. The name and address of the victim; and
  3. The name and telephone number of the prosecuting attorney or the prosecuting attorney's designee.
- D.** A person who tests a specimen of blood or another body fluid from a subject to detect a sexually-transmitted disease as authorized by a court order issued under A.R.S. § 13-1415 shall:
1. Be a certified laboratory, as defined in A.R.S. § 36-451;
  2. Use a test approved by the U.S. Food and Drug Administration for use in STI-related testing; and
  3. Report the test results for each subject to the submitting entity within five working days after obtaining the test results.
- E.** A submitting entity that receives the results of a test to detect a sexually transmitted infection that was performed as a result of a court order issued under A.R.S. § 13-1415 shall:
1. Notify the Department within five working days after receiving the results of the test to detect a sexually transmitted infection;
  2. Provide to the Department:
    - a. A written copy of the court order,
    - b. A written copy of the results of the test to detect a sexually transmitted infection, and
    - c. The name and telephone number of the submitting entity or submitting entity's designee; and
  3. Either:
    - a. Comply with the requirements in:
      - i. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and
      - ii. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained; or
    - b. Provide to the Department or the local health agency in whose designated service area the subject is living:
      - i. The name and address of the subject;
      - ii. A written copy of the results of the test to detect a sexually transmitted infection, if not provided as specified in subsection (E)(2)(b); and
      - iii. Notice that the submitting entity did not provide notification as specified in subsection (E)(3)(a).
- F.** If the Department or a local health agency is notified by a submitting entity as specified in subsection (E)(3)(b), the Department or local health agency shall comply with the requirements in:
1. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and
  2. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained.
- G.** When the Department receives the results of a test to detect a sexually transmitted infection that was performed for a subject as a result of a court order issued under A.R.S. § 13-1415, the Department shall:
1. Provide to the victim:
    - a. A description of the results of the test to detect the sexually transmitted infection,
    - b. The information specified in R9-6-802(D), and
    - c. A written copy of the test results for the sexually transmitted infection; or
  2. Provide to the local health agency in whose designated service area the victim is living:
    - a. The name and address of the victim,
    - b. A written copy of the results of the test to detect the sexually transmitted infection, and

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- c. Notice that the Department did not provide notification as specified in subsection (G)(1).
- H.** If a local health agency is notified by the Department as specified in subsection (G)(2), the local health agency shall:
1. Provide to the victim:
    - a. A description of the results of the test to detect the sexually transmitted infection;
    - b. The information specified in R9-6-802(D); and
    - c. A written copy of the test results for the sexually transmitted infection; or
  2. If the local health agency is unable to locate the victim, notify the Department that the local health agency did not inform the victim of the results of the test to detect the sexually transmitted infection.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section amended by final expedited rulemaking at 29 A.A.R. 3633 (November 24, 2023), with an immediate effective date of November 8, 2023 (Supp. 23-4).

**ARTICLE 12. TUBERCULOSIS CONTROL****R9-6-1201. Definitions**

In addition to the definitions in A.R.S. § 36-711, the following definitions apply in this Article, unless otherwise specified:

1. "Inmate" means an individual who is incarcerated in a correctional facility.
2. "Latent tuberculosis infection" means the presence of *Mycobacterium tuberculosis*, as evidenced by a positive result from an approved test for tuberculosis, in an individual who:
  - a. Has no symptoms of active tuberculosis,
  - b. Has no clinical signs of tuberculosis other than the positive result from the approved test for tuberculosis, and
  - c. Is not infectious to others.
3. "Symptoms suggestive of tuberculosis" means any of the following that cannot be attributed to a disease or condition other than tuberculosis:
  - a. A productive cough that has lasted for at least three weeks;
  - b. Coughing up blood; or
  - c. A combination of at least three of the following:
    - i. Fever,
    - ii. Chills,
    - iii. Night sweats,
    - iv. Fatigue,
    - v. Chest pain, and
    - vi. Weight loss.

**Historical Note**

Section R9-6-1201 renumbered from R9-6-601 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 25 A.A.R. 255, effective January 8, 2019 (Supp. 19-1).

**R9-6-1202. Local Health Agency Reporting Requirements**

A local health agency shall report to the Department:

1. Regarding each individual in its jurisdiction who:
  - a. Has been diagnosed with active tuberculosis,
  - b. Is suspected of having active tuberculosis, or
  - c. Is believed to have been exposed to an individual with infectious active tuberculosis;
2. According to R9-6-206:

- a. After receiving information according to R9-6-202; and
  - b. After conducting an epidemiologic investigation of a case, suspect case, or contact;
3. Within 30 days after receiving the information needed to complete an initial summary for a case of active tuberculosis, in a Department-provided format, containing:
    - a. Demographic information about the case,
    - b. Information specific to the case's diagnosis of active tuberculosis,
    - c. Information about the case's risk factors for tuberculosis, and
    - d. Information specific to the treatment being provided to the case;
  4. As applicable, within 30 days after receiving the information needed to complete a summary of laboratory test results for a case of active tuberculosis, in a Department-provided format, including:
    - a. The results from the analysis of the agent causing tuberculosis in the case, and
    - b. The drug sensitivity pattern of the agent causing tuberculosis in the case;
  5. Within 30 days after determining the final disposition of a case or, except for a case still receiving treatment, two years after the case's initial diagnosis of active tuberculosis, whichever is earlier, in a Department-provided format, including:
    - a. Whether the case:
      - i. Completed treatment, including confirmation of the case's freedom from active tuberculosis;
      - ii. Refused treatment;
      - iii. Was lost to follow-up before completing treatment;
      - iv. Left the jurisdiction of the local health agency before completing treatment; or
      - v. Died;
    - b. If applicable, the method by which the local health agency has knowledge of completion of treatment;
    - c. If the period of treatment was longer than 12 months, the reason for the extended treatment; and
    - d. A description of each course or method of treatment provided to the case, including the date each treatment was initiated.

**Historical Note**

Section R9-6-1202 renumbered from R9-6-602 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 25 A.A.R. 255, effective January 8, 2019 (Supp. 19-1).

**R9-6-1203. Tuberculosis Control in Correctional Facilities**

- A.** An administrator of a correctional facility shall ensure that:
1. Each new inmate in the correctional facility undergoes a symptom screening for tuberculosis while processing into the correctional facility;
  2. An inmate in whom symptoms suggestive of tuberculosis are detected during screening:
    - a. Is immediately:
      - i. Placed in airborne infection isolation, or
      - ii. Required to wear a surgical mask and retained in an environment where exposure to the general inmate population is minimal and the

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- inmate can be observed at all times to be wearing the mask;
- b. If not immediately placed in airborne infection isolation, is within 24 hours after screening:
    - i. Given a medical evaluation for active tuberculosis, or
    - ii. Transported to a health care institution to be placed in airborne infection isolation; and
  - c. Is given a medical evaluation for active tuberculosis before being released from airborne infection isolation or permitted to stop wearing a surgical mask and released from the environment described in subsection (A)(2)(a)(ii).
3. Except as provided in subsection (A)(5), each new inmate who does not have a documented history of a positive result from an approved test for tuberculosis or who has not received an approved test for tuberculosis within the previous 12 months is given an approved test for tuberculosis within seven days after processing into the correctional facility;
  4. Except as provided in subsection (A)(8), each new inmate who has a positive result from an approved test for tuberculosis or who has a documented history of a positive result from an approved test for tuberculosis is given a chest x-ray and a medical evaluation, within 14 days after processing into the correctional facility, to determine whether the inmate has active tuberculosis;
  5. Each new inmate who is HIV-positive, in addition to receiving an approved test for tuberculosis, is given a chest x-ray and a medical evaluation within seven days after processing into the correctional facility, to determine whether the inmate has active tuberculosis;
  6. Each inmate who had a negative result from an approved test for tuberculosis when tested according to subsection (A)(3) during processing has a repeat approved test for tuberculosis after 12 months of incarceration and every 12 months thereafter during the inmate's term of incarceration;
  7. Each inmate who has a positive result on a repeat approved test for tuberculosis after a negative result on a previous approved test for tuberculosis is given a chest x-ray and a medical evaluation within 14 days after the date of the positive result on the repeat approved test to determine whether the inmate has active tuberculosis;
  8. An inmate is not required to have another chest x-ray unless the inmate has symptoms suggestive of tuberculosis if the inmate has had a documented negative chest x-ray;
  9. Each inmate with active tuberculosis is:
    - a. Provided medical treatment that meets accepted standards of medical practice, and
    - b. Placed in airborne infection isolation until no longer infectious; and
  10. All applicable requirements in 9 A.A.C. 6, Articles 2 and 3 are complied with.
- B. The requirements of subsection (A) apply to each correctional facility that houses inmates for 14 days or longer and to each inmate who will be incarcerated for 14 days or longer.
  - C. An administrator of a correctional facility, either personally or through a representative, shall:
    1. Unless unable to provide prior notification because of security concerns, notify the local health agency at least one working day before releasing a tuberculosis case or suspect case;

2. If unable to provide prior notification because of security concerns, notify the local health agency within 24 hours after releasing a tuberculosis case or suspect case;
3. Provide to a local health agency, within three working days after the local health agency's request, the information required by the local health agency to comply with R9-6-1202(5); and
4. Provide a tuberculosis case or suspect case or an inmate being treated for latent tuberculosis infection the name and address of the local health agency before the case, suspect case, or inmate is released.

**Historical Note**

Section R9-6-1203 renumbered from R9-6-603 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 25 A.A.R. 255, effective January 8, 2019 (Supp. 19-1).

**R9-6-1204. Standards of Medical Care**

- A. Unless a health care provider believes, based on the health care provider's professional judgment, that deviation is medically necessary, a health care provider caring for an afflicted person shall comply with the recommendations for treatment of tuberculosis in the Official American Thoracic Society/ Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis (October 2016), which is incorporated by reference, on file with the Department, and available from the American Thoracic Society, 25 Broadway, New York, NY 10004 or at [www.atsjournals.org](http://www.atsjournals.org).
- B. If a health care provider caring for an afflicted person deviates from the recommendations for treatment of tuberculosis specified in subsection (A), the health care provider shall, upon request, explain to the Department or a local health agency the rationale for the deviation.
- C. If the tuberculosis control officer determines that deviation from the recommendations for treatment of tuberculosis specified in subsection (A) is inappropriate and that the public health and welfare require intervention, the tuberculosis control officer may take charge of the afflicted person's treatment as authorized under A.R.S. § 36-723(C).

**Historical Note**

Section R9-6-1204 renumbered from R9-6-604 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 25 A.A.R. 255, effective January 8, 2019 (Supp. 19-1).

**ARTICLE 13. IMMUNIZATIONS OR VACCINES  
REQUIRING PRESCRIPTIONS FOR PHARMACIST  
ADMINISTRATION****R9-6-1301. Immunizations or Vaccines Requiring a Prescription Order for Pharmacist Administration**

- A. In this Section, unless otherwise specified, the following definitions apply:
  1. "Certified pharmacist" means an individual licensed under A.R.S. Title 32, Chapter 18, who is authorized under A.A.C. R4-23-411 to administer immunizations or vaccines.
  2. "Immunization" has the same meaning as in A.R.S. § 36-671.
  3. "Prescription order" has the same meaning as in A.R.S. § 32-1901.
- B. The following immunizations or vaccines require a prescription order before the immunization or vaccine may be administered under A.A.C. R4-23-411 by a certified pharmacist:

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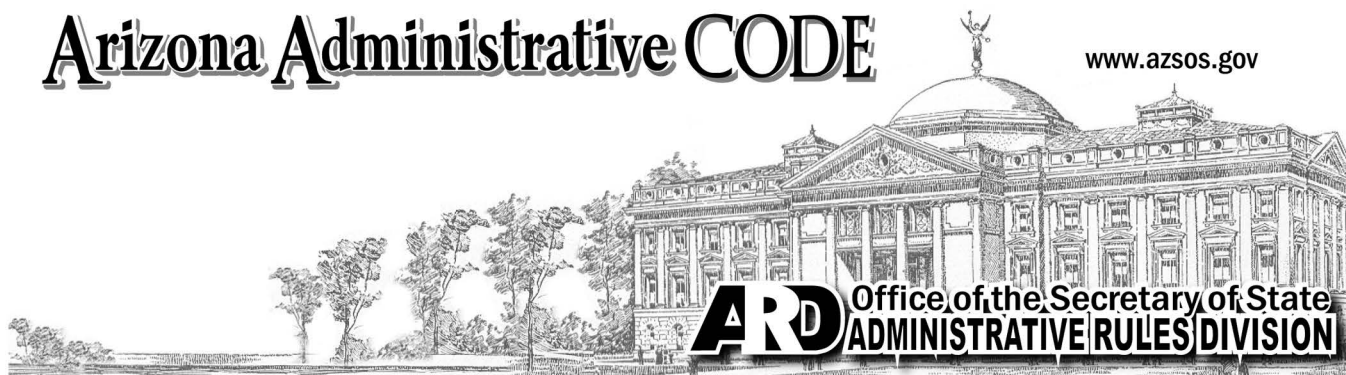
## CHAPTER 6. DEPARTMENT OF HEALTH SERVICES - COMMUNICABLE DISEASES AND INFESTATIONS

1. Japanese Encephalitis vaccine,
2. Rabies vaccine,
3. Typhoid vaccines,
4. Yellow fever vaccine, and
5. Cholera vaccine.

**Historical Note**

New Section made by exempt rulemaking at 15 A.A.R. 1793, effective October 5, 2009 (Supp. 09-4). Amended by exempt rulemaking at 23 A.A.R. 3360, effective November 14, 2017 (Supp. 17-4).

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### CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING

#### 9 A.A.C. 10

#### Supplement Information

#### Supp. 25-2

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 25-1, 1-331 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

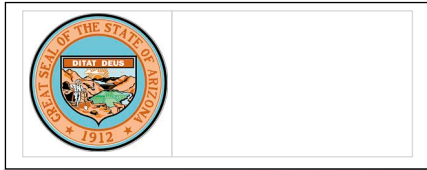
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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 9. HEALTH SERVICES

## CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING

Authority: A.R.S. §§ 36-132(A)(1), 36-136, 36-405, and 36-406

## Supp. 25-2

*Editor's Note: The heading for 9 A.A.C. 10 changed from "Licensure" to "Licensing" per a request from the Department of Health Services (Supp. 03-4).*

*Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-2).*

*Editor's Note: This Chapter contains rules which were adopted, amended, and repealed under exemptions from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 1993, Ch. 163, § 3(B); Laws 1996, Ch. 329, § 5; Laws 1998, Ch. 178 § 17, and Laws 1999, Ch. 311. Exemption from A.R.S. Title 41, Chapter 6 means that the Department of Health Services did not submit these rules to the Governor's Regulatory Review Council for review; the Department may not have submitted notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.*

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*Article 3, consisting of Sections R9-10-301 through R9-10-333, adopted effective February 4, 1981.*

*Former Article 3, consisting of Sections R9-10-301 through R9-10-335, repealed effective February 4, 1981.*

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*Article 5, consisting of Sections R9-10-501 through R9-10-514, adopted effective April 4, 1994 (Supp. 94-2).*

*Article 5, consisting of Sections R9-10-501 through R9-10-518, repealed effective April 4, 1994 (Supp. 94-2).*

*Article 5, consisting of Sections R9-10-501 through R9-10-518, adopted as permanent rules effective October 30, 1989.*

*Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 5, consisting of Sections R9-10-501 through R9-10-*

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518, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 5, consisting of Sections R9-10-501 through R9-10-518, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 5, consisting of Sections R9-10-501 through R9-10-574, repealed effective October 20, 1982.

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Article 6, consisting of Sections R9-10-611 through R9-10-624, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

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**ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES**

Article 7, consisting of Sections R9-10-701 through R9-7-710, repealed; New Article 7, consisting of Sections R9-10-701 through R9-7-724 adopted; both actions effective November 1, 1998 under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

Article 7, consisting of Sections R9-10-701 through R9-10-710, adopted as permanent rules effective October 30, 1989.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.

New Article 7, consisting of Sections R9-10-701 through R9-10-710, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Former Article 7, consisting of Sections R9-10-701 through R9-10-737, repealed effective October 20, 1982.

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**ARTICLE 8. ASSISTED LIVING FACILITIES**

*Article 8 (Sections R9-10-801 through R9-10-812) adopted as permanent rules effective October 30, 1989.*

*Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*New Article 8, consisting of Sections R9-10-801 through R9-10-812, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

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**ARTICLE 9. OUTPATIENT SURGICAL CENTERS**

*Article 9, consisting of Sections R9-10-901 through R9-10-917 adopted effective February 17, 1995 (Supp. 95-1).*

*Article 9, consisting of Sections R9-10-911 through R9-10-925, repealed effective February 17, 1995 (Supp. 95-1).*

*Article 9, consisting of Sections R9-10-911 through R9-10-925, adopted effective October 20, 1982 (Supp. 82-5).*

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*Article 10, consisting of Sections R9-10-1001 through R9-10-1017, made new by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1).*

*Article 10, consisting of Sections R9-10-1011 through R9-10-1030, repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).*

*The proposed summary action repealing R9-10-1011 through R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rules. Sections in effect before the proposed summary action have been restored (Supp. 97-1).*

*Article 10, consisting of R9-10-1011 through R9-10-1030, repealed by summary action, interim effective date of July 21, 1995.*

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*Article 11, consisting of Sections R9-10-1101 through R9-10-1109 adopted effective July 22, 1994 (Supp. 94-3).*

*Article 11, consisting of Sections R9-10-1111 through R9-10-1127 repealed effective July 22, 1994 (Supp. 94-3).*

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*Article 12, consisting of Sections R9-10-1201 through R9-10-1230, adopted effective February 4, 1981.*

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*New Article 13, consisting of Sections R9-10-1301 through R9-10-1317, made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted as permanent rules effective November 25, 1992 (Supp. 92-4).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted as an emergency effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1306, adopted as an emergency effective March 29, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired.*

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*Selected Sections in Article 15 were subsequently amended by final rulemaking in Supp. 10-2 which means the public had the opportunity to comment on the rules and they were reviewed and approved by the Governor's Regulatory Review Council. Refer to the historical notes for more information (Supp. 18-4).*

*Article 15, consisting of Sections R9-10-1501 through R9-10-1514, adopted under an exemption from the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311, filed in the Office of the Secretary of State December 23, 1999 (Supp. 99-4).*

*Article 15, consisting of Sections R9-10-1501 through R9-10-1514, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).*

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*Article 17, consisting of Sections R9-10-1711 through R9-10-1713, R9-10-1715 through R9-10-1723, and R9-10-1731 through R9-10-1734, repealed effective July 6, 1994 (Supp. 94-3).*

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*New Article 21, consisting of Sections R9-10-2101 through R9-10-2118, renumbered from R1-10-501 through R1-1-518 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).*

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**ARTICLE 1. GENERAL****R9-10-101. Definitions**

In addition to the definitions in A.R.S. §§ 36-401(A) and 36-439, the following definitions apply in this Chapter unless otherwise specified:

1. "Abortion clinic" has the same meaning as in A.R.S. § 36-449.01.
2. "Abuse" means:
  - a. The same:
    - i. For an individual 18 years of age or older, as in A.R.S. § 46-451; and
    - ii. For an individual less than 18 years of age, as in A.R.S. § 8-201;
  - b. A pattern of ridiculing or demeaning a patient;
  - c. Making derogatory remarks or verbally harassing a patient; or
  - d. Threatening to inflict physical harm on a patient.
3. "Accredited" has the same meaning as in A.R.S. § 36-422.
4. "Active malignancy" means a cancer for which:
  - a. A patient is undergoing treatment, such as through:
    - i. One or more surgical procedures to remove the cancer;
    - ii. Chemotherapy, as defined in A.A.C. R9-4-401; or
    - iii. Radiation treatment, as defined in A.A.C. R9-4-401;
  - b. There is no treatment; or
  - c. A patient is refusing treatment.
5. "Activities of daily living" means ambulating, bathing, toileting, grooming, eating, and getting in or out of a bed or a chair.
6. "Acuity" means a patient's need for medical services, nursing services, or behavioral health services based on the patient's medical condition or behavioral health issue.
7. "Acuity plan" means a method for establishing nursing personnel requirements by unit based on a patient's acuity.
8. "Adjacent" means not intersected by:
  - a. Property owned, operated, or controlled by a person other than the applicant or licensee; or
  - b. A public thoroughfare.
9. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
10. "Administrative office" means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, behavioral health services, or health-related services.
11. "Admission" or "admitted" means, after completion of an individual's screening or registration by a health care institution, the individual begins receiving physical health services or behavioral health services and is accepted as a patient of the health care institution.
12. "Adult" has the same meaning as in A.R.S. § 1-215.
13. "Adult behavioral health therapeutic home" means a residence that provides room and board, assists in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self-administration of medication, and provides feedback to a case manager related to behavior for an individual 18 years of age or older based on the individual's behavioral health issue and need for behavioral health services and may provide behavioral health services under the clinical oversight of a behavioral health professional.
14. "Adult residential care institution" means a subclass of behavioral health residential facility that only admits residents 18 years of age and older and provides recidivism reduction services.
15. "Adverse reaction" means an unexpected outcome that threatens the health or safety of a patient as a result of a medical service, nursing service, or health-related service provided to the patient.
16. "Affiliated counseling facility" means a counseling facility that shares administrative support with one or more other counseling facilities that operate under the same governing authority.
17. "Affiliated outpatient treatment center" means an outpatient treatment center authorized by the Department to provide behavioral health services that provides administrative support to a counseling facility or counseling facilities that operate under the same governing authority as the outpatient treatment center.
18. "Alternate licensing fee due date" means the last calendar day in a month each year, other than the anniversary date of a facility's health care institution license, by which a licensee is required to pay the applicable fees in R9-10-106.
19. "Ancillary services" means services other than medical services, nursing services, or health-related services provided to a patient.
20. "Anesthesiologist" means a physician granted clinical privileges to administer anesthesia.
21. "Applicant" means a governing authority requesting:
  - a. Approval of a health care institution's architectural plans and specifications for construction or modification,
  - b. Approval of a modification,
  - c. Approval of an alternate licensing fee due date, or
  - d. A health care institution license.
22. "Application packet" means the information, documents, and fees required by the Department for the:
  - a. Approval of a health care institution's architectural plans and specifications for construction or modification,
  - b. Approval of a modification,
  - c. Approval of an alternate licensing fee due date, or
  - d. Licensing of a health care institution.
23. "Assessment" means an analysis of a patient's need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.
24. "Assistance in the self-administration of medication" means restricting a patient's access to the patient's medication and providing support to the patient while the patient takes the medication to ensure that the medication is taken as ordered.
25. "Attending physician" means a physician designated by a patient to participate in or coordinate the medical services provided to the patient.
26. "Authenticate" means to establish authorship of a document or an entry in a medical record by:
  - a. A written signature;
  - b. An individual's initials, if the individual's written signature appears on the document or in the medical record;
  - c. A rubber-stamp signature; or
  - d. An electronic signature code.

## TITLE 9. HEALTH SERVICES

## CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING

27. "Authorized service" means specific medical services, nursing services, behavioral health services, or health-related services provided by a specific health care institution class or subclass for which the health care institution is required to obtain approval from the Department before providing the medical services, nursing services, or health-related services.
28. "Available" means:
- For an individual, the ability to be contacted and to provide an immediate response by any means possible;
  - For equipment and supplies, physically retrievable at a health care institution; and
  - For a document, retrievable by a health care institution or accessible according to the applicable time-frames in this Chapter.
29. "Behavioral care"
- Means limited behavioral health services, provided to a patient whose primary admitting diagnosis is related to the patient's need for physical health services, that include:
    - Assistance with the patient's psychosocial interactions to manage the patient's behavior that can be performed by an individual without a professional license or certificate including:
      - Direction provided by a behavioral health professional, and
      - Medication ordered by a medical practitioner or behavioral health professional; or
    - Behavioral health services provided by a behavioral health professional on an intermittent basis to address the patient's significant psychological or behavioral response to an identifiable stressor or stressors; and
  - Does not include court-ordered behavioral health services.
30. "Behavioral health facility" means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that only provides behavioral health services, an adult behavioral health therapeutic home, a behavioral health respite home, or a counseling facility.
31. "Behavioral health inpatient facility" means a health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
- Have a limited or reduced ability to meet the individual's basic physical needs;
  - Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality;
  - Be a danger to self;
  - Be a danger to others;
  - Be persistently or acutely disabled, as defined in A.R.S. § 36-501; or
  - Be gravely disabled.
32. "Behavioral health issue" means an individual's condition related to a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.
33. "Behavioral health observation/stabilization services" means crisis services provided, in an outpatient setting, to an individual whose behavior or condition indicates that the individual:
- Requires nursing services,
  - May require medical services, and
  - May be a danger to others or a danger to self.
34. "Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides the following services to a patient to address the patient's behavioral health issue:
- Under supervision by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S. Title 32, Chapter 33; or
  - Health-related services.
35. "Behavioral health professional" means:
- An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
    - Independently engage in the practice of behavioral health, as defined in A.R.S. § 32-3251; or
    - Except for a licensed substance abuse technician, engage in the practice of behavioral health, as defined in A.R.S. § 32-3251, under direct supervision as defined in A.A.C. R4-6-101;
  - A psychiatrist as defined in A.R.S. § 36-501;
  - A psychologist as defined in A.R.S. § 32-2061;
  - A physician;
  - A behavior analyst as defined in A.R.S. § 32-2091; or
  - A registered nurse practitioner licensed as an adult psychiatric and mental health nurse; or
  - A registered nurse with:
    - A psychiatric-mental health nursing certification, or
    - One year of experience providing behavioral health services.
36. "Behavioral health residential facility" means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:
- Limits the individual's ability to be independent, or
  - Causes the individual to require treatment to maintain or enhance independence.
37. "Behavioral health respite home" means a residence where respite care services, which may include assistance in the self-administration of medication, are provided to an individual based on the individual's behavioral health issue and need for behavioral health services.
38. "Behavioral health specialized transitional facility" means a health care institution that provides inpatient behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.
39. "Behavioral health technician" means an individual who is not a behavioral health professional who provides the following services to a patient to address the patient's behavioral health issue:
- With clinical oversight by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S. Title 32, Chapter 33; or
  - Health-related services.

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40. "Benzodiazepine" means any one of a class of sedative-hypnotic medications, characterized by a chemical structure that includes a benzene ring linked to a seven-membered ring containing two nitrogen atoms, that are commonly used in the treatment of anxiety.
41. "Biohazardous medical waste" has the same meaning as in A.A.C. R18-13-1401.
42. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
43. "Case manager" means an individual assigned by an entity other than a health care institution to coordinate the physical health services or behavioral health services provided to a patient at the health care institution.
44. "Certification" means, in this Article, a written statement that an item or a system complies with the applicable requirements incorporated by reference in R9-10-104.01.
45. "Certified health physicist" means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.
46. "Change in ownership" means conveyance of the ability to appoint, elect, or otherwise designate a health care institution's governing authority from an owner of the health care institution to another person.
47. "Chief administrative officer" or "administrator" means an individual designated by a governing authority to implement the governing authority's direction in a health care institution.
48. "Clinical laboratory services" means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.
49. "Clinical oversight" means:
- Monitoring the behavioral health services provided by a behavioral health technician to ensure that the behavioral health technician is providing the behavioral health services according to the health care institution's policies and procedures and, if applicable, a patient's treatment plan;
  - Providing on-going review of a behavioral health technician's skills and knowledge related to the provision of behavioral health services;
  - Providing guidance to improve a behavioral health technician's skills and knowledge related to the provision of behavioral health services; and
  - Recommending training for a behavioral health technician to improve the behavioral health technician's skills and knowledge related to the provision of behavioral health services.
50. "Clinical privileges" means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.
51. "Collaborating health care institution" means a health care institution licensed to provide outpatient behavioral health services that has a written agreement with an adult behavioral health therapeutic home or a behavioral health respite home to:
- Coordinate behavioral health services provided to a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home, and
  - Work with the provider to ensure a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home receives behavioral health services according to the resident's treatment plan.
52. "Common area" means licensed space in health care institution that is:
- Not a resident's bedroom or a residential unit,
  - Not restricted to use by employees or volunteers of the health care institution, and
  - Available for use by visitors and other individuals on the premises.
53. "Communicable disease" has the same meaning as in A.R.S. § 36-661.
54. "Conspicuously posted" means placed:
- At a location that is visible and accessible; and
  - Unless otherwise specified in the rules, within the area where the public enters the premises of a health care institution.
55. "Consultation" means an evaluation of a patient requested by a medical staff member or personnel member.
56. "Contracted services" means medical services, nursing services, behavioral health services, health-related services, ancillary services, or environmental services provided according to a documented agreement between a health care institution and the person providing the medical services, nursing services, health-related services, ancillary services, or environmental services.
57. "Contractor" has the same meaning as in A.R.S. § 32-1101.
58. "Controlled substance" has the same meaning as in A.R.S. § 36-2501.
59. "Counseling" has the same meaning as "practice of professional counseling" in A.R.S. § 32-3251.
60. "Counseling facility" means a health care institution that only provides counseling, which may include:
- DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or
  - Misdemeanor domestic violence offender treatment according to the requirements in 9 A.A.C. 20, Article 2.
61. "Court-ordered evaluation" has the same meaning as "evaluation" in A.R.S. § 36-501.
62. "Court-ordered treatment" means treatment provided according to A.R.S. Title 36, Chapter 5.
63. "Crisis services" means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.
64. "Current" means up-to-date, extending to the present time.
65. "Daily living skills" means activities necessary for an individual to live independently and include meal preparation, laundry, house-cleaning, home maintenance, money management, and appropriate social interactions.

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66. "Danger to others" has the same meaning as in A.R.S. § 36-501.
67. "Danger to self" has the same meaning as in A.R.S. § 36-501.
68. "Detoxification services" means behavioral health services and medical services provided to an individual to:
  - a. Treat the individual's signs or symptoms of withdrawal from alcohol or other drugs, and
  - b. Reduce or eliminate the individual's dependence on alcohol or other drugs.
69. "Diagnostic procedure" means a method or process performed to determine whether an individual has a medical condition or behavioral health issue.
70. "Dialysis" means the process of removing dissolved substances from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane.
71. "Dialysis services" means medical services, nursing services, and health-related services provided to a patient receiving dialysis.
72. "Dialysis station" means a designated treatment area approved by the Department for use by a patient receiving dialysis or dialysis services.
73. "Dialyzer" means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient's blood.
74. "Disaster" means an unexpected occurrence that adversely affects a health care institution's ability to provide services.
75. "Discharge" means a documented termination of services to a patient by a health care institution.
76. "Discharge instructions" means documented information relevant to a patient's medical condition or behavioral health issue provided by a health care institution to the patient or the patient's representative at the time of the patient's discharge.
77. "Discharge planning" means a process of establishing goals and objectives for a patient in preparation for the patient's discharge.
78. "Discharge summary" means a documented brief review of services provided to a patient, current patient status, and reasons for the patient's discharge.
79. "Disinfect" means to clean in order to prevent the growth of or to destroy disease-causing microorganisms.
80. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.
81. "Drill" means a response to a planned, simulated event.
82. "Drug" has the same meaning as in A.R.S. § 32-1901.
83. "Electronic" has the same meaning as in A.R.S. § 44-7002.
84. "Electronic signature" has the same meaning as in A.R.S. § 44-7002.
85. "Emergency" means an immediate threat to the life or health of a patient.
86. "Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.
87. "Emergency services" means unscheduled medical services provided in a designated area to an outpatient in an emergency.
88. "End-of-life" means that a patient has a documented life expectancy of six months or less.
89. "Environmental services" means activities such as house-keeping, laundry, facility maintenance, or equipment maintenance.
90. "Equipment" means, in this Article, an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in R9-10-104.01.
91. "Exploitation" has the same meaning as in A.R.S. § 46-451.
92. "Factory-built building" has the same meaning as in A.R.S. § 41-4001.
93. "Family" or "family member" means an individual's spouse, sibling, child, parent, grandparent, or another individual designated by the individual.
94. "Follow-up instructions" means information relevant to a patient's medical condition or behavioral health issue that is provided to the patient, the patient's representative, or a health care institution.
95. "Food services" means the storage, preparation, serving, and cleaning up of food intended for consumption in a health care institution.
96. "Full-time" means 40 hours or more every consecutive seven calendar days.
97. "Garbage" has the same meaning as in A.A.C. R18-13-302.
98. "General consent" means documentation of an agreement from an individual or the individual's representative to receive physical health services to address the individual's medical condition or behavioral health services to address the individual's behavioral health issues.
99. "General hospital" means a subclass of hospital that provides surgical services and emergency services.
100. "Gravely disabled" has the same meaning as "grave disability" in A.R.S. § 36-501.
101. "Habilitation services" means activities provided to an individual to assist the individual with habilitation, as defined in A.R.S. § 36-551.
102. "Hazard" or "hazardous" means a condition or situation where a patient or other individual may suffer physical injury.
103. "Health care directive" has the same meaning as in A.R.S. § 36-3201.
104. "Hemodialysis" means the process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.
105. "Home health agency" has the same meaning as in A.R.S. § 36-151.
106. "Home health aide" means an individual employed by a home health agency to provide home health services under the direction of a registered nurse or therapist.
107. "Home health aide services" means those tasks that are provided to a patient by a home health aide under the direction of a registered nurse or therapist.
108. "Home health services" has the same meaning as in A.R.S. § 36-151.
109. "Hospice inpatient facility" means a subclass of hospice that provides hospice services to a patient on a continuous basis with the expectation that the patient will remain on the hospice's premises for 24 hours or more.
110. "Hospital" means a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.
111. "Immediate" means without delay.

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112. "Immediate jeopardy" means a situation in which a patient or resident has suffered or is likely to suffer serious injury, serious harm, serious impairment, or death as a result of a licensee's noncompliance with one or more health and safety requirements.
113. "Incident" means an unexpected occurrence that harms or has the potential to harm a patient, while the patient is:
- On the premises of a health care institution, or
  - Not on the premises of a health care institution but directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the health care institution.
114. "Infection control" means to identify, prevent, monitor, and minimize infections.
115. "Infectious tuberculosis" has the same meaning as "infectious active tuberculosis" in A.A.C. R9-6-101.
116. "Informed consent" means:
- Advising a patient of a proposed treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure; and associated risks and possible complications; and
  - Obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure from the patient or the patient's representative.
117. "In-service education" means organized instruction or information that is related to physical health services or behavioral health services and that is provided to a medical staff member, personnel member, employee, or volunteer.
118. "Interdisciplinary team" means a group of individuals consisting of a resident's attending physician, a registered nurse responsible for the resident, and other individuals as determined in the resident's comprehensive assessment or, if applicable, placement evaluation.
119. "Intermediate care facility for individuals with intellectual disabilities" or "ICF/IID" has the same meaning as in A.R.S. § 36-551.
120. "Interval note" means documentation updating a patient's:
- Medical condition after a medical history and physical examination is performed, or
  - Behavioral health issue after an assessment is performed.
121. "Isolation" means the separation, during the communicable period, of infected individuals from others, to limit the transmission of infectious agents.
122. "Leased facility" means a facility occupied or used during a set time period in exchange for compensation.
123. "License" means:
- Written approval issued by the Department to a person to operate a class or subclass of health care institution at a specific location; or
  - Written approval issued to an individual to practice a profession in this state.
124. "Licensed occupancy" means the total number of individuals for whom a health care institution is authorized by the Department to provide crisis services in a unit providing behavioral health observation/stabilization services.
125. "Licensee" means an owner approved by the Department to operate a health care institution.
126. "Manage" means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.
127. "Medical condition" means the state of a patient's physical or mental health, including the patient's illness, injury, or disease.
128. "Medical director" means a physician who is responsible for the coordination of medical services provided to patients in a health care institution.
129. "Medical history" means an account of a patient's health, including past and present illnesses, diseases, or medical conditions.
130. "Medical practitioner" means a physician, physician assistant, or registered nurse practitioner.
131. "Medical record" has the same meaning as "medical records" in A.R.S. § 12-2291.
132. "Medical staff" means physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution.
133. "Medical staff bylaws" means standards, approved by the medical staff and the governing authority, that provide the framework for the organization, responsibilities, and self-governance of the medical staff.
134. "Medical staff member" means an individual who is part of the medical staff of a health care institution.
135. "Medication" means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:
- Biologicals as defined in A.A.C. R18-13-1401,
  - Prescription medication as defined in A.R.S. § 32-1901, or
  - Nonprescription drug as defined in A.R.S. § 32-1901.
136. "Medication administration" means restricting a patient's access to the patient's medication and providing the medication to the patient or applying the medication to the patient's body, as ordered by a medical practitioner.
137. "Medication error" means:
- The failure to administer an ordered medication;
  - The administration of a medication not ordered; or
  - The administration of a medication:
    - In an incorrect dosage,
    - More than 60 minutes before or after the ordered time of administration unless ordered to do so, or
    - By an incorrect route of administration.
138. "Mental disorder" means the same as in A.R.S. § 36-501.
139. "Mobile clinic" means a movable structure that:
- Is not physically attached to a health care institution's facility;
  - Provides medical services, nursing services, behavioral health services, or health related service to an outpatient under the direction of the health care institution's personnel; and
  - Is not intended to remain in one location indefinitely.
140. "Monitor" or "monitoring" means to check systematically on a specific condition or situation.
141. "Neglect" has the same meaning:
- For an individual less than 18 years of age, as in A.R.S. § 8-201; and

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- b. For an individual 18 years of age or older, as in A.R.S. § 46-451.
142. "Nephrologist" means a physician who is board eligible or board certified in nephrology by a professional credentialing board.
143. "Nurse" has the same meaning as "registered nurse" or "practical nurse" as defined in A.R.S. § 32-1601.
144. "Nursing care institution administrator" means an individual licensed according to A.R.S. Title 36, Chapter 4, Article 6.
145. "Nursing personnel" means individuals authorized according to A.R.S. Title 32, Chapter 15 to provide nursing services.
146. "Observation chair" means a physical piece of equipment that:
- Is located in a designated area where behavioral health observation/stabilization services are provided,
  - Allows an individual to fully recline, and
  - Is used by the individual while receiving crisis services.
147. "Occupational therapist" has the same meaning as in A.R.S. § 32-3401.
148. "Occupational therapy assistant" has the same meaning as in A.R.S. § 32-3401.
149. "Ombudsman" means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
150. "On-call" means a time during which an individual is available and required to come to a health care institution when requested by the health care institution.
151. "Opioid" means a controlled substance, as defined in A.R.S. § 36-2501, that meets the definition of "opiate" in A.R.S. § 36-2501.
152. "Opioid agonist treatment medication" means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opioid-related substance use disorder.
153. "Opioid antagonist" means a prescription medication, as defined in A.R.S. § 32-1901, that:
- Is approved by the U.S. Department of Health and Human Services, Food and Drug Administration; and
  - When administered, reverses, in whole or in part, the pharmacological effects of an opioid in the body.
154. "Opioid treatment" means providing medical services, nursing services, behavioral health services, health-related services, and ancillary services to a patient receiving an opioid agonist treatment medication for opioid-related substance use disorder.
155. "Order" means instructions to provide:
- Physical health services to a patient from a medical practitioner or as otherwise provided by law; or
  - Behavioral health services to a patient from a behavioral health professional.
156. "Orientation" means the initial instruction and information provided to an individual before the individual starts work or volunteer services in a health care institution.
157. "Outing" means a social or recreational activity that:
- Occurs away from the premises,
  - Is not part of a behavioral health inpatient facility's or behavioral health residential facility's daily routine, and
  - Lasts longer than four hours.
158. "Outpatient surgical center" means a class of health care institution that has the facility, staffing, and equipment to provide surgery and anesthesia services to a patient whose recovery, in the opinions of the patient's surgeon and, if an anesthesiologist would be providing anesthesia services to the patient, the anesthesiologist, does not require inpatient care in a hospital.
159. "Outpatient treatment center" means a class of health care institution without inpatient beds that provides physical health services, or physical health services and behavioral health services, including medication services for the diagnosis and treatment of patients.
160. "Overall time-frame" means the same as in A.R.S. § 41-1072.
161. "Owner" means a person who appoints, elects, or designates a health care institution's governing authority.
162. "Pain management clinic" has the same meaning as in A.R.S. § 36-448.01.
163. "Participant" means a patient receiving physical health services or behavioral health services from an adult day health care facility or a substance abuse transitional facility.
164. "Participant's representative" means the same as "patient's representative" for a participant.
165. "Patient" means an individual receiving physical health services or behavioral health services from a health care institution.
166. "Patient's representative" means:
- A patient's legal guardian;
  - If a patient is less than 18 years of age and not an emancipated minor, the patient's parent;
  - If a patient is 18 years of age or older or an emancipated minor, an individual acting on behalf of the patient with the written consent of the patient or patient's legal guardian; or
  - A surrogate as defined in A.R.S. § 36-3201.
167. "Person" means the same as in A.R.S. § 1-215 and includes a governmental agency.
168. "Personnel member" means, except as defined in specific Articles in this Chapter and excluding a medical staff member, a student, or an intern, an individual providing physical health services or behavioral health services to a patient.
169. "Pest control program" means activities that minimize the presence of insects and vermin in a health care institution to ensure that a patient's health and safety is not at risk.
170. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
171. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine the cause of illness, injury, or disease.
172. "Physical health services" means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's medical condition.
173. "Physical therapist" has the same meaning as in A.R.S. § 32-2001.
174. "Physical therapist assistant" has the same meaning as in A.R.S. § 32-2001.
175. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
176. "Placement evaluation" means the same as in A.R.S. § 36-551.

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177. "Pre-petition screening" has the same meaning as "prepetition screening" in A.R.S. § 36-501.
178. "Premises" means property that is designated by an applicant or licensee and licensed by the Department as part of a health care institution where physical health services or behavioral health services are provided to a resident or patient.
179. "Prescribe" means to issue written or electronic instructions to a pharmacist to deliver to the ultimate user, or another individual on the ultimate user's behalf, a specific dose of a specific medication in a specific quantity and route of administration.
180. "Professional credentialing board" means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.
181. "Progress note" means documentation by a medical staff member, nurse, or personnel member of:
- An observed patient response to a physical health service or behavioral health service provided to the patient,
  - A patient's significant change in condition, or
  - Observed behavior of a patient related to the patient's medical condition or behavioral health issue.
182. "PRN" means pro re nata or given as needed.
183. "Project" means specific construction or modification of a facility stated on an architectural plans and specifications approval application.
184. "Provider" means an individual to whom the Department issues a license to operate an adult behavioral health therapeutic home or a behavioral health respite home in the individual's place of residence.
185. "Provisional license" means the Department's written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance with the applicable laws and rules for the health care institution.
186. "Psychotropic medication" means a chemical substance that:
- Crosses the blood-brain barrier and acts primarily on the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior; and
  - Is provided to a patient to address the patient's behavioral health issue.
187. "Quality management program" means ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution.
188. "Recovery care center" has the same meaning as in A.R.S. § 36-448.51.
189. "Referral" means providing an individual with a list of the class or subclass of health care institution or type of health care professional that may be able to provide the behavioral health services or physical health services that the individual may need and may include the name or names of specific health care institutions or health care professionals.
190. "Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration.
191. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.
192. "Registered nurse practitioner" has the same meaning as A.R.S. § 32-1601.
193. "Regular basis" means at recurring, fixed, or uniform intervals.
194. "Rehabilitation services" means medical services provided to a patient to restore or to optimize functional capability.
195. "Research" means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, or understanding of a medical condition or behavioral health issue.
196. "Resident" means an individual living in and receiving physical health services or behavioral health services, including rehabilitation services or habilitation services if applicable, from a nursing care institution, an intermediate care facility for individuals with intellectual disabilities, a behavioral health residential facility, an assisted living facility, or an adult behavioral health therapeutic home.
197. "Resident's representative" means the same as "patient's representative" for a resident.
198. "Respiratory care services" has the same meaning as "practice of respiratory care" as defined in A.R.S. § 32-3501.
199. "Respiratory therapist" has the same meaning as in A.R.S. § 32-3501.
200. "Respite capacity" means the total number of children who do not stay overnight for whom an outpatient treatment center or a behavioral health residential facility is authorized by the Department to provide respite services on the premises of the outpatient treatment center or behavioral health residential facility.
201. "Respite services" means respite care services provided to an individual who is receiving behavioral health services.
202. "Restraint" means any physical or chemical method of restricting a patient's freedom of movement, physical activity, or access to the patient's own body.
203. "Risk" means potential for an adverse outcome.
204. "Room" means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door.
205. "Rural general hospital" means a subclass of hospital:
- Having 50 or fewer inpatient beds,
  - Located more than 20 surface miles from a general hospital or another rural general hospital, and
  - Requesting to be and being licensed as a rural general hospital rather than a general hospital.
206. "Satellite facility" has the same meaning as in A.R.S. § 36-422.
207. "Scope of services" means a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a patient at the health care institution.
208. "Seclusion" means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.
209. "Sedative-hypnotic medication" means any one of several classes of drugs that have sleep-inducing, anti-anxiety, anti-convulsant, and muscle-relaxing properties.

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210. "Self-administration of medication" means a patient having access to and control of the patient's medication and may include the patient receiving limited support while taking the medication.
211. "Sexual abuse" means the same as in A.R.S. § 13-1404(A).
212. "Sexual assault" means the same as in A.R.S. § 13-1406(A).
213. "Shift" means the beginning and ending time of a continuous work period established by a health care institution's policies and procedures.
214. "Short-acting opioid antagonist" means an opioid antagonist that, when administered, quickly but for a small period of time reverses, in whole or in part, the pharmacological effects of an opioid in the body.
215. "Signature" means:
- A handwritten or stamped representation of an individual's name or a symbol intended to represent an individual's name, or
  - An electronic signature.
216. "Significant change" means an observable deterioration or improvement in a patient's physical, cognitive, behavioral, or functional condition that may require an alteration to the physical health services or behavioral health services provided to the patient.
217. "Single group license" means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) or (G).
218. "Speech-language pathologist" means an individual licensed according to A.R.S. Title 36, Chapter 17, Article 4 to engage in the practice of speech-language pathology, as defined in A.R.S. § 36-1901.
219. "Special hospital" means a subclass of hospital that:
- Is licensed to provide hospital services within a specific branch of medicine; or
  - Limits admission according to age, gender, type of disease, or medical condition.
220. "Student" means an individual attending an educational institution and working under supervision in a health care institution through an arrangement between the health care institution and the educational institution.
221. "Substance abuse" means an individual's misuse of alcohol or other drug or chemical that:
- Alters the individual's behavior or mental functioning;
  - Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and
  - Impairs, reduces, or destroys the individual's social or economic functioning.
222. "Substance abuse transitional facility" means a class of health care institution that provides behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem.
223. "Substance use disorder" means a condition in which the misuse or dependence on alcohol or a drug results in adverse physical, mental, or social effects on an individual.
224. "Substance use risk" means an individual's unique likelihood for addiction, misuse, diversion, or another adverse consequence resulting from the individual being prescribed or receiving treatment with opioids.
225. "Substantial" when used in connection with a modification means:
- An addition or removal of an authorized service;
  - The addition or removal of a colocator;
  - A change in a health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
  - A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
  - A change in the building where a health care institution is located that affects compliance with:
    - Applicable physical plant codes and standards incorporated by reference in R9-10-104.01, or
    - Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.
226. "Substantive review time-frame" means the same as in A.R.S. § 41-1072.
227. "Supportive services" has the same meaning as in A.R.S. § 36-151.
228. "Surgical procedure" means the excision of or incision in a patient's body for the:
- Correction of a deformity or defect;
  - Repair of an injury; or
  - Diagnosis, amelioration, or cure of disease.
229. "Swimming pool" has the same meaning as "semipublic swimming pool" in A.A.C. R18-5-201.
230. "System" means interrelated, interacting, or interdependent elements that form a whole.
231. "Tapering" means the gradual reduction in the dosage of a medication administered to a patient, often with the intent of eventually discontinuing the use of the medication for the patient.
232. "Tax ID number" means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Service.
233. "Telemedicine" has the same meaning as in A.R.S. § 36-3601.
234. "Therapeutic diet" means foods or the manner in which food is to be prepared that are ordered for a patient.
235. "Therapist" means an occupational therapist, a physical therapist, a respiratory therapist, or a speech-language pathologist.
236. "Time-out" means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.
237. "Transfer" means a health care institution discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending health care institution.
238. "Transport" means a licensed health care institution:
- Sending a patient to a receiving licensed health care institution for outpatient services with the intent of the patient returning to the sending licensed health care institution, or
  - Discharging a patient to return to a sending licensed health care institution after the patient received outpatient services from the receiving licensed health care institution.
239. "Treatment" means a procedure or method to cure, improve, or palliate an individual's medical condition or behavioral health issue.



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240. "Treatment plan" means a description of the specific physical health services or behavioral health services that a health care institution anticipates providing to a patient.
241. "Unclassified health care institution" means a health care institution not classified or subclassified in statute or in rule.
242. "Vascular access" means the point on a patient's body where blood lines are connected for hemodialysis.
243. "Volunteer" means an individual authorized by a health care institution to work for the health care institution on a regular basis without compensation from the health care institution and does not include a medical staff member who has clinical privileges at the health care institution.
244. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a statewide furlough day.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-102. Health Care Institution Classes and Sub-classes; Requirements**

- A. A person may apply for a license as one of the following classes or subclasses of health care institution:
1. General hospital,
  2. Rural general hospital,
  3. Special hospital,
  4. Behavioral health inpatient facility,
  5. Nursing care institution,
  6. Intermediate care facility for individuals with intellectual disabilities,
  7. Recovery care center,
  8. Hospice inpatient facility,
  9. Hospice service agency,
  10. Behavioral health residential facility,
  11. Adult residential care institution,
  12. Assisted living center,
  13. Assisted living home,
  14. Adult foster care home,
  15. Outpatient surgical center,
  16. Outpatient treatment center,
  17. Abortion clinic,
  18. Adult day health care facility,
  19. Home health agency,

20. Substance abuse transitional facility,
21. Behavioral health specialized transitional facility,
22. Counseling facility,
23. Adult behavioral health therapeutic home,
24. Behavioral health respite home,
25. Unclassified health care institution,
26. Pain management clinic, or
27. Nursing-supported group home.

- B. A person shall apply for a license for the class or subclass that authorizes the provision of the highest level of physical health services or behavioral health services the proposed health care institution plans to provide.
- C. The Department shall review a proposed health care institution's scope of services to determine whether the requested health care institution class or subclass is appropriate.
- D. A health care institution shall comply with the requirements in Article 17 of this Chapter if:
1. There are no specific rules in another Article of this Chapter for the health care institution's class or subclass, or
  2. The Department determines that the health care institution is an unclassified health care institution.
- E. The Department may conduct on-site monitoring inspections of health care institutions that are found to not be in substantial compliance with the applicable licensure requirements specified in this Chapter, as outlined in Table 1.2.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-103. Licensing Exceptions**

- A. A health care institution license is required for each health care institution facility except:
1. A facility exempt from licensing under A.R.S. § 36-402, or
  2. A health care institution's administrative office.
- B. The Department does not require a separate health care institution license for:
1. A satellite facility of a hospital under A.R.S. § 36-422(F);
  2. An accredited facility of an accredited hospital under A.R.S. § 36-422(G);
  3. A facility operated by a licensed health care institution that is:
    - a. Adjacent to and contiguous with the licensed health care institution premises; or
    - b. Not adjacent to or contiguous with the licensed health care institution but connected to the licensed health care institution facility by an all-weather enclosure and:
      - i. Owned by the health care institution, or

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- ii. Leased by the health care institution with exclusive rights of possession;
- 4. A mobile clinic operated by a licensed health care institution; or
- 5. A facility located on grounds that are not adjacent to or contiguous with the health care institution premises where only ancillary services are provided to a patient of the health care institution.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-104. Approval of Architectural Plans and Specifications**

- A.** For approval of architectural plans and specifications for the construction or modification of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01, an applicant shall submit to the Department an application packet including:
1. An application in a Department-provided format that contains:
    - a. For construction of a new health care institution:
      - i. The health care institution's name, street address, city, state, zip code, telephone number, and e-mail address;
      - ii. The name and mailing address of the health care institution's governing authority;
      - iii. The requested health care institution class or subclass; and
      - iv. If applicable, the requested licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations for the health care institution;
    - b. For modification of a licensed health care institution that requires approval of architectural plans and specifications:
      - i. The health care institution's license number,
      - ii. The name and mailing address of the licensee,
      - iii. The health care institution's class or subclass, and
      - iv. The health care institution's existing licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations; and the requested licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations for the health care institution;
    - c. The health care institution's contact person's name, street mailing address, city, state, zip code, telephone number, and e-mail address;
    - d. The name, street mailing address, city, state, zip code, telephone number, and e-mail address of:
      - i. The project architect; or
      - ii. If the construction or modification of the health care institution does not require a project architect, the project engineer or other individual responsible for the completion of the construction or modification;
    - e. A narrative description of the project;
  2. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following:
    - a. A building permit for the construction or modification issued by the local governmental agency; or
    - b. If a building permit issued by the local governmental agency is not required, zoning clearance issued by the local governmental agency that includes:
      - i. The health care institution's name, street address, city, state, zip code, and county;
      - ii. The health care institution's class or subclass and each type of medical services, nursing services, or health-related services to be provided; and
      - iii. A statement signed by a representative of the local governmental agency stating that the address listed is zoned for the health care institution's class or subclass;
  3. The following information that is as necessary to demonstrate that the project described on the application complies with applicable codes and standards incorporated by reference in R9-10-104.01:
    - a. A table of contents containing:
      - i. The architectural plans and specifications submitted;
- f. The estimated total project cost including the costs of:
    - i. Site acquisition,
    - ii. General construction,
    - iii. Architect fees,
    - iv. Fixed equipment, and
    - v. Movable equipment;
  - g. If providing or planning to provide medical services, nursing services, or health-related services that require compliance with specific physical plant codes and standards incorporated by reference in R9-10-104.01, the number of rooms or inpatient beds designated for providing the medical services, nursing services, or health-related services;
  - h. If providing or planning to provide behavioral health observation/stabilization services, the number of behavioral health observation/stabilization observation chairs designated for providing the behavioral health observation/stabilization services;
  - i. For construction of a new health care institution and if modification of a health care institution requires a project architect, a statement signed and sealed by the project architect, according to the requirements in 4 A.A.C. 30, Article 3, that the:
    - i. Project architect has complied with A.A.C. R4-30-301; and
    - ii. Architectural plans and specifications comply with applicable licensing requirements in A.R.S. Title 36, Chapter 4 and this Chapter;
  - j. If construction or modification of a health care institution requires a project engineer, a statement signed and sealed by the project engineer, according to the requirements in 4 A.A.C. 30, Article 3, that the project engineer has complied with A.A.C. R4-30-301; and
  - k. A statement signed by the governing authority or the licensee that the architectural plans and specifications comply with applicable licensing requirements in A.R.S. Title 36, Chapter 4 and this Chapter;

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- ii. The physical plant codes and standards incorporated by reference in R9-10-104.01 that apply to the project;
- iii. The physical plant codes and standards that are required by a local governmental agency, if applicable;
- iv. An index of the abbreviations and symbols used in the architectural plans and specifications; and
- v. The facility's specific International Building Code construction type and International Building Code occupancy type;
- b. If the facility is larger than 3,000 square feet and is or will be occupied by more than 20 individuals, the seal of an architect on the architectural plans and specifications according to the requirements in A.R.S. Title 32, Chapter 1 and 4 A.A.C. 30, Article 3;
- c. A site plan, drawn to scale, of the entire premises showing streets, property lines, facilities, parking areas, outdoor areas, fences, swimming pools, fire access roads, fire hydrants, and access to water mains;
- d. For each facility, on architectural plans and specifications:
  - i. A floor plan, drawn to scale, for each level of the facility, showing the layout and dimensions of each room, the name and function of each room, means of egress, and natural and artificial lighting sources;
  - ii. A diagram of a section of the facility, drawn to scale, showing the vertical cross-section view from foundation to roof and specifying construction materials;
  - iii. Building elevations, drawn to scale, showing the outside appearance of each facility;
  - iv. The materials used for ceilings, walls, and floors;
  - v. The location, size, and fire rating of each door and each window and the materials and hardware used, including safety features such as fire exit door hardware and fireproofing materials;
  - vi. A ceiling plan, drawn to scale, showing the layout of each light fixture, each fire protection device, and each element of the mechanical ventilation system;
  - vii. An electrical floor plan, drawn to scale, showing the wiring diagram and the layout of each lighting fixture, each outlet, each switch, each electrical panel, and electrical equipment;
  - viii. A mechanical floor plan, drawn to scale, showing the layout of heating, ventilation, and air conditioning systems;
  - ix. A plumbing floor plan, drawn to scale, showing the layout and materials used for water, sewer, and medical gas systems, including the water supply and plumbing fixtures;
  - x. A floor plan, drawn to scale, showing the communication system within the health care institution including the nurse call system, if applicable;
  - xi. A floor plan, drawn to scale, showing the automatic fire extinguishing, fire detection, and fire alarm systems; and
  - xii. Technical specifications or drawings describing installation of equipment or medical gas and the materials used for installation in the health care institution;
- 4. The estimated total project cost including the costs of:
  - a. Site acquisition,
  - b. General construction,
  - c. Architect fees,
  - d. Fixed equipment, and
  - e. Movable equipment;
- 5. The following, as applicable:
  - a. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following provided by the local governmental agency:
    - i. A copy of the certificate of occupancy for the facility,
    - ii. Documentation that the facility was approved for occupancy, or
    - iii. Documentation that a certificate of occupancy for the facility is not available;
  - b. A certification and a statement that the construction or modification of the facility is in substantial compliance with applicable licensing requirements in A.R.S. Title 36, Article 4 and this Chapter signed by the project architect, the contractor, and the owner;
  - c. A written description of any work necessary to complete the construction or modification submitted by the project architect;
  - d. If the construction or modification affects the health care institution's fire alarm system, a contractor certification and description of the fire alarm system in a Department-provided format provided by the Department;
  - e. If the construction or modification affects the health care institution's automatic fire extinguishing system, a contractor certification of the automatic fire extinguishing system in a Department-provided format provided by the Department;
  - f. If the construction or modification affects the health care institution's heating, ventilation, or air conditioning system, a copy of the heating, ventilation, air conditioning, and air balance tests and a contractor certification of the heating, ventilation, or air conditioning system;
  - g. If draperies, cubicle curtains, or floor coverings are installed or replaced, a copy of the manufacturer's certification of flame spread for the draperies, cubicle curtains, or floor coverings;
  - h. For a health care institution using inhalation anesthetics or nonflammable medical gas, a copy of the Compliance Certification for Inhalation Anesthetics or Nonflammable Medical Gas System required in the National Fire Codes incorporated by reference in R9-10-104.01;
  - i. If a generator is installed, a copy of the installation acceptance required in the National Fire Codes incorporated by reference in R9-10-104.01;
  - j. If equipment is installed, a certification from an engineer or from a technical representative of the equipment's manufacturer that the equipment has been installed according to the manufacturer's recommendations and, if applicable, calibrated;

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- k. For a health care institution providing radiology, a written report from a certified health physicist of the location, type, and amount of radiation protection; and
  - l. If a factory-built building is used by a health care institution:
    - i. A copy of the installation permit and the copy of a certificate of occupancy for the factory-built building from the Office of Manufactured Housing; or
    - ii. A written report from an individual registered as an architect or a professional structural engineer under 4 A.A.C. 30, Article 2, stating that the factory-built building complies with applicable design standards;
  - 6. For construction of a new health care institution and for a modification of a health care institution that requires a project architect, a statement signed by the project architect that final architectural plans and specifications have been submitted to the person applying for a health care institution license or the licensee of the health care institution;
  - 7. For modification of a health care institution that does not require a project architect, a statement signed by the project engineer or other individual responsible for the completion of the modification that final architectural plans and specifications have been submitted to the person applying for a health care institution license or the licensee of the health care institution; and
  - 8. The applicable fee required by R9-10-106.
  - B.** Before an applicant submits an application for approval of architectural plans and specifications for the construction or modification of a health care institution, an applicant may request an architectural evaluation by providing the documents in subsection (A)(3) to the Department.
  - C.** The Department may conduct on-site facility reviews during the construction or modification of a health care institution.
  - D.** The Department shall approve or deny an application for approval of architectural plans and specifications of a health care institution in this Section according to R9-10-108.
  - E.** In addition to obtaining an approval of a health care institution's architectural plans and specifications, a person shall obtain a health care institution license before operating the health care institution.
- Historical Note**
- New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Publication error corrected in R9-10-104(A)(1) removing "provided by the Department;" publication error corrected in R9-10-104(B) removing "submitting;" with both amendments made at 25 A.A.R. 1583. Publication error corrected in R9-10-104(A), incorporated by reference Section updated as amended at 25 A.A.R. 3481 (Supp. 21-2).
- R9-10-104.01. Codes and Standards**
- A.** For a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in this Section, an applicant shall follow the requirements in subsection (B), except as follows:
    - 1. Physical plant standards specified in applicable Articles of this Chapter shall govern over the codes and standards incorporated by reference in subsection (B); and
    - 2. If a conflict occurs among the codes and standards incorporated by reference in subsection (B), the more restrictive codes and standards shall govern over the less restrictive.
  - B.** The following physical plant health and safety codes and standards are incorporated by reference as modified, are on file with the Department, and include no future editions or amendments:
    - 1. Guidelines for Design and Construction of Health Care Facilities (2018 ed.), published by the American Society for Healthcare Engineering and available from The Facility Guidelines Institute at [www.fgiguidelines.org](http://www.fgiguidelines.org);
    - 2. The following National Fire Codes (2012), published by and available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269, and at [www.nfpa.org/catalog](http://www.nfpa.org/catalog):
      - a. NFPA70 National Electrical Code,
      - b. NFPA101 Life Safety Code, and
      - c. 2012 Supplements;
    - 3. ICC/A117.1-2017, American National Standard: Accessible and Usable Buildings and Facilities (2017), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org);
    - 4. International Building Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
      - a. Section 101.1 is modified by deleting "of [NAME OF JURISDICTION]";
      - b. Section 101.2 is modified by deleting the "Exception";
      - c. Section 101.4.7 is deleted;
      - d. Sections 103.1 through 103.3 are deleted;
      - e. Sections 104.1 through 104.11.2 are deleted;
      - f. Sections 105.1 through 105.7 are deleted;
      - g. Sections 106.1 through 106.3 are deleted;
      - h. Sections 107.1 through 107.5 are deleted;
      - i. Sections 108.1 through 108.4 are deleted;
      - j. Sections 109.1 through 109.6 are deleted;
      - k. Sections 110.1 through 110.6 are deleted;
      - l. Sections 111.1 through 111.4 are deleted;
      - m. Sections 112.1 through 112.3 are deleted;
      - n. Sections 113.1 through 113.3 are deleted;
      - o. Sections 114.1 through 114.4 are deleted;
      - p. Sections 115.1 through 115.3 are deleted;
      - q. Sections 116.1 through 116.5 are deleted; and
      - r. Appendices A, B, C, D, K, L, and M are deleted;
    - 5. International Mechanical Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
      - a. Section 101.1 is modified by deleting "of [NAME OF JURISDICTION]";
      - b. Sections 103.1 through 103.4.1 are deleted,

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- c. Sections 104.1 through 104.7 are deleted,
  - d. Sections 105.1 through 105.5 are deleted,
  - e. Sections 106.1 through 106.5.3 are deleted,
  - f. Sections 107.1 through 107.6 are deleted,
  - g. Sections 108.1 through 108.7.3 are deleted,
  - h. Sections 109.1 through 109.7 are deleted,
  - i. Sections 110.1 through 110.4 are deleted, and
  - j. Appendix B is deleted;
6. International Plumbing Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
  - b. Sections 103.1 through 103.4.1 are deleted,
  - c. Sections 104.1 through 104.7 are deleted,
  - d. Sections 105.1 through 105.4.1 are deleted,
  - e. Sections 106.1 through 106.6.3 are deleted,
  - f. Sections 107.1 through 107.7 are deleted,
  - g. Sections 108.1 through 108.7.3 are deleted,
  - h. Sections 109.1 through 109.7 are deleted,
  - i. Sections 110.1 through 110.4 are deleted, and
  - j. Appendix A is deleted;
7. International Fire Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
  - b. Sections 102.3 and 102.5 are deleted,
  - c. Sections 103.1 through 103.4.1 are deleted,
  - d. Sections 104.1 through 104.11.3 are deleted,
  - e. Sections 105.1 through 105.7.25 are deleted,
  - f. Sections 106.1 through 106.5 are deleted,
  - g. Sections 107.1 through 107.4 are deleted,
  - h. Sections 109.1 through 109.3 are deleted,
  - i. Sections 110.1 through 110.4.1 are deleted,
  - j. Sections 111.1 through 111.4 are deleted,
  - k. Section 112.1 through 112.4 is deleted,
  - l. Section 113.1 is deleted, and
  - m. Appendix A is deleted;
8. International Fuel Gas Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
  - b. Section 101.2 is modified by deleting the “Exception”,
  - c. Sections 103.1 through 103.4.1 are deleted,
  - d. Sections 104.1 through 104.7 are deleted,
  - e. Sections 105.1 through 105.5 are deleted,
  - f. Sections 106.1 through 106.6.3 are deleted,
  - g. Sections 107.1 through 107.6 are deleted,
  - h. Sections 108.1 through 108.7.3 are deleted,
  - i. Sections 109.1 through 109.7 are deleted, and
  - j. Sections 110.1 through 110.4 are deleted;
9. International Private Sewage Disposal Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
- a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”,
  - b. Sections 103.1 through 103.4.1 are deleted,
  - c. Sections 104.1 through 104.7 are deleted,
  - d. Sections 105.1 through 105.5 are deleted,
  - e. Sections 106.1 through 106.4.3 are deleted,
  - f. Sections 107.1 through 107.9 are deleted,
  - g. Sections 108.1 through 108.7.2 are deleted,
  - h. Sections 109.1 through 109.7 are deleted, and
  - i. Sections 110.1 through 110.4 are deleted.
- C. The Department shall not assess any penalty or fee specified in the physical plant health and safety codes and standards that are incorporated by reference in this Section.

**Historical Note**

New Section made by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-105. License Application**

- A. A person applying for an initial a health care institution license shall submit to the Department an application packet that contains:
- 1. An application in a Department-provided format provided by the Department including:
    - a. The health care institution's:
      - i. Name;
      - ii. Street address, city, state, zip code;
      - iii. Mailing address;
      - iv. Telephone number, and;
      - v. E-mail address;
      - vi. Tax ID number; and
      - vii. Class or subclass listed in R9-10-102 for which licensing is requested;
    - b. Except for a home health agency, or hospice service agency, or behavioral health facility, whether the health care institution is located within 1/4 mile of agricultural land;
    - c. Whether the health care institution is located in a leased facility;
    - d. Whether the health care institution is ready for a licensing inspection by the Department;
    - e. If the health care institution is not ready for a licensing inspection by the Department, the date the health care institution will be ready for a licensing inspection;
    - f. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-10-108;
    - g. Owner information including:
      - i. The owner's name, mailing address, telephone number, and e-mail address;
      - ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;
      - iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
      - iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;

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- v. If the owner is a corporation, the name and title of each corporate officer;
- vi. If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency;
- vii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;
- viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and
- ix. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;
- h. The name and mailing address of the governing authority;
- i. The chief administrative officer's:
  - i. Name,
  - ii. Title,
  - iii. Highest educational degree, and
  - iv. Work experience related to the health care institution class or subclass for which licensing is requested; and
- j. Signature required in A.R.S. § 36-422(B);
- 2. If the health care institution is located in a leased facility, a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility;
- 3. If applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents;
- 4. If applicable, the name and mailing address of each owner or lessee of any agricultural land regulated under A.R.S. § 3-365 and a copy of the written agreement between the applicant and the owner or lessee of agricultural land as prescribed in A.R.S. § 36-421(D);
- 5. Except for a home health agency or a hospice service agency, one of the following:
  - a. If the health care institution or a part of the health care institution is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01:
    - i. An application packet for approval of architectural plans and specifications in R9-10-104(A), or
    - ii. Documentation of the Department's approval of the health care institution's architectural plans and specifications approval in R9-10-104 R9-10-104(D); or
  - b. If a no part of the health care institution or a part of the health care institution is not required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01:
    - i. One of the following:
      - (1) Documentation from the local jurisdiction of compliance with applicable local building codes and zoning ordinances; or
      - (2) If documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy as the applicable health care institution class or subclass;
    - ii. The licensed capacity requested by the applicant for the health care institution;
    - iii. If applicable, the licensed occupancy requested by the applicant for the health care institution;
    - iv. If applicable, the respite capacity requested by the applicant for the health care institution;
    - v. A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and, if applicable, each swimming pool on the health care institution premises; and
    - vi. A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device;
- 6. The health care institution's proposed scope of services; and
- 7. The applicable application fee required by R9-10-106.
- B.** In addition to the initial license application requirements in this Section, an applicant shall comply with the supplemental application requirements in specific rules in this Chapter for the health care institution class or subclass for which licensing is requested.
- C.** The Department shall approve or deny a license application in this Section according to R9-10-108.
- D.** A health care institution license is valid:
  - 1. Unless, as specified in A.R.S. § 36-425(C):
    - a. The Department revokes or suspends the license according to R9-10-112, or
    - b. The license is considered void because the licensee did not pay the applicable fees in R9-10-106 according to R9-10-107; or
  - 2. Until a licensee voluntarily surrenders the license to the Department when terminating the operation of the health care institution, according to R9-10-109(B).

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final

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rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-106. Fees**

- A.** An applicant who submits to the Department architectural plans and specifications for the construction or modification of a health care institution shall also submit an architectural plans and specifications review fee as follows:
1. Fifty dollars for a project with a cost of \$100,000 or less;
  2. One hundred dollars for a project with a cost of more than \$100,000 but less than \$500,000; or
  3. One hundred fifty dollars for a project with a cost of \$500,000 or more.
- B.** An applicant submitting an application for a health care institution license shall submit to the Department an application fee of \$50.
- C.** Except as provided in subsection (D) or (E), an applicant submitting an application for a health care institution license or a licensee submitting annual health care institution licensing fees shall submit to the Department the following licensing fee:
1. For an adult day health care facility, assisted living home, or assisted living center:
    - a. For a facility with no licensed capacity, \$280;
    - b. For a facility with a licensed capacity of one to 59 beds, \$280, plus the licensed capacity times \$70;
    - c. For a facility with a licensed capacity of 60 to 99 beds, \$560, plus the licensed capacity times \$70;
    - d. For a facility with a licensed capacity of 100 to 149 beds, \$840, plus the licensed capacity times \$70; or
    - e. For a facility with a licensed capacity of 150 beds or more, \$1,400, plus the licensed capacity times \$70;
  2. For a behavioral health facility:
    - a. For a facility with no licensed capacity, \$375;
    - b. For a facility with a licensed capacity of one to 59 beds, \$375, plus the licensed capacity times \$94;
    - c. For a facility with a licensed capacity of 60 to 99 beds, \$750, plus the licensed capacity times \$94;
    - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,125, plus the licensed capacity times \$94; or
    - e. For a facility with a licensed capacity of 150 beds or more, \$1,875, plus the licensed capacity times \$94;
  3. For a behavioral health facility providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(2), the licensed occupancy times \$94;
  4. For a nursing care institution, an intermediate care facility for individuals with intellectual disabilities, or a nursing-supported group home:
    - a. For a facility with a licensed capacity of one to 59 beds, \$290, plus the licensed capacity times \$73;
    - b. For a facility with a licensed capacity of 60 to 99 beds, \$580, plus the licensed capacity times \$73;
    - c. For a facility with a licensed capacity of 100 to 149 beds, \$870, plus the licensed capacity times \$73; or
    - d. For a facility with a licensed capacity of 150 beds or more, \$1,450, plus the licensed capacity times \$73;
  5. For a hospital, a home health agency, a hospice service agency, a hospice inpatient facility, an abortion clinic, a recovery care center, an outpatient surgical center, an outpatient treatment center that is not a behavioral health facility, a pain management clinic, or an unclassified health care institution:
    - a. For a facility with no licensed capacity, \$365;
    - b. For a facility with a licensed capacity of one to 59 beds, \$365, plus the licensed capacity times \$91;
    - c. For a facility with a licensed capacity of 60 to 99 beds, \$730, plus the licensed capacity times \$91;
    - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,095, plus the licensed capacity times \$91; or
    - e. For a facility with a licensed capacity of 150 beds or more, \$1,825, plus the licensed capacity times \$91;
  6. For a hospital providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times \$91; and
  7. For an outpatient treatment center that is not a behavioral health facility and provides:
    - a. Dialysis services, in addition to the applicable fee in subsection (C)(5), the number of dialysis stations times \$91; and
    - b. Behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times \$91.
- D.** In addition to the applicable fees in subsections (C)(5) and (C)(6), an applicant submitting an application for a single group hospital license or a licensee with a single group license submitting annual health care institution licensing fees shall submit to the Department an additional fee of \$365 for each of the hospital's satellite facilities and, if applicable, the fees required in subsection (C)(7).
- E.** Subsections (C) and (D) do not apply to a health care institution operated by a state agency according to state or federal law or to an adult foster care home.
- F.** In addition to the applicable fees in subsections (C) and (D), a licensee shall submit a late payment fee of \$250 if submitting annual licensing fees according to R9-10-107(E)(1) or (2)(d).
- G.** All fees are nonrefundable except as provided in A.R.S. § 41-1077.
- H.** The Department may charge up to \$1,000 per visit for an on-site monitoring inspection fee, as determined by a provider agreement or notice, according to A.R.S. § 36-405(D).
- I.** If the Department provides in-service training to a health care institution that requests in-service training relating to regulatory compliance outside of the survey process, the Department may charge up to \$500 an hour for the in-service training, according to A.R.S. § 36-405(E).

**Historical Note**

New Section R9-10-106 renumbered from R9-10-122 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-107. Submission of Health Care Institution Licens-**

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**ing Fees**

- A.** An applicant for a health care institution license shall submit the applicable licensing fees in R9-10-106 to the Department:
1. Within 60 calendar days after the date of the written notice of approval in R9-10-108(C)(3); or
  2. Within 90 calendar days after the date of the written notice of approval in R9-10-108(C)(3), with the payment of an additional late payment fee of \$250.
- B.** The Department shall notify a licensee of the due date of the facility's health care institution licensing fees no later than 90 calendar days before the date the facility's health care institution licensing fee is due to the Department.
- C.** Except as specified in subsection (E), a licensee shall submit to the Department, no earlier than 60 calendar days before the anniversary date of the facility's health care institution license:
1. The following information in a Department-provided format:
    - a. The licensee's name, and
    - b. The facility's name and license number;
  2. Verification of the information in the Department's current records for the health care institution;
  3. If applicable, information or documentation required in another Article of this Chapter, specific to the health care institution, to be submitted with the relevant fees required in R9-10-106; and
  4. The applicable annual licensing fees in R9-10-106.
- D.** If any information in the Department's current records for a health care institution is incorrect, before a licensee submits annual licensing fees according to subsection (C), the licensee shall comply with the applicable requirements in R9-10-109 or R9-10-110 to update the Department's records for the health care institution.
- E.** A licensee may submit to the Department the information in subsection (C)(1), verification in subsection (C)(2), applicable information or documentation in subsection (C)(3), and applicable annual licensing fees in R9-10-106:
1. Within 30 calendar days after the anniversary date of the facility's health care institution license, with the payment of the additional late payment fee in R9-10-106(F); or
  2. If an alternate licensing fee due date has been established for the licensee according to subsections (F) and (G):
    - a. By the anniversary date of the facility's health care institution license, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the alternate licensing fee due date;
    - b. By the alternate licensing fee due date;
    - c. If a new alternate licensing fee due date has been established, by the current alternate licensing fee due date, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the new alternate licensing fee due date; or
    - d. Within 30 calendar days after the alternate licensing fee due date, with the payment of the additional late payment fee in R9-10-106(F).
- F.** Except as specified in subsection (H), a licensee may request a licensing fee due date for a facility that is different from the anniversary date of a facility's health care institution license by submitting an application for an alternate licensing fee due date to the Department, at least 30 calendar days before the anniversary date of the facility's health care institution license, that includes the following information in a Department-provided format:
1. The licensee's name and e-mail address,
  2. The facility's name and license number,
  3. The current licensing fee due date,
  4. The proposed alternate licensing fee due date,
  5. The reason the licensee is requesting an alternate licensing fee due date, and
  6. The name of the health care institution's administrator's or individual representing the health care institution as designated in A.R.S. § 36-422 and the dated signature of the administrator or individual.
- G.** The Department shall review a request made according to subsection (F) according to R9-10-108.
- H.** A licensee may not request an alternate licensing fee due date according to subsection (F):
1. More frequently than once in each three-year period, or
  2. For a facility for which the payment of licensing fees is not up-to-date.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-108. Time-frames**

- A.** The overall time-frame for each type of approval granted by the Department is listed in Table 1.1. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25% of the overall time-frame.
- B.** The administrative completeness review time-frame for each type of approval granted by the Department as prescribed in this Article is listed in Table 1.1. The administrative completeness review time-frame begins on the date the Department receives an application packet or a written request for an alternate licensing fee due date.
1. The application packet for a health care institution license is not complete until the applicant provides the Department with written notice that the health care institution is ready for a licensing inspection by the Department.
  2. If the application packet or written request is incomplete, the Department shall provide a written notice to the applicant specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the missing document or information from the applicant.
  3. When an application packet or written request is complete, the Department shall provide a written notice of administrative completeness to the applicant.
  4. For an application packet for review of architectural plans and specifications, a health care institution license application packet, an application packet for a modification not requiring review of architectural plans and specifications, or a written request for an alternate licensing fee due date, the Department shall consider the application or written request withdrawn if the applicant fails to supply the missing documents or information included in the notice described in subsection (B)(2) within 60 calendar days after the date of the notice described in subsection (B)(2).



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5. If the Department issues a license or grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame is listed in Table 1.1 and begins on the date of the notice of administrative completeness.
  1. The Department may conduct an onsite inspection of the facility:
    - a. As part of the substantive review for approval of architectural plans and specifications;
    - b. As part of the substantive review for issuing a health care institution license; or
    - c. As part of the substantive review for approving a modification of a health care institution's license.
  2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information or documentation. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation. The time-frame for the Department to complete the substantive review is suspended from the date of a written request for additional information or documentation until the Department receives the additional information or documentation.
  3. The Department shall send a written notice of approval to an applicant that is in substantial compliance with applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter.
  4. After an applicant for a health care institution license receives the written notice of approval in subsection (C)(3), the applicant shall submit the applicable health care institution license fee in R9-10-106 according to R9-10-107(A).
  5. After receiving the applicable health care institution licensing fee from an applicant according to subsection (C)(4) and R9-10-107(A), the Department shall send a health care institution license to the applicant.
6. The Department shall provide a written notice of denial that complies with A.R.S. § 41-1076 to an applicant who does not:
  - a. For a health care institution license application or a request for approval of a modification of a health care institution requiring architectural plans and specifications, submit the information or documentation in subsection (C)(2) within 120 calendar days after the Department's written request to the applicant;
  - b. For a request for approval of a modification of a health care institution not requiring architectural plans and specifications or a written request for an alternate licensing fee due date, submit the information or documentation in subsection (C)(2) within 30 calendar days after the Department's written request to the applicant;
  - c. Comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter; or
  - d. If applicable, submit a fee required in R9-10-106 or R9-10-107.
7. An applicant may file a written notice of appeal with the Department within 30 calendar days after receiving the notice described in subsection (C)(6). The appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.
8. If a time-frame's last day falls on a Saturday, a Sunday, or an official state holiday, the Department shall consider the next working day to be the time-frame's last day.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 859, effective April 2, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**Table 1.1 Time-frames**

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Substantive Review Time-frame
Approval of architectural plans and specifications R9-10-104	A.R.S. §§ 36-405, 36-406(1)(b), and 36-421	105 calendar days	45 calendar days	60 calendar days
Health care institution license R9-10-105	A.R.S. §§ 36-405, 36-407, 36-421, 36-422, 36-424, and 36-425	120 calendar days	30 calendar days	90 calendar days
Approval of an alternate licensing fee due date R9-10-107	A.R.S. § 36-405	30 calendar days	10 calendar days	20 calendar days
Approval of a modification of a health care institution R9-10-110	A.R.S. §§ 36-405, 36-407, and 36-422	75 calendar days	15 calendar days	60 calendar days

**Historical Note**

New Table 1 made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 859, effective April 2, 2005 (Supp. 05-1). Table 1 number amended to Table 1.1 and contents amended by exempt

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rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Table 1.1 amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Table 1.1 amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Table 1.1 heading added for clarity by the Division (Supp. 21-2).

**R9-10-109. Changes Affecting a License****A.** A licensee shall ensure that:

1. The Department is notified in writing at least 30 calendar days before the effective date of:
  - a. Except as provided in subsection (I), a change in the name of:
    - i. A health care institution, or
    - ii. The licensee;
  - b. A change in the hours of operation:
    - i. Of an administrative office, or
    - ii. For providing physical health services or behavioral health services to patients of the health care institution;
  - c. A change in the address of a health care institution that does not provide medical services, nursing services, behavioral health services, or health-related services on the premises; or
  - d. A change in the geographic region to be served by the hospice service agency or home health agency; and
2. Documentation supporting the change is provided to the Department with the notification required in subsection (A)(1).

**B.** If a licensee intends to terminate the operation of a health care institution, the licensee shall ensure that the Department is notified in writing of:

1. The termination of the health care institution's operations, as required in A.R.S. § 36-422(D), at least 30 calendar days before the termination, and
2. The address and contact information for the location where the health care institution's medical records will be retained as required in A.R.S. § 12-2297.

**C.** A licensee shall ensure that the Department is notified in writing, according to A.R.S. § 36-425(I), of a change in the chief administrative officer of the health care institution.**D.** If a health care institution is accredited by a nationally recognized accrediting organization, a licensee may submit to the Department the health care institution's current accreditation report.**E.** Except as provided in A.R.S. § 36-424(B), if a licensee submits to the Department a health care institution's current accreditation report from a nationally recognized accrediting organization, the Department shall not conduct an onsite compliance inspection of the health care institution during the time the accreditation report is valid.**F.** If a licensee is an adult behavioral health therapeutic home or a behavioral health respite home, the licensee shall ensure that:

1. The Department is notified in writing if the licensee does not have a written agreement with a collaborating health care institution, as required in R9-10-1603(A)(3) or R9-10-1803(A)(3) as applicable; and
2. The adult behavioral health therapeutic home or behavioral health respite home does not accept an individual as a resident or recipient, as applicable, or provide services to a resident or recipient, as applicable, until:
  - a. The adult behavioral health therapeutic home or behavioral health respite home has a written agreement with a collaborating health care institution;

- b. The collaborating health care institution has approved the adult behavioral health therapeutic home's or behavioral health respite home's:
  - i. Scope of services, and
  - ii. Policies and procedures; and
- c. The collaborating health care institution has verified the provider's skills and knowledge.

**G.** If a licensee is an affiliated outpatient treatment center, the licensee shall ensure that if the affiliated outpatient treatment center:

1. Plans to begin providing administrative support to a counseling facility at a time other than during the affiliated outpatient treatment center's license application process, the following information for each counseling facility is submitted to the Department before the affiliated outpatient treatment center begins providing administrative support:
  - a. The counseling facility's name,
  - b. The license number assigned to the counseling facility by the Department, and
  - c. The date the affiliated outpatient treatment center will begin providing administrative support to the counseling facility; or
2. No longer provides administrative support to a counseling facility previously identified by the affiliated outpatient treatment center as receiving administrative support from the affiliated outpatient treatment center, the following information for each counseling facility is submitted to the Department within 30 calendar days after the affiliated outpatient treatment center no longer provides administrative support:
  - a. The counseling facility's name,
  - b. The license number assigned to the counseling facility by the Department, and
  - c. The date the affiliated outpatient treatment center stopped providing administrative support to the counseling facility.

**H.** If a licensee is a counseling facility, the licensee shall ensure that if the counseling facility:

1. Plans to begin receiving administrative support from an affiliated outpatient treatment center at a time other than during the counseling facility's license application process, the following information for the affiliated outpatient treatment center is submitted to the Department before the counseling facility begins receiving administrative support:
  - a. The affiliated outpatient treatment center's name,
  - b. The license number assigned to the affiliated outpatient treatment center by the Department, and
  - c. The date the counseling facility will begin receiving administrative support;
2. No longer receives administrative support from an affiliated outpatient treatment center previously identified by the counseling facility as providing administrative support to the counseling facility, the following information for the affiliated outpatient treatment center is submitted to the Department within 30 calendar days after the counseling facility no longer receives administrative support from the affiliated outpatient treatment center:
  - a. The affiliated outpatient treatment center's name,

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- b. The license number assigned to the affiliated outpatient treatment center by the Department, and
- c. The date the counseling facility stopped receiving administrative support from the affiliated outpatient treatment center;
- 3. Plans to begin sharing administrative support with an affiliated counseling facility at a time other than during the counseling facility's license application process, the following information for each affiliated counseling facility sharing administrative support with the counseling facility is submitted to the Department before the counseling facility and affiliated counseling facility begin sharing administrative support:
  - a. The affiliated counseling facility's name,
  - b. The license number assigned to the affiliated counseling facility by the Department, and
  - c. The date the counseling facility and the affiliated counseling facility will begin sharing administrative support; or
- 4. No longer shares administrative support with an affiliated counseling facility previously identified by the counseling facility as sharing administrative support with the counseling facility, the following information is submitted for each affiliated counseling facility within 30 calendar days after the counseling facility and affiliated counseling facility no longer share administrative support:
  - a. The affiliated counseling facility's name,
  - b. The license number assigned to the affiliated counseling facility by the Department, and
  - c. The date the counseling facility and affiliated counseling facility will no longer be sharing administrative support.
- I. A governing authority shall submit a license application required in R9-10-105 for:
  - 1. A change in ownership of a health care institution;
  - 2. A change in the address or location of a health care institution that provides medical services, nursing services, health-related services, or behavioral health services on the premises; or
  - 3. A change in a health care institution's class or subclass.
- J. A governing authority is not required to submit the documentation required in R9-10-105(A)(5) for a license application if:
  - 1. The health care institution has not ceased operations for more than 30 calendar days,
  - 2. A modification has not been made to the health care institution,
  - 3. The services the health care institution is authorized by the Department to provide are not changed, and
  - 4. The location of the health care institution's premises is not changed.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final

expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-110. Modification of a Health Care Institution**

- A. A licensee shall submit a request for approval of a modification of a health care institution when planning to make:
  - 1. An addition or removal of an authorized service;
  - 2. An addition or removal of a collocator;
  - 3. A change in a health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
  - 4. A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
  - 5. A change in the building where a health care institution is located that affects compliance with:
    - a. Applicable physical plant codes and standards incorporated by reference in R9-10-104.01, or
    - b. Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.
- B. A licensee of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01 shall submit an application packet, according to R9-10-104(A), for approval of architectural plans and specifications for a modification of the health care institution described in subsections (A)(3) through (5).
- C. A licensee of a health care institution shall submit a written request an application packet for a modification of the health care institution in a Department-provided format that contains:
  - 1. The following information in a Department-provided format:
    - a. The health care institution's name, mailing address, e-mail address, and license number;
    - b. A narrative description of the modification, including as applicable:
      - i. The services the licensee is requesting be added or removed as an authorized service;
      - ii. The name and license number of an associated licensed provider being added or removed as a collocator;
      - iii. The name and professional license number of an exempt health care provider being added or removed as a collocator;
      - iv. If an associated licensed provider or exempt health care provider is being added as a collocator, the proposed scope of services;
      - v. The current and proposed licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations;
      - vi. The change being made in the physical plant; and
      - vii. The change being made that affects compliance with applicable physical plant codes and standards incorporated by reference in R9-10-104.01; and
    - c. The name and e-mail address of the health care institution's administrator's or individual representing the health care institution as designated in according to A.R.S. § 36-422 and the dated signature of the administrator or individual; and
  - 2. Documentation that demonstrates that the requested modification complies with applicable requirements in this Chapter, including as applicable:
    - a. A floor plan showing the location of each collocator's proposed treatment area and the areas of the

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- collaborating outpatient treatment center's premises shared with a colocator;
- b. For a change in the licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations or a modification of the physical plant:
  - i. A floor plan showing, for each story of the facility affected by the modification, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device; or
  - ii. For a health care institution or part of the health care institution that is required to comply with the physical plant codes and standards incorporated by reference in R9-10-104.01 or the building, documentation of the Department's approval of the health care institution's architectural plans and specifications in R9-10-104(D); and
- c. Any other documentation to support the requested modification; and
- 3. If applicable, a copy of the written agreement the associated licensed provider or exempt health care provider has with the collaborating outpatient treatment center.
- D.** The Department shall approve or deny a request for a modification described in subsection (C) according to R9-10-108.
- E.** A licensee shall not implement a modification described in subsection (C) until an approval or amended license is issued by the Department.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-110 renumbered to Section R9-10-111; new Section R9-10-110 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-111. Enforcement Actions**

- A.** If the Department determines that an applicant or licensee is violating applicable statutes or rules, the Department may take action according to A.R.S. Title 36, Chapter 4, R9-10-112 or, Table 1.2.
- B.** The Department may impose civil money penalties on a licensed health care institution that violates Title 36 or this Chapter, with penalties assessed per resident or patient impacted by the violation as determined by the Department based on the following factors:
  - 1. The civil penalty may be up to \$1,000 per violation, pursuant to A.R.S. § 36-431.01, if one or more of the following aggravating factors apply:
    - a. The violation is repeated;
    - b. Actual harm occurred;
    - c. The violation poses a potential threat for actual harm or to health and safety, including to patients, staff, or residents;
    - d. Immediate jeopardy exists due to the type and severity of the violation;
    - e. The licensee fails to correct the violation in a reasonable timely manner, which may be a threat to health and safety;
    - f. The length of time the violation occurred;
    - g. Patterns of noncompliance; or
    - h. The total number of violations; and
  - 2. In determining the final penalty, the Department shall consider and reduce the penalty if one or more of the following mitigating factors apply:
    - a. The violation was isolated,
    - b. No actual harm occurred,
    - c. No immediate jeopardy was present,
    - d. The facility reported the violation to the Department,
    - e. The facility promptly corrected the violation,
    - f. The number of persons affected by the violation,
    - g. The size of the facility and the financial impact of the penalty, or
    - h. The length of time the violation occurred.

**Historical Note**

Amended effective February 4, 1981 (Supp. 81-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 97, effective January 1, 2014 (Supp. 13-4). Section R9-10-111 renumbered to Section R9-10-112; new Section R9-10-111 renumbered from R9-10-110 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-112. Denial, Revocation, or Suspension of License**

- A.** The Department may deny, revoke, or suspend a license to operate a health care institution if an applicant, a licensee, or a controlling person of the health care institution:
  - 1. Provides false or misleading information to the Department;
  - 2. Has had in any state or jurisdiction any of the following:
    - a. An application or license to operate a health care institution denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process or to pay a required licensing fee within a required time-frame; or
    - b. A health care professional license or certificate denied, revoked, or suspended;
  - 3. Does not comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter; or
  - 4. Has operated a health care institution, within the preceding ten years, in violation of A.R.S. Title 36, Chapter 4 or this Chapter, that posed a direct risk to the life, health, or safety of a patient.
- B.** The Department shall suspend or revoke a hospital's license if the Department receives, pursuant to A.R.S. § 36-2901.08(H), notice from the Arizona Health Care Cost Containment System that the hospital's provider agreement registration with the Arizona Health Care Cost Containment System has been suspended or revoked.

**Historical Note**

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 9 A.A.R. 526, effective April 1,

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2003 (Supp. 03-1). Section R9-10-112 renumbered to R9-10-113; new Section R9-10-112 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-112 renumbered to Section R9-10-113; new Section R9-10-112 renumbered from R9-10-111 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-113. Tuberculosis Screening**

- A.** If a health care institution is subject to the requirements of this Section, as specified in an Article in this Chapter, the health care institution's chief administrative officer shall ensure that the health care institution establishes, documents, and implements tuberculosis infection control activities that:
1. Are consistent with recommendations in Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019, published by the U.S. Department of Health and Human Services, Atlanta, GA 30333, available at <https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm>, incorporated by reference, on file with the Department, and including no future editions or amendments; and
  2. Include:
    - a. For each individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution and who is subject to the requirements of this Section, baseline screening, on or before the date specified in the applicable Article of this Chapter, that consists of:
      - i. Assessing risks of prior exposure to infectious tuberculosis,
      - ii. Determining if the individual has signs or symptoms of tuberculosis, and
      - iii. Obtaining documentation of the individual's freedom from infectious tuberculosis according to subsection (B)(1);
    - b. If an individual may have a latent tuberculosis infection, as defined in A.A.C. R9-6-1201:
      - i. Referring the individual for assessment or treatment; and
      - ii. Annually obtaining documentation of the individual's freedom from symptoms of infectious tuberculosis, signed by a medical practitioner, occupation health provider, as defined in A.A.C. R9-6-801, or local health agency, as defined in A.A.C. R9-6-101;
    - c. Annually providing training and education related to recognizing the signs and symptoms of tuberculosis to individuals employed by or providing volunteer services for the health care institution;
    - d. Annually assessing the health care institution's risk of exposure to infectious tuberculosis;
    - e. Reporting, as specified in A.A.C. R9-6-202, an individual who is suspected of exposure to infectious tuberculosis; and
    - f. If an exposure to infectious tuberculosis occurs in the health care institution, coordinating and sharing information with the local health agency, as defined in A.A.C. R9-6-101, for identifying, locating, and

investigating contacts, as defined in A.A.C. R9-6-101.

- B.** A health care institution's chief administrative officer shall:
1. For an individual for whom baseline screening and documentation of freedom from infectious tuberculosis is required by an Article in this Chapter, as specified in subsection (A)(2)(a), obtain one of the following as evidence of freedom from infectious tuberculosis:
    - a. Documentation of a negative Mantoux skin test or other tuberculosis screening test that:
      - i. Is recommended by the U.S. Centers for Disease Control and Prevention (CDC),
      - ii. Was administered within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution, and
      - iii. Includes the date and the type of tuberculosis screening test;
    - b. If the individual had a history of tuberculosis or documentation of latent tuberculosis infection, as defined in A.A.C. R9-6-1201, compliance with subsection (A)(2)(b); or
    - c. If the individual had a positive Mantoux skin test or other tuberculosis screening test according to subsection (B)(1)(a) and does not have history of tuberculosis or documentation of latent tuberculosis infection, as defined in A.A.C. R9-6-1201, a written statement:
      - i. That the individual is free from infectious tuberculosis, signed by a medical practitioner or local health agency, as defined in A.A.C. R9-6-101; and
      - ii. Dated within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution; and
  2. As part of the annual assessment of the health care institution's risk of exposure to infectious tuberculosis according to subsection (A)(2)(d), ensure that documentation is obtained for each individual required to be screened for infectious tuberculosis that:
    - a. Indicates the individual's freedom from symptoms of infectious tuberculosis; and
    - b. Is signed by a medical practitioner, occupation health provider, as defined in A.A.C. R9-6-801, or local health agency, as defined in A.A.C. R9-6-101.

**Historical Note**

Former Section R9-10-113 repealed, new Section R9-10-113 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section R9-10-113 renumbered from R9-10-112 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-113 renumbered to Section R9-10-114; new Section R9-10-113 renumbered from R9-10-112 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-10-114. Clinical Practice Restrictions for Hemodialysis**

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**Technician Trainees****A.** The following definitions apply in this Section:

1. "Assess" means collecting data about a patient by:
  - a. Obtaining a history of the patient,
  - b. Listening to the patient's heart and lungs, and
  - c. Checking the patient for edema.
2. "Blood-flow rate" means the quantity of blood pumped into a dialyzer per minute of hemodialysis.
3. "Blood lines" means the tubing used during hemodialysis to carry blood between a vascular access and a dialyzer.
4. "Central line catheter" means a type of vascular access created by surgically implanting a tube into a large vein.
5. "Clinical practice restriction" means a limitation on the hemodialysis tasks that may be performed by a hemodialysis technician trainee.
6. "Conductivity test" means a determination of the electrolytes in a dialysate.
7. "Dialysate" means a mixture of water and chemicals used in hemodialysis to remove wastes and excess fluid from a patient's body.
8. "Dialysate-flow rate" means the quantity of dialysate pumped per minute of hemodialysis.
9. "Directly observing" or "direct observation" means a medical person stands next to an inexperienced hemodialysis technician trainee and watches the inexperienced hemodialysis technician trainee perform a hemodialysis task.
10. "Direct supervision" has the same meaning as "supervision" in A.R.S. § 36-401.
11. "Electrolytes" means chemical compounds that break apart into electrically charged particles, such as sodium, potassium, or calcium, when dissolved in water.
12. "Experienced hemodialysis technician trainee" means an individual who has passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
13. "Fistula" means a type of vascular access created by a surgical connection between an artery and vein.
14. "Fluid-removal rate" means the quantity of wastes and excess fluid eliminated from a patient's blood per minute of hemodialysis to achieve the patient's prescribed weight, determined by:
  - a. Dialyzer size,
  - b. Blood-flow rate,
  - c. Dialysate-flow rate, and
  - d. Hemodialysis duration.
15. "Germicide-negative test" means a determination that a chemical used to kill microorganisms is not present.
16. "Germicide-positive test" means a determination that a chemical used to kill microorganisms is present.
17. "Graft" means a vascular access created by a surgical connection between an artery and vein using a synthetic tube.
18. "Hemodialysis machine" means a mechanical pump that controls:
  - a. The blood-flow rate,
  - b. The mixing and temperature of dialysate,
  - c. The dialysate-flow rate,
  - d. The addition of anticoagulant, and
  - e. The fluid-removal rate.
19. "Hemodialysis technician" has the same meaning as in A.R.S. § 36-423(A).

20. "Hemodialysis technician trainee" means an individual who is working in a health care institution to assist in providing hemodialysis and who is not certified as a hemodialysis technician according to A.R.S. § 36-423(A).
  21. "Inexperienced hemodialysis technician trainee" means an individual who has not passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
  22. "Medical person" means:
    - a. A physician who is experienced in dialysis;
    - b. A registered nurse practitioner who is experienced in dialysis;
    - c. A nurse who is experienced in dialysis;
    - d. A hemodialysis technician who meets the requirements in A.R.S. § 36-423(A) approved by the governing authority; and
    - e. An experienced hemodialysis technician trainee approved by the governing authority.
  23. "Not established" means not approved by a patient's nephrologist for use in hemodialysis.
  24. "Patient" means an individual who receives hemodialysis.
  25. "pH test" means a determination of the acidity of a dialysate.
  26. "Preceptor course" means a health care institution's instruction and evaluation provided to a nurse, hemodialysis technician, or hemodialysis technician trainee that enables the nurse, hemodialysis technician, or hemodialysis technician trainee to provide direct observation and education to hemodialysis technician trainees.
  27. "Respond" means to mute, shut off, reset, or troubleshoot an alarm.
  28. "Safety check" means successful completion of tests recommended by the manufacturer of a hemodialysis machine, a dialyzer, or a water system used for hemodialysis before initiating a patient's hemodialysis.
  29. "Water-contaminant test" means a determination of the presence of chlorine or chloramine in a water system used for hemodialysis.
- B.** An experienced hemodialysis technician trainee may:
1. Perform hemodialysis under direct supervision, and
  2. Provide direct observation to another hemodialysis technician trainee only after completing the health care institution's preceptor course approved by the governing authority.
- C.** An experienced hemodialysis technician trainee shall not access a patient's:
1. Fistula that is not established, or
  2. Graft that is not established.
- D.** An inexperienced hemodialysis technician trainee may perform the following hemodialysis tasks only under direct observation:
1. Access a patient's central line catheter;
  2. Respond to a hemodialysis-machine alarm;
  3. Draw blood for laboratory tests;
  4. Perform a water-contaminant test on a water system used for hemodialysis;
  5. Inspect a dialyzer and perform a germicide-positive test before priming a dialyzer;
  6. Set up a hemodialysis machine and blood lines before priming a dialyzer;
  7. Prime a dialyzer;
  8. Test a hemodialysis machine for germicide presence;

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9. Perform a hemodialysis machine safety check;
  10. Prepare a dialysate;
  11. Perform a conductivity test and a pH test on a dialysate;
  12. Assess a patient;
  13. Check and record a patient's vital signs, weight, and temperature;
  14. Determine the amount and rate of fluid removal from a patient;
  15. Administer local anesthetic at an established fistula or graft, administer anticoagulant, or administer replacement saline solution;
  16. Perform a germicide-negative test on a dialyzer before initiating hemodialysis;
  17. Initiate or discontinue a patient's hemodialysis;
  18. Adjust blood-flow rate, dialysate-flow rate, or fluid-removal rate during hemodialysis; or
  19. Prepare a blood, water, or dialysate culture to determine microorganism presence.
- E.** An inexperienced hemodialysis technician trainee shall not:
1. Access a patient's:
    - a. Fistula that is not established, or
    - b. Graft that is not established; or
  2. Provide direct observation.
- F.** When a hemodialysis technician trainee performs hemodialysis tasks for a patient, the patient's medical record shall include:
1. The name of the hemodialysis technician trainee;
  2. The date, time, and hemodialysis task performed;
  3. The name of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee; and
  4. The initials or signature of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee.
- G.** If the Department determines that a health care institution is not in substantial compliance with this Section, the Department may take enforcement action according to R9-10-111.

**Historical Note**

Former Section R9-10-114 repealed, new Section R9-10-114 adopted effective February 4, 1981 (Supp. 81-1).

Amended by adding paragraph (7) as an emergency effective November 17, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Amended by adding paragraph (7) as a permanent amendment effective August 2, 1984 (Supp. 84-4). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section R9-10-114 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-114 renumbered to Section R9-10-115; new Section R9-10-114 renumbered from R9-10-113 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-115. Behavioral Health Paraprofessionals; Behavioral Health Technicians**

If a health care institution is a behavioral health facility or is authorized by the Department to provide behavioral health services, an administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that:

- a. Delineate the services a behavioral health paraprofessional is allowed to provide at or for the health care institution;
  - b. Cover supervision of a behavioral health paraprofessional, including documentation of supervision;
  - c. Establish the qualifications for a behavioral health professional providing supervision to a behavioral health paraprofessional;
  - d. Delineate the services a behavioral health technician is allowed to provide at or for the health care institution;
  - e. Cover clinical oversight for a behavioral health technician, including documentation of clinical oversight;
  - f. Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;
  - g. Delineate the methods used to provide clinical oversight, including when clinical oversight is provided on an individual basis or in a group setting; and
  - h. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral health professional who is responsible for the clinical oversight of the behavioral health technician;
2. A behavioral health paraprofessional receives supervision according to policies and procedures;
  3. Clinical oversight is provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:
    - a. The scope and extent of the services provided,
    - b. The acuity of the patients receiving services, and
    - c. The number of patients receiving services;
  4. A behavioral health technician receives clinical oversight at least once during each two week period, if the behavioral health technician provides services related to patient care at the health care institution during the two week period;
  5. When clinical oversight is provided electronically:
    - a. The clinical oversight is provided verbally with direct and immediate interaction between the behavioral health professional providing and the behavioral health technician receiving the clinical oversight,
    - b. A secure connection is used, and
    - c. The identities of the behavioral health professional providing and the behavioral health technician receiving the clinical oversight are verified before clinical oversight is provided; and
  6. A behavioral health professional provides supervision to a behavioral health paraprofessional or clinical oversight to behavioral health technician within the behavioral health professional's scope of practice established in the applicable licensing requirements under A.R.S. Title 32.

**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1).

Amended by final rulemaking 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-115 renumbered to Section R9-10-116; new Section R9-10-115 renumbered from R9-10-114 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

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Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-116. Nutrition and Feeding Assistant Training Programs**

- A.** For the purposes of this Section, “agency” means an entity other than a nursing care institution that provides the nutrition and feeding assistant training required in A.R.S. § 36-413.
- B.** An agency shall apply for approval to operate a nutrition and feeding assistant training program by submitting:
  1. An application in a Department-provided format that contains:
    - a. The name of the agency;
    - b. The name, telephone number, and e-mail address of the individual in charge of the proposed nutrition and feeding assistant training program;
    - c. The address where the nutrition and feeding assistant training program records are maintained;
    - d. A description of the training course being offered by the nutrition and feeding assistant training program including for each topic in subsection (I):
      - i. The information presented for each topic,
      - ii. The amount of time allotted to each topic,
      - iii. The skills an individual is expected to acquire for each topic, and
      - iv. The testing method used to verify an individual has acquired the stated skills for each topic;
    - e. Whether the agency agrees to allow the Department to submit supplemental requests for information as specified in subsection (F)(2); and
    - f. The signature of the individual in charge of the proposed nutrition and feeding assistant training program and the date signed; and
  2. A copy of the materials used for providing the nutrition and feeding assistant training program.
- C.** For an application for an approval of a nutrition and feeding assistant training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.
- D.** Within 30 calendar days after the receipt of an application in subsection (B), the Department shall:
  1. Issue an approval of the agency’s nutrition and feeding assistant training program;
  2. Provide a notice of administrative completeness to the agency that submitted the application; or
  3. Provide a notice of deficiencies to the agency that submitted the application, including a list of the information or documents needed to complete the application.
- E.** If the Department provides a notice of deficiencies to an agency:
  1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the agency;
  2. If the agency does not submit the missing information or documents to the Department within 30 calendar days, the Department shall consider the application withdrawn; and
  3. If the agency submits the missing information or documents to the Department within 30 calendar days, the substantive review time-frame begins on the date the Department receives the missing information or documents.
- F.** Within the substantive review time-frame, the Department:
  1. Shall issue or deny an approval of a nutrition and feeding assistant training program; and
  2. May make one written comprehensive request for more information, unless the Department and the agency agree in writing to allow the Department to submit supplemental requests for information.
- G.** If the Department issues a written comprehensive request or a supplemental request for information:
  1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and
  2. The agency shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- H.** The Department shall issue:
  1. An approval for an agency to operate a nutrition and feeding assistant training program if the Department determines that the agency and the application comply with A.R.S. § 36-413 and this Section; or
  2. A denial for an agency that includes the reason for the denial and the process for appeal of the Department’s decision if:
    - a. The Department determines that the agency does not comply with A.R.S. § 36-413 and this Section; or
    - b. The agency does not submit information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- I.** An individual in charge of a nutrition and feeding assistant training program shall ensure that:
  1. The materials and coursework for the nutrition and feeding assistant training program demonstrate the inclusion of the following topics:
    - a. Feeding techniques;
    - b. Assistance with feeding and hydration;
    - c. Communication and interpersonal skills;
    - d. Appropriate responses to resident behavior;
    - e. Safety and emergency procedures, including the Heimlich maneuver;
    - f. Infection control;
    - g. Resident rights;
    - h. Recognizing a change in a resident that is inconsistent with the resident’s normal behavior; and
    - i. Reporting a change in subsection (I)(1)(h) to a nurse at a nursing care institution;
  2. An individual providing the training course is:
    - a. A physician,
    - b. A physician assistant,
    - c. A registered nurse practitioner,
    - d. A registered nurse,
    - e. A registered dietitian,
    - f. A licensed practical nurse,
    - g. A speech-language pathologist, or
    - h. An occupational therapist; and
  3. An individual taking the training course completes:
    - a. At least eight hours of classroom time, and



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- b. Demonstrates that the individual has acquired the skills the individual was expected to acquire.
- J.** An individual in charge of a nutrition and feeding assistant training program shall issue a certificate of completion to an individual who completes the training course and demonstrates the skills the individual was expected to acquire as a result of completing the training course that contains:
1. The name of the agency approved to operate the nutrition and feeding assistant training program;
  2. The name of the individual completing the training course;
  3. The date of completion;
  4. The name, signature, and professional license of the individual providing the training course; and
  5. The name and signature of the individual in charge of the nutrition and feeding assistant training program.
- K.** The Department may deny, revoke, or suspend an approval to operate a nutrition and feeding assistant training program if an agency operating or applying to operate a nutrition and feeding assistance training program:
1. Provides false or misleading information to the Department;
  2. Does not comply with the applicable statutes and rules;
  3. Issues a training completion certificate to an individual who did not:
    - a. Complete the nutrition and feeding assistant training program, or
    - b. Demonstrate the skills the individual was expected to acquire; or
  4. Does not implement the nutrition and feeding assistant training program as described in or use the materials submitted with the agency's application.
- L.** In determining which action in subsection (K) is appropriate, the Department shall consider the following:
1. Repeated violations of statutes or rules,
  2. Pattern of non-compliance,
  3. Types of violations,
  4. Severity of violations, and
  5. Number of violations.

**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-116 renumbered to Section R9-10-117; new Section R9-10-116 renumbered from R9-10-115 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-117. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-117 renumbered to Section R9-10-118; new Section R9-10-117 renumbered from R9-10-116 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Repealed by exempt

rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-118. Collaborating Health Care Institution**

- A.** An administrator of a collaborating health care institution shall ensure that:
1. A list is maintained of adult behavioral health therapeutic homes and behavioral health respite homes for which the collaborating health care institution serves as a collaborating health care institution;
  2. For each adult behavioral health therapeutic home or behavioral health respite home in subsection (A)(1), the collaborating health care institution maintains the following information:
    - a. A copy of the documented agreement that establishes the responsibilities of the adult behavioral health therapeutic home or behavioral health respite home and the collaborating health care institution consistent with the requirements in this Chapter;
    - b. For the adult behavioral health therapeutic home or behavioral health respite home, the following information:
      - i. Provider's name;
      - ii. Street address;
      - iii. License number;
      - iv. Whether the residence is an adult behavioral health therapeutic home or a behavioral health respite home;
      - v. If the residence is a behavioral health respite home, whether the behavioral health respite home provides respite care services to:
        - (1) Individuals 18 years of age or older, or
        - (2) Individuals less than 18 years of age;
      - vi. The beginning and ending dates of the documented agreement in subsection (A)(2)(a); and
      - vii. The name and contact information for the individual assigned by the collaborating health care institution to monitor the adult behavioral health therapeutic home or behavioral health respite home;
    - c. For the adult behavioral health therapeutic home or behavioral health respite home, a copy of the following that have been approved by the collaborating health care institution:
      - i. Scope of services,
      - ii. Policies and procedures, and
      - iii. Documentation of the review and update of policies and procedures;
    - d. A description of the required skills and knowledge for a provider, based on the scope of services of the adult behavioral health therapeutic home or behavioral health respite home, as established by the collaborating health care institution; and
    - e. For a provider in the adult behavioral health therapeutic home or behavioral health respite home, documentation of:
      - i. The provider's skills and knowledge;
      - ii. If applicable, the provider's completion of training in assistance in the self-administration of medication;
      - iii. Verification of the provider's skills and knowledge; and
      - iv. If the provider is required to have clinical oversight according to R9-10-1805(C), the provider's receiving clinical oversight;

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3. A provider's skills and knowledge are verified by a personnel member according to policies and procedures;
  4. A provider who provides behavioral health services receives clinical oversight, required in R9-10-1805(C), from a behavioral health professional; and
  5. A provider, other than a provider who is a medical practitioner or nurse, receives training in assistance in the self-administration of medication:
    - a. From a medical practitioner or registered nurse or from a personnel member of the collaborating health care institution trained by a medical practitioner or registered nurse;
    - b. That includes:
      - i. A demonstration of the provider's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed; and
    - c. That is documented.
- B.** For a patient referred to an adult behavioral health therapeutic home or a behavioral health respite home, an administrator shall ensure that:
1. A resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home does not present a threat to the referred patient, based on the resident's or recipient's developmental levels, social skills, verbal skills, and personal history;
  2. The referred patient does not present a threat to a resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home based the referred patient's developmental levels, social skills, verbal skills, and personal history;
  3. The referred patient requires services within the adult behavioral health therapeutic home's or behavioral health respite home's scope of services;
  4. A provider of the adult behavioral health therapeutic home or behavioral health respite home has the verified skills and knowledge to provide behavioral health services to the referred patient;
  5. A treatment plan for the referred patient, which includes information necessary for a provider to meet the referred patient's needs for behavioral health services, is completed and forwarded to the provider before the referred patient is accepted as a resident or recipient;
  6. A patient's treatment plan is reviewed and updated at least once every 12 months, and a copy of the patient's updated treatment plan is forwarded to the patient's provider;
  7. If documentation of a significant change in a patient's behavioral, physical, cognitive, or functional condition and the action taken by a provider to address patient's changing needs is received by the collaborating health care institution, a behavioral health professional or behavioral health technician reviews the documentation and:
    - a. Documents the review; and
    - b. If applicable:
      - i. Updates the patient's treatment plan, and
      - ii. Forwards the updated treatment plan to the provider within 10 working days after receipt of the documentation of a significant change;
  8. If the review and updated treatment plan required in subsection (B)(7) is performed by a behavioral health technician, a behavioral health professional reviews and signs the review and updated treatment plan to ensure the patient is receiving the appropriate behavioral health services; and
  9. In addition to the requirements for a medical record for a patient in this Chapter, a referred patient's medical record contains:
    - a. The provider's name and the street address and license number of the adult behavioral health therapeutic home or behavioral health respite home to which the patient is referred,
    - b. A copy of the treatment plan provided to the adult behavioral health therapeutic home or behavioral health respite home,
    - c. Documentation received according to and required by subsection (B)(7),
    - d. Any information about the patient received from the adult behavioral health therapeutic home or behavioral health respite home, and
    - e. Any follow-up actions taken by the collaborating health care institution related to the patient.
- C.** For a patient referred to an adult behavioral health therapeutic home, an administrator shall ensure that the collaborating health care institution has documentation in the patient's medical record of evidence of freedom from infectious tuberculosis that meets the requirements in R9-10-113.

**Historical Note**

New Section R9-10-118 renumbered from R9-10-117 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). The word twelve has been changed to the numeral 12 in subsection (B)(6) for consistency in Chapter style and format (Supp. 21-2).

**R9-10-119. Abortion Reporting**

- A.** A licensed health care institution where abortions are performed shall submit to the Department, in a Department-provided format and according to A.R.S. § 36-2161(D) and (E), a report that contains the information required in A.R.S. § 36-2161(A) and the following:
1. The final disposition of the fetal tissue from the abortion; and
  2. Except as provided in subsection (B), if custody of the fetal tissue is transferred to another person or persons:
    - a. The name and address of the person or persons accepting custody of the fetal tissue,
    - b. The amount of any compensation received by the licensed health care institution for the transferred fetal tissue, and
    - c. Whether a patient provided informed consent for the transfer of custody of the fetal tissue.
- B.** A licensed health care institution where abortions are performed is not required to include the information specified in subsections (A)(2)(a) through (c) in the report required in subsection (A) if the licensed health care institution where abortions are performed:
1. Transfers custody of the fetal tissue:

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- a. To a funeral establishment, as defined in A.R.S. § 32-1301;
  - b. To a crematory, as defined in A.R.S. § 32-1301; or
  - c. According to requirements in A.A.C. R18-13-1406, A.A.C. R18-13-1407, and A.A.C. R18-13-1408; or
  - 2. Complies with requirements in A.A.C. R18-13-1405.
- C. For purposes of this Section, the following definition applies: “Fetal tissue” means cells, or groups of cells with a specific function, obtained from an aborted human embryo or fetus.

**Historical Note**

New Section made by emergency rulemaking at 21 A.A.R. 1787, effective August 14, 2015 for 180 days (Supp. 15-3). Emergency expired February 10, 2016. Section amended by emergency rulemaking at 22 A.A.R. 420, effective February 11, 2016, for an additional 180 days; filed in the Office February 8, 2016 (Supp. 16-1). New Section made by final rulemaking at 22 A.A.R. 1343, with an immediate effective date upon filing under A.R.S. § 41-1032(A)(1) and (4) of May 5, 2016 (Supp. 16-2). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

**R9-10-120. Opioid Prescribing and Treatment**

- A. This Section does not apply to a health care institution licensed under Article 20 of this Chapter.
- B. In addition to the definitions in A.R.S. §§ 32-3248.01 and 36-401(A) and R9-10-101, the following definitions apply in this Section:
- 1. “Episode of care” means medical services, nursing services, or health-related services provided by a health care institution to a patient for a specific period of time, ending in discharge, the completion of the patient’s treatment plan, or 90 days from the start of service provision to the patient, whichever is later.
  - 2. “Order” means to issue written, verbal, or electronic instructions for a specific dose of a specific medication in a specific quantity and route of administration to be obtained and administered to a patient in a health care institution.
- C. An administrator of a health care institution where opioids are prescribed or ordered as part of treatment shall:
- 1. Establish, document, and implement policies and procedures for prescribing or ordering an opioid as part of treatment, to protect the health and safety of a patient, that:
    - a. Cover which personnel members may prescribe or order an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
    - b. As applicable and except when contrary to medical judgment for a patient, are consistent with A.R.S. § 32-3248.01 and the Arizona Opioid Prescribing Guidelines or national opioid-prescribing guidelines, such as guidelines developed by the:
      - i. Centers for Disease Control and Prevention, or
      - ii. U.S. Department of Veterans Affairs and the U.S. Department of Defense;
    - c. As applicable, include how, when, and by whom:
      - i. A patient’s profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database is reviewed;
      - ii. An assessment is conducted of a patient’s substance use risk;
  - 2. Include in the plan for the health care institution’s quality management program a process for:
    - a. Review of known incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
    - b. Surveillance and monitoring of adherence to the policies and procedures in subsection (C)(1);
  - 3. Except as prohibited by 42 CFR, Chapter I, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient’s death may be related to an opioid prescribed or ordered as part of treatment, written notification, in a Department-provided format, is provided to the Department:
    - iii. The potential risks, adverse outcomes, and complications, including death, associated with the use of opioids are explained to a patient or the patient’s representative;
    - iv. Alternatives to a prescribed or ordered opioid are explained to a patient or the patient’s representative;
    - v. Informed consent is obtained from a patient or the patient’s representative and, if applicable, in what situations, described in subsection (G), (H), or (I), informed consent would not be obtained before an opioid is prescribed or ordered for a patient;
    - vi. A patient receiving an opioid is monitored; and
    - vii. The actions taken according to subsections (C)(1)(c)(i) through (vi) are documented;
  - d. Address conditions that may impose a higher risk to a patient when prescribing or ordering an opioid as part of treatment, including:
    - i. Concurrent use of a benzodiazepine or other sedative-hypnotic medication,
    - ii. History of substance use disorder,
    - iii. Co-occurring behavioral health issue, or
    - iv. Pregnancy;
  - e. Cover the criteria for co-prescribing a short-acting opioid antagonist for a patient who is not an inpatient, as defined in R9-10-201;
  - f. Include that, if continuing control of a patient’s pain after discharge is medically indicated due to the patient’s medical condition, a method for continuing pain control will be addressed as part of discharge planning;
  - g. Include the frequency of the following for a patient being prescribed an opioid for longer than a 30-calendar-day period:
    - i. Face-to-face interactions with the patient,
    - ii. Conducting an assessment of a patient’s substance use risk,
    - iii. Renewal of a prescription for an opioid without a face-to-face interaction with the patient, and
    - iv. Monitoring the effectiveness of the treatment;
  - h. If applicable according to A.R.S. § 36-2608, include documenting a dispensed opioid in the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
  - i. As applicable and consistent with A.R.S. § 32-3248.01, cover the criteria and procedures for tapering opioid prescription or ordering as part of treatment; and
  - j. Cover the criteria and procedures for offering or referring a patient for treatment for substance use disorder;

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ment of the patient's death within one working day after the health care institution learns of the patient's death; and

4. Ensure that informed consent, if required from a patient or the patient's representative, includes:
  - a. The patient's:
    - i. Name,
    - ii. Date of birth or other patient identifier, and
    - iii. Condition for which opioids are being prescribed;
  - b. That an opioid is being prescribed or ordered;
  - c. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid;
  - d. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication;
  - e. Alternatives to a prescribed or ordered opioid;
  - f. The name and signature of the individual explaining the use of an opioid to the patient; and
  - g. The signature of the patient or the patient's representative and the date signed.
- D. Except as provided in subsection (H) or (I), an administrator of a health care institution where opioids are prescribed as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to prescribe an opioid in treating a patient:
  1. Before prescribing an opioid for a patient of the health care institution:
    - a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted during the patient's same episode of care;
    - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
    - c. Conducts an assessment of the patient's substance use risk or reviews the documentation from an assessment of the patient's substance use risk conducted during the same episode of care by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to conduct an assessment of the patient's substance use risk;
    - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of opioids;
    - e. If applicable, explains alternatives to a prescribed opioid; and
    - f. Obtains informed consent from the patient or the patient's representative that meets the requirements in subsection (C)(4), including the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication, if the patient:
      - i. Is also prescribed or ordered a sedative-hypnotic medication, or
      - ii. Has been prescribed a sedative-hypnotic medication by another medical practitioner;
  2. Includes the following information in the patient's medical record, an existing treatment plan, or a new treatment plan developed for the patient:
    - a. The patient's diagnosis;
    - b. The patient's medical history, including co-occurring disorders;
    - c. The opioid to be prescribed;
    - d. Other medications or herbal supplements being taken by the patient;
    - e. If applicable:
      - i. The effectiveness of the patient's current treatment,
      - ii. The duration of the current treatment, and
      - iii. Alternative treatments tried by or planned for the patient;
    - f. The expected benefit of the treatment and, if applicable, the benefit of the new treatment compared with continuing the current treatment; and
    - g. Other factors relevant to the patient's being prescribed an opioid; and
  3. If applicable, specifies in the patient's discharge plan how medically indicated pain control will occur after discharge to meet the patient's needs.
- E. Except as provided in subsection (G) or (H), an administrator of a health care institution where opioids are ordered for administration to a patient in the health care institution as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to order an opioid in treating a patient:
  1. Before ordering an opioid for a patient of the health care institution:
    - a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted:
      - i. During the patient's same episode of care; or
      - ii. Within the previous 30 calendar days, at a health care institution transferring the patient to the health care institution or by the medical practitioner who referred the patient for admission to the health care institution;
    - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
    - c. If medically appropriate based on the physical examination in subsection (E)(1)(a) and the patient's medical history, assesses the patient's substance use risk or reviews the documentation from an assessment of the patient's substance use risk conducted within the previous 30 calendar days by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to conduct an assessment of the patient's substance use risk;
    - d. Ensures that the patient or the patient's representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient's representative according to policies and procedures; and
    - e. If applicable, explains alternatives to an ordered opioid; and

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2. Includes the following information in the patient's medical record, an existing treatment plan, or a new treatment plan developed for the patient:
  - a. The patient's diagnosis;
  - b. The patient's medical history, including co-occurring disorders;
  - c. The opioid being ordered and the reason for the order;
  - d. Other medications or herbal supplements being taken by the patient; and
  - e. If applicable:
    - i. The effectiveness of the patient's current treatment,
    - ii. The duration of the current treatment,
    - iii. Alternative treatments tried by or planned for the patient,
    - iv. The expected benefit of a new treatment compared with continuing the current treatment, and
    - v. Other factors relevant to the patient's being ordered an opioid.
- F. For a health care institution where opioids are administered as part of treatment or where a patient is provided assistance in the self-administration of medication for a prescribed opioid, including a health care institution in which an opioid may be prescribed or ordered as part of treatment, an administrator, a manager as defined in R9-10-801, or a provider, as applicable to the health care institution, shall:
  1. Establish, document, and implement policies and procedures for administering an opioid as part of treatment or providing assistance in the self-administration of medication for a prescribed opioid, to protect the health and safety of a patient, that:
    - a. Cover which personnel members may administer an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
    - b. Cover which personnel members may provide assistance in the self-administration of medication for a prescribed opioid and the required knowledge and qualifications of these personnel members;
    - c. Include how, when, and by whom a patient's need for opioid administration is assessed;
    - d. Include how, when, and by whom a patient receiving an opioid is monitored; and
    - e. Cover how, when, and by whom the actions taken according to subsections (F)(1)(c) and (d) are documented;
  2. Include in the plan for the health care institution's quality management program a process for:
    - a. Review of incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
    - b. Surveillance and monitoring of adherence to the policies and procedures in subsection (F)(1);
  3. Except as prohibited by 42 CFR, Chapter I, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient's death may be related to an opioid administered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient's death within one working day after the patient's death; and
  4. Except as provided in subsection (H), ensure that an individual authorized by policies and procedures to administer an opioid in treating a patient or to provide assistance in the self-administration of medication for a prescribed opioid:
    - a. Before administering an opioid or providing assistance in the self-administration of medication for a prescribed opioid in compliance with an order as part of the treatment for a patient, identifies the patient's need for the opioid;
    - b. Monitors the patient's response to the opioid; and
    - c. Documents in the patient's medical record:
      - i. An identification of the patient's need for the opioid before the opioid was administered or assistance in the self-administration of medication for a prescribed opioid was provided, and
      - ii. The effect of the opioid administered or for which assistance in the self-administration of medication for a prescribed opioid was provided.
- G. A medical practitioner authorized by a health care institution's policies and procedures to order an opioid in treating a patient is exempt from the requirements in subsection (E), if:
  1. The health care institution's policies and procedures, required in subsection (C)(1) or the applicable Article in 9 A.A.C. 10, contain procedures for:
    - a. Providing treatment without obtaining the consent of a patient or the patient's representative,
    - b. Ordering and administering opioids in an emergency situation, and
    - c. Complying with the requirements in subsection (E) after the emergency is resolved;
  2. The order for the administration of an opioid is:
    - a. Part of the treatment for a patient in an emergency, and
    - b. Issued in accordance with policies and procedures; and
  3. The emergency situation is documented in the patient's medical record.
- H. The requirements in subsections (D), (E), and (F)(4), as applicable, do not apply to a health care institution's:
  1. Prescribing, ordering, or administration of an opioid as part of treatment for a patient with an end-of-life condition or pain associated with an active malignancy;
  2. Prescribing an opioid as part of treatment for a patient when changing the type or dosage of an opioid, which had previously been prescribed by a medical practitioner of the health care institution for the patient according to the requirements in subsection (D):
    - a. Before a pharmacist dispenses the opioid for the patient; or
    - b. If changing the opioid because of an adverse reaction to the opioid experienced by the patient, within 72 hours after the opioid was dispensed for the patient by a pharmacist;
  3. Ordering an opioid as part of treatment for no longer than three calendar days for a patient remaining in the health care institution and receiving continuous medical services or nursing services from the health care institution; or
  4. Ordering an opioid as part of treatment:
    - a. For a patient receiving a surgical procedure or other invasive procedure; or
    - b. When changing the type, dosage, or route of administration of an opioid, which had previously been ordered by a medical practitioner of the health care institution for a patient according to the requirements in subsection (E), to meet the patient's needs.

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- I. The requirements in subsections (D)(1)(c) through (f) do not apply to a health care institution's prescribing an opioid as part of treatment for a patient with chronic, intractable pain who has had an established health professional-patient relationship with the prescribing medical practitioner for at least 90 days before the opioid is prescribed.

**Historical Note**

New Section made by emergency rulemaking at 23 A.A.R. 2203, effective July 28, 2017, for 180 days (Supp. 17-3). Emergency expired; new Section renewed by emergency rulemaking at 24 A.A.R. 303, effective January 25, 2018, for 180 days; new Section made by final rulemaking at 24 A.A.R. 657, with an immediate effective date of March 6, 2018 (Supp. 18-1). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by final expedited rulemaking at 28 A.A.R. 3568 (November 18, 2022), with an immediate effective date November 2, 2022 (Supp. 22-4).

**R9-10-121. Disease Prevention and Control****A.** This Section applies:

1. When the Governor has declared a state of emergency, as defined in A.R.S. § 26-301, to address a situation described under A.R.S. § 36-787; and
2. To health care institutions licensed under Article 4, 5, or 8 of this Chapter.

**B.** The following definitions apply in this Section:

1. "Communicable disease" has the same meaning as in A.A.C. R9-6-101.
2. "Infection" has the same meaning as in A.A.C. R9-6-101.
3. "Respiratory symptoms" means coughing, shortness of breath, or wheezing not known to be caused by asthma or another chronic lung-related disease.

**C.** An administrator or manager, as applicable, shall ensure that policies and procedures are established, documented, and implemented, to protect the health and safety of a resident, that:

1. Cover screening and triage of personnel members, employees, visitors, and, except as provided in subsection (E), any other individuals entering the facility;
2. Cover the manner and frequency of assessing residents to determine a change in a resident's medical condition;
3. Establish disinfection protocols and schedules for frequently touched surfaces; and
4. Specify requirements for distancing residents who exhibit symptoms of a communicable disease from other residents to reduce the chance for infection of another individual.

**D.** An administrator or manager, as applicable, shall ensure that:

1. Except as provided in subsection (E), before entering the facility, each individual, including a personnel member, employee, or visitor, is screened for fever or respiratory symptoms indicative of a communicable disease;
2. If an individual refuses to be screened, the individual is excluded from entry to the facility;
3. If an individual is determined to have a fever or respiratory symptoms, the individual is excluded from entry to the facility until symptoms have resolved or the individual has been evaluated and cleared by a medical practitioner;
4. If an individual, other than a resident, develops a fever or respiratory symptoms while in the facility, the individual is required to leave the facility and not return until symptoms

have resolved or the individual has been evaluated and cleared by a medical practitioner; and

5. If insufficient personnel members are available to meet the needs of all residents in the facility, the administrator or manager, as applicable, implements the disaster plan required in R9-10-424, R9-10-523, or R9-10-819, as applicable, which may include moving a resident to a different facility.
- E.** An administrator or manager, as applicable, may allow an emergency medical care technician, as defined in A.R.S. § 36-2201, to enter the facility without screening if the emergency medical care technician is responding to a call for providing emergency medical services, as defined in A.R.S. § 36-2201, to a resident or other individual in the facility.
- F.** An administrator or manager, as applicable, shall ensure that:
1. An assessment of a resident includes whether the resident has a fever or respiratory symptoms indicative of a communicable disease and is documented in the resident's medical record; and
  2. If a resident is found to have a fever or respiratory symptoms indicative of a communicable disease:
    - a. The resident is evaluated by a medical practitioner within 24 hours to determine what services need to be provided to the resident and what precautions need to be taken by the facility, and the evaluation is documented in the resident's medical record;
    - b. To reduce the chance for infection of another individual, the resident is:
      - i. Kept at a distance of at least six feet from other residents; or
      - ii. If not possible to keep the resident at a distance from other residents, required to wear a face-mask;
    - c. A personnel member:
      - i. Takes precautions, which may include the use of gloves and a facemask or other personal protection equipment, while providing services to the resident; and
      - ii. Removes and, if applicable, disposes of the personal protection equipment and washes the personnel member's hands with soap and water for at least 20 seconds or, if soap and water are not available, uses a hand sanitizer containing at least 60% alcohol immediately after providing services to the resident and before providing services to another resident;
    - d. Linens, dishes, utensils, and other items used by the resident are:
      - i. Kept separate from similar items used by a resident who does not have a fever or respiratory symptoms indicative of a communicable disease, and
      - ii. Disinfected or disposed of in a manner to reduce the chance for infection of another individual; and
    - e. Surfaces touched by the resident are disinfected before another individual touches the surface.
- G.** An administrator or manager, as applicable, shall ensure that door handles, tables, chair backs and arm rests, light switches, and other frequently touched surfaces are cleaned and disinfected, according to policies and procedures, with:
1. An alcohol solution containing at least 70% alcohol;
  2. A bleach solution containing four teaspoons of bleach per quart of water; or

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3. An EPA-approved household disinfectant specified in a list, which is incorporated by reference, available at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>, and does not include any later amendments or editions of the incorporated matter.

**Historical Note**

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by emergency rulemaking at 26 A.A.R. 509, with an immediate effective date of March 16, 2020, for 180 days (Supp. 19-1). Emergency expired. New Section made by final rulemaking at 26 A.A.R. 2793, with an immediate effective date of October 7, 2020 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-122. Memory Care Services Training Program Application and Renewal**

A. An applicant shall apply for approval to operate a memory care services training program by submitting:

1. An application in a Department-provided format that contains:
  - a. The name of the entity;
  - b. The name, telephone number, and email address of the individual in charge of the proposed memory care services training program;
  - c. The address where the memory care services training program records are maintained;
  - d. The address and telephone number of each facility from which training services will be provided;
  - e. A description of the minimum eight hours of initial memory care services training for staff and contractors, that includes:
    - i. One of the following:
      - (1) Dementia care training curriculum from a nationally recognized organization; or
      - (2) The evidence-based information presented for each of the following required topics, along with any additional relevant topics:
        - aa. Understanding cognitive impairments and the impact on residents, including the progression of the neurodegenerative disease;
        - bb. Communication techniques with cognitively impaired residents;
        - cc. Managing challenging behaviors such as aggression, wandering, and agitation;
        - dd. Techniques for promoting dignity, comfort, and emotional well-being of residents;
        - ee. Implementation of individualized service planning for residents receiving memory care services;
        - ff. Emergency and safety protocols specific to memory care;
        - gg. Recognizing, preventing, and reporting abuse, neglect, or exploitation;
        - hh. Activities of daily living specific to residents receiving memory care services;

- ii. Palliative care and end-of-life training; and
- jj. Medication management and administration; and
- ii. In addition to R9-10-122(A)(1)(e)(i):
  - (1) The amount of time allotted to each topic,
  - (2) The skills an individual is expected to acquire for each topic, and
  - (3) The testing method used to verify an individual has acquired the stated skills for each topic;
- f. A description of the minimum four hours of annual memory care services training for staff and contractors, including:
  - i. The evidence-based information presented for each of the following required topics, along with any additional relevant topics:
    - (1) Managing challenging behaviors such as aggression, wandering, and agitation;
    - (2) Techniques for promoting dignity, comfort, and emotional well-being of residents;
    - (3) Recognizing, preventing, reporting abuse, neglect, or exploitation; and
    - (4) Implementation of individualized service planning for residents receiving memory care services;
  - ii. The amount of time allotted to each topic;
  - iii. The skills an individual is expected to acquire for each topic; and
  - iv. The testing method used to verify an individual has acquired the stated skills for each topic;
- g. A description of the minimum four hours of memory care services training for a manager, including:
  - i. The evidence-based information presented for each of the following required topics:
    - (1) Development and implementation of individualized service planning for residents receiving memory care services, and
    - (2) Staffing levels and resource allocation;
  - ii. Any additional relevant topics, which may include evidence-based information or facility-specific information, such as:
    - (1) Supervisory skills for leading interdisciplinary teams;
    - (2) Effective delegation and team-building strategies;
    - (3) Conflict resolution and managing workplace dynamics;
    - (4) In-depth understanding of state regulations specific to memory care services;
    - (5) Monitoring care outcomes and resident satisfaction;
    - (6) Engaging with families during crises or challenging situations;
    - (7) Leading meetings and facilitating collaboration among staff;
    - (8) Advocacy for residents and families;
    - (9) Coaching and mentoring staff for professional growth;
    - (10) Staying updated on advancements in dementia care;
    - (11) Developing emergency protocols;
    - (12) Cultural competency to ensure inclusivity

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- and sensitivity in care;
- (13) Strategies to improve staff retention and job satisfaction;
- (14) Supporting mental health and wellness among team members;
- (15) Room assignments, operations, and environmental standards; or
- (16) Identification and implementation of control measures for infectious diseases;
- iii. The amount of time allotted to each topic;
- iv. The skills an individual is expected to acquire for each topic; and
- v. The testing method used to verify an individual has acquired the stated skills for each topic;
- h. Whether the applicant agrees to allow the Department to submit supplemental requests for information as specified in subsection (H)(2); and
- i. The signature of the individual in charge of the proposed memory care services training program and the date signed; and
- 2. A copy of the materials used for providing the memory care services training program.
- B.** The memory care services training program shall include in-person components and may incorporate online components. The in-person component shall include a demonstration of the individual's skills and knowledge necessary to provide memory care services.
- C.** The memory care services training program shall review the topics and materials provided in the memory care services training at least once every 12 months to ensure the information is current and evidence-based, and if necessary, update the materials based on the most up-to-date source or sources for evidence-based practice or practices.
- D.** For annual renewal, at least 60 days before the expiration of approval, a memory care services training program shall submit to the Department, in a Department-provided format:
  1. The memory care services training program's approval number; and
  2. The information in subsection (A).
- E.** For an application for an approval of a memory care services training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.
- F.** Within 30 calendar days after the receipt of an application in subsection (A), the Department shall:
  1. Issue an approval of the applicant's memory care services training program;
  2. Provide a notice of administrative completeness to the applicant that submitted the application; or
  3. Provide a notice of deficiencies to the applicant that submitted the application, including a list of the information or documents needed to complete the application.
- G.** If the Department provides a notice of deficiencies to an applicant:
  1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the applicant;
  2. If the applicant does not submit the missing information or documents to the Department within 30 calendar days, the Department shall consider the application withdrawn; and
- 3. If the applicant submits the missing information or documents to the Department within 30 calendar days, the substantive review time-frame begins on the date the Department receives the missing information or documents.
- H.** Within the substantive review time-frame, the Department:
  1. Shall issue or deny an approval of a memory care services training program; and
  2. May make one written comprehensive request for more information, unless the Department and the applicant agree in writing to allow the Department to submit supplemental requests for information.
- I.** If the Department issues a written comprehensive request or a supplemental request for information:
  1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and
  2. The applicant shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- J.** The Department shall issue:
  1. An approval for an applicant to operate a memory care services training program if the Department determines that the applicant and the application comply with A.R.S. § 36-405.03 and this Section, or
  2. A denial for an applicant that includes the reason for the denial and the process for appeal of the Department's decision if:
    - a. The Department determines that the applicant does not comply with A.R.S. § 36-405.03 and this Section, or
    - b. The applicant does not submit information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- K.** The Department may deny, revoke, or suspend an approval to operate a memory care services training program if a memory care services training program provider or an applicant applying to operate a memory care services training program:
  1. Provides false or misleading information to the Department,
  2. Does not comply with the applicable statutes and rules,
  3. Issues a training certificate of completion to an individual who did not,
    - a. Complete the memory care services training program, or
    - b. Demonstrate the skills the individual was expected to acquire, or
  4. Does not implement the memory care services training program as described in or use the materials submitted with the application.
- L.** In determining which action in subsection (K) is appropriate, the Department shall consider the following:
  1. Repeated violations of statutes or rules,
  2. Pattern of non-compliance,
  3. Types of violations,
  4. Severity of violations, and



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## 5. Number of violations.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2145, effective May 1, 2001 (Supp. 01-2). Amended by final rulemaking at 8 A.A.R. 3578, effective July 26, 2002 (Supp. 02-3). Amended by exempt rulemaking at 14 A.A.R. 3958, effective September 26, 2008 (Supp. 08-3). Amended by exempt rulemaking at 15 A.A.R. 2100, effective January 1, 2010 (Supp. 09-4). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-123. Notification of Change**

- A.** A memory care services training program provider shall notify the Department in writing at least 30 days before the effective date of:
1. Termination of the provision of the memory care services training program, or
  2. A change in the:
    - a. Name under which the memory care services training program provider does business,
    - b. Address or telephone number of a facility where memory care services trainings are provided,
    - c. Administrator, or
    - d. Memory care services training program topics provided, and
- B.** The Department shall review the notification of change for subsection (A) and:
1. If the information complies with the requirements in this Article, the Department shall approve the change, or
  2. If the information does not comply with the requirements in this Article, the Department shall send notification to the memory care services training program provider with reasons for the determination of non-compliance.
- C.** The Department may conduct an on-site inspection as part of the notification of change process.
- D.** The memory care services training program provider retains the existing expiration date of the application approval.

**Historical Note**

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-124. Administration, Monitoring**

- A.** A memory care services training program provider shall designate an administrator who meets the qualifications established by the memory care services training program provider.
- B.** An applicant or memory care services training program provider shall provide the Department access to records and all areas of a facility according to A.R.S. § 41-1009 within two hours after the Department's request.

**Historical Note**

Former Section R9-10-124 repealed, new Section R9-10-124 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025),

with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-125. Memory Care Services Trainer Eligibility**

- A.** An individual is eligible to be a memory care services trainer if the individual:
1. Is a registered nurse with:
    - a. A Certified Dementia Practitioner (CDP) or an equivalent certification, demonstrating knowledge in dementia care best practices and behavioral management;
    - b. An Alzheimer's Disease and Dementia Care Training (ADCT) certification or an equivalent program recognized by a national or state accrediting body;
    - c. A Gerontological Nurse Certification (RN-BC) issued by the American Nurses Credentialing Center or an equivalent certification specializing in the care of older adults;
    - d. An End-of-Life and Palliative Care Certification from a recognized body, emphasizing care for late-stage dementia and end-of-life situations; or
    - e. Two years of experience providing memory care services; or
  2. Has a current memory care services certificate of completion.
- B.** An individual, who is not a registered nurse, is eligible to become a memory care services trainer,
1. If the individual has a:
    - a. Bachelor's degree or higher in a relevant field, including but not limited to:
      - i. Gerontology,
      - ii. Psychology,
      - iii. Social Work,
      - iv. Education, or
      - v. Nursing-related disciplines; or
    - b. Minimum of three years of direct experience in memory care, dementia care, or a related field, such as:
      - i. Providing care for individuals with Alzheimer's disease or other forms of dementia, or
      - ii. Developing and implementing memory care programs; and
  2. Holds one or more of the following certifications:
    - a. Certified Dementia Practitioner (CDP),
    - b. Certified Alzheimer's Disease and Dementia Care Trainer (CADDCT),
    - c. Certified Activity Director (ADC) with a specialization in memory care, or
    - d. Any equivalent certification recognized by a national accrediting body;
  3. Demonstrates experience in adult education or staff training, including:
    - a. Conducting workshops, seminars, or training sessions in a health care or memory care setting; or
    - b. Developing training materials specific to memory care;
  4. Has completed cultural competency training to ensure inclusivity and sensitivity in care and training approaches;
  5. Possesses strong communication skills and the ability to tailor training to diverse audiences, including care staff and family members; or
  6. Has a valid certificate of completion issued according to R9-10-126.

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- C. An individual is ineligible to become a memory care services trainer if the individual has:
1. A history of substantiated allegation or allegations of abuse, neglect, or exploitation of a vulnerable individual or individuals; or
  2. A record of disciplinary action or actions related to professional misconduct.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-126. Memory Care Services Certificate of Completion**

- A. Memory care services training programs, approved by the Department according to R9-10-122, shall provide staff and contractors who complete the training, a certificate of completion that may be used to work at an assisted living facility that is licensed to provide directed care services with the following information:
1. The title of the certificate is clearly stated as, "Certificate of Completion";
  2. The name, address, email address, and telephone number of the individual completing the memory care services training;
  3. Title of the training program;
  4. Name of the training organization or provider;
  5. Contact information for the training organization;
  6. The date the individual successfully completed the memory care services training;
  7. The address where the memory care services training and assessment was held;
  8. The name of the memory care services trainer;
  9. The number of hours completed;
  10. The training topics covered;
  11. A statement confirming the trainee's successful completion of the training;
  12. Signature of the trainer; and
  13. Date of issuance.

- B. A memory care services trainer shall ensure that each individual seeking a memory care services certificate of completion has completed comprehensive training, demonstrated understanding of the topics covered in R9-10-122(A), and achieved a passing score of at least 70% on an examination covering the applicable topics.
- C. The memory care services training program and an assisted living facility providing memory care services shall maintain a record of the certificate of completion that is kept on file and available with the information specific in subsection (A).
- D. A memory care services trainer shall comply with:
1. A.R.S. § 36-405.03, and
  2. Applicable requirements in this Article.
- E. A Department-approved training program shall issue the certificate of completion to the individual who has successfully completed the training program within 10 calendar days of completion.
- F. An assisted living facility may accept a certificate of completion issued under this Section if:
1. The certificate is issued by a Department-approved training program; and
  2. The certificate holder does not have a lapse of working at an assisted living facility that is licensed to provide directed care services for a period of 12 or more consecutive months, pursuant to A.R.S. § 36-405.03.
- G. Before the date of issuance of a memory care services certificate of completion, an individual seeking the certificate shall complete the minimum eight hours of initial memory care services training and complete the minimum four hours of annual continuing education training within the preceding 12 consecutive months and achieve a passing score of at least 70% on an examination covering the memory care services training topics specified in R9-10-122(A).

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**Table 1.2. Violation Severity and Remedy Matrix**

Severity Level	Criteria	Action
Level 1	If the violation is isolated and has no actual physical or psychosocial harm with no potential of physical or psychosocial harm.	Technical Assistance, or Written plan of correction.
Level 2	If the violation is isolated and has no actual physical or psychosocial harm, with potential for minimal physical or psychosocial harm.	Written plan of correction, Provider agreement, or Civil money penalties up to \$500.
Level 3	If the violation is isolated and has no actual physical or psychosocial harm, with potential for more than minimal physical or psychosocial harm.	Written plan of correction, Directed plan of correction, Provider agreement, On-site monitoring inspection fee up to \$500, or Civil money penalties up to \$1,000.
Level 4	The violation resulted in actual physical or psychosocial harm that is not immediate jeopardy; The licensee provided false or misleading information; The licensee fails to correct the violation in a reasonable timely manner, which may be a threat to health and safety; or If the violation is repeated, or if there is a pattern with no actual physical or psychosocial harm, with potential for minimal or more than minimal physical or psychosocial harm.	Written plan of correction, On-site plan of correction, or Provider agreement. On-site monitoring inspection fee up to \$750, Civil money penalties, Suspension, Intermediate sanctions, or Revocation.

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Level 5	Immediate jeopardy to health and safety.	Directed plan of correction; Provider agreement; On-site monitoring inspection fee up to \$1,000; Civil money penalties; Suspension; Intermediate sanctions; Revocation; or Other remedies, as applicable, in Title 41, Chapter 6.
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**Historical Note**

Table 1.2 made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**ARTICLE 2. HOSPITALS****R9-10-201. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Adult" means an individual the hospital designates as an adult based on the hospital's criteria.
2. "Aftercare" means assistance provided to a patient by another individual in the patient's residence, which is not part of a health care institution, following care provided at a hospital, and may include:
  - a. Assisting the patient with activities of daily living, and
  - b. Following the discharge instructions provided by the hospital.
3. "Aftercare provider" means an individual who:
  - a. May be a friend or relative of a patient or be the patient's representative,
  - b. Is designated by the patient or the patient's representative to perform aftercare tasks, and
  - c. Is not compensated for performing aftercare tasks for the patient.
4. "Care plan" means a documented guide for providing nursing services and rehabilitation services to a patient that includes measurable objectives and the methods for meeting the objectives.
5. "Continuing care nursery" means a nursery where medical services and nursing services are provided to a neonate who does not require intensive care services.
6. "Critically ill inpatient" means an inpatient whose severity of medical condition requires the nursing services of specially trained registered nurses for:
  - a. Continuous monitoring and multi-system assessment,
  - b. Complex and specialized rapid intervention, and
  - c. Education of the inpatient or inpatient's representative.
7. "Device" has the same meaning as in A.R.S. § 32-1901.
8. "Diet" means food and drink provided to a patient.
9. "Diet manual" means a written compilation of diets.
10. "Dietary services" means providing food and drink to a patient according to an order.
11. "Diversion" means notification to an emergency medical services provider, as defined in A.R.S. § 36-2201, that a hospital is unable to receive a patient from an emergency medical services provider.
12. "Drug formulary" means a written list of medications available and authorized for use developed according to R9-10-218.
13. "Gynecological services" means medical services for the diagnosis, treatment, and management of conditions or diseases of the female reproductive organs or breasts.
14. "Hospital services" means medical services, nursing services, and health-related services provided in a hospital.
15. "Infection control risk assessment" means determining the probability for transmission of communicable diseases.
16. "Inpatient" means an individual who:
  - a. Is admitted to a hospital as an inpatient according to policies and procedures,
  - b. Is admitted to a hospital with the expectation that the individual will remain and receive hospital services for 24 consecutive hours or more, or
  - c. Receives hospital services for 24 consecutive hours or more.
17. "Intensive care services" means hospital services provided to a critically ill inpatient who requires the services of specially trained nursing and other personnel members as specified in policies and procedures.
18. "Medical staff regulations" means standards, approved by the medical staff, that govern the day-to-day conduct of the medical staff members.
19. "Multi-organized service unit" means an inpatient unit in a hospital where more than one organized service may be provided to a patient in the inpatient unit.
20. "Neonate" means an individual:
  - a. From birth until discharge following birth, or
  - b. Who is designated as a neonate by hospital criteria.
21. "Nurse anesthetist" means a registered nurse who meets the requirements of A.R.S. § 32-1601 and who has clinical privileges to administer anesthesia.
22. "Nurse executive" means a registered nurse accountable for the direction of nursing services provided in a hospital.
23. "Nursery" means an area in a hospital designated only for neonates.
24. "Nurse supervisor" means a registered nurse accountable for managing nursing services provided in an organized service in a hospital.
25. "Nutrition assessment" means a process for determining a patient's dietary needs using information contained in the patient's medical record.
26. "On duty" means that an individual is at work and performing assigned responsibilities.
27. "Organized service" means specific medical services, such as surgical services or emergency services, provided in an area of a hospital designated for the provision of those medical services.
28. "Outpatient" means an individual who:

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- a. Is admitted to a hospital with the expectation that the individual will receive hospital services for less than 24 consecutive hours; or
- b. Except as provided in subsection (17) receives, hospital services for less than 24 consecutive hours.
- 29. "Pathology" means an examination of human tissue for the purpose of diagnosis or treatment of an illness or disease.
- 30. "Patient care" means hospital services provided to a patient by a personnel member or a medical staff member.
- 31. "Pediatric" means pertaining to an individual designated by a hospital as a child based on the hospital's criteria.
- 32. "Perinatal services" means medical services for the treatment and management of obstetrical patients and neonates.
- 33. "Post-anesthesia care unit" means a designated area for monitoring a patient following a medical procedure for which anesthesia was administered to the patient.
- 34. "Private duty staff" means an individual, excluding a personnel member, compensated by a patient or the patient's representative.
- 35. "Psychiatric services" means the diagnosis, treatment, and management of a mental disorder.
- 36. "Social services" means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient's illness or injury while in the hospital or the anticipated needs of the patient after discharge.
- 37. "Specialty" means a specific branch of medicine practiced by a licensed individual who has obtained education or qualifications in the specific branch in addition to the education or qualifications required for the individual's license.
- 38. "Surgical services" means medical services involving a surgical procedure.
- 39. "Transfusion" means the introduction of blood or blood products from one individual into the body of another individual.
- 40. "Unit" means a designated area of an organized service.
- 41. "Vital record" has the same meaning as in A.R.S. § 36-301.
- 42. "Well-baby bassinet" means a receptacle used for holding a neonate who does not require treatment and whose anticipated discharge is within 96 hours after birth.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 2797, with an effective date of January 1, 2021 (Supp. 20-4).

**R9-10-202. Supplemental Application, Notification, and Documentation Submission Requirements**

- A. In addition to the license application requirements in A.R.S. § 36-422 and Article 1 of this Chapter, an applicant for a hospital license shall include:
  - 1. On the application the requested licensed capacity for the hospital, including:
    - a. The number of inpatient beds for each organized service, not including well-baby bassinets; and
    - b. If applicable, the number of inpatient beds for each multi-organized service unit;
  - 2. On the application, if applicable, the requested licensed occupancy for providing behavioral health observation/stabilization services to:
    - a. Individuals who are under 18 years of age, and
    - b. Individuals 18 years of age and older; and
  - 3. A list, in a Department-provided format, of medical staff specialties and subspecialties.
- B. For a single group license authorized in A.R.S. § 36-422(F), in addition to the requirements in subsection (A), a governing authority applying for a license shall submit the following to the Department, in a Department-provided format, for each satellite facility under the single group license:
  - 1. The name, address, e-mail address, and telephone number of the satellite facility;
  - 2. The class or subclass of the satellite facility, according to R9-10-102;
  - 3. The name and e-mail address of the administrator;
  - 4. A list of services to be provided at the satellite facility; and
  - 5. The hours of operation during which the satellite facility provides medical services, nursing services, behavioral health services, or health-related services.
- C. For a single group license authorized in A.R.S. § 36-422(G), in addition to the requirements in subsection (A), a governing authority applying for a license shall submit the following to the Department in a Department-provided format for each accredited satellite facility under the single group license:
  - 1. The name, address, e-mail address, and telephone number of the accredited satellite facility;
  - 2. The class or subclass of the accredited satellite facility, according to R9-10-102;
  - 3. The name and e-mail address of the administrator;
  - 4. A list of services to be provided at the accredited satellite facility;
  - 5. The hours of operation during which the accredited satellite facility provides medical services, nursing services, behavioral health services, or health-related services; and
  - 6. A copy of the accredited satellite facility's current accreditation report.
- D. A licensee with a single group license shall submit to the Department, with the relevant fees required in R9-10-106(D) and in a Department-provided format, the following, as applicable:
  - 1. The information required in subsections (B)(1) through (5), or
  - 2. The information and documentation required in subsections (C)(1) through (6).
- E. A governing authority shall:
  - 1. Notify the Department:
    - a. At least 30 calendar days before a satellite facility or an accredited satellite facility on a single group license terminates operations;
    - b. Within 30 calendar days after adding a satellite facility or an accredited satellite facility under a single group license and provide, as applicable:

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- i. The information required in subsections (B)(1) through (5), or
  - ii. The information and documentation required in subsections (C)(1) through (6); and
- c. At least 60 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, behavioral health services, or health-related services under a license separate from the single group license; and
- 2. Upon notifying the Department according to subsection (E)(1)(c), submit an application, according to the requirements in 9 A.A.C. 10, Article 1, at least 60 calendar days but not more than 120 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, behavioral health services, or health-related services under a license separate from the single group license.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-203. Administration****A.** A governing authority shall:

- 1. Consist of one or more individuals responsible for the organization, operation, and administration of a hospital;
- 2. Establish, in writing:
  - a. A hospital's scope of services,
  - b. Qualifications for an administrator,
  - c. Which organized services are to be provided in the hospital, and
  - d. The organized services that are to be provided in a multi-organized service unit according to R9-10-228(A);
- 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
- 4. Grant, deny, suspend, or revoke a clinical privilege of a medical staff member or delegate authority to an individual to grant or suspend a clinical privilege for a limited time, according to medical staff bylaws;
- 5. Adopt a quality management program according to R9-10-204;
- 6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
- 7. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
  - a. Expected not to be present on a hospital's premises for more than 30 calendar days, or
  - b. Not present on a hospital's premises for more than 30 calendar days;
- 8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) if there is a change of administrator and identify the name and qualifications of the new administrator; and
- 9. For a health care institution under a single group license, ensure that the health care institution complies with the applicable requirements in this Chapter for the class or subclass of the health care institution.

**B.** An administrator:

- 1. Is directly accountable to the governing authority of a hospital for the daily operation of the hospital and hospital services and environmental services provided by or at the hospital;
- 2. Has the authority and responsibility to manage the hospital; and
- 3. Except as provided in subsection (A)(7), shall designate, in writing, an individual who is present on a hospital's premises and available and accountable for hospital services and environmental services when the administrator is not present on the hospital's premises.

**C.** An administrator shall ensure that:

- 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover job descriptions, duties, and qualifications, including required skills and knowledge for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Include how a personnel member may submit a complaint relating to patient care;
  - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - e. Cover cardiopulmonary resuscitation training required in R9-10-206(5) including:
    - i. The method and content of cardiopulmonary resuscitation training,
    - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
    - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
    - iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
  - f. Cover use of private duty staff, if applicable;
  - g. Cover diversion, including:
    - i. The criteria for initiating diversion;
    - ii. The categories or levels of personnel or medical staff that may authorize or terminate diversion;
    - iii. The method for notifying emergency medical services providers of initiation of diversion, the type of diversion, and termination of diversion; and
    - iv. When the need for diversion will be reevaluated;
  - h. Include a method to identify a patient to ensure the patient receives hospital services as ordered;
  - i. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
  - j. Cover health care directives;
  - k. Cover medical records, including electronic medical records;
  - l. Cover quality management, including incident reports and supporting documentation;
  - m. Cover contracted services;

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- n. Cover tissue and organ procurement and transplant; and
- o. Cover when an individual may visit a patient in a hospital, including visiting a neonate in a nursery, if applicable;
- 2. Policies and procedures for hospital services are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover patient screening, admission, transport, and transfer;
  - b. Cover discharge planning and discharge, including the requirements in R9-10-225(B) for an inpatient who was admitted after a suicide attempt or who exhibits suicidal ideation;
  - c. Cover the provision of hospital services;
  - d. Cover acuity, including a process for obtaining sufficient nursing personnel to meet the needs of patients;
  - e. Include when general consent and informed consent are required;
  - f. Include the age criteria for providing hospital services to pediatric patients;
  - g. Cover dispensing, administering, and disposing of medication;
  - h. Cover prescribing a controlled substance to minimize substance abuse by a patient;
  - i. Cover infection control;
  - j. Cover restraints that:
    - i. Require an order, including the frequency of monitoring and assessing the restraint; or
    - ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a patient's sudden, intense, or out-of-control behavior;
  - k. Cover seclusion of a patient including:
    - i. The requirements for an order, and
    - ii. The frequency of monitoring and assessing a patient in seclusion;
  - l. Cover communicating with a midwife when the midwife's client begins labor and ends labor;
  - m. Cover telemedicine, if applicable; and
  - n. Cover environmental services that affect patient care;
- 3. Policies and procedures are reviewed at least once every three years and updated as needed;
- 4. Policies and procedures are available to personnel members;
- 5. The licensed capacity in an organized service is not exceeded, except for an emergency admission of a patient;
- 6. A patient is only admitted to an organized service that has exceeded the organized service's licensed capacity after a medical staff member reviews the medical history of the patient and determines that the patient's admission is an emergency; and
- 7. Unless otherwise stated:
  - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.
- D. An administrator of a special hospital shall ensure that:
  - 1. Medical services are available to an inpatient in an emergency based on the inpatient's medical conditions and the scope of services provided by the special hospital; and
  - 2. A physician or nurse, qualified in cardiopulmonary resuscitation, is on the hospital premises.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4004, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-204. Quality Management**

- A. A governing authority shall ensure that an ongoing quality management program is established that:
  - 1. Complies with the requirements in A.R.S. § 36-445; and
  - 2. Evaluates the quality of hospital services and environmental services related to patient care.
- B. An administrator shall ensure that:
  - 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
    - a. A method to identify, document, and evaluate incidents;
    - b. A method to collect data to evaluate hospital services and environmental services related to patient care;
    - c. A method to evaluate the data collected to identify a concern about the delivery of hospital services or environmental services related to patient care;
    - d. A method to make changes or take action as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
    - e. A method to identify and document each occurrence of exceeding licensed capacity, as described in R9-10-203(C)(5), and to evaluate the occurrences of exceeding licensed capacity, including the actions taken for resolving occurrences of exceeding licensed capacity; and
    - f. The frequency of submitting a documented report required in subsection (B)(2) to the governing authority;
  - 2. A documented report is submitted to the governing authority that includes:
    - a. An identification of each concern about the delivery of hospital services or environmental services related to patient care, and
    - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;

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3. The acuity plan required in R9-10-214(C)(2) is reviewed and evaluated at least once every 12 months and the results are documented and reported to the governing authority;
4. The reports required in subsections (B)(2) and (3) and the supporting documentation for the reports are maintained for at least 12 months after the date the report is submitted to the governing authority; and
5. Except for information or documentation that is confidential under federal or state law, a report or documentation required in this Section is provided to the Department for review within two hours after the Department's request.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-205. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-206. Personnel**

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services

- cal health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures;
3. Sufficient personnel members are present on a hospital's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the hospital's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient;
4. Orientation occurs within the first 30 calendar days after a personnel member begins providing hospital services and includes:
  - a. Informing a personnel member about Department rules for licensing and regulating hospitals and where the rules may be obtained,
  - b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospital, and
  - c. Providing the information required by policies and procedures;
5. Policies and procedures designate the categories of personnel providing medical services or nursing services who are:
  - a. Required to be qualified in cardiopulmonary resuscitation within 30 calendar days after the individual's starting date, and
  - b. Required to maintain current qualifications in cardiopulmonary resuscitation;
6. A personnel record for each personnel member is established and maintained and includes:
  - a. The personnel member's name, date of birth, and contact telephone number;
  - b. The personnel member's starting date and, if applicable, ending date;
  - c. Verification of a personnel member's certification, license, or education, if necessary for the position held;
  - d. Documentation of evidence of freedom from infectious tuberculosis required in R9-10-230(5);
  - e. Verification of current cardiopulmonary resuscitation qualifications, if necessary for the position held; and
  - f. Orientation documentation;
7. Personnel receive in-service education according to criteria established in policies and procedures;
8. In-service education documentation for a personnel member includes:
  - a. The subject matter,
  - b. The date of the in-service education, and
  - c. The signature of the personnel member;
9. Personnel records and in-service education documentation are maintained by the hospital for at least 24 months after the last date the personnel member worked; and
10. Personnel records and in-service education documentation, for a personnel member who has not worked in the hospital during the previous 12 months, are provided to the Department within 72 hours after the Department's request.

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**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-207. Medical Staff****A.** A governing authority shall ensure that:

1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a hospital;
2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
3. A medical staff member complies with medical staff bylaws and medical staff regulations;
4. The medical staff of a general hospital or a special hospital includes at least two physicians who have clinical privileges to admit inpatients to the general hospital or special hospital;
5. The medical staff of a rural general hospital includes at least one physician who has clinical privileges to admit inpatients to the rural general hospital and one additional physician who serves on a committee according to subsection (A)(7)(c);
6. A medical staff member is available to direct patient care;
7. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
  - a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
  - b. Appointing members to the medical staff, subject to approval by the governing authority;
  - c. Establishing committees including identifying the purpose and organization of each committee;
  - d. Appointing one or more medical staff members to a committee;
  - e. Obtaining and documenting permission for an autopsy of a patient, performing an autopsy, and notifying, if applicable, the medical practitioner coordinating the patient's medical services when an autopsy is performed;
  - f. Requiring that each inpatient has a medical practitioner who coordinates the inpatient's care;
  - g. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
  - h. Defining a medical staff member's responsibilities for the transport or transfer of a patient;
  - i. Specifying requirements for oral, telephone, and electronic orders, including which orders require identification of the time of the order;
  - j. Establishing a time-frame for a medical staff member to complete a patient's medical record;
  - k. Establishing criteria for granting, denying, revoking, and suspending clinical privileges;
  - l. Specifying pre-anesthesia and post-anesthesia responsibilities for medical staff members; and
  - m. Approving the use of medication and devices under investigation by the U.S. Department of Health and

Human Services, Food and Drug Administration including:

- i. Establishing criteria for patient selection;
  - ii. Obtaining informed consent before administering the investigational medication or device; and
  - iii. Documenting the administration of and, if applicable, the adverse reaction to an investigational medication or device; and
8. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every three years and updates the bylaws and regulations as needed.
- B.** An administrator shall ensure that:
1. A medical staff member provides evidence of freedom from infectious tuberculosis according to the requirements in R9-10-230(5);
  2. A record for each medical staff member is established and maintained that includes:
    - a. A completed application for clinical privileges;
    - b. The dates and lengths of appointment and reappointment of clinical privileges;
    - c. The specific clinical privileges granted to the medical staff member, including revision or revocation dates for each clinical privilege; and
    - d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
  3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
    - a. As soon as possible, but not more than two hours after the time of the Department's request, if the individual is a current medical staff member; and
    - b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-208. Admission****A.** An administrator shall ensure that:

1. A patient is admitted as an inpatient on the order of a medical staff member;
2. An individual, authorized by policies and procedures, is available to accept a patient for admission;
3. Except in an emergency, informed consent is obtained from a patient or the patient's representative before or at the time of admission;
4. The informed consent obtained in subsection (A)(3) or the lack of consent in an emergency is documented in the patient's medical record;
5. A physician or other medical staff member performs a medical history and physical examination on a patient within 30 calendar days before admission or within 48 hours after admission and documents the medical history



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and physical examination in the patient's medical record within 48 hours after admission;

6. If a physician or other medical staff member performs a medical history and physical examination on a patient before admission, the physician or the medical staff member enters an interval note into the patient's medical record at the time of admission; and
  7. A patient or the patient's representative is given an opportunity to:
    - a. Designate an individual who is willing to participate in discharge planning and act as the patient's aftercare provider;
    - b. Provide contact information for the patient's aftercare provider; and
    - c. Change the patient's designated aftercare provider before discharge.
- B.** If a patient is admitted after a suicide attempt or exhibits suicidal ideation, an administrator shall ensure that the requirements in R9-10-225(B) are met as part of an inpatient assessment.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-208 renumbered to R9-10-214; new Section R9-10-208 renumbered from R9-10-210 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 26 A.A.R. 2797, with an effective date of January 1, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-209. Discharge Planning; Discharge**

- A.** For an inpatient, an administrator shall ensure that discharge planning:
1. Is completed before discharge occurs;
  2. Identifies the specific needs of the patient after discharge, if applicable;
  3. Includes the participation of the patient or patient's representative and, if applicable, the patient's aftercare provider;
  4. If the patient is being discharged to the patient's residence, which is not part of a health care institution:
    - a. Includes at least one attempt, which is documented in the patient's medical record, to notify the patient's aftercare provider, if designated, before the patient's discharge; and
    - b. Prepares the patient, the patient's representative, or the patient's aftercare provider, as applicable, to carry out the discharge instructions required in subsection (B)(3)(a), including:
      - i. Answering questions about the discharge instructions and aftercare; and
      - ii. Providing a demonstration of the aftercare tasks to the patient, the patient's representative, or the patient's aftercare provider, as applicable;
  5. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the

patient's assessed and anticipated needs after discharge, if applicable; and

6. Is documented in the patient's medical record.
- B.** For an inpatient discharge or a transfer of an inpatient, an administrator shall ensure that:
1. There is a discharge summary that includes:
    - a. A description of the patient's medical condition and the medical services provided to the patient, and
    - b. The signature of the medical practitioner coordinating the patient's medical services;
  2. There is a documented discharge order for the patient by a medical practitioner coordinating the patient's medical services before discharge unless the patient leaves the hospital against a medical staff member's advice;
  3. If the patient is not being transferred:
    - a. There are documented discharge instructions; and
    - b. The patient or patient's representative and the patient's aftercare provider, if designated, is provided with a copy of the discharge instructions; and
  4. If the patient is being transferred, the transfer complies with R9-10-211.
- C.** For an inpatient discharge or a transfer of an inpatient who was admitted after a suicide attempt or who exhibits suicidal ideation, an administrator shall ensure that the requirements in R9-10-225(B) are met as part of discharge planning.
- D.** Except as provided in subsection (E), an administrator shall ensure that an outpatient is discharged according to policies and procedures.
- E.** For a discharge of an outpatient receiving emergency services, an administrator shall ensure that:
1. A discharge order is documented by a medical practitioner who provided medical services to the patient before the patient is discharged, unless the patient leaves against a medical staff member's advice; and
  2. Discharge instructions are documented and provided to the patient or patient's representative and the patient's aftercare provider, if designated before the patient is discharged, unless the patient leaves the hospital against a medical staff member's advice.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-209 renumbered to R9-10-212; new Section R9-10-209 renumbered from R9-10-211 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by final rulemaking at 26 A.A.R. 2797, with an effective date of January 1, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-210. Transport**

- A.** For a transport of a patient, the administrator of a sending hospital shall ensure that:
1. Policies and procedures are established, documented, and implemented that:
    - a. Specify the process by which the sending hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
    - b. Require an assessment of the patient by a registered nurse or a medical staff member before transporting the patient and after the patient's return;

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- c. Specify the information in the sending hospital's patient medical record that is required to accompany the patient, which shall include the information related to the medical services to be provided to the patient at the receiving health care institution;
  - d. Specify how the sending hospital personnel members communicate patient medical record information that the sending hospital does not provide at the time of transport but is requested by the receiving health care institution; and
  - e. Specify how a medical staff member explains the risks and benefits of a transport to the patient or the patient's representative based on the:
    - i. Patient's medical condition, and
    - ii. Mode of transport; and
2. Documentation in the patient's medical record includes:
- a. Consent for transport by the patient or the patient's representative or why consent could not be obtained;
  - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
  - c. The date and the time of the transport to the receiving health care institution;
  - d. The date and time of the patient's return to the sending hospital, if applicable;
  - e. The mode of transportation; and
  - f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.

**B.** For a transport of a patient to a receiving hospital, the administrator of the receiving hospital shall ensure that:

- 1. Policies and procedures are established, documented, and implemented that:
  - a. Specify the process by which the receiving hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
  - b. Require an assessment of the patient by a registered nurse or a medical staff member upon arrival of the patient and before the patient is returned to the sending health care institution unless the receiving facility is a satellite facility, as established in A.R.S. § 36-422, and does not have a registered nurse or a medical staff member at the satellite facility;
  - c. Specify the information in the receiving hospital's patient medical record required to accompany the patient when the patient is returned to the sending health care institution, if applicable; and
  - d. Specify how the receiving hospital personnel members communicate patient medical record information to the sending health care institution that is not provided at the time of the patient's return; and
- 2. Documentation in the patient's medical record includes:
  - a. The date and time the patient arrived at the receiving hospital;
  - b. The medical services provided to the patient at the receiving hospital;
  - c. Any adverse reaction or negative outcome the patient experienced at the receiving hospital, if applicable;
  - d. The date and time the receiving hospital returned the patient to the sending health care institution, if applicable;

- e. The mode of transportation to return the patient to the sending health care institution, if applicable; and
- f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-210 renumbered to R9-10-208; new Section R9-10-210 renumbered from R9-10-212 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-211. Transfer**

For a transfer of a patient, the administrator of a sending hospital shall ensure that:

- 1. Policies and procedures are established, documented, and implemented that:
  - a. Specify the process by which the sending hospital personnel members coordinate the transfer and the medical services provided to a patient to protect the health and safety of the patient during the transfer;
  - b. Require an assessment of the patient by a registered nurse or a medical staff member of the sending hospital before the patient is transferred;
  - c. Specify how the sending hospital personnel members communicate medical record information that is not provided at the time of the transfer; and
  - d. Specify how a medical staff member explains the risks and benefits of a transfer to the patient or the patient's representative based on the:
    - i. Patient's medical condition, and
    - ii. Mode of transfer;
- 2. One of the following accompanies the patient during transfer:
  - a. A copy of the patient's medical record for the current inpatient admission; or
  - b. All of the following for the current inpatient admission:
    - i. A medical staff member's summary of medical services provided to the patient,
    - ii. A care plan containing up-to-date information,
    - iii. Consultation reports,
    - iv. Laboratory and radiology reports,
    - v. A record of medications administered to the patient for the seven calendar days before the date of transfer,
    - vi. Medical staff member's orders in effect at the time of transfer, and
    - vii. Any known allergy; and
- 3. Documentation in the patient's medical record includes:
  - a. Consent for transfer by the patient or the patient's representative, except in an emergency;
  - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
  - c. The date and the time of the transfer to the receiving health care institution;
  - d. The mode of transportation; and

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- e. The type of personnel member or medical staff member assisting in the transfer if an order requires that a patient be assisted during transfer.

**Historical Note**

Former Section R9-10-211 renumbered as R9-10-311 as an emergency effective February 22, 1979, new Section R9-10-211 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-211 renumbered to R9-10-209; new Section R9-10-211 renumbered from R9-10-213 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-212. Patient Rights****A.** An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the hospital's premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures include:
  - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
  - b. Where patient rights are posted as required in subsection (A)(1).

**B.** An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion, except as allowed under R9-10-217 or R9-10-225;
  - i. Restraint, if not necessary to prevent imminent harm to self or others or as allowed under R9-10-225;
  - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by a hospital's medical staff, personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse examination or withdraw consent for treatment before treatment is initiated;
  - c. Is informed of:
    - i. Except in an emergency, alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
    - ii. How to obtain a schedule of hospital rates and charges required in A.R.S. § 36-436.01(B);
    - iii. The patient complaint policies and procedures, including the telephone number of hospital per-

- sonnel to contact about complaints, and the Department's telephone number if the hospital is unable to resolve the patient's complaint; and
- iv. Except as authorized by the Health Insurance Portability and Accountability Act of 1996, proposed involvement of the patient in research, experimentation, or education, if applicable;
- d. Except in an emergency, is provided a description of the health care directives policies and procedures:
  - i. If an inpatient, at the time of admission; or
  - ii. If an outpatient:
    - (1) Before any invasive procedure, except phlebotomy for obtaining blood for diagnostic purposes; or
    - (2) If the hospital services include a planned series of treatments, at the start of each series;
- e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a hospital for identification and administrative purposes; and
- f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
  - i. Medical record, or
  - ii. Financial records.

**C.** A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To have access to a telephone;
5. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
6. To receive a referral to another health care institution if the hospital is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
7. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
8. To participate or refuse to participate in research or experimental treatment; and
9. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

Former Section R9-10-212 renumbered as R9-10-312 as an emergency effective February 22, 1979, new Section R9-10-212 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-212 renumbered to R9-10-210; new Section R9-10-212 renumbered from R9-10-209 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at

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20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13;  
effective July 1, 2014 (Supp. 14-2).

**R9-10-213. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. § Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
  - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a medical staff member according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by a medical staff member or medical practitioner;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to personnel members and medical staff members authorized by policies and procedures to access the medical record;
6. Policies and procedures include the maximum time-frame to retrieve an onsite or off-site patient's medical record at the request of a medical staff member or authorized personnel member; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.

**B.** If a hospital maintains patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

**C.** An administrator shall ensure that a medical record for an inpatient contains:

1. Patient information that includes:
  - a. The patient's name;
  - b. The patient's address;
  - c. The patient's date of birth; and
  - d. Any known allergy, including medication allergies or sensitivities;
2. Medication information that includes:
  - a. A medication ordered for the patient; and
  - b. A medication administered to the patient including:
    - i. The date and time of administration;
    - ii. The name, strength, dosage, amount, and route of administration;
    - iii. The identification and authentication of the individual administering the medication; and
    - iv. Any adverse reaction the patient has to the medication;
3. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
4. A medical history and results of a physical examination or an interval note;
5. If the patient provides a health care directive, the health care directive signed by the patient;
6. An admitting diagnosis;

7. The date of admission and, if applicable, the date of discharge;
8. Names of the admitting medical staff member and medical practitioners coordinating the patient's care;
9. If applicable, the name and contact information of the patient's representative and:
  - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
  - b. If the patient's representative:
    - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
    - ii. Is a legal guardian, a copy of the court order establishing guardianship;

10. Orders;
11. Care plans;
12. Documentation of hospital services provided to the patient;
13. Progress notes;
14. The disposition of the patient after discharge;
15. Discharge planning, including discharge instructions required in R9-10-209(B)(3);
16. A discharge summary; and
17. If applicable:
  - a. A laboratory report,
  - b. A pathology report,
  - c. An autopsy report,
  - d. A radiologic report,
  - e. A diagnostic imaging report,
  - f. Documentation of restraint or seclusion, and
  - g. A consultation report.

**D.** An administrator shall ensure that a hospital's medical record for an outpatient contains:

1. Patient information that includes:
  - a. The patient's name;
  - b. The patient's address;
  - c. The patient's date of birth;
  - d. The name and contact information of the patient's representative, if applicable; and
  - e. Any known allergy including medication allergies or sensitivities;
2. If necessary for treatment, medication information that includes:
  - a. A medication ordered for the patient; and
  - b. A medication administered to the patient including:
    - i. The date and time of administration;
    - ii. The name, strength, dosage, amount, and route of administration;
    - iii. The identification and authentication of the individual administering the medication; and
    - iv. Any adverse reaction the patient has to the medication;
3. Documentation of general and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
4. An admitting diagnosis or reason for outpatient medical services;
5. Orders;
6. Documentation of hospital services provided to the patient; and

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7. If applicable:
  - a. A laboratory report,
  - b. A pathology report,
  - c. An autopsy report,
  - d. A radiologic report,
  - e. A diagnostic imaging report,
  - f. Documentation of restraint or seclusion, and
  - g. A consultation report.
- E. In addition to the requirements in subsection (D), an administrator shall ensure that the hospital's record of emergency services provided to a patient contains:
  1. Documentation of treatment the patient received before arrival at the hospital, if available;
  2. The patient's medical history;
  3. An assessment, including the name of the individual performing the assessment;
  4. The patient's chief complaint;
  5. The name of the individual who treated the patient in the emergency room, if applicable; and
  6. The disposition of the patient after discharge.

**Historical Note**

Former Section R9-10-213 renumbered as R9-10-313 as an emergency effective February 23, 1979, new Section R9-10-213 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-213 renumbered to R9-10-211; new Section R9-10-213 renumbered from R9-10-228 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-214. Nursing Services**

- A. An administrator shall ensure that:
  1. Nursing services are provided 24 hours a day, and
  2. A nurse executive is appointed who is qualified according to policies and procedures.
- B. A nurse executive shall designate a registered nurse who is present on the hospital's premises to be accountable for managing the nursing services when the nurse executive is not present in the hospital.
- C. A nurse executive shall ensure that:
  1. Policies and procedures for nursing services are established, documented, and implemented;
  2. An acuity plan is established, documented, and implemented that includes:
    - a. A method that establishes the types and numbers of nursing personnel that are required for each unit in the hospital;
    - b. An assessment of a patient's need for nursing services made by a registered nurse providing nursing services directly to the patient; and
    - c. A policy and procedure stating the steps a hospital will take to:
      - i. Obtain the necessary nursing personnel to meet patient acuity, and
      - ii. Make assignments for patient care according to the acuity plan;
  3. Registered nurses, including registered nurses providing nursing services directly to a patient, are knowledgeable

- about the acuity plan and implement the acuity plan established under subsection (C)(2);
4. If licensed capacity in an organized service is exceeded or patients are kept in areas without licensed beds, nursing personnel are assigned according to the specific rules for the organized service in this Chapter;
5. There is at least one registered nurse on the hospital's premises whether or not there is a patient;
6. A general hospital has at least two registered nurses on the general hospital's premises when there is more than one patient;
7. A special hospital offering emergency services or obstetrical services has at least two registered nurses on the special hospital's premises when there is more than one patient;
8. A special hospital not offering emergency services or obstetrical services has at least one registered nurse and one other nurse on the special hospital's premises when there is more than one patient;
9. A rural general hospital with more than one patient has at least one registered nurse and at least one other nursing personnel member on the rural general hospital's premises. If there is only one registered nurse on the rural general hospital's premises, an additional registered nurse is on-call who is able to be present on the rural general hospital's premises within 15 minutes after being called;
10. If a hospital has a patient in a unit, there is at least one registered nurse present in the unit;
11. If a hospital has more than one patient in a unit, there is at least one registered nurse and one additional nursing personnel member present in the unit;
12. At least one registered nurse is present and accountable for the nursing services provided to a patient:
  - a. During the delivery of a neonate,
  - b. In an operating room, and
  - c. In a post-anesthesia care unit;
13. Nursing personnel work schedules are planned, reviewed, adjusted, and documented to meet patient needs and emergencies;
14. A registered nurse assesses, plans, directs, and evaluates nursing services provided to a patient;
15. There is a care plan for each inpatient based on the inpatient's need for nursing services; and
16. Nursing personnel document nursing services in a patient's medical record.

**Historical Note**

Former Section R9-10-214 renumbered as R9-10-314 as an emergency effective February 22, 1979, new Section R9-10-214 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-214 renumbered to R9-10-215; new Section R9-10-214 renumbered from R9-10-208 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-215. Surgical Services**

An administrator of a general hospital shall ensure that:

1. There is an organized service that provides surgical services under the direction of a medical staff member;

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2. There is a designated area for providing surgical services as an organized service;
3. The area of the hospital designated for surgical services is managed by a registered nurse or a physician;
4. Documentation is available in the surgical services area that specifies each medical staff member's clinical privileges to perform surgical procedures in the surgical services area;
5. Postoperative orders are documented in the patient's medical record;
6. There is a chronological log of surgical procedures performed in the surgical services area that contains:
  - a. The date of the surgical procedure,
  - b. The patient's name,
  - c. The type of surgical procedure,
  - d. The time in and time out of the operating room,
  - e. The name and title of each individual performing or assisting in the surgical procedure,
  - f. The type of anesthesia used,
  - g. An identification of the operating room used, and
  - h. The disposition of the patient after the surgical procedure;
7. The chronological log required in subsection (6) is maintained in the surgical services area for at least 12 months after the date of the surgical procedure and then maintained by the hospital for an additional 12 months;
8. The medical staff designate in writing the surgical procedures that may be performed in areas other than the surgical services area;
9. The hospital has the medical staff members, personnel members, and equipment to provide the surgical procedures offered in the surgical services area;
10. A patient and the surgical procedure to be performed on the patient are identified before initiating the surgical procedure;
11. Except in an emergency, a medical staff member or a surgeon performs a medical history and physical examination within 30 calendar days before performing a surgical procedure on a patient;
12. Except as provided in subsection (14), a medical staff member or a surgeon enters an interval note in the patient's medical record before performing a surgical procedure;
13. Except as provided in subsection (14), the following are documented in a patient's medical record before a surgical procedure:
  - a. A preoperative diagnosis;
  - b. Each diagnostic test performed in the hospital;
  - c. A medical history and physical examination as required in subsection (11) and an interval note as required in subsection (12);
  - d. A consent or refusal for blood or blood products signed by the patient or the patient's representative, if applicable; and
  - e. Informed consent according to policies and procedures; and
14. In an emergency, the documentation required in subsections (12) and (13) is completed within 24 hours after a surgical procedure on a patient is completed.

**Historical Note**

Former Section R9-10-215 renumbered as R9-10-315 as an emergency effective February 22, 1979, new Section R9-10-215 adopted effective February 23, 1979 (Supp. 79-1). Amended subsection (D) effective August 31,

1988 (Supp. 88-3). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-215 renumbered to R9-10-216; new Section R9-10-215 renumbered from R9-10-214 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-216. Anesthesia Services**

An administrator shall ensure that:

1. Anesthesia services provided in conjunction with surgical services performed in the operating room are provided as an organized service under the direction of a medical staff member;
2. Documentation is available in the surgical services area that specifies the medical staff member's clinical privileges to administer anesthesia;
3. Except in an emergency, an anesthesiologist or a nurse anesthetist performs a pre-anesthesia evaluation within 48 hours before anesthesia is administered in conjunction with surgical services;
4. Anesthesia administration is documented in a patient's medical record and includes:
  - a. A pre-anesthesia evaluation, if applicable;
  - b. An intra-operative anesthesia record;
  - c. The postoperative status of the patient upon leaving the operating room; and
  - d. Post-anesthesia documentation by the individual performing the post-anesthesia evaluation that includes the information required by the medical staff bylaws and medical staff regulations; and
5. A registered nurse or a physician documents resuscitative measures in the patient's medical record.

**Historical Note**

Adopted as an emergency effective April 2, 1976 (Supp. 76-2). Adopted effective August 25, 1977 (Supp. 77-4). Former Section R9-10-216 renumbered as R9-10-316 as an emergency effective February 22, 1979, new Section R9-10-216 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-216 renumbered to R9-10-217; new Section R9-10-216 renumbered from R9-10-215 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-217. Emergency Services**

A. An administrator of a general hospital or a rural general hospital shall ensure that:

1. Emergency services are provided 24 hours a day in a designated area of the hospital;
2. Emergency services are provided as an organized service under the direction of a medical staff member;
3. The scope and extent of emergency services offered are documented in the hospital's scope of services;
4. Emergency services are provided to an individual, including a woman in active labor, requesting emergency services;
5. If emergency services cannot be provided at the hospital to meet the needs of a patient in an emergency, measures and procedures are implemented to minimize risk to the

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patient until the patient is transported or transferred to another hospital;

6. A roster of on-call medical staff members is available in the emergency services area;
  7. There is a chronological log of emergency services provided to patients that includes:
    - a. The patient's name;
    - b. The date, time, and mode of arrival; and
    - c. The disposition of the patient including discharge, transfer, or admission; and
  8. The chronological log required in subsection (A)(7) is maintained:
    - a. In the emergency services area for at least 12 months after the date of the emergency services; and
    - b. By the hospital for at least an additional four years.
- B.** An administrator of a special hospital that provides emergency services shall comply with subsection (A).
- C.** An administrator of a hospital that provides emergency services, but does not provide perinatal organized services, shall ensure that emergency perinatal services are provided within the hospital's capabilities to meet the needs of a patient and a neonate, including the capability to deliver a neonate and to keep the neonate warm until transfer to a hospital providing perinatal organized services.
- D.** An administrator of a hospital that provides emergency services shall ensure that a room used for seclusion in a designated area of the hospital used for providing emergency services, complies with applicable physical plant health and safety codes and standards for a secure hold room as described in the American Institute of Architects and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities, incorporated by reference in R9-10-104.01.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-217 renumbered to R9-10-218; new Section R9-10-217 renumbered from R9-10-216 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-218. Pharmaceutical Services**

An administrator shall ensure that:

1. Pharmaceutical services are provided under the direction of a pharmacist according to A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23;
2. A copy of the pharmacy license is provided to the Department for review upon the Department's request;
3. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
  - a. Develop a drug formulary,
  - b. Update the drug formulary at least once every 12 months,
  - c. Develop medication usage and medication substitution policies and procedures, and

- d. Specify which medications and medication classifications are required to be automatically stopped after a specified time period unless the ordering medical staff member specifically orders otherwise;
4. An expired, mislabeled, or unusable medication is disposed of according to policies and procedures;
5. A medication administration error or an adverse reaction is reported to the ordering medical staff member or the medical staff member's designee;
6. A pharmacy medication dispensing error is reported to the pharmacist;
7. In a pharmacist's absence, personnel members designated by policies and procedures have access to a locked area containing a medication;
8. A medication is maintained at temperatures recommended by the manufacturer;
9. A cart used for an emergency:
  - a. Contains medication, supplies, and equipment as specified in policies and procedures;
  - b. Is available to a unit; and
  - c. Is sealed until opened in an emergency;
10. Emergency cart contents and sealing of the emergency cart are verified and documented according to policies and procedures;
11. Policies and procedures specify individuals who may:
  - a. Order medication, and
  - b. Administer medication;
12. A medication is administered in compliance with an order;
13. A medication administered to a patient is documented as required in R9-10-213;
14. If pain medication is administered to a patient, documentation in the patient's medical record includes:
  - a. An assessment of the patient's pain before administering the medication, and
  - b. The effect of the pain medication administered; and
15. Policies and procedures specify a process for review through the quality management program of:
  - a. A medication administration error,
  - b. An adverse reaction to a medication, and
  - c. A pharmacy medication dispensing error.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-218 renumbered from R9-10-217 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-219. Clinical Laboratory Services and Pathology Services**

An administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided by a hospital through a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;

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2. A copy of the certificate of accreditation or certificate of compliance in subsection (1) is provided to the Department for review upon the Department's request;
3. A general hospital or a rural general hospital provides clinical laboratory services 24 hours a day on the hospital's premises to meet the needs of a patient in an emergency;
4. A special hospital whose patients require clinical laboratory services:
  - a. Is able to provide clinical laboratory services when needed by the patients;
  - b. Obtains specimens for clinical laboratory services without transporting the patients from the special hospital's premises; and
  - c. Has the examination of the specimens performed by a clinical laboratory on the special hospital's premises or by arrangement with a clinical laboratory not on the special hospital's premises;
5. A hospital that provides clinical laboratory services 24 hours a day has on duty or on-call laboratory personnel authorized by policies and procedures to perform testing;
6. A hospital that offers surgical services provides pathology services on the hospital's premises or by contracted service to meet the needs of a patient;
7. Clinical laboratory and pathology test results are:
  - a. Available to the medical staff:
    - i. Within 24 hours after the test is completed if the test is performed at a laboratory on the hospital's premises; or
    - ii. Within 24 hours after the test result is received if the test is performed at a laboratory not on the hospital's premises; and
  - b. Documented in a patient's medical record;
8. If a test result is obtained that indicates a patient may have an emergency medical condition, as established by medical staff, laboratory personnel notify the ordering medical staff member or a registered nurse in the patient's assigned unit;
9. If a clinical laboratory report, a pathology report, or an autopsy report is completed on a patient, a copy of the report is included in the patient's medical record;
10. Policies and procedures are established, documented, and implemented for:
  - a. Procuring, storing, transfusing, and disposing of blood and blood products;
  - b. Blood typing, antibody detection, and blood compatibility testing; and
  - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program;
11. If blood and blood products are provided by contract, the contract includes:
  - a. The availability of blood and blood products through the contract; and
  - b. The process for delivery of blood and blood products through the contract; and
12. Expired laboratory supplies are discarded according to policies and procedures.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-219 renum-

bered to R9-10-220; new Section R9-10-219 renumbered from R9-10-218 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-220. Radiology Services and Diagnostic Imaging Services**

- A. An administrator shall ensure that:
  1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
  2. A copy of a certificate documenting compliance with subsection (A)(1) is provided to the Department for review upon the Department's request;
  3. A general hospital or a rural general hospital provides radiology services 24 hours a day on the hospital's premises to meet the emergency needs of a patient;
  4. A hospital that provides surgical services has radiology services and diagnostic imaging services on the hospital's premises to meet the needs of patients;
  5. A general hospital or a rural general hospital has a radiologic technologist on duty or on-call; and
  6. Except as provided in subsection (A)(4), a special hospital whose patients require radiology services and diagnostic imaging services is able to provide the radiology services and diagnostic imaging services when needed by the patients:
    - a. On the special hospital's premises; or
    - b. By arrangement with a radiology and diagnostic imaging facility that is not on the special hospital's premises.
- B. An administrator of a hospital that provides radiology services or diagnostic imaging services on the hospital's premises shall ensure that:
  1. Radiology services and diagnostic imaging services are provided:
    - a. Under the direction of a medical staff member; and
    - b. According to an order that includes:
      - i. The patient's name,
      - ii. The name of the ordering individual,
      - iii. The radiological or diagnostic imaging procedure ordered, and
      - iv. The reason for the procedure;
  2. A medical staff member or radiologist interprets the radiologic or diagnostic image;
  3. A radiologic or diagnostic imaging patient report is prepared that includes:
    - a. The patient's name;
    - b. The date of the procedure;
    - c. A medical staff member's or radiologist's interpretation of the image;
    - d. The type and amount of radiopharmaceutical used, if applicable; and
    - e. The adverse reaction to the radiopharmaceutical, if any; and
  4. A radiologic or diagnostic imaging report is included in the patient's medical record.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).



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Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-220 renumbered to R9-10-221; new Section R9-10-220 renumbered from R9-10-219 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-221. Intensive Care Services**

Except for a special hospital that provides only psychiatric services, an administrator of a hospital that provides intensive care services shall ensure that:

1. Intensive care services are provided as an organized service in a designated area under the direction of a medical staff member;
2. An inpatient admitted for intensive care services is personally visited by a physician at least once every 24 hours;
3. Admission and discharge criteria for intensive care services are established;
4. A personnel member's responsibilities for initiation of medical services in an emergency to a patient in an intensive care unit pending the arrival of a medical staff member are established and documented in policies and procedures;
5. In addition to the requirements in R9-10-214(C), an intensive care unit is staffed:
  - a. With at least one registered nurse assigned for every two patients, and
  - b. According to an acuity plan as required in R9-10-214;
6. Each intensive care unit has a policy and procedure that provides for meeting the needs of the patients;
7. If the medical services of an intensive care patient are reduced to a lesser level of care in the hospital, but the patient is not physically relocated, the nurse to patient ratio is based on the needs of the patient;
8. Private duty staff do not provide hospital services in an intensive care unit;
9. At least one registered nurse assigned to a patient in an intensive care unit is certified in advanced cardiac life support specific to the age of the patient;
10. Resuscitation, emergency, and other equipment are available to meet the needs of a patient including:
  - a. Ventilatory assistance equipment,
  - b. Respiratory and cardiac monitoring equipment,
  - c. Suction equipment,
  - d. Portable radiologic equipment, and
  - e. A patient weighing device for patients restricted to a bed; and
11. An intensive care unit has at least one emergency cart that is maintained according to R9-10-218.

**Historical Note**

Former Section R9-10-221 renumbered as R9-10-317 as an emergency effective February 22, 1979, new Section R9-10-221 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-221 renumbered to R9-10-222; new Section R9-10-221 renumbered from R9-10-220 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended

by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-222. Respiratory Care Services**

An administrator of a hospital that provides respiratory care services shall ensure that:

1. Respiratory care services are provided under the direction of a medical staff member;
2. Respiratory care services are provided according to an order that includes:
  - a. The patient's name;
  - b. The name and signature of the ordering individual;
  - c. The type, frequency, and, if applicable, duration of treatment;
  - d. The type and dosage of medication and diluent; and
  - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a patient are documented in the patient's medical record and include:
  - a. The date and time of administration;
  - b. The type of respiratory care services;
  - c. The effect of respiratory care services;
  - d. If applicable, any adverse reaction to respiratory care services; and
  - e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-219.

**Historical Note**

Former Section R9-10-222 renumbered as R9-10-318 as an emergency effective February 22, 1979, new Section R9-10-222 adopted effective February 23, 1979 (Supp. 79-1). Correction, subsection (D)(3) reference to paragraph (E)(2) should read subsection (D)(2). (Supp. 79-6). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-222 renumbered to R9-10-223; new Section R9-10-222 renumbered from R9-10-221 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-223. Perinatal Services**

A. An administrator of a hospital that provides perinatal organized services shall ensure that:

1. Perinatal services are provided in a designated area under the direction of a medical staff member;
2. Only medical and surgical procedures approved by the medical staff are performed in the perinatal services unit;
3. The perinatal services unit has the capability to initiate an emergency cesarean delivery within the time-frame established by the medical staff and documented in policies and procedures;
4. Only a patient in need of perinatal services or gynecological services receives perinatal services or gynecological services in the perinatal services unit;
5. A patient receiving gynecological services does not share a room with a patient receiving perinatal services;
6. A chronological log of perinatal services provided to patients is maintained that includes:

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- a. The patient's name;
  - b. The date, time, and mode of the patient's arrival;
  - c. The disposition of the patient including discharge, transfer, or admission time;
  - d. The following information for a delivery of a neonate:
    - i. The neonate's name or other identifier;
    - ii. The name of the medical staff member who delivered the neonate;
    - iii. The delivery time and date; and
    - iv. Complications of delivery, if any; and
  - e. If an abortion procedure was performed at or after 20 weeks gestational age, whether the fetus was delivered alive;
7. The chronological log required in subsection (A)(6) is maintained by the hospital in the perinatal services unit for at least 12 months after the date the perinatal services are provided and then maintained by the hospital for at least an additional 12 months;
  8. The perinatal services unit provides fetal monitoring;
  9. The perinatal services unit has ultrasound capability;
  10. Except in an emergency, a neonate is identified as required by policies and procedures before moving the neonate from a delivery area;
  11. Policies and procedures specify:
    - a. Security measures to prevent neonatal abduction, and
    - b. How the hospital determines to whom a neonate may be discharged;
  12. A neonate is discharged only to an individual who:
    - a. Is authorized according to subsection (A)(11), and
    - b. Provides identification;
  13. A neonate's medical record identifies the individual to whom the neonate is discharged;
  14. A patient or the individual to whom the neonate is discharged receives perinatal education, discharge instructions, and a referral for follow-up care for a neonate in addition to the discharge planning requirements in R9-10-209;
  15. Intensive care services for neonates comply with the requirements in R9-10-221;
  16. At least one registered nurse is on duty in a nursery when there is a neonate in the nursery except as provided in subsection (A)(17);
  17. A nursery occupied only by a neonate, who is placed in the nursery for the convenience of the neonate's mother and does not require treatment as established in this Article, is staffed by a nurse;
  18. Equipment and supplies are available to a nursery, labor-delivery-recovery room, or labor-delivery-recovery-postpartum room to meet the needs of each neonate; and
  19. In a nursery, only a neonate's bed or bassinet is used for changing diapers, bathing, or dressing the neonate.
- B.** An administrator of a hospital that does not provide perinatal organized services shall comply with the requirements in R9-10-217(C).
- C.** In addition to applicable requirements in A.R.S. Title 36, Chapter 20, an administrator of a hospital in which an abortion procedure is performed shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that require:
    - a. For an abortion procedure performed at or after 20 weeks gestational age, a personnel member or medical staff member qualified according to policies and procedures to perform neonatal resuscitation, other than the physician performing the abortion procedure, is in the room in which the abortion procedure is performed before the delivery of the fetus;
    - b. Compliance with A.R.S. § 36-2301.01, if applicable;
    - c. Neonatal resuscitation of a fetus delivered alive, according to A.R.S. § 36-2301(D)(3); and
    - d. A medical record to be established and maintained for a fetus delivered alive;
  2. The medical record of a patient receiving an abortion procedure contains:
    - a. Documentation from the physician providing the abortion procedure and other personnel members present certifying that the fetus was not delivered alive, or
    - b. A link to the medical record of a fetus delivered alive; and
  3. For a fetus delivered alive, a medical record contains:
    - a. An identification of the fetus, including:
      - i. The name of the patient from whom the fetus was delivered alive, and
      - ii. The date the fetus was delivered alive;
    - b. Orders issued by a physician, physician assistant, or registered nurse practitioner;
    - c. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
    - d. If applicable, information about medication administered to the fetus delivered alive; and
    - e. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.

**Historical Note**

Former Section R9-10-223 renumbered as R9-10-319 as an emergency effective February 22, 1979, new Section R9-10-223 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-223 renumbered to R9-10-224; new Section R9-10-223 renumbered from R9-10-222 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-224. Pediatric Services**

- A.** An administrator of a hospital that provides pediatric services or pediatric organized services according to the requirements in this Section shall ensure that:
1. Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or a guardian of the pediatric patient to stay overnight;
  2. Policies and procedures are established, documented, and implemented for:
    - a. Infection control for shared toys, books, stuffed animals, and other items in a community playroom; and
    - b. Visitation of a pediatric patient, including age limits if applicable;
  3. A pediatric inpatient is only admitted if the hospital has the staff, equipment, and supplies available to meet the needs of the pediatric patient based on the pediatric

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patient's medical condition and the hospital's scope of services; and

4. If the hospital provides pediatric intensive care services, the pediatric intensive care services comply with intensive care services requirements in R9-10-221.
- B.** An administrator of a hospital that provides pediatric organized services shall ensure that pediatric services are provided in a designated area under the direction of a medical staff member.
- C.** An administrator shall ensure that in a multi-organized service unit or a patient care unit that is providing medical and nursing services to an adult patient and a pediatric patient according to this Section:
  1. A pediatric patient is not placed in a patient room with an adult patient, and
  2. A medication for a pediatric patient that is stored in the patient care unit is stored separately from a medication for an adult patient.
- D.** A hospital may use a bed in a pediatric organized services patient care unit for an adult patient if an administrator establishes, documents, and implements policies and procedures that:
  1. Delineate the specific conditions under which an adult patient is placed in a bed in the pediatric organized services unit, and
  2. Except as provided in subsections (H) and (I), ensure that an adult patient is:
    - a. Not placed in a pediatric organized services patient care unit if a pediatric patient is admitted to and present in the pediatric organized services patient care unit, and
    - b. Transferred out of the pediatric organized services patient care unit to an appropriate level of care when a pediatric patient is admitted to the pediatric organized services patient care unit.
- E.** Except as provided in subsections (F) and (G), an administrator of a hospital that does not provide pediatric organized services may admit a pediatric inpatient only in an emergency.
- F.** Subsection (G) only applies to a general hospital or rural general hospital that:
  1. Does not provide pediatric organized services;
  2. Has designated in the general hospital's or rural general hospital's scope of services, inpatient services that are available to a pediatric patient;
  3. Has a licensed capacity of less than 100; and
  4. Is located in a county with a population of less than 500,000.
- G.** An administrator of a general hospital or rural general hospital that meets the criteria in subsection (F) shall ensure that:
  1. There are pediatric-appropriate equipment and supplies available, based on the hospital services designated for pediatric patients in the general hospital or rural general hospital's scope of services; and
  2. Personnel members that are or may be assigned to provide hospital services to a pediatric patient have the appropriate skills and knowledge for providing hospital services to a pediatric patient, based on the general hospital's or rural general hospital's scope of services.
- H.** Subsection (I) only applies to a general hospital or a rural general hospital that:
  1. Provides pediatric organized services in a patient care unit;
  2. Has designated in the general hospital's or rural general hospital's scope of services, inpatient services that are

available to an adult patient in a pediatric organized services patient care unit;

3. Has a licensed capacity of less than 100; and
  4. Is located in a county with a population of less than 500,000.
- I.** An administrator of a general hospital or rural general hospital that meets the criteria in subsection (H) shall comply with the requirements in subsection (D)(1).

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 18 A.A.R. 1719, effective June 30, 2012 (Supp. 12-2). Section R9-10-224 renumbered to R9-10-225; new Section R9-10-224 renumbered from R9-10-223 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-225. Psychiatric Services**

- A.** An administrator of a hospital that contains an organized psychiatric services unit or a special hospital licensed to provide psychiatric services shall ensure that in the organized psychiatric unit or special hospital:
1. Psychiatric services are provided under the direction of a medical staff member;
  2. An inpatient admitted to the organized psychiatric services unit or special hospital has a principal diagnosis of a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor;
  3. Except in an emergency, a patient receives a nursing assessment before treatment for the patient is initiated;
  4. An individual whose medical needs cannot be met while the individual is an inpatient in an organized psychiatric services unit or a special hospital is not admitted to or is transferred out of the organized psychiatric services unit or special hospital;
  5. Policies and procedures for the organized psychiatric services unit or special hospital are established, documented, and implemented that:
    - a. Establish qualifications for medical staff members and personnel members who provide clinical oversight to behavioral health technicians;
    - b. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
    - c. Establish the process for developing and implementing a patient's care plan including:
      - i. Obtaining the patient's or the patient's representative's participation in the development of the patient's care plan;
      - ii. Ensuring that the patient is informed of the modality, frequency, and duration of any treatments that are included in the patient's care plan;
      - iii. Informing the patient that the patient has the right to refuse any treatment;

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- iv. Updating the patient's care plan and informing the patient of any changes to the patient's care plan; and
- v. Documenting the actions in subsection (A)(5)(c)(i) through (iv) in the patient's medical record;
- d. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a medical staff member or personnel member a threat of imminent serious physical harm or death to the individual and the patient has the apparent intent and ability to carry out the threat;
- e. Establish the criteria for determining when an inpatient's absence is unauthorized, including whether the inpatient:
  - i. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
  - ii. Is absent against medical advice; or
  - iii. Is under 18 years of age;
- f. Identify each type of restraint and seclusion used in the organized psychiatric services unit or special hospital and include for each type of restraint and seclusion used:
  - i. The qualifications of a medical staff member or personnel member who can:
    - (1) Order the restraint or seclusion,
    - (2) Place a patient in the restraint or seclusion,
    - (3) Monitor a patient in the restraint or seclusion,
    - (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
    - (5) Renew the order for restraint or seclusion;
  - ii. On-going training requirements for a medical staff member or personnel member who has direct patient contact while the patient is in a restraint or in seclusion; and
  - iii. Criteria for monitoring and assessing a patient including:
    - (1) Frequencies of monitoring and assessment based on a patient's condition, cognitive status, situational factors, and risks associated with the specific restraint or seclusion;
    - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
    - (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
    - (4) If a mechanical restraint is used, how often the mechanical restraint is monitored or loosened; and
    - (5) A process for meeting a patient's nutritional needs and elimination needs;
- g. Establish the criteria and procedures for renewing an order for restraint or seclusion;
- h. Establish procedures for internal review of the use of restraint or seclusion;
- i. Establish requirements for notifying the parent or guardian of a patient who is under 18 years of age and who is restrained or secluded; and
- j. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
- 6. If time-out is used in the organized psychiatric services unit or special hospital, a time-out:
  - a. Takes place in an area that is unlocked, lighted, quiet, and private;
  - b. Does not take place in the room approved for seclusion by the Department under R9-10-104;
  - c. Is time-limited and does not exceed two hours per incident or four hours per day;
  - d. Does not result in a patient's missing a meal if the patient is in time-out at mealtime;
  - e. Includes monitoring of the patient by a medical staff member or personnel member at least once every 15 minutes to ensure the patient's health, safety, and welfare and to determine if the patient is ready to leave time-out; and
  - f. Is documented in the patient's medical record, to include:
    - i. The date of the time-out,
    - ii. The reason for the time-out,
    - iii. The duration of the time-out, and
    - iv. The action planned and taken to address the reason for the time-out;
- 7. Restraint or seclusion is:
  - a. Not used as a means of coercion, discipline, convenience, or retaliation;
  - b. Only used when all of the following conditions are met:
    - i. Except as provided in subsection (A)(8), after obtaining an order for the restraint or seclusion;
    - ii. For the management of a patient's aggressive, violent, or self-destructive behavior;
    - iii. When less restrictive interventions have been determined to be ineffective; and
    - iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
  - c. Discontinued at the earliest possible time;
- 8. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
  - a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
  - b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
- 9. Restraint or seclusion is:
  - a. Only ordered by a physician or a registered nurse practitioner, and
  - b. Not written as a standing order or on an as-needed basis;
- 10. An order for restraint or seclusion includes:

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- a. The name of the individual ordering the restraint or seclusion;
  - b. The date and time that the restraint or seclusion was ordered;
  - c. The specific restraint or seclusion ordered;
  - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
  - e. The specific criteria for release from restraint or seclusion without an additional order; and
  - f. The maximum duration authorized for the restraint or seclusion;
11. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
- a. Four continuous hours for a patient who is 18 years of age or older,
  - b. Two continuous hours for a patient who is between the ages of nine and 17 years of age, or
  - c. One continuous hour for a patient who is younger than nine years of age;
12. If restraint and seclusion are used on a patient simultaneously, the patient receives continuous:
- a. Face-to-face monitoring by a medical staff member or personnel member, or
  - b. Video and audio monitoring by a medical staff member or personnel member who is in close proximity to the patient;
13. If an order for restraint or seclusion of a patient is not provided by a medical practitioner coordinating the patient's medical services, the medical practitioner is notified as soon as possible;
14. A medical staff member or personnel member does not participate in restraint or seclusion, monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion until the medical staff member or personnel member completes education and training that:
- a. Includes:
    - i. Techniques to identify medical staff member, personnel member, and patient behaviors; events; and environmental factors that may trigger circumstances that require restraint or seclusion;
    - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
    - iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
    - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
    - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
    - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
    - vii. Training exercises in which medical staff members and personnel members successfully demonstrate the techniques that the medical staff members and personnel members have learned for managing emergency situations; and
  - b. Is provided by individuals qualified according to policies and procedures;
15. When a patient is placed in restraint or seclusion:
- a. The restraint or seclusion is conducted according to policies and procedures;
  - b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
    - i. Chronological and developmental age;
    - ii. Size;
    - iii. Gender;
    - iv. Physical condition;
    - v. Medical condition;
    - vi. Psychiatric condition; and
    - vii. Personal history, including any history of physical or sexual abuse;
  - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
  - d. A patient is monitored and assessed according to policies and procedures;
  - e. A physician or other health professional authorized by policies and procedures assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
    - i. The patient's current behavior,
    - ii. The patient's reaction to the restraint or seclusion used,
    - iii. The patient's medical and behavioral condition, and
    - iv. Whether to continue or terminate the restraint or seclusion;
  - f. The patient is given the opportunity:
    - i. To eat during mealtime, and
    - ii. To use the toilet; and
  - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
16. If a patient is placed in seclusion, the room used for seclusion:
- a. Is approved for use as a seclusion room by the Department under R9-10-104;
  - b. Is not used as a patient's bedroom or a sleeping area;
  - c. Allows full view of the patient in all areas of the room;
  - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
  - e. Contains at least 60 square feet of floor space; and
  - f. Except as provided in subsection (A)(17), contains a non-adjustable bed that:
    - i. Consists of a mattress on a solid platform that is:
      - (1) Constructed of a durable, non-hazardous material; and
      - (2) Raised off of the floor;
    - ii. Does not have wire springs or a storage drawer; and
    - iii. Is securely anchored in place;
17. If a room used for seclusion does not contain a non-adjustable bed required in subsection (A)(16)(f):

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- a. A piece of equipment is available for use in the room used for seclusion that:
    - i. Is commercially manufactured to safely and humanely restrain a patient's body;
    - ii. Provides support to the trunk and head of a patient's body;
    - iii. Provides restraint to the trunk of a patient's body;
    - iv. Is able to restrict movement of a patient's arms, legs, trunk, and head;
    - v. Allows a patient's body to recline; and
    - vi. Does not inflict harm on a patient's body; and
  - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (A)(17)(a) is maintained;
18. A seclusion room may be used for services or activities other than seclusion if:
- a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
  - b. No permanent equipment other than the bed required in subsection (A)(16)(f) is in the room;
  - c. Policies and procedures are established, documented, and implemented that:
    - i. Delineate which services or activities other than seclusion may be provided in the room,
    - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
    - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
  - d. The sign required in subsection (A)(18)(a) and equipment and supplies in the room, other than the bed required in subsection (A)(16)(f), are removed before a patient is placed in seclusion in the room;
19. A medical staff member or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
- a. The emergency situation that required the patient to be restrained or put in seclusion;
  - b. The times the patient's restraint or seclusion actually began and ended;
  - c. The time of the face-to-face assessment required in subsection (A)(12)(a);
  - d. The monitoring required in subsection (A)(12)(b) or (15)(d), as applicable;
  - e. The times the patient was given the opportunity to eat or use the toilet according to subsection (A)(15)(f); and
  - f. The names of the medical staff members and personnel members with direct patient contact while the patient was in the restraint or seclusion; and
20. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures.
- B.** For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, in addition to the admission requirements in R9-10-208 and discharge planning requirements in R9-10-209, an administrator shall ensure that:
1. The patient receives a suicide assessment; and
  2. The patient or the patient's representative receives:
    - a. The results of the suicide assessment in subsection (B)(1);
    - b. Information about the availability of age-appropriate, suicide crisis services, including contact information;
    - c. Specific information about or a referral to one of the following for ongoing or follow-up treatment related to suicide, including scheduling an appointment for the patient when practicable:
      - i. Another health care institution;
      - ii. A medical practitioner or, for a patient going to another state after discharge, a similarly licensed individual in the other state; or
      - iii. A behavioral health professional certified or licensed under A.R.S. Title 32 to provide treatment related to suicide or, for a patient going to another state after discharge, a similarly certified or licensed individual in the other state; and
    - d. Information about and instructions on how to access the Department of Insurance and Financial Institution's website, available through [difi.az.gov](http://difi.az.gov), developed in compliance with A.R.S. § 20-3503(B), including how to file an appeal of an insurance determination.
- C.** An administrator of a hospital that provides opioid treatment services to an outpatient shall comply with the requirements in R9-10-1020.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-225 renumbered to R9-10-227; new Section R9-10-225 renumbered from R9-10-224 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-226. Behavioral Health Observation/Stabilization Services**

An administrator of a hospital that is authorized to provide behavioral health observation/stabilization services shall ensure that:

1. Behavioral health observation/stabilization services are provided according to the requirements in R9-10-1012, and
2. Restraint and seclusion are provided according to the requirements for restraint and seclusion in R9-10-225.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-226 renumbered to R9-10-229; new Section R9-10-226 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

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14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-227. Rehabilitation Services**

An administrator shall ensure that:

1. If rehabilitation services are provided as an organized service, the rehabilitation services are provided under the direction of an individual qualified according to policies and procedures;
2. Rehabilitation services are provided according to an order; and
3. The medical record of a patient receiving rehabilitation services includes:
  - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
  - b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
  - c. The rehabilitation services provided,
  - d. The patient's response to the rehabilitation services, and
  - e. The authentication of the individual providing the rehabilitation services.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-227 renumbered to R9-10-231; new Section R9-10-227 renumbered from R9-10-225 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-228. Multi-organized Service Unit**

**A.** A governing authority may designate the following as a multi-organized service unit:

1. An adult unit that provides both intensive care services and medical and nursing services other than intensive care services,
2. A pediatric unit that provides both intensive care services and medical and nursing services other than intensive care services,
3. A unit that provides both perinatal services and intensive care services for obstetrical patients,
4. A unit that provides both intensive care services for neonates and a continuing care nursery, or
5. A unit that provides medical and nursing services to adult and pediatric patients.

**B.** An administrator shall ensure that:

1. For a patient in a multi-organized service unit, a medical staff member designates in the patient's medical record which organized service is to be provided to the patient;
2. A multi-organized service unit is in compliance with the requirements in this Article that would apply if each organized service were offered as a single organized service unit; and
3. A multi-organized service unit and each bed in the unit are in compliance with physical plant health and safety codes and standards incorporated by reference in R9-10-104.01 for all organized services provided in the multi-organized service unit.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8

A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-228 renumbered to R9-10-213; new Section R9-10-228 renumbered from R9-10-234 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-229. Social Services**

An administrator of a hospital that provides social services shall ensure that:

1. A registered nurse or another personnel member designated according to policies and procedures coordinates social services;
2. If a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5;
3. A medical staff member, nurse, patient, patient's representative, or member of the patient's family may request social services;
4. A personnel member providing social services participates in discharge planning as necessary to meet the needs of a patient;
5. The patient has privacy when communicating with a personnel member providing social services; and
6. Social services provided to a patient are documented in the patient's medical record and the entries are authenticated by the individual providing the social services.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-229 renumbered to R9-10-230; new Section R9-10-229 renumbered from R9-10-226 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-230. Infection Control**

An administrator shall ensure that:

1. An infection control program that meets the requirements of this Section is established under the direction of an individual qualified according to policies and procedures;
2. An infection control program has a procedure for documenting:
  - a. The collection and analysis of infection control data,
  - b. The actions taken relating to infections and communicable diseases, and
  - c. Reports of communicable diseases to the governing authority and state and county health departments;
3. Infection control documents are maintained for at least 12 months after the date of the document;
4. Policies and procedures are established, documented, and implemented:
  - a. To prevent or minimize, identify, report, and investigate infections and communicable diseases that include:
    - i. Isolating a patient;
    - ii. Sterilizing equipment and supplies;
    - iii. Maintaining and storing sterile equipment and supplies;

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- iv. Using personal protective equipment such as gowns, masks, or face protection;
- v. Disposing of biohazardous medical waste; and
- vi. Moving and processing soiled linens and clothing;
- b. That specify communicable diseases, medical conditions, or criteria that prevent an individual, a personnel member, or a medical staff member from:
  - i. Working in the hospital,
  - ii. Providing patient care, or
  - iii. Providing environmental services;
- c. That establish criteria for determining whether a medical staff member is at an increased risk of exposure to infectious tuberculosis based on:
  - i. The level of risk in the area of the hospital premises where the medical staff member practices, and
  - ii. The work that the medical staff member performs; and
- d. That establish the frequency of tuberculosis screening for an individual determined to be at an increased risk of exposure;
- 5. Tuberculosis screening is performed for a personnel member or medical staff member:
  - a. On or before the date the personnel member or medical staff member begins providing services at or on behalf of the hospital, and
  - b. As part of a tuberculosis infection control program according to R9-10-113;
- 6. Soiled linen and clothing are:
  - a. Collected in a manner to minimize or prevent contamination,
  - b. Bagged at the site of use, and
  - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
- 7. A personnel member washes hands or uses a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material;
- 8. An infection control committee is established according to policies and procedures and consists of:
  - a. At least one medical staff member,
  - b. The individual directing the infection control program, and
  - c. Other personnel identified in policies and procedures; and
- 9. The infection control committee:
  - a. Develops a plan for preventing, tracking, and controlling infections;
  - b. Reviews the type and frequency of infections and develops recommendations for improvement;
  - c. Meets and provides a quarterly written report for inclusion by the quality management program; and
  - d. Maintains a record of actions taken and minutes of meetings.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-230 renumbered to R9-10-233; new Section R9-10-230 renumbered from R9-10-229 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by

exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-10-231. Dietary Services**

An administrator shall ensure that:

1. Dietary services are provided according to 9 A.A.C. 8, Article 1;
2. A copy of the hospital's food establishment license or permit under 9 A.A.C. 8, Article 1, is maintained;
3. For a hospital that contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospital, a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1, is maintained;
4. If a hospital contracts with a food establishment to prepare and deliver food to the hospital, the hospital is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
5. Dietary services are provided under the direction of an individual qualified to direct the provision of dietary services according to policies and procedures;
6. There are personnel members on duty to meet the dietary needs of patients;
7. Personnel members providing dietary services are qualified to provide dietary services according to policies and procedures;
8. A nutrition assessment of a patient is:
  - a. Performed according to policies and procedures, and
  - b. Communicated to the medical practitioner coordinating the patient's medical services if the nutrition assessment reveals a specific dietary need;
9. A medical staff member documents an order for a diet for each patient in the patient's medical record;
10. A current diet manual approved by a registered dietitian is available to personnel members and medical staff members; and
11. A patient's dietary needs are met 24 hours a day.

**Historical Note**

Former Section R9-10-231 renumbered as R9-10-320 as an emergency effective February 22, 1979, new Section R9-10-231 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-231 renumbered to R9-10-232; new Section R9-10-231 renumbered from R9-10-227 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-232. Disaster Management**

An administrator shall ensure that:

1. A disaster plan is developed and documented that includes:
  - a. Procedures for protecting the health and safety of patients and other individuals;
  - b. Assigned personnel responsibilities; and
  - c. Instructions for the evacuation, transport, or transfer of patients, maintenance of medical records, and arrangements to provide any other hospital services to meet the patients' needs;



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2. A plan exists for back-up power and water supply;
3. A fire drill is performed on each shift at least once every three months;
4. A disaster drill is performed on each shift at least once every 12 months;
5. Documentation of a fire drill required in subsection (3) and a disaster drill required in subsection (4) includes:
  - a. The date and time of the drill;
  - b. A critique of the drill; and
  - c. Recommendations for improvement, if applicable; and
6. Documentation of a fire drill or a disaster drill is maintained by the hospital for at least 12 months after the date of the drill.

**Historical Note**

Former Section R9-10-232 renumbered as R9-10-321 as an emergency effective February 22, 1979, new Section R9-10-232 adopted effective February 23, 1979 (Supp. 79-1). Section amended by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-232 renumbered to R9-10-234; new Section R9-10-232 renumbered from R9-10-231 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-233. Environmental Standards**

An administrator shall ensure that:

1. An individual providing environmental services who has the potential to transmit infectious tuberculosis to patients, as determined by the infection control risk assessment criteria in R9-10-230(4)(c), provides evidence of freedom from infectious tuberculosis:
  - a. On or before the date the individual begins providing environmental services at or on behalf of the hospital, and
  - b. According to R9-10-113;
2. The hospital premises and equipment are:
  - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control infection or illness; and
  - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. The hospital maintains a tobacco smoke-free environment;
5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14, and policies and procedures;
6. Equipment used to provide hospital services is:
  - a. Maintained in working order;
  - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  - c. Used according to the manufacturer's recommendations; and
7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair.

**Historical Note**

Former Section R9-10-233 renumbered as R9-10-322 as an emergency effective February 22, 1979, new Section R9-10-233 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section expired under A.R.S. § 41-1056(E) at 14 A.A.R. 2374, effective February 29, 2008 (Supp. 08-2). New Section R9-10-233 renumbered from R9-10-230 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-10-234. Physical Plant Standards**

A. An administrator shall ensure that:

1. A hospital complies with the applicable physical plant health and safety codes and standards incorporated by reference in A hospital complies with the applicable physical plant health and safety codes and standards incorporated by reference in R9-10-104.01 in effect on the date the hospital submitted, according to R9-10-104, an application for an approval of architectural plans and specifications to the Department;
2. A hospital's premises or any part of the hospital premises is not leased to or used by another person;
3. A unit with inpatient beds is not used as a passageway to another health care institution; and
4. A hospital's premises are not licensed as more than one health care institution.

B. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the inspection report, and
3. Maintain documentation of a current fire inspection report.

**Historical Note**

New Section made by final rulemaking 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Section R9-10-234 renumbered to R9-10-228; new Section R9-10-234 renumbered from R9-10-232 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Duplicate language in subsection (A)(1) corrected (Supp. 22-2).

**R9-10-235. Administrative Separation**

A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-201, the following definition applies in this Section: "Administrative separation" means the temporary isolation of a patient for the purpose of preserving the integrity of evidence during the course of a criminal investigation or for a situation where not isolating the patient presents a risk of seri-

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ous harm to other individuals or a serious risk to the safety or security of a hospital.

- B. Only a hospital established according to A.R.S. § 36-202 may use administrative separation.
- C. An administrator appointed according to A.R.S. § 36-205 shall ensure that:
  - 1. Administrative separation:
    - a. Is only used for a patient admitted to the hospital pursuant to a criminal court order; and
    - b. Is not used:
      - i. In conjunction with a restraint,
      - ii. As a method to manage behaviors, or
      - iii. If prohibited by law; and
  - 2. Policies and procedures are established, documented, and implemented for administrative separation that:
    - a. Include the process and criteria for requesting an administrative separation;
    - b. Include the process and deadlines for approving a request for an administrative separation;
    - c. Cover patient notification of the right to appeal the administrative separation and to file a complaint;
    - d. Include the process for providing a patient access to:
      - i. Incoming mail, and
      - ii. An advocate or legal representative;
    - e. Include the process for providing treatment to a patient while in administrative separation;
    - f. Include the process for establishing investigative goals; and
    - g. Include the process for determining when administrative separation will no longer be used for a patient.

**Historical Note**

New Section R9-10-235 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**ARTICLE 3. BEHAVIORAL HEALTH INPATIENT FACILITIES**

*Article 3, consisting of Sections R9-10-311 through R9-10-333, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).*

**R9-10-301. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

“Child and adolescent residential treatment services” means behavioral health services and physical health services provided in or by a behavioral health inpatient facility to a patient who is:

- Under 18 years of age, or
- Under 21 years of age and meets the criteria in R9-10-318(B).

**Historical Note**

New Section R9-10-301 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-302. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a behavioral health inpatient facility shall include in a Department-provided format whether the applicant is requesting authorization to provide:

1. Inpatient services to individuals 18 years of age and older, including the licensed capacity requested;
2. Pre-petition screening;
3. Court-ordered evaluation;
4. Court-ordered treatment;
5. Behavioral health observation/stabilization services, including the licensed occupancy requested for providing behavioral health observation/stabilization services to individuals:
  - a. Under 18 years of age, and
  - b. 18 years of age and older;
6. Child and adolescent residential treatment services, including the licensed capacity requested;
7. Detoxification services;
8. Seclusion;
9. Clinical laboratory services;
10. Radiology services; or
11. Diagnostic imaging services.

**Historical Note**

New Section R9-10-302 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-303. Administration**

- A. A governing authority shall:
  1. Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health in-patient facility;
  2. Establish, in writing:
    - a. A behavioral health inpatient facility's scope of services, and
    - b. Qualifications for an administrator;
  3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
  4. Adopt a quality management program according to R9-10-304;
  5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
    - a. Expected not to be present on the behavioral health inpatient facility's premises for more than 30 calendar days, or
    - b. Not present on the behavioral health inpatient facility's premises for more than 30 calendar days; and
  7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B. An administrator:
  1. Is directly accountable to the governing authority of a behavioral health inpatient facility for the daily operation of the behavioral health inpatient facility and for all services provided by or at the behavioral health inpatient facility;
  2. Has the authority and responsibility to manage the behavioral health inpatient facility; and
  3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the behavioral health inpatient facility's premises and accountable for

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the behavioral health inpatient facility when the administrator is not present on the behavioral health inpatient facility's premises.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
  - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - e. Cover cardiopulmonary resuscitation training including:
    - i. The method and content of cardiopulmonary resuscitation training,
    - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
    - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
    - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
  - f. Cover first aid training;
  - g. Cover the requirements in subsection (J), if applicable;
  - h. Include a method to identify a patient to ensure the patient receives physical health and behavioral health services as ordered;
  - i. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
  - j. Cover specific steps for:
    - i. A patient to file a complaint, and
    - ii. The behavioral health inpatient facility to respond to a patient's complaint;
  - k. Cover health care directives;
  - l. Cover medical records, including electronic medical records;
  - m. Cover quality management, including incident reports and supporting documentation;
  - n. Cover contracted services; and
  - o. Cover when an individual may visit a patient in the behavioral health inpatient facility;
2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover patient screening, admission, assessment, treatment plan, transport, and transfer;
  - b. Cover discharge planning and discharge, including the requirements in R9-10-309(B) for a patient who was admitted after a suicide attempt or who exhibits suicidal ideation;
  - c. Cover the provision of behavioral health services and physical health services;
  - d. Include when general consent and informed consent are required;

- e. Cover restraint and, if applicable, seclusion;
  - f. Cover dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
  - g. Cover prescribing a controlled substance to minimize substance abuse by a patient;
  - h. Cover infection control;
  - i. Cover telemedicine, if applicable;
  - j. Cover environmental services that affect patient care;
  - k. Cover patient outings;
  - l. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of patients or the public;
  - m. If the behavioral health inpatient facility is involved in research, cover the establishment or use of a Human Subject Review Committee;
  - n. Cover the process for receiving a fee from a patient and refunding a fee to a patient;
  - o. Cover the process for obtaining patient preferences for social, recreational, or rehabilitative activities and meals and snacks;
  - p. Cover the security of a patient's possessions that are allowed on the premises; and
  - q. Cover smoking and the use of tobacco products on the premises;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
  4. Policies and procedures are available to personnel members, employees, volunteers and students; and
  5. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health inpatient facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health inpatient facility.

D. An administrator shall designate a:

1. Medical director who:
  - a. Provides direction for physical health services provided by or at the behavioral health inpatient facility;
  - b. Is a physician or registered nurse practitioner; and
  - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(1)(a) and (b);
2. Clinical director who:
  - a. Provides direction for the behavioral health services provided by or at the behavioral health inpatient facility;
  - b. Is a behavioral health professional; and
  - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(2)(a) and (b); and
3. Registered nurse to provide direction for nursing services provided by or at the behavioral health inpatient facility.

E. An administrator shall provide written notification to the Department of a patient's:

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1. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and
  2. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- F.** Except as specified in R9-10-318(A)(1), if abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a behavioral health inpatient facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454.
- G.** If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from a behavioral health inpatient facility's employee or personnel member, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (G)(1); and
    - c. The report in subsection (G)(2);
  4. Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (G)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (G)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- H.** An administrator shall establish and document the criteria for determining when a patient's absence is unauthorized, including the criteria for a patient who:
1. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
  2. Is absent against medical advice; or
  3. Is under the age of 18.
- I.** An administrator shall:
1. For a patient who is under a court's jurisdiction, within an hour after determining that the patient's absence is unauthorized according to the criteria in subsection (H), notify the appropriate court or a person designated by the appropriate court;
  2. Document the notification in subsection (I)(1) and the written log required in subsection (I)(3);
  3. Maintain a written log of unauthorized absences for at least 12 months after the date of a patient's absence that includes the:
    - a. Name of a patient absent without authorization;
    - b. If applicable, name of the person notified as required in subsection (I)(1); and
    - c. Date of the notification; and
  4. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-304.
- J.** If a behavioral health inpatient facility has a physician or registered nurse practitioner on-call to comply with R9-10-306(J)(1), an administrator shall ensure that:
1. The on-call schedule is documented;
  2. Personnel members are aware of:
    - a. The location at which the on-call schedule is available to personnel members of the behavioral health inpatient facility,
    - b. The process through which the on-call physician or registered nurse practitioner is contacted,
    - c. The circumstances that would require the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility, and
    - d. The process through which a request is made for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility;
  3. A request for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility is documented, including:
    - a. The time that a request for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility is made,
    - b. The name of the individual making the request,
    - c. The reason for the request,
    - d. The name of the physician or registered nurse practitioner contacted and requested to come to the behavioral health inpatient facility, and
    - e. The time the on-call physician or registered nurse practitioner arrives at the behavioral health inpatient facility in response to a request;
  4. The documentation in subsections (J)(1) and (3) is maintained for at least 12 months after the last date on the documentation; and
  5. Documentation related to the request is included in the medical record of the applicable patient.

**Historical Note**

New Section R9-10-303 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-304. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;

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- b. A method to collect data to evaluate services provided to patients;
- c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
- d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
- e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section R9-10-304 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-305. Contracted Services**

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section R9-10-305 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-306. Personnel**

**A.** An administrator shall ensure that:

- 1. A personnel member, an employee, or a student is at least 18 years old; and
- 2. A volunteer is at least 21 years old.

**B.** An administrator shall ensure that:

- 1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health

services listed in the established job description,

- ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:

- a. Before the personnel member provides physical health services or behavioral health services, and
- b. According to policies and procedures;

**C.** An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.

**D.** An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.

**E.** An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a participant for more than eight hours in a week, provides evidence of freedom from infectious tuberculosis:

- 1. On or before the date the individual begins providing services at or on behalf of the behavioral health inpatient facility, and
- 2. As specified in R9-10-113.

**F.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:

- 1. The individual's name, date of birth, and contact telephone number;
- 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
- 3. Documentation of:
  - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
  - b. The individual's education and experience applicable to the employee's job duties;
  - c. The individual's completed orientation and in-service education as required by policies and procedures;
  - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
  - e. The individual's qualifications and on-going training for each type of restraint or seclusion used, as required in R9-10-316;
  - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
  - g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-303(C)(1)(e);

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- h. First aid training, if required for the individual according to this Article or policies and procedures; and
  - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (D).
- G. An administrator shall ensure that personnel records are:
  - 1. Maintained:
    - a. Throughout an individual's period of providing services in or for the behavioral health inpatient facility, and
    - b. For at least 24 months after the last date the individual provided services in or for the behavioral health inpatient facility; and
  - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the behavioral health inpatient facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- H. An administrator shall ensure that:
  - 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
  - 3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  - 4. A clinical director develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member; and
  - 5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training.
- I. An administrator shall ensure that a behavioral health inpatient facility has a daily staffing schedule that:
  - 1. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
  - 2. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and
  - 3. Is maintained for at least 12 months after the last date on the daily staffing schedule.
- J. An administrator shall ensure that:
  - 1. A physician or registered nurse practitioner is present on the behavioral health inpatient facility's premises or on-call,
  - 2. A registered nurse is present on the behavioral health inpatient facility's premises, and
  - 3. A registered nurse who provides direction for the nursing services provided at the behavioral health inpatient facility is present at the behavioral health inpatient facility at least 40 hours every week.

**Historical Note**

New Section R9-10-306 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R.

1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-307. Admission; Assessment**

- A. Except as provided in R9-10-315(E) or (F), an administrator shall ensure that:
  - 1. A patient is admitted based upon the patient's presenting behavioral health issue and treatment needs and the behavioral health inpatient facility's ability and authority to provide physical health services, behavioral health services, and ancillary services consistent with the patient's treatment needs;
  - 2. A patient is admitted on the order of a medical practitioner or clinical director;
  - 3. A medical practitioner or clinical director, authorized by policies and procedures to accept a patient for admission, is available;
  - 4. Except in an emergency or as provided in subsections (A)(6) and (7), general consent is obtained from a patient or, if applicable, the patient's representative before or at the time of admission;
  - 5. The general consent obtained in subsection (A)(4) or the lack of consent in an emergency is documented in the patient's medical record;
  - 6. General consent is not required from a patient receiving a court-ordered evaluation or court-ordered treatment;
  - 7. General consent is not required from a patient receiving treatment according to A.R.S. § 36-512;
  - 8. A medical practitioner performs a medical history and physical examination on a patient within 30 calendar days before admission or within 24 hours after admission and documents the medical history and physical examination in the patient's medical record within 24 hours after admission;
  - 9. If a medical practitioner performs a medical history and physical examination on a patient before admission, the medical practitioner enters an interval note into the patient's medical record within seven calendar days after admission;
  - 10. Except when a patient needs crisis services, a behavioral health assessment of a patient is completed to determine the acuity of the patient's behavioral health issue and to identify the behavioral health services needed by the patient before treatment for the patient is initiated and whenever the patient has a significant change in condition or experiences an event that affects treatment;
  - 11. If the patient was admitted after a suicide attempt or exhibits suicidal ideation, the behavioral health assessment in subsection (A)(10) includes a suicide assessment;
  - 12. If a behavioral health assessment in subsection (A)(10), including a suicide assessment in subsection (A)(11) if applicable, is conducted by a:
    - a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health services needed by the patient, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by and the acuity of the patient; or
    - b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health ser-

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- vices needed by the patient, supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by and the acuity of the patient;
13. When a patient is admitted, a registered nurse:
    - a. Conducts a nursing assessment of a patient's medical condition and history;
    - b. Determines whether the:
      - i. Patient requires immediate physical health services, and
      - ii. Patient's behavioral health issue may be related to the patient's medical condition and history;
    - c. Determines the acuity of the patient's medical condition;
    - d. Documents the patient's nursing assessment and the determinations required in subsection (A)(13)(b) and (c) in the patient's medical record; and
    - e. Signs the patient's medical record;
  14. A behavioral health assessment:
    - a. Documents the patient's:
      - i. Presenting issue, including the acuity of the patient's presenting issue;
      - ii. Substance abuse history;
      - iii. Co-occurring disorder;
      - iv. Legal history, including:
        - (1) Custody,
        - (2) Guardianship, and
        - (3) Pending litigation;
      - v. Court-ordered evaluation;
      - vi. Court-ordered treatment;
      - vii. Criminal justice record;
      - viii. Family history;
      - ix. Behavioral health treatment history;
      - x. Symptoms reported by the patient; and
      - xi. Referrals needed by the patient, if any; and
    - b. Includes:
      - i. Recommendations for further assessment or examination of the patient's needs;
      - ii. Recommendations for staffing levels or personnel member qualifications related to the patient's treatment to ensure patient health and safety;
      - iii. For a patient who:
        - (1) Is admitted to receive crisis services, the behavioral health services and physical health services that will be provided to the patient; or
        - (2) Does not need crisis services, the behavioral health services or physical health services that will be provided to the patient until the patient's treatment plan is completed; and
      - iv. The signature and date signed of the personnel member conducting the behavioral health assessment;
  15. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
  16. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
  17. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
  18. The request in subsection (A)(16) and the opportunity in subsection (A)(17) are documented in the patient's medical record;
  19. For a patient who is admitted to receive crisis services, the patient's behavioral health assessment is documented in the patient's medical record within eight hours after admission;
  20. Except as provided in subsection (A)(19), a patient's behavioral health assessment is documented in the patient's medical record within 24 hours after completing the assessment; and
  21. If the information listed in subsection (A)(14) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained.
- B.** If the results of a suicide assessment required in subsection (A)(11) indicate that the patient could be a danger to self upon discharge, an administrator shall ensure that the information in R9-10-309(B)(2) is made available to the patient or the patient's representative as part of the opportunity for participation in the patient's behavioral health assessment required in subsection (A)(17).

**Historical Note**

New Section R9-10-307 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-308. Treatment Plan**

- A.** Except for a patient admitted to receive crisis services or as provided in R9-10-315(E) or (F), an administrator shall ensure that a treatment plan is developed and implemented for a patient that:
1. Is based on the behavioral health assessment and ongoing changes to the behavioral health assessment of the patient;
  2. Is completed:
    - a. By a behavioral health professional or by a behavioral health technician under the clinical oversight of a behavioral health professional, and
    - b. Before the patient receives treatment;
  3. Is documented in the patient's medical record within 24 hours after the patient first receives treatment;
  4. Includes:
    - a. The patient's presenting issue, including the acuity of the patient's presenting issue;
    - b. The behavioral health services and physical health services to be provided to the patient;
    - c. If the patient was admitted after a suicide attempt or who exhibits suicidal ideation:
      - i. The results of the suicide assessment required in R9-10-307(11), and

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- ii. Information specific to helping prevent a recurrence;
    - d. The signature of the patient or the patient's representative and date signed, or documentation of the refusal to sign;
    - e. The date when the patient's treatment plan will be reviewed;
    - f. If a discharge date has been determined, the treatment needed after discharge; and
    - g. The signature of the personnel member who developed the treatment plan and the date signed;
  - 5. If the treatment plan was completed by a behavioral health technician, is reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan identifies the acuity of the patient and meets the patient's treatment needs; and
  - 6. Is reviewed and updated on an on-going basis:
    - a. According to the review date specified in the treatment plan,
    - b. When a treatment goal is accomplished or changes,
    - c. When additional information that affects the patient's behavioral health assessment is identified, and
    - d. When a patient has a significant change in condition or experiences an event that affects treatment.
  - B.** An administrator shall ensure that:
    - 1. A request for participation in developing a patient's treatment plan is made to the patient or the patient's representative;
    - 2. An opportunity for participation in developing the patient's treatment plan is provided to the patient or the patient's representative; and
    - 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.
  - C.** If a patient who is admitted to receive crisis services remains admitted as a patient after the patient no longer needs crisis services, an administrator shall ensure that a treatment plan for the patient is:
    - 1. Except for subsection (A)(3), completed according to the requirements in subsection (A); and
    - 2. Documented in the patient's medical record within 24 hours after the patient no longer needs crisis services.
- Historical Note**
- New Section R9-10-308 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).
- R9-10-309. Discharge**
- A.** Except as provided in R9-10-315(E) or (F), an administrator shall ensure that a discharge plan for a patient is:
    - 1. Developed that:
      - a. Identifies any specific needs of the patient after discharge;
      - b. If the discharge date has been determined, includes the discharge date;
      - c. Is completed before discharge occurs; and
    - d. Includes a description of the level of care that may meet the patient's assessed and anticipated needs after discharge;
    - 2. Documented in the patient's medical record within 48 hours after the discharge plan is completed; and
    - 3. Provided to the patient or the patient's representative before the discharge occurs.
  - B.** For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, in addition to the discharge planning requirements in subsection (A), an administrator shall ensure that:
    - 1. The patient receives a suicide assessment; and
    - 2. The patient or the patient's representative receives:
      - a. The results of the suicide assessment;
      - b. Information about the availability of age-appropriate, suicide crisis services, including contact information; and
      - c. Information about and instructions on how to access the Department of Insurance and Financial Institution's website, available through [difi.az.gov](http://difi.az.gov), developed in compliance with A.R.S. § 20-3503(B), including how to file an appeal of an insurance determination.
  - C.** An administrator shall ensure that:
    - 1. A request for participation in developing a patient's discharge plan is made to the patient or the patient's representative,
    - 2. An opportunity for participation in developing the patient's discharge plan is provided to the patient or the patient's representative, and
    - 3. The request in subsection (C)(1) and the opportunity in subsection (C)(2) are documented in the patient's medical record.
  - D.** An administrator shall ensure that a patient is discharged from a behavioral health inpatient facility when the patient's treatment needs are not consistent with the services that the behavioral health inpatient facility is authorized and able to provide.
  - E.** An administrator shall ensure that there is a documented discharge order by a medical practitioner or behavioral health professional before a patient is discharged unless the patient leaves the behavioral health inpatient facility against a medical practitioner's or behavioral health professional's advice.
  - F.** An administrator shall ensure that, at the time of discharge, a patient receives:
    - 1. A referral for treatment or ancillary services that the patient may need after discharge, if applicable; and
    - 2. For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, specific information about or a referral to one of the following for ongoing or follow-up treatment related to suicide, including scheduling an appointment for the patient when practicable:
      - a. Another health care institution;
      - b. A medical practitioner or, for a patient going to another state after discharge, a similarly licensed individual in the other state; or
      - c. A behavioral health professional certified or licensed under A.R.S. Title 32 to provide treatment related to suicide or, for a patient going to another state after discharge, a similarly certified or licensed individual in the other state.
  - G.** If a patient is discharged to any location other than a health care institution, an administrator shall ensure that:
    - 1. Discharge instructions are documented, and



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2. The patient or the patient's representative is provided with a copy of the discharge instructions.
- H.** An administrator shall ensure that a discharge summary:
  1. Is entered into the patient's medical record within 10 working days after a patient's discharge; and
  2. Includes:
    - a. The following information authenticated by a medical practitioner or behavioral health professional:
      - i. The patient's presenting issue and other physical health and behavioral health issues identified in the patient's nursing assessment, behavioral health assessment, or treatment plan;
      - ii. A summary of the treatment provided to the patient;
      - iii. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
      - iv. The name, dosage, and frequency of each medication ordered for the patient by a medical practitioner at the behavioral health inpatient facility at the time of the patient's discharge;
    - b. For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, the following information:
      - i. A description of the specific information about ongoing or follow-up treatment related to suicide provided to the patient or the patient's representative;
      - ii. Whether a referral was made for the patient according to subsection (F)(2) for ongoing or follow-up treatment related to suicide and, if so, information about the referral; and
      - iii. Whether an appointment was scheduled for the patient according to subsection (F)(2) for ongoing or follow-up treatment related to suicide and, if so, the date and time of the appointment; and
    - c. A description of the disposition of the patient's possessions, funds, or medications brought to the behavioral health inpatient facility by the patient.
- I.** An administrator shall ensure that a patient who is dependent upon a prescribed medication is offered detoxification services, opioid treatment, or a written referral to detoxification services or opioid treatment before the patient is discharged from the behavioral health inpatient facility if a medical practitioner for the behavioral health inpatient facility will not be prescribing the medication for the patient at or after discharge.
  - b. Information from the patient's medical record is provided to a receiving health care institution,
  - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative, and
  - d. A personnel member communicates or documents why the personnel member did not communicate with an individual at a receiving health care institution; and
3. The patient's medical record includes documentation of:
  - a. Communication or lack of communication with an individual at a receiving health care institution;
  - b. The date and time of the transport;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the patient during a transport.
- B.** Subsection (A) does not apply to:
  1. Transportation to a location other than a licensed health care institution,
  2. Transportation provided for a patient by the patient or the patient's representative,
  3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
  4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
  1. A personnel member coordinates the transfer and the services provided to the patient;
  2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before the transfer;
    - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
  3. Documentation in the patient's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

**Historical Note**

New Section R9-10-309 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-310. Transport; Transfer**

- A.** Except as provided in subsection (B), an administrator shall ensure that:
1. A personnel member coordinates the transport and the services provided to the patient;
  2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before and after the transport,

**Historical Note**

Adopted as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 4, 1979 (Supp. 79-3). Amended effective January 28, 1980 (Supp. 80-1). Repealed effective February 4, 1981 (Supp. 81-1). New Section R9-10-310 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-311. Patient Rights**

- A.** An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (D) are conspicuously posted on the premises;

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2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (D); and
3. Policies and procedures include:
  - a. How and when a patient or the patient's representative is informed of patient rights in subsection (D), and
  - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
  1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Except as allowed under R9-10-316, restraint or seclusion;
    - i. Retaliation for submitting a complaint to the Department or another entity;
    - j. Misappropriation of personal and private property by the behavioral health inpatient facility's personnel members, employees, volunteers, or students;
    - k. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the patient's treatment needs, except as established in a fee agreement signed by the patient or the patient's representative; or
    - l. Treatment that involves the denial of:
      - i. Food,
      - ii. The opportunity to sleep, or
      - iii. The opportunity to use the toilet;
  3. Except as provided in subsection (C), a patient is allowed to:
    - a. Associate with individuals of the patient's choice, receive visitors, and make telephone calls during the hours established by the behavioral health inpatient facility;
    - b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
    - c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
  4. Except as provided in R9-10-318, a patient or, if applicable, the patient's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5; is necessary to save the patient's life or physical health; or is provided according to A.R.S. § 36-512;
    - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication and the associated risks and possible complications of the proposed psychotropic medication;
    - d. Is informed of the following:
      - i. The policy on health care directives, and
      - ii. The patient complaint process; and
    - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      - i. Medical record, or
      - ii. Financial records.
- C.** If a medical director or clinical director determines that a patient's treatment requires the behavioral health inpatient facility to restrict the patient's ability to participate in an activity in subsection (B)(3), the medical director or clinical director shall:
  1. Document a specific treatment purpose in the patient's medical record that justifies restricting the patient from the activity,
  2. Inform the patient of the reason why the activity is being restricted, and
  3. Inform the patient of the patient's right to file a complaint and the procedure for filing a complaint.
- D.** A patient has the following rights:
  1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive treatment that:
    - a. Supports and respects the patient's individuality, choices, strengths, and abilities;
    - b. Supports the patient's personal liberty and only restricts the patient's personal liberty according to a court order, by the patient's or the patient's representative's general consent, or as permitted in this Chapter; and
    - c. Is provided in the least restrictive environment that meets the patient's treatment needs;
  3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
    - a. A patient may be photographed when admitted to a behavioral health inpatient facility for identification and administrative purposes;
    - b. For a patient receiving treatment according to A.R.S. Title 36, Chapter 37; or
    - c. For video recordings used for security purposes that are maintained only on a temporary basis;
  4. Not to be prevented or impeded from exercising the patient's civil rights unless the patient has been adjudicated incompetent or a court of competent jurisdiction has found that the patient is not able to exercise a specific right or category of rights;
  5. To review, upon written request, the patient's own medical record according to A.R.S. §§12-2293, 12-2294, and 12-2294.01;
  6. To receive a referral to another health care institution if the behavioral health inpatient facility is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
  7. To participate or have the patient's representative participate in the development of a treatment plan or decisions concerning treatment;
  8. To participate or refuse to participate in research or experimental treatment; and
  9. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

Section R9-10-311, formerly numbered as R9-10-211, renumbered as an emergency effective February 22,

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1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-311 repealed, new Section R9-10-311 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-311 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-312. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
  - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the patient's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative, or
  - c. As permitted by law; and
6. A patient's medical record is protected from loss, damage, or unauthorized use.

**B.** If a behavioral health inpatient facility maintains patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a medical record is recorded by the computer's internal clock.

**C.** An administrator shall ensure that a patient's medical record contains:

1. Patient information that includes:
  - a. The patient's name;
  - b. The patient's address;
  - c. The patient's date of birth; and
  - d. Any known allergy, including medication allergies;
2. Medication information that includes:
  - a. Documentation of medication ordered for the patient; and
  - b. Documentation of medication administered to the patient that includes:
    - i. The date and time of administration;

- ii. The name, strength, dosage, amount, and route of administration;
  - iii. For a medication administered for pain on a PRN basis:
    - (1) An assessment of the patient's pain before administering the medication, and
    - (2) The effect of the medication administered;
  - iv. For a psychotropic medication administered on a PRN basis:
    - (1) An assessment of the patient's behavior before administering the psychotropic medication, and
    - (2) The effect of the psychotropic medication administered;
  - v. The identification and authentication of the individual administering the medication or providing assistance in the self-administration of the medication; and
  - vi. Any adverse reaction the patient has to the medication;
3. If applicable, documented general consent and informed consent by the patient or the patient's representative;
  4. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  5. The patient's medical history and results of a physical examination or an interval note;
  6. If the patient provides a health care directive, the health care directive signed by the patient or the patient's representative;
  7. An admitting diagnosis or presenting symptoms;
  8. The date of admission and, if applicable, the date of discharge;
  9. The name of the admitting medical practitioner or behavioral health professional;
  10. Orders;
  11. The patient's nursing assessment and behavioral health assessment and any interval notes;
  12. Treatment plans;
  13. Documentation of behavioral health services and physical health services provided to the patient;
  14. Progress notes;
  15. If applicable, documentation of restraint or seclusion;
  16. If applicable, documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient;
  17. The disposition of the patient after discharge;
  18. The discharge plan;
  19. The discharge summary; and
  20. If applicable:
    - a. A laboratory report,
    - b. A radiologic report,
    - c. A diagnostic report, and

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- d. A consultation report.

**Historical Note**

Section R9-10-312, formerly numbered as R9-10-212, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-312 repealed, new Section R9-10-312 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-312 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-313. Transportation; Patient Outings**

- A.** An administrator of a behavioral health inpatient facility that uses a vehicle owned or leased by the behavioral health inpatient facility to provide transportation to a patient shall ensure that:
- The vehicle:
    - Is safe and in good repair,
    - Contains a first aid kit,
    - Contains drinking water sufficient to meet the needs of each patient present in the vehicle, and
    - Contains a working heating and air conditioning system;
  - Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
  - A driver of the vehicle:
    - Is 21 years of age or older;
    - Has a valid driver license;
    - Operates the vehicle in a manner that does not endanger a patient in the vehicle;
    - Does not leave in the vehicle an unattended:
      - Child;
      - Patient who may be a threat to the health, safety, or welfare of the patient or another individual; or
      - Patient who is incapable of independent exit from the vehicle; and
    - Ensures the safe and hazard-free loading and unloading of patients; and
  - Transportation safety is maintained as follows:
    - An individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
    - Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.
- B.** An administrator shall ensure that an outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each patient participating in the outing.
- C.** An administrator shall ensure that:
- At least two personnel members are present on an outing;
  - In addition to the personnel members required in subsection (C)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a patient on the outing;

- Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-303(C)(1)(e) and first aid training;
- Documentation is developed before an outing that includes:
  - The name of each patient participating in the outing;
  - A description of the outing;
  - The date of the outing;
  - The anticipated departure and return times;
  - The name, address, and, if available, telephone number of the outing destination; and
  - If applicable, the license plate number of a vehicle used to provide transportation for the outing;
- The documentation described in subsection (C)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
- Emergency information for a patient participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
  - The patient's name;
  - Medication information, including the name, dosage, route of administration, and directions for each medication needed by the patient during the anticipated duration of the outing;
  - The patient's allergies; and
  - The name and telephone number of a designated individual, to notify in case of an emergency, who is present on the behavioral health inpatient facility's premises.

**Historical Note**

Section R9-10-313, formerly numbered as R9-10-213, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-313 repealed, new Section R9-10-313 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-313 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-314. Physical Health Services**

- A.** An administrator shall ensure that:
- Medical services are provided under the direction of a physician or registered nurse practitioner;
  - Nursing services are provided:
    - Under the direction of a registered nurse,
    - According to an acuity plan developed for the behavioral health inpatient facility, and
    - To meet the needs of a patient based on the patient's acuity; and
  - If a behavioral health inpatient facility is authorized to provide:
    - Clinical laboratory services, as defined in R9-10-101, the behavioral health inpatient facility complies with the requirements for clinical laboratory services in R9-10-219; or

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- b. Radiology services or diagnostic imaging services, the behavioral health inpatient facility complies with the requirements in R9-10-220.

- B. An administrator shall ensure that, if a patient requires immediate medical services to ensure the patient's health and safety that the behavioral health inpatient facility is not authorized or not able to provide, a personnel member arranges for the patient to be transported to a hospital, another health care institution, or a health care provider where the medical services can be provided.

**Historical Note**

Section R9-10-314, formerly numbered as R9-10-214, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-314 repealed, new Section R9-10-314 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-314 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-315. Behavioral Health Services**

- A. An administrator shall ensure that:
  - 1. Behavioral health services listed in the behavioral health inpatient facility's scope of services are provided to meet the needs of a patient;
  - 2. When behavioral health services are:
    - a. Listed in the behavioral health inpatient facility's scope of services, the behavioral health services are provided on the behavioral health inpatient facility's premises; and
    - b. Provided in a setting or activity with more than one patient participating, before a patient participates, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical abuse or sexual abuse, of the patients participating are reviewed to ensure that the:
      - i. Health and safety of each patient is protected, and
      - ii. Treatment needs of each patient participating in the setting or activity are being met;
  - 3. An acuity plan is developed, documented, and implemented for each unit in the behavioral health inpatient facility that:
    - a. Includes:
      - i. A method that establishes the types and numbers of personnel members that are required for each unit in the behavioral health inpatient facility to ensure patient health and safety, and
      - ii. A policy and procedure stating the steps the behavioral health inpatient facility will take to obtain or assign the necessary personnel members to address patient acuity;
    - b. Is used when making assignments for patient treatment; and
    - c. Is reviewed and updated, as necessary, at least once every 12 months;

- 4. A patient is assigned to a unit in the behavioral health inpatient facility based, as applicable, on the patient's:
  - a. Presenting issue,
  - b. Substance abuse history,
  - c. Behavioral health treatment history,
  - d. Acuity, and
  - e. Treatment needs; and
- 5. A patient does not share any space, participate in any activity or treatment, or verbally or physically interact with any other patient that, based on the other patient's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history, may present a threat to the patient's health and safety.

- B. An administrator shall ensure that counseling is:
  - 1. Offered as described in the behavioral health inpatient facility's scope of services,
  - 2. Provided according to the frequency and number of hours identified in the patient's treatment plan, and
  - 3. Provided by a behavioral health professional or a behavioral health technician.
- C. An administrator shall ensure that each counseling session is documented in a patient's medical record to include:
  - 1. The date of the counseling session;
  - 2. The amount of time spent in the counseling session;
  - 3. Whether the counseling was individual counseling, family counseling, or group counseling;
  - 4. The treatment goals addressed in the counseling session; and
  - 5. The signature of the personnel member who provided the counseling and the date signed.
- D. An administrator of a behavioral health inpatient facility authorized to provide pre-petition screening shall ensure pre-petition screening is provided according to the pre-petition screening requirements in A.R.S. Title 36, Chapter 5.
- E. An administrator of a behavioral health inpatient facility authorized to provide court-ordered evaluation shall ensure that court-ordered evaluation is provided according to the court-evaluation requirements in A.R.S. Title 36, Chapter 5.
- F. Except as specified in subsection (G), an administrator is not required to comply with the following provisions in this Chapter for a patient receiving court-ordered evaluation:
  - 1. Admission requirements in R9-10-307,
  - 2. Patient assessment requirements in R9-10-307,
  - 3. Treatment plan requirements in R9-10-308, and
  - 4. Discharge requirements in R9-10-309.
- G. For a patient receiving court-ordered evaluation who attempts suicide or exhibits suicidal ideation, an administrator shall ensure that the following requirements are met:
  - 1. Patient assessment requirements in R9-10-307(10), (11), and (12);
  - 2. Treatment plan requirements in R9-10-308(A)(4)(c); and
  - 3. Discharge requirements in R9-10-309(B), (F)(2), and (H)(2)(b).
- H. An administrator of a behavioral health inpatient facility authorized to provide court-ordered treatment shall ensure that court-ordered treatment is provided according to the court-ordered treatment requirements in A.R.S. Title 36, Chapter 5.

**Historical Note**

Section R9-10-315, formerly numbered as R9-10-215, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-315 repealed, new Section R9-10-315 adopted effective February 4, 1981

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(Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-315 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-316. Seclusion; Restraint**

- A.** An administrator shall ensure that restraint is provided according to the requirements in subsection (C).
- B.** An administrator of a behavioral health inpatient facility authorized to provide seclusion shall ensure that:
  1. Seclusion is provided according to the requirements in subsection (C);
  2. If a patient is placed in seclusion, the room used for seclusion:
    - a. Is approved for use as a seclusion room by the Department;
    - b. Is not used as a patient's bedroom or a sleeping area;
    - c. Allows full view of the patient in all areas of the room;
    - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
    - e. Contains at least 60 square feet of floor space; and
    - f. Except as provided in subsection (B)(3), contains a non-adjustable bed that:
      - i. Consists of a mattress on a solid platform that is:
        - (1) Constructed of a durable, non-hazardous material; and
        - (2) Raised off of the floor;
      - ii. Does not have wire springs or a storage drawer; and
      - iii. Is securely anchored in place;
    3. If a room used for seclusion does not contain a non-adjustable bed required in subsection (B)(2)(f):
      - a. A piece of equipment is available that:
        - i. Is commercially manufactured to safely and humanely restrain a patient's body;
        - ii. Provides support to the trunk and head of a patient's body;
        - iii. Provides restraint to the trunk of a patient's body;
        - iv. Is able to restrict movement of a patient's arms, legs, body, and head;
        - v. Allows a patient's body to recline; and
        - vi. Does not inflict harm on a patient's body; and
      - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (B)(3)(a) is maintained; and
    4. A seclusion room may be used for services or activities other than seclusion if:
      - a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
      - b. No permanent equipment other than the bed required in subsection (B)(2)(f) is in the room;
      - c. Policies and procedures:
        - i. Delineate which services or activities other than seclusion may be provided in the room,
        - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
        - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
      - d. The sign required in subsection (B)(4)(a) and equipment and supplies in the room, other than the bed required in subsection (B)(2)(f), are removed before being used for seclusion.
- C.** An administrator shall ensure that:
  1. Policies and procedures for providing restraint or seclusion are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
    - b. Identify each type of restraint or seclusion used and include for each type of restraint or seclusion used:
      - i. The qualifications of a personnel member who can:
        - (1) Order the restraint or seclusion,
        - (2) Place a patient in the restraint or seclusion,
        - (3) Monitor a patient in the restraint or seclusion,
        - (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
        - (5) Renew the order for restraint or seclusion;
      - ii. On-going training requirements for a personnel member who has direct patient contact while the patient is in a restraint or seclusion; and
      - iii. Criteria for monitoring and assessing a patient including:
        - (1) Frequencies of monitoring and assessment based on a patient's medical condition and risks associated with the specific restraint or seclusion;
        - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
        - (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
        - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
        - (5) A process for meeting a patient's nutritional needs and elimination needs;
    - c. Establish the criteria and procedures for renewing an order for restraint or seclusion;
    - d. Establish procedures for internal review of the use of restraint or seclusion; and

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- c. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
- 2. An order for restraint or seclusion is:
  - a. Obtained from a physician or registered nurse practitioner, and
  - b. Not written as a standing order or on an as-needed basis;
- 3. Restraint or seclusion is:
  - a. Not used as a means of coercion, discipline, convenience, or retaliation;
  - b. Only used when all of the following conditions are met:
    - i. Except as provided in subsection (C)(4), after obtaining an order for the restraint or seclusion;
    - ii. For the management of a patient's aggressive, violent, or self-destructive behavior;
    - iii. When less restrictive interventions have been determined to be ineffective; and
    - iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
  - c. Discontinued at the earliest possible time;
- 4. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
  - a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
  - b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
- 5. An order for restraint or seclusion includes:
  - a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;
  - b. The date and time that the restraint or seclusion was ordered;
  - c. The specific restraint or seclusion ordered;
  - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
  - e. The specific criteria for release from restraint or seclusion without an additional order; and
  - f. The maximum duration authorized for the restraint or seclusion;
- 6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed three continuous hours;
- 7. If an order for restraint or seclusion of a patient is not provided by the patient's attending physician, the patient's attending physician is notified as soon as possible;
- 8. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion, and a physician or registered nurse practitioner does not order restraint or seclusion, until the medical practitioner or personnel member, completes education and training that:
  - a. Includes:
    - i. Techniques to identify medical practitioner, personnel member, and patient behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion;
  - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
  - iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
  - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
  - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
  - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
  - vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
- b. Is provided by individuals qualified according to policies and procedures;
- 9. When a patient is placed in restraint or seclusion:
  - a. The restraint or seclusion is conducted according to policies and procedures;
  - b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
    - i. Chronological and developmental age;
    - ii. Size;
    - iii. Gender;
    - iv. Physical condition;
    - v. Medical condition;
    - vi. Psychiatric condition; and
    - vii. Personal history, including any history of physical or sexual abuse;
  - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
  - d. The patient is monitored and assessed according to policies and procedures;
  - e. A physician or registered nurse assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
    - i. The patient's current behavior,
    - ii. The patient's reaction to the restraint or seclusion used,
    - iii. The patient's medical and behavioral condition, and
    - iv. Whether to continue or terminate the restraint or seclusion;
  - f. The patient is given the opportunity:
    - i. To eat during mealtime, and
    - ii. To use the toilet; and

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- g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
- 10. A medical practitioner or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
  - a. The emergency situation that required the patient to be restrained or put in seclusion;
  - b. The times the patient's restraint or seclusion actually began and ended;
  - c. The time of the assessment required in subsection (C)(9)(e);
  - d. The monitoring required in subsection (C)(9)(d);
  - e. The names of the medical practitioners and personnel members with direct patient contact while the patient was in the restraint or seclusion;
  - f. The times the patient was given the opportunity to eat or use the toilet according to subsection (C)(9)(f); and
  - g. The patient evaluation required in subsection (C)(12);
- 11. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:
  - a. The specific criteria for release from restraint or seclusion without an additional order, and
  - b. The maximum duration authorized for the restraint or seclusion; and
- 12. A patient is evaluated after restraint or seclusion is no longer being used for the patient.

**Historical Note**

Section R9-10-316, formerly numbered as R9-10-216, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-316 repealed, new Section R9-10-316 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-316 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-317. Behavioral Health Observation/Stabilization Services**

- A. An administrator of a behavioral health inpatient facility authorized to provide behavioral health observation/stabilization services shall comply with the requirements for behavioral health observation/stabilization services in R9-10-1012.
- B. If a behavioral health inpatient facility is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age, an administrator shall ensure that, in addition to complying with the requirements in R9-10-1012, the behavioral health inpatient facility complies with the requirements for a patient under 18 years of age, personnel records, and physical plant in R9-10-318.

**Historical Note**

Section R9-10-317, formerly numbered as R9-10-221, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-317 repealed, new Section R9-10-317 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-317 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-318. Child and Adolescent Residential Treatment Services**

- A. An administrator of a behavioral health inpatient facility authorized to provide child and adolescent residential treatment services shall:
  - 1. If abuse, neglect, or exploitation of a patient under 18 years of age is alleged or suspected to have occurred before the patient was accepted or while the patient is not on the premises and not receiving services from an employee or personnel member of the behavioral health inpatient facility, report the alleged or suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 13-3620;
  - 2. If the administrator has a reasonable basis, according to A.R.S. § 13-3620, to believe that abuse, neglect, or exploitation of a patient under 18 years of age has occurred on the premises or while the patient is receiving services from an employee or a personnel member:
    - a. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
    - b. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 13-3620;
    - c. Document:
      - i. The suspected abuse, neglect, or exploitation;
      - ii. Any action taken according to subsection (A)(2)(a); and
      - iii. The report in subsection (A)(2)(b);
    - d. Maintain the documentation in subsection (A)(2)(c) for at least 12 months after the date of the report in subsection (A)(2)(b);
    - e. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (A)(2)(b):
      - i. The dates, times, and description of the suspected abuse, neglect, or exploitation;
      - ii. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
      - iii. The names of witnesses to the suspected abuse, neglect, or exploitation; and
      - iv. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
    - f. Maintain a copy of the documented information required in subsection (A)(2)(e) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated;



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3. If a patient who is under 18 years of age is absent and the absence is unauthorized as determined according to the criteria in R9-10-303(H), within an hour after determining that the patient's absence is unauthorized, notify:
    - a. Except as provided in subsection (A)(3)(b), the patient's parent or legal guardian; and
    - b. For a patient who is under a court's jurisdiction, the appropriate court or a person designated by the appropriate court;
  4. Document the notification in subsection (A)(3) in the patient's medical record and the written log required in R9-10-303(I)(3);
  5. In addition to the personnel records requirements in R9-10-306(F), ensure that a personnel record for each employee, volunteer, and student contains documentation of the individual's compliance with the finger-printing requirements in A.R.S. § 36-425.03;
  6. Ensure that the patient's representative for a patient who is under 18 years of age:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent to treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01; is necessary to save the patient's life or physical health; or is provided according to A.R.S. § 36-512;
    - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication and the associated risks and possible complications of the proposed psychotropic medication;
    - d. Is informed of the following:
      - i. The policy on health care directives, and
      - ii. The patient complaint process; and
    - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      - i. Medical record, or
      - ii. Financial records;
  7. In addition to the restrictions provided in R9-10-311(C), ensure that a parent of a patient under 18 years of age is allowed to restrict the patient from:
    - a. Associating with individuals of the patient's choice, receiving visitors, and making telephone calls during the hours established by the behavioral health inpatient facility;
    - b. Having privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
    - c. Sending and receiving uncensored and unopened mail;
  8. Establish, document, and implement policies and procedures to ensure that a patient is protected from the following from other patients at the behavioral health inpatient facility:
    - a. Threats,
    - b. Ridicule,
    - c. Verbal harassment,
    - d. Punishment, or
    - e. Abuse;
  9. Ensure that:
    - a. The interior of the behavioral health inpatient facility has furnishings and decorations appropriate to the ages of the patients receiving services at the behavioral health inpatient facility;
    - b. A patient older than three years of age does not sleep in a crib;
    - c. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to patients in a quantity sufficient to meet each patient's needs and are appropriate to each patient's age, developmental level, and treatment needs; and
    - d. A patient's educational needs are addressed according to A.R.S. Title 15, Chapter 7, Article 4;
  10. In addition to the requirements for seclusion or restraint in R9-10-316, ensure that:
    - a. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
      - i. Two continuous hours for a patient who is between the ages of nine and 17, or
      - ii. One continuous hour for a patient who is younger than nine; and
    - b. Requirements are established for notifying the parent or guardian of a patient who is under 18 years of age and who is restrained or secluded; and
  11. Prohibit a patient under 18 years of age from possessing or using tobacco products on the premises.
- B.** An administrator of a behavioral health inpatient facility authorized to provide child and adolescent residential treatment services may continue to provide behavioral health services to a patient who is 18 years of age or older:
1. If the patient:
    - a. Was admitted to the behavioral health inpatient facility before the patient's 18th birthday,
    - b. Is not 21 years of age or older, and
    - c. Is completing high school or a high school equivalency diploma or participating in a job training program; or
  2. Through the last calendar day of the month of the patient's 18th birthday.

**Historical Note**

Section R9-10-318, formerly numbered as R9-10-222, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-318 repealed, new Section R9-10-318 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-318 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-318 renumbered to R9-10-319; new Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-319. Detoxification Services**

An administrator of a behavioral health inpatient facility authorized to provide detoxification services shall ensure that:

1. Detoxification services are available;
2. Policies and procedures state:

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- a. Whether the behavioral health inpatient facility is authorized to provide involuntary, court-ordered alcohol treatment;
  - b. Whether the behavioral health inpatient facility includes a local alcoholism reception center, as defined in A.R.S. § 36-2021;
  - c. The types of substances for which the behavioral health inpatient facility provides detoxification services;
  - d. The detoxification process or processes used by the behavioral health inpatient facility; and
  - e. When an adjustable bed can be used by a patient and what actions are necessary, including supervision, to protect the patient's health and safety when the patient is in an adjustable bed; and
3. A physician or registered nurse practitioner with skills and knowledge in providing detoxification services is present at the behavioral health inpatient facility or on-call.

**Historical Note**

Section R9-10-319, formerly numbered as R9-10-223, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-319 repealed, new Section R9-10-319 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-319 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-319 renumbered to R9-10-320; new Section R9-10-319 renumbered from R9-10-318 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-320. Medication Services**

- A. An administrator shall ensure that policies and procedures for medication services:
  1. Include:
    - a. A process for providing information to a patient about medication prescribed for the patient including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs;
    - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
    - e. Procedures for assisting a patient in obtaining medication; and
  2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B. If a behavioral health inpatient facility provides medication administration, an administrator shall ensure that:
  1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a patient only as prescribed; and
    - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
  2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  3. A medication administered to a patient is:
    - a. Administered in compliance with an order, and
    - b. Documented in the patient's medical record.
- C. If a behavioral health inpatient facility provides assistance in the self-administration of medication, an administrator shall ensure that:
  1. A patient's medication is stored by the behavioral health inpatient facility;
  2. The following assistance is provided to a patient:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the patient;
    - c. Observing the patient while the patient removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
      - i. The patient taking the medication is the individual stated on the medication container label,
      - ii. The patient is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
      - iii. The patient is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
    - e. Observing the patient while the patient takes the medication;
  3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
  4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide

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- assistance in the self-administration of medication,
  - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
  - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a patient:
  - a. Is in compliance with an order, and
  - b. Is documented in the patient's medical record.
- D.** An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members;
  - 2. A current toxicology reference guide is available for use by personnel members; and
  - 3. If pharmaceutical services are provided on the premises:
    - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      - i. Develop a drug formulary,
      - ii. Update the drug formulary at least once every 12 months,
      - iii. Develop medication usage and medication substitution policies and procedures, and
      - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
    - b. The pharmaceutical services are provided under the direction of a pharmacist;
    - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - d. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at a behavioral health inpatient facility, an administrator shall ensure that:
  - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered

the medication and, if applicable, the behavioral health inpatient facility's clinical director.

**Historical Note**

Section R9-10-320, formerly numbered as R9-10-231, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-320 repealed, new Section R9-10-320 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-320 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-320 renumbered to R9-10-321; new Section R9-10-320 renumbered from R9-10-319 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-321. Food Services**

- A.** An administrator shall ensure that:
  - 1. The behavioral health inpatient facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
  - 2. A copy of the behavioral health inpatient facility's food establishment license or permit is maintained;
  - 3. If a behavioral health inpatient facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health inpatient facility:
    - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health inpatient facility; and
    - b. The behavioral health inpatient facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
  - 4. A registered dietitian is employed full-time, part-time, or as a consultant; and
  - 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.
- B.** A registered dietitian or director of food services shall ensure that:
  - 1. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served each day,
    - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  - 2. Meals and snacks provided by the behavioral health inpatient facility are served according to posted menus;
  - 3. Meals and snacks for each day are planned using:
    - a. The applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>, and
    - b. Preferences for meals and snacks obtained from patients;
  - 4. A patient is provided:

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- a. A diet that meets the patient's nutritional needs as specified in the patient's assessment or treatment plan;
- b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
- c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
- d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
  - i. A patient group agrees; and
  - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
- 5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
- 6. Water is available and accessible to patients.
- C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
  - 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  - 2. Food is protected from potential contamination;
  - 3. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
  - 4. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below; and
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
      - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
      - vi. Leftovers are reheated to a temperature of at least 165° F;
  - 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
  - 6. Frozen foods are stored at a temperature of 0° F or below; and
  - 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**Historical Note**

Section R9-10-321, formerly numbered as R9-10-232, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979

(Supp. 79-3). Former Section R9-10-321 repealed, new Section R9-10-321 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-321 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-321 renumbered to R9-10-322; new Section R9-10-321 renumbered from R9-10-320 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-322. Emergency and Safety Standards**

- A. An administrator shall ensure that a behavioral health inpatient facility has:
  - 1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that are in working order; or
  - 2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.
- B. An administrator shall ensure that:
  - 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. When, how, and where patients will be relocated;
    - b. How a patient's medical record will be available to individuals providing services to the patient during a disaster;
    - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the behavioral health inpatient facility or the behavioral health inpatient facility's relocation site during a disaster;
  - 2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
  - 3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, volunteer, or student participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  - 4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  - 5. An evacuation drill for employees and patients:
    - a. Is conducted at least once every six months; and
    - b. Includes all individuals on the premises except for:
      - i. A patient whose medical record contains documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient, and
      - ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (B)(5)(b)(i);

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6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for employees and patients to evacuate to a designated area;
    - c. If applicable:
      - i. An identification of patients needing assistance for evacuation, and
      - ii. An identification of patients who were not evacuated;
    - d. Any problems encountered in conducting the evacuation drill; and
    - e. Recommendations for improvement, if applicable; and
  7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health inpatient facility.
- C. An administrator shall:**
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.
- Historical Note**
- Section R9-10-322, formerly numbered as R9-10-233, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-322 repealed, new Section R9-10-322 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-322 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-322 renumbered to R9-10-323; new Section R9-10-322 renumbered from R9-10-321 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).
- R9-10-323. Environmental Standards**
- A. An administrator shall ensure that:**
1. The premises and equipment are:
    - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
    - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
  2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  4. Equipment used at the behavioral health inpatient facility is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  6. Garbage and refuse are:
    - a. In areas used for food storage, food preparation, or food service, stored in covered containers lined with plastic bags;
    - b. In areas not used for food storage, food preparation, or food service, stored:
      - i. According to the requirements in subsection (6)(a), or
      - ii. In a paper-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
    - c. Removed from the premises at least once a week;
  7. Heating and cooling systems maintain the behavioral health inpatient facility at a temperature between 70° F and 84° F;
  8. Common areas:
    - a. Are lighted to assure the safety of patients, and
    - b. Have lighting sufficient to allow personnel members to monitor patient activity;
  9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health inpatient facility used by patients;
  10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
  11. Soiled linen and soiled clothing stored by the behavioral health inpatient facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
  12. Oxygen containers are secured in an upright position;
  13. Poisonous or toxic materials stored by the behavioral health inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
  14. Combustible or flammable liquids and hazardous materials stored by a behavioral health inpatient facility are stored in the original labeled containers or safety containers in a locked area inaccessible to patients;
  15. If pets or animals are allowed in the behavioral health inpatient facility, pets or animals are:
    - a. Controlled to prevent endangering the patients and to maintain sanitation;
    - b. Licensed consistent with local ordinances; and
    - c. For a dog or cat, vaccinated against rabies;
  16. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is maintained for at least 12 months after the date of the test; and
  17. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- B. An administrator shall ensure that:**

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1. Smoking tobacco products is not permitted within a behavioral health inpatient facility; and
  2. Except as provided in R9-10-318(A)(11), smoking tobacco products may be permitted on the premises outside a behavioral health inpatient facility if:
    - a. Signs designating smoking areas are conspicuously posted, and
    - b. Smoking is prohibited in areas where combustible materials are stored or in use.
  - C. If a swimming pool is located on the premises, an administrator shall ensure that:
    1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-303(C)(1)(e) is present in the pool area when a patient is in the pool area, and
    2. At least two personnel members are present in the pool area when two or more patients are in the pool area.
- Historical Note**
- Section R9-10-323, formerly numbered as R9-10-234, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-323 repealed, new Section R9-10-323 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-323 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-323 renumbered to R9-10-324; new Section R9-10-323 renumbered from R9-10-322 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).
- R9-10-324. Physical Plant Standards**
- A. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
    1. The services stated in the behavioral health inpatient facility's scope of services, and
    2. An individual accepted as a patient by the behavioral health inpatient facility.
  - B. An administrator shall ensure that:
    1. A behavioral health inpatient facility has a:
      - a. Waiting area with seating for patients and visitors;
      - b. Room that provides privacy for a patient to receive treatment or visitors; and
      - c. Common area and a dining area that:
        - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
        - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the patients and other individuals in the behavioral health inpatient facility;
    2. A bathroom is available for use by visitors during the behavioral health inpatient facility's hours of operation and:
      - a. Provides privacy; and
      - b. Contains:
        - i. A working sink with running water,
        - ii. A working toilet that flushes and has a seat,
        - iii. Toilet tissue,
        - iv. Soap for hand washing,
        - v. Paper towels or a mechanical air hand dryer,
        - vi. Lighting, and
        - vii. A window that opens or another means of ventilation;
  3. For every six patients, there is at least one working toilet that flushes and has a seat and one sink with running water;
  4. For every eight patients, there is at least one working bathtub or shower with a slip-resistant surface;
  5. A patient bathroom complies with the following:
    - a. Provides privacy when in use;
    - b. Contains:
      - i. A shatterproof mirror, unless the patient's treatment plan requires otherwise;
      - ii. A window that opens or another means of ventilation; and
      - iii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
    - c. Has plumbing, piping, ductwork, or other potentially hazardous elements concealed above a ceiling;
    - d. If the bathroom or shower area has a door, the door swings outward to allow for staff emergency access;
    - e. If grab bars for the toilet and tub or shower or other assistive devices are identified in the patient's treatment plan, has grab bars or other assistive devices to provide for patient safety;
    - f. If a grab bar is provided, has the space between the grab bar and the wall filled to prevent a cord being tied around the grab bar;
    - g. Does not contain a towel bar, a shower curtain rod, or a lever handle that is not a specifically designed anti-ligature lever handle;
    - h. Has tamper-resistant lighting fixtures, sprinkler heads, and electrical outlets; and
    - i. For a bathroom with a sprinkler head where a patient is not supervised while the patient is in the bathroom, has a sprinkler head that is recessed or designed to minimize patient access;
  6. If a patient bathroom door locks from the inside, an employee has a key and access to the bathroom;
  7. Each patient is provided a bedroom for sleeping;
  8. A patient bedroom complies with the following:
    - a. Is not used as a common area;
    - b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of a patient occupying the bedroom;
    - c. Contains a door that opens into a hallway, common area, or outdoors and, except as provided in subsection (E), another means of egress;
    - d. Is constructed and furnished to provide unimpeded access to the door;
    - e. Has window or door covers that provide patient privacy;
    - f. Has floor to ceiling walls;
    - g. Is a:
      - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
      - ii. Shared bedroom that:
        - (1) Is shared by no more than four patients;
        - (2) Contains, except as provided in subsection (B)(9), at least 60 square feet of floor space, not including a closet, for each patient occupying the bedroom; and
        - (3) Provides sufficient space between beds to ensure that a patient has unobstructed

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- access to the bedroom door;
- h. Contains for each patient occupying the bedroom:
    - i. A bed that is: at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens that is not a threat to health and safety; and
    - ii. Individual storage space for personnel effects and clothing such as shelves, a dresser, or chest of drawers;
  - i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each patient;
  - j. Has sufficient lighting for a patient occupying the bedroom to read; and
  - k. If applicable, has a drawer pull that is recessed to eliminate the possibility of use as a tie-off point;
9. If a behavioral health inpatient facility licensed before November 1, 2003 was approved for 50 square feet of floor space for each patient in a bedroom, ensure that the bedroom contains at least 50 square feet for each patient not including the closet;
  10. In a patient bathroom or a patient bedroom:
    - a. The ceiling is secured from access or at least 9 feet in height; and
    - b. A ventilation grille is:
      - i. Secured and has perforations that are too small to use as a tie-off point, or
      - ii. Of sufficient height to prevent patient access;
  11. For a door located in an area of the behavioral health inpatient facility that is accessible to patients:
    - a. A door closing device, if used on a patient bedroom door, is mounted on the public side of the door;
    - b. A door's hinges are designed to minimize points for hanging;
    - c. Except for a door lever handle that contains specifically designed anti-ligature hardware, a door lever handle points downward when in the latched or unlatched position; and
    - d. Hardware has tamper-resistant fasteners; and
  12. A window located in an area of the behavioral health inpatient facility that is accessible to patients is fabricated with laminated safety glass or protected by polycarbonate, laminate, or safety screens.
- C.** An administrator of a licensed behavioral health inpatient facility may submit a request, in a Department-provided format, for additional time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) that includes:
1. The rule citation for the specific plant requirement,
  2. The current physical plant condition that does not comply with the physical plant requirement,
  3. How the current physical plant condition will be changed to comply with the physical plant requirement,
  4. Estimated completion date of the identified physical plant change, and
  5. Specific actions taken to ensure the health and safety of a patient until the physical plant requirement is met.
- D.** When the Department receives a request for additional time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) submitted according to subsection (C), the Department may
- approve the request for up to 24 months after the effective date of these rules based on:
1. The behavioral health inpatient facility's scope of services,
  2. The expected patient acuity based on the behavioral health inpatient facility's scope of services,
  3. The specific physical plant requirement in the request, and
  4. The threat to patients' health and safety.
- E.** A bedroom in a behavioral health inpatient facility is not required to have a second means of egress if:
1. An administrator ensures that policies and procedures are established, documented, and implemented that provide for the safe evacuation of a patient in the bedroom based on the patient's physical and mental limitations and the location of the bedroom; or
  2. The building where the bedroom is located has a fire alarm system and a sprinkler system required in R9-10-322(A)(1).
- F.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (F)(1)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground, and
      - iii. Is locked when the swimming pool is not in use; and
  2. A life preserver or shepherd's crook is available and accessible in the pool area.
- G.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

**Historical Note**

Section R9-10-324, formerly numbered as R9-10-235, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-324 repealed, new Section R9-10-324 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-324 renumbered from R9-10-323 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-325. Repealed****Historical Note**

Section R9-10-325, formerly numbered as R9-10-236, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979

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(Supp. 79-3). Former Section R9-10-325 repealed, new Section R9-10-325 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-326. Repealed****Historical Note**

Section R9-10-326, formerly numbered as R9-10-237, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-326 repealed, new Section R9-10-326 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-327. Repealed****Historical Note**

Section R9-10-327, formerly numbered as R9-10-241, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-327 repealed, new Section R9-10-327 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-328. Repealed****Historical Note**

Section R9-10-328, formerly numbered as R9-10-242, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-328 repealed, new Section R9-10-328 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-329. Repealed****Historical Note**

Section R9-10-329, formerly numbered as R9-10-243, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-329 repealed, new Section R9-10-329 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-330. Repealed****Historical Note**

Section R9-10-330, formerly numbered as R9-10-244, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-330 repealed, new Section R9-10-330 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-331. Repealed****Historical Note**

Section R9-10-331, formerly numbered as R9-10-245, renumbered as an emergency effective February 22,

1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-331 repealed, new Section R9-10-331 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-332. Repealed****Historical Note**

Section R9-10-332, formerly numbered as R9-10-246, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-332 repealed, new Section R9-10-332 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-333. Repealed****Historical Note**

Section R9-10-333, formerly numbered as R9-10-247, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-333 repealed, new Section R9-10-333 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-334. Repealed****Historical Note**

Section R9-10-334, formerly numbered as R9-10-249, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Repealed effective February 4, 1981 (Supp. 81-1).

**R9-10-335. Repealed****Historical Note**

Section R9-10-335, formerly numbered as R9-10-250, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Repealed effective February 4, 1981 (Supp. 81-1).

**ARTICLE 4. NURSING CARE INSTITUTIONS**

*Article 4, consisting of Sections R9-10-411 through R9-10-438, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).*

**R9-10-401. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Administrator" has the same meaning as in A.R.S. § 36-446.
2. "Care plan" means a documented description of physical health services and behavioral health services expected to be provided to a resident, based on the resident's comprehensive assessment, that includes measurable objectives and the methods for meeting the objectives.
3. "Direct care" means medical services, nursing services, or social services provided to a resident.



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4. "Director of nursing" means an individual who is responsible for the nursing services provided in a nursing care institution.
5. "Highest practicable" means a resident's optimal level of functioning and well-being based on the resident's current functional status and potential for improvement as determined by the resident's comprehensive assessment.
6. "Intermittent" means not on a regular basis.
7. "Nursing care institution services" means medical services, nursing services, behavioral care, health-related services, ancillary services, social services, and environmental services provided to a resident.
8. "Resident group" means residents or residents' family members who:
  - a. Plan and participate in resident activities, or
  - b. Meet to discuss nursing care institution issues and policies.
9. "Secured" means the use of a method, device, or structure that:
  - a. Prevents a resident from leaving an area of the nursing care institution's premises, or
  - b. Alerts a personnel member of a resident's departure from the nursing care institution.
10. "Social services" means assistance provided to or activities provided for a resident to maintain or improve the resident's physical, mental, and psychosocial capabilities.
11. "Total health condition" means a resident's overall physical and psychosocial well-being as determined by the resident's comprehensive assessment.
12. "Unnecessary drug" means a medication that is not required because:
  - a. There is no documented indication for a resident's use of the medication;
  - b. The medication is duplicative;
  - c. The medication is administered before determining whether the resident requires the medication; or
  - d. The resident has experienced an adverse reaction from the medication, indicating that the medication should be reduced or discontinued.
13. "Ventilator" means a device designed to provide, to a resident who is physically unable to breathe or who is breathing insufficiently, the mechanism of breathing by mechanically moving breathable air into and out of the resident's lungs.
  - i. Behavioral health services,
  - ii. Clinical laboratory services,
  - iii. Dialysis services, or
  - iv. Radiology services and diagnostic imaging services; and
- c. Is requesting authorization to operate a nutrition and feeding assistant training program; and
2. If the governing authority is requesting authorization to operate a nutrition and feeding assistant training program, the information in R9-10-116(B)(1)(a), (B)(1)(c), and (B)(2).

**Historical Note**

New Section R9-10-402 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-403. Administration**

- A. A governing authority shall:
  1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing care institution;
  2. Establish, in writing, the nursing care institution's scope of services;
  3. Designate, in writing, a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;
  4. Adopt a quality management program according to R9-10-404;
  5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  6. Designate, in writing, an acting administrator licensed according to A.R.S. § Title 36, Chapter 4, Article 6, if the administrator is:
    - a. Expected not to be present on the nursing care institution's premises for more than 30 calendar days, or
    - b. Not present on the nursing care institution's premises for more than 30 calendar days; and
  7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and submit a copy of the new administrator's license under A.R.S. Title 36, Chapter 4, Article 6 to the Department.
- B. An administrator:
  1. Is directly accountable to the governing authority of a nursing care institution for the daily operation of the nursing care institution and all services provided by or at the nursing care institution;
  2. Has the authority and responsibility to manage the nursing care institution;
  3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the nursing care institution's premises and accountable for the nursing care institution when the administrator is not present on the nursing care institution's premises;
  4. Ensures the nursing care institution's compliance with A.R.S. § 36-411; and
  5. If the nursing care institution provides feeding and nutrition assistant training, ensures the nursing care institution complies with the requirements for the operation of a

**Historical Note**

New Section R9-10-401 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-402. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a nursing care institution shall include:

1. In a Department-provided format whether the applicant:
  - a. Has:
    - i. A secured area for a resident with Alzheimer's disease or other dementia, or
    - ii. An area for a resident on a ventilator;
  - b. Is requesting authorization to provide to a resident:

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feeding and nutrition assistant training program in R9-10-116.

C. An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Include how a personnel member may submit a complaint relating to resident care;
  - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - e. Cover cardiopulmonary resuscitation training including:
    - i. Which personnel members are required to obtain cardiopulmonary resuscitation training,
    - ii. The method and content of cardiopulmonary resuscitation training,
    - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
    - iv. The time-frame for renewal of cardiopulmonary resuscitation training, and
    - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
  - f. Cover first aid training;
  - g. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
  - h. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
  - i. Cover specific steps for:
    - i. A resident to file a complaint, and
    - ii. The nursing care institution to respond to a resident's complaint;
  - j. Cover health care directives;
  - k. Cover medical records, including electronic medical records;
  - l. Cover a quality management program, including incident reports and supporting documentation;
  - m. Cover contracted services;
  - n. Cover resident's personal accounts;
  - o. Cover petty cash funds;
  - p. Cover fees and refund policies;
  - q. Cover misappropriation of resident property; and
  - r. Cover when an individual may visit a resident in a nursing care institution; and
2. Policies and procedures for physical health services and behavioral health services are established, documented, and implemented to protect the health and safety of a resident that:
  - a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
  - b. Cover the provision of physical health services and behavioral health services;
  - c. Include when general consent and informed consent are required;

- d. Cover storing, dispensing, administering, and disposing of medication;
  - e. Cover infection control;
  - f. Cover how personnel members will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
  - g. Cover telemedicine, if applicable; and
  - h. Cover environmental services that affect resident care;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
  4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
  5. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a nursing care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the nursing care institution.
- D. Except for health screening services, an administrator shall ensure that medical services, nursing services, health-related services, behavioral health services, or ancillary services provided by a nursing care institution are only provided to a resident.
- E. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a nursing care institution's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
  2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- F. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a nursing care institution's employee or personnel member, an administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
    - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;

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- b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
  - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
  - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
- 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** An administrator shall:
  - 1. Allow a resident advocate to assist a resident, the resident's representative, or a resident group with a request or recommendation, and document in writing any complaint submitted to the nursing care institution;
  - 2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
  - 3. Ensure that the following are conspicuously posted on the premises:
    - a. The current nursing care institution license and quality rating issued by the Department;
    - b. The name, address, and telephone number of:
      - i. The Department's Office of Long Term Care,
      - ii. The State Long-Term Care Ombudsman Program, and
      - iii. Adult Protective Services of the Department of Economic Security;
    - c. A notice that a resident may file a complaint with the Department concerning the nursing care institution;
    - d. The monthly schedule of recreational activities; and
    - e. One of the following:
      - i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
      - ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.
- H.** An administrator shall provide written notification to the Department of a resident's:
  - 1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
  - 2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- I.** If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
  - 1. Comply with policies and procedures established according to subsection (C)(1)(n);
  - 2. Designate a personnel member who is responsible for the personal accounts;
  - 3. Maintain a complete and separate accounting of each personal account;
  - 4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
- 5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
- 6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
- 7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.
- J.** If a petty cash fund is established for use by residents, the administrator shall ensure that:
  - 1. The policies and procedures established according to subsection (C)(1)(o) include:
    - a. A prescribed cash limit of the petty cash fund, and
    - b. The hours of the day a resident may access the petty cash fund; and
  - 2. A resident's written acknowledgment is obtained for a petty cash transaction.

**Historical Note**

New Section R9-10-403 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-404. Quality Management**

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to residents;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to resident care; and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section R9-10-404 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-405. Contracted Services**

An administrator shall ensure that:

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1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section R9-10-405 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-406. Personnel**

- A.** An administrator shall ensure that a behavioral health technician or behavioral health paraprofessional is at least 18 years old.
- B.** An administrator shall ensure that:
  1. The qualifications, skills, and knowledge required for each type of personnel member:
    - a. Are based on:
      - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
      - ii. The acuity of the residents receiving physical health services or behavioral health services from the personnel member according to the established job description; and
    - b. Include:
      - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
      - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
      - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
  2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services or behavioral health services, and
    - b. According to policies and procedures;
  3. Sufficient personnel members are present on a nursing care institution's premises with the qualifications, skills, and knowledge necessary to:
    - a. Provide the services in the nursing care institution's scope of services,
    - b. Meet the needs of a resident, and
    - c. Ensure the health and safety of a resident.
- C.** Except as provided in R9-10-415, an administrator shall ensure that, if a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5.
- D.** An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.
- E.** An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:
  1. On or before the date the individual begins providing services at or on behalf of the nursing care institution, and
  2. As specified in R9-10-113.
- F.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
  1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's compliance with the requirements in A.R.S. § 36-411;
    - d. Orientation and in-service education as required by policies and procedures;
    - e. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-303(C)(1)(e);
    - h. First aid training, if required for the individual according to this Article or policies and procedures; and
    - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (E); and
    - j. If the individual is a nutrition and feeding assistant:
      - i. Completion of the nutrition and feeding assistant training course required in R9-10-116, and
      - ii. A nurse's observations required in R9-10-423(C)(6).
- G.** An administrator shall ensure that personnel records are:
  1. Maintained:
    - a. Throughout the individual's period of providing services in or for the nursing care institution, and
    - b. For at least 24 months after the last date the individual provided services in or for the nursing care institution; and
  2. For a personnel member who has not provided physical health services or behavioral health services at or for the nursing care institution during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- H.** An administrator shall ensure that:
  1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;

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2. A personnel member completes orientation before providing behavioral health services or physical health services;
3. An individual's orientation is documented, to include:
  - a. The individual's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
5. A personnel member's in-service education is documented, to include:
  - a. The personnel member's name,
  - b. The date of the training, and
  - c. The subject or topics covered in the training.
5. A work schedule of each personnel member is developed and maintained at the nursing care institution for at least 12 months after the date of the work schedule.
- I. An administrator shall designate a qualified individual to provide:
  1. Social services, and
  2. Recreational activities.

**Historical Note**

New Section R9-10-406 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-407. Admission**

An administrator shall ensure that:

1. A resident is admitted only on a physician's order;
2. The physician's admitting order includes the nursing care institution services required to meet the immediate needs of a resident, such as medication and food services;
3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment on a resident to ensure the resident's immediate needs for nursing care institution services are met;
4. A resident's needs do not exceed the medical services and nursing services available at the nursing care institution as established in the nursing care institution's scope of services;
5. Before or at the time of admission, a resident or the resident's representative:
  - a. Receives a documented agreement with the nursing care institution that includes rates and charges,
  - b. Is informed of third-party coverage for rates and charges,
  - c. Is informed of the nursing care institution's refund policy, and
  - d. Receives written information concerning the nursing care institution's policies and procedures related to a resident's health care directives;
6. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
  - a. A physician, or
  - b. A physician assistant or a registered nurse practitioner designated by the attending physician;

7. Except as specified in subsection (8), a resident provides evidence of freedom from infectious tuberculosis:
  - a. Before or within seven calendar days after the resident's admission, and
  - b. As specified in R9-10-113;
8. A resident who transfers from a nursing care institution to another nursing care institution is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
  - a. Fewer than 12 months have passed since the resident was screened for tuberculosis, and
  - b. The documentation of freedom from infectious tuberculosis required in subsection (7) accompanies the resident at the time of transfer; and
9. Compliance with the requirements in subsection (6) is documented in the resident's medical record.

**Historical Note**

New Section R9-10-407 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-10-408. Transfer; Discharge**

A. An administrator shall ensure that:

1. A resident is transferred or discharged if:
  - a. The nursing care institution is not authorized or not able to meet the needs of the resident, or
  - b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing care institution; and
2. Documentation of a resident's transfer or discharge includes:
  - a. The date of the transfer or discharge;
  - b. The reason for the transfer or discharge;
  - c. A 30-day written notice except:
    - i. In an emergency, or
    - ii. If the resident no longer requires nursing care institution services as determined by a physician or the physician's designee;
  - d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
  - e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing care institution.

B. An administrator may transfer or discharge a resident for failure to pay for residency if:

1. The resident or resident's representative receives a 30-day written notice of transfer or discharge, and
2. The 30-day written notice includes an explanation of the resident's right to appeal the transfer or discharge.

C. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the resident;
2. According to policies and procedures:
  - a. An evaluation of the resident is conducted before the transfer;

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- b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
- c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
- 3. Documentation in the resident's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the resident during a transfer.
- D. Except in an emergency, a director of nursing shall ensure that before a resident is discharged:
  - 1. Written follow-up instructions are developed with the resident or the resident's representative that includes:
    - a. Information necessary to meet the resident's need for medical services and nursing services; and
    - b. The state long-term care ombudsman's name, address, and telephone number;
  - 2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
  - 3. A discharge summary is developed by a personnel member and authenticated by the resident's attending physician or designee and includes:
    - a. The resident's medical condition at the time of transfer or discharge,
    - b. The resident's medical and psychosocial history,
    - c. The date of the transfer or discharge, and
    - d. The location of the resident after discharge.

**Historical Note**

New Section R9-10-408 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-409. Transport**

- A. Except as provided in subsection (B), an administrator shall ensure that:
  - 1. A personnel member coordinates the transport and the services provided to the resident;
  - 2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before and after the transport,
    - b. Information from the resident's medical record is provided to a receiving health care institution, and
    - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
  - 3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B. Subsection (A) does not apply to:
  - 1. Transportation to a location other than a licensed health care institution,

- 2. Transportation provided for a resident by the resident or the resident's representative,
- 3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
- 4. A transport to another licensed health care institution in an emergency.

**Historical Note**

New Section R9-10-409 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-410. Resident Rights**

- A. An administrator shall ensure that:
  - 1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
  - 2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
  - 3. Policies and procedures include:
    - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
    - b. Where resident rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
  - 1. A resident has privacy in:
    - a. Treatment,
    - b. Bathing and toileting,
    - c. Room accommodations, and
    - d. A visit or meeting with another resident or an individual;
  - 2. A resident is treated with dignity, respect, and consideration;
  - 3. A resident is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
    - k. Misappropriation of personal and private property by a nursing care institution's personnel members, employees, volunteers, or students; and
  - 4. A resident or the resident's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;
    - c. Except in an emergency, is informed of proposed alternatives to psychotropic medication or a surgical procedure and the associated risks and possible complications of the psychotropic medication or surgical procedure;

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- d. Is informed of the following:
    - i. The health care institution's policy on health care directives, and
    - ii. The resident complaint process;
  - e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to a nursing care institution for identification and administrative purposes;
  - f. May manage the resident's financial affairs;
  - g. May review the nursing care institution's current license survey report and, if applicable, plan of correction in effect;
  - h. Has access to and may communicate with any individual, organization, or agency;
  - i. May participate in a resident group;
  - j. May review the resident's financial records within two working days and medical record within one working day after the resident's or the resident's representative's request;
  - k. May obtain a copy of the resident's financial records and medical record within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
  - l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
    - i. Medical record, and
    - ii. Financial records;
  - m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
  - n. Is informed of the method for contacting the resident's attending physician;
  - o. Is informed of the resident's total health condition;
  - p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged;
  - q. Is informed in writing of a change in rates and charges at least 60 calendar days before the effective date of the change; and
  - r. Except in the event of an emergency, is informed orally or in writing before the nursing care institution makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.
- C. A resident has the following rights:**
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - 2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
  - 3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
  - 4. To participate in social, religious, political, and community activities that do not interfere with other residents;
  - 5. To retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
  - 6. To share a room with the resident's spouse if space is available and the spouse consents;
  - 7. To receive a referral to another health care institution if the nursing care institution is not authorized or not able to provide physical health services or behavioral health services needed by the resident;
  - 8. To participate or have the resident's representative participate in the development of, or decisions concerning, treatment;
  - 9. To participate or refuse to participate in research or experimental treatment; and
  - 10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.
- Historical Note**
- New Section R9-10-410 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-411. Medical Records**
- A. An administrator shall ensure that:**
- 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
  - 2. An entry in a resident's medical record is:
    - a. Recorded only by an individual authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  - 3. An order is:
    - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  - 5. A resident's medical record is available to an individual:
    - a. Authorized to access the resident's medical record according to policies and procedures;
    - b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
    - c. As permitted by law; and
  - 6. A resident's medical record is protected from loss, damage, or unauthorized use.
- B. If a nursing care institution maintains residents' medical records electronically, an administrator shall ensure that:**
- 1. Safeguards exist to prevent unauthorized access, and
  - 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a resident's medical record contains:**
- 1. Resident information that includes:
    - a. The resident's name;
    - b. The resident's date of birth; and

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- c. Any known allergies, including medication allergies;
2. The admission date and, if applicable, the date of discharge;
3. The admitting diagnosis or presenting symptoms;
4. Documentation of general consent and, if applicable, informed consent;
5. If applicable, the name and contact information of the resident's representative and:
  - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
  - b. If the resident's representative:
    - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
    - ii. Is a legal guardian, a copy of the court order establishing guardianship;
6. The medical history and physical examination required in R9-10-407(6);
7. A copy of the resident's living will or other health care directive, if applicable;
8. The name and telephone number of the resident's attending physician;
9. Orders;
10. Care plans;
11. Behavioral care plans, if the resident is receiving behavioral care;
12. Documentation of nursing care institution services provided to the resident;
13. Progress notes;
14. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
15. If applicable, documentation that evacuation from the nursing care institution would cause harm to the resident;
16. The disposition of the resident after discharge;
17. The discharge plan;
18. The discharge summary;
19. Transfer documentation;
20. If applicable:
  - a. A laboratory report,
  - b. A radiologic report,
  - c. A diagnostic report, and
  - d. A consultation report;
21. Documentation of freedom from infectious tuberculosis required in R9-10-407(7);
22. Documentation of a medication administered to the resident that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. The type of vaccine, if applicable;
  - d. For a medication administered for pain on a PRN basis:
    - i. An evaluation of the resident's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - e. For a psychotropic medication administered on a PRN basis:
    - i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - f. The identification, signature, and professional designation of the individual administering the medication; and
  - g. Any adverse reaction a resident has to the medication;
23. If the resident has been assessed for receiving nutrition and feeding assistance from a nutrition and feeding assistant, documentation of the assessment and the determination of eligibility; and
24. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-411 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-412. Nursing Services**

- A.** An administrator shall ensure that:
  1. Nursing services are provided 24 hours a day in a nursing care institution;
  2. A director of nursing is appointed who:
    - a. Is a registered nurse,
    - b. Works full-time at the nursing care institution, and
    - c. Is responsible for the direction of nursing services;
  3. The director of nursing or an individual designated by the administrator participates in the quality management program; and
  4. If the daily census of the nursing care institution is 60 or more, the director of nursing does not provide direct care to residents on a regular basis.
- B.** A director of nursing shall ensure that:
  1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on the residents' comprehensive assessments, orders for physical health services and behavioral health services, and care plans and the nursing care institution's scope of services;
  2. Sufficient nursing personnel, as determined by the method in subsection (B)(1), are on the nursing care institution premises to meet the needs of a resident for nursing services;
  3. At least one nurse is present on the nursing care institution's premises and responsible for providing direct care to not more than 64 residents;
  4. Documentation of nursing personnel present on the nursing care institution's premises each day is maintained and includes:
    - a. The date,
    - b. The number of residents,



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- c. The name and license or certification title of each nursing personnel member who worked that day, and
- d. The actual number of hours each nursing personnel member worked that day;
- 5. The documentation of nursing personnel required in subsection (B)(4) is maintained for at least 12 months after the date of the documentation;
- 6. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's attending physician and, if applicable, the resident's representative, if the resident:
  - a. Is injured,
  - b. Is involved in an incident that may require medical services, or
  - c. Has a significant change in condition; and
- 7. An unnecessary drug is not administered to a resident.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-412 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-413. Medical Services**

**A.** An administrator shall appoint a medical director.

**B.** A medical director shall ensure that:

- 1. A resident has an attending physician;
- 2. An attending physician is available 24 hours a day;
- 3. An attending physician designates a physician who is available when the attending physician is not available;
- 4. A physical examination is performed on a resident at least once every 12 months after the date of admission by an individual listed in R9-10-407(6);
- 5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
  - a. The attending physician provides documentation that the vaccination is medically contraindicated;
  - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
  - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and
- 6. If any of the following services are not provided by the nursing care institution and needed by a resident, the resident is assisted in obtaining, at the resident's expense:
  - a. Vision services;
  - b. Hearing services;
  - c. Dental services;

- d. Clinical laboratory services from a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
- e. Psychosocial services;
- f. Physical therapy;
- g. Speech therapy;
- h. Occupational therapy;
- i. Behavioral health services; and
- j. Services for an individual who has a developmental disability, as defined in A.R.S. Title 36, Chapter 5.1, Article 1.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-413 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-414. Comprehensive Assessment; Care Plan**

**A.** A director of nursing shall ensure that:

- 1. A comprehensive assessment of a resident:
  - a. Is conducted or coordinated by a registered nurse in collaboration with an interdisciplinary team;
  - b. Is completed for the resident within 14 calendar days after the resident's admission to a nursing care institution;
  - c. Is updated:
    - i. No later than 12 months after the date of the resident's last comprehensive assessment, and
    - ii. When the resident experiences a significant change;
  - d. Includes the following information for the resident:
    - i. Identifying information;
    - ii. An evaluation of the resident's hearing, speech, and vision;
    - iii. An evaluation of the resident's ability to understand and recall information;
    - iv. An evaluation of the resident's mental status;
    - v. Whether the resident's mental status or behaviors:
      - (1) Put the resident at risk for physical illness or injury,
      - (2) Significantly interfere with the resident's care,
      - (3) Significantly interfere with the resident's ability to participate in activities or social interactions,
      - (4) Put other residents or personnel members at significant risk for physical injury,
      - (5) Significantly intrude on another resident's privacy, or
      - (6) Significantly disrupt care for another resident;
    - vi. Preferences for customary routine and activities;
    - vii. An evaluation of the resident's ability to perform activities of daily living;
    - viii. Need for a mobility device;

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- ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
- x. Any diagnosis that impacts nursing care institution services that the resident may require;
- xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing care institution services;
- xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
- xiii. An evaluation of the resident's oral and dental status;
- xiv. An evaluation of the condition of the resident's skin;
- xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
- xvi. Identification of any treatment or medication ordered for the resident;
- xvii. A description of the resident or resident's representative's participation in the comprehensive assessment;
- xviii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
- xix. Potential for rehabilitation; and
- xx. Potential for discharge; and
- e. Is signed and dated by:
  - i. The registered nurse who conducts or coordinates the comprehensive assessment or review; and
  - ii. If a behavioral health professional is required to review according to subsection (A)(2), the behavioral health professional who reviewed the comprehensive assessment or review;
- 2. If any of the conditions in (A)(1)(d)(v) are answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and care plan to ensure that the resident's needs for behavioral health services are being met;
- 3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, an individual designated by the physician, or a registered nurse determines the resident has a significant change in condition; and
- 4. A resident's comprehensive assessment is reviewed by a registered nurse at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition.
- B. An administrator shall ensure that a care plan for a resident:
  - 1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
  - 2. Is reviewed and revised based on any change to the resident's comprehensive assessment; and
  - 3. Ensures that a resident is provided nursing care institution services that:
    - a. Address any medical condition or behavioral health issue identified in the resident's comprehensive assessment, and

- b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-414 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-415. Behavioral Health Services**

Except for behavioral care, if a nursing care institution is authorized to provide behavioral health services, an administrator shall ensure that:

- 1. The behavioral health services are provided:
  - a. Under the direction of a behavioral health professional licensed or certified to provide the type of behavioral health services in the nursing care institution's scope of services; and
  - b. In compliance with the requirements:
    - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
    - ii. For an assessment, in R9-10-1011(B); and
- 2. Except for a psychotropic drug ordered by a medical practitioner for a resident's out-of-control behavior or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-415 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-416. Clinical Laboratory Services**

If clinical laboratory services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that:

- 1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
- 2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is

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provided to the Department for review upon the Department's request;

3. The nursing care institution:
  - a. Is able to provide the clinical laboratory services delineated in the nursing care institution's scope of services when needed by the residents,
  - b. Obtains specimens for the clinical laboratory services delineated in the nursing care institution's scope of services without transporting the residents from the nursing care institution's premises, and
  - c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
  - a. Available to the ordering physician:
    - i. Within 24 hours after the test is complete with results if the test is performed at a laboratory on the nursing care institution's premises, or
    - ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the nursing care institution's premises; and
  - b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, personnel notify:
  - a. The ordering physician,
  - b. A registered nurse in the resident's assigned unit,
  - c. The nursing care institution's administrator, or
  - d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the nursing care institution provides blood or blood products, policies and procedures are established, documented, and implemented for:
  - a. Procuring, storing, transfusing, and disposing of blood or blood products;
  - b. Blood typing, antibody detection, and blood compatibility testing; and
  - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-416 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-417. Dialysis Services**

If dialysis services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that the dialysis services are provided in compliance with the requirements in R9-10-1018.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-417 made by exempt rulemaking at 19 A.A.R. 2015, effective

October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-418. Radiology Services and Diagnostic Imaging Services**

If radiology services or diagnostic imaging services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that:

1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
2. A copy of a certificate documenting compliance with subsection (1) is maintained by the nursing care institution;
3. When needed by a resident, radiology services and diagnostic imaging services delineated in the nursing care institution's scope of services are provided on the nursing care institution's premises;
4. Radiology services and diagnostic imaging services are provided:
  - a. Under the direction of a physician; and
  - b. According to an order that includes:
    - i. The resident's name,
    - ii. The name of the ordering individual,
    - iii. The radiological or diagnostic imaging procedure ordered, and
    - iv. The reason for the procedure;
5. A medical director, attending physician, or radiologist interprets the radiologic or diagnostic image;
6. A radiologic or diagnostic imaging report is prepared that includes:
  - a. The resident's name;
  - b. The date of the procedure;
  - c. A medical director, attending physician, or radiologist's interpretation of the image;
  - d. The type and amount of radiopharmaceutical used, if applicable; and
  - e. The resident's adverse reaction to the radiopharmaceutical, if any; and
7. A radiologic or diagnostic imaging report is included in the resident's medical record.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-418 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-419. Respiratory Care Services**

If respiratory care services are provided on a nursing care institution's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of a medical director or attending physician;
2. Respiratory care services are provided according to an order that includes:
  - a. The resident's name;
  - b. The name and signature of the ordering individual;

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- c. The type, frequency, and, if applicable, duration of treatment;
- d. The type and dosage of medication and diluent; and
- e. The oxygen concentration or oxygen liter flow and method of administration;
- 3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
  - a. The date and time of administration;
  - b. The type of respiratory care services provided;
  - c. The effect of the respiratory care services;
  - d. The resident's adverse reaction to the respiratory care services, if any; and
  - e. The authentication of the individual providing the respiratory care services; and
- 4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-416.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-419 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-420. Rehabilitation Services**

If rehabilitation services are provided on a nursing care institution's premises, an administrator shall ensure that:

- 1. Rehabilitation services are provided:
  - a. Under the direction of an individual qualified according to policies and procedures,
  - b. By an individual licensed to provide the rehabilitation services, and
  - c. According to an order; and
- 2. The medical record of a resident receiving rehabilitation services includes:
  - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
  - b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
  - c. The rehabilitation services provided,
  - d. The resident's response to the rehabilitation services, and
  - e. The authentication of the individual providing the rehabilitation services.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-420 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-421. Medication Services**

- A. An administrator shall ensure that policies and procedures for medication services:
  - 1. Include:

- a. A process for providing information to a resident about medication prescribed for the resident including:
    - i. The prescribed medication's anticipated results,
    - ii. The prescribed medication's potential adverse reactions,
    - iii. The prescribed medication's potential side effects, and
    - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
  - b. Procedures for preventing, responding to, and reporting:
    - i. A medication error,
    - ii. An adverse response to a medication, or
    - iii. A medication overdose;
  - c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
  - d. Procedures for documenting medication services; and
  - e. Procedures for assisting a resident in obtaining medication; and
- 2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B. An administrator shall ensure that:
    - 1. Policies and procedures for medication administration:
      - a. Are reviewed and approved by the director of nursing;
      - b. Specify the individuals who may:
        - i. Order medication, and
        - ii. Administer medication;
      - c. Ensure that medication is administered to a resident only as prescribed; and
      - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
    - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
    - 3. A medication administered to a resident:
      - a. Is administered in compliance with an order, and
      - b. Is documented in the resident's medical record; and
    - 4. If a psychotropic medication is administered to a resident, the psychotropic medication:
      - a. Is only administered to a resident for a diagnosed medical condition; and
      - b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the attending physician documents the necessity for the continued use and dosage.
  - C. An administrator shall ensure that:
    - 1. A current drug reference guide is available for use by personnel members; and

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2. If pharmaceutical services are provided:
  - a. The pharmaceutical services are provided under the direction of a pharmacist;
  - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
  - c. A copy of the pharmacy license is provided to the Department upon request.
- D. When medication is stored at a nursing care institution, an administrator shall ensure that:
  1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of residents who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- E. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and the nursing care institution's director of nursing.
  - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
  - a. Handling and disposal of biohazardous medical waste;
  - b. Sterilization, disinfection, and storage of medical equipment and supplies;
  - c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
  - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
  - e. Training of personnel members, employees, and volunteers in infection control practices; and
  - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Soiled linen and clothing are:
  - a. Collected in a manner to minimize or prevent contamination;
  - b. Bagged at the site of use; and
  - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas; and
6. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-421 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-422. Infection Control**

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections occurring at the nursing care institution;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases at the nursing care institution;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the nursing care institution; and
  - d. Documentation of infection control activities including:
    - i. The collection and analysis of infection control data,
    - ii. The actions taken related to infections and communicable diseases, and

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-422 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-423. Food Services**

A. An administrator shall ensure that:

1. The nursing care institution has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the nursing care institution's food establishment license or permit is maintained;
3. If a nursing care institution contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution:
  - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the nursing care institution; and
  - b. The nursing care institution is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
4. A registered dietitian:
  - a. Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,
  - b. Documents the review of a food menu, and

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- c. Is available for consultation regarding a resident's nutritional needs; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to ensure that the nutritional needs of a resident are met.
- B. A registered dietitian or director of food services shall ensure that:
  1. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
  2. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served on each day,
    - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  3. Meals and snacks for each day are planned and served using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
  4. A resident is provided:
    - a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and care plan;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
    - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      - i. A resident group agrees; and
      - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
  5. A resident is provided with food substitutions of similar nutritional value if:
    - a. The resident refuses to eat the food served, or
    - b. The resident requests a substitution;
  6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
  7. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
  8. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair;
  9. A resident eats meals in a dining area unless the resident chooses to eat in the resident's room or is confined to the resident's room for medical reasons documented in the resident's medical record; and
  10. Water is available and accessible to residents.
- C. If a nursing care institution has nutrition and feeding assistants, an administrator shall ensure that:
  1. A nutrition and feeding assistant:
    - a. Is at least 16 years of age;
    - b. If applicable, complies with the fingerprint clearance card requirements in A.R.S. § 36-411;
    - c. Completes a nutrition and feeding assistant training course within 12 months before initially providing nutrition and feeding assistance;
    - d. Provides nutrition and feeding assistance where nursing personnel are present;
    - e. Immediately reports an emergency to a nurse or, if a nurse is not present in the common area, to nursing personnel; and
    - f. If the nutrition and feeding assistant observes a change in a resident's physical condition or behavior, reports the change to a nurse or, if a nurse is not present in the common area, to nursing personnel;
  2. A resident is not eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant if the resident:
    - a. Has difficulty swallowing,
    - b. Has had recurrent lung aspirations,
    - c. Requires enteral feedings,
    - d. Requires parenteral feedings, or
    - e. Has any other eating or drinking difficulty that may cause the resident's health or safety to be compromised if the resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
  3. Only an eligible resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
  4. A nurse determines if a resident is eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant, based on:
    - a. The resident's comprehensive assessment,
    - b. The resident's care plan, and
    - c. An assessment conducted by the nurse when making the determination;
  5. A method is implemented that identifies eligible residents that ensures only eligible residents receive nutrition and feeding assistance from a nutrition and feeding assistant;
  6. When a nutrition and feeding assistant initially provides nutrition and feeding assistance and at least once every three months, a nurse observes the nutrition and feeding assistant while the nutrition and feeding assistant is providing nutrition and feeding assistance to ensure that the nutrition and feeding assistant is providing nutrition and feeding assistance appropriately;
  7. A nurse documents the nurse's observations required in subsection (C)(6); and
  8. A nutrition and feeding assistant is provided additional training:
    - a. According to policies and procedures, and
    - b. If a nurse identifies a need for additional training based on the nurse's observation in subsection (C)(6).

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-423 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20

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A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-424. Emergency and Safety Standards****A.** An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
  - a. When, how, and where residents will be relocated, including:
    - i. Instructions for the evacuation or transfer of residents,
    - ii. Assigned responsibilities for each employee and personnel member, and
    - iii. A plan for continuing to provide services to meet a resident's needs;
  - b. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
  - c. A plan for back-up power and water supply;
  - d. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
  - e. A plan to ensure a resident is provided nursing services and other services required by the resident during a disaster; and
  - f. A plan for obtaining food and water for individuals present in the nursing care institution or the nursing care institution's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
  - a. The date and time of the disaster plan review;
  - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
  - c. A critique of the disaster plan review; and
  - d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and residents:
  - a. Is conducted at least once every six months; and
  - b. Includes all individuals on the premises except for:
    - i. A resident whose medical record contains documentation that evacuation from the nursing care institution would cause harm to the resident, and
    - ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(5)(b)(i);
6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
  - a. The date and time of the evacuation drill;
  - b. The amount of time taken for employees and residents to evacuate to a designated area;
  - c. If applicable:
    - i. An identification of residents needing assistance for evacuation, and
    - ii. An identification of residents who were not evacuated;
  - d. Any problems encountered in conducting the evacuation drill; and

e. Recommendations for improvement, if applicable; and

7. An evacuation path is conspicuously posted on each hallway of each floor of the nursing care institution.

**B.** An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.**C.** An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-424 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-425. Environmental Standards****A.** An administrator shall ensure that:

1. A nursing care institution's premises and equipment are:
  - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and
  - b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Equipment used to provide direct care is:
  - a. Maintained in working order;
  - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  - c. Used according to the manufacturer's recommendations;
4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
5. Garbage and refuse are:
  - a. In areas used for food storage, food preparation, or food service, stored in a covered container lined with a plastic bag;
  - b. In areas not used for food storage, food preparation, or food service, stored:
    - i. According to the requirements in subsection (A)(5)(a), or
    - ii. In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
  - c. Removed from the premises at least once a week;
6. Heating and cooling systems maintain the nursing care institution at a temperature between 70° F and 84° F;
7. Common areas:
  - a. Are lighted to assure the safety of residents, and

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- b. Have lighting sufficient to allow personnel members to monitor resident activity;
  - 8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
  - 9. Linens are clean before use, without holes and stains, and not in need of repair;
  - 10. Oxygen containers are secured in an upright position;
  - 11. Poisonous or toxic materials stored by the nursing care institution are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
  - 12. Combustible or flammable liquids stored by the nursing care institution are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
  - 13. If pets or animals are allowed in the nursing care institution, pets or animals are:
    - a. Controlled to prevent endangering the residents and to maintain sanitation;
    - b. Licensed consistent with local ordinances; and
    - c. For a dog or cat, vaccinated against rabies;
  - 14. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  - 15. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B.** An administrator shall ensure that:
- 1. Smoking tobacco products is not permitted within a nursing care institution, and
  - 2. Smoking tobacco products may be permitted outside a nursing care institution if:
    - a. Signs designating smoking areas are conspicuously posted, and
    - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
- 1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-403(C)(1)(e) is present in the pool area when a resident is in the pool area, and
  - 2. At least two personnel members are present in the pool area when two or more residents are in the pool area.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-425 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final

rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-426. Physical Plant Standards**

- A.** An administrator shall ensure that:
- 1. A nursing care institution complies with:
    - a. The applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the date the nursing care institution submitted architectural plans and specifications to the Department for approval according to R9-10-104; and
    - b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01;
  - 2. The premises and equipment are sufficient to accommodate:
    - a. The services stated in the nursing care institution's scope of services, and
    - b. An individual accepted as a resident by the nursing care institution;
  - 3. A nursing care institution is ventilated by windows or mechanical ventilation, or a combination of both;
  - 4. The corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
  - 5. No more than two individuals reside in a resident room unless:
    - a. The nursing care institution was operating before October 31, 1982; and
    - b. The resident room has not undergone a modification as defined in A.R.S. § 36-401;
  - 6. A resident has a separate bed, a nurse call system, and furniture to meet the resident's needs in a resident room or suite of rooms;
  - 7. A resident room has:
    - a. A window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
    - b. A closet with clothing racks and shelves accessible to the resident; and
    - c. If the resident room contains more than one bed, a curtain or similar type of separation between the beds for privacy; and
  - 8. A resident room or a suite of rooms:
    - a. Is accessible without passing through another resident's room; and
    - b. Does not open into any area where food is prepared, served, or stored.
- B.** If a swimming pool is located on the premises, an administrator shall ensure that:
- 1. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (B)(1)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:



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- i. Opens away from the swimming pool,
    - ii. Has a latch located at least 54 inches from the ground, and
    - iii. Is locked when the swimming pool is not in use; and
  - 2. A life preserver or shepherd's crook is available and accessible in the pool area.
- C. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (B)(1) is covered and locked when not in use.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-426 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-427. Quality Rating**

- A. As required in A.R.S. § 36-425.02(A), the Department shall issue a quality rating to each licensed nursing care institution based on the results of a compliance inspection.
- B. The following quality ratings are established:
- 1. A quality rating of "A" for excellent is issued if the nursing care institution achieves a score of 90 to 100 points,
  - 2. A quality rating of "B" is issued if the nursing care institution achieves a score of 80 to 89 points,
  - 3. A quality rating of "C" is issued if the nursing care institution achieves a score of 70 to 79 points, and
  - 4. A quality rating of "D" is issued if the nursing care institution achieves a score of 69 or fewer points.
- C. The quality rating is determined by the total number of points awarded based on the following criteria:
- 1. Nursing Services:
    - a. 15 points: The nursing care institution is implementing a system that ensures residents are provided nursing services to maintain the resident's highest practicable physical, mental, and psychosocial well-being according to the resident's comprehensive assessment and care plan.
    - b. 5 points: The nursing care institution ensures that each resident is free from medication errors that resulted in actual harm.
    - c. 5 points: The nursing care institution ensures the resident's representative is notified and the resident's attending physician is consulted if a resident has a significant change in condition or if the resident is in an incident that requires medical services.
  - 2. Resident Rights:
    - a. 10 points: The nursing care institution is implementing a system that ensures a resident's privacy needs are met.
    - b. 10 points: The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident's medical condition.
    - c. 5 points: The nursing care institution ensures that a resident or the resident's representative is allowed to participate in the planning of, or decisions concern-
  - ing treatment including the right to refuse treatment and to formulate a health care directive.
  - 3. Administration:
    - a. 10 points: The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the last compliance inspection or a complaint investigation conducted between the last compliance inspection and the current compliance inspection.
    - b. 5 points: The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident's property, and report each allegation of abuse of a resident and misappropriation of resident's property to the Department and as required by A.R.S. § 46-454.
    - c. 5 points: The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident complaints, and resident concerns, and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident complaints, and resident concerns.
    - d. 1 point: The nursing care institution is implementing a system to provide social services and a program of ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.
    - e. 1 point: The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each personnel member, volunteer, and resident.
    - f. 2 points: The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.
    - g. 1 point: The nursing care institution is implementing a system to ensure a personnel member attends in-service education according to policies and procedures.
  - 4. Environment and Infection Control:
    - a. 5 points: The nursing care institution environment is free from a condition or situation within the nursing care institution's control that may cause a resident injury.
    - b. 1 point: The nursing care institution establishes and maintains a pest control program that complies with A.A.C. R3-8-201(C)(4).
    - c. 1 point: The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.
    - d. 1 point: The nursing care institution ensures orientation to the disaster plan for each personnel member is completed within the first scheduled week of employment.
    - e. 1 point: The nursing care institution maintains a clean and sanitary environment.
    - f. 5 points: The nursing care institution is implementing a system to prevent and control infection.
    - g. 1 point: An employee cleans the employee's hands after each direct resident contact or when hand

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cleaning is indicated to prevent the spread of infection.

## 5. Food Services:

- a. 1 point: The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license.
- b. 3 points: The nursing care institution provides each resident with food that meets the resident's needs as specified in the resident's comprehensive assessment and care plan.
- c. 2 points: The nursing care institution obtains input from each resident or the resident's representative and implements recommendations for meal planning and food choices consistent with the resident's dietary needs.
- d. 2 points: The nursing care institution provides assistance to a resident who needs help in eating so that the resident's nutritional, physical, and social needs are met.
- e. 1 point: The nursing care institution prepares menus at least one week in advance, conspicuously posts each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or non-delivery of a specified food requires substitution.
- f. 1 point: The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.

- D. A nursing care institution's quality rating remains in effect until a subsequent compliance inspection or complaint investigation is conducted by the Department except as provided in subsection (E).
- E. If the Department issues a provisional license, the current quality rating is terminated. A provisional licensee may submit an application for a substantial compliance inspection. If the Department determines that, as a result of a substantial compliance inspection, the nursing care institution is in substantial compliance, the Department shall issue a new quality rating according to subsection (C).
- F. The issuance of a quality rating does not preclude the Department from seeking a civil penalty as provided in A.R.S. § 36-431.01, or suspension or revocation of a license as provided in A.R.S. § 36-427.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-427 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-428. Repealed**

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-429. Repealed**

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-430. Repealed**

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-431. Repealed**

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-432. Repealed**

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-433. Repealed**

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-434. Repealed**

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-435. Repealed**

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-436. Repealed**

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-437. Repealed**

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-438. Repealed**

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**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-439. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1).  
Repealed effective October 30, 1989 (Supp. 89-4).

**ARTICLE 5. INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES****R9-10-501. Definitions**

In addition to the definitions in A.R.S. §§ 36-401 and 36-551 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Active treatment" means rehabilitative services and habilitation services provided to a resident to address the resident's developmental disability and, if applicable, medical condition.
2. "Acuity" means a resident's need for medical services, nursing services, rehabilitative services, or habilitation services based on the patient's medical condition or developmental disability.
3. "Acuity plan" means a method for establishing requirements for nursing personnel or therapists by unit based on a resident's acuity.
4. "Advocate" means an individual who:
  - a. Assists a resident or the resident's representative to make the resident's wants and needs known,
  - b. Recommends a course of action to address the resident's wants and needs, and
  - c. Supports the resident or the resident's representative in addressing the resident's wants and needs.
5. "Assistive device" means a piece of equipment or mechanism that is designed to enable an individual to better carry out activities of daily living.
6. "Dental services" means activities, methods, and procedures included in the practice of dentistry, as described in A.R.S. § 32-1202.
7. "Direct care" means medical services, nursing services, rehabilitation services, or habilitation services provided to a resident.
8. "ICF/IID" means intermediate care facility for individuals with intellectual disabilities.
9. "Inappropriate behavior" means actions by a resident that may:
  - a. Put the resident at risk for physical illness or injury,
  - b. Significantly interfere with the resident's care,
  - c. Significantly interfere with the resident's ability to participate in activities or social interactions,
  - d. Put other residents or personnel members at significant risk for physical injury,
  - e. Significantly intrude on another resident's privacy, or
  - f. Significantly disrupt care for another resident.
10. "Medical care plan" means a documented guide for providing medical services and nursing services to a resident requiring continuous nursing services that includes measurable objectives and the methods for meeting the objectives.
11. "Nursing care plan" means a documented guide for providing intermittent nursing services to a resident that

includes measurable objectives and the methods for meeting the objectives.

12. "Outing" means a social or recreational activity or habilitation services that:
  - a. Occur away from the premises, and
  - b. May be part of a resident's individual program plan.
13. "Qualified intellectual disabilities professional" means one of the following who has at least a bachelor's degree and one year of experience working directly with individuals who have developmental disabilities, consistent with the requirements in 42 CFR 483.430:
  - a. A physician;
  - b. A registered nurse;
  - c. A physical therapist;
  - d. An occupational therapist;
  - e. A psychologist, as defined in A.R.S. § 32-2061;
  - f. A speech-language pathologist;
  - g. An audiologist, as defined in A.R.S. § 36-1901;
  - h. A registered dietitian, as defined in A.R.S. § 36-416;
  - i. A licensed clinical social worker under A.R.S. § 32-3293; or
  - j. A nursing care institution administrator.
14. "Resident's representative" has the same meaning as "responsible person" in A.R.S. § 36-551.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency expired. Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-501 renumbered to R9-10-2101; new Section R9-10-501 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-502. Supplemental Application Requirements and Documentation Submission Requirements**

- A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an ICF/IID shall include:
  1. In a Department-provided format, whether the applicant is requesting authorization:
    - a. To admit residents who:
      - i. Require continuous nursing services,
      - ii. Require intermittent nursing services, or

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- iii. Do not require nursing services; and
  - b. To provide:
    - i. Active treatment to individuals under 18 years of age, including the licensed capacity requested;
    - ii. Seclusion;
    - iii. Clinical laboratory services;
    - iv. Respiratory care services, or
    - v. Services to residents who have a nursing care plan or medical care plan; and
- 2. Documentation of the applicant's certification as an ICF/IID by the federal Centers for Medicare and Medicaid Services.

- B.** A licensee shall submit to the Department, with the relevant fees required in R9-10-106(C) and in a Department-provided format:
- 1. The information required in subsection (A)(1), as applicable, and
  - 2. The documentation specified in subsection (A)(2).

**Historical Note**

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**R9-10-503. Administration**

- A.** A governing authority shall:
- 1. Consist of one or more individuals responsible for the organization, operation, and administration of an ICF/IID;
  - 2. Establish, in writing, the ICF/IID's scope of services;
  - 3. Designate, in writing, an administrator for the ICF/IID who:
    - a. Is at least 21 years old; and
    - b. Either:
      - i. Is a nursing care institution administrator, or
      - ii. Has a minimum of three-years' experience working in an ICF/IID;
  - 4. Adopt a quality management program according to R9-10-504;
  - 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  - 6. Designate, in writing, an acting administrator who meets the requirements in subsection (A)(3), if the administrator is:
    - a. Expected not to be present on the premises of the ICF/IID for more than 30 calendar days, or
    - b. Not present on the premises of the ICF/IID for more than 30 calendar days; and
7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and, if applicable, submit a copy of the new administrator's license under A.R.S. § 36-446.04 to the Department.
- B.** An administrator:
- 1. Is directly accountable to the governing authority of an ICF/IID for the daily operation of the ICF/IID and all services provided by or at the ICF/IID;
  - 2. Has the authority and responsibility to manage the ICF/IID;
  - 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the premises of the ICF/IID and accountable for the ICF/IID when the administrator is not present on the ICF/IID's premises; and
  - 4. Ensures the ICF/IID's compliance with A.R.S. § 36-411 and, as applicable, A.R.S. § 8-804 or § 46-459.
- C.** An administrator shall ensure that:
- 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover the process for checking on a personnel member through the adult protective services registry established according to A.R.S. § 46-459;
    - c. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - d. Include methods to prevent abuse or neglect of a resident, including:
      - i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
      - ii. Reporting of abuse or neglect of a resident;
    - e. Include how a personnel member may submit a complaint relating to resident care;
    - f. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - g. Cover cardiopulmonary resuscitation training including:
      - i. Which personnel members are required to obtain cardiopulmonary resuscitation training,
      - ii. The method and content of cardiopulmonary resuscitation training,
      - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
      - iv. The time-frame for renewal of cardiopulmonary resuscitation training, and
      - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
    - h. Cover first aid training;
    - i. Include a method to identify a resident to ensure the resident receives active treatment and other physical health services and behavioral care as ordered;

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- j. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
  - k. Cover specific steps for:
    - i. A resident to file a complaint, and
    - ii. The ICF/IID to respond to a resident's complaint;
  - l. Cover health care directives;
  - m. Cover medical records, including electronic medical records;
  - n. Cover a quality management program, including incident reports and supporting documentation;
  - o. Cover contracted services;
  - p. Cover the process for receiving a fee for a resident and refunding a fee for a resident;
  - q. Cover resident's personal accounts;
  - r. Cover petty cash funds;
  - s. Cover fees and refund policies;
  - t. Cover smoking and the use of tobacco products on the premises; and
  - u. Cover when an individual may visit a resident in an ICF/IID; and
2. Policies and procedures for active treatment and other physical health services and behavioral care are established, documented, and implemented to protect the health and safety of a resident that:
- a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
  - b. Cover the provision of active treatment and other physical health services and behavioral care;
  - c. Cover acuity, including a process for obtaining sufficient nursing personnel and therapists to meet the needs of residents;
  - d. Include when general consent and informed consent are required;
  - e. Cover storing, dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
  - f. Cover infection control;
  - g. Cover interventions to address a resident's inappropriate behavior, including:
    - i. The hierarchy for use;
    - ii. Use of time outs for inappropriate behavior; and
    - iii. Except in an emergency, require positive techniques for behavior modification to be used before more restrictive methods are used;
  - h. Cover restraints, both chemical restraints and physical restraints if applicable, that:
    - i. Require an order, including the frequency of monitoring and assessing the restraint; and
    - ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a resident's sudden, intense, or out-of-control behavior;
  - i. Cover seclusion of a resident including:
    - i. The requirements for an order, and
    - ii. The frequency of monitoring and assessing a resident in seclusion;
  - j. Cover telehealth, if applicable;
  - k. Cover environmental services that affect resident care;
  - l. Cover the security of a resident's possessions that are allowed on the premises;
  - m. Cover methods to encourage participation of a resident's family or friends or other individuals in activities planned according to R9-10-513(C)(2);
  - n. Include a method for obtaining an advocate for a resident, if necessary;
  - o. Cover resident outings;
  - p. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks; and
  - q. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of residents or the public;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of an ICF/IID, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the ICF/IID.
- D.** An administrator shall designate an individual who is:
- 1. A qualified intellectual disabilities professional to oversee rehabilitation services provided by or on behalf of the ICF/IID; and
  - 2. If the facility is authorized to admit patients who require intermittent nursing services or continuous nursing services, a registered nurse is appointed as director of nursing to oversee nursing services provided by or on behalf of the ICF/IID.
- E.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from an ICF/IID's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
- 1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
  - 2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- F.** If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from an ICF/IID's employee or personnel member, an administrator shall:
- 1. Take immediate action to stop the suspected abuse, neglect, or exploitation;
  - 2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
    - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
    - c. Report to the Department;

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- i. Immediately but not later than two hours if the alleged violation involves abuse or results in serious bodily injury; or
  - ii. Not later than 24 hours if the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property; and does not result in serious bodily injury;
- 3. Document:
  - a. The suspected abuse, neglect, or exploitation;
  - b. Any action taken according to subsection (F)(1); and
  - c. The report in subsection (F)(2);
- 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
- 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
  - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
  - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
  - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
  - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
- 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** An administrator shall:
  - 1. Allow a resident advocate to assist a resident or the resident's representative with a request or recommendation, and document in writing any complaint submitted to the ICF/IID;
  - 2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
  - 3. Ensure that the following are conspicuously posted on the premises:
    - a. The current ICF/IID license issued by the Department;
    - b. The name, address, and telephone number of:
      - i. The Department's Office of Long Term Care, and
      - ii. Adult Protective Services of the Department of Economic Security;
    - c. A notice that a resident may file a complaint with the Department concerning the ICF/IID;
    - d. The monthly schedule of recreational activities; and
    - e. One of the following:
      - i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
      - ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.
- H.** An administrator shall provide written notification to the Department of a resident's:
  - 1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
  - 2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- I.** An administrator shall:
  - 1. Notify a resident's representative, family member, or other individual designated by the resident immediately, with no delay between staff awareness of the occurrence and reporting unless the situation is unstable in which case reporting should occur as soon as the safety of the resident is assured, after:
    - a. The resident's death,
    - b. There is a significant change in the resident's medical condition, or
    - c. The resident has an illness or injury that requires immediate intervention by an emergency medical services provider or treatment by a health care provider; and
  - 2. For an illness or injury in subsection (I)(1)(c), document the following:
    - a. The date and time of the illness or injury;
    - b. A description of the illness or injury;
    - c. If applicable, the names of individuals who observed the injury;
    - d. The actions taken by personnel members, according to policies and procedures;
    - e. The individuals notified by the personnel members; and
    - f. Any action taken to prevent the illness or injury from occurring in the future.
- J.** If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
  - 1. Comply with policies and procedures established according to subsection (C)(1)(q);
  - 2. Designate a personnel member who is responsible for the personal accounts;
  - 3. Maintain a complete and separate accounting of each personal account;
  - 4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
  - 5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
  - 6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
  - 7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.
- K.** If a petty cash fund is established for use by residents, the administrator shall ensure that:
  - 1. The policies and procedures established according to subsection (C)(1)(r) include:
    - a. A prescribed cash limit of the petty cash fund, and
    - b. The hours of the day a resident may access the petty cash fund; and

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2. A resident's written acknowledgment is obtained for a petty cash transaction.
- L. An administrator shall ensure that an acuity plan is developed, documented, and implemented for each unit in the ICF/IID that:
  1. Includes:
    - a. A method that establishes the types and numbers of personnel members that are required for each unit in the ICF/IID to ensure resident health and safety, and
    - b. A policy and procedure stating the steps the ICF/IID will take to obtain or assign the necessary personnel members to address resident acuity;
  2. Is used when making assignments for resident treatment; and
  3. Is reviewed and updated, as necessary, at least once every 12 months.
- M. An administrator shall establish and document the criteria for determining when a resident's absence is unauthorized, including the criteria for a resident who:
  1. Is absent against medical advice,
  2. Is under the age of 18, or
  3. Does not return to the ICF/IID at the expected time after an authorized absence.
- N. An administrator shall ensure that the following are on the premises of the ICF/IID:
  1. The most recent inspection report of the ICF/IID conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(1), and
  2. Documentation of the most recent monitoring of the ICF/IID conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(2).

**Historical Note**

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**R9-10-504. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:

- a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to residents;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
    - a. An identification of each concern about the delivery of services related to resident care; and
    - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
  3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

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**R9-10-505. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

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41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-505 renumbered to R9-10-2105; new Section R9-10-505 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-506. Personnel****A.** An administrator shall ensure that:

1. A personnel member is:
  - a. At least 21 years old, or
  - b. At least 18 years old and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

**B.** An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of active treatment or other physical health services or behavioral care expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the residents receiving active treatment or other physical health services or behavioral care from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected active treatment or other physical health services and behavioral care listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected active treatment or other physical health services or behavioral care listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected active treatment or other physical health services or behavioral care listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides active treatment or other physical health services or behavioral care, and
  - b. According to policies and procedures; and
3. Sufficient personnel members are present on an ICF/IID's premises with the qualifications, skills, and knowledge necessary to:

- a. Provide the services in the ICF/IID's scope of services,
- b. Meet the needs of a resident, and
- c. Ensure the health and safety of a resident.

**C.** An administrator shall ensure that an organizational chart of the ICF/IID is established, updated as necessary, and maintained on the premises:

1. Outlining the roles, responsibilities, and relationships within the ICF/IID; and
2. Including the name and, if applicable, the license or certification credential of each individual shown on the organizational chart.

**D.** An administrator shall ensure that, if a personnel member provides services that require a license under A.R.S. Title 32 or 36, the personnel member is licensed under A.R.S. Title 32 or 36, as applicable.**E.** An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.**F.** An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing services at or on behalf of the ICF/IID, and
2. As specified in R9-10-113.

**G.** An administrator shall ensure that:

1. The types and numbers of nurses or therapists required according to the acuity plan in R9-10-503(L) are present in each unit in the ICF/IID;
2. Documentation of the nurses or therapists present on the ICF/IID's premises each day is maintained and includes:
  - a. The date;
  - b. The number of residents;
  - c. The name, license or certification credential, and assigned duties of each nurse or therapist who worked that day; and
  - d. The actual number of hours each nurse or therapist worked that day; and
3. The documentation of nurses or therapists required in subsection (G)(2) is maintained for at least 12 months after the date of the documentation.

**H.** An administrator shall ensure that a personnel member is:

1. On duty, on the premises, awake, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises if the ICF/IID provides services to:
  - a. More than 16 residents;
  - b. A resident who has a nursing care plan or medical care plan; or
  - c. A resident who requires additional supervision because the resident:
    - i. Is aggressive,
    - ii. May cause harm to self or others, or
    - iii. May attempt an unauthorized absence; and
2. On duty, on the premises, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises if:
  - a. The ICF/IID provides services to 16 or fewer residents, and



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- b. None of the residents has a nursing care plan or medical care plan or requires additional supervision according to subsection (H)(1)(c).
- I. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
  - 1. The individual's name, date of birth, and contact telephone number;
  - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  - 3. Documentation of:
    - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's compliance with the requirements in A.R.S. § 36-411;
    - d. The ICF/IID's check on the individual in the adult protective services registry established according to A.R.S. § 46-459;
    - e. Orientation and in-service education as required by policies and procedures;
    - f. Training in preventing, recognizing, and reporting abuse or neglect, required according to R9-10-503(C)(1)(d)(i);
    - g. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - h. The individual's qualifications and on-going training for each type of restraint or seclusion used, as required in R9-10-515;
    - i. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-503(C)(1)(g);
    - j. First aid training, if required for the individual according to this Article or policies and procedures; and
    - k. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).
- J. An administrator shall ensure that personnel records are:
  - 1. Maintained:
    - a. Throughout the individual's period of providing services in or for the ICF/IID, and
    - b. For at least 24 months after the last date the individual provided services in or for the ICF/IID; and
  - 2. For a personnel member who has not provided active treatment or other physical health services or behavioral care at or for the ICF/IID during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- K. An administrator shall ensure that:
  - 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  - 2. A personnel member completes orientation before providing active treatment or other physical health services or behavioral care;
  - 3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  - 4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
  - 5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training; and
  - 6. A work schedule of each personnel member is developed and maintained at the ICF/IID for at least 12 months after the date of the work schedule.
- L. An administrator shall designate a qualified individual to provide:
  - 1. Social services, and
  - 2. Recreational activities.
- M. An administrator shall ensure that a fall prevention and fall recovery program that complies with requirements in A.R.S. § 36-420.01 is developed, documented, and implemented.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-506 renumbered to R9-10-2106; new Section R9-10-506 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Section R9-10-506 renumbered to R9-10-2106; new Section R9-10-506 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-507. Admission**

An administrator shall ensure that:

- 1. A resident is admitted only:
  - a. On a physician's order;
  - b. If the resident has a developmental disability or cognitive disability, as defined in A.R.S. § 36-551;
  - c. If the resident's placement evaluation indicates that the resident's needs can be met by the ICF/IID; and
  - d. Except when the resident's placement evaluation states that the resident would benefit from being part of a group that includes residents of different ages, developmental levels, or social needs, if the resident can be assigned to a room or unit within the ICF/IID with other residents of similar ages, developmental levels, or social needs;
- 2. The physician's admitting order or placement evaluation documentation includes the active treatment or other physical health services or behavioral care required to

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meet the immediate needs of a resident, such as habilitation services, medication, and food services;

3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment of a resident to determine the resident's acuity and ensure the resident's immediate needs are met;
4. A resident's needs do not exceed the medical services, rehabilitation services, and nursing services available at the ICF/IID as established in the ICF/IID's scope of services;
5. A resident is assigned to a unit in the ICF/IID based, as applicable, on the patient's:
  - a. Documented diagnosis,
  - b. Treatment needs,
  - c. Developmental level,
  - d. Social skills,
  - e. Verbal skills, and
  - f. Acuity;
6. A resident does not share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that, based on the other resident's documented diagnosis, treatment needs, developmental level, social skills, verbal skills, and personal history, may present a threat to the resident's health and safety;
7. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
  - a. A physician, or
  - b. A physician assistant or a registered nurse practitioner designated by the attending physician;
8. Compliance with the requirements in subsection (7) is documented in the resident's medical record;
9. Except as specified in subsection (10), a resident provides evidence of freedom from infectious tuberculosis:
  - a. Before or within seven calendar days after the resident's admission, and
  - b. As specified in R9-10-113; and
10. A resident who transfers from an ICF/IID or nursing care institution to the ICF/IID is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
  - a. Fewer than 12 months have passed since the resident was screened for tuberculosis, and
  - b. The documentation of freedom from infectious tuberculosis required in subsection (9) accompanies the resident at the time of transfer.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp.

14-2). Section R9-10-507 renumbered to R9-10-2107; new Section R9-10-507 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-508. Transfer; Discharge**

- A. An administrator, in coordination with the Arizona Department of Economic Security, Division of Developmental Disabilities, shall ensure that:
  1. A resident is transferred or discharged if:
    - a. The ICF/IID is not authorized or not able to meet the needs of the resident, or
    - b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the ICF/IID; and
  2. Documentation of a resident's transfer or discharge includes:
    - a. The date of the transfer or discharge;
    - b. The reason for the transfer or discharge;
    - c. A 30-day written notice except:
      - i. In an emergency, or
      - ii. If the resident no longer requires rehabilitation services or habilitation services as determined by a physician or the physician's designee;
    - d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
    - e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the ICF/IID and beyond the ICF/IID's scope of services.
- B. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
  1. A qualified intellectual disabilities professional or, if the resident has a nursing care plan or medical care plan, a registered nurse coordinates the transfer and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before the transfer;
    - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    - c. A personnel member explains the risks and benefits of the transfer to the resident or the resident's representative; and
  3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transfer.
- C. Except in an emergency, a qualified intellectual disabilities professional or, if the resident has a nursing care plan or medical care plan, a registered nurse shall ensure that before a resident is discharged:
  1. Written follow-up instructions are developed with the resident or the resident's representative that include:

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- a. Information necessary to meet the resident's need for medical services and nursing services; and
- b. The state long-term care ombudsman's name, address, and telephone number;
- 2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
- 3. A discharge summary:
  - a. Is developed by a qualified intellectual disabilities professional or, if the resident has a nursing care plan or medical care plan, a registered nurse;
  - b. Authenticated by the resident's attending physician or designee; and
  - c. Includes:
    - i. The resident's need for rehabilitation services or habilitation services at the time of transfer or discharge;
    - ii. The resident's need for medical services or nursing services;
    - iii. The resident's developmental, behavioral, social, and nutritional status;
    - iv. The resident's medical and psychosocial history;
    - v. The date of the discharge; and
    - vi. The location of the resident after discharge.
- c. A personnel member explains the risks and benefits of the transport to the resident or the resident's representative; and
- 3. Documentation in the resident's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transport;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B.** If the transport of a resident is to provide the resident with rehabilitation services or habilitation services off the premises, an administrator shall ensure that:
  - 1. The rehabilitation services or habilitation services are included in the resident's individual program plan,
  - 2. A qualified intellectual disabilities professional coordinates the transport and the services provided to the resident, and
  - 3. The resident is transported according to R9-10-510(A).
- C.** Subsection (A) does not apply to:
  - 1. Except as provided in subsection (B), transportation according to R9-10-510 to a location other than a licensed health care institution;
  - 2. Transportation provided for a resident by the resident or the resident's representative;
  - 3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative; or
  - 4. A transport to another licensed health care institution in an emergency.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-508 renumbered to R9-10-2108; new Section R9-10-508 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-509. Transport**

- A.** Except as provided in subsections (B) and (C), an administrator shall ensure that:
  - 1. A personnel member authorized by policies and procedures coordinates the transport and the services provided to the resident;
  - 2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before and after the transport,
    - b. Information from the resident's medical record is provided to a receiving health care institution, and

**Historical Note**

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**R9-10-510. Transportation; Resident Outings**

- A.** An administrator of an ICF/IID that uses a vehicle owned or leased by the ICF/IID to provide transportation to a resident shall ensure that:
  - 1. The vehicle:
    - a. Is safe and in good repair,
    - b. Contains a first aid kit,

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- c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
  - d. Contains a working heating and air conditioning system;
- 2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
- 3. A driver of the vehicle:
  - a. Is 21 years of age or older;
  - b. Has a valid driver license;
  - c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
  - d. Does not leave in the vehicle an unattended:
    - i. Child;
    - ii. Resident who may be a threat to the health, safety, or welfare of the resident or another individual; or
    - iii. Resident who is incapable of independent exit from the vehicle; and
  - e. Ensures the safe and hazard-free loading and unloading of residents; and
- 4. Transportation safety is maintained as follows:
  - a. An individual in the vehicle is sitting in a seat, which may include the seat of a wheel chair, and wearing a working seat belt while the vehicle is in motion; and
  - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.
- B.** An administrator shall ensure that an outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing.
- C.** An administrator shall ensure that:
  - 1. Except when only one resident is participating in an outing, at least two personnel members are present on the outing;
  - 2. In addition to the personnel members required in subsection (C)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a resident on the outing;
  - 3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-503(C)(1)(g) and first aid training according to R9-10-503(C)(1)(h);
  - 4. Documentation is developed before an outing that includes:
    - a. The name of each resident participating in the outing;
    - b. A description of the outing;
    - c. The date of the outing;
    - d. The anticipated departure and return times;
    - e. The name, address, and, if available, telephone number of the outing destination; and
    - f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
  - 5. The documentation described in subsection (C)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
  - 6. Emergency information for a resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:

- a. The resident's name;
- b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
- c. The resident's allergies; and
- d. The name and telephone number of a designated individual, who is present on the ICF/IID's premises, to notify in case of an emergency.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-510 renumbered to R9-10-2110; new Section R9-10-510 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-511. Resident Rights**

- A.** An administrator shall ensure that:
  - 1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
  - 2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
  - 3. Policies and procedures include:
    - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
    - b. Where resident rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
  - 1. A resident has privacy in:
    - a. Treatment,
    - b. Bathing and toileting,
    - c. Room accommodations, and
    - d. Visiting or meeting with another resident or an individual;
  - 2. A resident is treated with dignity, respect, and consideration;
  - 3. A resident is not subjected to:
    - a. Abuse;
    - b. Neglect;

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- c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Except as allowed in R9-10-515, seclusion or restraint;
  - i. Retaliation for submitting a complaint to the Department or another entity;
  - j. Misappropriation of personal and private property by an ICF/IID's personnel members, employees, volunteers, or students; or
  - k. Segregation solely based on the resident's disability; and
4. A resident or the resident's representative:
- a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent for treatment before treatment is initiated;
  - c. Except in an emergency, is informed of proposed alternatives to psychotropic medication and the associated risks and possible complications of the psychotropic medication;
  - d. Is informed of the following:
    - i. The health care institution's policy on health care directives, and
    - ii. The resident complaint process;
  - e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to an ICF/IID for identification and administrative purposes;
  - f. May manage the resident's financial affairs;
  - g. Has access to and may communicate with any individual, organization, or agency;
  - h. Except as provided in the resident's individual program plan, has privacy:
    - i. In interactions with other residents or visitors to the ICF/IID,
    - ii. In the resident's mail, and
    - iii. For telephone calls made by or to the resident;
  - i. May review the ICF/IID's current license survey report and, if applicable, plan of correction in effect;
  - j. May review the resident's financial records within two working days and medical records within one working day after the resident's or the resident's representative's request;
  - k. May obtain a copy of the resident's financial records and medical records within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
  - l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
    - i. Medical record, and
    - ii. Financial records;
  - m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
  - n. Is informed of the method for contacting the resident's attending physician;
  - o. Is informed of the resident's overall physical and psychosocial well-being, as determined by the resident's comprehensive assessment;
  - p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged; and
  - q. Except in the event of an emergency, is informed orally or in writing before the ICF/IID makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.
- C. In addition to the rights in A.R.S. § 36-551.01, a resident has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - 2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
  - 3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
  - 4. To participate in social, religious, political, and community activities that do not interfere with other residents;
  - 5. To retain personal possessions including furnishings and clothing as space permits unless the use of the personal possession infringes on the rights or health and safety of other residents;
  - 6. To share a room with the resident's spouse if space is available and the spouse consents;
  - 7. To receive a referral to another health care institution if the ICF/IID is not authorized or not able to provide active treatment or other physical health services or behavioral care needed by the resident;
  - 8. To participate or have the resident's representative participate in the development of the resident's individual program plan or decisions concerning treatment;
  - 9. To participate or refuse to participate in research or experimental treatment; and
  - 10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-511 renumbered to R9-10-2111; new Section R9-10-511 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemak-

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ing at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-512. Medical Records**

- A.** An administrator shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a resident's medical record is:
    - a. Recorded only by an individual authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  5. A resident's medical record is available to an individual:
    - a. Authorized to access the resident's medical record according to policies and procedures;
    - b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
    - c. As permitted by law; and
  6. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If an ICF/IID maintains residents' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
    - a. The resident's name;
    - b. The resident's date of birth; and
    - c. Any known allergies, including medication allergies;
  2. The admission date and, if applicable, the date of discharge;
  3. The admitting diagnosis or presenting symptoms;
  4. Documentation of the resident's placement evaluation;
  5. Documentation of general consent and, if applicable, informed consent;
  6. If applicable, the name and contact information of the resident's representative and:
    - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
    - b. If the resident's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  7. The name and contact information of the resident's representative, family member, or other individual designated by the resident;
  8. Documentation of the initial assessment required in R9-10-507(3) to determine acuity;
  9. The medical history and physical examination required in R9-10-516(A)(4);
  10. A copy of the resident's living will or other health care directive, if applicable;
  11. The name and telephone number of the resident's attending physician;
  12. Orders;
  13. Documentation of the resident's comprehensive assessment;
  14. Individual program plans, including nursing care plans or medical care plans, if applicable;
  15. Documentation of active treatment and other physical health services or behavioral care provided to the resident;
  16. Progress notes, including data needed to evaluate the effectiveness of the methods, schedule, and strategies being used to accomplish the goals in the resident's individual program plan;
  17. If applicable, documentation of restraint or seclusion;
  18. If applicable, documentation of any actions other than restraint or seclusion taken to control or address the resident's behavior to prevent harm to the resident or another individual or to improve the resident's social interactions;
  19. If applicable, documentation that evacuation from the ICF/IID would cause harm to the resident;
  20. The disposition of the resident after discharge;
  21. Transfer documentation;
  22. The discharge plan and summary;
  23. If applicable:
    - a. A laboratory report,
    - b. A radiologic report,
    - c. A diagnostic report, and
    - d. A consultation report;
  24. Documentation of freedom from infectious tuberculosis required in R9-10-507(9);
  25. Documentation of a medication administered to the resident that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. The type of vaccine, if applicable;
    - d. For a medication administered for pain on a PRN basis:
      - i. An evaluation of the resident's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - e. For a psychotropic medication administered on a PRN basis:
      - i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;

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- f. The identification, signature, and professional designation of the individual administering the medication; and
  - g. Any adverse reaction a resident has to the medication; and
26. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-512 renumbered to R9-10-2112; new Section R9-10-512 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-513. Rehabilitation Services and Habilitation Services**

- A.** Except as provided in subsection (D), an administrator shall ensure that:
1. Personnel members are available to provide the following rehabilitation services:
    - a. Physical therapy, as defined in A.R.S. § 32-2001;
    - b. Occupational therapy, A.R.S. § 32-3401;
    - c. Psychological service, as defined in A.R.S. § 32-2061;
    - d. Speech-language pathology, as defined in A.R.S. § 36-1901; and
    - e. Audiology, as defined in A.R.S. § 36-1901;
  2. Rehabilitation services are provided:
    - a. Under the direction of a qualified intellectual disabilities professional according to policies and procedures, and
    - b. According to an order;
  3. A resident receives the rehabilitation services required in the resident's individual program plan;
  4. Unless otherwise required in the resident's individual program plan:
    - a. A resident does not remain in bed or in the resident's bedroom;
    - b. If the resident is not able to independently move from place to place, even with the use of an assistive device, the resident is moved from place to place in the ICF/IID; and

- c. A resident receiving rehabilitation services is encouraged to participate in activities that are planned according to subsection (C)(2) and are appropriate to objectives in the resident's individual program plan;
5. A qualified intellectual disabilities professional reviews the rehabilitation services provided to a resident and revises the frequency, duration, method, or type of rehabilitation services being provided in the resident's individual program plan:
- a. As necessary, if the resident is losing skills or failing to progress; or
  - b. If a goal in the resident's individual program plan has been accomplished and a new objective is to be initiated; and
6. The medical record of a resident receiving rehabilitation services includes:
- a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis;
  - b. The resident's individual program plan, including all updates;
  - c. The rehabilitation services provided;
  - d. The resident's response to the rehabilitation services; and
  - e. The authentication of the individual providing the rehabilitation services.
- B.** Except as provided in subsection (D), an administrator shall ensure that:
1. Personnel members are available to provide a resident with habilitation services required in the resident's individual program plan;
  2. A personnel member is only assigned to provide the habilitation services the personnel member has the documented skills and knowledge to perform;
  3. A resident receives the habilitation services in the resident's individual program plan;
  4. If applicable, a personnel member:
    - a. Suggests techniques a resident may use to maintain or improve the resident's independence in performing activities of daily living; and
    - b. Provides assistance with, supervises, or directs a resident's personal hygiene according to the resident's individual program plan;
  5. A resident receiving habilitation services is encouraged to participate in activities of the resident's choosing that are planned according to subsection (C)(2); and
  6. The medical record of a resident receiving habilitation services includes:
    - a. The resident's individual program plan, including all updates;
    - b. The habilitation services provided;
    - c. The resident's response to the habilitation services; and
    - d. The authentication of the individual providing the habilitation services.
- C.** An administrator shall ensure that:
1. Multiple media sources, such as daily newspapers, current magazines, internet sources, and a variety of reading materials, are available and accessible to a resident to maintain the resident's continued awareness of current news, social events, and other noteworthy information;
  2. Daily social or recreational activities are planned according to residents' preferences, needs, and abilities;

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3. A calendar of planned activities is:
    - a. Prepared at least one week in advance of the date the activity is provided,
    - b. Posted in a location that is easily seen by residents,
    - c. Updated as necessary to reflect substitutions in the activities provided, and
    - d. Maintained for at least 12 months after the last scheduled activity;
  4. Equipment and supplies are available and accessible to accommodate a resident who chooses to participate in a planned activity on the premises;
  5. Outings are provided according to R9-10-510(B) and (C); and
  6. If necessary and unless otherwise required in the resident's individual program plan, a resident is assisted to participate in outings and other opportunities to leave the premises of the ICF/IID.
- D.** An administrator is not required to ensure that personnel members providing rehabilitation services or habilitation services are on the premises if no resident of the ICF/IID is on the premises because the residents are:
1. Receiving rehabilitation services off the premises,
  2. Receiving habilitation services off the premises,
  3. Participating in an outing, or
  4. Otherwise absent from the ICF/IID.

**Historical Note**

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**R9-10-514. Individual Program Plan****A.** An administrator shall ensure that:

1. A comprehensive assessment of a resident:
  - a. Is conducted or coordinated by a qualified intellectual disabilities professional, in collaboration with an interdisciplinary team that includes:
    - i. The resident's attending physician or designee;
    - ii. A registered nurse;
    - iii. If the resident is receiving medications as part of active treatment, a pharmacist; and
    - iv. Personnel members qualified to provide each type of rehabilitation services identified in a placement evaluation or the initial assessment required in R9-10-507(3);
  - b. Is completed for the resident within 30 calendar days after the resident's admission to an ICF/IID;
  - c. Is updated:
    - i. No later than 12 months after the date of the resident's last comprehensive assessment, and
    - ii. When the resident experiences a significant change;
  - d. Includes the following information for the resident:
    - i. Identifying information;
    - ii. An evaluation of the resident's hearing, speech, and vision;
    - iii. An evaluation of the resident's ability to understand and recall information;
    - iv. An evaluation of the resident's mental status;
    - v. Whether the resident demonstrates inappropriate behavior;
    - vi. Preferences for customary routine and activities;
    - vii. An evaluation of the resident's ability to perform activities of daily living;
    - viii. Need for a mobility device;
    - ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
    - x. Any diagnosis that impacts rehabilitation services or other physical health services or behavioral care that the resident may require;
    - xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing services;
    - xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
    - xiii. An evaluation of the resident's oral and dental status;
    - xiv. An evaluation of the condition of the resident's skin;
    - xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
    - xvi. Identification of any treatment or medication ordered for the resident;
    - xvii. Identification of interventions that may support the resident towards independence;
    - xviii. Identification of any assistive devices needed by the resident;
    - xix. Identification of the active treatment needed by the resident, including active treatment not provided by the ICF/IID;
    - xx. Identification of measurable goals and behavioral objective for the active treatment, in priority order, with time limits for attainment;
    - xxi. Identification of the methods, schedule, and strategies to accomplish the goals, including the personnel member responsible;
    - xxii. Evaluation procedures for determining if the methods and strategies in subsection (A)(1)(d)(ix) are working, including the type of data required and frequency of collection;



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- xxiii. Whether any restraints have been used for the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
- xxiv. If the resident demonstrates inappropriate behavior, as reported according to subsection (A)(1)(d)(v), identification of the methods, schedule, and strategies for replacement of the inappropriate behavior with appropriate behavioral expressions, including the hierarchy for use;
- xxv. If restraint or seclusion is included in subsection (A)(1)(d)(xxiii), the specific restraints or conditions of seclusion that may be used because of the resident's inappropriate behavior;
- xxvi. A description of the resident or resident's representative's participation in the comprehensive assessment;
- xxvii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
- xxviii. Potential for rehabilitation, including the resident's strengths and specific developmental or behavioral health needs; and
- xxix. Potential for discharge;
- e. Is signed and dated by the qualified intellectual disabilities professional who conducts or coordinates the comprehensive assessment or review; and
- f. Is used to determine or update the resident's acuity;
- 2. If the condition in subsection (A)(1)(d)(v) is answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and individual program plan to ensure that the resident's needs for behavioral care are being met;
- 3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to an ICF/IID unless a physician, an individual designated by the physician, a qualified intellectual disabilities professional, or a registered nurse determines the resident has a significant change in condition; and
- 4. A resident's comprehensive assessment is reviewed at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition by:
  - a. A qualified intellectual disabilities professional; and
  - b. If the resident has a nursing care plan or medical care plan, a registered nurse.
- B. An administrator shall ensure that an individual program plan for a resident:
  - 1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
  - 2. Includes the acuity of the resident;
  - 3. Is reviewed at least annually by the interdisciplinary team required in subsection (A)(1)(a) and revised based on any change to the resident's comprehensive assessment; and
  - 4. Ensures that a resident is provided rehabilitation services and other physical health services or behavioral care that:
    - a. Address any medical condition or behavioral care issue identified in the resident's comprehensive assessment, and

- b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

**Historical Note**

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**R9-10-515. Seclusion; Restraint**

- A. An administrator shall ensure that:
  - 1. An ICF/IID's policies and procedures for managing a resident's inappropriate behavior, as described in R9-10-503(C)(2)(g) are reviewed, approved, and monitored through the quality management process in R9-10-504; and
  - 2. Restraint is provided according to the requirements in subsection (C).
- B. An administrator of an ICF/IID authorized to provide seclusion shall ensure that:
  - 1. Seclusion is provided according to the requirements in subsection (C);
  - 2. If a resident is placed in seclusion, the room used for seclusion:
    - a. Is approved for use as a seclusion room by the Department;
    - b. Is not used as a resident's bedroom or a sleeping area;
    - c. Allows full view of the resident in all areas of the room;
    - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
    - e. Contains at least 60 square feet of floor space; and
    - f. Except as provided in subsection (B)(3), contains a non-adjustable bed that:
      - i. Consists of a mattress on a solid platform that is:
        - (1) Constructed of a durable, non-hazardous material; and
        - (2) Raised off of the floor;
      - ii. Does not have wire springs or a storage drawer; and
      - iii. Is securely anchored in place;

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3. If a room used for seclusion does not contain a non-adjustable bed required in subsection (B)(2)(f):
    - a. A piece of equipment is available that:
      - i. Is commercially manufactured to safely and humanely restrain a resident's body;
      - ii. Provides support to the trunk and head of a resident's body;
      - iii. Provides restraint to the trunk of a resident's body;
      - iv. Is able to restrict movement of a resident's arms, legs, body, and head;
      - v. Allows a resident's body to recline; and
      - vi. Does not inflict harm on a resident's body; and
    - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (B)(3)(a) is maintained; and
  4. A seclusion room may be used for services or activities other than seclusion if:
    - a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
    - b. No permanent equipment other than the bed required in subsection (B)(2)(f) is in the room;
    - c. Policies and procedures:
      - i. Delineate which services or activities other than seclusion may be provided in the room,
      - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
      - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
    - d. The sign required in subsection (B)(4)(a) and equipment and supplies in the room, other than the bed required in subsection (B)(2)(f), are removed before use as a seclusion room.
- C. An administrator shall ensure that:
1. Policies and procedures for providing restraint or seclusion are established, documented, and implemented to protect the health and safety of a resident that:
    - a. Establish the process for resident assessment, including identification of a resident's medical conditions and criteria for the on-going monitoring of any identified medical condition;
    - b. Identify each type of restraint or seclusion used and include for each type of restraint or seclusion used:
      - i. The qualifications of a personnel member who can:
        - (1) Order the restraint or seclusion,
        - (2) Place a resident in the restraint or seclusion,
        - (3) Monitor a resident in the restraint or seclusion,
        - (4) Evaluate a resident's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
        - (5) Renew the order for restraint or seclusion;
      - ii. On-going training requirements for a personnel member who has direct resident contact while the resident is in a restraint or seclusion; and
      - iii. Criteria for monitoring and assessing a resident including:
        - (1) Frequencies of monitoring and assessment based on a resident's medical condition and risks associated with the specific restraint or seclusion;
  - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
  - (3) Assessment content, which may include, depending on a resident's condition, the resident's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
  - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
  - (5) A process for meeting a resident's nutritional needs and elimination needs;
- c. Establish the criteria and procedures for renewing an order for restraint or seclusion;
  - d. Establish procedures for internal review of the use of restraint or seclusion; and
  - e. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
2. An order for restraint or seclusion is:
    - a. Obtained from a physician or registered nurse practitioner, and
    - b. Not written as a standing order or on an as-needed basis;
  3. Restraint or seclusion is:
    - a. Not used as a means of coercion, discipline, convenience, or retaliation;
    - b. Only used when all of the following conditions are met:
      - i. Except as provided in subsection (C)(4), after obtaining an order for the restraint or seclusion;
      - ii. For the management of a resident's aggressive, violent, or self-destructive behavior;
      - iii. When less restrictive interventions have been determined to be ineffective; and
      - iv. To ensure the immediate physical safety of the resident, to prevent imminent harm to the resident or another individual, or to stop physical harm to another individual; and
    - c. Discontinued at the earliest possible time;
  4. If as a result of a resident's aggressive, violent, or self-destructive behavior, harm to the resident or another individual is imminent or the resident or another individual is being physically harmed, a personnel member:
    - a. May initiate an emergency application of restraint or seclusion for the resident before obtaining an order for the restraint or seclusion, and
    - b. Obtains an order for the restraint or seclusion of the resident during the emergency application of the restraint or seclusion;
  5. An order for restraint or seclusion includes:
    - a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;
    - b. The date and time that the restraint or seclusion was ordered;
    - c. The specific restraint or seclusion ordered;

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- d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
  - e. The specific criteria for release from restraint or seclusion without an additional order; and
  - f. The maximum duration authorized for the restraint or seclusion;
6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed three continuous hours;
7. If an order for restraint or seclusion of a resident is not provided by the resident's attending physician, the resident's attending physician is notified as soon as possible;
8. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a resident during restraint or seclusion, or evaluate a resident after restraint or seclusion, and a physician or registered nurse practitioner does not order restraint or seclusion, until the medical practitioner or personnel member, completes education and training that:
- a. Includes:
    - i. Techniques to identify medical practitioner, personnel member, and resident behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion;
    - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
    - iii. Techniques for identifying the least restrictive intervention based on an assessment of the resident's medical or behavioral health condition;
    - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a resident who is restrained or secluded;
    - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
    - vi. Monitoring and assessing a resident while the resident is in restraint or seclusion according to policies and procedures; and
    - vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
  - b. Is provided by individuals qualified according to policies and procedures;
9. When a resident is placed in restraint or seclusion:
- a. The restraint or seclusion is conducted according to policies and procedures;
  - b. The restraint or seclusion is proportionate and appropriate to the severity of the resident's behavior and the resident's:
    - i. Chronological and developmental age;
    - ii. Size;
    - iii. Gender;
    - iv. Physical condition;
    - v. Medical condition;
    - vi. Psychiatric condition; and
  - vii. Personal history, including any history of physical or sexual abuse;
- c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
- d. The resident is monitored and assessed according to policies and procedures;
- e. A physician or registered nurse assesses the resident within one hour after the resident is placed in the restraint or seclusion and determines:
  - i. The resident's current behavior,
  - ii. The resident's reaction to the restraint or seclusion used,
  - iii. The resident's medical and behavioral condition, and
  - iv. Whether to continue or terminate the restraint or seclusion;
- f. The resident is given the opportunity:
  - i. To eat during mealtime, and
  - ii. To use the toilet; and
- g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
10. A medical practitioner or personnel member documents the following information in a resident's medical record before the end of the shift in which the resident is placed in restraint or seclusion or, if the resident's restraint or seclusion does not end during the shift in which it began, during the shift in which the resident's restraint or seclusion ends:
  - a. The emergency situation that required the resident to be restrained or put in seclusion,
  - b. The times the resident's restraint or seclusion actually began and ended,
  - c. The monitoring and time of the assessment,
  - d. The names of the medical practitioners and personnel members with direct resident contact while the resident was in the restraint or seclusion,
  - e. The times the resident was given the opportunity to eat or use the toilet according to subsection (C)(9)(f), and
  - f. The resident evaluation required in subsection (C)(12);
11. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:
  - a. The specific criteria for release from restraint or seclusion without an additional order, and
  - b. The maximum duration authorized for the restraint or seclusion; and
12. A resident is evaluated after restraint or seclusion is no longer being used for the resident.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. §

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41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-515 renumbered to R9-10-2115; new Section R9-10-515 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-516. Physical Health Services****A.** An administrator shall ensure that:

1. A resident has an attending physician;
2. An attending physician is available 24 hours a day;
3. An attending physician designates a physician who is available when the attending physician is not available;
4. A physical examination is performed on a resident by a physician or by a physician assistant or registered nurse practitioner designated by the resident's attending physician:
  - a. If indicated, based on the resident's placement evaluation or comprehensive assessment; and
  - b. At least once every 12 months after the date of admission, including an assessment of the acuity of the resident's medical condition;
5. If a resident's physical examination, placement evaluation, or comprehensive assessment indicates a need for:
  - a. Intermittent nursing services, the resident's attending physician, in conjunction with the director of nursing, develops a nursing care plan of treatment for the resident, which is integrated into the resident's individual program plan; or
  - b. Continuous nursing services, the resident's attending physician, in conjunction with the director of nursing, develops a medical care plan of treatment for the resident, which is integrated into the resident's individual program plan; and
6. Vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
  - a. The attending physician provides documentation that the vaccination is medically contraindicated;
  - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
  - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention.

**B.** An administrator shall ensure that:

1. Nursing services are available 24 hours a day in an ICF/IID;
2. For an ICF/IID authorized to admit a resident requiring:
  - a. Continuous nursing services, a registered nurse is on the premises; or

- b. Intermittent nursing services, a nurse is on the premises according to the schedule in a resident's nursing care plan; and

3. The director of nursing or an individual designated by the director of nursing participates in the quality management program.

**C.** A director of nursing shall ensure that:

1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on:
  - a. The acuity of the residents, and
  - b. The ICF/IID's scope of services;
2. Sufficient nursing personnel, as determined by the method in subsection (C)(1), are on the ICF/IID's premises to meet the needs of a resident for nursing services;
3. A registered nurse participates in the development, review, and updating of a resident's nursing care plan or medical care plan;
4. Personnel members providing direct care to a resident with a nursing care plan or medical care plan receive direction from a nurse;
5. At least once every three months, a nurse:
  - a. Assesses the health of a resident without a nursing care plan or medical care plan;
  - b. Documents the results in the resident's medical record; and
  - c. If the assessment indicates the need for physical health services or behavioral care, initiate action, according to policies and procedures, to address the resident's needs;
6. Nursing personnel provide education and training to:
  - a. Residents on hygiene and other behaviors that promote health; and
  - b. Personnel members on:
    - i. Detecting signs of illness or injury or significant changes in condition,
    - ii. First aid, and
    - iii. Basic skills for caring for residents;
7. A nurse notifies a resident's attending physician and, if applicable, the resident's representative immediately or within 24 hours after one of the following events occur:
  - a. Is injured,
  - b. Is involved in an incident that requires medical services, or
  - c. Has a significant change in condition; and
8. Only a medication required by an order is administered to a resident.

**D.** An administrator shall ensure that:

1. Dental services are provided to a resident by an individual licensed as:
  - a. A dentist under A.R.S. Title 32, Chapter 11, Article 2; or
  - b. A dental hygienist under A.R.S. Title 32, Chapter 11, Article 4;
2. If needed, based on a resident's initial assessment, a dentist or dental hygienist in subsection (D)(1) participates as part of an interdisciplinary team in the development of the resident's individual program plan;
3. A resident is provided with a complete dental examination within one month after admission, unless the ICF/IID has documentation of the resident's dental examination completed within 12 months before admission;
4. If a resident's dental examination indicates the resident needs dental treatment:

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- a. A dentist or dental hygienist in subsection (D)(1) participates as part of an interdisciplinary team in the review and updating of the resident's individual program plan, and
    - b. The resident is provided with dental treatment;
  - 5. A dental examination is performed by a dentist or dental hygienist in subsection (D)(1) on a resident at least once every 12 months and treatment is provided as needed;
  - 6. If needed, a resident is provided with emergency dental services;
  - 7. A resident is provided with education and training in oral hygiene; and
  - 8. A resident's medical record contains documentation of:
    - a. Each dental examination of the resident,
    - b. All dental treatment provided to the resident, and
    - c. The resident's education and training in oral hygiene.
- E.** An administrator shall ensure that:
- 1. A resident's vision and hearing are assessed as part of the resident's comprehensive assessment and, if applicable, as part of the update of the comprehensive assessment; and
  - 2. If an issue is identified with the resident's vision or hearing, the resident is provided, as applicable, with:
    - a. Treatment to address the identified issue, or
    - b. An assistive device to address an issue.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-516 renumbered to R9-10-2116; new Section R9-10-516 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-517. Behavioral Care**

- A.** An administrator shall ensure that:
- 1. A resident who receives behavioral care from the ICF/IID is evaluated by a behavioral health professional or medical practitioner:
    - a. Within 30 calendar days before the resident is admitted to the ICF/IID or before the resident begins receiving behavioral care, and
    - b. At least once every six months throughout the duration of the resident's need for behavioral care;
  - 2. A behavioral health professional or medical practitioner:

- a. Documents that the behavioral care needed by the resident is within the ICF/IID's scope of services, and
    - b. Includes measurable objectives for the behavioral care and the methods for meeting the objectives in the resident's individual program plan; and
  - 3. The documentation in subsection (A)(2) is included in the resident's medical record.
- B.** If a resident of an ICF/IID requires behavioral health services provided by a behavioral health professional on an intermittent basis as part of behavioral care, an administrator shall ensure that:
- 1. The behavioral health services are provided by a behavioral health professional licensed or certified to provide the type of behavioral health services required by the resident; and
  - 2. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1). Section R9-10-517 renumbered to R9-10-2117; new Section R9-10-517 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-518. Clinical Laboratory Services**

If clinical laboratory services are authorized to be provided on an ICF/IID's premises, an administrator shall ensure that:

- 1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
- 2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
- 3. The ICF/IID:
  - a. Is able to provide the clinical laboratory services delineated in the ICF/IID's scope of services when needed by the residents,

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- b. Obtains specimens for the clinical laboratory services delineated in the ICF/IID's scope of services without transporting the residents from the ICF/IID's premises, and
- c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
  - a. Available to the ordering physician within 24 hours after the test:
    - i. Is complete with results if the test is performed at a laboratory on the ICF/IID's premises, or
    - ii. Result is received if the test is performed at a laboratory outside of the ICF/IID's premises; and
  - b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, personnel notify:
  - a. The ordering physician,
  - b. A registered nurse in the resident's assigned unit,
  - c. The ICF/IID's administrator, or
  - d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the ICF/IID provides blood or blood products, policies and procedures are established, documented, and implemented for:
  - a. Procuring, storing, transfusing, and disposing of blood or blood products;
  - b. Blood typing, antibody detection, and blood compatibility testing; and
  - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-518 renumbered to R9-10-2118; new Section R9-10-518 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-519. Respiratory Care Services**

If respiratory care services are authorized to be provided on an ICF/IID's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of an attending physician;
2. Respiratory care services are provided according to an order that includes:
  - a. The resident's name;
  - b. The name and signature of the ordering individual;
  - c. The type, frequency, and, if applicable, duration of treatment;
  - d. The type and dosage of medication and diluent; and
  - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
  - a. The date and time of administration;
  - b. The type of respiratory care services provided;
  - c. The effect of the respiratory care services;
  - d. The resident's adverse reaction to the respiratory care services, if any; and
  - e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-518.

**Historical Note**

R9-10-519 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-520. Medication Services**

- A. An administrator shall ensure that policies and procedures for medication services:
  1. Include:
    - a. A process for providing information to a resident about medication prescribed for the resident including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse response to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
    - d. Procedures for documenting medication services; and
    - e. Procedures for assisting a resident in obtaining medication; and
  2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B. An administrator shall ensure that:
  1. Policies and procedures for medication administration:

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- a. Are reviewed and approved by a pharmacist;
  - b. Specify the individuals who may:
    - i. Order medication, and
    - ii. Administer medication;
  - c. Ensure that medication is administered to a resident only as prescribed; and
  - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a resident:
- a. Is administered in compliance with an order, and
  - b. Is documented in the resident's medical record; and
4. If a psychotropic medication is administered to a resident, the psychotropic medication:
- a. Is only administered to a resident for a diagnosed medical condition; and
  - b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the attending physician documents the necessity for the continued use and dosage.
- C. If an ICF/IID provides assistance in the self-administration of medication, an administrator shall ensure that:
- 1. A resident's medication is stored by the ICF/IID;
  - 2. The following assistance is provided to a resident:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the resident;
    - c. Observing the resident while the resident removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the resident's attending physician by confirming that:
      - i. The resident taking the medication is the individual stated on the medication container label,
      - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from the resident's attending physician dated later than the date on the medication container label, and
      - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from the resident's attending physician dated later than the date on the medication container label; or
    - e. Observing the resident while the resident takes the medication;
  - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by the resident's attending physician or registered nurse;
  - 4. Training for a personnel member, other than a physician, physician assistant, or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by the resident's attending physician, another physician, a physician assistant, or a registered nurse or an individual trained by a physician, physician assistant, or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
5. A personnel member, other than a physician, physician assistant, or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a resident:
- a. Is in compliance with an order, and
  - b. Is documented in the resident's medical record.
- D. An administrator shall ensure that:
- 1. A current drug reference guide is available for use by personnel members;
  - 2. If applicable, pharmaceutical services are provided under the direction of a pharmacist and comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
  - 3. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at an ICF/IID, an administrator shall ensure that:
- 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of residents who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the resident's attending physician or the physician who ordered the medication and the ICF/IID's director of nursing.

**Historical Note**

R9-10-520 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-521. Infection Control**

An administrator shall ensure that:

- 1. An infection control program is established, under the direction of an individual qualified according to policies

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- and procedures, to prevent the development and transmission of infections and communicable diseases including:
- a. A method to identify and document infections occurring at the ICF/IID;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases at the ICF/IID;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the ICF/IID; and
  - d. Documentation of infection control activities including:
    - i. The collection and analysis of infection control data,
    - ii. The actions taken related to infections and communicable diseases, and
    - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
  3. Policies and procedures are established, documented, and implemented that cover:
    - a. Handling and disposal of biohazardous medical waste;
    - b. Sterilization, disinfection, and storage of medical equipment and supplies;
    - c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
    - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
    - e. Cleaning of a resident's bedroom, furniture, and bedding after the resident's discharge before the bedroom is reassigned to another resident;
    - f. Training of personnel members, employees, and volunteers in infection control practices; and
    - g. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
  4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  5. Soiled linen and clothing are:
    - a. Collected in a manner to minimize or prevent contamination;
    - b. Bagged at the site of use; and
    - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
  6. A resident's personal laundry is washed separately from towels, sheets, and bedding; and
  7. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.
2. A copy of the ICF/IID's food establishment license or permit is maintained;
  3. If the ICF/IID contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the ICF/IID:
    - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the ICF/IID; and
    - b. The ICF/IID is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
  4. A registered dietitian:
    - a. Participates as part of an interdisciplinary team for a resident requiring a modified or special diet,
    - b. Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,
    - c. Documents the review of a food menu, and
    - d. Is available for consultation regarding a resident's nutritional needs; and
  5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to ensure that the nutritional needs of a resident are met.
- B.** A registered dietitian or director of food services shall ensure that:
1. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
  2. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served on each day,
    - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  3. Meals and snacks for each day are planned and served using the applicable guidelines in the most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture;
  4. A resident is provided:
    - a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and individual program plan;
    - b. Food served in sufficient quantities to meet the resident's nutritional needs and at an appropriate temperature;
    - c. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(4)(e);
    - d. The option to have a daily evening snack identified in subsection (B)(4)(e)(ii) or other snack; and
    - e. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      - i. A resident group agrees; and
      - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and veg-

**Historical Note**

R9-10-521 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-522. Food Services**

- A.** An administrator shall ensure that:
1. The ICF/IID has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;



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- etable food group or the bread and cereal food group;
5. A resident is provided with food substitutions of similar nutritional value if:
    - a. The resident refuses to eat the food served, or
    - b. The resident requests a substitution;
  6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
  7. If food is used as a part of a program to manage a resident's inappropriate behavior:
    - a. A special diet is included as part of the resident's individual program plan, and
    - b. The special diet is reviewed and evaluated by a physician and a dietitian to ensure the special diet meets the resident's nutritional needs;
  8. Meals are served to residents at tables in a dining area and in a manner that allows the resident to eat from an upright position, unless otherwise specified in the resident's individual program plan or by an attending physician;
  9. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
  10. Personnel members supervise meals in dining areas to:
    - a. Direct a resident's self-help dining procedures,
    - b. Ensure a resident consumes enough food to meet the resident's nutritional needs, and
    - c. Ensure that a resident eats in a manner consistent with the resident's developmental level;
  11. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair; and
  12. Water is available and accessible to residents.

**Historical Note**

R9-10-522 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**R9-10-523. Emergency and Safety Standards****A.** An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
  - a. A floor plan of the facility showing emergency protection equipment, evacuation routes, and exits;
  - b. When, how, and where residents will be relocated, including:
    - i. Instructions for the evacuation or transfer of residents,
    - ii. Assigned responsibilities for each employee and personnel member, and
    - iii. A plan for continuing to provide services to meet a resident's needs;
  - c. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
  - d. A plan for back-up power and water supply;
  - e. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;

- f. A plan to ensure a resident is provided nursing services, rehabilitation services, and other services required by the resident during a disaster; and
  - g. A plan for obtaining food and water for individuals present in the ICF/IID or the ICF/IID's relocation site during a disaster;
2. Personnel members receive training on the content and use of the disaster plan required in subsection (A)(1);
  3. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
  4. Documentation of a disaster plan review required in subsection (A)(3) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  5. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  6. An evacuation drill for employees is conducted on each shift at least once every three months and documented;
  7. An evacuation drill for residents:
    - a. Is conducted at least once each year on each shift and documented; and
    - b. Includes all residents on the premises except for:
      - i. A resident whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident, and
      - ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(7)(b)(i);
  8. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for employees and residents to evacuate to a designated area;
    - c. If applicable:
      - i. An identification of residents needing assistance for evacuation, and
      - ii. An identification of residents who were not evacuated;
    - d. Any problems encountered in conducting the evacuation drill; and
    - e. Recommendations for improvement, if applicable; and
  9. An evacuation path is conspicuously posted on each hallway of each floor of the ICF/IID.
- B.** An administrator shall ensure that, if an ICF/IID has:
1. More than 16 residents or a resident who has a medical care plan or whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident:
    - a. A fire alarm system is installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and is in working order; and
    - b. A sprinkler system is installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated

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- by reference in R9-10-104.01, and is in working order; and
2. Sixteen or fewer residents, none of whom have a medical care plan or whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident:
    - a. A fire alarm system and a sprinkler system meeting the requirements in subsection (B)(1) are installed and in working order; or
    - b. The ICF/IID has:
      - i. A fire extinguisher that is:
        - (1) Labeled as rated at least 2A-10-BC by the Underwriters Laboratories;
        - (2) Accessible to personnel members and inaccessible to residents;
        - (3) If a disposable fire extinguisher, replaced when its indicator reaches the red zone; and
        - (4) If a rechargeable fire extinguisher, is serviced at least once every 12 months, as documented by a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher; and
      - ii. Smoke detectors that are:
        - (1) Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
        - (2) Either battery operated or, if hard-wired into the electrical system of the ICF/IID, has a back-up battery;
        - (3) In working order; and
        - (4) Tested at least once a month, with documentation of the test maintained for at least 12 months after the date of the test.
- C. An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.
- D. An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
- Historical Note**
- R9-10-523 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4).
- R9-10-524. Environmental Standards**
- A. An administrator shall ensure that:
1. An ICF/IID's premises and equipment are:
    - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and
    - b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
  2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  3. Equipment used to provide direct care is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  5. Garbage and refuse are:
    - a. In areas used for food storage, food preparation, or food service, stored in a covered container lined with a plastic bag;
    - b. In areas not used for food storage, food preparation, or food service, stored:
      - i. According to the requirements in subsection (A)(5)(a), or
      - ii. In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
    - c. Removed from the premises at least once a week;
  6. Heating and cooling systems maintain the ICF/IID at a temperature between 70° F and 84° F;
  7. Common areas:
    - a. Are lighted to assure the safety of residents, and
    - b. Have lighting sufficient to allow personnel members to monitor resident activity;
  8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
  9. The temperature of the hot water does not exceed 120° F;
  10. Linens are clean before use, without holes and stains, and not in need of repair;
  11. Oxygen containers are secured in an upright position;
  12. Poisonous or toxic materials stored by the ICF/IID are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
  13. Combustible or flammable liquids stored by the ICF/IID are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
  14. If pets or animals are allowed in the ICF/IID, pets or animals are:
    - a. Controlled to prevent endangering the residents and to maintain sanitation;
    - b. Licensed consistent with local ordinances; and
    - c. For a dog or cat, vaccinated against rabies;
  15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

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- B.** An administrator shall ensure that:
- Smoking tobacco products are not permitted within an ICF/IID; and
  - Smoking tobacco products may be permitted outside an ICF/IID if:
    - Signs designating smoking areas are conspicuously posted, and
    - Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
- At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-503(C)(1)(g) is present in the pool area when a resident is in the pool area, and
  - At least two personnel members are present in the pool area when two or more residents are in the pool area.
- Historical Note**  
R9-10-524 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-525. Physical Plant Standards**
- A.** An administrator shall ensure that, if an ICF/IID has:
- More than 16 residents, the ICF/IID complies with:
    - The applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the earlier of:
      - The date the ICF/IID was originally certified as an ICF/IID by the federal Centers for Medicare and Medicaid Services, or
      - The date the ICF/IID submitted the application packet including the notarized attestation of architectural plans according to R9-10-104; and
    - The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01; and
  - Sixteen or fewer residents, the ICF/IID complies with the requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01.
- B.** An administrator shall ensure that:
- The premises and equipment are sufficient to accommodate:
    - The services stated in the ICF/IID's scope of services, and
    - An individual accepted as a resident by the ICF/IID;
  - A common area for use by residents is provided that has sufficient space and furniture to accommodate the recreational and socialization needs of residents;
  - A dining area has sufficient space and tables and chairs to accommodate the needs of the residents;
  - At least one bathroom is accessible from a common area and:
    - May be used by residents and visitors;
    - Does not open into an area in which food is prepared;
    - Provides privacy when in use; and
    - Contains the following:
      - At least one working sink with running water,
      - At least one working toilet that flushes and has a seat,
      - Toilet tissue for each toilet,
      - Soap in a dispenser accessible from each sink,
      - Paper towels in a dispenser or a mechanical air hand dryer,
      - Lighting, and
      - A window that opens or another means of ventilation;
- C.** An administrator shall ensure that:
- For every eight residents there is at least one working toilet that flushes and has a seat and one sink with running water;
  - For every eight residents there is at least one working bathtub or shower;
  - A resident bathroom provides privacy when in use and contains:
    - A mirror;
    - Toilet tissue for each toilet;
    - Soap accessible from each sink;
    - Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is used by more than one resident;
    - A window that opens or another means of ventilation;
    - Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
    - Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
  - An ICF/IID is ventilated by windows or mechanical ventilation, or a combination of both;
  - If required for the residents of the ICF/IID, the corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
  - No more than two individuals reside in a resident bedroom; and
  - A resident's bedroom;
    - Is accessible without passing through a storage area, an equipment room, or another resident's bedroom;
    - Is constructed and furnished to provide unimpeded access to the door;
    - Has floor-to-ceiling walls with at least one door;
    - Does not open into any area where food is prepared, served, or stored;
    - If a private bedroom, has at least 80 square feet of floor space, not including a closet or bathroom;
    - If a shared bedroom, has at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom;
    - Has a separate bed, at least 36 inches in width and 72 inches in length, for each resident, consisting of at least a frame and mattress that is clean and in good repair;
    - Has clean linen, including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;

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- i. Has furniture to meet the resident's needs and sufficient light for reading;
  - j. Has an openable window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
  - k. Has individual storage space for a resident's possessions and assistive devices; and
  - l. Has a closet with clothing racks and shelves accessible to the resident.
- D.** If a swimming pool is located on the premises, an administrator shall ensure that:
- 1. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (D)(1)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground, and
      - iii. Is locked when the swimming pool is not in use; and
  - 2. A life preserver or shepherd's crook is available and accessible in the pool area.
- E.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (D)(1) is covered and locked when not in use.

**Historical Note**

R9-10-525 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4). Amended by final expedited rulemaking at 31 A.A.R. 1263 (April 18, 2025), with an immediate effective date of April 1, 2025 (Supp. 25-2).

**ARTICLE 6. HOSPICES****R9-10-601. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article unless otherwise specified:

- 1. "Medical social services" means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient's illness, finances, or personal issues and may include problem-solving, interventions, and identification of resources to address the patient's or the patient's family's concerns.
- 2. "Palliative care" means medical services or nursing services provided to a patient that is not curative and is designed for pain control or symptom management.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to

Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-602. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a hospice service agency or hospice inpatient facility shall include on the application:

- 1. For an application as a hospice service agency:
  - a. The hours of operation for the hospice's administrative office, and
  - b. The geographic region to be served by the hospice service agency; and
- 2. For an application as a hospice inpatient facility, the requested licensed capacity.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-603. Administration****A.** A governing authority shall:

- 1. Consist of one or more individuals responsible for the organization, operation, and administration of the hospice;
- 2. Establish, in writing:
  - a. A hospice's scope of services, and
  - b. Qualifications for an administrator;
- 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
- 4. Adopt a quality management plan according to R9-10-604;
- 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
- 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
  - a. Expected not to be present:
    - i. At a hospice service agency's administrative office for more than 30 calendar days, or
    - ii. On a hospice inpatient facility's premises for more than 30 calendar days; or
  - b. Not present:
    - i. At a hospice service agency's administrative office for more than 30 calendar days, or
    - ii. On a hospice inpatient facility's premises for more than 30 calendar days; and
- 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

**B.** An administrator:

- 1. Is directly accountable to the governing authority of a hospice for the daily operation of the hospice and all services provided by or through the hospice;
- 2. Has the authority and responsibility to manage the hospice;
- 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the hospice's premises and accountable for the:
  - a. Hospice service agency when the administrator is not present at the hospice service agency's administrative office, or

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- b. Inpatient hospice facility when the administrator is not on hospice inpatient facility's premises; and
  - 4. Designates a personnel member to provide direction for volunteers.
- C. An administrator shall ensure that:
  - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to patient care;
    - d. Include methods to prevent abuse or neglect of a patient, including:
      - i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
      - ii. Reporting of abuse or neglect of a patient;
    - e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - f. Include a method to identify a patient to ensure the patient receives hospice services as ordered;
    - g. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
    - h. Cover specific steps for:
      - i. A patient to file a complaint, and
      - ii. The hospice service agency or hospice inpatient facility to respond to a patient's complaint;
    - i. Cover health care directives;
    - j. Cover medical records, including electronic medical records;
    - k. Cover a quality management program, including incident reports and supporting documentation;
    - l. Cover contracted services; and
    - m. Cover information and education to a patient or a patient's representative of proper disposal of schedule II controlled substances in compliance with A.R.S. § 36-425.04;
  - 2. Policies and procedures for hospice services are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient screening, admission, transfer, discharge planning, and discharge;
    - b. Cover the provision of hospice services;
    - c. Include when general consent and informed consent are required;
    - d. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
    - e. Cover dispensing, administering, and disposing of medication;
    - f. Cover infection control; and
    - g. Cover telemedicine, if applicable;
    - h. Cover clergy visitation procedures in compliance with A.R.S. § 36-407.02;
  - 3. For a hospice inpatient facility, policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover visitation of a patient, including:
      - i. Allowing visitation by individuals 24 hours a day, and
      - ii. Allowing a visitor to bring a pet to visit the patient;
    - b. Cover the use and display of a patient's personal belongings; and
    - c. Cover environmental services that affect patient care;
  - 4. Policies and procedures are reviewed and updated at least once every three years;
  - 5. Policies and procedures are available to personnel members, employees, volunteers, and students; and
  - 6. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a hospice, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospice.
- D. An administrator shall designate, in writing, a:
  - 1. Physician as the medical director who has the authority and responsibility for providing direction for the medical services provided by the hospice, and
  - 2. Registered nurse as the director of nursing who has the authority and responsibility for managing nursing services provided by the hospice.
- E. An administrator shall ensure that the following are conspicuously posted:
  - 1. The current Department-issued license;
  - 2. The current telephone number of the Department; and
  - 3. The location at which the following are available for review:
    - a. A copy of the most recent Department inspection report;
    - b. A list of the services provided by the hospice; and
    - c. A written copy of rates and charges, as required in A.R.S. § 36-436.03.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).

**R9-10-604. Quality Management**

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and

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- e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-605. Contracted Services**

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-606. Personnel**

**A.** An administrator shall ensure that:

- 1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services listed in the established job description;

- 2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services, and
  - b. According to policies and procedures;
- 3. Sufficient personnel members are available and, for a hospice inpatient facility, present on the hospice inpatient facility's premises, with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the hospice's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient;
- 4. Orientation occurs within the first week of providing hospice services and includes:
  - a. Informing personnel about Department rules for licensing and regulating hospices and where the rules may be obtained,
  - b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospice, and
  - c. Providing the information required by hospice policies and procedures;
- 5. Personnel receive in-service education according to criteria established in hospice policies and procedures;
- 6. In-service education documentation for a personnel member includes:
  - a. The subject matter,
  - b. The date of the in-service education, and
  - c. The signature of each individual who participated in the in-service education; and
- 7. A personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
  - a. On or before the date the individual begins providing services at or on behalf of the hospice service facility or hospice inpatient facility, and
  - b. As specified in R9-10-113.
- B.** An administrator shall ensure that record is maintained for each personnel member, employee, volunteer, or student that includes:
  - 1. The individual's name, date of birth, and contact telephone number;
  - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  - 3. Documentation of:
    - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's completed orientation and in-service education as required by policies and procedures;
    - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures; and
    - e. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(7).
- C.** An administrator shall ensure that personnel records are:
  - 1. Maintained:
    - a. Throughout the individual's period of providing services in or for the hospice, and

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- b. For at least 24 months after the last date the individual provided services in or for the hospice; and
- 2. For a personnel member who has not provided physical health services at or for the hospice during the previous 12 months, provided to the Department within 72 hours after the Department's request.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-607. Admission**

- A. Before admitting an individual as a patient, an administrator shall obtain:
  - 1. The name of the individual's physician;
  - 2. Documentation that the individual has a diagnosis by a physician that indicates that the individual has a specific, progressive, normally irreversible disease that is likely to cause the individual's death in six months or less; and
  - 3. Documentation from the individual or the individual's representative acknowledging that:
    - a. Hospice services include palliative care and supportive services and are not curative, and
    - b. The individual or individual's representative has received a list of services to be provided by the hospice.
- B. At the time of admission, a physician or registered nurse shall:
  - 1. Assess a patient's medical, social, nutritional, and psychological needs; and
  - 2. As applicable, obtain informed consent or general consent.
- C. Before or at the time of admission, a personnel member qualified according to policies and procedures shall assess the social and psychological needs of a patient's family, if applicable.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-608. Care Plan**

- A. An administrator shall ensure that a care plan is developed for each patient:
  - 1. Based on the:
    - a. Assessment of the:
      - i. Patient; and
      - ii. Patient's family, if applicable;
    - b. Hospice service agency's or inpatient hospice facility's scope of service;
  - 2. With participation from a:
    - a. Physician,
    - b. Registered nurse, and
    - c. Another personnel member as designated in R9-10-612(A)(4); and
  - 3. That includes:
    - a. The patient's diagnosis;
    - b. The patient's health care directives;
    - c. The patient's cognitive awareness of self, location, and time;

- d. The patient's functional abilities and limitations;
- e. Goals for pain control and symptom management;
- f. The type, duration, and frequency of services to be provided to the patient and, if applicable, the patient's family;
- g. Treatments the patient is receiving from a health care institution or health care professional other than the hospice, if applicable;
- h. Medications ordered for the patient;
- i. Any known allergies;
- j. Nutritional requirements and preferences; and
- k. Specific measures to improve the patient's safety and protect the patient against injury.

**B. An administrator shall ensure that:**

- 1. A request for participation in a patient's care plan is made to the patient or patient's representative;
- 2. An opportunity for participation in the patient's care plan is provided to the patient, patient's representative, or patient's family; and
- 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.

**C. An administrator shall ensure that:**

- 1. Hospice services are provided to a patient and, if applicable, the patient's family according to the patient's care plan;
- 2. A patient's care plan is reviewed and updated:
  - a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided;
  - b. If the patient's physician orders a change in the care plan; and
  - c. At least every 30 calendar days; and
- 3. A patient's physician authenticates the care plan with a signature within 14 calendar days after the care plan is initially developed and whenever the care plan is reviewed or updated.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-608 renumbered to R9-10-609; new Section R9-10-608 renumbered from R9-10-611 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-609. Transfer**

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

- 1. A personnel member coordinates the transfer and the services provided to the patient;
- 2. According to policies and procedures:
  - a. An evaluation of the patient is conducted before the transfer;
  - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
  - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
- 3. Documentation in the patient's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;

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- c. The mode of transportation; and
- d. If applicable, the name of the personnel member accompanying the patient during a transfer.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-609 renumbered to R9-10-610; new Section R9-10-609 renumbered from R9-10-608 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-610. Patient Rights****A.** An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures include:
  - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
  - b. Where patient rights are posted as required in subsection (A)(1).

**B.** An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion;
  - i. Restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by the hospice's personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent for treatment before treatment is initiated;
  - c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
  - d. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a hospice for identification and administrative purposes;
  - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
    - i. Medical record, or
    - ii. Financial records;
  - f. Is informed of:
    - i. The components of hospice services provided by the hospice;

- ii. The rates and charges for the components of hospice services before the components are initiated and before a change in rates, charges, or services;
- iii. The hospice's policy on health care directives; and
- iv. The patient complaint process; and
- g. Is informed that a written copy of rates and charges, as required in A.R.S. § 36-436.03, may be requested.

**C.** A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the hospice inpatient facility is not authorized or not able to provide physical health services needed by the patient;
6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
7. To participate or refuse to participate in research or experimental treatment;
8. To participate in religious visitation by a clergy member according to A.R.S. § 36-407.02; and
9. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-610 renumbered to R9-10-611; new Section R9-10-610 renumbered from R9-10-609 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).

**R9-10-611. Medical Records****A.** An administrator shall ensure that:

1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
  - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a medical practitioner according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical practitioner issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature



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represents is accountable for the use of the rubber-stamp signature or electronic signature;

5. A patient's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the patient's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of a patient or the patient's representative; or
  - c. As permitted by law; and
6. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a hospice maintains patients' medical records electronically, an administrator shall ensure that:
  1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
  1. Patient information that includes:
    - a. The patient's name,
    - b. The patient's address,
    - c. The patient's telephone number,
    - d. The patient's date of birth, and
    - e. Any known allergy;
  2. The admission date and, if applicable, the date that the patient stopped receiving services from the hospice;
  3. The name and telephone number of the patient's physician;
  4. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative:
      - i. Is a legal guardian, a copy of the court order establishing guardianship; or
      - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
  5. The admitting diagnosis;
  6. If applicable, documented general consent and informed consent, by the patient or the patient's representative;
  7. Documentation of medical history;
  8. A copy of the patient's living will, health care power of attorney, or other health care directive, if applicable;
  9. Orders;
  10. The assessment required in R9-10-607(B)(1);
  11. Care plans;
  12. Progress notes for each patient contact, including:
    - a. The date of the patient contact,
    - b. The services provided,
    - c. A description of the patient's condition, and
    - d. Instructions given to the patient or patient's representative;
  13. Documentation of hospice services provided to the patient;
  14. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  15. Documentation of coordination of patient care;
  16. Documentation of contacts with the patient's physician by a personnel member;
  17. The discharge summary, if applicable;
  18. If applicable, transfer documentation from a sending health care institution; and
  19. Documentation of a medication administered to the patient that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain, when initially administered or when administered on a PRN basis:
      - i. An assessment of the patient's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication, when initially administered or when administered on a PRN basis:
      - i. An assessment of the patient's behavior before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - e. The identification, signature, and professional designation of the individual administering the medication; and
    - f. Any adverse reaction a patient has to the medication.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-611 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-611 renumbered to R9-10-608; new Section R9-10-611 renumbered from R9-10-610 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-612. Hospice Services**

- A.** An administrator shall ensure that the following are included in the hospice services provided by the hospice:
  1. Medical services;
  2. Nursing services;
  3. Nutritional services, including menu planning and the designation of the kind and amount of food appropriate for a patient;
  4. Medical social services, provided as follows by a personnel member:
    - a. Qualified according to policies and procedures to coordinate medical social services; and
    - b. Who is licensed under A.R.S. Title 32, Chapter 33, Article 5, if applicable;
  5. Bereavement counseling for a patient's family for at least one year after the death of the patient; and
  6. Spiritual counseling services, consistent with a patient's customs, religious preferences, cultural background, and ethnicity.
- B.** In addition to the services specified in subsection (A), an administrator of a hospice service agency shall ensure that the following are included in the hospice services provided by the hospice:
  1. Home health aide services;

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2. Respite care services; and
3. Supportive services, as defined in A.R.S. § 36-151.
- C. An administrator shall ensure that the medical director provides direction for medical services provided by or through the hospice.
- D. A medical director shall ensure that:
1. A patient's need for medical services is met, according to the patient's care plan and the hospice's scope of services; and
  2. If a patient is receiving medical services not provided by or through the hospice, hospice services are coordinated with the physician providing medical services to the patient.
- E. A director of nursing shall ensure that:
1. A registered nurse or practical nurse provides nursing services according to the hospice's policies and procedures;
  2. A sufficient number of nurses are available to provide the nursing services identified in each patient's care plan;
  3. The care plan for a patient is implemented;
  4. A personnel member is only assigned to provide services the personnel member can competently perform;
  5. A registered nurse:
    - a. Assigns tasks in writing to a home health aide who is providing home health aide service to a patient,
    - b. Provides direction for the home health aide services provided to a patient, and
    - c. Verifies the competency of the home health aide in performing assigned tasks;
  6. A registered dietitian or a personnel member under the direction of a registered dietitian plans menus for a patient;
  7. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact;
  8. A patient's physician is immediately informed of a change in the patient's condition that requires medical services; and
  9. The implementation of a patient's care plan is coordinated among the personnel members providing hospice services to the patient.
- Historical Note**
- Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-612 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).
- R9-10-613. Medication Services**
- A. An administrator shall ensure that policies and procedures for medication services:
1. Include:
    - a. A process for providing information to a patient about medication prescribed for the patient including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
  - b. Procedures for preventing, responding to, and reporting:
    - i. A medication error,
    - ii. An adverse reaction to a medication, or
    - iii. A medication overdose;
  - c. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs;
  - d. Procedures for:
    - i. Documenting medication administration; and
    - ii. Monitoring a patient who self-administers medication;
  - e. Procedures for assisting a patient in obtaining medication; and
  - f. If applicable, procedures for providing medication administration off the premises; and
2. Specify a process for review through the quality management program of:
  - a. A medication administration error, and
  - b. An adverse reaction to a medication.
- B. If a hospice provides medication administration, an administrator shall ensure that:
1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a patient only as prescribed; and
    - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
  2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  3. A medication administered to a patient:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the patient's medical record.
- C. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
  2. A current toxicology reference guide is available for use by personnel members;
  3. If pharmaceutical services are provided on the premises:
    - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by the hospice's policies and procedures is established to:
      - i. Develop a drug formulary,
      - ii. Update the drug formulary at least every 12 months,
      - iii. Develop medication usage and medication substitution policies and procedures, and
      - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the

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- ordering medical practitioner specifically orders otherwise;
  - b. The pharmaceutical services are provided under the direction of a pharmacist;
  - c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
  - d. A copy of the pharmacy license is provided to the Department upon request.
- D.** When medication is stored at a hospice inpatient facility, an administrator shall ensure that:
- 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- E.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the hospice's director of nursing.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-613 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-614. Infection Control**

An administrator shall ensure that:

- 1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases; and
  - d. Documenting infection control activities including:
    - i. The collection and analysis of infection control data,
    - ii. The actions taken relating to infections and communicable diseases, and

- iii. Reports of communicable diseases to the governing authority and state and county health departments;
- 2. Infection control documents are maintained for at least 12 months after the date of the documents;
- 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
  - a. Handling and disposal of biohazardous medical waste;
  - b. Sterilization and disinfection of medical equipment and supplies;
  - c. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
  - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a patient;
  - e. Training of personnel members in infection control practices; and
  - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
- 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
- 5. A personnel member washes hands or use a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-614 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-615. Food Services for a Hospice Inpatient Facility**

- A.** An administrator of a hospice inpatient facility shall ensure that:
- 1. Meals and snacks provided by the hospice inpatient facility are served according to a patient's dietary needs and preferences;
  - 2. Meals and snacks for each day are planned using:
    - a. The applicable most recent dietary guidelines according to the U.S. Department of Health and Human Services and U.S. Department of Agriculture, and
    - b. Preferences for meals and snacks obtained from patients;
  - 3. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
  - 4. Water is available and accessible to patients at all times, unless otherwise stated in a patient's care plan.
- B.** An administrator of a hospice inpatient facility shall ensure that food is obtained, prepared, served, and stored as follows:
- 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;

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2. Food is protected from potential contamination;
  3. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a patient, such as cut, chopped, ground, pureed, or thickened;
  4. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below;
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
      - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
      - vi. Leftovers are reheated to a temperature of at least 165° F;
  5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;
  6. Frozen foods are stored at a temperature of 0° F or below; and
  7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
- C.** An administrator shall ensure that:
1. For a hospice inpatient facility with a licensed capacity of more than 20 beds, the hospice inpatient facility:
    - a. Has a license or permit as a food establishment under 9 A.A.C. 8, Article 1, and
    - b. Maintains a copy of the hospice inpatient facility's food establishment license or permit;
  2. If the hospice inpatient facility contracts with food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospice inpatient facility a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the hospice inpatient facility; and
  3. Food is stored, refrigerated, and reheated to meet the dietary needs of a patient.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-615 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 30 A.A.R. 2499 (August 2, 2024), with an immediate effective date of July 8, 2024 (Supp. 24-3).

**R9-10-616. Emergency and Safety Standards for a Hospice****Inpatient Facility**

- A.** An administrator of a hospice inpatient facility shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. When, how, and where patients will be relocated, including:
      - i. Instructions for the evacuation or transfer of patients,
      - ii. Assigned responsibilities for each employee and personnel member, and
      - iii. A plan for providing continuing services to meet patient's needs;
    - b. How each patient's medical record will be available to individuals providing services to the patient during a disaster;
    - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the hospice inpatient facility or the hospice inpatient facility's relocation site during a disaster;
  2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
  3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  4. A disaster drill for employees is conducted on each shift at least once every three months and documented; and
  5. An evacuation path is conspicuously posted on each hallway of each floor of the hospice inpatient facility.
- B.** An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-616 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-617. Environmental Standards for a Hospice Inpatient Facility**

- A.** An administrator of a hospice inpatient facility shall ensure that:

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1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
    - a. Cleaning and storing of soiled linens and clothing,
    - b. Housekeeping procedures that ensure a clean environment, and
    - c. Isolation of a patient who may spread an infection;
  2. The premises and equipment are:
    - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
    - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury or illness;
  3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  4. Equipment used at the hospice inpatient facility is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in the hospice inpatient facility's policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  6. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags, and
    - b. Removed from the premises at least once a week;
  7. Soiled linen and clothing are:
    - a. Collected in a manner to minimize or prevent contamination;
    - b. Bagged at the site of use; and
    - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
  8. Heating and cooling systems maintain the hospice inpatient facility at a temperature between 70° F and 84° F at all times;
  9. Common areas:
    - a. Are lighted to assure the safety of patients, and
    - b. Have lighting sufficient to allow personnel members to monitor patient activity;
  10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
  11. Oxygen containers are secured in an upright position;
  12. Poisonous or toxic materials stored by the hospice inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
  13. Except for medical supplies needed by a patient, combustible or flammable liquids and hazardous materials are stored by the hospice inpatient facility in the original labeled containers or safety containers in a locked area inaccessible to patients;
  14. If pets or animals are allowed in the hospice inpatient facility, pets or animals are:
    - a. Controlled to prevent endangering the patients and to maintain sanitation, and
    - b. Licensed consistent with local ordinances;
  15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink, and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B.** An administrator of a hospice inpatient facility shall ensure that a patient is allowed to use and display personal belongings.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-617 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-618. Physical Plant Standards for a Hospice Inpatient Facility**

- A.** An administrator shall ensure that a hospice inpatient facility complies with applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01.
- B.** An administrator of a hospice inpatient facility shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the hospice inpatient facility's scope of services, and
  2. An individual accepted as a patient by the hospice inpatient facility.
- C.** An administrator of a hospice inpatient facility shall ensure that a patient's sleeping area:
1. Is shared by no more than four patients;
  2. Measures at least 80 square feet of floor space per patient, not including a closet;
  3. Has walls from floor to ceiling;
  4. Contains a door that opens into a hallway, common area, or outdoors;
  5. Is at or above ground level;
  6. Is vented to the outside of the hospice inpatient facility;
  7. Has a working thermometer for measuring the temperature in the sleeping area;
  8. For each patient, has a:
    - a. Bed,
    - b. Bedside table,
    - c. Bedside chair,
    - d. Reading light,
    - e. Privacy screen or curtain, and
    - f. Closet or drawer space;
  9. Is equipped with a bell, intercom, or other mechanical means for a patient to alert a personnel member;

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10. Is no farther than 20 feet from a room containing a toilet and a sink;
  11. Is not used as a passageway to another sleeping area, a toilet room, or a bathing room;
  12. Contains one of the following to provide sunlight:
    - a. A window to the outside of the hospice inpatient facility, or
    - b. A transparent or translucent door to the outside of the hospice inpatient facility; and
  13. Has coverings for windows and for transparent or translucent doors that provide patient privacy.
- D.** An administrator of a hospice inpatient facility shall ensure that there is:
1. For every six patients, a toilet room that contains:
    - a. At least one working toilet that flushes and has a seat;
    - b. At least one working sink with running water;
    - c. Soap for hand washing;
    - d. Paper towels or a mechanical air hand dryer;
    - e. Grab bars attached to a wall that an individual may hold onto to assist the individual in becoming or remaining erect;
    - f. A mirror;
    - g. Lighting;
    - h. Space for a personnel member to assist a patient;
    - i. A bell, intercom, or other mechanical means for a patient to alert a personnel member; and
    - j. An operable window to the outside of the hospice inpatient facility or other means of ventilation;
  2. For every 12 patients, at least one working bathtub or shower accessible to a wheeled shower chair, with a slip-resistant surface, located in a toilet room or in a separate bathing room;
  3. For a patient occupying a sleeping area with one or more other patients, a separate room in which the patient can meet privately with family members;
  4. Space in a lockable closet, drawer, or cabinet for a patient to store the patient's private or valuable items;
  5. A room other than a sleeping area that can be used for social activities;
  6. Sleeping accommodations for family members;
  7. A designated toilet room, other than a patient toilet room, for personnel and visitors that:
    - a. Provides privacy; and
    - b. Contains:
      - i. A working sink with running water,
      - ii. A working toilet that flushes and has a seat,
      - iii. Toilet tissue,
      - iv. Soap for hand washing,
      - v. Paper towels or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A window that opens or another means of ventilation;
  8. If the hospice inpatient facility has a kitchen with a stove or oven, a mechanism to vent the stove or oven to the outside of the hospice inpatient facility; and
  9. Space designated for administrative responsibilities that is separate from sleeping areas, toilet rooms, bathing rooms, and drug storage areas.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-618 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, §

17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-619. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-619 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-620. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-620 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-621. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Correction, subsection (H), after "... 105° F" added "nor more than 110° F" as certified effective November 6, 1978 (Supp. 87-2). Section R9-10-621 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-622. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-622 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-623. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-623 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-624. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-624 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

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**ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES****R9-10-701. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

“Emergency safety response” means physically holding a resident to manage the resident’s sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted without changes effective October 30, 1989 (Supp. 89-4). Section R9-10-701 repealed, new Section R9-10-701 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-702. Supplemental Application and Documentation Submission Requirements**

- A.** In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a behavioral health residential facility shall include on the application:
- Whether the applicant is planning to provide:
    - Behavioral health services to individuals under 18 years of age, including the licensed capacity requested;
    - Behavioral health services to individuals 18 years of age and older, including the licensed capacity requested; or
    - Respite services;
  - Whether the applicant is requesting authorization to provide an outdoor behavioral health care program, including:
    - The requested licensed capacity for providing the outdoor behavioral health care program to individuals 12 to 17 years of age, and
    - The requested licensed capacity for providing the outdoor behavioral health care program to individuals 18 to 24 years of age;
  - Whether the applicant is requesting authorization to provide:
    - Court-ordered evaluation,
    - Court-ordered treatment,
    - Behavioral health services to individuals 18 years of age or older whose behavioral health issue limits the individuals’ ability to function independently, or
    - Personal care services;

- Whether the applicant is requesting authorization to provide recidivism reduction services as an adult residential care institution, including the requested licensed capacity for providing recidivism reduction services;
  - For a behavioral health residential facility requesting authorization to provide respite services, the requested number of individuals the behavioral health residential facility plans to admit for respite services who:
    - Are included in the requested licensed capacities in subsections (A)(1)(a) and (b),
    - Are under 18 years of age and who do not stay overnight in the behavioral health residential facility, and
    - Are 18 years of age and older and who do not stay overnight in the behavioral health residential facility; and
  - For an outdoor behavioral health care program, a copy of the outdoor behavioral health care program’s current accreditation report.
- B.** A licensee of an outdoor behavioral health care program shall submit a copy of the outdoor behavioral health care program’s current accreditation report to the Department with the relevant fees required in R9-10-106(C).

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-702 repealed, new Section R9-10-702 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-703. Administration**

- A.** A governing authority shall:
- Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health residential facility;
  - Establish, in writing:
    - A behavioral health residential facility’s scope of services, and
    - Qualifications for an administrator;
  - Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
  - Adopt a quality management program according to R9-10-704;

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5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
    - a. Expected not to be present on the behavioral health residential facility's premises for more than 30 calendar days, or
    - b. Not present on the behavioral health residential facility's premises for more than 30 calendar days; and
  7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B. An administrator:**
1. Is directly accountable to the governing authority of a behavioral health residential facility for the daily operation of the behavioral health residential facility and all services provided by or at the behavioral health residential facility;
  2. Has the authority and responsibility to manage the behavioral health residential facility; and
  3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the behavioral health residential facility's premises and accountable for the behavioral health residential facility when the administrator is not present on the behavioral health residential facility's premises.
- C. An administrator shall ensure that:**
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to services provided to a resident;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Cover cardiopulmonary resuscitation training including:
      - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
      - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
      - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
      - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
    - f. Cover implementation of the requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
    - g. Cover implementation of the requirements in A.R.S. § 8-804, if applicable;
    - h. Cover first aid training;
  2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a resident that:
    - a. Cover resident screening, admission, assessment, treatment plan, transport, transfer, discharge planning, and discharge;
    - b. Cover the provision of behavioral health services and physical health services;
    - c. Include when general consent and informed consent are required;
    - d. Cover emergency safety responses;
    - e. Cover a resident's personal funds account;
    - f. Cover dispensing medication, administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
    - g. Cover prescribing a controlled substance to minimize substance abuse by a resident;
    - h. Cover respite services, including, as applicable, respite services for individuals who are admitted:
      - i. To receive respite services for up to 30 calendar days as a resident of the behavioral health residential facility, and
      - ii. For respite services and do not stay overnight in the behavioral health residential facility;
    - i. Cover services provided by an outdoor behavioral health care program, if applicable;
    - j. Cover infection control;
    - k. Cover resident time-out;
    - l. Cover resident outings;
    - m. Cover environmental services that affect resident care;
    - n. Cover whether pets and other animals are allowed on the premises, including procedures to ensure that any pets or other animals allowed on the premises do not endanger the health or safety of residents or the public;
    - o. If animals are used as part of a therapeutic program, cover:
      - i. Inoculation/vaccination requirements, and
      - ii. Methods to minimize risks to a resident's health and safety;
    - p. Cover the process for receiving a fee from a resident and refunding a fee to a resident;



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- q. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;
- r. Cover the security of a resident's possessions that are allowed on the premises;
- s. Cover smoking and the use of tobacco products on the premises; and
- t. Cover how the behavioral health residential facility will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
- 3. Policies and procedures are reviewed at least once every three years and updated as needed;
- 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
- 5. Unless otherwise stated:
  - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health residential facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health residential facility.
- D. If an applicant requests or a behavioral health residential facility has a licensed capacity of 10 or more residents, an administrator shall designate a clinical director who:
  - 1. Provides direction for the behavioral health services provided by or at the behavioral health residential facility;
  - 2. Is a behavioral health professional; and
  - 3. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(1) and (2).
- E. Except for respite services, an administrator shall ensure that medical services, nursing services, health-related services, or ancillary services provided by a behavioral health residential facility are only provided to a resident who is expected to be present in the behavioral health residential facility for more than 24 hours.
- F. The administrator of a behavioral health residential facility providing services to children shall notify the Department within 30 calendar days after:
  - 1. Beginning to contract exclusively with the federal government, and
  - 2. Receiving only federal monies for services provided.
- G. An administrator shall provide written notification to the Department of a resident's:
  - 1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
  - 2. Self-injury, within two working days after the resident inflicts a self-injury or has an accident that requires immediate intervention by an emergency medical services provider.
- H. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a behavioral health residential facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
  - 1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
  - 2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- I. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a behavioral health residential facility's employee or personnel member, the administrator shall:
  - 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  - 2. Report the suspected abuse, neglect, or exploitation of the resident:
    - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
  - 3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (I)(1); and
    - c. The report in subsection (I)(2);
  - 4. Maintain the documentation in subsection (I)(3) for at least 12 months after the date of the report in subsection (I)(2);
  - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in (I)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  - 6. Maintain a copy of the documented information required in subsection (I)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- J. In addition to the notification requirements in subsections (F), (G), (H), and (I), an administrator of a behavioral health residential facility providing services to children that contracts exclusively with the federal government and receives only federal monies for services provided shall comply with A.R.S. § 36-418.
- K. An administrator shall:
  - 1. Establish and document requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
  - 2. For a behavioral health residential facility licensed according to A.R.S. § 36-425.06 and in addition to the requirements in subsection (K)(1), establish and document requirements for a resident admitted according to A.R.S. § 36-550.09, consistent with R9-10-722(D);
  - 3. Establish and document guidelines for meeting the needs of an individual residing at a behavioral health residential facility with a resident, such as a child accompanying a parent in treatment, if applicable;
  - 4. If children under the age of 12, who are not admitted to a behavioral health residential facility, are residing at the behavioral health residential facility and being cared for by employees or personnel members, ensure that:

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- a. An employee or personnel member caring for children has current cardiopulmonary resuscitation and first aid training specific to the ages of children being cared for; and
  - b. The staff-to-children ratios in A.A.C. R9-5-404(A) are maintained, based on the age of the youngest child in the group;
- 5. Establish and document the process for responding to a resident's need for immediate and unscheduled behavioral health services or physical health services;
- 6. Establish and document the criteria for determining when a resident's absence is unauthorized, including criteria for a resident who:
  - a. Was admitted under A.R.S. Title 36, Chapter 5, Articles 3, 4, 5, or 10;
  - b. Is absent against medical advice; or
  - c. Is under the age of 18;
- 7. If a resident's absence is unauthorized as determined according to the criteria in subsection (K)(5), within an hour after determining that the resident's absence is unauthorized, notify:
  - a. For a resident who is under 18 years of age, the resident's parent or legal guardian; and
  - b. For a resident who is under a court's jurisdiction, the appropriate court;
- 8. Maintain a written log of unauthorized absences for at least 12 months after the date of a resident's absence that includes the:
  - a. Name of a resident absent without authorization,
  - b. Name of the individual to whom the report required in subsection (K)(6) was submitted, and
  - c. Date of the report; and
- 9. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-704.
- L.** An administrator shall ensure that a personnel member who is able to read, write, understand, and communicate in English is on the premises of the behavioral health residential facility.
- M.** An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, resident, or a resident's representative:
  - 1. The behavioral health residential facility's current license,
  - 2. The location at which inspection reports required in R9-10-720(C) are available for review or can be made available for review, and
  - 3. The calendar days and times when a resident may accept visitors or make telephone calls.
- N.** An administrator shall ensure that:
  - 1. Labor performed by a resident for the behavioral health residential facility is consistent with A.R.S. § 36-510;
  - 2. A resident who is a child is only released to the child's custodial parent, guardian, or custodian or as authorized in writing by the child's custodial parent, guardian, or custodian;
  - 3. The administrator obtains documentation of the identity of the parent, guardian, custodian, or family member authorized to act on behalf of a resident who is a child; and
  - 4. A resident, who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled, is assisted in obtaining a resident's representative to act on the resident's behalf.
- O.** If an administrator determines that a resident is incapable of handling the resident's financial affairs, the administrator shall:
  - 1. Notify the resident's representative or contact a public fiduciary or a trust officer to take responsibility of the resident's financial affairs, and
  - 2. Maintain documentation of the notification required in subsection (O)(1) in the resident's medical record for at least 12 months after the date of the notification.
- P.** If an administrator manages a resident's money through a personal funds account, the administrator shall ensure that:
  - 1. Policies and procedure are established, developed, and implemented for:
    - a. Using resident's funds in a personal funds account,
    - b. Protecting resident's funds in a personal funds account,
    - c. Investigating a complaint about the use of resident's funds in a personal funds account and ensuring that the complaint is investigated by an individual who does not manage the personal funds account,
    - d. Processing each deposit into and withdrawal from a personal funds account, and
    - e. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
  - 2. The personal funds account is only initiated after receiving a written request that:
    - a. Is provided:
      - i. Voluntarily by the resident,
      - ii. By the resident's representative, or
      - iii. By a court of competent jurisdiction;
    - b. May be withdrawn at any time; and
    - c. Is maintained in the resident's record.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-703 repealed, new Section R9-10-703 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). At the request of the Department clerical errors have been corrected to R9-10-703(K)(7) and (8)(b), referencing subsections that were not amended when subsection (I)

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was renamed to subsection (K) at 26 A.A.R. 551 (Supp. 21-2).

**R9-10-704. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to residents;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to resident care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-704 repealed, new Section R9-10-704 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-705. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without

change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2).

Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-705 repealed, new Section R9-10-705 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-706. Personnel**

**A.** An administrator shall ensure that:

1. A personnel member, an employee, or a student is at least 18 years old; and
2. A volunteer is at least 21 years old.

**B.** An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the residents receiving behavioral health services or physical health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures; and
3. Sufficient personnel members are present on a behavioral health residential facility's premises with the qualifications, experience, skills, and knowledge necessary to:
  - a. Provide the services in the behavioral health residential facility's scope of services,

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- b. Meet the needs of a resident, and
  - c. Ensure the health and safety of a resident.
- C. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- D. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.
- E. An administrator shall ensure that:
  - 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
  - 3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  - 4. A written plan is developed and implemented to provide in-service education specific to the duties of a personnel member; and
  - 5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training.
- F. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have more than eight hours of direct interaction per week with residents, provides evidence of freedom from infectious tuberculosis:
  - 1. On or before the date the individual begins providing services at or on behalf of the behavioral health residential facility, and
  - 2. As specified in R9-10-113.
- G. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
  - 1. The individual's name, date of birth, and contact telephone number;
  - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  - 3. Documentation of:
    - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's completed orientation and in-service education as required by policies and procedures;
    - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - e. The individual's compliance with requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
    - f. The individual's compliance with the requirements in A.R.S. § 8-804, if applicable;
    - g. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
- h. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-703(C)(1)(e);
  - i. First aid training, if required for the individual according to this Article or policies and procedures; and
  - j. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).
- H. An administrator shall ensure that personnel records are:
  - 1. Maintained:
    - a. Throughout an individual's period of providing services at or for the behavioral health residential facility, and
    - b. For at least 24 months after the last date the individual provided services in or for the behavioral health residential facility; and
  - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the behavioral health residential facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- I. An administrator shall ensure that a personnel member who is recidivism reduction staff at an adult residential care institution:
  - 1. Submits an application for a fingerprint clearance card according to A.R.S. § 36-411; and
  - 2. If the personnel member is denied a fingerprint clearance card, is evaluated to determine whether the personnel member:
    - a. Has successfully completed treatment for recidivism reduction as shown by:
      - i. Documentation of completion of treatment for recidivism reduction;
      - ii. If applicable, continued negative results on random drug screening tests;
      - iii. If applicable, continued participation in a self-help group, such as Alcoholics Anonymous or Narcotics Anonymous, or a support group related to the personnel member's behavioral health issue; and
      - iv. No arrests or convictions of the personnel member related to the reason for denial of the fingerprint clearance card within the previous two years; and
    - b. Is not likely to be a threat to the health or safety of staff or residents through:
      - i. Review of the reasons for denial of a fingerprint clearance card;
      - ii. Assessment of the situations or circumstances that may have contributed to the reasons for denial of a fingerprint clearance card;
      - iii. Review of the steps taken by the personnel member to address the situations or circumstances that may have contributed to the reasons for denial of a fingerprint clearance card;
      - iv. Observation of the personnel member's interactions with residents while under direct visual supervision, as defined in A.R.S. § 36-411, by personnel members having a valid fingerprint clearance card; and
      - v. Institution of any other methods, according to policies and procedures, specific to the:
        - (1) Behavioral health residential facility;
        - (2) Issues of the residents that place them at

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- risk for a future threat of prosecution, diversion, or incarceration; and
- (3) Recidivism reduction services that are expected to be provided by the personnel member.

- J.** An administrator shall ensure that the following personnel members have first-aid and cardiopulmonary resuscitation training specific to the populations served by the behavioral health residential facility:
1. At least one personnel member who is present at the behavioral health residential facility during hours of operation of the behavioral health residential facility, and
  2. Each personnel member participating in an outing.
- K.** An administrator shall ensure that:
1. At least one personnel member is present and awake at the behavioral health residential facility when a resident is on the premises;
  2. In addition to the personnel member in subsection (K)(1), at least one personnel member is on-call and available to come to the behavioral health residential facility if needed;
  3. There is a daily staffing schedule that:
    - a. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
    - b. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and
    - c. Is maintained for at least 12 months after the last date on the documentation;
  4. A behavioral health professional is present at the behavioral health residential facility or on-call;
  5. A registered nurse is present at the behavioral health residential facility or on-call; and
  6. If a resident requires services that the behavioral health residential facility is not authorized or not able to provide, a personnel member arranges for the resident to be transported to a hospital or another health care institution where the services can be provided.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-706 repealed, new Section R9-10-706 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an

immediate effective date of March 3, 2020 (Supp. 20-1).

Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). The Notice of Final Expedited rulemaking filed by the Department and published at 26 A.A.R. 3041 (File no. R20-200), contained omissions of amended rule text previously codified. This notice did not include amendments made to subsections R9-10-706(G)(3)(e), and R9-10-706(I), (J), and (K) as published at 25 A.A.R. 1583 (File no. R19-115); amendments to subsections R9-10-706(G)(3)(f), (g), (h), (i) and (j) as published at 25 A.A.R. 551 (File no. R20-42); the new Section R9-10-706 as made with subsection R9-10-706(B)(2)(b), including the word “and” after the semicolon as published at 19 A.A.R. 2015 (File no. R13-15). This notice also erroneously included a change to the reference of a subsection in (G)(3)(h) which has been corrected to R9-10-703(C)(1)(e) as originally made at 19 A.A.R. 2015 and amended at 20 A.A.R. 1409 (File no. R14-68). The omission of amendments to these subsections were published as filed by the Department and have been corrected as amended in the original notices at the Department’s request (Supp. 21-2). Due to a Department error published at 26 A.A.R. 551, subsections R9-10-706(I), (J), and (K) have been corrected as amended at 25 A.A.R. 1583 (Supp. 21-3).

**R9-10-707. Admission; Assessment**

- A.** An administrator shall ensure that:
1. A resident is admitted based upon:
    - a. The resident’s primary condition for which the resident is admitted to the behavioral health residential facility being a behavioral health issue, and
    - b. The resident’s behavioral health issue and treatment needs are within the behavioral health residential facility’s scope of services;
  2. A behavioral health professional, authorized by policies and procedures to admit a resident, is available;
  3. Except as provided in subsection (A)(4), general consent is obtained from:
    - a. An adult resident or the resident’s representative before or at the time of admission, or
    - b. A resident’s representative, if the resident is not an adult;
  4. General consent is not required from a patient receiving a court-ordered evaluation or court-ordered treatment;
  5. The general consent obtained in subsection (A)(3) is documented in the resident’s medical record;
  6. Except as provided in subsection (E)(1)(a), a medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment on a resident within 30 calendar days before admission or within 72 hours after admission and documents the medical history and physical examination or nursing assessment in the resident’s medical record within 72 hours after admission;
  7. If a medical practitioner performs a medical history and physical examination or a nurse performs a nursing assessment on a resident before admission, the medical practitioner enters an interval note or the nurse enters a progress note in the resident’s medical record within seven calendar days after admission;
  8. If a behavioral health assessment is conducted by a:
    - a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional,

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- certified or licensed to provide the behavioral health services needed by the resident, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the resident; or
- b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, supervises the behavioral health paraprofessional during the completion of the assessment and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the resident;
9. Except as provided in subsection (A)(10), a behavioral health assessment for a resident is completed before treatment for the resident is initiated;
  10. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the behavioral health residential facility or if the behavioral health residential facility has a medical record for the resident that contains a behavioral health assessment that was completed within 12 months before the date of the resident's current admission:
    - a. The resident's assessment information is reviewed before treatment for the resident is initiated and updated if additional information that affects the resident's assessment is identified, and
    - b. The review and update of the resident's assessment information is documented in the resident's medical record within 48 hours after the review is completed;
  11. A behavioral health assessment:
    - a. Documents a resident's:
      - i. Presenting issue;
      - ii. Substance abuse history;
      - iii. Co-occurring disorder;
      - iv. Legal history, including:
        - (1) Custody,
        - (2) Guardianship, and
        - (3) Pending litigation;
      - v. Criminal justice record;
      - vi. Family history;
      - vii. Behavioral health treatment history;
      - viii. Symptoms reported by the resident; and
      - ix. Referrals needed by the resident, if any;
    - b. Includes:
      - i. Recommendations for further assessment or examination of the resident's needs,
      - ii. The physical health services or ancillary services that will be provided to the resident until the resident's treatment plan is completed, and
      - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
    - c. Is documented in resident's medical record;
  12. A resident is referred to a medical practitioner if a determination is made that the resident requires immediate physical health services or the resident's behavioral health issue may be related to the resident's medical condition; and
  13. Except as provided in subsection (E)(1)(d), a resident provides evidence of freedom from infectious tuberculosis:
    - a. Before or within seven calendar days after the resident's admission, and
    - b. As specified in R9-10-113.
- B. An administrator shall ensure that:
    1. A request for participation in a resident's behavioral health assessment is made to the resident or the resident's representative,
    2. An opportunity for participation in the resident's behavioral health assessment is provided to the resident or the resident's representative, and
    3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.
  - C. An administrator shall ensure that a resident's behavioral health assessment information is documented in the medical record within 48 hours after completing the behavioral health assessment.
  - D. If information in subsection (A)(10) is obtained about a resident after the resident's behavioral health assessment is completed, an administrator shall ensure that an interval note, including the information, is documented in the resident's medical record within 24 hours after the information is obtained.
  - E. If a behavioral health residential facility is authorized to provide respite services, an administrator shall ensure that:
    1. Upon admission of a resident for respite services:
      - a. Except as provided in subsection (F), a medical history and physical examination of the resident:
        - i. Is performed; or
        - ii. If dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
      - b. A treatment plan that meets the requirements in R9-10-708:
        - i. Is developed; or
        - ii. If dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
      - c. If a treatment plan, dated within the previous 12 months, is available, the treatment plan is reviewed, updated, and documented in the resident's medical record; and
      - d. The resident is not required to comply with the requirements in subsection (A)(13) if the resident is not expected to be present in the behavioral health residential facility:
        - i. For more than seven consecutive days, or
        - ii. For 10 days or more days in a 90-consecutive-day period;
    2. The common area required in R9-10-722(B)(1)(b) provides at least 25 square feet for each resident, including residents who do not stay overnight; and
    3. In addition to the requirements in R9-10-722(B)(3), toilets and hand-washing sinks are available to residents, including residents who do not stay overnight, as follows:
      - a. There is at least one working toilet that flushes and has a seat and one sink with running water for every 10 residents,
      - b. There are at least two working toilets that flush and have seats and two sinks with running water if there are 11 to 25 residents, and

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- c. There is at least one additional working toilet that flushes and has a seat and one additional sink with running water for each additional 20 residents.
- F. A medical history and physical examination is not required for a child who is admitted or expected to be admitted to a residential behavioral health facility for less than 10 days in a 90-consecutive-day period.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-707 repealed, new Section R9-10-707 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-708. Treatment Plan**

- A. An administrator shall ensure that a treatment plan is developed and implemented for each resident that:
  1. Is based on the medical history and physical examination or nursing assessment required in R9-10-707(A)(6) or (E)(1)(a) and the behavioral health assessment required in R9-10-707(A)(9) or (10) and on-going changes to the behavioral health assessment of the resident;
  2. Is completed:
    - a. By a behavioral health professional or a behavioral health technician under the clinical oversight of a behavioral health professional, and
    - b. Before the resident receives physical health services or behavioral health services or within 48 hours after the assessment is completed;
  3. Is documented in the resident's medical record within 48 hours after the resident first receives physical health services or behavioral health services;
  4. Includes:
    - a. The resident's presenting issue;
    - b. The physical health services or behavioral health services to be provided to the resident;
    - c. The signature of the resident or the resident's representative and date signed, or documentation of the refusal to sign;
    - d. The date when the resident's treatment plan will be reviewed;

- e. If a discharge date has been determined, the treatment needed after discharge; and
- f. The signature of the personnel member who developed the treatment plan and the date signed;
- 5. If the treatment plan was completed by a behavioral health technician, is reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan is complete and accurate and meets the resident's treatment needs; and
- 6. Is reviewed and updated on an on-going basis:
  - a. According to the review date specified in the treatment plan,
  - b. When a treatment goal is accomplished or changed,
  - c. When additional information that affects the resident's behavioral health assessment is identified, and
  - d. When a resident has a significant change in condition or experiences an event that affects treatment.
- B. An administrator shall ensure that:
  1. A request for participation in developing a resident's treatment plan is made to the resident or the resident's representative,
  2. An opportunity for participation in developing the resident's treatment plan is provided to the resident or the resident's representative, and
  3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-708 repealed, new Section R9-10-708 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-709. Discharge**

- A. An administrator shall ensure that a discharge plan for a resident is:
  1. Developed that:
    - a. Identifies any specific needs of the resident after discharge,
    - b. Is completed before discharge occurs, and

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- c. Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge;
  - 2. Documented in the resident's medical record within 48 hours after the discharge plan is completed; and
  - 3. Provided to the resident or the resident's representative before the discharge occurs.
- B.** An administrator shall ensure that:
- 1. A request for participation in developing a resident's discharge plan is made to the resident or the resident's representative,
  - 2. An opportunity for participation in developing the resident's discharge plan is provided to the resident or the resident's representative, and
  - 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.
- C.** An administrator shall ensure that a resident is discharged from a behavioral health residential facility when the resident's treatment needs are not consistent with the services that the behavioral health residential facility is authorized and able to provide.
- D.** An administrator shall ensure that there is a documented discharge order by a medical practitioner or behavioral health professional before a resident is discharged unless the resident leaves the behavioral health residential facility against a medical practitioner's or behavioral health professional's advice.
- E.** An administrator shall ensure that, at the time of discharge, a resident receives a referral for treatment or ancillary services that the resident may need after discharge, if applicable.
- F.** If a resident is discharged to any location other than a health care institution, an administrator shall ensure that:
- 1. Discharge instructions are documented, and
  - 2. The resident or the resident's representative is provided with a copy of the discharge instructions.
- G.** An administrator shall ensure that a discharge summary for a resident:
- 1. Is entered into the resident's medical record within 10 working days after a resident's discharge; and
  - 2. Includes:
    - a. The following information authenticated by a medical practitioner or behavioral health professional:
      - i. The resident's presenting issue and other physical health and behavioral health issues identified in the resident's treatment plan;
      - ii. A summary of the treatment provided to the resident;
      - iii. The resident's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
      - iv. The name, dosage, and frequency of each medication ordered for the resident by a medical practitioner at the behavioral health residential facility at the time of the resident's discharge; and
    - b. A description of the disposition of the resident's possessions, funds, or medications brought to the behavioral health residential facility by the resident.
- H.** An administrator shall ensure that a resident who is dependent upon a prescribed medication is offered a written referral to detoxification services or opioid treatment before the resident is discharged from the behavioral health residential facility if a medical practitioner for the behavioral health residential facility

ity will not be prescribing the medication for the resident at or after discharge.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-709 repealed, new Section R9-10-709 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-710. Transport; Transfer**

- A.** Except as provided in subsection (B), an administrator shall ensure that:
- 1. A personnel member coordinates the transport and the services provided to the resident;
  - 2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before and after the transport,
    - b. Information from the resident's medical record is provided to a receiving health care institution, and
    - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
  - 3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B.** Subsection (A) does not apply to:
- 1. Transportation to a location other than a licensed health care institution,
  - 2. Transportation provided for a resident by the resident or the resident's representative,
  - 3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
  - 4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
- 1. A personnel member coordinates the transfer and the services provided to the resident;
  - 2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before the transfer;



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- b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
  - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
3. Documentation in the resident's medical record includes:
- a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the resident during a transfer.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section R9-10-710 repealed, new Section R9-10-710 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-711. Resident Rights****A.** An administrator shall ensure that:

- 1. The requirements in subsection (B) and the resident rights in subsection (E) are conspicuously posted on the premises;
- 2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (E); and
- 3. Policies and procedures include:
  - a. How and when a resident or the resident's representative is informed of the resident rights in subsection (E), and
  - b. Where resident rights are posted as required in subsection (A)(1).

**B.** An administrator shall ensure that:

- 1. A resident is treated with dignity, respect, and consideration;
- 2. A resident is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;

- h. Seclusion;
- i. Restraint;
- j. Retaliation for submitting a complaint to the Department or another entity;
- k. Misappropriation of personal and private property by the behavioral health residential facility's personnel members, employees, volunteers, or students;
- l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs, except as established in a fee agreement signed by the resident or the resident's representative; or
- m. Treatment that involves the denial of:
  - i. Food,
  - ii. The opportunity to sleep, or
  - iii. The opportunity to use the toilet;

## 3. Except as provided in subsection (C) or (D), and unless restricted by the resident's representative, a resident is allowed to:

- a. Associate with individuals of the resident's choice, receive visitors, and make telephone calls during the hours established by the behavioral health residential facility;
- b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
- c. Unless restricted by a court order, send and receive uncensored and unopened mail; and

## 4. A resident or the resident's representative:

- a. Except in an emergency, either consents to or refuses treatment;
- b. May refuse or withdraw consent for treatment before treatment is initiated, unless the treatment is:
  - i. Ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01;
  - ii. Necessary to save the resident's life or physical health; or
  - iii. Provided according to A.R.S. § 36-512;
- c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
- d. Is informed of the following:
  - i. The behavioral health residential facility's policy on health care directives, and
  - ii. The resident complaint process; and
- e. Except as otherwise permitted by law, provides written consent to the release of information in the resident's:
  - i. Medical record, or
  - ii. Financial records.

**C.** For a behavioral health residential facility with licensed capacity of less than 10 residents, if a behavioral health professional determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the behavioral health professional shall:

- 1. Document a specific treatment purpose in the resident's medical record that justifies restricting the resident from the activity,
- 2. Inform the resident or resident's representative of the reason why the activity is being restricted, and
- 3. Inform the resident or resident's representative of the resident's right to file a complaint and the procedure for filing a complaint.

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- D.** For a behavioral health residential facility with a licensed capacity of 10 or more residents, if a clinical director determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the clinical director shall comply with the requirements in subsections (C)(1) through (3).
- E.** A resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive treatment that:
    - a. Supports and respects the resident's individuality, choices, strengths, and abilities;
    - b. Supports the resident's personal liberty and only restricts the resident's personal liberty according to a court order, by the resident's or the resident's representative's general consent, or as permitted in this Chapter; and
    - c. Is provided in the least restrictive environment that meets the resident's treatment needs;
  3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
    - a. A resident may be photographed when admitted to a behavioral health residential facility for identification and administrative purposes;
    - b. For a resident receiving treatment according to A.R.S. Title 36, Chapter 37; or
    - c. For video recordings used for security purposes that are maintained only on a temporary basis;
  4. Not to be prevented or impeded from exercising the resident's civil rights unless the resident has been adjudicated incompetent or a court of competent jurisdiction has found that the resident is not able to exercise a specific right or category of rights;
  5. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  6. To be provided locked storage space for the resident's belongings while the resident receives treatment;
  7. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
  8. To be informed of the requirements necessary for the resident's discharge or transfer to a less restrictive physical environment;
  9. To receive a referral to another health care institution if the behavioral health residential facility is not authorized or not able to provide physical health services or behavioral health services needed by the resident;
  10. To participate or have the resident's representative participate in the development of a treatment plan or decisions concerning treatment;
  11. To participate or refuse to participate in research or experimental treatment; and
  12. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt

rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-712. Medical Records**

- A.** An administrator shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a resident's medical record is:
    - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  5. A resident's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the resident's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
    - c. As permitted by law;
  6. Policies and procedures include the maximum time-frame to retrieve a resident's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
  7. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If a behavioral health residential facility maintains residents' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a resident's medical record contains:
1. Resident information that includes:
    - a. The resident's name;
    - b. The resident's address;
    - c. The resident's date of birth; and
    - d. Any known allergies, including medication allergies;
  2. The name of the admitting medical practitioner or behavioral health professional;
  3. An admitting diagnosis or presenting behavioral health issues;
  4. The date of admission and, if applicable, date of discharge;

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5. If applicable, the name and contact information of the resident's representative and:
  - a. If the resident is 18 years of age or older or an emancipated minor, the document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
  - b. If the resident's representative:
    - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
    - ii. Is a legal guardian, a copy of the court order establishing guardianship;
6. If applicable, documented general consent and informed consent for treatment by the resident or the resident's representative;
7. Documentation of medical history and results of a physical examination;
8. A copy of resident's health care directive, if applicable;
9. Orders;
10. If applicable, documentation that evaluation or treatment was ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01;
11. Assessment;
12. Treatment plans;
13. Interval notes;
14. Progress notes;
15. Documentation of behavioral health services and physical health services provided to the resident;
16. If applicable, documentation of the use of an emergency safety response;
17. If applicable, documentation of time-out required in R9-10-714(6);
18. Except as allowed in R9-10-707(E)(1)(d), documentation of freedom from infectious tuberculosis required in R9-10-707(A)(13);
19. The disposition of the resident after discharge;
20. The discharge plan;
21. The discharge summary, if applicable;
22. If applicable:
  - a. Laboratory reports,
  - b. Radiologic reports,
  - c. Diagnostic reports, and
  - d. Consultation reports; and
23. Documentation of medication administered to the resident that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. For a medication administered for pain, when administered initially or on a PRN basis:
    - i. An assessment of the resident's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - d. For a psychotropic medication, when administered initially or on a PRN basis:
    - i. An assessment of the resident's behavior before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - e. The identification, signature, and professional designation of the individual administering or providing

assistance in the self-administration of the medication; and

- f. Any adverse reaction a resident has to the medication.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-713. Transportation; Resident Outings**

- A. An administrator of a behavioral health residential facility that uses a vehicle owned or leased by the behavioral health residential facility to provide transportation to a resident shall ensure that:
  1. The vehicle:
    - a. Is safe and in good repair,
    - b. Contains a first aid kit,
    - c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
    - d. Contains a working heating and air conditioning system;
  2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle are maintained;
  3. A driver of the vehicle:
    - a. Is 21 years of age or older;
    - b. Has a valid driver license;
    - c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
    - d. Does not leave in the vehicle an unattended:
      - i. Child,
      - ii. Resident who may be a threat to the health or safety of the resident or another individual, or
      - iii. Resident who is incapable of independent exit from the vehicle; and
    - e. Ensures the safe and hazard-free loading and unloading of residents; and
  4. Transportation safety is maintained as follows:
    - a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
    - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.
- B. An administrator shall ensure that:
  1. An outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing;
  2. At least two personnel members are present on an outing;
  3. In addition to the personnel members required in subsection (B)(2), a sufficient number of personnel members are present to ensure each resident's health and safety on the outing;

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4. Documentation is developed before an outing that includes:
  - a. The name of each resident participating in the outing;
  - b. A description of the outing;
  - c. The date of the outing;
  - d. The anticipated departure and return times;
  - e. The name, address, and, if available, telephone number of the outing destination; and
  - f. If applicable, the license plate number of each vehicle used to transport a resident;
5. The documentation described in subsection (B)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
6. Emergency information for each resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
  - a. The resident's name;
  - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
  - c. The resident's allergies; and
  - d. The name and telephone number of a designated individual to notify in case of an emergency, who is present on the behavioral health residential facility's premises.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-714. Resident Time-Out**

An administrator shall ensure that a time-out:

1. Is provided to a resident who voluntarily decides to go in a time-out;
2. Takes place in an area that is unlocked, lighted, quiet, and private;
3. Is time-limited and does not exceed the amount of time as determined by the resident;
4. Does not result in a resident missing a meal if the resident is in time-out at mealtime;
5. Includes monitoring of the resident by a personnel member at least once every 15 minutes to ensure the resident's health and safety and to discuss with the resident if the resident is ready to leave time-out; and
6. Is documented in the resident's medical record, to include:
  - a. The date of the time-out,
  - b. The reason for the time-out,
  - c. The duration of the time-out, and
  - d. The action planned and taken by the administrator to prevent the use of time-out in the future.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-715. Physical Health Services**

An administrator of a behavioral health residential facility that is authorized to provide personal care services shall ensure that:

1. Personnel members who provide personal care services have documentation of completion of a caregiver training program that complies with A.A.C. R4-33-702(A)(5);
2. Residents receive personal care services according to the requirements in R9-10-814(A), (D), (E), and (F); and
3. A resident who has a stage 3 or stage 4 pressure sore is not admitted to the behavioral health residential facility.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-716. Behavioral Health Services**

A. An administrator shall ensure that:

1. If a behavioral health residential facility is authorized to provide court-ordered evaluation or court-ordered treatment:
  - a. Court-ordered evaluation is provided in compliance with the requirements in A.R.S. Title 36, Chapter 5, Article 4; and
  - b. Court-ordered treatment is provided in compliance with the requirements in A.R.S. Title 36, Chapter 5, Article 5;
2. If a behavioral health residential facility is authorized to provide behavioral health services to individuals whose behavioral health issue limits the individuals' ability to function independently, a resident admitted to the behavioral health residential facility with limited ability to function independently receives:
  - a. Behavioral health services and personal care services as indicated in the resident's treatment plan, and
  - b. Continuous protective oversight;
3. A resident admitted to the behavioral health residential facility who needs behavioral health services to maintain or enhance the resident's ability to function independently:
  - a. Receives behavioral health services, and, if indicated in the resident's treatment plan, personal care services; and

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- b. Is provided an opportunity to participate in activities designed to maintain or enhance the resident's ability to function independently while:
          - i. The resident receives services to maintain the resident's health, safety, or personal hygiene; or
          - ii. Homemaking functions are performed for the resident;
  - 4. Behavioral health services are provided to meet the needs of a resident and are consistent with a behavioral health residential facility's scope of services;
  - 5. Behavioral health services listed in the behavioral health residential facility's scope of services are provided on the premises;
  - 6. Before a resident participates in behavioral health services provided in a setting or activity with more than one resident participating, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical or sexual abuse, of the residents participating are reviewed to ensure that the:
    - a. Health and safety of each resident is protected, and
    - b. Treatment needs of each resident participating are being met; and
  - 7. A resident does not:
    - a. Use or have access to any materials, furnishings, or equipment or participate in any activity or treatment that may present a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or
    - b. Share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that may present a threat to the resident's health or safety, based on the other resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history.
- B.** An administrator shall ensure that counseling is:
- 1. Offered as described in the behavioral health residential facility's scope of services,
  - 2. Provided according to the frequency and number of hours identified in the resident's treatment plan, and
  - 3. Provided by a behavioral health professional or a behavioral health technician.
- C.** An administrator shall ensure that:
- 1. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
  - 2. Each counseling session is documented in a resident's medical record to include:
    - a. The date of the counseling session;
    - b. The amount of time spent in the counseling session;
    - c. Whether the counseling was individual counseling, family counseling, or group counseling;
    - d. The treatment goals addressed in the counseling session; and
    - e. The signature of the personnel member who provided the counseling and the date signed.
- D.** An administrator of a behavioral health residential facility authorized to provide behavioral health services to individuals under 18 years of age:
- 1. May continue to provide behavioral health services to a resident who is 18 years of age or older:
    - a. If the resident:
      - i. Was admitted to the behavioral health residential facility before the resident's 18th birthday;
      - ii. Is not 21 years of age or older; and
      - iii. Is:
        - (1) Attending classes or completing coursework to obtain a high school or a high school equivalency diploma, or
        - (2) Participating in a job training program; or
    - b. Through the last calendar day of the month of the resident's 18th birthday; and
2. Shall ensure that:
- a. A resident does not receive the following from other residents at the behavioral health residential facility:
    - i. Threats,
    - ii. Ridicule,
    - iii. Verbal harassment,
    - iv. Punishment, or
    - v. Abuse;
  - b. The interior of the behavioral health residential facility has furnishings and decorations appropriate to the ages of the residents receiving services at the behavioral health residential facility;
  - c. A resident older than three years of age does not sleep in a crib;
  - d. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to residents on the premises in a quantity sufficient to meet each resident's needs and are appropriate to each resident's age, developmental level, and treatment needs; and
  - e. A resident's educational needs are addressed according to A.R.S. Title 15, Chapter 7, Article 4.
- E.** An administrator shall ensure that:
- 1. An emergency safety response is:
    - a. Only used:
      - i. By a personnel member trained to use an emergency safety response,
      - ii. For the management of a resident's violent or self-destructive behavior, and
      - iii. When less restrictive interventions have been determined to be ineffective; and
    - b. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
  - 2. Within 24 hours after an emergency safety response is used for a resident, the following information is entered into the resident medical record:
    - a. The date and time the emergency safety response was used;
    - b. The name of each personnel member who used an emergency safety response;
    - c. The specific emergency safety response used;
    - d. The personnel member or resident behavior, event, or environmental factor that caused the need for the emergency safety response; and
    - e. Any injury that resulted from the use of the emergency safety response;
  - 3. Within 10 working days after an emergency safety response is used for a resident, the administrator or clinical director reviews the information in subsection (E)(2); and

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4. After the review required in subsection (E)(3), the following information is entered, according to policies and procedures, into the resident's medical record:
  - a. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the resident;
  - b. A determination of whether the resident is appropriately placed at the behavioral health residential facility; and
  - c. Whether the resident's treatment plan was reviewed or needs to be reviewed and amended to ensure that the resident's treatment plan is meeting the resident's treatment needs.

**F. An administrator shall ensure that:**

1. A personnel member whose job description includes the ability to use an emergency safety response:
  - a. Completes training in crisis intervention that includes:
    - i. Techniques to identify personnel member and resident behaviors, events, and environmental factors that may trigger the need for the use of an emergency safety response;
    - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
    - iii. The safe use of an emergency safety response including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response; and
  - b. Completes training required in subsection (F)(1)(a):
    - i. Before providing behavioral health services, and
    - ii. At least once every 12 months after the date the personnel member completed the initial training;
2. Documentation of the completed training in subsection (F)(1)(a) includes:
  - a. The name and credentials of the individual providing the training,
  - b. Date of the training, and
  - c. Verification of a personnel member's ability to use the training; and
3. The materials used to provide the completed training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for at least 12 months after each personnel member who received training using the materials no longer provides services at the behavioral health residential facility.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at

26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-717. Outdoor Behavioral Health Care Programs**

- A.** An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:
  1. Behavioral health services are provided to a resident participating in the outdoor behavioral health care program consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident;
  2. Continuous protective oversight is provided to a resident;
  3. Transportation is provided to a resident from the behavioral health residential facility's administrative office for the outdoor behavioral health care program to the location where the outdoor behavioral health care program is provided and from the location where the outdoor behavioral health care program is provided to the behavioral health residential facility's administrative office for the outdoor behavioral health care program; and
  4. Communication is available between the outdoor behavioral health care program personnel and:
    - a. A behavioral health professional,
    - b. A registered nurse,
    - c. An emergency medical response team, and
    - d. The behavioral health residential facility's administrative office for the outdoor behavioral health care program.
- B.** An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:
  1. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
  2. A food menu is prepared based on the number of calendar days scheduled for the behavioral health care program;
  3. Meals and snacks provided by the behavioral health care program are served according to menus;
  4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>;
  5. A resident is provided:
    - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
    - c. The option to have a daily evening snack or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if the resident agrees;
  6. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan;
  7. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  8. Food is protected from potential contamination; and
  9. Food being maintained in coolers containing ice is not in direct contact with ice or water if water may enter the food because of the nature of the food's packaging, wrap-

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ping, or container or the positioning of the food in the ice or water.

C. An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:

1. The location and, if applicable, equipment used by the outdoor behavioral health care program are sufficient to accommodate the activities, treatment, and ancillary services required by the residents participating in the behavioral health care program;
2. The location and equipment are maintained in a condition that allows the location and equipment to be used for the original purpose of the location and equipment;
3. Garbage and refuse are:
  - a. Stored in plastic bags in covered containers, and
  - b. Removed from the location used by the outdoor behavioral health care program at least once a week;
4. Common areas:
  - a. Are lighted when in use to assure the safety of residents, and
  - b. Have sufficient lighting to allow personnel members to monitor resident activity;
5. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
6. Soiled clothing is stored in closed containers away from food storage, medications, and eating areas;
7. Poisonous or toxic materials are maintained in labeled containers, secured, and separate from food preparation and storage, eating areas, and medications and inaccessible to residents;
8. Combustible or flammable liquids and hazardous materials are stored in the original labeled containers or safety containers, secured, and inaccessible to residents;
9. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
  - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
  - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
  - c. Documentation of testing is retained for at least 12 months after the date of the test; and
10. Smoking or the use of tobacco products may be permitted away from the residents.

#### Historical Note

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

#### R9-10-717.01. Recidivism Reduction Services

An administrator of a behavioral health residential facility that is an adult residential care institution and is authorized to provide recidivism reduction services shall ensure that:

1. A personnel member who is recidivism reduction staff at the adult residential care institution does not provide:
  - a. Behavioral health services other than recidivism reduction services; or
  - b. Recidivism reduction services to a resident who has not been referred by a physician, behavioral health professional, or court of competent jurisdiction to receive recidivism reduction services;
2. The adult residential care institution accepts an individual as a resident only if the individual:
  - a. Is at least 18 years of age; and
  - b. Has documentation of a referral to receive recidivism reduction services that:
    - i. Was made by a physician, behavioral health professional, or court of competent jurisdiction; and
    - ii. Complies with the requirements in A.R.S. § 36-411.01(D);
3. The referral is included in the resident's medical record; and
4. The recidivism reduction services provided to a resident are:
  - a. Consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident; and
  - b. Provided by recidivism reduction staff whose experience is compatible with the experience of the resident.

#### Historical Note

New Section made by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

#### R9-10-718. Medication Services

- A. An administrator shall ensure that policies and procedures for medication services:
1. Include:
    - a. A process for providing information to a resident about medication prescribed for the resident including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting any of the following:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a resident's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the resident's needs;
    - d. Procedures for documenting, as applicable, medication administration and assistance in the self-administration of medication;
    - e. A process for monitoring a resident who self-administers medication;
    - f. Procedures for assisting a resident in obtaining medication; and

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- g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
- 2. Specify a process for review through the quality management program of:
  - a. A medication administration error; and
  - b. An adverse reaction to a medication.
- B.** If a behavioral health residential facility provides medication administration, an administrator shall ensure that:
  - 1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication; and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a resident only as ordered; and
    - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
  - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  - 3. A medication administered to a resident:
    - a. Is administered in compliance with an order; and
    - b. Is documented in the resident's medical record.
- C.** If a behavioral health residential facility provides assistance in the self-administration of medication, an administrator shall ensure that:
  - 1. A resident's medication is stored by the behavioral health residential facility;
  - 2. The following assistance is provided to a resident:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the resident;
    - c. Observing the resident while the resident removes the medication from the container;
    - d. Verifying that the medication is taken as prescribed by the resident's medical practitioner by confirming that:
      - i. The resident taking the medication is the individual stated on the medication container label;
      - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; and
      - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
    - e. Observing the resident while the resident takes the medication;
  - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
  - 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication;
- ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention; and
- iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a resident:
  - a. Is in compliance with an order; and
  - b. Is documented in the resident's medical record.
- D.** An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members;
  - 2. A current toxicology reference guide is available for use by personnel members; and
  - 3. If pharmaceutical services are provided on the premises:
    - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      - i. Develop a drug formulary;
      - ii. Update the drug formulary at least once every 12 months;
      - iii. Develop medication usage and medication substitution policies and procedures; and
      - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
    - b. The pharmaceutical services are provided under the direction of a pharmacist;
    - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - d. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at a behavioral health residential facility, an administrator shall ensure that:
  - 1. Medication is stored in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of residents who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reac-



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tion to a medication to the medical practitioner who ordered or prescribed the medication and, if applicable, the behavioral health residential facility's clinical director.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-719. Food Services**

A. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:

1. For a behavioral health residential facility that has a licensed capacity of more than 10 residents:
  - a. The behavioral health residential facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
  - b. A copy of the behavioral health residential facility's food establishment license or permit is maintained;
2. If a behavioral health residential facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health residential facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health residential facility;
3. Food is stored, refrigerated, and reheated to meet the dietary needs of a resident;
4. A registered dietitian is employed full-time, part-time, or as a consultant; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.

B. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, a registered dietitian or director of food services shall ensure that:

1. Food is prepared:
  - a. Using methods that conserve nutritional value, flavor, and appearance; and
  - b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
  - a. Is prepared at least one week in advance,
  - b. Includes the foods to be served each day,
  - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
  - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
  - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
3. Meals and snacks provided by the behavioral health residential facility are served according to posted menus;

4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015/>;

5. A resident is provided:

- a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
- b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
- c. The option to have a daily evening snack identified in subsection (B)(5)(d)(ii) or other snack; and
- d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
  - i. The resident agrees; and
  - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

6. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
7. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan.

C. Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Potentially hazardous food is maintained as follows:
  - a. Foods requiring refrigeration are maintained at 41° F or below; and
  - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
    - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
    - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
    - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
    - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
    - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
    - vi. Leftovers are reheated to a temperature of at least 165° F;
4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
5. Frozen foods are stored at a temperature of 0° F or below; and
6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure

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Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-720. Emergency and Safety Standards**

- A.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that a behavioral health residential facility has:
1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and a sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that are in working order; or
  2. An alternative method to ensure resident's safety that is documented and approved by the local jurisdiction.
- B.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. When, how, and where residents will be relocated;
    - b. How each resident's medical record will be available to individuals providing services to the resident during a disaster;
    - c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the behavioral health residential facility, under the care and supervision of personnel members, or in the behavioral health residential facility's relocation site during a disaster;
  2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
  3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  5. An evacuation drill for employees and residents on the premises is conducted at least once every six months on each shift;
  6. Documentation of each evacuation drill is created, is maintained for 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for all employees and residents to evacuate the behavioral health residential facility;

- c. Names of employees participating in the evacuation drill;
  - d. An identification of residents needing assistance for evacuation;
  - e. Any problems encountered in conducting the evacuation drill; and
  - f. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health residential facility.
- C.** An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-721. Environmental Standards**

- A.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
1. The premises and equipment are:
    - a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
    - b. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
    - c. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
  2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  4. Equipment used at the behavioral health residential facility is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  6. Garbage and refuse are:

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- a. Stored in covered containers lined with plastic bags, and
  - b. Removed from the premises at least once a week;
  7. Heating and cooling systems maintain the behavioral health residential facility at a temperature between 70° F and 84° F;
  8. A space heater is not used;
  9. Common areas:
    - a. Are lighted to assure the safety of residents, and
    - b. Have lighting sufficient to allow personnel members to monitor resident activity;
  10. Hot water temperatures are maintained between 95° F and 120° F in the areas of the behavioral health residential facility used by residents;
  11. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
  12. Soiled linen and soiled clothing stored by the behavioral health residential facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
  13. Oxygen containers are secured in an upright position;
  14. Poisonous or toxic materials stored by the behavioral health residential facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
  15. Combustible or flammable liquids and hazardous materials stored by a behavioral health residential facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
  16. If pets or animals are allowed in the behavioral health residential facility, pets or animals are:
    - a. Controlled to prevent endangering the residents and to maintain sanitation;
    - b. Licensed consistent with local ordinances; and
    - c. For a dog or cat, vaccinated against rabies;
  17. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B.** An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a behavioral health residential facility; and
  2. Smoking tobacco products may be permitted on the premises outside a behavioral health residential facility if:
    - a. Signs designating smoking areas are conspicuously posted, and
    - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. On each day that a resident uses the swimming pool, an employee:
    - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
      - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
      - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
      - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
    - b. Records the results of the water quality tests in a log that includes each testing date and test result;
  2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
  3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (C)(1)(a);
  4. At least one personnel member, with cardiopulmonary resuscitation training that meets the requirements in R9-10-703(C)(1)(e), is present in the pool area when a resident is in the pool area; and
  5. At least two personnel members are present in the pool area if two or more residents are in the pool area.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-722. Physical Plant Standards**

- A.** Except for a behavioral health outdoor program, an administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services in the behavioral health residential facility's scope of services, and
  2. An individual admitted as a resident by the behavioral health residential facility.
- B.** An administrator shall ensure that:
1. A behavioral health residential facility has a:
    - a. Room that provides privacy for a resident to receive treatment or visitors; and
    - b. Common area and a dining area that contain furniture and materials to accommodate the recreational and socialization needs of the residents and other individuals in the behavioral health residential facility;
  2. At least one bathroom is accessible from a common area that:
    - a. May be used by residents and visitors;
    - b. Provides privacy when in use; and
    - c. Contains the following:
      - i. At least one working sink with running water,
      - ii. At least one working toilet that flushes and has a seat,
      - iii. Toilet tissue for each toilet,
      - iv. Soap in a dispenser accessible from each sink,

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- v. Paper towels in a dispenser or a mechanical air hand dryer,
  - vi. Lighting, and
  - vii. A window that opens or another means of ventilation;
- 3. For every six residents who stay overnight at the behavioral health residential facility, there is at least one working toilet that flushes and has a seat, and one sink with running water;
- 4. For every eight residents who stay overnight at the behavioral health residential facility, there is at least one working bathtub or shower;
- 5. A resident bathroom provides privacy when in use and contains:
  - a. A shatter-proof mirror, unless the resident's treatment plan allows for otherwise;
  - b. A window that opens or another means of ventilation; and
  - c. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
- 6. If a resident bathroom door locks from the inside, an employee has a key and access to the bathroom;
- 7. Each resident is provided a sleeping area that is in a bedroom; and
- 8. A resident bedroom complies with the following:
  - a. Is not used as a common area;
  - b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
  - c. Contains a door that opens into a hallway, common area, or outdoors;
  - d. Is constructed and furnished to provide unimpeded access to the door;
  - e. Has window or door covers that provide resident privacy;
  - f. Has floor to ceiling walls;
  - g. Is a:
    - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
    - ii. Shared bedroom that:
      - (1) Is shared by no more than eight residents;
      - (2) Except as provided in subsection (C), contains at least 60 square feet of floor space, not including a closet, for each individual occupying the shared bedroom; and
      - (3) Provides at least three feet of floor space between beds or bunk beds;
  - h. Contains for each resident occupying the bedroom:
    - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
    - ii. Individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
  - i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each resident;
  - j. Has sufficient lighting for a resident occupying the bedroom to read; and
  - k. Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a resident to cause self-injury.
- C. A behavioral health residential facility that was licensed as a Level 4 transitional agency before October 1, 2013 may continue to use a shared bedroom that provides at least 40 square feet of floor space, not including a closet, for each individual occupying the shared bedroom. If there is a modification to the shared bedroom, the behavioral health residential facility shall comply with the requirement in subsection (B)(8)(g).
- D. For a behavioral health residential facility licensed according to A.R.S. § 36-425.06, an administrator shall ensure that:
  - 1. The premises are secure, as defined in A.R.S. § 36-425.06; and
  - 2. There is a means of exiting the facility for a resident who does not have special knowledge for egress that meets one of the following:
    - a. Provides access to an outside area that:
      - i. Allows the resident to be at least 30 feet away from the facility, and
      - ii. Controls or alerts employees of the egress of a resident from the facility;
    - b. Provides access to an outside area:
      - i. From which a resident may exit to a location at least 30 feet away from the facility, and
      - ii. Controls or alerts employees of the egress of a resident from the facility; or
    - c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in A.A.C. R9-10-104.01.
- E. If a swimming pool is located on the premises, an administrator shall ensure that:
  - 1. The swimming pool is equipped with the following:
    - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
      - i. A removable strainer,
      - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
      - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
    - b. An operational vacuum cleaning system;
  - 2. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (E)(2)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground, and
      - iii. Is locked when the swimming pool is not in use; and
  - 3. A life preserver or shepherd's crook is available and accessible in the pool area.
- F. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (E)(2) is covered and locked when not in use.

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**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-723. Repealed****Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-724. Repealed****Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**ARTICLE 8. ASSISTED LIVING FACILITIES****R9-10-801. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article, unless the context otherwise requires:

1. "Accept" or "acceptance" means:
  - a. An individual begins living in and receiving assisted living services from an assisted living facility; or
  - b. An individual begins receiving adult day health care services or respite care services from an assisted living facility.
2. "Assistant caregiver" means an employee or volunteer who helps a manager or caregiver provide supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
3. "Assisted living services" means supervisory care services, personal care services, directed care services, behavioral care, memory care services, or ancillary services provided to a resident by or on behalf of an assisted living facility.
4. "Caregiver" means an individual who provides supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
5. "Elopement" means when a resident who is cognitively, physically, mentally, emotionally, or chemically impaired wanders away, walks away, runs away, or otherwise leaves the premises of an assisted living facility authorized to provide directed care services unsupervised or

unnoticed, without the knowledge of the licensee's personnel.

6. "Manager" means an individual designated by a governing authority to act on behalf of the governing authority in the on-site management of the assisted living facility.
7. "Medication organizer" means a container that is designed to hold doses of medication and is divided according to date or time increments.
8. "Memory care services" means the same as defined in A.R.S. § 36-405.03(D).
9. "Primary care provider" means a physician, a physician's assistant, or registered nurse practitioner who directs a resident's medical services.
10. "Residency agreement" means a document signed by a resident or the resident's representative and a manager, detailing the terms of residency.
11. "Service plan" means a written description of a resident's need for supervisory care services, personal care services, directed care services, ancillary services, or behavioral health services and the specific assisted living services to be provided to the resident.
12. "Termination of residency" or "terminate residency" means a resident is no longer living in and receiving assisted living services from an assisted living facility.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-802. Supplemental Application Requirements; Exemption**

- A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an assisted living facility shall include in a Department-provided format:
  1. Which of the following levels of assisted living services the applicant is requesting authorization to provide:
    - a. Supervisory care services,
    - b. Personal care services, or
    - c. Directed care services; and
  2. Whether the applicant is requesting authorization to provide:
    - a. Adult day health care services, or
    - b. Behavioral health services other than behavioral care.
- B. The Arizona Pioneers' Home is exempt from:

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1. Architectural plans and specifications for a health care institution specified in R9-10-104; and
2. Physical plant codes and standards for a health care institution specified in R9-10-105(A)(5)(a).

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 869 (April 29, 2022), with an immediate effective date of April 8, 2022 (Supp. 22-2).

**R9-10-803. Administration****A. A governing authority shall:**

1. Consist of one or more individuals responsible for the organization, operation, and administration of an assisted living facility;
2. Establish, in writing, an assisted living facility's scope of services;
3. Designate, in writing, a manager who:
  - a. Is 21 years of age or older; and
  - b. Except for the manager of an adult foster care home, has either a:
    - i. Certificate as an assisted living facility manager issued under A.R.S. § 36-446.04(C), or
    - ii. A temporary certificate as an assisted living facility manager issued under A.R.S. § 36-446.06;
4. Adopt a quality management program that complies with R9-10-804;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting manager who has the qualifications established in subsection (A)(3), if the manager is:
  - a. Expected not to be present on the assisted living facility's premises for more than 30 calendar days, or
  - b. Not present on the assisted living facility's premises for more than 30 calendar days;
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the manager and identify the name and qualifications of the new manager;
8. Ensure that a manager or caregiver who is able to read, write, understand, and communicate in English is on an assisted living facility's premises;
9. Ensure compliance with A.R.S. § 36-411; and
10. Ensure the health, safety, or welfare of a resident is not placed at risk of harm.

**B. A manager:**

1. Is directly accountable to the governing authority of an assisted living facility for the daily operation of the assisted living facility and all services provided by or at the assisted living facility;
2. Has the authority and responsibility to manage the assisted living facility; and
3. Except as provided in subsection (A)(6), designates, in writing, a caregiver who is:
  - a. At least 21 years of age, and
  - b. Present on the assisted living facility's premises and accountable for the assisted living facility when the manager is not present on the assisted living facility premises.

**C. A manager shall ensure that policies and procedures are:**

1. Established, documented, and implemented to protect the health and safety of a resident that:
  - a. Cover job descriptions, duties, and qualifications, including required skills and knowledge, education, and experience for employees and volunteers;
  - b. Cover orientation and in-service education for employees and volunteers;
  - c. Include how an employee may submit a complaint related to resident care;
  - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - e. Except as provided in subsection (M), cover cardiopulmonary resuscitation training for applicable employees and volunteers, including:
    - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the employee's or volunteer's ability to perform cardiopulmonary resuscitation;
    - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
    - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
    - iv. The documentation that verifies that the employee or volunteer has received cardiopulmonary resuscitation training;
  - f. Cover first aid training;
  - g. Cover how a caregiver will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
  - h. Cover staffing and recordkeeping;
  - i. Cover resident acceptance and resident rights;
  - j. Cover termination of residency, including:
    - i. Termination initiated by the manager of an assisted living facility, and
    - ii. Termination initiated by a resident or the resident's representative;
  - k. Cover the provision of assisted living services, including:
    - i. Coordinating the provision of assisted living services,
    - ii. Making vaccination for influenza and pneumonia available to residents according to A.R.S. § 36-406(1)(d), and
    - iii. Obtaining resident preferences for food and the provision of assisted living services;

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- l. Cover the provision of respite services or adult day health services, if applicable;
  - m. Cover methods by which the assisted living facility is aware of the general or specific whereabouts of a resident, based on the level of assisted living services provided to the resident and the assisted living services the assisted living facility is authorized to provide;
  - n. Cover resident medical records, including electronic medical records;
  - o. Cover personal funds accounts, if applicable;
  - p. Cover specific steps for:
    - i. A resident to file a complaint, and
    - ii. The assisted living facility to respond to a resident's complaint;
  - q. Cover health care directives;
  - r. Cover assistance in the self-administration of medication, and medication administration;
  - s. Cover food services;
  - t. Cover contracted services;
  - u. Cover equipment inspection and maintenance, if applicable;
  - v. Cover infection control; and
  - w. Cover a quality management program, including incident report and supporting documentation;
2. Available to employees and volunteers of the assisted living facility; and
  3. Reviewed at least once every three years and updated as needed.
- D.** A manager shall ensure that the following are conspicuously posted:
1. A list of resident rights;
  2. The assisted living facility's license;
  3. Current phone numbers of:
    - a. The unit in the Department responsible for licensing and monitoring the assisted living facility,
    - b. Adult Protective Services in the Department of Economic Security,
    - c. The State Long-Term Care Ombudsman, and
    - d. The Arizona Center for Disability Law; and
  4. The location at which a copy of the most recent Department inspection report and any plan of correction resulting from the Department inspection may be viewed.
- E.** A manager shall ensure that, unless otherwise stated:
1. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  2. When documentation or information is required by this Chapter to be submitted on behalf of an assisted living facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the assisted living facility.
- F.** If a requirement in this Article states that a manager shall ensure an action or condition or sign a document:
1. A governing authority or licensee may ensure the action or condition or sign the document and retain the responsibility to ensure compliance with the requirement in this Article;
  2. The manager may delegate ensuring the action or condition or signing the document to another individual, but the manager retains the responsibility to ensure compliance with the requirement in the Article; and
  3. If the manager delegates ensuring an action or condition or signing a document, the delegation is documented and the documentation includes the name of the individual to whom the action, condition, or signing is delegated and the effective date of the delegation.
- G.** A manager shall:
1. Not act as a resident's representative and not allow an employee or a family member of an employee to act as a resident's representative for a resident who is not a family member of the employee;
  2. If the assisted living facility administers personal funds accounts for residents and is authorized in writing by a resident or the resident's representative to administer a personal funds account for the resident:
    - a. Ensure that the resident's personal funds account does not exceed \$2,000;
    - b. Maintain a separate record for each resident's personal funds account, including receipts and expenditures;
    - c. Maintain the resident's personal funds account separate from any account of the assisted living facility; and
    - d. Provide a copy of the record of the resident's personal funds account to the resident or the resident's representative at least once every three months;
  3. Notify the resident's representative, family member, public fiduciary, or trust officer if the manager determines that a resident is incapable of handling financial affairs; and
  4. Except when a resident's need for assisted living services changes, as documented in the resident's service plan, ensure that a resident receives at least 30 calendar days written notice before any increase in a fee or charge.
- H.** A manager shall permit the Department to interview an employee, a volunteer, a resident, or a resident's representative as part of a compliance survey or a complaint investigation.
- I.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not on the premises and not receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.
- J.** If a manager has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect or exploitation has occurred on the premises or while a resident is receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (J)(1); and
    - c. The report in subsection (J)(2);
  4. Maintain the documentation in subsection (J)(3) for at least 12 months after the date of the report in subsection (J)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (J)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;

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- b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
  - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
  - d. The actions taken by the manager to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
- 6. Maintain a copy of the documented information required in subsection (J)(5) for at least 12 months after the date the investigation was initiated.
- K.** A manager shall provide written notification to the Department of a resident's:
  - 1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death;
  - 2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency services provider; and
  - 3. Elopement, within 24 hours of the elopement being discovered.
- L.** If a resident is receiving services from a home health agency or hospice service agency, a manager shall ensure that:
  - 1. The resident's medical record contains:
    - a. The name, address, and contact individual, including contact information, of the home health agency or hospice service agency;
    - b. Any information provided by the home health agency or hospice service agency; and
    - c. A copy of resident follow-up instructions provided to the resident by the home health agency or hospice service agency; and
  - 2. Any care instructions for a resident provided to the assisted living facility by the home health agency or hospice service agency are:
    - a. Within the assisted living facility's scope of services,
    - b. Communicated to a caregiver, and
    - c. Documented in the resident's service plan.
- M.** A manager of an assisted living home may establish, in policies and procedures, requirements that a caregiver obtains and provides documentation of cardiopulmonary resuscitation training specific to adults, which includes a demonstration of the caregiver's ability to perform cardiopulmonary resuscitation, from one of the following organizations:
  - 1. American Red Cross,
  - 2. American Heart Association, or
  - 3. National Safety Council.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Former Section R9-10-803 renumbered to R9-10-804; new Section R9-10-803 made by final

rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-804. Quality Management**

A manager shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to residents;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to resident care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed; new Section R9-10-804 renumbered from R9-10-803 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-805. Contracted Services**

A manager shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and



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2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted as an emergency and (A)(1)(a)(i)(1) amended effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-806. Personnel****A. A manager shall ensure that:**

1. A caregiver:
  - a. Is 18 years of age or older; and
  - b. Provides documentation of:
    - i. Completion of a caregiver training program approved by the Department or the Board of Examiners for Nursing Care Institution Administrators and Assisted Living Facility Managers;
    - ii. For supervisory care services, employment as a manager or caregiver of a supervisory care home before November 1, 1998;
    - iii. For supervisory care services or personal care services, employment as a manager or caregiver of a supportive residential living center before November 1, 1998; or
    - iv. For supervisory care services, personal care services, or directed services, one of the following:
      - (1) A nursing care institution administrator's license issued by the Board of Examiners;
      - (2) A nurse's license issued to the individual under A.R.S. Title 32, Chapter 15;
      - (3) Documentation of employment as a manager or caregiver of an unclassified residential care institution before November 1, 1998; or
      - (4) Documentation of sponsorship of or employment as a caregiver in an adult foster care home before November 1, 1998;
2. An assistant caregiver:
  - a. Is 16 years of age or older, and
  - b. Interacts with residents under the supervision of a manager or caregiver;
3. The qualifications, skills, and knowledge required for a caregiver or assistant caregiver:
  - a. Are based on:
    - i. The type of assisted living services, behavioral health services, or behavioral care expected to be provided by the caregiver or assistant caregiver according to the established job description; and
    - ii. The acuity of the residents receiving assisted living services, behavioral health services, or behavioral care from the caregiver or assistant caregiver according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description;
    - ii. The type and duration of education that may allow the caregiver or assistant caregiver to have acquired the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description; and
    - iii. The type and duration of experience that may allow the caregiver or assistant caregiver to have acquired the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services or behavioral care listed in the established job description;
4. A caregiver's or assistant caregiver's skills and knowledge are verified and documented:
  - a. Before the caregiver or assistant caregiver provides physical health services or behavioral health services, and
  - b. According to policies and procedures;
5. An assisted living facility has a manager, caregivers, and assistant caregivers with the qualifications, experience, skills, and knowledge necessary to:
  - a. Provide the assisted living services, behavioral health services, behavioral care, and ancillary services in the assisted living facility's scope of services;
  - b. Meet the needs of a resident; and
  - c. Ensure the health and safety of a resident;
6. At least one manager or caregiver is present and awake at an assisted living center when a resident is on the premises;
7. Documentation is maintained for at least 12 months after the last date on the documentation of the caregivers and assistant caregivers working each day, including the hours worked by each;
8. A manager, a caregiver, and an assistant caregiver, or an employee or a volunteer who has or is expected to have more than eight hours per week of direct interaction with residents, provides evidence of freedom from infectious tuberculosis:
  - a. On or before the date the individual begins providing services at or on behalf of the assisted living facility, and
  - b. As specified in R9-10-113;
9. Before providing assisted living services to a resident, a caregiver or an assistant caregiver receives orientation that is specific to the duties to be performed by the caregiver or assistant caregiver; and

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10. Before providing assisted living services to a resident, a manager or caregiver provides current documentation of first aid training and cardiopulmonary resuscitation training certification specific to adults.
- B.** A manager of an assisted living home shall ensure that:
  1. An individual residing in an assisted living home, who is not a resident, a manager, a caregiver, or an assistant caregiver:
    - a. Either:
      - i. Complies with the fingerprinting requirements in A.R.S. § 36-411, or
      - ii. Interacts with residents only under the supervision of an individual who has a valid fingerprint clearance card; and
    - b. If the individual is 12 years of age or older, provides evidence of freedom from infectious tuberculosis as specified in R9-10-113;
  2. Documentation of compliance with the requirements in subsection (B)(1)(a) and evidence of freedom from infectious tuberculosis, if required under subsection (B)(1)(b), is maintained for an individual residing in the assisted living home who is not a resident, a manager, a caregiver, or an assistant caregiver;
  3. As part of the policies and procedures required in R9-10-803(C)(1)(h), a plan is established, documented, and implemented to ensure that the manager or a caregiver is available as back-up to provide assisted living services to a resident if the manager or a caregiver assigned to work is not available or not able to provide the required assisted living services; and
  4. At least the manager or a caregiver is present at an assisted living home when a resident is present in the assisted living home and:
    - a. Except for nighttime hours, the manager or caregiver is awake; and
    - b. If the manager or caregiver is not awake during nighttime hours:
      - i. The manager or caregiver can hear and respond to a resident needing assistance; and
      - ii. If the assisted living home is authorized to provide directed care services, policies and procedures are developed, documented, and implemented to establish a process for checking on a resident receiving directed care services during nighttime hours to ensure the resident's health and safety.
- C.** A manager shall ensure that a personnel record for each employee or volunteer:
  1. Includes:
    - a. The individual's name, date of birth, and contact telephone number;
    - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
    - c. Documentation of:
      - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
      - ii. The individual's education and experience applicable to the individual's job duties;
      - iii. The individual's completed orientation and in-service education required by policies and procedures;
  - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or in policies and procedures;
  - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
  - vi. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(8);
  - vii. Cardiopulmonary resuscitation training, if required for the individual in this Article or policies and procedures;
  - viii. First aid training, if required for the individual in this Article or policies and procedures;
  - ix. Compliance with the requirements in A.R.S. § 36-411(A) and (C); and
  - x. The certificate of completion, according to R9-10-126;
2. Is maintained:
  - a. Throughout the individual's period of providing services in or for the assisted living facility, and
  - b. For at least 24 months after the last date the individual provided services in or for the assisted living facility; and
3. For a manager, a caregiver, or an assistant caregiver who has not provided physical health services or behavioral health services at or for the assisted living facility during the previous 12 months, is provided to the Department within 72 hours after the Department's request.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-807. Residency and Residency Agreements**

- A.** Except as provided in R9-10-808(B)(2), a manager shall ensure that a resident provides evidence of freedom from infectious tuberculosis:
  1. Before or within seven calendar days after the resident's date of occupancy, and
  2. As specified in R9-10-113.
- B.** A manager shall ensure that before or at the time of acceptance of an individual, the individual submits documentation that is dated within 90 calendar days before the individual is accepted by an assisted living facility and:

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1. If an individual is requesting or is expected to receive supervisory care services, personal care services, or directed care services:
    - a. Includes whether the individual requires:
      - i. Continuous medical services,
      - ii. Continuous or intermittent nursing services, or
      - iii. Restraints; and
    - b. Is dated and signed by a:
      - i. Physician,
      - ii. Registered nurse practitioner,
      - iii. Registered nurse, or
      - iv. Physician assistant; and
  2. If an individual is requesting or is expected to receive behavioral health services, other than behavioral care, in addition to supervisory care services, personal care services, or directed care services from an assisted living facility:
    - a. Includes whether the individual requires continuous behavioral health services, and
    - b. Is signed and dated by a behavioral health professional.
- C.** A manager shall not accept or retain an individual if:
1. The individual requires continuous:
    - a. Medical services;
    - b. Nursing services, unless the assisted living facility complies with A.R.S. § 36-401(C); or
    - c. Behavioral health services;
  2. The primary condition for which the individual needs assisted living services is a behavioral health issue;
  3. The services needed by the individual are not within the assisted living facility's scope of services and a home health agency or hospice service agency is not involved in the care of the individual;
  4. The assisted living facility does not have the ability to provide the assisted living services needed by the individual; or
  5. The individual requires restraints, including the use of bedrails.
- D.** Before or at the time of an individual's acceptance by an assisted living facility, a manager shall ensure that there is a documented residency agreement with the assisted living facility that includes:
1. The individual's name;
  2. Terms of occupancy, including:
    - a. Date of occupancy or expected date of occupancy,
    - b. Resident responsibilities, and
    - c. Responsibilities of the assisted living facility;
  3. A list of the services to be provided by the assisted living facility to the resident;
  4. A list of the services available from the assisted living facility at an additional fee or charge;
  5. For an assisted living home, whether the manager or a caregiver is awake during nighttime hours;
  6. The policy for refunding fees, charges, or deposits;
  7. The policy and procedure for a resident to terminate residency, including terminating residency because services were not provided to the resident according to the resident's service plan;
  8. The policy and procedure for an assisted living facility to terminate residency;
  9. The complaint process; and
  10. The manager's signature and date signed.
- E.** Before or within five working days after a resident's acceptance by an assisted living facility, a manager shall obtain on the documented agreement, required in subsection (D), the signature of one of the following individuals:
1. The resident,
  2. The resident's representative,
  3. The resident's legal guardian, or
  4. Another individual who has been designated by the individual under A.R.S. § 36-3221 to make health care decisions on the individual's behalf.
- F.** A manager shall:
1. Before or at the time of an individual's acceptance by an assisted living facility, provide to the resident or resident's representative a copy of:
    - a. The residency agreement in subsection (D),
    - b. Resident's rights, and
    - c. The policy and procedure on health care directives; and
  2. Maintain the original of the residency agreement in subsection (D) in the resident's medical record.
- G.** A manager may terminate residency of a resident as follows:
1. Without notice, if the resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in an assisted living facility;
  2. With a 14-calendar-day written notice of termination of residency:
    - a. For nonpayment of fees, charges, or deposit; or
    - b. Under any of the conditions in subsection (C); or
  3. With a 30-calendar-day written notice of termination of residency, for any other reason.
- H.** A manager shall ensure that the written notice of termination of residency in subsection (G) includes:
1. The date of notice;
  2. The reason for termination;
  3. The policy for refunding fees, charges, or deposits;
  4. The deposition of a resident's fees, charges, and deposits; and
  5. Contact information for the State Long-Term Care Ombudsman.
- I.** A manager shall provide the following to a resident when the manager provides the written notice of termination of residency in subsection (G):
1. A copy of the resident's current service plan, and
  2. Documentation of the resident's freedom from infectious tuberculosis.
- J.** If an assisted living facility issues a written notice of termination of residency as provided in subsection (G) to a resident or the resident's representative because the resident needs services the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide, a manager shall ensure that the written notice of termination of residency includes a description of the specific services that the resident needs that the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide.

**Historical Note**

Adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026,

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valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-808. Service Plans**

- A.** Except as required in subsection (B), a manager shall ensure that a resident has a service plan that is established, documented, and implemented that:
1. Is completed no later than 14 calendar days after the resident's date of acceptance;
  2. Is developed with assistance and review from:
    - a. The resident or resident's representative,
    - b. The manager, and
    - c. Any individual requested by the resident or the resident's representative;
  3. Includes the following:
    - a. A description of the resident's medical or health problems, including physical, behavioral, cognitive, or functional conditions or impairments;
    - b. The level of service the resident is expected to receive;
    - c. The amount, type, and frequency of assisted living services and ancillary services being provided to the resident, including medication administration or assistance in the self-administration of medication;
    - d. For a resident who requires intermittent nursing services or medication administration, review by a nurse or medical practitioner;
    - e. For a resident who requires behavioral care:
      - i. Any of the following that is necessary to provide assistance with the resident's psychosocial interactions to manage the resident's behavior:
        - (1) The psychosocial interactions or behaviors for which the resident requires assistance,
        - (2) Psychotropic medications ordered for the resident,
        - (3) Planned strategies and actions for changing the resident's psychosocial interactions or behaviors, and
        - (4) Goals for changes in the resident's psychosocial interactions or behaviors; and
      - ii. Review by a medical practitioner or behavioral health professional; and
    - f. For a resident who will be storing medication in the resident's bedroom or residential unit, how the medication will be stored and controlled;
  4. Is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (f):
    - a. No later than 14 calendar days after a significant change in the resident's physical, cognitive, or functional condition; and
    - b. As follows:
      - i. At least once every 12 months for a resident receiving supervisory care services,
      - ii. At least once every six months for a resident receiving personal care services, and
      - iii. At least once every three months for a resident receiving directed care services; and
  5. When initially developed and when updated, is signed and dated by:
    - a. The resident or resident's representative;
    - b. The manager;
    - c. If a review is required in subsection (A)(3)(d), the nurse or medical practitioner who reviewed the service plan; and
    - d. If a review is required in subsection (A)(3)(e)(ii), the medical practitioner or behavioral health professional who reviewed the service plan.
- B.** For a resident receiving respite care services, a manager shall ensure that:
1. A written service plan is:
    - a. Based on a determination of the resident's current needs and:
      - i. Is completed no later than three working days after the resident's date of acceptance; or
      - ii. If the resident has a service plan in the resident's medical record that was developed within the previous 12 months, is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (f) within three working days after the resident's date of acceptance; and
    - b. If a significant change in the resident's physical, cognitive, or functional condition occurs while the resident is receiving respite care services, updated based on changes in the requirements in subsections (A)(3)(a) through (f) within three working days after the significant change occurs; and
  2. If the resident is not expected to be present in the assisted living facility for more than seven calendar days, the resident is not required to comply with the requirements in R9-10-807(A).
- C.** A manager shall ensure that:
1. A caregiver or an assistant caregiver:
    - a. Provides a resident with the assisted living services in the resident's service plan;
    - b. Is only assigned to provide the assisted living services the caregiver or assistant caregiver has the documented skills and knowledge to perform;
    - c. Provides assistance with activities of daily living according to the resident's service plan;
    - d. If applicable, suggests techniques a resident may use to maintain or improve the resident's independence in performing activities of daily living;
    - e. Provides assistance with, supervises, or directs a resident's personal hygiene according to the resident's service plan;
    - f. Encourages a resident to participate in activities planned according to subsection (E); and
    - g. Documents the services provided in the resident's medical record; and
  2. A volunteer or an assistant caregiver who is 16 or 17 years of age does not provide:
    - a. Assistance to a resident for:
      - i. Bathing,
      - ii. Toileting, or
      - iii. Moving the resident's body from one surface to another surface;
    - b. Assistance in the self-administration of medication;
    - c. Medication administration; or
    - d. Nursing services.

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- D.** A manager of an assisted living facility that is authorized to provide adult day health services shall ensure that the adult day health care services are provided as specified in R9-10-1113.
- E.** A manager shall ensure that:
1. Daily social, recreational, or rehabilitative activities are planned according to residents' preferences, needs, and abilities;
  2. A calendar of planned activities is:
    - a. Prepared at least one week in advance of the date the activity is provided,
    - b. Posted in a location that is easily seen by residents,
    - c. Updated as necessary to reflect substitutions in the activities provided, and
    - d. Maintained for at least 12 months after the last scheduled activity;
  3. Equipment and supplies are available and accessible to accommodate a resident who chooses to participate in a planned activity; and
  4. Multiple media sources, such as daily newspapers, current magazines, internet sources, and a variety of reading materials, are available and accessible to a resident to maintain the resident's continued awareness of current news, social events, and other noteworthy information.
- F.** If a resident is not receiving assistance with the resident's psychosocial interactions under the direction of a behavioral health professional or any other behavioral health services at an assisted living facility, the resident is not considered to be receiving behavioral care or behavioral health services from the assisted living facility if the resident:
1. Is prescribed a psychotropic medication, or
  2. Is receiving directed care services and has a primary diagnosis of:
    - a. Dementia,
    - b. Alzheimer's disease-related dementia, or
    - c. Traumatic brain injury.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-809. Transport; Transfer**

- A.** Except as provided in subsection (B), a manager shall ensure that:

1. A caregiver or employee coordinates the transport and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before and after the transport, and
    - b. Information from the resident's medical record is provided to a receiving health care institution; and
  3. Documentation includes:
    - a. If applicable, any communication with an individual at a receiving health care institution;
    - b. The date and time of the transport; and
    - c. If applicable, the name of the caregiver accompanying the resident during a transport.
- B.** Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
  2. Transportation provided for a resident by the resident or the resident's representative,
  3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
  4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a resident due to an emergency, a manager shall ensure that:
1. A caregiver coordinates the transfer and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before the transfer;
    - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    - c. A caregiver explains risks and benefits of the transfer to the resident or the resident's representative; and
  3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the caregiver accompanying the resident during a transfer.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Former Section R9-10-809 renumbered to R9-10-812; new Section R9-10-809 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). R9-10-809(E) reflects a corrected reference to Article 14 from Article 4 (05-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt

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rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-810. Resident Rights**

- A.** A manager shall ensure that, at the time of acceptance, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C).
- B.** A manager shall ensure that:
1. A resident is treated with dignity, respect, and consideration;
  2. A resident is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
    - k. Misappropriation of personal and private property by the assisted living facility's manager, caregivers, assistant caregivers, employees, or volunteers; and
  3. A resident or the resident's representative:
    - a. Is informed of the following:
      - i. The policy on health care directives, and
      - ii. The resident complaint process;
    - b. Consents to photographs of the resident before the resident is photographed, except that a resident may be photographed when accepted as a resident by an assisted living facility for identification and administrative purposes;
    - c. Except as otherwise permitted by law, provides written consent before the release of information in the resident's:
      - i. Medical record, or
      - ii. Financial records;
    - d. May:
      - i. Request or consent to relocation within the assisted living facility; and
      - ii. Except when relocation is necessary based on a change in the resident's condition as documented in the resident's service plan, refuse relocation within the assisted living facility;
    - e. Has access to the resident's records during normal business hours or at a time agreed upon by the resident or resident's representative and the manager; and
    - f. Is informed of:
      - i. The rates and charges for services before the services are initiated;
      - ii. A change in rates or charges at least 30 calendar days before the change is implemented, unless the change in rates or charges results from a change in services; and
      - iii. A change in services at least 30 calendar days before the change is implemented, unless the resident's service plan changes.
- C.** A resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive assisted living services that support and respect the resident's individuality, choices, strengths, and abilities;
  3. To receive privacy in:
    - a. Care for personal needs;
    - b. Correspondence, communications, and visitation; and
    - c. Financial and personal affairs;
  4. To maintain, use, and display personal items unless the personal items constitute a hazard;
  5. To choose to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities;
  6. To review, upon written request, the resident's own medical record;
  7. To receive a referral to another health care institution if the assisted living facility is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
  8. To choose to access services from a health care provider, health care institution, or pharmacy other than the assisted living facility where the resident is residing and receiving services or a health care provider, health care institution, or pharmacy recommended by the assisted living facility;
  9. To participate or have the resident's representative participate in the development of, or decisions concerning, the resident's service plan; and
  10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Former Section R9-10-810 renumbered to R9-10-813; new Section R9-10-810 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-811. Medical Records**

- A.** A manager shall ensure that:
1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a resident's medical record is:
    - a. Only recorded by an individual authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;

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3. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
4. A resident's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the resident's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
  - c. As permitted by law; and
5. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If an assisted living facility maintains residents' medical records electronically, a manager shall ensure that:
  1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** A manager shall ensure that a resident's medical record contains:
  1. Resident information that includes:
    - a. The resident's name, and
    - b. The resident's date of birth;
  2. The names, addresses, and telephone numbers of:
    - a. The resident's primary care provider;
    - b. Other persons, such as a home health agency or hospice service agency, involved in the care of the resident; and
    - c. An individual to be contacted in the event of an emergency, significant change in the resident's condition, or termination of residency;
  3. If applicable, the name and contact information of the resident's representative and:
    - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
    - b. If the resident's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  4. The date of acceptance and, if applicable, the date of termination of residency;
  5. Documentation of the resident's needs required in R9-10-807(B);
  6. Documentation of general consent and informed consent, if applicable;
  7. Except as allowed in R9-10-808(B)(2), documentation of freedom from infectious tuberculosis as required in R9-10-807(A);
  8. A copy of the resident's health care directive, if applicable;
  9. The resident's signed residency agreement and any amendments;
  10. Resident's service plan and updates;
  11. Documentation of assisted living services provided to the resident;
  12. A medication order from a medical practitioner for each medication that is administered to the resident or for which the resident receives assistance in the self-administration of the medication;
  13. Documentation of medication administered to the resident or for which the resident received assistance in the self-administration of medication that includes:
    - a. The date and time of administration or assistance;
    - b. The name, strength, dosage, and route of administration;
    - c. The name and signature of the individual administering or providing assistance in the self-administration of medication; and
    - d. An unexpected reaction the resident has to the medication;
  14. Documentation of the resident's refusal of a medication, if applicable;
  15. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
  16. If applicable, documentation of a determination by a medical practitioner that evacuation from the assisted living facility during an evacuation drill would cause harm to the resident;
  17. Documentation of notification of the resident of the availability of vaccination for influenza and pneumonia, according to A.R.S. § 36-406(1)(d);
  18. Documentation of the resident's orientation to exits from the assisted living facility required in R9-10-819(B);
  19. If a resident is receiving behavioral health services other than behavioral care, documentation of the determination in R9-10-813(3);
  20. If a resident is receiving behavioral care, documentation of the determination in R9-10-812(3);
  21. If applicable, for a resident who is unable to direct self-care, the information required in R9-10-815(F);
  22. Documentation of any significant change in a resident's behavior, physical, cognitive, or functional condition and the action taken by a manager or caregiver to address the resident's changing needs;
  23. Documentation of the notification required in R9-10-803(G) if the resident is incapable of handling financial affairs; and
  24. If the resident no longer resides and receives assisted living services from the assisted living facility:
    - a. A written notice of termination of residency; or
    - b. If the resident terminated residency, the date the resident terminated residency.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Former Section R9-10-811 renumbered to R9-10-814; new Section R9-10-811 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). Section repealed; new Section made by

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exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-812. Behavioral Care**

A manager shall ensure that for a resident who requests or receives behavioral care from the assisted living facility, a behavioral health professional or medical practitioner:

1. Evaluates the resident:
  - a. Within 30 calendar days before acceptance of the resident or before the resident begins receiving behavioral care, and
  - b. At least once every six months throughout the duration of the resident's need for behavioral care;
2. Reviews the assisted living facility's scope of services; and
3. Signs and dates a determination stating that the resident's need for behavioral care can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989 (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989 (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed; new Section R9-10-812 renumbered from R9-10-809 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-813. Behavioral Health Services**

If an assisted living facility is authorized to provide behavioral health services other than behavioral care, a manager shall ensure that:

1. Policies and procedures are established, documented, and implemented that cover when general consent and informed consent are required and by whom general consent and informed consent may be given;
2. The behavioral health services:
  - a. Are provided under the direction of a behavioral health professional; and
  - b. Comply with the requirements:
    - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
    - ii. For an assessment, in R9-10-1011(B); and
3. For a resident who requests or receives behavioral health services from the assisted living facility, a behavioral health professional:
  - a. Evaluates the resident within 30 calendar days before acceptance of the resident and at least once

every six months throughout the duration of the resident's need for behavioral health services;

- b. Reviews the assisted living facility's scope of services; and
- c. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility.

**Historical Note**

New Section renumbered from R9-10-810 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-814. Personal Care Services**

- A. A manager of an assisted living facility authorized to provide personal care services shall not accept or retain a resident who:
  1. Is unable to direct self-care;
  2. Except as specified in subsection (B), is confined to a bed or chair because of an inability to ambulate even with assistance; or
  3. Except as specified in subsection (C), has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.
- B. A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who is confined to a bed or chair because of an inability to ambulate even with assistance if:
  1. The condition is a result of a short-term illness or injury; or
  2. The following requirements are met at the onset of the condition or when the resident is accepted by the assisted living facility:
    - a. The resident or resident's representative requests that the resident be accepted by or remain in the assisted living facility;
    - b. The resident's primary care provider or other medical practitioner:
      - i. Examines the resident at the onset of the condition, or within 30 calendar days before acceptance, and at least once every six months throughout the duration of the resident's condition;
      - ii. Reviews the assisted living facility's scope of services; and
      - iii. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility; and
    - c. The resident's service plan includes the resident's increased need for personal care services.
- C. A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner, if the requirements in subsection (B)(2) are met.
- D. A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who:



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1. Is receiving nursing services from a home health agency or a hospice service agency; or
2. Requires intermittent nursing services if:
  - a. The resident's condition for which nursing services are required is a result of a short-term illness or injury, and
  - b. The requirements of subsection (B)(2) are met.
- E. A manager shall ensure that a bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available and accessible in a bedroom or residential unit being used by a resident receiving personal care services.
- F. In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving personal care services includes:
  1. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;
  2. Offering sufficient fluids to maintain hydration;
  3. Incontinence care that ensures that a resident maintains the highest practicable level of independence when toileting; and
  4. If applicable, the determination in subsection (B)(2)(b)(iii).
- G. A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving personal care services unless the resident has an order from the resident's primary care provider or another medical practitioner for the non-prescription medication.
7. Coordination of communications with the resident's representative, family members, and, if applicable, other individuals identified in the resident's service plan; and
8. If the resident is receiving memory care services:
  - a. Identification of specialized environmental features to support memory care services, such as secure areas to prevent wandering and spaces designed for cognitive stimulation and engagement;
  - b. Strategies for providing person-centered care that aligns with the principles of dementia-friendly environments, including familiar surroundings, optimized sensory stimulation, and meaningful activities; and
  - c. Strategies for administering medications as ordered.
- D. A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving directed care services unless the resident has an order from a medical practitioner for the non-prescription medication.
- E. A manager shall ensure that:
  1. A bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available in a bedroom being used by a resident receiving directed care services; or
  2. An assisted living facility has implemented another means to alert a caregiver or assistant caregiver to a resident's needs or emergencies.
- F. A manager of an assisted living facility authorized to provide directed care services shall ensure that:
  1. Policies and procedures are established, documented, and implemented that ensure the safety of a resident who may wander;
  2. There is a means of exiting the facility for a resident who does not have a key, special knowledge for egress, or the ability to expend increased physical effort that meets one of the following:
    - a. Provides access to an outside area that:
      - i. Allows the resident to be at least 30 feet away from the facility that is secure, and
      - ii. Monitors or alerts employees of the egress of a resident from the facility;
    - b. Provides access to an outside area:
      - i. From which a resident may exit to a location at least 30 feet away from the facility that is secure, and
      - ii. Monitors or alerts employees of the egress of a resident from the facility; or
    - c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the International Building Code incorporated by reference in R9-10-104.01; and
  3. A caregiver or an assistant caregiver complies with the requirements for incidents in R9-10-804 when a resident who is unable to direct self-care wanders into an area not designated by the governing authority for use by the resident.

**Historical Note**

New Section renumbered from R9-10-811 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-815. Directed Care Services**

- A. A manager shall ensure that a resident's representative is designated for a resident who is unable to direct self-care.
- B. A manager of an assisted living facility authorized to provide directed care services shall not accept or retain a resident who, except as provided in R9-10-814(B)(2):
  1. Is confined to a bed or chair because of an inability to ambulate even with assistance; or
  2. Has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.
- C. In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving directed care services includes:
  1. The requirements in R9-10-814(F)(1) through (3);
  2. If applicable, the determination in R9-10-814(B)(2)(b)(iii);
  3. Cognitive stimulation and activities to maximize functioning;
  4. Strategies to ensure a resident's personal safety;
  5. Encouragement to eat meals and snacks;
  6. Documentation:
    - a. Of the resident's weight, or
    - b. From a medical practitioner stating that weighing the resident is contraindicated;

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final

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expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

Amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-816. Memory Care Services**

A. If an assisted living facility is authorized to provide directed care services, a manager shall ensure that:

1. Policies and procedures for memory care services are established, documented, and implemented to cover the following:
  - a. Skills and knowledge necessary for the personnel member to provide the expected memory care services;
  - b. Interventions used for behavior management;
  - c. Systems to accommodate visitors, staff, and residents who do not need controlled egress;
  - d. The requirements in R9-10-815(C)(8) regarding the prevention of unsafe wandering or exit seeking, which may include the use of tracking systems;
  - e. Promotion of nutrition and hydration care;
  - f. Evacuation and emergency procedures specific to residents receiving memory care services, that include the requirements in R9-10-819(A)(5);
  - g. Prevention techniques of elopement and responding to elopement incidents promptly and effectively;
  - h. Monitoring residents receiving memory care services in outdoor areas on the premises;
  - i. Specialized environmental features to support memory care that include:
    - i. Secure areas to prevent wandering and spaces designed for cognitive stimulation and engagement; and
    - ii. Strategies for providing person-centered care that aligns with the principles of dementia-friendly environments, including familiar surroundings, optimized sensory stimulation, and meaningful activities; and
  - j. Specialized accommodations and progressive support for activities of daily living tailored to persons living with dementia following evidence-based best practices;
2. Activities that match the resident's cognitive ability, memory, attention span, language, reasoning ability, and physical function;
3. For a resident who requests or receives memory care services from the assisted living facility, a medical practitioner:
  - a. Evaluates the resident within 30 calendar days before acceptance of the resident and at least once every six months throughout the duration of the resident's need for memory care services;
  - b. Reviews the assisted living facility's scope of services; and
  - c. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility;
4. There is staffing to ensure adequate supervision and care for residents receiving memory care services;
5. In an assisted living facility where residents are housed in two or more detached buildings, or if a building has distinct and segregated areas, a designated caregiver must be

awake and available in each building and each segregated area at all times; and

6. If applicable, staffing is increased to compensate for the evaluated care and service needs of residents at move-in or for the changing physical or cognitive needs of the residents.
- B. A manager shall ensure that staff obtain a certificate of completion, as specified in R9-10-126, including the minimum eight hours of initial memory care services training within the first 30 days of hire or provide a copy of a certificate of completion, as specified in R9-10-126, obtained within the preceding 12 months from the date of hire. If a staff member or contractor has not worked at an assisted living facility that is licensed to provide directed care services for a period of 12 months, the staff member or contractor must complete the minimum eight hours of initial memory care services training within 30 days after the date of hire, rehire, or returning to work.
- C. In addition to the minimum eight hours of initial memory care services training, a manager shall complete a minimum of four hours of memory care services training specific to assisted living facility managers.
- D. Each resident receiving memory care services must have a service plan that meets the requirements specified in R9-10-815(C).
- E. Service planning for residents receiving memory care services shall be person-centered involving comprehensive assessments that consider the resident's medical history, preference, and social context, and should actively include input from the resident and the resident's representative. Service planning for residents receiving memory care services shall be individualized, regularly reviewed according to R9-10-808, and adjusted to meet the changing needs of residents as their condition progresses.
- F. The assisted living facility shall only admit or retain residents whose cognitive and physical care needs can be safely managed within the area or areas in an assisted living facility where memory care services are provided.
- G. An assisted living facility authorized to provide directed care services and is providing memory care services shall incorporate evidence-based specialized environmental features that:
  1. Use clear, easy-to-understand signage and visual cues to help residents navigate their surroundings;
  2. Reduce environmental factors that may cause confusion or distress, such as loud noises or overly bright lighting;
  3. Prevent residents from accessing materials, furnishings, equipment, activities, or treatments that may pose a health or safety risk;
  4. Support resident movement and engagement;
  5. Promote independence and overall well-being;
  6. Ensure easy access and intuitive wayfinding; and
  7. Facilitate engagement and encourage participation in meaningful daily tasks and activities.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final rulemaking at 31 A.A.R. 2085 (June 27,

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2025), with a delayed effective date of June 30, 2025  
(Supp. 25-2).

**R9-10-817. Medication Services****A.** A manager shall ensure that:

1. Policies and procedures for medication services include:
    - a. Procedures for preventing, responding to, and reporting a medication error;
    - b. Procedures for responding to and reporting an unexpected reaction to a medication;
    - c. Procedures to ensure that a resident's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the resident's needs;
    - d. Procedures for:
      - i. Documenting, as applicable, medication administration and assistance in the self-administration of medication; and
      - ii. Monitoring a resident who self-administers medication;
    - e. Procedures for assisting a resident in procuring medication;
    - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
    - g. Procedures for administering medication to residents receiving memory care services; and
  2. If a verbal order for a resident's medication is received from a medical practitioner by the assisted living facility:
    - a. The manager or a caregiver takes the verbal order from the medical practitioner,
    - b. The verbal order is documented in the resident's medical record, and
    - c. A written order verifying the verbal order is obtained from the medical practitioner within 14 calendar days after receiving the verbal order.
- B.** If an assisted living facility provides medication administration, a manager shall ensure that:
1. Medication is stored by the assisted living facility;
  2. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner, registered nurse, or pharmacist;
    - b. Include a process for documenting an individual authorized, according to the definition of "administer" in A.R.S. § 32-1901, by a medical practitioner to administer medication under the direction of the medical practitioner;
    - c. Ensure that medication is administered to a resident only as prescribed; and
    - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record; and
  3. A medication administered to a resident:
    - a. Is administered by an individual under the direction of a medical practitioner,
    - b. Is administered in compliance with a medication order, and
    - c. Is documented in the resident's medical record.
- C.** If an assisted living facility provides assistance in the self-administration of medication, a manager shall ensure that:
1. A resident's medication is stored by the assisted living facility;
  2. The following assistance is provided to a resident:
    - a. A reminder when it is time to take the medication;

- b. Opening the medication container or medication organizer for the resident;
  - c. Observing the resident while the resident removes the medication from the container or medication organizer;
  - d. Except when a resident uses a medication organizer, verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
    - i. The resident taking the medication is the individual stated on the medication container label,
    - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
    - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label;
  - e. For a resident using a medication organizer, verifying that the resident is taking the medication in the medication organizer according to the schedule specified on the medical practitioner's order; or
  - f. Observing the resident while the resident takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or nurse; and
  4. Assistance in the self-administration of medication provided to a resident:
    - a. Is in compliance with an order, and
    - b. Is documented in the resident's medical record.
- D.** A manager shall ensure that:
1. A current drug reference guide is available for use by personnel members, and
  2. A current toxicology reference guide is available for use by personnel members.
- E.** A manager shall ensure that a resident's medication organizer is only filled by:
1. The resident;
  2. The resident's representative;
  3. A family member of the resident;
  4. A personnel member of a home health agency or hospice service agency; or
  5. The manager or a caregiver who has been designated and is under the direction of a medical practitioner, according to subsection (B)(2)(b).
- F.** When medication is stored by an assisted living facility, a manager shall ensure that:
1. Medication is stored in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;

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- c. A medication recall and notification of residents who received recalled medication; and
  - d. Storing, inventorying, and dispensing controlled substances.
- G.** A manager shall ensure that a caregiver immediately reports a medication error or a resident's unexpected reaction to a medication to the medical practitioner who ordered the medication or, if the medical practitioner who ordered the medication is not available, another medical practitioner.
- H.** If medication is stored by a resident in the resident's bedroom or residential unit, a manager shall ensure that:
- 1. The medication is stored according to the resident's service plan; or
  - 2. If the medication is not being stored according to the resident's service plan, the resident's service plan is updated to include how the medication is being stored by the resident

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). R9-10-817 renumbered to R9-10-818; new Section R9-10-817 made by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-818. Food Services**

- A.** A manager shall ensure that:
- 1. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served each day,
    - c. Is conspicuously posted at least one calendar day before the first meal on the food menu is served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  - 2. Meals and snacks provided by the assisted living facility are served according to posted menus;
  - 3. If the assisted living facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the assisted living facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the assisted living facility;
  - 4. The assisted living facility is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
  - 5. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>;
  - 6. A resident is provided a diet that meets the resident's nutritional needs as specified in the resident's service plan;
  - 7. Water is available and accessible to residents at all times, unless otherwise stated in a medical practitioner's order; and
  - 8. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, phys-

ical, and social needs, including the provision of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the resident.

- B.** If the assisted living facility offers therapeutic diets, a manager shall ensure that:
- 1. A current therapeutic diet manual is available for use by employees, and
  - 2. The therapeutic diet is provided to a resident according to a written order from the resident's primary care provider or another medical practitioner.
- C.** A manager shall ensure that food is obtained, prepared, served, and stored as follows:
- 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  - 2. Food is protected from potential contamination;
  - 3. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
  - 4. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below; and
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
      - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
      - vi. Leftovers are reheated to a temperature of at least 165° F;
  - 5. A refrigerator used by an assisted living facility to store food or medication contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
  - 6. Frozen foods are stored at a temperature of 0° F or below; and
  - 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
- D.** A manager of an assisted living center shall ensure that:
- 1. The assisted living center has a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
  - 2. A copy of the assisted living center's food establishment license or permit is maintained.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final

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expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). R9-10-818 renumbered to R9-10-819; new Section R9-10-818 renumbered from R9-10-817 by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-819. Emergency and Safety Standards****A.** A manager shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to caregivers and assistant caregivers, and, if necessary, implemented that includes:
  - a. When, how, and where residents will be relocated;
  - b. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
  - c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
  - d. A plan for obtaining food and water for individuals present in the assisted living facility or the assisted living facility's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
3. Documentation of the disaster plan review required in subsection (A)(2) includes:
  - a. The date and time of the disaster plan review;
  - b. The name of each employee or volunteer participating in the disaster plan review;
  - c. A critique of the disaster plan review; and
  - d. If applicable, recommendations for improvement;
4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
5. An evacuation drill for employees and residents:
  - a. Is conducted at least once every six months; and
  - b. Includes all individuals on the premises except for:
    - i. A resident whose medical record contains documentation that evacuation from the assisted living facility would cause harm to the resident, and
    - ii. Sufficient caregivers to ensure the health and safety of residents not evacuated according to subsection (A)(5)(b)(i);
6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
  - a. The date and time of the evacuation drill;
  - b. The amount of time taken for employees and residents to evacuate the assisted living facility;
  - c. If applicable:
    - i. An identification of residents needing assistance for evacuation, and
    - ii. An identification of residents who were not evacuated;
  - d. Any problems encountered in conducting the evacuation drill; and
  - e. Recommendations for improvement, if applicable; and
7. If the assisted living facility is authorized to provide directed care services, an elopement drill for employees:
  - a. Conduct an elopement drill every six months on each shift and document the date, time, and description of each drill; and
  - b. Immediately investigate any elopement and notify the designated family member or members, legal

guardian, or other responsible person within 24 hours.

8. An evacuation path is conspicuously posted in each hallway of each floor of the assisted living facility.

**B.** A manager shall ensure that:

1. A resident receives orientation to the exits from the assisted living facility and the route to be used when evacuating the assisted living facility within 24 hours after the resident's acceptance by the assisted living facility, and
2. The resident's orientation is documented.

**C.** A manager shall ensure that a first-aid kit is maintained in the assisted living facility in a location accessible to caregivers and assistant caregivers.**D.** When a resident has an accident, emergency, or injury that results in the resident needing medical services, a manager shall ensure that a caregiver or an assistant caregiver:

1. Immediately notifies the resident's emergency contact and primary care provider; and
2. Documents the following:
  - a. The date and time of the accident, emergency, or injury;
  - b. A description of the accident, emergency, or injury;
  - c. The names of individuals who observed the accident, emergency, or injury;
  - d. The actions taken by the caregiver or assistant caregiver;
  - e. The individuals notified by the caregiver or assistant caregiver; and
  - f. Any action taken to prevent the accident, emergency, or injury from occurring in the future.

**E.** A manager of an assisted living center shall ensure that:

1. Unless the assisted living center has documentation of having received an exception from the Department before October 1, 2013, in the areas of the assisted living center providing personal care services or directed care services:
  - a. A fire alarm system is installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and is in working order; and
  - b. A sprinkler system is installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, and is in working order;
2. For the areas of the assisted living center providing only supervisory care services:
  - a. A fire alarm system and a sprinkler system meeting the requirements in subsection (E)(1) are installed and in working order, or
  - b. The assisted living center complies with the requirements in subsection (F);
3. A fire inspection is conducted by a local fire department or the State Fire Marshal before licensing and according to the time-frame established by the local fire department or the State Fire Marshal;
4. Any repairs or corrections stated on the fire inspection report are made; and
5. Documentation of a current fire inspection is maintained.

**F.** A manager of an assisted living home shall ensure that:

1. A fire extinguisher that is labeled as rated at least 2A-10-BC by the Underwriters Laboratories is mounted and maintained in the assisted living home;

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2. A disposable fire extinguisher is replaced when its indicator reaches the red zone;
  3. A rechargeable fire extinguisher:
    - a. Is serviced at least once every 12 months, and
    - b. Has a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher;
  4. Except as provided in subsection (G):
    - a. A smoke detector is:
      - i. Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
      - ii. Either battery operated or, if hard-wired into the electrical system of the assisted living home, has a back-up battery;
      - iii. In working order; and
      - iv. Tested at least once a month; and
    - b. Documentation of the test required in subsection (F)(4)(a)(iv) is maintained for at least 12 months after the date of the test;
  5. An appliance, light, or other device with a frayed or spliced electrical cord is not used at the assisted living home; and
  6. An electrical cord, including an extension cord, is not run under a rug or carpeting, over a nail, or from one room to another at the assisted living home.
- G.** A manager of an assisted living home may use a fire alarm system and a sprinkler system to ensure the safety of residents if the fire alarm system and sprinkler system:
1. Are installed and in working order, and
  2. Meet the requirements in subsection (E)(1).
- Historical Note**
- New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1). R9-10-819 renumbered to R9-10-820; new Section R9-10-819 renumbered from R9-10-818 and amended by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).
- R9-10-820. Environmental Standards**
- A.** A manager shall ensure that:
1. The premises and equipment used at the assisted living facility are:
    - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
    - b. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
  2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  3. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags, and
    - b. Removed from the premises at least once a week;
  4. Heating and cooling systems maintain the assisted living facility at a temperature between 70° F and 84° F at all times, unless individually controlled by a resident;
  5. Common areas:
    - a. Are lighted to ensure the safety of residents, and
    - b. Have lighting sufficient to allow caregivers and assistant caregivers to monitor resident activity;
  6. Hot water temperatures are maintained between 95° F and 120° F in areas of an assisted living facility used by residents;
  7. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
  8. A resident has access to a laundry service or a washing machine and dryer in the assisted living facility;
  9. Soiled linen and soiled clothing stored by the assisted living facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
  10. Oxygen containers are secured in an upright position;
  11. Poisonous or toxic materials stored by the assisted living facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
  12. Combustible or flammable liquids and hazardous materials stored by the assisted living facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
  13. Equipment used at the assisted living facility is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  14. If pets or animals are allowed in the assisted living facility, pets or animals are:
    - a. Controlled to prevent endangering the residents and to maintain sanitation;
    - b. Licensed consistent with local ordinances; and
    - c. For a dog or cat, vaccinated against rabies;
  15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- B.** If a swimming pool is located on the premises, a manager shall ensure that:
1. On a day that a resident uses the swimming pool, an employee:
    - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:

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- i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-phenylenediamine test;
  - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-phenylenediamine test; or
  - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
  - b. Records the results of the water quality tests in a log that includes the date tested and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test; and
  3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (B)(1)(a).

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). R9-10-820 renumbered to R9-10-821; new Section R9-10-820 renumbered from R9-10-819, by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**R9-10-821. Physical Plant Standards**

- A. A manager shall ensure that an assisted living center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that:
  1. Are applicable to the level of services planned to be provided or being provided; and
  2. Were in effect on the date the assisted living facility submitted architectural plans and specifications to the Department for approval, according to R9-10-104.
- B. A manager shall ensure that:
  1. The premises and equipment are sufficient to accommodate:
    - a. The services stated in the assisted living facility's scope of services, and
    - b. An individual accepted as a resident by the assisted living facility;
  2. A common area for use by residents is provided that has sufficient space and furniture to accommodate the recreational and socialization needs of residents;
  3. A dining area has sufficient space and tables and chairs to accommodate the needs of the residents;
  4. At least one bathroom is accessible from a common area and:
    - a. May be used by residents and visitors;
    - b. Provides privacy when in use; and
    - c. Contains the following:
      - i. At least one working sink with running water,
      - ii. At least one working toilet that flushes and has a seat,
      - iii. Toilet tissue for each toilet,
      - iv. Soap in a dispenser accessible from each sink,
      - v. Paper towels in a dispenser or a mechanical air hand dryer,
      - vi. Lighting, and
- C. A manager shall ensure that:
  1. For every eight residents there is at least one working toilet that flushes and has a seat and one sink with running water;
  2. For every eight residents there is at least one working bathtub or shower; and
  3. A resident bathroom provides privacy when in use and contains:
    - a. A mirror;
    - b. Toilet tissue for each toilet;
    - c. Soap accessible from each sink;
    - d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is not in a residential unit and used by more than one resident;
    - e. A window that opens or another means of ventilation;
    - f. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
    - g. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers.
- D. A manager shall ensure that:
  1. Each resident is provided with a sleeping area in a residential unit or a bedroom;
  2. For an assisted living home, a resident's sleeping area is on the ground floor of the assisted living home unless:
    - a. The resident is able to direct self-care;
    - b. The resident is ambulatory without assistance; and
    - c. There are at least two unobstructed, usable exits to the outside from the sleeping area that the resident is capable of using;
  3. Except as provided in subsection (E), no more than two individuals reside in a residential unit or bedroom;
  4. A resident's sleeping area:
    - a. Is not used as a common area;
    - b. Is not used as a passageway to a common area, another sleeping area, or common bathroom unless the resident's sleeping area:
      - i. Was used as a passageway to a common area, another sleeping area, or common bathroom before October 1, 2013; and
      - ii. Written consent is obtained from the resident or the resident's representative;
    - c. Is constructed and furnished to provide unimpeded access to the door;
    - d. Has floor-to-ceiling walls with at least one door;
    - e. Has access to natural light through a window or a glass door to the outside; and
    - f. Has a window or door that can be used for direct egress to outside the building;
  5. If a resident's sleeping area is in a bedroom, the bedroom has:
    - vii. A window that opens or another means of ventilation;
5. An outside activity space is provided and available that:
  - a. Is on the premises,
  - b. Has a hard-surfaced section for wheelchairs, and
  - c. Has an available shaded area;
6. Exterior doors are equipped with ramps or other devices to allow use by a resident using a wheelchair or other assistive device; and
7. The key to the door of a lockable bathroom, bedroom, or residential unit is available to a manager, caregiver, and assistant caregiver.

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- a. For a private bedroom, at least 80 square feet of floor space, not including a closet or bathroom;
  - b. For a shared bedroom, at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom; and
  - c. A door that opens into a hallway, common area, or outdoors;
6. If a resident's sleeping area is in a residential unit, the residential unit has:
    - a. Except as provided in subsection (E)(2), at least 220 square feet of floor space, not including a closet or bathroom, for one individual residing in the residential unit and an additional 100 square feet of floor space, not including a closet or bathroom, for each additional individual residing in the residential unit;
    - b. An individually keyed entry door;
    - c. A bathroom that provides privacy when in use and contains:
      - i. A working toilet that flushes and has a seat;
      - ii. A working sink with running water;
      - iii. A working bathtub or shower;
      - iv. Lighting;
      - v. A mirror;
      - vi. A window that opens or another means of ventilation;
      - vii. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
      - viii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in bathtubs and showers;
    - d. A resident-controlled thermostat for heating and cooling;
    - e. A kitchen area equipped with:
      - i. A working sink and refrigerator,
      - ii. A cooking appliance that can be removed or disconnected,
      - iii. Space for food preparation, and
      - iv. Storage for utensils and supplies; and
    - f. If not furnished by a resident:
      - i. An armchair, and
      - ii. A table where a resident may eat a meal; and
  7. If not furnished by a resident, each sleeping area has:
    - a. A bed, at least 36 inches in width and 72 inches in length, consisting of at least a frame and mattress that is clean and in good repair;
    - b. Clean linen, including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;
    - c. Sufficient light for reading;
    - d. Storage space for clothing;
    - e. Individual storage space for personal effects; and
    - f. Adjustable window covers that provide resident privacy.
- E. A manager may allow more than two individuals to reside in a residential unit or bedroom if:
    1. There is at least 60 square feet for each individual living in the bedroom;
    2. There is at least 100 square feet for each individual living in the residential unit; and
    3. The manager has documentation that the assisted living facility has been operating since before November 1, 1998, with more than two individuals living in the residential unit or bedroom.
  - F. If there is a swimming pool on the premises of the assisted living facility, a manager shall ensure that:
    1. Unless the assisted living facility has documentation of having received an exception from the Department before October 1, 2013, the swimming pool is enclosed by a wall or fence that:
      - a. Is at least five feet in height as measured on the exterior of the wall or fence;
      - b. Has no vertical openings greater than four inches across;
      - c. Has no horizontal openings, except as described in subsection (F)(1)(e);
      - d. Is not chain-link;
      - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
      - f. Has a self-closing, self-latching gate that:
        - i. Opens away from the swimming pool,
        - ii. Has a latch located at least 54 inches from the ground, and
        - iii. Is locked when the swimming pool is not in use;
    2. A life preserver or shepherd's crook is available and accessible in the swimming pool area; and
    3. Pool safety requirements are conspicuously posted in the swimming pool area.
  - G. A manager shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

**Historical Note**

New Section R9-10-821 renumbered from R9-10-820, by final rulemaking at 31 A.A.R. 2085 (June 27, 2025), with a delayed effective date of June 30, 2025 (Supp. 25-2).

**ARTICLE 9. OUTPATIENT SURGICAL CENTERS****R9-10-901. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article, unless otherwise specified:

1. "Inpatient care" means postsurgical services provided in a hospital.
2. "Outpatient surgical services" means anesthesia and surgical services provided to a patient in an outpatient surgical center.
3. "Surgical suite" means an area of an outpatient surgical center that includes one or more operating rooms and one or more recovery rooms.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1).  
Amended by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-902. Administration**

- A. A governing authority shall:
  1. Consist of one or more individuals responsible for the organization, operation, and administration of an outpatient surgical center;



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2. Establish, in writing:
    - a. An outpatient surgical center's scope of services, and
    - b. Qualifications for an administrator;
  3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
  4. Grant, deny, suspend, or revoke clinical privileges of a physician and other members of the medical staff and delineate, in writing, the clinical privileges of each medical staff member, according to the medical staff bylaws;
  5. Adopt a quality management plan according to R9-10-903;
  6. Review and evaluate the effectiveness of the quality management plan at least once every 12 months;
  7. Designate in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    - a. Expected not to be present on an outpatient surgical center's premises for more than 30 calendar days, or
    - b. Not present on an outpatient surgical center's premises for more than 30 calendar days; and
  8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B. An administrator:**
1. Is directly accountable to the governing authority of an outpatient surgical center for the daily operation of the outpatient surgical center and for all services provided by or at the outpatient surgical center;
  2. Has the authority and responsibility to manage the outpatient surgical center; and
  3. Except as provided in subsection (A)(7), designates, in writing, an individual who is present on an outpatient surgical center's premises and accountable for the outpatient surgical center when the administrator is not present on the outpatient surgical center's premises.
- C. An administrator shall ensure that:**
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to patient care;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Include a method to identify a patient to ensure that the patient receives services as ordered;
    - f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
    - g. Cover specific steps for:
      - i. A patient to file a complaint, and
      - ii. The outpatient surgical center to respond to a patient complaint;
    - h. Cover health care directives;
    - i. Cover medical records, including electronic medical records;
  - j. Cover a quality management program, including incident reports and supporting documentation; and
  - k. Cover contracted services;
2. Policies and procedures for medical services and nursing services provided by an outpatient surgical center are established, documented, and implemented to protect the health and safety of a patient that:
- a. Cover patient screening, admission, transfer, and discharge;
  - b. Cover the provision of medical services, nursing services, and health-related services in the outpatient surgical center's scope of services;
  - c. Include when general consent and informed consent are required;
  - d. Cover dispensing, administering, and disposing of medications;
  - e. Cover prescribing a controlled substance to minimize substance abuse by a patient;
  - f. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  - g. Cover infection control; and
  - h. Cover environmental services that affect patient care;
3. Policies and procedures are:
- a. Available to personnel members, employees, volunteers, and students of the outpatient surgical center; and
  - b. Reviewed at least once every three years and updated as needed;
4. A pharmacy maintained by the outpatient surgical center is licensed according to A.R.S. Title 32, Chapter 18;
5. Pathology services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Act of 1967;
6. If the outpatient surgical center meets the definition of "abortion clinic" in A.R.S. § 36-449.01, abortions and related services are provided in compliance with the requirements in Article 15 of this Chapter; and
7. Unless otherwise stated:
- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of an outpatient surgical center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the outpatient surgical center.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-903. Quality Management**

An administrator shall ensure that:

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1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-904. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-905. Personnel**

**A.** An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services

- from the personnel member according to the established job description; and
- b. Include:
  - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
  - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
  - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures;
3. Sufficient personnel members are present on an outpatient surgical center's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the outpatient surgical center's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient;
4. A personnel member, or an employee, a volunteer, or a student who has or is expected to have more than eight hours of direct interaction per week with patients, provides evidence of freedom from infectious tuberculosis:
  - a. On or before the date the individual begins providing services at or on behalf of the outpatient surgical center, and
  - b. As specified in R9-10-113;
5. A plan to provide orientation, specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
6. A personnel member completes orientation before providing physical health services or behavioral health services;
7. An individual's orientation is documented, to include:
  - a. The individual's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
8. A plan to provide in-service education specific to the job duties of a personnel member is developed, documented, and implemented; and
9. A personnel member's in-service education is documented, to include:
  - a. The personnel member's name,
  - b. The date of the training, and
  - c. The subject or topics covered in the in-service education.

**B.** An administrator shall ensure that a personnel member:

1. Is 18 years of age or older; and
2. Is certified in cardiopulmonary resuscitation within the first month of employment or volunteer service, and

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maintains current certification in cardiopulmonary resuscitation.

- C. An administrator shall ensure that a personnel record for each personnel member, employee, volunteer, or student includes:
1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's completed orientation and in-service education as required by policies and procedures;
    - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - e. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - f. Cardiopulmonary resuscitation training, if required for the individual according to subsection (B); and
    - g. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(4).
- D. An administrator shall ensure that personnel records are:
1. Maintained:
    - a. Throughout the individual's period of providing services in or for the outpatient surgical center, and
    - b. For at least 24 months after the last date the individual provided services in or for the outpatient surgical center; and
  2. For a personnel member who has not provided physical health services or behavioral health services at or for the outpatient surgical center during the previous 12 months, provided to the Department within 72 hours after the Department's request.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-906. Medical Staff**

A governing authority shall ensure that:

1. The medical staff approve bylaws for the conduct of medical staff activities according to medical staff bylaws and governing authority requirements;
2. The medical staff physicians conduct medical peer review according to A.R.S. Title 36, Chapter 4, Article 5 and submit recommendations to the governing authority for approval; and
3. The medical staff establish written policies and procedures that define the extent of emergency treatment to be performed in the outpatient surgical center.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9

A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-907. Admission**

- A. A medical staff member shall only admit patients to the outpatient surgical center who:
1. Do not require planned inpatient care, and
  2. Are discharged from the outpatient surgical center within 24 hours.
- B. Within 30 calendar days before a patient is admitted to an outpatient surgical center, a medical staff member shall complete a medical history and physical examination of the patient.
- C. The individual who is responsible for performing a patient's surgical procedure shall document the preoperative diagnosis and the surgical procedure to be performed in the patient's medical record.
- D. An administrator shall ensure that the following documents are in a patient's medical record before the patient's surgery:
1. A medical history and the physical examination required in subsection (B),
  2. A preoperative diagnosis and the results of any laboratory tests or diagnostic procedures relative to the surgery and the condition of the patient,
  3. Evidence of informed consent by the patient or patient's representative for the surgical procedure and care of the patient,
  4. Health care directives, and
  5. Physician orders.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-908. Transfer**

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
  - a. An evaluation of the patient is conducted before the transfer;
  - b. Information in the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
  - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

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**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-909. Patient Rights****A.** An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures include:
  - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
  - b. Where patient rights are posted as required in subsection (A)(1).

**B.** An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion;
  - i. Restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by the outpatient surgical center's medical staff, personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent for treatment before treatment is initiated;
  - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and the associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
  - d. Is informed of the following:
    - i. Policies and procedures on health care directives, and
    - ii. The patient complaint process;
  - e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient surgical center for identification and administrative purposes; and

- f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
  - i. Medical record, or
  - ii. Financial records.

**C.** A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the outpatient surgical center is not authorized or not able to provide physical health services needed by the patient;
6. To participate, or have the patient's representative participate, in the development of or decisions concerning treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, a patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-910. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for a patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
  - a. Recorded only by an individual authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a medical staff member according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical staff member issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the patient's medical record;

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- b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
    - c. As permitted by law; and
  - 6. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If an outpatient surgical center maintains patients' medical records electronically, an administrator shall ensure that:
  - 1. Safeguards exist to prevent unauthorized access, and
  - 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
  - 1. Patient information that includes:
    - a. The patient's name;
    - b. The patient's address;
    - c. The patient's date of birth; and
    - d. Any known allergies, including medication allergies;
  - 2. The admitting medical practitioner;
  - 3. An admitting diagnosis;
  - 4. Documentation of general consent and informed consent for treatment by the patient or the patient's representative, except in an emergency;
  - 5. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  - 6. The date of admission and, if applicable, date of discharge;
  - 7. Documentation of medical history and results of a physical examination;
  - 8. A copy of patient's health care directive, if applicable;
  - 9. Orders;
  - 10. Progress notes;
  - 11. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  - 12. Documentation of outpatient surgical center services provided to the patient;
  - 13. A discharge summary, if applicable;
  - 14. Documentation of receipt of written discharge instructions by the patient or patient's representative;
  - 15. If applicable:
    - a. Laboratory reports,
    - b. Radiologic report, and
    - c. Diagnostic reports;
  - 16. The anesthesia report, required in R9-10-911(C)(2);
  - 17. The operative report of the surgical procedure, required in R9-10-911(C)(1); and
  - 18. Documentation of a medication administered to the patient that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain:
      - i. An assessment of the patient's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication:
      - i. An assessment of the patient's behavior before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
    - f. Any adverse reaction a patient has to the medication.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-911. Surgical Services**

- A.** An administrator shall ensure that:
  - 1. A current listing of surgical procedures offered by an outpatient surgical center is maintained on the outpatient surgical center's premises, and
  - 2. A chronological register of surgical procedures performed in the outpatient surgical center is maintained for at least 24 months after the date of the last entry.
- B.** An administrator shall ensure that a roster of medical staff members who have clinical privileges at the outpatient surgical center is available to the medical staff, specifying the privileges and limitations of each medical staff member on the roster.
- C.** An administrator shall ensure that the individual responsible for:
  - 1. Performing a surgical procedure completes an operative report of the surgical procedure and any necessary discharge instructions according to medical staff bylaws and policies and procedures, and
  - 2. Administering anesthesia during a surgical procedure completes an anesthesia report and any necessary discharge instructions according to medical staff bylaws and policies and procedures.
- D.** An administrator shall ensure that a physician remains on the outpatient surgical center's premises until all patients are discharged from the recovery room.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-912. Nursing Services**

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An administrator shall appoint a registered nurse as the director of nursing who:

1. Is responsible for the management of the outpatient surgical center's nursing services;
2. Ensures that policies and procedures are established, documented, and implemented for nursing services provided in the outpatient surgical center;
3. Ensures that the outpatient surgical center is staffed with sufficient nursing personnel, based on the number of patients, the health care needs of the patients, and the outpatient surgical center's scope of services;
4. Participates in quality management activities;
5. Designates a registered nurse, in writing, to manage an outpatient surgical center's nursing services when the director of nursing is not present on the outpatient surgical center's premises;
6. Ensures that a nurse who is not directly assisting the surgeon is responsible for the functioning of an operating room while a surgical procedure is being performed in the operating room;
7. Ensures that a registered nurse is present in the:
  - a. Recovery room when a patient is present in the recovery room, and
  - b. Outpatient surgical center until all patients are discharged; and
8. Ensures that a nurse documents in a patient's medical record that the patient or the patient's representative has received written discharge instructions.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-913. Behavioral Health Services**

If an outpatient surgical center is authorized to provide behavioral health services, an administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that cover when informed consent is required and by whom informed consent may be given; and
2. The behavioral health services:
  - a. Are provided under the direction of a behavioral health professional; and
  - b. Comply with the requirements:
    - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
    - ii. For an assessment, in R9-10-1011(B).

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemak-

ing at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-914. Medication Services**

**A.** An administrator shall ensure that policies and procedures for medication services:

1. Include:
  - a. A process for providing information to a patient about medication prescribed for the patient including:
    - i. The prescribed medication's anticipated results,
    - ii. The prescribed medication's potential adverse reactions,
    - iii. The prescribed medication's potential side effects, and
    - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
  - b. Procedures for preventing, responding to, and reporting:
    - i. A medication error,
    - ii. An adverse reaction to a medication, or
    - iii. A medication overdose; and
  - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs; and
2. Specify a process for review through the quality management program of:
  - a. A medication administration error, and
  - b. An adverse reaction to a medication.

**B.** An administrator shall ensure that:

1. Policies and procedures for medication administration:
  - a. Are reviewed and approved by a medical practitioner;
  - b. Specify the individuals who may:
    - i. Order medication, and
    - ii. Administer medication;
  - c. Ensure that medication is administered to a patient only as prescribed; and
  - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
3. A medication administered to a patient:
  - a. Is administered in compliance with an order, and
  - b. Is documented in the patient's medical record.

**C.** An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members;
2. A current toxicology reference guide is available for use by personnel members; and
3. If pharmaceutical services are provided on the premises:
  - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
    - i. Develop a drug formulary,
    - ii. Update the drug formulary at least once every 12 months,
    - iii. Develop medication usage and medication substitution policies and procedures, and
    - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the

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- ordering medical staff member specifically orders otherwise;
  - b. The pharmaceutical services are provided under the direction of a pharmacist;
  - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
  - d. A copy of the pharmacy license is provided to the Department upon request.
- D.** When medication is stored at an outpatient surgical center, an administrator shall ensure that:
- 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- E.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient surgical center's director of nursing.
- iii. Reports of communicable diseases to the governing authority and state and county health departments;
  - 2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
  - 3. Policies and procedures are established, documented, and implemented that cover:
    - a. Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;
    - b. Handling and disposal of biohazardous medical waste;
    - c. Sterilization, disinfection, distribution, and storage of medical equipment and supplies;
    - d. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
    - e. Training personnel members, employees, and volunteers in infection control practices; and
    - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
  - 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  - 5. Soiled linen and clothing are:
    - a. Collected in a manner to minimize or prevent contamination,
    - b. Bagged at the site of use, and
    - c. Maintained separate from clean linen and clothing; and
  - 6. A personnel member, employee, or volunteer washes hands or uses a hand disinfection product after patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-915. Infection Control**

An administrator shall ensure that:

- 1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections occurring at the outpatient surgical center;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient surgical center;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient surgical center; and
  - d. Documenting infection control activities including:
    - i. The collection and analysis of infection control data,
    - ii. The actions taken related to infections and communicable diseases, and

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-916. Emergency and Safety Standards**

- A.** An administrator shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:
- 1. A list of the medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the outpatient surgical center;
  - 2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
  - 3. A requirement that a cart or a container is available for medical emergency treatment that contains medications, supplies, and equipment specified in policies and procedures;
  - 4. A method to verify and document that the contents of the cart or container are available for medical emergency treatment; and
  - 5. A method for ensuring a patient may be transferred to a hospital or other health care institution to receive treatment.

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ment for a medical emergency that the outpatient surgical center is not authorized or not able to provide.

- B. An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the outpatient surgical center according to policies and procedures.
- C. An administrator shall ensure that:
  1. A disaster plan is developed, documented, maintained in a location accessible to medical staff and employees, and, if necessary, implemented that includes:
    - a. Procedures to be followed in the event of a fire or threat to patient safety;
    - b. Assigned personnel responsibilities;
    - c. Instructions for the evacuation or transfer of patients;
    - d. Maintenance of patient medical records; and
    - e. A plan to provide any other services related to patient care to meet the patients' needs;
  2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
  3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, medical staff member, or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  5. An evacuation drill for employees is conducted at least once every six months for employees on the premises;
  6. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for employees to evacuate the outpatient surgical center;
    - c. Any problems encountered in conducting the evacuation drill; and
    - d. Recommendations for improvement, if applicable; and
  7. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient surgical center and every room where patients may be present.
- D. An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
- E. An administrator shall:
  1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R.

1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-917. Environmental Standards**

- A. An administrator shall ensure that:
  1. An outpatient surgical center's premises and equipment are:
    - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
    - b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
  2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  3. Equipment used at the outpatient surgical center to provide care to a patient is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  5. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags, and
    - b. Removed from the premises at least once a week;
  6. Heating and cooling systems maintain the outpatient surgical center at a temperature between 70° F and 84° F at all times;
  7. Common areas:
    - a. Are lighted to assure the safety of patients, and
    - b. Have lighting sufficient to allow personnel members to monitor patient activity; and
  8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article.
- B. An administrator shall ensure that an outpatient surgical center has a functional emergency power source.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-918. Physical Plant Standards**

- A. An administrator shall ensure that the outpatient surgical center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the date the outpatient surgical center submitted architectural plans and specifications to the Department for approval according to R9-10-104.
- B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:



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1. The services stated in the outpatient surgical center's scope of services, and
  2. An individual accepted as a patient by the outpatient surgical center.
- C. An administrator shall ensure that:
1. There are two recovery beds for each operating room, for up to four operating rooms, whenever general anesthesia is administered;
  2. One additional recovery bed is available for each additional operating room; and
  3. Recovery beds are located in a space that provides for a minimum of 70 square feet per bed, allowing three feet or more between beds and between the sides of a bed and the wall.
- D. An administrator may provide chairs in the recovery room area that allow a patient to recline for patients who have not received general anesthesia.
- E. An administrator shall ensure that the following are available in the surgical suite:
1. Oxygen and the means of administration;
  2. Mechanical ventilator assistance equipment including airways, manual breathing bag, and suction apparatus;
  3. Cardiac monitor;
  4. Defibrillator; and
  5. Cardiopulmonary resuscitation drugs as determined by the policies and procedures.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1). New Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-919. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1). New Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-920. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1).

**R9-10-921. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1).

**R9-10-922. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1).

**R9-10-923. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1).

**R9-10-924. Repealed****Historical Note**

Adopted effective June 2, 1983 (Supp. 82-5). Former Section R9-10-924 repealed, new Section R9-10-924 adopted effective November 6, 1985 (Supp. 85-6).  
 Repealed effective February 17, 1995 (Supp. 95-1).

**R9-10-925. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1).

**Attachment 1. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective February 17, 1995 (Supp. 95-1).

**Attachment 2. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
 Repealed effective November 6, 1985 (Supp. 85-6).

*Editor's Note: The proposed summary action repealing R9-10-1011 through R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rules. Sections in effect before the proposed summary action have been restored (Supp. 97-1). Subsequently, those Sections were repealed by final rulemaking (Supp. 99-2).*

**ARTICLE 10. OUTPATIENT TREATMENT CENTERS****R9-10-1001. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

1. "Emergency room services" means medical services provided to a patient in an emergency.
2. "Pain management services" means medical services, nursing services, or health-related services provided to a patient to reduce or relieve the patient's chronic pain.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-1002. Supplemental Application and Documentation Submission Requirements**

- A. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for a license as an outpatient treatment center shall submit, in a Department-provided format:
1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation; and
  2. A request to provide one or more of the following services:
    - a. Behavioral health services and, if applicable;

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- i. Behavioral health observation/stabilization services,
    - ii. Children's behavioral health services,
    - iii. Court-ordered evaluation,
    - iv. Court-ordered treatment,
    - v. Counseling,
    - vi. Crisis services,
    - vii. Opioid treatment services,
    - viii. Pre-petition screening,
    - ix. Respite services,
    - x. Respite services for children on the premises,
    - xi. DUI education,
    - xii. DUI screening,
    - xiii. DUI treatment, or
    - xiv. Misdemeanor domestic violence offender treatment;
  - b. Diagnostic imaging services;
  - c. Clinical laboratory services;
  - d. Dialysis services;
  - e. Emergency room services;
  - f. Pain management services;
  - g. Physical health services;
  - h. Rehabilitation services;
  - i. Sleep disorder services; or
  - j. Urgent care services provided in a freestanding urgent care center setting.
- B.** In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority of an:
- 1. Affiliated outpatient treatment center applying for a license for the affiliated outpatient treatment center shall submit, in a Department-provided format, the following information for each counseling facility for which the affiliated outpatient treatment center is providing administrative support:
    - a. Name, and
    - b. Either:
      - i. The license number assigned to the counseling facility by the Department; or
      - ii. If the counseling facility is not currently licensed, the:
        - (1) Counseling facility's street address, and
        - (2) Date the counseling facility submitted to the Department an application for a health care institution license; and
    - 2. Outpatient treatment center, applying for a license that includes a request for authorization to provide respite services for children on the premises, shall include the requested respite capacity.

**C.** A licensee of an affiliated outpatient treatment center shall submit to the Department the information required in subsection (B)(1) with the relevant fees required in R9-10-106(C) or (D), as applicable.

**D.** A licensee of an outpatient treatment center authorized to provide respite services for children on the premises shall submit to the Department with the relevant fees in R9-10-106(C) or (D), as applicable:

    - 1. The respite capacity, and
    - 2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises.

**E.** A licensee of an outpatient treatment center authorized to operate as a collaborating outpatient treatment center shall

submit to the Department with the relevant fees in R9-10-106(C) or (D), as applicable:

- 1. The information and documentation required in R9-10-1031(D)(1); and
- 2. A floor plan that shows:
  - a. Each colocator's proposed treatment area, and
  - b. The areas of the collaborating outpatient treatment center shared by a colocator and collaborating outpatient treatment center.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1003. Administration**

- A.** If an outpatient treatment center is operating under a single group license issued to a hospital according to A.R.S. § 36-422(F) or (G), the hospital's governing authority is the governing authority for the outpatient treatment center.
- B.** A governing authority shall:
- 1. Consist of one or more individuals accountable for the organization, operation, and administration of an outpatient treatment center;
  - 2. Establish, in writing:
    - a. An outpatient treatment center's scope of services, and
    - b. Qualifications for an administrator;
  - 3. Designate, in writing, an administrator who has the qualifications established in subsection (B)(2)(b);
  - 4. Adopt a quality management program according to R9-10-1004;
  - 5. Review and evaluate the effectiveness of the quality management program in R9-10-1004 at least once every 12 months;
  - 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (B)(2)(b) if the administrator is:
    - a. Expected not to be present on an outpatient treatment center's premises for more than 30 calendar days, or
    - b. Not present on an outpatient treatment center's premises for more than 30 calendar days; and
  - 7. Except as provided in subsection (B)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.
- C.** An administrator:
- 1. Is directly accountable to the governing authority for the daily operation of the outpatient treatment center and all services provided by or at the outpatient treatment center;
  - 2. Has the authority and responsibility to manage the outpatient treatment center; and
  - 3. Except as provided in subsection (B)(6), designates, in writing, an individual who is present on the outpatient treatment center's premises and accountable for the out-

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patient treatment center when the administrator is not available.

**D.** An administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
    - d. Cover the requirements in Title 36, Chapter 4, Article 11;
    - e. Cover cardiopulmonary resuscitation training including:
      - i. The method and content of cardiopulmonary resuscitation training which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation,
      - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
      - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
      - iv. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
    - f. Cover first aid training;
    - g. Include a method to identify a patient to ensure the patient receives the services ordered for the patient;
    - h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
    - i. Cover health care directives;
    - j. Cover medical records, including electronic medical records;
    - k. Cover quality management, including incident report and supporting documentation; and
    - l. Cover contracted services;
  2. Policies and procedures for services provided at or by an outpatient treatment center are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient screening, admission, assessment, transport, transfer, discharge plan, and discharge;
    - b. Cover the provision of medical services, nursing services, behavioral health services, health-related services, and ancillary services;
    - c. Include when general consent and informed consent are required;
    - d. Cover obtaining, administering, storing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
    - e. Cover prescribing a controlled substance to minimize substance abuse by a patient;
    - f. Cover infection control;
    - g. Cover telemedicine, if applicable;
    - h. Cover environmental services that affect patient care;
    - i. Cover specific steps for:
      - i. A patient to file a complaint, and
      - ii. An outpatient treatment center to respond to a complaint;
    - j. Cover smoking tobacco products on an outpatient treatment center's premises; and
    - k. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  3. Outpatient treatment center policies and procedures are:
    - a. Reviewed at least once every three years and updated as needed, and
    - b. Available to personnel members and employees;
  4. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of an outpatient treatment center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the outpatient treatment center;
  5. The following are conspicuously posted:
    - a. The current license for the outpatient treatment center issued by the Department;
    - b. The name, address, and telephone number of the Department;
    - c. A notice that a patient may file a complaint with the Department about the outpatient treatment center;
    - d. One of the following:
      - i. A schedule of rates according to A.R.S. § 36-436.01(C), or
      - ii. A notice that the schedule of rates required in A.R.S. § 36-436.01(C) is available for review upon request;
    - e. A list of patient rights;
    - f. A map for evacuating the facility; and
    - g. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(D), with patient information redacted, are available; and
  6. Patient follow-up instructions are:
    - a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the outpatient treatment center unless the patient leaves against a personnel member's advice; and
    - b. Documented in the patient's medical record.
- E.** If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from an outpatient treatment center's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
  2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- F.** If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from an outpatient treatment center's employee or personnel member, an administrator shall:

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1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the patient as follows:
    - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** If an outpatient treatment center is an affiliated outpatient treatment center, an administrator shall ensure that the outpatient treatment center complies with the requirements for an affiliated outpatient treatment center in 9 A.A.C. 10, Article 19.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1004. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;

- d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
    - a. An identification of each concern about the delivery of services related to patient care, and
    - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
  3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1005. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1006. Personnel**

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physi-

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- cal health services or behavioral health services listed in the established job description, and
- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services or behavioral health services, and
    - b. According to policies and procedures;
  3. Sufficient personnel members are present on an outpatient treatment center's premises with the qualifications, skills, and knowledge necessary to:
    - a. Provide the services in the outpatient treatment center's scope of services,
    - b. Meet the needs of a patient, and
    - c. Ensure the health and safety of a patient;
  4. A personnel member only provides physical health services or behavioral health services the personnel member is qualified to provide;
  5. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
  6. A personnel member completes orientation before providing medical services, nursing services or health-related services to a patient;
  7. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  8. A plan is developed, documented, and implemented to provide in-service education specific to the duties of a personnel member;
  9. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the in-service education, and
    - c. The subject or topics covered in the in-service education;
  10. A personnel member who is a behavioral health technician or behavioral health paraprofessional complies with the applicable requirements in R9-10-115;
  11. A record for a personnel member, an employee, a volunteer, or a student is maintained that includes:
    - a. The individual's name, date of birth, and contact telephone number;
    - b. The individual's starting date of employment or volunteer service, and if applicable, the ending date;
    - c. Documentation of:
      - i. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
      - ii. The individual's education and experience applicable to the individual's job duties;
      - iii. The individual's completed orientation and in-service education as required by policies and procedures;
      - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03, if applicable; and
    - vii. Cardiopulmonary resuscitation training, if the individual is required to have cardiopulmonary resuscitation training according to this Article or policies and procedures; and
  12. The record in subsection (A)(11) is:
    - a. Maintained while an individual provides services for or at the outpatient treatment center and for at least 24 months after the last date the employee or volunteer provided services for or at the outpatient treatment center; and
    - b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the Department's request.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1007. Transport; Transfer**

- A. Except as provided in subsection (B), an administrator shall ensure that:
  1. A personnel member coordinates the transport and the services provided to the patient;
  2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before and after the transport,
    - b. Information from the patient's medical record is provided to a receiving health care institution,
    - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
    - d. A personnel member communicates or documents why the personnel member did not communicate with an individual at a receiving health care institution;
  3. The patient's medical record includes documentation of:
    - a. Communication or lack of communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the patient during a transport.
- B. Subsection (A) does not apply to:
  1. Transportation to a location other than a licensed health care institution,
  2. Transportation provided for a patient by the patient or the patient's representative,
  3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
  4. A transport to another licensed health care institution in an emergency.
- C. Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

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1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
  - a. An evaluation of the patient is conducted before the transfer;
  - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
  - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1008. Patient Rights****A.** An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that include:
  - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
  - b. Where patient rights are posted as required in subsection (A)(1).

**B.** An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient as not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Except as allowed in R9-10-1012(B), restraint or seclusion;
  - i. Retaliation for submitting a complaint to the Department or another entity; or
  - j. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student; and
3. A patient or the patient's representative:

- a. Except in an emergency, either consents to or refuses treatment;
- b. May refuse or withdraw consent for treatment before treatment is initiated;
- c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure;
- d. Is informed of the following:
  - i. The outpatient treatment center's policy on health care directives, and
  - ii. The patient complaint process;
- e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and
- f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
  - i. Medical record, or
  - ii. Financial records.

**C.** A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the outpatient treatment center is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1009. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
  - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;

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3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the patient's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
  - c. As permitted by law;
6. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If an outpatient treatment center maintains patients' medical records electronically, an administrator shall ensure that:
  1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
  1. Patient information that includes:
    - a. Except as specified in A.A.C. R9-6-1005, the patient's name and address;
    - b. The patient's date of birth; and
    - c. Any known allergies, including medication allergies;
  2. A diagnosis or reason for outpatient treatment center services;
  3. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
  4. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  5. Documentation of medical history and, if applicable, results of a physical examination;
  6. Orders;
  7. Assessment;
  8. Treatment plans;
  9. Interval notes;
  10. Progress notes;
  11. Documentation of outpatient treatment center services provided to the patient;
  12. The name of each individual providing treatment or a diagnostic procedure;
  13. Disposition of the patient upon discharge;
  14. Documentation of the patient's follow-up instructions provided to the patient;
  15. A discharge summary;
  16. If applicable:
    - a. Laboratory reports,
    - b. Radiologic reports,
    - c. Sleep disorder reports,
    - d. Diagnostic reports, and
    - e. Consultation reports;
  17. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual, other than actions taken while providing behavioral health observation/stabilization services; and
  18. Documentation of a medication administered to the patient that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain:
      - i. An assessment of the patient's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication:
      - i. An assessment of the patient's behavior before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
    - f. Any adverse reaction a patient has to the medication; and
    - g. For prepacked or sample medication provided to the patient for self-administration, the name, strength, dosage, amount, route of administration, and expiration date.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1010. Medication Services**

- A.** If an outpatient treatment center provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:
  1. Include:
    - a. A process for providing information to a patient about medication prescribed for the patient including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,

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- iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs;
    - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
    - e. Procedures for assisting a patient in obtaining medication; and
    - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
  - 2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B.** If an outpatient treatment center provides medication administration, an administrator shall ensure that:
- 1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a patient only as prescribed; and
    - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
  - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  - 3. A medication administered to a patient is:
    - a. Administered in compliance with an order, and
    - b. Documented in the patient's medical record.
- C.** If an outpatient treatment center provides assistance in the self-administration of medication, an administrator shall ensure that:
- 1. A patient's medication is stored by the outpatient treatment center;
  - 2. The following assistance is provided to a patient:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the patient;
    - c. Observing the patient while the patient removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
      - i. The patient taking the medication is the individual stated on the medication container label,
      - ii. The patient is taking the dosage of the medication stated on the medication container label, and
      - iii. The patient is taking the medication at the time stated on the medication container label; or
    - e. Observing the patient while the patient takes the medication;
  - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
  - 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
  - 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
  - 6. Assistance in the self-administration of medication provided to a patient is:
    - a. In compliance with an order, and
    - b. Documented in the patient's medical record.
- D.** An administrator shall ensure that:
- 1. A current drug reference guide is available for use by personnel members;
  - 2. A current toxicology reference guide is available for use by personnel members;
  - 3. If pharmaceutical services are provided:
    - a. The pharmaceutical services are provided under the direction of a pharmacist;
    - b. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - c. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at an outpatient treatment center, an administrator shall ensure that:
- 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient treatment center's clinical director.



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**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1011. Behavioral Health Services**

- A.** An administrator of an outpatient treatment center that is authorized to provide behavioral health services shall ensure that:
1. The outpatient treatment center does not provide a behavioral health service the outpatient treatment center is not authorized to provide;
  2. The behavioral health services provided by or at the outpatient treatment center:
    - a. Are provided under the direction of a behavioral health professional; and
    - b. Comply with the requirements:
      - i. For behavioral health paraprofessionals and behavioral health technicians in R9-10-115, and
      - ii. For an assessment, in subsection (B);
  3. A personnel member who provides behavioral health services is at least 18 years old; and
  4. If an outpatient treatment center provides behavioral health services to a patient who is less than 18 years of age, the owner and an employee or a volunteer comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.
- B.** An administrator of an outpatient treatment center that is authorized to provide behavioral health services shall ensure that:
1. Except as provided in subsection (B)(2), a behavioral health assessment for a patient is completed before treatment for the patient is initiated;
  2. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the outpatient treatment center or the outpatient treatment center has a medical record for the patient that contains an assessment that was completed within 12 months before the date of the patient's current admission:
    - a. The patient's assessment information is reviewed and updated if additional information that affects the patient's assessment is identified, and
    - b. The review and update of the patient's assessment information is documented in the patient's medical record within 48 hours after the review is completed;
  3. If a behavioral health assessment is conducted by a:
    - a. Behavioral health technician or a registered nurse, within 72 hours a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the patient; or
    - b. Behavioral health paraprofessional, a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the assessment identifies the behavioral health services needed by the patient;
  4. A behavioral health assessment:
    - a. Documents a patient's:
      - i. Presenting issue;
      - ii. Substance abuse history;
      - iii. Co-occurring disorder;
      - iv. Medical condition and history;
      - v. Legal history, including:
        - (1) Custody,
        - (2) Guardianship, and
        - (3) Pending litigation;
      - vi. Criminal justice record;
      - vii. Family history;
      - viii. Behavioral health treatment history; and
      - ix. Symptoms reported by the patient and referrals needed by the patient, if any;
    - b. Includes:
      - i. Recommendations for further assessment or examination of the patient's needs;
      - ii. The behavioral health services, physical health services, or ancillary services that will be provided to the patient; and
      - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
    - c. Is documented in patient's medical record;
  5. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
  6. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
  7. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
  8. Documentation of the request in subsection (B)(6) and the opportunity in subsection (B)(7) is in the patient's medical record;
  9. A patient's behavioral health assessment information is documented in the medical record within 48 hours after completing the assessment;
  10. If information in subsection (B)(4)(a) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained;
  11. Counseling is:
    - a. Offered as described in the outpatient treatment center's scope of services,
    - b. Provided according to the frequency and number of hours identified in the patient's assessment, and
    - c. Provided by a behavioral health professional or a behavioral health technician;
  12. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
  13. Each counseling session is documented in the patient's medical record to include:
    - a. The date of the counseling session;
    - b. The amount of time spent in the counseling session;

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- c. Whether the counseling was individual counseling, family counseling, or group counseling;
  - d. The treatment goals addressed in the counseling session; and
  - e. The signature of the personnel member who provided the counseling and the date signed.
- C. An administrator of an outpatient treatment center authorized to provide behavioral health services may request to provide any of the following to individuals required to attend by a referring court:
- 1. DUI screening,
  - 2. DUI education,
  - 3. DUI treatment, or
  - 4. Misdemeanor domestic violence offender treatment.
- D. An administrator of an outpatient treatment center authorized to provide the services in subsection (C):
- 1. Shall comply with the requirements for the specific service in 9 A.A.C. 20, and
  - 2. May have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1011 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1011 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-1012. Behavioral Health Observation/Stabilization Services**

- A. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall ensure that:
- 1. Behavioral health observation/stabilization services are available 24 hours a day, every calendar day;
  - 2. Behavioral health observation/stabilization services are provided in a designated area that:
    - a. Is used exclusively for behavioral health observation/stabilization services;
    - b. Has the space for a patient to receive privacy in treatment and care for personal needs; and
    - c. For every 15 observation chairs or less, has at least one bathroom that contains:
      - i. A working sink with running water,
      - ii. A working toilet that flushes and has a seat,
      - iii. Toilet tissue,
      - iv. Soap for hand washing,
      - v. Paper towels or a mechanical air hand dryer,

- vi. Lighting, and
  - vii. A means of ventilation;
3. If the outpatient treatment center is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age:
- a. There is a separate designated area for providing behavioral health observation/stabilization services to individuals under 18 years of age that:
    - i. Meets the requirements in subsection (B)(2), and
    - ii. Has floor to ceiling walls that separate the designated area from other areas of the outpatient treatment center;
  - b. A registered nurse is present in the separate designated area; and
  - c. A patient under 18 years of age does not share any space, participate in any activity or treatment, or have verbal or visual interaction with a patient 18 years of age or older;
4. A medical practitioner is available;
5. If the medical practitioner present at the outpatient treatment center is a registered nurse practitioner or a physician assistant, a physician is on-call;
6. A registered nurse is present and provides direction for behavioral health observation/stabilization services in the designated area;
7. A nurse monitors each patient at the intervals determined according to subsection (A)(12) and documents the monitoring in the patient's medical record;
8. An individual who arrives at the designated area for behavioral health observation/stabilization services in the outpatient treatment center is screened within 30 minutes after entering the designated area to determine whether the individual is in need of immediate physical health services;
9. If a screening indicates that an individual needs immediate physical health services that the outpatient treatment center is:
- a. Able to provide according to the outpatient treatment center's scope of services, the individual is examined by a medical practitioner within 30 minutes after being screened; or
  - b. Not able to provide, the individual is transferred to a health care institution capable of meeting the individual's immediate physical health needs;
10. If a screening indicates that an individual needs behavioral health observation/stabilization services and the outpatient treatment center has the capabilities to provide the behavioral health observation/stabilization services, the individual is admitted to the designated area for behavioral health observation/stabilization services and may remain in the designated area and receive observation/stabilization services for up to 23 hours and 59 minutes;
11. Before a patient is discharged from the designated area for behavioral health observation/stabilization services, a medical practitioner determines whether the patient will be:
- a. If the behavioral health observation/stabilization services are provided in a health care institution that also provides inpatient services and is capable of meeting the patient's needs, admitted to the health care institution as an inpatient;
  - b. Transferred to another health care institution capable of meeting the patient's needs;

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- c. Provided a referral to another entity capable of meeting the patient's needs; or
  - d. Discharged and provided patient follow-up instructions;
- 12. When a patient is admitted to a designated area for behavioral health observation/stabilization services, an assessment of the patient includes the interval for monitoring the patient based on the patient's medical condition, behavior, suspected drug or alcohol abuse, and medication status to ensure the health and safety of the patient;
- 13. If a patient is not being admitted as an inpatient to a health care institution, before discharging the patient from a designated area for behavioral health observation/stabilization services, a personnel member:
  - a. Identifies the specific needs of the patient after discharge necessary to assist the patient to function independently;
  - b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the patient; and
  - c. Documents the information in subsection (A)(13)(a) and the resources in subsection (A)(13)(b) in the patient's medical record;
- 14. When a patient is discharged from a designated area for behavioral health observation/stabilization services, a personnel member:
  - a. Provides the patient with discharge information that includes:
    - i. The identified specific needs of the patient after discharge, and
    - ii. Resources that may be available for the patient; and
  - b. Contacts any resources identified as required in subsection (A)(13)(b);
- 15. Except as provided in subsection (A)(16), a patient is not re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the patient's discharge from a designated area for behavioral health observation/stabilization services;
- 16. A patient may be re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the patient's discharge if:
  - a. It is at least one hour since the time of the patient's discharge;
  - b. A law enforcement officer or the patient's case manager accompanies the patient to the outpatient treatment center;
  - c. Based on a screening of the patient, it is determined that re-admission for behavioral health observation/stabilization is necessary for the patient; and
  - d. The name of the law enforcement officer or the patient's case manager and the reasons for the determination in subsection (A)(16)(c) are documented in the patient's medical record;
- 17. A patient admitted for behavioral health observation/stabilization services is provided:
  - a. An observation chair; or
  - b. A separate piece of equipment for the patient to use to sit or recline that:
    - i. Is at least 12 inches from the floor; and
    - ii. Has sufficient space around the piece of equipment to allow a personnel member to provide behavioral health services and physical health services, including emergency services, to the patient;
- 18. If an individual is not admitted for behavioral health observation/stabilization services because there is not an observation chair available for the individual's use, a personnel member provides support to the individual to access the services or resources necessary for the individual's health and safety, which may include:
  - a. Admitting the individual to the outpatient treatment center to provide behavioral health services other than behavioral health observation/stabilization services;
  - b. Establishing a method to notify the individual when there is an observation chair available;
  - c. Referring or providing transportation to the individual to another health care institution;
  - d. Assisting the individual to contact the individual's support system; and
  - e. If the individual is enrolled with a Regional Behavioral Health Authority, contacting the appropriate person to request assistance for the individual;
- 19. Personnel members establish a log of individuals who were not admitted because there was not an observation chair available and document the individual's name, actions taken to provide support to the individual to access the services or resources necessary for the individual's health and safety, and date and time the actions were taken;
- 20. The log required in subsection (A)(19) is maintained for at least 12 months after the date of documentation in the log;
- 21. An observation chair or, as provided in subsection (A)(17)(b), a piece of equipment used by a patient to sit or recline is visible to a personnel member;
- 22. Except as provided in subsection (A)(23), a patient admitted to receive behavioral health observation/stabilization services is visible to a personnel member;
- 23. A patient admitted to receive behavioral health observation/stabilization services may use the bathroom and not be visible to a personnel member, if the personnel member:
  - a. Determines that the patient is capable of using the bathroom unsupervised,
  - b. Is aware of the patient's location, and
  - c. Is able to intervene in the patient's actions to ensure the patient's health and safety; and
- 24. An observation chair:
  - a. Effective until July 1, 2015, has space around the observation chair that allows a personnel member to provide behavioral health services and physical health services, including emergency services, to a patient in the observation chair; and
  - b. Effective on July 1, 2015, has at least three feet of clear floor space:
    - i. On at least two sides of the observation chair, and
    - ii. Between the observation chair and any other observation chair.
- B.** An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall:
  - 1. Have a room used for seclusion that complies with requirements for seclusion rooms in R9-10-316, and

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2. Comply with the requirements for restraint and seclusion in R9-10-316.
- C. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall ensure that:
  1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover the process for:
      - i. Evaluating a patient previously admitted to the designated area to determine whether the patient is ready for admission to an inpatient setting or discharge, including when to implement the process;
      - ii. Contacting other health care institutions that provide behavioral health observation/stabilization services to determine if the patient could be admitted for behavioral health observation/stabilization services in another health care institution, including when to implement the process; and
      - iii. Ensuring that sufficient personnel members, space, and equipment are available to provide behavioral health observation/stabilization services; and
    - b. Establish a maximum capacity of the number of patients for whom the outpatient treatment center is capable of providing behavioral health observation/stabilization services;
  2. The outpatient treatment center does not:
    - a. Exceed the maximum capacity established by the outpatient treatment center in subsection (C)(1)(b); or
    - b. Admit an individual if the outpatient treatment center does not have personnel members, space, and equipment available to provide behavioral health observation/stabilization services to the individual; and
  3. Effective on July 1, 2015:
    - a. If an admission of an individual causes the outpatient treatment center to exceed the outpatient treatment center's licensed occupancy, the individual is only admitted for behavioral health observation/stabilization services after:
      - (i.) A behavioral health professional reviews the individual's screening and determines the admission is an emergency; and
      - (ii.) Documents the determination in the individual's medical record; and
    - b. The outpatient treatment center's quality management program's plan, required in R9-10-1004(1), includes a method to identify and document each occurrence of exceeding licensed occupancy, to evaluate the occurrences of exceeding licensed occupancy, and to review the actions taken to reduce future occurrences of exceeding licensed occupancy.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1012 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995

(Supp. 95-3). The proposed summary action repealing R9-10-1012 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1013. Court-ordered Evaluation**

An administrator of an outpatient treatment center that is authorized to provide court-ordered evaluation shall comply with the requirements for court-ordered evaluation in A.R.S. Title 36, Chapter 5, Article 4.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1013 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1013 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1014. Court-ordered Treatment**

An administrator of an outpatient treatment center that is authorized to provide court-ordered treatment shall comply with the requirements for court-ordered treatment in A.R.S. Title 36, Chapter 5, Article 5.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1014 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1014 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

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ber 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1015. Clinical Laboratory Services**

An administrator of an outpatient treatment center that is authorized to provide clinical laboratory services shall ensure that:

1. If clinical laboratory services are provided on the premises or at another location, the clinical laboratory services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the Clinical Laboratory Improvement Act of 1967, 42 U.S.C. 263a, as amended by Public Law 100-578, October 31, 1988; and
2. A clinical laboratory test result is documented in a patient's medical record including:
  - a. The name of the clinical laboratory test;
  - b. The patient's name;
  - c. The date of the clinical laboratory test;
  - d. The results of the clinical laboratory test; and
  - e. If applicable, any adverse reaction related to or as a result of the clinical laboratory test.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1015 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1015 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1016. Crisis Services**

- A. An administrator of an outpatient treatment center that is authorized to provide crisis services shall comply with the requirements for behavioral health services in R9-10-1011.
- B. An administrator of an outpatient treatment center that is authorized to provide crisis services shall ensure that:
  1. Crisis services are available during clinical hours of operation;
  2. A behavioral health technician, qualified to provide crisis services according to the outpatient treatment center's policies and procedures, is present in the outpatient treatment center during clinical hours of operation; and
  3. The following individuals, qualified to provide crisis services according to policies and procedures, are available during clinical hours of operation:
    - a. A behavioral health professional,
    - b. A medical practitioner, and
    - c. A registered nurse.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1016 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1016 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1017. Diagnostic Imaging Services**

An administrator of an outpatient treatment center that is authorized to provide diagnostic imaging services shall:

1. Designate an individual to provide direction for diagnostic imaging services who is a:
  - a. Radiologic technologist, certified under A.R.S. Title 32, Chapter 28, Article 2, who has at least 12 months experience in an outpatient treatment center;
  - b. Physician; or
  - c. Radiologist; and
2. Ensure that:
  - a. Diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
  - b. A copy of a certificate documenting compliance with subsection (2)(a) is maintained;
  - c. Diagnostic imaging services are provided to a patient according to an order that includes:
    - i. The patient's name,
    - ii. The name of the ordering individual,
    - iii. The diagnostic imaging procedure ordered, and
    - iv. The reason for the diagnostic imaging procedure;
  - d. A physician or radiologist interprets the diagnostic image; and
  - e. A diagnostic imaging patient report is completed that includes:
    - i. The patient's name,
    - ii. The date of the procedure, and
    - iii. A physician's or radiologist's interpretation of the diagnostic image.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1017 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1017 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222,

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effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1018. Dialysis Services**

**A.** In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:

1. "Caregiver" means an individual designated by a patient or a patient's representative to perform self-dialysis in the patient's stead.
2. "Chief clinical officer" means a physician appointed to provide direction for dialysis services provided by an outpatient treatment center.
3. "Long-term care plan" means a written plan of action for a patient with kidney failure that is developed to achieve long-term optimum patient outcome.
4. "Modality" means a method of treatment for kidney failure, including transplant, hemodialysis, and peritoneal dialysis.
5. "Nutritional assessment" means an analysis of a patient's weight, height, lifestyle, medication, mobility, food and fluid intake, and diagnostic procedures to identify conditions and behaviors that indicate whether the patient's nutritional needs are being met.
6. "Patient care plan" means a written document for a patient receiving dialysis that identifies the patient's needs for medical services, nursing services, and health-related services and the process by which the medical services, nursing services, or health-related services will be provided to the patient.
7. "Peritoneal dialysis" means the process of using the peritoneal cavity for removing waste products by fluid exchange.
8. "Psychosocial evaluation" means an analysis of an individual's mental and social conditions to determine the individual's need for social work services.
9. "Reprocessing" means cleaning and sterilizing a dialyzer previously used by a patient so that the dialyzer can be reused by the same patient.
10. "Self-dialysis" means dialysis performed by a patient or a caregiver on the patient's body.
11. "Social worker" means an individual licensed according to A.R.S. Title 32, Chapter 33 to engage in the "practice of social work" as defined in A.R.S. § 32-3251.
12. "Stable" means that a patient's blood pressure, temperature, pulse, respirations, and diagnostic procedure results are within medically recognized acceptable ranges or consistent with the patient's usual medical condition so that medical intervention is not indicated.
13. "Transplant surgeon" means a physician who:
  - a. Is board eligible or board certified in general surgery or urology by a professional credentialing board, and
  - b. Has at least 12 months of training or experience performing renal transplants and providing care for patients with renal transplants.

**B.** A governing authority of an outpatient treatment center that is authorized to provide dialysis services shall:

1. Ensure that the administrator appointed as required in R9-10-1003(B)(3) has at least 12 months of experience in an outpatient treatment center providing dialysis services; and
  2. Appoint a chief clinical officer to direct the dialysis services provided by or at the outpatient treatment center who is a physician who:
    - a. Is board eligible or board certified in internal medicine or pediatrics by a professional credentialing board, and
    - b. Has at least 12 months of experience or training in providing dialysis services.
- C.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:
1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
    - a. Long-term care plans and patient care plans,
    - b. Assigning a patient an identification number,
    - c. Personnel members' response to a patient's adverse reaction during dialysis, and
    - d. Personnel members' response to an equipment malfunction during dialysis;
  2. A personnel member complies with the requirements in A.R.S. § 36-423 and R9-10-114 for hemodialysis technicians and hemodialysis technician trainees, if applicable;
  3. A personnel member completes basic cardiopulmonary resuscitation training specific to the age of the patients receiving dialysis from the outpatient treatment center:
    - a. Before providing dialysis services, and
    - b. At least once every 12 months after the initial date of employment or volunteer service;
  4. A personnel member wears a name badge that displays the individual's first name, job title, and professional license or certification; and
  5. At least one registered nurse or medical practitioner is on the premises while a patient receiving dialysis services is on the premises.
- D.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:
1. The premises of the outpatient treatment center where dialysis services are provided complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in R9-10-104.01, that were in effect on the date listed on the building permit or zoning clearance submitted, as required by R9-10-104, as part of the application for approval of the architectural plans and specifications submitted before initial approval of the inclusion of dialysis services in the outpatient treatment center's scope of services;
  2. Before a modification of the premises of an outpatient treatment center where dialysis services are provided is made, an application for approval of the architectural plans and specifications of the outpatient treatment center required in R9-10-104(A):
    - a. Is submitted to the Department; and
    - b. Demonstrates compliance with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in R9-10-104.01, in effect on the date:

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- i. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
  - ii. The application for approval of the architectural plans and specifications of the modification of the outpatient treatment center required in R9-10-104(A) is submitted to the Department; and
3. A modification of the outpatient treatment center complies with applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in R9-10-104.01 in effect on the date:
  - a. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
  - b. The application for approval of the architectural plans and specifications required in R9-10-104(A) is submitted to the Department.
- E. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that for a patient receiving dialysis services:
  1. The dialysis services provided to the patient meet the needs of the patient;
  2. A physician:
    - a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
    - b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
  3. If the patient's medical history and physical examination required in subsection (E)(2) is not performed by the patient's nephrologist, the patient's nephrologist, within 30 calendar days after the date of the medical history and physical examination:
    - a. Reviews and authenticates the patient's medical history and physical examination, documents concurrence with the medical history and physical examination, and includes information specific to nephrology; or
    - b. Performs a medical history and physical examination that includes information specific to nephrology;
  4. The patient's nephrologist or the nephrologist's designee:
    - a. Performs a medical history and physical examination on the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center, and
    - b. Documents monthly notes related to the patient's progress in the patient's medical record;
  5. A registered nurse responsible for the nursing services provided to the patient receiving dialysis services:
    - a. Reviews with the patient the results of any diagnostic tests performed on the patient;
    - b. Assesses the patient's medical condition before the patient begins receiving hemodialysis and after the patient has received hemodialysis;
    - c. If the patient returns to another health care institution after receiving dialysis services at the outpatient treatment center, provides an oral or written notice of information related to the patient's medical condition to the registered nurse responsible for the nursing services provided to the patient at the health care institution or, if there is not a registered nurse responsible, the individual responsible for the medical services, nursing services, or health-related services provided to the patient at the health care institution;
    - d. Informs the patient's nephrologist of any changes in the patient's medical condition or needs; and
    - e. Documents in the patient's medical record:
      - i. Any notice provided as required in subsection (E)(5)(c), and
      - ii. Monthly notes related to the patient's progress;
  6. If the patient is not stable, before dialysis is provided to the patient, a nephrologist is notified of the patient's medical condition and dialysis is not provided until the nephrologist provides direction;
  7. The patient:
    - a. Is under the care of a nephrologist;
    - b. Is assigned a patient identification number according to the policy and procedure in subsection (C)(1)(b);
    - c. Is identified by a personnel member before beginning dialysis;
    - d. Receives the dialysis services ordered for the patient by a medical practitioner;
    - e. Is monitored by a personnel member while receiving dialysis at least once every 30 minutes; and
    - f. If the outpatient treatment center reprocesses and reuses dialyzers, is informed that the outpatient treatment center reprocesses and reuses dialyzers before beginning hemodialysis;
  8. Equipment used for hemodialysis is inspected and tested according to the manufacturer's recommendations or the outpatient treatment center's policies and procedures before being used to provide hemodialysis to a patient;
  9. The equipment inspection and testing required in subsection (E)(8) is documented in the patient's medical record;
  10. Supplies and equipment used for dialysis services for the patient are used, stored, and discarded according to manufacturer's recommendations;
  11. If hemodialysis is provided to the patient, a personnel member:
    - a. Inspects the dialyzer before use to ensure that the:
      - i. External surface of the dialyzer is clean;
      - ii. Dialyzer label is intact and legible;
      - iii. Dialyzer, blood port, and dialysate port are free from leaks and cracks or other structural damage; and
      - iv. Dialyzer is free of visible blood and other foreign material;
    - b. Verifies the order for the dialyzer to ensure the correct dialyzer is used for the correct patient;
    - c. Verifies the duration of dialyzer storage based on the type of germicide used or method of sterilization or disinfection used;
    - d. If the dialyzer has been reprocessed and is being reused, verifies that the label on the dialyzer includes:
      - i. The patient's name and the patient's identification number,
      - ii. The number of times the dialyzer has been used in patient treatments,
      - iii. The date of the last use of the dialyzer by the patient, and

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- iv. The date of the last reprocessing of the dialyzer;
  - e. If the patient's name is similar to the name of another patient receiving dialysis in the same outpatient treatment center, informs other personnel members, employees, and volunteers, of the similar names to ensure that the name or other identifying information on the label corresponds to the correct patient; and
  - f. Ensures that a patient's vascular access is visible to a personnel member during dialysis;
- 12. A patient receiving dialysis is visible to a nurse at a location used by nurses to coordinate patients and treatment;
- 13. If the patient has an adverse reaction during dialysis, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(c);
- 14. If the equipment used during the patient's dialysis malfunctions, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(d); and
- 15. After a patient's discharge from an outpatient treatment center, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
  - a. A description of the patient's medical condition and the dialysis services provided to the patient, and
  - b. The signature of the nephrologist.
- F.** If an outpatient treatment center provides support for self-dialysis services, an administrator shall ensure that:
  - 1. A patient or the patient's caregiver is:
    - a. Instructed to use the equipment to perform self-dialysis by a personnel member trained to provide the instruction, and
    - b. Monitored in the patient's home to assess the patient's or patient caregiver's ability to use the equipment to perform self-dialysis;
  - 2. Instruction provided to a patient as required in subsection (F)(1)(a) and monitoring in the patient's home as required in subsection (F)(1)(b) is documented in the patient's medical record;
  - 3. All supplies for self-dialysis necessary to meet the needs of the patient are provided to the patient;
  - 4. All equipment necessary to meet the needs of the patient's self-dialysis is provided for the patient and maintained by the outpatient treatment center according to the manufacturer's recommendations;
  - 5. The water used for hemodialysis is tested and treated according to the requirements in subsection (N);
  - 6. Documentation of the self-dialysis maintained by the patient or the patient's caregiver is:
    - a. Reviewed to ensure that the patient is receiving continuity of care, and
    - b. Placed in the patient's medical record; and
  - 7. If a patient uses self-dialysis and self-administers medication:
    - a. The medical practitioner responsible for the dialysis services provided to the patient reviews the patient's diagnostic laboratory tests;
    - b. The patient and the patient's caregiver are informed of any potential:
      - i. Side effects of the medication; and
      - ii. Hazard to a child having access to the medication and, if applicable, a syringe used to inject the medication; and
- G.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a social worker is employed by the outpatient treatment center to meet the needs of a patient receiving dialysis services including:
  - 1. Conducting an initial psychosocial evaluation of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
  - 2. Participating in reviewing the patient's need for social work services;
  - 3. Recommending changes in treatment based on the patient's psychosocial evaluation;
  - 4. Assisting the patient and the patient's representative in obtaining and understanding information for making decisions about the medical services provided to the patient;
  - 5. Identifying community agencies and resources and assisting the patient and the patient's representative to utilize the community agencies and resources;
  - 6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
  - 7. Conducting a follow-up psychosocial evaluation of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.
- H.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a registered dietitian is employed by the outpatient treatment center to assist a patient receiving dialysis services to meet the patient's nutritional and dietetic needs including:
  - 1. Conducting an initial nutritional assessment of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
  - 2. Consulting with the patient's nephrologist and recommending a diet to meet the patient's nutritional needs;
  - 3. Providing advice to the patient and the patient's representative regarding a diet prescribed by the patient's nephrologist;
  - 4. Monitoring the patient's adherence and response to a prescribed diet;
  - 5. Reviewing with the patient any diagnostic test performed on the patient that is related to the patient's nutritional or dietetic needs;
  - 6. Documenting monthly notes related to the patient's progress in the patient's medical record; and



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7. Conducting a follow-up nutritional assessment of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.
- I.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a long-term care plan for each patient:
1. Is developed by a team that includes at least:
    - a. The chief clinical officer of the outpatient treatment center;
    - b. If the chief clinical officer is not a nephrologist, the patient's nephrologist;
    - c. A transplant surgeon or the transplant surgeon's designee;
    - d. A registered nurse responsible for nursing services provided to the patient;
    - e. A social worker;
    - f. A registered dietitian; and
    - g. The patient or patient's representative, if the patient or patient's representative chooses to participate in the development of the long-term care plan;
  2. Identifies the modality of treatment and dialysis services to be provided to the patient;
  3. Is reviewed and approved by the chief clinical officer;
  4. Is signed and dated by each personnel member participating in the development of the long-term care plan;
  5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the long-term care plan;
  6. Is signed and dated by the patient or the patient's representative; and
  7. Is reviewed at least once every 12 months by the team in subsection (I)(1) and updated according to the patient's needs.
- J.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a patient care plan for each patient:
1. Is developed by a team that includes at least:
    - a. The patient's nephrologist;
    - b. A registered nurse responsible for nursing services provided to the patient;
    - c. A social worker;
    - d. A registered dietitian; and
    - e. The patient or the patient's representative, if the patient or patient's representative chooses to participate in the development of the patient care plan;
  2. Includes an assessment of the patient's need for dialysis services;
  3. Identifies treatment and treatment goals;
  4. Is signed and dated by each personnel member participating in the development of the patient care plan;
  5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the patient care plan;
  6. Is signed and dated by the patient or the patient's representative;
  7. Is implemented;
  8. Is evaluated by:
    - a. The registered nurse responsible for the dialysis services provided to the patient,
    - b. The registered dietitian providing services to the patient related to the patient's nutritional or dietetic needs, and
    - c. The social worker providing services to the patient related to the patient's psychosocial needs;
  9. Includes documentation of interventions, resolutions, and outcomes related to treatment goals; and
  10. Is reviewed and updated according to the needs of the patient:
    - a. At least once every six months for a patient whose medical condition is stable, and
    - b. At least once every 30 calendar days for a patient whose medical condition is not stable.
- K.** In addition to the requirements in R9-10-1009(C), an administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a medical record for each patient contains:
1. An annual medical history;
  2. An annual physical examination;
  3. Monthly notes related to the patient's progress by a medical practitioner, registered dietitian, social worker, and registered nurse;
  4. If applicable, documentation of:
    - a. The equipment inspection and testing required in subsection (E)(9), and
    - b. The self-dialysis required in subsection (F)(2); and
  5. If applicable, documentation of the patient's discharge.
- L.** For a patient who received dialysis services, an administrator shall ensure that after the patient's discharge from an outpatient treatment center that is authorized to provide dialysis services, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
1. A description of the patient's medical condition and the dialysis services provided to the patient, and
  2. The signature of the nephrologist.
- M.** If an outpatient treatment center reuses dialyzers or other dialysis supplies, an administrator shall ensure that the outpatient treatment center complies with the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Reprocessing of Hemodialyzers, ANSI/AAMI RD47:2008/(R)2013, incorporated by reference, available through <http://my.aami.org/store/>, on file with the Department, and including no future editions or amendments.
- N.** A chief clinical officer shall ensure that the quality of water used in dialysis conforms to the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Dialysis Water and Dialysate Recommendations: A User Guide, incorporated by reference, available through <http://my.aami.org/store/>, on file with the Department, and including no future editions or amendments.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1018 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1018 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective Octo-

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ber 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-1019. Emergency Room Services**

An administrator of an outpatient treatment center that is authorized to provide emergency room services shall ensure that:

1. Emergency room services are:
  - a. Available on the premises:
    - i. At all times, and
    - ii. To stabilize an individual's emergency medical condition; and
  - b. Provided:
    - i. In a designated area, and
    - ii. Under the direction of a physician;
2. Clinical laboratory services are available on the premises;
3. Diagnostic imaging services are available on the premises;
4. An area designated for emergency room services complies with the physical plant codes and standards for a freestanding emergency care facility in R9-10-104.01;
5. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that specify requirements for the use of a room used for seclusion that meets the requirements in R9-10-217(D);
6. A physician is present in an area designated for emergency room services;
7. A registered nurse is present in an area designated for emergency room services and provides direction for nursing services in the designated area;
8. The outpatient treatment center has a documented transfer agreement with a general hospital;
9. Emergency room services are provided to an individual, including a woman in active labor, requesting medical services in an emergency;
10. If emergency room services cannot be provided at the outpatient treatment center, measures and procedures are implemented to minimize the risk to the patient until the patient is transferred to the general hospital with which the outpatient treatment center has a transfer agreement as required in subsection (8);
11. There is a chronological log of emergency room services provided to a patient that includes:
  - a. The patient's name;
  - b. The date, time, and mode of arrival; and
  - c. The disposition of the patient, including discharge or transfer; and
12. The chronological log required in subsection (11) is maintained:
  - a. In the designated area for emergency room services for at least 12 months after the date the emergency room services were provided; and
  - b. By the outpatient treatment center for a total of at least 24 months after the date the emergency room services were provided.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1019 adopted as an emergency now adopted as a permanent rule effective

February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1019 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-1020. Opioid Treatment Services**

- A. A governing authority of an outpatient treatment center that is authorized to provide opioid treatment services shall:
  1. Ensure that the outpatient treatment center obtains certification by the Substance Abuse and Mental Health Services Administration before providing opioid treatment,
  2. Maintain a current Substance Abuse and Mental Health Services Administration certificate for the outpatient treatment center on the premises, and
  3. Ensure that the administrator appointed as required in R9-10-1003(B)(3) is named on the Substance Abuse and Mental Health Services Administration certificate as the individual responsible for the opioid treatment services provided by or at the outpatient treatment center.
- B. An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that:
  1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Include the criteria for receiving opioid treatment services and address:
      - i. Comprehensive maintenance treatment consisting of dispensing or administering an opioid agonist treatment medication at stable dosage levels to a patient for a period in excess of 21 calendar days and providing medical and health-related services to the patient, and
      - ii. Detoxification treatment that occurs over a continuous period of more than 30 calendar days;
    - b. Include the criteria and procedures for discontinuing opioid treatment services;
    - c. Address the needs of specific groups of patients, such as patients who:
      - i. Are pregnant;
      - ii. Are children;
      - iii. Have chronic or acute medical conditions such as HIV infection, hepatitis, diabetes, tuberculosis, or cardiovascular disease;
      - iv. Have a mental disorder;
      - v. Abuse alcohol or other drugs; or
      - vi. Are incarcerated or detained;
  - d. Contain a method of patient identification to ensure the patient receives the opioid treatment services ordered;

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- e. Contain methods to assess whether a patient is receiving concurrent opioid treatment services from more than one health care institution;
  - f. Contain methods to ensure that the opioid treatment services provided to a patient by or at the outpatient treatment center meet the patient's needs;
  - g. Include relapse prevention procedures;
  - h. Include for laboratory testing:
    - i. Criteria for the assessment of a patient's opioid agonist blood levels,
    - ii. Procedures for specimen collection and processing to reduce the risk of fraudulent results, and
    - iii. Procedures for conducting random drug testing of patients receiving an opioid agonist treatment medication;
  - i. Include procedures for the response of personnel members to a patient's adverse reaction during opioid treatment; and
  - j. Include criteria for dispensing one or more doses of an opioid agonist treatment medication to a patient for use off the premises and address:
    - i. Who may authorize dispensing,
    - ii. Restrictions on dispensing, and
    - iii. Information to be provided to a patient or the patient's representative before dispensing;
2. A physician provides direction for the opioid treatment services provided at the outpatient treatment center;
3. If a patient requires administration of an opioid agonist treatment medication as a result of chronic pain, the patient:
- a. Receives consultation with or a referral for consultation with a physician or registered nurse practitioner who specializes in chronic pain management, and
  - b. Is not admitted for opioid treatment services:
    - i. Unless the patient is physically addicted to an opioid drug, as manifested by the symptoms of withdrawal in the absence of the opioid drug; and
    - ii. A medical practitioner at the outpatient treatment center coordinates with the physician or registered nurse practitioner who is providing chronic pain management to the patient; and
4. In addition to the requirements in R9-10-1009(C), a medical record for each patient contains:
- a. If applicable, documentation of the dispensing of doses of an opioid agonist treatment medication to the patient for use off the premises; and
  - b. If applicable, documentation of the patient's discharge from receiving opioid treatment services.
- C. An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that for a patient receiving opioid treatment services:
- 1. The opioid treatment services provided to the patient meet the needs of the patient;
  - 2. A physician or a medical practitioner under the direction of a physician:
    - a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
    - b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
3. Before receiving opioid treatment, the patient is informed of the following:
- a. The progression of opioid addiction and the patient's apparent stage of opioid addiction;
  - b. The goal and benefits of opioid treatment;
  - c. The signs and symptoms of overdose and when to seek emergency assistance;
  - d. The characteristics of opioid agonist treatment medication, including common side-effects and potential interaction effects with other drugs;
  - e. The requirement for a staff member to report suspected or alleged abuse or neglect of a child or an incapacitated or vulnerable adult according to state law;
  - f. Confidentiality requirements;
  - g. Drug screening and urinalysis procedures;
  - h. Requirements for dispensing to a patient one or more doses of an opioid agonist treatment medication for use by the patient off the premises;
  - i. Testing and treatment available for HIV and other communicable diseases; and
  - j. The patient complaint process;
4. Documentation of the provision of the information specified in subsection (C)(3) is included in the patient's medical record;
5. The patient receives a dose of an opioid agonist treatment medication only on the order of a medical practitioner;
6. The patient begins detoxification treatment only at the request of the patient or according to the outpatient treatment center's policy and procedure for discontinuing opioid treatment services required in subsection (B)(1)(b);
7. If the patient has an adverse reaction during opioid treatment, a personnel member and, if appropriate, a medical practitioner responds by implementing the policy and procedure required in subsection (B)(1)(i);
8. Before the patient's discharge from opioid treatment services, the patient is provided with patient follow-up instructions that:
- a. Include information that may reduce the risk of relapse; and
  - b. May include a referral for counseling, support groups, or medication for depression or sleep disorders; and
9. After the patient's discharge from opioid treatment services provided by or at the outpatient treatment center, the medical practitioner responsible for the opioid treatment services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
- a. A description of the patient's medical condition and the opioid treatment services provided to the patient, and
  - b. The signature of the medical practitioner.
- D. An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that an assessment for each patient receiving opioid treatment services:
- 1. Includes, in addition to the information in R9-10-1010(B):
    - a. An assessment of the patient's need for opioid treatment services,
    - b. An assessment of the patient's medical conditions that may be affected by opioid treatment,

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- c. An assessment of other medications being taken by the patient and conditions that may be affected by opioid treatment, and
- d. A plan to prevent relapse;
- 2. Identifies the treatment to be provided to the patient and treatment goals; and
- 3. Specifies whether the patient may receive an opioid agonist treatment medication for use off the premises and, if so, the number of doses that may be dispensed.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1020 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1020 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1021. Pain Management Services**

A medical director of an outpatient treatment center that is authorized to provide pain management services shall ensure that:

- 1. Pain management services are provided under the direction of:
  - a. A physician; or
  - b. A nurse practitioner licensed according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity;
- 2. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise;
- 3. If a controlled substance is used to provide pain management services:
  - a. A medical practitioner discusses the risks and benefits of using a controlled substance with a patient;
  - b. If the controlled substance is an opioid, the outpatient treatment center complies with the requirements in R9-10-2006; and
  - c. The following information is included in a patient's medical record:
    - i. The patient's history of substance use disorder,
    - ii. Documentation of the discussion in subsection (3)(a),
    - iii. The nature and intensity of the patient's pain, and
    - iv. The objectives used to determine whether the patient is being successfully treated; and
- 4. If an injection or a nerve block is used to provide pain management services:
  - a. Before the injection or nerve block is initially used on a patient, an evaluation of the patient is performed by a physician or nurse anesthetist;
  - b. An injection or nerve block is administered by a physician or nurse anesthetist; and

- c. The following information is included in a patient's medical record:
  - i. The evaluation of the patient required in subsection (4)(a),
  - ii. A record of the administration of the injection or nerve block, and
  - iii. Any resuscitation measures taken; and
- 5. An outpatient treatment center that meets the definition of a pain management clinic in A.R.S. § 36-448.01 and complies with 9 Article 20 of this Chapter.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1021 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1021 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-1022. Physical Health Services**

An administrator of an outpatient treatment center that is authorized to provide physical health services shall ensure that:

- 1. Medical services provided at or by the outpatient treatment center are provided under the direction of a physician or a registered nurse practitioner,
- 2. Nursing services provided at or by the outpatient treatment center are provided under the direction of a registered nurse, and
- 3. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1022 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1022 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1023. Pre-petition Screening**

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An administrator of an outpatient treatment center that is authorized to provide pre-petition screening shall comply with the requirements for pre-petition screening in A.R.S. Title 36, Chapter 5, Article 4.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1023 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1023 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1024. Rehabilitation Services**

An administrator shall ensure that if an outpatient treatment center is authorized to provide:

1. Occupational therapy services, an occupational therapist provides direction for the occupational therapy services provided at or by the outpatient treatment center;
2. Physical therapy services, a physical therapist provides direction for the physical therapy services provided at or by the outpatient treatment center; or
3. Speech-language pathology services, a speech-language pathologist provides direction for the speech-language pathology services provided at or by the outpatient treatment center.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). New Section R9-10-1024 adopted as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1024 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1025. Respite Services**

A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:

1. "Emergency safety response" has the same meaning as in R9-10-701.
2. "Outing" means travel by a child, who is receiving respite services provided by an outpatient treatment center, to a location away from the outpatient treatment center premises or, if applicable, the child's residence for a specific activity.

3. "Parent" means a child's:

- a. Mother or father, or
- b. Legal guardian.

B. An administrator of an outpatient treatment center that is authorized to provide respite services shall ensure that:

1. Respite services are not provided in a personnel member's residence unless the personnel member's residence is licensed as a behavioral health respite home;
2. Except for an outpatient treatment center that is authorized to provide respite services for children on the premises, respite services are provided:
  - a. In a patient's residence; or
  - b. Up to 10 continuous hours in a 24-hour time period while the individual who is receiving the respite services is:
    - i. Supervised by a personnel member;
    - ii. Awake;
    - iii. Except as stated in subsection (B)(3), provided food;
    - iv. Allowed to rest;
    - v. Provided an opportunity to use the toilet and meet the individual's hygiene needs; and
    - vi. Participating in activities in the community but is not in a licensed health care institution or child care facility; and
3. If a child is provided respite services according to subsection (B)(2)(b), the child is provided the appropriate meals or snacks in subsection (J)(1) for the amount of time the child is receiving respite services from the outpatient treatment center.

C. If an outpatient treatment center that is authorized to provide respite services for children includes outings in the outpatient treatment center's scope of services, an administrator shall ensure that:

1. Before a personnel member takes a child receiving respite services on an outing, written permission is obtained from the child's parent that includes:
  - a. The child's name;
  - b. A description of the outing;
  - c. The name of the outing destination, if applicable;
  - d. The street address and, if available, the telephone number of the outing destination;
  - e. Either:
    - i. The date or dates of the outing; or
    - ii. The time period, not to exceed 12 months, during which the permission is given;
  - f. The projected time of departure from the outpatient treatment center or, if applicable, the child's residence;
  - g. The projected time of arrival back at the outpatient treatment center or, if applicable, the child's residence; and
  - h. The dated signature of the child's parent;
2. Each motor vehicle used on an outing by a personnel member for a child receiving respite services from the outpatient treatment center:
  - a. Is maintained in a mechanically safe condition;
  - b. Is free from hazards;
  - c. Has an operational heating system;
  - d. Has an operational air-conditioning system; and
  - e. Is equipped with:

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- i. A first-aid kit that meets the requirements in subsection (S)(1), and
  - ii. Two large, clean towels or blankets;
3. On an outing, a child does not ride in a truck bed, camper, or trailer attached to a motor vehicle;
4. The Department is notified within 24 hours after a motor vehicle accident that involves a child who is receiving respite services while riding in the motor vehicle on an outing; and
5. A personnel member who drives a motor vehicle with children receiving respite services from the outpatient treatment center in the motor vehicle:
  - a. Requires that each door be locked before the motor vehicle is set in motion and keeps the doors locked while the motor vehicle is in motion;
  - b. Does not permit a child to be seated in front of a motor vehicle's air bag;
  - c. Requires that a child remain seated and entirely inside the motor vehicle while the motor vehicle is in motion;
  - d. Requires that a child is secured, as required in A.R.S. § 28-907 or A.R.S. § 28-909, before the motor vehicle is set in motion and while the motor vehicle is in motion;
  - e. Assists a child into or out of the motor vehicle away from moving traffic at curbside or in a driveway, parking lot, or other location designated for this purpose;
  - f. Carries drinking water in an amount sufficient to meet the needs of each child on the outing and a sufficient number of cups or other drinking receptacles so that each child can drink from a different cup or receptacle; and
  - g. Accounts for each child while on the outing.
- D.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
  1. Respite services are only provided on the premises for up to 10 continuous hours per day between the hours of 6:00 a.m. and 10:00 p.m.;
  2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises is stated in the outpatient treatment center's hours of operation that is submitted as part of the outpatient treatment center's license application and according to R9-10-1002(D);
  3. A personnel member, who is expected to provide respite services eight or more hours a week, complies with the requirements for tuberculosis screening in R9-10-113;
  4. At least one personnel member who has current training in first aid and cardiopulmonary resuscitation is available on the premises when a child is receiving respite services on the premises;
  5. At least one personnel member who has completed training in crisis intervention according to R9-10-716(F) is available on the premises when a child is receiving respite services on the premises;
  6. A personnel member does not use or possess any of the following items when a child receiving respite services is on the premises:
    - a. A controlled substance as listed in A.R.S. Title 36, Chapter 27, Article 2, except where used as a prescription medication in the manner prescribed;
    - b. A dangerous drug as defined in A.R.S. § 13-3401, except where used as a prescription medication in the manner prescribed;
    - c. A prescription medication as defined in A.R.S. § 32-1901, except where used in the manner prescribed; or
    - d. A firearm as defined in A.R.S. § 13-105;
7. An unannounced fire and emergency evacuation drill is conducted at least once a month, and at different times of the day, and each personnel member providing respite services for children on the premises and each child receiving respite services on the premises participates in the fire and emergency evacuation drill;
8. Each fire and emergency evacuation drill is documented, and the documentation is maintained for at least 12 months after the date of the fire and emergency evacuation drill;
9. Before a child receives respite services on the premises of the outpatient treatment center, in addition to the requirements in R9-10-1009, the following information is obtained and maintained in the child's medical record:
  - a. The name, home address, city, state, zip code, and contact telephone number of each parent of the child;
  - b. The name and contact telephone number of at least two additional individuals authorized by the child's parent to collect the child from the outpatient treatment center;
  - c. The name and contact telephone number of the child's health care provider;
  - d. The written authorization for emergency medical care of the child when the parent cannot be contacted at the time of an emergency;
  - e. The name of the individual to be contacted in case of injury or sudden illness of the child;
  - f. If applicable, a description of any dietary restrictions or needs due to a medical condition or diagnosed food sensitivity or allergy;
  - g. A written record completed by the child's parent or health care provider noting the child's susceptibility to illness, physical conditions of which a personnel member should be aware, and any specific requirements for health maintenance; and
10. Documentation is obtained and maintained in the child's medical record each time the child receives respite services on the premises that includes:
  - a. The date and time of each admission to and discharge from receiving respite services; and
  - b. A signature, which contains at least a first initial of a first name and the last name of the child's parent or other individual designated by the child's parent, each time the child is admitted or discharged from receiving respite services on the premises;
11. Policies and procedures are developed, documented, and implemented to ensure that the identity of an individual is known to a personnel member or is verified with picture identification before the personnel member discharges a child to the individual;
12. A child is not discharged to an individual other than the child's parent or other individual designated according to subsection (D)(9)(b), except:
  - a. When the child's parent authorizes the administrator by telephone or electronic means to release the child to an individual not so designated, and

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- b. The administrator can verify the telephone or electronic authorization using a means of verification that has been agreed to by the administrator and the child's parent and documented in the child's medical record; and
  - 13. The number of personnel members providing respite services for children on the premises is determined by the needs of the children present, with a minimum of at least:
    - a. One personnel member providing supervision for every five children receiving respite services on the premises; and
    - b. Two personnel members on the premises when a child is receiving respite services on the premises.
- E. If swimming activities are conducted at a swimming pool for a child receiving respite services on the premises of an outpatient treatment center, an administrator shall ensure that there is an individual at the swimming pool on the premises who has current lifeguard certification that includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation. If the individual is a personnel member, the personnel member cannot be counted in the personnel member-to-children ratio required by subsection (D)(13).
- F. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that in each area designated for providing respite services:
  - 1. Drinking water is provided sufficient for the needs of and accessible to each child in both indoor and outdoor areas;
  - 2. Indoor areas used by children are decorated with age-appropriate articles such as bulletin boards, pictures, and posters;
  - 3. Storage space is provided for indoor and outdoor toys, materials, and equipment in areas accessible to children;
  - 4. Clean clothing is available to a child when the child needs a change of clothing;
  - 5. At least one indoor area in the outpatient treatment center where respite services are provided for children is equipped with at least one cot or mat, a sheet, and a blanket, where a child can rest quietly away from the other children;
  - 6. Except as provided in subsection (AA)(2)(a), outdoor or large muscle development activities are scheduled to allow not less than 75 square feet for each child occupying the outdoor area or indoor area substituted for outdoor area at any time;
  - 7. The premises, including the buildings, are maintained free from hazards;
  - 8. Toys and play equipment, required in this Section, are maintained:
    - a. Free from hazards, and
    - b. In a condition that allows the toy or play equipment to be used for the original purpose of the toy or play equipment;
  - 9. Temperatures are maintained between 70° F and 84° F in each room or indoor area used by children;
  - 10. Except when a child is napping or sleeping or for a child who has a sensory issue documented in the child's behavioral health assessment, each room or area used by a child is maintained at a minimum of 30 foot candles of illumination;
  - 11. When a child is napping or sleeping in a room, the room is maintained at a minimum of five foot candles of illumination;
- 12. Each child's toothbrush, comb, washcloth, and cloth towel that are provided for the child's use by the child's parent are maintained in a clean condition and stored in an identified space separate from those of other children;
- 13. Except as provided in subsection (F)(14), the following are stored separate from food storage areas and are inaccessible to a child:
  - a. All materials and chemicals labeled as a toxic or flammable substance;
  - b. All substances that have a child warning label and may be a hazard to a child; and
  - c. Lawn mowers, ladders, toilet brushes, plungers, and other equipment that may be a hazard to a child;
- 14. Hand sanitizers:
  - a. When being stored, are stored separate from food storage areas and are inaccessible to children; and
  - b. When being provided for use, are accessible to children; and
- 15. Except when used as part of an activity, the following are stored in an area inaccessible to a child:
  - a. Garden tools, such as a rake, trowel, and shovel; and
  - b. Cleaning equipment and supplies, such as a mop and mop bucket.
- G. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that a personnel member:
  - 1. Supervises each child at all times;
  - 2. Does not smoke or use tobacco:
    - a. In any area where respite services may be provided for a child, or
    - b. When transporting or transferring a child;
  - 3. Except for a child who can change the child's own clothing, changes a child's clothing when wet or soiled;
  - 4. Empties clothing soiled with feces into a toilet without rinsing;
  - 5. Places a child's soiled clothing in a plastic bag labeled with the child's name, stores the clothing in a container used for this purpose, and sends the clothing home with the child's parent;
  - 6. Prepares and posts in each indoor area, before the first child arrives to receive respite services that day, a current schedule of age-appropriate activities that meet the needs of the children receiving respite services that day, including the times the following are provided:
    - a. Meals and snacks,
    - b. Naps,
    - c. Indoor activities,
    - d. Outdoor or large muscle development activities,
    - e. Quiet and active activities,
    - f. Personnel member-directed activities,
    - g. Self-directed activities, and
    - h. Activities that develop small muscles;
  - 7. Provides activities and opportunities, consistent with a child's behavioral health assessment, for each child to:
    - a. Gain a positive self-concept;
    - b. Develop and practice social skills;
    - c. Acquire communication skills;
    - d. Participate in large muscle physical activity;
    - e. Develop habits that meet health, safety, and nutritional needs;
    - f. Express creativity;
    - g. Learn to respect cultural diversity of children and staff;
    - h. Learn self-help skills; and

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- i. Develop a sense of responsibility and independence;
  8. Implements the schedule in subsection (G)(6);
  9. If an activity on the schedule in subsection (G)(6) is not implemented, writes on the schedule the activity that was not implemented and what activity was substituted;
  10. Ensures that each indoor area has a supply of age-appropriate toys, materials, and equipment, necessary to implement the schedule required in subsection (G)(6), in a quantity sufficient for the number of children receiving respite services at the outpatient treatment center that day, including:
    - a. Art and crafts supplies;
    - b. Books;
    - c. Balls;
    - d. Puzzles, blocks, and toys to enhance manipulative skills;
    - e. Creative play toys;
    - f. Musical instruments; and
    - g. Indoor and outdoor equipment to enhance large muscle development;
  11. Does the following when a parent permits or asks a personnel member to apply personal products, such as petroleum jelly, diaper rash ointments, sun screen or sun block preparations, toothpaste, and baby diapering preparations on the parent's child:
    - a. Obtains the child's personal products and written approval for use of the personal products from the child's parent;
    - b. Labels the personal products with the child's name; and
    - c. Keeps the personal products inaccessible to children; and
  12. Monitors a child for overheating or overexposure to the sun.
- H.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises and includes in the outpatient treatment center's scope of respite services for children wearing diapers shall ensure that there is a diaper changing space in the area designated for providing respite services for children that contains:
1. A nonabsorbent, sanitizable diaper changing surface that is:
    - a. Seamless and smooth, and
    - b. Kept clear of items not required for diaper changing;
  2. A hand-washing sink adjacent to the diaper changing surface, for a personnel member's use when changing diapers and for washing a child during or after diapering, that provides:
    - a. Running water,
    - b. Soap from a dispenser, and
    - c. Single-use paper hand towels from a dispenser;
  3. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled diapers; and
  4. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled clothing.
- I.** In a diaper changing space, an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. A diaper changing procedure is established, documented, and implemented that states that a child's diaper is changed as soon as it is soiled and that a personnel member when diapering:
    - a. Washes and dries the child, using a separate wash cloth and towel only once for each child;
    - b. If applicable, applies the child's individual personal products labeled with the child's name;
    - c. Uses single-use non-porous gloves;
    - d. Washes the personnel member's own hands with soap and running water according to the requirements in R9-10-1028(5);
    - e. Washes each child's hands with soap and running water after each diaper change; and
    - f. Cleans, sanitizes, and dries the diaper changing surface following each diaper change; and
  2. A personnel member:
    - a. Removes disposable diapers and disposable training pants from a diaper changing space as needed or at least twice every 24 hours to a waste receptacle outside the building; and
    - b. Does not:
      - i. Permit a bottle, formula, food, eating utensil, or food preparation in a diaper changing space;
      - ii. Draw water for human consumption from the hand-washing sink adjacent to a diaper changing surface, required in subsection (H)(2); or
      - iii. If responsible for food preparation, change diapers until food preparation duties have been completed for the day.
- J.** Except as provided in subsection (K)(3), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
1. Serve the following meals or snacks to a child receiving respite services on the premises:
    - a. For the following periods of time:
      - i. Two to four hours, one or more snacks;
      - ii. Four to eight hours, one or more snacks and one or more meals; and
      - iii. More than eight hours, two snacks and one or more meals;
    - b. Make breakfast available to a child receiving respite services on the premises before 8:00 a.m.;
    - c. Serve lunch to a child who is receiving respite services on the premises between 11:00 a.m. through 1:00 p.m.; and
    - d. Serve dinner to a child who is receiving respite services on the premises from 5:00 p.m. through 7:00 p.m. and who will remain on the premises after 7:00 p.m.;
  2. Ensure that a meal or snack provided by the outpatient treatment center meets the meal pattern requirements in Table 10.1; and
  3. If the outpatient treatment center provides a meal or snack to a child:
    - a. Make a second serving of a food component of a provided snack or meal available to a child who requests a second serving, and
    - b. Substitute a food that is equivalent to a specific food component if a requested second serving of a specific food component is not available.
- K.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
1. May serve food provided for a child by the child's parent;
  2. If a child's parent does not provide a sufficient number of meals or snacks to meet the requirements in subsection (J)(1), shall supplement, according to the requirements in



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Table 10.1, the meals or snacks provided by the child's parent; and

3. If applicable, shall serve food to a child at the times and in quantities consistent with the information documented according to subsection (D)(9)(f) for the child and the child's behavioral health assessment, to meet the child's dietary and nutritional needs.
- L. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises that has a respite capacity of more than 10 shall obtain a food establishment license or permit according to the requirements in 9 A.A.C. 8, Article 1, and, if applicable, maintain documentation of the current food establishment license or permit.
- M. If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises serves food to a child receiving respite services on the premises that is not prepared by the outpatient treatment center or provided by the child's parent, the administrator shall ensure that the food was prepared by a food establishment, as defined according to A.A.C. R9-8-101.
- N. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
  1. Children, except infants and children who cannot wash their own hands, wash their hands with soap and running water before and after handling or eating food;
  2. A personnel member:
    - a. Washes the hands of an infant or a child who cannot wash the child's own hands before and after the infant or child handles or eats food, using:
      - i. A washcloth,
      - ii. A single-use paper towel, or
      - iii. Soap and running water; and
    - b. If using a washcloth, uses each washcloth on only one child and only one time before it is laundered or discarded;
  3. Non-single-use utensils and equipment used in preparing, eating, or drinking food are:
    - a. After each use:
      - i. Washed in an automatic dishwasher and air dried or heat dried; or
      - ii. Washed in hot soapy water, rinsed in clean water, sanitized, and air dried or heat dried; and
    - b. Stored in a clean area protected from contamination;
  4. Single-use utensils and equipment are disposed of after being used;
  5. Perishable foods are covered and stored in a refrigerator at a temperature of 41° F or less;
  6. A refrigerator at the outpatient treatment center maintains a temperature of 41° F or less, as shown by a thermometer kept in the refrigerator at all times;
  7. A freezer at the outpatient treatment center maintains a temperature of 0° F or less, as shown by a thermometer kept in the freezer at all times; and
  8. Foods are prepared as close as possible to serving time and, if prepared in advance, are either:
    - a. Cold held at a temperature of 45° F or less or hot held at a temperature of 130° F or more until served, or
    - b. Cold held at a temperature of 45° F or less and then reheated to a temperature of at least 165° F before being served.
- O. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
  1. May allow a personnel member to separate a child who is receiving respite services on the premises from other children for unacceptable behavior for no longer than three minutes after the child has regained self-control, but not more than 10 minutes without the personnel member interacting with the child, consistent with the child's behavioral health assessment;
  2. Shall ensure that:
    - a. A personnel member, consistent with the child's behavioral health assessment:
      - i. Defines and maintains consistent and reasonable guidelines and limitations for a child's behavior;
      - ii. Teaches, models, and encourages orderly conduct, personal control, and age-appropriate behavior; and
      - iii. Explains to a child why a particular behavior is not allowed, suggests an alternative, and assists the child to become engaged in an alternative activity;
    - b. An emergency safety response is:
      - i. Only used:
        - (1) By a personnel member trained according to R9-10-716(F)(1) to use an emergency safety response,
        - (2) For the management of a child's violent or self-destructive behavior, and
        - (3) When less restrictive interventions have been determined to be ineffective; and
      - ii. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
    - c. If an emergency safety response was used for a child, a personnel member, when the child is discharged to the child's parent:
      - i. Notifies the child's parent of the use of the emergency safety response for the child and the behavior, event, or environmental factor that caused the need for the emergency safety response; and
      - ii. Documents in the child's medical record that the child's parent was notified of the use of the emergency safety response;
    - d. Within 24 hours after an emergency safety response is used for a child receiving respite services on the premises, the following information is entered into the child's medical record:
      - i. The date and time the emergency safety response was used;
      - ii. The name of each personnel member who used an emergency safety response;
      - iii. The specific emergency safety response used;
      - iv. The behavior, event, or environmental factor that caused the need for the emergency safety response; and
      - v. Any injury that resulted from the use of the emergency safety response;
    - e. Within 10 working days after an emergency safety response is used for a child receiving respite services on the premises, a behavioral health professional

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- reviews the information in subsection (O)(2)(d) and documents the review in the child's medical record;
- f. After the review required in subsection (O)(2)(e), the following information is entered into the child's medical record:
- i. Actions taken or planned to prevent the need for a subsequent use of an emergency safety response for the child,
  - ii. A determination of whether the child is appropriately placed at the outpatient treatment center providing respite services for children on the premises, and
  - iii. Whether the child's treatment plan was reviewed or needs to be reviewed and amended to ensure that the child's treatment plan is meeting the child's treatment needs;
- g. Emergency safety response training is documented according to the requirements in R9-10-716(F)(2); and
- h. Materials used for emergency safety response training are maintained according to the requirements in R9-10-716(F)(3); and
3. A personnel member does not use or permit:
- a. A method of discipline that could cause harm to the health, safety, or welfare of a child;
  - b. Corporal punishment;
  - c. Abusive language;
  - d. Discipline associated with:
    - i. Eating, napping, sleeping, or toileting;
    - ii. Medication; or
    - iii. Mechanical restraint; or
  - e. Discipline administered to any child by another child.
- P.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
1. Provide each child who naps or sleeps on the premises with a separate cot or mat and ensure that:
    - a. A cot or mat used by the child accommodates the child's height and weight;
    - b. A personnel member covers each cot or mat with a clean sheet that is laundered when soiled, or at least once every seven days and before use by a different child;
    - c. A clean blanket or sheet is available for each child;
    - d. A rug, carpet, blanket, or towel is not used as a mat; and
    - e. Each cot or mat is maintained in a clean and repaired condition;
  2. Not use bunk beds or waterbed mattresses for a child receiving respite services;
  3. Provide an unobstructed passageway at least 18 inches wide between each row of cots or mats to allow a personnel member access to each child;
  4. Ensure that if a child naps or sleeps while receiving respite services at the outpatient treatment center, the administrator:
    - a. Does not permit the child to lie in direct contact with the floor while napping or sleeping;
    - b. Prohibits the operation of a television in a room where the child is napping or sleeping; and
    - c. Requires that a personnel member remain awake while supervising the napping or sleeping child; and
  5. Ensure that storage space is provided on the premises for cots, mats, sheets, and blankets, that is:
    - a. Accessible to an area used for napping or sleeping; and
    - b. Separate from food service and preparation areas, toilet rooms, and laundry rooms.
- Q.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall, in the area of the premises where the respite services are provided:
1. Maintain the premises and furnishings:
    - a. Free of insects and vermin,
    - b. In a clean condition, and
    - c. Free from odor; and
  2. Ensure that:
    - a. Floor coverings are:
      - i. Clean; and
      - ii. Free from:
        - (1) Dampness,
        - (2) Odors, and
        - (3) Hazards;
    - b. Toilet bowls, lavatory fixtures, and floors in toilet rooms and kitchens are cleaned and sanitized as often as necessary to maintain them in a clean and sanitized condition or at least once every 24 hours;
    - c. Each toilet room used by children receiving respite services on the premises contains, within easy reach of children:
      - i. Mounted toilet tissue;
      - ii. A sink with running water;
      - iii. Soap contained in a dispenser; and
      - iv. Disposable, single-use paper towels, in a mounted dispenser, or a mechanical hand dryer;
    - d. Personnel members wash their hands with soap and running water after toileting;
    - e. A child's hands are washed with soap and running water after toileting;
    - f. Except for a cup or receptacle used only for water, food waste is stored in a covered container and the container is clean and lined with a plastic bag;
    - g. Food waste and other refuse is removed from the area of the premises where respite services are provided for children at least once every 24 hours or more often as necessary to maintain a clean condition and avoid odors;
    - h. A personnel member or a child does not draw water for human consumption from a toilet room hand-washing sink;
    - i. Toys, materials, and equipment are maintained in a clean condition;
    - j. Plumbing fixtures are maintained in a clean and working condition; and
    - k. Chipped or cracked sinks and toilets are replaced or repaired.
- R.** If laundry belonging to an outpatient treatment center providing respite services for children on the premises is done on the premises, an administrator shall:
1. Not use a kitchen or food storage area for sorting, handling, washing, or drying laundry;
  2. Locate the laundry equipment in an area that is separate from areas used by children and inaccessible to children;
  3. Not permit a child to be in a laundry room or use a laundry area as a passageway for children; and

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4. Ensure that laundry soiled by vomitus, urine, feces, blood, or other body fluid is stored, cleaned, and sanitized separately from other laundry.
- S. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that there is a first aid kit in the designated area of the outpatient treatment center where respite services are provided that:
  1. Contains first aid supplies in a quantity sufficient to meet the needs of the children receiving respite services, including the following:
    - a. Sterile bandages including:
      - i. Self-adhering bandages of assorted sizes,
      - ii. Sterile gauze pads, and
      - iii. Sterile gauze rolls;
    - b. Antiseptic solution or sealed antiseptic wipes;
    - c. A pair of scissors;
    - d. Self-adhering tape;
    - e. Single-use, non-porous gloves; and
    - f. Reclosable plastic bags of at least one-gallon size; and
  2. Is accessible to personnel members but inaccessible to children receiving respite services on the premises.
- T. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
  1. Prepare and date a written fire and emergency plan that contains:
    - a. The location of the first aid kit;
    - b. The names of personnel members who have first aid training;
    - c. The names of personnel members who have cardiopulmonary resuscitation training;
    - d. The directions for:
      - i. Initiating notification of a child's parent by telephone or other equally expeditious means within 60 minutes after a fire or emergency; and
      - ii. Providing written notification to the child's parent within 24 hours after a fire or emergency; and
    - e. The outpatient treatment center's street address and the emergency telephone numbers for the local fire department, police department, ambulance service, and poison control center;
  2. Maintain the plan required in subsection (T)(1) in the area designated for providing respite services;
  3. Post the plan required in subsection (T)(1) in any indoor area where respite services are provided that does not have an operable telephone service or two-way voice communication system that connects the indoor area where respite services are provided with an individual who has direct access to an in-and-out operable telephone services; and
  4. Update the plan in subsection (T)(1) at least once every 12 months after the date of initial preparation of the plan or when any information changes.
- U. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall in the area designated for providing respite services:
  1. Post, near a room's designated exit, a building evacuation plan that details the designated exits from the room and the facility where the outpatient treatment center is located; and
2. Maintain and use a communication system that contains:
  - a. A direct-access, in-and-out, operating telephone service in the area where respite services are provided; or
  - b. A two-way voice communication system that connects the area where respite services are provided with an individual who has direct access to an in-and-out, operating telephone service.
- V. If, while receiving respite services at an outpatient treatment center authorized to provide respite services for children on the premises, a child has an accident, injury, or emergency that, based on an evaluation by a personnel member, requires medical treatment by a health care provider, an administrator shall ensure that a personnel member:
  1. Notifies the child's parent immediately after the accident, injury, or emergency;
  2. Documents:
    - a. A description of the accident, injury, or emergency, including the date, time, and location of the accident, injury, or emergency;
    - b. The method used to notify the child's parent; and
    - c. The time the child's parent was notified; and
  3. Maintains the documentation required in subsection (V)(2) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- W. If a parent of a child who received respite services at an outpatient treatment center authorized to provide respite services for children on the premises informs a personnel member that the child's parent obtained medical treatment for the child from a health care provider for an accident, injury, or emergency the child had while on the premises, an administrator shall ensure that a personnel member:
  1. Documents any information about the child's accident, injury, or emergency received from the child's parent; and
  2. Maintains the documentation required in subsection (W)(1) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- X. If a child exhibits signs of illness or infestation at an outpatient treatment center authorized to provide respite services for children on the premises, an administrator shall ensure that a personnel member:
  1. Immediately separates the child from other children,
  2. Immediately notifies the child's parent by telephone or other expeditious means to arrange for the child's discharge from the outpatient treatment center,
  3. Documents the notification required in subsection (X)(2), and
  4. Maintains documentation of the notification required in subsection (X)(3) for at least 12 months after the date of the notification.
- Y. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall comply with the following physical plant requirements:
  1. Toilets and hand-washing sinks are available to children in the area designated for providing respite services or on the premises as follows:
    - a. At least one flush toilet and one hand-washing sink for 10 or fewer children;
    - b. At least two flush toilets and two hand-washing sinks for 11 to 25 children; and

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- c. At least one flush toilet and one hand-washing sink for each additional 20 children;
- 2. A hand-washing sink provides running water with a drain connected to a sanitary sewer as defined in A.R.S. § 45-101;
- 3. A glass mirror, window, or other glass surface that is located within 36 inches of the floor is made of safety glass that has been manufactured, fabricated, or treated to prevent the glass from shattering or flying when struck or broken, or is shielded by a barrier to prevent impact by or physical injury to a child; and
- 4. There is at least 30 square feet of unobstructed indoor space for each child who may be receiving respite services on the premises, which excludes floor space occupied by:
  - a. The interior walls;
  - b. A kitchen, a bathroom, a closet, a hallway, a stair, an entryway, an office, an area designated for isolating a child from other children, a storage room, or a room or floor space designated for the sole use of personnel members;
  - c. Room space occupied by desks, file cabinets, storage cabinets, or hand-washing sinks for a personnel member's use; or
  - d. Indoor area that is substituted for required outdoor area.
- Z.** An administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall ensure that, in addition to the policies and procedures required in this Article, policies and procedures are established, documented, and implemented for the children's use of a toilet and hand-washing sink that ensure the children's health and safety and include:
  - 1. Supervision requirements for children using the toilet, based on a child's age, gender, and behavioral health issue; and
  - 2. If the outpatient treatment center does not have a toilet and hand-washing sink available for the exclusive use of children receiving respite services, a method to ensure that an individual, other than a child receiving respite services or a personnel member providing respite services, is not present in the toilet and hand-washing sink area when a child receiving respite services is present in the toilet and hand-washing sink area.
- AA.** To provide activities that develop large muscles and an opportunity to participate in structured large muscle physical activities, an administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall:
  - 1. Provide at least 75 square feet of outdoor area per child for at least 50% of the outpatient treatment center's respite capacity; or
  - 2. Comply with one of the following:
    - a. If no child receives respite services on the premises for more than four hours per day, provide at least 50 square feet of indoor area for each child, based on the outpatient treatment center's respite capacity;
    - b. If a child receives respite services on the premises for more than four hours but less than six hours per day, provide at least 75 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the indoor area required in subsection (Y)(4); or
- c. Provide at least 37.5 square feet of outdoor area and 37.5 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the activity area required in subsection (Y)(4).
- BB.** If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises is substituting indoor area for outdoor area, the administrator shall:
  - 1. Designate, on the site plan and the floor plan submitted with the license application or a request for an intended change or modification, the indoor area that is being substituted for an outdoor area; and
  - 2. In the indoor area substituted for outdoor area, install and maintain a mat or pad designed to provide impact protection in the fall zone of indoor swings and climbing equipment.
- CC.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
  - 1. An outdoor area used by children receiving respite services:
    - a. Is enclosed by a fence:
      - i. A minimum of 4.0 feet high,
      - ii. Secured to the ground, and
      - iii. With either vertical or horizontal open spaces on the fence or gate that do not exceed 4.0 inches;
    - b. Is maintained free from hazards, such as exposed concrete footings and broken toys; and
    - c. Has gates that are kept closed while a child is in the outdoor area;
  - 2. The following is provided and maintained within the fall zones of swings and climbing equipment in an outdoor area:
    - a. A shock-absorbing unitary surfacing material manufactured for such use in outdoor activity areas; or
    - b. A minimum depth of 6.0 inches of a nonhazardous, resilient material such as fine loose sand or wood chips;
  - 3. Hard surfacing material such as asphalt or concrete is not installed or used under swings or climbing equipment unless used as a base for shock-absorbing unitary surfacing material;
  - 4. A swing or climbing equipment is not located in the fall zone of another swing or climbing equipment; and
  - 5. A shaded area for each child occupying an outdoor area at any time of the day is provided.
- DD.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall install and maintain a portable, pressurized fire extinguisher that meets, at a minimum, a 2A-10-BC rating of the Underwriters Laboratories in an outpatient treatment center's kitchen and any other location required for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01.
- EE.** In addition to the requirements in R9-10-1029(F), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
  - 1. Combustible material, such as paper, boxes, or rags, is not permitted to accumulate inside or outside the premises;

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2. An unvented or open-flame space heater or portable heater is not used on the premises;
3. A gas valve on an unused gas outlet is removed and capped where it emerges from the wall or floor;
4. Heating and cooling equipment is inaccessible to a child;
5. Fans are mounted and inaccessible to a child;
6. Toilet rooms are ventilated to the outside of the building, either by a screened window open to the outside air or by an exhaust fan and duct system that is operated when the toilet room is in use;
7. A toilet room with a door that opens to the exterior of a building is equipped with a self-closing device that keeps the door closed except when an individual is entering or exiting; and
8. A toilet room door does not open into a kitchen or laundry.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1025 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed

by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1025 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Sequential numbering corrections made under subsection R9-10-1025(G) at the request of the Department of Health Services on June 27, 2016; file number M16-185 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

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**Table 10.1 Meal Pattern Requirements for Children**  
**Meal Pattern Requirements for Children**

<b>Food Components</b>	<b>Ages 1 through 2 years</b>	<b>Ages 3 through 5 years</b>	<b>Ages 6 and older</b>
Breakfast: 1. Milk, fluid 2. Vegetable, fruit, or full-strength juice 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains	1/2 cup 1/4 cup  1/2 slice 1/2 serving 1/4 cup 1/4 cup	3/4 cup 1/2 cup  1/2 slice 1/2 serving 1/3 cup 1/4 cup	1 cup 1/2 cup  1 slice 1 serving 3/4 cup 1/2 cup
Lunch or Supper: 1. Milk, fluid 2. Vegetable and/or fruit (2 or more kinds) 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains 4. Meat or meat alternates: Lean meat, fish, or poultry (edible portion as served) or cheese or egg or cooked dry beans or peas* or peanut butter, soy nut butter, or other nut or seed butters or peanuts, soy nuts, tree nuts, or seeds or an equivalent quantity of any combination of the above meat/meat alternates or yogurt	1/2 cup 1/4 cup total  1/2 slice 1/2 serving 1/4 cup 1/4 cup  1 oz. 1 oz. 1/2 egg 1/4 cup 2 tbsp.**  1/2 oz.**  4 oz.	3/4 cup 1/2 cup total  1/2 slice 1/2 serving 1/3 cup 1/4 cup  1 1/2 oz. 1 1/2 oz. 3/4 egg 3/8 cup 3 tbsp.**  3/4 oz.**  6 oz.	1 cup 3/4 cup total  1 slice 1 serving 3/4 cup 1/2 cup  2 oz. 2 oz. 1 egg 1/2 cup 4 tbsp.**  1 oz.**  8 oz.
Lunch or Supper: 1. Milk, fluid 2. Vegetable and/or fruit (2 or more kinds) 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains 4. Meat or meat alternates: Lean meat, fish, or poultry (edible portion as served) or cheese or egg or cooked dry beans or peas* or peanut butter, soy nut butter, or other nut or seed butters or peanuts, soy nuts, tree nuts, or seeds or an equivalent quantity of any combination of the above meat/meat alternates or yogurt	1/2 cup 1/2 cup  1/2 slice 1/2 serving 1/4 cup 1/4 cup  1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp.  1/2 oz.  2 oz.	1/2 cup 1/2 cup  1/2 slice 1/2 serving 1/3 cup 1/4 cup  1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp.  1/2 oz.  2 oz.	1 cup 3/4 cup  1 slice 1 serving 3/4 cup 1/2 cup  1 oz. 1 oz. 1/2 egg 1/4 cup 2 tbsp.  1 oz.  4 oz.
<p>* In the same meal service, dried beans or dried peas may be used as a meat alternate or as a vegetable; however, such use does not satisfy the requirement for both components.</p> <p>** At lunch and supper, no more than 50% of the requirement shall be met with nuts, seeds, or nut butters. Nuts, seeds, or nut butters shall be combined with another meat or meat alternative to fulfill the requirement. Two tablespoons of nut butter or one ounce of nuts or seeds equals one ounce of meat.</p> <p>*** Juice may not be served when milk is served as the only other component.</p>			

**Historical Note**

Table 10.1 made by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2).

**R9-10-1026. Sleep Disorder Services**

An administrator of an outpatient treatment center that is authorized to provide sleep disorder services shall ensure that:

1. A physician provides direction for the sleep disorder services provided by the outpatient treatment center;
2. At least one of the following is present on the premise of the outpatient treatment center:

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- a. A polysomnographic technician certified by the Board of Registered Polysomnographic Technologists (BRPT),
- b. A polysomnographic technician accepted by the BRPT to sit for the BRPT certification examination, or
- c. A respiratory therapist;
3. There is at least one patient testing room having a minimum of 140 square feet and no dimension less than 10 feet;
4. There is a bathroom available for use by a patient that contains:
  - a. A working sink with running water,
  - b. A working toilet that flushes and has a seat,
  - c. Toilet tissue,
  - d. Soap for hand washing,
  - e. Paper towels or a mechanical air hand dryer,
  - f. Lighting, and
  - g. A means of ventilation;
5. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise; and
6. Equipment for the delivery of continuous positive airway pressure and bi-level positive airway pressure, including remote control of the airway pressure, is available on the premises of the outpatient treatment center.
3. If a physician is not on the premises during hours of operation, a notice stating this fact is conspicuously posted in the waiting room according to A.R.S. § 36-432;
4. If a patient's death occurs at the outpatient treatment center, a written report is submitted to the Department as required in A.R.S. § 36-445.04;
5. A medical practitioner completes basic life support training and pediatric basic life support training:
  - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center, and
  - b. At least once every 24 months after the initial date of employment;
6. Except as provided in subsection (5), a personnel member completes basic adult and pediatric cardiopulmonary resuscitation training:
  - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center; and
  - b. At least once every 24 months after the initial date of employment or volunteer service; and
7. In addition to the requirements in R9-10-1006(11), a medical practitioner's record includes documentation of completion of basic life support training and pediatric basic life support training.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1026 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1026 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1027. Urgent Care Services Provided in a Freestanding Urgent Care Setting**

An administrator of an outpatient treatment center that is authorized to provide urgent care services in a freestanding urgent care setting shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D)(1), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover basic life support training and pediatric basic life support training including:
  - a. Method and content of training,
  - b. Qualifications of individuals providing the training, and
  - c. Documentation that verifies a medical practitioner has received the training;
2. A medical practitioner is on the premises during hours of clinical operation to provide the medical services, nursing services, and health-related services included in the outpatient treatment center's scope of services;

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1027 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1027 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1028. Infection Control**

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to the outpatient treatment center's policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections occurring at the outpatient treatment center;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient treatment center;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient treatment center; and
  - d. Documentation of infection control activities including:
    - i. The collection and analysis of infection control data,

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- ii. The actions taken related to infections and communicable diseases, and
  - iii. Reports of communicable diseases to the governing authority and state and county health departments;
- 2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
- 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
  - a. If applicable:
    - i. Handling and disposal of biohazardous medical waste;
    - ii. Isolation of a patient;
    - iii. Sterilization and disinfection of medical equipment and supplies;
    - iv. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable; and
    - v. Collection, storage, and cleaning of soiled linens and clothing;
  - b. Cleaning an individual's hands when the individual's hands are visibly soiled;
  - c. Training of personnel members, employees, and volunteers in infection control practices; and
  - d. Work restrictions for a personnel member, employee, or volunteer with a communicable disease or infected skin lesion;
- 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
- 5. A personnel member, employee, or volunteer washes his or her hands with soap and water or uses a hand disinfection product before and after each patient contact and after handling soiled linen, soiled clothing, or a potentially infectious material.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1028 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1028 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1029. Emergency and Safety Standards**

- A. An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:
  - 1. A list of the medications, supplies, and equipment required on the premises for the emergency treatment provided by the outpatient treatment center;

- 2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
  - 3. A requirement that a cart or a container is available for emergency treatment that contains the medication, supplies, and equipment specified in the outpatient treatment center's policies and procedures; and
  - 4. A method to verify and document that the contents of the cart or container are available for emergency treatment.
- B. An administrator shall ensure that emergency treatment is provided to a patient admitted to the outpatient treatment center according to the outpatient treatment center's policies and procedures.
- C. An administrator shall ensure that:
  - 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
    - a. Procedures for protecting the health and safety of patients and other individuals on the premises;
    - b. Assigned responsibilities for each personnel member, employee, or volunteer;
    - c. Instructions for the evacuation of patients and other individuals on the premises; and
    - d. Arrangements to provide medical services, nursing services, and health-related services to meet patients' needs;
  - 2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
  - 3. An evacuation drill is conducted on each shift at least once every 12 months;
  - 4. A disaster plan review required in subsection (C)(2) or an evacuation drill required in subsection (C)(3) is documented as follows:
    - a. The date and time of the evacuation drill or disaster plan review;
    - b. The name of each personnel member, employee, or volunteer participating in the evacuation drill or disaster plan review;
    - c. A critique of the evacuation drill or disaster plan review; and
    - d. If applicable, recommendations for improvement;
  - 5. Documentation required in subsection (C)(4) is maintained for at least 12 months after the date of the evacuation drill or disaster plan review; and
  - 6. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient treatment center.
- D. An administrator shall ensure that an outpatient treatment center has either:
  - 1. Both of the following that are tested and serviced at least once every 12 months:
    - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and
    - b. A sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order; or
  - 2. The following:
    - a. A smoke detector installed in each hallway of the outpatient treatment center that is:
      - i. Maintained in an operable condition;



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- ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
  - iii. Tested monthly; and
- b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
  - i. Is available at the outpatient treatment center;
  - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
  - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
  - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.
- E. An administrator shall ensure that documentation of a test required in subsection (D) is maintained for at least 12 months after the date of the test.
- F. An administrator shall ensure that:
  - 1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
  - 2. Except as provided in subsection (G), a corridor in the outpatient treatment center is at least 44 inches wide;
  - 3. Corridors and exits are kept clear of any obstructions;
  - 4. A patient can exit through any exit during hours of operation;
  - 5. An extension cord is not used instead of permanent electrical wiring;
  - 6. Each electrical outlet and electrical switch has a cover plate that is in good repair;
  - 7. If applicable, a sign is placed at the entrance of a room or an area indicating that oxygen is in use; and
  - 8. Oxygen and medical gas containers:
    - a. Are maintained in a secured, upright position; and
    - b. Are stored in a room with a door:
      - i. In a building with sprinklers, at least five feet from any combustible materials; or
      - ii. In a building without sprinklers, at least 20 feet from any combustible materials.
- G. If an outpatient treatment center licensed before October 1, 2013 has a corridor less than 44 inches wide, an administrator shall ensure that:
  - 1. The corridor is wide enough to allow for:
    - a. Unobstructed movement of patients within the outpatient treatment center, and
    - b. The safe evacuation of patients from the outpatient treatment center; and
  - 2. The corridor is used only as a passageway.
- H. An administrator shall:
  - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  - 2. Make any repairs or corrections stated on the fire inspection report, and
  - 3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1029 adopted as an

emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1029 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-1030. Physical Plant, Environmental Services, and Equipment Standards**

- A. An administrator shall ensure that:
  - 1. An outpatient treatment center's premises are:
    - a. Sufficient to provide the outpatient treatment center's scope of services;
    - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
    - c. Free from a condition or situation that may cause an individual to suffer physical injury;
  - 2. If an outpatient treatment center collects urine or stool specimens from a patient, except as provided in subsection (B), or is authorized to provide respite services for children on the premises, the outpatient treatment center has at least one bathroom on the premises that:
    - a. Contains:
      - i. A working sink with running water,
      - ii. A working toilet that flushes and has a seat,
      - iii. Toilet tissue,
      - iv. Soap for hand washing,
      - v. Paper towels or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A means of ventilation; and
    - b. Is for the exclusive use of the outpatient treatment center;
  - 3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  - 4. A tobacco smoke-free environment is maintained on the premises;
  - 5. A refrigerator used to store a medication is:
    - a. Maintained in working order, and
    - b. Only used to store medications;
  - 6. Equipment at the outpatient treatment center is:
    - a. Sufficient to provide the outpatient treatment center's scope of services;
    - b. Maintained in working condition;
    - c. Used according to the manufacturer's recommendations; and
    - d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  - 7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair.

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- B.** An outpatient treatment center may have a bathroom used for the collection of a patient's urine or stool that is not for the exclusive use of the outpatient treatment center if:
1. The bathroom is located in the same contiguous building as the outpatient treatment center's premises,
  2. The bathroom is of a sufficient size to support the outpatient treatment center's scope of services, and
  3. There is a documented agreement between the licensee and the owner of the building stating that the bathroom complies with the requirements in this Section and allowing the Department access to the bathroom to verify compliance.
- C.** If an outpatient treatment center has a bathroom that is not for the exclusive use of the outpatient treatment center as allowed in subsection (B), an administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to:
    - a. Protect the health and safety of an individual using the bathroom; and
    - b. Ensure that the bathroom is cleaned and sanitized to prevent, minimize, and control illness and infection;
  2. Documented instructions are provided to a patient that cover:
    - a. Infection control measures when a patient uses the bathroom, and
    - b. The safe return of a urine or stool specimen to the outpatient treatment center;
  3. The bathroom complies with the requirements in subsection (A)(2)(a); and
  4. The bathroom is free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury.
- Historical Note**
- Adopted effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).
- R9-10-1031. Colocation Requirements**
- A.** In addition to the definitions in A.R.S. §§ 36-401 and 36-439 and R9-10-101 and R9-10-1001, the following definition applies in this Section:  
 "Patient" means an individual who enters the premises of a collaborating outpatient treatment center to obtain physical health services or behavioral health services from the collaborating outpatient treatment center or a colocator that shares areas of the collaborating outpatient treatment center's premises.
- B.** Only one outpatient treatment center in a facility may be designated as a collaborating outpatient treatment center for the facility.
- C.** The following health care institutions are not permitted to be a collaborating outpatient treatment center or a colocator in a collaborating outpatient treatment center:
1. An affiliated counseling facility;
  2. An outpatient treatment center authorized by the Department to provide dialysis services according to R9-10-1018;
  3. An outpatient treatment center authorized by the Department to provide emergency room services according to R9-10-1019; or
  4. An outpatient treatment center operating under a single group license according to A.R.S. § 36-422(F) or (G).
- D.** In addition to the requirements for a license application in R9-10-105, a governing authority of an outpatient treatment center requesting authorization to operate or continue to operate as a collaborating outpatient treatment center shall submit, in a Department-provided format:
1. The following information for each proposed colocator that may share an area of the collaborating outpatient treatment center's premises and nontreatment personnel at the collaborating outpatient treatment center:
    - a. For each proposed associated licensed provider:
      - i. Name,
      - ii. The associated licensed provider's license number or the date the associated licensed provider submitted to the Department a license application for an outpatient treatment center or a counseling facility license,
      - iii. Proposed scope of services, and
      - iv. A copy of the written agreement with the collaborating outpatient treatment center required in subsection (E); and
    - b. For each exempt health care provider:
      - i. Name,
      - ii. Current health care professional license number,
      - iii. Proposed scope of services, and
      - iv. A copy of the written agreement required in subsection (F) with the collaborating outpatient treatment center; and
  2. In addition to the requirements in R9-10-105(A)(5)(b)(vi), a floor plan that shows:
    - a. Each colocator's proposed treatment area, and
    - b. The areas of the collaborating outpatient treatment center's premises shared with a colocator.
- E.** An administrator of a collaborating outpatient treatment center shall have a written agreement with each associated licensed provider that includes:
1. In a Department-provided format:
    - a. The associated licensed provider's name;
    - b. The name of the associated licensed provider's governing authority;
    - c. Whether the associated licensed provider plans to share medical records with the collaborating outpatient treatment center;
    - d. If the associated licensed provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
      - i. General consent or informed consent, as applicable;
      - ii. Consent to allow a colocator access to the patient's medical record; and
      - iii. Advance directives;

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- e. How the associated licensed provider will transport or transfer a patient to another colocator within the collaborating outpatient treatment center;
  - f. How the associated licensed provider will ensure controlled substances stored in the associated licensed provider's licensed premises are not diverted;
  - g. How the associated licensed provider will ensure environmental services in the associated licensed provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;
  - h. How the associated licensed provider's personnel members will respond to a patient's sudden, intense, or out-of-control behavior, in the associated licensed provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
  - i. A statement that, if any of the colocators include children's behavioral health services in the colocator's scope of services, the associated licensed provider will ensure that all employees and personnel members of the associated licensed provider comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03;
  - j. A statement that the associated licensed provider will:
    - i. Document the following each time another colocator provides emergency health care services in the associated licensed provider's treatment area:
      - (1) The name of the colocator;
      - (2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
      - (3) A description of the emergency health care services provided; and
      - (4) The date and time the emergency health care services were provided;
    - ii. Maintain the documentation in subsection (E)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
    - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
  - k. A statement that the associated licensed provider will:
    - i. Document the following each time the associated licensed provider provides emergency health care services in another colocator's treatment area:
      - (1) If different from the name of the associated licensed provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
      - (2) The name of the colocator;
      - (3) A description of the emergency health care services provided; and
      - (4) The date and time the emergency health care services were provided;
    - ii. Maintain the documentation in subsection (E)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
    - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
  - l. An attestation that the associated licensed provider will comply with the written agreement;
  - m. The signature of the associated licensed provider's governing authority according to A.R.S. § 36-422(B) and the date signed; and
  - n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and
2. A copy of the associated licensed provider's scope of services, including whether the associated licensed provider plans to provide behavioral health services for children.
- F. An administrator of a collaborating outpatient treatment center shall have a written agreement with each exempt health care provider that includes:
- 1. In a Department-provided format:
    - a. The exempt health care provider's name;
    - b. The exempt health care provider license type and license number;
    - c. Whether the exempt health care provider plans to share medical records with the collaborating outpatient treatment center;
    - d. If the exempt health care provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
      - i. General consent or informed consent, as applicable;
      - ii. Consent to allow a colocator access to the patient's medical record; and
      - iii. Advance directives;
    - e. How the exempt health care provider will transport or transfer a patient to another colocator within the collaborating outpatient treatment center;
    - f. How the exempt health care provider will ensure controlled substances stored in the exempt health care provider's designated premises are not diverted;
    - g. How the exempt health care provider will ensure environmental services in the exempt health care provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;
    - h. How the exempt health care provider and any staff of the exempt health care provider will respond to a patient's sudden, intense, or out-of-control behavior, in the exempt health care provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
    - i. A statement that, if any of the colocators include children's behavioral health services in the colocator's statement of services, the exempt health care provider will ensure that all employees and staff of the exempt health care provider comply with the fingerprint clearance card requirements A.R.S. § 36-425.03;
    - j. A statement that the exempt health care provider will:

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- i. Document the following each time another colocator provides emergency health care services in the exempt health care provider's treatment area:
        - (1) The name of the colocator;
        - (2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
        - (3) A description of the emergency health care services provided; and
        - (4) The date and time the emergency health care services were provided;
      - ii. Maintain the documentation in subsection (F)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
      - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
    - k. A statement that the exempt health care provider will:
      - i. Document the following each time the exempt health care provider provides emergency health care services in another colocator's treatment area:
        - (1) If different from the name of the exempt health care provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
        - (2) The name of the colocator;
        - (3) A description of the emergency health care services provided; and
        - (4) The date and time the emergency health care services were provided;
      - ii. Maintain the documentation in subsection (F)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
      - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
    - l. An attestation that the exempt health care provider will comply with the written agreement;
    - m. The signature of the exempt health care provider and the date signed; and
    - n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and
  - 2. A copy of the exempt health care provider's scope of services, including whether the exempt health care provider plans to provide behavioral health services for children.
- G. As part of the policies and procedures required in this Article, an administrator of a collaborating outpatient treatment center shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient based on the scopes of services of all colocators that:
  - 1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for nontreatment personnel who may provide services in the areas of the collaborating outpatient treatment center's premises shared with a colocator;
  - 2. Cover orientation and in-service education for nontreatment personnel who may provide services in the areas of the collaborating outpatient treatment center's premises shared with a colocator;
  - 3. Cover cardiopulmonary resuscitation training, including:
    - a. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
    - b. The qualifications for an individual to provide cardiopulmonary resuscitation training;
    - c. The time-frame for renewal of cardiopulmonary resuscitation training; and
    - d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
  - 4. Cover first aid training;
  - 5. Cover patient screening, including a method to ensure that, if a patient identifies a specific colocator, the patient is directed to the identified colocator;
  - 6. Cover the provision of emergency treatment to protect the health and safety of a patient or individual present in an area of the collaborating outpatient treatment center's premises shared with a colocator according to the requirements for emergency treatment policies and procedures in R9-10-1029(A);
  - 7. If medication is stored in an area of the collaborating outpatient treatment center's premises shared with a colocator, cover obtaining, storing, accessing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
  - 8. Cover biohazardous wastes, if applicable;
  - 9. Cover environmental services in an area of the collaborating outpatient treatment center's premises shared with a colocator that affect patient care; and
  - 10. Cover how personnel members and nontreatment personnel will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual in an area of the collaborating outpatient treatment center's premises shared with a colocator.
- H. An administrator of a collaborating outpatient treatment center shall ensure that:
  - 1. Areas of the collaborating outpatient treatment center's premises shared with a colocator are:
    - a. Sufficient to accommodate the outpatient treatment center's and any colocators' scopes of services;
    - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
    - c. Free from a condition or situation that may cause an individual to suffer physical injury;
  - 2. A written log is maintained that documents the date, time, and circumstances each time a colocator provides emergency health care services in another colocator's designated treatment area; and
  - 3. The documentation in the written log required in subsection (H)(2) is maintained for at least 12 months after the date the colocator provides emergency health care services in another colocator's designated treatment area.
- I. If any colocator at a collaborating outpatient treatment center includes children's behavioral health services as part of the

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collocator's scope of services, an administrator of the collaborating outpatient treatment center shall ensure that the governing authority, employees, personnel members, nontreatment personnel, and volunteers of the collaborating outpatient treatment center comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.

**Historical Note**

New Section made by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**ARTICLE 11. ADULT DAY HEALTH CARE FACILITIES****R9-10-1101. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article, unless otherwise specified:

"Care plan" means a written program of action for a participant's care based upon an assessment of the participant's physical, nutritional, psychosocial, economic, and environmental strengths and needs and implemented according to established short- and long-term goals.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1102. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an adult day health care facility shall include on the application the number of participants for whom the applicant is requesting authorization to provide adult day health services.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1102 renumbered to Section R9-10-1103; new Section R9-10-1102 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1103. Administration****A. A governing authority shall:**

1. Consist of one or more individuals responsible for the organization, operation, and administration of an adult day health care facility;
2. Establish, in writing:
  - a. An adult day health care facility's scope of services, and
  - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1104;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate in writing, an acting administrator, who has the qualifications established in subsection (A)(2)(b) if the administrator is:

- a. Expected not to be present on an adult day health care facility's premises for more than 30 calendar days, or
  - b. Not present on an adult day health care facility's premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I), when there is a change in an administrator and identify the name and qualifications of the new administrator.

**B. An administrator:**

1. Is 21 years of age or older;
2. Is directly accountable to the governing authority of an adult day health care facility for the daily operation of the adult day health care facility and all services provided by or at the adult day health care facility;
3. Has the authority and responsibility to manage the adult day health care facility; and
4. Except as provided in subsection (A)(6), designates, in writing, an individual who is 21 years of age or older and present on the adult day health care facility's premises and accountable for the adult day health care facility when the administrator is not present on the adult day health care facility premises and participants are present on the adult day health care facility's premises.

**C. An administrator shall ensure that:**

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Cover certification in cardiopulmonary resuscitation and first aid training;
  - d. Include how a personnel member may submit a complaint relating to services provided to a participant;
  - e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - f. Include a method to identify a participant to ensure that the participant receives the appropriate services;
  - g. Cover participant rights, including assisting a participant who does not speak English or who has a disability to become aware of participant rights;
  - h. Cover specific steps for:
    - i. A participant to file a complaint, and
    - ii. The adult day health care facility to respond to a participant complaint;
  - i. Cover medical records, including electronic medical records; and
  - j. Cover a quality management program, including incident reports and supporting documentation;
2. Policies and procedures for services provided by an adult day health care facility are established, documented, and implemented to protect the health and safety of a participant that:
  - a. Cover screening, enrollment, and discharge;
  - b. Cover the provision of the services in the adult day health care facility's scope of services;
  - c. Cover dispensing, administering, and disposing of medications, including provisions for inventory con-

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- d. Cover how personnel members will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
  - e. Cover food services;
  - f. Cover environmental services;
  - g. Cover infection control;
  - h. Cover contracted services;
  - i. Cover emergency treatment provided at the adult day health care facility; and
  - j. Designate which employees or personnel members are required to have current certification in cardiopulmonary resuscitation and first aid training;
3. Policies and procedures are:
- a. Available to personnel members, employees, volunteers, and students, and
  - b. Reviewed at least once every three years and updated as needed; and
4. Unless otherwise stated:
- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of an adult day health care facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the adult day health care facility.
- An administrator shall:
1. Maintain, and make available to individuals upon request, a schedule of rates and charges;
  2. Ensure that a monthly calendar of planned activities is:
    - a. Posted before the beginning of a month, and
    - b. Maintained on the premises for at least 90 calendar days after the end of the month;
  3. Ensure that materials, supplies, and equipment are provided for the planned activities; and
  4. Assist in the formation of a participants' council according to R9-10-1112.

### Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1103 renumbered to Section R9-10-1104; new Section R9-10-1103 renumbered from Section R9-10-1102 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1104. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to participants;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant care;

- d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to participant care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to participant care; and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to participant care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

### Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1104 renumbered to Section R9-10-1105; new Section R9-10-1104 renumbered from Section R9-10-1103 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1105. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

### Historical Note

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1105 renumbered to Section R9-10-1106; new Section R9-10-1105 renumbered from Section R9-10-1104 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1106. Personnel**

**A.** An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the participants receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired

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- the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services or behavioral health services, and
    - b. According to policies and procedures;
  3. Sufficient personnel members are present on an adult day health care facility's premises when participants are present and have the qualifications, skills, and knowledge necessary to:
    - a. Provide the services in the adult day health care facility's scope of services,
    - b. Meet the needs of a participant, and
    - c. Ensure the health and safety of a participant; and
  4. A personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a participant for more than eight hours a week, provides evidence of freedom from infectious tuberculosis:
    - a. On or before the date the individual begins providing services at or on behalf of the adult day health care facility, and
    - b. As specified in R9-10-113.
- B.** An administrator shall ensure that a personnel member:
1. Is 18 years of age or older, and
  2. Is not a participant of the adult day health care facility.
- C.** An administrator shall ensure that a personnel record for each personnel member, employee, volunteer, or student:
1. Includes:
    - a. The individual's name, date of birth, and contact telephone number;
    - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
    - c. Documentation of:
      - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
      - ii. The individual's education and experience applicable to the individual's job duties;
      - iii. The individual's completed orientation and in-service education as required by policies and procedures;
      - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
      - v. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;
      - vi. First aid training, if required for the individual according to this Article and policies and procedures; and
      - vii. Evidence of freedom from infectious tuberculosis, if required for the individual according to this Article or policies and procedures;
  2. Is maintained:
    - a. Throughout the individual's period of providing services in or for the adult day health care facility, and
    - b. For at least 24 months after the last date the individual provided service in or for the adult day health care facility; and
3. For a personnel member who has not provided physical health services or behavioral health services at or for the adult day health care facility during the previous 12 months, is provided to the Department within 72 hours after the Department's request.
- D.** An administrator shall ensure that:
1. At least two personnel members are present on the premises whenever two or more participants are in the adult day health care facility;
  2. At least one personnel member with cardiopulmonary resuscitation and first-aid certification is on the premises at all times;
  3. A registered nurse manages the nursing services and provides direction for health-related services provided by the adult day health care facility; and
  4. A nurse is on the premises daily to:
    - a. Administer medications and treatments, and
    - b. Monitor a participant's health status.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1106 renumbered to Section R9-10-1107; new Section R9-10-1106 renumbered from Section R9-10-1105 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1107. Enrollment**

- A.** An administrator shall ensure that a participant provides evidence of freedom from infectious tuberculosis:
1. Before or within seven calendar days after the participant's enrollment, and
  2. As specified in R9-10-113.
- B.** Before or at the time of enrollment, an administrator shall ensure that a participant or the participant's representative signs a written agreement with the adult day health care facility that includes:
1. The participant's name and date of birth,
  2. Enrollment requirements,
  3. A list of the customary services that the adult day health care facility provides,
  4. A list of services that are available at an additional cost,
  5. A list of fees and charges,
  6. Procedures for termination of the agreement,
  7. The requirements of the adult day health care facility,
  8. The names and telephone numbers of individuals designated by the participant to be notified in the event of an emergency, and
  9. A copy of the adult day health care facility's procedure on health care directives.
- C.** An administrator shall give a copy of the agreement in subsection (B) to the participant or the participant's representative and keep the original in the participant's medical record.
- D.** An administrator shall ensure that a participant has a signed written medical assessment that:
1. Was completed by the participant's medical practitioner within 60 calendar days before enrollment; and
  2. Includes:

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- a. Information that addresses the participant's:
    - i. Physical health;
    - ii. Cognitive awareness of self, location, and time; and
    - iii. Deficits in cognitive awareness;
  - b. Physical, mental, and emotional problems experienced by the participant;
  - c. A schedule of the participant's medications;
  - d. A list of treatments the participant is receiving;
  - e. The participant's special dietary needs; and
  - f. The participant's known allergies.
- E.** At the time of enrollment, an administrator shall ensure that the participant or participant's representative:
- 1. Documents whether the participant may sign in and out of the adult day health care facility; and
  - 2. Provides the following:
    - a. The name and telephone number of the:
      - i. Participant's representative;
      - ii. Family member to be contacted in an emergency;
      - iii. Participant's medical practitioner; and
      - iv. Adult who provides the participant with supervision and assistance in the preparation of meals, housework, and personal grooming, if applicable; and
    - b. If applicable, a copy of the participant's health care directive.
- F.** An administrator shall ensure that a comprehensive assessment of the participant:
- 1. Is completed by a registered nurse before the participant's tenth visit or within 30 calendar days after enrollment, whichever comes first;
  - 2. Documents the participant's:
    - a. Physical health,
    - b. Mental and emotional status, and
    - c. Social history; and
  - 3. Includes:
    - a. Medical practitioner orders,
    - b. Adult day health care services recommended for the participant's care plan, and
    - c. The signature of the registered nurse conducting the comprehensive assessment and date signed.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1107 renumbered to Section R9-10-1108; new Section R9-10-1107 renumbered from Section R9-10-1106 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1108. Care Plan**

- An administrator shall ensure that a care plan for a participant:
- 1. Is developed within seven calendar days after the completion of the participant's comprehensive assessment;
  - 2. Has input from:
    - a. The participant or participant's representative,
    - b. The registered nurse who performed the comprehensive assessment, and
    - c. Personnel who have provided services to the participant;
  - 3. Is based on the participant's comprehensive assessment;
  - 4. Includes:

- a. A summary of the participant's medical or health problems, including physical, mental, and emotional disabilities or impairments;
  - b. Adult day health services to be provided;
  - c. Goals and objectives of care that are time-limited and measurable;
  - d. Interventions required to achieve objectives, including recommendations for therapy and referrals to other service providers; and
  - e. Discharge instructions according to R9-10-1109(B); and
5. Is reviewed and updated at least once every six months and whenever there is a significant change in the participant's condition.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1108 renumbered to Section R9-10-1109; new Section R9-10-1108 renumbered from Section R9-10-1107 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1109. Discharge**

- A.** An administrator may discharge a participant from an adult day health care facility by terminating the agreement in R9-10-1107(B):
- 1. After giving the participant or participant's representative five working days written notice; and
  - 2. For any of the following reasons:
    - a. Evidence of repeated failure to comply with the requirements of the adult day health care facility,
    - b. Documented proof of failure to pay,
    - c. Behavior that is dangerous to self or that interferes with the physical or psychological well-being of other participants, or
    - d. The participant requires services not in the adult day health care facility's scope of services.
- B.** An administrator shall ensure that discharge instructions for a participant are:
- 1. Developed that:
    - a. Identify any specific needs of the participant after discharge,
    - b. Are completed before discharge occurs,
    - c. Include a description of the level of care that may meet the participant's assessed and anticipated needs after discharge, and
    - d. Are documented in the participant's medical record within 48 hours after the discharge instructions are completed; and
  - 2. Provided to the participant or the participant's representative before the discharge occurs.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1109 renumbered to Section R9-10-1110; new Section R9-10-1109 renumbered from Section R9-10-1108 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1110. Participant Rights**



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- A.** An administrator shall ensure that:
1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of enrollment, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
  3. Policies and procedures include:
    - a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
    - b. Where participant rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
1. A participant is treated with dignity, respect, and consideration;
  2. A participant is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
    - k. Misappropriation of personal and private property by the adult day health care facility's personnel members, employees, volunteers, or students; and
  3. A participant or the participant's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;
    - c. Except in an emergency, is informed of proposed alternatives to the treatment, associated risks, and possible complications;
    - d. Is informed of the following:
      - i. The policy on health care directives,
      - ii. The participant complaint process,
      - iii. Rates and charges for participating at the adult day health care facility, and
      - iv. The process for contacting the local office of Adult Protective Services;
    - e. Consents to photographs of the participant before the participant is photographed, except that a participant may be photographed when enrolled at an adult day health care facility for identification and administrative purposes; and
    - f. Except as otherwise permitted by law, provides written consent to the release of information in the participant's:
      - i. Medical record, or
      - ii. Financial records.
- C.** A participant has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive treatment that supports and respects the participant's individuality, choices, strengths, and abilities;
  3. To communicate, associate, and meet privately with individuals of the participant's choice;
  4. To have access to a telephone, to make and receive calls, and to send and receive correspondence without interception or interference by the adult day health care facility;
  5. To arrive and depart from the adult day health care facility, consistent with the participant's care plan and personal safety;
  6. To receive privacy in treatment and care for personal needs;
  7. To review, upon written request, the participant's own records;
  8. To receive a referral to another health care institution if the adult day health care facility is not authorized or not able to provide physical health services or behavioral health services needed by the participant;
  9. To participate or have the participant's representative participate in the development of a care plan or decisions concerning treatment;
  10. To participate or refuse to participate in research or experimental treatment; and
  11. To receive assistance from a family member, the participant's representative, or other individual in understanding, protecting, or exercising the participant's rights.
- Historical Note**
- New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1110 renumbered to Section R9-10-1111; new Section R9-10-1110 renumbered from Section R9-10-1109 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1111. Medical Records**
- A.** An administrator shall ensure that:
1. A medical record is established and maintained for a participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a participant's medical record is:
    - a. Recorded only by an individual authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  4. A participant's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the participant's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the participant or the participant's representative; or
    - c. As permitted by law; and
  5. A participant's medical record is protected from loss, damage, or unauthorized use.
- B.** If an adult day health care facility maintains participant's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a participant's medical record is recorded by the computer's internal clock.

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- C. An administrator shall ensure that a participant's medical record contains:
1. Participant information that includes:
    - a. The participant's name;
    - b. The participant's address;
    - c. The participant's date of birth; and
    - d. Any known allergies, including medication allergies;
  2. The name of the participant's medical practitioner or other individuals involved in the care of the participant;
  3. An enrollment agreement and date of the participant's first visit;
  4. If applicable, documented general consent and informed consent by the participant or the participant's representative;
  5. If applicable, the name and contact information of the participant's representative and:
    - a. The document signed by the participant consenting for the participant's representative to act on the participant's behalf; or
    - b. If the participant's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  6. Documentation of medical history;
  7. A copy of the participant's health care directive, if applicable;
  8. Orders;
  9. The medical assessment required in R9-10-1107(D);
  10. A care plan;
  11. The comprehensive assessment required in R9-10-1107(F);
  12. Progress notes;
  13. If applicable, documentation of any actions taken to control the participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
  14. Documentation of adult day health services provided to the participant;
  15. The disposition of the participant upon discharge;
  16. The discharge date, if applicable;
  17. Documentation of a medication administered to the participant that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. The identification and signature of the individual administering, providing assistance in the self-administration of medication, or observing the participant's self-administration of the medication;
    - d. If medication for pain is administered on a PRN basis to a participant:
      - i. An identification of the participant's pain before administering the medication, and
      - ii. The effect of the medication administered; and
    - e. Any adverse reaction a participant has to the medication;
  18. If applicable, documentation of:
    - a. A significant change in the participant's condition,
    - b. An injury or accident that occurred at the adult day health care facility and required medical services, and
    - c. Notification provided to the participant's medical practitioner or the participant's representative of the significant change in subsection (C)(18)(a) or the injury or accident in subsection (C)(18)(b);
  19. Documentation of whether the participant may sign in or out of the adult day health care facility;
  20. Documentation of freedom from infectious tuberculosis required in R9-10-1107(A); and
  21. Names and telephone numbers of individuals to be notified in the event of an emergency.

**Historical Note**

Amended effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1111 renumbered to Section R9-10-1112; new Section R9-10-1111 renumbered from Section R9-10-1110 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1112. Participant's Council**

- A. A participants' council:
1. Is composed of participants, who are willing to serve on the council and take part in scheduled meetings;
  2. May develop guidelines that govern the council's activities;
  3. May meet quarterly;
  4. May record minutes of the meetings; and
  5. May provide written input on planned activities and policies of the adult day health care facility.
- B. A participants' council may invite personnel or the administrator to attend their meetings.
- C. An administrator shall act as a liaison between the participants' council and personnel members, employees, and volunteers.

**Historical Note**

Amended effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1112 renumbered to Section R9-10-1113; new Section R9-10-1112 renumbered from Section R9-10-1111 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1113. Adult Day Health Services**

- A. An administrator shall ensure that a personnel member provides supervision for a participant, except during periods of the day when the participant signs out or is signed out according to policies and procedures.
- B. An administrator shall ensure that a personnel member provides assistance with activities of daily living and supervision of personal hygiene according to the participant's care plan and policies and procedures.
- C. An administrator shall ensure that a personnel member provides a participant with planned therapeutic individual and group activities:
1. According to the:
    - a. Participant's care plan,

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- b. Policies and procedures, and
  - c. Monthly calendar of planned activities required in R9-10-1103(D)(2); and
- 2. That include:
  - a. Physical activities,
  - b. Group discussion,
  - c. Techniques a participant may use to maintain or improve the participant's independence in performing activities of daily living,
  - d. Assessment of deficits in cognitive awareness and reinforcement of remaining cognitive awareness,
  - e. Activities of daily living,
  - f. Participants' council meetings, and
  - g. Leisure time.
- D. An administrator shall ensure that a nurse monitors the health status of a participant according to the participant's care plan and policies and procedures by:
  - 1. Observing the participant's mental and physical condition, including monthly monitoring of the participant's vital signs and nutritional status;
  - 2. Documenting changes in the participant's mental and physical condition in the participant's medical record; and
  - 3. Reporting any changes to the participant's representative or medical practitioner.
- E. If an adult day health care facility administers medication or provides assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication administration or assistance in the self-administration of medication:
  - 1. Include:
    - a. A process for providing information to a participant about medication prescribed for the participant including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse response to a medication, or
      - iii. A medication overdose; and
    - c. Procedures for documenting medication services and assistance in the self-administration of medication; and
  - 2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- F. An administrator shall ensure that:
  - 1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a pharmacist, medical practitioner, or registered nurse; and
    - b. Ensure that medication is administered to a participant only as prescribed;
  - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  - 3. A medication administered to a participant:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the participant's medical record.
- G. If an adult day health care facility provides assistance in the self-administration of medication, an administrator shall ensure that:
  - 1. A participant's medication is stored by the adult day health care facility;
  - 2. The following assistance is provided to a participant:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the participant;
    - c. Observing the participant while the participant removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
      - i. The participant taking the medication is the individual stated on the medication container label,
      - ii. The participant is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
      - iii. The participant is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
    - e. Observing the participant while the participant takes the medication;
  - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a pharmacist, medical practitioner, or registered nurse;
  - 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
  - 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (G)(4) before the personnel member provides assistance in the self-administration of medication; and
  - 6. Assistance in the self-administration of medication provided to a participant:
    - a. Is in compliance with an order, and
    - b. Is documented in the participant's medical record.
- H. An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members, and
  - 2. A current toxicology reference guide is available for use by personnel members.
- I. When medication is stored at an adult day health care facility, an administrator shall ensure that:

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1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication; and
    - b. Storing, inventorying, and dispensing controlled substances.
- J.** A medication error or a participant's refusal to take a medication is:
1. Reported to the participant's representative within 12 hours, and
  2. Documented in the participant's medical record within 24 hours.
- K.** An adverse reaction is:
1. Reported to the participant's representative and medical practitioner within 12 hours, and
  2. Documented in the participant's medical record within 24 hours.
- L.** An administrator shall:
1. Immediately notify a participant's representative and medical practitioner of an injury that may require medical services;
  2. Report an injury to Adult Protective Services according to A.R.S. § 46-454, when applicable;
  3. Prepare a written report on the day of occurrence or when any injury of unknown origin is detected that includes the:
    - a. Name of the participant;
    - b. Type of injury;
    - c. Names of witnesses, if applicable; and
    - d. Action taken;
  4. Investigate the injury within 24 hours and documenting any corrective action in the report; and
  5. Retain the report for at least 12 months after the date of the injury.
- M.** For a participant whose care plan includes counseling on an individual or group basis, an administrator shall ensure that:
1. If the counseling needed by the participant is within the adult day health care facility's scope of services, a personnel member provides the counseling to the participant according to policies and procedures; or
  2. If the counseling needed by the participant is not within the adult day health care facility's scope of services, a personnel member assists the participant or the participant's representative to obtain counseling for the participant according to policies and procedures.
- Historical Note**
- Amended effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1113 renumbered to Section R9-10-1114; new Section R9-10-1113 renumbered from Section R9-10-1112 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1114. Food Services**
- A.** An administrator shall:
1. Designate a food service supervisor who is responsible for food service in an adult day health care facility; and
  2. If an adult day health care facility provides a therapeutic diet to participants, ensure that:
    - a. The therapeutic diet is prescribed in writing by:
      - i. The participant's medical practitioner, or
      - ii. A registered dietitian; and
    - b. A current therapeutic diet reference manual is available to the food service supervisor.
- B.** A food service supervisor shall ensure that:
1. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served each day,
    - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  2. Meals and snacks provided by the adult day health care facility are served according to posted menus;
  3. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
  4. A participant is provided a diet that meets the participant's nutritional needs as specified in the participant's comprehensive assessment, under R9-10-1107(F), or the participant's care plan;
  5. Water is available and accessible to participants at all times, unless otherwise stated by the participant's medical practitioner; and
  6. A participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the participant.
- C.** An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  2. Food is protected from potential contamination;
  3. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a participant, such as cut, chopped, ground, pureed, or thickened;
  4. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below;
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and

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- any food containing raw shell eggs is cooked to heat all parts of the food to at least 155 °F;
- v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
- vi. Leftovers are reheated to a temperature of at least 165° F;

- 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;
- 6. Frozen foods are stored at a temperature of 0° F or below; and
- 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**D. An administrator shall ensure that:**

- 1. If an adult day health care facility is licensed to provide adult day health services to more than 15 participants, the adult day health care facility:
  - a. Has a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
  - b. Maintains a copy of the adult day health care facility's food establishment license or permit;
- 2. If the adult day health care facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the adult day health care facility, a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the adult day health care facility; and
- 3. The adult day health care facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant.

**Historical Note**

Amended effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1114 renumbered to Section R9-10-1115; new Section R9-10-1114 renumbered from Section R9-10-1113 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1115. Emergency and Safety Standards****A. An administrator shall ensure that:**

- 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and employees, and, if necessary, implemented that includes:
  - a. Procedures for protecting the health and safety of participants and other individuals on the premises;
  - b. Assigned responsibilities for each personnel member and employee;
  - c. Instructions for the evacuation of participants, including:
    - i. When, how, and where participants will be relocated; and
    - ii. A plan for notifying the emergency contact for each participant;
  - d. A plan to ensure each participant's medications will be available to administer to the participant during a disaster; and
  - e. A plan for providing water, food, and needed services to participants present in the adult day health care facility or the adult day health care facility's relocation site during a disaster;
- 2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;

- 3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
  - a. The date and time of the disaster plan review;
  - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
  - c. A critique of the disaster plan review; and
  - d. If applicable, recommendations for improvement; and
- 4. A disaster drill for assigned personnel is conducted on each shift at least once every three months and documented.

**B. An administrator shall ensure that:**

- 1. A participant receives orientation to the exits from the adult day health care facility and the route to be used when evacuating participants within two visits after the participant's enrollment, and
- 2. A participant's orientation is documented in the participant's medical record.

**C. An administrator shall ensure that:**

- 1. An evacuation drill for employees and participants is conducted at least once every six months;
- 2. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
  - a. The date and time of the evacuation drill;
  - b. The amount of time taken for all employees and participants to evacuate to a designated area;
  - d. Any problems encountered in conducting the evacuation drill; and
  - e. Recommendations for improvement, if applicable; and
- 3. An evacuation path is conspicuously posted on each hallway of each floor of the adult day health care facility.

**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1115 renumbered to Section R9-10-1116; new Section R9-10-1115 renumbered from Section R9-10-1114 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1116. Environmental Standards****A. An administrator shall ensure that:**

- 1. The adult day health care facility's premises are:
  - a. Cleaned and disinfected according to policies and procedures to prevent, minimize, and control illness and infection; and
  - b. Free from a condition or situation that may cause a participant or an individual to suffer physical injury;
- 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
- 3. Windows and doors opening to the outside are screened if they are kept open at any time for ventilation or other purposes;
- 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
- 5. Equipment used at the adult day health care facility is:

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- a. Maintained in working order;
  - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  - c. Used according to the manufacturer's recommendations;
6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  7. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags, and
    - b. Removed from the premises at least once a week;
  8. Heating and cooling systems maintain the adult day health care facility at a temperature between 70° F and 84° F;
  9. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
  10. Soiled linen and soiled clothing stored by the adult day health care facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
  11. Oxygen containers are secured in an upright position;
  12. Poisonous or toxic materials stored by the adult day health care facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to participants;
  13. Combustible or flammable liquids and hazardous materials stored by the adult day health care facility are stored in the original labeled containers or safety containers in a locked area inaccessible to participants; and
  14. Pets or animals are:
    - a. Controlled to prevent endangering the participants and to maintain sanitation;
    - b. Not allowed in treatment, food storage, food preparation, or dining areas;
    - c. Licensed consistent with local ordinances; and
    - d. For a dog or cat, vaccinated against rabies.
- B.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. On a day that a participant uses the swimming pool, an employee:
    - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
      - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-phenylenediamine test;
      - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-phenylenediamine test; or
      - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
    - b. Records the results of the water quality tests in a log that includes the date tested and test result;
  2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
  3. A swimming pool is not used by a participant if a water quality test shows that the swimming pool water does not comply with subsection (B)(1)(a);
  4. At least one personnel member with cardiopulmonary resuscitation training, required in R9-10-1106(D), is present in the pool area when a participant is in the pool area; and
  5. At least two personnel members are present in the pool area if two or more participants are in the pool area.

**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1116 renumbered to Section R9-10-1117; new Section R9-10-1116 renumbered from Section R9-10-1115 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-1117. Physical Plant Standards**

- A.** An administrator shall ensure that an adult day health care facility complies with the physical plant health and safety codes and standards incorporated by reference in R9-10-104.01, in effect on the date the adult day health care facility submitted architectural plans and specifications to the Department for approval, according to R9-10-104.
- B.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the adult day health care facility's scope of services, and
  2. An individual accepted as a participant by the adult day health care facility.
- C.** An administrator shall ensure that an adult day health care facility has at least 40 square feet of indoor activity space for each participant, excluding bathrooms, halls, storage areas, kitchens, wall thicknesses, and rooms designated for use by individuals who are not participants.
- D.** An administrator shall ensure that an outside activity space is provided and available that:
1. Is on the premises,
  2. Has a hard-surfaced section for wheelchairs,
  3. Has an available shaded area, and
  4. Has a means of egress without entering the adult day health care facility.
- E.** An administrator shall ensure that:
1. There is at least one working toilet that flushes and has a seat and one sink with running water for each ten participants;
  2. A bathroom for use by participants provides privacy when in use and contains in a location accessible to participants:
    - a. A mirror;
    - b. Toilet paper for each toilet;
    - c. Soap accessible from each sink;
    - d. Paper towels in a dispenser or an air hand dryer; and
    - e. Grab bars for the toilet and other assistive devices, if required, to provide for participant safety;
  3. A bathroom has a window that opens or another means of ventilation;
  4. If a bathing facility is provided:
    - a. The bathing facility provides privacy when in use,
    - b. Shower enclosures have nonporous surfaces,
    - c. Showers and tubs have grab bars for participant safety, and
    - d. Tub and shower floors have slip-resistant surfaces;

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5. Dining areas are furnished with dining tables and chairs and large enough to accommodate participants;
  6. There is a wall or other means of physical separation between dining facilities and food preparation areas;
  7. If the adult day health care facility serves food, areas are designated for food preparation, storage, and handling and are not used as a passageway by participants; and
  8. All flooring is slip-resistant.
- F.** If the adult day health care facility has a swimming pool on the premises, an administrator shall ensure that:
1. The swimming pool is equipped with the following:
    - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
      - i. A removable strainer,
      - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
      - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
    - b. An operational vacuum cleaning system;
  2. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground; and
      - iii. Is locked when the swimming pool is not in use;
  3. A life preserver or shepherd's crook is available and accessible in the pool area; and
  4. If the swimming pool is used by participants, pool safety requirements are conspicuously posted in the pool area.

**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3). New Section R9-10-1117 renumbered from Section R9-10-1116 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-1118. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1119. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1120. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1121. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1122. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1123. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1124. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1125. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1126. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1127. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3).

**ARTICLE 12. HOME HEALTH AGENCIES****R9-10-1201. Definitions**

In addition to the definitions in A.R.S. §§ 36-401, 36-151 and R9-10-101, the following apply in this Article, unless otherwise specified:

1. "Branch office" means a location other than a home health agency's main administrative office that:
  - a. Operates under the license of the home health agency, and
  - b. Is under the control of the home health agency's administrator.
2. "Home health services director" means an individual who provides direction for the home health services provided by or through a home health agency.
3. "Medical social services" means activities that assist a patient to cope with concerns about the patient's illness or injury, and may include helping to find resources to address the patient's concerns.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

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Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

**R9-10-1202. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a home health agency shall:

1. Include on the application:
  - a. The name and address of each proposed branch office, if applicable; and
  - b. The geographic region to be served by:
    - i. The proposed home health agency's administrative office, and
    - ii. Each proposed branch office; and
2. Submit to the Department a copy of a valid fingerprint clearance card issued according to A.R.S. Title 41, Chapter 12, Article 3.1 for:
  - a. The applicant, if the applicant is an individual; or
  - b. Each individual with a 10% or greater ownership of the business organization, if the applicant is a business organization.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1203. Administration****A. A governing authority shall:**

1. Consist of one or more individuals responsible for the organization, operation, and administration of the home health agency;
2. Establish, in writing:
  - a. A home health agency's scope of services, and
  - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1204;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
  - a. Expected not to be present in a home health agency's administrative office for more than 30 calendar days, or
  - b. Not present in a home health agency's administrative office for more than 30 calendar days;
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator;
8. Appoint, according to A.R.S. § 36-151(5)(b), an advisory group that consists of four or more members that include:
  - a. A physician;
  - b. A registered nurse who has at least one year of experience as a registered nurse providing home health services; and
  - c. Two or more individuals who represent a medical, nursing, or health-related profession; and
9. Ensure that the advisory group appointed according to subsection (A)(8):
  - a. Meets at least once every 12 months,
  - b. Documents meetings, and

- c. Assists in establishing and evaluating policies and procedures for the home health agency.

**B. An administrator:**

1. Shall serve no more than five home health agencies;
2. Is directly accountable to the governing authority of a home health agency for all services provided by the home health agency;
3. Has the authority and responsibility to manage the home health agency;
4. Except as provided in subsection (A)(6), designates, in writing, an individual who is present at the home health agency's administrative office and accountable for services provided by the home health agency when the administrator is not present at the home health agency's administrative office; and
5. Ensures compliance with A.R.S. § 36-411.

**C. An administrator shall:**

1. Ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, and volunteers;
  - b. Cover orientation and in-service education for personnel members, employees, and volunteers;
  - c. Cover how a personnel member may submit a complaint relating to patient care;
  - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - e. Include a method to identify a patient to ensure the patient receives the appropriate services;
  - f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
  - g. Cover specific steps for:
    - i. A patient to file a complaint, and
    - ii. The home health agency to respond to a patient complaint;
  - h. Cover health care directives;
  - i. Cover medical records, including electronic medical records;
  - j. Cover a quality management program, including incident reports and supporting documentation;
  - k. Cover contracted services; and
  - l. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
2. Ensure that policies and procedures for services provided by a home health agency are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover patient admission, discharge planning, and discharge;
  - b. Cover the provision of home health services and, if applicable, specific types of supportive services and medical social services;
  - c. Include when general consent and informed consent are required;
  - d. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;



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- e. Cover medication procurement, if applicable, and administration; and
- f. Cover infection control;
- 3. Ensure that policies and procedures are:
  - a. Available to personnel members, employees, and volunteers, and
  - b. Reviewed at least once every three years and updated as needed;
- 4. Ensure that records of advisory group meetings are maintained for at least 24 months after the date of the meeting;
- 5. Designate, in writing, a home health services director who is:
  - a. A physician with at least 24 months of experience working for or with a home health agency; or
  - b. A registered nurse with at least three years of nursing experience, including at least 24 months of experience as a registered nurse providing home health services;
- 6. Ensure that:
  - a. Speech therapy or speech-language pathology services are provided by a speech-language pathologist according to A.R.S. § 36-1940.01 or speech-language pathologist assistant licensed according to A.R.S. § 36-1940.04;
  - b. Nutritional services are provided by a registered dietitian;
  - c. Occupational therapy services are provided by an occupational therapist or occupational therapy assistant;
  - d. Physical therapy services are provided by a physical therapist or a physical therapist assistant;
  - e. Respiratory care services are provided by a respiratory therapist, respiratory therapy technician licensed according to A.R.S. Title 32, Chapter 35, or a practical nurse or registered nurse licensed according to A.R.S. Title 32, Chapter 15;
  - f. Pharmacy services are provided by a pharmacist; and
  - g. Medical social services are provided:
    - i. By a personnel member qualified according to policies and procedures that coordinates medical social services; and
    - ii. For medical social services, related to the practice of social work in A.R.S. § 32-3251, by a personnel member licensed under A.R.S. Title 32, Chapter 33, Article 5;
- 7. Ensure that the services specified in subsection (C)(6) are provided to a patient only under an order by the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
- 8. Unless otherwise stated, ensure that:
  - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a home health agency, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the home health agency.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws

2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3391 with an immediate effective date of November 6, 2019 (Supp. 19-4). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

**R9-10-1204. Quality Management**

An administrator shall ensure that:

- 1. A plan for a quality management program for the home health agency is established, documented, and implemented that includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate the provision of services, including oversight of personnel members;
  - c. A method to evaluate the data collected to identify a concern about the provision of services;
  - d. A method to make changes or take action as a result of the identification of a concern about the provision of services;
  - e. A method to determine whether actions taken improved the provision of services; and
  - f. The frequency of submitting the documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
  - a. Each identified concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1205. Contracted Services**

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1206. Personnel**

A. An administrator shall ensure that:

- 1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of services expected to be provided by the personnel member according to the established job description, and

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- ii. The acuity of the patients receiving services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description;
- 2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services, and
  - b. According to policies and procedures;
- 3. Sufficient personnel members are available with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the home health agency's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient; and
- 4. A personnel member, an employee, a volunteer, or a student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
  - a. On or before the date the individual begins providing services at or on behalf of the home health agency, and
  - b. As specified in R9-10-113.
- B.** An administrator shall ensure that a personnel record for each personnel member, employee, or volunteer:
  - 1. Includes:
    - a. The individual's name, date of birth, and contact telephone number;
    - b. The individual's starting date of employment or volunteer service, and if applicable, ending date; and
    - c. Documentation of:
      - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
      - ii. The individual's education and experience applicable to the individual's job duties;
      - iii. The individual's completed orientation and in-service education as required by policies and procedures;
      - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
      - v. The individual's compliance with the requirements in A.R.S. § 36-411;
      - vi. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;
      - vii. First aid training, if required for the individual according to this Article and policies and procedures; and
      - viii. Evidence of freedom from infectious tuberculosis, if required according to subsection (A)(4);
  - 2. Is maintained:
    - a. Throughout the individual's period of providing services in or for the home health agency; and
    - b. For at least 24 months after the last date the individual provided services in or for the home health agency; and
  - 3. For a personnel member who has not provided services for the home health agency during the previous 12 months, provided to the Department within 72 hours after the Department's request.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3391 with an immediate effective date of November 6, 2019 (Supp. 19-4). Amended by final expedited rulemaking, at 25 A.A.R. 3391 with an immediate effective date of November 6, 2019 (Supp. 19-4).

**R9-10-1207. Care Plan**

- A.** An administrator shall ensure that a care plan is developed for each patient:
  - 1. Based on an assessment of the patient as required in R9-10-1210(D)(1) or (F)(2)(e)(i);
  - 2. With participation from:
    - a. The patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
    - b. A registered nurse;
  - 3. That includes:
    - a. The patient's diagnosis;
    - b. Surgery dates relevant to home health services, if applicable;
    - c. The patient's cognitive awareness of self, location, and time;
    - d. Functional abilities and limitations;
    - e. Goals for functional rehabilitation, if applicable;
    - f. The type, duration, and frequency of each service to be provided;
    - g. Treatments the patient is receiving from a source other than the home health agency;
    - h. Medications and herbal supplements reported by the patient or the patient's representative as being used by the patient, and the dose, route of administration, and schedule for administration of each medication or herbal supplement;
    - i. Any known drug allergies;
    - j. Nutritional requirements and preferences;
    - k. Specific measures to improve the patient's safety and protect the patient against injury; and
    - l. A discharge plan for the patient including, if applicable, a plan for assessing the accomplishment of treatment or therapy goals for the patient; and
  - 4. That is established and implemented within five days of start of care.
- B.** An administrator shall ensure that:
  - 1. Home health services are provided to a patient by the home health agency according to the patient's care plan;

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2. The patient's care plan is reviewed and updated:
  - a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided;
  - b. If the patient's physician, registered nurse practitioner, or podiatrist, as applicable, orders a change in the care plan; and
  - c. At least every 60 calendar days;
3. The patient's care plan is reviewed and documented by a registered nurse, an occupational therapist, an occupational therapist assistant, a physical therapist, or a physical therapist assistant, with the patient or the patient's representative at least every 30 calendar days;
4. The patient's physician, physician assistant, registered nurse practitioner, or podiatrist, as applicable, authenticates the care plan with a signature within 30 calendar days after the care plan is initially developed and whenever the care plan is updated; and
5. A home health agency documents and responds to a referral from a health care provider within 48 hours of receiving the referral.
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent for treatment before treatment is initiated;
  - c. Except in an emergency, is informed of proposed alternatives to a psychotropic medication and the associated risks and possible complications of a psychotropic medication;
  - d. Is informed of the following:
    - i. The home health agency's policy on health care directives;
    - ii. The patient complaint process;
    - iii. Home health services provided by or through the home health agency; and
    - iv. The rates and charges for services before the services are initiated and before a change in rates, charges, or services;
  - e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a home health agency for identification and administrative purposes; and
  - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
    - i. Medical record, or
    - ii. Financial records.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

**R9-10-1208. Patient Rights**

- A. An administrator shall ensure that:
  1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted at the home health agency's administrative office;
  2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
  3. Policies and procedures include:
    - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
  1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
    - k. Misappropriation of personal and private property by a home health agency's personnel members, employees, or volunteers; and
  3. A patient or the patient's representative:
    1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
    2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
    3. To receive privacy in treatment and care for personal needs;
    4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
    5. To receive a referral to another health care institution if the home health agency is not authorized or not able to provide physical health services needed by the patient;
    6. To participate or have the patient's representative participate in the development of a care plan or decisions concerning treatment;
    7. To participate or refuse to participate in research or experimental treatment; and
    8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1209. Medical Records**

- A. An administrator shall ensure that:
  1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a patient's medical record is:
    - a. Recorded only by an individual authorized by policies and procedures to make the entry;
    - b. Dated, timed, legible, and authenticated; and

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- c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a physician, registered nurse practitioner, or podiatrist according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the physician, registered nurse practitioner, or podiatrist issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to personnel members, physicians, registered nurse practitioners, or podiatrists authorized by policies and procedures to access the patient's medical record;
6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a patient or the patient's representative or as permitted by law; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a home health agency maintains patients' medical records electronically, an administrator shall ensure that:
  1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
  1. Patient information that includes:
    - a. The patient's name;
    - b. The patient's address and telephone number;
    - c. The patient's date of birth; and
    - d. Any known allergies, including medication allergies;
  2. The date the patient began receiving services from the home health agency and, if applicable, the date the patient stopped receiving services from the home health agency;
  3. The name and telephone of the patient's physician or registered nurse practitioner;
  4. The name and telephone number of patient's podiatrist, if applicable;
  5. Documentation of general consent and, if applicable, informed consent;
  6. Documentation of medical history and current diagnoses;
  7. A copy of the patient's health care directive, if applicable;
  8. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative:
      - i. Is a legal guardian, a copy of the court order establishing guardianship; or
      - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
  9. Orders;
  10. Assessments;
  11. Care plan;
  12. Progress notes;
  13. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  14. Documentation of meetings with the patient to assess the home health services and supportive services provided to the patient;
  15. The disposition of the patient upon discharge;
  16. The discharge plan;
  17. Discharge instructions and discharge summary, if applicable;
  18. If applicable:
    - a. Laboratory reports,
    - b. Radiologic reports,
    - c. Diagnostic reports, and
    - d. Consultation reports;
  19. Documentation of a medication administered to the patient that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain:
      - i. An assessment of the patient's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication:
      - i. An assessment of the patient's behavior before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
    - f. Any adverse reaction a patient has to the medication;
  20. Documentation of tasks assigned to a home health aide or other personnel member;
  21. Documentation of coordination of patient care;
  22. Copies of patient summary reports sent to the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
  23. Documentation of contacts with the patient's physician, registered nurse practitioner, or podiatrist, as applicable, by a personnel member or the patient.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

**R9-10-1210. Home Health Services**

- A.** An administrator shall ensure that an individual admitted to the home health agency has an order from a physician, registered nurse practitioner, physician assistant, or podiatrist for home health services.
- B.** An administrator shall ensure that the home health services director provides direction for home health services provided by or through the home health agency.
- C.** A home health services director shall ensure that nursing services are provided by a registered nurse or practical nurse, according to policies and procedures.

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- D.** A home health services director shall ensure that a registered nurse:
1. Unless a patient's physician, physician assistant, or registered nurse practitioner orders only speech therapy, occupational therapy, or physical therapy for the patient, within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts and document an initial assessment of the patient to determine:
    - a. The needs of the patient;
    - b. Resources available to address the patient's needs;
    - c. The patient's home and family environment;
    - d. Goals for patient care;
    - e. Medications used by the patient, including non-compliance, drug interactions, side effects, and contraindications; and
    - f. Medical supplies or equipment needed by the patient;
  2. Reviews a patient's health care directives at the time of the initial assessment;
  3. Implements a patient's care plan, developed as specified in R9-10-1207;
  4. Coordinates patient care with other individuals providing home health services or other services to the patient;
  5. Immediately informs the patient's physician or registered nurse practitioner of a change in a patient's condition that requires medical services; and
  6. At least every 60 calendar days until a patient is discharged:
    - a. Reassesses the patient based on the patient's care plan, needs, and medical condition; and
    - b. Summarizes the patient's condition and needs for the patient's physician, registered nurse practitioner, or podiatrist, as applicable.
- E.** A home health services director shall ensure that:
1. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact; and
  2. Verbal orders from a patient's physician, registered nurse practitioner, or podiatrist, as applicable, are:
    - a. Except as specified in subsection (F)(2)(d), received by a registered nurse and documented by the registered nurse in the patient's medical record; and
    - b. Authenticated by the patient's physician, registered nurse practitioner, or podiatrist, as applicable, with a signature, within 30 calendar days.
- F.** A home health services director shall ensure that:
1. A registered nurse:
    - a. Except as specified in subsection (F)(2)(b)(i) and (ii):
      - i. Assigns tasks in writing to a home health aide or licensed health aide who is providing home health services to a patient; and
      - ii. Verifies the competency of the home health aide or licensed health aide in performing assigned tasks;
    - b. Except as specified in subsection (F)(2)(b)(iii), provides direction for the home health aide or licensed health aide services provided to a patient; and
    - c. Except as specified in subsection (F)(2)(e)(ii), meets with a patient who is receiving home health aide or licensed health aide services to assess the home health services provided by the home health aide or licensed health aide:
      - i. At least every two weeks when the patient is also receiving nursing services or therapy services, and
      - ii. At least every 60 calendar days when the patient is only receiving home health aide or licensed health aide services;
  2. When a patient's physician or registered nurse practitioner orders speech therapy, occupational therapy, or physical therapy for the patient, an individual specified in R9-10-1203(C)(6)(a), (c), or (d), as applicable:
    - a. Provides the applicable therapy service to the patient according to the patient's care plan;
    - b. If a home health aide or licensed health aide is assigned to assist the patient in performing activities related to the therapy service:
      - i. Assigns tasks in writing to the home health aide or licensed health aide who is assisting the patient;
      - ii. Verifies the competency of the home health aide or licensed health aide in performing assigned tasks; and
      - iii. Provides direction to the home health aide or licensed health aide in performing the assigned tasks related to the therapy service;
    - c. Coordinates the provision of the therapy service to the patient with the registered nurse providing direction for other home health services for the patient;
    - d. Documents in the patient's medical record any orders by the patient's physician or registered nurse practitioner received concerning the therapy service; and
    - e. If the only home health services ordered for the patient are speech therapy, occupational therapy, or physical therapy:
      - i. Within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts an initial assessment of the patient as specified in subsections (D)(1)(a) through (f); and
      - ii. Meets with a patient who is receiving home health services from a home health aide or licensed health aide every two weeks to assess the home health services provided by the home health aide; and
  3. A home health aide:
    - a. Is only assigned to provide services the home health aide can competently perform; and
    - b. Only performs tasks assigned to the home health aide in writing by a registered nurse or as specified in subsection (F)(2)(b)(i).
  4. A licensed health aide:
    - a. Is only licensed to provide services the licensed health aide can competently perform, and
    - b. Only performs tasks assigned to the licensed health aide in writing by a registered nurse and as specified under A.R.S. § 32-1601(14).

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

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Amended by final rulemaking at 31 A.A.R. 651 (February 28, 2025), effective April 6, 2025 (Supp. 25-1).

**R9-10-1211. Supportive Services**

- A. A governing authority may include supportive services, including personal care services, in the scope of services for a home health agency.
- B. An administrator:
  1. May allow:
    - a. Supportive services to be provided to a patient without an order from a physician, registered nurse practitioner, or podiatrist; and
    - b. A personnel member who is not a home health aide to perform personal care services; and
  2. Shall ensure that:
    - a. Supportive services are provided to a patient according to policies and procedures;
    - b. A registered nurse:
      - i. Assesses a patient's need for supportive services,
      - ii. Assigns specific tasks in writing to a home health aide providing supportive services other than personal care services,
      - iii. Assigns specific tasks in writing to a personnel member providing personal care services,
      - iv. Provides direction for supportive services, and
      - v. Includes supportive services in the reassessment of a patient required in R9-10-1210(D)(6); and
    - c. Supportive services are documented in a patient's medical record.

**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1212. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1213. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1214. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1215. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1216. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1217. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1218. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1219. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1220. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1221. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1222. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1223. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1224. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1225. Reserved****R9-10-1226. Repealed**

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**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1227. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1228. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1229. Reserved****R9-10-1230. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY****R9-10-1301. Definitions**

Definitions in A.R.S. § 36-401 and R9-10-101 apply in this Article unless otherwise specified.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Reference in paragraph (24) corrected (Supp. 94-2). Section R9-10-1301 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-1302. Administration****A. The governing authority for a behavioral health specialized transitional facility:**

1. Is the superintendent of the state hospital; and
2. Shall:
  - a. Establish, in writing:
    - i. A behavioral health specialized transitional facility's scope of services; and
    - ii. Qualifications for an administrator;
  - b. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(a)(ii);
  - c. Adopt a quality management program according to R9-10-1303;
  - d. Review and evaluate the effectiveness of the quality management program at least once every 12 months;

- e. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(a)(ii), if the administrator is:
  - i. Expected not to be present on the behavioral health specialized transitional facility's premises for more than 30 calendar days; or
  - ii. Not present on the behavioral health specialized transitional facility's premises for more than 30 calendar days; and
- f. Except as provided in subsection (A)(2)(e), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

**B. An administrator:**

1. Is directly accountable to the superintendent of the state hospital for the daily operation of the behavioral health specialized transitional facility and for all services provided by or at the behavioral health specialized transitional facility;
2. Has the authority and responsibility to manage the behavioral health specialized transitional facility; and
3. Except as provided in subsection (A)(2)(e), designates, in writing, an individual who is present on the behavioral health specialized transitional facility's premises and accountable for the behavioral health specialized transitional facility when the administrator is not present on the behavioral health specialized transitional facility's premises.

**C. An administrator shall ensure that:**

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Cover patient admission, assessment, treatment plan, transfer, discharge planning, and recordkeeping;
  - d. Cover discharge, including the amount of medication provided to a patient at discharge, based on an assessment of the patient's medical condition;
  - e. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
  - f. Cover the requirements in A.R.S. §§ 36-3708, 36-3709, and 36-3714;
  - g. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a personnel member a threat of imminent serious physical harm or death to the identified or identifiable individual and the patient has the apparent intent and ability to carry out the threat;
  - h. Cover when informed consent is required and how informed consent is obtained;
  - i. Cover the criteria and process for conducting research using patients or patients' medical records;
  - j. Include the establishment of, disbursing from, and recordkeeping for a patient personal funds account;

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- k. Include a method of patient identification to ensure a patient receives the services ordered for the patient;
  - l. Cover contracted services;
  - m. Cover health care directives;
  - n. Cover medical records, including electronic medical records;
  - o. Cover medication procurement, storage, inventory monitoring and control, and disposal;
  - p. Cover infection control;
  - q. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
  - r. Cover environmental services that affect patient care;
  - s. Cover reporting suspected or alleged abuse, neglect, exploitation, or other criminal activity;
  - t. Cover quality management, including incident reports and supporting documentation;
  - u. Cover emergency treatment and disaster plan;
  - v. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  - w. Include security of the facility, patients and their possessions, personnel members, and visitors at the behavioral health specialized transitional facility;
  - x. Include preventing unauthorized patient absences;
  - y. Cover transportation of patients, including the criteria for using a locking mechanism to restrict a patient's movement during transportation;
  - z. Cover specific steps for:
    - i. A patient to file a complaint, and
    - ii. The behavioral health specialized transitional facility to respond to a patient's complaint;
  - aa. Cover visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities; and
  - bb. Include equipment inspection and maintenance;
  - 2. Policies and procedures are available to each personnel member;
  - 3. Laboratory services are provided by a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
  - 4. Food services are provided as specified in R9-10-1314;
  - 5. The following individuals have access to a patient:
    - a. The patient's representative,
    - b. An individual assigned by a court of law to provide services to the patient, and
    - c. An attorney hired by the patient or patient's family;
  - 6. Labor performed by a patient for the behavioral health specialized transitional facility is consistent with A.R.S. § 36-510 and applicable state and federal law; and
  - 7. The following information is posted in an area easily viewed by a patient or an individual entering or leaving the behavioral health specialized transitional facility:
    - a. Patient rights,
    - b. Telephone number for the Department and the Office of Human Rights,
    - c. Location of inspection reports,
    - d. Complaint procedures, and
    - e. Visitation hours and procedures.
- D.** An administrator shall:
- 1. Provide written notification to the Department of a patient's:
    - a. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death;
    - b. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical service provider; and
    - c. Absence, within one working day after an unauthorized patient absence from the behavioral health specialized transitional facility is discovered;
  - 2. Maintain the documentation required in subsection (D)(1) for at least 12 months after the date of the notification; and
  - 3. Ensure that sufficient personnel are present at the behavioral health specialized transitional facility at all times to maintain safe and secure conditions.
- E.** If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving services from an employee or personnel member of the behavioral health specialized transitional facility, the administrator shall:
- 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  - 2. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;
  - 3. Document:
    - a. The suspected abuse, neglect, or exploitation of the patient;
    - b. Any action taken according to subsection (E)(1); and
    - c. The report in subsection (E)(2);
  - 4. Maintain the documentation required in subsection (E)(3) for at least 12 months after the date of the report;
  - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (E)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the patient related to the abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  - 6. Maintain a copy of the documented information required in subsection (E)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- F.** An administrator shall:
- 1. Unless otherwise stated, ensure that:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health specialized transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and



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- monitoring the behavioral health specialized transitional facility;
- 2. Appoint a medical director, to direct the medical and nursing services provided by or at the behavioral health specialized transitional facility, who:
  - a. Is a medical staff member, and
  - b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
- 3. Appoint a clinical director, to provide direction for the behavioral health services provided by or at the behavioral health specialized transitional facility, who:
  - a. Is a psychiatrist or a psychologist;
  - b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
  - c. May, if qualified, also serve as the medical director.
- G. A medical director:**
  - 1. Is responsible for the medical services, nursing services, and physical health-related services provided to patients consistent with the patients behavioral treatment plan; and
  - 2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
    - a. Restraint and seclusion, according to R9-10-225;
    - b. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient's physical health conditions;
    - c. Dispensing and administration of medications, including the process and criteria for determining whether a patient is capable of and eligible to self-administer medication;
    - d. The process by which emergency medical treatment will be provided to a patient; and
    - e. The requirements for completion of medication records and recording of adverse events.
- H. A clinical director:**
  - 1. Is responsible for the behavioral health services provided to patients;
  - 2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
    - a. Assessing the competency and proficiency of a behavioral health personnel member for each type of service the personnel member provides and each type of patient to which the personnel member is assigned;
    - b. Providing:
      - i. Supervision to behavioral health paraprofessionals, according to R9-10-115(1); and
      - ii. Clinical oversight to behavioral health technicians, according to R9-10-115(2);
    - c. The qualifications for personnel members who provide clinical oversight;
    - d. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient's behavioral health issues;
    - e. The process for developing and implementing a patient's treatment plan;
    - f. The frequency of and process for reviewing and modifying a patient's treatment plan, based on the ongoing monitoring of the patient's response to treatment; and

- g. The process for determining whether a patient is eligible for discharge or conditional release to a less restrictive alternative;
- 3. Shall ensure that patient services are provided by personnel competent and proficient in providing the services; and
- 4. Shall ensure that clinical oversight of personnel members is provided according to the policies and procedures.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1302 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

**R9-10-1303. Quality Management**

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid

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for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3).

Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1303 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1304. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted without change effective November 25, 1992 (Supp. 92-4). Section R9-10-1304 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1305. Personnel Requirements and Records**

**A.** An administrator shall ensure that a personnel member:

1. Is at least 18 years old; and
2. Either:
  - a. Holds a valid fingerprint clearance card issued under A.R.S. Title 41, Chapter 12, Article 3.1; or
  - b. Submits to the administrator a copy of a fingerprint clearance card application showing that the personnel member submitted the application to the fingerprint division of the Department of Public Safety under A.R.S. § 41-1758.02 within seven working days after becoming a personnel member.

**B.** An administrator shall ensure that each personnel member submits to the administrator a copy of the individual's valid fingerprint clearance card:

1. Except as provided in subsection (A)(2)(b), before the personnel member's starting date of employment; and
2. Each time the fingerprint clearance card is issued or renewed.

**C.** If a personnel member holds a fingerprint clearance card that was issued before the individual became a personnel member, an administrator shall:

1. Contact the Department of Public Safety within seven working days after the individual becomes a personnel member to determine whether the fingerprint clearance card is valid; and
2. Make a record of this determination, including the name of the personnel member, the date of the contact with the Department of Public Safety, and whether the fingerprint clearance card is valid.

**D.** An administrator shall ensure:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures; and
3. Personnel members are present on a behavioral health specialized transitional facility's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the behavioral health specialized transitional facility's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient.

**E.** An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.

**F.** An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a patient for more than eight hours a week, provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing service at or on behalf of the behavioral health specialized transition facility, and
2. As specified in R9-10-113.

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**G.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
  - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
  - b. The individual's education and experience applicable to the individual's job duties;
  - c. The individual's completed orientation and in-service education as required by policies and procedures;
  - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
  - e. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
  - f. Cardiopulmonary resuscitation training, if required for the individual according to this Article or policies and procedures;
  - g. First aid training, if required for the individual according to this Article or policies and procedures; and
  - h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).

**H.** An administrator shall ensure that personnel records are maintained:

1. Throughout an individual's period of providing services in or for the behavioral health specialized transitional facility; and
2. For at least 24 months after the last date the individual provided services in or for the behavioral health specialized transitional facility.

**I.** An administrator shall ensure that:

1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented
2. A personnel member completes orientation before providing behavioral health services or physical health services;
3. An individual's orientation is documented, to include:
  - a. The individual's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented and implemented; and
5. A personnel member's in-service education is documented, to include:
  - a. The personnel member's name,
  - b. The date of the training, and
  - c. The subject or topics covered in the training.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency

rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3).

Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1305 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-1306. Admission Requirements**

**A.** An administrator shall ensure that, before a patient is admitted to the behavioral health specialized transitional facility, a court of competent jurisdiction has ordered the patient to be:

1. Detained under A.R.S. § 36-3705(B) or § 36-3713(B); or
2. Committed under A.R.S. § 36-3707.

**B.** An administrator shall ensure that, at the time a patient is admitted to the behavioral health specialized transitional facility:

1. The administrator receives a copy of the court order for the patient to be detained at or committed to the behavioral health specialized transitional facility,
2. The patient's possessions are taken to the bedroom to which the patient has been assigned, and
3. The patient is provided with a written list and verbal explanation of the patient's rights and responsibilities.

**C.** Within seven calendar days after a patient is admitted to the behavioral health specialized transitional facility, a medical director shall ensure that:

1. A medical history is taken from and a physical examination performed on the patient;
2. Except as specified in subsection (C)(3), a patient provides evidence of freedom from infectious tuberculosis as required in R9-10-113;
3. A patient is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
  - a. Fewer than 12 months have passed since the patient was screened for tuberculosis, and
  - b. The documentation of freedom from infectious tuberculosis required in subsection (C)(2) accompanies the patient at the time of the patient's admission to the behavioral health specialized transitional facility; and
4. An assessment for the patient is completed:
  - a. According to the behavioral health specialized transitional facility's policies and procedures;
  - b. That includes the patient's:
    - i. Legal history, including criminal justice record;
    - ii. Behavioral health treatment history;
    - iii. Medical conditions and history; and
    - iv. Symptoms reported by the patient and referrals needed by the patient, if any; and
  - c. That includes:
    - i. Recommendations for further assessment or examination of the patient's needs,
    - ii. The physical health services or ancillary services that will be provided to the patient until the patient's treatment plan is completed; and

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- iii. The signature of the personnel member conducting the assessment and the date signed.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1306 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 28 A.A.R. 1113 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-10-1307. Discharge or Conditional Release to a Less Restrictive Alternative**

- A. An administrator shall ensure that annual written notice is given to a patient of the patient's right to petition for:
  - 1. Conditional release to a less restrictive alternative under A.R.S. § 36-3709, or
  - 2. Discharge under A.R.S. § 36-3714.
- B. An administrator shall ensure that a patient who is detained at or committed to the behavioral health specialized transitional facility is transported to a hearing to determine the patient's continued detention at or commitment to the behavioral health specialized transitional facility.
- C. An administrator shall ensure that a patient is not discharged or conditionally released to a less restrictive alternative before the behavioral health specialized transitional facility receives documentation from a court of competent jurisdiction of the patient's:
  - 1. Conditional release to a less restrictive alternative, or
  - 2. Discharge including the disposition of the patient upon discharge.
- D. A clinical director shall ensure that before a patient is discharged or conditionally released to a less restrictive alternative:
  - 1. The clinical director or the clinical director's designee, as specified in the behavioral health specialized transitional facility's discharge policies and procedures, receives the name of the health care provider or behavioral health professional to whom a copy of the patient's discharge summary will be sent; and
  - 2. The patient receives:
    - a. Written follow-up instructions including as applicable to the patient:
      - i. On-going behavioral health issues and physical health conditions;
      - ii. A list of the patient's medications and, for each medication, directions for taking the medication, possible side-effects, and possible results of not taking the medication; and

- iii. Counseling goals; and
- b. A supply of medications determined according to the policies and procedures specified in R9-10-1302(C)(1)(d).

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1307 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

**R9-10-1308. Transportation**

An administrator of a behavioral health specialized transitional facility that uses a vehicle owned or leased by the behavioral health specialized transitional facility to provide transportation to a patient shall ensure that:

- 1. The vehicle:
  - a. Is safe and in good repair,
  - b. Contains a locked first aid kit,
  - c. Contains a working heating and air conditioning system, and
  - d. Contains drinking water sufficient to meet the needs of each patient present in the vehicle;
- 2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
- 3. A driver of the vehicle:
  - a. Is 21 years of age or older,
  - b. Has a valid driver license,
  - c. Operates the vehicle in a manner that does not endanger a patient in the vehicle,
  - d. Does not leave a patient in the vehicle unattended, and
  - e. Ensures the safe and hazard-free loading and unloading of patients; and
- 4. Transportation safety is maintained as follows:
  - a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
  - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency

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rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3).

Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1308 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1309. Patient Rights**

An administrator shall ensure that:

1. A patient:
  - a. Has privacy in treatment and personal care needs;
  - b. Has the opportunity for and privacy in correspondence, communications, and visitation unless:
    - i. Restricted by court order; or
    - ii. Contraindicated on the basis of clinical judgment, as documented in the patient's medical record;
  - c. Is given the opportunity to seek, speak to, and be assisted by legal counsel:
    - i. Whom the court assigns to the patient, or
    - ii. Whom the patient obtains at the patient's own expense; and
  - d. Is not subjected to:
    - i. Abuse;
    - ii. Neglect;
    - iii. Exploitation;
    - iv. Coercion;
    - v. Manipulation;
    - vi. Seclusion, if not necessary to prevent imminent harm to self or others;
    - vii. Restraint, if not necessary to prevent imminent harm to self or others;
    - viii. Sexual abuse according to A.R.S. § 13-1404; or
    - ix. Sexual assault according to A.R.S. § 13-1406; and
2. A patient or the patient's representative:
  - a. Is provided with the opportunity to participate in the development of the patient's treatment plan and in treatment decisions before the treatment is initiated, except in a medical emergency;
  - b. Is provided with information about proposed treatments, alternatives to treatments, associated risks, and possible complications;
  - c. Is allowed to control the patient's finances and have access to the patient's personal funds account according to the behavioral health specialized transitional facility's policies and procedures specified in R9-10-1302(C)(1)(j);
  - d. Has an opportunity to review the medical record for the patient according to the behavioral health specialized transitional facility's policies and procedures; and
  - e. Receives information about the behavioral health specialized transitional facility's policies and procedures for:
    - i. Health care directives;
    - ii. Filing complaints, including the telephone number of an individual at the behavioral health specialized transitional facility to contact

about a complaint and the Department's telephone number; and

- iii. Petitioning a court for a patient's discharge or conditional release to a less restrictive alternative.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3).

Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1309 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

**R9-10-1310. Behavioral Health Services**

A. A clinical director shall ensure that:

1. A treatment plan is developed and implemented for the patient:
  - a. According to the behavioral health specialized transitional facility's policies and procedures;
  - b. Based on the assessment conducted under R9-10-1306(C)(4) and on-going changes to the assessment of the patient's behavioral health issues, mental disorders, and physical health conditions, as applicable; and
  - c. Including:
    - i. The physical health services, behavioral health services, and ancillary services to be provided to the patient until completion of the treatment plan;
    - ii. The type, frequency, and duration of counseling or other treatment ordered for the patient;
    - iii. The name of each individual who ordered medication, counseling, or other treatment for the patient;
    - iv. The signature of the patient or the patient's representative and dated signed, or documentation of the refusal to sign;
    - v. The date when the patient's treatment plan will be reviewed;
    - vi. If a discharge date has been determined, the treatment needed after discharge; and
    - vii. The signature of the personnel member who developed the treatment plan and the date signed; and
2. A patient's treatment plan is reviewed and updated:
  - a. According to the review date specified in the treatment plan,
  - b. When a treatment goal is accomplished or changes,

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- c. When additional information that affects the patient's assessment is identified, and
  - d. When a patient has a significant change in condition or experiences an event that affects treatment.
- B.** A clinical director shall ensure that treatment is:
  - 1. Offered to a patient according to the patient's treatment plan;
  - 2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the treatment from the patient; and
  - 3. Documented in the patient's medical record as specified in R9-10-1312.
- C.** The clinical director shall ensure that restraint and seclusion are used, performed, and documented according to the behavioral health specialized transitional facility's policies and procedures.
- D.** A clinical director shall ensure that:
  - 1. A patient receives the annual examination required by A.R.S. § 36-3708, and
  - 2. A report of the patient's annual examination is prepared according to the behavioral health specialized transitional facility's policies and procedures.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1310 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

**R9-10-1311. Physical Health Services**

- A.** A medical director shall ensure that:
  - 1. A patient's physical health is assessed during the physical examination specified in R9-10-1306(C)(1), and
  - 2. Any physical health conditions identified through the assessment are addressed in the patient's treatment plan.
- B.** A medical director shall ensure that on-going assessment or treatment of a patient's physical health condition is:
  - 1. Offered to a patient according to the patient's treatment plan;
  - 2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the assessment or treatment from the patient; and
  - 3. Documented in the patient's medical record as specified in R9-10-1312.
- C.** An administrator shall ensure that, if a patient requires assessment or treatment not available at the behavioral health specialized transitional facility, the patient is provided with

transportation to the location where assessment or treatment may be provided to the patient.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1311 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1312. Medical Records**

- A.** An administrator shall ensure that:
  - 1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  - 2. An entry in a patient's medical record is:
    - a. Recorded only by an individual authorized by facility policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  - 3. An order is:
    - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to facility policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or the electronic signature;
  - 5. A patient's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the patient's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
    - c. As permitted by law;
  - 6. A patient's medical record is available to the patient or patient's representative upon request at a time agreed upon by the patient or patient's representative and the administrator; and
  - 7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a behavioral health specialized transitional facility maintains patient's medical records electronically, an administrator shall ensure that:
  - 1. Safeguards exist to prevent unauthorized access, and

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2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a patient's medical record contains:
  1. A copy of the court order requiring the patient to be detained at or committed to the behavioral health specialized transitional facility;
  2. The date the patient was detained at or committed to the behavioral health specialized transitional facility;
  3. Patient information that includes:
    - a. The patient's name;
    - b. The patient's address;
    - c. The patient's date of birth; and
    - d. Any known allergies, including medication allergies;
  4. Documentation of the patient's freedom from infectious tuberculosis as required in R9-10-1306(C)(2);
  5. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
  6. If applicable, the name and contact information of the patient's representative and:
    - a. The document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative:
      - i. Is a legal guardian, a copy of the court order establishing guardianship; or
      - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
  7. Documentation of medical history and physical examination of the patient;
  8. A copy of patient's health care directives, if applicable;
  9. Orders;
  10. The patient's assessment including updates;
  11. The patient's treatment plan including updates;
  12. Progress notes;
  13. Documentation of transportation provided to the patient;
  14. Documentation of behavioral health services and physical health services provided to the patient;
  15. Documentation of patient's annual examination and report required by A.R.S. § 36-3708;
  16. Documentation of the annual written notice of the patient of the patient's right to petition for:
    - a. Conditional release to a less restrictive alternative as required by A.R.S. § 36-3709, or
    - b. Discharged as required by A.R.S. § 36-3714;
  17. A copy of any petition for discharge or conditional release to a less restrictive alternative filed by the patient and provided to the behavioral health specialized transitional facility and the outcome of the petition;
  18. Documentation of the patient's, if applicable:
    - a. Conditional release to a less restrictive alternative; or
    - b. Discharge, including the disposition of the patient upon discharge;
  19. If a patient has been discharged, a discharge summary that includes:
    - a. A summary of the treatment provided to the patient;
    - b. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved;
    - c. The name, dosage, and frequency of each medication for the patient ordered at the time of the patient's discharge from the behavioral health specialized transitional facility;
    - d. A description of the disposition of the patient's possessions, funds, or medications; and
    - e. The date the patient was discharged from the behavioral health specialized transitional facility;
  20. If applicable:
    - a. Laboratory reports,
    - b. Radiologic reports,
    - c. Diagnostic reports,
    - d. Documentation of restraint or seclusion,
    - e. Patient follow-up instructions, and
    - f. Consultation reports; and
  21. Documentation of a medication administered to the patient that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain:
      - i. An assessment of the patient's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication:
      - i. An assessment of the patient's behavior before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
    - f. Any adverse reaction a patient has to the medication; and
    - g. If applicable, a patient's refusal to take medication ordered for the patient.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1312 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

**R9-10-1313. Medication Services**

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- A.** An administrator shall ensure that policies and procedures for medication services:
1. Include:
    - a. A process for providing information to a patient about medication prescribed for the patient, including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse response to a medication, or
      - iii. A medication overdose;
    - c. Procedures for documenting medication services and assistance in the self-administration of medication; and
    - d. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
  2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B.** A medical director shall ensure that:
1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication; and
    - c. Ensure that medication is administered to a patient only as prescribed;
  2. A patient's refusal to take prescribed medication is documented in the patient's medical record;
  3. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
  4. A medication administered to a patient:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the patient's medical record; and
  5. If pain medication is administered to a patient on a PRN basis, documentation in the patient's medical record includes:
    - a. An identification of the patient's pain before administering the medication, and
    - b. The effect of the pain medication administered.
- C.** If a behavioral health specialized transitional facility provides assistance in the self-administration of medication, a medical director shall ensure that:
1. A patient's medication is stored by the behavioral health specialized transitional facility;
  2. The following assistance is provided to a patient:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the patient;
    - c. Observing the patient while the patient removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
      - i. The patient taking the medication is the individual stated on the medication container label,
      - ii. The dosage of the medication is the same as stated on the medication container label, and
      - iii. The medication is being taken by the patient at the time stated on the medication container label; or
  - e. Observing the patient while the patient takes the medication;
- 3.** Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
- 4.** Training for a personnel member, other than a medical practitioner or nurse, in assistance in the self-administration of medication:
- a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
  - b. Includes:
    - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
    - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
    - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5.** A personnel member, other than a medical practitioner or nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6.** Assistance in the self-administration of medication provided to a patient:
- a. Is in compliance with an order, and
  - b. Is documented in the patient's medical record.
- D.** An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
  2. A current toxicology reference guide is available for use by personnel members; and
  3. If pharmaceutical services are provided:
    - a. The pharmaceutical services are provided under the direction of a pharmacist;
    - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - c. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at a behavioral health specialized transitional facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;



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- c. A medication recall and notification of patients who received recalled medication;
  - d. Storing, inventorying, and dispensing controlled substances; and
  - e. Documenting the maintenance of a medication requiring refrigeration.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health specialized transitional facility's medical director.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1313 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1314. Food Services****A.** An administrator shall ensure that:

1. The behavioral health specialized transitional facility has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
2. A copy of the behavioral health specialized transitional facility's food establishment license is maintained;
3. If a behavioral health specialized transitional facility contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health specialized transitional facility:
  - a. A copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health specialized transitional facility; and
  - b. The behavioral health specialized transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
4. A registered dietitian is employed full-time, part-time, or as a consultant; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.

**B.** A registered dietitian or director of food services shall ensure that:

1. A food menu:
  - a. Is prepared at least one week in advance,
  - b. Includes the foods to be served each day,
  - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,

- d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
  - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
2. Meals and snacks provided by the behavioral health specialized transitional facility are served according to posted menus;
  3. Meals for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
  4. A patient is provided:
    - a. A diet that meets the patient's nutritional needs as specified in the patient's assessment plan;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
    - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      - i. A patient group agrees; and
      - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
  5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
  6. Water is available and accessible to a patient at all times, unless otherwise specified in the patient's treatment plan.
- C.** An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  2. Food is protected from potential contamination;
  3. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
  4. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below; and
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
      - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and

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- vi. Leftovers are reheated to a temperature of at least 165° F;
- 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
- 6. Frozen foods are stored at a temperature of 0° F or below; and
- 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1314 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1315. Emergency and Safety Standards**

- A. A medical director shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:
  - 1. The medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the behavioral health specialized transitional facility;
  - 2. A system to ensure all medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
  - 3. A requirement that a cart or container is available for medical emergency treatment that contains all of the medication, supplies, and equipment specified in the behavioral health specialized transitional facility's policies and procedures;
  - 4. A method to verify and document that the contents of the cart or container in subsection (A)(3) are available for medical emergency treatment; and
  - 5. A method for ensuring a patient may be transported to a hospital or other health care institution to receive treatment for a medical emergency that the behavioral health specialized transitional facility is not able or not authorized to provide.
- B. An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the behavioral health specialized transitional facility according to the behavioral health specialized transitional facility's policies and procedures.
- C. An administrator shall ensure that the behavioral health specialized transitional facility has:
  - 1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-

104.01, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order; or

- 2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.
- D. An administrator shall ensure that:
  - 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. Procedures for protecting the health and safety of patients and other individuals at the behavioral health specialized transitional facility;
    - b. When, how, and where patients will be relocated;
    - c. How each patient's medical record will be available to personnel providing services to the patient during a disaster;
    - d. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
    - e. A plan for obtaining food and water for individuals present in the behavioral health specialized transitional facility or the behavioral health specialized transitional facility's relocation site during a disaster;
  - 2. The disaster plan required in subsection (D)(1) is reviewed at least once every 12 months;
  - 3. A disaster drill is performed on each shift at least once every 12 months;
  - 4. Documentation of a disaster plan review required in subsection (D)(2) and a disaster drill required in subsection (D)(3) is created, is maintained for at least 12 months after the date of the disaster plan review or disaster drill, and includes:
    - a. The date and time of the disaster plan review or disaster drill;
    - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review or disaster drill;
    - c. A critique of the disaster plan review or disaster drill; and
    - d. If applicable, recommendations for improvement;
  - 5. An evacuation drill is conducted on each shift at least once every three months;
  - 6. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for all employees and patients to evacuate the behavioral health specialized transitional facility;
    - c. If applicable, an identification of patients needing assistance for evacuation;
    - d. Any problems encountered in conducting the evacuation drill; and
    - e. Recommendations for improvement, if applicable; and
  - 7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health specialized transitional facility.
- E. An administrator shall:

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1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-1316. Environmental Standards****A.** An administrator shall ensure that:

1. The premises and equipment are:
  - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
  - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
3. Biohazardous medical wastes are identified, stored, and disposed of according to 18 A.A.C. 13, Article 14;
4. Equipment used at the behavioral health specialized transitional facility is:
  - a. Maintained in working order;
  - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  - c. Used according to the manufacturer's recommendations;
5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
6. Garbage and refuse are:
  - a. Stored in covered containers, and
  - b. Removed from the premises at least once a week;
7. Heating and cooling systems maintain the behavioral health specialized transitional facility at a temperature between 70° F and 84° F;
8. Common areas:
  - a. Are lighted to assure the safety of patients, and
  - b. Have lighting sufficient to allow personnel members to monitor patient activity;
9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health specialized transitional facility used by patients;
10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
11. Soiled linen and soiled clothing stored by the behavioral health specialized transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas; and
12. Pets and animals, except for service animals, are prohibited on the premises.

**B.** An administrator shall ensure that smoking or tobacco products are not permitted within or on the premises of the facility.**C.** An administrator shall ensure that:

1. Poisonous or toxic materials stored by the behavioral health specialized transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
2. Combustible or flammable liquids and hazardous materials stored by a behavioral health specialized transitional facility are stored in the original labeled containers or safety containers in an area inaccessible to patients; and
3. Poisonous, toxic, combustible, or flammable medical supplies in use for a patient are stored in a locked area according to the behavioral health specialized transitional facility's policies and procedures.

**D.** An administrator shall ensure that:

1. A patient's bedroom is provided with:
  - a. An individual storage space, such as a dresser or chest;
  - b. A bed that:
    - i. Consists of at least a mattress and frame, and
    - ii. Is at least 36 inches wide and 72 inches long; and
  - c. A pillow and linens that include:
    - i. A mattress pad;
    - ii. A top sheet and a bottom sheet are large enough to tuck under the mattress;
    - iii. A pillow case;
    - iv. A waterproof mattress cover, if needed; and
    - v. A blanket or bedspread sufficient to ensure the patient's warmth;
2. Clean linens and bath towels are provided to a patient as needed and at least once every seven calendar days; and
3. A patient's clothing may be cleaned according to policies and procedures.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-1317. Physical Plant Standards****A.** An administrator shall ensure that a behavioral health specialized transitional facility complies with the applicable physical plant health and safety codes and standards for secure residential facilities, incorporated by reference in R9-10-104.01, in effect on the date the behavioral health specialized transitional facility submitted architectural plans and specifications to the Department for approval according to R9-10-104.**B.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:

1. The services stated in the behavioral health specialized transitional facility's scope of services, and
2. An individual accepted as a patient by the behavioral health specialized transitional facility.

**C.** An administrator shall ensure that:

1. A behavioral health specialized transitional facility has:
  - a. An area in which a patient may meet with a visitor,
  - b. Areas where patients may receive individual treatment,
  - c. Areas where patients may receive group counseling or other group treatment,
  - d. An area for community dining; and

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- e. Sufficient space in one or more common areas for individual and group activities.
- D. An administrator shall ensure that the behavioral health specialized transitional facility has:
  - 1. A bathroom adjacent to a common area for use by patients and visitors that:
    - a. Provides privacy to the user; and
    - b. Contains:
      - i. A working sink with running water,
      - ii. A working toilet that flushes and has a seat,
      - iii. Toilet tissue dispenser,
      - iv. Dispensed soap for hand washing,
      - v. Single use paper towels or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A means of ventilation;
  - 2. An indoor common area that is not used as a sleeping area and that has:
    - a. A working telephone that allows a patient to make a private telephone call;
    - b. A distortion-free mirror;
    - c. A current calendar and an accurate clock;
    - d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of patients; and
    - e. A working television and access to a radio;
  - 3. A dining room or dining area that:
    - a. Is lighted and ventilated,
    - b. Contains tables and seats, and
    - c. Is not used as a sleeping area;
  - 4. An outdoor area that:
    - a. Is accessible to patients,
    - b. Has sufficient space to accommodate the social and recreational needs of patients, and
    - c. Has shaded and unshaded areas;
  - 5. For every ten patients, at least one working toilet that flushes and has a seat and dispensed toilet tissue;
  - 6. For every 12 patients, at least one sink with running water, dispensed soap for hand washing, and single use paper towels or a mechanical air hand dryer;
  - 7. For every 12 patients, at least one working bathtub or shower with a slip resistant surface; and
  - 8. For each patient, a private bedroom that:
    - a. Contains at least 60 square feet of floor space, not including the closet;
    - b. Has walls from floor to ceiling;
    - c. Has a door that opens into a hallway or common area;
    - d. Is constructed and furnished to provide unimpeded access to the door;
    - e. Is not used as a passageway to another bedroom or a bathroom, unless the bathroom is for the exclusive use of a the patient occupying the bedroom; and
    - f. Has sufficient lighting for a patient to read.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**ARTICLE 14. SUBSTANCE ABUSE TRANSITIONAL FACILITIES****R9-10-1401. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

“Emergency medical care technician” has the same meaning as in A.R.S. § 36-2201.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1).  
Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1402. Administration**

- A. A governing authority shall:
  - 1. Consist of one or more individuals accountable for the organization, operation, and administration of a substance abuse transitional facility;
  - 2. Establish, in writing:
    - a. A substance abuse transitional facility’s scope of services, and
    - b. Qualifications for an administrator;
  - 3. Designate, in writing, an administrator who meets the qualifications established in subsection (A)(2)(b);
  - 4. Adopt a quality management program according to R9-10-1403;
  - 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  - 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    - a. Expected not to be present on a substance abuse transitional facility’s premises for more than 30 calendar days, or
    - b. Not present on a substance abuse transitional facility’s premises for more than 30 calendar days; and
  - 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B. An administrator:
  - 1. Is directly accountable to the governing authority for the daily operation of the substance abuse transitional facility and all services provided by or at the substance abuse transitional facility;
  - 2. Has the authority and responsibility to manage the substance abuse transitional facility; and
  - 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on a substance abuse transitional facility’s premises and accountable for the substance abuse transitional facility when the administrator is not present on the substance abuse transitional facility’s premises.
- C. An administrator shall ensure that:
  - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;

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- b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Include how a personnel member may submit a complaint relating to services provided to a participant;
  - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - e. Cover cardiopulmonary resuscitation training, including:
    - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
    - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
    - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
    - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
  - f. Include a method to identify a participant to ensure the participant receives physical health services and behavioral health services as ordered;
  - g. Cover first aid training;
  - h. Cover participant rights, including assisting a participant who does not speak English or who has a physical or other disability to become aware of participant rights;
  - i. Cover specific steps for:
    - i. A participant to file a complaint, and
    - ii. The substance abuse transitional facility to respond to a participant's complaint;
  - j. Cover medical records, including electronic medical records;
  - k. Cover quality management, including incident reports and supporting documentation;
  - l. Cover contracted services; and
  - m. Cover when an individual may visit a participant in the substance abuse transitional facility;
2. Policies and procedures for services are established, documented, and implemented to protect the health and safety of a participant that:
- a. Cover participant screening, admission, assessment, transfer, discharge planning, and discharge;
  - b. Include when general consent and informed consent are required;
  - c. Cover the provision of behavioral health services and physical health services;
  - d. Cover medication administration, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
  - e. Cover infection control;
  - f. Cover environmental services that affect participant care;
  - g. Cover the process for receiving a fee from and refunding a fee to a participant or the participant's representative;
  - h. Cover the security of a participant's possessions that are allowed on the premises;
  - i. Cover smoking tobacco products on the premises;
  - j. Cover how the facility will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual; and
  - k. Cover how often periodic monitoring occurs based on a participant's condition;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to employees; and
5. Unless otherwise stated:
- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a substance abuse transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the substance abuse transitional facility.
- D.** An administrator shall provide written notification to the Department of a participant's:
- 1. Death, if the participant's death is required to be reported according to A.R.S. § 11-593, within one working day after the participant's death; and
  - 2. Self-injury, within two working days after the participant inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- E.** If abuse, neglect, or exploitation of a participant is alleged or suspected to have occurred before the participant was admitted or while the participant is not on the premises and not receiving services from a substance abuse transitional facility's employee or personnel member, an administrator shall immediately report the alleged or suspected abuse, neglect, or exploitation of the participant according to A.R.S. § 46-454.
- F.** If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a participant is receiving services from a substance abuse transitional facility's employee or personnel member, the administrator shall:
- 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  - 2. Report the suspected abuse, neglect, or exploitation of the participant according to A.R.S. § 46-454;
  - 3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  - 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the participant and any change to the participant's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and

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6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

**G.** An administrator shall establish, document, and implement a process for responding to a participant's need for immediate and unscheduled behavioral health services or physical health services.

**H.** An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, an employee, a participant, or a participant's representative:

1. The participant rights listed in R9-10-1409,
2. The facility's current license,
3. The location at which inspection reports are available for review or can be made available for review, and
4. The days and times when a participant may accept visitors and make telephone calls.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1402 repealed; new Section R9-10-1402 renumbered from Section R9-10-1403 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1403. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to participants;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to participant care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to participant care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to participant care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1403 renumbered to R9-10-1402; new Section R9-10-1403 renumbered from R9-10-1404 and amended by exempt rulemaking at 20 A.A.R. 1409, pur-

suant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1404. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1404 renumbered to R9-10-1403; new Section R9-10-1404 renumbered from R9-10-1405 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1405. Personnel**

**A.** An administrator shall ensure that:

1. A personnel member is:
  - a. At least 21 years old, or
  - b. If providing behavioral health services, at least 18 years old;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

**B.** An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of participants receiving behavioral health services or physical health services from the personnel member according to the established job description;
  - b. Include:
    - i. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides behavioral health services or physical health services, and
  - b. According to policies and procedures;

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3. An emergency medical care technician complies with the requirements in 9 A.A.C. 25 for certification and medical direction;
4. A substance abuse transitional facility has sufficient personnel members with the qualifications, education, experience, skills, and knowledge necessary to:
  - a. Provide the behavioral health services and physical health services in the substance abuse transitional facility's scope of services,
  - b. Meet the needs of a participant, and
  - c. Ensure the health and safety of a participant;
5. A written plan is developed and implemented to provide orientation specific to the duties of a personnel member;
6. A personnel member's orientation is documented, to include:
  - a. The personnel member's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
7. In addition to the training required in subsections (B)(1) and (B)(5), a written plan is developed and implemented to provide a personnel member with in-service education specific to the duties of the personnel member;
8. A personnel member's skills and knowledge are verified and documented:
  - a. Before providing services related to participant care, and
  - b. At least once every 12 months after the date the personnel member begins providing services related to participant care; and
9. An individual's in-service education and, if applicable, training in how to respond to a participant's sudden, intense, or out-of-control behavior is documented, to include:
  - a. The personnel member's name,
  - b. The date of the training, and
  - c. The subject or topics covered in the training.
- C. An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor receives direct supervision as defined in A.A.C. R4-6-101.
- D. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a participant for more than eight hours in a week, provides evidence of freedom from infectious tuberculosis:
  1. On or before the date the individual begins providing services at or on behalf of the substance abuse transitional facility, and
  2. As specified in R9-10-113.
- E. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- F. An administrator shall ensure that a personnel record is maintained for a personnel member, employee, volunteer, or student that contains:
  1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's completed orientation and in-service education as required by policies and procedures;
    - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - e. The individual's completion of the training required in subsection (B)(8), if applicable;
    - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - g. Cardiopulmonary resuscitation training, if required for the individual according to subsection (H) or policies and procedures;
    - h. First aid training, if required for the individual according to subsection (H) or policies and procedures; and
    - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (D).
- G. An administrator shall ensure that personnel records are:
  1. Maintained:
    - a. Throughout an individual's period of providing services at or for a substance abuse transitional facility, and
    - b. For at least 24 months after the last date the individual provided services at or for a substance abuse transitional facility; and
  2. For a personnel member who has not provided physical health services or behavioral health services at or for the substance abuse transitional facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- H. An administrator shall ensure at least one personnel member who is present at the substance abuse transitional facility during hours of facility operation has first-aid and cardiopulmonary resuscitation training certification specific to the populations served by the facility.
- I. An administrator shall ensure that:
  1. At least one personnel member is present and awake at a substance abuse transitional facility at all times when a participant is on the premises;
  2. In addition to the personnel member in subsection (I)(1), at least one personnel member is on-call and available to come to the substance abuse transitional facility if needed;
  3. A substance abuse transitional facility has sufficient personnel members to provide general participant supervision and treatment and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each participant;
  4. There is a daily staffing schedule that:
    - a. Indicates the date, scheduled work hours, and name of each individual assigned to work, including on-call individuals;
    - b. Includes documentation of the employees who work each day and the hours worked by each employee; and
    - c. Is maintained for at least 12 months after the last date on the documentation;
  5. A behavioral health professional is present on the substance abuse transitional facility's premises or on-call; and

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6. A registered nurse is present on the substance abuse transitional facility's premises or on-call.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1405 renumbered to R9-10-1404; new Section R9-10-1405 renumbered from R9-10-1406 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-1406. Admission; Assessment**

An administrator shall ensure that:

1. A participant is admitted based upon the participant's presenting behavioral health issue and treatment needs and the substance abuse transitional facility's ability and authority to provide behavioral health services or physical health services consistent with the participant's needs;
2. General consent is obtained from a participant or the participant's representative before or at the time of admission;
3. The general consent obtained in subsection (2) is documented in the participant's medical record;
4. An assessment of a participant is completed or updated by an emergency medical care technician or a registered nurse;
5. If an assessment is completed or updated by an emergency medical care technician, a registered nurse reviews the assessment within 24 hours after the completion of the assessment to ensure that the assessment identifies the behavioral health services and physical health services needed by the participant;
6. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the substance abuse transitional facility or the substance abuse transitional facility has a medical record for the participant that contains an assessment that was completed within 12 months before the date of the participant's current admission:
  - a. The participant's assessment information is reviewed and updated if additional information that affects the participant's assessment is identified, and
  - b. The review and update of the participant's assessment information is documented in the participant's medical record within 48 hours after the review is completed;
7. An assessment:
  - a. Documents a participant's:
    - i. Presenting issue;
    - ii. Substance abuse history;
    - iii. Co-occurring disorder;
    - iv. Medical condition and history;
    - v. Behavioral health treatment history;
    - vi. Symptoms reported by the participant; and
    - vii. Referrals needed by the participant, if any;
  - b. Includes:
    - i. Recommendations for further assessment or examination of the participant's needs,
    - ii. The behavioral health services and physical health services that will be provided to the participant, and

- iii. The signature and date signed of the personnel member conducting the assessment; and
  - c. Is documented in participant's medical record;
8. A participant is referred to a medical practitioner if a determination is made that the participant requires immediate physical health services or the participant's behavioral health issue may be related to the participant's medical condition;
9. If a participant requires behavioral health services that the substance abuse transitional facility is not authorized or not able to provide, a personnel member arranges for the participant to be provided transportation to transfer to another health care institution where the behavioral health services can be provided;
10. A request for participation in a participant's assessment is made to the participant or the participant's representative;
11. An opportunity for participation in the participant's assessment is provided to the participant or the participant's representative;
12. Documentation of the request in subsection (10) and the opportunity in subsection (11) is in the participant's medical record; and
13. A participant's assessment information is:
  - a. Documented in the medical record within 48 hours after completing the assessment, and
  - b. Reviewed and updated when additional information that affects the participant's assessment is identified.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1406 renumbered to R9-10-1405; new Section R9-10-1406 renumbered from R9-10-1407 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1407. Discharge**

**A.** An administrator shall ensure that:

1. If a participant is not being transferred to another health care institution, before discharging the participant from a substance abuse transitional facility, a personnel member:
  - a. Identifies the specific needs of the participant after discharge necessary to assist the participant to address the participant's substance abuse issues;
  - b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the participant; and
  - c. Documents the information in subsection (A)(1)(a) and the resources in subsection (A)(1)(b) in the participant's medical record; and
2. When an individual is discharged, a personnel member:
  - a. Provides the participant with discharge information that includes:
    - i. The identified specific needs of the participant after discharge, and
    - ii. Resources that may be available for the participant; and
  - b. Contacts any resources identified as required in subsection (A)(1)(b).

**B.** An administrator shall ensure that there is a documented discharge order by a medical practitioner before a participant is



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discharged unless the participant leaves the facility against a medical practitioner's advice.

- C. An administrator shall ensure that, at the time of discharge, a participant receives a referral for behavioral health services that the participant may need after discharge, if applicable.
- D. An administrator shall ensure that a discharge summary:
  1. Is entered into the participant's medical record within 10 working days after a participant's discharge; and
  2. Includes the following information completed by an individual authorized by policies and procedures:
    - a. The participant's presenting issue and other behavioral health and physical health issues identified in the participant's assessment;
    - b. A summary of the behavioral health services and physical health services provided to the participant;
    - c. The name, dosage, and frequency of each medication for the participant ordered at the time of the participant's discharge by a medical practitioner at the facility; and
    - d. A description of the disposition of the participant's possessions, funds, or medications brought to the facility by the participant.
- E. An administrator shall ensure that a participant who is dependent upon a prescribed medication is offered a written referral to detoxification services or opioid treatment before the participant is discharged.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).  
 Section R9-10-1407 renumbered to R9-10-1406; new Section R9-10-1407 renumbered from R9-10-1408 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1408. Transfer**

Except for a transfer of a participant due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the participant;
2. According to policies and procedures:
  - a. An evaluation of the participant is conducted before the transfer;
  - b. Information in the participant's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
  - c. A personnel member explains risks and benefits of the transfer to the participant or the participant's representative; and
3. Documentation in the participant's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the participant during a transfer.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).  
 Section R9-10-1408 renumbered to R9-10-1407; new

Section R9-10-1408 renumbered from R9-10-1409 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1409. Participant Rights**

- A. An administrator shall ensure that:
  1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of admission, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
  3. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that include:
    - a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
    - b. Where participant rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
  1. A participant is treated with dignity, respect, and consideration;
  2. A participant is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity;
    - k. Misappropriation of personal and private property by the substance abuse transitional facility's personnel members, employees, volunteers, or students; or
  - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the participant's treatment needs, except as established in a fee agreement signed by the participant or the participant's representative; and
  3. A participant or the participant's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;
    - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication, associated risks, and possible complications;
    - d. Is informed of the participant complaint process; and
    - e. Except as otherwise permitted by law, provides written consent to the release of information in the participant's:
      - i. Medical record, or
      - ii. Financial records.
- C. A participant has the following rights:
  1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive treatment that:

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- a. Supports and respects the participant's individuality, choices, strengths, and abilities;
- b. Supports the participant's personal liberty and only restricts the participant's personal liberty according to a court order, by the participant's or the participant's representative's general consent, or as permitted in this Chapter; and
- c. Is provided in the least restrictive environment that meets the participant's treatment needs;
3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
  - a. A participant may be photographed when admitted to a substance abuse transitional facility for identification and administrative purposes;
  - b. For a participant receiving treatment according to A.R.S. Title 36, Chapter 37; or
  - c. For video recordings used for security purposes that are maintained only on a temporary basis;
4. To review, upon written request, the participant's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the substance abuse transitional facility is not authorized or not able to provide behavioral health services or physical health services needed by the participant;
6. To participate or have the participant's representative participate in the development of or decisions concerning treatment;
7. To receive assistance from a family member, the participant's representative, or other individual in understanding, protecting, or exercising the participant's rights;
8. To be provided locked storage space for the participant's belongings while the participant receives services; and
9. To be informed of the requirements necessary for the participant's discharge.
- c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A participant's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the participant's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the participant or the participant's representative; or
  - c. As permitted by law; and
6. A participant's medical record is protected from loss, damage, or unauthorized use.
- B.** If a substance abuse transitional agency maintains participants' medical records electronically, an administrator shall ensure that:
  1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a participant's medical record contains:
  1. Participant information that includes:
    - a. The participant's name;
    - b. The participant's address;
    - c. The participant's date of birth; and
    - d. Any known allergies, including medication allergies;
  2. A participant's presenting behavioral health issue;
  3. Documentation of general consent and, if applicable, informed consent for treatment by the participant or the participant's representative, except in an emergency;
  4. If applicable, the name and contact information of the participant's representative and:
    - a. The document signed by the participant consenting for the participant's representative to act on the participant's behalf; or
    - b. If the participant's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  5. Documentation of medical history and results of a physical examination;
  6. The date of admission and, if applicable, date of discharge;
  7. Orders;
  8. Assessment;
  9. Progress notes;
  10. Documentation of substance abuse transitional agency services provided to the participant;
  11. If applicable, documentation of any actions taken to control the participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
  12. The disposition of the participant upon discharge;
  13. The discharge plan;

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).  
 Section R9-10-1409 renumbered to R9-10-1408; new Section R9-10-1409 renumbered from R9-10-1410 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1410. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for each participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a participant's medical record is:
  - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the participant's medical record and includes the time of the order;
  - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and

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14. A discharge summary, if applicable; and
15. Documentation of a medication administered to a participant that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. For a medication administered for pain:
    - i. An evaluation of the participant's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - d. For a psychotropic medication:
    - i. An evaluation of the participant's behavior before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - e. The signature of the individual administering the medication; and
  - f. Any adverse reaction a participant has to the medication.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1410 renumbered to R9-10-1409; new Section R9-10-1410 renumbered from R9-10-1411 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1411. Behavioral Health Services**

- A. An administrator shall ensure that counseling is:
  1. Offered as described in the substance abuse transitional facility's scope of services,
  2. Provided according to the frequency and number of hours identified in the participant's assessment, and
  3. Provided by a behavioral health professional.
- B. An administrator shall ensure that:
  1. A behavioral health professional providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
  2. Each counseling session is documented in a participant's medical record to include:
    - a. The date of the counseling session;
    - b. The amount of time spent in the counseling session;
    - c. Whether the counseling was individual counseling, family counseling, or group counseling;
    - d. The treatment goals addressed in the counseling session; and
    - e. The signature of the personnel member who provided the counseling and the date signed.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1411 renumbered to R9-10-1410; new Section R9-10-1411 renumbered from R9-10-1412 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1412. Medication Services**

- A. If a facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:
  1. Include:
    - a. A process for providing information to a participant about medication prescribed for the participant including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a participant's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the participant's needs;
    - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
    - e. Procedures for assisting a participant in obtaining medication; and
    - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
  2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B. If a substance abuse transitional facility provides medication administration, an administrator shall ensure that:
  1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a participant only as prescribed;
    - d. Cover the documentation of a participant's refusal to take prescribed medication in the participant's medical record;
  2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  3. A medication administered to a participant:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the participant's medical record.
- C. If a substance abuse transitional facility provides assistance in the self-administration of medication, an administrator shall ensure that:
  1. A participant's medication is stored by the substance abuse transitional facility;
  2. The following assistance is provided to a participant:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the participant;
    - c. Observing the participant while the participant removes the medication from the container;

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- d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
  - i. The participant taking the medication is the individual stated on the medication container label,
  - ii. The participant is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
  - iii. The participant is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
- e. Observing the participant while the participant takes the medication;
- 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
- 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
  - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse;
  - b. Includes:
    - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
    - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
    - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a participant:
  - a. Is in compliance with an order, and
  - b. Is documented in the participant's medical record.
- D.** An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members, and
  - 2. A current toxicology reference guide is available for use by personnel members.
- E.** When medication is stored at the substance abuse transitional facility, an administrator shall ensure that:
  - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions of the medication container; and
  - 3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of participants who received recalled medication;
    - d. Storing, inventorying, and dispensing controlled substances; and
    - e. Documenting the maintenance of a medication requiring refrigeration.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a participant's adverse reaction to a medication to the medical practitioner who ordered the medication and the registered nurse required in R9-10-1405(I)(6).

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Section R9-10-1412 renumbered to R9-10-1411; new Section R9-10-1412 renumbered from R9-10-1413 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1413. Food Services**

- A.** An administrator shall ensure that:
  - 1. If a substance abuse transitional facility has a licensed capacity of more than 10 participants:
    - a. Food services are provided in compliance with 9 A.A.C. 8, Article 1; and
    - b. A copy of the substance abuse transitional facility's food establishment license or permit required according to subsection (A)(1) is maintained;
  - 2. If a substance abuse transitional facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the facility:
    - a. A copy of the contracted food establishment's license or permit is maintained by the substance abuse transitional facility; and
    - b. The substance abuse transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant;
  - 3. A registered dietitian is employed full-time, part-time, or as a consultant; and
  - 4. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the participants.
- B.** A registered dietitian or director of food services shall ensure that:
  - 1. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a participant such as cut, chopped, ground, pureed, or thickened;
  - 2. A food menu is:
    - a. Prepared at least one week in advance,
    - b. Conspicuously posted, and
    - c. Maintained for at least 60 calendar days after the last day included in the food menu;
  - 3. If there is a change to a posted food menu, the change is noted on the posted menu no later than the morning of the day the change occurs;

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4. Meals and snacks provided by the substance abuse transitional facility are served according to posted menus;
  5. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
  6. A participant is provided:
    - a. A diet that meets the participant's nutritional needs as specified in the participant's assessment;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(6)(d);
    - c. The option to have a daily evening snack identified in subsection (B)(6)(d)(ii) or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      - i. The participant agrees; and
      - ii. The participant is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
  7. A participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
  8. Water is available and accessible to participants at all times, unless otherwise stated in a participant's assessment.
- C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  2. Food is protected from potential contamination;
  3. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below; and
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      - i. Ground beef and any food containing ground beef are cooked to heat all parts of the food to at least 155° F;
      - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
      - v. If the facility serves a population that is not a highly susceptible population, rare roast beef may be served cooked to an internal temperature of at least 145° F for at least three minutes and a whole muscle intact beef steak may be served cooked on both top and bottom to a surface temperature of at least 145° F; and
      - vi. Leftovers are reheated to a temperature of at least 165° F;
  4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
  5. Frozen foods are stored at a temperature of 0° F or below; and
  6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
- Historical Note**
- Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1413 renumbered to R9-10-1412; new Section R9-10-1413 renumbered from R9-10-1414 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1414. Emergency and Safety Standards**
- A. An administrator shall ensure that:
1. An evacuation drill for employees and participants on the premises is conducted at least once every six months on each shift;
  2. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the drill;
    - b. The amount of time taken for all employees and participants to evacuate the substance abuse transitional facility;
    - c. Any problems encountered in conducting the drill; and
    - d. Recommendations for improvement, if applicable;
  3. An evacuation path is conspicuously posted on each hallway of each floor of the facility;
  4. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
    - a. When, how, and where participants will be relocated;
    - b. How a participant's medical record will be available to individuals providing services to the participant during a disaster;
    - c. A plan to ensure a participant's medication will be available to administer to the participant during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the substance abuse transitional facility or the substance abuse transitional facility's relocation site during a disaster;
  5. The disaster plan required in subsection (A)(4) is reviewed at least once every 12 months;
  6. Documentation of a disaster plan review required in subsection (A)(5) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each employee or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement; and
  7. A disaster drill for employees is conducted on each shift at least once every three months and documented.
- B. An administrator shall ensure that:
1. A fire inspection is conducted by a local fire department or the State Fire Marshal before licensing and according to the time-frame established by the local fire department or the State Fire Marshal,

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2. Any repairs or corrections stated on the fire inspection report are made, and
3. Documentation of a current fire inspection is maintained.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1414 renumbered to R9-10-1413; new Section R9-10-1414 renumbered from R9-10-1415 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1415. Environmental Standards****A.** An administrator shall ensure that:

1. The premises and equipment are sufficient to accommodate the activities, treatment, and ancillary services stated in the substance abuse transitional facility's scope of services;
2. The premises and equipment are:
  - a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment,
  - b. Clean, and
  - c. Free from a condition or situation that may cause a participant or other individual to suffer physical injury or illness;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. Biohazardous waste and hazardous waste are identified, stored, used, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Equipment used at the substance abuse transitional facility is:
  - a. Maintained in working order;
  - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  - c. Used according to the manufacturer's recommendations;
6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
7. Garbage and refuse are:
  - a. Stored in plastic bags in covered containers, and
  - b. Removed from the premises at least once a week;
8. Heating and cooling systems maintain the facility at a temperature between 70° F and 84° F at all times;
9. A space heater is not used;
10. Common areas:
  - a. Are lighted to assure the safety of participants, and
  - b. Have lighting sufficient to allow personnel members to monitor participant activity;
11. Hot water temperatures are maintained between 95° F and 120° F in the areas of the substance abuse transitional facility used by participants;
12. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
13. Soiled linen and soiled clothing stored by the substance abuse transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
14. Oxygen containers are secured in an upright position;
15. Poisonous or toxic materials stored by the substance abuse transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to participants;
16. Combustible or flammable liquids and hazardous materials stored by the substance abuse transitional facility are stored in the original labeled containers or safety containers in a locked area inaccessible to participants;
17. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
  - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
  - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
  - c. Documentation of testing is retained for at least 12 months after the date of the test; and
18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

**B.** An administrator shall ensure that:

1. Smoking tobacco products is not permitted within a substance abuse transitional facility; and
2. Smoking tobacco products may be permitted on the premises outside a substance abuse transitional facility if:
  - a. Signs designating smoking areas are conspicuously posted, and
  - b. Smoking is prohibited in areas where combustible materials are stored or in use.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1415 renumbered to R9-10-1414; new Section R9-10-1415 renumbered from R9-10-1416 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-1416. Physical Plant Standards****A.** An administrator shall ensure that a substance abuse transitional facility has:

1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order; or
2. An alternative method to ensure participant safety that is documented and approved by the local jurisdiction.

**B.** An administrator shall ensure that:

1. If a participant has a mobility, sensory, or other physical impairment, modifications are made to the premises to ensure that the premises are accessible to and usable by the participant; and
2. A substance abuse transitional facility has:
  - a. A room that provides privacy for a participant to receive treatment or visitors; and
  - b. A common area and a dining area that:

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- i. Are not converted, partitioned, or otherwise used as a sleeping area; and
  - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the participants and other individuals in the facility.
- C. An administrator shall ensure that:
  - 1. For every six participants, there is at least one working toilet that flushes and one sink with running water;
  - 2. For every eight participants, there is at least one working bathtub or shower;
  - 3. A participant bathroom provides privacy when in use and contains:
    - a. A shatter-proof mirror;
    - b. Toilet tissue for each toilet;
    - c. Soap accessible from each sink;
    - d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is used by more than one participant;
    - e. A window that opens or another means of ventilation; and
    - f. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers;
  - 4. Each participant is provided a bedroom for sleeping; and
  - 5. A participant bedroom complies with the following:
    - a. Is not used as a common area;
    - b. Except as provided in subsection (D):
      - i. Contains a door that opens into a hallway, common area, or outdoors; and
      - ii. In addition to the door in subsection (C)(5)(b)(i), contains another means of egress;
    - c. Is constructed and furnished to provide unimpeded access to the door;
    - d. Has window or door covers that provide participant privacy;
    - e. Except as provided in subsection (D), is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
    - f. Has floor to ceiling walls;
    - g. Is a:
      - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
      - ii. Shared bedroom that, except as provided in subsection (D):
        - (1) Is shared by no more than eight participants;
        - (2) Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
        - (3) Provides at least three feet of floor space between beds or bunk beds;
    - h. Except as provided in subsection (D), contains for each participant occupying the bedroom:
      - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
      - ii. Individual storage space for personal effects and clothing such as a dresser or chest; and
    - i. Has sufficient lighting for participant occupying the bedroom to read.
- D. An administrator of a substance abuse transitional facility that uses a building that was licensed as a rural substance abuse transitional center before October 1, 2013 shall ensure that:
  - 1. A bedroom has a door that allows egress from the bedroom,
  - 2. A shared bedroom contains enough space to allow each participant occupying the bedroom to freely move about the bedroom,
  - 3. A bed is of a sufficient size to accommodate a participant using the bed and provide space for all parts of the participant's body on the bed's mattress, and
  - 4. A participant is provided storage space on a substance abuse transitional facility's premises that is accessible to the participant.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1416 renumbered to R9-10-1415; new Section R9-10-1416 renumbered from R9-10-1417 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-1417. Renumbered****Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1417 renumbered to R9-10-1416 by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**ARTICLE 15. ABORTION CLINICS****R9-10-1501. Definitions**

In addition to the definitions in A.R.S. §§ 36-401, 36-449.01, 36-449.03, 36-2151, 36-2158, and 36-2301.01 and R9-10-101, the following definitions apply in this Article, unless otherwise specified:

- 1. "Admitting privileges" means permission extended by a hospital to a physician to allow admission of an individual as an inpatient, as defined in R9-10-201:
  - a. By the patient's own physician, or
  - b. Through a written agreement between the patient's physician and another physician that states that the other physician has permission to personally admit the patient to a hospital in this state and agrees to do so.
- 2. "Course" means training or education, including hands-on practice under the supervision of a physician.
- 3. "Employee" means an individual who receives compensation from a licensee, but does not provide medical services, nursing services, or health-related services.
- 4. "First trimester" means 1 through 14 weeks as measured from the first day of the last menstrual period or 1 through 12 weeks as measured from the date of fertilization.
- 5. "Incident" means an abortion-related patient death or serious injury to a patient or fetus delivered alive.
- 6. "Local" means under the jurisdiction of a city or county in Arizona.
- 7. "Medical director" means a physician who is responsible for the direction of the medical services, nursing services, and health-related services provided to patients at an abortion clinic.

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8. "Medical evaluation" means obtaining a patient's medical history, performing a physical examination of a patient's body, and conducting laboratory tests as provided in R9-10-1509.
9. "Monitor" means to observe and document, continuously or intermittently, the values of certain physiologic variables on a patient such as pulse, blood pressure, oxygen saturation, respiration, and blood loss.
10. "Neonatal resuscitation" means procedures to assist in maintaining the life of a fetus delivered alive, as described in A.R.S. § 36-2301(D)(3).
11. "Patient" means a female receiving medical services, nursing services, or health-related services related to an abortion.
12. "Patient care staff member" means a physician, registered nurse practitioner, nurse, physician assistant, or surgical assistant who provides medical services, nursing services, or health-related services to a patient.
13. "Patient transfer" means relocating a patient requiring medical services from an abortion clinic to another health care institution.
14. "Personally identifiable patient information" means:
  - a. The name, address, telephone number, e-mail address, Social Security number, and birth date of:
    - i. The patient,
    - ii. The patient's representative,
    - iii. The patient's emergency contact,
    - iv. The patient's children,
    - v. The patient's spouse,
    - vi. The patient's sexual partner, and
    - vii. Any other individual identified in the patient's medical record other than patient care staff;
  - b. The patient's place of employment;
  - c. The patient's referring physician;
  - d. The patient's insurance carrier or account;
  - e. Any "individually identifiable health information" as proscribed in 45 CFR 164-514; and
  - f. Any other information in the patient's medical record that could reasonably lead to the identification of the patient.
15. "Personnel" means patient care staff members, employees, and volunteers.
16. "Serious injury" means a life-threatening physical condition related to an abortion procedure.
17. "Surgical assistant" means an individual who is not licensed as a physician, physician assistant, registered nurse practitioner, or nurse who performs duties as directed by a physician, physician assistant, registered nurse practitioner, or nurse.
18. "Volunteer" means an individual who, without compensation, performs duties as directed by a patient care staff member at an abortion clinic.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemp-

tion from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1502. Application Requirements and Documentation Submission**

- A. An applicant shall submit an application for licensure that meets the requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1.
- B. A licensee shall submit to the Department the documentation required according to A.R.S. § 36-449.02(B) with the applicable fees required in R9-10-106(C).

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**Exhibit A. Repealed****Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-1503. Administration**

- A. A licensee is responsible for the organization and management of an abortion clinic.
- B. A licensee shall:
  1. Adopt policies and procedures for the administration and operation of an abortion clinic;
  2. Designate a medical director who:
    - a. Is licensed according to A.R.S. Title 32, Chapter 13, 17, or 29; and
    - b. May be the same individual as the licensee;
  3. Ensure the following documents are conspicuously posted on the premises:
    - a. Current abortion clinic license issued by the Department,



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- b. Current telephone number and address of the unit in the Department responsible for licensing the abortion clinic;
  - c. Evacuation map; and
  - d. Signs that comply with A.R.S. § 36-2153(H); and
- 4. Except as specified in R9-10-1512(D)(4), ensure that documentation required by this Article is provided to the Department within two hours after a Department request.
- C. A medical director shall ensure written policies and procedures are established, documented, and implemented to protect the health and safety of a patient including:
  - 1. Personnel qualifications, duties, and responsibilities;
  - 2. Individuals qualified to provide counseling in the abortion clinic and the amount and type of training required for an individual to provide counseling;
  - 3. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age:
    - a. Individuals qualified in neonatal resuscitation and the amount and type of training required for an individual to provide neonatal resuscitation; and
    - b. Designation of an individual to arrange the transfer to a hospital of a fetus delivered alive;
  - 4. Verification of the competency of the physician performing an abortion according to R9-10-1506;
  - 5. The storage, administration, accessibility, disposal, and documentation of a medication or controlled substance;
  - 6. Accessibility and security of medical records;
  - 7. Abortion procedures including:
    - a. Recovery and follow-up care;
    - b. The minimum length of time a patient remains in the recovery room or area based on:
      - i. The type of abortion performed;
      - ii. The estimated gestational age of the fetus;
      - iii. The type and amount of medication administered; and
      - iv. The physiologic signs including vital signs and blood loss; and
    - c. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, the requirements in A.R.S. § 36-2301(D);
  - 8. Infection control including methods of sterilizing equipment and supplies;
  - 9. Medical emergencies; and
  - 10. Patient discharge and patient transfer.
- D. For an abortion clinic that is not in substantial compliance or that is in substantial compliance but refuses to carry out a plan of correction acceptable to the Department, the Department may take enforcement action as specified in R9-10-111.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by final

rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by exempt rulemaking at 20 A.A.R. 2078, effective July 24, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1504. Quality Management**

A medical director shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the licensee;
- 2. A documented report is submitted to the licensee that includes:
  - a. An identification of each concern about the delivery of services related to patient care; and
  - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the licensee.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1504 renumbered to R9-10-1505; new Section R9-10-1504 made by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1505. Incident Reporting**

- A. A licensee shall ensure that the Department is notified of an incident as follows:
  - 1. For the death of a patient, verbal notification the next working day;
  - 2. For a fetus delivered alive, verbal notification the next working day; and

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3. For a serious injury of a patient or viable fetus, written notification within 10 calendar days after the date of the serious injury.
- B. A medical director shall conduct an investigation of an incident and document an incident report that includes:
  1. The date and time of the incident;
  2. The name of the patient;
  3. A description of the incident, including, if applicable, information required in A.R.S. § 36-2161(A)(15);
  4. Names of individuals who observed the incident;
  5. Action taken by patient care staff members and employees during the incident and immediately following the incident; and
  6. Action taken by the patient care staff members and employees to prevent the incident from occurring in the future.
- C. A medical director shall ensure that the incident report is:
  1. Submitted to the Department and, if the incident involved a licensed individual, the applicable professional licensing board within 10 calendar days after the date of the notification in subsection (A); and
  2. Maintained on the premises for at least two years after the date of the incident.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1505 renumbered to R9-10-1506; new Section R9-10-1505 renumbered from R9-10-1504 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

**R9-10-1506. Personnel Qualifications and Records**

A licensee shall ensure that:

1. A physician who performs an abortion demonstrates to the medical director that the physician is competent to perform an abortion by:
  - a. The submission of documentation of education and experience, and
  - b. Observation by or interaction with the medical director;
2. Surgical assistants and volunteers who provide counseling and patient advocacy receive training in these specific responsibilities and any other responsibilities assigned and that documentation of the training received is maintained in the individual's personnel file;
3. An individual who performs an ultrasound provides documentation that the individual is:

- a. A physician;
- b. A physician assistant, registered nurse practitioner, or nurse who completed a course in performing ultrasounds under the supervision of a physician; or
- c. An individual who:
  - i. Completed a course in performing ultrasounds under the supervision of a physician, and
  - ii. Is not otherwise precluded by law from performing an ultrasound;
4. An individual has completed a course for the type of ultrasound the individual performs;
5. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, an individual who is available to perform neonatal resuscitation provides documentation that the individual:
  - a. Is a:
    - i. Physician,
    - ii. Physician assistant,
    - iii. Registered nurse practitioner, or
    - iv. Nurse; and
  - b. Has completed a course in performing neonatal resuscitation that is consistent with training provided by the American Academy of Pediatrics Neonatal Resuscitation Program and includes:
    - i. Instruction in the use of resuscitation devices for positive-pressure ventilation, tracheal intubation, medications that may be necessary for neonatal resuscitation and their administration, and resuscitation of pre-term newborns; and
    - ii. Assessment of the individual's skill in applying the information provided through the instruction in subsection (5)(b)(i);
6. A personnel file for each patient care staff member and each volunteer is maintained either electronically or in writing and includes:
  - a. The individual's name and position title;
  - b. The first and, if applicable, the last date of employment or volunteer service;
  - c. Verification of qualifications, training, or licensure, as applicable;
  - d. Documentation of cardiopulmonary resuscitation certification, as applicable;
  - e. Documentation of verification of competency, as required in subsection (1), and signed and dated by the medical director;
  - f. Documentation of training for surgical assistants and volunteers;
  - g. Documentation of completion of a course as required in subsection (3), for an individual performing ultrasounds; and
  - h. Documentation of competency to perform neonatal resuscitation, as required in subsection (5), if applicable; and
7. Personnel files are maintained on the premises for at least two years after the ending date of employment or volunteer service.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provi-

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sions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1506 renumbered to R9-10-1507; new Section R9-10-1506 renumbered from R9-10-1505 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1507. Staffing Requirements**

- A.** A licensee shall ensure that there is a sufficient number of patient care staff members and employees to:
1. Meet the requirements of this Article,
  2. Ensure the health and safety of a patient, and
  3. Meet the needs of a patient based on the patient's medical evaluation.
- B.** A licensee shall ensure that:
1. A patient care staff member other than a surgical assistant, who is current in cardiopulmonary resuscitation certification, is on the premises until all patients are discharged;
  2. A physician, with admitting privileges at a health care institution that is classified by the director as a hospital according to A.R.S. § 36-405(B), remains on the premises of the abortion clinic until all patients who received a medication abortion are stable and ready to leave;
  3. A physician, with admitting privileges at a health care institution that is classified by the director as a hospital according to A.R.S. § 36-405(B) and that is within 30 miles of the abortion clinic by road, as defined in A.R.S. § 17-451, remains on the abortion clinic's premises until all patients who received a surgical abortion are stable and discharged from the recovery room;
  4. A patient care staff member is on the premises to comply with R9-10-1509(H); and
  5. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, a patient care staff member qualified according to policies and procedures to perform neonatal resuscitation is available for the abortion procedure.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt

rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1507 renumbered to R9-10-1508; new Section R9-10-1507 renumbered from R9-10-1506 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1508. Patient Rights**

A licensee shall ensure that a patient is afforded the following rights, and is informed of these rights:

1. To refuse treatment, or withdraw consent for treatment;
2. To have medical records kept confidential; and
3. To be informed of:
  - a. Billing procedures and financial liability before abortion services are provided;
  - b. Proposed medical or surgical procedures, associated risks, possible complications, and alternatives;
  - c. Counseling services that are provided on the premises;
  - d. The right to review the ultrasound results with a physician, a physician assistant, a registered nurse practitioner, or a registered nurse before the abortion procedure; and
  - e. The right to receive a print of the ultrasound image.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1508 renumbered to R9-10-1509; new Section R9-10-1508 renumbered from R9-10-1507 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1509. Abortion Procedures**

- A.** A medical director shall ensure that a medical evaluation of a patient is conducted before the patient's abortion is performed that includes:
1. A medical history including:
    - a. Allergies to medications, antiseptic solutions, or latex;
    - b. Obstetrical and gynecological history;
    - c. Past surgeries;
    - d. Medication the patient is currently taking; and
    - e. Other medical conditions;
  2. A physical examination, performed by a physician that includes a bimanual examination to estimate uterine size and palpation of adnexa;

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3. The following laboratory tests:
  - a. A urine or blood test to determine pregnancy;
  - b. Rh typing, unless the patient provides written documentation of blood type acceptable to the physician;
  - c. Anemia screening; and
  - d. Other laboratory tests recommended by the physician or medical director on the basis of the physical examination; and
4. An ultrasound imaging study of the fetus, performed as required in A.R.S. §§ 36-2156 and 36-2301.02(A).
- B.** If the medical evaluation indicates a patient is Rh negative, a medical director shall ensure that:
  1. The patient receives information from a physician on this condition;
  2. The patient is offered RhO(d) immune globulin within 72 hours after the abortion procedure;
  3. If a patient refuses RhO(d) immune globulin, the patient signs and dates a form acknowledging the patient's condition and refusing the RhO(d) immune globulin;
  4. The form in subsection (B)(3) is maintained in the patient's medical record; and
  5. If a patient refuses RhO(d) immune globulin or if a patient refuses to sign and date an acknowledgment and refusal form, the physician documents the patient's refusal in the patient's medical record.
- C.** A physician shall estimate the gestational age of the fetus, based on one of the following criteria, and record the estimated gestational age in the patient's medical record:
  1. Ultrasound measurements of the biparietal diameter, length of femur, abdominal circumference, visible pregnancy sac, or crown-rump length or a combination of these; or
  2. The date of the last menstrual period or the date of fertilization and a bimanual examination of the patient.
- D.** A medical director shall ensure that:
  1. The ultrasound of a patient required in subsection (A)(4) is performed by an individual who meets the requirements in R9-10-1506(3);
  2. An ultrasound estimate of gestational age of a fetus is performed using methods and tables or charts in a publication distributed nationally that contains peer-reviewed medical information, such as medical information derived from a publication describing research in obstetrics and gynecology or in diagnostic imaging;
  3. An original patient ultrasound image is:
    - a. Interpreted by a physician, and
    - b. Maintained in the patient's medical record in either electronic or paper form; and
  4. If requested by the patient, the ultrasound image is reviewed with the patient by a physician, physician assistant, registered nurse practitioner, or registered nurse.
- E.** A medical director shall ensure that before an abortion is performed on a patient:
  1. Written consent, that meets the requirements in A.R.S. § 36-2152 or 36-2153, as applicable, and A.R.S. § 36-2158 is signed and dated by the patient or the patient's representative;
  2. Information is provided to the patient on the abortion procedure, including alternatives, risks, and potential complications;
  3. Information specified in A.R.S. § 36-2161(A)(12) is requested from the patient; and
  4. If applicable, information required in A.R.S. § 36-2161(C) is provided to the patient.
- F.** A medical director shall ensure that an abortion is performed according to the abortion clinic's policies and procedures and this Article.
- G.** A medical director shall ensure that:
  1. A patient care staff member monitors a patient's vital signs throughout an abortion procedure to ensure the patient's health and safety;
  2. Intravenous access is established and maintained on a patient undergoing an abortion after the first trimester unless the physician determines that establishing intravenous access is not appropriate for the particular patient and documents that fact in the patient's medical record;
  3. If an abortion procedure is performed at or after 20 weeks gestational age, a patient care staff member qualified in neonatal resuscitation, other than the physician performing the abortion procedure, is in the room in which the abortion procedure takes place before the delivery of the fetus; and
  4. If a fetus is delivered alive:
    - a. Resuscitative measures, including the following, are used to support life:
      - i. Warming and drying of the fetus,
      - ii. Clearing secretions from and positioning the airway of the fetus,
      - iii. Administering oxygen as needed to the fetus, and
      - iv. Assessing and monitoring the cardiopulmonary status of the fetus;
    - b. A determination is made of whether the fetus is a viable fetus;
    - c. A viable fetus is provided treatment to support life;
    - d. A viable fetus is transferred as required in R9-10-1510; and
    - e. Resuscitative measures and the transfer, as applicable, are documented.
- H.** To ensure a patient's health and safety, a medical director shall ensure that following the abortion procedure:
  1. A patient's vital signs and bleeding are monitored by:
    - a. A physician;
    - b. A physician assistant;
    - c. A registered nurse practitioner;
    - d. A nurse; or
    - e. If a physician is able to provide direct supervision, as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, as applicable, to a medical assistant, as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, a medical assistant under the direct supervision of the physician; and
  2. A patient remains in the recovery room or recovery area until a physician, physician assistant, registered nurse practitioner, or nurse examines the patient and determines that the patient's medical condition is stable and the patient is ready to leave the recovery room or recovery area.
- I.** A medical director shall ensure that follow-up care:
  1. For a surgical abortion is offered to a patient that includes:
    - a. With a patient's consent, a telephone call made to the patient to assess the patient's recovery:
      - i. By a patient care staff member other than a surgical assistant; and
      - ii. Within 24 hours after the patient's discharge following a surgical abortion; and

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- b. A follow-up visit scheduled, if requested, no more than 21 calendar days after the abortion that includes:
      - i. A physical examination,
      - ii. A review of all laboratory tests as required in subsection (A)(3), and
      - iii. A urine pregnancy test;
  - 2. For a medication abortion includes a follow-up visit, scheduled between seven and 21 calendar days after the initial dose of a substance used to induce an abortion, that includes:
    - a. A urine pregnancy test, and
    - b. An assessment of the degree of bleeding; and
  - 3. Is documented in the patient's medical record, including:
    - a. A patient's acceptance or refusal of a follow-up visit following a surgical abortion;
    - b. If applicable, the results of the follow-up visit; and
    - c. If applicable, whether the patient consented to a telephone call and, if so, whether the patient care staff member making the telephone call to the patient:
      - i. Spoke with the patient about the patient's recovery, or
      - ii. Was unable to speak with the patient.
- J. If a continuing pregnancy is suspected as a result of the follow-up visit in subsection (I)(1)(b) or (I)(2), a physician who performs abortions shall be consulted.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1509 renumbered to R9-10-1510; new Section R9-10-1509 renumbered from R9-10-1508 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

**R9-10-1510. Patient Transfer and Discharge**

- A. A medical director shall ensure that:
  - 1. For a patient:
    - a. A patient is transferred to a hospital for an emergency involving the patient;
    - b. A patient transfer is documented in the patient's medical record; and
    - c. Documentation of a medical evaluation, treatment provided, and laboratory and diagnostic information is transferred with a patient; and
  - 2. For a viable fetus:
    - a. A viable fetus requiring emergency care is transferred to a hospital,
    - b. The transfer of a viable fetus is documented in the viable fetus's medical record, and
  - c. Documentation of an assessment of cardiopulmonary function and treatment provided to a viable fetus is transferred with the viable fetus.
- B. A medical director shall ensure that before a patient is discharged:
  - 1. A physician signs the patient's discharge order; and
  - 2. A patient receives follow-up instructions at discharge that include:
    - a. Signs of possible complications,
    - b. When to access medical services in response to complications,
    - c. A telephone number of an individual or entity to contact for medical emergencies,
    - d. Information and precautions for resuming vaginal intercourse after the abortion, and
    - e. Information specific to the patient's abortion or condition.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1510 renumbered to R9-10-1511; new Section R9-10-1510 renumbered from R9-10-1509 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1511. Medications and Controlled Substances**

A medical director shall ensure that:

- 1. The abortion clinic complies with the requirements for medications and controlled substances in A.R.S. Title 32, Chapter 18, and A.R.S. Title 36, Chapter 27;
- 2. A medication is administered in compliance with an order from a physician, physician assistant, registered nurse practitioner, or as otherwise provided by law;
- 3. A medication is administered to a patient or to a viable fetus by a physician or as otherwise provided by law;
- 4. Medications and controlled substances are maintained in a locked area on the premises;
- 5. Only personnel designated by policies and procedures have access to the locked area containing medications and controlled substances;
- 6. Expired, mislabeled, or unusable medications and controlled substances are disposed of according to policies and procedures;
- 7. A medication error or an adverse reaction, including any actions taken in response to the medication error or adverse reaction, is immediately reported to the medical director and licensee, and recorded in the patient's medical record;
- 8. Medication information for a patient is maintained in the patient's medical record and contains:
  - a. The patient's name, age, and weight;

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- b. The medications the patient is currently taking;
  - c. Allergies or sensitivities to medications, antiseptic solutions, or latex; and
  - d. If medication is administered to the patient:
    - i. The date and time of administration;
    - ii. The name, strength, dosage form, amount of medication, and route of administration; and
    - iii. The identification and signature of the individual administering the medication; and
9. If administered to a fetus delivered alive, the following are documented in the fetus's medical record:
- a. The date and time of oxygen administration;
  - b. The amount and flow rate of the oxygen;
  - c. The identification and signature of the individual administering the oxygen; and
  - d. For a viable fetus:
    - i. The date and time of medication administration;
    - ii. The name, strength, dosage form, amount of medication, and route of administration; and
    - iii. The identification and signature of the individual administering the medication.
- 6. The physician's estimated gestational age of the fetus required in R9-10-1509(C);
  - 7. Each consent form signed by the patient or the patient's representative;
  - 8. Orders issued by a physician, physician assistant, or registered nurse practitioner;
  - 9. A record of medical services, nursing services, and health-related services provided to the patient;
  - 10. The patient's medication information;
  - 11. Documentation related to follow-up care specified in R9-10-1509(I); and
  - 12. If the abortion procedure was performed at or after 20 weeks gestational age and the fetus was not delivered alive, documentation from the physician and other patient care staff member present certifying that the fetus was not delivered alive.
- B.** A licensee shall ensure that a medical record is established and maintained for a fetus delivered alive that contains:
- 1. An identification of the fetus, including:
    - a. The name of the patient from whom the fetus was delivered alive, and
    - b. The date the fetus was delivered alive;
  - 2. Orders issued by a physician, physician assistant, or registered nurse practitioner;
  - 3. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
  - 4. If applicable, information about medication administered to the fetus delivered alive; and
  - 5. If the abortion procedure was performed at or after 20 weeks gestational age:
    - a. Documentation of the requirements in R9-10-1509(G)(4); and
    - b. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by exempt rulemaking at 20 A.A.R. 2078, effective July 24, 2014 (Supp. 14-3). Section R9-10-1511 renumbered to R9-10-1512; new Section R9-10-1511 renumbered from R9-10-1510 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1512. Medical Records**

- A.** A licensee shall ensure that a medical record is established and maintained for a patient that contains:
- 1. Patient identification including:
    - a. The patient's name, address, and date of birth;
    - b. The designated patient's representative, if applicable; and
    - c. The name and telephone number of an individual to contact in an emergency;
  - 2. The patient's medical history required in R9-10-1509(A)(1);
  - 3. The patient's physical examination required in R9-10-1509(A)(2);
  - 4. The laboratory test results required in R9-10-1509(A)(3);
  - 5. The ultrasound results, including the original print, required in R9-10-1509(A)(4);
- B.** A licensee shall ensure that a medical record is established and maintained for a fetus delivered alive that contains:
- 1. An identification of the fetus, including:
    - a. The name of the patient from whom the fetus was delivered alive, and
    - b. The date the fetus was delivered alive;
  - 2. Orders issued by a physician, physician assistant, or registered nurse practitioner;
  - 3. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
  - 4. If applicable, information about medication administered to the fetus delivered alive; and
  - 5. If the abortion procedure was performed at or after 20 weeks gestational age:
    - a. Documentation of the requirements in R9-10-1509(G)(4); and
    - b. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.
- C.** A licensee shall ensure that:
- 1. A medical record is accessible only to the Department or personnel authorized by policies and procedures;
  - 2. Medical record information is confidential and released only with the written informed consent of a patient or the patient's representative or as otherwise permitted by law;
  - 3. A medical record is protected from loss, damage, or unauthorized use and is maintained and accessible for at least seven years after the date of an adult patient's discharge or if the patient is a child, either for at least three years after the child's 18th birthday or for at least seven years after the patient's discharge, whichever date occurs last;
  - 4. A medical record is maintained at the abortion clinic for at least six months after the date of the patient's discharge; and
  - 5. Vital records and vital statistics are retained according to A.R.S. § 36-343.
- D.** If the Department requests patient medical records for review, the licensee:
- 1. Is not required to produce any patient medical records created or prepared by a referring physician's office;
  - 2. May provide patient medical records to the Department either in paper or in an electronic format that is acceptable to the Department;
  - 3. Shall provide the Department with the following patient medical records related to medical services associated with an abortion, including any follow-up visits to the abortion clinic in connection with the abortion:

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- a. The patient's medical history required in R9-10-1509(A)(1);
  - b. The patient's physical examination required in R9-10-1509(A)(2);
  - c. The laboratory test results required in R9-10-1509(A)(3);
  - d. The physician's estimate of gestational age of the fetus required in R9-10-1509(C);
  - e. The ultrasound results required in R9-10-1509(D)(2);
  - f. Each consent form signed by the patient or the patient's representative;
  - g. Orders issued by a physician, physician assistant, or registered nurse practitioner;
  - h. A record of medical services, nursing services, and health-related services provided to the patient; and
  - i. The patient's medication information;
4. If the Department's request is in connection with a licensing or compliance inspection:
    - a. Is not required to produce any patient medical records associated with an abortion that occurred before the licensing inspection or a previous compliance inspection of the abortion clinic; and
    - b. Shall:
      - i. Redact only personally identifiable patient information from the patient medical records before the licensee discloses the patient medical records to the Department;
      - ii. Upon request by the Department, code the requested patient medical records by a means that allows the Department to track all patient medical records related to a specific patient without the personally identifiable patient information; and
      - iii. Unless the Department and the licensee agree otherwise, provide redacted copies of patient medical records to the Department:
        - (1) For one to ten patients, within two working days after the request, and
        - (2) For every additional five patients, within an additional two working days; and
  5. If the Department's request is in connection with a complaint investigation, shall:
    - a. Not redact patient information from the patient medical records before the licensee discloses the patient medical records to the Department; and
    - b. Ensure the patient medical records include:
      - i. The patient's name, address, and date of birth;
      - ii. The patient's representative, if applicable; and
      - iii. The name and telephone number of an individual to contact in an emergency.
- E.** A medical director shall ensure that only personnel authorized by policies and procedures, records or signs an entry in a medical record and:
1. An entry in a medical record is dated and legible;
  2. An entry is authenticated by:
    - a. A signature; or
    - b. An individual's initials if the individual's signature already appears in the medical record;
  3. An entry is not changed after it has been recorded, but additional information related to an entry may be recorded in the medical record;
  4. When a verbal or telephone order is entered in the medical record, the entry is authenticated within 21 calendar days by the individual who issued the order;
  5. If a rubber-stamp signature or an electronic signature is used:
    - a. An individual's rubber stamp or electronic signature is not used by another individual;
    - b. The individual who uses a rubber stamp or electronic signature signs a statement that the individual is responsible for the use of the rubber stamp or the electronic signature; and
    - c. The signed statement is included in the individual's personnel record; and
  6. If an abortion clinic maintains medical records electronically, the medical director shall ensure the date and time of an entry is recorded by the computer's internal clock.
- F.** As required by A.R.S. § 36-449.03(J), the Department shall not release any personally identifiable patient or physician information.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1512 renumbered to R9-10-1513; new Section R9-10-1512 renumbered from R9-10-1511 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1513. Environmental and Safety Standards**

A licensee shall ensure that:

1. The premises:
  - a. Provide lighting and ventilation to ensure the health and safety of a patient,
  - b. Are maintained in a clean condition,
  - c. Are free from a condition or situation that may cause a patient to suffer physical injury,
  - d. Are maintained free from insects and vermin, and
  - e. Are smoke-free;
2. A warning notice is placed at the entrance to a room or area where oxygen is in use;
3. Soiled linen and clothing are kept:
  - a. In a covered container, and
  - b. Separate from clean linen and clothing;
4. Personnel wash hands after each direct patient contact and after handling soiled linen, soiled clothing, or biohazardous medical waste;
5. A written emergency plan is established, documented, and implemented that includes procedures for protecting the health and safety of patients and other individuals in a fire, natural disaster, loss of electrical power, or threat or incidence of violence;

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6. An evacuation drill is conducted at least once every six months that includes all personnel on the premises on the day of the evacuation drill; and
7. Documentation of the evacuation drill is maintained on the premises for at least one year after the date of the evacuation drill and includes:
  - a. The date and time of the evacuation drill, and
  - b. The names of personnel participating in the evacuation drill.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1513 renumbered to R9-10-1514; new Section R9-10-1513 renumbered from R9-10-1512 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1514. Equipment Standards**

A licensee shall ensure that:

1. Equipment and supplies are maintained in a:
  - a. Clean condition, and
  - b. Quantity sufficient to meet the needs of patients present in the abortion clinic;
2. Equipment to monitor vital signs is in each room in which an abortion is performed;
3. A surgical or gynecologic examination table is used for an abortion;
4. The following equipment and supplies are available in the abortion clinic:
  - a. Equipment to measure blood pressure;
  - b. A stethoscope;
  - c. A scale for weighing a patient;
  - d. Supplies for obtaining specimens and cultures and for laboratory tests; and
  - e. Equipment and supplies for use in a medical emergency including:
    - i. Ventilatory assistance equipment,
    - ii. Oxygen source,
    - iii. Suction apparatus, and
    - iv. Intravenous fluid equipment and supplies; and
  - f. Ultrasound equipment;
5. In addition to the requirements in subsection (4), the following equipment is available for an abortion procedure performed after the first trimester:
  - a. Drugs to support cardiopulmonary function of a patient, and
  - b. Equipment to monitor the cardiopulmonary status of a patient;
6. In addition to the requirements in subsections (4) and (5), if the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, the following equipment is available for the abortion procedure:
  - a. Equipment to provide warmth and drying of a fetus delivered alive,
  - b. Equipment necessary to clear secretions from and position the airway of a fetus delivered alive,
  - c. Equipment necessary to administer oxygen to a fetus delivered alive,
  - d. Equipment to assess and monitor the cardiopulmonary status of a fetus delivered alive, and
  - e. Drugs to support cardiopulmonary function in a viable fetus;
7. Equipment and supplies are clean and, if applicable, sterile before each use;
8. Equipment required in this Section is maintained in working order, tested and calibrated at least once every 12 months or according to the manufacturer's recommendations, and used according to the manufacturer's recommendations; and
9. Documentation of each equipment test, calibration, and repair is maintained on the premises for at least 12 months after the date of the testing, calibration, or repair and provided to the Department for review within two hours after the Department requests the documentation.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1514 renumbered to R9-10-1515; new Section R9-10-1514 renumbered from R9-10-1513 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1515. Physical Plant Standards**

- A. A licensee shall ensure that an abortion clinic complies with all local building codes, ordinances, fire codes, and zoning requirements. If there are no local building codes, ordinances, fire codes, or zoning requirements, the abortion clinic shall comply with the applicable codes and standards incorporated by reference in A.A.C. R9-1-412 that were in effect on the date the abortion clinic's architectural plans and specifications were submitted to the Department for approval.
- B. A licensee shall ensure that an abortion clinic provides areas or rooms:
  1. That provide privacy for:
    - a. A patient's interview, medical evaluation, and counseling;
    - b. A patient to dress; and
    - c. Performing an abortion procedure;
  2. For personnel to dress;
  3. With a sink and a flushable toilet in working order;
  4. For cleaning and sterilizing equipment and supplies;
  5. For storing medical records;
  6. For storing equipment and supplies;



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7. For hand washing before the abortion procedure; and
  8. For a patient recovering after an abortion.
- C. A licensee shall ensure that an abortion clinic has an emergency exit to accommodate a stretcher or gurney.

**Historical Note**

New Section R9-10-1515 made by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section repealed; new Section renumbered from R9-10-1514 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**ARTICLE 16. BEHAVIORAL HEALTH RESPITE HOMES****R9-10-1601. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article unless otherwise specified:

1. "Acceptance" means, after a referral from a collaborating health care institution, an individual receives services from a provider in a behavioral health respite home.
2. "Provider" means an individual who lives in a behavioral health respite home and ensures that a recipient receives the behavioral health services and ancillary services in the recipient's treatment plan.
3. "Recipient" means an individual referred by a collaborating health care institution to and accepted by a behavioral health respite home.
4. "Release" means a documented termination of services by a provider to a recipient that is authorized by a collaborating health care institution.
5. "Sibling" means one of two or more individuals having one or both parents in common.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1602. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant shall include, in a format provided by the Department, the following information for the behavioral health respite home's collaborating health care institution:

1. Name,
2. Address,
3. Class or subclass,
4. License number, and
5. Name and contact information for an individual assigned by the collaborating health care institution to monitor the behavioral health respite home.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1602 renumbered to R9-10-1603; new Section R9-10-1602 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1603. Administration**

- A. A governing authority of a behavioral health respite home:
1. Consists of no more than two providers, who live in the behavioral health respite home;
  2. Has the authority and responsibility to manage the behavioral health respite home;

3. Has a documented agreement with a collaborating health care institution that establishes the responsibilities of the behavioral health respite home and the collaborating health care institution, consistent with the requirements in this Chapter;
4. Shall establish, in writing, the behavioral health respite home's scope of services, which are approved by the collaborating health care institution; and
5. Shall ensure that:
  - a. Except as provided in R9-10-1612(A), no more than three recipients are accepted by the behavioral health respite home;
  - b. A provider is on the premises whenever a recipient is present in the behavioral health respite home;
  - c. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - d. When documentation or information is required by this Chapter to be submitted on behalf of the behavioral health respite home, the documentation or information is provided to the unit in the Department that is responsible for licensing the behavioral health respite home.

**B. A provider:**

1. Is at least 21 years of age;
2. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of recipients;
3. Has the skills and knowledge established by the collaborating health care institution as specified in R9-10-118;
4. Has documentation of completion of training in assistance in the self-administration of medication as specified in R9-10-118; and
5. Has documentation of evidence of freedom from infectious tuberculosis:
  - a. On or before the date the provider begins providing services at or on behalf of the behavioral health respite home, and
  - b. As specified in R9-10-113.

**C. A provider shall ensure that policies and procedures are:**

1. Established, documented, and implemented to protect the health and safety of a recipient that cover:
  - a. Recordkeeping;
  - b. Recipient acceptance and release;
  - c. The release of a recipient under 18 years of age to an individual other than the recipient's parent or guardian;
  - d. Recipient rights;
  - e. The provision of respite care services, including coordinating the provision of behavioral health services;
  - f. Recipients' medical records, including electronic medical records;
  - g. Assistance in the self-administration of medication;
  - h. Infection control; and
  - i. How a provider will respond to a recipient's sudden, intense, or out-of-control behavior to prevent harm to the recipient or another individual;
2. Approved, in writing, by the behavioral health respite home's collaborating health care institution before implementation and when the policies and procedures are reviewed or updated; and

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3. Reviewed by the provider and the behavioral health respite home's collaborating health care institution at least once every three years and updated as needed.
  - D.** A provider shall provide written notification to the Department and the collaborating health care institution of a recipient's:
    1. Death, if the recipient's death is required to be reported according to A.R.S. § 11-593, within one working day after the recipient's death; and
    2. Self-injury, within two working days after the recipient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
  - E.** If abuse, neglect, or exploitation of a recipient is alleged or suspected to have occurred before the recipient was accepted or while the recipient is not at a behavioral health respite home and not receiving services from the behavioral health respite home, a provider shall report the alleged or suspected abuse, neglect, or exploitation of the recipient as follows:
    1. For a recipient 18 years of age or older, according to A.R.S. § 46-454; or
    2. For a recipient under 18 years of age, according to A.R.S. § 13-3620.
  - F.** If a provider has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a recipient is receiving behavioral health respite home services, the provider shall:
    1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
    2. Report the suspected abuse, neglect, or exploitation of the recipient as follows:
      - a. To the behavioral health respite home's collaborating health care institution; and
      - b. For a:
        - i. Recipient 18 years of age or older, according to A.R.S. § 46-454; and
        - ii. Recipient under 18 years of age, according to A.R.S. § 13-3620;
    3. Document:
      - a. The suspected abuse, neglect, or exploitation;
      - b. Any action taken according to subsection (F)(1); and
      - c. The report in subsection (F)(2);
    4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
    5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
      - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
      - b. A description of any injury to the recipient related to the suspected abuse or neglect and any change to the recipient's physical, cognitive, functional, or emotional condition;
      - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
      - d. The action taken by the provider to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
    6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
  - G.** A provider shall ensure that a recipient under 18 years of age is only released to an individual who, according to policies and procedures:
    1. Is designated by the recipient's parent or guardian to release the recipient, and
    2. Presents documentation at the time of the recipient's release that verifies the individual's identity.
  - H.** A provider shall maintain a record for each provider that includes:
    1. The provider's:
      - a. Name,
      - b. Date of birth, and
      - c. Contact telephone number; and
    2. Documentation of:
      - a. Verification of skills and knowledge, completed by the behavioral health respite home's collaborating health care institution;
      - b. Certification in cardiopulmonary resuscitation and first aid training;
      - c. Completion of training in assistance in the self-administration of medication, provided by the behavioral health respite home's collaborating health care institution; and
      - d. Evidence of freedom from infectious tuberculosis.
- Historical Note**
- Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1603 renumbered to R9-10-1604; new Section R9-10-1603 renumbered from R9-10-1602 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1604. Recipient Rights**
- A.** A provider shall ensure that:
    1. A recipient is treated with dignity, respect, and consideration;
    2. A recipient is not subjected to:
      - a. Abuse;
      - b. Neglect;
      - c. Exploitation;
      - d. Coercion;
      - e. Manipulation;
      - f. Sexual abuse;
      - g. Sexual assault;
      - h. Seclusion;
      - i. Restraint;
      - j. Retaliation for submitting a complaint to the Department or another entity; or
      - k. Misappropriation of personal and private property by:
        - i. A behavioral health respite home's provider, or
        - ii. An individual other than a recipient residing in the behavioral health respite home; and
    3. A recipient or the recipient's representative:
      - a. Is informed of the recipient complaint process;
      - b. Consents to photographs of the recipient before the recipient is photographed, except that a recipient may be photographed when accepted by a behavioral health respite home for identification and administrative purposes; and
      - c. Except as otherwise permitted by law, provides written consent to the release of information in the recipient's medical record.
  - B.** A recipient has the following rights:

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1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive services that support and respect the recipient's individuality, choices, strengths, and abilities;
  3. To receive privacy in care for personal needs;
  4. To review, upon written request, the recipient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the recipient; and
  6. To receive assistance from a family member, recipient's representative, or other individual in understanding, protecting, or exercising the recipient's rights.
- ii. The recipient is taking the dosage of the medication as stated on the medication container label, and
  - iii. The recipient is taking the medication at the time stated on the medication container label; or
  - e. Observing the recipient while the recipient takes the medication; and
3. Assistance in the self-administration of medication provided to a recipient is documented in the recipient's medical record.

**B. When medication is stored by a provider, the provider shall ensure that:**

1. A locked cabinet, closet, or self-contained unit is used for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Medication, including expired medication, that is no longer being used is discarded.

**C. A provider shall immediately report a medication error or a recipient's adverse reaction to a medication to the:**

1. Medical practitioner who ordered the medication, or
2. Contact individual at the behavioral health respite home's collaborating health care institution.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1604 renumbered to R9-10-1605; new Section R9-10-1604 renumbered from R9-10-1603 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1605. Providing Services**

- A.** A provider shall ensure that behavioral health services and ancillary services are provided to a recipient according to the recipient's treatment plan obtained from the behavioral health respite home's collaborating health care institution.
- B.** A provider shall submit to the behavioral health respite home's collaborating health care institution and, if applicable, the recipient's case manager:
  1. Documentation of any significant change in a recipient's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the recipient's changing needs; and
  2. Notification of a recipient's unexpected self-release.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1605 renumbered to R9-10-1606; new Section R9-10-1605 renumbered from R9-10-1604 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1606. Assistance in the Self-Administration of Medication**

- A.** If a provider provides assistance in the self-administration of medication, the provider shall ensure that:
  1. If a recipient is receiving assistance in the self-administration of medication, the recipient's medication is stored by the provider;
  2. The following assistance is provided to a recipient:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container or medication organizer for the recipient;
    - c. Observing the recipient while the recipient removes the medication from the medication container or medication organizer;
    - d. Verifying that the medication is taken as ordered by the recipient's medical practitioner by confirming that:
      - i. The recipient taking the medication is the individual stated on the medication container label,

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1606 renumbered to R9-10-1607; new Section R9-10-1606 renumbered from R9-10-1605 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1607. Medical Records****A. A provider shall ensure that:**

1. A medical record is established and maintained for each recipient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a recipient's medical record is:
  - a. Only recorded by the provider or an individual designated by the provider to record an entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. A recipient's medical record is available to an individual:
  - a. Authorized by policies and procedures to access the recipient's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the recipient or the recipient's representative; or
  - c. As permitted by law; and
4. A recipient's medical record is protected from loss, damage, or unauthorized use.

**B. If a provider maintains recipients' medical records electronically, the provider shall ensure that safeguards exist to prevent unauthorized access.****C. A provider shall ensure that a recipient's medical record contains:**

1. Recipient information that includes:
  - a. The recipient's name,
  - b. The recipient's date of birth,
  - c. Any known allergies, and
  - d. Medication information for the recipient;
2. The names, addresses, and telephone numbers of:
  - a. The recipient's medical practitioner;
  - b. The recipient's case manager, if applicable;

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- c. The behavioral health professional assigned to the recipient by the behavioral health respite home's collaborating health care institution; and
- d. An individual to be contacted in the event of an emergency;
- 3. The date and time of the recipient's acceptance by the behavioral health respite home and, if applicable, the date and time of the recipient's release from the behavioral health respite home;
- 4. If applicable, the name and contact information of the recipient's representative and:
  - a. If the recipient is 18 years of age or older or an emancipated minor, the document signed by the recipient consenting for the recipient's representative to act on the recipient's behalf; or
  - b. If the recipient's representative:
    - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
    - ii. Is a legal guardian, a copy of the court order establishing guardianship;
- 5. A copy of the recipient's treatment plan and any updates to the recipient's treatment plan obtained from the behavioral health respite home's collaborating health care institution;
- 6. For a recipient receiving assistance in the self-administration of medication, documentation that includes for each medication:
  - a. The date and time of assistance;
  - b. The name, strength, dosage, and route of administration;
  - c. The provider's signature or first and last initials; and
  - d. Any adverse reaction the recipient has to the medication;
- 7. Documentation of the recipient's refusal of a medication, if applicable;
- 8. Documentation of any significant change in the recipient's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the recipient's changing needs;
- 9. If applicable, documentation of any actions taken to control the recipient's sudden, intense, or out-of-control behavior to prevent harm to the recipient or another individual;
- 10. If applicable, documentation of a notification to the behavioral health respite home's collaborating health care institution of an unexpected self-release of the recipient; and
- 11. A written notice of release from the behavioral health respite home, if applicable.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1607 renumbered to R9-10-1608; new Section R9-10-1607 renumbered from R9-10-1606 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1608. Food Services**

A provider shall ensure that:

- 1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a recipient;

- 2. Three nutritionally balanced meals are served each day;
- 3. Nutritious snacks are available between meals;
- 4. Food served meets any special dietary needs of a recipient as prescribed by the recipient's physician or registered dietitian; and
- 5. Chemicals and detergents are not stored with food.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1608 renumbered to R9-10-1609; new Section R9-10-1608 renumbered from R9-10-1607 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1609. Emergency and Safety Standards**

A provider shall ensure that:

- 1. A first aid kit is available at a behavioral health respite home sufficient to meet the needs of recipients;
- 2. If a firearm or ammunition for a firearm is stored at a behavioral health respite home:
  - a. The firearm is stored separate from the ammunition for the firearm; and
  - b. The firearm and the ammunition for the firearm are:
    - i. Stored in a locked closet, cabinet, or container; and
    - ii. Inaccessible to a recipient;
- 3. A smoke detector is installed in:
  - a. A bedroom used by a recipient,
  - b. A hallway in a behavioral health respite home, and
  - c. A behavioral health respite home's kitchen;
- 4. A smoke detector required in subsection (3):
  - a. Is maintained in operable condition; and
  - b. Is battery operated or, if hard-wired into the electrical system of a behavioral health respite home, has a back-up battery;
- 5. A behavioral health respite home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the behavioral health respite home's kitchen;
- 6. A portable fire extinguisher required in subsection (5) is:
  - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
  - b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
- 7. A written evacuation plan is maintained and available for use by the provider and any recipient in a behavioral health respite home;
- 8. An evacuation drill is conducted at least once every six months; and
- 9. A record of an evacuation drill required in subsection (8) is maintained for at least 12 months after the date of the evacuation drill.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1609 renumbered to R9-10-1610; new Section R9-10-1609 renumbered from R9-10-1608 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1610. Environmental Standards**

A. A provider shall ensure that a behavioral health respite home:

- 1. Is in a building that:

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- a. Is arranged, designed, and used for the living, sleeping, and housekeeping activities for one family on a permanent basis; and
- b. Is free of any plumbing, electrical, ventilation, mechanical, chemical, or structural hazard that may jeopardize the health or safety of a recipient;
- 2. Has a living room accessible at all times to a recipient;
- 3. Has a dining area furnished for group meals that is accessible to the provider, recipients, and any other individuals present in the behavioral health respite home;
- 4. For each six individuals residing in the behavioral health respite home, including recipients, has at least one bathroom equipped with:
  - a. A working toilet that flushes and has a seat; and
  - b. A sink with running water accessible for use by a recipient;
- 5. Has equipment and supplies to maintain a recipient's personal hygiene accessible to the recipient;
- 6. Is clean and free from accumulations of dirt, garbage, and rubbish; and
- 7. Implements a pest control program that complies with A.A.C. R3-8-201(C)(4) to minimize the presence of insects and vermin at the behavioral health respite home.
- B.** A provider shall ensure that any pets or other animals allowed on the premises are:
  - 1. Controlled to prevent endangering a recipient and to maintain sanitation;
  - 2. Licensed consistent with local ordinances; and
  - 3. For a dog or cat, vaccinated against rabies.
- C.** If a swimming pool is located on the premises, a provider shall ensure that:
  - 1. The swimming pool is equipped with the following:
    - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
      - i. A removable strainer,
      - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
      - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
    - b. An operational cleaning system;
  - 2. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground, and
      - iii. Is locked when the swimming pool is not in use; and
  - 3. A life preserver or shepherd's crook is available and accessible in the pool area.
- D.** A provider shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (C)(2) is covered and locked when not in use.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1610 renumbered to R9-10-1611; new Section R9-10-1610 renumbered from R9-10-1609 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-1611. Adult Behavioral Health Respite Services**

A provider shall ensure that:

- 1. A bedroom for use by a recipient:
  - a. Is separated from a hall, corridors, or other habitable room by floor to ceiling walls containing no interior openings except doors and is not used as a passageway to another bedroom or habitable room;
  - b. Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
  - c. Contains for each recipient using the bedroom:
    - i. A separate, adult-sized, single bed or larger bed with a clean mattress in good repair;
    - ii. Clean bedding appropriate for the season; and
    - iii. Storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers; and
  - d. If used for:
    - i. Single occupancy, contains at least 60 square feet of floor space; or
    - ii. Double occupancy, contains at least 100 square feet of floor space;
- 2. A mirror is available to a recipient for grooming;
- 3. A recipient does not share a bedroom with an individual who is not a recipient;
- 4. No more than two recipients share a bedroom;
- 5. If two recipients share a bedroom, each recipient agrees, in writing, to share the bedroom; and
- 6. A recipient's bedroom is not used to store anything that may be a hazard to the recipient or another individual.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1611 renumbered to R9-10-1612; new Section R9-10-1611 renumbered from R9-10-1610 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1612. Children's Behavioral Health Respite Services**

- A.** A provider may provide children's behavioral health respite services for up to four recipients if at least two of the recipients are siblings.
- B.** For a behavioral health respite home that provides children's behavioral health respite services, a provider shall:
  - 1. Have a valid fingerprint clearance card according to A.R.S. § 36-425.03; and
  - 2. Ensure that:
    - a. If an adult other than a provider is present in the behavioral health respite home, the provider supervises the adult when and where a recipient is present;
    - b. A recipient does not share a bedroom with:
      - i. An individual that, based on the other individual's developmental levels, social skills, verbal

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- skills, and personal history, may present a threat to the recipient;
- ii. Except as provided in subsection (C), an adult; or
- iii. Except as provided in subsection (B)(2)(c), an individual that is not the same gender;
- c. A recipient may share a bedroom with an individual that is not the same gender if the individual is the recipient's sibling;
- d. A bedroom used by a recipient:
  - i. If the bedroom is a private bedroom, contains at least 60 square feet of floor space, not including the closet; or
  - ii. If the bedroom is a shared bedroom:
    - (1) Contains at least 100 square feet of floor space, not including a closet, for two individual occupying the bedroom or contains at least 140 square feet of floor space, not including a closet, for three individuals occupying the bedroom;
    - (2) If there are four siblings occupying the bedroom, contains at least 140 square feet of floor space, not including a closet;
    - (3) Provides space between beds or bunk beds; and
    - (4) Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
  - iii. For a recipient under three years of age, may contain a crib;
  - iv. Except for a recipient under three years of age who has a crib, contains a bed for the recipient that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and clean linens; and
  - v. Contains individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
- e. Clean linens for a bed include a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, waterproof mattress covers as needed, and blankets to ensure warmth and comfort of a recipient;
- f. A recipient older than three years of age does not sleep in a crib;
- g. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to recipients in a quantity sufficient to meet each recipient's needs and are appropriate to each recipient's age and developmental level; and
- h. The following are stored in a labeled container separate from food storage areas and inaccessible to a recipient:
  - i. Materials and chemicals labeled as a toxic substance, and
  - ii. Substances that have a child warning label and may be a hazard to a recipient.
- C. If a recipient is younger than 2 years of age and sleeps in a crib, the recipient may sleep in a crib placed in a provider's bedroom.

**Historical Note**

New Section R9-10-1612 renumbered from R9-10-1611 and amended by exempt rulemaking at 20 A.A.R. 1409,

pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**ARTICLE 17. UNCLASSIFIED HEALTH CARE INSTITUTIONS****R9-10-1701. Definitions**

Definitions in A.R.S. § 36-401 and R9-10-101 apply in this Article unless otherwise specified.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-1702. Administration**

- A. A governing authority for a health care institution not otherwise classified or subclassified in A.R.S. Title 36, Chapter 4 or 9 A.A.C. 10 shall:
  - 1. Consist of one or more individuals responsible for the organization, operation, and administration of the health care institution;
  - 2. Establish, in writing:
    - a. A health care institution's scope of services, and
    - b. Qualifications for an administrator;
  - 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
  - 4. Adopt a quality management program according to R9-10-1703;
  - 5. Review and evaluate the effectiveness of the quality management program in R9-10-1703 at least once every 12 months;
  - 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    - a. Expected not to be present on a health care institution's premises for more than 30 calendar days, or
    - b. Not present on a health care institution's premises for more than 30 calendar days; and
  - 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425 when there is a change in an administrator and identify the name and qualifications of the new administrator.
- B. An administrator:
  - 1. Is directly accountable to the governing authority of a health care institution for the daily operation of the health care institution and all services provided by or at the health care institution;
  - 2. Has the authority and responsibility to manage the health care institution; and
  - 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the health care institution's premises and accountable for the health care institution when the administrator is not present on the health care institution's premises.
- C. An administrator shall ensure that:
  - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers and students;

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- c. Include how a personnel member may submit a complaint relating to services provided to a patient;
  - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - e. Cover cardiopulmonary resuscitation training, including:
    - i. The method and content of cardiopulmonary resuscitation training;
    - ii. The qualifications for an individual providing cardiopulmonary resuscitation training;
    - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
    - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
  - f. Include a method to identify a patient to ensure the patient receives services as ordered;
  - g. Cover first aid training;
  - h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
  - i. Cover specific steps for:
    - i. A patient to file a complaint, and
    - ii. The health care institution to respond to and resolve a patient complaint;
  - j. Cover medical records, including electronic medical records;
  - k. Cover a quality management program, including incident report and supporting documentation;
  - l. Cover contracted services;
  - m. Cover health care directives; and
  - n. Cover when an individual may visit a patient in a health care institution;
2. Policies and procedures for health care institution services are established, documented, and implemented to protect the health and safety of a patient that:
- a. Cover patient screening, admission, assessment, treatment plan, transport, transfer, and discharge, if applicable;
  - b. Cover patient outings, if applicable;
  - c. Include when general consent and informed consent are required;
  - d. Cover the provision of services listed in the health care institution's scope of services;
  - e. Cover administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances, if applicable;
  - f. Cover infection control;
  - g. Cover telemedicine, if applicable;
  - h. Cover environmental services that affect patient care;
  - i. Cover smoking and the use of tobacco products on the health care institution's premises;
  - j. Cover how the health care institution will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  - k. Cover how incidents are reported and investigated; and
  - l. Designate which employees or personnel members are required to have current certification in cardiopulmonary resuscitation and first aid training;
- 3. Policies and procedures are reviewed at least once every three years and updated as needed;
  - 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
  - 5. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after the Department's request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a health care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the health care institution.
- D.** If applicable, an administrator shall designate a clinical director who:
- 1. Provides direction for behavioral health services provided at the health care institution, and
  - 2. Is a behavioral health professional.
- E.** An administrator shall provide written notification to the Department of a patient's:
- 1. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and
  - 2. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- F.** If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a health care institution's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
- 1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
  - 2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- G.** If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving unclassified healthcare services, the administrator shall:
- 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  - 2. Report the suspected abuse, neglect, or exploitation of the patient:
    - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
  - 3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (G)(1); and
    - c. The report in subsection (G)(2);
  - 4. Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
  - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in (G)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;

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- b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
  - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
  - d. The action taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (G)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- H.** An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, an employee, a patient, or a patient's representative:
- 1. The health care institution's current license,
  - 2. The evacuation plan listed in R9-10-1711, and
  - 3. The location at which inspection reports required in R9-10-1711(B) are available for review or can be made available for review.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Subsection reference for inspection reports corrected at R9-10-1702(H)(3), file number R20-03 at the request of the Department (Supp. 19-3).

**R9-10-1703. Quality Management**

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1704. Contracted Services**

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article,
- 2. Documented of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1705. Personnel**

**A.** An administrator shall ensure that:

- 1. A personnel member is:
  - a. At least 21 years old, or
  - b. If providing behavioral health services, at least 18 years old;
- 2. An employee is at least 18 years old;
- 3. A student is at least 18 years old; and
- 4. A volunteer is at least 21 years old.

**B.** An administrator shall ensure that:

- 1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of participants receiving behavioral health services or physical health services from the personnel member according to the established job description;
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
- 2. A personnel member's skills and knowledge are verified and documented:



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- a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures;
- 3. Sufficient personnel members are present on a health care institution's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the health care institution's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient.
- C. An administrator shall ensure that:
  - 1. A plan to provide orientation specific to the duties of a personnel member, employee, volunteer, and student is developed, documented, and implemented;
  - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
  - 3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  - 4. A plan to provide in-service education specific to the duties of a personnel member is developed;
  - 5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training; and
  - 6. A work schedule of each personnel member is developed and maintained at the health care institution for at least 12 months after the date of the work schedule.
- D. An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
  - a. On or before the date the individual begins providing services at or on behalf of the unclassified healthcare institution, and
  - b. As specified in R9-10-113.
- E. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
  - 1. The individual's name, date of birth, and contact telephone number;
  - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  - 3. Documentation of:
    - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's completed orientation and in-service education as required by policies and procedures;
    - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - e. If the health care institution provides services to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
    - f. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-1702(C)(2)(I);
    - g. First aid training, if required for the individual according to this Article or policies and procedures; and
    - h. Evidence of freedom from infectious tuberculosis, if the individual is required to provide evidence of freedom according to subsection (D).
- F. An administrator shall ensure that personnel records are:
  - 1. Maintained:
    - a. Throughout an individual's period of providing services in or for the health care institution, and
    - b. For at least 24 months after the last date the individual provided services in or for the health care institution; and
  - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the health care institution during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- G. An administrator shall ensure that at least one personnel member who is present at the health care institution during the hours of the health care institution operation has first-aid training and cardiopulmonary resuscitation certification specific to the populations served by the health care institution.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-1706. Transport; Transfer**

- A. Except as provided in subsection (B), an administrator shall ensure that:
  - 1. A personnel member coordinates the transport and the services provided to the patient;
  - 2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before and after the transport,
    - b. Information in the patient's medical record is provided to a receiving health care institution, and
    - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
  - 3. Documentation in the patient's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the personnel member accompanying the patient during a transport.
- B. Subsection (A) does not apply to:
  - 1. Transportation to a location other than a licensed health care institution,
  - 2. Transportation provided for a patient by the patient or the patient's representative,
  - 3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
  - 4. A transport to another licensed health care institution in an emergency.

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- C. Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the patient;
  2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before the transfer;
    - b. Information in the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
  3. Documentation in the patient's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the patient during a transfer.
- a. Is informed of the patient complaint process;
- b. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a health care institution for identification and administrative purposes; and
- c. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
  - i. Medical record, or
  - ii. Financial records.
- C. A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive services that support and respect the patient's individuality, choices, strengths, and abilities;
  3. To receive privacy in care for personal needs;
  4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the patient; and
  6. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1707. Patient Rights**

- A. An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
  3. Policies and procedures include:
    - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
    - k. Misappropriation of personal and private property by the unclassified health care institution's personnel members, employees, volunteers, or students; and
  3. A patient or the patient's representative:

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1708. Medical Records**

- A. An administrator shall ensure that:
1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a patient's medical record is:
    - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  5. A patient's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the patient's medical record;

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- b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
- c. As permitted by law;
- 6. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
- 7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a health care institution maintains a patient's medical records electronically, an administrator shall ensure that:
  - 1. Safeguards exist to prevent unauthorized access, and
  - 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
  - 1. Patient information that includes:
    - a. The patient's name;
    - b. The patient's address;
    - c. The patient's date of birth; and
    - d. Any known allergies, including medication allergies;
  - 2. The name of the admitting medical practitioner or behavioral health professional;
  - 3. The date of admission and, if applicable, the date of discharge;
  - 4. An admitting diagnosis;
  - 5. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative:
      - i. Is a legal guardian, a copy of the court order establishing guardianship; or
      - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
  - 6. If applicable, documented general consent and informed consent by the patient or the patient's representative;
  - 7. Documentation of medical history and results of a physical examination;
  - 8. A copy of the patient's health care directive, if applicable;
  - 9. Orders;
  - 10. Assessment;
  - 11. Treatment plans;
  - 12. Interval note;
  - 13. Progress notes;
  - 14. Documentation of health care institution services provided to the patient;
  - 15. Disposition of the patient after discharge;
  - 16. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  - 17. Discharge plan;
  - 18. A discharge summary, if applicable;
  - 19. If applicable:
    - a. Laboratory reports,
    - b. Radiologic reports,
    - c. Diagnostic reports, and
    - d. Consultation reports; and
  - 20. Documentation of a medication administered to the patient that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain, when initially administered or PRN:
      - i. An assessment of the patient's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication, when initially administered or PRN:
      - i. An assessment of the patient's behavior before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
    - f. Any adverse reaction a patient has to the medication.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1709. Medication Services**

- A.** An administrator shall ensure that:
  - 1. Policies and procedures for medication services include:
    - a. A process for providing information to a patient about medication prescribed for the patient including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting a medication error;
    - c. Procedures for responding to and reporting an unexpected reaction to a medication;
    - d. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner and to ensure the medication regimen meets the patient's needs;
    - e. Procedures for:
      - i. Documenting, as applicable, medication administration and assistance in the self-administration of medication; and
      - ii. Monitoring a patient who self-administers medication;
    - f. Procedures for assisting a patient in obtaining medication; and
    - g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
  - 2. A process is specified for review through the quality management program of:
    - a. A medication administration error; and

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- b. An adverse reaction to a medication.
- B.** If a health care institution provides medication administration, an administrator shall ensure that:
- Medication is stored by the health care institution;
  - Policies and procedures for medication administration:
    - Are reviewed and approved by a medical practitioner;
    - Specify the individuals who may:
      - Order medication, and
      - Administer medication;
    - Ensure that medication is administered to a patient only as prescribed; and
    - Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
  - Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  - A medication administered to a patient:
    - Is administered in compliance with an order, and
    - Is documented in the patient's medical record.
- C.** If a health care institution provides assistance in the self-administration of medication, an administrator shall ensure that:
- A patient's medication is stored by the health care institution;
  - The following assistance is provided to a patient:
    - A reminder when it is time to take the medication;
    - Opening the medication container for the patient;
    - Observing the patient while the patient removes the medication from the container;
    - Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
      - The patient taking the medication is the individual stated on the medication container label,
      - The patient is taking the dosage of the medication as stated on the medication container label, and
      - The patient is taking the medication at the time stated on the medication container label; or
    - Observing the patient while the patient takes the medication;
  - Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
  - Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    - Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    - Includes:
      - A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - Process for notifying the appropriate entities when an emergency medical intervention is needed;
  - A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6.** Assistance in the self-administration of medication provided to a patient:
- Is in compliance with an order, and
  - Is documented in the patient's medical record.
- D.** An administrator shall ensure that:
- A current drug reference guide is available for use by personnel members;
  - A current toxicology reference guide is available for use by personnel members; and
  - If pharmaceutical services are provided on the premises:
    - A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      - Develop a drug formulary,
      - Update the drug formulary at least once every 12 months,
      - Develop medication usage and medication substitution policies and procedures, and
      - Specify which medications and medication classifications are required to be automatically stopped after a specific time period unless the ordering medical practitioner specifically orders otherwise;
    - The pharmaceutical services are provided under the direction of a pharmacist;
    - The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at a health care institution, an administrator shall ensure that:
- Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - Medication is stored according to the instructions on the medication container; and
  - Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
    - Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - A medication recall and notification of patients who received recalled medication; and
    - Storing, inventorying, and dispensing controlled substances.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the health care institution's clinical director.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pur-

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suant to Laws 2013, Ch. 10, § 13; effective July 1, 2014  
(Supp. 14-2).

**R9-10-1710. Food Services**

If food services are provided, an administrator shall ensure:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a patient;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a patient as prescribed by the patient's physician or dietitian; and
5. Chemicals and detergents are not stored with food.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-1711. Emergency and Safety Standards**

**A.** An administrator shall ensure that:

1. A first aid kit is available at a health care institution;
2. If a firearm or ammunition for a firearm are stored at a health care institution:
  - a. The firearm is stored separate from the ammunition for the firearm; and
  - b. The firearm and the ammunition for the firearm are:
    - i. Stored in a locked closet, cabinet, or container; and
    - ii. Inaccessible to a patient;
3. If applicable, there is a smoke detector installed in:
  - a. A bedroom used by a patient,
  - b. A hallway in a health care institution, and
  - c. A health care institution's kitchen;
4. A smoke detector required in subsection (A)(3):
  - a. Is maintained in operable condition; and
  - b. Is battery operated or, if hard-wired into the electrical system of a health care institution, has a back-up battery;
5. A health care institution has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and is available to a personnel member;
6. A portable fire extinguisher required in subsection (A)(5) is:
  - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
  - b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is maintained and available for use by personnel members and any patient in a health care institution;
8. An evacuation drill is conducted at least once every six months; and
9. A record of an evacuation drill required in subsection (A)(8) is maintained for at least 12 months after the date of the evacuation drill.

**B.** An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the fire inspection report, and
3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Section repealed; new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1712. Physical Plant, Environmental Services, and Equipment Standards**

**A.** If applicable, an administrator shall ensure that a health care institution:

1. Is in a building that:
  - a. Has a certificate of occupancy from the local jurisdiction; and
  - b. Is free of any plumbing, electrical, ventilation, mechanical, or structural hazard that may jeopardize the health or safety of a patient;
2. Has a living room accessible at all times to a patient;
3. Has a dining area furnished for group meals that is accessible to the provider, patients, and any other individuals present in the health care institution;
4. Has:
  - a. At least one bathroom for each six individuals residing in the health care institution, including patients; and
  - b. A bathroom accessible for use by a patient that contains:
    - i. A working sink with running water, and
    - ii. A working toilet that flushes and has a seat; and
5. Has equipment and supplies to maintain a patient's personal hygiene that are accessible to the patient.

**B.** An administrator shall ensure that:

1. A health care institution's premises are:
  - a. Sufficient to provide the health care institution's scope of services;
  - b. Cleaned and disinfected according to the health care institution's policies and procedures to prevent, minimize, and control illness and infection;
  - c. Clean and free from accumulations of dirt, garbage, and rubbish; and
  - d. Free from a condition or situation that may cause an individual to suffer physical injury;
2. If a health care institution collects urine or stool specimens from a patient, the health care institution has at least one bathroom that:
  - a. Contains:
    - i. A working sink with running water,
    - ii. A working toilet that flushes and has a seat,
    - iii. Toilet tissue,
    - iv. Soap for hand washing,
    - v. Paper towels or a mechanical air hand dryer,
    - vi. Lighting, and
    - vii. A means of ventilation; and
  - b. Is for the exclusive use of the health care institution;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. If pets or animals are allowed in the health care institution, pets or animals are:
  - a. Controlled to prevent endangering the patients and to maintain sanitation;
  - b. Licensed consistent with local ordinances; and
  - c. For a dog or a cat, vaccinated against rabies;
5. A smoke-free environment is maintained on the premises;

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6. A refrigerator used to store a medication is:
  - a. Maintained in working order, and
  - b. Only used to store medications;
7. Equipment at the health care institution is:
  - a. Sufficient to provide the health care institution's scope of service;
  - b. Maintained in working condition;
  - c. Used according to the manufacturer's recommendations; and
  - d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures;
8. Documentation of an equipment test, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair; and
9. Combustible or flammable liquids and hazardous materials stored by the health care institution are stored in the original labeled containers or safety containers in a storage area that is locked and inaccessible to patients.

**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Section repealed, new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-1713. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Section repealed, new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-1714. Reserved****R9-10-1715. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1716. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1717. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1718. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1719. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1720. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1721. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1722. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1723. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1724. Reserved****R9-10-1725. Reserved****R9-10-1726. Reserved****R9-10-1727. Reserved****R9-10-1728. Reserved****R9-10-1729. Reserved****R9-10-1730. Reserved****R9-10-1731. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1732. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1733. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Corrections: R9-10-1733(B)(2), correction in spelling, "architectural"; R9-10-1733(C)(1)(d), 100 square feet, corrected to read "1000" square feet, as certified effective July 24, 1978 (Supp. 87-2). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1734. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**ARTICLE 18. ADULT BEHAVIORAL HEALTH THERAPEUTIC HOMES****R9-10-1801. Definitions**

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In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Acceptance" means, after a referral from a collaborating health care institution, an individual begins to live in and receive services from a provider in an adult behavioral health therapeutic home.
2. "Backup provider" means an individual designated by a provider to be present in an adult behavioral health therapeutic home, when a provider is not present, who ensures that a resident receives the behavioral health services and ancillary services in the resident's treatment plan.
3. "Provider" means an individual who lives in an adult behavioral health therapeutic home and ensures that a resident receives the behavioral health services and ancillary services in the resident's treatment plan.
4. "Release" means a documented termination of services to a resident by a provider that is authorized by a collaborating health care institution.
5. "Resident" means an individual referred by a collaborating health care institution to and accepted by an adult behavioral health therapeutic home.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1802. Supplemental Application Requirements; Exemption**

- A. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant shall include, in a format provided by the Department:
  1. The name of the backup provider; and
  2. For the adult behavioral health therapeutic home's collaborating health care institution:
    - a. Name,
    - b. Address,
    - c. Class or subclass,
    - d. License number, and
    - e. Name and contact information for an individual assigned by the collaborating health care institution to monitor the adult behavioral health therapeutic home.
- B. An adult behavioral health therapeutic home is exempt from complying with building codes or zoning standards required in 9 A.A.C. 10, Article 1 specified in A.R.S. § 36-421.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 28 A.A.R. 871 (April 29, 2022), with an immediate effective date of April 8, 2022 (Supp. 22-2).

**R9-10-1803. Administration**

- A. A governing authority of an adult behavioral health therapeutic home:
  1. Consists of no more than two providers, who live in the adult behavioral health therapeutic home;
  2. Has the authority and responsibility to manage the adult behavioral health therapeutic home;
  3. Has a documented agreement with a collaborating health care institution that establishes the responsibilities of the adult behavioral health therapeutic home and the collabor-

ating health care institution, consistent with the requirements in this Chapter;

4. Shall establish, in writing, the adult behavioral health therapeutic home's scope of services, which are approved by the collaborating health care institution;
5. Shall designate a back-up provider to be present in the adult behavioral health therapeutic home and accountable for services provided by the adult behavioral health therapeutic home when the provider is not present at the adult behavioral health therapeutic home; and
6. Shall ensure that:
  - a. No more than three residents are accepted by the adult behavioral health therapeutic home;
  - b. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - c. When documentation or information is required by this Chapter to be submitted on behalf of the adult behavioral health therapeutic home, the documentation or information is provided to the unit in the Department that is responsible for licensing the adult behavioral health therapeutic home.
- B. A provider or back-up provider:
  1. Is at least 21 years of age;
  2. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of residents;
  3. Has the skills and knowledge established by the collaborating health care institution as specified in R9-10-118;
  4. Has documentation of completion of training in assistance in the self-administration of medication as specified in R9-10-118; and
  5. Has documentation of evidence of freedom from infectious tuberculosis:
    - a. On or before the date the provider or back-up provider begins providing services at or on behalf of the adult behavioral health therapeutic home, and
    - b. As specified in R9-10-113.
- C. A provider shall ensure that policies and procedures are:
  1. Established, documented, and implemented to protect the health and safety of a resident that cover:
    - a. Recordkeeping;
    - b. Resident acceptance and release;
    - c. Resident rights;
    - d. The provision of services, including coordinating the provision of behavioral health services;
    - e. Residents' medical records, including electronic medical records;
    - f. Assistance in the self-administration of medication;
    - g. Infection control; and
    - h. How a provider will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
  2. Approved, in writing, by an adult behavioral health therapeutic home's collaborating health care institution before implementation and when the policies and procedures are reviewed or updated; and
  3. Reviewed by the provider and an adult behavioral health therapeutic home's collaborating health care institution at least once every three years and updated as needed.
- D. A provider shall provide written notification to the Department and the adult behavioral health therapeutic home's collaborating health care institution of a resident's:

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1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
  2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- E.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not at an adult behavioral health therapeutic home and not receiving services from the adult behavioral health therapeutic home, a provider shall report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.
- F.** If a provider has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving adult behavioral health therapeutic services, the provider shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Immediately report the suspected abuse, neglect, or exploitation of the resident as follows:
    - a. To the adult behavioral health therapeutic home's collaborating health care institution; and
    - b. According to A.R.S. § 46-454;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the provider to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** A provider shall maintain a record for each provider and backup provider that includes:
1. For the provider and the backup provider:
    - a. Name;
    - b. Date of birth;
    - c. Contact telephone number; and
    - d. Documentation of:
      - i. Verification of skills and knowledge, completed by the adult behavioral health therapeutic home's collaborating health care institution;
      - ii. Certification in cardiopulmonary resuscitation and first aid training;
      - iii. Completion of training in assistance in the self-administration of medication, provided by the adult behavioral health therapeutic home's collaborating health care institution;
  2. For the backup provider, home address.
- iv.** If the provider or backup provider provides behavioral health services, clinical oversight as required in R9-10-1805(C); and
- v.** Evidence of freedom from infectious tuberculosis; and
- Historical Note**  
New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1804. Resident Rights**
- A.** A provider shall ensure that:
1. A resident is treated with dignity, respect, and consideration;
  2. A resident is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
    - k. Misappropriation of personal and private property by:
      - i. An adult behavioral health therapeutic home's provider or backup provider, or
      - ii. An individual other than a resident residing in the adult behavioral health therapeutic home; and
  3. A resident or the resident's representative:
    - a. Is informed of the resident complaint process;
    - b. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when accepted by an adult behavioral health therapeutic home for identification and administrative purposes; and
    - c. Except as otherwise permitted by law, provides written consent to the release of information in the resident's medical record.
- B.** A resident has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive services that support and respect the resident's individuality, choices, strengths, and abilities;
  3. To receive privacy in care for personal needs;
  4. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the resident; and
  6. To receive assistance from a family member, resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.



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**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1805. Providing Services**

- A.** A provider shall ensure that behavioral health services and ancillary services are provided to a resident according to the resident's treatment plan obtained from the adult behavioral health therapeutic home's collaborating health care institution.
- B.** A provider shall submit documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition and the action taken by the provider to address the resident's changing needs to the adult behavioral health therapeutic home's collaborating health care institution or, if applicable, the resident's case manager.
- C.** A provider who provides behavioral health services to a resident:
  - 1. For the purpose of an exception to licensing in A.R.S. § 32-3271, is considered a behavioral health technician; and
  - 2. Shall comply with the requirements for clinical oversight for a behavioral health technician in R9-10-115.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1806. Assistance in the Self-Administration of Medication**

- A.** If a provider provides assistance in the self-administration of medication, the provider shall ensure that:
  - 1. If a resident is receiving assistance in the self-administration of medication, the resident's medication is stored by the provider;
  - 2. The following assistance is provided to a resident:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container or medication organizer for the resident;
    - c. Observing the resident while the resident removes the medication from the medication container or medication organizer;
    - d. Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
      - i. The resident taking the medication is the individual stated on the medication container label;
      - ii. The resident is taking the dosage of the medication as stated on the medication container label; and
      - iii. The resident is taking the medication at the time stated on the medication container label; or
    - e. Observing the resident while the resident takes the medication; and
  - 3. Assistance in the self-administration of medication provided to a resident is documented in the resident's medical record.
- B.** When medication is stored by a provider, the provider shall ensure that:
  - 1. A locked cabinet, closet, or self-contained unit is used for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and

- 3. Medication, including expired medication, that is no longer being used is discarded.

- C.** A provider shall immediately report a medication error or a resident's adverse reaction to a medication to the:

- 1. Medical practitioner who ordered the medication, or
- 2. Contact individual at an adult behavioral health therapeutic home's collaborating health care institution.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1807. Medical Records**

- A.** A provider shall ensure that:
  - 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
  - 2. An entry in a resident's medical record is:
    - a. Only recorded by the provider or individual designated by the provider to record an entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  - 3. A resident's medical record is available to an individual:
    - a. Authorized by policies and procedures to access the resident's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
    - c. As permitted by law; and
  - 4. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If a provider maintains residents' medical records electronically, the provider shall ensure that safeguards exist to prevent unauthorized access.
- C.** A provider shall ensure that a resident's medical record contains:
  - 1. Resident information that includes:
    - a. The resident's name,
    - b. The resident's date of birth,
    - c. Any known allergies, and
    - d. Medication information for the resident;
  - 2. The names, addresses, and telephone numbers of:
    - a. The resident's medical practitioner;
    - b. The resident's case manager, if applicable;
    - c. The behavioral health professional assigned to the resident by the adult behavioral health therapeutic home's collaborating health care institution; and
    - d. An individual to be contacted in the event of an emergency;
  - 3. The date of the resident's acceptance by the adult behavioral health therapeutic home and, if applicable, the date of the resident's release from the adult behavioral health therapeutic home;
  - 4. If applicable, the name and contact information of the resident's representative and:
    - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
    - b. If the resident's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or

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- ii. Is a legal guardian, a copy of the court order establishing guardianship;
- 5. A copy of the resident's treatment plan and any updates to the resident's treatment plan, obtained from the adult behavioral health therapeutic home's collaborating health care institution;
- 6. For a resident receiving assistance in the self-administration of medication, documentation that includes for each medication:
  - a. The date and time of assistance;
  - b. The name, strength, dosage, and route of administration;
  - c. The provider's signature or first and last initials; and
  - d. Any adverse reaction the resident has to the medication;
- 7. Documentation of the resident's refusal of a medication, if applicable;
- 8. Documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the resident's changing needs;
- 9. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual; and
- 10. If applicable, a written notice of termination of residency.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1808. Food Services**

A provider shall ensure that:

- 1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a resident;
- 2. Three nutritionally balanced meals are served each day;
- 3. Nutritious snacks are available between meals;
- 4. Food served meets any special dietary needs of a resident as prescribed by the resident's physician or registered dietitian; and
- 5. Chemicals or detergents are not stored with food.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1809. Emergency and Safety Standards**

A provider shall ensure that:

- 1. A first aid kit is available at an adult behavioral health therapeutic home sufficient to meet the needs of residents;
- 2. If a firearm or ammunition for a firearm is stored at an adult behavioral health therapeutic home:
  - a. The firearm is stored separate from the ammunition for the firearm; and
  - b. The firearm and the ammunition for the firearm are:
    - i. Stored in a locked closet, cabinet, or container; and
    - ii. Inaccessible to a resident;
- 3. A smoke detector is installed in:
  - a. A bedroom used by a resident,
  - b. A hallway in an adult behavioral health therapeutic home, and

- c. An adult behavioral health therapeutic home's kitchen;
- 4. A smoke detector required in subsection (3):
  - a. Is maintained in operable condition; and
  - b. Is battery operated or, if hard-wired into the electrical system of an adult behavioral health therapeutic home, has a back-up battery;
- 5. An adult behavioral health therapeutic home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the adult behavioral health therapeutic home's kitchen;
- 6. A portable fire extinguisher required in subsection (5) is:
  - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
  - b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
- 7. A written evacuation plan is maintained and available for use by the provider and any resident in an adult behavioral health therapeutic home;
- 8. An evacuation drill is conducted at least once every six months; and
- 9. A record of an evacuation drill required in subsection (8) is maintained for at least one year after the date of the evacuation drill.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1810. Physical Plant, Environmental Services, and Equipment Standards**

**A.** A provider shall ensure that an adult behavioral health therapeutic home:

- 1. Is in a building that:
  - a. Is arranged, designed, and used for the living, sleeping, and housekeeping activities for one family on a permanent basis; and
  - b. Is free of any plumbing, electrical, ventilation, mechanical, chemical, or structural hazard that may jeopardize the health or safety of a resident;
- 2. Has a living room accessible at all times to a resident;
- 3. Has a dining area furnished for group meals that is accessible to the provider, residents, and any other individuals present in the adult behavioral health therapeutic home;
- 4. For each six individuals residing in the adult behavioral health therapeutic home, including residents, has at least one bathroom equipped with:
  - a. A working toilet that flushes and has a seat; and
  - b. A sink with running water accessible for use by a resident;
- 5. Has equipment and supplies to maintain a resident's personal hygiene that are accessible to the resident;
- 6. Is clean and free from accumulations of dirt, garbage, and rubbish; and
- 7. Implements a pest control program that complies with A.A.C. R3-8-201(C)(4) to minimize the presence of insects and vermin at the adult behavioral health therapeutic home.

**B.** A provider shall ensure that pets and animals are:

- 1. Controlled to prevent endangering the residents and to maintain sanitation;
- 2. Licensed consistent with local ordinances; and
- 3. For a dog or cat, vaccinated against rabies.

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- C. If a swimming pool is located on the premises, a provider shall ensure that:
1. The swimming pool is equipped with the following:
    - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
      - i. A removable strainer,
      - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
      - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
    - b. An operational cleaning system;
  2. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground, and
      - iii. Is locked when the swimming pool is not in use; and
  3. A life preserver or shepherd's crook is available and accessible in the pool area.
- D. A provider shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (C)(2) is covered and locked when not in use.
- E. A provider shall ensure that:
1. A bedroom for use by a resident:
    - a. Is separated from a hall, corridors, or other habitable room by floor-to-ceiling walls containing no interior openings except doors and is not used as a passageway to another bedroom or habitable room;
    - b. Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
    - c. Contains for each resident using the bedroom:
      - i. A separate, adult-sized, single bed or larger bed with a clean mattress in good repair;
      - ii. Clean bedding appropriate for the season; and
      - iii. An individual dresser and closet for storage of personal possessions and clothing; and
    - d. If used for:
      - i. Single occupancy, contains at least 60 square feet of floor space; or
      - ii. Double occupancy, contains at least 100 square feet of floor space; and
  2. A mirror is available to a resident for grooming;
  3. A resident does not share a bedroom with an individual who is not a resident;
  4. No more than two residents share a bedroom;
  5. If two residents share a bedroom, each resident agrees, in writing, to share the bedroom; and
  6. A resident's bedroom is not used to store anything other than the furniture and articles used by the resident and the resident's belongings.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**ARTICLE 19. COUNSELING FACILITIES****R9-10-1901. Repealed****Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Repealed by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1902. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for a license as a counseling facility shall submit, in a format provided by the Department:

1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation;
2. If applicable, a request to provide one of more of the following:
  - a. DUI screening,
  - b. DUI education,
  - c. DUI treatment, or
  - d. Misdemeanor domestic violence offender treatment;
3. Whether the counseling facility has an affiliated outpatient treatment center;
4. If the counseling facility has an affiliated outpatient treatment center:
  - a. The affiliated outpatient treatment center's name; and
  - b. Either:
    - i. The license number assigned to the affiliated outpatient treatment center by the Department; or
    - ii. If the affiliated outpatient treatment center is not currently licensed, the:
      - (1) Street address of the affiliated outpatient treatment center, and
      - (2) Date the affiliated outpatient treatment center submitted to the Department an application for a health care institution license;
5. Whether the counseling facility is sharing administrative support with an affiliated counseling facility; and
6. If the counseling facility is sharing administrative support with an affiliated counseling facility, for each affiliated counseling facility sharing administrative support with the counseling facility:
  - a. The affiliated counseling facility's name; and
  - b. Either:
    - i. The license number assigned to the affiliated counseling facility by the Department; or
    - ii. If the affiliated counseling facility is not currently licensed, the:
      - (1) Street address of the affiliated counseling facility, and
      - (2) Date the affiliated counseling facility submitted to the Department an application

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for a health care institution license.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1903. Administration****A.** A governing authority shall:

1. Consist of one of more individuals accountable for the organization, operation, and administration of a counseling facility;
2. Establish, in writing:
  - a. A counseling facility's scope of services, and
  - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1904;
5. Review and evaluate the effectiveness of the quality management program in R9-10-1904 at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
  - a. Expected not to be present on the premises for more than 30 calendar days, or
  - b. Not present on the premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.

**B.** An administrator:

1. Is directly accountable to the governing authority for the daily operation of the counseling facility and all services provided by or at the counseling facility;
2. Has the authority and responsibility to manage the counseling facility; and
3. Except as provided in subsection (A)(6), designates in writing, an individual who is present on the counseling facility's premises and accountable for the counseling facility when the administrator is not available.

**C.** An administrator or the administrator of the counseling facility's affiliated outpatient treatment center shall establish policies and procedures to protect the health and safety of a patient that:

1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience, for personnel members, employees, volunteers, and students;
2. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
3. Include how a personnel member may submit a complaint relating to services provided to a patient;
4. Cover the requirements in Title 36, Chapter 4, Article 11;
5. Cover patient screening, admission, assessment, discharge planning, and discharge;
6. Cover medical records;
7. Cover the provision of counseling and any services listed in the counseling facility's scope of services;
8. Include when general consent and informed consent are required;

9. Cover telemedicine, if applicable;

10. Cover specific steps for:

- a. A patient or a patient's representative to file a complaint, and
- b. A counseling facility to respond to a complaint; and

11. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual.

**D.** An administrator shall ensure that:

1. Policies and procedures established according to subsection (C) are documented and implemented;
2. Counseling facility policies and procedures are:
  - a. Reviewed at least once every three years and updated as needed, and
  - b. Available to personnel members and employees;
3. Unless otherwise stated:
  - a. Documentation required by this Article is maintained and provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a counseling facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the counseling facility;
4. The following are conspicuously posted:
  - a. The current license for the counseling facility issued by the Department;
  - b. The name, address, and telephone number of the Department;
  - c. A notice that a patient may file a complaint with the Department about the counseling facility;
  - d. A list of patient rights;
  - e. A map for evacuating the facility; and
  - f. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(H), with patient information redacted, are available;
5. Patient follow-up instructions are:
  - a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the counseling facility unless the patient leaves against a personnel member's advice; and
  - b. Documented in the patient's medical record; and
6. Cardiopulmonary resuscitation training includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation.

**E.** If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a counseling facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:

1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
2. For a patient under 18 years of age, according to A.R.S. § 13-3620.

**F.** If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from a counseling facility's employee or personnel member, an administrator shall:

1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;

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2. Report the suspected abuse, neglect, or exploitation of the patient as follows:
  - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
  - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
3. Document:
  - a. The suspected abuse, neglect, or exploitation;
  - b. Any action taken according to subsection (F)(1); and
  - c. The report in subsection (F)(2);
4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
  - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
  - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
  - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
  - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-1904. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and

3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-1905. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-1906. Personnel**

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of counseling expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients expected to be receiving the counseling from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the counseling listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the counseling listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the counseling listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides counseling, and
  - b. According to policies and procedures;
3. Sufficient personnel members are present on a counseling facility's premises during hours of clinical operation with the qualifications, skills, and knowledge necessary to:
  - a. Provide the counseling in the counseling facility's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient;
4. At least one personnel member with cardiopulmonary resuscitation training is present on a counseling facility's premises during hours of clinical operation;

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5. At least one personnel member with first aid training is present on a counseling facility's premises during hours of clinical operation;
6. A personnel member only provides counseling the personnel member is qualified to provide;
7. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
8. A personnel member completes orientation before providing counseling to a patient;
9. An individual's orientation is documented, to include:
  - a. The individual's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
10. A plan is developed, documented, and implemented to provide in-service education specific to the duties of a personnel member;
11. A personnel member's in-service education is documented, to include:
  - a. The personnel member's name,
  - b. The date of the in-service education, and
  - c. The subject or topics covered in the in-service education;
12. A personnel member who is a behavioral health technician or behavioral health paraprofessional complies with the applicable requirements in R9-10-115;
13. A record for a personnel member, an employee, a volunteer, or a student is maintained that includes:
  - a. The individual's name, date of birth, and contact telephone number;
  - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  - c. Documentation of:
    - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
    - ii. The individual's education and experience applicable to the individual's job duties;
    - iii. The individual's completed orientation and in-service education as required by policies and procedures;
    - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03, if applicable;
    - vii. If applicable, cardiopulmonary resuscitation training; and
    - viii. If applicable, first aid training; and
14. The record in subsection (13) is:
  - a. Maintained while an individual provides services for or at the counseling facility and for at least 24 months after the last date the individual provided services for or at the counseling facility; and
  - b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the Department's request.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-1907. Patient Rights**

- A.** An administrator shall ensure that at the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C).
- B.** An administrator shall ensure that:
  1. A patient is treated with dignity, respect, and consideration;
  2. A patient as not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Restraint or seclusion;
    - i. Retaliation for submitting a complaint to the Department or another entity; or
    - j. Misappropriation of personal and private property by a counseling facility's personnel member, employee, volunteer, or student; and
  3. A patient or the patient's representative:
    - a. Either consents to or refuses counseling;
    - b. May refuse or withdraw consent for receiving counseling before counseling is initiated;
    - c. Is informed of the following:
      - i. The counseling facility's policy on health care directives, and
      - ii. The patient complaint process;
    - d. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a counseling facility for identification and administrative purposes; and
    - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      - i. Medical record, or
      - ii. Financial records.
- C.** A patient has the following rights:
  1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive counseling that supports and respects the patient's individuality, choices, strengths, and abilities;
  3. To receive privacy during counseling;
  4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  5. To receive a referral to another health care institution if the counseling facility is not authorized or not able to provide the behavioral health services needed by the patient;
  6. To participate or have the patient's representative participate in the development of, or decisions concerning, the counseling provided to the patient;
  7. To participate or refuse to participate in research or experimental treatment; and
  8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

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**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-1908. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
  - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the patient's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
  - c. As permitted by law; and
6. A patient's medical record is protected from loss, damage, or unauthorized use.

**B.** If a counseling facility maintains patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a medical record is recorded by the computer's internal clock.

**C.** An administrator shall ensure that a patient's medical record contains:

1. Patient information that includes:
  - a. The patient's name and address, and
  - b. The patient's date of birth;
2. A diagnosis or reason for counseling;
3. Documentation of general consent and, if applicable, informed consent for counseling by the patient or the patient's representative;
4. If applicable, the name and contact information of the patient's representative and:
  - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
  - b. If the patient's representative:
    - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or

- ii. Is a legal guardian, a copy of the court order establishing guardianship;

5. Documentation of medical history;
6. Orders;
7. Assessment;
8. Interval notes;
9. Progress notes;
10. Documentation of counseling provided to the patient;
11. The name of each individual providing counseling;
12. Disposition of the patient upon discharge;
13. Documentation of the patient's follow-up instructions provided to the patient;
14. A discharge summary; and
15. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-1909. Counseling****A.** An administrator of a counseling facility shall ensure that:

1. Counseling provided at the counseling facility is provided under the direction of a behavioral health professional;
2. A personnel member who provides counseling is at least 18 years old; and
3. If a counseling facility provides counseling to a patient who is less than 18 years of age, an employee or a volunteer and the owner comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.

**B.** An administrator of a counseling facility shall ensure that:

1. Before counseling for a patient is initiated, there is a behavioral health assessment for the patient that complies with the requirements in this Section that is:
  - a. Available:
    - i. In the patient's medical record maintained by the counseling facility;
    - ii. If the counseling facility is an affiliated counseling facility, in the patient's integrated medical record; or
    - iii. If the counseling facility has an affiliated outpatient treatment center, in the patient's integrated medical record maintained by the counseling facility's affiliated outpatient treatment center; and
  - b. Either:
    - i. Completed by a personnel member at the counseling facility; or
    - ii. Obtained from a behavioral health provider other than the counseling facility;
2. A behavioral health assessment, obtained from a behavioral health provider other than the counseling facility or available in a medical record or integrated medical record, was completed within 12 months before the date of the patient's current admission;
3. If a behavioral health assessment is obtained from a behavioral health provider other than the counseling facility or is available as stated in subsection (B)(1)(a), the information in the behavioral health assessment is reviewed and updated if additional information that affects the patient's behavioral health assessment is identified;

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4. The review and update of the patient's assessment information in subsection (B)(3) is documented in the patient's medical record within 48 hours after the review is completed;
  5. If a behavioral health assessment is conducted by a:
    - a. Behavioral health technician or a registered nurse, within 72 hours after the behavioral health assessment is conducted, a behavioral health professional certified or licensed to provide the counseling needed by the patient reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the counseling needed by the patient; or
    - b. Behavioral health paraprofessional, a behavioral health professional certified or licensed to provide the counseling needed by the patient supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the assessment identifies the counseling needed by the patient;
  6. A behavioral health assessment:
    - a. Documents a patient's:
      - i. Presenting issue;
      - ii. Substance use history;
      - iii. Co-occurring disorder;
      - iv. Medical condition and history;
      - v. Legal history, including:
        - (1) Custody,
        - (2) Guardianship, and
        - (3) Pending litigation;
      - vi. Criminal justice record;
      - vii. Family history;
      - viii. Behavioral health treatment history; and
      - ix. Symptoms reported by the patient or the patient's representative and referrals needed by the patient, if any;
    - b. Includes:
      - i. Recommendations for further assessment or examination of the patient's needs;
      - ii. A description of the counseling, including type, frequency, and number of hours, that will be provided to the patient; and
      - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
    - c. Is documented in patient's medical record;
  7. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
  8. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
  9. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
  10. Documentation of the request in subsection (B)(8) and the opportunity in subsection (B)(9) is in the patient's medical record;
  11. A patient's behavioral health assessment information is documented in the medical record within 48 hours after completing the assessment;
  12. If information in subsection (B)(6)(a) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained;
  13. Counseling is:
    - a. Offered as described in the counseling facility's scope of services;
    - b. Provided according to the type, frequency, and number of hours identified in the patient's assessment; and
    - c. Provided by a behavioral health professional or a behavioral health technician;
  14. A personnel member providing counseling to address a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
  15. Each counseling session is documented in the patient's medical record to include:
    - a. The date of the counseling session;
    - b. The amount of time spent in the counseling session;
    - c. Whether the counseling was individual counseling, family counseling, or group counseling;
    - d. The treatment goals addressed in the counseling session; and
    - e. The signature of the personnel member who provided the counseling and the date signed.
- C.** An administrator may provide any of the following, according to the applicable requirements in 9 A.A.C. 20, to individuals required to attend by a referring court, if approved by the Department to provide the services:
1. DUI screening,
  2. DUI education,
  3. DUI treatment, or
  4. Misdemeanor domestic violence offender treatment.
- D.** An administrator of a counseling facility authorized to provide the services in subsection (C):
1. Shall comply with the requirements for the specific service in 9 A.A.C. 20, and
  2. May have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-1910. Physical Plant, Environmental Services, and Safety Standards**

- A.** An administrator shall ensure that a counseling facility has either:
1. Both of the following:
    - a. A smoke detector installed in each hallway of the counseling facility that is:
      - i. Maintained in an operable condition;
      - ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
      - iii. Tested monthly; and
    - b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:



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- i. Is available at the counseling facility;
  - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
  - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
  - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person; or
- 2. Both of the following that are tested and serviced at least once every 12 months:
  - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and
  - b. A sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order.
- B.** An administrator shall ensure that documentation of a test required in subsection (A) is maintained for at least 12 months after the date of the test.
- C.** An administrator shall ensure that on a counseling facility's premises:
  - 1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
  - 2. Corridors and exits are kept clear of any obstructions;
  - 3. A patient can exit through any exit during hours of clinical operation;
  - 4. An extension cord is not used instead of permanent electrical wiring; and
  - 5. Each electrical outlet and electrical switch has a cover plate that is in good repair.
- D.** An administrator shall:
  - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  - 2. Make any repairs or corrections stated on the fire inspection report, and
  - 3. Maintain documentation of a current fire inspection.
- E.** An administrator shall ensure that:
  - 1. A counseling facility's premises are:
    - a. Sufficient to provide the counseling facility's scope of services;
    - b. Cleaned and disinfected to prevent, minimize, and control illness and infection; and
    - c. Free from a condition or situation that may cause an individual to suffer physical injury;
  - 2. If a bathroom is on the premises, the bathroom contains:
    - a. A working sink with running water,
    - b. A working toilet that flushes and has a seat,
    - c. Toilet tissue,
    - d. Soap for hand washing,
    - e. Paper towels or a mechanical air hand dryer,
    - f. Lighting, and
    - g. A means of ventilation;
  - 3. If a bathroom is not on the premises, a bathroom is:
    - a. Available for a patient's use,
    - b. Located in a building in contiguous proximity to the counseling facility, and
    - c. Free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury; and
  - 4. A tobacco smoke-free environment is maintained on the premises.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 5535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-1911. Integrated Information**

- A.** An administrator of an affiliated outpatient treatment center may maintain the following information, required in this Article for a counseling facility for which the affiliated outpatient treatment center provides administrative support, integrated with information required in 9 A.A.C. 10, Article 10 for the outpatient treatment center:
  - 1. Quality management plan, documented incidents, and reports required in R9-10-1904;
  - 2. Contracted services information in R9-10-1905;
  - 3. Orientation plan, in-service education plan, and personnel records in R9-10-1906; and
  - 4. Medical records in R9-10-1908.
- B.** An administrator of an affiliated counseling facility that shares administrative support with one or more other affiliated counseling facilities may maintain the information in subsections (A)(1) through (A)(4) integrated with information maintained by the other affiliated counseling facilities.
- C.** If an administrator of an affiliated outpatient treatment center or an affiliated counseling facility maintains integrated information according to subsection (A) or (B), the administrator shall develop, document, and implement a method to ensure that:
  - 1. If the quality management plan is integrated, the incidents documented, concerns identified, and changes or actions taken are identified for each facility;
  - 2. If a person provides contracted services at more than one facility, the types of services the person provides at each facility is identified in the contract information;
  - 3. If an orientation plan is applicable to more than one facility, the orientation a personnel member is expected to obtain for each facility is identified in the orientation plan;
  - 4. If an in-service education plan is applicable to more than one facility, the in-service education a personnel member is expected to obtain for each facility is identified in the in-service education plan;
  - 5. If a personnel member provides counseling at more than one facility, the following is identified in the personnel member's record:
    - a. The days and hours the personnel member provides counseling for each facility;
    - b. If the personnel member's job description is different for each facility:
      - i. Each job description for the personnel member, and

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- ii. Verification of the skills and knowledge to provide counseling according to each of the personnel member's job descriptions; and
- c. If a personnel member is a behavioral health technician, documentation of the clinical oversight provided to the personnel member, based on the number and acuity of the patients to whom the personnel member provided counseling at each facility; and
- 6. If a patient receives counseling at more than one facility, the counseling received and any information related to the counseling received at each facility is identified in the patient's medical record.
- D. An administrator of a counseling facility receiving administrative support from an affiliated outpatient treatment center or an affiliated counseling facility shall ensure that if the counseling facility:
  1. Has integrated information, the integrated information is provided to the Department for review within two hours after the Department's request:
    - a. In a written or electronic format at the counseling facility's premises; or
    - b. Electronically directly to the Department.
  2. No longer receives or shares administrative support that includes integrating the information in subsection (A), the information for the counseling facility required in this Article is maintained by the counseling facility and provided to the Department according to the requirements in this Article.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**ARTICLE 20. PAIN MANAGEMENT CLINICS****R9-10-2001. Definitions**

In addition to the definitions in R9-10-101, the following definitions apply in this Article, unless otherwise specified:

1. "Order" means to issue written, verbal, or electronic instructions for a specific dose of a specific medication in a specific quantity and route of administration to be obtained and administered to a patient in a health care institution.
2. "Physician" means an individual licensed as a physician according to A.R.S. Title 32, Chapter 13, 14, or 17.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2002. Application and Documentation Submission Requirements**

- A. An applicant shall submit an application for licensure that meets the requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1.
- B. An applicant or licensee shall submit to the Department:
  1. The applicable fees required in R9-10-106(C), and
  2. The documentation required according to A.R.S. § 36-448.02(C)(1).

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). For clarity, the citation to Arizona Revised Statutes in subsection

(B)(2) has been corrected to include "A.R.S." and the § (section) symbol (Supp. 21-2).

**R9-10-2003. Administration**

- A. A licensee is responsible for the organization and management of a pain management clinic.
- B. A licensee shall:
  1. Adopt policies and procedures for the administration and operation of a pain management clinic;
  2. Designate a medical director who:
    - a. Is licensed:
      - i. As a physician according to A.R.S. Title 32, Chapter 13 or 17; or
      - ii. As a nurse practitioner according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity; and
    - b. May be the same individual as the licensee;
  3. Ensure that there are a sufficient number of personnel members and employees with the required knowledge and qualifications to:
    - a. Meet the requirements of this Article,
    - b. Ensure the health and safety of a patient, and
    - c. Meet the needs of a patient based on the patient's medical evaluation; and
  4. Ensure the following are conspicuously posted on the premises:
    - a. The current pain management clinic license issued by the Department;
    - b. The current telephone number and address of the unit in the Department responsible for licensing the pain management clinic;
    - c. An evacuation map posted in all hallways; and
    - d. A phone number for:
      - i. An opioid assistance and referral hotline, and
      - ii. A poison control hotline.
- C. A medical director shall ensure that:
  1. Pain management services are provided under the direction of:
    - a. A physician, or
    - b. A nurse practitioner licensed according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity;
  2. A record that includes cardiopulmonary resuscitation training is maintained for each personnel member, employee, volunteer, or student who is required by policies and procedures to obtain cardiopulmonary resuscitation training; and
  3. A personnel member certified in cardiopulmonary resuscitation is available on the pain management clinic's premises while patients are present.
- D. A medical director shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  1. Cover personnel member qualifications, duties, and responsibilities, including who may order, prescribe, or administer an opioid and the required knowledge and qualifications of those personnel members;
  2. Cover cardiopulmonary resuscitation training, including:
    - a. The method and content of cardiopulmonary resuscitation training, including a demonstration of an individual's ability to perform cardiopulmonary resuscitation;

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- b. The qualifications required for an individual to provide cardiopulmonary resuscitation training;
  - c. The time-frame for renewal of cardiopulmonary resuscitation training; and
  - d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
- 3. Cover the storage, accessibility, disposal, and documentation of a medication;
- 4. Cover the prescribing or ordering of an opioid:
  - a. Including how, when, and by whom:
    - i. A patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database is reviewed;
    - ii. An assessment is conducted of a patient's substance use risk;
    - iii. The potential risks, adverse outcomes, and complications, including death, associated with the use of opioids are explained to a patient or the patient's representative;
    - iv. Alternatives to a prescribed or ordered opioid are explained to a patient or the patient's representative;
    - v. Informed consent is obtained from a patient or the patient's representative;
    - vi. A patient receiving an opioid is monitored; and
    - vii. The actions taken according to subsections (D)(4)(a)(i) through (vi) are documented;
  - b. Addressing conditions that may impose a higher risk to a patient when prescribing or ordering an opioid, including:
    - i. Concurrent use of a benzodiazepine or other sedative-hypnotic medication,
    - ii. History of substance use disorder,
    - iii. Co-occurring behavioral health issue, or
    - iv. Pregnancy;
  - c. Addressing the criteria for co-prescribing a short-acting opioid antagonist for a patient;
  - d. Including the frequency of the following for a patient prescribed an opioid for longer than a 30-calendar-day period:
    - i. Face-to-face interactions with the patient,
    - ii. Assessment of a patient's substance use risk,
    - iii. Urine drug testing,
    - iv. Renewal of an opioid prescription without a face-to-face interaction with the patient, and
    - v. Monitoring the effectiveness of the treatment;
  - e. If applicable according to A.R.S. § 36-2608, including documenting a dispensed opioid in the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
  - f. Addressing the criteria and procedures for tapering opioid prescription or ordering;
  - g. Addressing the criteria and procedures for offering or referring a patient for treatment for substance use disorder; and
  - h. If opioids are administered at the pain management clinic, including how, when, and by whom:
    - i. A patient's need for opioid administration is assessed,
    - ii. A patient receiving an opioid is monitored, and
    - iii. The actions taken according to subsections (D)(4)(h)(i) and (ii) are documented;
- 5. Cover accessibility and security of medical records;
- 6. Cover infection control, including methods for sterilizing equipment and supplies and methods for identifying, storing, and disposing of biohazardous medical waste; and
- 7. Cover emergency treatment, including:
  - a. A list of the medications, supplies, and equipment kept on the premises to provide treatment in response to an emergency caused by a procedure or medication administered at the pain management clinic;
  - b. A requirement that a cart or a container is available for emergency treatment that contains the medications, supplies, and equipment specified in the policies and procedures according to subsection (D)(7)(a);
  - c. A method to verify and document that the contents of the cart or container are available for emergency treatment; and
  - d. A method for ensuring a patient is transferred to a hospital or other health care institution to receive treatment for a medical emergency that the pain management clinic is not authorized or not able to provide.
- E. As applicable and except when contrary to medical judgment for a patient, a medical director shall ensure that the policies and procedures in subsection (D)(4) are consistent with the Arizona Opioid Prescribing Guidelines or national opioid-prescribing guidelines, such as guidelines developed by the:
  - 1. Centers for Disease Control and Prevention, or
  - 2. The U.S. Department of Veterans Affairs and the U.S. Department of Defense.
- F. A medical director shall, except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, ensure that:
  - 1. If an opioid may have contributed to a patient's death:
    - a. Written notification of the patient's death is provided to the Department in a Department-provided format if:
      - i. A personnel member of the pain management clinic prescribed, ordered, or administered the opioid that may have contributed to the patient's death, or
      - ii. The patient's death occurred while the patient was on the premises of the pain management clinic; and
    - b. The written notification required by subsection (F)(1)(a)(i) is provided within one working day:
      - i. After the patient's death, if an opioid administered as part of treatment may have contributed to the death; or
      - ii. After a personnel member of the pain management clinic learns of the patient's death, if a prescribed opioid may have contributed to the patient's death; and
    - c. The written notification required by subsection (F)(1)(a)(ii) is provided according to R9-4-602; and
  - 2. Written notification of a suspected opioid overdose is provided to the Department according to R9-4-602.
- G. If the Department requests a patient's medical record for review, the licensee:
  - 1. May provide the patient medical record to the Department either in paper or in an electronic format that is acceptable to the Department, and

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2. Shall ensure that documentation required by this Article is provided to the Department within two hours after a Department request.

**H.** The Department may take enforcement action as specified in R9-10-111 if a pain management clinic:

1. Is not in substantial compliance with applicable requirements in 9 A.A.C. 10, Article 1 or this Article; or
2. Is in substantial compliance, but refuses to carry out a plan of correction acceptable to the Department.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2004. Quality Management**

A medical director shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate opioid-related adverse reactions or other incidents;
  - b. A method to collect data on services provided to patients;
  - c. A method to use the data to identify concerns about the delivery of services related to patient care;
  - d. A method to make changes or take action in response to a concern identified according to subsection (1)(c); and
  - e. The frequency with which the documented report required in subsection (2) will be submitted to the licensee;
2. A documented report is submitted to the licensee that includes:
  - a. Each concern about the delivery of services related to patient care, and
  - b. Any changes made or actions taken in response to that concern; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the licensee.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2005. Medication Services**

A medical director shall ensure that:

1. Medications are stored in a locked area on the premises;
2. Only personnel members designated by policies and procedures have access to the locked area containing medications;
3. Expired, mislabeled, or unusable medications are disposed of according to policies and procedures;
4. If an opioid is administered at a pain management clinic, an opioid antagonist is available on the premises;
5. A medication error or an adverse reaction, including any actions taken in response to the medication error or adverse reaction, is:
  - a. Immediately reported to the medical director and licensee, and
  - b. Recorded in the patient's medical record; and
6. Medication information for a patient is maintained in the patient's medical record.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2006. Pain Management Services**

- A.** A medical director shall ensure that a medical practitioner or nurse anesthetist remains on the premises until all patients who received a procedure at the pain management clinic are discharged.
- B.** A medical director shall ensure that, if a procedure other than the administration of an opioid is used to provide pain management services:
  1. Before the procedure is initially used on a patient, the patient is evaluated by:
    - a. A medical practitioner or
    - b. A nurse anesthetist, according to A.R.S. § 32-1634.04;
  2. The procedure is performed by a personnel member qualified according to policies and procedures to perform the procedure; and
  3. The following information is included in the patient's medical record:
    - a. The evaluation of the patient required in subsection (B)(1),
    - b. A record of the procedure, and
    - c. Any adverse reaction to the procedure and any measures taken to address an adverse reaction.
- C.** Except as provided in subsection (E), a medical director shall ensure that a medical practitioner:
  1. Before prescribing an opioid for a patient of the pain management clinic:
    - a. Conducts a physical examination of the patient;
    - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
    - c. Conducts an assessment of the patient's substance use risk;
    - d. Explains to the patient or the patient's representative the risks and benefits associated with use of an opioid;
    - e. Explains alternatives to a prescribed opioid; and
    - f. Obtains informed consent from the patient or the patient's representative that meets the requirements in R9-10-2007(B), including the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication, if the patient:
      - i. Is also prescribed or ordered a sedative-hypnotic medication, or
      - ii. Has been prescribed a sedative-hypnotic medication by another medical practitioner;
  2. Before ordering an opioid for a patient of the pain management clinic:
    - a. Conducts a physical examination of the patient;
    - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
    - c. Conducts an assessment of the patient's substance use risk;
    - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's repre-

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sentative understands the risks and benefits associated with the use of an opioid as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of an opioid;

- e. If applicable, explains alternatives to an ordered opioid; and
- f. Obtains informed consent from the patient or the patient's representative, according to R9-10-2007(B);

- 3. When administering or causing administration of an opioid to a patient;
  - a. Before administration, identifies the patient's need for the opioid; and
  - b. Monitors the patient's response to the opioid; and
- 4. Documents the pain management services provided in the patient's medical record according to R9-10-2008.

**D.** A medical practitioner is exempt from the requirements in subsection (C)(2), if:

- 1. An order for an opioid is part of treatment for a patient in an emergency;
- 2. The order is issued according to policies and procedures that include procedures for;
  - a. Providing treatment without obtaining the consent of a patient or the patient's representative,
  - b. Ordering and administering an opioid in an emergency situation, and
  - c. Complying with the requirements in subsection (C)(2) after the emergency is resolved; and
- 3. The emergency situation is documented in the patient's medical record.

**E.** The requirements in subsections (C)(1), (2), and (3), as applicable, do not apply when:

- 1. A personnel member of a pain management clinic prescribes, orders, or administers an opioid as part of treatment for a patient with an end-of-life condition or pain associated with an active malignancy; or
- 2. A prescription for an opioid changes only the type or dosage of an opioid previously prescribed to the patient according to subsection (C)(1):
  - a. Before a pharmacist dispenses the opioid for the patient; or
  - b. If changing the opioid because the patient experienced an adverse reaction to the opioid, within 72 hours after a pharmacist dispensed the opioid for the patient.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2007. Patient Rights**

- A.** A licensee shall ensure that a patient is afforded the following rights and is informed of these rights:
  - 1. To refuse treatment or withdraw consent for treatment;
  - 2. To have patient medical records kept confidential; and
  - 3. To be informed of proposed treatment and associated risks, possible complications, and alternatives before pain management services are provided.
- B.** A medical director shall ensure that before an opioid is prescribed or ordered for a patient, a medical practitioner obtains informed consent from the patient or patient's representative that includes:

- 1. The patient's:
  - a. Name,
  - b. Date of birth or other patient identifier, and
  - c. Condition for which an opioid is being prescribed or ordered;
- 2. That an opioid is being prescribed or ordered;
- 3. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid;
- 4. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication;
- 5. Alternatives to a prescribed or ordered opioid;
- 6. The name and signature of the individual explaining the use of an opioid to the patient; and
- 7. The signature of the patient or the patient's representative and the date signed.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2008. Medical Records**

- A.** A medical director shall ensure that a medical record is established and maintained for a patient that contains:
  - 1. Patient identification, including:
    - a. The patient's name, address, and date of birth;
    - b. The patient's representative, if applicable; and
    - c. The name and telephone number of an individual to contact in an emergency;
  - 2. The patient's medical history;
  - 3. The patient's physical examination;
  - 4. Laboratory test results;
  - 5. The patient's diagnosis, including co-occurring disorders;
  - 6. The patient's treatment plan;
  - 7. If applicable:
    - a. The effectiveness of the patient's current treatment,
    - b. The duration of the current treatment,
    - c. Alternative treatments tried by or planned for the patient, and
    - d. The expected benefit of a new treatment compared with continuing the current treatment;
  - 8. Each consent form signed by the patient or the patient's representative;
  - 9. The patient's medication information, including:
    - a. The patient's age and weight;
    - b. The medications and herbal supplements the patient is currently taking; and
    - c. Allergies or sensitivities to medications, antiseptic solutions, or latex;
  - 10. Prescriptions ordered for the patient and, if an opioid is prescribed or ordered:
    - a. The nature and intensity of the patient's pain,
    - b. The specific opioid and the reason for the prescription or order,
    - c. The objectives used to determine whether the patient is being successfully treated, and
    - d. Other factors relevant to prescribing or ordering an opioid for the patient;
  - 11. Medications administered to the patient and, if an opioid is administered:
    - a. The patient's need for the opioid before the opioid was administered, and
    - b. The effect of the opioid administered; and

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12. A record of services provided to the patient.
- B.** A licensee shall ensure that:
1. A medical record is accessible only to the Department or personnel members authorized by policies and procedures;
  2. Medical record information is confidential and released only with the written informed consent of a patient or the patient's representative or as otherwise permitted by law; and
  3. A medical record is protected from loss, damage, or unauthorized use and is retained according to A.R.S. § 12-2297.
- C.** A medical director shall ensure that:
1. Only personnel authorized by policies and procedures record or sign an entry in a medical record;
  2. An entry in a medical record is dated and legible;
  3. An entry is authenticated;
  4. An entry is not changed after it has been recorded, but additional information related to an entry may be recorded in the medical record;
  5. When a verbal or telephone order is entered in the medical record, the entry is authenticated according to policies and procedures by the individual who issued the order;
  6. If a rubber-stamp signature or an electronic signature is used:
    - a. An individual's rubber-stamp or electronic signature is not used by another individual; and
    - b. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature; and
  7. If a pain management clinic maintains medical records electronically, the date and time of an entry is recorded by the computer's internal clock.
- Historical Note**
- New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).
- R9-10-2009. Equipment and Safety Standards**
- A.** A medical director shall ensure that:
1. The equipment is:
    - a. Sufficient to accommodate:
      - i. The services stated in the pain management clinic's scope of services, and
      - ii. An individual accepted as a patient by the pain management clinic;
    - b. Maintained in working order;
    - c. Tested and calibrated at least once every 12 months or according to the manufacturer's recommendations; and
    - d. Used according to the manufacturer's recommendations;
  2. Documentation of each equipment test, calibration, and repair is maintained on the premises for at least 12 months after the date of the testing, calibration, or repair;
  3. Equipment and supplies are clean and, if applicable, sterile before each use;
  4. Personnel members wash hands after each direct patient contact and after handling soiled linen, soiled clothing, or biohazardous medical waste; and
  5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures.
- B.** A medical director shall establish an infection control program and ensure that:
1. The infection control program includes:
    - a. A method to identify and document infections that occur at the pain management clinic;
    - b. Analysis of the types, causes, and spread of infections and communicable diseases at the pain management clinic;
    - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the pain management clinic; and
    - d. Documentation of infection control activities, including:
      - i. The collection and analysis of infection control data,
      - ii. The actions taken related to infections and communicable diseases, and
      - iii. Reports of communicable diseases; and
  2. Infection control documentation is maintained for at least 12 months after the date of documentation.
- C.** A medical director shall ensure that soiled linen and clothing are kept:
1. In a covered container, and
  2. Separate from clean linen and clothing.
- D.** A licensee shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal;
  2. Make and document any repairs or corrections stated on the fire inspection report;
  3. Maintain documentation of a current fire inspection;
  4. Ensure that a written emergency plan is established, documented, and implemented that includes procedures for protecting the health and safety of patients and other individuals if circumstances arise in the pain management clinic that immediately threaten the life or health of patients and other individuals, such as a fire, natural disaster, loss of electrical power, or threat or incidence of violence; and
  5. Ensure that an evacuation drill is conducted at least once every six months that includes all personnel members on the premises on the day of the evacuation drill.
- E.** A licensee shall ensure that a pain management clinic has either:
1. Both of the following that are tested and serviced at least once every 12 months:
    - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and
    - b. A sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order; or
  2. Both of the following:
    - a. A smoke detector installed in each hallway of the pain management clinic that is:
      - i. Maintained in an operable condition;

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- ii. Either battery operated or, if hard-wired into the electrical system of the pain management clinic, has a back-up battery; and
- iii. Tested monthly; and
- b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
  - i. Is available at the pain management clinic;
  - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
  - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
  - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2101. Environmental and Physical Plant Standards**

- A. A licensee shall ensure that the premises:
  - 1. Provide lighting and ventilation to ensure the health and safety of a patient;
  - 2. Are maintained in a clean condition;
  - 3. Are free from a condition or situation that may cause a patient to suffer physical injury;
  - 4. Are maintained free from insects and vermin;
  - 5. Are smoke-free; and
  - 6. Are sufficient to accommodate:
    - a. The services stated in the pain management center's scope of services; and
    - b. An individual accepted as a patient by the pain management center.
- B. A licensee shall ensure that if a pain management clinic collects urine specimens from a patient, the pain management clinic has at least one bathroom on the premises that:
  - 1. Contains:
    - a. A working sink with running water,
    - b. A working toilet that flushes and has a seat,
    - c. Toilet tissue,
    - d. Soap for hand washing,
    - e. Paper towels or a mechanical air hand dryer,
    - f. Lighting, and
    - g. A means of ventilation; and
  - 2. Is for the exclusive use of the pain management clinic.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**ARTICLE 21. RECOVERY CARE CENTERS****R9-10-2101. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

"Recovery care services" has the same meaning as in A.R.S. § 36-448.51.

**Historical Note**

New Section R9-10-2101 renumbered from R9-10-501 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2102. Administration**

- A. A governing authority shall:
  - 1. Consist of one or more individuals responsible for the organization, operation, and administration of a recovery care center;
  - 2. Establish in writing:
    - a. A recovery care center's scope of services; and
    - b. Qualifications for an administrator;
  - 3. Designate an administrator, in writing, who has the qualifications established in subsection (A)(2)(b);
  - 4. Grant, deny, suspend, or revoke the clinical privileges of a medical staff member according to medical staff bylaws;
  - 5. Adopt a quality management program according to R9-10-2103;
  - 6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  - 7. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    - a. Expected not to be present on a recovery care center's premises for more than 30 calendar days; or
    - b. Not present on a recovery care center's premises for more than 30 calendar days; and
  - 8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B. An administrator:
  - 1. Is directly accountable to the governing authority of a recovery care center for the daily operation of the recovery care center and all services provided by or at the recovery care center;
  - 2. Has the authority and responsibility to manage a recovery care center; and
  - 3. Except as provided in subsection (A)(7), designates, in writing, an individual who is present on the recovery care center's premises and accountable for the recovery care center when the administrator is not present on the recovery care center premises.
- C. An administrator shall ensure that:
  - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to patient care;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Cover cardiopulmonary resuscitation training required in R9-10-2105(G) including:
      - i. The method and content of cardiopulmonary resuscitation training,

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- ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
    - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
    - iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
  - f. Cover first aid training;
  - g. Include a method to identify a patient to ensure the patient receives services as ordered;
  - h. Cover patient rights including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
  - i. Cover specific steps for:
    - i. A patient to file a complaint, and
    - ii. The recovery care center to respond to a patient's complaint;
  - j. Cover health care directives;
  - k. Cover medical records, including electronic medical records;
  - l. Cover a quality management program, including incident reports and supporting documentation;
  - m. Cover contracted services;
  - n. Cover tissue and organ procurement and transplant; and
  - o. Cover when an individual may visit a patient in a recovery care center;
2. Policies and procedures for recovery care services are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient screening, admission, transfer, discharge planning, and discharge;
    - b. Cover the provision of recovery care services;
    - c. Include when general consent and informed consent are required;
    - d. Cover prescribing a controlled substance to minimize substance abuse by a patient;
    - e. Cover dispensing, administering, and disposing of medications;
    - f. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
    - g. Cover infection control; and
    - h. Cover environmental services that affect patient care;
  3. Policies and procedures are reviewed at least once every three years and updated as needed;
  4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
  5. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a recovery care center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the recovery care center.

**Historical Note**

New Section R9-10-2102 renumbered from R9-10-502 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2103. Quality Management**

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section R9-10-2103 renumbered from R9-10-503 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2104. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section R9-10-2104 renumbered from R9-10-504 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2105. Personnel**

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected



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- physical health services and behavioral health services listed in the established job description,
- ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
  - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services or behavioral health services, and
    - b. According to policies and procedures; and
  3. Sufficient personnel members are present on a recovery care center's premises with the qualifications, skills, and knowledge necessary to:
    - a. Provide the services in the recovery care center's scope of services,
    - b. Meet the needs of a patient, and
    - c. Ensure the health and safety of a patient.
- B.** An administrator shall ensure that an individual who is a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.
- C.** An administrator shall ensure that a personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing services at or on behalf of the recovery care center, and
  2. As specified in R9-10-113.
- D.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications, including skills and knowledge applicable to the employee's job duties;
    - b. The individual's education and experience applicable to the employee's job duties;
    - c. The individual's completed orientation and in-service education as required by policies and procedures;
    - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - e. The individual's compliance with the requirements in A.R.S. § 36-411;
    - f. Cardiopulmonary resuscitation training, if required for the individual, according to R9-10-2102(C)(1)(e);
    - g. First aid training, if the individual is required to have according to this Article and policies and procedures; and
    - h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (C).
- E.** An administrator shall ensure that personnel records are:
1. Maintained:
    - a. Throughout the individual's period of providing services in or for the recovery care center, and
    - b. For at least 24 months after the last date the individual provided services in or for the recovery care center; and
  2. For a personnel member who has not provided physical health services or behavioral health services at or for the recovery care center during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- F.** An administrator shall ensure that:
1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  2. A personnel member completes orientation before providing behavioral health services or physical health services;
  3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  4. A director of nursing develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member;
  5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training; and
  6. A work schedule of each personnel member is developed and maintained at the recovery care center for at least 12 months from the date of the work schedule.
- G.** An administrator shall ensure that a nursing personnel member:
1. Is 18 years of age or older,
  2. Is certified in cardiopulmonary resuscitation within the first month of employment,
  3. Maintains current certification in cardiopulmonary resuscitation, and
  4. Attends additional orientation that includes patient care and infection control policies and procedures.

**Historical Note**

New Section R9-10-2105 renumbered from R9-10-505 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2106. Medical Staff**

- A.** A governing authority shall require that:
1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a recovery care center;
  2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;

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3. A medical staff member complies with medical staff bylaws and medical staff regulations;
4. The medical staff includes at least two physicians who have clinical privileges to admit patients to the recovery care center;
5. A medical staff member is available to direct patient care;
6. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
  - a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
  - b. Appointing members to the medical staff, subject to approval by the governing authority;
  - c. Establishing committees, including identifying the purpose and organization of each committee;
  - d. Appointing one or more medical staff members to a committee;
  - e. Requiring that each patient has a medical staff member who coordinates the patient's care;
  - f. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
  - g. Defining a medical staff member's responsibilities for the transfer of a patient;
  - h. Specifying requirements for oral, telephone, and electronic orders, including which orders require identification of the time of the order;
  - i. Establishing a time-frame for a medical staff member to complete a patient's medical record; and
  - j. Establishing criteria for granting, denying, revoking, and suspending clinical privileges; and
7. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every three years and updates the bylaws and regulations as needed.

**B. An administrator shall ensure that:**

1. A medical staff member provides evidence of freedom from infectious tuberculosis as specified in R9-10-113 before providing services at the recovery care center and at least once every 12 months thereafter;
2. A record for each medical staff member is established and maintained that includes:
  - a. A completed application for clinical privileges,
  - b. The dates and lengths of appointment and reappointment of clinical privileges,
  - c. The specific clinical privileges granted to the medical staff member including revision or revocation dates for each clinical privilege, and
  - d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
  - a. For a current medical staff member, within 2 hours after the Department's request, or
  - b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

**Historical Note**

New Section R9-10-2106 renumbered from R9-10-506 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2107. Admission**

- A.** An administrator shall ensure that a physician only admits patients to the recovery care center who require recovery care services, as defined in A.R.S. § 36-448.51.
- B.** An administrator shall ensure that the following documents are in a patient's medical record at the time the patient is admitted to the recovery care center:
  1. A medical history and physical examination performed or approved by a member of the recovery care center's medical staff within 30 calendar days before the patient's admission to the recovery care center,
  2. A discharge summary from the referring health care institution or physician,
  3. Physician orders, and
  4. Documentation concerning health care directives.

**Historical Note**

New Section R9-10-2107 renumbered from R9-10-507 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2108. Discharge**

- A.** For a patient, an administrator shall ensure that discharge planning:
  1. Identifies the specific needs of the patient after discharge, if applicable;
  2. If a discharge date has been determined, identifies the anticipated discharge date;
  3. Includes the participation of the patient or the patient's representative;
  4. Is completed before discharge occurs;
  5. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; and
  6. Is documented in the patient's medical record.
- B.** For a patient discharge or a transfer of the patient, an administrator shall ensure that:
  1. A discharge summary is developed that includes:
    - a. A description of the patient's medical condition and the medical services provided to the patient, and
    - b. The signature of the medical practitioner coordinating the patient's medical services;
  2. A discharge order for the patient is received from a medical practitioner coordinating the patient's medical services before discharge, unless the patient leaves the recovery care center against a medical staff member's advice;
  3. Discharge instructions are developed and documented; and
  4. The patient or the patient's representative is provided with a copy of the discharge instructions.

**Historical Note**

New Section R9-10-2108 renumbered from R9-10-508 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2109. Transfer**

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Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
  - a. An evaluation of the patient is conducted before the transfer;
  - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
  - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

**Historical Note**

New Section R9-10-2109 renumbered from R9-10-509 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2110. Patient Rights**

- A. An administrator shall ensure:
  1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
  3. Policies and procedures include:
    - a. How and when a patient or the patient's representative is informed of the patient rights in subsection (C), and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
  1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
    - k. Misappropriation of personal and private property by a recovery care center's medical staff, personnel members, employees, volunteers, or students; and
  3. A patient or the patient's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;

- c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
- d. Is informed of the following:
  - i. The recovery care center's policy on health care directives, and
  - ii. The patient complaint process;
- e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a recovery care center for identification and administrative purposes; and
- f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
  - i. Medical record, or
  - ii. Financial records.

**C. A patient has the following rights:**

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To have access to a telephone;
5. To be advised of the recovery care center's policy regarding health care directives;
6. To associate and communicate privately with individuals of the patient's choice;
7. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
8. To receive a referral to another health care institution if the health care institution is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
9. To participate or have the patient's representative participate in the development of, or decisions concerning treatment;
10. To participate or refuse to participate in research or experimental treatment; and
11. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

New Section R9-10-2110 renumbered from R9-10-510 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2111. Medical Records**

- A. An administrator shall ensure that:
  1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a patient's medical record is:
    - a. Recorded only by an individual authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the patient's medical record and includes the time of the order;

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- b. Authenticated by a medical staff according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical staff issuing the order;
- 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
- 5. A patient's medical record is available to an individual:
  - a. Authorized according by policies and procedures to access the patient's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
  - c. As permitted by law;
- 6. Policies and procedures that include the maximum time-frame to retrieve an onsite or off-site patient's medical record at the request of a medical staff or authorized personnel member; and
- 7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a recovery care center maintains patients' medical records electronically, an administrator shall ensure that:
  - 1. Safeguards exist to prevent unauthorized access, and
  - 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
  - 1. Patient information that includes:
    - a. The patient's name,
    - b. The patient's address,
    - c. The patient's date of birth, and
    - d. Any known allergies;
  - 2. The date of admission and, if applicable, the date of discharge;
  - 3. The admitting diagnosis;
  - 4. A discharge summary from the referring health care institution or physician;
  - 5. If applicable, documented general consent and informed consent by the patient or the patient's representative;
  - 6. The medical history and physical examination required in R9-10-2107(B)(1);
  - 7. A copy of the patient's health care directive, if applicable;
  - 8. The name and telephone number of the patient's medical practitioner;
  - 9. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative:
      - i. Is a legal guardian, a copy of the court order establishing guardianship; or
      - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
  - 10. Orders;
  - 11. Nursing assessment;
  - 12. Treatment plans;
  - 13. Progress notes;
  - 14. Documentation of recovery care center services provided to a patient;
  - 15. The disposition of the patient after discharge;
  - 16. The discharge plan;
  - 17. A discharge summary, if applicable;
  - 18. Transfer documentation from the referring health care institution or physician;
  - 19. If applicable:
    - a. A laboratory report,
    - b. A radiologic report,
    - c. A diagnostic report, and
    - d. A consultation report;
  - 20. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  - 21. If applicable, documentation that evacuation from the recovery care center would cause harm to the patient; and
  - 22. Documentation of a medication administered to the patient that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain on a PRN basis:
      - i. An assessment of the patient's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication administered on a PRN basis:
      - i. An assessment of the patient's behavior before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - e. The signature of the individual administering or observing the patient self-administer the medication; and
    - f. Any adverse reaction a patient has to the medication.
- D.** An administrator shall ensure that a patient's medical record is completed within 30 calendar days after the patient's discharge.

**Historical Note**

New Section R9-10-2111 renumbered from R9-10-511 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2112. Nursing Services**

- A.** An administrator shall appoint a registered nurse as the director of nursing who has the authority and responsibility to manage nursing services at a recovery care center.
- B.** A director of nursing shall:
  - 1. Ensure that policies and procedures are developed, documented, and implemented to protect the health and safety of a patient that cover nursing assessments;
  - 2. Designate, in writing, a registered nurse to manage nursing services when the director of nursing is not present on a recovery care center's premises;
  - 3. Ensure that a recovery care center is staffed with nursing personnel according to the number of patients and their health care needs;
  - 4. Ensure that a patient receives medical services, nursing services, and health-related services based on the patient's nursing assessment and the physician's orders; and

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5. Ensure that medications are administered by a nurse licensed according to A.R.S. Title 32, Chapter 15 or as otherwise provided by law.
- C. An administrator shall ensure that a registered nurse completes a nursing assessment of each patient, which addresses patient care needs, when the patient is admitted to the recovery care center.
- D. An administrator shall ensure that a licensed nurse provides a patient with written discharge instructions, based on the patient's health care needs and physician's instructions, before the patient is discharged from the recovery care center.

**Historical Note**

New Section R9-10-2112 renumbered from R9-10-512 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2113. Medication Services**

- A. An administrator shall ensure that policies and procedures for medication services:
  1. Include:
    - a. A process for providing information to a patient about medication prescribed for the patient including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose;
    - c. Procedures for documenting medication administration; and
    - d. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs; and
  2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B. An administrator shall ensure that:
  1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a patient only as prescribed; and
    - d. Cover the documentation of a patient's refusal to take prescribed medication is documented in the patient's medical record;
  2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
  3. A medication administered to a patient:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the patient's medical record.
- C. An administrator shall ensure that:
  1. A current drug reference guide is available for use by personnel members;
  2. A current toxicology reference guide is available for use by personnel members; and
  3. If pharmaceutical services are provided on the premises:
    - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      - i. Develop a drug formulary,
      - ii. Update the drug formulary at least every 12 months,
      - iii. Develop medication usage and medication substitution policies and procedures, and
      - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical staff member specifically orders otherwise;
    - b. The pharmaceutical services are provided under the direction of a pharmacist;
    - c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - d. A copy of the pharmacy license is provided to the Department upon request.
- D. When medication is stored at a recovery care center, an administrator shall ensure that:
  1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the recovery care center's director of nursing.

**Historical Note**

New Section R9-10-2113 renumbered from R9-10-513 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2114. Ancillary Services**

An administrator shall ensure that:

1. Laboratory services are provided on the premises, or are available through contract, with a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967; and

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2. Pharmaceutical services are provided on the premises, or are available through contract, by a pharmacy licensed according to A.R.S. Title 32, Chapter 18.

**Historical Note**

New Section R9-10-2114 renumbered from R9-10-514 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2115. Food Services**

- A. An administrator shall ensure that:
  1. The recovery care center has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
  2. A copy of the recovery care center's food establishment license or permit is maintained; and
  3. If a recovery care center contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the recovery care center:
    - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the recovery care center; and
    - b. The recovery care center is able to store, refrigerate, and reheat food to meet the dietary needs of a patient.
- B. An administrator shall:
  1. Designate a food service manager who is responsible for food service in the recovery care center; and
  2. Ensure that a current therapeutic diet reference manual is available to the food service manager.
- C. A food service manager shall ensure that:
  1. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
  2. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served each day,
    - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  3. Meals and snacks provided by the recovery care center are served according to posted menus;
  4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
  5. A patient is provided:
    - a. A diet that meets the patient's nutritional needs and, if applicable, the orders of the patient's physician;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (C)(5)(d);
    - c. The option to have a daily evening snack identified in subsection (C)(5)(d)(ii) or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      - i. A patient agrees; and
      - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and veg-

etable food group or the bread and cereal food group;

6. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
7. Water is available and accessible to a patient.

**Historical Note**

New Section R9-10-2115 renumbered from R9-10-515 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2116. Emergency and Safety Standards**

- A. An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:
  1. Basic life support procedures, including the administration of oxygen and cardiopulmonary resuscitation; and
  2. Transfer arrangements for patients who require care not provided by the recovery care center.
- B. An administrator shall ensure that emergency treatment is provided to a patient admitted to the recovery care center according to policies and procedures.
- C. An administrator shall ensure that:
  1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. When, how, and where patients will be relocated, including:
      - i. Instructions for the evacuation or transfer of patients,
      - ii. Assigned responsibilities for each employee and personnel member, and
      - iii. A plan for providing continuing services to meet patient's needs;
    - b. How each patient's medical record will be available to individuals providing services to the patient during a disaster;
    - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the recovery care center or the recovery care center's relocation site during a disaster;
  2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
  3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  5. An evacuation drill for employees and patients:
    - a. Is conducted at least once every six months;
    - b. Includes all individuals on the premises except for:
      - i. A patient whose medical record contains documentation that evacuation from the recovery

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- care center would cause harm to the patient, and
  - ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (C)(5)(b)(i);
  - 6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for employees and patients to evacuate to a designated area;
    - c. If applicable:
      - i. An identification of patients needing assistance for evacuation, and
      - ii. An identification of patients who were not evacuated;
    - d. Any problems encountered in conducting the evacuation drill; and
    - e. Recommendations for improvement, if applicable; and
  - 7. An evacuation path is conspicuously posted on each hallway of each floor of the recovery care center.
  - D. An administrator shall:**
    - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
    - 2. Make any repairs or corrections stated on the inspection report, and
    - 3. Maintain documentation of a current fire inspection.
- Historical Note**
- New Section R9-10-2116 renumbered from R9-10-516 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-2117. Environmental Standards**
- A.** An administrator shall ensure the recovery care center's infection control policies and procedures include:
    - 1. Development and implementation of a written plan for preventing, detecting, reporting, and controlling communicable diseases and infection;
    - 2. Handling and disposal of biohazardous medical waste; and
    - 3. Sterilization, disinfection, and storage of medical equipment and supplies.
  - B.** An administrator shall ensure that:
    - 1. A recovery care center's premises and equipment are:
      - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
      - b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
    - 2. A pest control program is implemented and documented;
    - 3. Equipment used to provide recovery care services is:
      - a. Maintained in working order;
      - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
      - c. Used according to the manufacturer's recommendations;
    - 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  - 5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  - 6. Soiled linen and clothing are:
    - a. Collected in a manner to minimize or prevent contamination;
    - b. Bagged at the site of use; and
    - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
  - 7. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags, and
    - b. Removed from the premises at least once a week;
  - 8. Heating and cooling systems maintain the recovery care center at a temperature between 70° F and 84° F;
  - 9. Common areas:
    - a. Are lighted to assure the safety of patients, and
    - b. Have lighting sufficient to allow personnel members to monitor patient activity;
  - 10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
  - 11. Oxygen containers are secured in an upright position;
  - 12. Poisonous or toxic materials stored by the recovery care center are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
  - 13. Combustible or flammable liquids and hazardous materials stored by the recovery care center are stored in the original labeled containers or safety containers in a locked area inaccessible to patients;
  - 14. If pets or animals are allowed in the recovery care center, pets or animals are:
    - a. Controlled to prevent endangering the patients and to maintain sanitation; and
    - b. Licensed consistent with local ordinances;
  - 15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  - 16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
  - C.** An administrator shall ensure that:
    - 1. Smoking tobacco products is not permitted within a recovery care center; and
    - 2. Smoking tobacco products may be permitted outside a recovery care center if:
      - a. Signs designating smoking areas are conspicuously posted, and
      - b. Smoking is prohibited in areas where combustible materials are stored or in use.

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**Historical Note**

New Section R9-10-2117 renumbered from R9-10-517 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2118. Physical Plant Standards**

- A. An administrator shall ensure that recovery care center's patient rooms and service areas comply with the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, in effect on the date the recovery care center submitted architectural plans and specifications to the Department for approval, according to R9-10-104.
- B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
  1. The services stated in the recovery care center's scope of services; and
  2. An individual accepted as a patient by the recovery care center.
- C. An administrator shall ensure that the recovery care center does not allow more than two beds per room.

**Historical Note**

New Section R9-10-2118 renumbered from R9-10-518 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**ARTICLE 22. NURSING-SUPPORTED GROUP HOMES****R9-10-2201. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the definitions in A.R.S. § 36-551 apply in this Article unless otherwise specified.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2202. Supplementary Application Requirements and Documentation Submission Requirements**

- A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a nursing-supported group home shall include:
  1. In a Department-provided format, whether the applicant is requesting authorization:
    - a. To admit residents who:
      - i. Are on a ventilator,
      - ii. Have a tracheostomy tube, or
      - iii. Receive total parenteral nutrition; or
    - b. To provide:
      - i. Services to individuals under 18 years of age, including the licensed capacity requested;
      - ii. Restraint;
      - iii. Clinical laboratory services; or
      - iv. Respiratory care services; and
  2. A copy of the applicant's service provider award letter with the Division.
- B. A licensee shall submit to the Department, with the relevant fees required in R9-10-106(C) and in a Department-provided format:
  1. The information required in subsection (A)(1), as applicable; and
  2. Documentation of the licensee's service provider contract with the Division.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2203. Administration**

- A. A governing authority shall:
  1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing-supported group home;
  2. Establish, in writing, the nursing-supported group home's scope of services;
  3. Designate, in writing, an administrator for the nursing-supported group home who:
    - a. Is at least 21 years old; and
    - b. Meets one of the following:
      - i. Is a registered nurse,
      - ii. Is a nursing care institution administrator, or
      - iii. Has a minimum of three-years' experience working as an administrator or personnel member in a nursing-supported group home or other health care institution licensed under this Chapter;
  4. Adopt a quality management program according to R9-10-2204;
  5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  6. Designate, in writing, an acting administrator who meets the requirements in subsection (A)(3), if the administrator is:
    - a. Expected not to be present on the premises of the nursing-supported group home for more than 30 calendar days, or
    - b. Not present on the premises of the nursing-supported group home for more than 30 calendar days; and
  7. Except as permitted in subsection (A)(6), when there is a change of administrator:
    - a. Notify the Department according to A.R.S. § 36-425(I), and
    - b. Submit to the Department a copy of documentation demonstrating the new administrator's compliance with the requirements in subsection (A)(3).
- B. An administrator:
  1. Is directly accountable to the governing authority of a nursing-supported group home for the daily operation of the nursing-supported group home and all services provided by or at the nursing-supported group home;
  2. Has the authority and responsibility to manage the nursing-supported group home;
  3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the premises of the nursing-supported group home and accountable for the nursing-supported group home when the administrator is not present on the nursing-supported group home's premises; and
  4. Ensures the nursing-supported group home's compliance with A.R.S. § 36-411 and, as applicable, A.R.S. § 8-804 or § 46-459.
- C. An administrator shall ensure that:
  1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and



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- experience for personnel members, employees, volunteers, and students;
  - b. Cover the process for checking on a personnel member through the adult protective services registry, established according to A.R.S. § 46-459, or the central registry, established according to A.R.S. § 8-804, as applicable;
  - c. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - d. Include methods to prevent abuse or neglect of a resident, including:
    - i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
    - ii. Reporting of abuse or neglect of a resident;
  - e. Include how a personnel member may submit a complaint relating to resident care;
  - f. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - g. Cover cardiopulmonary resuscitation training including:
    - i. Which personnel members are required to obtain cardiopulmonary resuscitation training;
    - ii. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the ability to perform cardiopulmonary resuscitation;
    - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
    - iv. The time-frame for renewal of cardiopulmonary resuscitation training; and
    - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
  - h. Cover first aid training;
  - i. Include a method to identify a resident to ensure the resident receives physical health services, habilitation services, and behavioral care as ordered;
  - j. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
  - k. Cover specific steps for:
    - i. A resident to file a complaint, and
    - ii. The nursing-supported group home to respond to a resident's complaint;
  - l. Cover health care directives;
  - m. Cover medical records, including electronic medical records;
  - n. Cover a quality management program, including incident reports and supporting documentation;
  - o. Cover contracted services;
  - p. Cover resident's personal accounts;
  - q. Cover petty cash funds;
  - r. If the nursing-supported group home may admit a resident who is not placed in the nursing-supported group home by the Division, cover:
    - i. Fees and the process for receiving a fee for a resident,
    - ii. The reasons and process for terminating residency, and
    - iii. The process for refunding a fee for a resident;
  - s. Cover smoking and the use of tobacco products on the premises;
  - t. Cover the storage and use of alcoholic beverages on the premises; and
  - u. Cover when an individual may visit a resident in a nursing-supported group home;
2. Policies and procedures for physical health services, habilitation services, and behavioral care are established, documented, and implemented to protect the health and safety of a resident that:
    - a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
    - b. Cover the provision of physical health services, habilitation services, and behavioral care;
    - c. Cover acuity, including a process for obtaining sufficient nursing personnel and other personnel members to meet the needs of residents;
    - d. Include when general consent and informed consent are required;
    - e. Cover storing, dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
    - f. Cover infection control;
    - g. Cover interventions to address a resident's inappropriate behavior, including:
      - i. The hierarchy for use;
      - ii. Use of time-outs for inappropriate behavior; and
      - iii. Except in an emergency, require positive techniques for behavior modification to be used before more restrictive methods are used;
    - h. Cover restraints, both chemical restraints and physical restraints if applicable, that:
      - i. Require an order, including the frequency of monitoring and assessing the restraint; and
      - ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a resident's sudden, intense, or out-of-control behavior;
    - i. Cover telemedicine, if applicable;
    - j. Cover environmental services that affect resident care;
    - k. Cover the security of a resident's possessions that are allowed on the premises;
    - l. Cover methods to encourage participation of a resident's family or friends or other individuals in activities planned according to R9-10-2210(B);
    - m. Include a method for obtaining an advocate for a resident, if necessary;
    - n. Cover resident outings;
    - o. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks; and
    - p. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of residents or the public;
  3. Policies and procedures are reviewed at least once every three years and updated as needed;
  4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
  5. Unless otherwise stated:

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- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a nursing-supported group home, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the nursing-supported group home.
- D.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a nursing-supported group home's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
  2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- E.** If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a nursing-supported group home's employee or personnel member, an administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
    - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (E)(1); and
    - c. The report in subsection (E)(2);
  4. Maintain the documentation in subsection (E)(3) for at least 12 months after the date of the report in subsection (E)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (E)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (E)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- F.** An administrator shall:
1. Allow a resident advocate to assist a resident or the resident's representative with a request or recommendation, and document in writing any complaint submitted to the nursing-supported group home;
2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
  3. Ensure that the following are conspicuously posted on the premises:
    - a. The current nursing-supported group home license issued by the Department;
    - b. The name, address, and telephone number of:
      - i. The Department's Bureau of Long Term Care Facilities Licensing;
      - ii. Adult Protective Services of the Department of Economic Security; and
      - iii. If applicable, Child Protective Services of the Department of Child Safety;
    - c. A notice that a resident may file a complaint with the Department concerning the nursing-supported group home;
    - d. The monthly schedule of recreational activities; and
    - e. One of the following:
      - i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
      - ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.
- G.** An administrator shall provide written notification to the Department of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
  2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- H.** An administrator shall:
1. Notify a resident's representative, family member, or other individual designated by the resident within one calendar day after:
    - a. The resident's death,
    - b. There is a significant change in the resident's medical condition, or
    - c. The resident has an illness or injury that requires immediate intervention by an emergency medical services provider or treatment by a health care provider; and
  2. For an illness or injury in subsection (H)(1)(c), document the following:
    - a. The date and time of the illness or injury;
    - b. A description of the illness or injury;
    - c. If applicable, the names of individuals who observed the injury;
    - d. The actions taken by personnel members, according to policies and procedures;
    - e. The individuals notified by the personnel members; and
    - f. Any action taken to prevent the illness or injury from occurring in the future.
- I.** If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
1. Comply with policies and procedures established according to subsection (C)(1)(p);

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2. Designate a personnel member who is responsible for the personal accounts;
  3. Maintain a complete and separate accounting of each personal account;
  4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
  5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
  6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
  7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.
- J.** If a petty cash fund is established for use by residents, the administrator shall ensure that:
1. The policies and procedures established according to subsection (C)(1)(q) include:
    - a. A prescribed cash limit of the petty cash fund, and
    - b. The hours of the day a resident may access the petty cash fund; and
  2. A resident's written acknowledgment is obtained for a petty cash transaction.
- K.** An administrator shall ensure that an acuity plan is developed, documented, and implemented for the nursing-supported group home that:
1. Includes:
    - a. A method that establishes the types and numbers of personnel members that are required in the nursing-supported group home to ensure resident health and safety, and
    - b. A policy and procedure stating the steps the nursing-supported group home will take to obtain or assign the necessary personnel members to address resident acuity;
  2. Is used when making assignments for resident treatment; and
  3. Is reviewed and updated, as necessary, at least once every 12 months.
- L.** An administrator shall establish and document the criteria for determining when a resident's absence is unplanned, including the criteria for a resident who:
1. Is absent against medical advice,
  2. Is under the age of 18, or
  3. Does not return to the nursing-supported group home at the expected time after a planned absence.
- M.** An administrator shall ensure that documentation of the most recent monitoring of the nursing-supported group home, conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(2), is on the premises of the nursing-supported group home.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2204. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to residents;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;

2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to resident care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2205. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2206. Personnel**

**A.** An administrator shall ensure that:

1. A personnel member is:
  - a. At least 21 years old, or
  - b. At least 18 years old and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

**B.** An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services, habilitation services, or behavioral care expected to be provided by the personnel member according to the established job description; and
    - ii. The acuity of the residents receiving physical health services, habilitation services, or behavioral care from the personnel member according to the established job description; and
  - b. Include:

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- i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services, habilitation services, or behavioral care listed in the established job description;
  - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services, habilitation services, or behavioral care listed in the established job description; and
  - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services, habilitation services, or behavioral care listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services, habilitation services, or behavioral care; and
  - b. According to policies and procedures; and
3. Sufficient personnel members are present on a nursing-supported group home's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the nursing-supported group home's scope of services,
  - b. Meet the needs of a resident, and
  - c. Ensure the health and safety of a resident.
- C. An administrator shall ensure that an organizational chart of the nursing-supported group home is established, updated as necessary, and maintained on the premises:
  1. Outlining the roles, responsibilities, and relationships within the nursing-supported group home; and
  2. Including the name and, if applicable, the license or certification credential of each individual shown on the organizational chart.
- D. An administrator shall ensure that, if a personnel member provides services that require a license under A.R.S. Title 32 or 36, the personnel member is licensed under A.R.S. Title 32 or 36, as applicable.
- E. An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.
- F. An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:
  1. On or before the date the individual begins providing services at or on behalf of the nursing-supported group home, and
  2. As specified in R9-10-113.
- G. An administrator shall ensure that:
  1. The types and numbers of nurses and other personnel members required according to the acuity plan in R9-10-2203(K) are present in the nursing-supported group home;
2. Documentation of the nurses and other personnel members present on the nursing-supported group home's premises each day is maintained and includes:
  - a. The date;
  - b. The number of residents;
  - c. The name, license or certification credential if applicable, and assigned duties of each nurse or other personnel member who worked that day; and
  - d. The actual number of hours each nurse or other personnel member worked that day; and
3. The documentation of nurses and other personnel members required in subsection (G)(2) is maintained for at least 12 months after the date of the documentation.
- H. An administrator shall ensure that a personnel member is on duty, on the premises, awake, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises.
- I. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
  1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's compliance with the requirements in A.R.S. § 36-411;
    - d. The nursing-supported group home's check on the individual in the adult protective services registry, established according to A.R.S. § 46-459, or the central registry, established according to A.R.S. § 8-804, as applicable;
    - e. Orientation and in-service education as required by policies and procedures;
    - f. Training in preventing, recognizing, and reporting abuse or neglect, required according to R9-10-2203(C)(1)(d)(i);
    - g. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - h. If applicable, the individual's qualifications and ongoing training for each type of restraint used, as required in R9-10-2217;
    - i. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-2203(C)(1)(g);
    - j. First aid training, if required for the individual according to this Article or policies and procedures; and
    - k. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).
- J. An administrator shall ensure that personnel records are:
  1. Maintained:
    - a. Throughout the individual's period of providing services in or for the nursing-supported group home, and
    - b. For at least 24 months after the last date the individual provided services in or for the nursing-supported group home; and

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2. For a personnel member who has not provided physical health services, habilitation services, or behavioral care at or for the nursing-supported group home during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- K.** An administrator shall ensure that:
1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  2. A personnel member completes orientation before providing physical health services, habilitation services, or behavioral care;
  3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
  5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training; and
  6. A work schedule of each personnel member is developed and maintained at the nursing-supported group home for at least 12 months after the date of the work schedule.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2207. Admissions**

An administrator shall ensure that:

1. A resident is admitted only:
    - a. On a physician's order or based on a placement evaluation by the Division;
    - b. If the resident has or is at risk for having a developmental disability or cognitive disability;
    - c. If the resident's placement evaluation indicates that the resident requires continuous nursing services;
    - d. If the resident's placement evaluation indicates that the resident's needs can be met by the nursing-supported group home; and
    - e. Except when the resident's placement evaluation states that the resident would benefit from being part of a group that includes residents of different ages or social needs, if the resident can be assigned to a room within the nursing-supported group home with other residents of similar ages or social needs;
  2. The physician's admitting order or placement evaluation documentation in subsection (1)(a) includes the physical health services, habilitation services, and behavioral care required to meet the immediate needs of a resident, including medication and food services;
  3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment on a resident to determine the resident's acuity and ensure the resident's immediate needs are met;
  4. The resident's individual service and program plan, as required by A.A.C. R6-6-602, accompanies the resident;
  5. A resident's needs do not exceed the medical services, rehabilitation services, and nursing services available at the nursing-supported group home as established in the nursing-supported group home's scope of services;
6. A resident is assigned to the nursing-supported group home based, as applicable, on the patient's:
    - a. Documented diagnosis,
    - b. Treatment needs,
    - c. Developmental level,
    - d. Social skills,
    - e. Verbal skills, and
    - f. Acuity;
  7. A resident does not share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that, based on the other resident's documented diagnosis, treatment needs, developmental level, social skills, verbal skills, and personal history, may present a threat to the resident's health and safety;
  8. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
    - a. A medical practitioner designated for the resident, or
    - b. A physician assistant or a registered nurse practitioner designated by the resident's designated medical practitioner;
  9. Compliance with the requirements in subsection (8) is documented in the resident's medical record;
  10. Except as specified in subsection (11), a resident provides evidence of freedom from infectious tuberculosis:
    - a. Before or within seven calendar days after the resident's admission, and
    - b. As specified in R9-10-113; and
  11. A resident who transfers from a nursing care institution or another nursing-supported group home to the nursing-supported group home is not required to be rescreened for tuberculosis as specified in R9-10-113 if:
    - a. Fewer than 12 months have passed since the resident was screened for tuberculosis, and
    - b. The documentation of freedom from infectious tuberculosis required in subsection (10) accompanies the resident at the time of transfer.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2208. Transfer; Discharge**

- A.** An administrator, in coordination with the Division if applicable, shall ensure that:
1. A resident is transferred or discharged if:
    - a. The nursing-supported group home is not authorized or not able to meet the needs of the resident,
    - b. The resident no longer requires continuous nursing services, or
    - c. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing-supported group home; and
  2. Documentation of a resident's transfer or discharge includes:
    - a. The date of the transfer or discharge,
    - b. The reason for the transfer or discharge,
    - c. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1), and
    - d. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resi-

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dent's behavior is a threat to the health and safety of the resident or other individuals in the nursing-supported group home and beyond the nursing-supported group home's scope of services.

- B.** Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
1. A registered nurse coordinates the transfer and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before the transfer;
    - b. Information from the resident's medical record, including the following, is provided to a receiving health care institution;
      - i. Orders that are in effect at the time of the transfer; and
      - ii. The resident's need for nursing services, rehabilitation services, or habilitation services at the time of transfer; and
    - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
  3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transfer.
- C.** Except in an emergency, a registered nurse shall ensure that before a resident is discharged:
1. Written follow-up instructions are developed with the resident or the resident's representative that include:
    - a. Information necessary to meet the resident's need for medical services and nursing services, including specific care instructions and whether the resident requires any durable medical equipment or supplies; and
    - b. The state long-term care ombudsman's name, address, and telephone number;
  2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
  3. A discharge summary:
    - a. Is developed by a registered nurse;
    - b. Authenticated by the resident's designated medical practitioner or designee; and
    - c. Includes:
      - i. The resident's need for nursing services, rehabilitation services, or habilitation services at the time of discharge;
      - ii. The resident's need for medical services;
      - iii. The resident's developmental, behavioral, social, and nutritional status;
      - iv. The resident's medical and psychosocial history;
      - v. The date of the discharge; and
      - vi. The location of the resident after discharge.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2209. Transport**

- A.** Except as provided in subsections (B) and (C), an administrator shall ensure that:
1. A personnel member authorized by policies and procedures coordinates the transport and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before and after the transport,
    - b. Information from the resident's medical record is provided to a receiving health care institution, and
    - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
  3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B.** If the transport of a resident is to provide the resident with rehabilitation services or habilitation services off the premises, an administrator shall ensure that:
1. The rehabilitation services or habilitation services are included in the resident's individual program plan,
  2. A registered nurse coordinates the transport and the services provided to the resident, and
  3. The resident is transported according to R9-10-2210(A).
- C.** Subsection (A) does not apply to:
1. Except as provided in subsection (B), transportation according to R9-10-2210 to a location other than a licensed health care institution;
  2. Transportation provided for a resident by the resident or the resident's representative;
  3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative; or
  4. A transport to another licensed health care institution in an emergency.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2210. Transportation; Resident Outings**

- A.** An administrator of a nursing-supported group home that uses a vehicle owned or leased by the nursing-supported group home to provide transportation to a resident shall ensure that:
1. The vehicle:
    - a. Is safe and in good repair,
    - b. Contains a first aid kit,
    - c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
    - d. Contains a working heating and air conditioning system;
  2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
  3. A driver of the vehicle:
    - a. Is 21 years of age or older;
    - b. Has a valid driver license and no driving restriction on the driver's documentation of compliance with the requirements in A.R.S. § 36-411;

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- c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
- d. Does not leave in the vehicle an unattended:
  - i. Child;
  - ii. Resident who may be a threat to the health, safety, or welfare of the resident or another individual; or
  - iii. Resident who is incapable of independent exit from the vehicle; and
- e. Ensures the safe and hazard-free loading and unloading of residents; and
- 4. Transportation safety is maintained as follows:
  - a. An individual in the vehicle is sitting in a seat, which may include the seat of a wheel chair, and wearing a working seat belt while the vehicle is in motion; and
  - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.
- B.** An administrator shall ensure that an outing is consistent with the age, physical ability, medical condition, and treatment needs of each resident participating in the outing.
- C.** An administrator shall ensure that:
  - 1. A sufficient number of personnel members are present on an outing to ensure the health and safety of a resident on the outing;
  - 2. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-2203(C)(1)(g) and first aid training;
  - 3. Documentation is developed before an outing that includes:
    - a. The name of each resident participating in the outing;
    - b. A description of the outing;
    - c. The date of the outing;
    - d. The anticipated departure and return times;
    - e. The name, address, and, if available, telephone number of the outing destination; and
    - f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
  - 4. The documentation described in subsection (C)(3) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
  - 5. Emergency information for a resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
    - a. The resident's name;
    - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
    - c. The resident's allergies; and
    - d. The name and telephone number of a designated individual, who is present on the nursing-supported group home's premises, to notify in case of an emergency.
- A.** An administrator shall ensure that:
  - 1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
  - 2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
  - 3. Policies and procedures include:
    - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
    - b. Where resident rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
  - 1. A resident has privacy in:
    - a. Treatment,
    - b. Bathing and toileting,
    - c. Room accommodations, and
    - d. Visiting or meeting with another resident or an individual;
  - 2. A resident is treated with dignity, respect, and consideration;
  - 3. A resident is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Except as allowed in R9-10-2217, restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity;
    - k. Misappropriation of personal and private property by a nursing-supported group home's personnel members, employees, volunteers, or students; or
    - l. Segregation solely on the basis of the resident's disability; and
  - 4. A resident or the resident's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;
    - c. Except in an emergency, is informed of proposed alternatives to psychotropic medication and the associated risks and possible complications of the psychotropic medication;
    - d. Is informed of the following:
      - i. The health care institution's policy on health care directives;
      - ii. If applicable, the policies in R9-10-2203(C)(1)(r); and
      - iii. The resident complaint process;
    - e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to a nursing-supported group home for identification and administrative purposes;
    - f. May manage the resident's financial affairs;
    - g. Has access to and may communicate with any individual, organization, or agency;

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2211. Resident Rights**

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- h. Except as provided in the resident's individual program plan, has privacy:
    - i. In interactions with other residents or visitors to the nursing-supported group home,
    - ii. In the resident's mail, and
    - iii. For telephone calls made by or to the resident;
  - i. May review the nursing-supported group home's current license survey report and, if applicable, plan of correction in effect;
  - j. May review the resident's financial records within two working days and medical record within one working day after the resident's or the resident's representative's request;
  - k. May obtain a copy of the resident's financial records and medical record within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
  - l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
    - i. Medical record, and
    - ii. Financial records;
  - m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
  - n. Is informed of the method for contacting the resident's designated medical practitioner;
  - o. Is informed of the resident's overall physical and psychosocial well-being, as determined by the resident's comprehensive assessment;
  - p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged; and
  - q. Except in the event of an emergency, is informed orally or in writing before the nursing-supported group home makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.
- C.** In addition to the rights in A.R.S. § 36-551.01, a resident has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - 2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
  - 3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
  - 4. To participate in social, religious, political, and community activities that do not interfere with other residents;
  - 5. To retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
  - 6. To share a room with the resident's spouse if space is available and the spouse consents;
  - 7. To receive a referral to another health care institution if the nursing-supported group home is not authorized or not able to provide physical health services, habilitation services, and behavioral care needed by the resident;
  - 8. To participate or have the resident's representative participate in the development of the resident's individual program plan or decisions concerning treatment;
  - 9. To participate or refuse to participate in research or experimental treatment; and
  - 10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.
- Historical Note**  
New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).
- R9-10-2212. Medical Records**
- A.** An administrator shall ensure that:
- 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
  - 2. An entry in a resident's medical record is:
    - a. Recorded only by an individual authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  - 3. An order is:
    - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  - 5. A resident's medical record is available to an individual:
    - a. Authorized to access the resident's medical record according to policies and procedures;
    - b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
    - c. As permitted by law; and
  - 6. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If a nursing-supported group home maintains residents' medical records electronically, an administrator shall ensure that:
- 1. Safeguards exist to prevent unauthorized access, and
  - 2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a resident's medical record contains:
- 1. Resident information that includes:
    - a. The resident's name;
    - b. The resident's date of birth; and
    - c. Any known allergies, including medication allergies;
  - 2. The admission date and, if applicable, the date of discharge;
  - 3. The admitting diagnosis or presenting symptoms;
  - 4. Documentation of the resident's placement evaluation;
  - 5. Documentation of the resident's individual service and program plan, as required by A.A.C. R6-6-602;
  - 6. Documentation of:



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- a. The resident's last periodic evaluation, conducted according to A.A.C. R6-6-604, before the resident's admission; and
- b. Each periodic evaluation, conducted according to A.A.C. R6-6-604, while the resident was admitted to the nursing-supported group home;
7. Documentation of general consent and, if applicable, informed consent;
8. If applicable, the name and contact information of the resident's representative and:
  - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
  - b. If the resident's representative:
    - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
    - ii. Is a legal guardian, a copy of the court order establishing guardianship;
9. The name and contact information of an individual to be contacted under R9-10-2203(H)(1);
10. Documentation of the initial assessment required in R9-10-2207(3) to determine acuity;
11. The medical history and physical examination required in R9-10-2215(A)(2);
12. A copy of the resident's living will or other health care directive, if applicable;
13. The name and telephone number of the resident's designated medical practitioner;
14. Orders;
15. Documentation of the resident's comprehensive assessment;
16. Individual program plans, including nursing care plans or medical care plans, if applicable;
17. Documentation of physical health services, habilitation services, and behavioral care provided to the resident;
18. Progress notes, including data needed to evaluate the effectiveness of the methods, schedule, and strategies being used to accomplish the goals in the resident's individual program plan;
19. If applicable, documentation of restraint;
20. If applicable, documentation of any actions other than restraint taken to control or address the resident's behavior to prevent harm to the resident or another individual or to improve the resident's social interactions;
21. If applicable, documentation that evacuation from the nursing-supported group home would cause harm to the resident;
22. The disposition of the resident after discharge;
23. The discharge plan;
24. The discharge summary;
25. Transfer documentation;
26. If applicable:
  - a. A laboratory report,
  - b. A radiologic report,
  - c. A diagnostic report, and
  - d. A consultation report;
27. Documentation of freedom from infectious tuberculosis required in R9-10-2207(10);
28. Documentation of a medication administered to the resident that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. The type of vaccine, if applicable;
  - d. For a medication administered for pain on a PRN basis:
    - i. An evaluation of the resident's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - e. For a psychotropic medication administered on a PRN basis:
    - i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - f. The identification, signature, and professional designation of the individual administering the medication; and
  - g. Any adverse reaction a resident has to the medication; and
29. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2213. Nursing Services**

- A.** An administrator shall ensure that:
  1. Nursing services are provided 24 hours a day in a nursing-supported group home;
  2. A director of nursing is appointed who:
    - a. Is a registered nurse, and
    - b. Is responsible for the direction of nursing services;
  3. The director of nursing or an individual designated by the administrator participates in the quality management program; and
  4. If the director of nursing is responsible for nursing services for 30 or more residents, the director of nursing does not provide direct care to residents on a regular basis.
- B.** A director of nursing shall ensure that:
  1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on the residents' comprehensive assessments; orders for physical health services, rehabilitation services, and behavioral care; and individual program plans and the nursing-supported group home's scope of services;
  2. Sufficient nursing personnel, as determined by the method in subsection (B)(1), are assigned to be on the nursing-supported group home premises to meet the needs of a resident for nursing services;
  3. At least one nurse is present on the nursing-supported group home's premises;
  4. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's designated medical practitioner and, if applicable, the resident's representative, if the resident:
    - a. Is injured,
    - b. Is involved in an incident that may require medical services, or
    - c. Has a significant change in condition; and

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5. Only a medication required by an order is administered to a resident.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2214. Individual Program Plan****A.** An administrator shall ensure that:

## 1. A comprehensive assessment of a resident:

- a. Is conducted or coordinated by the director of nursing, in collaboration with an interdisciplinary team that includes:
  - i. The resident's designated medical practitioner or designee;
  - ii. A registered nurse;
  - iii. If the resident is receiving medications as part of physical health services or behavioral care, a pharmacist; and
  - iv. Personnel members qualified to provide each type of habilitation services or rehabilitation services identified in a placement evaluation in R9-10-2207(1)(a) or the initial assessment required in R9-10-2207(3);
- b. Is completed for the resident within 30 calendar days after the resident's admission to a nursing-supported group home;
- c. Is updated:
  - i. No later than 12 months after the date of the resident's last comprehensive assessment, and
  - ii. When the resident experiences a significant change;
- d. Includes the following information for the resident:
  - i. Identifying information;
  - ii. An evaluation of the resident's hearing, speech, and vision;
  - iii. An evaluation of the resident's ability to understand and recall information;
  - iv. An evaluation of the resident's mental status;
  - v. Whether the resident demonstrates inappropriate behavior;
  - vi. Preferences for customary routine and activities;
  - vii. An evaluation of the resident's ability to perform activities of daily living;
  - viii. Need for a mobility device;
  - ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
  - x. Any diagnosis that impacts rehabilitation services or other physical health services or behavioral care that the resident may require;
  - xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing services;
  - xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
  - xiii. An evaluation of the resident's oral and dental status;
  - xiv. An evaluation of the condition of the resident's skin;
  - xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time

the comprehensive assessment was conducted;

- xvi. Identification of any treatment or medication ordered for the resident;
  - xvii. Identification of interventions that may support the resident towards independence;
  - xviii. Identification of any assistive devices needed by the resident;
  - xix. Identification of the physical health services needed by the resident, including physical health services not provided by the nursing-supported group home;
  - xx. Identification of any measurable goals and behavioral objective for the physical health services, habilitation services, and behavioral care, in priority order, with time limits for attainment;
  - xxi. Identification of the methods, schedule, and strategies to accomplish the goals in subsection (A)(1)(d)(xviii), including the personnel member responsible;
  - xxii. Evaluation procedures for determining if the methods and strategies in subsection (A)(1)(d)(xix) are working, including the type of data required and frequency of collection;
  - xxiii. Whether any restraints have been used for the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
  - xxiv. If the resident demonstrates inappropriate behavior, as reported according to subsection (A)(1)(d)(v), identification of the methods, schedule, and strategies for replacement of the inappropriate behavior with appropriate behavioral expressions, including the hierarchy for use;
  - xxv. If restraint is included in subsection (A)(1)(d)(xxiv), the specific restraints that may be used because of the resident's inappropriate behavior;
  - xxvi. A description of the resident or resident's representative's participation in the comprehensive assessment;
  - xxvii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
  - xxviii. Potential for rehabilitation, including the resident's strengths and specific developmental or behavioral health needs; and
  - xxix. Potential for discharge;
- e. Is signed and dated by the director of nursing; and
  - f. Is used to determine or update the resident's acuity;
2. If any of the conditions in subsection (A)(1)(d)(v) are answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and individual program plan to ensure that the resident's needs for behavioral care are being met;
  3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing-supported group home unless a physician, an individual designated by the physician, or a registered nurse deter-

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mines the resident has a significant change in condition; and

4. A resident's comprehensive assessment is reviewed at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition by:
  - a. The director of nursing;
  - b. A registered nurse providing nursing services to the resident; and
  - c. If there is a significant change in the resident's ability to maintain adequate nutrition and hydration, a registered dietitian.

**B.** An administrator shall ensure that an individual program plan for a resident:

1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
2. Includes the acuity of the resident;
3. Is reviewed at least annually by the interdisciplinary team required in subsection (A)(1)(a) and revised based on any change to the resident's comprehensive assessment; and
4. Ensures that a resident is provided physical health services, rehabilitation services, habilitation services, and other services or behavioral care that:
  - a. Address any medical condition or behavioral care issue identified in the resident's comprehensive assessment; and
  - b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2215. Physical Health Services**

**A.** An administrator shall ensure that:

1. A resident has a designated medical practitioner;
2. A physical examination is performed on a resident by the resident's designated medical practitioner or by a physician, physician assistant, or registered nurse practitioner designated by the resident's designated medical practitioner:
  - a. If indicated, based on the resident's placement evaluation or comprehensive assessment; and
  - b. At least once every 12 months after the date of admission, including an assessment of the acuity of the resident's medical condition;
3. The resident's designated medical practitioner, in conjunction with the director of nursing, develops a medical care plan of treatment for the resident, which is integrated into the resident's individual program plan; and
4. Vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
  - a. The resident's designated medical practitioner provides documentation that the vaccination is medically contraindicated;
  - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or

- c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention.

**B.** A director of nursing shall ensure that:

1. A registered nurse participates in the development, review, and updating of a resident's nursing care plan or medical care plan;
2. Personnel members providing direct care to a resident with a nursing care plan or medical care plan receive direction from a nurse; and
3. Nursing personnel provide education and training to:
  - a. Residents on hygiene and other behaviors that promote health; and
  - b. Personnel members on:
    - i. Detecting signs of illness or injury or significant changes in condition,
    - ii. First aid, and
    - iii. Basic skills for caring for residents.

**C.** An administrator shall ensure that:

1. A resident's need for dental services is determined as part of the resident's initial assessment in R9-10-2207(3);
2. Unless a resident's eligibility for third-party payment for dental services is determined before the resident's initial comprehensive assessment in R9-10-2214(A)(1)(b) due to the resident's immediate need for dental services, the resident's eligibility for third-party payment for dental services is determined as part of the resident's comprehensive assessment;
3. Within one month after the initial comprehensive assessment in R9-10-2214(A)(1)(b), a personnel member coordinates for a resident the scheduling of a dental examination and, if needed, dental treatment:
  - a. If the resident is eligible for third-party payment for dental services, and
  - b. Unless the nursing-supported group home has documentation that the resident received a dental examination within 12 months before admission;
4. If a resident is eligible for third-party payment for dental services:
  - a. A dental examination is scheduled for the resident according to guidelines by the entity providing third-party payment for dental services and at least once every 12 months, and
  - b. Dental treatment is scheduled according to guidelines by the entity providing third-party payment for dental services and as needed;
5. Except as provided in subsection (C)(6), if a dental examination of a resident indicates a need for dental treatment, the resident's individual program plan includes the scheduling of dental treatment for the resident when the resident is eligible for third-party payment for dental services;
6. If needed, a resident is provided with emergency dental services;
7. A resident is provided with education and training in oral hygiene; and
8. A resident's medical record contains documentation of:
  - a. Each dental examination of the resident,
  - b. All dental treatment received by the resident, and
  - c. The resident's education and training in oral hygiene.

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**D.** An administrator shall ensure that:

1. A resident's vision and hearing are assessed as part of the resident's comprehensive assessment in R9-10-2214(A)(1)(b) and, if applicable, as part of the update of the comprehensive assessment in R9-10-2214(A)(1)(c); and
2. If an issue is identified with the resident's vision or hearing:
  - a. The issue is included in the resident's individual program plan,
  - b. A personnel member contacts and coordinates with applicable entities to determine any vision or hearing benefits for which the resident may be eligible, and
  - c. The nursing-supported group home makes reasonable accommodations to address the issue in compliance with applicable federal and state disability laws.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2216. Behavioral Care****A.** An administrator shall ensure that:

1. A resident who receives behavioral care from the nursing-supported group home is evaluated by a behavioral health professional or medical practitioner:
  - a. Within 30 calendar days before the resident is admitted to the nursing-supported group home or before the resident begins receiving behavioral care, and
  - b. At least once every six months throughout the duration of the resident's need for behavioral care;
2. A behavioral health professional or medical practitioner:
  - a. Documents that the behavioral care needed by the resident is within the nursing-supported group home's scope of services, and
  - b. Includes measurable objectives for the behavioral care and the methods for meeting the objectives in the resident's individual program plan; and
3. The documentation in subsection (A)(2) is included in the resident's medical record.

**B.** If a resident of a nursing-supported group home requires behavioral health services provided by a behavioral health professional on an intermittent basis as part of behavioral care, an administrator shall ensure that:

1. The behavioral health services are provided by a behavioral health professional licensed or certified to provide the type of behavioral health services required by the resident; and
2. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2217. Restraint**

If a nursing-supported group home is authorized to provide restraint, an administrator shall ensure that:

1. Policies and procedures for providing restraint are established, documented, and implemented to protect the health and safety of a resident that:
  - a. Establish the process for resident assessment, including identification of a resident's medical conditions and criteria for the on-going monitoring of any identified medical condition;
  - b. Identify each type of restraint used and include for each type of restraint used:
    - i. The qualifications of a personnel member who can:
      - (1) Order the restraint,
      - (2) Place a resident in the restraint,
      - (3) Monitor a resident in the restraint,
      - (4) Evaluate a resident's physical and psychological well-being after being placed in the restraint and when released from the restraint, or
      - (5) Renew the order for restraint;
    - ii. On-going training requirements for a personnel member who has direct resident contact while the resident is in a restraint; and
    - iii. Criteria for monitoring and assessing a resident including:
      - (1) Frequencies of monitoring and assessment based on a resident's medical condition and risks associated with the specific restraint;
      - (2) For the renewal of an order for restraint, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
      - (3) Assessment content, which may include, depending on a resident's condition, the resident's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
      - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
      - (5) A process for meeting a resident's nutritional needs and elimination needs;
  - c. Establish the criteria and procedures for renewing an order for restraint;
  - d. Establish procedures for internal review of the use of restraint; and
  - e. Establish medical record and personnel record documentation requirements for restraint, if applicable;
2. An order for restraint is:
  - a. Obtained from a physician or registered nurse practitioner, and
  - b. Not written as a standing order or on an as-needed basis;
3. Restraint is:
  - a. Not used as a means of coercion, discipline, convenience, or retaliation;
  - b. Only used when all of the following conditions are met:

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- i. Except as provided in subsection (4), after obtaining an order for the restraint;
  - ii. For the management of a resident's aggressive, violent, or self-destructive behavior;
  - iii. When less restrictive interventions have been determined to be ineffective; and
  - iv. To ensure the immediate physical safety of the resident, to prevent imminent harm to the resident or another individual, or to stop physical harm to another individual; and
- c. Discontinued at the earliest possible time;
- 4. If as a result of a resident's aggressive, violent, or self-destructive behavior, harm to the resident or another individual is imminent or the resident or another individual is being physically harmed, a personnel member:
  - a. May initiate an emergency application of restraint for the resident before obtaining an order for the restraint, and
  - b. Obtains an order for the restraint of the resident during the emergency application of the restraint;
- 5. An order for restraint includes:
  - a. The name of the physician or registered nurse practitioner ordering the restraint;
  - b. The date and time that the restraint was ordered;
  - c. The specific restraint ordered;
  - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
  - e. The specific criteria for release from restraint without an additional order; and
  - f. The maximum duration authorized for the restraint;
- 6. An order for restraint is limited to the duration of the emergency situation and does not exceed three continuous hours;
- 7. If an order for restraint of a resident is not provided by the resident's designated medical practitioner, the resident's designated medical practitioner is notified as soon as possible;
- 8. A medical practitioner or personnel member does not participate in restraint, assess or monitor a resident during restraint, or evaluate a resident after restraint, and a physician or registered nurse practitioner does not order restraint, until the medical practitioner or personnel member, completes education and training that:
  - a. Includes:
    - i. Techniques to identify medical practitioner, personnel member, and resident behaviors, events, and environmental factors that may trigger circumstances that require restraint;
    - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
    - iii. Techniques for identifying the least restrictive intervention based on an assessment of the resident's medical or behavioral health condition;
    - iv. The safe use of restraint, including training in how to recognize and respond to signs of physical and psychological distress in a resident who is restrained or secluded;
    - v. Clinical identification of specific behavioral changes that indicate that the restraint is no longer necessary;
  - vi. Monitoring and assessing a resident while the resident is in restraint according to policies and procedures; and
  - vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
- b. Is provided by individuals qualified according to policies and procedures;
- 9. When a resident is placed in restraint:
  - a. The restraint is conducted according to policies and procedures;
  - b. The restraint is proportionate and appropriate to the severity of the resident's behavior and the resident's:
    - i. Chronological and developmental age;
    - ii. Size;
    - iii. Gender;
    - iv. Physical condition;
    - v. Medical condition;
    - vi. Psychiatric condition; and
    - vii. Personal history, including any history of physical or sexual abuse;
  - c. The physician or registered nurse practitioner who ordered the restraint is available for consultation throughout the duration of the restraint;
  - d. The resident is monitored and assessed according to policies and procedures;
  - e. A physician or registered nurse assesses the resident within one hour after the resident is placed in the restraint and determines:
    - i. The resident's current behavior,
    - ii. The resident's reaction to the restraint used,
    - iii. The resident's medical and behavioral condition, and
    - iv. Whether to continue or terminate the restraint;
  - f. The resident is given the opportunity:
    - i. To eat during mealtime, and
    - ii. To use the toilet; and
  - g. The restraint is discontinued at the earliest possible time, regardless of the length of time identified in the order;
- 10. A medical practitioner or personnel member documents the following information in a resident's medical record before the end of the shift in which the resident is placed in restraint or, if the resident's restraint does not end during the shift in which it began, during the shift in which the resident's restraint ends:
  - a. The emergency situation that required the resident to be restrained,
  - b. The times the resident's restraint actually began and ended,
  - c. The monitoring required in subsection (9)(d),
  - d. The time of the assessment required in subsection (9)(e),
  - e. The names of the medical practitioners and personnel members with direct resident contact while the resident was in the restraint,
  - f. The times the resident was given the opportunity to eat or use the toilet according to subsection (9)(f), and
  - g. The resident evaluation required in subsection (12);

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11. If an emergency situation continues beyond the time limit of an order for restraint, the order is renewed according to policies and procedures that include:
  - a. The specific criteria for release from restraint without an additional order, and
  - b. The maximum duration authorized for the restraint; and
12. A resident is evaluated after restraint is no longer being used for the resident.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2218. Rehabilitation Services**

If rehabilitation services are provided on a nursing-supported group home's premises, an administrator shall ensure that:

1. Rehabilitation services are provided:
  - a. Under the direction of an individual qualified according to policies and procedures,
  - b. By an individual licensed to provide the rehabilitation services, and
  - c. According to an order; and
2. The medical record of a resident receiving rehabilitation services includes:
  - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
  - b. A documented individual program plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
  - c. The rehabilitation services provided,
  - d. The resident's response to the rehabilitation services, and
  - e. The authentication of the individual providing the rehabilitation services.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2219. Clinical Laboratory Services**

If clinical laboratory services are authorized to be provided on a nursing-supported group home's premises, an administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
3. The nursing-supported group home:
  - a. Is able to provide the clinical laboratory services delineated in the nursing-supported group home's scope of services when needed by the residents,
  - b. Obtains specimens for the clinical laboratory services delineated in the nursing-supported group home's scope of services without transporting the

residents from the nursing-supported group home's premises, and

- c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
  - a. Available to the ordering physician:
    - i. Within 24 hours after the test is complete with results if the test is performed at a laboratory on the nursing-supported group home's premises, or
    - ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the nursing-supported group home's premises; and
  - b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, a personnel member notifies:
  - a. The ordering physician,
  - b. A registered nurse in the nursing-supported group home,
  - c. The nursing-supported group home's administrator, or
  - d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the nursing-supported group home provides blood or blood products, policies and procedures are established, documented, and implemented for:
  - a. Procuring, storing, transfusing, and disposing of blood or blood products;
  - b. Blood typing, antibody detection, and blood compatibility testing; and
  - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2220. Respiratory Care Services**

If respiratory care services are authorized to be provided on a nursing-supported group home's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of a resident's designated medical practitioner;
2. Respiratory care services are provided according to an order that includes:
  - a. The resident's name;
  - b. The name and signature of the ordering individual;
  - c. The type, frequency, and, if applicable, duration of treatment;
  - d. The type and dosage of medication and diluent; and
  - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
  - a. The date and time of administration;
  - b. The type of respiratory care services provided;
  - c. The effect of the respiratory care services;

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- d. The resident's adverse reaction to the respiratory care services, if any; and
- e. The authentication of the individual providing the respiratory care services; and
- 4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-2219.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2221. Medication Services**

- A.** An administrator shall ensure that policies and procedures for medication services:
  - 1. Include:
    - a. A process for providing information to a resident or the resident's representative about medication prescribed for the resident including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse response to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's designated medical practitioner and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
    - d. Procedures for documenting medication services; and
    - e. Procedures for assisting a resident in obtaining medication; and
  - 2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B.** An administrator shall ensure that:
  - 1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a pharmacist;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a resident only as prescribed; and
    - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
  - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
  - 3. A medication administered to a resident:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the resident's medical record; and
  - 4. If a psychotropic medication is administered to a resident, the psychotropic medication:
    - a. Is only administered to a resident for a diagnosed medical condition; and
    - b. Unless clinically contraindicated or otherwise ordered by the resident's designated medical practitioner or the designated medical practitioner's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the designated medical practitioner documents the necessity for the continued use and dosage.
- C.** If a nursing-supported group home provides assistance in the self-administration of medication, an administrator shall ensure that:
  - 1. A resident's medication is stored by the nursing-supported group home;
  - 2. The following assistance is provided to a resident:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the resident;
    - c. Observing the resident while the resident removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the resident's designated medical practitioner by confirming that:
      - i. The resident taking the medication is the individual stated on the medication container label,
      - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from the resident's designated medical practitioner dated later than the date on the medication container label, and
      - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from the resident's designated medical practitioner dated later than the date on the medication container label; or
    - e. Observing the resident while the resident takes the medication;
  - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by the resident's designated medical practitioner or a registered nurse;
  - 4. Training for a personnel member, other than a physician, physician assistant, or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by the resident's designated medical practitioner; another physician, physician assistant, or registered nurse; or an individual trained by a physician, physician assistant, or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;

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5. A personnel member, other than a physician, physician assistant, or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a resident:
  - a. Is in compliance with an order, and
  - b. Is documented in the resident's medical record.
- D.** An administrator shall ensure that:
  1. A current drug reference guide is available for use by personnel members; and
  2. If pharmaceutical services are provided:
    - a. The pharmaceutical services are provided under the direction of a pharmacist;
    - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - c. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at a nursing-supported group home, an administrator shall ensure that:
  1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of residents who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the resident's designated medical practitioner or the physician who ordered the medication and the nursing-supported group home's director of nursing.
- d. Documentation of infection control activities including:
  - i. The collection and analysis of infection control data,
  - ii. The actions taken related to infections and communicable diseases, and
  - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:
  - a. Handling and disposal of biohazardous medical waste;
  - b. Sterilization, disinfection, and storage of medical equipment and supplies;
  - c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
  - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
  - e. Cleaning of a resident's bedroom, furniture, and bedding after the resident's discharge before the bedroom is reassigned to another resident;
  - f. Training of personnel members, employees, and volunteers in infection control practices; and
  - g. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Soiled linen and clothing are:
  - a. Collected in a manner to minimize or prevent contamination;
  - b. Bagged at the site of use; and
  - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
6. A resident's personal laundry is washed separately from towels, sheets, and bedding; and
7. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2222. Infection Control**

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections occurring at the nursing-supported group home;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases at the nursing-supported group home;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the nursing-supported group home; and

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2223. Food Services**

- A.** An administrator shall ensure that a registered nurse who is part of the interdisciplinary team for a resident requiring a modified or special diet:
  1. Consults with a registered dietitian or the resident's designated medical practitioner, as needed, about the resident's modified or special diet;
  2. Reviews a food menu before the food menu is used to ensure that the resident's nutritional needs are being met;
  3. Documents the review of a food menu; and
  4. Is available for consultation regarding the resident's nutritional needs.
- B.** An administrator shall ensure that:



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1. Food is prepared:
  - a. Using methods that conserve nutritional value, flavor, and appearance;
  - b. Taking into consideration the food allergies and preferences of the residents;
  - c. Including for a resident the modified or special diet for the resident; and
  - d. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
  - a. Is prepared at least one week in advance,
  - b. Includes the foods to be served on each day,
  - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
  - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
  - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
3. Meals and snacks for each day are planned and served using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015.asp>;
4. A resident is provided:
  - a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and individual program plan;
  - b. Food served in sufficient quantities to meet the resident's nutritional needs and at an appropriate temperature;
  - c. Three meals a day with not more than 14 hours between the evening meal and breakfast; and
  - d. The opportunity to have additional food between meals, unless a restrictive diet is specified in the resident's individual program plan;
5. A resident is provided with food substitutions of similar nutritional value if:
  - a. The resident refuses to eat the food served, or
  - b. The resident requests a substitution;
6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
7. If food is used as a part of a program to manage a resident's inappropriate behavior:
  - a. A special diet is included as part of the resident's individual program plan, and
  - b. The special diet is reviewed and evaluated by a physician and a dietitian to ensure the special diet meets the resident's nutritional needs;
8. Meals are served to residents at tables in a dining area and in a manner that allows the resident to eat from an upright position, unless otherwise specified in the resident's individual program plan or by the resident's designated medical practitioner;
9. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
10. Personnel members supervise meals in dining areas to:
  - a. Direct a resident's self-help dining procedures,
  - b. Ensure a resident consumes enough food to meet the resident's nutritional needs, and
  - c. Ensure that a resident eats in a manner consistent with the resident's developmental level;
11. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair; and
12. Water is available and accessible to residents.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2224. Emergency and Safety Standards****A.** An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
  - a. A floor plan of the facility showing emergency protection equipment, evacuation routes, and exits;
  - b. When, how, and where residents will be relocated, including:
    - i. Instructions for the evacuation or transfer of residents,
    - ii. Assigned responsibilities for each employee and personnel member, and
    - iii. A plan for continuing to provide services to meet a resident's needs;
  - c. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
  - d. A plan for back-up power and water supply;
  - e. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
  - f. A plan to ensure a resident is provided nursing services, rehabilitation services, and other services required by the resident during a disaster; and
  - g. A plan for obtaining food and water for individuals present in the nursing-supported group home or the nursing-supported group home's relocation site during a disaster;
2. Personnel members receive training on the content and use of the disaster plan required in subsection (A)(1);
3. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
4. Documentation of a disaster plan review required in subsection (A)(3) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
  - a. The date and time of the disaster plan review;
  - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
  - c. A critique of the disaster plan review; and
  - d. If applicable, recommendations for improvement;
5. A disaster drill for employees is conducted on each shift at least once every three months and documented;
6. An evacuation drill for employees is conducted on each shift at least once every three months and documented;
7. An evacuation drill for residents:
  - a. Is conducted at least once each year on each shift and documented; and
  - b. Includes all residents on the premises except for:
    - i. A resident whose medical record contains documentation that evacuation from the nursing-supported group home would cause harm to the resident, and

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- ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(7)(b)(i);
  - 8. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for employees and residents to evacuate to a designated area;
    - c. If applicable:
      - i. An identification of residents needing assistance for evacuation, and
      - ii. An identification of residents who were not evacuated;
    - d. Any problems encountered in conducting the evacuation drill; and
    - e. Recommendations for improvement, if applicable; and
  - 9. An evacuation path is conspicuously posted on each hallway of each floor of the nursing-supported group home.
- B. An administrator shall ensure that a nursing-supported group home has either:
  - 1. A fire alarm system and a sprinkler system meeting the following requirements installed and in working order:
    - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01; and
    - b. A sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01; or
  - 2. Both of the following:
    - a. A fire extinguisher that is:
      - i. Labeled as rated at least 2A-10-BC by the Underwriters Laboratories;
      - ii. Accessible to personnel members and inaccessible to residents;
      - iii. If a disposable fire extinguisher, replaced when its indicator reaches the red zone; and
      - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months, as documented by a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher; and
    - b. Smoke detectors that are:
      - i. Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
      - ii. Either battery operated or, if hard-wired into the electrical system of the nursing-supported group home, have a back-up battery;
      - iii. Capable of alerting all residents in the nursing-supported group home, including a resident with a mobility or sensory impairment;
      - iv. In working order; and
      - v. Tested at least once a month, with documentation of the test maintained for at least 12 months after the date of the test.
- C. An administrator shall:
  - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
    - 2. Make any repairs or corrections stated on the fire inspection report, and
    - 3. Maintain documentation of a current fire inspection.
  - D. An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2225. Environmental Standards**

- A. An administrator shall ensure that:
  - 1. The premises and equipment are free from a condition or situation that may cause a resident or other individual to suffer physical injury;
  - 2. The premises are free of accumulations of garbage or refuse;
  - 3. Garbage and refuse in the facility are:
    - a. Stored in cleanable containers or in sealable plastic bags and
    - b. Removed from the facility at least once every seven days;
  - 4. Cleaning compounds and toxic substances are maintained in labeled containers that:
    - a. Are stored to prevent a hazard;
    - b. Are appropriate to the contents of each container;
    - c. If appropriate based on a resident's disability, are locked; and
    - d. Are stored in a separate location from food or medicine;
  - 5. Combustible or flammable materials are not stored within three feet of a furnace, heater, water heater, or usable fire-place;
  - 6. Unused furniture, equipment, fabrics, or devices are removed from the facility or maintained in a covered area on the premises that is designated by the licensee for storage in a manner that does not create a hazard; and
  - 7. There are no firearms or ammunition on the premises;
- B. An administrator shall ensure that:
  - 1. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  - 2. The premises and its structures and furnishings are:
    - a. In a clean condition,
    - b. Free of odors, such as urine or rotting food; and
    - c. In sufficiently good repair that no object, equipment, or condition present constitutes a hazard; and
  - 3. Standing water is not allowed to accumulate on the premises, except in an area or vessel the purpose of which is to hold standing water.
- C. An administrator shall ensure that:
  - 1. An unvented space heater or open-flame space heater is not used on the premises;
  - 2. An electric portable heater or electric radiant heater is not used on the premises unless the electric portable heater or electric radiant heater:
    - a. Has:
      - i. Either a non-porous casing or a grill with a mesh small enough to prevent cloth or a child's finger from entering the casing,

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- ii. A tilt switch that shuts off power to the electric portable heater if the electric portable heater tips over;
  - iii. An automatic shutoff control to prevent overheating; and
  - iv. A thermostat control; and
- b. Is plugged directly into a wall outlet; and
3. A vented space heater used on the premises is:
- a. Safety-approved;
  - b. Professionally installed in accordance with the requirements of the local jurisdiction; and
  - c. Mounted as a permanent fixture in a wall, floor, or ceiling.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

**R9-10-2226. Physical Plant Standards****A.** An administrator shall ensure that:

- 1. A nursing-supported group home is in compliance with applicable federal and state disability laws;
- 2. If a nursing-supported group home has a resident with a mobility, sensory, or other physical impairment, documentation is available for review at the nursing-supported group home that:
  - a. Is provided by the Division; and
  - b. Identifies modifications, if any, needed to the premises to ensure that the premises are:
    - i. Accessible to and usable by the resident; and
    - ii. Contribute to the resident's health and safety;
- 3. The premises have been modified as identified by the Division in subsection (A)(2)(b);
- 4. Ramps, stairs, or steps on the premises are secured firmly to the ground or a permanent structure and have slip-resistant surfaces; and
- 5. If handrails and grab bars are installed in a nursing-supported group home, handrails and grab bars are securely attached and stationary.

**B.** An administrator shall ensure that:

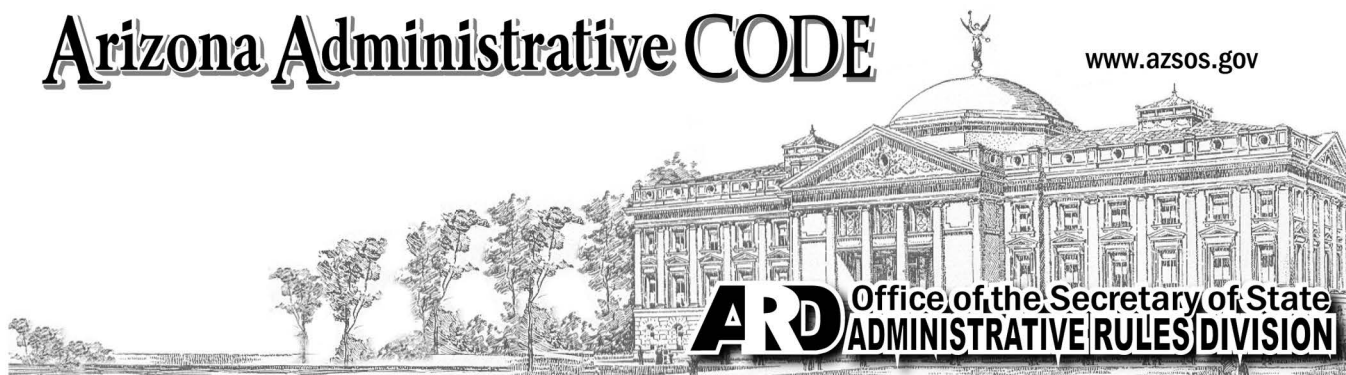
- 1. A method of heating and cooling maintains the nursing-supported group home between 65° F and 85° F in areas of the nursing-supported group home occupied by residents;
- 2. A usable fireplace is covered by a protective screen or covering at all times;

- 3. Ventilation is provided by an openable window, air conditioning, or other mechanical device;
  - 4. Working, safe appliances for cooling and cooking food are provided in the nursing-supported group home that:
    - a. Are safety-approved;
    - b. If used to refrigerate food, maintain the food at a temperature of 40° F or below at all times; and
    - c. If used to freeze food, maintain the food at a temperature of 0° F or below at all times;
  - 5. Hot water temperatures in the nursing-supported group home are maintained between 95° F and 120° F; and
  - 6. Bathtubs and showers contain slip-resistant strips, rubber bath mats, or slip-resistant surfaces.
- C.** An administrator shall ensure that:
- 1. Electrical lighting is contained in each room in the nursing-supported group home;
  - 2. Electrical devices and equipment on the premises are safety-approved, safe, and in working order;
  - 3. Electrical outlets on the premises are safe, covered with a faceplate, and installed in accordance with the requirements of the local jurisdiction;
  - 4. Any electrical outlet located within 3 feet of a water source includes a ground fault circuit interrupt (GFCI);
  - 5. An appliance, light, or other device with a frayed or spliced electrical cord is not used on the premises; and
  - 6. An electrical cord, including an extension cord, on the premises is not:
    - a. Used as a substitute for permanent wiring,
    - b. Run under a rug or carpeting,
    - c. Run over a nail, or
    - d. Run from one room to another.
- D.** An administrator shall ensure that:
- 1. A nursing-supported group home contains a safe, working plumbing system;
  - 2. If a nursing-supported group home's plumbing system is connected to a non-municipal sewage disposal system, the plumbing system and connective piping are free of visible leakage; and
  - 3. The premises do not contain unfenced or uncovered wells, ditches, or holes into which an individual may step or fall.

**Historical Note**

New Section made by exempt rulemaking at 28 A.A.R. 927 (May 6, 2022), with an immediate effective date of April 15, 2022 (Supp. 22-2).

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**Supplement Information**  
**Supp. 25-2**

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 24-2, 1-33 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

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

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## Administrative Rules Division

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## TITLE 9. HEALTH SERVICES

## CHAPTER 13. DEPARTMENT OF HEALTH SERVICES - HEALTH PROGRAMS SERVICES

Authorizing statutes: A.R.S. §§ 36-132(A), 36-136(A)(7), and 36-136(F)

Implementing statutes: A.R.S. § 36-694, as amended by Laws 2021, Ch. 409

## Supp. 25-2

*Editor's Note: Supp. 15-2 has rules that were filed as final exempt rules. The Department was required to provide an opportunity for public comment on the amended rules under Laws 2014, Ch. 171. The amended rules were published on the Department's website from May 1, 2015 to May 30, 2015. Even though the proposed amendments were not published in the Register, the Office of the Secretary of State makes a distinction between exempt rulemakings and final exempt rulemakings. Exempt rulemakings are those filed with the Office of the Secretary of State that did not receive public comments (Supp. 15-2).*

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*Article 4 consisting of Sections R9-13-401 through R9-13-406 repealed effective December 16, 1996 (Supp. 96-4).*

*Article 4 consisting of Sections R9-13-401 through R9-13-406 adopted effective July 16, 1981.*

*Article 4 consisting of Sections R9-13-401 through R9-13-407 repealed effective July 16, 1981.*

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*Article 5 consisting of Sections R9-13-501 through R9-13-504 adopted effective July 16, 1981.*

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*Article 6 consisting of Sections R9-13-601 through R9-13-606 adopted effective July 16, 1981.*

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*Article 8 consisting of Sections R9-13-801 through R9-13-806 adopted effective July 16, 1981.*

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*Article 9 consisting of Section R9-13-901 adopted effective October 13, 1982.*

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*Article 14 consisting of Sections R9-13-1401 through R9-13-1415 adopted effective March 19, 1984.*

*Article 14 consisting of Sections R9-13-1401 through R9-13-1417 adopted as an emergency effective November 29, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days.*

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**ARTICLE 15. RECODIFIED**

*Editor's Note: Article 15, consisting of R9-13-1501 through R9-3-1503 and Exhibits, were recodified to 9 A.A.C. 25.*

*Editor's Note: Former Article 15 was originally adopted, and subsequently amended by the addition of a new Section, under an exemption from the provisions of the Administrative Procedure Act which means that the rules were not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not*

*Article 15, consisting of Sections R9-13-1501 through R9-13-1503, recodified to 9 A.A.C. 25, R9-25-801 through R9-25-803 (Supp. 98-1).*

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**ARTICLE 1. HEARING SCREENING AND VISION SCREENING****R9-13-101. Definitions**

In addition to the definitions in A.R.S. §§ 36-899 and 36-899.10, the following definitions apply in this Article unless otherwise specified:

1. "Accredited" means that an educational institution is recognized by the U.S. Department of Education as providing standards necessary to meet acceptable levels of quality for its graduates to gain admission to other reputable institutions of higher learning or to achieve credentials for professional practice.
2. "Administrator" means the principal or person having general daily control and oversight of a school or that person's designee.
3. "Audiological equipment" means an instrument used to help determine the presence, type, or degree of hearing loss, such as:
  - a. A pure tone audiometer,
  - b. A tympanometer, or
  - c. An otoacoustic emissions device.
4. "Audiological evaluation" means:
  - a. Examination of an individual's ears;
  - b. Assessment of the functioning of the individual's middle ear;
  - c. Testing of the individual's ability to perceive sounds using audiological equipment; and
  - d. An analysis by a specialist of the results obtained from the activities described in subsections (a) through (c) to determine if the individual has a hearing loss and, if so, the type and degree of the individual hearing loss.
5. "Audiologist" means an individual licensed under A.R.S. Title 36, Chapter 17.
6. "Audiometer" means an electronic device that administers sounds of varying pitches and intensities to assess an individual's ability to hear the sounds.
7. "Auditory canal" means the tubular passage between the cartilaginous portion of the ear that projects from an individual's head and the outer surface of the eardrum.
8. "Autorefractor/photoscreener" means an automated device that provides information about the eyes that could affect vision, including refractive errors and eye misalignment.
9. "Behavioral condition" means any persistent and repetitive pattern of behavior that violates societal norms or rules, seriously impairs a person's functioning, or creates distress in others.
10. "Calendar day" means each day, that:
  - a. Is not the day of the act, event, or default from which a designated period of time begins to run; and
  - b. Includes the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
11. "Calibrate" means to measure the response of an instrument against a standard and adjust the instrument until the response falls within specified values according to the equipment's manufacturer specifications and by an authorized manufacturer's dealer, if recommended by the manufacturer.
12. "Certificate of completion" means a document issued to an individual who has completed the requirements in:
  - a. R9-13-108 to perform hearing screening for students according to this Article;
  - b. R9-13-111 to provide training to individuals who perform hearing screenings;
  - c. R9-13-112 to perform vision screening for students according to this Article; or
  - d. R9-13-115 to provide training to individuals who perform vision screenings.
13. "Classroom" means a physical room or electronic space where training and educational courses occur.
14. "Color vision" means the perception of and ability to distinguish colors.
15. "daPa" means dekaPascal, a standard measure of air pressure.
16. "dB HL" means decibel hearing level, a measurement used to compare the intensity at which an individual hears sound at a particular frequency to a standard.
17. "dB SPL" means sound pressure level measured in units of decibels.
18. "Deaf" has the same meaning as in A.R.S. § 36-1941.
19. "Deafblind" has the same meaning as in A.R.S. § 36-1941.
20. "Diagnosis" means a determination of whether a student is deafblind, is deaf, is hard of hearing, is legally blind, or has vision loss that is:
  - a. Made by a specialist; and
  - b. Based on an audiological evaluation or an eye examination of the student.
21. "Documentation" means a method used to report information on paper, electronic, photographic, or other permanent form.
22. "Eardrum" means the tympanic membrane in the ear that vibrates in response to sound.
23. "Earphone" means the part of an audiometer that is worn over an individual's ear.
24. "Eustachian tube" means a passage in an individual's head that:
  - a. Connects the middle ear and the throat, and
  - b. Equalizes pressure on both sides of the eardrum.
25. "Eye examination" means the same as "comprehensive eye and vision examination" in A.R.S. § 36-899.10 by an optometrist or ophthalmologist.
26. "Follow-up" means an action that serves to verify the accuracy of a previous hearing screening or vision screening result.
27. "Frequency" means the number of cycles per second of a sound wave, expressed in Hz and corresponding to the pitch of sound.
28. "Hard of hearing" has the same meaning as in A.R.S. § 36-1941.
29. "Hearing loss" means the difference, expressed in decibels, between the hearing threshold of an individual and a standard reference hearing threshold.
30. "Hearing screener" means an individual qualified to perform a hearing screening, as specified in R9-13-108.
31. "Hearing screening" means the same as "hearing screening evaluation" in A.R.S. § 36-899, and is performed by an individual who meets the requirements specified in R9-13-108 for the purpose of identifying students who may need further evaluation.
32. "Hz" means Hertz, a unit of frequency equal to one cycle per second.

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33. "Immittance" means the mobility of the parts of the middle ear during the transmission of sound vibrations through the middle ear.
34. "Inner ear" means the part of the ear, including the semi-circular canals, cochlea, and auditory nerve, that converts sound into neural messages that are sent through the auditory nerve to the brain.
35. "Intensity" means the strength of a sound wave, resulting in the perception of sound volume as expressed in decibels or decibels hearing level dB HL.
36. "kHz" means a unit of frequency equal to one thousand cycles per second or one thousand hertz.
37. "Legally blind" means any person who:
  - a. Has no vision or visual acuity;
  - b. Has central visual acuity of 20/200 or less in the better eye, with the best correction by single magnification; or
  - c. Has a field defect in which the peripheral field has been contracted to such an extent that the widest diameter of the visual field subtends an angular distance no greater than twenty degrees.
38. "mL" means a volume measurement unit.
39. "mmho" or "millimho" means a unit of electric conductance.
40. "Notification" means a method used to inform or announce information on paper, electronic, photographic, or other permanent form.
41. "Ophthalmologist" means an individual, licensed according to A.R.S. Title 32, Chapter 13 or 17, who may perform medical and surgical interventions for eye conditions.
42. "Optometrist" has the same meaning as in A.R.S. 32-1701, and is licensed according to A.R.S. Title 32, Chapter 16, who is a doctor of optometry who may examine the eyes to:
  - a. Evaluate health and visual abilities,
  - b. Diagnose eye diseases and conditions of the eye and visual system, and
  - c. Prescribe corrective lenses or provide other types of treatment.
43. "Optometry" means the professional practice of eye and vision care for the diagnosis, treatment, and prevention of diseases and conditions of the eye and visual system.
44. "Optotypes" means symbols, numbers, or letters of different sizes used in testing distance and near visual acuity.
45. "Otitis media" means inflammation of the middle ear.
46. "Otoacoustic emissions device" means an instrument used to determine the status of an individual's cochlear function by:
  - a. Presenting sounds into the auditory canal with a sound generator, and
  - b. Detecting, with one or more microphones, low-intensity echoes in the auditory canal that are produced by normally functioning cochlea in response to sounds.
47. "Outer ear" means the part of the ear that projects from an individual's head and the auditory canal.
48. "Parent" means a:
  - a. Natural or adoptive mother or father,
  - b. Legal guardian appointed by a court of competent jurisdiction, or
  - c. Custodian as defined in A.R.S. § 8-201.
49. "Pass" means a recordable response detected by a:
  - a. Hearing screener using audiological equipment consistent with established criteria for hearing screening requirements; or
  - b. Vision screener using vision equipment consistent with established criteria for vision screening requirements.
50. "Person" has the same meaning as in A.R.S. § 41-1001.
51. "Preschool" means the instruction preceding kindergarten provided to individuals three-years-old, four-years-old, or five-years-old through a school.
52. "Probe" means the part of a tympanometer or an oto-acoustic emissions device that is inserted into an individual's auditory canal during a hearing screening.
53. "Pseudoisochromatic plate" means a chart having printed dots of various colors, brightness, and sizes arranged so that dots of similar color form a known figure among a background of dots of other colors used to detect a color vision deficiency.
54. "Pure tone hearing screening" means a type of hearing screening using single frequency sounds that are performed using a pure tone audiometer or a device that includes the functions of both an audiometer and a tympanometer.
55. "School" means:
  - a. A school as defined in A.R.S. § 15-101,
  - b. An accommodation school as defined in A.R.S. § 15-101,
  - c. A charter school as defined in A.R.S. § 15-101, or
  - d. A private school as defined in A.R.S. § 15-101.
56. "School day" means any day in which students attend an educational institution for instructional purposes.
57. "School year" means the period from July 1 through June 30.
58. "Screening population" means the students who are expected to have a hearing screening or a vision screening during a school year.
59. "Special education" has the same meaning as in A.R.S. § 15-761.
60. "Specialist" means an:
  - a. Audiologist;
  - b. Individual licensed according to A.R.S. Title 32, Chapter 13 or 17 who specializes in the ear, nose, and throat;
  - c. Optometrist; or
  - d. Ophthalmologist.
61. "Stereoaucuity" refers to depth perception and is used interchangeably with binocular vision.
62. "Student" means an individual enrolled in a school.
63. "Supervision" means a screener is in the room observing and providing direction while an individual provides:
  - a. A hearing screening to a student, as specified in Table 13.3, or
  - b. A vision screening to a student, as specified in Table 13.4.
64. "Trainer" means an individual, who:
  - a. Has a current certificate of completion, and
  - b. Provides classroom instruction and assessment of competency in using audiological equipment, as specified in R9-13-108, or vision equipment, as specified in R9-13-112.
65. "Tympanogram" means a graphic display of the mobility of the middle ear in response to an acoustic stimulus as a function of air pressure in the auditory canal.

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66. "Tympanometer" means a device used to determine the status of an individual's middle ear by:
  - a. Presenting sound into the auditory canal with a sound generator;
  - b. Varying the air pressures in the auditory canal via an air pump to control the movement of the tympanic membrane; and
  - c. Detecting, with a microphone, variations in sound pressure level as acoustic energy passes into the individual's middle ear.
67. "Vision equipment" means vision screening materials and instruments used to help determine the presence, type, or degree of vision loss or impairment, including:
  - a. Optotypes,
  - b. Stereoacuity tests,
  - c. Pseudoisochromatic plates, and
  - d. Autorefractors/photoscreeners.
68. "Vision impairment" means visual impairment that cannot be corrected with a corrective device, such as eye glasses or contact lenses.
69. "Vision Screener" means an individual qualified to perform a vision screening, as specified in R9-13-112.
70. "Vision screening" in addition to the definition in A.R.S. § 36-899.10, means a test performed by an individual who meets the requirements specified in R9-13-112 for the purpose of identifying students who may need further evaluation.
71. "Visual acuity" means the relative ability of the visual system to resolve detail that is measured and recorded using an internationally recognized, two-figured indicator, such as 20/20.
72. "Written examination" means a series of questions administered in a paper or electronic format designed to determine an individual's knowledge and abilities specific to a hearing screening or vision screening.

**Historical Note**

Adopted effective February 18, 1986 (Supp. 86-1).  
 Amended effective October 15, 1993 (Supp. 93-4).  
 Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Amended by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

**R9-13-102. Student Screening Populations**

- A. Except as specified in subsections (B) and (C), an administrator shall ensure each student included in a school's hearing screening population, as specified in Table 13.1, receives a hearing screening.
- B. An administrator may exclude from a school's hearing screening population:
  1. A student who is 16 years of age or older;
  2. A student who has been diagnosed as being deaf or hard of hearing; or
  3. A student for whom the school has documentation from the specialist that includes information, as specified in R9-13-105(B)(1):
- C. An administrator shall exclude a student from a school's hearing screening population for whom the administrator has received written notification from the student's parent objecting to the student receiving a hearing screening, as specified in A.R.S. § 36-899.04, that contains the information specified in R9-13-105(A)(3)(d):

- D. Except as specified in subsections (E) and (F), an administrator shall ensure each student included in a school's vision screening population, as specified in Table 13.2, receives a vision screening.
- E. An administrator may exclude from a school's vision screening population:
  1. A student who is 16 years of age or older;
  2. A student who has been diagnosed as being legally blind or having vision loss; or
  3. A student for whom the school has documentation from a specialist that includes information specified in R9-13-105(I)(1):
- F. An administrator shall exclude from a school's vision screening population a student for whom the administrator has received written notification from the student's parent objecting to the student receiving a vision screening, as specified in A.R.S. § 36-899.10, that contains the information specified in R9-13-105(I)(3)(d).

**Historical Note**

Former Section R9-13-112 renumbered and amended as Section R9-13-102 effective February 18, 1986 (Supp. 86-1). Amended effective October 15, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Amended by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

**R9-13-103. Hearing Screening and Vision Screening Requirements**

- A. Before permitting an individual to provide a hearing screening, an administrator shall ensure that the individual:
  1. Is an audiologist; or
  2. Except as provided in R9-13-108(H), has a hearing screening certificate of completion, as specified in R9-13-108(C).
- B. Before performing a hearing screening on a student, a hearing screener shall:
  1. Verify that the student is on a list of students in the school's hearing screening population provided by the administrator; and
  2. Conduct a non-otoscopic inspection of the student's outer ears for anything that would contraindicate the continuation of the hearing screening, such as:
    - a. Blood or other bodily fluid in or draining from the auditory canal,
    - b. Earwax that may be occluding the auditory canal,
    - c. An open sore, or
    - d. A foreign object.
- C. If a hearing screener observes a condition specified in subsection (B)(2) when inspecting a student's outer ears, the hearing screener shall:
  1. Not perform a hearing screening on the student, and
  2. Report the student's condition to the administrator immediately.
- D. If a hearing screener does not observe a condition specified in subsection (B)(2) when inspecting a student's outer ears, the hearing screener shall:
  1. Determine the developmental and age appropriate audiological equipment to be used, based on whether the student:
    - a. Is able or unable to understand the screener's instructions;

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- b. Has been designated as a child with a disability, as defined in A.R.S. § 15-761; or
  - c. Is physically or behaviorally limited in the ability to respond to perceived sounds; and
- 2. Perform a hearing screening on each of the student's ears, using the appropriate hearing screening methods, as specified in Table 13.3;
- E. If a hearing screener determines that a student is not able to complete the hearing screening, the hearing screener shall inform the administrator within 10 school days.
- F. Before permitting an individual to provide a vision screening, an administrator shall ensure that the individual:
  - 1. Is an optometrist;
  - 2. Is an ophthalmologist; or
  - 3. Except as provided in R9-13-112(H), has a vision screening certificate of completion, as specified in R9-13-112(C).
- G. Before performing a vision screening on a student, a vision screener shall:
  - 1. Verify that the student is on a list of students in the school's vision screening population provided by the administrator; and
  - 2. Conduct a non-ophthalmoscopic inspection of the student's eyes for anything that would contraindicate the continuation of the vision screening, such as:
    - a. Abnormal color of iris or shape of pupils,
    - b. Asymmetry of eyes or pupil size,
    - c. Cloudy or hazy appearance to the cornea,
    - d. Crusty eyelashes,
    - e. Discoloration of the sclera,
    - f. Drainage from an eye,
    - g. Drooping of an eyelid,
    - h. Growth on an eyelid or eye, or
    - i. Redness and/or swelling of eyes, eyelids, or conjunctivitis.
- H. If a vision screener observes a condition specified in subsection (G)(2) when inspecting a student's eyes, the vision screener shall:
  - 1. Not perform a vision screening on the student, and
  - 2. Report the student's condition to the administrator immediately.
- I. If a vision screener does not observe a condition specified in subsection (G)(2) when inspecting a student's eyes, the vision screener shall:
  - 1. Determine the developmental and age-appropriate vision equipment to be used, based on whether the student:
    - a. Is able or unable to understand the vision screener's instructions;
    - b. Has been designated as a child with a disability, as defined in A.R.S. § 15- 761; or
    - c. Is physically or behaviorally limited in the ability to respond to perceived visual stimuli; and
  - 2. Perform a vision screening using the appropriate vision screening methods, as specified in Table 13.4.
- J. If a vision screener determines that a student is not able to complete the vision screening, the vision screener shall inform the administrator within 10 school days.

**Historical Note**

Adopted effective February 18, 1986 (Supp. 86-1).  
 Amended effective October 15, 1993 (Supp. 93-4).  
 Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Amended by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949

(May 31, 2024), effective July 7, 2024 (Supp. 24-2).

**R9-13-104. Criteria for Passing a Hearing Screening or Vision Screening**

- A. A hearing screener shall consider a student to have passed a developmentally and age-appropriate hearing screening, as specified in Table 13.3, that meets the test-specific passing criteria.
- B. For a student in a school's hearing screening population who does not receive an initial hearing screening, an administrator shall ensure that the student receives the initial hearing screening not more than 45 school days after the date the student was expected to receive the initial hearing screening.
- C. For a student in a school's hearing screening population who does not pass an initial hearing screening, as specified in Table 13.1, an administrator shall ensure that the student receives a second hearing screening using the same hearing screening method, unless determined that another hearing screening method would be more appropriate, no earlier than 10 school days and no later than 30 school days after the date of the initial hearing screening.
- D. If a student does not pass the second hearing screening according to subsection (C), an administrator shall provide notification to the student's parent, as specified in R9-13-105.
- E. A vision screener shall consider a student to have passed a developmentally and age-appropriate vision screening, as specified in Table 13.4, that meets the test-specific passing criteria.
- F. For a student in a school's vision screening population, as specified in Table 13.2, who does not receive an initial vision screening, an administrator shall ensure that the student receives the initial vision screening not more than 45 school days after the date the student was expected to receive the initial vision screening.
- G. For a student in the school's vision screening population, as specified in Table 13.2, who does not pass an initial vision screening, according to Table 13.4, an administrator shall ensure that at the vision screener's discretion, the student receives a second vision screening using the same vision screening method, unless determined that another vision screening method would be more appropriate, no earlier than the next school day and no later than 30 school days after the date of the initial vision screening.
- H. If a student does not pass an initial or the second vision screening according to subsection (G), an administrator shall provide notification to the student's parent, as specified in R9-13-105.

**Historical Note**

Adopted effective February 18, 1986 (Supp. 86-1).  
 Amended effective October 15, 1993 (Supp. 93-4).  
 Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Amended by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

**R9-13-105. Notification; Follow-up**

- A. An administrator shall provide a notification to parents of students identified according to R9-13-102(A) and Table 13.1 that includes:
  - 1. The dates on which hearing screenings are scheduled to be conducted during the school year,
  - 2. Information about how the hearing screenings will be conducted, and
  - 3. That a student will be excluded from hearing screening if:

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- a. The student has declined to receive a hearing screening, according to R9-13-102(B)(1);
  - b. The administrator has documentation that the student is deaf or hard of hearing, according to R9-13-102(B)(2);
  - c. The administrator receives documentation from the parent that includes the information listed in R9-13-105(B)(1); or
  - d. According to A.R.S. § 36-899.04, the student's parent objects to the student receiving a hearing screening, and the administrator receives from the parent the written notification that contains:
    - i. The student's name;
    - ii. A statement objecting to the student receiving a hearing screening, including:
      - (1) The school year during which the student should not receive the hearing screening, or
      - (2) Instruction that the student is not to receive a hearing screening until the parent notifies the administrator that the student may receive a hearing screening; and
    - iii. The parent's name, signature, and date signed.
- B.** Except if an administrator has received written notification for a student whose parent has objected to the student receiving a hearing screening, as specified in A.R.S. § 36-899.04, if an administrator plans to exclude a student from a hearing screening, as specified in R9-13-102(B)(2) or (B)(3), the administrator shall provide a notification to the student's parent that:
1. Requests the parent to provide the administrator with a copy of the specialist's audiological report dated within the past 12 months that contains:
    - a. The student's name;
    - b. The date the student's audiological evaluation was performed;
    - c. The type of audiological equipment used;
    - d. Whether the student has been diagnosed as being deaf or hard of hearing and, if so, the type and degree of hearing loss; and
    - e. The name of the specialist who performed the audiological evaluation;
  2. Informs a parent that a student will receive a hearing screening if an administrator does not have:
    - a. Documentation of an audiological report in subsection (B)(1), or
    - b. Documentation specified in R9-13-105(A)(3)(d) stating that the parent does not want the student to have a hearing screening.
- C.** If a student did not receive a hearing screening due to behavior, an administrator shall provide notification to a student's parent within 10 school days after an initial hearing screening, as specified in Table 13.3, or a second hearing screening, as specified in R9-13-104(C), that includes:
1. The student's name; and
  2. A description of the student's behavior.
- D.** If a student did not receive a hearing screening due to a visual condition of the outer ear, as specified in R9-13-103(B)(2), an administrator shall provide immediate notification to a student's parent after an initial hearing screening or a second hearing screening, that includes:
1. The student's name; and
  2. A description of the visual condition of the outer ear.
- E.** If a student does not pass a second hearing screening, as specified in R9-13-104(C), an administrator shall provide notification to the student's parent within 10 school days that includes:
1. The student's name; and
  2. The type of hearing screening the student received.
- F.** In addition to the notification information provided in subsections (C), (D), or (E), an administrator shall request that the parent:
1. Contact a specialist to:
    - a. Examine the student's ears; and
    - b. If applicable, perform an audiological evaluation; and
  2. Provide to the administrator documentation received from the specialist who examined the student that includes:
    - a. The student's name;
    - b. The name of the specialist;
    - c. The date the specialist performed the services;
    - d. The type of services provided; and
    - e. If applicable:
      - i. The results of the examination of the student's ears;
      - ii. The results of the student's audiological evaluation, including diagnosis;
      - iii. Whether there is hearing loss and, if so, the type and degree of hearing loss; and
      - iv. A recommendation for treatment.
- G.** Within forty-five school days after sending a notification specified in subsection (F)(2), an administrator shall provide a follow-up notification to the student's parent to verify whether the student received an audiological evaluation and if evaluated, provide a diagnosis.
- H.** Within 10 school days after an administrator receives documentation from a specialist of a diagnosis that a student is deaf or hard of hearing, the administrator shall provide notification of the diagnosis, consistent with the privacy requirements in applicable law, to:
1. Each of the student's teachers,
  2. Other school personnel who interact with the student, and
  3. The persons responsible for determining the student's eligibility for special education services, as specified in R7-2-401.
- I.** An administrator shall provide a notification to parents of students identified according to Table 13.2 that includes:
1. The dates on which vision screenings are scheduled to be conducted during the school year,
  2. Information about how the vision screenings will be conducted, and
  3. That a student will be excluded from vision screening if:
    - a. The student has declined to receive a vision screening, according to R9-13-102(E)(1);
    - b. The administrator has documentation that the student is legally blind or has loss of vision, according to R9-13-102(E)(2);
    - c. The administrator receives documentation from the parent that includes the information listed in R9-13-105(J); or
    - d. According to A.R.S. § 36-899.10, the student's parent objects to the student receiving a vision screening, and the administrator receives from the parent the written notification that contains:
      - i. The student's name;
      - ii. A statement objecting to the student receiving a vision screening, including:

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- e. The school year during which the student should not receive the vision screening, or
  - f. Instruction that the student is not to receive a vision screening until the parent notifies the administrator that the student may receive a vision screening; and
  - g. The parent's name, signature, and date signed.
- J.** Except if an administrator has received written notification for a student whose parent has objected to the student receiving a vision screening, as specified in A.R.S. § 36-899.10, if an administrator plans to exclude a student from a vision screening, as specified in R9-13-102(E)(2) or (E)(3), the administrator shall provide a notification to the student's parent that:
- 1. Requests the parent to provide the administrator with a copy of the specialist's vision report dated within the past 12 months that contains the following information:
    - a. The student's name;
    - b. The date the student's eye examination was performed;
    - c. Whether the student has been diagnosed as being legally blind or has loss of vision, and, if so, the type and degree of vision loss; and
    - d. The name of the specialist who performed the eye examination;
  - 2. Informs a parent that a student will receive a vision screening if an administrator does not have documentation:
    - a. Of a vision report in subsection (J)(1), or
    - b. Specified in R9-13-102(F) stating that the parent does not want the student to have a vision screening.
- K.** If a student did not receive a vision screening due to behavior, an administrator shall provide notification to a student's parent within 10 school days after an initial vision screening in Table 13.4 or a second vision screening, that includes:
- 1. The student's name; and
  - 2. A description of the student's behavior.
- L.** If a student did not receive a vision screening due to a visual condition of the outer eyes, as specified in R9-13-103(H)(2), an administrator shall provide immediate notification to a student's parent after an initial vision screening, as specified in Table 13.4 or a second vision screening, that includes:
- 1. The student's name; and
  - 2. A description of the visual condition of the eye.
- M.** If a student does not pass a second vision screening, as specified in R9-13-104(G), an administrator shall provide notification to the student's parent within 10 school days that includes:
- 1. The student's name; and
  - 2. The type of vision screening the student received.
- N.** In addition to the notification information provided in subsections (K), (L), or (M), an administrator shall request that the parent:
- 1. Contact a specialist to:
    - a. Examine the student's eyes; and
    - b. Perform a visual evaluation; and
  - 2. Provide to the administrator documentation received from the specialist who examined the student that includes:
    - a. The student's name;
    - b. The name of the specialist;
    - c. The date the specialist performed the services;
    - d. The type of services provided; and
    - e. If applicable:
      - i. The results of the examination of the student's eyes;
      - ii. The results of the student's vision evaluation, including diagnosis;
      - iii. Whether there is vision loss and, if so, the type and degree of vision loss; and
      - iv. A recommendation for treatment.
- O.** Within 45 school days after sending a notification specified in subsection (M), an administrator shall provide a follow-up notification to the student's parent to verify whether the student received an eye examination and, if evaluated, provide a diagnosis.
- P.** Within 10 school days after an administrator receives documentation from a specialist of a diagnosis that a student is blind or has loss of vision, the administrator shall provide notification of the diagnosis, consistent with the privacy requirements in applicable law, to:
- 1. Each of the student's teachers,
  - 2. Other school personnel who interact with the student, and
  - 3. The persons responsible for determining the student's eligibility for special education services, as specified in R7-2-401.

**Historical Note**

Adopted effective February 18, 1986 (Supp. 86-1).  
 Amended effective October 15, 1993 (Supp. 93-4).  
 Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Amended by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

**R9-13-106. Equipment Standards**

- A.** An administrator shall ensure that audiological equipment used for hearing screenings is recommended by the American Academy of Audiology.
- B.** An administrator shall ensure that:
- 1. A pure tone audiometer is calibrated:
    - a. Not more than 12 months before the hearing screening is planned to occur, and
    - b. According to ANSI/ASA S3.6-2010 American National Standards Institution/Acoustical Society of America, Specification for Audiometers, incorporated by reference, on file with the Department, including no future editions or amendments, and available from the American National Standards Institution at <https://webstore.ansi.org>.
  - 2. A tympanometer is calibrated:
    - a. Not more than 12 months before the hearing screening is planned to occur; and
    - b. According to ANSI/ASA S3.39-1987 (R2020) American National Standards Institution/Acoustical Society of America, American National Standard Specifications for Instruments to Measure Aural Acoustic Impedance and Admittance (Aural Acoustic Immittance), incorporated by reference, on file with the Department, including no future editions or amendments, and available from the American National Standards Institution at <https://webstore.ansi.org>.
  - 3. An otoacoustic emissions device is calibrated:
    - a. Not more than 12 months before the hearing screening is planned to occur; and
    - b. According to the specifications of the otoacoustic emissions device's manufacturer, including:
      - i. Distortion product emission,

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- ii. No less than three test frequencies between 1 and 5 kHz,
    - iii. An f2/f1 ratio of 1.22,
    - iv. A L1/L2 levels of 65/55 dB SPL, and
    - v. A pass and fail criterion based on an emission-to-noise ratio.
  - C. A hearing screener shall ensure that:
    - 1. A pure tone audiometer:
      - a. Is inspected within one school day before the hearing screening is planned to occur; and
      - b. During the inspection in subsection (C)(1)(a):
        - i. Had a power source and power indicator that were working,
        - ii. Had earphones that were free of noise or distortion that could interfere with a hearing screening,
        - iii. Had earphone cords that were connected securely to the pure tone audiometer and had no breaks, and
        - iv. Generated a signal at each frequency and intensity specified in Table 13.3 that did not cross from one earphone to the other.
    - 2. A tympanometer:
      - a. Is inspected within one school day before the hearing screening is planned to occur; and
      - b. During the inspection in subsection (C)(2)(a):
        - i. Had no obstruction in the tympanometer's probe, and
        - ii. Generated a signal.
    - 3. An otoacoustic emissions device:
      - a. Is inspected within one school day before the hearing screening is planned to occur; and
      - b. During the inspection in subsection (C)(3)(a):
        - i. Had no obstruction in the otoacoustic emission device's probe microphone, and
        - ii. Generated a signal.
  - D. The administrator shall:
    - 1. Ensure that the vision equipment used to conduct vision screenings is in good condition; and
    - 2. If applicable, verify that the calibration is up-to-date according to the manufacturer guidelines for autorefractors.
  - E. A vision screener shall ensure vision equipment is:
    - 1. Used for vision screenings based on the age and developmental abilities of the student;
    - 2. If applicable, verify an autorefractor/photoscreeners' calibration date is within the past 12 months from the day the vision screening is provided; and
    - 3. Inspected within one school day before the vision screening is scheduled to occur.
- Historical Note**
- Adopted effective February 18, 1986 (Supp. 86-1).  
 Amended effective October 15, 1993 (Supp. 93-4). Section repealed by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).
- R9-13-107. Records and Reporting Requirements**
- A. An administrator shall obtain from a hearing screener:
    - 1. The hearing screener's license number, if the hearing screener is an audiologist; or
    - 2. A copy of the hearing screener's certificate of completion, as specified in R9-13-110.
  - B. An administrator shall ensure that a student's record includes, as applicable:
    - 1. The dates and results of each hearing screening performed on the student;
    - 2. An objection to a hearing screening made by the student's parent, as specified in R9-13-105(A)(3)(d);
    - 3. A request for a hearing screening made by an individual listed in Table 13.1;
    - 4. A written diagnosis received by an administrator from a specialist, as specified in R9-13-102(B)(2), including whether the student is deaf or hard of hearing;
    - 5. If an administrator received a written diagnosis in subsection (B)(4), the name of each individual specified in R9-13-105(A)(3)(b) that received notification of the student's diagnosis and the date notified; and
    - 6. If the administrator notified the student's parent according to R9-13-105:
      - a. A copy of the notification; or
      - b. Documentation that contains:
        - i. The reason for the notification,
        - ii. The date of notification, and
        - iii. Whether the administrator recommended that the student have an audiological evaluation completed by a specialist.
  - C. Between April 1 and June 30 of each school year, an administrator shall submit to the Department in a Department-provided format:
    - 1. The name, address, and telephone number of the school;
    - 2. The name of the school district, if applicable; and
    - 3. For each hearing screening conducted at the school during the school year:
      - a. The name of each hearing screener who performed the hearing screening;
      - b. The hearing screener's audiological license number, if applicable;
      - c. A copy of the hearing screener's certificate of completion;
      - d. The type of audiological equipment used to conduct the hearing screening;
      - e. The date the audiological equipment was calibrated;
      - f. The name and title of the individual submitting the information;
      - g. The date the information is submitted;
      - h. Whether the hearing screening for students identified according to Table 13.1 was conducted within the first 90 school days of the school year;
      - i. The number of students grouped by:
        - i. Each grade level listed in Table 13.1, and
        - ii. Enrollment in special education;
      - j. The number of students who:
        - i. Were enrolled at the start of the school year at the time of before the first hearing screening provided to students,
        - ii. Were excluded from the school's hearing screening population according to R9-13-102(B) or (C) and Table 13.1,
        - iii. Received an initial hearing screening,
        - iv. Did not pass an initial hearing screening,
        - v. Received a second hearing screening,
        - vi. Did not pass a second hearing screening, and
        - vii. Were first identified as being deaf or hard of hearing; and



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- k. The number of students for whom the administrator:
      - i. Provided notification to a student's parent, as specified in R9-13-105; and
      - ii. Received documentation during the school year from a student's specialist related to an audio-logical evaluation.
  - D. An administrator shall obtain from a vision screener:
    - 1. The vision screener's license number, if the vision screener is an optometrist or an ophthalmologist; or
    - 2. A copy of the vision screener's certificate of completion.
  - E. An administrator shall ensure a student's record includes:
    - 1. The dates and results of each vision screening performed on the student;
    - 2. If applicable, documentation of an objection to a vision screening made by the student's parent, as specified in R9-13-105(H)(3)(d);
    - 3. If applicable, a request for a vision screening made by an individual listed in Table 13.2;
    - 4. If applicable, a written diagnosis received by an administrator from a specialist, as specified in R9-13-105(E)(2), of the student being legally blind or having vision loss;
    - 5. If the administrator received a written diagnosis in subsection (E)(4), the name of each individual that received notification of the student's diagnosis and the date notified; and
    - 6. If the administrator notified a student's parent according to R9-13-105;
      - a. A copy of the notification; or
      - b. Documentation that contains:
        - i. The reason for the notification,
        - ii. The date of notification, and
        - iii. Whether the administrator recommended that the student have a visual evaluation completed by a specialist.
  - F. Between April 1 and June 30 of each school year, an administrator shall submit to the Department in a Department-provided format:
    - 1. The name, address, and telephone number of the school;
    - 2. The name of the school district, if applicable; and
    - 3. For each vision screening conducted at the school during the school year:
      - a. The name of the vision screener who performed the vision screening;
      - b. The vision screener's optometry or ophthalmology license number, if applicable;
      - c. A copy of the vision screener's certificate of completion, if applicable;
      - d. The type of vision equipment used to conduct the vision screening;
      - e. The date the vision equipment was calibrated, if applicable;
      - f. The name and title of the individual submitting the information;
      - g. The date the information is submitted;
      - h. Whether the vision screenings for students identified in Table 13.2 were conducted within the first 90 school days of the school year;
      - i. The number of students grouped by:
        - i. Each grade level listed in Table 13.2; and
        - ii. Enrollment in special education;
      - j. The number of students who:
        - i. Were enrolled at the start of the school year prior to the first vision screening provided to students;
        - ii. Were excluded from the school's vision screening population, according to R9-13-102(E) or (F) and Table 13.2;
        - iii. Received an initial vision screening;
        - iv. Did not pass an initial vision screening;
        - v. Received a second vision screening;
        - vi. Did not pass a second vision screening;
        - vii. Were first identified as being legally blind; and
        - viii. Were first identified as having vision loss.
  - G. An administrator shall retain the information in:
    - 1. Subsection (A) and (D) for at least three years after the date that the hearing screening or vision screening occurred; and
    - 2. Subsection (B) and (E) for three school years after fiscal year of last attendance of the student at the school, according to Arizona State Library, Archives and Public Records, General Records Retention Schedule for All Arizona School Districts, and Charter Schools Student Records.

**Historical Note**

Former Section R9-13-113 renumbered and amended as Section R9-13-107 effective February 18, 1986 (Supp. 86-1). Amended effective October 15, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

**R9-13-108. Hearing Screener Qualifications**

- A. An individual may be a hearing screener if the individual:
  - 1. Is an audiologist, or
  - 2. Has a current hearing screener certificate of completion, as specified in subsection (C).
- B. An individual, who is not an audiologist, is eligible to become a hearing screener, if the individual:
  - 1. Is at least 18 years of age;
  - 2. Has a high school diploma or a general equivalency diploma;
  - 3. Has the ability to recognize a student's response to hearing a range of tones at different pitches and volumes;
  - 4. Has completed classroom instruction provided by a hearing screening trainer, including:
    - a. Introduction to hearing screening for children, including the:
      - i. Anatomy and physiology of the ear,
      - ii. Auditory development,
      - iii. Language development,
      - iv. Signs and types of hearing loss in children,
      - v. Prevention of hearing loss in children,
      - vi. Otitis media, and
      - vii. Rationale for early identification of hearing loss;
    - b. Essentials for hearing screening children, including:
      - i. When, how, and on whom hearing screening is performed;

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- ii. How to set up a hearing screening, including the selection of a method to use for hearing screening and a location to conduct hearing screening; and
    - iii. Infection control;
  - c. Hearing screening protocols, including:
    - i. Types of age-specific audiological equipment;
      - (1) A pure tone audiometer,
      - (2) Otoacoustic emission device, and
      - (3) Tympanometer,
    - ii. How to select an appropriate screening type;
    - iii. Proper hearing screening techniques;
    - iv. Possible results of hearing screening;
    - v. Hearing screener requirements specified in this Article;
    - vi. Procedures for tracking students expected to receive hearing screening and recording hearing screening results;
    - vii. Identifying students who need a second hearing screening; and
    - viii. Requirements in A.R.S. Title 36, Chapter 7.2, and requirements in this Article;
  - d. Hearing screening results, including documentation of:
    - i. Notification of and communication with the parents of students;
    - ii. The information that a parent of a student who does not pass a hearing screening is requested to obtain from the student's specialist and provide to the student's school;
    - iii. When and to whom a student's hearing loss is required to be reported;
    - iv. Procedures for reporting hearing screening results to the Department; and
    - v. What resources are available to the parent of a student who does not pass hearing screening;
  - 5. Obtains a score of at least 80% on a written examination that covers the classroom instruction, as specified in subsection (B)(4); and
  - 6. Demonstrates competency in the use of the audiological equipment, as applicable.
- C.** When the Department receives notification that an individual has satisfied the requirements in subsection (B), from the hearing screening trainer who provided the classroom instruction, written examination, and competency assessment, the Department shall issue to the individual a hearing screening certificate of completion that includes:
- 1. The individual's name;
  - 2. The information provided in R9-13-109(D)(2)(b), (f), and (g); and
  - 3. The date the hearing screening certificate of completion was issued.
- D.** A hearing screener's certificate of completion expires four years from the issue date indicated on the hearing screening certificate of completion.
- E.** Before the expiration date of a hearing screening certificate of completion, a hearing screener, who is not an audiologist and wants to renew a hearing screening certificate of completion, shall:
- 1. Complete instruction, as provided by a hearing trainer or another Department-approved method related to:
    - a. Development of speech and language,
    - b. Essentials for hearing screening children, and
    - c. Hearing screening protocols;
  - 2. Obtain a score of at least 80% on a written examination that covers the hearing screening requirements in subsection (B)(5); and
  - 3. Demonstrate competency in the use of the audiological equipment consistent with the hearing screening training received in subsection (B)(6);
- F.** Within 30 calendar days after the Department receives notification that a hearing screener has satisfied the requirements in subsection (E), the Department shall issue to the hearing screener a renewal hearing screening certificate of completion.
- G.** An individual who does not score at least 80% on the:
- 1. Initial written examination, as specified in subsection (B)(5), may retake the written examination; or
  - 2. Second written examination, shall repeat the classroom instruction, as specified in subsection (B)(4) before taking a third written examination.
- H.** An individual who is not a hearing screener:
- 1. May perform an initial three-frequency, pure tone hearing screening for a student, as specified in Table 13.3, under the supervision of a hearing screener; and
  - 2. Shall not perform a hearing screening:
    - a. For a student who did not pass an initial hearing screening,
    - b. Using a combination of a tympanometer and a pure tone audiometer according to R9-13-103(G)(2); or
    - c. Using an otoacoustic emissions device, as specified in Table 13.3.

**Historical Note**

Adopted effective February 18, 1986 (Supp. 86-1).

Amended effective October 15, 1993 (Supp. 93-4).

Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

**R9-13-109. Hearing Screening Trainer Eligibility**

- A.** An individual is eligible to be a hearing screening trainer if the individual:
- 1. Is currently licensed in Arizona as an audiologist according to A.R.S. Title 36, Chapter 17, and has completed at least 25 hearing screenings within the 12 months before submitting the application in R9-13-110;
  - 2. Is currently licensed as a registered nurse according to A.R.S. Title 32, Chapter 15 who is providing school health services and has completed at least 100 hearing screenings within the previous 12 months from the date of submitting the application in R9-13-110;
  - 3. Has completed at least 30-semester credits at an accredited college or university related to audiology or speech-language pathology and 100 hearing screenings within the previous 12 months from the date of submitting the application in R9-13-110; or
  - 4. Is currently a hearing screener who has maintained a hearing screener certificate of completion for the previous five years and has completed at least 1,000 hearing screenings within the previous five years from the date of the application in R9-13-110.
- B.** Before the expiration date of a hearing screening trainer certificate of completion, a hearing screening trainer is eligible to renew a hearing screening trainer certificate of completion if the hearing screening trainer demonstrates the hearing screening trainer provided at least ten hearing screening trainings

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during the five-year period that a certificate of completion is valid.

- C. The scope of practice for a hearing screening trainer includes:
1. Providing Department approved classroom instruction, as specified in R9-13-108(B)(4), including;
    - a. Training individuals in hearing screening skills, procedures, and techniques; and
    - b. Observing and assessing individuals and hearing screeners in the operations of audiological equipment;
  2. Administering a written examination that covers the applicable classroom instruction, as specified in R9-13-108(B)(5);
  3. Assessing competency in the use of the applicable audiological equipment, as specified in R9-13-108(B)(6);
  4. Submitting to the Department, documentation of an individual's or hearing screener's information for issuance of a hearing screening certificate of completion, as specified in subsection (D)(2); and
  5. If a scheduled hearing screening training is available to the public, provide notice to the Department 30 calendar days before the training indicating what, where, and when classroom instruction, examination, or assessment of competency are scheduled to be provided to individuals to become a hearing screener.
- D. A hearing screening trainer shall:
1. Ensure that for an individual or hearing screener:
    - a. Seeking a hearing screener certificate of completion, the topics of the classroom instruction are consistent with R9-13-108(B)(4);
    - b. Has a passing score of 80% on a written examination that covers the applicable topics of classroom instruction, as specified in R9-13-108(B)(5); and
    - c. Demonstrates competency in the use of the audiological equipment, as specified in R9-13-108(B)(6); and
  2. Submit the following information to the Department, for each individual or hearing screener seeking a hearing screening certificate of completion:
    - a. The name, address, email address, and telephone number of the individual or hearing screener;
    - b. The date the individual or hearing screener completed the requirements in R9-13-108(B)(4), (5), and (6);
    - c. The address where the classroom instructions, examination, and assessment were held;
    - d. If applicable, the name of a sponsoring organization, such as a school, school district, or other public agency;
    - e. Documentation indicating when classroom instruction, examination, and assessment were provided;
    - f. The hearing screening methods, in which the individual has demonstrated competency, as specified in Table 13.3; and
    - g. The hearing screening trainer's name.
- E. A hearing screening trainer shall comply with:
1. A.R.S. §§ 36-899 through 36-899.04, and
  2. The applicable requirements in this Article.

**Historical Note**

Former Section R9-13-116 renumbered and amended as Section R9-13-109 effective February 18, 1986 (Supp. 86-1). Amended effective October 15, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 3307, effective July 16, 2002 (Supp. 02-3). Section repealed; new Sec-

tion made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

**R9-13-110. Hearing Screening Trainer Certificate of Completion**

- A. An individual who meets the eligibility requirements, as specified in R9-13-109(A), may apply for a hearing screening trainer certificate of completion by submitting a request to the Department, in a Department-provided format, that includes:
1. The individual's name, address, email address, and telephone number;
  2. If the individual is a licensed audiologist, as specified in R9-13-109(A)(1), the:
    - a. Audiologist's license number, and
    - b. Date of expiration;
  3. If the individual is a registered nurse according to A.R.S. Title 32, Chapter 15, as specified in R9-13-109(A)(2), the:
    - a. Registered nurse license number, and
    - b. Date of expiration;
  4. If the individual has completed 30-semester credits, as specified in R9-13-109(A)(3), all applicable academic transcripts demonstrating that the qualifying educational requirements have been met;
  5. If the individual is a hearing screener who has maintained a hearing screener certificate of completion for the previous five years, as specified in R9-13-109(A)(4), the:
    - a. Names of the school districts where the hearing screener provided hearing screenings, and
    - b. Hearing screener's certification of completion date of expiration;
  6. Whether the individual completed the hearing screenings, as specified in R9-13-109(A)(3); and
  7. An attestation that:
    - a. The applicant will comply with the requirements in R9-13-109, and
    - b. The information provided in the request for the hearing screening trainer certificate of completion is true and accurate; and
    - c. The individual's signature and date of signature.
- B. Within 30 calendar days after the date the Department receives an individual's request for a hearing screening trainer certificate of completion, the Department shall send a notification to the individual regarding the information on how the individual may register to take hearing screening classroom instruction and written examination.

**Historical Note**

Former Section R9-13-117 renumbered and amended as Section R9-13-110 effective February 18, 1986 (Supp. 86-1). Repealed effective October 15, 1993 (Supp. 93-4). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

**R9-13-111. Hearing Screening Trainer Instruction, Examination, and Observation**

- A. An individual requesting to become a hearing screening trainer shall complete the required classroom instruction, written examination, and observation within 160 calendar days from the date provided in the Department's notification, as specified in R9-13-110(B).

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- B.** An individual, who has received notification from the Department, as specified in R9-13-110(B), shall attend classroom instruction provided by the Department or designee that includes:
1. Adult education learning strategies,
  2. Hearing curriculum,
  3. Hearing screening protocols,
  4. Audiological equipment, and
  5. Written examination.
- C.** An individual who completes classroom instruction and written examination, as specified in subsection (B), shall:
1. Pass a written examination with a score of 80% or more; and
  2. Submit to the Department, in a Department-provided format, at least 30 calendar days before the date required in subsection (C)(2)(c), a request to schedule hearing screening training observation that includes:
    - a. The individual's name, address, email address, and telephone number;
    - b. The date the individual passed the written examination in subsection (C)(1); and
    - c. The date the individual is requesting the hearing screening training observation.
- D.** If an individual participating in the hearing screening training observation, as specified in subsection (C)(2), passes with a score of 80% or more, the Department shall send the individual a hearing screening trainer certificate of completion within 10 calendar days after receiving notification that the individual has passed the hearing screening training observation.
- E.** An individual, who does not score at least 80% on the second written examination, shall repeat the classroom instruction in subsection (C) before taking a third examination.
- F.** If an individual does not score at least 80% on the:
1. Hearing screening training observation, as specified in subsection (D), may participate in a second hearing screening training observation no later than 60 calendar days after the first hearing screening training observation; or
  2. Second hearing screening training observation, shall repeat the classroom instruction in subsection (B) before participating in a third hearing screening training observation.
- G.** If an individual does not complete the hearing screening training observation within 160 calendar days after the notification in subsection (D), the individual shall reapply for a hearing screening trainer certificate of completion, as specified in R9-13-110.
- H.** An individual, who does not pass the written examination or pass the hearing screening training observation may file an appeal according to A.R.S. Title 41, Chapter 6, Article 10.
- Historical Note**
- Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Repealed effective February 18, 1986 (Supp. 86-1). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).
- R9-13-112. Vision Screener Qualifications**
- A.** An individual may be a vision screener, if the individual:
1. Is an optometrist or ophthalmologist, or
  2. Has a current vision screening certificate of completion, as specified in subsection (C).
- B.** An individual, who is not an optometrist or ophthalmologist, is eligible to become a vision screener, if the individual:
1. Is at least 18 years of age;
  2. Has a high school diploma or a general equivalency diploma;
  3. Has the ability to recognize a student's response using the recommended vision screening, as specified in Table 13.4;
  4. Has completed classroom instruction provided by a vision screening trainer, including:
    - a. Introduction to vision screening for children, including the:
      - i. Anatomy, physiology, and development of the eye;
      - ii. Signs and types of vision loss in children; and
      - iii. Prevention of vision loss in children;
    - b. Essentials for vision screening children, including:
      - i. When, how, and on whom vision screening is performed;
      - ii. How to set up a vision screening, including the selection of a method to use for vision screening and a location to conduct vision screening; and
      - iii. Infection control;
    - c. Vision screening protocols, including:
      - i. Types of age-specific vision equipment;
      - ii. Proper vision screening techniques;
      - iii. Possible results of vision screening;
      - iv. Vision screener requirements, as specified in this Article;
      - v. Procedures for tracking students expected to receive vision screening and recording vision screening results;
      - vi. Identifying students who need a second vision screening; and
      - vii. Requirements in A.R.S. Title 36, Chapter 7.2, and requirements in this Article; and
    - d. Vision screening results, including documentation of:
      - i. Notification of and communication with the parents of students,
      - ii. The information that a parent of a student who does not pass a vision screening is requested to obtain from the student's specialist and provide to the student's school,
      - iii. Procedures for reporting vision screening results to the Department,
      - iv. When and to whom a student's vision loss is required to be reported, and
      - v. What resources are available to the parent of a student who does not pass a vision screening.
  5. Obtains a score of at least 80% on an examination that covers the classroom instruction, as specified in subsection (B)(5); and
  6. Demonstrates competency in the use of the visual equipment, as specified in subsection (B)(6).
- C.** When the Department receives notification that an individual has satisfied the requirements in subsection (B), from the vision screening trainer who provided the classroom instruction, written examination, and competency assessment, the Department shall issue to the individual a vision screening certificate of completion that includes:
1. The individual's name;

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2. The information provided in R9-13-113(D)(2)(b), (f), and (g); and
  3. The date the vision screening certificate of completion was issued.
- D.** Except as specified in A.R.S. § 36-899.10(B), a vision screener's certificate of completion expires four years from the issue date indicated on the vision screening certificate of completion.
- E.** Before the expiration date of a vision screening certificate of completion, a vision screener, who is not an optometrist or ophthalmologist and wants to renew a vision screening certificate of completion shall:
1. Complete instruction, as provided by a vision screening trainer or another Department-approved method related to:
    - a. Essentials for vision screening children, and
    - b. Vision screening protocols;
  2. Obtain a score of at least 80% on an examination that covers the vision screening requirements in subsection (B)(5); and
  3. Demonstrate competency in the use of the visual equipment consistent with the vision screening training received in subsection (B)(6); and
- F.** Within 30 calendar days after the Department receives notification that a vision screener has satisfied the requirements in subsection (E), the Department shall issue to the vision screener a renewal vision screening certificate of completion.
- G.** An individual who does not score at least 80% on the:
1. Initial written examination in subsection (B)(5), may retake the written examination; or
  2. Second written examination, the individual shall repeat classroom instruction in subsection (B)(4) before taking a third written examination.
- H.** An individual who is not a vision screener:
1. May perform a vision screening, as specified in Table 13.4, under the supervision of a vision screener; and
  2. Shall not perform a vision screening for a student who:
    - a. Did not pass an initial vision screening, or
    - b. Was not screened based on a condition identified in R9-13-103(G)(2).
- Historical Note**
- Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Section R9-13-112 renumbered and amended as Section R9-13-102 effective February 18, 1986 (Supp. 86-1). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Section repealed; new Section made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).
- R9-13-113. Vision Screening Trainer Eligibility**
- A.** An individual is eligible to be a vision screening trainer if the individual:
1. Is currently licensed in Arizona as an optometrist or ophthalmologist, according to A.R.S. Title 32, Chapter 16, and has completed at least 25 vision screenings within the 12 months before submitting the application in R9-13-114;
  2. Is currently licensed as a registered nurse according to A.R.S. Title 32, Chapter 15 who is providing school health services and has completed at least 100 vision screenings within the previous 12 months from the date of submitting the application in R9-13-114;
  3. Has completed at least 30-semester credits at an accredited college or university related to optometry, ophthalmology, or instruction of students with visual impairment, and 100 vision screenings within the previous 12 months from the date of submitting the application in R9-13-114; or
  4. Is currently a vision screener who has maintained a vision screening certificate of completion for the previous five years and has completed at least 1,000 vision screenings within the previous five years from the date of the application in R9-13-114.
- B.** Before the expiration date of a vision screening trainer certificate of completion, a vision screening trainer is eligible to renew a vision screening trainer certificate of completion if the vision screening trainer demonstrates that the vision screening trainer provided at least ten vision screening trainings during the five-year period during which the certificate of completion was valid.
- C.** The scope of practice for a vision screening trainer includes:
1. Providing Department approved classroom instruction, as specified in R9-13-112(B)(4);
    - a. Training individuals in vision screening skills, procedures, and techniques; and
    - b. Observing and assessing individuals and vision screeners in the operations of vision equipment;
  2. Administering a written examination that covers the applicable classroom instruction, as specified in R9-13-112(B)(5);
  3. Assessing competency in the use of the applicable vision equipment, as specified in R9-13-112(B)(6);
  4. Submitting to the Department, documentation of an individual's or vision screener's information for issuance of a vision screening certificate of completion, as specified in subsection (D)(2); and
  5. If a scheduled vision screening training is available to the public, provide notice to the Department 30 calendar days prior to the training, indicating what, where, and when classroom instruction, examination, or assessment of competency are scheduled to be provided to individuals to become a vision screener.
- D.** A vision screening trainer shall:
1. Ensure that for an individual or vision screener:
    - a. Seeking a vision screener certificate of completion, the topics of classroom instruction are consistent with R9-13-112(B)(4);
    - b. Has a passing score of 80% on a written examination that covers the applicable topics of classroom instruction, as specified in R9-13-112(B)(5); and
    - c. Demonstrates competency, as specified in R9-13-112(B)(6); and
  2. Submit the following information to the Department, for each individual or vision screener seeking a vision screening certificate of completion:
    - a. The name, address, email address, and telephone number of the individual or vision screener;
    - b. The date the individual or vision screener completed the requirements in R9-13-112(B)(4), (5), and (6);
    - c. The address where the classroom instructions, examination, and assessment was held;
    - d. If applicable, the name of a sponsoring organization, such as a school, school district, or other public agency;
    - e. Documentation indicating when classroom instruction, examination, and assessment were provided.

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- f. The vision screening methods, in which the individual has demonstrated competency, as specified in Table 13.4; and
  - g. The vision screening trainer's name.
- E. A vision screening trainer shall comply with:
1. A.R.S. § 36-899.10, and
  2. Applicable requirements in this Article.

**Historical Note**

Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Section R9-13-113 renumbered and amended as Section R9-13-107 effective February 18, 1986 (Supp. 86-1). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Section repealed; new Section made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

**R9-13-114. Vision Screening Trainer Certificate of Completion**

- A. An individual who meets the eligibility requirements, as specified in R9-13-113(A), may apply for a vision screening trainer certificate of completion by submitting a request to the Department, in a Department-provided format, that includes:
1. The individual's name, address, email address, and telephone number;
  2. If the individual is a licensed optometrist or ophthalmologist, as specified in R9-13-113(A)(1), the:
    - a. Optometrist or ophthalmologist license number, and
    - b. Date of expiration;
  3. If the individual is a registered nurse according to A.R.S. Title 32, Chapter 15, as specified in R9-13-113(A)(2), the:
    - a. Registered nurse license number, and
    - b. Date of expiration;
  4. If the individual has completed 30-semester credits, as specified in R9-13-113(A)(3), all applicable academic transcripts demonstrating that the qualifying educational requirements have been met;
  5. If the individual is a vision screener who has maintained a vision screening certificate of completion for the previous five years, as specified in R9-13-113(A)(4), the:
    - a. Names of the school districts where the vision screener provided vision screenings, and
    - b. Vision screener's certification of completion date of expiration;
  6. Whether the individual completed the vision screenings, as specified in R9-13-113(A)(4); and
  7. An attestation that:
    - a. The applicant will comply with the requirements in R9-13-113, and
    - b. The information provided in the request for the vision screening trainer certificate of completion is true and accurate; and
    - c. The individual's signature and date of signature.
- B. Within 30 calendar days after the date the Department receives an individual's request for a vision screening trainer certificate of completion, the Department shall send a notification to the individual regarding the information on how the individual may register to take a vision screening classroom instruction and written examination.

**Historical Note**

Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Repealed effective February 18, 1986 (Supp. 86-1). New Section made by final rulemaking at

25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Section repealed; new Section made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

**R9-13-115. Vision Screening Trainer Instruction, Examination, and Observation**

- A. An individual requesting to become a vision screening trainer shall complete the required classroom instruction, written examination, and observation within 160 calendar days from the date provided in the Department's notification, as specified in R9-13-114(B).
- B. An individual, who has received notification from the Department, as specified in R9-13-114(B), shall attend classroom instruction provided by the Department or designee that includes:
1. Adult education learning strategies,
  2. Vision curriculum,
  3. Vision screening protocols,
  4. Vision equipment, and
  5. Written examination.
- C. An individual who completes classroom instruction and written examination, as specified in subsection (B), shall:
1. Pass a written examination with a score of 80% or more; and
  2. Submit to the Department, in a Department-provided format, at least 30 calendar days before the date required in subsection (C)(2)(c), a request to schedule vision screening training observation that includes:
    - a. The individual's name, address, email address, and telephone number;
    - b. The date the individual passed the examination in subsection (C)(1); and
    - c. The date the individual is requesting the vision screening training observation; and
- D. If an individual participating in the vision screening training observation, as specified in subsection (C)(2)(c), passes with a score of 80% or more, the Department shall send the individual a vision screening trainer certificate of completion within 10 calendar days after receiving notification that the individual has passed the vision screening training observation.
- E. An individual, who does not score at least 80% on the second written examination, shall repeat the classroom instruction in subsection (C) before taking a third examination.
- F. If an individual does not score at least 80% on the:
1. Vision screening training observation, as specified in subsection (D), may participate in a second vision screening training observation no later than 60 calendar days after the first vision screening training observation; or
  2. Second vision screening training observation, shall repeat the classroom instruction, as specified in subsection (B), before participating in a third vision screening training observation.
- G. If an individual does not complete the vision screening training observation within 160 calendar days after the notification, as specified in subsection (D), the individual shall reapply for a vision screening trainer certificate of completion, as specified in R9-13-114.
- H. An individual, who does not pass the examination or pass the vision screening training observation may file an appeal according to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Effective 4-72. Amended effective November 18, 1976 (Supp. 76-5). Repealed effective February 18, 1986

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(Supp. 86-1). New Section made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Section repealed; new Section made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

**R9-13-116. Trainer Certificate of Completion Renewal**

- A.** A training certificate of completion may be renewed by attending and completing a Department-approved refresher training course, either offered directly by the Department or by a trainer authorized under this Article, during the fifth year of certification from the date the preceding certificate was issued. Once a refresher training course is successfully completed, the five-year cycle begins again. If certification is not renewed within the required time period, the individual must attend the basic certification training course (i.e., a refresher course will not be sufficient).
- B.** A trainer shall submit the following to the Department, in a Department-provided format, at least 60 calendar days before the expiration date of the trainer's certificate of completion,

which includes the trainer's name, address, email address, and telephone number;

- C.** Within 30 calendar days from the date a trainer submits a renewal certificate of completion, the Department shall issue the trainer a certificate of completion.

**Historical Note**

Effective 4-72. Correction, Section R9-13-116 omitted in Supp. 76-5 (Supp. 77-5). Section R9-13-116 renumbered and amended as Section R9-13-109 effective February 18, 1986 (Supp. 86-1). New Section made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

**R9-13-117. Renumbered****Historical Note**

Effective 4-72. Correction, Section R9-13-117 omitted in Supp. 76-5 (Supp. 77-5). Section R9-13-117 renumbered and amended as Section R9-13-110 effective February 18, 1986 (Supp. 86-1).

**Table 13.1 Hearing Screening Population**

<b>A. Students Included in the Hearing Screening Population</b>	
1. All grades, including preschool and kindergarten	Every student, within 90 school days after initial enrollment to school if the school does not have documentation of a previous hearing screening within the last 12 months. Additional screening is applicable to every student if one of the following applies: a. The student receives or is being considered for special education services pursuant to A.R.S. Title 15, Chapter 7, Article 4, and A.A.C. Title 7, Chapter 2, Article 4; b. A teacher has requested a screening for the student; c. The student did not pass a hearing rescreening during the previous school year; or d. The student is repeating a grade.
2. Preschool	Every enrolled student
3. Kindergarten	Every enrolled student
4. Grade 1	Every enrolled student
5. Grade 3	Every enrolled student
6. Grade 5	Every enrolled student
7. Grade 7	Every enrolled student
8. Grade 9	Every enrolled student
9. Grades 10, 11, and 12	Every enrolled student for whom the school does not have documentation that the student received and passed a hearing screening in or after grade 9.
<b>B. Students Not Included in the Hearing Screening Population</b>	
1. A student whose parent has objected to the student receiving a hearing screening, as specified in A.R.S. § 36-899.04.	
2. A student who has been diagnosed as being deaf or hard of hearing.	
3. A student who is at least 16 years of age and has requested not to receive a hearing screening according to A.R.S. § 36-899.01.	
4. A student enrolled in a child care facility regulated pursuant to A.R.S. Title 36, Chapter 7.1.	

**Historical Note**

Table 13.1 made by final rulemaking at 25 A.A.R. 1827, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

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**Table 13.2 Vision Screening Population**

<b>A. Students Included in Vision Screening Population</b>	
1. All grades	Every enrolled student, within 90 school days after initial enrollment to school if the school does not have documentation of a previous vision screening within the last 12 months. Additional screening applicable to every student if one of the following applies: a. The student receives or is being considered for special education services pursuant to A.R.S. Title 15, Chapter 7, Article 4, and A.A.C. Title 7, Chapter 2, Article 4, and who has not been screened in the last year; b. A teacher has requested a screening for the student, and the student has not been screened in the previous year; or c. The student is not reading at the proficient level by the third grade pursuant to the state assessment required in ARS 15-741.
2. Preschool	Every enrolled student, if initial entry
3. Kindergarten	Every enrolled student, if initial entry
4. Grade 3	Every enrolled student.
5. Grade 7	Every enrolled student.
<b>B. Students Not Included in Vision Screening Population</b>	
1.	A student whose parent objects to the student receiving a vision screening, as specified in A.R.S. § 36-899.10;
2.	A student who has been diagnosed as being legally blind or having vision impairment;
3.	A student enrolled in a private education program, as specified in A.R.S. § 36-899(5);
4.	A student who is an “emancipated person” defined in A.R.S. § 12-2451 and objects to receiving a vision screening; or
5.	A student enrolled in a child care facility regulated pursuant to A.R.S. Title 36, Chapter 7.1.

**Historical Note**

Table 13.2 made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

**Table 13.3 Hearing Screening Requirements**

Screening Type	Pure Tone Audiometry	Pure Tone Audiometry/Tympanoetry	Otoacoustic Emissions
Grade Level	All students who are cognitively and behaviorally able to participate.	Tympanometry may be added to pure tone screenings at the discretion of the screening program.	Initial Entry to preschool or kindergarten Students who are cognitively or behaviorally limited in their ability to participate in pure tone screenings
Passing Criteria	Screen each student's ears, with the response recorded at the following criteria:		
	1000 Hz at 20 dB HL, 2000 Hz at 20 dB HL, and 4000 Hz at 20 dB HL;	The height of the peak acoustic immittance is > 0.3 mmho, mL, or compliance; or The tympanometric width or gradient is < 250 daPa; and	The display screen of the otoacoustic emissions device indicates results that the student has passed
		1000 Hz at 20 dB HL, 2000 Hz at 20 dB HL, and 4000 Hz at 20 dB HL;	
Otoacoustic Emissions Screening			
<b>A.</b> Otoacoustic Emissions devices may be used to screen the following populations: 1. Students who are between the ages of one year but less than six years of age who cannot participate in pure tone hearing screening. 2. Students who are six years of age and older who cannot participate in pure tone hearing screenings, for example children with special healthcare needs and children with developmental delays or disabilities.			
<b>B.</b> Otoacoustic emissions screenings do not measure the child's ability to detect or respond to sound but measure the response of inner ear structures to auditory stimulation. Therefore, otoacoustic emissions screening should not be used in lieu of pure tone audiometry screening for those students that are able to participate.			

**Historical Note**

Table 13.3 made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).



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**Table 13.4 Vision Screening Requirements**

Screening Type	Distance and Near Visual Acuity	Stereoacuity	Color Vision Deficiency
Grade Level	Initial Entry to Preschool or Kindergarten (if able to participate)	Initial Entry to Preschool or Kindergarten (if able to participate)	Initial Entry to Preschool or Kindergarten
	Grade 3	Grade 3	
	Grade 7		
	A student who is not reading at a proficient level by the third grade or who meets the criteria in Table 13.2 (A)(1)		
Passing Criteria	Able to identify the majority of the optotypes at the: 1. 20/50 line if 3 years old, 2. 20/40 line if 4 years old, 3. 20/32 line if 5 years or older.	According to the manufacturer’s criteria	
Instrument-based Vision Screening			
<p>A. Autorefractors/photoscreeners may be used to screen the following populations:</p> <p>1. Students who are between the ages of one year but less than six years of age who cannot participate in optotype visual acuity screening.</p> <p>2. Students who are six years of age and older who cannot participate in optotype visual acuity screenings, for example, children with special healthcare needs and children with developmental delays or disabilities.</p> <p>B. Autorefractors/photoscreeners do not measure visual acuity but identify the presence of risk factors that could lead to problems with visual acuity. Therefore, Autorefractors/photoscreeners should not be used in lieu of near or distance optotype visual acuity screening for students that are able to participate.</p> <p>C. A student has passed an instrument-based vision screening if the display screen of the device indicates the results as passed.</p>			

**Instrument-based Vision Screening**

- A.** Autorefractors/photoscreeners may be used to screen the following populations:
1. Students who are between the ages of one year but less than six years of age who cannot participate in optotype visual acuity screening.
  2. Students who are six years of age and older who cannot participate in optotype visual acuity screenings, for example, children with special healthcare needs and children with developmental delays or disabilities.
- B.** Autorefractors/photoscreeners do not measure visual acuity but identify the presence of risk factors that could lead to problems with visual acuity. Therefore, Autorefractors/photoscreeners should not be used in lieu of near or distance optotype visual acuity screening for students that are able to participate.
- C.** A student has passed an instrument-based vision screening if the display screen of the device indicates the results as passed.

**Historical Note**

Table 13.4 made by final rulemaking at 30 A.A.R. 1949 (May 31, 2024), effective July 7, 2024 (Supp. 24-2).

**ARTICLE 2. NEWBORN AND INFANT SCREENING****R9-13-201. Definitions**

In this Article, unless otherwise specified:

1. "Abnormal result" means an outcome that deviates from the range of values established by:
  - a. The Department for an analysis performed as part of a bloodspot test or for a hearing test, or
  - b. A health care facility or health care provider for critical congenital heart defect screening.
2. "Admission" or "admitted" means the same as in A.A.C. R9-10-101.
3. "AHCCCS" means the Arizona Health Care Cost Containment System.
4. "Amino acid disorder" means a congenital disorder characterized by the abnormal accumulation of an amino acid or another nitrogen-containing molecule due to a defective enzyme.
5. "Arizona State Laboratory" means the entity operated according to A.R.S. § 36-251.
6. "Audiological equipment" means an instrument used to help determine the presence, type, or degree of hearing loss by:
  - a. Providing ear-specific and frequency-specific stimuli to an individual; or
  - b. Measuring an individual's physiological response to stimuli.
7. "Audiologist" means the same as in A.R.S. § 36-1901.
8. "Birth center" means a health care facility that is not a hospital and is organized for the purpose of delivering newborns.
9. "Blood sample" means capillary or venous blood, and possibly arterial blood but not cord blood, applied to the filter paper of a specimen collection kit.
10. "Bloodspot test" means multiple laboratory analyses performed on a blood sample to screen for the presence of congenital disorders listed in R9-13-203.
11. "Congenital disorder" means an abnormal condition present at birth, as a result of heredity or environmental factors, that impairs normal physiological functioning of a human body.
12. "Critical congenital heart defect" means a heart abnormality or condition present at birth that places a newborn or infant at significant risk of disability or death if not diagnosed soon after birth.
13. "Department" means the Arizona Department of Health Services.
14. "Diagnostic evaluation" means a hearing test performed by an audiologist or a physician to determine whether hearing loss exists, and, if applicable, determine the type or degree of hearing loss.
15. "Discharge" means the termination of inpatient services to a newborn or an infant.
16. "Disorder" means a disease or medical condition that may be identified by a laboratory analysis.
17. "Document" means to establish and maintain information in written, photographic, electronic, or other permanent form.
18. "Educational materials" means printed or electronic information provided by the Department, explaining newborn and infant screening, any of the congenital disorders listed in R9-13-203, hearing loss, or critical congenital heart defect.
19. "Electronic" means the same as in A.R.S. § 44-7002.
20. "Endocrine disorder" means a congenital disorder characterized by an abnormal amount of a hormone being secreted from a gland into the blood stream.
21. "Fatty acid oxidation disorder" means a congenital disorder characterized by the inability of the body to break down fatty acids as a source of energy.
22. "First specimen" means a specimen that is collected from a newborn who is less than five days of age and sent to the Arizona State Laboratory for testing and recording of demographic information.

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23. "Guardian" means an individual appointed by a court under A.R.S. Title 14, Chapter 5, Article 2.
24. "Health care facility" means a health care institution, as defined in A.R.S. § 36-401, where obstetrical care or newborn care is provided.
25. "Health care provider" means a physician, physician assistant, registered nurse practitioner, or midwife.
26. "Health-related services" means the same as in A.R.S. § 36-401.
27. "Hearing screening" means a hearing test to determine the likelihood of hearing loss in a newborn or infant.
28. "Hearing test" means an evaluation of each of a newborn's or an infant's ears, using audiological equipment to:
  - a. Screen the newborn or infant for a possible hearing loss;
  - b. Determine that the newborn or infant does not have a hearing loss; or
  - c. Diagnose a hearing loss in the newborn or infant, including determining the type or degree of hearing loss.
29. "Hemoglobinopathy" means a congenital disorder characterized by abnormal production, structure, or functioning of hemoglobin.
30. "Home birth" means delivery of a newborn, outside a health care facility, when the newborn is not hospitalized within 72 hours of delivery.
31. "Hospital" means the same as in A.A.C. R9-10-101.
32. "Hospital services" means the same as in A.A.C. R9-10-201.
33. "Identification code" means a unique set of numbers or letters, or a unique set of both numbers and letters, assigned by the Department to a health care facility, a health care provider, an audiologist, or another person submitting specimen collection kits to the Arizona State Laboratory or hearing test results to the Department.
34. "Infant" means the same as in A.R.S. § 36-694.
35. "Inpatient" means an individual who:
  - a. Is admitted to a hospital,
  - b. Receives hospital services for 24 consecutive hours, or
  - c. Is admitted to a birth center.
36. "Inpatient services" means medical services, nursing services, or other health-related services provided to an inpatient in a health care facility.
37. "Medical services" means the same as in A.R.S. § 36-401.
38. "Midwife" means an individual licensed under A.R.S. Title 36, Chapter 6, Article 7, or certified under A.R.S. Title 32, Chapter 15.
39. "Newborn" means the same as in A.R.S. § 36-694.
40. "Newborn care" means medical services, nursing services, and health-related services provided to a newborn.
41. "Nursing services" means the same as in A.R.S. § 36-401.
42. "Obstetrical care" means medical services, nursing services, and health-related services provided to a woman throughout her pregnancy, labor, delivery, and postpartum.
43. "Organ" means a somewhat independent part of a human body, such as a salivary gland, kidney, or pancreas, which performs a specific function.
44. "Organic acid disorder" means a congenital disorder characterized by the abnormal accumulation of organic acids in the blood and urine due to a defective enzyme.
45. "Parent" means a natural, adoptive, or custodial mother or father of a newborn or an infant.
46. "Parenteral nutrition" means the feeding of an individual intravenously through the administration of a formula containing at least glucose and amino acids, as well as possibly lipids, vitamins, and minerals.
47. "Person" means the state, a municipality, district, or other political subdivision, a cooperative, institution, corporation, company, firm, partnership, individual, or other legal entity.
48. "Physician" means an individual licensed under A.R.S. Title 32, Chapters 13, 14, 17, or 29.
49. "Physician assistant" means an individual licensed under A.R.S. Title 32, Chapter 25.
50. "Pulse oximetry" means a non-invasive method of measuring the percentage of hemoglobin in the blood that is saturated with oxygen using a device approved by the U.S. Food and Drug Administration for use with newborns or infants less than six weeks of age.
51. "Registered nurse practitioner" means the same as in A.R.S. § 32-1601.
52. "Second specimen" means a specimen that is sent to the Arizona State Laboratory for testing and recording of demographic information, after being collected from an individual who is at least five days and not older than one year of age.
53. "Sickle cell disease" means a hemoglobinopathy characterized by an abnormally shaped red blood cell resulting from the abnormal structure of the protein hemoglobin.
54. "Sickle cell gene" means a unit of inheritance that is involved in producing an abnormal type of the protein hemoglobin, in which the amino acid valine is substituted for the amino acid glutamic acid at a specific location in the hemoglobin.
55. "Specimen" means a blood sample obtained from and demographic information about a newborn or an infant.
56. "Specimen collection kit" means a strip of filter paper for collecting a blood sample attached to a form for obtaining the information specified in R9-13-203(B)(3) about a newborn or an infant.
57. "Transfer" means a health care facility or health care provider discharging a newborn and sending the newborn to a hospital for inpatient medical services without the intent that the patient will be returned to the sending health care facility or health care provider.
58. "Transfusion" means the infusion of blood or blood products into the body of an individual.
59. "Verify" means to confirm by obtaining information through a source such as the newborn screening program, a health care provider, a health care facility, or a documented record.
60. "Working day" means 8:00 a.m. through 5:00 p.m. Monday through Friday, excluding state holidays.

**Historical Note**

Amended effective October 26, 1977 (Supp. 77-5). Former Section R9-13-201 repealed, new Section R9-13-201 adopted effective July 16, 1981 (Supp. 81-4). Amended as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Amended by adding para-

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graphs (3), (5) and (7) and renumbering remaining paragraphs effective November 23, 1983. Amended as an emergency, by adding paragraphs (32) and (42) and renumbering remaining paragraphs, effective November 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency amendment expired. Permanent amendment, adding paragraphs (32) and (42) and renumbering remaining paragraphs adopted effective March 19, 1984 (Supp. 84-2). Amended as an emergency effective November 6, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency expired. Readopted as an emergency effective February 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Re-adopted as an emergency with changes effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Readopted as an emergency with changes effective August 6, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Readopted as an emergency without change effective October 31, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Readopted as an emergency with changes effective January 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Readopted as an emergency without change effective April 11, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency amendments permanently adopted with changes effective July 3, 1991 (Supp. 91-3). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 24, 1998 (Supp. 99-1). New Section recodified from R9-14-501 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3). Amended by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 1083, effective July 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 3262, effective November 7, 2017 (Supp. 17-4). Amended by final expedited rulemaking at 28 A.A.R. 226 (January 21, 2022), with an immediate effective date of December 30, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 2543 (September 30, 2022), with an immediate effective date of September 8, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 1355 (April 25, 2025), with an immediate effective date of April 3, 2025 (Supp. 25-2).

#### **R9-13-202. Newborn and Infant Critical Congenital Heart Defect Screening**

- A.** A health care facility's designee, a health care provider, or a health care provider's designee shall order critical congenital heart defect screening using pulse oximetry for a newborn to be performed:
1. Between 24 and 48 hours after birth according to the health care facility's or health care provider's policies and procedures, or
  2. As late as possible before discharge according to the health care facility's or health care provider's policies and procedures if the newborn is discharged earlier than 24 hours after birth.
- B.** Before critical congenital heart defect screening is performed on a newborn, a health care facility's designee, a health care provider, or a health care provider's designee shall provide educational materials to the newborn's parent or guardian.

- C.** When critical congenital heart defect screening is ordered for a newborn, a health care facility's designee, a health care provider, or a health care provider's designee shall submit, in a format specified by the Department, the following information:
1. The newborn's name, gender, race, ethnicity, medical record number, and, if applicable, AHCCCS identification number;
  2. Whether the newborn is from a single or multiple birth;
  3. If the newborn is from a multiple birth, the birth order of the newborn;
  4. The date and time of birth, and the newborn's weight at birth;
  5. The identification code or the name and address of the health care facility or health care provider submitting the information;
  6. Except as provided in subsection (C)(7), the mother's first and last names, date of birth, name before first marriage, mailing address, telephone number, and, if applicable, AHCCCS identification number;
  7. If the newborn's mother does not have physical custody of the newborn, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn;
  8. The date, time, and result of the critical congenital heart defect screening;
  9. If critical congenital heart defect screening was not performed, the reason critical congenital heart defect screening was not performed;
  10. If the newborn was transferred to another health care facility or health care provider before the critical congenital heart defect screening was performed, the name, address, and telephone number of the health care facility or health care provider to which the newborn was transferred; and
  11. Whether the newborn has a medical condition that may affect the critical congenital heart defect screening results.
- D.** In addition to the information in subsection (C), if the reported result of critical congenital heart defect screening for a newborn or infant is abnormal, a health care facility's designee, a health care provider, or a health care provider's designee shall submit to the Department, upon request and in a format specified by the Department, the following information:
1. The dates, times, values of all critical congenital heart defect screening results;
  2. The dates, times, and results of any subsequent tests performed as a result of critical congenital heart defect screening;
  3. The name, address, and telephone number of the contact person for the health care facility, health care provider, or other person performing the subsequent tests; and
  4. If a medical condition is found as a result of critical congenital heart defect screening or subsequent tests, the type of medical condition found and the name of the health care provider who will be responsible for the coordination of medical services for the newborn or infant after the newborn or infant is discharged.

#### **Historical Note**

Amended effective October 26, 1977 (Supp. 77-5). Former Section R9-13-202 repealed, new Section R9-13-202 adopted effective July 16, 1981 (Supp. 81-4). Repealed by emergency effective November 6, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4).

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Emergency expired. Emergency repeal readopted effective February 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency repeal readopted effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency repeal readopted effective August 6, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency repeal readopted effective October 31, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency repeal readopted effective January 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency repeal readopted effective April 11, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Repealed permanently effective July 3, 1991 (Supp. 91-3). New Section recodified from R9-14-502 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 1083, effective July 1, 2015 (Supp. 15-2).

**R9-13-203. Newborn and Infant Bloodspot Tests**

**A.** A bloodspot test shall screen for the following congenital disorders:

1. Amino acid disorders, including:
  - a. Argininemia, a congenital disorder characterized by an inability to metabolize the amino acid arginine due to defective arginase activity;
  - b. Argininosuccinic acidemia, a congenital disorder characterized by an inability to metabolize the amino acid argininosuccinic acid due to defective argininosuccinate lyase activity;
  - c. Biopterin defect in cofactor biosynthesis, a congenital disorder characterized by reduced levels of tetrahydrobiopterin due to a defect in an enzyme that produces tetrahydrobiopterin;
  - d. Biopterin defect in cofactor regeneration, a congenital disorder characterized by reduced levels of tetrahydrobiopterin due to a defect in an enzyme that recycles tetrahydrobiopterin to a usable form after a metabolic reaction;
  - e. Citrullinemia type I, a congenital disorder characterized by an inability to convert the amino acid citrulline and aspartic acid into argininosuccinic acid due to defective argininosuccinate synthetase activity;
  - f. Citrullinemia type II, a congenital disorder characterized by a reduction in levels of citrin, which is involved in the transport of glutamate and aspartate, due to a defective *SLC25A13* gene;
  - g. Homocystinuria, a congenital disorder characterized by abnormal methionine and homocysteine metabolism due to defective cystathionine- $\beta$ -synthase activity;
  - h. Hypermethioninemia, a congenital disorder characterized by an elevated level of methionine in the bloodstream;
  - i. Hyperphenylalaninemia (benign), a congenital disorder characterized by an elevated level of phenylalanine in the bloodstream with few, if any, clinical symptoms;
  - j. Maple syrup urine disease, a congenital disorder of branched chain amino acid metabolism due to defective branched-chain alpha-keto acid dehydrogenase activity;
- k. Phenylketonuria, a congenital disorder characterized by abnormal phenylalanine metabolism due to defective phenylalanine hydroxylase activity;
- l. Tyrosinemia type I, a congenital disorder characterized by an accumulation of the amino acid tyrosine due to defective fumarylacetoacetate hydrolase activity;
- m. Tyrosinemia type II, a congenital disorder characterized by an accumulation of the amino acid tyrosine due to defective tyrosine aminotransferase activity; and
- n. Tyrosinemia type III, a congenital disorder characterized by an accumulation of the amino acid tyrosine and metabolic product 4-hydroxyphenylpyruvate due to defective 4-hydroxyphenylpyruvate dioxygenase activity;
2. Endocrine disorders, including:
  - a. Congenital adrenal hyperplasia, a congenital disorder characterized by decreased cortisol production and increased androgen production due to defective 21-hydroxylase activity; and
  - b. Congenital hypothyroidism, a congenital disorder characterized by deficient thyroid hormone production;
3. Fatty acid oxidation disorders, including:
  - a. 2,4 Dienoyl-CoA reductase deficiency, a congenital disorder characterized by an accumulation of the amino acid lysine and some fatty acids due to defective 2,4 dienoyl-CoA reductase activity;
  - b. Carnitine shuttle disorders, including:
    - i. Carnitine palmitoyltransferase I deficiency, a congenital disorder characterized by the defective activity of carnitine palmitoyltransferase I, resulting in the inability of a cell to transport carnitine and acyl-CoA out of the cytosol;
    - ii. Carnitine-acylcarnitine translocase deficiency, a congenital disorder characterized by the defective activity of carnitine-acylcarnitine translocase, resulting in the inability of acylcarnitine to enter the mitochondria; and
    - iii. Carnitine palmitoyltransferase II deficiency, a congenital disorder characterized by the defective activity of carnitine palmitoyltransferase II, resulting in the inability to transfer acyl-CoA into the mitochondria;
  - c. Carnitine uptake defect, a congenital disorder characterized by a decrease in the amount of free carnitine due to defective sodium ion-dependent carnitine transporter OCTN2 activity;
  - d. Glutaric acidemia type II, a congenital disorder characterized by a decrease in the ability to break down proteins and fatty acids due to decreased activity of either electron transfer flavoprotein or electron transfer flavoprotein dehydrogenase;
  - e. Long-chain 3-hydroxy acyl-CoA dehydrogenase deficiency, a congenital disorder characterized by an inability to metabolize fatty acids that are 12 to 18 carbon atoms in length due to defective long-chain 3-hydroxy acyl-CoA dehydrogenase activity;
  - f. Medium-chain acyl-CoA dehydrogenase deficiency, a congenital disorder characterized by an inability to metabolize fatty acids that are 6 to 10 carbon atoms

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- in length due to defective medium-chain acyl-CoA dehydrogenase activity;
- g. Medium-chain ketoacyl-CoA thiolase deficiency, a congenital disorder characterized by an inability to metabolize fatty acids due to defective ketoacyl-CoA thiolase activity;
  - h. Medium/short chain L-3 hydroxyacyl-CoA dehydrogenase deficiency, a congenital disorder characterized by an inability to metabolize fatty acids that are 3 to 10 carbon atoms in length due to defective 3-hydroxyacyl-CoA dehydrogenase activity;
  - i. Short chain acyl-CoA dehydrogenase deficiency, a congenital disorder characterized by an inability to metabolize fatty acids that are 6 or fewer carbon atoms in length due to defective short chain acyl-CoA dehydrogenase activity;
  - j. Trifunctional protein deficiency, a congenital disorder characterized by an inability to metabolize fatty acids that are 12 to 18 carbon atoms in length due to defective mitochondrial trifunctional protein activity; and
  - k. Very long-chain acyl-CoA dehydrogenase deficiency, a congenital disorder characterized by an inability to metabolize fatty acids that are 14 to 18 carbon atoms in length due to defective very long-chain acyl-CoA dehydrogenase activity;
4. Hemoglobinopathies, including:
    - a. Hemoglobin S/Beta-thalassemia, a sickle cell disease in which an individual has one sickle cell gene and one gene coding for beta thalassemia, another inherited hemoglobinopathy;
    - b. Hemoglobin S/C disease, a sickle cell disease in which an individual has one sickle cell gene and one gene coding for another inherited hemoglobinopathy called hemoglobin C;
    - c. Sickle cell anemia, a sickle cell disease in which an individual has two sickle cell genes; and
    - d. Other congenital disorders caused by an abnormal hemoglobin protein;
  5. Organic acid disorders, including:
    - a. 2-Methylbutyrylglycinuria, a congenital disorder characterized by an inability to metabolize the amino acid isoleucine, resulting in elevated levels of 2-methylbutyryl carnitine, due to defective short/branched chain acyl-CoA dehydrogenase activity;
    - b. 2-Methyl-3-hydroxybutyric aciduria or HSD10 disease, a congenital disorder characterized by elevated levels of break-down products of the amino acid isoleucine and a reduction in functional mitochondrial tRNA molecules, which results in impaired mitochondrial synthesis of proteins;
    - c. 3-Hydroxy-3-methylglutaric aciduria, a congenital disorder characterized by the accumulation of 3-hydroxy-3-methylglutaric acid due to defective 3-hydroxy-3-methylglutaryl-CoA lyase activity;
    - d. 3-Methylcrotonyl-CoA carboxylase deficiency, a congenital disorder characterized by an accumulation of 3-methylcrotonyl-glycine due to defective 3-methylcrotonyl-CoA carboxylase activity;
    - e. 3-Methylglutaconic aciduria, a set of congenital disorders characterized by elevated levels of 3-methylglutaconic acid due to defective 3-methylglutaconyl-CoA hydratase activity or a related enzyme;
    - f. Beta-ketothiolase deficiency, a congenital disorder characterized by an inability to metabolize 2-methyl-acetoacetyl-CoA due to defective mitochondrial acetoacetyl-CoA thiolase activity;
    - g. Glutaric acidemia type I, a congenital disorder characterized by an accumulation of glutaric acid due to defective glutaryl-CoA dehydrogenase activity;
    - h. Holocarboxylase synthase deficiency, a congenital disorder of multiple carboxylase deficiencies characterized by an inability to transport or metabolize biotin that leads to defective activity of propionyl-CoA carboxylase, beta-methylcrotonyl-CoA carboxylase, and pyruvate carboxylase;
    - i. Isobutyrylglycinuria, a congenital disorder characterized by an inability to metabolize the amino acid valine due to defective isobutyryl-CoA dehydrogenase activity;
    - j. Isovaleric acidemia, a congenital disorder characterized by an accumulation of isovaleric acid due to defective isovaleryl-CoA dehydrogenase activity;
    - k. Malonic acidemia, a congenital disorder characterized by an inability to metabolize fatty acids due to defective malonyl-CoA decarboxylase activity;
    - l. Methylmalonic acidemia (cobalamin disorders), a congenital disorder characterized by an accumulation of methylmalonic acid due to defective activity of methylmalonyl-CoA epimerase or adenosylcobalamin synthetase;
    - m. Methylmalonic acidemia (mutase deficiency), a congenital disorder characterized by an accumulation of methylmalonic acid due to defective methylmalonyl-CoA mutase activity;
    - n. Methylmalonic acidemia with homocystinuria, a congenital disorder characterized by the abnormal processing of cobalamin, leading to defective activity of methylmalonyl-CoA mutase and methionine synthase, for both of which cobalamin is a cofactor; and
    - o. Propionic acidemia, a congenital disorder characterized by an accumulation of glycine and 3-hydroxypropionic acid due to defective propionyl-CoA carboxylase activity; and
  6. Other disorders, including:
    - a. Biotinidase deficiency, a congenital disorder characterized by defective biotinidase activity that causes abnormal biotin metabolism and multiple carboxylase deficiencies;
    - b. Classic galactosemia, a congenital disorder characterized by abnormal galactose metabolism due to defective galactose-1-phosphate uridylyltransferase activity;
    - c. Cystic fibrosis, a congenital disorder caused by defective functioning of a transmembrane regulator protein and characterized by damage to or dysfunction of various organs, such as the lungs, pancreas, and reproductive organs;
    - d. Galactose epimerase deficiency, a congenital disorder characterized by abnormal galactose metabolism due to defective UTP-galactose 4-epimerase activity;
    - e. Galactokinase deficiency, a congenital disorder characterized by abnormal galactose metabolism due to defective galactokinase activity;

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- f. Glycogen storage disease type II or Pompe disease, a congenital disorder characterized by the accumulation of the polysaccharide, glycogen, in lysosomes due to a defect in the lysosomal acid alpha-glucosidase enzyme;
  - g. Guanidinoacetate methyltransferase deficiency, a congenital disorder characterized by the inability to produce creatine from guanidinoacetate due to a defective guanidinoacetate methyltransferase activity;
  - h. Beginning July 31, 2026, infantile Krabbe disease, a congenital disorder characterized by the loss of myelin from nerve cells due to mutations in the *GALC* gene;
  - i. Mucopolysaccharidosis type I, a congenital disorder characterized by the buildup of glycosaminoglycans, due to defective alpha-L-iduronidase activity;
  - j. Mucopolysaccharidosis type II, a congenital disorder characterized by the buildup of glycosaminoglycans, due to defective iduronidate 2-sulfatase activity;
  - k. Severe combined immunodeficiency, a congenital disorder usually characterized by a defect in both the T- and B-lymphocyte systems, which typically results in the onset of one or more serious infections within the first few months of life;
  - l. Spinal muscular atrophy, a congenital disorder characterized by the loss of function of nerve cells in the spinal cord that control muscle movement due to a defect in the survival motor neuron 1 (*SMN1*) gene;
  - m. T-cell related lymphocyte deficiency, a congenital disorder characterized by a defect in the T-lymphocyte system, which typically results in a decrease in cell-mediated immunity and unusually severe common viral infections; and
  - n. X-linked adrenoleukodystrophy, a congenital disorder characterized by the build-up of very long-chain fatty acids due to a deficiency in the adrenoleukodystrophy protein, caused by a defective *ABCD1* gene.
- B.** When a bloodspot test is ordered for a newborn or an infant, a health care facility's designee, a health care provider, or the health care provider's designee shall:
- 1. Only use a specimen collection kit supplied by the Department;
  - 2. Collect a blood sample from the newborn or infant on a specimen collection kit;
  - 3. Complete the following information on the specimen collection kit:
    - a. The newborn's or infant's name, gender, race, ethnicity, medical record number, and, if applicable, AHCCCS identification number;
    - b. The newborn's or infant's type of food or food source;
    - c. Whether the newborn or infant is from a single or multiple birth;
    - d. If the newborn or infant is from a multiple birth, the birth order of the newborn or infant;
    - e. Whether the newborn or infant has a medical condition that may affect the bloodspot test results;
    - f. Whether the newborn or infant received a blood transfusion and, if applicable, the date of the last blood transfusion;
    - g. The date and time of birth, and the newborn's or infant's weight at birth;
    - h. The date and time of blood sample collection, and the newborn's or infant's weight when the blood sample is collected;
    - i. The identification code or the name and address of the health care facility or health care provider submitting the specimen collection kit;
    - j. The name, address, and telephone number or the identification code of the health care provider responsible for the management of medical services provided to the newborn or infant;
    - k. Except as provided in subsection (B)(3)(l), the mother's first and last names, date of birth, name before first marriage, mailing address, telephone number, and if applicable, AHCCCS identification number; and
    - l. If the newborn's or infant's mother does not have physical custody of the newborn or infant, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn or infant; and
4. Submit the specimen collection kit to the Arizona State Laboratory no later than 24 hours or the next working day after the blood sample is collected.
- C.** A health care facility or a health care provider submitting an initial specimen collection kit to the Arizona State Laboratory shall pay the Department the fee in R9-13-208.
- D.** When a home birth not attended by a health care provider is reported to a local registrar, a deputy local registrar, or the state registrar under A.R.S. § 36-333:
- 1. The local registrar, deputy local registrar, or state registrar shall notify the local health department of the county where the birth occurred; and
  - 2. The local health department's designee shall:
    - a. Collect a specimen from the newborn or infant on a specimen collection kit according to the requirements in R9-13-204(A)(2) or R9-13-205(C), and
    - b. Submit the specimen collection kit to the Arizona State Laboratory no later than 24 hours or the next working day after the blood sample is collected.
- E.** A health care facility's designee, a health care provider, or the health care provider's designee shall ensure that:
- 1. Educational materials are provided to the parent or guardian of a newborn or an infant for whom a bloodspot test is ordered, and
  - 2. The newborn's or infant's parent or guardian is informed of the requirement for a second specimen if the second specimen has not been collected.
- F.** For a home birth, a health care provider or the health care provider's designee shall provide educational materials to the parent or guardian of a newborn or an infant for whom a bloodspot test is ordered.

**Historical Note**

Effective 11-74; Former Section R9-13-203 repealed, new Section R9-13-203 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 24, 1998 (Supp. 99-1). New Section recodified from R9-14-503 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20

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A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 1083, effective July 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 3262, effective November 7, 2017 (Supp. 17-4). Amended by final expedited rulemaking at 28 A.A.R. 226 (January 21, 2022), with an immediate effective date of December 30, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 2543 (September 30, 2022), with an immediate effective date of September 8, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 1355 (April 25, 2025), with an immediate effective date of April 3, 2025 (Supp. 25-2).

**R9-13-204. First Specimen Collection**

- A.** When a newborn is born in a hospital, the hospital's designee shall collect a first specimen from the newborn according to whichever of the following occurs first:
1. Unless specified otherwise by a physician, physician assistant, or registered nurse practitioner, before administering a transfusion or parenteral nutrition;
  2. When the newborn is at least 24 but not more than 72 hours old; or
  3. Before the newborn is discharged, unless the newborn:
    - a. Is transferred to another hospital before the newborn is 48 hours old; or
    - b. Dies before the newborn is 72 hours old.
- B.** If a newborn is admitted or transferred to a hospital before the newborn is 48 hours old, the receiving hospital's designee shall:
1. Verify that the first specimen was collected before admission or transfer, or
  2. Collect a first specimen from the newborn according to the requirements in subsection (A).
- C.** When a newborn is born in a birth center, the birth center's designee shall collect a first specimen from the newborn according to subsection (A)(1) or (A)(2).
- D.** For a home birth attended by a health care provider, the health care provider or the health care provider's designee shall collect a first specimen from the newborn according to the requirements in subsection (A)(2).
- E.** If a parent refuses collection of a first specimen, the hospital or birth center in which the newborn was born or the health care provider attending the newborn's home birth shall indicate the refusal on a specimen collection kit, comply with R9-13-203(B)(3), and submit the specimen collection kit to the Arizona State Laboratory no later than 24 hours or the next working day after the refusal.

**Historical Note**

Effective 11-74; Former Section R9-13-204 repealed, new Section R9-13-204 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 6, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 24, 1998 (Supp. 99-1). New Section recodified from R9-14-504 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 1355 (April 25, 2025), with an immediate effective date of April 3, 2025 (Supp. 25-2).

**R9-13-205. Second Specimen Collection**

- A.** After a newborn's or an infant's discharge from a health care facility or after a home birth, a health care provider or the health care provider's designee shall:
1. Collect a second specimen from the newborn or infant not older than one year of age at the time of the newborn's or infant's first visit to the health care provider, or
  2. Verify that a health care facility or different health care provider has collected a second specimen from the newborn or infant.
- B.** If a newborn is an inpatient of a health care facility at five days of age, the health care facility's designee shall collect a second specimen from the newborn:
1. When the newborn is at least five but not more than 10 days old; or
  2. If the newborn is discharged from the health care facility when the newborn is at least five but not more than 10 days old, before discharge.
- C.** For a home birth that is not attended by a health care provider, a local health department's designee shall collect a specimen from a newborn or an infant if the local health department's designee has not verified that a second specimen has already been collected from the newborn or infant.

**Historical Note**

Effective 11-74; Former Section R9-13-205 repealed, new Section R9-13-205 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 6, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 24, 1998 (Supp. 99-1). New Section recodified from R9-14-505 at 11 A.A.R. 3577, effective August 31, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final rulemaking at 31 A.A.R. 1355 (April 25, 2025), with an immediate effective date of April 3, 2025 (Supp. 25-2).

**R9-13-206. Reporting Requirements for Specimens**

- A.** The Arizona State Laboratory shall report, in written or electronic format, to the health care provider and, if applicable, health care facility identified on a specimen collection kit:
1. The results of a bloodspot test on a specimen; or
  2. For a specimen that does not meet quality standards established by the Arizona State Laboratory in compliance with 42 CFR § 493.1200:
    - a. That a bloodspot test was not performed on the specimen; and
    - b. The reason the bloodspot test was not performed.
- B.** A health care facility's designee, a health care provider, or the health care provider's designee, who orders a subsequent test on a newborn or an infant in response to an abnormal result on a bloodspot test, shall send the results of the subsequent test in writing to the Department, if the subsequent test is not performed by the Arizona State Laboratory.
- C.** Bloodspot test results are confidential subject to the disclosure provisions of 9 A.A.C. 1, Article 3, and A.R.S. §§ 12-2801 and 12-2802.

**Historical Note**

Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4). Adopted as an emergency effective November 6, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency expired. Readopted as an emergency effective February 7, 1990, pursuant to A.R.S.

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§ 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Readopted as an emergency with changes effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Readopted as an emergency with changes effective August 6, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Readopted as an emergency without change effective October 31, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Readopted as an emergency without change effective January 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Readopted as an emergency without change effective April 11, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency rule permanently adopted with changes effective July 3, 1991 (Supp. 91-3). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 24, 1998 (Supp. 99-1). New Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2).

**R9-13-207. Newborn and Infant Hearing Tests**

- A.** Before a hearing test is performed on a newborn or infant, a health care facility's designee, a health care provider, or the health care provider's designee shall provide educational materials to the newborn's or infant's parent or guardian.
- B.** A health care facility's designee, a health care provider, or the health care provider's designee shall order hearing testing for a newborn or infant to be performed according to the health care facility's or health care provider's policies and procedures that includes:
  1. An initial hearing screening ordered to be performed within 30 days after birth or before discharge;
  2. A second hearing screening ordered to be performed within 30 days after birth if an abnormal result is obtained in one or both of a newborn's or infant's ears on the initial hearing screening; and
  3. Diagnostic evaluation ordered to be performed:
    - a. If a newborn or infant has an abnormal result in one or both ears on the second hearing screening;
    - b. If a newborn or infant has been admitted to the Neonatal Intensive Care Unit for five days or more and has an abnormal initial hearing screening;
    - c. If a newborn or infant has a medical condition that makes diagnostic evaluation more appropriate; or
    - d. As clinically indicated.
- C.** When an initial hearing test is performed on a newborn or infant, a health care facility's designee, a health care provider, or the health care provider's designee shall submit to the Department, as specified in subsection (G), the following information:
  1. The newborn's or infant's name, date of birth, gender, and medical record number;
  2. Whether the newborn or infant is from a single or multiple birth;
  3. If the newborn or infant is from a multiple birth, the birth order of the newborn or infant;
  4. The first and last names and date of birth of the newborn's or infant's mother;
  5. The name and identification code of the health care facility of birth;
  6. The name and identification code of the health care facility where the initial hearing test was performed or of the health care provider who performed the initial hearing test;
  7. The date of the initial hearing test;
  8. Whether or not the initial hearing test was performed when the newborn or infant was an inpatient;
  9. The audiological equipment used for the initial hearing test and the type of initial hearing test performed; and
  10. The initial hearing test result for each of the newborn's or infant's ears.
- D.** In addition to the information in subsection (C), if the reported results of an initial hearing test on a newborn or infant include an abnormal result, a health care facility's designee, a health care provider, or the health care provider's designee shall submit to the Department, as specified in subsection (G), the following information:
  1. Except as provided in subsection (D)(2), the mother's name before first marriage, mailing address, and telephone number;
  2. If the newborn's or infant's mother does not have physical custody of the newborn or infant, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn or infant;
  3. The name of the health care provider who will be responsible for the coordination of medical services for the newborn or infant after the newborn or infant is discharged from the health care facility;
  4. The name and telephone number of the person to whom the newborn's or infant's mother or other person who has physical custody of the newborn or infant was referred for a subsequent hearing test;
  5. The date of the appointment for a subsequent hearing test, if available; and
  6. The health care facility where a subsequent hearing test is scheduled to be performed or the name and address of the health care provider who is scheduled to perform the subsequent test, if available.
- E.** When a subsequent hearing test is performed on a newborn or an infant after an initial hearing test, the designee of the health care facility, health care provider, or other person that performs the subsequent hearing test shall submit to the Department, as specified in subsection (G), the following information:
  1. The newborn's or infant's name, date of birth, and gender;
  2. Whether the newborn or infant is from a single or multiple birth;
  3. If the newborn or infant is from a multiple birth, the birth order of the newborn or infant;
  4. The first and last names and date of birth of the newborn's or infant's mother;
  5. The name of the health care facility of birth, if known;
  6. The name of the health care facility where the subsequent hearing test was performed, or the name and address of the health care provider who performed the subsequent hearing test;
  7. The date of the subsequent hearing test;
  8. The audiological equipment used for the subsequent hearing test and type of hearing test performed;
  9. The result, including a quantitative result if applicable, for each of the newborn's or infant's ears on the subsequent hearing test;
  10. The name, address and telephone number of the contact person for the health care facility, health care provider, or other person that performed the subsequent hearing test,



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if different from the person specified in subsection (E)(6); and

11. If the subsequent hearing test was a diagnostic evaluation:
  - a. Whether the newborn or infant has a hearing loss and, if so, the type and degree of hearing loss;
  - b. A copy of the narrative that describes the hearing test performed on the newborn or infant to determine that the newborn or infant does not have a hearing loss or diagnose a hearing loss in the newborn or infant, the results of the hearing test, and the analysis of the hearing test results by the audiologist or physician who performed the hearing test;
  - c. Whether the newborn or infant has a medical condition that may affect the hearing test results; and
  - d. Whether the newborn or infant has been referred to early intervention services, including a date of referral.

F. In addition to the information in subsection (E), if the reported results of a subsequent hearing test on a newborn or infant include an abnormal result, the person submitting the report on the subsequent hearing test shall submit to the Department, as specified in subsection (G), the following information:

1. Except as provided in subsection (F)(2), the mailing address and telephone number of the newborn's or infant's mother;
2. If the newborn's or infant's mother does not have physical custody of the newborn or infant, the first and last names, mailing address, and telephone number of the person who has physical custody of the newborn or infant;
3. The name of the health care provider who is responsible for the coordination of medical services for the newborn or infant; and
4. If applicable, the name and phone telephone number of the person to whom the newborn's or infant's parent was referred for further hearing tests, evaluation services, specialty care, or early intervention.

G. A health care facility's designee, health care provider, health care provider's designee, or other person required to report under subsections (C), (D), (E), or (F) shall submit, in an electronic format specified by the Department, the information specified in subsections (C), (D), (E), or (F) for hearing tests performed each week by the sixth day of the subsequent week.

**Historical Note**

Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4). New Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 1083, effective July 1, 2015 (Supp. 15-2).

**R9-13-208. Newborn Screening Program Fee**

- A. Until May 31, 2025, the fee for the newborn screening program is \$171.00.
- B. Effective June 1, 2025 and until March 31, 2026, the fee for the newborn screening program is \$194.00.
- C. Effective April 1, 2026, the fee for the newborn screening program is \$211.00.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1166, effective April 4, 2006 (Supp. 06-2). Amended by final rulemaking at 20 A.A.R. 953, effective April 1, 2014 (Supp. 14-2). Amended by final rulemaking at 23

A.A.R. 3262, effective November 7, 2017 (Supp. 17-4). Amended by final rulemaking at 28 A.A.R. 2543 (September 30, 2022), with an immediate effective date of September 8, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 1355 (April 25, 2025), with an immediate effective date of April 3, 2025 (Supp. 25-2).

**ARTICLE 3. REPEALED****R9-13-301. Repealed****Historical Note**

Effective 11-74; Former Section R9-13-301 repealed, new Section R9-13-301 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 10, 1997 (Supp. 99-1).

**R9-13-302. Repealed****Historical Note**

Effective 11-74; Former Section R9-13-302 repealed, new Section R9-13-302 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 10, 1997 (Supp. 99-1).

**R9-13-303. Repealed****Historical Note**

Effective 11-74; Former Section R9-13-303 repealed, new Section R9-13-303 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-304. Repealed****Historical Note**

Effective 11-74; Former Section R9-13-304 repealed, new Section R9-13-304 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective September 10, 1997 (Supp. 99-1).

**R9-13-305. Repealed****Historical Note**

Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4).

**R9-13-306. Repealed****Historical Note**

Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4).

**ARTICLE 4. REPEALED****R9-13-401. Repealed****Historical Note**

Effective 11-74; Former Section R9-13-401 repealed, new Section R9-13-401 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-402. Repealed****Historical Note**

Effective 11-74; Former Section R9-13-402 repealed,

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new Section R9-13-402 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-403. Repealed****Historical Note**

Effective 11-74; Former Section R9-13-403 repealed, new Section R9-13-403 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-404. Repealed****Historical Note**

Effective 11-74; Former Section R9-13-404 repealed, new Section R9-13-404 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-405. Repealed****Historical Note**

Effective 11-74; Former Section R9-13-405 repealed, new Section R9-13-405 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-406. Repealed****Historical Note**

Effective 11-74; Former Section R9-13-406 repealed, new Section R9-13-406 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-407. Repealed****Historical Note**

Effective 11-74; Repealed effective July 16, 1981 (Supp. 81-4).

**ARTICLE 5. REPEALED****R9-13-501. Repealed****Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-501 repealed, new Section R9-13-501 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective March 23, 1997 (Supp. 99-1).

**R9-13-502. Repealed****Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-502 repealed, new Section R9-13-502 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective March 23, 1997 (Supp. 99-1).

**R9-13-503. Repealed****Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-503 repealed, new Section R9-13-503 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-504. Repealed****Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-504 repealed, new Section R9-13-504 adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective March 23, 1997 (Supp. 99-1).

**R9-13-505. Repealed****Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

**R9-13-506. Repealed****Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

**R9-13-507. Repealed****Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

**R9-13-508. Repealed****Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

**R9-13-509. Repealed****Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

**R9-13-510. Repealed****Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

**R9-13-511. Repealed****Historical Note**

Adopted effective 1977 (Supp. 77-5). Repealed effective July 16, 1981 (Supp. 81-4).

**ARTICLE 6. REPEALED****R9-13-601. Repealed****Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-601 repealed, new Section R9-13-601 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-602. Repealed****Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-602 repealed, new Section R9-13-602 adopted effective July 16, 1981 (Supp. 81-4). Amended effective July 3, 1991 (Supp. 91-3). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-603. Repealed****Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-603 repealed, new Section R9-13-603

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adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-604. Repealed****Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-604 repealed, new Section R9-13-604 adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-605. Repealed****Historical Note**

Adopted effective October 26, 1977 (Supp. 77-5). Former Section R9-13-605 repealed, new Section R9-13-605 adopted effective July 16, 1981 (Supp. 81-4). Amended effective July 3, 1991 (Supp. 91-3). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-606. Repealed****Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

**ARTICLE 7. REPEALED****R9-13-701. Repealed****Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective June 1, 1997 (Supp. 99-1).

**R9-13-702. Repealed****Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective June 1, 1997 (Supp. 99-1).

**R9-13-703. Repealed****Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-704. Repealed****Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective June 1, 1997 (Supp. 99-1).

**ARTICLE 8. REPEALED****R9-13-801. Repealed****Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed June 1, 2000 (Supp. 01-1).

**R9-13-802. Repealed****Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended by emergency effective November 6, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-4). Emergency expired, Readopted as an emergency effective

February 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Readopted as an emergency with changes effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Readopted as an emergency with changes effective August 6, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Readopted as an emergency without change effective October 31, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Readopted as an emergency without change effective January 16, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Readopted as an emergency without change effective April 11, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency rule permanently adopted effective July 3, 1991 (Supp. 91-3). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed June 1, 2000 (Supp. 01-1).

**R9-13-803. Repealed****Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-804. Repealed****Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Repealed effective December 16, 1996 (Supp. 96-4).

**R9-13-805. Repealed****Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective July 3, 1991 (Supp. 91-3). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed by final rulemaking at 3 A.A.R. 146, effective June 30, 1998 (Supp. 99-1).

**R9-13-806. Repealed****Historical Note**

Adopted effective July 16, 1981 (Supp. 81-4). Amended effective December 16, 1996 (Supp. 96-4). Section automatically repealed June 1, 2000 (Supp. 01-1).

**ARTICLE 9. REPEALED****R9-13-901. Repealed****Historical Note**

Adopted as an emergency effective April 6, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-2). Former Section R9-13-901 expired, new Section R9-13-901 adopted as a permanent rule effective October 13, 1982 (Supp. 82-5). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-902. Emergency Expired****Historical Note**

Adopted as an emergency effective April 6, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-2). Former Section R9-13-902 expired (Supp. 82-5).

**ARTICLE 10. REPEALED****R9-13-1001. Repealed****Historical Note**

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Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

**R9-13-1002. Repealed****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

**R9-13-1003. Repealed****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

**R9-13-1004. Repealed****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**ARTICLE 11. REPEALED****R9-13-1101. Repealed****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

**R9-13-1102. Repealed****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

**R9-13-1103. Repealed****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1104. Repealed****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

**R9-13-1105. Repealed****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1). New Section made by final rulemaking at 8 A.A.R. 2323, effective May 9, 2002 (Supp. 02-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

**ARTICLE 12. REPEALED****R9-13-1201. Repealed****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired. Permanent rule adopted effective March 22, 1983 (Supp. 83-2). Section repealed by final rulemaking at 12 A.A.R. 649, effective April 8, 2006 (Supp. 06-1).

**R9-13-1202. Emergency Expired****Historical Note**

Adopted as an emergency effective September 21, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-5). Emergency expired (Supp. 83-2).

**ARTICLE 13. REPEALED****R9-13-1301. Repealed****Historical Note**

Adopted effective November 23, 1983 (Supp. 83-6). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1302. Repealed****Historical Note**

Adopted effective November 23, 1983 (Supp. 83-6). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1303. Repealed****Historical Note**

Adopted effective November 23, 1983 (Supp. 83-6). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**ARTICLE 14. REPEALED****R9-13-1401. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1403 renumbered and amended as permanent rule R9-13-

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1401 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1402. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1404 renumbered and amended as permanent rule R9-13-1402 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1403. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1405 renumbered as permanent rule R9-13-1403 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1404. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1406 renumbered and amended as permanent rule R9-13-1404 without change effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1405. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1407 renumbered and amended as permanent rule R9-13-1405 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1406. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1408 renumbered and amended as permanent rule R9-13-1406 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1407. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1409 renumbered and amended as permanent rule R9-13-1407 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective

February 13, 2001 (Supp. 01-1).

**R9-13-1408. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1410 renumbered and amended as permanent rule R9-13-1408 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1409. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1411 renumber and amended as permanent rule R9-13-1409 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1410. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1412 renumbered and amended as permanent rule R9-13-1410 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1411. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1413 renumbered and amended as permanent rule R9-13-1411 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1412. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1414 renumbered and amended as permanent rule R9-13-1412 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1413. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1415 renumbered and amended as permanent rule R9-13-1413 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1414. Repealed****Historical Note**

## TITLE 9. HEALTH SERVICES

## CHAPTER 13. DEPARTMENT OF HEALTH SERVICES - HEALTH PROGRAMS SERVICES

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1416 renumbered and amended as permanent rule R9-13-1414 effective March 19, 1984 (Supp. 84-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1415. Repealed****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1417 renumbered and amended as permanent rule R9-13-1415 effective March 19, 1984 (Supp. 84-2). Correction in subsection (C)(2) to insert the word 'not' which was inadvertently omitted (Supp. 94-2). Section repealed by final rulemaking at 7 A.A.R. 1082, effective February 13, 2001 (Supp. 01-1).

**R9-13-1416. Emergency Expired****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1416 renumbered and amended as permanent rule R9-13-1414 effective March 19, 1984 (Supp. 84-2).

**R9-13-1417. Emergency Expired****Historical Note**

Adopted as an emergency effective November 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Emergency expired. Former Section R9-13-1417 renumbered and amended as permanent rule R9-13-1414 effective March 19, 1984 (Supp. 84-2).

*Editor's Note: Article 15 was recodified to 9 A.A.C. 25, Article 8 (Supp. 98-1).*

*Editor's Note: Former Article 15 contained Sections and Exhibits which were adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department of Health Services did not submit these rules to the Governor's Regulatory Review Council for review; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**ARTICLE 15. RECODIFIED****R9-13-1501. Recodified****Historical Note**

Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former Section R9-13-1501 recodified to A.A.C. R9-25-801 (Supp. 98-1).

**R9-13-1502. Recodified****Historical Note**

Adopted effective October 12, 1994; received by the Office of the Secretary of State October 24, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 94-4). Former Section R9-13-1502 recodified to A.A.C. R9-25-802 (Supp. 98-1).

**Exhibit 1. Recodified****Historical Note**

Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former R9-13-1502, Exhibit 1 recodified to A.A.C. R9-25-802, Exhibit 1 (Supp. 98-1).

**Exhibit 2. Recodified****Historical Note**

Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former R9-13-1502, Exhibit 2 recodified to A.A.C. R9-25-802, Exhibit 2 (Supp. 98-1).

**Exhibit 3. Recodified****Historical Note**

Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former R9-13-1502, Exhibit 3 recodified to A.A.C. R9-25-802, Exhibit 3 (Supp. 98-1).

**Exhibit 4. Recodified****Historical Note**

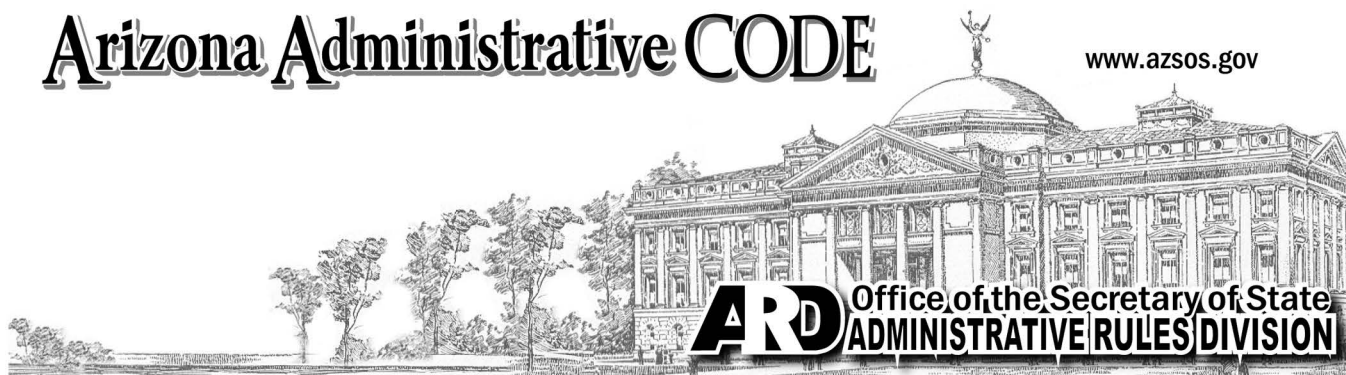
Adopted effective July 11, 1994; received by the Office of the Secretary of State August 4, 1994, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2005(C) (Supp. 94-3). Former R9-13-1502, Exhibit 4 recodified to A.A.C. R9-25-802, Exhibit 4 (Supp. 98-1).

**R9-13-1503. Recodified****Historical Note**

Adopted effective November 27, 1995, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 95-4). Former Section R9-13-1503 recodified to A.A.C. R9-25-803 (Supp. 98-1).

**Exhibit 1. Recodified****Historical Note**

Adopted effective November 27, 1995, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 95-4). Former R9-13-1503, Exhibit 1 recodified to A.A.C. R9-25-803, Exhibit 1 (Supp. 98-1).



## TITLE 9. HEALTH SERVICES

### CHAPTER 16. DEPARTMENT OF HEALTH SERVICES - OCCUPATIONAL LICENSING

#### 9 A.A.C. 16

#### Supplement Information

#### Supp. 25-2

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 25-1, 1-68 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

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The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

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

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

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

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

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

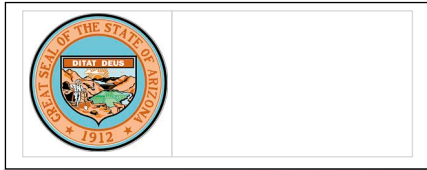
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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 9. HEALTH SERVICES

## CHAPTER 16. DEPARTMENT OF HEALTH SERVICES - OCCUPATIONAL LICENSING

Authority: A.R.S. §§ 36-132(A)(1) and 36-136(G)

## Supp. 25-2

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*Editor's Note: Historical references to repealed Table 1 and Exhibits A through E, moved to the end of the Article for codification scheme continuity (Supp. 22-2).*

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#### ARTICLE 9. DOULA CERTIFICATION

*Editor's Note: Fees rules established under Title 9, Chapter 16, Article 9 were promulgated by final exempt rulemaking in*

TITLE 9. HEALTH SERVICES

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*Supp. 23-1. Under A.R.S. § 41-1008(E) a fee established under an exempt rulemaking is effective for two years. The Department has re-established the fees in a final rulemaking at 31 A.A.R. 1647 (May 23, 2025), with a delayed effective date of August 2, 2025, to coincide with the expiration of the exempt rules. Refer to Sections R9-16-903, R9-16-904, R9-16-908, and R9-16-909 (Supp. 25-2).*

*Article 9, consisting of Sections R9-16-901 through R9-16-909, made by exempt rulemaking at 29 A.A.R. 803 (March 31, 2023), effective August 1, 2023 (Supp. 23-1).*

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## ARTICLE 1. LICENSING OF MIDWIFERY

**R9-16-101. Definitions**

In addition to the definitions in A.R.S. § 36-751, the following definitions apply in this Article unless otherwise specified:

1. "Amniotic" means the fluid surrounding a fetus while in the mother's uterus.
2. "Apgar score" means the number indicating a newborn's physical condition, attained by rating selected body functions.
3. "Breech" means a complete breech, a frank breech, or an incomplete breech.
4. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
5. "Certified nurse midwife" means an individual who meets the criteria in 4 A.A.C. 19, Article 5, and is certified by the Arizona State Board of Nursing.
6. "Cervix" means the narrow lower end of the uterus that protrudes into the cavity of the vagina.
7. "Client" means a pregnant woman accepted by a midwife for the provision of midwifery services from the midwife.
8. "Complete breech" means that, at the time of birth, the buttocks of a fetus are pointing downward with both legs folded at the knees and the feet near the buttocks.
9. "Consultation" means communication between a midwife and a physician or a midwife and a certified nurse midwife for the purpose of receiving a written or verbal recommendation and implementing prospective advice regarding the care of a pregnant woman or the woman's fetus or newborn.
10. "Dilation" means opening of the cervix during the mechanism of labor to allow for passage of the fetus.
11. "Effacement" means the gradual thinning of the cervix during the mechanism of labor and indicates progress in labor.
12. "Emergency care plan" means the arrangements established by a midwife for a client's transfer of care in a situation in which the health or safety of the client or newborn is determined to be at risk.
13. "Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.
14. "Episiotomy" means the cutting of the perineum, at the center, middle, or midline, in order to enlarge the vaginal opening for delivery.
15. "Fetus" means a child in utero from conception to birth.
16. "Frank breech" means that, at the time of birth, the buttocks of a fetus are pointing downward with both legs folded flat up against the head.
17. "Gestation" means the length of time from conception to birth, as calculated from the first day of the last normal menstrual period.
18. "Incomplete breech" means that, at the time of birth, the buttocks of a fetus are pointing downward with one leg folded at the knee with the foot near the buttocks.
19. "Informed consent" means a document signed by a client, as provided in R9-16-109, agreeing to the provision of midwifery services.
20. "Jurisprudence test" means an assessment of an individual's knowledge of the:
  - a. Laws of this state concerning the reporting of births, prenatal blood tests, and newborn screening; and
  - b. Rules pertaining to the practice of midwifery.
21. "Ketones" means certain harmful chemical elements that, when present in the body in excessive amounts, results in compromised bodily function.
22. "Meconium" means the first bowel movement of the newborn, which is greenish black in color and tarry in consistency.
23. "Midwifery services" means health care, provided by a midwife to a mother, related to pregnancy, labor, delivery, or postpartum care.
24. "Newborn" has the same meaning as in A.R.S. § 36-694.
25. "Perineum" means the muscular region in the female between the vaginal opening and the anus.
26. "Physician" means an allopathic, an osteopathic, or a naturopathic practitioner licensed according to A.R.S. Title 32, Chapter 13, 14, or 17.
27. "Postpartum" means the six-week period following delivery of a newborn and placenta.
28. "Prenatal" means the period from conception to the onset of labor and birth.
29. "Prenatal visit" means each clinical examination of a pregnant woman for the purpose of monitoring the course of gestation and the overall health of the woman.
30. "Quickening" means the first perceptible movement of the fetus in the uterus, occurring usually in the 16th to the 20th week of gestation.
31. "Rh" means a blood antigen.
32. "Transfer of care" means that a midwife refers the care of a client or newborn to an emergency medical services provider, a certified nurse midwife, a hospital, or a physician who then assumes responsibility for the direct care of the client or newborn.
33. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday or a statewide furlough day.

**Historical Note**

Section repealed, new Section adopted effective March 14, 1994 (Supp. 94-1). Section amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-16-102. Application for an Initial License**

- A.** An applicant for an initial license to practice midwifery shall submit:
1. An application in a format provided by the Department that contains:
    - a. The applicant's name, address, telephone number, and e-mail address;
    - b. The applicant's Social Security Number, as required under A.R.S. §§ 25-320 and 25-502;
    - c. Whether the applicant has ever been convicted of a felony or a misdemeanor in this or another state or jurisdiction;
    - d. If the applicant was convicted of a felony or misdemeanor:
      - i. The date of the conviction,
      - ii. The state or jurisdiction of the conviction,
      - iii. An explanation of the crime of which the applicant was convicted, and
      - iv. The disposition of the case;

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- e. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-107(C)(2);
- f. An attestation that information required as part of the application is true and accurate; and
- g. The applicant's signature and date of signature;
- 2. Documentation for the applicant that complies with A.R.S. § 41-1080;
- 3. Documentation that demonstrates the applicant is 21 years of age or older if the documentation submitted in subsection (A)(2) does not demonstrate that the applicant is 21 years of age or older;
- 4. Current documentation of completion of training in:
  - a. Adult basic cardiopulmonary resuscitation through a course recognized by the American Heart Association, and
  - b. Neonatal resuscitation through a course recognized by the American Academy of Pediatrics or American Heart Association;
- 5. Documentation of a high school diploma, a high school equivalency diploma, an associate degree, or a higher degree;
- 6. Documentation that the applicant is certified by the North American Registry of Midwives as a Certified Professional Midwife;
- 7. Except as provided in subsection (B), a non-refundable application fee of \$25; and
- 8. A non-refundable testing fee of \$100 for a jurisprudence test administered by the Department.
- B.** An applicant is not required to submit the fee in subsection (A)(7) or (E)(1) if the applicant, as part of the application in subsection (A), submits an attestation that the applicant meets the criteria for waiver of licensing fees in A.R.S. § 41-1080.01.
- C.** The Department shall review an application for an initial license to practice midwifery according to R9-16-107 and Table 1.1.
- D.** If an applicant receives notification of eligibility to take the jurisprudence test, the applicant:
  - 1. Shall take the jurisprudence test administered by the Department,
  - 2. Shall provide proof of identity by a government-issued photographic identification card upon the request of the individual administering the jurisprudence test,
  - 3. May take the jurisprudence test as many times as desired, within 180 calendar days after the date of the notification, without paying an additional testing fee, and
  - 4. Shall score 80% or higher correct answers on the jurisprudence test to be eligible to receive an initial license to practice midwifery.
- E.** If an applicant scores 80% or higher correct answers on the jurisprudence test, the Department shall provide written notice to the applicant, within five working days after the date of the jurisprudence test, to submit to the Department:
  - 1. Except as provided in subsection (B), a licensing fee of \$25; and
  - 2. The documentation required in subsection (A)(4) or (6), if the documentation of training required in subsection (A)(4) or certification required in subsection (A)(6) is not current.
- F.** The Department shall issue an initial license to practice midwifery within five working days after receiving the applicable documentation and licensing fee required in subsection (E).
- G.** The Department shall provide to an applicant a written notice of denial that complies with A.R.S. § 41-1092.03(A) and inform the applicant that the applicant may reapply under subsection (A) if the applicant does not:
  - 1. Score 80% or higher correct answers on the jurisprudence test within 180 calendar days after the date of the notification of eligibility to take the jurisprudence test, or
  - 2. Submit to the Department the applicable documentation and licensing fee required in subsection (D) within 120 calendar days after the date of the notification in subsection (D).

**Historical Note**

Section repealed, new Section adopted effective March 14, 1994 (Supp. 94-1). Amended by final rulemaking at 8 A.A.R. 2896, effective June 18, 2002 (Supp. 02-2). Section R9-16-102 repealed; new Section R9-16-102 renumbered from R9-16-103 and amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-16-103. License Renewal**

- A.** At least 30 calendar days and no more than 60 calendar days before the expiration date of a midwifery license, a midwife shall submit to the Department:
  - 1. An application for renewal of a midwifery license, in a format provided by the Department, that contains:
    - a. The midwife's name, address, telephone number, and e-mail address;
    - b. The midwife's license number;
    - c. Whether the midwife has been convicted of a felony or a misdemeanor in this or another state or jurisdiction in the previous two years;
    - d. If the midwife was convicted of a felony or misdemeanor:
      - i. The date of the conviction,
      - ii. The state or jurisdiction of the conviction,
      - iii. An explanation of the crime of which the midwife was convicted, and
      - iv. The disposition of the case;
    - e. Whether the midwife agrees to allow the Department to submit supplemental requests for information under R9-16-107(C)(2);
    - f. An attestation that the midwife has completed the continuing education requirement in R9-16-105;
    - g. An attestation that the midwife is complying with the requirements in A.R.S. § 32-3211;
    - h. An attestation that information required as part of the application is true and accurate; and
    - i. The midwife's signature and date of signature;
  - 2. Either:
    - a. Documentation that the midwife is currently certified by the North American Registry of Midwives as a Certified Professional Midwife; or
    - b. For a midwife who has been continuously licensed as a midwife by the Department since 1999, a copy of both sides of documentation showing the completion of current training in:
      - i. Adult basic cardiopulmonary resuscitation that meets the requirements in R9-16-102(A)(4)(a), and
      - ii. Neonatal resuscitation that meets the requirements in R9-16-102(A)(4)(b); and

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3. A non-refundable renewal fee of \$25.

- B.** The Department shall review an application for renewal of a license to practice midwifery according to R9-16-107 and Table 1.1.

**Historical Note**

Adopted effective March 14, 1994 (Supp. 94-1). Section R9-16-103 renumbered to R9-16-102; new Section R9-16-103 made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022; citation to Table 1 under subsection (B) corrected to Table 1.1. (Supp. 22-2).

**R9-16-104. Administration**

- A.** A midwife may submit a written request for the Department to:
1. Add the midwife's name, address, and telephone number to a list of licensed midwives on the Department's website; or
  2. Remove the midwife's name, address, and telephone number from a list of licensed midwives on the Department's website.
- B.** A midwife shall:
1. Notify the Department in a format provided by the Department within five working days after:
    - a. A client has died while under the midwife's care,
    - b. A stillborn child has been delivered by the midwife, or
    - c. A newborn delivered by the midwife has died within the first six weeks after birth; and
  2. Provide a summary of the:
    - a. Circumstances leading up to the event, and
    - b. Actions taken by the midwife in response to the event.
- C.** A midwife shall:
1. Maintain documentation of:
    - a. Completion of current training in:
      - i. Adult basic cardiopulmonary resuscitation that meets the requirements in R9-16-102(A)(4)(a), and
      - ii. Neonatal resuscitation that meets the requirements in R9-16-102(A)(4)(b);
    - b. Except as provided in R9-16-103(A)(2)(b), current certification as a Certified Professional Midwife by the North American Registry of Midwives; and
    - c. The continuing education required in subsection R9-16-105 for at least the previous three years; and
  2. Provide a copy of documentation required in subsection (C)(1) to the Department within two working days after the Department's request.

**Historical Note**

Adopted effective March 14, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-16-105. Continuing Education**

During the term of a midwifery license, the midwife shall obtain at least 20 hours of continuing education that:

1. Improve the midwife's ability to:

- a. Provide services within the midwife's scope of practice,
  - b. Recognize and respond to situations outside the midwife's scope of practice, or
  - c. Provide guidance to other services a client may need; and
2. Have been approved as applicable to the practice of midwifery by the:
    - a. American Nurses Association,
    - b. American Congress of Obstetrics and Gynecologists,
    - c. Midwives Alliance of North America,
    - d. Arizona Medical Association,
    - e. American College of Nurse Midwives,
    - f. Midwifery Education Accreditation Council, or
    - g. Another health professional organization.

**Historical Note**

Adopted effective March 14, 1994, except for subsections (B)(3) and (C) which are effective September 15, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-16-105.01. Repealed****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2896, effective June 18, 2002 (Supp. 02-2). Section repealed by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

**R9-16-106. Name Change; Duplicate License**

- A.** To request a name change on a midwifery license or a duplicate midwifery license, a midwife shall submit in writing to the Department:
1. The midwife's name on the current midwifery license;
  2. If applicable, the midwife's new name;
  3. The midwife's address, license number, and e-mail address;
  4. As applicable:
    - a. Documentation supporting the midwife's name change, or
    - b. A statement that the midwife is requesting a duplicate midwifery license; and
  5. A non-refundable fee of \$10.00.
- B.** Upon receipt of the written request required in subsection (A), the Department shall issue, as applicable:
1. An amended midwifery license that incorporates the name change but retains the expiration date of the midwifery license, or
  2. A duplicate midwifery license.

**Historical Note**

Adopted effective March 14, 1994 (Supp. 94-1). Section R9-16-106 renumbered to R9-16-108; new Section R9-16-106 made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

**R9-16-107. Time-frames**

- A.** The overall time-frame described in A.R.S. § 41-1072(2) for each type of license granted by the Department is specified in Table 1.1. The applicant or midwife and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame

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and the overall time-frame may not be extended by more than 25 percent of the overall time-frame.

**B.** The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for each type of license granted by the Department is specified in Table 1.1.

1. The administrative completeness review time-frame begins:
  - a. For an applicant submitting an application for an initial license, when the Department receives the application packet required in R9-16-102(A); and
  - b. For a licensed midwife applying to renew a midwifery license, when the Department receives the application packet required in R9-16-103(A).
2. If an application is complete, the Department shall provide to the applicant or midwife, during the administrative completeness review time-frame:
  - a. A notice of administrative completeness, or
  - b. A notice of eligibility to take the jurisprudence test or a license.
3. If an application is not complete, the Department shall provide a notice of deficiencies to the applicant or midwife describing the missing documentation or incomplete information.
  - a. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the documentation or information listed in the notice of deficiencies.
  - b. An applicant or midwife shall submit to the Department the documentation or information listed in the notice of deficiencies in subsection (B)(3) within the time specified in Table 1.1 for responding to a notice of deficiencies.
  - c. If the applicant or midwife submits the documentation or information listed in the notice of deficiencies within the time specified in Table 1.1, the Department shall provide a written notice of administrative completeness to the applicant or midwife.
  - d. If the applicant or midwife does not submit the documentation or information listed in the notice of deficiencies within the time specified in Table 1.1, the Department shall consider the application withdrawn.

**C.** The substantive review time-frame described in A.R.S. § 41-1072(3) is specified in Table 1.1 and begins on the date of the notice of administrative completeness.

1. If an application complies with the requirements in this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall issue a notice of eligibility to take the jurisprudence test to an applicant or a license to a midwife.
2. If an application does not comply with the requirements in this Article or A.R.S. Title 36, Chapter 6, Article 7, the Department shall make one comprehensive written request for additional information, unless the applicant or midwife has agreed in writing to allow the Department to submit supplemental requests for information.
  - a. The substantive review time-frame and the overall time-frame are suspended from the date that the Department sends a comprehensive written request for additional information or a supplemental request for information until the date that the Department receives all of the information requested.
  - b. An applicant or midwife shall submit to the Department all of the information requested in a comprehensive written request for additional information or a supplemental request for information in subsection (C)(2) within the time specified in Table 1.1.
  - c. If the applicant or midwife does not submit the additional information within the time specified in Table 1.1 or the additional information submitted by the applicant or midwife does not demonstrate compliance with this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall provide to the applicant a written notice of denial that complies with A.R.S. § 41-1092.03(A).
  - d. If the applicant or midwife submits the additional information within the time specified in Table 1.1 and the additional information submitted by the applicant or midwife demonstrates compliance with this Article and A.R.S. Title 36, Chapter 6, Article 7, the Department shall issue a notice of eligibility to take the jurisprudence test to an applicant or a license to a midwife.

**Historical Note**

Adopted effective March 14, 1994 (Supp. 94-1). Section R9-16-107 renumbered to R9-16-115; new Section R9-16-107 made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**Table 1.1. Time-frames (in calendar days)**

Type of Approval	Statutory Authority	Overall Time-Frame	Administrative Completeness Review Time-Frame	Time to Respond to Notice of Deficiency	Substantive Review Time-Frame	Time to Respond to Comprehensive Written Request
Eligibility for Jurisprudence Test (R9-16-102)	A.R.S. §§ 36-753, 36-754, and 36-755	30	15	60	15	30
Midwifery License Renewal (R9-16-103)	A.R.S. § 36-754	30	15	30	15	15

**Historical Note**

Table 1.1 made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

**R9-16-108. Responsibilities of a Midwife; Scope of Practice**

**A.** A midwife shall provide midwifery services only to a woman:

1. Who does not have any of the conditions specified in R9-16-111(B) through (E) or another condition that may increase the risk of harm to the woman or the woman's

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- fetus or newborn during pregnancy or labor, as determined through a physical assessment and review of the woman's medical history and past pregnancies; and
2. Whose expected outcome of pregnancy is most likely to be the delivery of a newborn, with none of the conditions requiring transfer of care as specified in R9-16-111(J)(1), and an intact placenta.
- B.** Except as provided in R9-16-111(C) or (D), a midwife who is certified by the North American Registry of Midwives as a Certified Professional Midwife may accept a client for a vaginal delivery:
1. After prior Cesarean section, or
  2. Of a fetus in a complete breech or frank breech presentation.
- C.** Before providing services to a pregnant woman, a midwife shall:
1. Inform the pregnant woman, both orally and in writing, of:
    - a. The midwife's scope of practice, educational background, and credentials, as specified in R9-16-102(A)(4) and (6) as applicable;
    - b. If applicable to the pregnant woman's condition, the midwife's experience with:
      - i. Vaginal birth after prior Cesarean section delivery, or
      - ii. Delivery of a fetus in a complete breech or frank breech presentation;
    - c. The potential risks; adverse outcomes; neonatal or maternal complications, including death; and alternatives associated with an at-home delivery specific to the pregnant woman's condition, including the conditions described in subsection (C)(1)(b);
    - d. The requirement for tests specified in subsections (I) and (K)(3)(c), and the potential risks for declining a test, and, if a test is declined, the need for a written assertion of a pregnant woman's decision to decline testing;
    - e. The requirement for consultation for a condition specified in R9-16-112; and
    - f. The requirement for the transfer of care for a condition specified in R9-16-111; and
  2. Obtain a written informed consent for midwifery services according to R9-16-109.
- D.** A midwife shall:
1. Establish an emergency care plan for a client that includes:
    - a. The name of the client;
    - b. The name of the midwife;
    - c. The name, address, and phone number of:
      - i. The hospital closest to the birthing location that provides obstetrical services, and
      - ii. An emergency medical services provider that provides service between the birthing location and the hospital identified in subsection (D)(1)(c)(i);
    - d. The signature of the client and the date signed; and
    - e. The signature of the midwife and the date signed; and
  2. For a delivery identified in subsection (B), ensure that the hospital identified in subsection (D)(1)(c)(i) is within 25 miles of the birthing location.
- E.** A midwife shall ensure the client receives a copy of the emergency care plan required in subsection (D).
- F.** A midwife shall implement the emergency care plan by immediately calling the emergency medical services provider identified in subsection (D)(1)(c)(ii) for any condition that threatens the life of the client or the client's fetus or newborn.
- G.** A midwife shall maintain all instruments used for delivery in a germ-free manner and other birthing equipment and supplies in clean and good condition.
- H.** A midwife shall assess a client's physical condition in order to establish the client's continuing eligibility to receive midwifery services.
- I.** During the prenatal period, the midwife shall:
1. Except as provided in R9-16-110, ensure that the following tests are completed by the client within 28 weeks gestation:
    - a. Blood type, including ABO and Rh, with antibody screen;
    - b. Urinalysis;
    - c. HIV;
    - d. Hepatitis B;
    - e. Hepatitis C;
    - f. Syphilis as required in A.R.S. § 36-693;
    - g. Rubella titer;
    - h. Chlamydia; and
    - i. Gonorrhea;
  2. Except as provided in R9-16-110, ensure that the following tests are completed by the client:
    - a. A blood glucose screening test for diabetes completed between 24 and 28 weeks of gestation;
    - b. A hematocrit and hemoglobin or complete blood count test completed between 28 and 36 weeks of gestation;
    - c. A vaginal-rectal swab for Group B Strep Streptococcus culture completed between 35 and 37 weeks of gestation;
    - d. At least one ultrasound and recommended follow-up testing to determine placental location and risk for placenta previa and placenta accrete; and
    - e. An ultrasound at 36-37 weeks gestation to confirm fetal presentation and estimated fetal weight for a breech pregnancy;
  3. Conduct a prenatal visit at least once every four weeks until the beginning of 28 weeks of gestation, once every two weeks from the beginning of 28 weeks until the end of 36 weeks of gestation, and once a week after 36 weeks of gestation that includes:
    - a. Taking the client's weight; urinalysis for protein, nitrites, glucose, and ketones; blood pressure; and assessment of the lower extremities for swelling;
    - b. Measurement of the fundal height and listening for fetal heart tones and, later in the pregnancy, feeling the abdomen to determine the position of the fetus;
    - c. Documentation of fetal movement beginning at 28 weeks of gestation;
    - d. Documentation of:
      - i. The occurrence of bleeding or invasive uterine procedures, and
      - ii. Any medications taken during the pregnancy that are specific to the needs of an Rh negative client;
    - e. Referral of a client for lab tests or other assessments, if applicable, based upon examination or history; and
    - f. Either:



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- i. Recommendation of administration of Rh immunoglobulin to an unsensitized Rh negative client after 28 weeks, or any time bleeding or invasive uterine procedures are done; or
    - ii. Midwife administration of Rh immunoglobulin under a physician's written orders;
  - 4. Monitor fetal heart tones with a fetoscope;
  - 5. Document the client's report of first quickening;
  - 6. Conduct weekly visits until signs of first quickening have occurred if first quickening has not been reported by 20 weeks of gestation;
  - 7. Initiate a consultation if first quickening has not occurred by the end of 22 weeks of gestation;
  - 8. Conduct a prenatal visit of the birthing location before the end of 35 weeks of gestation to ensure that the birthing environment is appropriate for birth and that communication is available to the hospital and emergency medical services provider identified in subsection (D)(1)(c)(i) and (ii); and
  - 9. Review with the client the circumstances when a transfer of care is required, as specified in R9-16-111.
- J. During the intrapartum period from the onset of labor until after the delivery of the placenta, a midwife shall:
  - 1. Determine if the client is in labor and the appropriate course of action to be taken by:
    - a. Assessing the interval, duration, intensity, location, and pattern of the contractions;
    - b. Determining the condition of the membranes, including whether the membranes are intact or ruptured, and the amount and color of fluid;
    - c. Reviewing with the client the need for fluid intake related to subsection (J)(3)(d), relaxation, and activity; and
    - d. Deciding whether to go to the client's home or other birthing location, remain in telephone contact, or arrange for transfer of care or consultation;
  - 2. Contact the hospital identified in subsection (D)(1)(c)(i) according to the policies and procedures established by the hospital regarding communication with midwives when the client begins labor and ends labor;
  - 3. During labor:
    - a. Assess the condition of the client and fetus:
      - i. Upon initial contact;
      - ii. Every half hour during active labor until completely dilated; and
      - iii. Every 15 to 20 minutes during pushing, following rupture of the amniotic bag, or until the newborn is delivered;
    - b. Include in the assessments required in subsection (J)(3)(a):
      - i. A physical assessment and checking of the client's vital signs every two to four hours; and
      - ii. Assessing fetal heart tones every 30 minutes during active first stage labor, and every 15 minutes during second stage labor, following rupture of the amniotic bag, or with any significant change in labor patterns;
    - c. Periodically assess contractions, fetal presentation, dilation, effacement, and fetal position by vaginal examination;
    - d. Maintain proper fluid balance for the client throughout labor as determined by urinary output and monitoring urine for presence of ketones; and
    - e. Assist in support and comfort measures to the client and family;
  - 4. For deliveries described in subsection (B), during labor determine the progression of active labor:
    - a. For a pregnant woman giving birth to her first newborn, by monitoring whether dilation occurs at an average of one centimeter per hour until completely dilated, and a second stage does not exceed two hours;
    - b. For a pregnant woman who has previously given birth to one or more newborns, by monitoring whether dilation occurs at an average of 1.5 to two centimeters per hour until completely dilated, and a second stage does not exceed one hour; or
    - c. According to the Management Guidelines recommended by the American Congress of Obstetricians and Gynecologists;
  - 5. After delivery of the newborn:
    - a. Assess the newborn at one minute and five minutes to determine the Apgar scores;
    - b. Physically assess the newborn for any abnormalities;
    - c. Inspect the client's perineum, vagina, and cervix for lacerations;
    - d. Deliver the placenta within 1 hour and assess the client for signs of placental separation from the inner wall of the uterus, resulting in vaginal or internal bleeding; and
    - e. Examine the placenta for intactness and to determine the number of umbilical cord vessels; and
  - 6. Recognize and respond to any situation requiring immediate intervention, including measures to be taken during an emergency, as specified in R9-16-113.
- K. During the postpartum period, the midwife shall:
  - 1. During the two hours after delivery of the placenta, provide the following care to the client:
    - a. Every 15 to 20 minutes for the first hour and every 30 minutes for the second hour:
      - i. Take vital signs of the client,
      - ii. Perform external massage of the uterus, and
      - iii. Evaluate bleeding;
    - b. Assist the client to urinate within two hours following the birth;
    - c. Evaluate the perineum, vagina, and cervix for tears, bleeding, or blood clots;
    - d. Assist with maternal-newborn bonding to develop a relationship between the client and newborn;
    - e. Assist with initial breast feeding, instructing the client in the care of the breast, and reviewing potential danger signs, if appropriate;
    - f. Provide instruction to the family about:
      - i. Fluid and nutritional intake requirements to meet the needs of the mother and newborn;
      - ii. Rest and the types of exercise allowed;
      - iii. Normal and abnormal bleeding, bladder and bowel function;
      - iv. How to care for the newborn;
      - v. Signs and symptoms of postpartum depression; and
      - v. Any symptoms that may pose a threat to the health or life of the client or the client's newborn and appropriate emergency phone numbers;
    - g. Recommend, or administer under physician's written orders, Rh immunoglobulin to an unsensitized

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- Rh-negative client who delivers an Rh-positive newborn so that administration occurs within 72 hours after birth; and
- h. Document any medications taken by an unsensitized Rh-negative client who delivers an Rh-positive newborn in the client's record;
2. During the two hours after delivery of the placenta, provide the following care to the newborn:
    - a. Perform a newborn physical assessment to determine the newborn's gestational age and any abnormalities;
    - b. Comply with the requirements in A.A.C. R9-6-338;
    - c. Recommend, or administer under physician's written orders, Vitamin K to the newborn so that administration occurs within 72 hours after birth; and
    - d. Document the physical assessment and administration of any medications or vitamins to the newborn in the newborn's record according to the physician's written orders;
  3. Evaluate the client or newborn for any abnormal or emergency situation and seek consultation or intervention, if applicable, according to these rules; and
  4. Re-evaluate the condition of the client and newborn between 24 and 72 hours after delivery to determine whether the recovery is following a normal course, including:
    - a. Assessing baseline indicators such as the client's vital signs, bowel and bladder function, bleeding, breasts, feeding of the newborn, sleep/rest cycle, and activity, with any recommendations for change;
    - b. Assessing baseline indicators of well-being in the newborn such as vital signs, weight, cry, suck and feeding, fontanel, sleeping, and bowel and bladder function with documentation of meconium, and providing any recommendations for changes made to the family;
    - c. Submitting blood obtained from a heel stick to the newborn to the state laboratory for screening according to A.R.S. § 36-694(B) and 9 A.A.C. 13, Article 2, unless a written refusal is obtained from the client and documented in the client's record and the newborn's record; and
    - d. Recommending to the client that the client secure medical follow-up for her newborn.
- L.** A midwife shall request the registration of the birth of a newborn according to A.A.C. R9-19-203 within seven calendar days after the birth of the newborn.
- d. E-mail address;
2. The client's:
    - a. Name;
    - b. Address;
    - c. Telephone number;
    - d. Date of birth; and
    - e. E-mail address, if applicable;
  3. An attestation that the client was:
    - a. Provided the information required in R9-16-108(C)(1);
    - b. Informed of the emergency care plan as required in R9-16-108(D); and
    - c. Given an opportunity to have questions answered, have an understanding of the information provided, and choose to continue with midwifery services; and
  4. The signatures of the client and midwife and date signed.
- B.** A midwife shall ensure that the written informed consent for midwifery services is placed in the client record.
- C.** A midwife shall ensure that a copy of the written informed consent for midwifery services is provided to the:
1. Client, and
  2. Department within five calendar days after a Department request.
- Historical Note**
- Adopted effective March 14, 1994 (Supp. 94-1). R9-16-109 renumbered to R9-16-112; new Section R9-16-109 made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Manifest typographical errors corrected in subsections (A)(3)(a) and (b) to rule Section reference of incorrect Chapter number; request made by Department at file number R13-232 (Supp. 13-3). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).
- R9-16-110. Assertion to Decline Required Tests**
- A.** Except for R9-16-108(I)(1)(f), if the client declines a test required in R9-16-108(I)(1) or (2), a midwife shall obtain a written assertion of a client's decision to decline a required test in a format provided by the Department, that contains:
1. The midwife's:
    - a. Name,
    - b. Telephone number,
    - c. License number, and
    - d. E-mail address;
  2. The client's:
    - a. Name;

### Historical Note

Adopted effective March 14, 1994 (Supp. 94-1). R9-16-108 renumbered to R9-16-111; new Section R9-16-108 renumbered from R9-16-106 and amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-16-109. Informed Consent for Midwifery Services**

- A.** A midwife shall obtain a written informed consent for midwifery services in a format provided by the Department that contains:
1. The midwife's:
    - a. Name,
    - b. Telephone number,
    - c. License number, and
  6. The signatures of the client and midwife and date signed.
- B.** A midwife shall ensure that the written assertion of the decision to decline a test is placed in the client record.
- C.** A midwife shall ensure that a copy of the written assertion of the decision to decline a test is provided to the:
1. Client, and

### Historical Note

Adopted effective March 14, 1994 (Supp. 94-1). R9-16-109 renumbered to R9-16-112; new Section R9-16-109 made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Manifest typographical errors corrected in subsections (A)(3)(a) and (b) to rule Section reference of incorrect Chapter number; request made by Department at file number R13-232 (Supp. 13-3). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

### **R9-16-110. Assertion to Decline Required Tests**

- A.** Except for R9-16-108(I)(1)(f), if the client declines a test required in R9-16-108(I)(1) or (2), a midwife shall obtain a written assertion of a client's decision to decline a required test in a format provided by the Department, that contains:

  1. The midwife's:

    - a. Name,
    - b. Telephone number,
    - c. License number, and
    - d. E-mail address;
  2. The client's:

    - a. Name;
    - b. Address;
    - c. Telephone number;
    - d. Date of birth; and
    - e. E-mail address, if applicable;
  3. The required test being declined by the client;
  4. Additional information as required by the Department;
  5. An attestation that the client:

    - a. Was provided the information as required in R9-16-108(C)(1)(d), and
    - b. Is declining testing; and
  6. The signatures of the client and midwife and date signed.
- B.** A midwife shall ensure that the written assertion of the decision to decline a test is placed in the client record.
- C.** A midwife shall ensure that a copy of the written assertion of the decision to decline a test is provided to the:

  1. Client, and

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2. Department within five calendar days after a Department request.

**Historical Note**

Adopted effective March 14, 1994 (Supp. 94-1). R9-16-110 renumbered to R9-16-113; new Section R9-16-110 made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Manifest typographical error corrected in subsection (A)(5)(a) to rule Section reference of incorrect Chapter number; request made by Department at file number R13-232 (Supp. 13-3). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-16-111. Prohibited Practice; Transfer of Care**

- A. A midwife shall not provide midwifery services in a location that has the potential to cause harm to the client or the client's fetus or newborn.
- B. A midwife shall not accept as a client for midwifery services a pregnant woman who has any of the following:
  1. A previous surgery that involved:
    - a. An incision in the uterus, except as provided in R9-16-108(B)(1); or
    - b. A previous uterine surgery that enters the myometrium;
  2. A history of severe postpartum bleeding, of unknown cause, which required transfusion;
  3. Gestational age greater than 34 weeks with no prior prenatal assessments or clinical examinations;
  4. Multiple fetuses;
  5. A pelvis that will not safely allow a fetus to pass through during labor;
  6. Placenta previa or placenta accreta;
  7. Deep vein thrombosis or pulmonary embolism;
  8. Uncontrolled gestational diabetes;
  9. Insulin-dependent diabetes;
  10. Hypertension;
  11. Rh disease with positive titers;
  12. Active:
    - a. Tuberculosis,
    - b. Syphilis,
    - c. Hepatitis until treated and recovered, or
    - d. Gonorrhea until treated and recovered;
  13. A blood pressure of 140/90 or an increase of 30 millimeters of Mercury systolic or 15 millimeters of Mercury diastolic over the client's lowest baseline blood pressure for two consecutive readings taken at least six hours apart;
  14. A persistent hemoglobin level below 10 grams;
  15. A condition related to emotional or behavioral functioning, as a result of a mental disorder as defined in A.R.S. § 36-501, that:
    - a. Is severe and persistent, resulting in a long-term limitation of the client's capacity for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment, or recreation; and
    - b. Impairs or substantially interferes with the client's capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration; or
  16. Indications of the continued use of one of the following despite negative consequences, including six months prior to pregnancy, that is evident during an assessment of a client:
    - a. Alcohol,
    - b. Narcotics, or
    - c. Other drugs.
- C. A midwife shall not continue midwifery services for a client who is diagnosed with or develops any of the following:
  1. Any condition specified in subsections (B)(4) through (16);
  2. A hematocrit below 30 during the third trimester;
  3. Except as provided in R9-16-108(B)(2), a fetus that is not in a head-down position with the crown of the head being the leading body part;
  4. Labor beginning before the beginning of 36 weeks gestation;
  5. A progression of labor that does not meet the requirements of R9-16-108(J)(4), if applicable;
  6. A gestation beyond 42 weeks;
  7. Presence of ruptured membranes without onset of labor within 24 hours;
  8. Abnormal fetal heart rate consistently less than 120 beats per minute or more than 160 beats per minute;
  9. Presence of thick meconium, blood-stained amniotic fluid, or abnormal fetal heart tones;
  10. A postpartum hemorrhage of greater than 500 milliliters in the current pregnancy; or
  11. A non-bleeding placenta retained for more than 60 minutes.
- D. A midwife shall not perform a vaginal delivery after prior Cesarean section for a client who:
  1. Had:
    - a. More than one previous Cesarean section;
    - b. A previous Cesarean section:
      - i. With a classical, vertical, or unknown uterine incision;
      - ii. Within 18 months before the expected delivery;
      - iii. With complications, including uterine infection; or
      - iv. Due to failure to progress as a result of cephalopelvic insufficiency; or
    - c. Complications during a previous vaginal delivery after a Cesarean section; or
  2. Has a fetus:
    - a. With fetal anomalies, confirmed by an ultrasound; or
    - b. In a breech presentation.
- E. A midwife shall not perform a vaginal delivery of a fetus in a breech presentation for a client who:
  1. Had a previous:
    - a. Unsuccessful vaginal delivery or other demonstration of an inadequate maternal pelvis, or
    - b. Cesarean section; or
  2. Has a fetus:
    - a. With fetal anomalies, confirmed by an ultrasound;
    - b. With an estimated fetal weight less than 2500 grams or more than 3800 grams; or
    - c. In an incomplete breech presentation.
- F. If the client has any of the conditions in subsections (C) through (E), a midwife shall:
  1. Document the condition in the client record, and
  2. Initiate transfer of care.
- G. A midwife shall not perform any operative procedures except as provided in R9-16-113.
- H. A midwife shall not:
  1. Use any artificial, forcible, or mechanical means to assist birth; or

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2. Attempt to correct fetal presentations by external or internal movement of the fetus.
- I. A midwife shall not administer drugs or medications except as provided in R9-16-108(I)(3)(f), (K)(1)(g), or (K)(2)(c), or R9-16-113.
- J. Except as provided in R9-16-113, a midwife shall:
  1. Discontinue midwifery services and transfer care of a newborn in which any of the following conditions are present:
    - a. Birth weight less than 2000 grams;
    - b. Pale, blue, or gray color after 10 minutes;
    - c. Severe swelling, especially of the newborn's abdomen;
    - d. Major congenital anomalies; or
    - e. Respiratory distress; and
  2. Document the condition in subsection (J)(1) in the newborn record.

**Historical Note**

Adopted effective March 14, 1994 (Supp. 94-1). R9-16-111 renumbered to R9-16-116; new Section R9-16-111 renumbered from R9-16-108 and amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-16-112. Required Consultation**

- A. A midwife shall obtain a consultation at the time a client is determined to have any of the following during the current pregnancy:
  1. A positive culture for Group B Streptococcus;
  2. History of seizure disorder;
  3. History of stillbirth, premature labor, or having delivered more than five newborns;
  4. Age younger than 16 years;
  5. A first pregnancy in a client older than 40 years of age;
  6. Failure to auscultate fetal heart tones by the beginning of 22 weeks gestation;
  7. Failure to gain 12 pounds by the beginning of 30 weeks gestation or gaining more than eight pounds in any two-week period during pregnancy;
  8. Greater than 1+ sugar, ketones, or protein in the urine on two consecutive visits;
  9. Excessive vomiting or continued vomiting after the end of 20 weeks gestation;
  10. Symptoms of decreased fetal movement;
  11. A fever of 100.4° F or 38° C or greater measured twice at 24 hours apart;
  12. Tender uterine fundus;
  13. Effacement or dilation of the cervix, greater than a fingertip, accompanied by contractions, prior to the beginning of 36 weeks gestation;
  14. Measurements for fetal growth that are not within 2 centimeters of the gestational age;
  15. Second degree or greater lacerations of the birth canal;
  16. Except as provided in R9-16-111(C)(4), a progression of labor that does not follow the guidelines in R9-16-108(J)(4)(c);
  17. An unengaged head at seven centimeters dilation in active labor;
  18. Failure of the uterus to return to normal size in the current postpartum period;

19. Persistent shortness of breath requiring more than 24 breaths per minute, or breathing which is difficult or painful;
20. Gonorrhea;
21. Chlamydia;
22. Syphilis;
23. Heart disease;
24. Kidney disease;
25. Blood disease; or
26. A positive test result for:
  - a. HIV,
  - b. Hepatitis B, or
  - c. Hepatitis C.
- B. A midwife shall obtain a consultation at the time a newborn demonstrates any of the following conditions:
  1. Weight less than 2500 grams or five pounds, eight ounces;
  2. Congenital anomalies;
  3. An Apgar score less than 7 at five minutes;
  4. Persistent breathing at a rate of more than 60 breaths per minute;
  5. An irregular heartbeat;
  6. Persistent poor muscle tone;
  7. Less than 36 weeks gestation or greater than 42 weeks gestation by gestational exam;
  8. Yellowish-colored skin within 48 hours;
  9. Abnormal crying;
  10. Meconium staining of the skin;
  11. Lethargy;
  12. Irritability;
  13. Poor feeding;
  14. Excessively pink coloring over the entire body;
  15. Failure to urinate or pass meconium in the first 24 hours of life;
  16. A hip examination which results in a clicking or incorrect angle;
  17. Skin rashes not commonly seen in the newborn; or
  18. Temperature persistently above 99.0° or below 97.6° F.
- C. The midwife shall inform the client of the consultation required in subsections (A) or (B) and recommendations of the physician or certified nurse midwife.
- D. The midwife shall document the consultation required in subsections (A) or (B) and recommendations received in the client record or newborn record, as specified in R9-16-115(B)(14) or (C)(7) as applicable.

**Historical Note**

Adopted effective March 14, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(E) at 7 A.A.R. 5029, effective September 30, 2001 (Supp. 01-4). New Section R9-16-112 renumbered from R9-16-109 and amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-16-113. Emergency Measures**

- A. In an emergency situation in which the health or safety of the client or newborn are determined to be at risk, a midwife:
  1. Shall ensure that an emergency medical services provider is called; and
  2. May perform the following procedures as necessary:
    - a. Cardiopulmonary resuscitation of the client or newborn with a bag and mask;

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- b. Administration of oxygen at no more than eight liters per minute via mask for the client and five liters per minute for the newborn via neonatal mask;
  - c. Episiotomy to expedite the delivery during fetal distress;
  - d. Suturing of episiotomy or tearing of the perineum to stop active bleeding, following administration of local anesthetic, contingent upon consultation with a physician or certified nurse midwife, or physician's written orders;
  - e. Release of shoulder dystocia, the wedging of the shoulders of the fetus in the client's pelvis in such a way that the fetus is unable to be born without emergency action, by utilizing:
    - i. Hyperflexion of the client's legs to the abdomen,
    - ii. Application of external pressure suprapubically,
    - iii. Rotation of the nonimpacted shoulder until the impacted shoulder is released,
    - iv. Delivery of the posterior shoulder,
    - v. Application of posterior pressure on the anterior shoulder, or
    - vi. Positioning of the client on all fours with the back arched;
  - f. Manual exploration of the uterus for control of severe bleeding; or
  - g. Manual removal of placenta.
- B.** A licensed midwife may administer a maximum dose of 20 units of pitocin intramuscularly, in 10-unit dosages each, 30 minutes apart, to a client for the control of postpartum hemorrhage, contingent upon physician or certified nurse midwife consultation and written orders by a physician, and arrangements for immediate transport of the client to a hospital.
- C.** A midwife shall document in the client's record any medications taken by a client for the control of postpartum hemorrhage.

**Historical Note**

New Section R9-16-113 renumbered from R9-16-110 and amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-16-114. Midwife Report after Termination of Midwifery Services**

- A.** A midwife shall complete a midwife report for each client, in a format provided by the Department, that includes the following:
1. The midwife's:
    - a. First name,
    - b. Last name, and
    - c. License number;
  2. The client's:
    - a. Date of birth;
    - b. Client number;
    - c. Date of last menstrual period;
    - d. Estimated date of delivery;
    - e. Gravida, the number of times the client has been pregnant, including a current pregnancy, regardless of whether these pregnancies were carried to term;
    - f. Para, the number of times the client has given birth at greater than 20 weeks of gestation, including via-

- ble and non-viable births, where multiples are counted as one birth; and
  - g. If applicable, whether the client had a vaginal delivery after prior Cesarean section or vaginal delivery of a fetus in a complete breech or frank breech presentation;
3. A description of the maternal outcome, including any complications;
  4. If a vaginal delivery after prior Cesarean section or vaginal delivery of a fetus in a complete breech or frank breech presentation:
    - a. Rate of dilation, and
    - b. Duration of second stage labor;
  5. If applicable, the newborn's:
    - a. Date of birth;
    - b. Gender;
    - c. Weight;
    - d. Length;
    - e. Head circumference;
    - f. Designation of average, small, or large for gestational age;
    - g. Apgar score at one minute;
    - h. Apgar score at five minutes;
    - i. Existence of complications;
    - j. Description of complications, if applicable;
    - k. Birth certificate filing date; and
    - l. Birth certificate number, if available;
  6. Whether the client required transfer of care and, if applicable:
    - a. Method of transport,
    - b. Type of facility or individual to which the midwife transferred care of the client,
    - c. Name of destination,
    - d. Time arrived at destination,
    - e. Confirmation the emergency care plan was utilized, and
    - f. Medical reason for transfer of care;
  7. The date midwifery services were terminated;
  8. Reason for the termination of midwifery services;
  9. If termination of midwifery services was due to a medical condition, the specific medical condition;
  10. Whether information was provided on newborn screening; and
  11. Whether newborn screening tests were ordered as required in A.R.S. § 36-694.

- B.** The midwife shall submit a midwife report for a client to the Department within 30 calendar days after the termination of midwifery services to the client.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-16-115. Client and Newborn Records**

- A.** A midwife shall ensure that a record is established and maintained according to A.R.S. §§ 12-2291 and 12-2297 for each:
1. Client, and
  2. Newborn delivered by the midwife from a client.
- B.** A midwife shall ensure that a record for each client includes the following:
1. The client's full name, date of birth, address, and client number;

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2. Names, addresses, and telephone numbers of the client's spouse or other individuals designated by the client to be contacted in an emergency;
  3. Written informed consent for midwifery services, as required in R9-16-108(C)(2);
  4. If applicable, assertion to decline required tests, as required in R9-16-110(A);
  5. A copy of the emergency care plan, as required in R9-16-108(D);
  6. The date the midwife began providing midwifery services to the client;
  7. The date the client is expected to deliver the newborn;
  8. The date the newborn was delivered, if applicable;
  9. An initial assessment of the client to:
    - a. Determine whether the client has a history of a condition or circumstance that would preclude care of the client by the midwife, as specified in R9-16-111; and
    - b. Determine the:
      - i. Number and outcome of previous pregnancies, and
      - ii. Number of previous medical or midwife visits the client has had during the current pregnancy;
  10. Progress notes documenting the midwifery services provided to the client;
  11. For a delivery identified in R9-16-108(B):
    - a. Rate of dilation, and
    - b. Duration of second stage labor;
  12. Laboratory and diagnostic reports, required in R9-16-108(I);
  13. Documentation of consultations as required in R9-16-112, including:
    - a. Reason for the consultation,
    - b. Name of physician or certified nurse midwife contacted,
    - c. Date of consultation,
    - d. Time of consultation,
    - e. Recommendation made by the physician or certified nurse midwife, and
    - f. Actions taken as a result of the consultation;
  14. Any written reports received from consultations required in R9-16-112;
  15. A description of any conditions or circumstances arising during the pregnancy that required the transfer of care;
  16. The name of the physician, certified nurse midwife, or hospital to which the care of the client was transferred, if applicable;
  17. Documentation of medications or vitamins taken by the client;
  18. Documentation of medications or vitamins administered to the client and the physician's written orders for the medications or vitamins;
  19. The outcome of the pregnancy;
  20. The date the midwife stopped providing midwifery services to the client; and
  21. Instructions provided to the client before the midwife stopped providing midwifery services to the client.
- C. A midwife shall ensure that a record for each newborn includes the following:
1. The full name, date of birth, and address of the newborn's mother;
  2. The newborn's:
    - a. Date of birth,
    - b. Gender,
    - c. Weight at birth,
    - d. Length at birth, and
    - e. Apgar scores at one minute and five minutes after birth;
  3. The newborn's estimated gestational age at birth;
  4. Progress notes documenting the midwifery services provided to the newborn;
  5. Laboratory and diagnostic reports, as required in R9-16-108(I);
  6. Documentation of consultations as required in R9-16-112, including:
    - a. Reason for the consultation,
    - b. Name of physician or certified nurse midwife contacted,
    - c. Date of consultation,
    - d. Time of consultation,
    - e. Recommendation made by the physician or certified nurse midwife, and
    - f. Actions taken as a result of the consultation;
  7. Any written reports received from consultations required in R9-16-112;
  8. A description of any conditions or circumstances arising during or after the newborn's birth that required the transfer of care;
  9. The name of the physician, certified nurse midwife, or hospital to which the care of the newborn was transferred, if applicable;
  10. Documentation of medications or vitamins taken by the newborn;
  11. Documentation of medications or vitamins administered to the newborn and the physician's written orders for the medications or vitamins;
  12. Documentation of newborn screening, including when the specimen collection kit, as defined in A.A.C. R9-13-201, was submitted and results received, as required in R9-16-108(K)(4)(c);
  13. The date the midwife stopped providing midwifery services to the newborn; and
  14. Instructions provided to the client about the newborn before the midwife stopped providing midwifery services to the newborn.

**Historical Note**

New Section R9-16-115 renumbered from R9-16-107 and amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-16-116. Denial, Suspension, or Revocation of License; Civil Penalties; Procedures**

In addition to the grounds specified in A.R.S. §§ 13-904(E) and 36-756, the Department may deny, suspend, or revoke a license permanently or for a definite period of time, and may assess a civil penalty for each violation, for any of the following causes:

1. Practicing under a false name or alias so as to interfere with or obstruct the investigative or regulatory process,
2. Practicing under the influence of drugs or alcohol,
3. Falsification of records,
4. Obtaining any fee for midwifery services by fraud or misrepresentation,
5. Permitting another to use the midwife's license, or
6. Knowingly providing false information to the Department.

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**Historical Note**

New Section R9-16-116 renumbered from R9-16-111 and amended by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Section amended by final expedited rulemaking at 28 A.A.R. 1119 (May 27, 2022), with an immediate effective date of May 4, 2022 (Supp. 22-2).

**R9-16-117. Expired****Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 1044, effective August 26, 2017 (Supp. 17-3).

**Table 1. Repealed****Historical Note**

Table 1 made by final rulemaking at 8 A.A.R. 2896, effective June 18, 2002 (Supp. 02-2). Table 1 repealed by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

**Exhibit A. Repealed****Historical Note**

Section repealed, new Section adopted effective March 14, 1994 (Supp. 94-1). Exhibit A repealed by final rulemaking at 8 A.A.R. 2896, effective June 18, 2002 (Supp. 02-2).

**Exhibit B. Repealed****Historical Note**

Adopted effective March 14, 1994 (Supp. 94-1). Exhibit B repealed by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

**Exhibit C. Repealed****Historical Note**

Adopted effective March 14, 1994 (Supp. 94-1). Exhibit C repealed by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

**Exhibit D. Repealed****Historical Note**

Adopted effective March 14, 1994 (Supp. 94-1). Exhibit D repealed by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

**Exhibit E. Repealed****Historical Note**

Adopted effective March 14, 1994 (Supp. 94-1). Amended to correct printing errors (Supp. 99-4). Exhibit E repealed by exempt rulemaking at 19 A.A.R. 1805, effective July 1, 2013 (Supp. 13-2).

**ARTICLE 2. LICENSING AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS****R9-16-201. Definitions**

1. "Accredited" means approved by the:
  - a. New England Commission of Higher Education,
  - b. Middle States Commission on Higher Education,
  - c. Higher Learning Commission,
  - d. Northwest Commission on Colleges and Universities,
  - e. Southern Association of Colleges and Schools Commission on Colleges, or
  - f. WASC Senior College and University Commission.
2. "Applicant" means an individual who submits an application and required documentation for approval to practice as an audiologist or a speech-language pathologist.
3. "ASHA" means the American Speech-Language-Hearing Association, a national professional, scientific, and credentialing association for audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.
4. "Calendar day" means each day, not including the day of the act, event, or default, from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
5. "CCC" means Certificate of Clinical Competence, an award issued by ASHA to an individual who:
  - a. Completes a degree in audiology or speech-language pathology from an accredited college or university that includes a clinical practicum,
  - b. Passes the ETSNEA or ETSNESLP, and
  - c. Completes a clinical fellowship.
6. "Clinical fellow" means an individual engaged in a clinical fellowship.
7. "Clinical fellowship" means an individual's postgraduate professional experience assessing, diagnosing, screening, treating, writing reports, and counseling individuals exhibiting speech, language, hearing, or communication disorders, obtained:
  - a. After completion of graduate level academic course work and a clinical practicum;
  - b. Under the supervision of a clinical fellowship supervisor; and
  - c. While employed on a full-time or part-time equivalent basis.
8. "Clinical fellowship agreement" means the document submitted to the Department by a clinical fellow to register the initiation of a clinical fellowship.
9. "Clinical fellowship report" means a document completed by a clinical fellowship supervisor containing:
  - a. A summary of the diagnostic and therapeutic procedures performed by the clinical fellow,
  - b. A verification by the clinical fellowship supervisor of the clinical fellow's performance of diagnostic and therapeutic procedures, and
  - c. An evaluation of the clinical fellow's ability to perform the diagnostic and therapeutic procedures.
10. "Clinical fellowship supervisor" means a licensed speech-language pathologist who:
  - a. Is or has been a sponsor of a temporary licensee,
  - b. Had a CCC while supervising a clinical fellow before October 28, 1999, or
  - c. Has a CCC while supervising a clinical fellow in another state.
11. "Clinical practicum" means the experience acquired by an individual who is completing course work in audiology or speech-language pathology, while supervised by a licensed audiologist, a licensed speech-language pathologist, or an individual holding a CCC, by assessing, diagnosing, evaluating, screening, treating, and counseling

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individuals exhibiting speech, language, cognitive, hearing, or communication disorders.

12. "Continuing education" means a course that provides instruction and training that is designed to develop or improve a licensee's professional competence in disciplines directly related to the licensee's scope of practice.
13. "Course" means a workshop, seminar, lecture, conference, or class.
14. "Diagnostic and therapeutic procedures" means the principles and methods used by an audiologist in the practice of audiology or a speech-language pathologist in the practice of speech-language pathology.
15. "Disciplinary action" means a proceeding that is brought against a licensee by the Department under A.R.S. § 36-1934 or a state licensing entity.
16. "ETSNEA" means Educational Testing Service National Examination in Audiology, the specialty area test of the Praxis Series given by the Education Testing Service, Princeton, N.J.
17. "ETSNESLP" means Educational Testing Service National Examination in Speech-Language Pathology, the specialty area test of the Praxis Series given by the Education Testing Service, Princeton, N.J.
18. "Full-time" means 30 clock hours or more per week.
19. "Hearing aid dispenser examination" means the International Licensing Examination for Hearing Healthcare Professionals approved by the Department as complying with A.R.S. § 36-1924.
20. "Local education agency" means a governing board established by A.R.S. § 15-101 or A.R.S. Title 15, Chapter 3, Article 3.
21. "Monitoring" means being responsible for and providing direction to a clinical fellow without directly observing diagnostic and therapeutic procedures.
22. "On-site observations" means the presence of a clinical fellowship supervisor who is watching a clinical fellow perform diagnostic and therapeutic procedures.
23. "Part-time equivalent" means:
  - a. 25-29 clock hours per week for 48 weeks,
  - b. 20-24 clock hours per week for 60 weeks, or
  - c. 15-19 clock hours per week for 72 weeks.
24. "Semester credit hour" means one earned academic unit of study based on completing, at an accredited college or university, a 50 to 60 minute class session per calendar week for 15 to 18 weeks.
25. "Semester credit hour equivalent" means one quarter credit, which is equal in value to 2/3 of a semester credit hour.
26. "State-supported institution" means a school, a charter school, a private school, or an accommodation school as defined in A.R.S. § 15-101.
27. "Student" means a child attending a school, a charter school, a private school, or an accommodation school as defined in A.R.S. § 15-101.
28. "Supervision" means being responsible for and providing direction to:
  - a. A clinical fellow during on-site observations or monitoring of the clinical fellow's performance of diagnostic and therapeutic procedures; or
  - b. An individual completing a clinical practicum.
29. "Supervisory activities" means evaluating and assessing a clinical fellow's performance of diagnostic and therapeutic procedures in assessing, diagnosing, evaluating, screening, treating, and counseling individuals exhibiting

speech, language, cognitive, hearing, or communication disorders.

**Historical Note**

Former Section R9-16-201 repealed, new Section R9-16-201 adopted effective January 23, 1978 (Supp. 78-1).

Repealed effective March 14, 1994 (Supp. 94-1).

Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-202. Application**

A. An applicant for licensure shall submit to the Department:

1. An application in a Department-provided format that contains:
  - a. The applicant's name, home address, telephone number, and e-mail address;
  - b. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;
  - c. If applicable, the applicant's business addresses and telephone number;
  - d. The applicant's current employment, if applicable, including:
    - i. The employer's name,
    - ii. The licensee's position,
    - iii. Dates of employment,
    - iv. The address of the employer,
    - v. The supervisor's name,
    - vi. The supervisor's email address, and
    - vii. The supervisor's telephone number;
  - e. If applicable, whether the applicant is requesting an audiology license to fit and dispense;
  - f. Whether the applicant has ever been convicted of a felony or a misdemeanor in this or another state;
  - g. If the applicant has been convicted of a felony or a misdemeanor:
    - i. The date of the conviction,
    - ii. The state or jurisdiction of the conviction,
    - iii. An explanation of the crime of which the applicant was convicted, and
    - iv. The disposition of the case;
  - h. Whether the applicant is or has been licensed as an audiologist, an audiologist to fit and dispense hearing aids, or a speech-language pathologist in another state or country;
  - i. Whether the applicant has had a license revoked or suspended by any state;
  - j. Whether the applicant is currently ineligible for licensing in any state because of a license revocation or suspension;
  - k. Whether any disciplinary action has been imposed by any state, territory or district in this country for an act related to the applicant's practice of audiology or a speech-language pathologist license;
  - l. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-214(C);
  - m. An attestation that the information submitted as part of the application is true and accurate; and
  - n. The applicant's signature and date of signature;
2. If a license for the applicant has been revoked or suspended by any state documentation that includes:



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- a. The date of the revocation or suspension,
  - b. The state or jurisdiction of the revocation or suspension, and
  - c. An explanation of the revocation or suspension;
  3. If the applicant is currently ineligible for licensing in any state because of a license revocation or suspension, documentation that includes:
    - a. The date of the ineligibility for licensing,
    - b. The state or jurisdiction of the ineligibility for licensing, and
    - c. An explanation of the ineligibility for licensing;
  4. If the applicant has been disciplined by any state, territory, or district of this country for an act related to the applicant's license to practice audiology or a speech-language pathologist license that is consistent with A.R.S. Title 36, Chapter 17, documentation that includes:
    - a. The date of the disciplinary action,
    - b. The state or jurisdiction of the disciplinary action,
    - c. An explanation of the disciplinary action, and
    - d. Any other applicable documents, including a legal order or settlement agreement;
  5. Documentation of the applicant's citizenship or alien status that complies with A.R.S. § 41-1080; and
  6. A fee specified in R9-16-216.
- B.** In addition to complying with subsection (A), an applicant that may be eligible for licensure under A.R.S. § 36-1922 shall submit documentation to the Department that includes:
1. The name of each state that issued the applicant a current license, including:
    - a. The license number of each current license, and
    - b. The date each current license was issued;
  2. Documentation of the professional license or certification issued to the applicant by each state in which the applicant holds a professional license or certification;
  3. For each state named in subsection (B)(1), a statement, signed and dated by the applicant, attesting that the applicant:
    - a. Has been licensed or certified in another state for at least one year, with a scope of practice consistent with the scope of practice for which licensure is being requested;
    - b. Has met minimum education requirements according to A.R.S. §§ 36-1940 or 36-1940.01;
    - c. Has not voluntarily surrendered a license or certification in any other state or country while under investigation for unprofessional conduct; and
    - d. Does not have a complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct.
- C.** The Department shall review the application and required documentation for a license according to R9-16-214 and Table 2.1.

**Historical Note**

Former Section R9-16-202 repealed, new Section R9-16-202 adopted effective January 23, 1978 (Supp. 78-1). Repealed effective March 14, 1994 (Supp. 94-1). Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Section R9-16-202 repealed; new Section R9-16-202 renumbered from R9-16-203 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section R9-16-202 repealed; new Section made by final expedited

rulemaking at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-203. Initial Application for an Audiologist**

- A.** In addition to complying with R9-16-202, an applicant for initial licensure as an audiologist shall submit to the Department the following:
1. A transcript or equivalent documentation issued to the applicant from an accredited college or university after the applicant's completion of a doctoral degree consistent with the standards of this state's universities, as required in A.R.S. § 36-1940(A)(2) or documentation of the applicant's current CCC.
  2. Documentation of a passing grade on a ETSNEA or current CCC dated within three years before the date of application required in A.R.S. §§ 36-1902(E) and 36-1940(A)(3) or current license from other state.
  3. Documentation of completing supervised clinical rotation consistent with the standards of this state's universities required in A.R.S. § 36-1940(B)(2) or current CCC.
  4. Whether the applicant is applying to fit and dispense hearing aids.
  5. If applicable, a list of all states and countries in which the applicant is or has been licensed as an audiologist or an audiologist to fit and dispense hearing aids.
- B.** In addition to complying with R9-16-202, an applicant for initial licensure as an audiologist licensed to fit and dispense hearing aids who was awarded a master's degree before December 31, 2007 shall submit to the Department the following:
1. A transcript or equivalent documentation issued to the applicant from an accredited college or university demonstrating the applicant's completion of a master's degree in audiology before December 31, 2007 or documentation of the applicant's current CCC;
  2. Documentation of a passing grade on an ETSNEA or current CCC dated within three years before the date of application; and
  3. Documentation of a passing grade obtained by the applicant on a written hearing aid dispenser examination as required in A.R.S. § 36-1940(C)(4).

**Historical Note**

Former Section R9-16-203 repealed, new Section R9-16-203 adopted effective January 23, 1978 (Supp. 78-1). Repealed effective March 14, 1994 (Supp. 94-1). Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 2063, effective July 3, 2004 (Supp. 04-2). Section R9-16-203 renumbered to R9-16-202; new Section R9-16-203 made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section R9-16-203 repealed; new Section made by final expedited rulemaking at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-204. Initial Application for a Speech-language Pathologist**

In addition to complying with R9-16-202(A), an applicant for initial licensure as a speech-language pathologist shall submit to the Department the following:

1. A transcript or equivalent documentation issued to the applicant by an accredited college or university after the applicant's completion of a master's degree consistent with the standards of this state's universities, as required

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- in A.R.S. § 36-1940.01(A)(2)(a) or documentation of current CCC;
2. Completion of a clinical practicum, as required in A.R.S. § 36-1940.01(A)(2)(b) or documentation of current CCC;
3. Documentation of the applicant's completion of the ETS-NESLP as required in A.R.S. § 36-1940.01(A)(3) or documentation of current CCC; and
4. Documentation of the completion of clinical fellowship or documentation of current CCC.

**Historical Note**

Former Section R9-16-204 repealed, new Section R9-16-204 adopted effective January 23, 1978 (Supp. 78-1).

Repealed effective March 14, 1994 (Supp. 94-1).

Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 2063, effective July 3, 2004 (Supp. 04-2). Section R9-16-204 renumbered to R9-16-209; new Section R9-16-204 made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section R9-16-204 repealed; new Section made by final expedited rulemaking at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-205. Initial Application for a Temporary Speech-language Pathologist**

- A. In addition to complying with R9-16-202(A), an applicant for initial licensure as a temporary speech-language pathologist shall submit to the Department the following:
  1. A transcript or equivalent documentation issued to the applicant by an accredited college or university after the applicant's completion of a master's degree consistent with the standards of this state's universities, as required in A.R.S. § 36-1940.01(A)(2)(a).
  2. Completion of a clinical practicum, as required in A.R.S. § 36-1940.01(A)(2)(b).
  3. Documentation of the applicant's completion of the ETS-NESLP as required in A.R.S. § 36-1940.01(A)(3).
  4. Documentation of the applicant's clinical fellowship agreement that includes:
    - a. The applicant's name, home address, and telephone number;
    - b. The clinical fellowship supervisor's name, business address, telephone number, and speech-language pathology license number;
    - c. The name and address where the clinical fellowship will take place;
    - d. A statement by the clinical fellowship supervisor agreeing to comply with R9-16-209; and
    - e. The signatures of the applicant and the clinical fellowship supervisor.
- B. A temporary license issued is effective for 12 months from the date of issuance.
- C. A temporary license may be renewed only once.
- D. An applicant issued a temporary speech-language pathologist license shall:
  1. Practice under the supervision of a licensed speech-language pathologist, and
  2. Not practice under the supervision of an individual who has a temporary speech-language pathologist license.

**Historical Note**

Former Section R9-16-205 repealed, new Section R9-16-205 adopted effective January 23, 1978 (Supp. 78-1).

Repealed effective March 14, 1994 (Supp. 94-1).

Adopted by final rulemaking at 5 A.A.R. 4359, effective

October 28, 1999 (Supp. 99-4). Section R9-16-205 renumbered to R9-16-210; new Section R9-16-205 renumbered from R9-16-206 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section R9-16-205 repealed; new Section made by final expedited rulemaking at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-206. Requirements for a Speech-language Pathologist - Limited**

In addition to complying with R9-16-202(A), an applicant for initial licensure as a speech-language pathologist - limited as specified in A.R.S. § 36-1940.01(B) shall submit to the Department the following:

1. A certificate in speech and language therapy awarded by the Department of Education.
2. A document representing an employee or contractor relationship with a local education agency or a state supported institution.

**Historical Note**

Former Section R9-16-206 repealed, new Section R9-16-206 adopted effective January 23, 1978 (Supp. 78-1).

Repealed effective March 14, 1994 (Supp. 94-1).

Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 2063, effective July 3, 2004 (Supp. 04-2). Section R9-16-206 renumbered to R9-16-205; new Section R9-16-206 made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section R9-16-206 repealed; new Section made by final expedited rulemaking at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-207. License Renewal**

- A. Before the expiration date of a license, a licensee shall submit to the Department:
  1. A renewal application in a Department-provided format that contains:
    - a. The licensee's name, home address, telephone number, and e-mail address;
    - b. If applicable, the licensee's business address and telephone number;
    - c. The licensee's current employment, if applicable, including:
      - i. The employer's name,
      - ii. The licensee's position,
      - iii. Dates of employment,
      - iv. The address of the employer,
      - v. The supervisor's name,
      - vi. The supervisor's email address, and
      - vii. The supervisor's telephone number;
    - d. The licensee's license number and date of expiration;
    - e. Since the previous license application, whether the licensee has been convicted of a felony or a misdemeanor in this or another state;
    - f. If the licensee was convicted of a felony or a misdemeanor:
      - i. The date of the conviction,
      - ii. The state or jurisdiction of the conviction,
      - iii. An explanation of the crime of which the licensee was convicted, and
      - iv. The disposition of the case;

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- g. Whether the licensee has had, within two years before the renewal application date, an audiology or speech-language pathology license suspended or revoked by any state;
- h. If the applicant has been disciplined by any state, territory, or district of this country for an act related to the applicant's license to practice audiology or a speech-language pathologist license that is consistent with A.R.S. Title 36, Chapter 17, documentation that includes:
  - i. The date of the disciplinary action,
  - ii. The state or jurisdiction of the disciplinary action,
  - iii. An explanation of the disciplinary action, and
  - iv. Any other applicable documents, including a legal order or settlement agreement;
- i. An attestation that the licensee completed continuing education required under A.R.S. § 36-1904 and documentation of completion is available upon request;
- j. The licensee agrees to allow the Department to submit supplemental requests for information under R9-16-214(C);
- k. An attestation that the information submitted as part of the application is true and accurate; and
  - l. The licensee's signature and date of signature; and
- 2. A renewal fee specified in R9-16-216.
- B.** A licensee licensed as a speech-language pathologist, whose practice is limited to providing services to students under the authority of a local education agency or state-supported institution, shall provide documentation required in A.R.S. § 36-1940.01(B);
- C.** If a licensee is renewing a temporary speech-language pathology license:
  - 1. A statement signed and dated by the licensee's clinical fellowship supervisor agreeing to comply with R9-16-209; and
  - 2. The name, business address, telephone number, and license number of the speech language pathologist providing supervision to the licensee.
- D.** In addition to subsection (A), a licensee who submits a renewal application within 30 calendar days after the license expiration date shall submit a late fee specified in R9-16-216.
- E.** A licensee who does not submit the documentation and the fee in subsection (A) and, if applicable, (B) within 30 calendar days after the license expiration date shall apply for a new license in R9-16-202.
- F.** If a licensee applies for a license according to R9-16-202 more than 30 calendar days but less than one year after the expiration date of the applicant's previous license, the applicant:
  - 1. Is not required to submit ETSNEA or ETSNESLP documentation, and
  - 2. Shall submit an attestation of continuing education according to R9-16-208, completed within the twenty-four months before the date of application.
- G.** The Department shall review the application for a renewal license according R9-16-214 and Table 2.1.

**Historical Note**

Former Section R9-16-207 repealed, new Section R9-16-207 adopted effective January 23, 1978 (Supp. 78-1).

Repealed effective March 14, 1994 (Supp. 94-1).

Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Section R9-16-207 renumbered to R9-16-208; new Section R9-16-207 made

by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section R9-16-207 repealed; new Section made by final expedited rulemaking at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-208. Continuing Education**

- A.** Twenty-four months prior to submitting a renewal application, a licensee shall complete continuing education.
  - 1. Except as provided in (A)(2), a licensed audiologist shall complete at least 20 continuing education hours related to audiology;
  - 2. A licensed audiologist who fits and dispenses hearing aids shall complete:
    - a. At least 20 continuing education hours related to audiology and hearing aid dispensing, and
    - b. No more than eight continuing education hours required in subsection (A)(2)(a) provided by a single manufacturer of hearing aids; and
  - 3. A licensed speech-language pathologist shall complete at least 20 continuing education hours in speech-language pathology related courses.
- B.** Continuing education shall:
  - 1. Directly relate to the practice of audiology, speech-language pathology, or fitting and dispensing hearing aids;
  - 2. Have educational objectives that exceed an introductory level of knowledge of audiology, speech-language pathology, or fitting and dispensing hearing aids; and
  - 3. Consist of courses that include advances within the last five years in:
    - a. Practice of audiology,
    - b. Practice of speech-language pathology,
    - c. Procedures in the selection and fitting of hearing aids,
    - d. Pre- and post-fitting management of clients,
    - e. Instrument circuitry and acoustic performance data,
    - f. Ear mold design and modification contributing to improved client performance,
    - g. Audiometric equipment or testing techniques that demonstrate an improved ability to identify and evaluate hearing loss,
    - h. Auditory rehabilitation,
    - i. Ethics,
    - j. Federal and state statutes or rules, or
    - k. Assistive listening devices.
- C.** A continuing education course developed, endorsed, or sponsored by one of the following meets the requirements in subsection (B):
  - 1. Hearing Healthcare Providers of Arizona,
  - 2. Arizona Speech-Language-Hearing Association,
  - 3. American Speech-Language-Hearing Association,
  - 4. International Hearing Society,
  - 5. International Institute for Hearing Instruments Studies,
  - 6. American Auditory Society,
  - 7. American Academy of Audiology,
  - 8. Academy of Doctors of Audiology,
  - 9. Arizona Society of Otolaryngology, Head and Neck Surgery,
  - 10. American Academy of Otolaryngology-Head and Neck Surgery, or
  - 11. An organization determined by the Department to be consistent with an organization in subsection (C)(1) through (10).

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**Historical Note**

Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Section R9-16-208 renumbered to R9-16-214; new Section R9-16-208 renumbered from R9-16-207 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-209. Clinical Fellowship Supervisors**

In addition to complying with the requirements in A.R.S. § 36-1905, a clinical fellowship supervisor shall complete a minimum of 36 supervisory activities throughout an individual's clinical fellowship that include:

1. A minimum of 18 on-site observations,
2. No more than six on-site observations in a 24-hour period, and
3. A minimum of 18 monitoring activities.

**Historical Note**

Adopted by final rulemaking at 5 A.A.R. 4359, effective October 28, 1999 (Supp. 99-4). Section R9-16-209 renumbered to R9-16-212; new Section R9-16-209 renumbered from R9-16-204 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section R9-16-209 repealed; new Section made by final expedited rulemaking at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-210. Requirements for Supervising a Speech-language Pathologist Assistant**

A licensed speech-language pathologist who provides direct supervision or indirect supervision to a speech-language pathologist assistant shall comply with A.R.S. § 36-1940.04(F) and (G):

1. Establish a record for each speech-language pathologist assistant who receives direct supervision and indirect supervision from the speech-language pathologist that includes:
  - a. The speech-language pathologist assistant's license number, name, home address, telephone number, and e-mail;
  - b. A plan indicating the types of skills and the number of hours allocated to the development of each skill that the speech-language pathologist assistant is expected to complete;
  - c. A document listing each occurrence of direct supervision or indirect supervision provided to the speech-language pathologist assistant that includes:
    - i. Business name and address where supervision occurred,
    - ii. The date and times when the supervision started and ended,
    - iii. The types of clinical interactions provided, and
    - iv. Notation of speech-language pathologist assistant's progress;
  - d. Documentation of evaluations provided to the speech-language pathologist assistant during the time supervision was provided; and
  - e. Documentation of when supervision was terminated; and
2. Maintain a speech-language pathologist assistant record:
  - a. Throughout the period that the speech-language pathologist assistant receives direct supervision and

indirect supervision clinical interactions from the supervisor; and

- b. For at least two years after the last date the speech-language pathologist assistant received clinical interactions from the supervisor.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2063, effective July 3, 2004 (Supp. 04-2). Section R9-16-210 renumbered to R9-16-215; new Section R9-16-210 renumbered from R9-16-205 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section R9-16-210 repealed; new Section made by final expedited rulemaking at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-211. Equipment; Records**

- A. A licensee shall maintain equipment used by the licensee in the practice of audiology or the practice of speech-language pathology according to the manufacturer's specifications.
- B. If a licensee uses equipment that requires calibration, the licensee shall ensure that:
  1. The equipment is calibrated a minimum of every 12 months and according to the American National Standard - Specifications for Audiometers S3.6-2018, incorporated by reference and on file with the Department, with no future additions or amendments and available from the Standards Secretariat, c/o Acoustical Society of America, 1305 Walt Whitman Road, Suite 300, Melville, New York, 11747-4300, September 20, 2018; and
  2. A written record of the calibration is maintained in the same location as the calibrated equipment for at least 36 months after the date of the calibration.
- C. A licensee shall maintain the following records according to A.R.S. § 32-3211 for each client for at least 36 months after the date the licensee provided a service or dispensed a product while engaged in the practice of audiology, practice of speech-language pathology, or practice of fitting and dispensing hearing aids:
  1. The client's name, address, and telephone number;
  2. The name or description and the results of each test and procedure used in evaluating speech, language, and hearing disorders or determining the need for dispensing a product or service; and
  3. If a product such as a hearing aid, augmentative communication device, or laryngeal device is dispensed, a record of the following:
    - a. The name of the product dispensed;
    - b. The product's serial number, if any;
    - c. The product's warranty or guarantee, if any;
    - d. The refund policy for the product, if any;
    - e. A statement of whether the product is new or used;
    - f. The total amount charged for the product;
    - g. The name of the licensee; and
    - h. The name of the intended user of the product.

**Historical Note**

Adopted as an emergency effective July 12, 1982, pursuant to A.R.S. § 41-1003, valid for 90 days (Supp. 82-4). Emergency expired. Permanent rule R9-16-211 adopted effective January 14, 1983 (Supp. 83-1). Repealed effective March 14, 1994 (Supp. 94-1). New Section R9-16-211 made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section R9-16-211 repealed; new Section made by final expedited rulemak-

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ing at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-212. Bill of Sale Requirements**

An audiologist who dispenses hearing aids shall provide a bill of sale to a client at the time the audiologist provides a hearing aid to the client or at a time requested by the client that complies with the requirements in R9-16-311(A)(7).

**Historical Note**

Adopted as an emergency effective July 12, 1982, pursuant to A.R.S. § 41-1003, valid for 90 days (Supp. 82-4). Emergency expired. Permanent rule R9-16-212 adopted effective January 14, 1983 (Supp. 83-1). Repealed effective March 14, 1994 (Supp. 94-1). New Section R9-16-212 renumbered from R9-16-209 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section R9-16-212 repealed; new Section made by final expedited rulemaking at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-213. Enforcement**

- A. The Department may, as applicable:
  1. Deny, revoke, or suspend an audiology or speech-language pathology's license under A.R.S. § 36-1934;
  2. Request an injunction under A.R.S. § 36-1937; or
  3. Assess a civil money penalty under A.R.S. § 36-1939.
- B. In determining which disciplinary action specified in subsection (A) is appropriate, the Department shall consider:
  1. The type of violation,
  2. The severity of the violation,
  3. The danger to the public health and safety,
  4. The number of violations,
  5. The number of clients affected by the violations,
  6. The degree of harm to the consumer,
  7. A pattern of noncompliance, and
  8. Any mitigating or aggravating circumstances.
- C. A licensee may appeal a disciplinary action taken by the Department according to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Adopted as an emergency effective July 12, 1982, pursuant to A.R.S. § 41-1003, valid for 90 days (Supp. 82-4). Emergency expired. Permanent rule R9-16-213 adopted effective January 14, 1983 (Supp. 83-1). Repealed effective March 14, 1994 (Supp. 94-1). New Section R9-16-213 made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section R9-16-213 repealed; new Section made by final expedited rulemaking at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-214. Time-frames**

- A. For each type of license issued by the Department under this Article, Table 2.1 specifies the overall time-frame described in A.R.S. § 41-1072(2).
  1. An applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame.
  2. The extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.
- B. For each type of license issued by the Department under this Article, Table 2.1 specifies the administrative completeness review time-frame described in A.R.S. § 41-1072(1).

1. The administrative completeness review time-frame begins the date the Department receives an application required in this Article.
2. Except as provided in subsection (B)(3), the Department shall provide a written notice of administrative completeness or a notice of deficiencies to an applicant within the administrative completeness review time-frame.
  - a. If a license application is not complete, the notice of deficiencies listing each deficiency and the information or documentation needed to complete the application.
  - b. A notice of deficiencies suspends the administrative completeness review time-frame and the overall time-frame from the date of the notice until the date the Department receives the missing information or documentation.
  - c. If the applicant does not submit to the Department all the information or documentation listed in the notice of deficiencies within 30 calendar days after the date of the notice of deficiencies, the Department shall consider the application withdrawn.
3. If the Department issues a license during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C. For each type of license issued by the Department under this Article, Table 2.1 specifies the substantive review time-frame described in A.R.S. § 41-1072(3), which begins on the date the Department sends a written notice of administrative completeness.
  1. Within the substantive review time-frame, the Department shall provide a written notice to the applicant that the Department approved or denied.
  2. During the substantive review time-frame:
    - a. The Department may make one comprehensive written request for additional information or documentation; and
    - b. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation.
  3. A comprehensive written request or a supplemental request for additional information or documentation suspends the substantive review time-frame and the overall time-frame from the date of the request until the date the Department receives all the information or documentation requested.
  4. If the applicant does not submit to the Department all the information or documentation listed in a comprehensive written request or supplemental request for additional information or documentation within 30 calendar days after the date of the request, the Department shall deny the license or approval.
- D. The Department shall issue a regular license or a temporary license:
  1. Within five calendar days after receiving the license fee, and
  2. From the date of issue, the license is valid for:
    - a. Two years, if a regular license, and
    - b. Twelve months, if a temporary license.
- E. An applicant who is denied a license may appeal the denial according to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Adopted as an emergency effective July 12, 1982, pursuant to A.R.S. § 41-1003, valid for 90 days (Supp. 82-4).

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Emergency expired. Permanent rule R9-16-214 adopted effective January 14, 1983 (Supp. 83-1). Repealed effective March 14, 1994 (Supp. 94-1). New Section R9-16-214 renumbered from R9-16-208 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section R9-16-214 repealed; new

Section made by final expedited rulemaking at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**Table 2.1 Time-frames (in calendar days)**

Type of Approval	Statutory Authority	Overall Time-Frame	Administrative Completeness Review Time-Frame	Time to Respond to Notice of Deficiency	Substantive Review Time-Frame	Time to Respond to Comprehensive Written Request
Application for an Initial or Temporary License (R9-16-202)	A.R.S. §§ 36-1904 and 36-1940	60	30	30	30	30
License Renewal (R9-16-207)	A.R.S. § 36-1904	60	30	30	30	30

**Historical Note**

Table 2.1 made by exempt rulemaking under R9-16-209 at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Table 2.1 repealed; new Table 2.1 made and recodified under new Section R9-16-214, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-215. Changes Affecting a License or a Licensee; Request for a Duplicate License**

- A.** A licensee shall submit to the Department a notice in a Department-provided format within 30 calendar days after the effective date of a change in:
1. The licensee's home address or e-mail address, including the new home address or e-mail address;
  2. The licensee's name, including a copy of one of the following with the licensee's new name:
    - a. Marriage certificate,
    - b. Divorce decree, or
    - c. Other legal document establishing the licensee's new name; and
  3. The place or places, including address or addresses, where the licensee engages in the practice of audiology or speech-language pathology.
- B.** A licensee may obtain a duplicate license by submitting to the Department a written request for a duplicate license in a format provided by the Department that includes:
1. The licensee's name and address,
  2. The licensee's license number and expiration date,
  3. The licensee's signature and date of signature, and
  4. A duplicate license fee specified in R9-16-216.

**Historical Note**

New Section R9-16-215 renumbered from R9-16-210 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-216. Fees**

- A.** An applicant shall submit to the Department the following nonrefundable fee for:
1. An initial application as an audiologist, \$100;
  2. An initial application as a speech-language pathologist, \$100; and
  3. An initial application as a temporary speech-language pathologist, \$100.
- B.** An applicant shall submit to the Department the following fee for:
1. An initial license as an audiologist, \$200;

2. An initial license as a speech-language pathologist, \$200; and
  3. A temporary license as a speech-language pathologist, \$100.
- C.** A licensee shall submit to the Department the following fee for:
1. A renewal license as an audiologist, \$200;
  2. A renewal license as a speech-language pathologist, \$200; and
  3. A temporary renewal license as a speech-language pathologist, \$100.
- D.** If a licensed audiologist or speech-language pathologist submits a renewal license application specified in subsection (C) within 30 calendar days after the license expiration date, the licensee shall submit with the renewal license application a \$25 late fee.
- E.** The fee for a duplicate license is \$25.
- F.** An applicant for initial licensure is not required to submit the applicable fee in subsection (A) and (B) if the applicant, as part of the applicable application in R9-16-202, submits an attestation that the applicant meets the criteria for waiver of licensing fees in A.R.S. § 41-1080.01.

**Historical Note**

New Section made by final expedited rulemaking at 26 A.A.R. 816, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**ARTICLE 3. LICENSING HEARING AID DISPENSERS**

**R9-16-301. Definitions**

In addition to the definitions in A.R.S. § 36-1901, the following definitions apply in this Article unless otherwise specified:

1. "Applicant" means an individual or a business organization that submits an application and required documentation for approval to practice as a hearing aid dispenser.
2. "Business organization" means an entity identified in A.R.S. § 36-1910.
3. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until

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the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.

4. "Continuing education" means a course that provides instruction and training that directly relates to the practice of fitting and dispensing hearing aids specified in A.R.S. § 36-1904.
5. "Designated agent" means an individual who:
  - a. Is authorized by an applicant or hearing aid dispenser [a person] to receive communications from the Department, including legal service of process;
  - b. May file or sign documents on behalf of the applicant or hearing aid dispenser;
  - c. Is a U.S. citizen or legal resident;
  - d. Has an Arizona address; and
  - e. Is a controlling person of the business organization, if applicable.
6. "Disciplinary action" means a proceeding that is brought against a licensee by the Department under A.R.S. § 36-1934 or a state specified in R9-16-308(A)(2).
7. "GED" means a general education development test.
8. "Hearing aid dispenser examination" means one of the following that has been identified by the Department as complying with the requirements in A.R.S. § 36-1924:
  - a. The International Licensing Examination for Hearing Health Professionals, administered by the International Hearing Society; or
  - b. A test provided by the Department or other organization.
9. "Practical examination" means a test:
  - a. Designated by the Department that demonstrates an applicant's proficiency in the practice of fitting and dispensing of hearing aids, and
  - b. Compliant with A.R.S. § 36-1924(A)(4).
10. "State licensing entity" means a state agency or board that approves licensure and takes disciplinary action of individuals or businesses that practice as a hearing aid dispenser.
11. "Temporary hearing aid dispenser" means a person who is licensed under A.R.S. Title 36, Chapter 17 and this Article for a specified period of time under the sponsorship of a hearing aid dispenser also licensed under A.R.S. Title 36, Chapter 17 and this Article.

**Historical Note**

Section repealed, new Section adopted effective June 25, 1993 (Supp. 93-2). Section amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-302. Examination Requirements**

- A. Within two years after the date an applicant receives the approval notification in R9-16-306(B), or a temporary hearing aid dispenser receives the approval in R9-16-305(B), the applicant or temporary hearing aid dispenser shall take and obtain a passing score on the Department-designated:
  1. Written hearing aid dispenser examination required in subsection (B), and
  2. Practical examination required in subsection (B).
- B. An applicant approved to take the Department-designated practical examination or a temporary hearing aid dispenser approved to take the Department-designated practical examination shall:
  1. Arrive on the scheduled date and time of the examination,

2. Provide proof of identity by a government-issued photographic identification card that is provided by the applicant or temporary hearing aid dispenser upon the request of the individual administering the examination, and
3. Exhibit ethical conduct during the examination process.
- C. After the Department receives an applicant's Department-designated written hearing aid dispenser examination results, the Department shall notify the applicant of:
  1. A passing score and approval to take the practical examination; or
  2. A failing score that includes, as applicable, approval to retake the written hearing aid dispenser examination.
- D. An applicant or temporary hearing aid dispenser who does not comply with subsection (B)(1) or (B)(2) is ineligible to take the examination on the scheduled date and time.
- E. An applicant or temporary hearing aid dispenser taking the examination will receive a passing score on the examination if the applicant or temporary hearing aid dispenser demonstrates the proficiencies in A.R.S. § 36-1924, as determined by the Department.
- F. After the Department receives an applicant's practical examination results, the Department shall notify the applicant whether the applicant received:
  1. A passing score; or
  2. A failing score and, as applicable, approval to retake the Department-designated practical examination for the examination sections that the applicant failed.
- G. The Department shall notify an applicant or temporary hearing aid dispenser that the applicant or temporary hearing aid dispenser may apply for an initial hearing aid dispenser license when the applicant or temporary hearing aid dispenser has received a passing score on both of the examinations in subsection (A).

**Historical Note**

Amended effective March 22, 1976 (Supp. 76-2). Section repealed, new Section adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-303. Application**

- A. An applicant for licensure shall submit to the Department:
  1. An application in a Department-provided format that contains:
    - a. The applicant's name, home address, telephone number, and e-mail address;
    - b. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;
    - c. The applicant's current employment, if applicable, including:
      - i. The employer's name,
      - ii. The licensee's position,
      - iii. Dates of employment,
      - iv. The address of the employer,
      - v. The supervisor's name,
      - vi. The supervisor's email address, and
      - vii. The supervisor's telephone number;
    - d. Whether the applicant has ever been convicted of a felony or a misdemeanor in this or another state or jurisdiction;
    - e. If the applicant was convicted of a felony or misdemeanor:

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- i. The date of the conviction,
  - ii. The state or jurisdiction of the conviction,
  - iii. An explanation of the crime of which the applicant was convicted, and
  - iv. The disposition of the case;
  - f. Whether a hearing aid dispenser license issued to the applicant has been suspended or revoked;
  - g. Whether the applicant is currently ineligible to apply for a hearing aid dispenser license due to a prior revocation or suspension of the applicant's hearing aid dispenser license;
  - h. Whether the applicant has been disciplined by any state, territory or district in this country for an act upon the applicant's hearing aid dispenser license;
  - i. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-314;
  - j. An attestation that the information submitted as part of the application is true and accurate; and
  - k. The applicant's signature and date of signature;
  2. Documentation of the applicant's citizenship or alien status that complies with A.R.S. § 41-1080;
  3. Documentation that the applicant received a high school diploma, a high school equivalency diploma, an associate degree, or a higher degree;
  4. Whether a professional license or certificate has been revoked or suspended by another state or jurisdiction;
  5. If a license for an applicant has been revoked or suspended by any state, documentation that includes:
    - a. The date of the revocation or suspension,
    - b. The state or jurisdiction of the revocation or suspension, and
    - c. An explanation of the revocation or suspension;
  6. If an applicant is currently ineligible for licensing in any state because of a license revocation or suspension, documentation that includes:
    - a. The date of the ineligibility for licensing,
    - b. The state or jurisdiction of the ineligibility for licensing, and
    - c. An explanation of the ineligibility for licensing;
  7. If an applicant has been disciplined by any state, territory or district, in this country for an act upon the applicant's hearing aid dispenser license, documentation that includes:
    - a. The date of the disciplinary action,
    - b. The state or jurisdiction of the disciplinary action,
    - c. An explanation of the disciplinary action, and
    - d. Any other applicable documents, including a legal order or settlement agreement; and
  8. A nonrefundable application fee specified in R9-16-316.
- B.** The Department shall review an application and documentation for approval according to R9-16-314 and Table 3.1.

**Historical Note**

The Department of Health Services advises that this rule is preempted by Section 521(a) of the federal Food, Drug and Cosmetic Act (21 U.S.C. 360K). See 21 CFR 808.53, effective November 10, 1980 (Supp. 80-6). Section repealed, new Section adopted effective June 25, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 2063, effective July 3, 2004 (Supp. 04-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemak-

ing at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-304. Requirements for an Initial Hearing Aid Dispenser License**

- A.** An applicant for initial licensure shall submit an application to the Department that includes:
1. The information and documents required in R9-16-303;
  2. Documentation of passing the:
    - a. Written hearing aid dispenser examination, and
    - b. Practical examination; and
  3. The fees specified in R9-16-316.
- B.** In addition to complying with subsections (A)(1) and (A)(3), an applicant that may be eligible for licensure under A.R.S. § 36-1922 shall submit documentation to the Department that includes:
1. The name of each state that issued the applicant a current hearing aid dispenser license, including:
    - a. The license number of each current hearing aid dispenser license, and
    - b. The date each current hearing aid dispenser license was issued;
  2. Documentation of the professional license or certification issued to the applicant by each state in which the applicant holds a professional license or certification;
  3. For each state named in subsection (B)(1), a statement, signed and dated by the applicant, attesting that the applicant:
    - a. Has been licensed or certified in another state for at least one year, with a scope of practice consistent with the scope of practice for which licensure is being requested;
    - b. Has met minimum education requirements according to A.R.S. § 36-1923(A);
    - c. Has not voluntarily surrendered a license or certification in any other state or country while under investigation for unprofessional conduct; and
    - d. Does not have a complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct.
- C.** An initial hearing aid dispenser license is valid for two years from the date of issue for licensure by examination or licensure by reciprocity.
- D.** If the Department does not issue an initial hearing aid dispenser license to an applicant, the Department shall return the license fee to the applicant.

**Historical Note**

Amended effective March 22, 1976 (Supp. 76-2). The Department of Health Services advises that this rule is preempted by Section 521(a) of the federal Food, Drug and Cosmetic Act (21 U.S.C. 360K). See 21 CFR 808.53, effective November 10, 1980 (Supp. 80-6). Section repealed, new Section adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-305. Requirements for an Initial Temporary Hearing Aid Dispenser License**

- A.** In addition to complying with R9-16-303, an applicant for a temporary hearing aid dispenser license shall submit to the Department:



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1. The sponsor's:
    - a. Name,
    - b. Business address,
    - c. Business telephone number, and
    - d. Arizona hearing aid dispenser license number.
  2. A statement signed by the sponsor that the sponsor is a licensed hearing aid dispenser who agrees to train, supervise, and be responsible for the applicant's hearing aid dispenser practice according to A.R.S. § 36-1905.
- B.** If the Department issues a temporary license to the applicant, the Department shall notify the applicant of approval to take the hearing aid dispenser examination as specified in R9-16-302.
- C.** A temporary hearing aid dispenser may renew a temporary license according to A.R.S. § 36-1926.
- D.** A temporary license is no longer valid on the date the Department receives notice from the sponsor that the sponsor is terminating sponsorship.
- E.** A hearing aid dispenser whose temporary license is terminated according to subsection (D):
1. Shall not practice until issued a new license,
  2. May apply for an initial or temporary license as a hearing aid dispenser according to this Article; and
  3. May choose to:
    - a. Complete the two-year test period issued to the applicant with a previous temporary license, or
    - b. Restart the two-year test period on the date the Department approves the hearing aid dispenser's temporary license in subsection (E)(2); and
  4. If the applicant chooses to restart the two-year test period in subsection (3)(b), the previous test result obtained will not apply.
- F.** An initial hearing aid dispenser license is valid for 12 months from the date of issue for a temporary license or in compliance with A.R.S. § 36-1926(D).

**Historical Note**

Section repealed, new Section adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-306. Application for Examination**

- A.** In addition to complying with R9-16-303, an applicant for initial licensure by examination shall submit an application to the Department that includes:
1. Information and documentation required in R9-16-303, and
  2. The fee in R9-16-316.
- B.** If the Department approves the application, the Department shall notify the applicant of approval to take the written hearing aid dispenser examination as specified in R9-16-302.
- C.** If the Department approves an application, the applicant shall not practice fitting and dispensing hearing aids without a license issued by the Department.

**Historical Note**

Adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemak-

ing at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-307. Initial Application for a Business Hearing Aid Dispenser License**

- A.** An applicant for a business hearing aid dispenser license shall submit to the Department:
1. An application in a Department-provided format that contains:
    - a. The name of the business organization;
    - b. The business organization's Arizona business name, address, e-mail address, and telephone number;
    - c. If the business organization has more than one location, provide the name, address, e-mail address, and telephone number for each location;
    - d. The name, address, telephone number, and e-mail address of the individual authorized by the business organization to be the designated agent;
    - e. The name, business telephone number, and Arizona hearing aid dispenser license number of each hearing aid dispenser employed by the business organization in Arizona;
    - f. Whether the business organization or a hearing aid dispenser working for the business organization has had a hearing aid dispenser license suspended or revoked by any state;
    - g. Whether the business organization or a hearing aid dispenser working for the business organization is currently ineligible for licensing in any state due to a suspension or revocation;
    - h. An attestation that the:
      - i. Business organization allows the Department to make supplemental requests for additional information; and
      - ii. Information required as part of the application has been submitted and is true and accurate; and
    - i. The signature and date of signature from the designated agent; and
  2. An application and license fee specified in R9-16-316.
- B.** A business organization with more than one location shall submit a duplicate license fee for each additional location according to R9-16-315 and R9-16-316.
- C.** The Department shall review an application for an initial business hearing aid dispenser license according to R9-16-314 and Table 3.1.
- D.** A business organization licensed according to this Article shall comply with A.R.S. § 36-1910.
- E.** An initial license issued to a business organization according to this Section is valid for two years from the date of issue.

**Historical Note**

Adopted effective June 25, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 2063, effective July 3, 2004 (Supp. 04-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-308. License Renewal**

- A.** A licensee, except for a temporary hearing aid dispenser, shall submit a renewal application in a Department-provided format that contains:
1. For an individual licensed as a hearing aid dispenser:

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- a. The licensee's name, home address, telephone number, and e-mail address;
  - b. The licensee's current employment, if applicable, including:
    - i. The employer's name,
    - ii. The licensee's position,
    - iii. Dates of employment,
    - iv. The address of the employer,
    - v. The supervisor's name,
    - vi. The supervisor's email address, and
    - vii. The supervisor's telephone number;
  - c. The licensee's license number and expiration date;
  - d. Since the hearing aid dispenser's previous license application, whether the licensee has been convicted of a felony or a misdemeanor in this or another state or jurisdiction;
  - e. If the licensee was convicted of a felony or misdemeanor:
    - i. The date of the conviction,
    - ii. The state or jurisdiction of the conviction,
    - iii. An explanation of the crime of which the licensee was convicted, and
    - iv. The disposition of the case;
  - f. Whether the licensee has had a license revoked or suspended by any state within the previous two years;
  - g. Whether the licensee is currently ineligible for licensure in any state because of a prior license revocation or suspension;
  - h. Whether the licensee agrees to allow the Department to submit supplemental requests for information under R9-16-314;
  - i. An attestation that the licensee completed continuing education required under A.R.S. § 36-1904 and that documentation of completion is available upon request;
  - j. An attestation that the information required as part of the application has been submitted and is true and accurate; and
  - k. The licensee's signature and date of signature;
2. Whether the licensee has, within the two years before the date of the application, had:
    - a. A license issued under this Article suspended or revoked; or
    - b. A professional license or certificate revoked by another state or jurisdiction; and
  3. A license renewal fee specified in R9-16-316; or
  4. For a business organization licensed as a hearing aid dispenser:
    - a. The information in subsection R9-16-307(A)(1), and
    - b. A license renewal fee specified in R9-16-316.
- B.** A licensee, except for a temporary hearing aid dispenser, who renews a license within 30 calendar days after the expiration date of the license, shall submit to the Department:
    1. The information and renewal fee required in subsection (A), and
    2. A late fee specified in R9-16-316.
  - C.** A renewal license issued to a licensee, except for temporary hearing aid dispenser, is valid for two years after the expiration date of the previous license issued by the Department.
  - D.** If a licensee does not comply with subsections (A) or (B), the license is nonrenewable and:
    1. The hearing aid dispenser may apply for a new license according to subsection (E), or
    2. The business organization may apply for a new license according to R9-16-307.
  - E.** A licensee whose license is nonrenewable, according to subsection (D)(1), and is within one year after the expiration date of the hearing aid dispenser's license, the licensee shall submit:
    1. The information in R9-16-303(A);
    2. An attestation of continuing education, according to R9-16-309, completed with twenty-four months before the date of the date of application; and
    3. A nonrefundable application fee and a license fee specified in R9-16-316.
  - F.** If allowed in R9-16-303, a temporary hearing aid dispenser shall submit at least 30 calendar days before the expiration date on the license, a renewal application to the Department in a Department-provided format that contains:
    1. The information in R9-16-303(A);
    2. The applicant's sponsor's:
      - a. Name,
      - b. Business address,
      - c. Business telephone number, and
      - d. Arizona hearing aid dispenser license number;
    3. A statement signed by the sponsor that the sponsor is a licensed hearing aid dispenser who agrees to train, supervise, and be responsible for the applicant's hearing aid dispenser practice according to A.R.S. § 36-1905; and
    4. A license renewal fee specified in R9-16-316.
  - G.** A renewal license issued to a licensee according to subsection (F) is valid for one year after the expiration date of the previous license issued by the Department.
  - H.** The Department shall review a renewal application according to R9-16-314 and Table 3.1.

**Historical Note**

Adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-309. Continuing Education**

- A.** Twenty-four months prior to submitting a renewal application, a licensee shall complete 24 continuing education hours that includes no more than eight continuing education hours provided by a single manufacturer of hearing aids.
- B.** Continuing education shall:
  1. Directly relate to the practice of fitting and dispensing hearing aids;
  2. Have educational objectives that exceed an introductory level of knowledge of fitting and dispensing hearing aids; and
  3. Consist of courses that include advances within the last five years in:
    - a. Procedures in the selection and fitting of hearing aids,
    - b. Pre- and post-fitting management of clients,
    - c. Instrument circuitry and acoustic performance data,
    - d. Ear mold design and modification contributing to improved client performance,
    - e. Audiometric equipment or testing techniques that demonstrate an improved ability to identify and evaluate hearing loss,
    - f. Auditory rehabilitation,
    - g. Ethics,

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- h. Federal and state statutes or rules, or
  - i. Assistive listening devices.
- C. A continuing education course developed, endorsed, or sponsored by one of the following meets the requirements in subsection (B):
1. Hearing Healthcare Providers of Arizona,
  2. Arizona Speech-Language-Hearing Association,
  3. American Speech-Language-Hearing Association,
  4. International Hearing Society,
  5. International Institute for Hearing Instruments Studies,
  6. American Auditory Society,
  7. American Academy of Audiology,
  8. Academy of Doctors of Audiology,
  9. Arizona Society of Otolaryngology, Head and Neck Surgery,
  10. American Academy of Otolaryngology-Head and Neck Surgery, or
  11. An organization determined by the Department to be consistent with an organization in subsection (B)(1) through (10).

**Historical Note**

Adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-310. Sponsors**

- A. A sponsor shall:
1. Provide to a temporary hearing aid dispenser for on-site training and supervision that:
    - a. Consists of coordinating, directing, watching, inspecting, and evaluating the fitting and dispensing activities of the temporary hearing aid dispenser; and
    - b. Directly relates to the type of training and education needed to pass the licensing examination required in A.R.S. § 36-1924;
  2. Maintain a training record that:
    - a. Is signed by the temporary hearing aid dispenser;
    - b. Has the date, time, and content of the training and supervision provided to the temporary hearing aid dispenser, as required in subsection (A)(1); and
    - c. Is available for inspection by the Department for at least 12 months after the end of the sponsorship agreement; and
  3. Not provide sponsorship to more than two temporary hearing aid dispenser licensees at one time.
- B. When a sponsor terminates a sponsorship agreement with a temporary hearing aid dispenser, the sponsor shall:
1. Provide to the temporary hearing aid dispenser a:
    - a. Written notice indicating termination of the sponsorship agreement, and
    - b. Copy of the hearing aid dispenser's records in subsection (A)(2); and
  2. Provide to the Department documentation of the notice required in subsection (B)(1)(a).

**Historical Note**

Adopted effective June 25, 1993 (Supp. 93-2). Section expired under A.R.S. § 41-1056(E) at 7 A.A.R. 5029, effective September 30, 2001 (Supp. 01-4). New Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Amended by final expedited

rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-311. Responsibilities of a Hearing Aid Dispenser**

- A. A hearing aid dispenser licensed shall:
1. Upon licensure, notify the Department in writing of the address where the hearing aid dispenser practices the fitting and dispensing of hearing aids;
  2. Conspicuously post the license received in the hearing aid dispenser's office or place of business;
  3. Except as specified in subsections (A)(4) or (A)(5), conduct audiometric tests before selecting a hearing aid for a client that provides detailed information about the client's hearing loss, including:
    - a. Type, degree, and configuration of hearing loss;
    - b. Ability, as measured by the percentage of words the client is able to repeat correctly, to discriminate speech; and
    - c. The client's most comfortable and uncomfortable loudness levels in decibels;
  4. Have the option to conduct audiometric testing required in subsection (A)(3) before selling a client a hearing aid if the client provides to the dispenser the information required in subsection (A)(3) from a licensed professional and the information was:
    - a. Obtained within the previous 12 months for an adult, or
    - b. Within the previous six months for an individual under the age of 18;
  5. Have the option to conduct audiometric testing required in subsection (A)(3) if the tests cannot be performed on the client due to:
    - a. The client's young age, or
    - b. A physical or mental disability;
  6. Evaluate the performance characteristics of the hearing aid as it functions on the client's ear for the purpose of assessing the degree of audibility provided by the device and benefit to the client;
  7. Provide a bill of sale to a client according to A.R.S. § 36-1909(A) that contains:
    - a. Information required in A.R.S. § 36-1909;
    - b. A complete description of:
      - i. Warranty information, and
      - ii. The conditions of any offer of a trial period with a money back guarantee or partial refund; and
    - c. The client's signature and date of signature; and
  8. Not:
    - a. Practice without a license according to A.R.S. § 36-1907,
    - b. Commit unlawful acts according to A.R.S. § 36-1936, or
    - c. Commit actions described in A.R.S. § 36-1934(A).
- B. The trial period described in subsection (A)(7)(b)(ii) shall not include any time that the hearing aid is in the possession of the hearing aid dispenser or the manufacturer of the hearing aid.

**Historical Note**

Adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-312. Equipment and Records**

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- A. A licensee shall maintain an audiometer and other hearing devices according to the manufacturer's specifications.
- B. If a licensee uses equipment that requires calibration, the licensee shall ensure that:
  - 1. The equipment is calibrated at least every 12 months and according to the American National Standard Institution/Acoustical Society incorporated by reference and on file with the Department, with no future additions or amendments, and available from the American National Standards Institution at <http://webstore.ansi.org>; and
  - 2. A written record of the calibration is maintained in the same location as the calibrated equipment for at least 36 months after the date of the calibration.
- C. A licensee shall maintain a record according to A.R.S. § 32-3211 for each client with the following documents for at least 36 months after the date the licensee provided a service or dispensed a product while engaged in the practice of fitting and dispensing hearing aids:
  - 1. The name, address, and telephone number of the individual to whom services are provided;
  - 2. A written statement from a licensed physician that the client has medical clearance to use hearing aids or a medical waiver signed by the client who is 18 years of age or older;
  - 3. For each audiometric test conducted for the client, the:
    - a. Audiometric test results by date and procedure used in evaluating hearing disorders or determining the need for dispensing a product or service,
    - b. Name of the individual who performed the audiometric tests, and
    - c. Signature of the individual who performed the audiometric tests;
  - 4. A copy of the bill of sale required in R9-16-311(A)(7);
  - 5. Documented verification of the effectiveness of the hearing aid required in R9-16-311(A)(6); and
  - 6. The contracts, agreements, warranties, trial periods, or other documents involving the client.

**Historical Note**

Adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-313. Enforcement**

- A. The Department may, as applicable:
  - 1. Deny, revoke, or suspend a license under A.R.S. § 36-1934,
  - 2. Request an injunction under A.R.S. § 36-1937, or
  - 3. Assess a civil money penalty under A.R.S. § 36-1939.
- B. In determining which disciplinary action specified in subsection (A), the Department shall consider:
  - 1. The type of violation,
  - 2. The severity of the violation,
  - 3. The danger to the public health and safety,
  - 4. The number of violations,
  - 5. The number of clients affected by the violations,
  - 6. The degree of harm to the consumer,
  - 7. A pattern of noncompliance, and
  - 8. Any mitigating or aggravating circumstances.
- C. A licensee may appeal a disciplinary action taken by the Department according to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-314. Time-frames**

- A. For each type of license issued by the Department under this Article, Table 6.1 specifies the overall time-frame described in A.R.S. § 41-1072(2).
  - 1. An applicant or licensee and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame.
  - 2. The extension of the substantive review time-frame and overall time-frame may not exceed 25% of the overall time-frame.
- B. For each type of license issued by the Department under this Article, Table 6.1 specifies the administrative completeness review time-frame described in A.R.S. § 41-1072(1).
  - 1. The administrative completeness review time-frame begins on the date the Department receives an application required in this Article.
  - 2. Except as provided in subsection (B)(3), the Department shall provide written notice of administrative completeness or a notice of deficiencies to an applicant within the administrative completeness review time-frame.
    - a. If an application and required documentation is not complete, the notice of deficiencies shall list each deficiency and the information or documentation needed to complete the application.
    - b. A notice of deficiencies suspends the administrative completeness review time-frame and the overall time-frame from the date of the notice until the date the Department receives the missing information or documentation.
    - c. If the applicant does not submit to the Department all the information or documentation listed in the notice of deficiencies within 30 calendar days after the date of the notice of deficiencies, the Department shall consider the application withdrawn.
  - 3. If the Department issues a license during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C. For each type of license issued by the Department under this Article, Table 6.1 specifies the substantive review time-frame described in A.R.S. § 41-1072(3), which begins on the date the Department sends a written notice of administrative completeness.
  - 1. Within the substantive review time-frame, the Department shall provide written notice to the applicant that the Department approved or denied the application.
  - 2. During the substantive review time-frame:
    - a. The Department may make one comprehensive written request for additional information or documentation; and
    - b. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation.
  - 3. A comprehensive written request or a supplemental request for additional information or documentation suspends the substantive review time-frame and the overall time-frame from the date of the request until the date the

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Department receives all the information or documentation requested.

4. If the applicant does not submit to the Department all the information or documentation listed in a comprehensive written request or supplemental request for additional information or documentation within 30 calendar days after the date of the request, the Department shall deny the license.

- D. An applicant who is denied a license may appeal the denial according to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Adopted effective June 25, 1993 (Supp. 93-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**Table 3.1. Time-frames (in calendar days)**

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Review Time-frame	Time to Respond to Notice of Deficiency	Substantive Review Time-frame	Time to Respond to Comprehensive Written Request
Initial Application for a Hearing Aid Dispenser	A.R.S. §§ 36-1904, 36-1923	60	30	30	30	30
Initial Application for a Business Organization	A.R.S. § 36-1910	60	30	30	30	30
License Renewal	A.R.S. § 36-1904	60	30	30	30	30

**Historical Note**

Table 3.1 renumbered from Table 1 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Table 3.1 repealed; new Table 3.1 made and recodified under R9-16-314 by final expedited rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-315. Change Affecting a License or a Licensee; Request for Duplicate License**

- A. A hearing aid dispenser licensee or temporary hearing aid dispenser licensee shall submit a written notice to the Department in writing within 30 calendar days after the effective date of a change in:
  1. The licensee's home address or e-mail address, including the new home address or e-mail address;
  2. The licensee's name, including a copy of one of the following with the licensee's new name:
    - a. Marriage certificate,
    - b. Divorce decree, or
    - c. Other legal document establishing the licensee's new name; or
  3. The place or places where the licensee engages in the practice of hearing aid dispensing, including the address or addresses of the place or places where the licensee engages in the practice of hearing aid dispensing.
- B. A licensee may obtain a duplicate license by submitting to the Department a request for a duplicate license in a Department-provided format that includes:
  1. The licensee's name and address,
  2. The licensee's license number and expiration date,
  3. The licensee's signature and date of signature, and
  4. A duplicate license fee specified in R9-16-316.
- C. A business hearing aid dispenser licensee shall submit a written notice to the Department within 30 calendar days after the licensee:
  1. Has a change in the information provided in R9-16-307(A)(1)(b).
  2. Closes a location specified in R9-16-307(A)(1)(b) and (c), including the location address.
  3. Begins operating at new location, not specified in R9-16-307(A)(1)(c), including the new location address.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2688, effective June 7, 2002 (Supp. 02-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**Table 1. Renumbered****Historical Note**

Table 1 made by final rulemaking at 8 A.A.R. 2688, effective June 7, 2002 (Supp. 02-2). Table 1 renumbered to Table 3.1 by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

**R9-16-316. Fees**

- A. An applicant shall submit to the Department the following fee for:
  1. A nonrefundable initial application, \$100;
  2. An initial license for a regular or business hearing aid dispenser, \$200;
  3. A renewal application for temporary hearing aid dispenser license, \$100.
  4. A regular or business hearing aid dispenser licensee for a renewal license, \$200.
- B. If a renewal application is submitted within 30 calendar days after the license expiration date, a licensee shall submit with the renewal application a \$25 late fee.
- C. The fee for a duplicate license is \$25.
- D. An applicant, who is not a business organization, for initial licensure is not required to submit the applicable fee in subsection (A) if the applicant, as part of the applicable application in R9-16-303 or R9-16-306, submits an attestation that the applicant meets the criteria for waiver of licensing fees in A.R.S. § 41-1080.01.

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**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2063, effective July 3, 2004 (Supp. 04-2). Historical note corrected to reflect the rulemaking action on file and effective with the 04-2 supplement (Supp. 05-2). Section repealed; new Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-317. Repealed****Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed by final expedited rulemaking at 26 A.A.R. 835, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**ARTICLE 4. REGISTRATION OF ENVIRONMENTAL HEALTH SANITARIANS****R9-16-401. Definitions**

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

1. "Accredited" means that an educational institution is recognized by the U.S. Department of Education as providing standards necessary to meet acceptable levels of quality for its graduates to gain admission to other reputable institutions of higher learning or to achieve credentials for professional practice.
2. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
3. "Applicant" means an individual who submits an application packet or renewal application packet for registration as an environmental health sanitarian.
4. "Application packet" means the information, documents, and fees required by the Department to:
  - a. Determine eligibility to take a sanitarian examination, and
  - b. Be registered as an environmental health sanitarian.
5. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run and including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
6. "Continuing education" means a course that provides instruction and training that is designed to develop or improve a registered environmental health sanitarian's professional competence in disciplines directly related to the practice of a registered environmental health sanitarian.
7. "Continuing education hour" means 50 to 60 minutes of continuous course work.
8. "Course" means a workshop, seminar, lecture, conference, or other learning program activities as approved by the Department.
9. "Department" means the Arizona Department of Health Services established in A.R.S. § 36-104 and the Sanitarians Council established in A.R.S. § 36-136.01.
10. "Environmental health" means the science and practice of preventing human injury and illness and promoting well-being by identifying sources that produce potential hazardous physical, chemical, and biological agents in air, water, soil, food, and other conditions; and eliminating or minimizing exposure to the sources that adversely affect or may adversely affect human health.
11. "Environmental health sanitarian aide" means an individual who performs and assists with environmental health services as described and under the supervision of an individual in R9-16-403.
12. "Hazardous environmental agent" means a material, whether liquid, solid, gas, or sludge, that contains properties that make the material potentially harmful to public health or the environment.
13. "Immediate family member" means an individual related by birth, marriage, or adoption.
14. "License or licensed" means a permit, certificate, or similar form of approval issued by a state agency according to state law that an individual may practice in the profession indicated by the approval.
15. "Natural science" means a branch of science that deals with the physical world, including life, physical, and health sciences.
16. "Overall time-frame" has the same meaning as in A.R.S. § 41-1072.
17. "Practice of a registered environmental health sanitarian" means acting under the authority of R9-16-402.
18. "Registered environmental health sanitarian" means the same as a "registered sanitarian" in A.R.S. § 36-136.01.
19. "Renewal application packet" means the information, documents, and fees required by the Department to apply for a renewal registration as an environmental health sanitarian.
20. "Sanitarian examination" means a test that consists of questions related to environmental health including natural sciences, facility and system inspections, investigations, compliance, responding to emergencies, and promoting environmental public health awareness.
21. "Semester credit" means one earned academic unit of study or equivalent, with a grade of "C" or better, at an accredited college or university by:
  - a. Attending a 50 to 60 minute class session each calendar week for at least 16 weeks, or
  - b. Completing practical work for a class as determined by the accredited college or university.
22. "Substantive review time-frame" has the same meaning as in A.R.S. § 41-1072.
23. "Supervision" means being responsible for and providing direction to an individual who:
  - a. Performs and assists a registered environmental health sanitarian with environmental health services as described in R9-16-403, and
  - b. Is employed as an environmental health sanitarian aide in a position directly related to environmental health.
24. "Testing center" means a facility, approved by the Department that provides a proctored computer-based sanitarian examination.

**Historical Note**

Adopted effective September 29, 1976 (Supp. 76-4). Section expired under A.R.S. § 41-1056(E) at 7 A.A.R. 5257, effective September 30, 2001 (Supp. 01-4). New Section made by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R.

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3038, effective October 5, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 1875, with an immediate effective date of September 2, 2020 (Supp. 20-3).

**R9-16-402. Eligibility and Responsibilities for a Registered Environmental Health Sanitarian**

- A.** An individual is eligible to be a registered environmental health sanitarian, if the individual meets at least one of the following:
1. Has completed at least 30 semester credits at an accredited college or university in the natural sciences or the equivalent credits from a college or university from outside the United States or its territories verified by a Department-approved third party evaluation service;
  2. Has completed at least five years of employment as a sanitarian aide in a position directly related to environmental health;
  3. Has completed at least five years of active military service in the field of environmental health;
  4. Is currently licensed as a sanitarian in another jurisdiction, has passed a sanitarian examination that is equivalent to this state's examination as specified in A.R.S. § 36-136.01, and has completed at least one of the requirements identified in subsections (A)(1), (2), or (3); or
  5. Has received a copy of official sanitarian examination test results from a testing center that contains the sanitarian examination test results with a score of 70% or more and has completed at least one of the requirements identified in subsections (A)(1), (2), or (3).
- B.** An individual who is eligible to be a registered environmental health sanitarian according to subsection (A)(1) through (3) shall pass a sanitarian examination administered by a testing center.
- C.** The practice of a registered environmental health sanitarian may include:
1. Investigate, sample, measure, and assess hazardous environmental agents;
  2. Recommend and apply protective interventions that control hazards to health;
  3. Develop, promote, and enforce guidelines, policies, rules, statutes, and regulations;
  4. Perform system analysis;
  5. Interpret research utilizing science and evidence to understand the relationship between health and environment; or
  6. Interpret data and prepare technical summaries and reports.
- D.** A registered environmental health sanitarian shall:
1. Comply with A.R.S. § 41-1009;
  2. Comply with A.A.C. Title 9, Chapter 8; and
  3. Review and, as applicable, sign reports prepared by a sanitarian aide.

**Historical Note**

Adopted effective September 29, 1976 (Supp. 76-4). Amended effective April 12, 1985 (Supp. 85-2). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 1875, with an immediate effective date of September 2, 2020 (Supp. 20-3).

**R9-16-403. Requirements for an Environmental Health Sanitarian Aide**

- A.** An environmental health sanitarian aide may perform and assist in any of the following environmental health services:
1. Inspections related to food establishments, food processing, food distribution, sewage and refuse disposal, water supplies, hotels, motels, campground, swimming pools, and other related public facilities regulated under A.A.C. Title 9, Chapter 8;
  2. Investigations of complaints to ensure compliance with environmental regulations;
  3. Routine samplings of water, sewage, food, and other samples for analysis; or
  4. Application of ordinances, codes, rules, and regulations governing public health.
- B.** An environmental health sanitarian aide shall:
1. Have reports reviewed by a registered environmental health sanitarian;
  2. Not approve or disapprove the operation of an establishment under A.A.C. Title 9, Chapter 8; and
  3. Not sign on behalf of a registered environmental health sanitarian.
- C.** A sanitarian aide, who has completed at least five years of employment as an environmental health sanitarian aide in a position directly related to environmental health, may apply for registration as an environmental health sanitarian according to R9-16-405.
- D.** An individual who provides supervision to an environmental health sanitarian aide shall:
1. Ensure that the number of hours and type of supervision in providing environmental health services is consistent with:
    - a. The sanitarian aide's skills and experience,
    - b. The setting where the environmental health services are provided, and
    - c. The tasks assigned;
  2. Establish a record for the environmental health sanitarian aide who receives supervision that includes:
    - a. The sanitarian aide's name, address, e-mail address, and telephone number;
    - b. A plan indicating the types of skills and the number of hours allocated to the development of each skill that the environmental health sanitarian aide is expected to complete;
    - c. Documentation of evaluations provided to the environmental health sanitarian aide during the time supervision was provided; and
    - d. Documentation of when supervision began and ended; and
  3. Maintain a sanitarian aide's record throughout the period that the environmental health sanitarian aide received supervision.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Former R9-16-403 renumbered to R9-16-404; new R9-16-403 made by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

**R9-16-404. Continuing Education Requirements; Continuing Education Deferral; and Renewal Extension**

- A.** A registered environmental health sanitarian shall complete 12 continuing education hours during the 12 months prior to December 31 of each calendar year, unless the registered environmental health sanitarian:

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1. Has been a registered environmental health sanitarian for less than 12 months as indicated on the renewal application;
  2. Was prevented from completing continuing education according to subsection (A) due to a personal or immediate family member's illness during at least six continuous months of the preceding 12 months; or
  3. Was called to active military service.
- B.** Except for a registered environmental health sanitarian in subsection (A)(1) and (3), by November 1 of each calendar year, a registered environmental health sanitarian may request to defer continuing education by submitting:
1. A request in a Department-provided format that contains:
    - a. The registered environmental health sanitarian's name, address, e-mail address, and telephone number;
    - b. The registered environmental health sanitarian's registration number;
    - c. A statement regarding the registered environmental health sanitarian's personal or immediate family member's illness;
    - d. Indicate the number of continuing education hours requesting to defer;
    - e. An attestation that the Department is authorized to verify all information provided in the continuing education deferral request; and
    - f. The registered environmental health sanitarian's signature, including date of signature;
  2. Documentation that verifies the duration of the registered environmental health sanitarian's personal or immediate family member's illness from the physician treating or who treated the registered environmental health sanitarian's personal or immediate family member's illness; and
  3. If a registered environmental health sanitarian has completed any continuing education hours, report the completed continuing education hours according to R9-16-406(D)(1)(h).
- C.** A registered environmental health sanitarian that deferred continuing education in subsection (B) shall obtain:
1. The deferred continuing education by the end of the subsequent renewal year, and
  2. The continuing education required in subsection (A) for the current renewal year.
- D.** A registered environmental health sanitarian called to active military service:
1. Shall submit:
    - a. Written notice for renewal extension to the Department that includes:
      - i. The registered environmental health sanitarian's name, address, e-mail address, and telephone number;
      - ii. The registered environmental health sanitarian's registration number;
      - iii. A statement stating the reason for the notice of renewal extension; and
      - iv. The registered environmental health sanitarian's signature, including date of signature; and
    - b. A copy of the registered environmental health sanitarian's deployment documentation;
  2. Retains registration as an environmental health sanitarian for the term of service or deployment plus 180 calendar days;
  3. Defers the requirement for completing the continuing education for the term of service or deployment plus 180 calendar days; and
  4. Shall submit a renewal application packet according to R9-16-406 after the term of service or deployment plus 180 calendar days.
- E.** The Department shall review the request to defer continuing education submitted in subsection (B) for approval according to R9-16-407 and Table 4.1.
- F.** If the Department denies a registered environmental health sanitarian's request to defer continuing education, the registered environmental health sanitarian shall submit the required continuing education hours in subsection (A) according to R9-16-406(D)(1)(h).

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Former R9-16-404 renumbered to R9-16-406; new R9-16-404 renumbered from R9-16-403 and amended by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

**R9-16-405. Application for Sanitarian Examination and Registration**

- A.** An individual may apply to take the sanitarian examination for registration as a sanitarian if the individual meets one of the eligibility requirements in R9-16-402(A)(1) through (A)(3).
- B.** At least seven calendar days before a Sanitarians Council meeting, an applicant for environmental health sanitarian registration shall submit an application packet to the Department containing:
1. The following information in a Department-provided format:
    - a. The applicant's name, address, e-mail address, and telephone number;
    - b. If applicable, applicant's former names;
    - c. The applicant's social security number, required under A.R.S. §§ 25-320 and 25-502;
    - d. If applicable, the applicant's current employment information:
      - i. The employer's name, address, e-mail address, and telephone number;
      - ii. The applicant's position title; and
      - iii. The applicant's employment start date;
    - e. If an applicant meets the eligibility requirement in R9-16-402(A)(1), the following for each college or university where the applicant completed semester credits or the equivalent credits from a college or university:
      - i. The college or university's name, address, e-mail address, and telephone number;
      - ii. The number of natural science semester credits completed; and
      - iii. If applicable, the degree obtained;
    - f. If an applicant meets the eligibility requirement in R9-16-402(A)(2), the following for each employer during the five years the applicant was employed as a sanitarian aide:
      - i. The employer's name, address, e-mail address, and telephone number;
      - ii. The name, title, e-mail address, and telephone number of a contact individual for the employer;



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- iii. The applicant's position and description of responsibilities; and
    - iv. The months and years of employment;
  - g. If an applicant meets the eligibility requirement in R9-16-402(A)(3), the following for each active military service assignment during the five years the applicant held a military job position in the field of environmental health:
    - i. The military branch name, address, e-mail address, and telephone number;
    - ii. The name, title, e-mail address, and telephone number of a contact individual from the military branch;
    - iii. The applicant's military job position and description of responsibilities; and
    - iv. The months and years of active military service assignments;
  - h. If an applicant meets the eligibility requirement in R9-16-402(A)(4), the following for a sanitarian licensed in another state or jurisdiction:
    - i. The state, county, and city that issued the applicant's current license as a sanitarian;
    - ii. The testing organization that administered the sanitarian examination;
    - iii. The name of the sanitarian examination;
    - iv. The sanitarian examination administration date;
    - v. The number of sanitarian examination questions;
    - vi. The sanitarian examination score;
    - vii. The other eligibility requirement in R9-16-402(A)(1) through (A)(3) met by the applicant; and
    - viii. As applicable, the information required in subsection (B)(1)(e), (f), or (g);
  - i. If an applicant meets the eligibility requirement in R9-16-402(A)(5), an applicant shall provide the following information:
    - i. The name of the testing center;
    - ii. The date the sanitarian examination was completed;
    - iii. The sanitarian examination score; and
    - iv. As applicable, the information required in subsection (B)(1)(e), (f), or (g);
  - j. Whether the applicant is or has been licensed as a sanitarian in another state or jurisdiction;
  - k. Whether the applicant has had an application for licensure as a sanitarian denied in a state or jurisdiction;
  - l. If the applicant has had an application for licensure as a sanitarian denied, the:
    - i. Reason for denial;
    - ii. Date of the denial; and
    - iii. Name, address, and telephone number of the licensing agency that denied the applicant's application;
  - m. Whether the applicant has had a license as a sanitarian suspended or revoked by a state or jurisdiction or entered into a consent agreement with a state or jurisdiction;
  - n. If the applicant has had a license as a sanitarian suspended or revoked or entered into a consent agreement, the:
    - i. Reason for the suspension, revocation, or consent agreement;
    - ii. Date of the suspension, revocation, or consent agreement; and
    - iii. Name, address, and telephone number of the licensing agency that suspended, revoked, or entered into a consent agreement with the applicant;
  - o. Whether the applicant has been convicted of a felony or a misdemeanor related to the functions of the applicant's employment or occupation as a sanitarian in this state or another state;
  - p. If the applicant has been convicted of a felony or a misdemeanor in subsection (B)(1)(o):
    - i. The date of the conviction,
    - ii. The state or jurisdiction of the conviction,
    - iii. An explanation of the crime of which the applicant was convicted, and
    - iv. The disposition of the case;
  - q. Whether the applicant agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-16-407;
  - r. An attestation that:
    - i. The applicant authorizes the Department to verify all information provided in the application packet, and
    - ii. The information submitted as part of the application packet is true and accurate; and
  - s. The applicant's signature and date of signature;
2. In addition to the application in subsection (B)(1), the following:
    - a. A copy of applicant's Social Security card;
    - b. Proof of U.S. citizenship or alien status according to A.R.S. § 41-1080;
    - c. If applicable, a copy of an applicant's sanitarian license issued by another state or jurisdiction;
    - d. If an official transcript is issued by a college or university from outside of the United States or its territories, documentation from a third party evaluation service verifying equivalent credits identified in subsection (B)(1)(e);
    - e. If applicable, a letter verifying an applicant's start and end dates of employment for each employer identified in subsection (B)(1)(f);
    - f. If applicable, a letter verifying an applicant's start and end dates of the military job position for each active military service assignment identified in subsection (B)(1)(g);
    - g. If applicable, documentation of the completed sanitarian examination, including the sanitarian examination test results, from the testing center or jurisdiction that administered the sanitarian examination required by another state or jurisdiction in subsection (B)(1)(h); and
    - h. If applicable, a copy of the official notice from a testing center in subsection (B)(1)(i); and
  3. The nonrefundable \$25 application fee.
- C. If an official transcript documents natural science semester credit hours identified in subsection (B)(1)(e), an applicant shall instruct the college or university to send the official transcript to the Department.
  - D. The Department shall review an application packet for an applicant to take a sanitarian examination according to R9-16-407 and Table 4.1.
  - E. The Department shall review a sanitarian examination for an applicant licensed by another state or jurisdiction for approval

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for the applicant to practice as a registered environmental health sanitarian according to R9-16-407 and Table 4.1.

- F. An applicant approved to take a sanitarian examination shall:
  1. Select a testing center,
  2. Take a scheduled sanitarian examination administered by the testing center,
  3. Pass the sanitarian examination with a score of 70% or more and submit a copy of the applicant's official sanitarian examination test results to the Department.
- G. The Department shall review an application packet for approval for an applicant to practice as a registered environmental health sanitarian according to R9-16-407 and Table 4.1.
- H. An applicant, who does not submit a copy of official sanitarian examination test results to the Department in subsection (F) within six months after the date that the applicant received the notice of approval to take the sanitarian examination, shall submit a new application packet according to R9-16-405(B).
- I. An applicant, who submits a copy of official sanitarian examination test results to the Department in subsection (F) within six months after the date that the applicant received the notice of approval to take the sanitarian examination and does not score 70% or more, shall:
  1. Have 12 months from the date of the approval letter the applicant received from the Department to provide a copy of official sanitarian examination test results in subsection (F); and
  2. Comply with subsection (F)(1) through (F)(3) to retake the sanitarian examination.

**Historical Note**

Adopted effective September 29, 1976 (Supp. 76-4).  
 Amended effective April 12, 1985 (Supp. 85-2). Section expired under A.R.S. § 41-1056(E) at 7 A.A.R. 5257, effective September 30, 2001 (Supp. 01-4). New Section made by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Former R9-16-405 renumbered to R9-16-407; new R9-16-405 made by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 1875, with an immediate effective date of September 2, 2020 (Supp. 20-3).

**R9-16-406. Application for Renewal Registration**

- A. Except as provided in R9-16-404(D), a registered environmental health sanitarian shall submit an application packet for registration renewal on or before December 31 of each calendar year.
- B. A registered environmental health sanitarian who does not submit a renewal application packet by December 31 has a grace period until February 15 to submit a renewal application packet.
- C. A registered environmental health sanitarian, who does not submit a renewal application packet by February 15, shall not practice as a registered environmental health sanitarian.
- D. By December 31 of each calendar year, an applicant shall submit to the Department a renewal application packet containing:
  1. The following information in a Department-provided format:
    - a. The applicant's name, address, e-mail address, and telephone number;
    - b. The applicant's environmental health sanitarian registration number;

- c. Whether the applicant, since the applicant last submitted an application packet or renewal application packet, has had a license as a sanitarian suspended or revoked by a state or jurisdiction or entered into a consent agreement with another jurisdiction;
  - d. If the applicant has had a license as a sanitarian suspended or revoked or entered into a consent agreement with another jurisdiction, the:
    - i. Reason for the suspension, revocation, or consent agreement;
    - ii. Date of the suspension, revocation, or consent agreement; and
    - iii. Name, address, and telephone number of the licensing agency that suspended, revoked, or entered into a consent agreement;
  - e. Whether the applicant, since the applicant last submitted a renewal application packet, has been convicted of a felony or a misdemeanor related to the applicant's employment or occupation as a sanitarian in this state or another jurisdiction;
  - f. If the applicant has been convicted of a felony or a misdemeanor as stated according to subsection (D)(1)(e):
    - i. The date of the conviction,
    - ii. The state or jurisdiction of the conviction,
    - iii. An explanation of the crime of which the applicant was convicted, and
    - iv. The disposition of the case;
  - g. Whether the applicant requested to defer continuing education due to a personal or immediate family member's illness according to R9-16-404(B);
  - h. Except for a registered environmental health sanitarian in R9-16-404(A), for each continuing education course completed during the previous 12 months, the following:
    - i. The course title,
    - ii. A course description,
    - iii. The name of the individual providing the continuing education course,
    - iv. The date the continuing education course was completed, and
    - v. The total number of continuing education hours attended;
  - i. Whether the applicant has been a registered environmental health sanitarian for less than 12 months according to R9-16-404(A)(1);
  - j. An attestation that:
    - i. The applicant affirms that the continuing education courses specified according to subsection (h) are applicable and consistent with the Department's approved continuing education courses or with the practice of a registered environmental sanitarian described in R9-16-402(C);
    - ii. The applicant authorizes the Department to verify all information provided in the renewal application packet; and
    - iii. The information submitted as part of the renewal application packet is true and accurate; and
  - k. The applicant's signature and date of signature;
2. If applicable, a copy of the approved request to defer continuing education, and
  3. The \$10 renewal application fee.

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- E. If a registered environmental health sanitarian does not submit a renewal application packet in subsection (D) by February 15:
1. The registered environmental health sanitarian's registration expires on February 16; and
  2. Before practicing as a registered environmental health sanitarian, a registered environmental health sanitarian whose environmental health sanitarian registration expired shall submit a new application packet according to R9-16-405.
- F. The Department shall review the renewal application packet for approval of registration as an environmental health sanitarian according to R9-16-407 and Table 4.1.

**Historical Note**

Adopted effective September 29, 1976 (Supp. 76-4). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Former R9-16-406 renumbered to R9-16-408; new R9-16-406 renumbered from R9-16-404 by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

**R9-16-407. Time-frames**

- A. The overall time-frame begins, for:
1. A sanitarian examination approval, on the date the Department receives an application packet in R9-16-405;
  2. An environmental health sanitarian registration approval, on the date the Department receives the applicant's sanitarian examination test results administered by:
    - a. A testing center described in R9-16-405(B)(1)(i) or (F), or
    - b. A testing organization or jurisdiction that administered the sanitarian examination required by another state or jurisdiction described in R9-16-405(B)(1)(h);
  3. A continuing education deferral approval, on the date the Department receives the continuing education deferral request in R9-16-404; and
  4. A renewal registration approval, on the date the Department receives a renewal application packet in R9-16-406.
- B. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25% of the overall time-frame.
- C. Within the administrative completeness review time-frame in Table 4.1, the Department shall:
1. Provide a notice of administrative completeness to an applicant; or
  2. Provide a notice of deficiencies to an applicant, including a list of the missing information or documents.
- D. If the Department provides a notice of deficiencies to an applicant:
1. The administrative completeness review time-frame and the overall time-frame are suspended after the date of the notice of deficiencies until the date the Department receives the missing information or documents from the applicant;
  2. If the applicant submits the missing information or documents to the Department within the time-frame in Table 4.1, the substantive review time-frame resumes on the date the Department receives the missing information or documents; and
3. If the applicant does not submit the missing information or documents to the Department within the time-frame in Table 4.1, the Department shall consider the application or the request withdrawn.
- E. If the Department issues a registration or notice of an approval during the administrative completeness review time-frame, the Department may not issue a separate written notice of administrative completeness.
- F. Within the substantive review time-frame specified in Table 4.1, the Department:
1. Shall approve an:
    - a. Applicant's request for registration as an environmental health sanitarian or
    - b. Applicant, who did not score 70% or more on the sanitarian examination, to resubmit a sanitarian examination according to R9-16-405(I);
  2. Shall deny an applicant's request for registration as an environmental health sanitarian;
  3. May make a written comprehensive request for additional information or documentation; and
  4. May make supplemental requests for additional information and documentation if agreed to by the applicant.
- G. If the Department provides a written comprehensive request for additional information or documentation or a supplemental request to the applicant:
1. The substantive review time-frame and overall time-frame are suspended from the date of the written comprehensive request or supplemental request until the date the Department receives the information and documents requested; and
  2. The applicant shall submit to the Department the information and documents listed in the written comprehensive request within 15 calendar days after the date of the written comprehensive request or supplemental request.
- H. The Department shall issue:
1. An approval to an applicant who submits:
    - a. An application packet to take a sanitarian examination that complies with the requirements in R9-16-405;
    - b. An application packet and a sanitarian examination with a score of 70% or more from a testing center that complies with the requirements in R9-16-405;
    - c. An application packet and a sanitarian examination test results from the testing organization or jurisdiction that administered the sanitarian examination that complies with the requirements in R9-16-405;
    - d. A continuing education deferral request that complies with the requirements in R9-16-404; and
    - e. An application for renewal registration that complies with the requirements R9-16-406; or
  2. A denial to an applicant, including the reason for the denial and the appeal process in A.R.S. Title 41, Chapter 6, Article 10, if:
    - a. The applicant does not submit all of the information and documentation listed in a written comprehensive request or supplemental request for additional information or documentation; or
    - b. The applicant does not comply with A.R.S. § 36-136.01 and this Article.

**Historical Note**

Adopted effective September 29, 1976 (Supp. 76-4). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Former R9-16-407 renumbered to R9-16-409; new R9-16-

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407 renumbered from R9-16-405 and amended by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

Amended by final rulemaking at 26 A.A.R. 1875, with an immediate effective date of September 2, 2020 (Supp. 20-3).

**Table 4.1. Time-frames (in calendar days)**

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Review Time-frame	Time to Respond to Deficiency Notice	Substantive Review Time-frame	Time to Respond to Written Comprehensive Request
Sanitarian Examination (R9-16-405)	A.R.S. § 36-136.01(B)	150	30	30	120	15
Initial Registration (R9-16-405)	A.R.S. § 36-136.01(B)	40	10	15	30	15
Registration by Reciprocity (R9-16-405)	A.R.S. § 36-136.01(C)	150	30	30	120	15
Deferred Continuing Education (R9-16-404)	A.R.S. § 36-136.01(E)	45	30	15	15	15
Renewal Registration (R9-16-406)	A.R.S. § 36-136.01(D)	75	60	15	15	15

**Historical Note**

Table 4.1 Time-frames made by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4). Amended by final rulemaking at 26 A.A.R. 1875, with an immediate effective date of September 2, 2020 (Supp. 20-3).

**R9-16-408. Requesting a Change**

Within 30 calendar days after the effective date of a change, a registered environmental health sanitarian requesting a change to personal information shall submit in a Department-provided format:

1. A written notice stating the information to be changed and indicating the new information; and
2. If the change is to the registered environmental health sanitarian's legal name, a copy of one of the following with the registered environmental health sanitarian's new name:
  - a. Marriage certificate,
  - b. Divorce decree,
  - c. Professional license, or
  - d. Other legal document establishing the registered environmental health sanitarian's legal name.

**Historical Note**

Adopted effective September 29, 1976 (Supp. 76-4). Section repealed by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Section R9-16-408 renumbered from R9-16-406 by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

**R9-16-409. Denial, Suspension, or Revocation**

- A.** The Department may deny an application packet for approval for registration or renewal of registration if the Department determines that an applicant:
1. Intentionally provided false information or documents in an application packet or renewal application packet;
  2. Had an application for a license related to the practice of a registered environmental health sanitarian denied by a state or jurisdiction;
  3. Had a license related to the practice of a registered environmental health sanitarian suspended or revoked by a state or jurisdiction or entered into a consent agreement with a state or jurisdiction; or

4. Was convicted of or entered into a plea of no contest to a misdemeanor resulting from employment as a registered environmental health sanitarian or a felony.

- B.** The Department may suspend or revoke a registered environmental health sanitarian's registration if the Department determines that a registered environmental health sanitarian:
1. Assisted an individual who is not a registered environmental health sanitarian to circumvent the requirements in this Article;
  2. Allowed an individual who is not a registered environmental health sanitarian to use the registered environmental health sanitarian's registration;
  3. Falsified records to interfere with or obstruct an investigation or regulatory process of the Department or a political subdivision; or
  4. Failed to comply with any of the requirements in A.R.S. § 36-136.01 or this Article.
- C.** In determining whether to suspend or revoke a registered environmental health sanitarian's registration, the Department shall consider the threat to public health based on:
1. Whether there is repeated non-compliance with statutes or rules,
  2. Type of non-compliance,
  3. Severity of non-compliance, and
  4. Number of non-compliance actions.
- D.** The Department's notice of suspension or revocation to the applicant or registered environmental health sanitarian shall comply with A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Adopted effective September 29, 1976 (Supp. 76-4). Amended effective April 12, 1985 (Supp. 85-2). Section repealed by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Section R9-16-409 renumbered from R9-16-407 and amended by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3).

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04-3). Amended by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

**R9-16-410. Repealed****Historical Note**

Adopted effective September 29, 1976 (Supp. 76-4). Former Section R9-16-410 repealed, new Section R9-16-410 adopted effective April 12, 1985 (Supp. 85-2). Section repealed by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2).

**R9-16-411. Repealed****Historical Note**

Adopted effective September 29, 1976 (Supp. 76-4). Former Section R9-16-411 renumbered as Section R9-16-414, new Section R9-16-411 adopted effective April 12, 1985 (Supp. 85-2). Section repealed by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2).

**R9-16-412. Repealed****Historical Note**

Adopted effective April 12, 1985 (Supp. 85-2). Section repealed by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2).

**R9-16-413. Repealed****Historical Note**

Adopted effective April 12, 1985 (Supp. 85-2). Section repealed by final rulemaking at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2).

**R9-16-414. Expired****Historical Note**

Former Section R9-16-411 renumbered as Section R9-16-414 effective April 12, 1985 (Supp. 85-2). Section expired under A.R.S. § 41-1056(E) at 7 A.A.R. 5257, effective September 30, 2001 (Supp. 01-4).

**Table 1. Repealed****Historical Note**

Table 1. Time-frames made by final rulemaking under new Section R9-16-405 at 8 A.A.R. 2444, effective May 16, 2002 (Supp. 02-2). Table 1. Time-frames following Section R9-16-405 renumbered below Section R9-16-407 and amended by final rulemaking at 10 A.A.R. 3004, effective September 11, 2004 (Supp. 04-3). Table 1. Time-frames repealed by final rulemaking at 23 A.A.R. 3038, effective October 5, 2017 (Supp. 17-4).

**ARTICLE 5. LICENSING SPEECH-LANGUAGE PATHOLOGIST ASSISTANTS****R9-16-501. Definitions**

In addition to the definitions in A.R.S. § 36-1901, the following definitions apply in this Article unless otherwise specified:

1. "Accredited" means approved by the:
  - a. New England Commission of Higher Education,
  - b. Middle States Commission on Higher Education,
  - c. Higher Learning Commission,
  - d. Northwest Commission on Colleges and Universities,
  - e. Southern Association of Colleges and Schools Commission on Colleges, or
  - f. WASC Senior College and University Commission.

2. "Applicant" means an individual who submits a license application and required documentation for approval to practice as a speech-language pathologist assistant.
3. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
4. "Continuing education" means a course that provides instruction and training that is designed to develop or improve a licensee's professional competence in disciplines that directly relate to the licensee's scope of practice.
5. "Course" means a workshop, seminar, lecture, conference, or class.
6. "Documentation" means information in written, photographic, electronic, or other permanent form.
7. "General education" means instruction that includes:
  - a. Oral communication,
  - b. Written communication,
  - c. Mathematics,
  - d. Computer instruction,
  - e. Social sciences, and
  - f. Natural sciences.
8. "Observation" means to witness:
  - a. The provision of speech-language pathology services to a client, or
  - b. A demonstration of how to provide speech-language pathology services to a client.
9. "Semester credit hour" means one earned academic unit of study completed, at an accredited college or university, by:
  - a. Attending a 50 to 60 minute class session each calendar week for at least 16 weeks, or
  - b. Completing practical work for a course as determined by the accredited college or university.
10. "Speech-language pathologist" means an individual who is licensed under A.R.S. § 36-1940.01.
11. "Speech-language pathology technical course work" means a curriculum that provides knowledge to develop core skills and assume job responsibilities, including:
  - a. Language acquisition,
  - b. Speech development,
  - c. Communication disorders,
  - d. Articulation and phonology, and
  - e. Intervention techniques for speech and language disorders.
12. "Supervision" means instruction and monitoring provided by a licensed speech-language pathologist as required in A.R.S. § 36-1940.04(E) and (F) to an individual training to become a speech-language pathologist assistant.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 852, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-502. Initial Application**

- A. An applicant for licensure shall submit to the Department:

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1. An application in a Department-provided format that contains:
    - a. The applicant's name, home address, telephone number, and e-mail address;
    - b. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;
    - c. If applicable, the name of the applicant's employer and the employer's business address and telephone number;
    - d. Whether the applicant has ever been convicted of a felony or of a misdemeanor in this state or another state;
    - e. If the applicant has been convicted of a felony or a misdemeanor:
      - i. The date of the conviction,
      - ii. The state or jurisdiction of the conviction,
      - iii. An explanation of the crime of which the applicant was convicted, and
      - iv. The disposition of the case;
    - f. Whether the applicant has had a license revoked or suspended by any state;
    - g. Whether the applicant is currently ineligible for licensure in any state because of a prior license revocation or suspension;
    - h. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-506;
    - i. An attestation that the information submitted is true and accurate; and
    - j. The applicant's signature and date of signature;
  2. If applicable, a list of all states and countries in which the applicant is or has been licensed as a speech-language pathologist assistant;
  3. If a license for an applicant has been revoked or suspended by any state, documentation that includes:
    - a. The date of the revocation or suspension,
    - b. The state or jurisdiction of the revocation or suspension, and
    - c. An explanation of the revocation or suspension;
  4. If the applicant is currently ineligible for licensure in any state because of a prior license revocation or suspension, documentation that includes:
    - a. The date of the ineligibility for licensure,
    - b. The state or jurisdiction of the ineligibility for licensure, and
    - c. An explanation of the ineligibility for licensure;
  5. Documentation of the applicant's citizenship or alien status that complies with A.R.S. § 41-1080.
  6. A transcript or equivalent documentation issued to the applicant from an accredited college or university, showing completion of at least 60 semester credit hours of general education and speech-language pathology technical course work specified in A.R.S. § 36-1940.04(A) that requires:
    - a. No less than 20 semester credit hours of general education, and
    - b. No less than 20 semester credit hours of speech-language pathology technical course work;
  7. Documentation, signed by a licensed speech-language pathologist as required in A.R.S. §36-1940.04 who provided supervision to the applicant, confirming the applicant's completion of at least 100 hours of clinical interaction that did not include observation; and
  8. The application and licensing fees specified in R9-16-508.
- B.** In addition to complying with subsection (A)(1) through (5), an applicant that may be eligible for licensure under A.R.S. § 36-1922 shall submit documentation to the Department that includes:
1. The name of each state that issued the applicant a current speech-language pathologist assistant, including:
    - a. The license number of each current speech-language pathologist assistant license, and
    - b. The date each current speech-language pathologist assistant license was issued;
  2. Documentation of the professional license or certification issued to the applicant by each state in which the applicant holds a professional license or certification;
  3. For each state named in subsection (B)(1), a statement, signed and dated by the applicant, attesting that the applicant:
    - a. Has been licensed or certified in another state for at least one year, with a scope of practice consistent with the scope of practice for which licensure is being requested;
    - b. Has met minimum education requirements according to A.R.S. § 36-1940.04;
    - c. Has not voluntarily surrendered a license or certification in any other state or country while under investigation for unprofessional conduct; and
    - d. Does not have a complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct.
- C.** A regular license is valid for two years from the date of issue.
- D.** The Department shall review the application and required documentation for an initial license to practice as a speech-language pathologist assistant according to R9-16-506 and Table 5.1.
- E.** If the Department does not issue an initial license to an applicant, the Department shall refund the license fee to the applicant.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Section R9-16-502 repealed; new Section R9-16-502 renumbered from R9-16-503 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 852, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-503. License Renewal**

- A.** Before the expiration date of a speech-language pathologist assistant license, a licensee shall submit to the Department:
1. An application in a Department-provided format for renewal of a speech-language pathologist assistant license that contains:
    - a. The licensee's name, home address, telephone number, and e-mail address;
    - b. The licensee's current employment, if applicable, including:
      - i. The employer's name,
      - ii. The licensee's position,
      - iii. Dates of employment,
      - iv. The address of the employer,
      - v. The supervisor's name,

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- vi. The supervisor's e-mail address, and
- vii. The supervisor's telephone number;
- c. If applicable, the name of the licensee's supervising speech-language pathologist;
- d. The licensee's license number and date of expiration;
- e. Since the previous license application, whether the licensee has been convicted of a felony or a misdemeanor involving moral turpitude in this or another state;
- f. If the licensee has been convicted of a felony or a misdemeanor:
  - i. The date of the conviction,
  - ii. The state or jurisdiction of the conviction,
  - iii. An explanation of the crime of which the licensee was convicted, and
  - iv. The disposition of the case;
- g. Whether the licensee has had a license revoked or suspended by any state within the previous two years;
- h. Whether the licensee is currently ineligible for licensure in any state because of a prior license revocation or suspension;
- i. Whether the licensee agrees to allow the Department to submit supplemental requests for information under R9-16-506;
- j. An attestation that the licensee has completed continuing education required under A.R.S. 36-1904 and this Article and documentation of completion is available upon request;
- k. An attestation that the information required as part of the renewal application is true and accurate; and
- l. The licensee's signature and date of signature;
- 2. If a license for a licensee has been revoked or suspended by any state within the previous that two years, documentation that includes:
  - a. The date of the revocation or suspension,
  - b. The state or jurisdiction of the revocation or suspension, and
  - c. An explanation of the revocation or suspension;
- 3. If the licensee is currently ineligible for licensure in any state because of a prior license revocation or suspension, documentation that includes:
  - a. The date of the ineligibility for licensure,
  - b. The state or jurisdiction of the ineligibility for licensure, and
  - c. An explanation of the ineligibility for licensure;
- 4. A renewal fee specified in R9-16-508.
- B.** According to A.R.S. § 36-1904, the Department shall allow a speech-language pathologist assistant to renew a license within 30 calendar days after the expiration date of the license by submitting to the Department:
  - 1. The renewal application, including documentation required in subsection (A), and
  - 2. Fees specified in R9-16-508.
- C.** An individual who does not submit a renewal application, documentation; and fees required in subsection (A) or (B), shall reapply for an initial license according to R9-16-502.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Section R9-16-503 renumbered to R9-16-502; new Section R9-16-503 renumbered from R9-16-504 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1,

2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 852, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-504. Continuing Education**

- A.** Twenty-four months prior to submitting a renewal application, a licensee shall complete continuing education.
- B.** Continuing education shall:
  - 1. Directly relate to the practice of speech-language pathology;
  - 2. Have educational objectives that exceed an introductory level of knowledge of speech-language pathology; and
  - 3. Consist of courses that include advances within the last five years in:
    - a. Practice of speech-language pathology,
    - b. Auditory rehabilitation,
    - c. Ethics, or
    - d. Federal and state statutes or rules.
- C.** A continuing education course developed, endorsed, or sponsored by one of the following meets the requirements in subsection (B):
  - 1. Hearing Healthcare Providers of Arizona,
  - 2. Arizona Speech-Language-Hearing Association,
  - 3. American Speech-Language-Hearing Association,
  - 4. International Hearing Society,
  - 5. International Institute for Hearing Instrument Studies,
  - 6. American Auditory Society,
  - 7. American Academy of Audiology,
  - 8. Academy of Doctors of Audiology,
  - 9. Arizona Medical Association,
  - 10. American Academy of Otolaryngology-Head and Neck Surgery, or
  - 11. An organization determined by the Department to be consistent with an organization in subsection (C)(1) through (10).
- D.** A speech-language pathologist assistant shall comply with the requirements in A.R.S. § 36-1904.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Section R9-16-504 renumbered to R9-16-503; new Section R9-16-504 renumbered from R9-16-506 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 852, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-505. Enforcement**

- A.** The Department may, as applicable:
  - 1. Deny, revoke, or suspend an speech-language pathologist assistant license under A.R.S. § 36-1934;
  - 2. Request an injunction under A.R.S. § 36-1937; or
  - 3. Assess a civil money penalty under A.R.S. § 36-1939.
- B.** In determining which disciplinary action specified in subsection (A) is appropriate, the Department shall consider:
  - 1. The type of violation,
  - 2. The severity of the violation,
  - 3. The danger to public health and safety,
  - 4. The number of violations,
  - 5. The number of clients affected by the violations,
  - 6. The degree of harm to a client,
  - 7. A pattern of noncompliance, and
  - 8. Any mitigating or aggravating circumstances.

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**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemaking at 26 A.A.R. 852, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**Table 1. Renumbered****Historical Note**

New Table 1 made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Table 1 renumbered to Table 5.1 by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2).

**R9-16-506. Time-frames**

- A.** For each type of license issued by the Department under this Article, Table 5.1 specifies the overall time-frame described in A.R.S. § 41-1072(2).
1. An applicant or licensee and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame.
  2. The extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.
- B.** For each type of license issued by the Department under this Article, Table 5.1 specifies the administrative completeness review time-frame described in A.R.S. § 41-1072(1).
1. The administrative completeness review time-frame begins on the date the Department receives an application and required documentation required in this Article.
  2. Except as provided in subsection (B)(3), the Department shall provide a written notice of administrative completeness or a notice of deficiencies to an applicant within the administrative completeness review time-frame.
    - a. If an application or required documentation is not complete, the notice of deficiencies shall list each deficiency and the information or documentation needed to complete the application.
    - b. A notice of deficiencies suspends the administrative completeness review time-frame and the overall time-frame from the date of the notice until the date the Department receives the missing documents or information.

- c. If the applicant does not submit to the Department all or documentation listed in the notice of deficiencies within 30 calendar days after the date of the notice of deficiencies, the Department shall consider the application withdrawn.
3. If the Department issues a license during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C.** For each type of license issued by the Department under this Article, Table 5.1 specifies the substantive review time-frame described in A.R.S. § 41-1072(3), which begins on the date of the notice of administrative completeness.
1. Within the substantive review time-frame, the Department shall provide a written notice to the applicant that the Department issued or denied the license.
  2. During the substantive review time-frame:
    - a. The Department may make one comprehensive written request for additional information or documentation; and
    - b. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation.
  3. A comprehensive written request or a supplemental request for additional information or documentation suspends the substantive review time-frame and the overall time-frame from the date of the request until the date the Department receives all the documents and information requested.
  4. If the applicant does not submit to the Department all the information or documentation listed in a comprehensive written request or supplemental request for additional information or documentation within 30 calendar days after the date of the request, the Department shall deny the license.
- D.** An applicant who is denied a license may appeal the denial according to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Section R9-16-506 renumbered to R9-16-504; new Section R9-16-506 renumbered from R9-16-507 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final expedited rulemaking at 26 A.A.R. 852, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**Table 5.1. Time-frames (in calendar days)**

Type of Approval	Statutory Authority	Overall Time-Frame	Administrative Completeness Review Time-Frame	Time to Respond to Notice of Deficiency	Substantive Review Time-Frame	Time to Respond to Comprehensive Written Request
Initial License (R9-16-502)	A.R.S. §§ 36-1904 and 36-1940.04	60	30	30	30	30
Renewal License (R9-16-503)	A.R.S. § 36-1904	60	30	30	30	30

**Historical Note**

Table 5.1 renumbered from Table 1 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Table 5.1 repealed; new Table 5.1 made and recodified under Section R9-16-506 by final expedited rulemaking at 26 A.A.R. 852, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-507. Changes Affecting a License or a Licensee; Request for a Duplicate License**

- A.** A licensee shall submit a notice to the Department in writing within 30 calendar days after the effective date of a change in:



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1. The licensee's home address or e-mail address, including the new home address or e-mail address;
  2. The licensee's name, including one of the following with the licensee's new name:
    - a. Marriage certificate,
    - b. Divorce decree, or
    - c. Other legal document establishing the licensee's new name; or
  3. The place or places, including address or addresses, where the licensee engages in the practice of speech-language pathology.
- B.** A licensee may obtain a duplicate license by submitting to the Department a written request for a duplicate license in a Department-provided format that contains:
1. The licensee's name and address,
  2. The licensee's license number and expiration date,
  3. The licensee's signature and date of signature, and
  4. A duplicate license fee specified in R9-16-508.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). Section R9-16-507 renumbered to R9-16-506; new Section R9-16-507 renumbered from R9-16-508 and amended by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 852, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**R9-16-508. Fees**

- A.** An applicant shall submit to the Department the following fees:
1. An initial nonrefundable application fee, \$100; and
  2. An initial license fee, \$200.
- B.** An applicant shall submit to the Department a \$200 license fee for renewal.
- C.** If an applicant submits a renewal license application specified in subsection (B) within 30 calendar days after the license expiration date, the applicant shall submit with the renewal license application a \$25 late fee.
- D.** An applicant for initial licensure is not required to submit the applicable fee in subsection (A), if the applicant submits an attestation that the applicant meets the criteria for waiver of licensing fees in A.R.S. § 41-1080.01.
- E.** The fee for a duplicate license is \$25.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 2132, effective January 30, 2010 (Supp. 09-4). R9-16-508 renumbered to R9-16-507 by exempt rulemaking at 20 A.A.R. 1998, effective July 1, 2014 (Supp. 14-2). New Section made by final expedited rulemaking at 26 A.A.R. 852, with an immediate effective date of April 8, 2020 (Supp. 20-2).

**ARTICLE 6. RADIATION TECHNOLOGISTS****R9-16-601. Definitions**

In addition to the definitions in A.R.S. § 32-2801, the following definitions apply in this Article unless otherwise specified:

1. "Applicant" means:
  - a. An individual who submits an application, or
  - b. A person who submits a request for approval of a radiation technologist training program.
2. "Application" means the information, documents, and fees required by the Department for a certificate or permit.

3. "ARRT" means the American Registry of Radiologic Technologists.
4. "Authorized user" means the same as in A.A.C. R9-7-102.
5. "Calendar day" means each day, not including the day of the act, event, or default, from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
6. "CBRPA" means the Certification Board for Radiology Practitioner Assistants.
7. "Certification" means the issuing of a certificate.
8. "Chest radiography" means radiography performed to visualize the heart and lungs only.
9. "Continuing education" means a course or learning activity that provides instruction and training designed to develop or improve the professional competence of a certificate holder related to the certificate holder's scope of practice.
10. "Contrast media" means material intentionally administered to a human body to define a part or parts of the human body that are not normally radiographically visible.
11. "Department-approved educational program" means a curriculum of courses and learning activities that is accredited by a nationally recognized accreditation body or granted approval through the Department.
12. "Department-approved examination" means a test administered through ARRT, NMTCB, ISCD, or CBRPA.
13. "Extremity" means the same as in A.A.C. R9-7-102.
14. "Fluoroscopy" means the use of radiography to directly visualize internal structures of the human body, the motion of internal structures, and fluids in real time, or near real-time, to aid in the treatment or diagnosis of disease or the performance of other medical procedures.
15. "ISCD" means the International Society for Clinical Densitometry.
16. "Nationally recognized accreditation body" means ARRT, NMTCB, ISCD, or CBRPA.
17. "NMTCB" means the Nuclear Medicine Technology Certification Board.
18. "Radiograph" means the record of an image, representing anatomical details of a part of a human body examined through the use of ionizing radiation, formed by the differential absorption of ionizing radiation within the part of the human body.
19. "Radiography" means the use of ionizing radiation in making radiographs.
20. "Radiopharmaceutical agent" means a radionuclide or radionuclide compound designed and prepared for administration to human beings.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-602. Training Programs**

- A.** The Department shall maintain a list of Department-approved educational programs according to A.R.S. § 32-2804 on the

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Department's website at <https://www.azdhs.gov/licensing/special/index.php#mrt-approved-schools>.

- B.** An applicant may request Department approval of a curriculum of courses and learning activities as a training program by submitting an application that contains:
1. An application, in a Department-provided format, that includes:
    - a. The name and address of the school providing the training program;
    - b. The name, title, telephone number, and email address of the administrator or designee of the school; and
    - c. A list of each training program for which approval is being requested, including the number of hours of instruction provided for each;
  2. A copy of the curriculum that includes course titles and course descriptions; and
  3. A list of instructors providing the instruction and the credentials of each.
- C.** The Department shall:
1. Review each application according to R9-16-621; and
  2. If approved, add the applicant's school to the list of Department-approved educational programs in subsection (A).
- D.** If an applicant for certification or permit did not complete a Department-approved educational program, the applicant may submit to the Department a copy of the curriculum for the training program completed by the applicant with the applicant's application in R9-16-606(B), R9-16-607(A), or R9-16-609(A).

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 3572 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-603. Practical Technologist in Radiology - Eligibility and Scope of Practice**

- A.** An individual is eligible for certification as a practical technologist in radiology if the individual:
1. Is at least 18 years of age; and
  2. Either:
    - a. Has completed a training program in radiologic technology through a Department-approved educational program and achieved a score of at least 67% on a Department-approved examination; or
    - b. Meets the criteria in A.R.S. § 32-4302(A).
- B.** An individual certified as a practical technologist in radiology shall:
1. Follow the standards specified for a Limited X-Ray Machine Operator in the American Society of Radiologic Technologists (ASRT) Practice Standards for Medical Imaging and Radiation Therapy, effective June 30, 2024, available at <https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards-online>, incorporated by reference, on file with the Department, and including no future editions or amendments;
  2. Perform only:
    - a. Chest radiography, and
    - b. Radiography of the extremities; and

3. Not use fluoroscopy or contrast media.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 3572 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-604. Practical Technologist in Podiatry - Eligibility and Scope of Practice**

- A.** An individual is eligible for certification as a practical technologist in podiatry if the individual:
1. Is at least 18 years of age; and
  2. Either:
    - a. Has:
      - i. Completed a training program in podiatry radiology through a Department-approved educational program;
      - ii. Received a signed and dated attestation from a podiatrist licensed according to A.R.S. Title 32, Chapter 7, verifying that the applicant:
        - (1) Completed training under the direction of the licensed podiatrist, and
        - (2) Is proficient in independently taking radiographs; and
      - iii. Achieved a score of at least 70% on a Department-approved examination; or
    - b. Meets the criteria in A.R.S. § 32-4302(A).
- B.** An individual certified as a practical technologist in podiatry shall:
1. Follow the standards specified for a Limited X-Ray Machine Operator in the American Society of Radiologic Technologists (ASRT) Practice Standards for Medical Imaging and Radiation Therapy, effective June 30, 2024, available at <https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards-online>, incorporated by reference, on file with the Department, and including no future editions or amendments; and
  2. Only perform radiographic examinations of the lower leg, ankle, and foot, without the use of fluoroscopy or contrast media.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 3572 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-605. Practical Technologist in Bone Densitometry - Eligibility and Scope of Practice**

- A.** An individual is eligible for certification as a practical technologist in bone densitometry if the individual:
1. Is at least 18 years of age; and
  2. Either:
    - a. Has completed a training program in bone densitometry through a Department-approved educational program and achieved a score of at least 70% on a Department-approved examination, or

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b. Meets the criteria in A.R.S. § 32-4302(A).

**B.** An individual certified as a practical technologist in bone densitometry shall:

1. Follow the standards specified for Bone Densitometry in the American Society of Radiologic Technologists (ASRT) Practice Standards for Medical Imaging and Radiation Therapy, effective June 30, 2024, available at <https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards-online>, incorporated by reference, on file with the Department, and including no future editions or amendments; and
2. Apply ionizing radiation only to a person's hips, spine, and extremities through the use of a bone density machine without the use of fluoroscopy or contrast media.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 3572 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-606. Application for Examination**

**A.** An individual may apply for examination if the individual meets eligibility criteria for a:

1. Practical technologist in radiology listed in R9-16-603(A);
2. Practical technologist in podiatry listed in R9-16-604(A); or
3. Practical technologist in bone densitometry listed in R9-16-605(A).

**B.** An applicant for examination shall submit an application to the Department that includes:

1. The information and documents required in R9-16-619;
2. Except as provided in R9-16-602(D), documentation of completion of a Department-approved educational program; and
3. For an applicant for examination as a practical technologist in podiatry, the attestation specified in R9-16-604(A)(2)(a)(ii).

**C.** The Department shall approve or deny an individual's application for examination according to R9-16-621.

**D.** If the Department determines that the application submitted under subsection (B) is complete and in compliance, the Department shall notify the applicant that the applicant is approved to test.

**E.** Upon notification by the Department according to subsection (D), and applicant:

1. Shall arrange testing through ARRT, and
2. Has six months to complete testing before the applicant is required to re-apply for examination.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 3572 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 31 A.A.R. 672 (February

28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-607. Application for Initial Certification as a Practical Technologist in Radiology, Practical Technologist in Podiatry, or Practical Technologist in Bone Densitometry**

**A.** Except as provided in subsection (B), an applicant for initial certification as a practical technologist in radiology, practical technologist in podiatry, or practical technologist in bone densitometry shall submit an application to the Department that includes:

1. The information and documents required in R9-16-619;
2. Except as provided in R9-16-602(D), documentation of completion of a Department-approved educational program;
3. Documentation of achieving the applicable minimum score on a Department-approved examination;
4. For an application for a practical technologist in podiatry, the signed attestation in R9-16-604(A)(2)(a)(ii) containing:
  - a. The name and date of birth of the applicant,
  - b. The name and license number of the licensed podiatrist,
  - c. A statement by the licensed podiatrist verifying completion of the applicant's clinical training and approval of radiographic images taken by the applicant, and
  - d. The licensed podiatrist's signature and date; and
5. The applicable fee in R9-16-623.

**B.** If an applicant for initial certification as a practical technologist in radiology, practical technologist in podiatry, or practical technologist in bone densitometry may be eligible for certification under A.R.S. § 32-4302(A), the applicant shall submit an application to the Department that includes:

1. The information and documentation required in R9-16-619;
2. Documentation of the professional license or certification issued to the applicant by each state in which the applicant holds a professional license or certification;
3. A statement, signed and dated by the applicant, attesting that the applicant:
  - a. Has been licensed or certified in another state for at least one year, with a scope of practice consistent with the scope of practice for which certification is being requested;
  - b. Has met minimum education requirements and, if applicable, work experience and clinical supervision requirements, according to A.R.S. § 32-4302(A)(3);
  - c. Has not voluntarily surrendered a license or certification in any other state or country while under investigation for unprofessional conduct; and
  - d. Does not have any complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct; and
4. The applicable fee in R9-16-623.

**C.** The Department shall approve or deny an individual's application for initial certification according to R9-16-621.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 31 A.A.R.

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672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-608. Radiologic Technologist, Nuclear Medicine Technologist, and Radiation Therapy Technologist - Eligibility and Scope of Practice**

- A.** An individual is eligible to apply for initial certification as a radiologic technologist, nuclear medicine technologist, or radiation therapy technologist if the individual:
- Is at least 18 years of age; and
  - Satisfies one of the following:
    - Holds current applicable ARRT or NMTCB certification,
    - Has completed a Department-approved educational program in radiation technology and has a passing score on a Department-approved examination, or
    - Meets the criteria in A.R.S. § 32-4302(A).
- B.** An individual certified as a radiologic technologist shall follow the standards specified for Radiography in the American Society of Radiologic Technologists (ASRT) Practice Standards for Medical Imaging and Radiation Therapy, effective June 30, 2024, available at <https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards-online>, incorporated by reference, on file with the Department, and including no future editions or amendments.
- C.** An individual certified as a nuclear medicine technologist shall:
- Follow the standards specified for Nuclear Medicine in the American Society of Radiologic Technologists (ASRT) Practice Standards for Medical Imaging and Radiation Therapy, effective June 30, 2024, available at <https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards-online>, incorporated by reference, on file with the Department, and including no future editions or amendments; and
  - Use radiopharmaceutical agents on humans for diagnostic or therapeutic purposes only.
- D.** An individual certified as a radiation therapy technologist shall follow the standards specified for Radiation Therapy in the American Society of Radiologic Technologists (ASRT) Practice Standards for Medical Imaging and Radiation Therapy, effective June 30, 2024, available at <https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards-online>, incorporated by reference, on file with the Department, and including no future editions or amendments.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 3572 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-609. Application for Initial Certification as a Radiation Technologist, Nuclear Medicine Technologist, or Radiation Therapy Technologist**

- A.** Except as provided in subsection (B), an applicant for initial certification as a radiation technologist, nuclear medicine technologist, or radiation therapy technologist shall submit an application to the Department that includes:
- The information and documents required in R9-16-619;
  - Either:

- A copy of the applicant's current ARRT or NMTCB certification; or
  - Documentation of:
    - Completing a Department-approved educational program, except as provided in R9-16-602(D); and
    - Having a passing score on a Department-approved examination; and
  - The applicable fee in R9-16-623.
- B.** If an applicant for initial certification as a radiation technologist, nuclear medicine technologist, or radiation therapy technologist may be eligible for certification under A.R.S. § 32-4302(A), the applicant shall submit an application to the Department that includes:
- The information and documentation required in R9-16-619;
  - Documentation of the professional license or certification issued to the applicant by each state in which the applicant holds a professional license or certification;
  - A statement, signed and dated by the applicant, attesting that the applicant:
    - Has been licensed or certified in another state for at least one year, with a scope of practice consistent with the scope of practice for which certification is being requested;
    - Has met minimum education requirements and, if applicable, work experience and clinical supervision requirements, according to A.R.S. § 32-4302(A)(3);
    - Has not voluntarily surrendered a license or certification in any other state or country while under investigation for unprofessional conduct; and
    - Does not have any complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct; and
  - The applicable fee in R9-16-623.
- C.** The Department shall approve or deny an individual's application for initial certification according to R9-16-621.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-610. Mammographic Technologist - Eligibility and Scope of Practice**

- A.** An individual is eligible to apply for initial certification as a mammographic technologist if the individual:
- Is at least 18 years of age;
  - Possesses a current Department-issued certification in radiologic technology; and
  - Satisfies one of the following:
    - Holds a current ARRT certification in mammography;
    - Meets the initial training and education requirements in 21 CFR 900.12 and has a passing score on a Department-approved examination in mammography, or
    - Meets the criteria in A.R.S. § 32-4302(A).
- B.** An individual certified as a mammographic technologist:
- Shall follow the standards specified for Mammography in the American Society of Radiologic Technologists (ASRT) Practice Standards for Medical Imaging and

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Radiation Therapy, effective June 30, 2024, available at <https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards-online>, incorporated by reference, on file with the Department, and including no future editions or amendments; and

2. May perform diagnostic mammography or screening mammography, as defined in A.R.S. § 30-651.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 3572 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-611. Student Mammography Permits**

- A. Before beginning the initial training in 21 CFR 900.12 under R9-16-610(A)(3)(b), an individual shall obtain a student mammography permit from the Department.
- B. An applicant for a student mammography permit shall submit an application to the Department that includes:
  1. The information and documents required under R9-16-619; and
  2. A Department-provided agreement form that includes the following:
    - a. The name and date of birth of the applicant;
    - b. The name, license number, email address, and telephone number of a radiologist, licensed under A.R.S. Title 32, Chapter 13 or 17 and certified in radiology by the American Board of Radiology;
    - c. A statement that the licensed radiologist is accepting responsibility for the applicant's supervision and training; and
    - d. The licensed radiologist's signature and date of signing.
- C. The Department shall approve or deny an individual's application for a student mammography permit according to R9-16-621.
- D. A student mammography permit is valid for one year from the date issued and may not be renewed.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-612. Application for Initial Certification as a Mammographic Technologist**

- A. Except as provided in subsection (B), an applicant for initial certification as a mammographic technologist shall submit an application to the Department that includes:
  1. The information and documents required in R9-16-619;
  2. The applicant's current radiology technologist certificate number;
  3. The applicant's current student mammography permit number, if applicable;
  4. Either:
    - a. A copy of current ARRT certification in mammography; or
    - b. Documentation of:
      - i. Completing of initial education and training that meets the requirements specified in 21 CFR 900.12, and
      - ii. Having a passing score on a Department-approved examination in mammography; and

5. The applicable fee in R9-16-623.
- B. If an applicant for initial certification as a mammographic technologist may be eligible for certification under A.R.S. § 32-4302(A), the applicant shall submit an application to the Department that includes:
  1. The information and documentation required in R9-16-619;
  2. Documentation of the license or certification as a mammographic technologist issued to the applicant by each state in which the applicant holds the license or certification;
  3. A statement, signed and dated by the applicant, attesting that the applicant:
    - a. Has been licensed or certified as a mammographic technologist in another state for at least one year;
    - b. Has met minimum education requirements and, if applicable, work experience and clinical supervision requirements, according to A.R.S. § 32-4302(A)(3);
    - c. Has not voluntarily surrendered a license or certification in any other state or country while under investigation for unprofessional conduct; and
    - d. Does not have any complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct; and
  4. The applicable fee in R9-16-623.
- C. The Department shall approve or deny an individual's application for initial certification as a mammographic technologist according to R9-16-621.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-613. Computed Tomography Technologist - Eligibility and Scope of Practice**

- A. An individual is eligible to apply for initial certification as a computed tomography technologist if the individual:
  1. Is at least 18 years of age;
  2. Possesses a current Department-issued certification as a radiologic technologist or nuclear medicine technologist; and
  3. Satisfies one of the following:
    - a. Holds a current ARRT or NMTCB certification in computed tomography,
    - b. Has completed two years of training in computed tomography and twelve hours of computed tomography-specific education, or
    - c. Meets the criteria in A.R.S. § 32-4302(A).
- B. An individual certified as a computed tomography technologist:
  1. Shall follow the standards specified for Computed Tomography in the American Society of Radiologic Technologists (ASRT) Practice Standards for Medical Imaging and Radiation Therapy, effective June 30, 2024, <https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards-online>, incorpo-

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- rated by reference, on file with the Department, and including no future editions or amendments; and
2. May apply ionizing radiation to a human using a computed tomography machine for diagnostic purposes.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 3572 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-614. Application for Computed Tomography Technologist Preceptorship and Temporary Certification**

- A. Before beginning training under R9-16-613(A)(3)(b), an individual shall obtain a computed tomography preceptorship certificate from the Department.
- B. An applicant for a computed tomography preceptorship certificate shall submit an application to the Department that includes:
  1. The information and documents required under R9-16-619;
  2. A Department-provided agreement form from a radiologist, licensed under A.R.S. Title 32, Chapter 13 or 17 and certified in radiology by the American Board of Radiology, that includes the following:
    - a. The name and date of birth of the applicant;
    - b. The name, license number, email address, and telephone number of the licensed radiologist;
    - c. A statement that the licensed radiologist is accepting responsibility for the applicant's supervision and training; and
    - d. The licensed radiologist's signature and date of signing; and
  3. The applicable fee in R9-16-623.
- C. The Department shall approve or deny an individual's application for a computed tomography preceptorship certificate according to R9-16-621.
- D. A computed tomography preceptorship certificate is valid for one year from the date issued and may not be renewed.
- E. At least 30 days before the expiration of an individual's computed tomography preceptorship certificate, the individual may apply for a computed tomography temporary certificate by submitting an application to the Department that includes:
  1. The information and documents required under R9-16-619;
  2. A Department-provided agreement form from a radiologist, licensed under A.R.S. Title 32, Chapter 13 or 17 and certified in radiology by the American Board of Radiology, that includes the following:
    - a. The name and date of birth of the applicant;
    - b. The name, license number, email address, and telephone number of the licensed radiologist;
    - c. A statement that the licensed radiologist is accepting responsibility for the applicant's supervision and training; and
    - d. The licensed radiologist's signature and date of signing; and
  3. The applicable fee in R9-16-623.
- F. The Department shall approve or deny an individual's application for a computed tomography temporary certificate according to R9-16-621.

- G. A computed tomography temporary certificate is valid for one year and may not be renewed.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Section heading corrected to heading made in the table of contents at 25 A.A.R. 2409; Section amended by final rulemaking at 26 A.A.R. 350, effective April 5, 2020 (Supp. 20-1). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-615. Application for Initial Certification for a Computed Tomography Technologist**

- A. Except as provided in subsection (B), an applicant for initial certification as a computed tomography technologist shall submit an application to the Department that includes:
  1. The information and documents required in R9-16-619;
  2. The applicant's current radiation technologist or nuclear medicine technologist certificate number;
  3. The applicant's computed tomography preceptorship number or temporary certificate number, if applicable;
  4. Either:
    - a. A copy of the applicant's current ARRT or NMTCB certification in computed tomography; or
    - b. Documentation of completion of:
      - i. Two years of training in computed tomography, and
      - ii. Twelve hours of computed tomography-specific education; and
  5. The applicable fee in R9-16-623.
- B. If an applicant for initial certification as a computed tomography technologist may be eligible for certification under A.R.S. § 32-4302(A), the applicant shall submit an application to the Department that includes:
  1. The information and documentation required in R9-16-619;
  2. Documentation of the license or certification as a computed tomography technologist issued to the applicant by each state in which the applicant holds the license or certification;
  3. A statement, signed and dated by the applicant, attesting that the applicant:
    - a. Has been licensed or certified as a computed tomography technologist in another state for at least one year;
    - b. Has met minimum education requirements and, if applicable, work experience and clinical supervision requirements, according to A.R.S. § 32-4302(A)(3);
    - c. Has not voluntarily surrendered a license or certification in any other state or country while under investigation for unprofessional conduct; and
    - d. Does not have any complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct; and
  4. The applicable fee in R9-16-623.
- C. The Department shall approve or deny an individual's application for initial certification as a computed tomography technologist according to R9-16-621.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 31 A.A.R.

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**R9-16-616. Radiologist Assistant - Eligibility and Scope of Practice**

- A.** An individual is eligible to apply for initial certification as a radiologist assistant if the individual:
1. Is at least 18 years of age; and
  2. Satisfies one of the following:
    - a. Holds a current ARRT or CBRPA certification as a radiologist assistant;
    - b. Has:
      - i. Completed a baccalaureate degree or post-baccalaureate certificate from an accredited educational institution that encompasses a radiologist assistant curriculum that includes a radiologist-directed clinical preceptorship, and
      - ii. Achieved a passing score on an ARRT or a CBRPA examination for radiologist assistants; or
    - c. Meets the criteria in A.R.S. § 32-4302(A).
- B.** An individual certified as a radiologist assistant:
1. Shall follow the standards specified for Radiologist Assistant in the American Society of Radiologic Technologists (ASRT) Practice Standards for Medical Imaging and Radiation Therapy, effective June 30, 2024, available at <https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards-online>, incorporated by reference, on file with the Department, and including no future editions or amendments; and
  2. May perform the following procedures under the direction of a radiologist, licensed under A.R.S. Title 32, Chapter 13 or 17 and certified in radiology by the American Board of Radiology:
    - a. Fluoroscopy;
    - b. Assessment and evaluation of the physiological and psychological responsiveness of individuals undergoing radiologic procedures;
    - c. Evaluation of image quality, making initial image observations and communicating observations to the supervising radiologist; and
    - d. Administration of contrast media or other medications prescribed by the supervising radiologist.
- C.** A radiologist assistant shall not interpret images, make diagnoses, or prescribe medications or therapies.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 28 A.A.R. 3572 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-617. Application for Initial Certification as a Radiologist Assistant**

- A.** Except as provided in subsection (B), an applicant for initial certification as a radiologist assistant shall submit an application to the Department that includes:
1. The information and documents required in R9-16-619;
  2. Either:
    - a. The applicant's current ARRT or CBRPA certification as a radiologist assistant; or
    - b. Documentation of:
      - i. Completing a baccalaureate degree or post-baccalaureate certificate from an accredited educational institution that encompasses a radiologist assistant curriculum that includes a radiologist-directed clinical preceptorship, and
      - ii. Having a passing score on an ARRT or a CBRPA examination for radiologist assistants; and

3. The applicable fee in R9-16-623.
- B.** If an applicant for initial certification as a radiologist assistant may be eligible for certification under A.R.S. § 32-4302(A), the applicant shall submit an application to the Department that includes:
1. The information and documentation required in R9-16-619;
  2. Documentation of the license or certification as a radiologist assistant issued to the applicant by each state in which the applicant holds the license or certification;
  3. A statement, signed and dated by the applicant, attesting that the applicant:
    - a. Has been licensed or certified as a radiologist assistant in another state for at least one year;
    - b. Has met minimum education requirements and, if applicable, work experience and clinical supervision requirements, according to A.R.S. § 32-4302(A)(3);
    - c. Has not voluntarily surrendered a license or certification in any other state or country while under investigation for unprofessional conduct; and
    - d. Does not have any complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct; and
  4. The applicable fee in R9-16-623.
- C.** The Department shall approve or deny an individual's application for initial certification as a radiologist assistant according to R9-16-621.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-618. Special Permits**

- A.** An applicant for a special permit under A.R.S. § 32-2814(B) shall submit an application to the Department containing:
1. The information and documents required in R9-16-619;
  2. An attestation, in a Department-provided format, from the health care institution in which the applicant proposes to practice:
    - a. Stating that the requesting health care institution is located in an Arizona medically underserved area, AzMUA, as defined in A.A.C. R9-15-101(4), or a health professional shortage area, HPSA, as defined in A.A.C. R9-15-101(25);
    - b. Verifying that the health care institution developed and is implementing a program of continuing education for the applicant to protect the health and safety of individuals undergoing radiologic procedures; and
    - c. Signed and dated by the health care institution's administrator or designee; and
  3. A letter signed by the health care institution's administrator or designee that provides justification for the issuance of a special permit.

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- B. The Department shall approve or deny an application for a special permit according to R9-16-621.
- C. A special permit is valid for no more than one year, but may be renewed as provided in subsection (A) if the circumstances justifying the issuance of a special permit have not changed.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).  
Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-619. Application Information**

An applicant for certification shall submit to the Department:

1. The following information in a Department-provided format:
  - a. The applicant's name;
  - b. The applicant's residential address and, if different, mailing address;
  - c. The applicant's telephone number;
  - d. The applicant's email address;
  - e. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;
  - f. The applicant's date of birth;
  - g. The applicant's current employment in the radiation technology field, if applicable, including:
    - i. The employer's name,
    - ii. The applicant's position,
    - iii. Dates of employment,
    - iv. The address of the employer,
    - v. The supervisor's name,
    - vi. The supervisor's email address, and
    - vii. The supervisor's telephone number;
  - h. The applicant's educational history related to radiation technology, including:
    - i. The name and address of each educational institution,
    - ii. The degree or certification received, and
    - iii. The applicant's date of graduation;
  - i. The type of certificate being applied for;
  - j. Whether the applicant has ever been convicted of a felony or a misdemeanor in this or another state;
  - k. If the applicant has been convicted of a felony or a misdemeanor:
    - i. The date of the conviction,
    - ii. The state or jurisdiction of the conviction,
    - iii. An explanation of the crime of which the applicant was convicted, and
    - iv. The disposition of the case;
  - l. Whether the applicant holds other professional licenses or certifications and, if so:
    - i. The professional license or certification, and
    - ii. The state in which the professional license or certification was issued;
  - m. Whether the applicant has had a professional license or certificate suspended, revoked, or had disciplinary action taken against the professional license or certificate;
  - n. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-621;
  - o. An attestation that the information submitted as part of an application is true and accurate; and
  - p. The applicant's signature and date of signing;
2. If the applicant has had a professional license or certificate suspended, revoked, or had disciplinary action taken against the professional license or certificate within the previous five years, documentation that includes:
  - a. The date of the disciplinary action, revocation, or suspension;
  - b. The state or nationally accredited certifying body that issued the disciplinary action, revocation, or suspension; and
  - c. An explanation of the disciplinary action, revocation, or suspension;
3. If the applicant is currently ineligible for licensing or certification in any state because of a license revocation or suspension, documentation that includes:
  - a. The date of the ineligibility for licensing or certification,
  - b. The state or jurisdiction of the ineligibility for licensing or certification, and
  - c. An explanation of the ineligibility for licensing or certification; and
4. Documentation for the applicant that complies with A.R.S. § 41-1080.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).  
Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-620. Renewal of Certification**

- A. Certifications issued under R9-16-607, R9-16-609, R9-16-612, R9-16-615, and R9-16-617 are valid for two years after issuance, unless revoked.
- B. A certificate holder may apply to renew a certification:
  1. Within 90 days before the expiration date of the certificate holder's current certification;
  2. Within the 30-day period after the expiration date of the certificate holder's certification, if the certificate holder pays the late renewal penalty fee in R9-16-623; or
  3. Within the extension time period granted under A.R.S. § 32-4301.
- C. An applicant for renewal of a certification shall submit to the Department an application, including:
  1. The following in a Department-provided format:
    - a. The applicant's name, address, telephone number, email address, date of birth, and Social Security number;
    - b. The applicant's current certification number and type;
    - c. The applicant's current employment in the radiation technology field, if applicable, including:
      - i. The employer's name,
      - ii. The applicant's position,
      - iii. Dates of employment,
      - iv. The address of the employer,
      - v. The supervisor's name,
      - vi. The supervisor's email address, and
      - vii. The supervisor's telephone number;
    - d. Whether the applicant has, within the two years before the date of the application, had:
      - i. A certificate issued under this Article suspended or revoked; or



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- ii. A professional license or certificate revoked by another state, jurisdiction, or nationally recognized accreditation body;
- e. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-621;
- f. Attestation that all the information submitted as part of the application is true and accurate; and
- g. The applicant's signature and date of signature;
- 2. As applicable:
  - a. For renewal of certification as a mammographic technologist, documentation that meets the requirements in A.R.S. § 32-2841(E); or
  - b. For renewal of all other certifications issued under this Article, either:
    - i. An attestation that the applicant completed continuing education required under A.R.S. § 32-2815(D) and that documentation of completion is available upon request, signed and dated by the applicant; or
    - ii. A copy of the applicant's current certification from a nationally recognized accreditation body; and
- 3. The applicable renewal fee and, if applicable, the late renewal penalty fee required in R9-16-623.
- D. The Department shall approve or deny an application for recertification according to R9-16-621.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).  
 Amended by final expedited rulemaking at 28 A.A.R. 3572 (November 18, 2022), with an immediate effective date of November 2, 2022 (Supp. 22-4). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-621. Review Time-frames**

- A. For each type of certificate or permit issued by the Department under this Article, Table 6.1 specifies the overall time-frame described in A.R.S. § 41-1072(2).
  - 1. An applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame.
  - 2. The extension of the substantive review time-frame and overall time-frame may not exceed 25% of the overall time-frame.
- B. For each type of certificate or permit issued by the Department under this Article, Table 6.1 specifies the administrative completeness review time-frame described in A.R.S. § 41-1072(1).
  - 1. The administrative completeness review time-frame begins on the date the Department receives an application required in this Article.
  - 2. Except as provided in subsection (B)(3), the Department shall provide written notice of administrative complete-

ness or a notice of deficiencies to an applicant within the administrative completeness review time-frame.

- a. If an application is not complete, the notice of deficiencies shall list each deficiency and the information or documentation needed to complete the application.
- b. A notice of deficiencies suspends the administrative completeness review time-frame and the overall time-frame from the date of the notice until the date the Department receives the missing information or documentation.
- c. If the applicant does not submit to the Department all the information or documentation listed in the notice of deficiencies within 30 calendar days after the date of the notice of deficiencies, the Department shall consider the application withdrawn.
- 3. If the Department issues a certificate during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C. For each type of certificate or permit issued by the Department under this Article, Table 6.1 specifies the substantive review time-frame described in A.R.S. § 41-1072(3), which begins on the date the Department sends a written notice of administrative completeness.
  - 1. Within the substantive review time-frame, the Department shall provide written notice to the applicant that the Department approved or denied the application.
  - 2. During the substantive review time-frame:
    - a. The Department may make one comprehensive written request for additional information or documentation; and
    - b. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation.
  - 3. A comprehensive written request or a supplemental request for additional information or documentation suspends the substantive review time-frame and the overall time-frame from the date of the request until the date the Department receives all the information or documentation requested.
  - 4. If the applicant does not submit to the Department all the information or documentation listed in a comprehensive written request or supplemental request for additional information or documentation within 30 calendar days after the date of the request, the Department shall deny the certificate or permit.
- D. An applicant who is denied a certificate or permit may appeal the denial according to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3).  
 Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**Table 6.1. Time-frames**

Type of Application	Administrative Completeness Review Time-frame (in Calendar Days)	Substantive Review Time-frame (in Calendar Days)	Overall Time-frame (in Calendar Days)
Application for Examination	30	30	60
Initial Certificate	30	30	60
Renewal Certificate	30	30	60
Student Mammography Permit	30	30	60

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Type of Application	Administrative Completeness Review Time-frame (in Calendar Days)	Substantive Review Time-frame (in Calendar Days)	Overall Time-frame (in Calendar Days)
Computed Tomography Preceptorship Certificate or Computed Tomography Temporary Certificate	30	30	60
Special Permit	30	30	60
Name Change	30	30	60
School Approval	60	60	120

**Historical Note**

New Table 6.1 made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Table 6.1 amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-622. Changes Affecting a Certificate or Certificate Holder**

- A.** A certificate holder shall notify the Department in writing, within 30 calendar days after the effective date of a change in:
1. The certificate holder's residential address, mailing address, or email address, including the new residential address, mailing address, or email address;
  2. The certificate holder's name; or
  3. The certificate holder's employer, including the name and address of the new employer.
- B.** A certificate holder notifying the Department of a name change according to subsection (A)(2) shall request a revised certificate issued with the certificate holder's new name by submitting to the Department:
1. An application for a revised certificate, in a Department-provided format, that includes:
    - a. The certificate holder's name and address as included in Department records,
    - b. The certificate holder's certificate number and expiration date,
    - c. The certificate holder's new name, and
    - d. The certificate holder's signature and date of signature;
  2. A copy of the legal document establishing the certificate holder's new name; and
  3. The revised certificate fee in R9-16-623.
- C.** A certificate holder may submit to the Department, either as a separate written document or as part of the renewal application, a signed and dated request to transfer to inactive status or retirement status under A.R.S. § 32-2816(F).

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-623. Fees**

- A.** Except as provided in subsection (C) or (D), an applicant shall submit to the Department the following nonrefundable fees for:
1. An initial application or renewal application for certification as a practical technologist in radiology, practical technologist in podiatry, or practical technologist in bone densitometry, \$100;
  2. An initial application or renewal application for certification as a radiation technologist, nuclear medicine technologist, or radiation therapy technologist, \$100;
  3. An initial application or renewal application for certification as a mammographic technologist, \$20;

4. A computed tomography preceptorship certificate or computed tomography temporary certificate, \$10;
  5. An initial application or renewal application for certification as a computed tomography technologist, \$20;
  6. An initial application or renewal application for certification as a radiologist assistant, \$100; and
  7. A late renewal penalty fee according to A.R.S. § 32-2816(C), \$50.
- B.** The fee for a revised certificate is \$10.
- C.** An applicant for initial certification is not required to submit the applicable fee in subsection (A) if the applicant, as part of the applicable application in R9-16-607, R9-16-609, R9-16-612, R9-16-615, or R9-16-617, submits an attestation that the applicant meets the criteria for waiver of licensing fees in A.R.S. § 41-1080.01.
- D.** As allowed under A.R.S. § 32-2816(F), a certificate holder is not required to submit a fee for renewal of certification if the certificate holder submits to the Department an affidavit stating that the certificate holder:
1. Is retired from the practice of radiologic technology, or
  2. Requests to be placed on inactive status.

**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). Section amended by final rulemaking at 26 A.A.R. 350, effective April 5, 2020 (Supp. 20-1). Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**R9-16-624. Enforcement**

- A.** The Department may, as applicable:
1. Deny, revoke, or suspend a certificate or permit under A.R.S. § 32-2821;
  2. Request an injunction under A.R.S. § 32-2825; or
  3. Assess a civil money penalty under A.R.S. § 32-2821.
- B.** In determining which disciplinary action specified in subsection (A) is appropriate, the Department shall consider:
1. The type of violation,
  2. The severity of the violation,
  3. The danger to public health and safety,
  4. The number of violations,
  5. The number of individuals affected by the violations,
  6. The degree of harm to an individual,
  7. A pattern of noncompliance, and
  8. Any mitigating or aggravating circumstances.
- C.** A certificate holder or permittee may appeal a disciplinary action taken by the Department according to A.R.S. Title 41, Chapter 6, Article 10.

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**Historical Note**

New Section made by final expedited rulemaking at 25 A.A.R. 2409, effective August 27, 2019 (Supp. 19-3). A.R.S. title citations corrected under subsection (A)(1) through (3) at the request of the Department in Supp. 24-1, File No. R24-47. Amended by final expedited rulemaking at 31 A.A.R. 672 (February 28, 2025), with an immediate effective date of February 4, 2025 (Supp. 25-1).

**ARTICLE 7. LASER TECHNICIANS****R9-16-701. Definitions**

In addition to the definitions in A.R.S. §§ 32-516 and 32-3231, the following definitions apply in this Article unless otherwise specified:

1. "Applicant" means an individual who submits an application packet.
2. "Application packet" means the information, documents, and fees required by the Department for a certificate.
3. "Calendar day" means each day, not including the day of the act, event, or default, from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
4. "Department-certified training program" means a curriculum of courses and learning activities that is granted approval through the Department under 9 A.A.C. 7, Article 14.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 173 (January 26, 2024), with an immediate effective date of January 4, 2024 (Supp. 24-1).

**R9-16-702. Laser Technician - Eligibility and Scope of Practice**

- A.** An individual is eligible for certification as a laser technician if the individual:
1. Is at least 18 years of age; and
  2. Either:
    - a. Has:
      - i. Completed a course consistent with requirements in 9 A.A.C. 7, Article 14, provided by a Department-certified training program;
      - ii. Achieved a score of at least 80% on an examination consistent with requirements in 9 A.A.C. 7, Article 14;
      - iii. For use of a laser or IPL device for hair removal, completed 10 procedures and 24 hours of hands-on training for hair removal consistent with requirements in 9 A.A.C. 7, Article 14; and
      - iv. For use of a laser or IPL device for a cosmetic procedure other than hair removal, has completed, in addition to the hands-on training required according to subsection (A)(2)(a)(iii), an additional 10 procedures and 24 hours of hands-on training for the other cosmetic procedure consistent with requirements in 9 A.A.C. 7, Article 14; or
    - b. Meets the criteria in A.R.S. § 32-4302(A).
- B.** An individual certified as a laser technician is authorized to use a laser or IPL device to perform:

1. Only those cosmetic procedures specified on the certificate issued by the Department to the individual according to R9-16-703, R9-16-704, or R9-16-705;
2. Hair removal under the indirect supervision of a health professional licensed under A.R.S. Title 32 whose scope of practice permits the supervision; and
3. For a cosmetic procedure other than hair removal, under the direct supervision of a health professional licensed under A.R.S. Title 32 whose scope of practice permits the supervision.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 173 (January 26, 2024), with an immediate effective date of January 4, 2024 (Supp. 24-1).

**R9-16-703. Application for Initial Certification as a Laser Technician**

- A.** Except as provided in subsection (B), an applicant for certification as a laser technician shall submit to the Department an application packet that includes:
1. The following information in a Department-provided format:
    - a. The applicant's name;
    - b. The applicant's residential address and, if different, mailing address;
    - c. The applicant's telephone number;
    - d. The applicant's email address;
    - e. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;
    - f. The applicant's date of birth;
    - g. The applicant's current employment as a laser technician, if applicable, including:
      - i. The employer's name,
      - ii. The applicant's position,
      - iii. Dates of employment,
      - iv. The address of the employer,
      - v. The supervisor's name,
      - vi. The supervisor's email address, and
      - vii. The supervisor's telephone number;
    - h. Each type of cosmetic procedure, from the list of Department-approved cosmetic procedures on the Department's website at <https://www.azdhs.gov/licensing/special/index.php#laser-technicians-provider-application>, for which the applicant is requesting certification;
    - i. Whether the applicant holds other professional licenses or certifications and, if so:
      - i. The professional license or certification, and
      - ii. The state in which the professional license or certification was issued;
    - j. Whether the applicant has had a professional license or certificate suspended, revoked, or had disciplinary action taken against the professional license or certificate;
    - k. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-706;
    - l. An attestation that the information and documentation submitted as part of an application packet is true and accurate; and
    - m. The applicant's signature and date of signing;
  2. If the applicant has had a professional license or certificate suspended, revoked, or had disciplinary action taken

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against the professional license or certificate within the previous five years, documentation that includes:

- a. The date of the disciplinary action, revocation, or suspension;
  - b. The state or nationally accredited certifying body that issued the disciplinary action, revocation, or suspension; and
  - c. An explanation of the disciplinary action, revocation, or suspension;
3. If the applicant is currently ineligible for licensing or certification in any state because of a professional license revocation or suspension, documentation that includes:
    - a. The date of the ineligibility for licensing or certification,
    - b. The state or jurisdiction of the ineligibility for licensing or certification, and
    - c. An explanation of the ineligibility for licensing or certification;
  4. A copy of the provisional certificate for course completion issued to the applicant consistent with requirements in 9 A.A.C. 7, Article 14;
  5. Either:
    - a. Documentation from a Department-certified training program certifying that the applicant completed 10 procedures and 24 hours of hands-on training for each type of cosmetic procedure specified according to subsection (A)(1)(h); or
    - b. Both:
      - i. A copy of the document, in a Department-provided format, issued to the applicant by the supervising health professional or laser technician, consistent with requirements in 9 A.A.C. 7, Article 14, verifying and attesting to the successful completion of the applicant's 24 hours of hands-on training; and
      - ii. A log, in a Department-provided format, documenting 10 procedures and 24 hours of hands-on training for each type of cosmetic procedure specified according to subsection (A)(1)(h);
  6. Documentation for the applicant that complies with A.R.S. § 41-1080; and
  7. The applicable fee in R9-16-707.
- B.** If an applicant for initial certification as a laser technician may be eligible for certification under A.R.S. § 32-4302(A), the applicant shall submit an application packet to the Department that includes:
1. The information and documentation required in subsection (A)(1) and, if applicable, (A)(2) or (3);
  2. Documentation of the professional license or certification issued to the applicant by each state in which the applicant holds a professional license or certification;
  3. Documentation showing the types of cosmetic procedures for which the applicant has a professional license or certification;
  4. A statement, signed and dated by the applicant, attesting that the applicant:
    - a. Has been licensed or certified in another state for at least one year, with a scope of practice consistent with the scope of practice for which certification is being requested;
    - b. Has met minimum education requirements and, if applicable, work experience and clinical supervision requirements, according to A.R.S. § 32-4302(A)(3);

- c. Has not voluntarily surrendered a professional license or certification in any other state or country while under investigation for unprofessional conduct; and
- d. Does not have a complaint, an allegation, or an investigation pending before another regulatory entity in another state or country related to unprofessional conduct; and

5. The applicable fee in R9-16-707.

- C.** The Department shall approve or deny an application for initial certification according to R9-16-706.
- D.** Initial certification as a laser technician is valid for one year after issuance, unless revoked, and must be renewed annually.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 173 (January 26, 2024), with an immediate effective date of January 4, 2024 (Supp. 24-1).

**R9-16-704. Renewal of Certification**

- A.** A laser technician may apply for renewal of certification:
  1. Within 60 days before the expiration date of the laser technician's current certification, or
  2. Within the extension time period granted under A.R.S. § 32-4301.
- B.** An applicant for renewal of certification shall submit to the Department an application packet that includes:
  1. The following information in a Department-provided format:
    - a. The applicant's name, address, telephone number, and email address;
    - b. The applicant's current certification number;
    - c. The applicant's current employment as a laser technician, if applicable, including:
      - i. The employer's name,
      - ii. The applicant's position,
      - iii. Dates of employment,
      - iv. The address of the employer,
      - v. The supervisor's name,
      - vi. The supervisor's email address, and
      - vii. The supervisor's telephone number;
    - d. Whether the applicant has, within the previous year before the date of the application, had:
      - i. A certificate issued under this Article suspended or revoked; or
      - ii. A professional license or certificate revoked by another state, jurisdiction, or nationally recognized accreditation body;
    - e. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-706;
    - f. Attestation that all the information submitted as part of the application packet is true and accurate; and
    - g. The applicant's signature and date of signature; and
  2. The renewal fee required in R9-16-707.
- C.** The Department shall approve or deny an application for renewal of certification according to R9-16-706.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 173 (January 26, 2024), with an immediate effective date of January 4, 2024 (Supp. 24-1).

**R9-16-705. Changes Affecting a Certificate; Request for a Revised/Duplicate Certificate**

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- A.** A laser technician shall notify the Department in writing, within 30 calendar days after the effective date of a change in:
1. The laser technician's residential address, mailing address, or email address, including the new residential address, mailing address, or email address, as applicable;
  2. The laser technician's name, including:
    - a. The following information, in a Department-provided format:
      - i. The laser technician's name, as recorded by the Department, and the laser technician's current certificate number and expiration date;
      - ii. The laser technician's new name; and
      - iii. The laser technician's signature and date of signature;
    - b. A copy of the legal document establishing the laser technician's new name; and
    - c. The fee required in R9-16-707 for a revised/duplicate certificate that reflects the laser technician's name change; or
  3. The laser technician's employer, including the name and address of the new employer.
- B.** A laser technician may request to add a cosmetic procedure to the laser technician's certificate by submitting to the Department an application packet that includes:
1. The following information in a Department-provided format:
    - a. The laser technician's name, address, telephone number, and email address;
    - b. The laser technician's current certification number;
    - c. Each type of cosmetic procedure that the laser technician is requesting be added to the laser technician's certificate;
    - d. Attestation that all the information submitted as part of the application is true and accurate; and
    - e. The laser technician's signature and date of signature;
  2. A copy of the document issued to the laser technician by the supervising health professional or laser technician, consistent with requirements in 9 A.A.C. 7, Article 14, verifying the successful completion of the laser technician's 24 hours of hands-on training;
  3. A log, in a Department-provided format, documenting 10 procedures and 24 hours of hands-on training for each type of cosmetic procedure specified according to subsection (B)(1)(c); and
  4. The fee required in R9-16-707 for a revised/duplicate certificate that reflects the added cosmetic procedure.
- C.** The Department shall approve or deny a request to add a cosmetic procedure to the laser technician's certificate according to R9-16-706.
- D.** In addition to the circumstances in subsections (A) and (B), a laser technician may obtain a revised/duplicate certificate by submitting to the Department:
1. A written request for a revised/duplicate certificate, in a Department-provided format, that includes:
    - a. The laser technician's name and address,
    - b. The laser technician's certificate number, and
    - c. The laser technician's signature and date of signature; and
  2. The revised/duplicate certificate fee in R9-16-707.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 173 (January 26, 2024), with an immediate effective date of January 4, 2024 (Supp. 24-1).

**R9-16-706. Review Time-frames**

- A.** For each type of certificate or approval issued by the Department under this Article, Table 7.1 specifies the overall time-frame described in A.R.S. § 41-1072(2).
1. An applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame.
  2. The extension of the substantive review time-frame and overall time-frame may not exceed 25% of the overall time-frame.
- B.** For each type of certificate or approval issued by the Department under this Article, Table 7.1 specifies the administrative completeness review time-frame described in A.R.S. § 41-1072(1).
1. The administrative completeness review time-frame begins on the date the Department receives an application packet required in this Article.
  2. Except as provided in subsection (B)(3), the Department shall provide written notice of administrative completeness or a notice of deficiencies to an applicant within the administrative completeness review time-frame.
    - a. If an application packet is not complete, the notice of deficiencies shall list each deficiency and the information or documentation needed to complete the application packet.
    - b. A notice of deficiencies suspends the administrative completeness review time-frame and the overall time-frame from the date of the notice until the date the Department receives the missing information or documentation.
    - c. If the applicant does not submit to the Department all the information or documentation listed in the notice of deficiencies within 30 calendar days after the date of the notice of deficiencies, the Department shall consider the application packet withdrawn.
  3. If the Department issues a certificate or approval during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C.** For each type of certificate or approval issued by the Department under this Article, Table 7.1 specifies the substantive review time-frame described in A.R.S. § 41-1072(3), which begins on the date the Department sends a written notice of administrative completeness.
1. Within the substantive review time-frame, the Department shall provide written notice to the applicant that the Department approved or denied the application.
  2. During the substantive review time-frame:
    - a. The Department may make one comprehensive written request for additional information or documentation; and
    - b. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation.
  3. A comprehensive written request or a supplemental request for additional information or documentation suspends the substantive review time-frame and the overall time-frame from the date of the request until the date the Department receives all the information or documentation requested.

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4. If the applicant does not submit to the Department all the information or documentation listed in a comprehensive written request or supplemental request for additional information or documentation within 30 calendar days after the date of the request, the Department shall deny the certificate or approval.
- D. An applicant who is denied a certificate or approval may appeal the denial according to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 173 (January 26, 2024), with an immediate effective date of January 4, 2024 (Supp. 24-1).

**Table 7.1. Time-frames**

Type of Application	Administrative Completeness Review Time-frame (in Calendar Days)	Substantive Review Time-frame (in Calendar Days)	Overall Time-frame (in Calendar Days)
Initial laser technician certificate	30	30	60
Renewal of a laser technician certificate	30	30	60
Addition of a procedure	30	30	60

**Historical Note**

Table 7.1 made by final rulemaking at 30 A.A.R. 173 (January 26, 2024), with an immediate effective date of January 4, 2024 (Supp. 24-1).

**R9-16-707. Fees**

- A. Except as provided in subsection (B), an applicant shall submit to the Department the following nonrefundable fees for:
1. An initial application or renewal application for certification as a laser technician, \$30; and
  2. A revised/duplicate certificate, \$10.
- B. An applicant for initial certification as a laser technician is not required to submit the applicable fee in subsection (A)(1) if the applicant, as part of the application packet in R9-16-703, submits an attestation that the applicant meets the criteria for waiver of licensing fees in A.R.S. § 41-1080.01.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 173 (January 26, 2024), with an immediate effective date of January 4, 2024 (Supp. 24-1).

**R9-16-708. Enforcement**

- A. The Department may deny, revoke, or suspend a certificate under A.R.S. § 32-3233.
- B. In determining which disciplinary action specified in subsection (A) is appropriate, the Department shall consider:
1. The type of violation,
  2. The severity of the violation,
  3. The danger to public health and safety,
  4. The number of violations,
  5. The number of individuals affected by the violations,
  6. The degree of harm to an individual,
  7. A pattern of noncompliance, and
  8. Any mitigating or aggravating circumstances.
- C. A laser technician may appeal a disciplinary action taken by the Department according to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 173 (January 26, 2024), with an immediate effective date of January 4, 2024 (Supp. 24-1).

**ARTICLE 8. COMMUNITY HEALTH WORKERS****R9-16-801. Definitions**

In addition to the definitions in A.R.S. § 36-765, the following definitions apply in this Article, unless otherwise specified:

1. "Accredited" means approved by the:
  - a. New England Commission of Higher Education,
  - b. Middle States Commission on Higher Education,

- c. Higher Learning Commission,
  - d. Northwest Commission on Colleges and Universities,
  - e. Southern Association of Colleges and Schools Commission on Colleges, or
  - f. WASC Senior College and University Commission.
2. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
  3. "Applicant" means an individual who submits an application and required documentation for approval to practice as a certified CHW.
  4. "Behavioral health services" means information and care provided by certified or licensed behavioral health professionals consistent with practices specified in A.R.S. § 32-3251(8).
  5. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run and including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
  6. "Certification" means an approval granted to individuals who meet the qualifications, including education and training requirements, in this Article for certified CHWs.
  7. "Certified CHW" means the same as a "certified community health worker" in A.R.S. § 36-765.
  8. "CHW" means the same as a "community health worker" in A.R.S. § 36-765.
  9. "CHW trainer" means an individual who meets the requirements in R9-16-803 and provides training and supervision to individuals who seek certification as a certified CHW.
  10. "CHW training program" means approved community health education and instruction required for individuals seeking a CHW certification issued by the Department.
  11. "Client" means an individual receiving community health services provided by a certified CHW.
  12. "Community Health Representative" or "CHR" means an individual who has completed an Indian Health Services National Training Program for:
    - a. Basic training through completing general health education to promote health and social services and assist in the prevention of disease and disabilities in tribal communities; or

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- b. Advanced training through increased health and knowledge for a variety of public health topics designed to improve outreach capacity to advance tribal health systems.
- 13. "Community health services" means non-medical support, care, and assistance:
  - a. Specified in the scope of practice and core competencies in this Article;
  - b. Provided by a certified CHW to a client on behalf of a service provider, whether physical health services or behavioral health services; and
  - c. Improves the quality of delivery and coordination of care resulting in better medical and behavioral health outcomes.
- 14. "Continuing education" means a course that provides training and instruction that is designed to develop or improve a certified CHW's or certified CHW trainer's professional competence in areas directly related to the practice of a CHW.
- 15. "Contractor" means the same as in A.R.S. § 36-2901.
- 16. "Core competencies" means curriculum that provides knowledge to develop core skills and assume job responsibilities, including:
  - a. Communication skills,
  - b. Interpersonal and relationship-building,
  - c. Service coordination and navigation,
  - d. Capacity-building,
  - e. Advocacy,
  - f. Education and facilitation,
  - g. Individual and community assessment,
  - h. Outreach,
  - i. Professional skills and conduct,
  - j. Evaluation and research skills, and
  - k. Knowledge base.
- 17. "Course" means a workshop, seminar, lecture, conference, or class.
- 18. "Direct services" means personal interaction to assist or deliver care provided by a certified CHW, including:
  - a. Transportation assistance,
  - b. Fall risk assessments,
  - c. Welfare checks,
  - d. Employment assistance, and
  - e. Other similar health and social services not provided by a licensed health or behavioral health professional.
- 19. "Documentation" means information in written, photographic, electronic or other permanent form.
- 20. "Licensed health care facility" means the same as "health care institution" specified in A.R.S. § 36-401.
- 21. "National Training Program" means a health education and skills management curriculum approved by Indian Health Services for individuals wishing to obtain a CHR certification to provide community health services in a tribal and Native community.
- 22. "Observation" means to witness:
  - a. The provision of community health services to a client, or
  - b. A demonstration of how to provide community health services to a client.
- 23. "Organization" means a person specified in A.R.S. § 1-215, and includes a tribal government.
- 24. "Overall time-frame" has the same meaning as in A.R.S. § 41-1072.
- 25. "Person" means the same as in A.R.S. § 1-215 and includes a governmental agency.
- 26. "Physical health services" means information and care provided by licensed health professionals consistent with practices specified in A.R.S. § 32-3201.
- 27. "Service provider" means a person, who engages in practice of health professionals specified in A.R.S. § 32-320, and behavioral health professionals specified in A.R.S. § 32-3251(8) who provide services to clients according to a contract or service agreement.
- 28. "Supervision" means training and monitoring provided by a certified CHW trainer specified in A.R.S. § 36-765.02(A)(5) to prepare individuals wishing to obtain a CHW certification.
- 29. "Training and instruction" means educational activities that develop and improve an individual's professional competence in areas related to the practice as a certified CHW specified in A.R.S. § 36-765 and specific to the delivery of services identified in CHW's scope of practice and core competencies specified in this Article.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
2552 (September 30, 2022), effective November 7, 2022  
(Supp. 22-3).

**R9-16-802. Community Health Workers Eligibility and Scope of Practice**

- A.** An individual may provide community health services in Arizona without obtaining certification as a certified CHW specified in this Article.
- B.** An individual is eligible to practice as a certified CHW, if the individual:
  - 1. Is 18 years of age or older;
  - 2. Has at least a high school diploma or high school equivalency diploma;
  - 3. Has documentation of:
    - a. Nine hundred and sixty hours of paid or volunteer experience providing CHR or CHW services in the core competencies specified in this Article and completed during the previous three-year time-period:
      - i. In a licensed health care facility;
      - ii. In the service of a licensed health care provider specified in A.R.S. § 32-3201(2), including licensed behavioral health care providers specified in A.R.S. § 32-3251(8); or
      - iii. In the service of a contractor providing CHR or CHW services under A.R.S. Title 36, Chapter 29, Article 1 specified in A.R.S. § 36-765.02(C);
    - b. Completing a CHW certificate program, including core competencies, provided by an accredited college, and 480 hours of paid or volunteer CHR or CHW experience completed during the previous three years;
    - c. Completing a CHW training program provided by an organization or certified CHW trainer, including core competencies and 480 hours of paid or volunteer CHR or CHW experience completed during the previous three years; or
    - d. Completing a CHR National Training Program for:
      - i. Basic training certification and 480 hours of paid or volunteer CHR or CHW experience completed during the previous three years; or

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- ii. Advanced training certification and 380 hours of paid or volunteer CHR or CHW experience completed during the previous three years; and
  - 4. Completes an initial CHW application.
  - C. A certified CHW's scope of practice includes:
    - 1. Providing cultural mediation among individuals, communities, and health and social systems;
    - 2. Providing culturally appropriate health education and information;
    - 3. Providing care coordination, case coordination and system navigation;
    - 4. Providing coaching and social support;
    - 5. Advocating for individuals and communities;
    - 6. Building individual and community capacity;
    - 7. Providing direct services;
    - 8. Implementing individual and community assessments;
    - 9. Conducting outreach; and
    - 10. Participating in evaluation and research.
  - D. In addition to core competencies specified in R9-16-801(16), a CHW's roles and activities may include:
    - 1. Diabetes education;
    - 2. Disease intervention;
    - 3. Nutrition, specifically food preparation and purchasing;
    - 4. Parenting education;
    - 5. Community wellness partner;
    - 6. Connect clients to health education and community resources;
    - 7. Blood pressure education;
    - 8. Delivery of medical supplies and equipment to assist client's needs;
    - 9. Outreach to clients who are out of care;
    - 10. Hearing and vision screenings; and
    - 11. Other similar health and social services provided on behalf of a health and behavioral health service providers.
  - E. A certified CHW shall not provide physical health services or behavioral health services to a client.
- Historical Note**
- New Section made by final rulemaking on 28 A.A.R. 2552 (September 30, 2022), effective November 7, 2022 (Supp. 22-3).
- R9-16-803. Community Health Workers Trainer Qualifications**
- A. A certified CHW, who wishes to provide training and supervision to individuals who wish to obtain a CHW certification, shall:
    - 1. Be 21 years of age or older;
    - 2. Have at least:
      - a. A high school diploma or high school equivalency diploma and 250 hours providing training and instruction related to practices specified in R9-16-802(C) and (D) to individuals who wish to obtain a CHW certification;
      - b. A diploma in public health or other medical disciplines, including behavioral health, from an accredited college or university for which the individual received a degree, and 150 hours of providing training and instruction related to practices specified in R9-16-802(C) and (D) to individuals who wish to obtain a CHW certification; or
      - c. A diploma in public health or other medical disciplines, including behavioral health, from an accredited college or university for which the individual received a degree and provided training and instruction related to practices specified in R9-16-802(C) and (D) to individuals who wish to obtain a CHW certification including:
        - i. An associate's degree and 200 hours providing training and instruction;
        - ii. A bachelor's degree and 150 hours providing training and instruction;
        - iii. A master's degree and 100 hours providing training and instruction; or
        - iv. A doctorate's degree and 50 hours providing training and instruction;
  - 3. Maintain documentation that demonstrates completion of the requirements in subsection (A)(2); and
  - 4. Provide copy of documentation specified in subsection (A)(3) to individuals who wish to obtain a CHW certification for individuals to provide to the Department when completing an initial CHW application.
- B. A certified CHW trainer who provides training and supervision to an individual seeking certification as a certified CHW shall:**
- 1. Establish a record for each individual who receives training and supervision that includes:
    - a. The individual's name, home address, telephone number, and e-mail address;
    - b. A plan indicating the types of skills and number of hours allocated to the development of each skill that is expected to be completed;
    - c. A document listing each occurrence of training and supervision provided to an individual that includes:
      - i. Business name and address where training or supervision occurred,
      - ii. The date and time when a training or supervision started and ended,
      - iii. The types of knowledge and skills provided, and
      - iv. Notation explaining the individual's progress;
    - d. Documentation of evaluations provided to the individual during the time training or supervision was provided; and
    - e. Documentation of when training and supervision was terminated.
  - 2. Maintain an individual's CHW records for at least two years after the last date the individual received training and supervision from the certified CHW trainer.
  - 3. Provide individuals, who have completed training and supervision, a certificate that specifies:
    - a. The individual's first and last name;
    - b. The title of the training;
    - c. A description of the knowledge or types of skills provided;
    - d. The core competencies covered;
    - e. The number of classroom training hours attended;
    - f. The number of supervision hours provided, if applicable;
    - g. The individual's training score, whether pass or not pass;
    - h. The date the training was held or completed;
    - i. The name of the organization providing training and location; and
    - j. The CHW trainer's written name, signature, and date signed.



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**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
2552 (September 30, 2022), effective November 7, 2022  
(Supp. 22-3).

**R9-16-804. Initial Community Health Workers Application**

**A.** An applicant for a CHW certification shall submit to the Department:

1. An application provided in a Department-provided format that contains:
  - a. The applicant's name, home address, telephone number, and e-mail address;
  - b. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;
  - c. Whether the applicant has completed high school or a high school equivalency program;
  - d. Whether the applicant is or has been certified as a CHW in another state or country;
  - e. Whether the applicant has ever been convicted of a felony or a misdemeanor involving moral turpitude in this or another state;
  - f. If the applicant has been convicted of a felony or a misdemeanor involving moral turpitude:
    - i. The date of the conviction,
    - ii. The state or jurisdiction of the conviction,
    - iii. An explanation of the crime of which the applicant was convicted, and
    - iv. The disposition of the case;
  - g. Whether the applicant has had a certification or license revoked or suspended by any state within the previous two years;
  - h. Whether the applicant is currently ineligible for certification or licensure in any state because of a revocation or suspension;
  - i. Whether any disciplinary action has been imposed by any state, territory or district in this country for an act related to the applicant's practice as a CHW;
  - j. Whether the applicant agrees to allow the Department to submit supplemental requests for information under A.R.S. § 41-1075;
  - k. An attestation that the information submitted is true and accurate; and
  - l. The applicant's signature and date of signature;
2. If applicable, a list of all states and countries in which the applicant is or has been certified or licensed as a CHW;
3. Documentation of an applicant's conviction of a felony or a misdemeanor involving moral turpitude in this or another state that includes:
  - a. The date of the conviction,
  - b. The state or jurisdiction of the conviction,
  - c. A description of the crime of which the applicant was convicted, and
  - d. The disposition of the case;
4. If a certificate or license for the applicant has been revoked or suspended by any state within the previous two years, documentation that includes:
  - a. The date of the revocation or suspension,
  - b. The state or jurisdiction of the revocation or suspension, and
  - c. An explanation of the revocation or suspension;
5. If the applicant is currently ineligible for certificate or license in any state because of a revocation or suspension, documentation that includes:
  - a. The date of the ineligibility for certification or license,
  - b. The state or jurisdiction of the ineligibility for certification or license, and
  - c. An explanation of the ineligibility for certification or license;
6. If the applicant has been disciplined by any state, territory, or district of this country for an act related to the applicant's practice as a CHW, documentation that includes:
  - a. The date of the disciplinary action,
  - b. The state or jurisdiction of the disciplinary action,
  - c. An explanation of the disciplinary action, and
  - d. Any other applicable documents, including a legal order or settlement agreement;
7. Documentation of the applicant's citizenship or alien status that complies with A.R.S. § 41-1080;
8. As applicable, documentation that demonstrates:
  - a. Nine hundred and sixty hour of paid or volunteer CHW experience in core competencies specified in R9-16-802(B)(3)(a):
    - i. The applicant's name;
    - ii. As applicable, the name of each health care facility, licensed health care provider, or contractor for whom core competencies were completed;
    - iii. Name of the applicant's supervisor and supervisor's title;
    - iv. The types of core competencies completed for each health care facility, licensed health care provider, or contractor listed in subsection (A)(8)(a)(ii);
    - v. The dates or range of dates when the core competencies in subsection (A)(8)(a)(iv) were completed;
    - vi. The number of hours completed for the core competencies listed in subsection (A)(8)(a)(v); and
    - vii. The supervisor's signature and date of signature;
  - b. Completion of a CHW certificate program provided by an accredited college and 480 hours of paid or volunteer CHW experience specified in R9-16-802(B)(3)(b);
  - c. Completion of a CHW training program provided by an organization or certified CHW trainer and 480 hours of paid or volunteer CHW experience specified in R9-16-802(B)(3)(c), including:
    - i. The applicant's name;
    - ii. The name of the CHW training program attended;
    - iii. The name of the organization providing the CHW training program;
    - iv. The types of core competencies completed;
    - v. The dates or range of dates when the core competencies in subsection (A)(8)(c)(iii) were completed;
    - vi. The number of hours completed for each core competency completed in subsection (A)(8)(c)(iv); and
    - vii. The signature of the individual overseeing the instruction of the CHW training program and the date of signature;

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- d. Completion of a CHR National Training Program specific in R9-16-802(B)(3)(d):
    - i. Basic training certification and 480 hours of paid or volunteer CHR or CHW experience; or
    - ii. Advanced training certification and 380 hours of paid or volunteer CHR or CHW experience; and
  - e. Completion of high school or high school equivalency or higher degree; and
  - 9. A fee specified in R9-16-810.
  - B.** In lieu of the documentation required in (A)(8), an applicant may submit documentation to the Department that includes:
    - 1. The name of each state that issued the applicant a current certification, including:
      - a. The certification number of each current certification, and
      - b. The date each current certification was issued;
    - 2. Documentation of the professional certificate or license issued to the applicant by each state in which the applicant holds a professional certificate or license;
    - 3. A statement, signed and dated by the applicant, attesting that the applicant:
      - a. Has been certified or licensed in another state for at least one year, with a scope of practice consistent with the scope of practice for which certification is being requested;
      - b. Has met minimum education requirements specified in this Article;
      - c. Has not voluntarily surrendered a certification or license in any other state or country while under investigation for unprofessional conduct; and
      - d. Does not have a complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct.
  - C.** The Department shall review the application and required documentation for certification as a CHW according to R9-16-808 and Table 8.1.
- Historical Note**  
New Section made by final rulemaking at 28 A.A.R. 2552 (September 30, 2022), effective November 7, 2022 (Supp. 22-3).
- R9-16-805. Certification Renewal**
- A.** From the date of issuance, a CHW certification is valid for two years.
  - B.** At least 30 calendar days before the expiration date of a certification, an applicant shall submit to the Department:
    - 1. A renewal application in a Department-provided format that contains:
      - a. The applicant's name, home address, telephone number, and e-mail address;
      - b. The applicant's certification number and date of expiration;
      - c. Since the previous certification application, whether the applicant has been convicted of a felony or a misdemeanor involving moral turpitude in this or another state;
      - d. If the applicant was convicted of a felony or a misdemeanor involving moral turpitude:
        - i. The date of the conviction,
        - ii. The state or jurisdiction of the conviction,
        - iii. An explanation of the crime of which the applicant was convicted, and
    - iv. The disposition of the case;
    - e. Whether the applicant has had, within two years before the renewal application date, a certificate suspended or revoked by any state;
    - f. An attestation that:
      - i. The applicant has completed 24 hours of continuing education required in R9-16-806 and documentation of the completed continuing education is available upon the Department's request;
      - ii. The applicant authorizes the Department to verify all information provided in the renewal application packet;
      - iii. The information submitted as part of the renewal application packet is true and accurate; and
      - iv. The applicant's signature and date of signature.
  - 2. A fee specified in R9-16-810.
- C.** Documentation of an applicant's conviction of a felony or a misdemeanor involving moral turpitude in this or another state that includes the information specified in subsection (A)(1)(d) issued by the prosecuting state or jurisdiction.
- D.** An applicant who does not submit the documentation and the fee in subsection (B) shall apply for a new certificate in R9-16-804.
- E.** The Department shall review the application and required documentation for renewal certification as a CHW according to R9-16-808 and Table 8.1.
- Historical Note**  
New Section made by final rulemaking at 28 A.A.R. 2552 (September 30, 2022), effective November 7, 2022 (Supp. 22-3).
- R9-16-806. Continuing Education**
- A.** A certified CHW shall complete 24 hours of continuing education hours within the two years prior to renewing certification specified in A.R.S. § 36-765.02.
  - B.** Continuing education shall:
    - 1. Directly relate to CHW core competencies including services, skills, and knowledge that:
      - a. Facilitates access to quality of care delivery and health outcomes for clients receiving services; and
      - b. Expands health and wellness in diverse communities to reduce health disparities;
    - 2. Have educational objectives that exceed an introductory level of knowledge related to health and community services; and
    - 3. Consist of courses related to core competencies, such as:
      - a. Health and social service systems;
      - b. Disease prevention to help manage health conditions;
      - c. Health promotion education;
      - d. Health literacy and cross-cultural communication;
      - e. Referrals and providing follow-up;
      - f. Individual support and coaching;
      - g. Outreach methods and strategies;
      - h. Client and community assessment;
      - i. Health education for behavior change;
      - j. Provide direct services;
      - k. Home visits to provide education, assessment, and social support; and
      - l. Support, advocacy, and health system navigation for clients.

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- C.** A continuing education course developed, endorsed, or sponsored by one of the following that meets the requirements in subsection (B):
1. National Community Health Worker Training Center;
  2. Arizona Community Health Workers Association;
  3. Centers for Disease Control and Prevention: Training and Continuing Education;
  4. Arizona Alliance for Community Health Centers;
  5. National Commission for Health Education Credentialing;
  6. American Diabetes Association;
  7. Western Region Public Health Training Center;
  8. Indian Health Service; and
  9. Other certified CHW training programs approved by the Department.
- B.** For a certificate or approval issued by the Department under this Article, Table 8.1 specifies the administrative completeness review time-frame.
1. The administrative completeness review time-frame begins the date the Department receives an application required in this Article.
  2. Except as provided in subsection (B)(3), the Department shall provide a written notice of administrative completeness or a notice of deficiencies to an applicant within the administrative completeness review time-frame.
    - a. If a certificate application is not complete, the notice of deficiencies listing each deficiency and the information or documentation needed to complete the application.
    - b. A notice of deficiencies suspends the administrative completeness review time-frame and the overall time-frame from the date of the notice until the date the Department receives the missing information or documentation.
    - c. If the applicant does not submit to the Department all the information or documentation listed in the notice of deficiencies within 30 calendar days after the date of the notice of deficiencies, the Department shall consider the application withdrawn.
  3. If the Department issues a certificate during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 2552 (September 30, 2022), effective November 7, 2022 (Supp. 22-3).

**R9-16-807. Enforcement**

- A.** The Department may deny, suspend, or revoke a certificate holder's certification, permanently or for a fixed period of time specified in A.R.S. § 36-765.03 and this Article.
- B.** In determining which disciplinary action specified in subsection (A) is appropriate, the Department shall consider:
1. The type of violation,
  2. The severity of the violation,
  3. The danger to the public health and safety,
  4. The number of violations,
  5. The number of clients affected by the violations,
  6. The degree of harm to the consumer,
  7. A pattern of noncompliance, and
  8. Any mitigating or aggravating circumstances.
- C.** A certificate holder may appeal an enforcement action taken by the Department according to A.R.S. Title 41, Chapter 6, Article 10.
- D.** If a certified CHW is employed by a tribe and appears to have violated this Article according to A.R.S. § 36-765.03(D), the tribal government having jurisdiction and following Tribal ordinances and policies shall:
1. Review and determine whether the certified CHW has violated this Article; and
  2. Provide the Department with a written determination whether denied, suspended, or revoked, including specific penalties from disciplinary actions taken by the tribal government.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 2552 (September 30, 2022), effective November 7, 2022 (Supp. 22-3).

**R9-16-808. Time-frames**

- A.** For a certificate or approval issued by the Department under this Article, Table 8.1 specifies the overall time-frame.
1. An applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame.
  2. The extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.
- D.** An applicant who is denied a certification may appeal the denial according to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 2552 (September 30, 2022), effective November 7, 2022 (Supp. 22-3).

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**Table 8.1. Time-frames (in calendar days)**

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Review Time-frame	Time to Respond to Deficiency Notice	Substantive Review Time-frame
Initial Application	A.R.S. § 36-765.01	60	30	30	30
Certification Renewal	A.R.S. § 36-765.01	60	30	30	30

**Historical Note**

Table 8.1, Time-Frames (in calendar days) made by final rulemaking at 28 A.A.R. 2552 (September 30, 2022), effective November 7, 2022 (Supp. 22-3).

**R9-16-809. Changes Affecting a Certificate; Request for a Duplicate Certificate**

- A.** A certified CHW shall submit to the Department a notice in a Department-provided format within 30 calendar days after the effective date of a change in:
1. The certified CHW's home address, telephone number, or e-mail address, including the new home address, telephone number, or e-mail address; and
  2. The certified CHW's name, including a copy of one of the following with the certified CHW's new name:
    - a. Marriage certificate,
    - b. Divorce decree, or
    - c. Other legal document establishing the certified CHW's new name.
- B.** A certificate holder may obtain a duplicate certificate by submitting to the Department a written request for a duplicate certificate in a Department-provided format that includes:
1. The certified CHW's name and address,
  2. The certified CHW's certification number and expiration date,
  3. The certified CHW's signature and date of signature, and
  4. A duplicate certificate fee specified in R9-16-810.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 2552 (September 30, 2022), effective November 7, 2022 (Supp. 22-3).

**R9-16-810. Fees**

- A.** An applicant shall submit to the Department for a CHW certification, a \$100 nonrefundable initial application fee.
- B.** An applicant shall submit to the Department for a CHW certification, a \$200 initial certification fee.
- C.** A certified CHW shall submit to the Department for a renewal certification, a \$200 nonrefundable renewal fee.
- D.** The fee for a duplicate certificate is \$25.
- E.** An applicant for initial certification is not required to submit the applicable fee in subsections (A) and (B) if the applicant, as part of the applicable application in R9-16-804, submits an attestation that the applicant meets the criteria for waiver of licensing fees in A.R.S. § 41-1080.01.
- F.** Subject to the availability of Department funding, an applicant may receive a discounted fee for an initial application, initial certification, or renewal certification.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 2552 (September 30, 2022), effective November 7, 2022 (Supp. 22-3).

**ARTICLE 9. DOULA CERTIFICATION****R9-16-901. Definitions**

In addition to the definitions in A.R.S. § 36-766, the following definitions apply in this Article unless otherwise specified:

1. "Applicant" means an individual who submits an application and required documentation for approval to practice as a certified doula.
2. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run and including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
3. "Certification" means an approval granted to individuals who meet the qualifications, including education and training requirements, in this Article for certified doulas.
4. "Certified doula" means the same as "state-certified doula" in A.R.S. § 36-766.
5. "Client" means an individual receiving doula services provided by a certified doula.
6. "Code of ethics agreement" means the document submitted to the Department by an applicant that agrees to the general ethics and compliance of the standards of practice, and doula scope of practice of a certified doula.
7. "Continuing education" means a course that provides training and instruction that is designed to develop or improve a certified doula's professional competence in areas directly related to the practice of a doula.
8. "Core competencies" means a curriculum that provides knowledge to develop core skills and assume job responsibilities, including:
  - a. Entrepreneurship,
  - b. Standards of practice and ethics,
  - c. The childbirth processes,
  - d. Parental engagement,
  - e. Postpartum care,
  - f. Grief,
  - g. Trauma-informed care,
  - h. Cultural doula practices,
  - i. Anatomy and physiology, and
  - j. HIPAA.
9. "Course" means a workshop, seminar, lecture, conference, or class.
10. "Department" means the same as in A.R.S. § 36-101.
11. "Doula scope of practice" includes:
  - a. Providing care coordination, coaching, and social support;
  - b. Providing emotional support of the individuals parenting choices;
  - c. Providing encouragement and positive affirmations;
  - d. Advocating for parents;
  - e. Assessing the needs of the family;
  - f. Providing newborn care hands-on education and care including:
    - i. Normal newborn behavior,
    - ii. Newborn appearance,
    - iii. Sleep habits,
    - iv. Feeding,

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- v. Bathing, and
- vi. Dressing the baby;
- g. Infant feeding support;
- h. Cord and circumcision care;
- i. Establishing a routine;
- j. Organizing the nursery and home; and
- k. Sibling education and transition.
- 12. "Documentation" means information in written, photographic, electronic or other permanent form.
- 13. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, according to U.S. Public Law 104-191.
- 14. "Licensed midwife" has the same meaning as "midwife" in A.R.S. § 36-751 and is licensed by the Department to provide midwifery services.
- 15. "Medical provider" means an individual licensed in the state of Arizona as a:
  - a. "Physician" as defined in A.R.S. §§ 32-1401, 32-1501, or 32-1800;
  - b. "Certified nurse midwife" as defined in A.R.S. § 32-1601; or
  - c. "Clinical nurse specialist" as defined in A.R.S. § 32-1601.
- 16. "Observing" means to witness:
  - a. The provision of doula services to a client, or
  - b. A demonstration of how to provide doula services to a client.
- 17. "Organization" means a person specified in A.R.S. § 1-215, and includes a tribal government.
- 18. "Physical health services" means information and care provided by licensed health professionals consistent with practices specified in A.R.S. § 32-3201.
- 19. "Postpartum" means the six-week period following delivery of a newborn and placenta.
- 20. "Training and instruction" means educational activities that develop and improve an individual's professional competence in areas related to the practice as a certified doula specified in A.R.S. § 36-766.03 and specific to the delivery of services identified in the doula scope of practice and core competencies specified in this Article.

**Historical Note**

New Section made by exempt rulemaking at 29 A.A.R. 803 (March 31, 2023), effective August 1, 2023 (Supp. 23-1). Amended by final rulemaking at 31 A.A.R. 1647 (May 23, 2025), with a delayed effective date of August 2, 2025 (Supp. 25-2).

**R9-16-902. Doula Eligibility and Doula Scope of Practice**

- A. An individual may provide doula services in Arizona without obtaining certification as a certified doula specified in this Article.
- B. An individual is eligible to apply for certification as a certified doula, if the individual:
  - 1. Is 18 years of age or older;
  - 2. Has at least a high school diploma or high school equivalency diploma;
  - 3. Has training or education covering at least one of the following:
    - a. Completion of at least 30 hours of in-person instruction or a combination of in-person and online instruction in core competency specified in this Article; or
    - b. Community training in non-western doula practices, as determined by the Department, documentation

confirming that core competencies have been met through culturally specific training or education subject to Department review; or

- c. Other related individualized or experiential training or education that is subject to review by the Director;
- 4. Has written documentation of:
  - a. Observing at least one birth after completing the training or education specified in subsection (B)(3), signed and dated by the medical provider or licensed midwife who assisted the laboring mother;
  - b. Attending a minimum of three births while serving as the primary doula, including evaluations from the laboring mother and from the medical provider or licensed midwife who assisted the laboring mother;
  - c. Completing first aid and adult basic cardiopulmonary resuscitation through a course recognized by the American Heart Association;
  - d. A code of ethics agreement as prescribed by the Department, and
  - e. A valid fingerprint clearance card issued according to A.R.S. Title 41, Chapter 12, Article 3.1;
- 5. Meets the requirements of core competencies as specified in R9-16-901(8) and certified doula scope of practice as specified in R9-16-901(11); and
- 6. Submits an initial doula application in a Department-provided format to the Department.
- C. Proof that an individual has current certification from a nationally recognized doula organization may substitute for requirements in subsection (B)(3).
- D. An individual who does not meet the requirements in subsections (B)(3) and (4)(a) and (b), but who has been practicing as a doula in this state for at least five years before September 29, 2021, may be eligible to be a certified doula if the individual has:
  - 1. Proof of current certification from a nationally recognized doula organization; and
  - 2. Three letters of recommendation from medical providers or licensed midwives who have worked with the individual within the preceding two years and can attest to the individual's competency in providing doula services.
- E. A certified doula shall not provide physical health services or behavioral health services, as defined in A.R.S. § 36-401 to a client.

**Historical Note**

New Section made by exempt rulemaking at 29 A.A.R. 803 (March 31, 2023), effective August 1, 2023 (Supp. 23-1). Amended by final expedited rulemaking at 29 A.A.R. 3431 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final rulemaking at 31 A.A.R. 1647 (May 23, 2025), with a delayed effective date of August 2, 2025 (Supp. 25-2).

**R9-16-903. Certification Initial Application**

- A. An applicant for a doula certification shall submit to the Department:
  - 1. An application in a Department-provided format that contains:
    - a. The applicant's name, date of birth, home address, telephone number, and email address;
    - b. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;

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- c. Whether the applicant has completed high school or a high school equivalency program;
  - d. Whether the applicant is or has been certified as a doula in another state or country;
  - e. Whether the applicant has had a certification or license revoked or suspended by any state within the previous two years;
  - f. Whether the applicant is currently ineligible for certification or licensure in any state because of a revocation or suspension;
  - g. Whether any disciplinary action has been imposed by any state, territory or district in this country for an act related to the applicant's practice as a doula;
  - h. Whether the applicant agrees to allow the Department to submit supplemental requests for information under A.R.S. § 41-1075;
  - i. An attestation that the information submitted is true and accurate; and
  - j. The applicant's signature and date of signature;
  2. If applicable, a list of all states and countries in which the applicant is or has been certified as a doula;
  3. If a certificate or license for the applicant has been revoked or suspended by any state within the previous two years, documentation that includes:
    - a. The date of the revocation or suspension,
    - b. The state or jurisdiction of the revocation or suspension, and
    - c. An explanation of the revocation or suspension;
  4. If the applicant is currently ineligible for any occupational certificate or license in any state because of a revocation or suspension, documentation that includes:
    - a. The date of the ineligibility for certification or license,
    - b. The state or jurisdiction of the ineligibility for certification or license, and
    - c. An explanation of the ineligibility for certification or license;
  5. If the applicant has been disciplined by any state, territory, or district of this country for an act related to the applicant's practice as a doula, documentation that includes:
    - a. The date of the disciplinary action,
    - b. The state or jurisdiction of the disciplinary action,
    - c. An explanation of the disciplinary action, and
    - d. Any other applicable documents, including a legal order or settlement agreement;
  6. Documentation of the applicant's citizenship or alien status that complies with A.R.S. § 41-1080;
  7. As applicable, documentation that demonstrates compliance with:
    - a. R9-16-902(B)(3) and (4),
    - b. R9-16-902(C), or
    - c. R9-16-902(D); and
  8. A fee specified in R9-16-909(A) and (B).
- B.** In lieu of the documentation required in R9-16-902(B)(3), and (4)(a) and (b), an applicant may submit documentation to the Department that includes:
1. The name of each state that issued the applicant a current certification, including:
    - a. The certification number of each current certification, and
    - b. The date each current certification was issued;
  2. Documentation of the professional certificate or license issued to the applicant by each state in which the applicant holds a professional certificate or license;
  3. A statement, signed and dated by the applicant, attesting that the applicant:
    - a. Has been certified or licensed in another state for at least one year, with a scope of practice consistent of a certified doula;
    - b. Has met minimum education requirements specified in this Article;
    - c. Has not voluntarily surrendered a certification or license in any other state or country while under investigation for unprofessional conduct; and
    - d. Does not have a complaint, allegation, or investigation pending before another regulatory entity in another state or country related to unprofessional conduct.
- C.** The Department shall review the application and required documentation for certification as a certified doula according to R9-16-907 and Table 9.1.

**Historical Note**

New Section made by exempt rulemaking at 29 A.A.R. 803 (March 31, 2023), effective August 1, 2023 (Supp. 23-1). Amended by final expedited rulemaking at 29 A.A.R. 3431 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). The Department has amended this Section by final rulemaking at 31 A.A.R. 1647 (May 23, 2025), with a delayed effective date of August 2, 2025, to re-establish the fees previously made by exempt rulemaking. Refer to A.R.S. § 41-1008(E) (Supp. 25-2).

**R9-16-904. Certification Renewal**

- A.** From the date of issuance, a doula certification is valid for three years.
- B.** At least 30 calendar days and not more than 90 calendar days before the expiration date of a certification, an applicant for renewal of certification shall submit to the Department:
1. The following information in a Department-provided format:
    - a. The applicant's name, home address, telephone number, and email address;
    - b. The applicant's certification number and date of expiration;
    - c. Whether the applicant has had, within three years before the renewal application date, a certificate suspended or revoked by any state;
    - d. An attestation that:
      - i. The applicant has completed at least 15 hours of continuing education, as required in R9-16-905; and
      - ii. The documentation of the completed continuing education is available upon the Department's request;
    - e. Whether the applicant agrees to allow the Department to submit supplemental request for information under R9-16-907(C);
    - f. An attestation that the information submitted as part of the renewal application packet is true and accurate; and
    - g. The applicant's signature and date of signature;
  2. If the applicant has had a certificate suspended or revoked, as specified according to subsection (B)(1)(c), documentation that includes:

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- a. The date of the revocation or suspension,
- b. The state or jurisdiction of the revocation or suspension, and
- c. An explanation of the revocation or suspension; and
- 3. A fee specified in R9-16-909(C).
- C. An applicant who does not submit the documentation and the fee according to subsection (B) shall apply for a new certificate according to R9-16-903.
- D. The Department shall review the application and required documentation for renewal certification as a doula according to R9-16-907 and Table 9.1.

**Historical Note**

New Section made by exempt rulemaking at 29 A.A.R. 803 (March 31, 2023), effective August 1, 2023 (Supp. 23-1). Amended by final expedited rulemaking at 29 A.A.R. 3431 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). The Department has amended this Section by final rulemaking at 31 A.A.R. 1647 (May 23, 2025), with a delayed effective date of August 2, 2025, to re-establish the fees previously made by exempt rulemaking. Refer to A.R.S. § 41-1008(E) (Supp. 25-2).

**R9-16-905. Continuing Education**

- A. A certified doula shall complete 15 hours of continuing education hours within the three years prior to renewing certification specified in A.R.S. § 36-766.01.
- B. Continuing education shall:
  - 1. Directly relate to doula core competencies as specified in R9-16-901(9) including services, skills, and knowledge that:
    - a. Facilitates access to quality of care delivery and health outcomes for clients receiving services; and
    - b. Expands health and wellness in diverse communities to reduce health disparities;
  - 2. Have educational objectives that exceed an introductory level of knowledge related to doula core competencies and scope of practices; and
  - 3. Consist of courses related to core competencies, such as:
    - a. Health and social service systems, including disease prevention to help manage health conditions;
    - b. Health promotion education;
      - i. Health literacy and cross-cultural communication;
      - ii. Referrals and providing follow-up;
      - iii. Individual support and coaching; and
      - iv. Outreach methods and strategies;
    - c. Client and community assessment;
    - d. Health education for behavior change;
    - e. Provide direct services;
    - f. Home visits to provide education, assessment, and social support; and
    - g. Support, advocacy, and health system navigation for clients.
- C. A continuing education course developed, endorsed, or sponsored by the Department according to A.R.S. § 36-766.09(B) is available at [www.azdhs.gov](http://www.azdhs.gov).

**Historical Note**

New Section made by exempt rulemaking at 29 A.A.R. 803 (March 31, 2023), effective August 1, 2023 (Supp. 23-1).

**R9-16-906. Enforcement**

- A. The Department may deny, suspend, or revoke a certificate holder's certification, permanently or for a fixed period of time specified in A.R.S. § 36-766.04 and this Article.
- B. In determining which disciplinary action specified in subsection (A) is appropriate, the Department shall consider:
  - 1. The type of violation,
  - 2. The severity of the violation,
  - 3. The danger to public health and safety,
  - 4. The number of violations,
  - 5. The number of clients affected by the violations,
  - 6. The degree of harm to the individual,
  - 7. A pattern of noncompliance, and
  - 8. Any mitigating or aggravating circumstances.
- C. A certificate holder may appeal an enforcement action taken by the Department according to A.R.S. Title 41, Chapter 6, Article 10.
- D. The Department may deny, suspend, or revoke a doula certification as described in A.R.S. § 36-766.04(C).

**Historical Note**

New Section made by exempt rulemaking at 29 A.A.R. 803 (March 31, 2023), effective August 1, 2023 (Supp. 23-1). Amended by final rulemaking at 31 A.A.R. 1647 (May 23, 2025), with a delayed effective date of August 2, 2025 (Supp. 25-2).

**R9-16-907. Time-frames**

- A. For a certificate or approval issued by the Department under this Article, Table 9.1 specifies the overall time-frame described in A.R.S. § 41-1072(2).
  - 1. An applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame.
  - 2. The extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.
- B. For a certificate or approval issued by the Department under this Article, Table 9.1 specifies the administrative completeness review time-frame described in A.R.S. § 41-1072(1).
  - 1. The administrative completeness review time-frame begins the date the Department receives an application required in this Article.
  - 2. Except as provided in subsection (B)(3), the Department shall provide a written notice of administrative completeness or a notice of deficiencies to an applicant within the administrative completeness review time-frame.
    - a. If an application is not complete, the notice of deficiencies listing each deficiency and the information or documentation needed to complete the application.
    - b. A notice of deficiencies suspends the administrative completeness review time-frame and the overall time-frame from the date of the notice until the date the Department receives the missing information or documentation.
    - c. If the applicant does not submit to the Department all the information or documentation listed in the notice of deficiencies within 30 calendar days after the date of the notice of deficiencies, the Department shall consider the application withdrawn.
  - 3. If the Department issues a certificate during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.

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- C. For a certificate or approval issued by the Department under this Article, Table 9.1 specifies the substantive review time-frame described in A.R.S. § 41-1072(3), which begins on the date the Department sends a written notice of administrative completeness.
1. Within the substantive review time-frame, the Department shall provide a written notice to the applicant that the Department approved or denied the application.
  2. During the substantive review time-frame:
    - a. The Department may make one comprehensive written request for additional information or documentation; and
    - b. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation.
  3. A comprehensive written request or a supplemental request for additional information or documentation suspends the substantive review time-frame and the overall time-frame from the date of the request until the date the Department receives all the information or documentation requested.
  4. If the applicant does not submit to the Department all the information or documentation listed in a comprehensive written request or supplemental request for additional information or documentation within 30 calendar days after the date of the request, the Department shall deny the certificate or approval.
  - D. An applicant who is denied certification may appeal the denial according to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by exempt rulemaking at 29 A.A.R. 803 (March 31, 2023), effective August 1, 2023 (Supp. 23-1). Amended by final rulemaking at 31 A.A.R. 1647 (May 23, 2025), with a delayed effective date of August 2, 2025 (Supp. 25-2).

**Table 9.1. Time-frames (in calendar days)**

Type of Application	Statutory Authority	Overall Time-frame	Administrative Completeness Review Time-frame	Time to Respond to Deficiency Notice	Substantive Review Time-frame	Time to Respond to a Comprehensive Written Request
Initial Application (R9-16-903)	A.R.S. § 36-766.02	60	30	30	30	30
Certification Renewal (R9-16-904)	A.R.S. § 36-766.02	60	30	30	30	30
Change application (R9-16-908)	A.R.S. §§ 36-766.01 and 36-766.02	60	30	30	30	30

**Historical Note**

New Table 9.1, Time-Frames (in calendar days) made by exempt rulemaking at 29 A.A.R. 803 (March 31, 2023), effective August 1, 2023 (Supp. 23-1). Amended by final rulemaking at 31 A.A.R. 1647 (May 23, 2025), with a delayed effective date of August 2, 2025 (Supp. 25-2).

**R9-16-908. Changes Affecting a Certificate or Certificate Holder**

- A. A certified doula shall submit a change application to the Department in a Department-provided format within 30 calendar days after the effective date of a change in:
1. The certified doula's home address, telephone number, or email address, including the new home address, telephone number, or email address; and
  2. The certified doula's name, including a copy of one of the following with the certified doula's new name:
    - a. Marriage certificate,
    - b. Divorce decree, or
    - c. Other legal documents establishing the certified doula's new name.
- B. A certificate holder notifying the Department of a name change shall request a revised certificate issued with the certificate holder's new name by submitting to the Department an application for a revised certificate in a Department-provided format that includes:
1. The certified doula's name and address,
  2. The certified doula's certification number and expiration date,
  3. The certified doula's new name,
  4. The certified doula's signature and date of signature, and
  5. A revised certificate fee specified in R9-16-909.

**Historical Note**

New Section made by exempt rulemaking at 29 A.A.R. 803 (March 31, 2023), effective August 1, 2023 (Supp. 23-1).

23-1). The Department has amended this Section by final rulemaking at 31 A.A.R. 1647 (May 23, 2025), with a delayed effective date of August 2, 2025, to re-establish the fees previously made by exempt rulemaking. Refer to A.R.S. § 41-1008(E) (Supp. 25-2).

**R9-16-909. Fees**

- A. An applicant shall submit to the Department for a doula certification, a \$100 nonrefundable initial application fee.
- B. An applicant shall submit to the Department for a doula certification, a \$200 initial certification fee.
- C. A certified doula shall submit to the Department for a renewal certification, a \$200 nonrefundable renewal fee.
- D. The fee for a duplicate certificate is \$25.
- E. An applicant for initial certification is not required to submit the applicable fee in subsections (A) and (B) if the applicant, as part of the applicable application in R9-16-903, submits an attestation that the applicant meets the criteria for waiver of licensing fees in A.R.S. § 41-1080.01.
- F. Subject to the availability of Department funding, an applicant may receive a discounted fee for an initial application, initial certification, or renewal certification.

**Historical Note**

New Section made by exempt rulemaking at 29 A.A.R. 803 (March 31, 2023), effective August 1, 2023 (Supp. 23-1). The Department has made this Section by final rulemaking at 31 A.A.R. 1647 (May 23, 2025), with a delayed effective date of August 2, 2025, to re-establish the fees previously made by exempt rulemaking which



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expire on August 1, 2025. Refer to A.R.S. § 41-1008(E) (Supp. 25-2).

**ARTICLE 10. OUT-OF-STATE TELEHEALTH PROVIDERS****R9-16-1001. Definitions**

In addition to the definitions in A.R.S. § 36-3601, the following definitions apply in this Article unless otherwise stated:

1. "Applicant" means an individual who is licensed in another state and seeking the Department's approval of registration as a registered health care provider.
  2. "Client" means an individual who is examined or treated by a registered health care provider.
  3. "Department" means the same as in A.R.S. § 36-101.
  4. "Health care decision maker" means an individual designated to make a medical decision on behalf of a client receiving telehealth services.
  5. "Health care services" means assessment, diagnosis, consultation, or treatment, consistent with A.R.S. Title 32, Chapter 28; A.R.S. Title 36, Chapter 6, Article 7; or A.R.S. Title 36, Chapter 17, provided to a client.
  6. "Informed consent" means documented verbal, electronic, or written permission, given by a client or the client's health care decision maker, for the client to receive health care services from a registered health care provider according to A.R.S. Title 36, Chapter 36, and this Article.
  7. "License" means a valid and current agency permit, certificate, approval, registration, or similar form of permission required by law that is issued by a state authorizing an individual to provide health care services consistent with:
    - a. A.R.S. Title 32, Chapter 28, for radiologic technology;
    - b. A.R.S. Title 36, Chapter 6, for licensed midwifery; or
    - c. A.R.S. Title 36, Chapter 17, for audiologists, hearing aid dispensers, speech-language pathologists, and speech-language pathologist assistants.
  8. "Registered health care provider" means an individual who:
    - a. Resides and holds a current and valid license in another state, and
    - b. Has been approved by the Department to provide telehealth services in Arizona.
  9. "Telehealth services" means health care services provided through telehealth.
    - ii. The license number, and
    - iii. The license date of expiration;
  - e. The name of the applicant's professional liability insurance company, including whether the insurance policy covers claims occurring in Arizona;
  - f. The name, address, telephone number, email address, and, if applicable, business name of the applicant's statutory agent in Arizona;
  - g. Whether the applicant has ever been convicted of a felony or a misdemeanor in this or another state or jurisdiction and, if so:
    - i. The date of the conviction,
    - ii. The state or jurisdiction of the conviction,
    - iii. An explanation of the crime of which the applicant was convicted, and
    - iv. The disposition of the case;
  - h. Whether the applicant has had a license revoked or suspended;
  - i. Whether the applicant has had a disciplinary action taken against the applicant's license by any state or jurisdiction and, if so:
    - i. The date of the disciplinary action,
    - ii. The state or jurisdiction of the disciplinary action, and
    - iii. An explanation of the disciplinary action;
  - j. Whether the applicant is currently ineligible for licensure in any state because of a revocation or suspension and, if so, documentation that includes:
    - i. The date of ineligibility for licensure,
    - ii. The state or jurisdiction of the ineligibility for licensure, and
    - iii. An explanation of the ineligibility for licensure;
  - k. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-1006;
  - l. An attestation that the applicant authorizes the Department to verify all information provided in the application;
  - m. An attestation that the applicant agrees to comply with the requirements in this Article and A.R.S. § 36-3606;
  - n. An attestation that the information submitted as part of the application is true and accurate; and
  - o. The applicant's signature and date of signature;
2. A copy of the license for each jurisdiction where the applicant holds or held a license;
3. A copy of the applicant's professional liability insurance policy, including:
  - a. The name of the insurance provider,
  - b. Policy number,
  - c. Coverage for telehealth services, and
  - d. Policy limits and amounts;
4. Documentation that complies with A.R.S. § 41-1080;
5. If applicable, documentation about each conviction of a felony or misdemeanor supporting the information specified in subsection (A)(1)(g);
6. If applicable, documentation about each disciplinary action specified in subsection (A)(1)(i), including any legal order or settlement agreement related to the action taken;
7. If applicable, documentation about each revocation or suspension specified in subsection (A)(1)(j), including any legal order or settlement agreement; and
8. A nonrefundable fee of \$100.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 695 (April 5, 2024), effective May 13, 2024 (Supp. 24-1).

**R9-16-1002. Initial Application**

- A. An applicant for initial registration to provide telehealth services in Arizona shall submit to the Department an application that contains:
  1. The following information in a Department-provided format:
    - a. The applicant's name, home address, telephone number, and email address;
    - b. The applicant's Social Security number, as required under A.R.S. §§ 25-320 and 25-502;
    - c. The type of telehealth registration the applicant is requesting;
    - d. Information about the license held by the applicant, including the:
      - i. State or jurisdiction that issued the license,

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- B. The Department shall review the application and required documentation for initial registration as a registered health care provider according to R9-16-1006 and Table 10.1.
- C. The Department shall approve or deny an application for registration according to R9-16-1002.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 695 (April 5, 2024), effective May 13, 2024 (Supp. 24-1).

**R9-16-1003. Renewal**

- A. At least 30 calendar days before the expiration date of a registered health care provider's registration, the registered health care provider shall submit to the Department:
  1. The following information in a Department-provided format:
    - a. The registered health care provider's name, home address, telephone number, and email address;
    - b. The registered health care provider's registration number and date of expiration;
    - c. The name of the registered health care provider's professional liability insurance company, including whether the insurance policy covers claims occurring in Arizona;
    - d. The name, address, telephone number, email address, and if applicable, a business name of the registered health care provider's statutory agent in Arizona;
    - e. Since the previous registration application, whether the applicant has:
      - i. Been convicted of a felony or a misdemeanor in this or another state;
      - ii. Had a license revoked or suspended in this or another state, or
      - iii. Had a disciplinary action taken against the applicant's license by any state or jurisdiction;
    - f. Whether the licensee is currently ineligible for licensure in any state because of a prior license revocation or suspension;
    - g. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-16-1006;
    - h. An attestation that the applicant authorizes the Department to verify all information provided in the application;
    - i. An attestation that the applicant agrees to comply with the requirements in this Article and A.R.S. § 36-3606;
    - j. An attestation that the information submitted as part of the application is true and accurate; and
    - k. The applicant's signature and date of signature;
  2. A report on the telehealth services provided by the registered health care provider in Arizona during the preceding year, including:
    - a. The beginning and ending dates for the report;
    - b. The number of clients the registered health care provider served in Arizona, and
    - c. The total number and type of encounters provided;
  3. A copy of the applicant's professional liability insurance policy; and
  4. If applicable, documentation about each conviction, revocation or suspension, or disciplinary action, or ineligible license taken specified in subsection (A)(1)(e).
- B. A registered health care provider who does not submit the application in subsection (A) by the expiration date of the reg-

istration certificate shall apply for a new registration according to R9-16-1003.

- C. The Department shall review the application and required documentation for renewal registration as a registered health care provider according to R9-16-1006 and Table 10.1.
- D. The Department shall approve or deny an application for registration according to R9-16-1003.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 695 (April 5, 2024), effective May 13, 2024 (Supp. 24-1).

**R9-16-1004. Time-frames**

- A. For a registration or approval issued by the Department under this Article, Table 10.1 specifies the overall time-frame.
  1. An applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame.
  2. The extension of the substantive review time-frame and the overall time-frame may not exceed 25% of the overall time-frame.
- B. For a registration or approval issued by the Department under this Article, Table 10.1 specifies the administrative completeness review time-frame.
  1. The administrative completeness review time-frame begins the date the Department receives an application required in this Article.
  2. Except as provided in subsection (B)(3), the Department shall provide a written notice of administrative completeness or a notice of deficiencies to an applicant within the administrative completeness review time-frame.
    - a. If an application is not complete, the notice of deficiencies listing each deficiency and the information or documentation needed to complete the application.
    - b. A notice of deficiencies suspends the administrative completeness review time-frame and the overall time-frame from the date of the notice until the date the Department receives the missing information or documentation.
    - c. If the applicant does not submit to the Department all the information or documentation listed in the notice of deficiencies within 30 calendar days after the date of the notice of deficiencies, the Department shall consider the application withdrawn.
  3. If the Department issues a registration during the administrative completeness review time-frame, the Department shall not issue a separate written notice of administrative completeness.
- C. For a registration or approval issued by the Department under this Article, Table 10.1 specifies the substantive review time-frame, which begins on the date the Department sends a written notice of administrative completeness.
  1. Within the substantive review time-frame, the Department shall provide a written notice to the applicant that the Department approved or denied the application.
  2. During the substantive review time-frame:
    - a. The Department may make one comprehensive written request for additional information or documentation; and
    - b. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation.
  3. A comprehensive written request or a supplemental request for additional information or documentation sus-

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pends the substantive review time-frame and the overall time-frame from the date of the request until the date the Department receives all the information or documentation requested.

4. If the applicant does not submit to the Department all the information or documentation listed in a comprehensive written request or supplemental request for additional information or documentation within 30 calendar days after the date of the request, the Department shall deny the registration or approval.

D. The Department shall issue a registration:

**Table 10.1 Time-frames (in calendar days)**

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Review	Time to Respond to Deficiency Notice	Substantive Review
Initial Application	A.R.S. § 36-3606	60	30	30	30
Registration Renewal	A.R.S. § 36-3606	60	30	30	30

**Historical Note**

New Table 10.1 made by final rulemaking at 30 A.A.R. 695 (April 5, 2024), effective May 13, 2024 (Supp. 24-1).

**R9-16-1005. Changes Affecting a Registration**

Within 30 calendar days after the effective date of a change, a registered health care provider shall submit to the Department:

1. The following information:
  - a. The registered health care provider's name, address, telephone number, and email address; and
  - b. The new name, address, telephone number, or email address, if applicable;
2. If the registered health care provider's name has changed, a copy of one of the following with the registered health care provider's new name:
  - a. Marriage certificate,
  - b. Divorce decree, or
  - c. Other legal document establishing the registered health care provider's new name.
3. If the registered health care provider's professional liability insurance policy has changed, a copy of the registered health care provider's new professional liability insurance policy; and
4. If the statutory agent has changed, the name, address, telephone number, e-mail address, and, if applicable, business name of the statutory agent.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 695 (April 5, 2024), effective May 13, 2024 (Supp. 24-1).

**R9-16-1006. Providing Health Care Services Through Telehealth**

A. Except as provided in A.R.S. § 36-3606(E), an individual wishing to provide health care services through telehealth under A.R.S. Title 36, Chapter 36, and this Article shall:

1. Hold a current and valid license to practice in another state that is substantially similar to a license issued in Arizona for a minimum of one year; and
2. Be registered according to A.R.S. Title 36, Chapter 36, Article 1 and this Article prior to providing telehealth services.

B. A registered health care provider shall:

1. Comply with the laws and rules of this state, including the requirements for medical records as defined in A.R.S. §§ 12-2291 and 32-3211;
2. Notify the Department within five days after any restriction placed on a registered health care provider's license

1. According to Table 10.1, after receiving the registration fee, and
2. From the effective date, the registration is valid for one year.

E. An applicant who is denied a registration may appeal the denial according to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 695 (April 5, 2024), effective May 13, 2024 (Supp. 24-1).

or any disciplinary action initiated or imposed by any jurisdiction or state;

3. Ensure the registered health care provider's professional liability insurance policy includes coverage for telehealth services provided to clients in Arizona;
4. Maintain a statutory agent for service of process in this state;
5. Consent to the Department's jurisdiction for any disciplinary action or legal proceeding related to the registered health care provider's acts or omission under A.R.S. Title 36, Chapter 36, Article 1, and this Article;
6. Obtain a client's informed consent prior to:
  - a. Providing a telehealth service, or
  - b. Dissemination of images or information identifiable to a client for research or educational purposes; and
7. Submit an annual report, in a Department provided-format, that includes:
  - a. The number of clients served in Arizona, and
  - b. The number and type of encounters that occurred during the report year.

C. A registered health care provider is subject to state laws and rules governing scope of practice and practice guidelines established in Arizona and in the state of licensure.

D. A registered health care provider may not open an office in Arizona or provide in-person health care services to a client in Arizona without first obtaining an Arizona license applicable to the registered health care provider.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 695 (April 5, 2024), effective May 13, 2024 (Supp. 24-1).

**R9-16-1007. Enforcement**

A. The Department may deny, suspend, or revoke a registered health care provider's registration.

B. In determining which disciplinary action specified in subsection (A) is appropriate, the Department shall consider:

1. The type of violation,
2. The severity of the violation,
3. The danger to the public health and safety,
4. The number of violations,
5. The number of clients affected by the violations,
6. The degree of harm to the clients,
7. A pattern of noncompliance as specified in A.R.S. § 36-3606(C), and

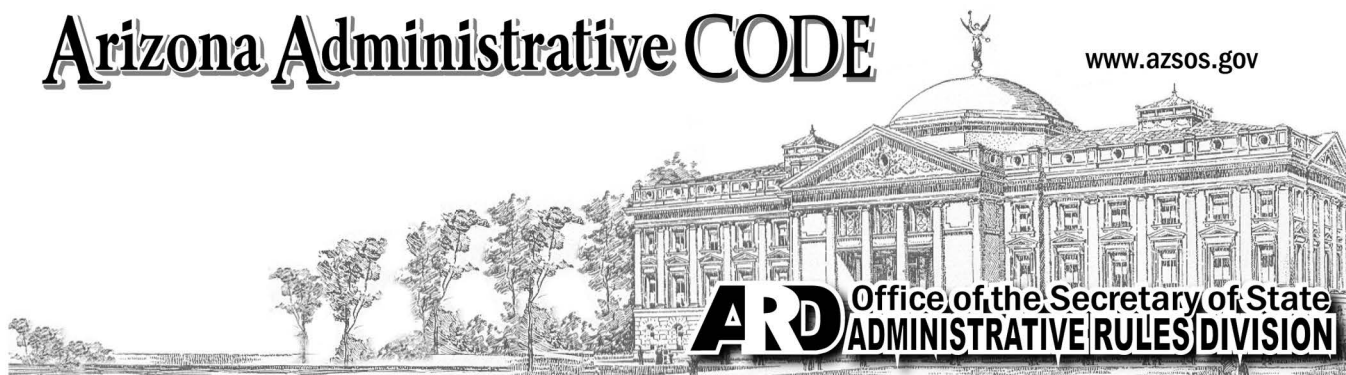
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## CHAPTER 16. DEPARTMENT OF HEALTH SERVICES - OCCUPATIONAL LICENSING

8. Any mitigating or aggravating circumstances.
- C. Disciplinary action taken by the Department according to A.R.S. § 36-3606(C) shall be reported to the:
1. National Practitioner Database Bank, and
  2. Licensing authority in the state and all states where the registered health care provider possesses a professional license.
- D. A registered health care provider may appeal an enforcement action taken by the Department according to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 695 (April 5, 2024), effective May 13, 2024 (Supp. 24-1).



## TITLE 9. HEALTH SERVICES

### CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

#### 9 A.A.C. 22

#### Supplement Information

#### Supp. 25-2

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 24-4, 1-164 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### PERSONAL USE/COMMERCIAL USE

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

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## Administrative Rules Division

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## TITLE 9. HEALTH SERVICES

## CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

Authority: A.R.S. § 36-2901 et seq.

## Supp. 25-2

*Editor's Note: Historical notes for Sections made, repealed or amended in Supp. 14-1 were updated to reflect the effective date as immediate per the original notice filed by the agency. A number of other publication errors have been corrected in Supplement 20-4 that should have been made in Supp. 14-1. These include: adding new Sections R9-22-301 and R9-22-302; correcting a punctuation error in R9-22-1401; repealing Sections R9-22-1407 and R9-22-1443; and the amending of R9-22-1501 (Supp. 20-4).*

*Editor's Note: The Office of the Secretary of State prints all Code Chapters on white paper (Supp 01-3).*

*Editor's Note: This Chapter contains rules which were adopted or amended under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), under Laws 1992, Ch. 301, § 61 and Ch. 302, § 13, and Laws 1993, Ch. 6, § 34. Exemption from A.R.S. Title 41, Chapter 6 means that AHCCCS did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; the Governor's Regulatory Review Council did not review these rules; AHCCCS was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.*

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*Former Article 1, consisting of Section R9-22-101, repealed effective December 8, 1997 (Supp. 97-4).*

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*Article 3, consisting of Sections R9-22-301 through R9-22-319 and R9-22-321 through R9-22-344, repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section R9-22-320 repealed December 13, 1993 (Supp. 93-4).*

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*Article 6, consisting of Sections R9-22-601 through R9-22-605, repealed by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1).*

*Article 6, consisting of Sections R9-22-601 through R9-22-604, adopted effective July 16, 1985.*

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**ARTICLE 8. REPEALED**

*Article 8, consisting of Sections R9-22-801 through R9-22-804 and Exhibit A, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 8 is now in 9 A.A.C. 34 (Supp. 04-1).*

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**ARTICLE 9. REPEALED**

*Article 22, consisting of Sections R9-22-901 through R9-22-909, repealed by final rulemaking at 12 A.A.R. 4484, January 6, 2007 (Supp. 06-4).*

*Article 22, consisting of Sections R9-22-901 through R9-22-908, adopted effective August 29, 1985.*

*Former Article 22, consisting of Section R9-22-901, repealed effective October 1, 1983.*

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*Article 10, consisting of Section R9-22-1001 through R9-22-1002, adopted effective November 7, 1997 (Supp. 97-4).*

*Article 10, consisting of Section R9-22-1001 through R9-22-1002, repealed effective November 7, 1997 (Supp. 97-4).*

*Article 10 consisting of Sections R9-22-1001 and R9-22-1002 adopted effective October 1, 1985.*

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*Article 11 consisting of Sections R9-22-1101 through R9-22-1104 adopted effective October 1, 1986.*

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*Article 12, consisting of Sections R9-22-1201 through R9-22-1208, repealed; new Article 12, consisting of Sections R9-22-1201 through R9-22-1208 adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4).*

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*Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).*

*Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Exemption to promulgate rules repealed under Laws 2012, Chapter 299, Section 7 (Supp. 13-3).*

*Article 13, consisting of Sections R9-22-1301 through R9-22-1309, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 13 is now in 9 A.A.C. 34 (Supp. 04-1).*

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*Article 13, consisting of Sections R9-22-1301 through R9-22-1309, adopted effective September 9, 1998 (Supp. 98-3).*

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#### ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR HOUSEHOLDS

*Article 14, consisting of Sections R9-22-1401 through R9-22-1436, repealed; new Article 14, consisting of Sections R9-22-1401 through R9-22-1433 made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).*

*Article 14, consisting of Sections R9-22-1401 through R9-22-1436, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).*

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

*Article 15, consisting of Sections R9-22-1501 through R9-22-1508, repealed; new Article 15, consisting of Sections R9-22-1501 through R9-22-1505 made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).*

*Article 15, consisting of Sections R9-22-1501 through R9-22-1508, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).*

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*Article 16, consisting of Section R9-22-1601 made by final rulemaking at 20 A.A.R. 3436, effective January 1, 2015 (Supp. 14-4).*

*Article 16, consisting of Sections R9-22-1601 through R9-22-1612, R9-22-1614 through R9-22-1616, and R9-22-1618 through R9-22-1619, expired at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).*

*Article 16, consisting of Sections R9-22-1601 through R9-22-1636, repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).*

*Article 16, consisting of Sections R9-22-1601 through R9-22-1613, R9-22-1615 through R9-22-1620, R9-22-1622 through R9-22-1631, R9-22-1633, R9-22-1634, and R9-22-1636, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).*

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*Article 18, consisting of Sections R9-22-1801 through R9-22-1806, emergency renewed at 30 A.A.R. 69 (January 12, 2024) with an immediate effective date of December 21, 2023 (Supp. 23-4).*

*Article 18, consisting of Sections R9-22-1801 through R9-22-1806, made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023 (Supp. 23-3).*

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## ARTICLE 1. DEFINITIONS

**R9-22-101. Location of Definitions**

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

Definition	Section or Citation
"Accommodation"	R9-22-701
"Active treatment"	R9-22-1301
"ADHS"	R9-22-101
"Administration"	A.R.S. § 36-2901
"Adult behavioral health therapeutic home"	9 A.A.C. 10, Article 1
"Adverse action"	R9-22-101
"Affiliated corporate organization"	R9-22-101
"Aged"	42 U.S.C. 1382c(a)(1)(A) and R9-22-1501
"Agency"	R9-22-1201
"Aggregate"	R9-22-701
"AHCCCS"	R9-22-101
"AHCCCS inpatient hospital day or days of care"	R9-22-701
"AHCCCS registered provider"	R9-22-101
"Ambulance"	A.R.S. § 36-2201
"Ancillary service"	R9-22-101
"Anticipatory guidance"	R9-22-201
"Annual enrollment choice"	R9-22-1701
"APC"	R9-22-701
"Applicant"	R9-22-101 or R9-22-301
"Application"	R9-22-101
"Assessment"	R9-22-1101 or R9-22-1201
"Assignment"	R9-22-101
"Attending physician"	R9-22-101 or R9-22-202
"Authorized representative"	R9-22-101
"Authorization"	R9-22-202
"Auto-assignment algorithm"	R9-22-1701
"AZ-NBCCEDP"	R9-22-2001
"Behavior management services"	R9-22-1201
"Behavioral health therapeutic home care services"	R9-22-1201
"Behavioral health paraprofessional"	R9-22-101
"Behavioral health professional"	R9-22-101
"Behavioral health recipient"	R9-22-201
"Behavioral health services"	R9-22-1201
"Behavioral health technician"	R9-22-1201
"Benefit year"	R9-22-201
"BHS"	R9-22-301
"Billed charges"	R9-22-701
"Blind"	R9-22-1501
"Burial plot"	R9-22-1401
"Business agent"	R9-22-701
"Calculated inpatient costs"	R9-22-712.07
"Capital costs"	R9-22-701
"Capped fee-for-service"	R9-22-101
"Caretaker relative"	R9-22-1401
"Case management"	R9-22-1201
"Case record"	R9-22-101
"Cash assistance"	R9-22-1401
"Certified psychiatric nurse practitioner"	R9-22-1201
"Charge master"	R9-22-712
"Child"	R9-22-1503
"Children's Rehabilitative Services" or "CRS"	R9-22-101 or R9-22-301
"Chronic"	R9-22-1301
"Claim"	R9-22-1101
"Claims paid amount"	R9-22-712.07
"Clean claim"	A.R.S. § 36-2904
"Clinical oversight"	9 A.A.C. 10
"CMDP"	R9-22-1701
"CMS"	R9-22-101
"Continuous stay"	R9-22-101
"Contract"	R9-22-101
"Contract year"	R9-22-101
"Contractor"	A.R.S. § 36-2901 or R9-22-210.01

"Copayment"	R9-22-701
"Cost avoid"	R9-22-1201
"Cost-To-Charge Ratio" or "CCR"	R9-22-701 or R9-22-712
"Court-ordered evaluation"	R9-22-1201
"Court-ordered pre-petition screening"	R9-22-1201
"Court-ordered treatment"	R9-22-1201
"Covered charges"	R9-22-701
"Covered services"	R9-22-101
"CPT"	R9-22-701
"Creditable coverage"	R9-22-2003 and 42 U.S.C. 300gg(c)
"Crisis services"	R9-22-1201
"Critical Access Hospital"	R9-22-701
"CRS application"	R9-22-1301
"CRS condition"	R9-22-1301
"CRS provider"	R9-22-1301
"Cryotherapy"	R9-22-2001
"Customized DME"	R9-22-212
"Day"	R9-22-101 and R9-22-1101
"Date of the Notice of Adverse Action"	R9-22-1441
"DBHS"	R9-22-101
"DCSS"	R9-22-301
"Department"	A.R.S. § 36-2901
"Dependent child"	A.R.S. § 46-101 or R9-22-1401
"DES"	R9-22-101
"Diagnostic services"	R9-22-101
"Direct graduate medical education costs" or "direct program costs"	R9-22-701
"Direct supervision"	R9-22-1201
"Director"	R9-22-101
"Disabled"	R9-22-1501
"Discussion"	R9-22-101
"Disenrollment"	R9-22-1701
"DME"	R9-22-101
"DRI inflation factor"	R9-22-701
"E.P.S.D.T. services"	42 CFR 440.40(b)
"Eligibility posting"	R9-22-701
"Eligible person"	A.R.S. § 36-2901
"Emergency behavioral health condition for a non-FES member"	R9-22-201
"Emergency behavioral health services for a non-FES member"	R9-22-201
"Emergency medical condition for a non-FES member"	R9-22-201
"Emergency medical services for a non-FES member"	R9-22-201
"Emergency medical services provider"	R9-22-1201
"Emergency medical or behavioral health condition for a FES member"	R9-22-217
"Emergency services costs"	A.R.S. § 36-2903.07
"Emergency services for a FES member"	R9-22-217
"Encounter"	R9-22-701
"Enrollment"	R9-22-1701
"Equity"	R9-22-101
"Experimental services"	R9-22-203
"Existing outpatient service"	R9-22-701
"Expansion funds"	R9-22-701
"FAA"	R9-22-301
"Facility"	R9-22-101
"Factor"	R9-22-701 and 42 CFR 447.10
"FBR"	R9-22-101
"Federal financial participation" or "FFP"	42 CFR 400.203
"Federal poverty level" or "FPL"	A.R.S. § 36-2981
"Fee-For-Service" or "FFS"	R9-22-101
"FES member"	R9-22-101
"FESP"	R9-22-101
"First-party liability"	R9-22-1001
"File"	R9-22-1101
"Fiscal agent"	R9-22-210
"Fiscal intermediary"	R9-22-701
"Foster care maintenance payment"	42 U.S.C. 675(4)(A)
"FQHC"	R9-22-101

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"Freestanding Children's Hospital"	R9-22-701	"Ownership change"	R9-22-701
"Functionally limiting"	R9-22-1301	"Ownership interest"	42 CFR 455.101
"Fund"	R9-22-712.07	"Partial Care"	R9-22-1201
"Graduate medical education (GME) program"	R9-22-701	"Participating institution"	R9-22-701
"GME program approved by the Administration"	R9-22-701	"Peer group"	R9-22-701
or "approved GME program"	R9-22-701	"Peer-reviewed study"	R9-22-2001
"Grievance"	A.A.C. Chapter 34	"Penalty"	R9-22-1101
"GSA"	R9-22-101	"Person"	R9-22-1101
"HCAC"	R9-22-701	"Pharmaceutical service"	R9-22-201
"HCPCS"	R9-22-701	"Physical therapy"	R9-22-201
"Health care institution"	A.R.S. § 36-401	"Physician"	R9-22-101
"Health care practitioner"	R9-22-1201	"Physician assistant"	R9-22-1201
"Hearing aid"	R9-22-201	"Post-stabilization services"	R9-22-201 or 42 CFR 422.113
"HIPAA"	R9-22-701	"PPS bed"	R9-22-701
"Home health services"	R9-22-201	"Practitioner"	R9-22-101
"Hospital"	R9-22-101	"Pre-enrollment process"	R9-22-301
"ICU"	R9-22-701	"Prescription"	R9-22-101
"IHS"	R9-22-101	"Primary care provider" or "PCP"	R9-22-101
"IHS enrolled" or "enrolled with IHS"	R9-22-708	"Primary care provider services"	R9-22-201
"IMD" or "Institution for Mental Diseases"	42 CFR 435.1010 and R9-22-101	"Prior authorization"	R9-22-101
"Income"	R9-22-301	"Prior period coverage" or "PPC"	R9-22-101
"Indirect program costs"	R9-22-701	"Procedure code"	R9-22-701
"Individual"	R9-22-211	"Procurement file"	R9-22-601
"In-kind income"	R9-22-1420	"Proposal"	R9-22-101
"Inmate of a public institution"	42 CFR 435.1010	"Prospective rates"	R9-22-701
"Inpatient covered charges"	R9-22-712.07	"Psychiatrist"	R9-22-1201
"Intermediate Care Facility for the Mentally Retarded" or "ICF-MR"	42 U.S.C. 1396d(d)	"Psychologist"	R9-22-1201
"Intern and Resident Information System"	R9-22-701	"Psychosocial rehabilitation services"	R9-22-201
"LEEP"	R9-22-2001	"Public hospital"	R9-22-701
"Legal representative"	R9-22-101	"Qualified alien"	A.R.S. § 36-2903.03
"Level I trauma center"	R9-22-2101	"Qualified behavioral health service provider"	R9-22-1201
"License" or "licensure"	R9-22-101	"Quality management"	R9-22-501
"Licensee"	R9-22-1201	"Radiology"	R9-22-101
"MAGI-based income"	R9-22-1401	"RBHA" or "Regional Behavioral Health Authority"	R9-22-201
"Mailing date"	R9-22-101	"Reason to know" or "had reason to know"	R9-22-1101
"Medical education costs"	R9-22-701	"Rebase"	R9-22-701
"Medical expense deduction" or "MED"	R9-22-1401	"Redetermination"	R9-22-1301
"Medical practitioner"	R9-22-1201	"Referral"	R9-22-101
"Medical record"	R9-22-101	"Rehabilitation services"	R9-22-101
"Medical review"	R9-22-701	"Reinsurance"	R9-22-701
"Medical services"	A.R.S. § 36-401	"Remittance advice"	R9-22-701
"Medical supplies"	R9-22-101	"Resident"	R9-22-701
"Medical support"	R9-22-301	"Residual functional deficit"	R9-22-201
"Medically eligible"	R9-22-1301	"Resources"	R9-22-301
"Medically necessary"	R9-22-101	"Respiratory therapy"	R9-22-201
"Medicare claim"	R9-22-101	"Respite"	R9-22-1201
"Medicare Urban or Rural Cost-to-Charge Ratio (CCR)"	R9-22-701	"Responsible offeror"	R9-22-101
"Member"	A.R.S. § 36-2901 or R9-22-301	"Responsive offeror"	R9-22-101
"Mental disorder"	A.R.S. § 36-501	"Revenue Code"	R9-22-701
"Milliman study"	R9-22-712.07	"Review"	R9-22-101
"Monthly equivalent"	R9-22-1401	"Review month"	R9-22-101
"Monthly income"	R9-22-1401	"RFP"	R9-22-101
"National Standard code sets"	R9-22-701	"Rural Contractor"	R9-22-718
"New hospital"	R9-22-701	"Rural Hospital"	R9-22-718 and R9-22-712.07
"NICU"	R9-22-701	"Scope of services"	R9-22-201
"Noncontracted Hospital"	R9-22-718	"Section 1115 Waiver"	A.R.S. § 36-2901
"Noncontracting provider"	A.R.S. § 36-2901	"Service location"	R9-22-101
"Non-FES member"	R9-22-101	"Service site"	R9-22-101
"Non-IHS Acute Hospital"	R9-22-701	"SOBRA"	R9-22-101
"Nursing facility" or "NF"	42 U.S.C. 1396r(a)	"Specialist"	R9-22-101
"Observation day"	R9-22-701	"Specialty facility"	R9-22-701
"Occupational therapy"	R9-22-201	"Speech therapy"	R9-22-201
"Offeror"	R9-22-101	"Spendthrift restriction"	R9-22-1401
"Operating costs"	R9-22-701	"Sponsor"	R9-22-301
"OPPC"	R9-22-701	"Sponsor deemed income"	R9-22-301
"Organized health care delivery system"	R9-22-701	"Sponsoring institution"	R9-22-701
"Outlier"	R9-22-701	"Spouse"	R9-22-101
"Outpatient hospital service"	R9-22-701	"SSA"	42 CFR 1000.10
		"SSI"	42 CFR 435.4
		"SSN"	R9-22-101

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"Stabilize"	42 U.S.C. 1395dd
"Standard of care"	R9-22-101
"Sterilization"	R9-22-201
"Subcontract"	R9-22-101
"Submitted"	A.R.S. § 36-2904
"Substance abuse"	R9-22-201
"SVES"	R9-22-301
"Tax dependent"	42 CFR 435.4
"Taxi"	A.R.S. § 28-101(53)
"Taxpayer"	R9-22-1401
"Third-party"	R9-22-1001
"Third-party liability"	R9-22-1001
"Tier"	R9-22-701
"Tiered per diem"	R9-22-701
"Title IV-D"	R9-22-1401
"Title IV-E"	R9-22-1401
"Total Inpatient payments"	R9-22-712.07
"Trauma and Emergency Services Fund"	A.R.S. § 36-2903.07
"TRBHA" or "Tribal Regional Behavioral Health Authority"	R9-22-1201
"Treatment"	R9-22-2004
"Tribal Facility"	A.R.S. § 36-2981
"Unrecovered trauma center readiness costs"	R9-22-2101
"Urban Contractor"	R9-22-718
"Urban Hospital"	R9-22-718
"USCIS"	R9-22-301
"Utilization management"	R9-22-501
"WWHP"	R9-22-2001

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

"ADHS" means the Arizona Department of Health Services.

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

"Affiliated corporate organization" means any organization that has ownership or control interests as defined in 42 CFR 455.101, and includes a parent and subsidiary corporation.

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

"AHCCCS registered provider" means a provider or non-contracting provider who:

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

Meets license or certification requirements to provide covered services.

"Ancillary service" means all hospital services for patient care other than room and board and nursing services, including but not limited to, laboratory, radiology, drugs, delivery room (including maternity labor room), operating room (including postanesthesia and postoperative recovery rooms), and therapy services (physical, speech, and occupational).

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

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

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

"Attending physician" means a licensed allopathic or osteopathic doctor of medicine who has primary responsibility for providing or directing preventive and treatment services for a Fee-For-Service member.

"Authorized representative" means a person who is authorized to apply for medical assistance or act on behalf of another person.

"Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

If the behavioral health services were provided in a setting other than a licensed health care institution,

If the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33,

If the behavioral health services were provided in a setting other than a licensed health care institution; and

Are provided under supervision by a behavioral health professional R9-10-101.

"Behavioral Health Professional" has the same meaning as defined A.A.C. R9-10-101 excluding subsection (g).

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

"Case record" means an individual or family file retained by the Department that contains all pertinent eligibility information, including electronically stored data.

"Children's Rehabilitative Services" or "CRS" means the program that provides covered medical services and covered support services in accordance with A.R.S. § 36-261.

"CMS" means the Centers for Medicare and Medicaid Services.

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

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

"Contract year" means the period beginning on October 1 of a year and continuing until September 30 of the following year.

"Covered services" means the health and medical services described in Articles 2 and 12 of this Chapter as being eligible for reimbursement by AHCCCS.



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“Day” means a calendar day unless otherwise specified.

“DBHS” means the Division of Behavioral Health Services within the Arizona Department of Health Services.

“DES” means the Department of Economic Security.

“Diagnostic services” means services provided for the purpose of determining the nature and cause of a condition, illness, or injury.

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

“Discussion” means an oral or written exchange of information or any form of negotiation.

“DME” means durable medical equipment, which is an item or appliance that can withstand repeated use, is designed to serve a medical purpose, and is not generally useful to a person in the absence of a medical condition, illness, or injury.

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

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

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

“Fee-For-Service” or “FFS” means a method of payment by the AHCCCS Administration to a registered provider on an amount-per-service basis for a member not enrolled with a contractor.

“FES member” means a person who is eligible to receive emergency medical and behavioral health services through the FESP under R9-22-217.

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

“FQHC” means federally qualified health center.

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

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

“IHS” means Indian Health Service.

“IMD” or “Institution for Mental Diseases” means an Institution for Mental Diseases as described in 42 CFR 435.1010 that is licensed by ADHS.

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

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

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

Shown on the postmark;

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

Entered as the date on the document, if there is no legible postmark or postage meter mark.

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

“Medical supplies” means consumable items that are designed specifically to meet a medical purpose.

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

“Medicare claim” means a claim for Medicare-covered services for a member with Medicare coverage.

“Non-FES member” means an eligible person who is entitled to full AHCCCS services.

“Offeror” means an individual or entity that submits a proposal to the Administration in response to an RFP.

“Physician” means a person licensed as an allopathic or osteopathic physician under A.R.S. Title 32, Chapter 13 or Chapter 17.

“Practitioner” means a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a registered nurse practitioner certified under A.R.S. Title 32, Chapter 15.

“Prescription” means an order to provide covered services that is signed or transmitted by a provider authorized to prescribe the services.

“Primary care provider” or “PCP” means an individual who meets the requirements of A.R.S. § 36-2901 (14), and who is responsible for the management of a member’s health care.

“Prior authorization” means the process by which the Administration or contractor, whichever is applicable, authorizes, in advance, the delivery of covered services based on factors including but not limited to medical necessity, cost effectiveness, compliance with this Article and any applicable contract provisions. Prior authorization is not a guarantee of payment.

“Prior period coverage” means the period prior to the member’s enrollment during which a member is eligible for covered services. PPC begins on the first day of the month of application or the first eligible month, which-

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ever is later, and continues until the day the member is enrolled with a contractor.

“Proposal” means all documents, including best and final offers, submitted by an offeror in response to an RFP by the Administration.

“Radiology” means professional and technical services rendered to provide medical imaging, radiation oncology, and radioisotope services.

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

“Rehabilitation services” means physical, occupational, and speech therapies, and items to assist in improving or restoring a person’s functional level.

“Responsible offeror” means an individual or entity that has the capability to perform the requirements of a contract and that ensures good faith performance.

“Responsive offeror” means an individual or entity that submits a proposal that conforms in all material respects to an RFP.

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

“Review month” means the month in which the individual’s or family’s circumstances and case record are reviewed.

“RFP” means Request for Proposals, including all documents, whether attached or incorporated by reference, that are used by the Administration for soliciting a proposal under 9 A.A.C. 22, Article 6.

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

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

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

“Specialist” means a Board-eligible or certified physician who declares himself or herself as a specialist and practices a specific medical specialty. For the purposes of this definition, Board-eligible means a physician who meets all the requirements for certification but has not tested for or has not been issued certification.

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

“SSN” means Social Security number.

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

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

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

A marketing organization, or

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

“Taxi” is as defined in A.R.S. § 28-101(53).

### Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-101 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-101 repealed, former Sections R9-22-102 and R9-22-301 renumbered as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency by adding new paragraphs (24), (46), (84) and (91) and renumbering accordingly effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Amended as an emergency by adding new paragraphs (2) and (15) and renumbering accordingly effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment added paragraphs (2) and (15) and renumbered accordingly effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended paragraphs (10) and (15) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended by deleting paragraphs (39) and (62) and renumbering accordingly effective July 1, 1988 (Supp. 88-3). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 8, 1997 (Supp. 97-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking

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at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4).

Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3830, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 461, effective April 1, 2012 (Supp. 12-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-102. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-102 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1092 (Supp. 82-4). Former Section R9-22-102 renumbered together with former Section R9-22-301 as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). New Section adopted effective December 8, 1997 (Supp. 97-4). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Section repealed by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3).

**R9-22-103. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-104. Reserved****R9-22-105. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final

rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-106. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

**R9-22-107. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

**R9-22-108. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-109. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. effective 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-110. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

**R9-22-111. Reserved****R9-22-112. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Repealed by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1).

**R9-22-113. Reserved****R9-22-114. Repealed****Historical Note**

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New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

**R9-22-115. Repealed****Historical Note**

Final Section adopted at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

**R9-22-116. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-117. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**R9-22-118. Reserved****R9-22-119. Reserved****R9-22-120. Repealed****Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

**ARTICLE 2. SCOPE OF SERVICES****R9-22-201. Scope of Services-related Definitions**

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

“Anticipatory guidance” means a person responsible for a child receives information and guidance of what the person should expect of the child’s development and how to help the child stay healthy.

“Behavioral health recipient” means a Title XIX or Title XXI acute care member who is eligible for, and is receiving, behavioral health services through ADHS/DBHS.

“Benefit year” means a one-year time period of October 1st through September 30th.

“Emergency behavioral health condition for a non-FES member” means a condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health

and medicine could reasonably expect the absence of immediate medical attention to result in:

Placing the health of the person, including mental health, in serious jeopardy;

Serious impairment to bodily functions;

Serious dysfunction of any bodily organ or part; or

Serious physical harm to another person.

“Emergency behavioral health services for a non-FES member” means those behavioral health services provided for the treatment of an emergency behavioral health condition.

“Emergency medical condition for a non-FES member” means treatment for a medical condition, including labor and delivery, which manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

Placing the member’s health in serious jeopardy,

Serious impairment to bodily functions, or

Serious dysfunction of any bodily organ or part.

“Emergency medical services for a non-FES member” means services provided for the treatment of an emergency medical condition.

“Hearing aid” means an instrument or device designed for, or represented by the supplier as aiding or compensating for impaired or defective human hearing, and includes any parts, attachments, or accessories of the instrument or device.

“Home health services” means services and supplies that are provided by a home health agency that coordinates in-home intermittent services for curative, rehabilitative care, including home-health aide services, licensed nurse services, and medical supplies, equipment, and appliances.

“Occupational therapy” means medically prescribed treatment provided by or under the supervision of a licensed occupational therapist, to restore or improve an individual’s ability to perform tasks required for independent functioning.

“Pharmaceutical service” means medically necessary medications that are prescribed by a physician, practitioner, or dentist under R9-22-209.

“Physical therapy” means treatment services to restore or improve muscle tone, joint mobility, or physical function provided by or under the supervision of a registered physical therapist.

“Post-stabilization services” means covered services related to an emergency medical or behavioral health condition provided after the condition is stabilized.

“Primary care provider services” means healthcare services provided by and within the scope of practice, as defined by law, of a licensed physician, certified nurse practitioner, or licensed physician assistant.

“Psychosocial rehabilitation services” means services that provide education, coaching, and training to address or prevent residual functional deficits and may include services that may assist a member to secure and maintain employment. Psychosocial rehabilitation services may include:

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Living skills training,

Cognitive rehabilitation,

Health promotion,

Supported employment, and

Other services that increase social and communication skills to maximize a member's ability to participate in the community and function independently.

"RBHA" or "Regional Behavioral Health Authority" means the same as in A.R.S. § 36-3401.

"Residual functional deficit" means a member's inability to return to a previous level of functioning, usually after experiencing a severe psychotic break or state of decompensation.

"Respiratory therapy" means treatment services to restore, maintain, or improve respiratory functions that are provided by, or under the supervision of, a respiratory therapist licensed according to A.R.S. Title 32, Chapter 35.

"Scope of services" means the covered, limited, and excluded services under Articles 2 and 12 of this Chapter.

"Speech therapy" means medically prescribed diagnostic and treatment services provided by or under the supervision of a certified speech therapist.

"Sterilization" means a medically necessary procedure, not for the purpose of family planning, to render an eligible person or member barren in order to:

Prevent the progression of disease, disability, or adverse health conditions; or

Prolong life and promote physical health.

"Substance abuse" means the chronic, habitual, or compulsive use of any chemical matter that, when introduced into the body, is capable of altering human behavior or mental functioning and, with extended use, may cause psychological dependence and impaired mental, social or educational functioning. Nicotine addiction is not considered substance abuse for adults who are 21 years of age or older

#### Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-201 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3217, effective October 1, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

#### R9-22-202. General Requirements

A. For the purposes of this Article, the following definitions apply:

1. "Authorization" means written, verbal, or electronic authorization by:
  - a. The Administration for services rendered to a fee-for-service member, or
  - b. The contractor for services rendered to a prepaid capitated member.
2. Use of the phrase "attending physician" applies only to the fee-for-service population.

B. In addition to other requirements and limitations specified in this Chapter, the following general requirements apply:

1. Only medically necessary, cost effective, and federally-reimbursable and state-reimbursable services are covered services.
2. Covered services for the federal emergency services program (FESP) are under R9-22-217.
3. The Administration or a contractor may waive the covered services referral requirements of this Article.
4. Except as authorized by the Administration or a contractor, a primary care provider, attending physician, practitioner, or a dentist shall provide or direct the member's covered services. Delegation of the provision of care to a practitioner does not diminish the role or responsibility of the primary care provider.
5. A contractor shall offer a female member direct access to preventive and routine services from gynecology providers within the contractor's network without a referral from a primary care provider.
6. A member may receive physical and behavioral health services as specified in Articles 2 and 12.
7. The Administration or a contractor shall provide services under the Section 1115 Waiver as defined in A.R.S. § 36-2901.
8. An AHCCCS registered provider shall provide covered services within the provider's scope of practice.
9. In addition to the specific exclusions and limitations otherwise specified under this Article, the following are not covered:
  - a. A service that is determined by the AHCCCS Chief Medical Officer to be experimental or provided primarily for the purpose of research;
  - b. Services or items furnished gratuitously, and
  - c. Personal care items except as specified under R9-22-212.
10. Medical or behavioral health services are not covered services if provided to:
  - a. An inmate of a public institution; or
  - b. A person who is in residence at an institution for the treatment of tuberculosis.

C. The Administration or a contractor may deny payment of non-emergency services if prior authorization is not obtained as specified in this Article and Article 7 of this Chapter. The Administration or a contractor shall not provide prior authorization for services unless the provider submits documentation of the medical necessity of the treatment along with the prior authorization request.

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- D. Services under A.R.S. § 36-2908 provided during the prior period coverage do not require prior authorization.
- E. Prior authorization is not required for services necessary to evaluate and stabilize an emergency medical condition. The Administration or a contractor shall not reimburse services that require prior authorization unless the provider documents the diagnosis and treatment.
- F. A service is not a covered service if provided outside the GSA unless one of the following applies:
  - 1. A member is referred by a primary care provider for medical specialty care outside the GSA. If a member is referred outside the GSA to receive an authorized medically necessary service, the contractor shall also provide all other medically necessary covered services for the member;
  - 2. There is a net savings in service delivery costs as a result of going outside the GSA that does not require undue travel time or hardship for a member or the member's family;
  - 3. The contractor authorizes placement in a nursing facility located out of the GSA; or
  - 4. Services are provided during prior period coverage or during the prior quarter coverage.
- G. If a member is traveling or temporarily residing outside of the GSA, covered services are restricted to emergency care services, unless otherwise authorized by the contractor.
- H. A contractor shall provide at a minimum, directly or through subcontracts, the covered services specified in this Chapter and in contract.
- I. The Administration shall determine the circumstances under which a FFS member may receive services, other than emergency services, from service providers outside the member's county of residence or outside the state. Criteria considered by the Administration in making this determination shall include availability and accessibility of appropriate care and cost effectiveness.
- J. The restrictions, limitations, and exclusions in this Article do not apply to a contractor electing to provide noncovered services.
  - 1. The Administration shall not consider the costs of providing a noncovered service to a member in the development or negotiation of a capitation rate.
  - 2. A contractor shall pay for noncovered services from administrative revenue or other contractor funds that are unrelated to the provision of services under this Chapter.
  - 3. If a member requests a service that is not covered or is not authorized by a contractor, or the Administration, an AHCCCS-registered service provider may provide the service according to R9-22-702.
- K. Subject to CMS approval, the restrictions, limitations, and exclusions specified in the following subsections do not apply to American Indians receiving services through IHS or a tribal health program operating under P.L. 93-638 when those services are eligible for 100 percent federal financial participation:
  - 1. R9-22-205(A)(8),
  - 2. R9-22-206,
  - 3. R9-22-207,
  - 4. R9-22-212(C),
  - 5. R9-22-212(D),
  - 6. R9-22-212(E)(8),
  - 7. R9-22-215(C)(5), (C)(6), and
  - 8. R9-22-215(C)(4).

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-202 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993 (Supp. 93-4). Amended effective July 1, 1995, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1994, Ch. 322, § 21; filed with the Office of the Secretary of State June 22, 1995 (Supp. 95-3). Amended effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Section repealed effective September 22, 1997 (Supp. 97-3). New Section made by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 1225, effective July 7, 2015 (Supp. 15-3).

**R9-22-203. Experimental Services**

- A. Experimental services are not covered. A service is not experimental if:
  - 1. It is generally and widely accepted as a standard of care in the practice of medicine in the United States and is a safe and effective treatment for the condition for which it is intended or used.
  - 2. The service does not meet the standard in subsection (A)(1), but the service has been demonstrated to be safe and effective for the condition for which it is intended or used based on the weight of the evidence in peer-reviewed articles in medical journals published in the United States.
  - 3. The service does not meet the standard in subsection (A)(2) because the condition for which the service is intended or used is rare, but the service has been demonstrated to be safe and effective for the condition for which it is intended or used based on the weight of opinions from specialists who provide the service or related services.
- B. The following factors shall be considered when evaluating the weight of peer-reviewed articles or the opinions of specialists:
  - 1. The mortality rate and survival rate of the service as compared to the rates for alternative non-experimental services.
  - 2. The types, severity, and frequency of complications associated with the services as compared with the complications associated with alternative non-experimental services.
  - 3. The frequency with which the service has been performed in the past.
  - 4. Whether there is sufficient historical information regarding the service to provide reliable data regarding risks and benefits.

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5. The reputation and experience of the authors and/or specialists and their record in related areas.
6. The extent to which medical science in the area develops rapidly and the probability that more definite data will be available in the foreseeable future.
7. Whether the peer reviewed article describes a random controlled trial or an anecdotal clinical case study.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-203 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2).

Amended effective April 13, 1990 (Supp. 90-2).

Amended effective September 29, 1992 (Supp. 92-3).

Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed effective September 22, 1997 (Supp. 97-3). New Section made by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Section amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014 (Supp. 14-3).

**R9-22-204. Inpatient General Hospital Services**

- A. The following limitations apply to inpatient general hospital services that are provided by FFS providers.
  1. Providers shall obtain prior authorization from the Administration for the following inpatient hospital services:
    - a. Nonemergency and elective admission, including psychiatric hospitalization;
    - b. Elective surgery; and
    - c. Services or items provided to cosmetically reconstruct or improve personal appearance after an illness or injury.
  2. The Administration or a contractor may deny a claim if a provider fails to obtain prior authorization.
  3. Providers are not required to obtain prior authorization from the Administration for the following inpatient hospital services:
    - a. Voluntary sterilization,
    - b. Dialysis shunt placement,
    - c. Arteriovenous graft placement for dialysis,
    - d. Angioplasties or thrombectomies of dialysis shunts,
    - e. Angioplasties or thrombectomies of arteriovenous graft for dialysis,
    - f. Hospitalization for vaginal delivery that does not exceed 48 hours,
    - g. Hospitalization for cesarean section delivery that does not exceed 96 hours, and
    - h. Other services identified by the Administration through the Provider Participation Agreement.
  4. The Administration may perform concurrent review for hospitalizations of non-FES members to determine whether there is medical necessity for the hospitalization. A provider shall notify the Administration no later than 72 hours after an emergency admission.
- B. Coverage of in-state and out-of-state inpatient hospital services is limited to 25 days per benefit year for members age 21

and older for claims with discharge dates on or before September 30, 2014. The limit applies for all inpatient hospital services with dates of service during the benefit year regardless of whether the member is enrolled in Fee for Service, is enrolled with one or more contractors, or both, during the benefit year.

1. For purposes of calculating the limit:
  - a. Inpatient days are counted towards the limit if paid by the Administration or a contractor;
  - b. Inpatient days will be counted toward the limit in the order of the adjudication date of a paid claim;
  - c. Paid inpatient days are allocated to the benefit year in which the date of service occurs;
  - d. Each 24 hours of paid observation services is counted as one inpatient day if the patient is not admitted to the same hospital directly following the observation services,
  - e. Observation services, which are directly followed by an inpatient admission to the same hospital are not counted towards the inpatient limit; and
  - f. After 25 days of inpatient hospital services have been paid as provided for in this rule Section:
    - i. Outpatient services that are directly followed by an inpatient admission to the same hospital, including observation services, are not covered.
    - ii. Continuous periods of observation services of less than 24 hours that are not directly followed by an inpatient admission to the same hospital are covered.
    - iii. For continuous periods of observation services of 24 hours or more that are not directly followed by an inpatient admission to the same hospital, 23 hours of observations services are covered.
2. The following inpatient days are not included in the inpatient hospital limitation described in this Section:
  - a. Days reimbursed under specialty contracts between AHCCCS and a transplant facility that are included within the component pricing referred to in the contract;
  - b. Days related to Behavioral Health:
    - i. Inpatient days that qualify for the psychiatric tier under R9-22-712.09 and reimbursed by the Administration or its contractors, or
    - ii. Inpatient days with a primary psychiatric diagnosis code reimbursed by the Administration or its contractors, or
    - iii. Inpatient days paid by the Arizona Department of Health Services Division of Behavioral Health Services or a RBHA or TRBHA.
  - c. Days related to treatment for burns and burn late effects at an American College of Surgeons verified burn center;
  - d. Same Day Admit Discharge services are excluded from the 25 day limit; and
  - e. Subject to approval by CMS, days for which the state claims 100% FFP, such as payments for days provided by IHS or 638 facilities.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-204 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective

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tive December 22, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1745, effective October 1, 2012 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014 (Supp. 14-3). The incorrect label C was changed to B (Supp. 22-3).

**R9-22-205. Attending Physician, Practitioner, and Primary Care Provider Services**

- A.** A primary care provider, attending physician, or practitioner shall provide primary care provider services within the provider's scope of practice under A.R.S. Title 32. A member may receive primary care provider services in an inpatient or outpatient setting including at a minimum:
1. Periodic health examination and assessment;
  2. Evaluation and diagnostic workup;
  3. Medically necessary treatment;
  4. Prescriptions for medication and medically necessary supplies and equipment;
  5. Referral to a specialist or other health care professional if medically necessary;
  6. Patient education;
  7. Home visits if medically necessary; and
  8. Preventive health services, such as, well visits, immunizations, colonoscopies, mammograms and PAP smears.
- B.** The following limitations and exclusions apply to attending physician and practitioner services and primary care provider services:
1. Specialty care and other services provided to a member upon referral from a primary care provider, or to a member upon referral from the attending physician or practitioner are limited to the service or condition for which the referral is made, or for which authorization is given by the Administration or a contractor.
  2. A member's physical examination is not covered if the sole purpose is to obtain documentation for one or more of the following:
    - a. Qualification for insurance,
    - b. Pre-employment physical evaluation,
    - c. Qualification for sports or physical exercise activities,
    - d. Pilot's examination for the Federal Aviation Administration,
    - e. Disability certification to establish any kind of periodic payments,
    - f. Evaluation to establish third-party liabilities, or
    - g. Physical ability to perform functions that have no relationship to primary objectives of the services listed in subsection (A).
  3. Orthognathic surgery is covered only for a member who is less than 21 years of age;

4. The following services are excluded from AHCCCS coverage:
  - a. Infertility services, reversal of surgically induced infertility (sterilization), and gender reassignment surgeries;
  - b. Pregnancy termination counseling services;
  - c. Pregnancy terminations, unless required by state or federal law.
  - d. Services or items furnished solely for cosmetic purposes; and
  - e. Hysterectomies unless determined medically necessary.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-205 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A), paragraph (15) and added paragraph (20) effective December 22, 1987 (Supp. 87-4). Amended subsection (C)(2) effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

*Editor's Note: The following Section was renumbered and a new Section adopted under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not published as a proposed rule in the Arizona Administrative Register; the rule was not reviewed or approved by the Governor's Regulatory Review Council; and the agency was not required to hold public hearings on the rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-22-206. Organ and Tissue Transplant Services**

- A.** Organ and tissue transplant services are covered for a member if prior authorized and coordinated with the member's contractor, or the Administration. Only the following transplants are covered for individuals 21 years of age or older:
1. Heart, including transplants for the treatment of non-ischemic cardiomyopathy;
  2. Liver, including transplants for patients with hepatitis C;
  3. Kidney (cadaveric and live donor);
  4. Simultaneous Pancreas/Kidney (SPK);
  5. Autologous and Allogeneic related and unrelated Hematopoietic Cell transplants;
  6. Cornea;
  7. Bone;
  8. Lung; and
  9. Pancreas after a kidney transplant (PAK).
- B.** The following transplants are not covered for members 21 years of age or older:



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1. Pancreas only transplants if it is not performed simultaneously with or following a kidney transplant. Partial pancreas transplants and autologous and allogeneic pancreas islet cell transplants are not covered even if performed simultaneously with or following a kidney transplant,
  2. Intestine transplants, and
  3. Any other type of transplant not specifically listed in subsection (A).
- C. When there is a transplant of multiple organs, reimbursement will only be made for those covered.
- D. Organ and tissue transplant services are not covered for non-qualified aliens or noncitizens members of FESP under A.R.S. § 36-2903.03(D).

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-206 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-206 renumbered to R9-22-218, new Section R9-22-206 adopted effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by exempt rulemaking at 16 A.A.R. 1386, effective July 15, 2010 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by exempt rulemaking at 17 A.A.R. 1122, April 1, 2011 (Supp. 11-2).

**R9-22-207. Dental Services**

- A. The Administration or a contractor shall cover dental services for a member less than 21 years of age under R9-22-213.
- B. For individuals age 21 years of age or older, the Administration or a contractor shall cover medical and surgical services furnished by a dentist only to the extent such services may be performed under state law either by a physician or by a dentist and such services would be considered a physician service if furnished by a physician.
1. Except as specified in subsection (C), such services must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw. Covered dental services include examination of the oral cavity, radiographs, complex oral surgical procedures such as treatment of maxillofacial fractures, administration of an appropriate level of anesthesia and the prescription of pain medication and antibiotics.
  2. Such services do not include services that physicians are not generally competent to perform such as dental cleanings, routine dental examinations, dental restorations including crowns and fillings, extractions, pulpotomies, root canals, and the construction or delivery of complete or partial dentures. Diagnosis and treatment of temporomandibular joint dysfunction are not covered except for the reduction of trauma.

- C. For the purposes of this subsection, simple restorations means silver amalgam or composite resin fillings, stainless steel crowns or preformed crowns. In addition, dental services for an individual 21 years of age or older include:

1. The elimination of oral infections and the treatment of oral disease, which includes dental cleanings, treatment of periodontal disease, medically necessary extractions and the provision of simple restorations as a medically necessary pre-requisite to covered transplantation; and
2. Prophylactic extraction of teeth in preparation for covered radiation treatment of cancer of the jaw, neck or head.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-207 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-207 repealed, new Section R9-22-207 adopted effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3).

**R9-22-208. Laboratory, Radiology, and Medical Imaging Services**

Laboratory, radiology, and medical imaging services are covered services if:

1. Prescribed by the member's attending physician, practitioner, primary care provider or a dentist, or prescribed by a physician or practitioner upon referral from the primary care provider or dentist.
2. Provided by licensed health care providers in a:
  - a. Hospital,
  - b. Clinic,
  - c. Physician's office, or
  - d. Other health care facility.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-208 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-208 repealed, new Section R9-22-208 adopted effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2).

**R9-22-209. Pharmaceutical Services**

- A. An inpatient or outpatient provider, including a hospital, clinic, other appropriately licensed health care facility, and pharmacy may provide covered pharmaceutical services.
- B. The Administration or a contractor shall require a provider to make pharmaceutical services:
1. Available during customary business hours, and
  2. Located within reasonable travel distance of a member's residence.
- C. Pharmaceutical services are covered if:

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1. Prescribed for a member by the member's primary care provider, attending physician, practitioner, or dentist;
  2. Prescribed by a specialist upon referral from the primary care provider or attending physician; or
  3. The contractor or its designee authorizes the service.
- D.** The following limitations apply to pharmaceutical services:
1. A medication personally dispensed by a physician, dentist, or a practitioner within the individual's scope of practice is not covered, except in geographically remote areas where there is no participating pharmacy or if accessible pharmacies are closed.
  2. A new prescription or refill in excess of a 30 day supply is not covered unless:
    - a. The member will be out of the provider's service area for an extended period of time and the prescription is limited to the extended time period, not to exceed a 90 day supply; or
    - b. The Contractor authorizes the prescription for an extended time period not to exceed a 90-day supply.
  3. An over-the-counter medication, in place of a covered prescription medication, is covered only if the over-the-counter medication is appropriate, equally effective, safe, and less costly than the covered prescription medication.
- E.** A contractor shall monitor and ensure sufficient services to prevent any gap in the pharmaceutical regimen of a member who requires a continuing or complex regimen of pharmaceutical treatment to restore, improve, or maintain physical well being.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-209 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective September 24, 1986 (Supp. 86-5). Amended subsections (A) and (C) effective December 22, 1987 (Supp. 87-4). Amended subsection (C)(3), effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

**R9-22-210. Emergency Medical Services for Non-FES Members****A. General provisions.**

1. Applicability. This Section applies to emergency medical services for non-FES members. Provisions regarding emergency behavioral health services for non-FES members are in R9-22-210.01. Provisions regarding emergency medical and behavioral health services for FES members are in R9-22-217.
2. Definitions.
  - a. For the purposes of this Section, "contractor" has the same meaning as in A.R.S. § 36-2901. Contractor does not include ADHS/DBHS or a subcontractor of ADHS/DBHS.

- b. For the purposes of this Section and R9-22-210.01, "fiscal agent" means a person who bills and accepts payment for a hospital or emergency room provider.
  3. Verification. A provider of emergency medical services shall verify a person's eligibility status with AHCCCS, and if eligible, determine whether the person is enrolled with AHCCCS as non-FES FFS or is enrolled with a contractor.
  4. Prior authorization.
    - a. Emergency medical services. A provider is not required to obtain prior authorization for emergency medical services.
    - b. Non-emergency medical services. If a non-FES member's medical condition does not require emergency medical services, the provider shall obtain prior authorization as required by the terms of the provider agreement under R9-22-714(A) or the provider's subcontract with the contractor, whichever is applicable.
  5. Prohibition against denial of payment. Neither the Administration nor a contractor shall:
    - a. Limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms,
    - b. Deny or limit payment because the provider failed to obtain prior authorization for emergency services,
    - c. Deny or limit payment because the provider does not have a subcontract.
  6. Grounds for denial. The Administration and a contractor may deny payment for emergency medical services for reasons including but not limited to:
    - a. The claim was not a clean claim;
    - b. The claim was not submitted timely; and
    - c. The provider failed to provide timely notification under subsection (B)(4) to the contractor or the Administration, as appropriate, and the contractor does not have actual notice from any other source that the member has presented for services.
- B.** Additional requirements for emergency medical services for non-FES members enrolled with a contractor.
1. Responsible entity. A contractor is responsible for the provision of all emergency medical services to non-FES members enrolled with the contractor.
  2. Prohibition against denial of payment. A contractor shall not limit or deny payment for emergency medical services when an employee of the contractor instructs the member to obtain emergency medical services.
  3. Contractor notification. A contractor shall not deny payment to a hospital, emergency room provider, or fiscal agent for an emergency medical service rendered to a non-FES member based on the failure of the hospital, emergency room provider, or fiscal agent to notify the member's contractor within 10 days from the day that the member presented for the emergency medical service.
  4. Contractor notification. A hospital, emergency room provider, or fiscal agent shall notify the contractor no later than the 11th day after presentation of the non-FES member for emergency inpatient medical services. A contractor may deny payment for a hospital's, emergency room provider's, or fiscal agent's failure to provide timely notice, under this subsection.
- C.** Post-stabilization services for non-FES members enrolled with a contractor.
1. After the emergency medical condition of a member enrolled with a contractor is stabilized, a provider shall

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request prior authorization from the contractor for post-stabilization services.

2. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that have been prior authorized by the contractor.
3. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, but are administered to maintain the member's stabilized condition within one hour of a request to the contractor for prior authorization of further post-stabilization services;
4. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, but are administered to maintain, improve, or resolve the member's stabilized condition if:
  - a. The contractor does not respond to a request for prior authorization within one hour;
  - b. The contractor authorized to give the prior authorization cannot be contacted; or
  - c. The contractor representative and the treating physician cannot reach an agreement concerning the member's care and the contractor physician is not available for consultation. In this situation, the contractor shall give the treating physician the opportunity to consult with a contractor physician. The treating physician may continue with care of the member until the contractor physician is reached or:
    - i. A contractor physician with privileges at the treating hospital assumes responsibility for the member's care,
    - ii. A contractor physician assumes responsibility for the member's care through transfer,
    - iii. The contractor's representative and the treating physician reach agreement concerning the member's care, or
    - iv. The member is discharged.
5. Transfer or discharge. The attending physician or practitioner actually treating the member for the emergency medical condition shall determine when the member is sufficiently stabilized for transfer or discharge and that decision shall be binding on the contractor.

**D. Additional requirements for FFS members.**

1. Responsible entity. The Administration is responsible for the provision of all emergency medical services to non-FES FFS members.
2. Grounds for denial. The Administration may deny payment for emergency medical services if a provider fails to provide timely notice to the Administration.
3. Notification. A provider shall notify the Administration no later than 72 hours after a FFS member receiving emergency medical services presents to a hospital for inpatient services. The Administration may deny payment for failure to provide timely notice.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-210 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-210 repealed, new Section R9-22-210 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), para-

graph (1) effective October 1, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

**R9-22-210.01. Emergency Behavioral Health Services for Non-FES Members**

**A. General provisions.**

1. Applicability. This Section applies to emergency behavioral health services for non-FES members. Provisions regarding emergency medical services for non-FES members are in R9-22-210. Provisions regarding emergency medical and behavioral health services for FES members are in R9-22-217.
2. Definition. For the purposes of this Section, "contractor" has the same meaning as in A.R.S. § 36-2901. Contractor does not include ADHS/DBHS, a subcontractor of ADHS/DBHS, or Children's Rehabilitative Services.
3. Responsible entity for inpatient emergency behavioral health services.
  - a. Members enrolled with a contractor. ADHS/DBHS. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all inpatient emergency behavioral health services to non-FES members with psychiatric or substance abuse diagnoses who are enrolled with the contractor.
  - b. FFS members. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all inpatient emergency behavioral health services for non-FES FFS members with psychiatric or substance abuse diagnoses unless services are provided in an IHS or tribally operated 638 facility.
4. Responsible entity for non-inpatient emergency behavioral health services for non-FES members. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all non-inpatient emergency behavioral health services for non-FES members.
5. Verification. A provider of emergency behavioral health services shall verify a person's eligibility status with AHCCCS, and if eligible, determine whether the person is a member enrolled with AHCCCS as non-FES FFS or is enrolled with a contractor, and determine whether the member is a behavioral health recipient as defined in R9-22-201.
6. Prior authorization.
  - a. Emergency behavioral health services. A provider is not required to obtain prior authorization for emergency behavioral health services.
  - b. Non-emergency behavioral health services. When a non-FES member's behavioral health condition is determined by the provider not to require emergency behavioral health services, the provider shall follow the prior authorization requirements of a contractor

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and ADHS/DBHS or a subcontractor of ADHS/DBHS.

7. Prohibition against limitation or denial of payment. A contractor, TRBHA, the Administration, ADHS/DBHS, or a subcontractor of ADHS/DBHS shall not limit or deny payment to an emergency behavioral health provider for emergency behavioral health services to a non-FES member for the following reasons:
    - a. On the basis of lists of diagnoses or symptoms;
    - b. Prior authorization was not obtained;
    - c. The provider does not have a contract;
    - d. An employee of the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS instructs the member to obtain emergency behavioral health services; or
    - e. The failure of a hospital, emergency room provider, or fiscal agent to notify the member's contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS within 10 days from the day the member presented for the emergency service.
  8. Grounds for denial. A contractor, the Administration, ADHS/DBHS, or a subcontractor of ADHS/DBHS may deny payment for emergency behavioral health services for reasons including but not limited to the following:
    - a. The claim was not a clean claim;
    - b. The claim was not submitted timely; or
    - c. The provider failed to provide timely notification under subsection (A)(9) to the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS or the Administration.
  9. Notification.
    - a. A hospital, emergency room provider, or fiscal agent shall notify a contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, whichever is appropriate, no later than the 11th day from presentation of the non-FES member for emergency inpatient behavioral health services.
    - b. A hospital, emergency room provider, or fiscal agent shall notify the Administration no later than 72 hours after a FFS member receiving emergency behavioral health services presents to a hospital for inpatient services.
  10. Transfer or discharge. The attending physician or the provider actually treating the non-FES member for the emergency behavioral health condition shall determine when the member is sufficiently stabilized for transfer or discharge and that decision shall be binding on the contractor and ADHS/DBHS or a subcontractor of ADHS/DBHS.
- B. Post-stabilization requirements for non-FES members.**
1. A contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that have been prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS.
  2. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, but are administered to maintain the member's stabilized condition within one hour of a request to the contractor, ADHS/DBHS, or a subcontractor for prior authorization of further post-stabilization services;

3. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, but are administered to maintain, improve, or resolve the member's stabilized condition if:
  - a. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, does not respond to a request for prior authorization within one hour;
  - b. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS authorized to give the prior authorization cannot be contacted; or
  - c. The representative of the contractor, ADHS/DBHS, or the subcontractor and the treating physician cannot reach an agreement concerning the member's care and the contractor's, ADHS/DBHS' or the subcontractor's physician, is not available for consultation. The treating physician may continue with care of the member until ADHS/DBHS', the contractor's, or the subcontractor's physician is reached, or:
    - i. A contracted physician with privileges at the treating hospital assumes responsibility for the member's care;
    - ii. ADHS/DBHS', a contractor's, or a subcontractor's physician assumes responsibility for the member's care through transfer;
    - iii. A representative of the contractor, ADHS/DBHS, or the subcontractor and the treating physician reach agreement concerning the member's care; or
    - iv. The member is discharged.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-211. Transportation Services**

- A. Emergency ambulance services.**
1. A member shall receive medically necessary emergency transportation in a ground or air ambulance:
    - a. To the nearest appropriate provider or medical facility capable of meeting the member's medical needs, and
    - b. If no other appropriate means of transportation is available.
  2. The Administration or a member's contractor shall reimburse a ground or air ambulance transport that originates in response to a 911 call or other emergency response system:
    - a. If the member's medical condition justifies the medical necessity of the type of ambulance transportation received,
    - b. The transport is to the nearest appropriate provider or medical facility capable of meeting the member's medical needs, and
    - c. No prior authorization is required for reimbursement of these transports.
  3. The member's medical condition at the time of transport determines whether the transport is medically necessary.

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4. A ground or air ambulance provider furnishing transport in response to a 911 call or other emergency response system shall notify the member's contractor within 10 working days from the date of transport. Failure of the provider to provide notification is cause for denial.
  5. Notification to the Administration of emergency transportation provided to a FFS member is not required, but the provider shall submit documentation with the claim that justifies the service.
- B.** The Administration or a contractor covers air ambulance services only if at least one criterion in subsection (B)(1) is met and at least one criterion in subsection (B)(2), or the criterion in subsection (B)(3) is met. The criteria are:
1. The air ambulance transport is initiated at the request of:
    - a. An emergency response unit,
    - b. A law enforcement official,
    - c. A clinic or hospital medical staff member, or
    - d. A physician or practitioner, and
  2. The point of pickup:
    - a. Is inaccessible by ground ambulance, or
    - b. Is a great distance from the nearest hospital or other provider with appropriate facilities to treat the member's condition and ground ambulance service will not suffice, or
  3. The medical condition of the member requires immediate intervention from emergency ambulance personnel or providers with the appropriate facilities to treat the member's condition.
- C.** Coverage of medically necessary nonemergency transportation is limited to the cost of transporting the member to an appropriate provider capable of meeting the member's medical needs.
1. As specified in contract, a contractor shall arrange or provide medically necessary nonemergency transportation services for a member who is unable to arrange transportation to a service site or location.
  2. For a fee-for-service member, the Administration shall authorize medically necessary nonemergency transportation for a member who is unable to arrange transportation to a service site or location.
- D.** For the purposes of this subsection, an individual means a person who is not in the business of providing transportation services such as a family or household member, friend, or neighbor. The Administration or a contractor shall cover expenses for transportation in traveling to and returning from an approved and prior authorized health care service site provided by an individual if:
1. The transportation services are authorized by the Administration or the member's contractor or designee,
  2. The individual is an AHCCCS registered provider, and
  3. No other means of appropriate transportation is available.
- E.** The Administration or a contractor shall cover expenses for meals, lodging, and transportation for a member traveling to and returning from an approved health care service site outside of the member's service area or county of residence.
- F.** The Administration or a contractor shall cover the expense of meals, lodging, and transportation for:
1. A family member accompanying a member if:
    - a. The member is traveling to or returning from an approved health care service site outside of the member's service area or county of residence; and
    - b. The meals, lodging, and transportation services are authorized by the Administration or the member's contractor or designee.
  2. An escort who is not a family member as follows:
    - a. If the member is traveling to or returning from an approved and prior authorized health care service site, including an inpatient facility, outside of the member's service area or county of residence;
    - b. If the escort services are authorized by the Administration or the member's contractor or designee; and
    - c. Wage paid to an escort as reimbursement shall not exceed the federal minimum wage.
- G.** A provider shall obtain prior authorization from the Administration for transportation services provided for a member for the following:
1. Medically necessary nonemergency transportation services not originated through a 911 call or other emergency response system when the distance traveled exceeds 100 miles (whether one way or round trip); and
  2. All meals, lodging, and services of an escort accompanying the member under this Section.
- H.** A charitable organization routinely providing transportation service at no cost to an ambulatory or chairbound person shall not charge or seek reimbursement from the Administration or a contractor for the provision of the service to a member but may enter into a subcontract with a contractor for medically necessary transportation services provided to a member.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-211 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3).

**R9-22-212. Durable Medical Equipment, Orthotic and Prosthetic Devices, and Medical Supplies**

- A.** Durable medical equipment, orthotic and prosthetic devices, and medical supplies, including incontinence briefs as specified in subsection (E), are covered services to the extent permitted in this Section if provided in compliance with requirements of this Chapter; and
1. Prescribed by the primary care provider, attending physician, or practitioner; or
  2. Prescribed by a specialist upon referral from the primary care provider, attending physician, or practitioner; and
  3. Authorized as required by the Administration, contractor, or contractor's designee.
- B.** Covered medical supplies are consumable items that are designed specifically to meet a medical purpose, are disposable, and are essential for the member's health.
- C.** Covered DME is any item, appliance, or piece of equipment that is not a prosthetic or orthotic; and
1. Is designed for a medical purpose, and is generally not useful to a person in the absence of an illness or injury, and
  2. Can withstand repeated use, and
  3. Is generally reusable by others.
- D.** Prosthetics are devices prescribed by a physician or other licensed practitioner to artificially replace missing, deformed or malfunctioning portion of the body. Only those prosthetics

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that are medically necessary for rehabilitation are covered, except as otherwise provided in R9-22-215.

E. The following limitations on coverage apply:

1. The DME is furnished on a rental or purchase basis, whichever is less expensive. The total expense of renting the DME does not exceed the cost of the DME if purchased.
2. Reasonable repair or adjustment of purchased DME is covered if necessary to make the DME serviceable and if the cost of repair or adjustment is less than the cost of renting or purchasing another unit.
3. A change in, or addition to, an original order for DME is covered if approved by the prescriber in subsection (A), or prior authorized by the Administration or contractor, and the change or addition is indicated clearly on the order and initialed by the vendor. No change or addition to the original order for DME may be made after a claim for services is submitted to the member's contractor, or the Administration, without prior written notification of the change or addition to the Administration or the contractor.
4. Reimbursement for rental fees shall terminate:
  - a. No later than the end of the month in which the prescriber in subsection (A) certifies that the member no longer needs the DME;
  - b. If the member is no longer eligible for AHCCCS services; or
  - c. If the member is no longer enrolled with a contractor, with the exception of transitions of care as specified in R9-22-509.
5. Except for incontinence briefs for persons over 3 years old and under 21 years old as provided in subsection (E)(6), personal care items including items for personal cleanliness, body hygiene, and grooming are not covered unless needed to treat a medical condition. Personal care items are not covered services if used solely for preventive purposes.
6. Incontinence briefs, including pull-ups are covered to prevent skin breakdown and enable participation in social, community, therapeutic and educational activities under the following circumstances:
  - a. The member is over 3 years old and under 21 years old;
  - b. The member is incontinent due to a documented disability that causes incontinence of bowel or bladder, or both;
  - c. The PCP or attending physician has issued a prescription ordering the incontinence briefs;
  - d. Incontinence briefs do not exceed 240 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 240 briefs per month for a member diagnosed with chronic diarrhea or spastic bladder;
  - e. The member obtains incontinence briefs from providers in the contractor's network;
  - f. Prior authorization has been obtained as required by the Administration, contractor, or contractor's designee. Contractors may require a new prior authorization to be issued no more frequently than every 12 months. Prior authorization for a renewal of an existing prescription may be provided by the physician through telephone contact with the member rather than an in-person physician visit. Prior authorization will be permitted to ascertain that:

- i. The member is over age 3 and under age 21;
- ii. The member has a disability that causes incontinence of bladder or bowel, or both;
- iii. A physician has prescribed incontinence briefs as medically necessary. A physician prescription supporting medical necessity may be required for specialty briefs or for briefs different from the standard briefs supplied by the contractor; and
- iv. The prescription is for 240 briefs or fewer per month, unless evidence of medical necessity for over 240 briefs is provided.

7. First aid supplies are not covered unless they are provided in accordance with a prescription.
8. The following services are not covered for individuals 21 years of age or older:
  - a. Hearing aids;
  - b. Prescriptive lenses unless they are the sole visual prosthetic device used by the member after a cataract extraction;
  - c. Bone Anchor Hearing Aid (BAHA);
  - d. Cochlear implant;
  - e. Percussive vest;
  - f. Insulin pump;
  - g. Microprocessor-controlled lower limbs or microprocessor-controlled joints for lower limbs; and
  - h. Orthotics, which are defined as devices that are prescribed by a physician or other licensed practitioner of the healing arts to support a weak or deformed portion of the body.

F. Liability and ownership.

1. Purchased DME that is provided to a member and no longer needed by the member may be disposed of in accordance with each contractor's policy.
2. The Administration shall retain title to purchased DME provided to a member who becomes ineligible or no longer requires use of the DME.
3. If customized DME is purchased by the Administration or contractor for a member, the equipment shall remain with the person during times of transition to a different contractor, or upon loss of eligibility. For purposes of this subsection, customized DME refers to equipment that is altered or built to specifications unique to a member's medical needs and that, most likely, cannot be used or reused to meet the needs of another individual.
4. A member shall return DME obtained fraudulently to the Administration or the contractor.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-212 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-212 repealed, new Section R9-22-212 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraph (2), and deleted subsection (C) effective October 1, 1986 (Supp. 86-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September 11, 2007 (Supp.

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07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3).

**R9-22-213. Early and Periodic Screening, Diagnosis, and Treatment Services (E.P.S.D.T.)**

**A.** The following E.P.S.D.T. services are covered for a member less than 21 years of age:

1. Screening services including:
  - a. Comprehensive health and developmental history;
  - b. Comprehensive unclothed physical examination;
  - c. Appropriate immunizations according to age and health history;
  - d. Laboratory tests; and
  - e. Health education, including anticipatory guidance;
2. Vision services including:
  - a. Diagnosis and treatment for defects in vision;
  - b. Eye examinations for the provision of prescriptive lenses;
  - c. Prescriptive lenses; and
  - d. Frames.
3. Hearing services including:
  - a. Diagnosis and treatment for defects in hearing;
  - b. Testing to determine hearing impairment; and
  - c. Hearing aids;
4. Dental services including:
  - a. Emergency dental services as specified in R9-22-207;
  - b. Preventive services including screening, diagnosis, and treatment of dental disease; and
  - c. Therapeutic dental services including fillings, crowns, dentures, and other prosthetic devices;
5. Orthognathic surgery;
6. Medically necessary, nutritional assessment and nutritional therapy as specified in contract to provide complete daily dietary requirements or supplement a member's daily nutritional and caloric intake;
7. Behavioral health services under 9 A.A.C. 22, Article 12;
8. Hospice services do not include home-delivered meals or services provided and covered through Medicare. The following hospice services are covered:
  - a. Hospice services are covered only for a member who is in the final stages of a terminal illness and has a prognosis of death within six months;
  - b. Services available to a member receiving hospice care are limited to those allowable under 42 CFR 418.202, October 1, 2006, incorporated by reference and on file with the Administration. This incorporation by reference contains no future editions or amendments;
9. Incontinence briefs as specified under R9-22-212; and
10. Other necessary health care, diagnostic services, treatment, and measures required by 42 U.S.C. 1396d(r)(5).

**B.** Providers of E.P.S.D.T. services shall meet the following standards:

1. Ensure that services are provided by or under the direction of the member's primary care provider, attending physician, practitioner, or dentist.
2. Perform tests and examinations under 42 CFR 441 Subpart B, October 1, 2006, which is incorporated by reference and on file with the Administration. This incorporation by reference contains no future editions or amendments.
3. Refer a member as necessary for dental diagnosis and treatment and necessary specialty care.

4. Refer a member as necessary for behavioral health evaluation and treatment services.

**C.** Contractors shall meet other E.P.S.D.T. requirements as specified in contract.

**D.** A primary care provider, attending physician, or practitioner shall refer a member with special health care needs under R9-7-301 to CRS.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-213 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-213 repealed, new Section R9-22-213 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September 11, 2007 (Supp. 07-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

**R9-22-214. Repealed**

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-214 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-214 repealed, new Section R9-22-214 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraph (4) and added subsection (C), paragraph (2) effective October 1, 1986 (Supp. 86-5). Correction to subsection (C), paragraph (2) (Supp. 87-4). Section repealed effective September 22, 1997 (Supp. 97-3).

**R9-22-215. Other Medical Professional Services**

**A.** The following medical professional services are covered services if a member receives these services in an inpatient, outpatient, or office:

1. Dialysis;
2. The following family planning services if provided to delay or prevent pregnancy:
  - a. Medications,
  - b. Supplies,
  - c. Devices, and
  - d. Surgical procedures;
3. Family planning services are limited to:
  - a. Contraceptive counseling, medications, supplies, and associated medical and laboratory examinations, including HIV blood screening as part of a package of sexually transmitted disease tests provided with a family planning service;
  - b. Sterilization; and
  - c. Natural family planning education or referral;
4. Midwifery services provided by a certified nurse practitioner in midwifery;
5. Midwifery services for low-risk pregnancies and home deliveries provided by a licensed midwife;
6. Respiratory therapy;

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7. Ambulatory and outpatient surgery facilities services;
  8. Home health services under A.R.S. § 36-2907(D);
  9. Private or special duty nursing services;
  10. Rehabilitation services including physical therapy, occupational therapy, speech therapy, and audiology within limitations in subsection (C);
  11. Total parenteral nutrition services, which are the provision of total caloric needs by intravenous route for individuals with severe pathology of the alimentary tract; and
  12. Chemotherapy.
- B.** Prior authorization from the Administration for a member is required for services listed in subsections (A)(3)(b), and (A)(4) through (11); except for:
1. Voluntary sterilization;
  2. Dialysis shunt placement;
  3. Arteriovenous graft placement for dialysis;
  4. Angioplasties or thrombectomies of dialysis shunts;
  5. Angioplasties or thrombectomies of arteriovenous grafts for dialysis;
  6. Eye surgery for the treatment of diabetic retinopathy;
  7. Eye surgery for the treatment of glaucoma;
  8. Eye surgery for the treatment of macular degeneration;
  9. Home health visits following an acute hospitalization (limited up to five visits);
  10. Hysteroscopies (up to two, one before and one after) when associated with a family planning diagnosis code and done within 90 days of hysteroscopic sterilization;
  11. Physical therapy subject to the limitation in subsection (C);
  12. Facility services related to wound debridement;
  13. Apnea management and training for premature babies up to the age of 1; and
  14. Other services identified by the Administration through the Provider Participation Agreement.
- C.** The following are not covered services:
1. Occupational and speech therapies provided on an outpatient basis for a member age 21 or older;
  2. Abortion counseling;
  3. Services or items furnished solely for cosmetic purposes;
  4. Services provided by a podiatrist; or
  5. More than 15 outpatient physical therapy visits per benefit year for persons age 21 years or older for the purpose of restoring a skill or level of function and maintaining that skill or level of function once restored.
  6. More than 15 outpatient physical therapy visits per benefit year for persons age 21 years or older for the purpose of acquiring a new skill or a new level of function and maintaining that skill or level of function once acquired.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-215 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final

rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

**R9-22-216. NF, Alternative HCBS Setting, or HCBS**

- A.** Services provided in a NF, including room and board, an alternative HCBS setting as defined in R9-28-101, or a HCBS as defined in A.R.S. § 36-2939 are covered for a maximum of 90 days per contract year if the member's medical condition would otherwise require hospitalization.
- B.** Except as otherwise provided in 9 A.A.C. 28, the following services are not itemized for separate billing if provided in a NF, alternative HCBS setting, or HCBS:
1. Nursing services, including:
    - a. Administering medication;
    - b. Tube feedings;
    - c. Personal care services, including but not limited to assistance with bathing and grooming;
    - d. Routine testing of vital signs; and
    - e. Maintenance of a catheter;
  2. Basic patient care equipment and sickroom supplies, including:
    - a. First aid supplies such as bandages, tape, ointments, peroxide, alcohol, and over-the-counter remedies;
    - b. Bathing and grooming supplies;
    - c. Identification device;
    - d. Skin lotion;
    - e. Medication cup;
    - f. Alcohol wipes, cotton balls, and cotton rolls;
    - g. Rubber gloves (non-sterile);
    - h. Laxatives;
    - i. Bed and accessories;
    - j. Thermometer;
    - k. Ice bags;
    - l. Rubber sheeting;
    - m. Passive restraints;
    - n. Glycerin swabs;
    - o. Facial tissue;
    - p. Enemas;
    - q. Heating pad; and
    - r. Incontinence briefs.
  3. Dietary services including preparation and administration of special diets, and adaptive tools for eating;
  4. Any service that is included in a NF's room and board charge or a service that is required of the NF to meet a federal or state licensure standard or county certification requirement;
  5. Physician visits made solely for the purpose of meeting state licensure standards or county certification requirements;
  6. Physical therapy prescribed only as a maintenance regimen; and
  7. Assistive devices and non-customized durable medical equipment.
- C.** A provider shall obtain prior authorization from the Administration for a NF admission for a FFS member.

**Historical Note**

Adopted effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Subsection (C) amended to correct a typographical error (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September



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11, 2007 (Supp. 07-3). Amended by final rulemaking at 13 A.A.R. 4122, effective November 6, 2007 (Supp. 07-4).

**R9-22-217. Services Included in the Federal Emergency Services Program**

- A.** Definition. Notwithstanding the definition in R9-22-201, for the purposes of this Section, an emergency medical or behavioral health condition for a FES member means a medical condition or a behavioral health condition, including labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:
1. Placing the member's health in serious jeopardy,
  2. Serious impairment to bodily functions,
  3. Serious dysfunction of any bodily organ or part, or
  4. Serious physical harm to another person.
- B.** Services. "Emergency services for a FES member" mean those medical or behavioral health services provided for the treatment of an emergency condition. Emergency services include outpatient dialysis services for a FES member with End Stage Renal Disease (ESRD) where a treating physician has certified for the month in which services are received that in the physician's opinion the absence of receiving dialysis at least three times per week would reasonably be expected to result in:
1. Placing the member's health in serious jeopardy, or
  2. Serious impairment of bodily function, or
  3. Serious dysfunction of a bodily organ or part.
- C.** Covered services. Services are considered emergency services if all of the criteria specified in subsection (A) are satisfied at the time the services are rendered. The Administration shall determine whether an emergency condition exists on a case-by-case basis.
- D.** Prior authorization. A provider is not required to obtain prior authorization for emergency services for FES members. Prior authorization for outpatient dialysis services is met when the treating physician has completed and signed a monthly certification as described in subsection (B).
- E.** Services rendered through the Federal Emergency Services Program are subject to all exclusions and limitation on services in this Article including but not limited to the limitations on inpatient hospital services in R9-22-204.

**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1868, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended

by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-218. Repealed**

**Historical Note**

Section R9-22-218 renumbered from R9-22-206 effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Section repealed effective September 22, 1997 (Supp. 97-3).

**ARTICLE 3. GENERAL ELIGIBILITY REQUIREMENTS**

**R9-22-301. General Eligibility Definitions**

Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article, Article 14 and Article 15 have the following meanings unless the context explicitly requires another meaning:

"Applicant," notwithstanding R9-22-101, means a person listed on an application for whom AHCCCS coverage is being sought.

"BHS" means Behavioral Health Services.

"CRS" means the program administered by the Administration or its designee that provides covered medical services and covered support services in accordance with A.R.S. § 36-261.

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

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

"Income" means combined earned and unearned income.

"Medical support" means to provide health care coverage in the form of health insurance or court-ordered payment for medical care.

"Member" means an applicant who has been determined to qualify for AHCCCS coverage by the Administration or its designee.

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

"Resources" means real and personal property, including liquid assets.

"Sponsor" means an individual who signs the USCIS I-864 Affidavit of Support agreeing to support a non-citizen as a condition of the non-citizen's admission for permanent residence in the United States.

"Sponsor deemed income" means the unearned income deemed available to the applicant named on the USCIS I-864 Affidavit of Support.

"SVES" means the State Verification and Exchange System, a system through which the Department exchanges

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income and benefit information with the Internal Revenue Service, Social Security Administration, and State Wage and Unemployment Insurance Benefit data files. “USCIS” means the United States Citizenship and Immigration Services.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-301 renumbered together with former Section R9-22-102 as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). New Section R9-22-301 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (B), paragraph (8), subsection (E), paragraph (3), and subsection (J), paragraph (5) effective October 1, 1986 (Supp. 86-5). Amended subsections (C) and (E) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B) and (C) effective October 1, 1987; amended subsection (D) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section reserved by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). New Section made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; the adoption of this Section was slated to be codified in Supp. 14-1 but due to a clerical error, was not published. The new Section was published in Supp. 20-4 and no additional amendments have been made to this Section since January 7, 2014 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 1834 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-302. AHCCCS Eligibility Application**

Application process.

1. Right to apply. A person may apply for AHCCCS medical coverage by submitting an Administration-approved application to the Administration or its designee, an FAA office, or one of the following outstation locations:
  - a. A Federally Qualified Health Center or disproportionate share hospital under 42 U.S.C. 1396r-4; or
  - b. Any other site, including a hospital, approved by the Administration or its designee.
2. Application. To initiate the application process, the Administration or its designee will accept an application from the applicant, an adult who is in the applicant's household, as defined in 42 CFR 435.603(f), or family, as defined in section 36B(d)(1) of the Internal Revenue Service (IRS) Code, an authorized representative, or if the applicant is a minor or incapacitated, someone acting responsibly for the applicant by submitting a written or online application under 42 CFR 435.907.
  - a. A phone or written application must contain at least the following to be submitted to the Administration or its designee:
    - i. Applicant's legible name,
    - ii. Address or location where the applicant can be reached,
    - iii. Signature of the person submitting the application,
    - iv. Date the application was signed.

- v. The Administration or its designee shall require that a third party witness the signing and attest by signing the application if the individual signing the application signs with a mark.
  - b. An online application must be completed in full in order to be submitted to the Administration or its designee.
3. Incomplete application. If the application is incomplete, the Administration or its designee shall do at least one of the following:
  - a. Contact an applicant or an applicant's representative by telephone or electronic medium to obtain the missing information required for an eligibility determination;
  - b. Mail a request for additional information to an applicant or an applicant's representative, allowing 10 days from the date of the request to provide the required additional information; or
  - c. Meet with the applicant, representative, or household member.
4. Date of application. The date of application is the date application is received by the Administration or its designee either on-line or at a location listed in subsection (1).
5. Complete application form. The Administration or its designee shall consider an application complete when all questions are answered. The same person as listed under subsection (2) is the person that must sign the completed application. The application shall be witnessed and signed by a third party if the individual signing the application signs with a mark.
6. Assistance with application. The Administration or its designee shall allow a person of the applicant's choice to accompany, assist, and represent the applicant in the application process.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-302 repealed, new Section R9-22-302 adopted effective November 20, 1984 (Supp. 84-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section reserved by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). New Section made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; the adoption of this Section was slated to be codified in Supp. 14-1 but due to a clerical error, was not published. The new Section was published in Supp. 20-4 and no additional amendments have been made to this Section since January 7, 2014 (Supp. 20-4). Amended by final rulemaking at 31 A.A.R. 1834 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-303. Prior Quarter Eligibility**

- A. Subject to CMS approval, prior quarter coverage eligibility shall be limited to applicants who meet the requirements in subsection (B) and who also:
  1. Are eligible during any of the three months prior to application; and

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2. Received one or more covered services described in 9 A.A.C. 22, Article 2 and Article 12, and 9 A.A.C. 28, Article 2 during the month; and
  3. Would have qualified for Medicaid at the time services were received if the person had applied regardless of whether the person is alive when the application is made.
- B.** Prior quarter coverage eligibility is limited to applicants who are:
1. Under the age of 19, or
  2. Pregnant, or
  3. In the 60 day post-partum period beginning with the last day of the pregnancy.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-303 repealed, new Section R9-22-303 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section made by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 1849, with an immediate effective date of July 1, 2019 (Supp. 19-3).

**R9-22-304. Verification of Eligibility Information**

- A.** Except as provided in subsection (E), if information provided by or on behalf of an applicant or member on an application, renewal form or otherwise does not conflict with information obtained by the agency through an electronic data match, the Administration or its designee shall determine or renew eligibility based on such information.
- B.** The Administration or its designee shall not require an applicant, member, or representative to provide additional verification unless the verification cannot be obtained electronically or the verification obtained electronically conflicts with information provided by or on behalf of the applicant or member.
- C.** If information provided by or on behalf of an applicant or member does conflict with information obtained through an electronic data match, the applicant or member shall provide the Administration or its designee with information or documentation necessary to verify eligibility, including evidence originating from an agency, organization, or an individual with actual knowledge of the information.
- D.** Income information obtained through an electronic data match shall be considered reasonably compatible with income information provided by or on behalf of an individual if both meet or both exceed the applicable income limit.
- E.** The Administration or its designee shall not accept the applicant's or member's statement by itself as verification of:
1. SSN;
  2. Qualified alien status, except as described under 42 USC 1320b-7(d)(4)(A); or
  3. Citizenship, except as described under 42 USC 1396a(ee)(1).
- F.** The Administration or its designee shall give an applicant or member at least 15 days from the date of a written or electronic request for information to provide required verification. The Administration or its designee may deny the application or discontinue eligibility if an applicant or a member does not provide the required information timely.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-304 repealed, new Section R9-22-304 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-304 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 31 A.A.R. 1834 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-305. Eligibility Requirements**

As a condition of eligibility, the Administration or its designee must require applicants, and members to do the following:

1. Furnish a SSN under 42 CFR 435.910 and 435.920, or in the absence of an SSN, provide proof of a submitted application of SSN. The Administration or its designee will assist in obtaining or verifying the applicant's SSN under 42 CFR 435.910 if an applicant cannot recall the applicant's SSN or has not been issued a SSN. An applicant is not required to furnish an SSN if the applicant is not able to legally obtain a SSN. The Administration or its designee shall determine eligibility notwithstanding the applicant's lack of a SSN, if the applicant is cooperating with the Administration or its designee to obtain a SSN and obtain a SSN prior to the next scheduled review of eligibility.
2. Provide proof of residency of Arizona. An applicant or a member is not eligible unless the applicant or member is a resident of Arizona under 42 CFR 435.403 effective October 1, 2012, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
3. A declaration must be provided for each person for whom benefits are being sought stating whether the individual is a citizen or national of the United States, and, if that individual is not a citizen or national of the United States, that the individual is a qualified alien. The declaration must be provided by the individual for whom eligibility is being sought or an adult member of the individual's family or household.
4. Each applicant who claims qualified alien status must provide either:
  - a. Alien registration documentation or other proof of immigration registration from the Immigration and Naturalization Service that contains the individual's alien admission number or alien file number (or numbers if the individual has more than one number), or
  - b. Other documents that the Administration or its designee accepts as evidence of immigration status, such as:
    - i. A Form I-94 Departure Record issued by the USCIS,
    - ii. A Foreign Passport,
    - iii. A USCIS Parole Notice,
    - iv. A Victim of Trafficking Certification or Eligibility Letter issued by the US DHHS Office of Refugee Resettlement,
    - v. Other documentation consistent with 42 CFR 435.406 or 435.407.

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- c. Sufficient information for the Administration or its designee to obtain electronic verification of immigration status from the USCIS.
- 5. If a person for whom eligibility is being sought, states that they are an alien, that person is not required to comply with subsections (4) and (5); however, if they do not comply with those sections, and if they meet all other eligibility criteria, benefits will be limited to those necessary to treat an emergency medical condition.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-305 repealed, new Section R9-22-305 adopted effective November 20, 1984 (Supp. 84-6). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-305 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 31 A.A.R. 1834 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-306. Administration, Administration's designee or Member Responsibilities**

- A. The Administration or its designee is responsible for the following:
  - 1. The Administration or its designee shall determine eligibility within 90 days for an applicant applying on the basis of disability and 45 days for all other applicants, unless:
    - a. The agency cannot reach a decision because the applicant or an examining physician delays or fails to take a required action, or
    - b. When there is an administrative or other emergency beyond the agency's control.
  - 2. If an applicant dies while an application is pending, the Administration or its designee shall complete an eligibility determination for the deceased applicant.
  - 3. The Administration or its designee shall complete an eligibility determination on an application filed on behalf of a deceased applicant.
  - 4. During the application process the Administration or its designee shall provide information to the applicant or member explaining the requirements to:
    - a. Cooperate with DCSS in establishing paternity and enforcing medical support, except in circumstances when good cause under 42 CFR 433.147 exists for not cooperating;
    - b. Establish good cause for not cooperating with DCSS in establishing paternity and enforcing medical support, when applicable;
    - c. Report a change listed under subsection (B)(3)(c) no later than 10 days from the date the applicant or member knows of the change;
    - d. Send to the Administration or its designee any medical support payments resulting from a court order;
    - e. Cooperate with the Administration or its designee's assignment of rights and securing payments received from any liable party for a member's medical care.
  - 5. Offer to help the applicant or member to complete the application form and to obtain the required verification;
  - 6. Provide the applicant or member with information explaining:

- a. The eligibility and verification requirements for AHCCCS medical coverage;
- b. The requirement that the applicant or member obtain and provide a SSN to the Administration or its designee;
- c. How the Administration or its designee uses the SSN;
- 7. Explain to the applicant or member the practice of exchange of eligibility and income information through the electronic service established by the Secretary;
- 8. Explain to the applicant and member the right to appeal an adverse action under R9-22-315;
- 9. Use any information provided by the member to complete data matches with potentially liable parties;
- 10. Explain the eligibility review process;
- 11. Explain the AHCCCS pre-enrollment process;
- 12. Use the Systematic Alien Verification for Entitlements (SAVE) process to verify qualified alien status;
- 13. Provide information regarding the penalties for perjury and fraud on the application;
- 14. Review any verification items provided by the applicant or member and inform the member of any additional verification items and time-frames within which the applicant or member shall provide information to the Administration or its designee;
- 15. Explain to the applicant or member the applicant's and member's responsibilities under subsection (B);
- 16. Transfer the applicant's information to other insurance affordability programs as described under 42 CFR 435.1200(e) when the applicant does not qualify for Medicaid;
- 17. Attain a written record of a collateral contact: such as a verbal statement from a representative of an agency or organization, or an individual with actual knowledge of the information;
- 18. Complete a review of eligibility:
  - a. Any time there is a change in a member's circumstance that may affect eligibility,
  - b. For a member approved for the MED program under R9-22-1435 through R9-22-1440 before the end of the six-month eligibility period,
  - c. Of each member's continued eligibility for AHCCCS medical coverage once every 12 months;
- 19. The Administration or its designee shall discontinue eligibility and notify the member of the discontinuance under R9-22-307 if the member:
  - a. Fails to comply with the review of eligibility,
  - b. Fails to comply under 42 CFR 433.148 with the requirements and conditions of eligibility under this Article regarding assignment of rights and cooperation of establishing paternity and obtaining medical support, or
  - c. Does not meet the eligibility requirements; and
- 20. Redetermine eligibility for a person terminated from the SSI cash program.
  - a. Continuation of AHCCCS medical coverage. The Administration shall continue AHCCCS medical coverage for a person terminated from the SSI cash program until a redetermination of eligibility is completed.
  - b. Coverage group screening. Before terminating a person from the SSI cash program, the Administration shall determine if the person is eligible for coverage

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as a person described in A.R.S. §§ 36-2901(6)(a)(i) through (vi) or 36-2934.

c. Eligibility decision.

- i. If a person is eligible under this Article or 9 A.A.C. 28, Article 4, the Administration shall send a notice informing the applicant that AHCCCS medical coverage is approved.
- ii. If a person is ineligible, the Administration shall send a notice to deny AHCCCS medical coverage.

**B. Applicant and Member Responsibilities.**

1. An applicant or a member shall authorize the Administration or its designee to obtain verification for initial eligibility or continuation of eligibility.
2. As a condition of eligibility, an applicant or a member shall:
  - a. Provide the Administration or its designee with complete and truthful information. The Administration or its designee may deny an application or discontinue eligibility if:
    - i. The applicant or member fails to provide information necessary for initial or continuing eligibility;
    - ii. The applicant or member fails to provide the Administration or its designee with written authorization or electronic authorization to permit the Administration or its designee to obtain necessary initial or continuing eligibility verification;
    - iii. The applicant or member fails to provide verification under R9-22-304 after the Administration or its designee made an effort to obtain the necessary information; or
    - iv. The applicant or member does not assist the Administration or its designee in resolving incomplete, inconsistent, or unclear information that is necessary for initial or continuing eligibility;
  - b. Cooperate with the Division of Child Support Services (DCSS) in establishing paternity and enforcing medical support obligations when requested unless good cause exists for not cooperating under 42 CFR 433.147 as of October 1, 2012, which is incorporated by reference, on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol St., NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments. The Administration or its designee shall not deny AHCCCS eligibility to an applicant who would otherwise be eligible, is a minor child, and whose parent or legal representative does not cooperate with the medical support requirements or first- and third-party liability requirements under Article 10 of this Chapter; and
  - c. Provide the information needed to pursue third party coverage for medical care, such as:
    - i. Name of policyholder,
    - ii. Policyholder's relationship to the applicant or member,
    - iii. Name and address of the insurance company, and
    - iv. Policy number.

3. A member or an applicant shall:

- a. Send to the Administration or its designee any medical support payments received while the member is eligible that result from a medical support order;
- b. Cooperate with the Administration or its designee regarding any issues arising as a result of Eligibility Quality Control described under A.R.S. § 36-2903.01; and
- c. Inform the Administration or its designee of the following changes within 10 days from the date the applicant or member knows of a change:
  - i. In address;
  - ii. In the household's composition;
  - iii. In income;
  - iv. In resources, when required under the Medical Expense Deduction (MED) program;
  - v. In Arizona state residency;
  - vi. In citizenship or immigrant status;
  - vii. In first- or third-party liability that may contribute to the payment of all or a portion of the person's medical costs;
  - viii. That may affect the member's or applicant's eligibility, including a change in a woman's pregnancy status;
  - ix. Death;
  - x. Change in marital status; or
  - xi. Change in school attendance.

4. As a condition of eligibility, an applicant or a member shall cooperate with the assignment of rights as required by R9-22-311. If the applicant or member receives medical care and services for which a first or third party is or may be liable, the applicant or member shall cooperate with the Administration or its designee in assisting, identifying and providing information to assist the Administration or its designee in pursuing any first or third party who is or may be liable to pay for medical care and services.

5. A pregnant woman under A.R.S. § 36-2901(6)(a)(ii) is not required to provide the Administration or its designee with information regarding paternity or medical support from a father of a child born out of wedlock.

**C. Administration or its designee responsibilities at Eligibility Renewal.**

1. The Administration or its designee shall renew eligibility without requiring information from the individual if able to do so based on reliable information available to the agency, including through an electronic data match. If able to renew eligibility based on such information, the Administration or its designee shall send the member notice of:
  - a. The eligibility determination; and
  - b. The member's requirement to notify the Administration or its designee if any of the information contained in the renewal notice is inaccurate.
2. If unable to renew eligibility, the Administration or its designee shall:
  - a. Send a pre-populated renewal form listing the information needed to renew eligibility,
  - b. Give the member 30 days from the date of the renewal form to submit the signed renewal form and the information needed,
  - c. Send the member notice of the renewal decision under R9-22-312 or R9-22-1413(B) as applicable.

**Historical Note**

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Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-306 repealed, new Section R9-22-306 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (B), paragraphs (1) and (6) effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (1) and added a new subsection (N) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6).

Amended subsection (B) effective October 1, 1987; amended subsection (N) effective December 22, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-306 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-307. Approval or Denial of Eligibility**

**A.** Approval. If the applicant meets all the eligibility requirements and conditions of eligibility of this Article, the Administration or its designee shall approve the application and provide the applicant with an approval notice. The approval notice shall contain:

1. The name of each approved applicant,
2. The effective date of eligibility for each approved applicant,
3. The reason and the legal citations if a member is approved for only emergency medical services, and
4. The applicant's right to appeal the decision.

**B.** Denial. If an applicant fails to meet the eligibility requirements or conditions of eligibility of this Article, the Administration or its designee shall deny the application and provide the applicant with a denial notice. The denial notice shall contain:

1. The name of each ineligible applicant,
2. The specific reason why the applicant is ineligible,
3. The income and resource calculations for the applicant compared to the income or resource standards for eligibility when the reason for the denial is due to the applicant's income or resources exceeding the applicable standard,
4. The legal citations supporting the reason for the ineligibility,
5. The location where the applicant can review the legal citations,
6. The date of the application being denied; and
7. The applicant's right to appeal the decision and request a hearing.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended subsections (A) and (C), added subsection (G) and (H) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-307 repealed, new Section R9-22-307 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (A) as an emergency effective December 4, 1985 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-6). Permanent amendment to subsection (A) effective February 5, 1986 (Supp. 86-1).

Amended subsections (E) and (F) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987,

filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1).

Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective

September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8,

1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-307 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-308. Reinstating Eligibility**

The Administration or its designee shall reopen an application or reinstate eligibility of a member when any of the following conditions are met:

1. The denial or discontinuance of eligibility was due to an administrative error,
2. The discontinuance of eligibility was due to noncompliance with a condition of eligibility and the applicant or member complies prior to the effective date of the discontinuance,
3. The member informs the Administration or its designee of a change of circumstances prior to the effective date of the discontinuance, that would allow for continued eligibility, or
4. Following a discontinuance, the member qualifies for continuation of medical coverage pending an appeal.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4).

Amended effective October 1, 1983 (Supp. 83-5).

Amended by adding subsection (C) effective March 2, 1984 (Supp. 84-2). Former Section R9-22-308 repealed, new Section R9-22-308 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-308 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-309. Confidentiality and Safeguarding of Information**

The Administration or its designee shall maintain the confidentiality of an applicant or member's records and limit the release of safeguarded information under R9-22-512 and 6 A.A.C. 12, Article 1. In the event of a conflict between R9-22-512 and 6 A.A.C. 12, Article 1, R9-22-512 prevails.

**Historical Note**

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Adopted effective August 30, 1984 (Supp. 82-4). Amended (D)(1)(d) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-309 repealed, new Section R9-22-309 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (F) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (A), (B) and (C) effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-309 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-310. Ineligible Person**

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

1. An inmate of a public institution, or
2. Over age 64 and is residing in an Institution for Mental Disease under 42 CFR 435.1009 except as allowed in 42 USC 1396d(h) or as allowed under the Administration's Section 1115 waiver.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended (B)(7) and added subsections (C) and (D) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-310 repealed, new Section R9-22-310 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) and deleted subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (7) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (B) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-310 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-311. Assignment of Rights Under Operation of Law**

By operation of law and under A.R.S. § 36-2903, a person determined eligible assigns rights to the system medical benefits to which the person is entitled.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-311 repealed, new Section R9-22-311 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-311 made by

final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-312. Member Notices**

- A. Contents of notice. The Administration or its designee shall issue a notice by mail, personal delivery, or electronic means when an action is taken regarding a person's eligibility or premiums. The notice shall contain the following information:
  1. The date of the notice issued;
  2. A statement of the action being taken;
  3. The effective date of the action;
  4. The specific reason for the intended action;
  5. If eligibility is being discontinued due to income in excess of the income standards, the actual figures used in the eligibility determination and the amount by which the person exceeds income standards;
  6. If a premium is imposed or increased, the actual figures used in determining the premium amount;
  7. The specific law or regulation that supports the action, or a change in federal or state law that requires an action;
  8. An explanation of the member's rights to an appeal and continued benefits.
- B. Advance notice of changes in eligibility or premiums. "Advance notice" means a notice that is issued to a person at least 10 days before the effective date of the change. Except as specified in subsection (C), advance notice shall be issued whenever the following adverse action is taken:
  1. To discontinue or suspend or reduce eligibility or covered services; or
  2. To impose a premium or increase a person's premium.
- C. The Administration or its designee shall issue a Notice of Adverse Action to a member no later than the effective date of action if:
  1. The Administration or its designee receives a request to withdraw;
  2. A person provides information that requires termination of eligibility or an increase or imposition of the premium and the person signs a clear written statement waiving advance notice;
  3. A person cannot be located and mail sent to that person has been returned as undeliverable;
  4. A person has been admitted to a public institution where the person is ineligible under R9-22-310;
  5. A person has been approved for Medicaid or CHIP in another state; or
  6. The Administration or its designee has information that confirms the death of the person.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended subsections (A) and (B), added subsection (D) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-312 repealed, new Section R9-22-312 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-312

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made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-313. Withdrawal of Application**

- A. An applicant may withdraw an application at any time before the Administration or its designee completes an eligibility determination by making an oral or written request for withdrawal to the Administration or its designee and stating the reason for withdrawal.
- B. If an applicant orally requests withdrawal of the application, the Administration or its designee shall document the:
  1. Date of the request,
  2. Name of the applicant for whom the withdrawal applies, and
  3. Reason for the withdrawal.
- C. An applicant may withdraw an application in writing by:
  1. Completing an Administration-approved voluntary withdrawal form; or
  2. Submitting a written, signed, and dated request to withdraw the application.
- D. The effective date of the withdrawal is the date of the application.
- E. If an applicant requests to withdraw an application, the Administration or its designee shall:
  1. Deny the application, and
  2. Notify the applicant of the denial following the notice requirements under R9-22-307.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4).  
 Amended effective October 1, 1983 (Supp. 83-5).  
 Amended subsections (C) and (D) as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended subsections (D) and (E) as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-313 repealed, new Section R9-22-313 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsections (B), (C), (E) and (G) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B) and (C) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-313 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-314. Withdrawal from AHCCCS Medical Coverage**

- A. A member may withdraw from AHCCCS medical coverage at any time by giving oral or written notice of withdrawal to the Administration or its designee. The member or the member's

legal or authorized representative shall provide the Administration or its designee with:

1. The reason for the withdrawal,
  2. The date the notice is effective, and
  3. The name of the member for whom AHCCCS medical coverage is being withdrawn.
- B. If a notice of withdrawal does not identify specific members the Administration or its designee shall discontinue eligibility for any members that the person submitting the withdrawal has legal authority to act on behalf of.
  - C. The Administration or its designee shall notify the member of the discontinuance as required by R9-22-312.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4).  
 Amended subsection (A) and added subsection (F) as an emergency effective February 28, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended subsection (A) and added subsection (F) as a permanent rule effective May 16, 1983; text of the amended rule identical to the emergency (Supp. 83-3). Former Section R9-22-314 repealed, new Section R9-22-314 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-314 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-315. Notice of Adverse Action**

- A. Adverse actions. An applicant or member may appeal, as described under Chapter 34, by requesting a hearing from the Administration or its designee concerning any of the following adverse actions:
  1. Complete or partial denial of eligibility under R9-22-307 and R9-22-313(E);
  2. Suspension, termination, or reduction of AHCCCS medical coverage under R9-22-307, R9-22-312 and R9-22314;
  3. Delay in the eligibility determination beyond the timeframes under this Article;
  4. The imposition of or increase in a premium or copayment; or
  5. The effective date of eligibility.
- B. Notice of Adverse Action. The Administration or its designee shall personally deliver or send, by mail, or electronic means a Notice of Adverse Action to the person affected by the action. For the purpose of this Section, the date of the Notice of Adverse Action shall be the date of personal delivery to the applicant, the postmark date if mailed, or the email date if emailed.
- C. Automatic change and hearing rights.
  1. An applicant or a member is not entitled to a hearing if the sole issue is a federal or state law requiring an automatic change adversely affecting some or all recipients.
  2. An applicant or a member is entitled to a hearing if a federal or state law requires an automatic change and the applicant or member timely files an appeal that alleges a misapplication of the facts to the law.

**Historical Note**



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Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-315 repealed, new Section R9-22-315 adopted effective November 20, 1984 (Supp. 84-6). Repealed effective October 1, 1985 (Supp. 85-5). New Section R9-22-315 adopted effective February 5, 1986 (Supp. 86-1). Amended effective February 26, 1988 (Supp. 88-1). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-315 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 31 A.A.R. 1834 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-316. Exemptions from Sponsor Deemed Income**

- A.** An applicant shall provide proof to the Administration or its designee when claiming an exemption from sponsor deemed income.
- B.** The Administration or its designee shall grant an exemption from deeming a sponsor's income for a Lawful Permanent Resident applicant if the applicant:
  1. Adjusted immigration status to Lawful Permanent Resident from status as a refugee or asylee;
  2. Is the spouse or dependent child of the sponsor and lives with the sponsor;
  3. Is indigent as specified in subsection (C);
  4. Is a victim of domestic violence or extreme cruelty as specified in subsection (D); or
  5. Has acquired 40 qualified quarters of work credit based on earnings as specified in subsection (E).
- C.** Exemption from sponsor deeming based on indigence.
  1. The Administration or its designee shall consider the applicant indigent and grant an exemption from sponsor deemed income for an applicant, for a period of 12 months beginning with the first month of eligibility if all the following are met:
    - a. An applicant is indigent if all of the following are met:
      - i. The applicant does not reside with the applicant's sponsor;
      - ii. The applicant does not receive free room and board; and
      - iii. The applicant's total gross income including monies received from the sponsor and the value of any vendor payments received for food, utilities, or shelter does not exceed 100% of the FPL for the size of the income group.
  2. The Administration or its designee shall send a notice under 8 U.S.C. 1631(e)(2) to the Attorney General's Office when approving an applicant who is exempt from sponsor deemed income due to indigence.
- D.** The Administration or its designee shall grant an exemption from sponsor deemed income for an applicant who is a victim of domestic violence or extreme cruelty under 8 CFR 204.2 for a period of 12 months beginning with the first month of eligibility. The Administration or its designee shall redetermine the exemption status at each renewal.
  1. The Administration or its designee considers an applicant to be a victim of domestic violence or extreme cruelty when all of the following are met:
    - a. The applicant is the victim, the parent of a child victim, or the child of a parent victim;

- b. The perpetrator of the domestic violence or extreme cruelty was the spouse or parent of the victim or other family member related by blood, marriage or adoption to the victim;
  - c. The perpetrator was residing in the same household as the victim when the abuse occurred;
  - d. The abuse occurred in the United States;
  - e. The applicant did not participate in the domestic violence or cruelty; and
  - f. The victim does not currently live with the perpetrator.
2. The applicant shall provide proof that the applicant or the applicant's child is a victim of domestic violence or extreme cruelty by presenting one of the following:
  - a. USCIS form I-360 Petition for Amerasian, Widow, or Special Immigrant;
  - b. USCIS form I-797 USCIS approval of the I-360 petition;
  - c. Reports or affidavits concerning the domestic violence or cruelty documented by police, judges, or other court officials, medical personnel, school officials, clergy, social workers, counseling or mental health personnel, or other social service agency personnel;
  - d. Legal documentation, such as an order of protection against the perpetrator or an order convicting the perpetrator of committing an act of domestic violence or extreme cruelty that chronicles the existence of domestic violence or extreme cruelty;
  - e. Evidence that indicates that the applicant sought safe haven in a battered women's shelter or similar refuge because of the domestic violence or extreme cruelty against the applicant or the applicant's child; or
  - f. Photographs of the applicant or applicant's child showing visible injury.
- E.** The Administration or its designee shall grant an exemption from sponsor deemed income for an applicant who has reached 40 qualifying quarters of work credit.
  1. The Administration or its designee shall not count quarters credited after January 1, 1997 that were earned while the applicant was receiving any federal means-tested benefits.
  2. The Administration or its designee shall not count the 40 qualifying quarters of work credit unless the credited quarters are:
    - a. Quarters that the applicant worked;
    - b. Quarters worked by the applicant's spouse or deceased spouse during their marriage; or
    - c. Quarters worked by the applicant's parents when the applicant was under age 18.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as an emergency effective February 9, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as a permanent rule effective May 16, 1983; text of permanent rule identical to the emergency (Supp. 83-3). Amended effective October 1, 1983 (Supp. 83-5). Correction subsection (A), paragraph (1) amended effective October 1, 1983, (Supp. 83-6). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended

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as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-316 repealed, new Section R9-22-316 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective October 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-316 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-317. Sponsor Deemed Income**

- A.** The Administration or its designee shall use income of a USCIS sponsor to determine eligibility for a non-citizen applicant, whether or not the income is available, to the non-citizen applicant unless exempt under R9-22-316.
- B.** Counting the income from a sponsor.
  1. This Section applies to non-citizen applicants who:
    - a. Are Lawful Permanent Residents under 8 CFR 101.3;
    - b. Applied for Lawful Permanent Resident Status on or after December 19, 1997;
    - c. Are sponsored by an individual who signed a USCIS I-864 Affidavit of Support; and
    - d. Are eligible for full AHCCCS medical coverage.
  2. Sponsor deemed income shall be considered the income of the non-citizen applicant only.
  3. The Administration or its designee shall not use the provisions of this Section when:
    - a. The applicant becomes a naturalized U.S. citizen;
    - b. The applicant qualifies for an exemption listed in R9-22-316; or
    - c. The sponsor dies.
- C.** Determining income from a sponsor.
  1. For an applicant who is exempt from sponsor deeming under R9-22-316, only cash contributions actually received from the sponsor are countable income to the applicant.
  2. For an applicant to whom the sponsor's income is deemed, the Administration or its designee shall exclude any cash contributions received from the sponsor.
- D.** Calculation of income from a sponsor.
  1. The Administration or its designee shall include the total gross income of the sponsor and the sponsor's spouse, when living with the sponsor;
  2. The Administration or its designee shall subtract an amount equal to 100% of the FPL for the sponsor's household size from the total gross income under (D)(1); and
  3. The amount calculated under subsection (D)(2) is deemed as income to the applicant for purposes of determining eligibility.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-317 repealed, new Section R9-22-317 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1986 (Supp. 86-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-317

made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-318. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-318 repealed, new Section R9-22-318 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) and added subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (B) effective October 1, 1987; amended subsection (A) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective December 13, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-319. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-319 repealed, new Section R9-22-319 adopted effective November 20, 1984 (Supp. 84-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-320. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-320 repealed, new Section R9-22-320 adopted effective November 20, 1984 (Supp. 84-6). Amended effective April 13, 1990 (Supp. 90-2). Repealed effective December 13, 1993 (Supp. 93-4).

**R9-22-321. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-321 repealed, new Section R9-22-321 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (B) through (E) effective October 1, 1986 (Supp. 86-5). Amended effective January 1,

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1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987 (Supp. 87-4). Amended subsections (B) and (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2).

Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-322. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective May 27, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-3). Former Section R9-22-322 repealed, new Section R9-22-322 adopted effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective May 18, 1984 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-322 repealed, new Section R9-22-322 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective September 29, 1992 (Supp. 92-3). Amended December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-323. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-323 repealed, new Section R9-22-323 adopted effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-323 repealed, new Section R9-22-323 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (B) through (D) effective October 1, 1986 (Supp. 86-5). Amended subsections (A), (B) and (D) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B), (D) and (E) effective October 1, 1987 (Supp. 87-4). Amended subsections (B) and (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-324. Repealed****Historical Note**

Adopted as an emergency effective July 27, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R9-22-324 adopted as an emergency renumbered as Section R9-22-327. New Section R9-22-324 adopted effective October 1, 1983 (Supp. 83-5). For-

mer Section R9-22-324 repealed, former Section R9-22-323 renumbered as Section R9-22-324 and adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Former Section R9-22-324 repealed, new Section R9-22-324 adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-324 repealed, new Section R9-22-324 adopted effective November 20, 1984 (Supp. 84-6). Change in heading only effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-325. Repealed****Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-325 repealed, new Section R9-22-325 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-326. Repealed****Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-326 repealed, new Section R9-22-326 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Change in heading only effective October 1, 1987 (Supp. 87-4). Amended subsection (A) effective May 30, 1989 (Supp. 89-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-327. Repealed****Historical Note**

Former Section R9-22-324 adopted as an emergency effective July 27, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days renumbered as Section R9-22-327 and adopted as a permanent rule effective October 1, 1983 (Supp. 83-5). Former Section R9-22-327 repealed, new Section R9-22-327 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (A), (D), (E), (G), (H), and (I) effective October 1, 1986 (Supp. 86-5). Amended subsection (D) and added a new subsection (J) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (A) and (E) effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final

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rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-328. Repealed****Historical Note**

Adopted as an emergency effective October 6, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Emergency Expired. New Section R9-22-328 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (A) and (E) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (D) effective October 1, 1987 (Supp. 87-4). Amended subsection (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-329. Repealed****Historical Note**

Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. New Section R9-22-329 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-330. Repealed****Historical Note**

Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. New Section R9-22-330 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended subsection (A) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-331. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-332. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective April 13, 1990 (Supp. 90-2).

Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-333. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-334. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-335. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (B) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-336. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective September 16, 1987 (Supp. 87-3). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-337. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Correction to subsection (B), paragraph (1) (Supp. 87-3). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-338. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Heading changed effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed

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December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-339. Repealed****Historical Note**

Adopted effective October 1, 1985 (Supp. 85-5).  
Amended effective October 1, 1986 (Supp. 86-5).  
Amended subsection (B) effective October 1, 1987 (Supp. 87-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-340. Reserved****Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-341. Repealed****Historical Note**

Adopted effective March 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-342. Repealed****Historical Note**

Adopted effective September 29, 1992 (Supp. 92-3).  
Amended effective September 22, 1997 (Supp. 97-3).  
Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-343. Repealed****Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-344. Repealed****Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**ARTICLE 4. PENALTY FOR OBTAINING ELIGIBILITY BY FRAUD****R9-22-401. Definitions**

Definitions. The following definitions apply specifically to terms used within this Article:

“Amounts incurred by the system” include capitation payments, costs incurred by any contractor in excess of capitation, reinsurance, and other administrative, legal or investigative costs associated with a person who obtained eligibility contrary to A.R.S. § 36-2905.04 and/or A.R.S. § 36-2991.

“Application for eligibility” means any request for benefits administered by AHCCCS under the authority of A.R.S. Title

36, Chapter 29, including applications for presumptive eligibility submitted to hospitals as described under Article 16 of this Chapter.

“Penalty” means an amount not to exceed the amounts incurred by the system during any time period that the person would have been ineligible for benefits but for the false or fraudulent information provided on the application for eligibility. A penalty does not include, and does not need to be reduced by, the amount of any overpayments that AHCCCS may be entitled to recoup from a person who violated A.R.S. § 36-2905.04 and/or A.R.S. § 36-2991.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-401 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 31, 1997 (Supp. 97-1). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-402. Determining the Amount of the Penalty**

- A. AHCCCS shall determine the amount of a penalty according to A.R.S. § 36-2905.04(B) or A.R.S. § 36-2991(B), whichever is applicable, and this Article.
- B. In addition to any penalty imposed pursuant to ARS §§ 36-2905.04 or 36-2991, and this Article, the Administration may also recoup from the person the amounts incurred by the system as a part of the notice and appeal process described in this Article.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-402 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-403. Mitigating and Aggravating Circumstances**

- A. AHCCCS shall consider any of the following to be mitigating circumstances when determining the amount of a penalty for obtaining eligibility by fraud.
  1. Degree of culpability. The degree of culpability of a person is a mitigating circumstance if the person did not intend to provide or cause to be provided false information on the application for eligibility but was negligent as to the truthfulness of the information provided.
  2. Prior Offenses. At the time of the submittal of the application the person:
    - a. Did not have any prior criminal convictions; and
    - b. Had not been held civilly liable for defrauding a public assistance program.
  3. Financial condition. The financial condition of a person who violates A.R.S. §§ 36-2905.04 or 36-2991 is a miti-

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gating circumstance if the imposition of a penalty without reduction will render the person incapable of obtaining necessities of life such as food, clothing, and shelter. AHCCCS may consider the resources available to the person when determining the amount of the penalty.

4. Other matters as justice may require. AHCCCS shall take into account other circumstances of a mitigating nature, if in the interest of justice; the circumstances require a reduction of the penalty.
- B.** AHCCCS shall consider any of the following to be aggravating circumstances when determining the amount of a penalty for obtaining eligibility by fraud.
1. Degree of culpability. The degree of culpability of a person who provides or causes to be provided false information on the application for eligibility is an aggravating circumstance if the person knows or had reason to know that the information provided on the application for eligibility was false, or the person failed to correct the false information prior to AHCCCS incurring a financial loss as a result of the application for eligibility.
  2. Prior offenses. At any time before the submittal of the application for eligibility, the person was held criminally or civilly liable for committing any fraud, waste, or abuse against any public assistance program.
  3. Financial Loss. The person's violation of A.R.S. §§ 36-2905.04 or 36-2991 caused a loss to the system equal to or exceeding \$5,000.00.
  4. Other matters as justice may require. AHCCCS shall take into account other circumstances of an aggravating nature, if in the interest of justice; the circumstances require an increase of the penalty.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-403 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended by adding subsection (C) effective October 1, 1987 (Supp. 87-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-404. Notice of Intent**

- A.** If AHCCCS imposes a penalty pursuant to this Article, AHCCCS shall hand deliver or send by certified mail, return receipt requested, or Federal Express to the person, a written Notice of Intent to impose a penalty.
- B.** The Notice of Intent shall include:
  1. The legal and factual basis for AHCCCS' determination that there has been a violation of A.R.S. §§ 36-2905.04 and/or 36-2991;
  2. The penalty;
  3. The amounts incurred by the system as a result of the violation of A.R.S. §§ 36-2905.04 and/or 36-2991, if AHCCCS intends to recoup those amounts through this process; and
  4. The procedure for requesting a State Fair Hearing.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-404 adopted as an emergency now adopted and amended as a permanent rule effective

August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-405. Failure to Respond to the Notice of Intent**

If a person fails to respond to the Notice of Intent within the time-frame described in A.A.C. § R9-22-406(A), AHCCCS shall uphold the penalty and recoupment amounts described in the Notice of Intent.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-405 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of the amended rule similar to the emergency (Supp. 83-3). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-406. Request for State Fair Hearing**

- A.** To dispute the agency action described in the Notice of Intent, the person shall file a written Request for State Fair Hearing with AHCCCS within sixty (60) days from the date of receipt of the Notice of Intent.
- B.** If AHCCCS receives a timely request for a State Fair Hearing from the person, AHCCCS shall mail a Notice of Hearing pursuant to the Uniform Administrative Hearing Procedures described in A.R.S. Title 41, Chapter 6, Article 10.
- C.** AHCCCS shall accept a written request for withdrawal of a hearing request if the written request for withdrawal is received from the person before AHCCCS mails a Notice of Hearing under the Uniform Administrative Hearing Procedures described in A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-406 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-406 repealed, new Section R9-22-406 adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as a permanent rule effective May 16, 1983; text of the Section identical to the emergency (Supp. 83-3). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-407. Burden of Proof**

- A.** In any State Fair Hearing conducted under this Article, AHCCCS shall prove a violation of A.R.S. §§ 36-2905.04 and/or

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36-2991, and any aggravating circumstances by a preponderance of the evidence.

- B. AHCCCS does not have to prove any specific intent to defraud.
- C. A person shall bear the burden of producing and proving by a preponderance of the evidence any affirmative defense or any circumstance that would justify reducing the amount of the penalty.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-408. Rescission of the Notice of Intent**

AHCCCS may rescind the Notice of Intent at any time prior to the State Fair Hearing without prejudice.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**ARTICLE 5. GENERAL PROVISIONS AND STANDARDS****R9-22-501. General Provisions and Standards - Related Definitions**

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

“Quality management” means a process used by professional health personnel through a formal program involving multiple organizational components and committees to:

- Assess the degree to which services provided conform to desired medical standards and practices; and
- Quality improvement or maintenance of care and services.

“Quality Improvement” means a process designed to achieve, through ongoing measurements and intervention, significant improvement that is sustained over time, in the areas of clinical care and non-clinical care and is expected to have a favorable effect on health outcomes and member satisfaction. Quality Improvement includes focusing organizational efforts on improving performance and utilizing data to develop intervention strategies to improve performance and outcomes.

“Utilization management/review” means a methodology used by professional health personnel to assess the medical indications, appropriateness, and efficiency of care provided. Utilization management applies to a contractor’s process to evaluate and approve or deny the medical necessity, appropriateness, efficacy and efficiency of health care services, procedures, or settings. Utilization review includes processes for prior authorization, concurrent review, retrospective review, and case management.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-501 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-501 repealed, former Section R9-22-502 renumbered and adopted without change as Section R9-22-501 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-501 repealed, former Section R9-22-526 renumbered and amended as Section R9-22-501 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking

at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-502. Pre-existing Conditions**

- A. A contractor shall not impose a pre-existing condition exclusion with respect to covered services.
- B. A contractor or subcontractor shall not adopt or use any procedure to identify a person who has an existing or anticipated medical or psychiatric condition in order to discourage or exclude the person from enrolling in the contractor’s health plan or encourage the person to enroll in another health plan.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-502 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-502 renumbered without change as Section R9-22-501, former Section R9-22-503 renumbered and amended as Section R9-22-502 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-502 repealed, new Section R9-22-502 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4). Amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

**R9-22-503. Provider Requirements Regarding Records**

The provider shall maintain records that meet uniform accounting standards and generally accepted practices for maintenance of medical records, including detailed specification of all patient services delivered, the rationale for delivery, and the service date. A provider shall maintain and upon request, make available to a contractor and to the Administration, financial and medical records relating to payment for not less than five years from the date of final payment, or for records relating to costs and expenses to which the Administration has taken exception, five years after the date of final disposition or resolution of the exception. Providers shall provide one copy of a medical record at no cost if requested by the member.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-503 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-503 renumbered and amended as Section R9-22-502, new Section R9-22-503 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective May 30, 1986 (Supp. 86-3). Amended subsection (D) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (F) and (G) effective December 22, 1987 (Supp. 87-4). Amended subsection (I) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). New Section made by final rulemaking at 11 A.A.R. 4277, effective December

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5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-504. Marketing; Prohibition Against Inducements; Misrepresentations; Discrimination; Sanctions**

- A. A contractor or the contractor's marketing representative shall not offer or give any form of compensation or reward, or engage in any behavior or activity that may be reasonably construed as coercive, to induce or procure AHCCCS enrollment with the contractor. Any marketing solicitation offering a benefit, good, or service in excess of the covered services in Article 2 is deemed an inducement.
- B. A marketing representative shall not misrepresent itself, the contracting health plan represented, or the AHCCCS program, through false advertising, false statements, or in any other manner to induce a member of another contractor to enroll in the represented health plan. Violations of this subsection include, but are not limited to, false or misleading claims, inferences, or representations such as:
  1. A member will lose benefits under the AHCCCS program or lose any other health or welfare benefits to which a member is legally entitled, if the member does not enroll in the represented contracting health plan;
  2. Marketing representatives are employees of the state or representatives of the Administration, a county, or any health plan other than the health plan by which they are employed, or by which they are reimbursed; and
  3. The represented health plan is recommended or endorsed as superior to its competition by any state or county agency, or any organization, unless the organization has certified its endorsement in writing to the health plan and the Administration.
- C. A marketing representative shall not engage in any marketing or pre-enrollment practice that discriminates against a member because of race, creed, age, color, sex, religion, national origin, ancestry, marital status, sexual preference, physical or mental disability, or health status.
- D. The Administration shall hold a contractor responsible for a violation of this Section resulting from the performance of any marketing representative, subcontractor, agent, program, or process under the contractor's employ or direction and shall impose contract sanctions on the contractor as specified in contract.
- E. A contractor shall produce and distribute informational materials that are approved by the Administration to each enrolled member or designated representative after the contractor receives notification of enrollment from the Administration. The contractor shall ensure that the informational materials include, at a minimum:
  1. A description of all covered services as specified in contract;
  2. An explanation of service limitations and exclusions;
  3. An explanation of the procedure for obtaining services;
  4. An explanation of the procedure for obtaining emergency services;
  5. An explanation of the procedure for filing a grievance and appeal; and
  6. An explanation of when plan changes may occur as specified in contract.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-504 adopted as an emergency now adopted and amended as a permanent rule effective

August 30, 1982 (Supp. 82-4). Former Section R9-22-504 repealed, former Section R9-22-505 renumbered and adopted without change as Section R9-22-504 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-504 repealed, former Section R9-22-528 renumbered and amended as Section R9-22-504 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-505. Standards, Licensure, and Certification for Providers of Hospital and Medical Services**

A provider shall not provide hospital or medical services to a member unless the provider is licensed by the Arizona Department of Health Services and meets the requirements in 42 CFR 441 and 482, as of October 1, 2007, and 42 CFR 456 Subpart C, as of October 1, 2007, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation contains no future editions or amendments. An Indian Health Service (IHS) hospital and a Veterans Administration hospital shall not provide services to a member unless accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-505 adopted as an emergency expired, former Section R9-22-506 adopted as an emergency now adopted, amended and renumbered as Section R9-22-505 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-505 renumbered without change as Section R9-22-504, new Section R9-22-505 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-505 renumbered and amended as Section R9-22-509, former Section R9-22-527 renumbered and amended as Section R9-22-505 effective October 1, 1985 (Supp. 85-5). Editorial correction, spelling of "paraphernalia" in subsection (A) (Supp. 87-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). New Section made by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-506. Repealed**

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-506 adopted as an emergency adopted, amended and renumbered as Section R9-22-505, former Section R9-22-507 adopted as an emergency now adopted, amended and renumbered as Section R9-22-506 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-506 repealed, new Section R9-22-506 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-506 repealed, new Section R9-22-506 adopted effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (D) effective December 22, 1987 (Supp. 87-4). Repealed effective April 13, 1990 (Supp. 90-2). New Section adopted effective December 13, 1993



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(Supp. 93-4). Repealed effective December 8, 1997  
(Supp. 97-4).

**R9-22-507. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-507 adopted as an emergency adopted, amended and renumbered as Section R9-22-506, former Section R9-22-508 adopted as an emergency now adopted, amended and renumbered as Section R9-22-507 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-507 repealed, new Section R9-22-507 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-508. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-508 adopted as an emergency adopted, amended and renumbered as Section R9-22-507, former Section R9-22-509 adopted as an emergency now adopted, amended and renumbered as Section R9-22-508 as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-509. Transition and Coordination of Member Care****A.** A contractor shall assist in the transition of members to and from other AHCCCS contractors.

1. Both the receiving and relinquishing contractor shall:
  - a. Coordinate with the other contractor to facilitate and schedule appointments for medically necessary services for the transitioned member within the Administration's timelines specified in the contract. If requested by the Administration, a contractor shall submit the policies and procedures regarding transition of members to the Administration for review and approval;
  - b. Assist in the referral of transitioned members to other community health agencies or county medical assistance programs for medically necessary services not covered by the Administration, as appropriate; and
  - c. Develop policies and procedures to be followed when transitioning members who have significant medical conditions; are receiving ongoing services; or have, at the time of the transition, received prior authorization or approval for undelivered, specific services.
2. The relinquishing contractor shall notify the receiving contractor of relevant information about the member's medical condition and current treatment regimens within the timelines defined in contract;
3. The relinquishing contractor shall forward medical records and other relevant materials to the receiving contractor. The relinquishing contractor shall bear the cost of reproducing and forwarding medical records and other relevant materials;
4. Within the timelines specified in contract, the receiving contractor shall ensure that the member selects or is

assigned to a primary care provider, and provide the member with:

- a. Information regarding the contractor's providers,
- b. Emergency numbers, and
- c. Instructions about how to obtain services.

**B.** A contractor shall not use a county or noncontracting provider health resource alternative to diminish the contractor's contractual responsibility or accountability for providing the full scope of covered services. The Administration may impose sanctions as described in contract if a contractor makes referrals to other agencies or programs to reduce expenses incurred by the contractor on behalf of its members.**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-509 adopted as an emergency adopted, amended and renumbered as Section R9-22-508, former Section R9-22-510 adopted as an emergency now adopted and renumbered as Section R9-22-509 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-509 repealed, former Section R9-22-505 renumbered and amended as Section R9-22-509 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-510. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-510 adopted as an emergency adopted and renumbered as Section R9-22-509, former Section R9-22-511 adopted as an emergency now adopted, amended and renumbered as Section R9-22-510 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-510 repealed, new Section R9-22-510 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-511. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-511 adopted as an emergency adopted, amended and renumbered as Section R9-22-510, former Section R9-22-512 adopted as an emergency now adopted, amended and renumbered as Section R9-22-511 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-511 repealed, new Section R9-22-511 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-512. Release of Safeguarded Information****A.** The Administration, contractors, providers, and noncontracting providers shall limit the release of safeguarded information to persons or agencies for the following purposes in accordance with 45 CFR 160 and 45 CFR 164, October 1, 2004, and 42 CFR 431.300 through 431.307, October 1, 2004, incorpo-

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rated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments:

1. Official purposes directly related to the administration of the AHCCCS program including:
    - a. Establishing eligibility and post-eligibility treatment of income, as applicable;
    - b. Determining the amount of medical assistance;
    - c. Providing services for members;
    - d. Performing evaluations and analysis of AHCCCS operations;
    - e. Filing liens on property as applicable;
    - f. Filing claims on estates, as applicable; and
    - g. Filing, negotiating, and settling medical liens and claims.
  2. Law enforcement. The Administration may release safeguarded information without the applicant's or member's written or verbal consent, for the purpose of conducting or assisting an investigation, prosecution, or criminal or civil proceeding related to the administration of the AHCCCS program.
  3. The Administration may release safeguarded member information to a review committee in accordance with the provisions of A.R.S. § 36-2917, without the consent of the applicant or member.
- B.** Except as provided in subsection (A), the Administration, contractors, providers, and noncontracting providers shall disclose safeguarded information only to:
1. An applicant;
  2. A member;
  3. An unemancipated minor, with written permission of a parent, custodial relative, or designated representative, if:
    - a. An Administration employee, authorized representative, or responsible caseworker is present during the examination of the safeguarded information; or
    - b. After written notification to the provider, and at a reasonable time and place.
  4. Persons authorized by the applicant or member; or
  5. A court order or subpoena compliant with 45 CFR 164.512(e), October 1, 2004, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments.
- C.** The Administration, contractors, providers, and noncontracting providers shall safeguard identifiable information, protected health information as specified in 45 CFR 160, and information obtained in the course of application for or redetermination of eligibility concerning an applicant or member, that includes, but is not limited to the following:
1. Name and address;
  2. Social Security number;
  3. Social and economic conditions or circumstances;
  4. Agency evaluation of personal information;
  5. Medical data and information concerning medical services received, including diagnosis and history of disease or disability;
  6. State Data Exchange (SDX) tapes, and other types of information received from outside sources for the purpose of verifying income eligibility and amount of medical assistance payments; and
  7. Any information received in connection with the identification of legally liable third-party resources.

**D.** The restriction upon disclosure of information in this Section does not apply to:

1. De-identified information as described by 45 CFR 164.514, October 1, 2004, incorporated by reference in subsection (A); or
2. A disclosure, in response to a request for information, that complies with 45 CFR 160 and 45 CFR 164, October 1, 2004, and 42 CFR 431.300 through 431.307, October 1, 2004, incorporated by reference in subsection (A).

**E.** A provider shall furnish records requested by the Administration or a contractor to the Administration or the contractor at no charge.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-512 adopted as an emergency adopted, amended and renumbered as Section R9-22-511, former Section R9-22-513 adopted as an emergency now adopted and renumbered as Section R9-22-512 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-512 repealed, new Section R9-22-512 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-513. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-513 adopted as an emergency adopted and renumbered as Section R9-22-512, former Section R9-22-514 adopted as an emergency now adopted, amended and renumbered as Section R9-22-513 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-513 repealed, former Section R9-22-526 renumbered and amended as Section R9-22-513 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-514. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-514 adopted as an emergency adopted, amended and renumbered as Section R9-22-513, former Section R9-22-515 adopted as an emergency now adopted, amended and renumbered as Section R9-22-514 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-514 repealed, former Section R9-22-517 renumbered and amended as Section R9-22-514 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-515. Repealed****Historical Note**

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Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-515 adopted as an emergency adopted, amended and renumbered as Section R9-22-514, former Section R9-22-517 adopted as an emergency now adopted, amended and renumbered as Section R9-22-515 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-515 repealed, former Section R9-22-522 renumbered and amended as Section R9-22-515 effective October 1, 1985 (Supp. 85-5). Repealed effective December 8, 1997 (Supp. 97-4).

**R9-22-516. Renumbered****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-516 adopted as an emergency expired, former Section R9-22-518 adopted as an emergency now adopted, amended and renumbered as Section R9-22-516 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-516 renumbered as Section R9-22-513 effective October 1, 1985 (Supp. 85-5).

**R9-22-517. Renumbered****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-517 adopted as an emergency adopted, amended and renumbered as Section R9-22-515, former Section R9-22-519 adopted as an emergency now adopted and renumbered and amended as Section R9-22-517 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-517 renumbered and amended as Section R9-22-514 effective October 1, 1985 (Supp. 85-5).

**R9-22-518. Information to Enrolled Members**

- A. Each contractor shall produce and distribute printed informational materials to each member or family unit no later than 10 days of receipt of notification of enrollment from the Administration. The contractor shall ensure that the informational materials meet the requirements specified in the contractor's current contract.
- B. A contractor shall provide a member with the name, address, and telephone number of the member's primary care provider no later than 10 days from the date of enrollment. The contractor shall include information on how the member may change primary care providers.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-518 adopted as an emergency adopted, amended and renumbered as Section R9-22-516, former Section R9-22-520 adopted as an emergency now adopted, amended and renumbered as Section R9-22-518 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-518 repealed, new Section R9-22-518 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final

rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-519. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-519 adopted as an emergency adopted, amended and renumbered as Section R9-22-517, former Section R9-22-521 adopted as an emergency now adopted, amended and renumbered as Section R9-22-519 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-519 repealed, new Section R9-22-519 adopted effective October 1, 1985 (Supp. 85-5). Repealed effective December 8, 1997 (Supp. 97-4).

**R9-22-520. Expired****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-520 adopted as an emergency adopted, amended and renumbered as Section R9-22-518, former Section R9-22-522 adopted as an emergency now adopted, amended and renumbered as Section R9-22-520 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-520 repealed, new Section R9-22-520 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4851, effective October 9, 2002 (Supp. 02-4).

**R9-22-521. Program Compliance Audits**

- A. The Administration shall conduct an onsite program compliance audit of a contractor at least once every three years during the term of the Administration's contract with the contractor. The Administration may conduct, without prior notice, inspections of contractor facilities or perform other elements of a program compliance audit.
- B. An audit team may perform any or all of the following procedures:
  1. Conduct private interviews and group conferences with members, physicians, other health professionals, and members of the contractor's administrative staff including, but not limited to, the contractor's principal management persons;
  2. Examine records, books, reports, and papers of the contractor and any management company, and all providers or subcontractors providing health care and other services. The examination may include, but need not be limited to: minutes of medical staff meetings, peer review and quality of care review records, duty rosters of medical personnel, appointment records, written procedures for the internal operation of the health plan, contracts and correspondence with members and with providers of health care services and other services to the plan, and additional documentation deemed necessary by the Administration to review the quality of medical care.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-521 adopted as an emergency adopted, amended and renumbered as Section R9-22-519, former Section R9-22-523 adopted as an emergency now

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adopted, amended and renumbered as Section R9-22-521 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-521 repealed, new Section R9-22-521 adopted effective October 1, 1985 (Supp. 85-5).

Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

*Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General has not certified this rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-22-522. Quality Management/Utilization Management (QM/UM) Requirements**

- A. A contractor shall comply with Quality Management/Utilization Management (QM/UM) requirements specified in this Section and in contract. The contractor shall ensure compliance with QM/UM requirements that are accomplished through delegation or subcontract with another party.
- B. In addition to any requirements specified in contract, a contractor shall:
  1. Submit to the Administration a written QM/UM plan that includes a description of the systems, methodologies, protocols, and procedures to be used in:
    - a. Monitoring and evaluating the types of services provided,
    - b. Identifying the numbers and costs of services provided,
    - c. Assessing and improving the quality and appropriateness of care and services,
    - d. Evaluating the outcome of care provided to members, and
    - e. Determining the actions necessary to improve service delivery;
  2. Submit the QM/UM plan to the Administration on an annual basis within timelines specified in contract. If the QM/UM plan is changed during the year, the contractor shall submit the revised plan to the Administration before implementation;
  3. Receive approval from the Administration before implementing the initial or revised QM/UM plan;
  4. Ensure that a QM/UM committee operates under the control of the contractor's medical director and includes representation from medical and executive management personnel. The committee shall:
    - a. Oversee the development, revision, and implementation of the QM/UM plan; and
    - b. Ensure that there are qualified QM/UM personnel and sufficient resources to implement the contractor's QM/UM activities; and
  5. Ensure that the QM/UM activities include at least:
    - a. Prior authorization for non-emergency or scheduled hospital admissions;
    - b. Concurrent review of inpatient hospitalization;
    - c. Retrospective review of hospital claims;

- d. Program and provider audits designed to detect over- or under-utilization, service delivery effectiveness, and outcome;
- e. Medical records audits;
- f. Surveys to determine satisfaction of members;
- g. Assessment of the adequacy and qualifications of the contractor's provider network;
- h. Review and analysis of QM/UM data;
- i. Measurement of performance using objective quality indicators;
- j. Ensuring individual and systemic quality of care;
- k. Integrating quality throughout the organization;
- l. Process improvement;
- m. Credentialing a provider network;
- n. Resolving quality of care grievances; and
- o. Quality improvement activities focused on improving the quality of care and the efficient, cost-effective delivery and utilization of services.

- C. A member's primary care provider shall maintain medical records that:
  1. Conform to professional medical standards and practices for documentation of medical diagnostic and treatment data;
  2. Facilitate follow-up treatment; and
  3. Permit professional medical review and medical audit processes.
- D. Within 30 days following termination of the contract between a subcontractor and a contractor, the subcontractor or the subcontractor's designee shall forward to the primary care provider medical records or copies of medical records of all members assigned to the subcontractor or for whom the subcontractor has provided services.
- E. The Administration shall monitor each contractor and the contractor's providers to ensure compliance with Administration QM/UM requirements and adherence to the contractor's QM/UM plan.
  1. A contractor and the contractor's providers shall cooperate with the Administration in the performance of the Administration's QM/UM monitoring activities; and
  2. A contractor and the contractor's providers shall develop and implement mechanisms for correcting deficiencies identified through the Administration's QM/UM monitoring.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-522 adopted as an emergency adopted, amended and renumbered as Section R9-22-520, former Section R9-22-524 adopted as an emergency now adopted and renumbered as Section R9-22-522 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-522 renumbered and amended as Section R9-22-515, new Section R9-22-522 adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-523. Expired**

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**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-523 adopted as an emergency adopted, amended and renumbered as Section R9-22-521, former Section R9-22-525 adopted as an emergency now adopted, amended and renumbered as Section R9-22-523 as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4851, effective October 9, 2002 (Supp. 02-4).

**R9-22-524. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-524 adopted as an emergency adopted and renumbered as Section R9-22-522, former Section R9-22-526 adopted as an emergency now adopted, amended and renumbered as Section R9-22-524 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-524 repealed, new Section R9-22-524 adopted effective October 1, 1985 (Supp. 85-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-525. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-525 adopted as an emergency adopted, amended and renumbered as Section R9-22-523, former Section R9-22-527 adopted as an emergency now adopted, amended and renumbered as Section R9-22-525 as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1985 (Supp. 85-5).

**R9-22-526. Renumbered****Historical Note**

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of the permanent rule identical to the emergency (Supp. 83-3). Former Section R9-22-526 repealed, new Section R9-22-526 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-526 renumbered and amended as Section R9-22-501 effective October 1, 1985 (Supp. 85-1).

**R9-22-527. Renumbered****Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-527 renumbered and amended as Section R9-22-505 effective October 1, 1985 (Supp. 85-5).

**R9-22-528. Renumbered****Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-528 renumbered and amended as Section R9-22-504 effective October 1, 1985 (Supp. 85-5).

**R9-22-529. Renumbered****Historical Note**

Adopted as Section R9-22-529 effective October 1, 1985, then renumbered as Section R9-22-1002 effective October 1, 1985 (Supp. 85-5).

**ARTICLE 6. RFP AND CONTRACT PROCESS****R9-22-601. General Provisions**

- A. The Director has full operational authority to adopt rules for the RFP process and the award of contracts under A.R.S. § 36-2906.
- B. This Article applies to the award of contracts under A.R.S. §§ 36-2904 and 36-2906 to provide services under A.R.S. § 36-2907 and the expenditure of public monies by the Administration pertaining to covered services when the procurement so states. The Administration shall establish conflict-of-interest safeguards for officers and employees of this state with responsibilities relating to contracts that comply with 42 U.S.C. 1396u-2(d)(3).
- C. The Administration is exempt from the procurement code under A.R.S. § 41-2501.
- D. The Administration and contractors shall retain all contract records for five years under A.R.S. § 36-2903 and dispose of the records under A.R.S. § 41-2550.
- E. The following terms are defined as related to this Article: "Procurement file" means the official records file of the Director whether located in the Office of the Director or at the public procurement unit. The procurement file shall include in electronic or paper form a list of notified vendors, final solicitation, solicitation amendments, bids/offers, final proposal revisions, clarifications, and final evaluation report.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-601 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

**R9-22-602. RFP**

- A. RFP content. The Administration shall include the following items in any RFP under this Article:
  1. Instructions and information to an offeror concerning the proposal submission including:
    - a. The deadline for submitting a proposal,
    - b. The address of the office at which a proposal is to be received,
    - c. The period during which the RFP remains open, and
    - d. Any special instructions and information;
  2. The scope of covered services under Article 2 of this Chapter and A.R.S. §§ 36-2906 and 36-2907, covered populations, geographic coverage, service and performance requirements, and a delivery or performance schedule;
  3. The contract terms and conditions, including bonding or other security requirements, if applicable;
  4. The factors used to evaluate a proposal;

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5. The location and method of obtaining documents that are incorporated by reference in the RFP;
  6. A requirement that the offeror acknowledge receipt of all RFP amendments issued by the Administration;
  7. The type of contract to be used and a copy of a proposed contract form or provisions;
  8. The length of the contract service;
  9. A requirement for cost or pricing data;
  10. The minimum RFP requirements; and
  11. A provision requiring an offeror to certify that a submitted proposal does not involve collusion or other anti-competitive practices.
- B. Proposal process.**
1. After the deadline for submitting proposals, the Administration may open a proposal publicly and announce and record the name of the offeror. The Administration shall keep all other information contained in a proposal confidential. The Administration shall open a proposal for public inspection after contract award unless the Administration determines that disclosure is not in the best interest of the state.
  2. The Administration shall evaluate a proposal based on the GSA and the evaluation factors listed in the RFP.
  3. The Administration may initiate discussions with a responsive and responsible offeror to clarify and assure full understanding of an offeror's proposal. The Administration shall provide an offeror fair treatment with respect to discussion and revision of a proposal. The Administration shall not disclose information derived from a proposal submitted by a competing offeror.
  4. The Administration shall allow for the adjustment of covered services by expansion, deletion, segregation, or combination in order to secure the most financially advantageous proposals for the state.
  5. The Administration may conduct an investigation of a person or organization who has ownership or management interests in corporate offerors or affiliated corporate organizations of an offeror.
  6. The Administration may issue a written request for best and final offers. The Administration shall state in the request the date, time, and place for the submission of best and final offers.
  7. The Administration shall not request best and final offers more than once unless the Administration determines that it is advantageous to the state to request additional best and final offers. The Administration shall state in the written request for best and final offers that if the offeror does not submit a notice of withdrawal or a best and final offer, the Administration shall take the most recent offer as the offeror's best and final offer.
- C. Proposal rejection.**
1. The Administration may reject an offeror's proposal if the offeror fails to supply the information requested by the Administration.
  2. The offeror shall not disclose information pertaining to its proposal to any other offeror prior to contract award. The offeror may disclose proposal information to a person other than another offeror if the recipient agrees to keep the information confidential until contract award. Disclosure in violation of this subsection may be grounds for rejecting a proposal.
  3. The Administration shall provide written notification to an offeror whose proposal is rejected. The rejection notice shall be part of the contract file and a public record.
- D. Proposal cancellation.** If the Administration determines that it is in the best interest of the state, the Administration may cancel a RFP. The reasons for cancellation shall be part of the contract file. An offeror shall have no right to damages for any claims against the state, the state's employees, or agents if a RFP is cancelled.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-602 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

**R9-22-603. Contract Award**

The Administration shall award a contract to the responsible and responsive offeror whose proposal is determined most advantageous to the state under A.R.S. § 36-2906. If the Administration determines that multiple contracts are in the best interest of the state, the Administration may award multiple contracts. The contract file shall contain the basis on which the award is made.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-603 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

**R9-22-604. Contract or Proposal Protests; Appeals**

- A.** Disputes related to contract performance. This Section does not apply to a dispute related to contract performance. A contract performance dispute is governed by 9 A.A.C. 34.
- B.** Resolution of a proposal protest. The procurement officer issuing a RFP shall have the authority to resolve proposal protests. An appeal from the decision of the procurement officer shall be made to the Director.
- C.** Filing of a protest.
1. A person may file a protest with the procurement officer regarding:
    - a. A RFP issued by the Administration,
    - b. A proposed award, or
    - c. An award of a contract.
  2. A protester shall submit a written protest and include the following information:

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- a. The name, address, and telephone number of the protester;
  - b. The signature of the protester or protester's representative;
  - c. Identification of a RFP or contract number;
  - d. A detailed statement of the legal and factual grounds of the protest including copies of any relevant documents; and
  - e. The relief requested.
- D. Time for filing a protest.**
  - 1. A protester filing a protest alleging improprieties in an RFP or an amendment to an RFP shall file the protest at least 14 days before the due date of receipt of proposals.
  - 2. Any protest alleging improprieties in an amendment issued 14 or fewer days before the due date of the proposal shall be filed before the due date for receipt of proposals.
  - 3. In cases other than those covered in subsections (D)(1) and (2), a protester shall file a protest no later than 10 days after the procurement officer makes the procurement file available for public inspection.
- E. Stay of procurement during the protest.** If a protester files a protest before the contract award, the procurement officer may issue a written stay of the contract award. In considering whether to issue a written stay of contract, the procurement officer shall consider but is not limited to considering whether:
  - 1. A reasonable probability exists that the protest will be sustained, and
  - 2. The stay of the contract award is in the best interest of the state.
- F. Stay of contract award during an appeal to the Director.** The Director shall automatically continue the stay of a contract award if:
  - 1. An appeal is filed before a contract award, and
  - 2. The procurement officer issues a stay of the contract award under subsection (E), unless
  - 3. The Director issues a written determination that the contract award is necessary to protect the best interest of the state.
- G. Decision by the procurement officer.**
  - 1. The procurement officer shall issue a written decision no later than 14 days after a protest has been filed. The decision shall contain an explanation of the basis of the decision.
  - 2. The procurement officer shall furnish a copy of the decision to the protester by:
    - a. Certified mail, return receipt requested; or
    - b. Any other method that provides evidence of receipt.
  - 3. The Administration may extend, for good cause, the time-limit for decisions in subsection (G)(1) for a time not to exceed 30 days. The procurement officer shall notify the protester in writing that the time for the issuance of a decision has been extended and the date by which a decision shall be issued.
  - 4. If the procurement officer fails to issue a decision within the time-limits in subsection (G)(1) or (G)(3), the protester may proceed as if the procurement officer issued an adverse decision.
- H. Remedies.**
  - 1. If the procurement officer sustains the protest in whole or in part and determines that the RFP, proposed contract award, or contract award does not comply with applicable statutes and rules, the procurement officer shall order an appropriate remedy.
    - 2. In determining an appropriate remedy, the procurement officer shall consider all the circumstances of the procurement or proposed procurement, including:
      - a. Seriousness of the procurement deficiency,
      - b. Degree of prejudice to other interested parties or to the integrity of the RFP process,
      - c. Good faith of the parties,
      - d. Extent of performance,
      - e. Costs to the state, and
      - f. Urgency of the procurement.
      - g. Best interest of the state.
    - 3. An appropriate remedy may include one or more of the following:
      - a. Terminating the contract;
      - b. Reissuing the RFP;
      - c. Issuing a new RFP;
      - d. Awarding a contract consistent with statutes, rules, and the terms of the RFP; or
      - e. Any relief determined necessary to ensure compliance with applicable statutes and rules.
- I. Appeals to the Director.**
  - 1. A person may file an appeal of a procurement officer's decision with both the Director and the procurement officer no later than five days from the date the decision is received. The date the decision is received shall be determined under subsection (G)(2).
  - 2. The appeal shall contain:
    - a. The information required in subsection (C)(2),
    - b. A copy of the procurement officer's decision,
    - c. The alleged factual or legal error in the decision of the procurement officer on which the appeal to the Director is based, and
    - d. A request for hearing unless the person requests that the Director's decision be based solely upon the procurement file.
- J. Dismissal.** The Director shall not schedule a hearing and shall dismiss an appeal with a written determination if:
  - 1. The appeal does not state a basis for protest,
  - 2. The appeal is untimely under subsection (I)(1), or
  - 3. The appeal is moot.
- K. Hearing.** Hearings under this Section shall be conducted using the Arizona Administrative Procedure Act under A.R.S. Title 41, Ch. 6.

**Historical Note**

Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

**R9-22-605. Waiver of Contractor's Subcontract with Hospitals**

If a contractor is unable to obtain a subcontract with a hospital as contractually required, the contractor may request in writing a waiver from the Administration as allowed by A.R.S. § 36-2906. The contractor shall state in the request the reasons a waiver is believed to be necessary and all efforts the contractor has made to secure a subcontract.

**Historical Note**

Adopted effective January 31, 1986 (Supp. 86-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 607,

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effective February 5, 1999 (Supp. 99-1). New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

**R9-22-606. Contract Compliance Sanction**

- A. The Director may impose sanctions upon a contractor for violation of any provision of this Chapter or of a contract. Sanctions include but are not limited to:
1. Suspension of any or all further member enrollment, by choice and/or assignment for a period of time.
  2. Imposition of a monetary sanction.
- B. The Director shall consider the nature, severity, and length of the violation when determining a sanction.
- C. The Director shall provide a contractor with written notice specifying grounds and terms for the sanction.
- D. Nothing contained in this Section shall be construed to prevent the Administration from imposing sanctions as provided in contract under A.R.S. § 36-2903.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

**ARTICLE 7. STANDARDS FOR PAYMENTS****R9-22-701. Standards for Payments Related Definitions**

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

“Accommodation” means room and board services provided to a patient during an inpatient hospital stay and includes all staffing, supplies, and equipment. The accommodation is semi-private except when the member must be isolated for medical reasons. Types of accommodation include hospital routine medical/surgical units, intensive care units, and any other specialty care unit in which room and board are provided.

“Aggregate” means the combined amount of hospital payments for covered services provided within and outside the GSA.

“AHCCCS inpatient hospital day or days of care” means each day of an inpatient stay for a member beginning with the day of admission and including the day of death, if applicable, but excluding the day of discharge, provided that all eligibility, medical necessity, and medical review requirements are met.

“Ancillary service” means all hospital services for patient care other than room and board and nursing services, including but not limited to, laboratory, radiology, drugs, delivery room (including maternity labor room), operating room (including postanesthesia and postoperative recovery rooms), and therapy services (physical, speech, and occupational).

“APC” means the Ambulatory Payment Classification system under 42 CFR 419.31 used by Medicare for grouping clinically and resource-similar procedures and services.

“Billed charges” means charges for services provided to a member that a hospital includes on a claim consistent with the rates and charges filed by the hospital with Arizona Department of Health Services (ADHS).

“Business agent” means a company such as a billing service or accounting firm that renders billing statements and receives payment in the name of a provider.

“Capital costs” means costs as reported by the hospital to CMS as required by 42 CFR 413.20.

“Copayment” means a monetary amount, specified by the Director, that a member pays directly to a contractor or provider at the time covered services are rendered.

“Cost-to-charge ratio” (CCR) means a hospital’s costs for providing covered services divided by the hospital’s charges for the same services. The CCR is the percentage derived from the cost and charge data for each revenue code provided to AHC-CCS by each hospital.

“Covered charges” means billed charges that represent medically necessary, reasonable, and customary items of expense for covered services that meet medical review criteria of AHC-CCS or a contractor.

“CHC” means a Community Health Center, which includes both Federally Qualified Health Centers and Rural Health Clinics.

“CPT” means Current Procedural Terminology, published, and updated by the American Medical Association. CPT is a nationally-accepted listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians that provide a uniform language to accurately designate medical, surgical, and diagnostic services.

“Critical Access Hospital” is a hospital certified by Medicare under 42 CFR 485 Subpart F and 42 CFR 440.170(g).

“Direct graduate medical education costs” or “direct program costs” means the costs that are incurred for the education activities of an approved graduate medical education program that are the proximate result of training medical residents in the hospital, including resident salaries and fringe benefits, the portion of teaching physician salaries and fringe benefits that are related to the time spent in teaching and supervision of residents, and other related GME overhead costs.

“DRI inflation factor” means Global Insights Prospective Hospital Market Basket.

“Eligibility posting” means the date a member’s eligibility information is entered into the AHCCCS Pre-paid Medical Management Information System (PMMIS).

“Encounter” means a record of a medically-related service rendered by an AHCCCS-registered provider to a member enrolled with a contractor on the date of service.

“Existing outpatient service” means a service provided by a hospital before the hospital files an increase in its charge master as defined in R9-22-712(G), regardless of whether the service was explicitly described in the hospital charge master before filing the increase or how the service was described in the charge master before filing the increase.

“Expansion funds” means funds appropriated to support GME program expansions as described under A.R.S. § 36-2903.01(G)(9)(b) and (c)(i).

“Factor” means a person or an organization, such as a collection agency or service bureau, that advances money to a provider for accounts receivable that the provider has assigned, sold, or transferred to the organization for an added fee or a



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deduction of a portion of the accounts receivable. Factor does not include a business agent.

“Fiscal intermediary” means an organization authorized by CMS to make determinations and payments for Part A and Part B provider services for a given region.

“Freestanding Children’s Hospital” means a separately standing hospital with at least 120 pediatric beds that is dedicated to providing the majority of the hospital’s services to children.

“GME program approved by the Administration” or “approved GME program” means a graduate medical education program that has been approved by a national organization as described in 42 CFR 415.152.

“Graduate medical education (GME) program” means an approved residency or fellowship program that prepares a physician for independent practice of medicine by providing didactic and clinical education in a medical environment to a medical student who has completed a recognized undergraduate medical education program.

“HCAC” means a health care acquired condition described under 42 CFR 447.26 but does not include Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) as related to total knee replacement or hip replacement surgery in pediatric and obstetric patients.

“HCPCS” means the Health Care Procedure Coding System, published, and updated by Center for Medicare and Medicaid Services (CMS). HCPCS is a listing of codes and descriptive terminology used for reporting the provision of physician services, other health care services, and substances, equipment, supplies, or other items used in health care services.

“HIPAA” means the Health Insurance Portability and Accountability Act of 1996, as specified under 45 CFR 162, that establishes standards and requirements for the electronic transmission of certain health information by defining code sets used for encoding data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes.

“ICU” means the intensive care unit of a hospital.

“Indirect program costs” means the marginal increase in operating costs that a provider experiences as a result of having an approved graduate medical education program and that is not accounted for by the direct program costs.

“Intern and Resident Information System” means a software program used by teaching providers and the provider community for collecting and reporting information on resident training in hospital and non-hospital settings.

“Medical education costs” means direct costs for intern and resident salaries, fringe benefits, program costs, nursing school education, and paramedical education, as described in the Medicare Provider Reimbursement Manual.

“Medical review” means a clinical evaluation of documentation conducted by AHCCCS or a contractor for purposes of prior authorization, concurrent review, post-payment review, or determining medical necessity. The criteria for medical review are established by AHCCCS or a contractor based on medical practice standards that are updated periodically to reflect changes in medical care.

“Medicare Urban or Rural Cost-to-Charge Ratio (CCR)” means statewide average capital cost-to-charge ratio published

annually by CMS added to the urban or rural statewide average operating cost-to-charge ratio published annually by CMS.

“National Standard code sets” means codes that are accepted nationally in accordance with federal requirements under 45 CFR 160 and 45 CFR 164.

“New hospital” means a hospital for which Medicare Cost Report claim and encounter data are not available for the fiscal year used for initial rate setting or rebasing.

“NICU” means the neonatal intensive care unit of a hospital that is classified as a Level II or Level III perinatal center by the Arizona Perinatal Trust.

“Non-IHS Acute Hospital” means a hospital that is not run by Indian Health Services, is not a free-standing psychiatric hospital, such as an IMD, and is paid under ADHS rates.

“Observation day” means a physician-ordered evaluation period of less than 24 hours to determine whether a person needs treatment or needs to be admitted as an inpatient. Each observation day consists of a period of 24 hours or less.

“Operating costs” means AHCCCS-allowable accommodation costs and ancillary department hospital costs excluding capital and medical education costs.

“OPPC” means an Other Provider Preventable Condition that is: (1) a wrong surgical or other invasive procedure performed on a patient, (2) a surgical or other invasive procedure performed on the wrong body part, or (3) a surgical or other invasive procedure performed on the wrong patient.

“Organized health care delivery system” means a public or private organization that delivers health services. It includes, but is not limited to, a clinic, a group practice prepaid capitation plan, and a health maintenance organization.

“Outlier” means a hospital claim or encounter in which the operating costs per day for an AHCCCS inpatient hospital stay meet the criteria described under this Article and A.R.S. § 36-2903.01(G).

“Outpatient hospital service” means a service provided in an outpatient hospital setting that does not result in an admission.

“Ownership change” means a change in a hospital’s owner, lessor, or operator under 42 CFR 489.18(a).

“Participating institution” means an institution at which portions of a graduate medical education program are regularly conducted and to which residents rotate for an educational experience for at least one month.

“Peer group” means hospitals that share a common, stable, and independently definable characteristic or feature that significantly influences the cost of providing hospital services, including specialty hospitals that limit the provision of services to specific patient populations, such as rehabilitative patients or children.

“PPC” means prior period coverage. PPC is the period of time, prior to the member’s enrollment, during which a member is eligible for covered services. The time-frame is the first day of the month of application or the first eligible month, whichever is later, until the day a member is enrolled with a contractor.

“PPS bed” means Medicare-approved Prospective Payment beds for inpatient services as reported in the Medicare cost reports for the most recent fiscal year for which the Administration has a complete set of Medicare cost reports for every

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rural hospital as determined as of the first of February of each year.

“Primary care GME program” means a graduate medical education program that prepares a physician for the practice of internal medicine, family medicine, pediatrics, obstetrics, geriatrics, or psychiatry.

“Procedure code” means the numeric or alphanumeric code listed in the CPT or HCPCS manual by which a procedure or service is identified.

“Prospective rates” means inpatient or outpatient hospital rates set by AHCCCS in advance of a payment period and representing full payment for covered services excluding any quick-pay discounts, slow-pay penalties, and first-and third-party payments regardless of billed charges or individual hospital costs.

“Public hospital” means a hospital that is owned and operated by county, state, or hospital health care district.

“Qualifying health information exchange organization” means a non-profit health information organization as defined in A.R.S. § 36-3801 that provides the statewide exchange of patient health information among disparate health care organizations and providers not owned, operated, or controlled by the health information exchange. A qualifying health information exchange organization must include representation by the administration on its board of directors, and have a significant number of health care participants, including hospitals, laboratories, payers, community physicians and Federally Qualified Health Centers.

“Rebase” means the process by which the most currently available and complete Medicare Cost Report data for a year and AHCCCS claim and encounter data for the same year are collected and analyzed to reset the Inpatient Hospital Tiered per diem rates, or the Outpatient Hospital Capped Fee-For-Service Schedule.

“Reinsurance” means a risk-sharing program provided by AHCCCS to contractors for the reimbursement of specified contract service costs incurred by a member beyond a certain monetary threshold.

“Remittance advice” means an electronic or paper document submitted to an AHCCCS-registered provider by AHCCCS to explain the disposition of a claim.

“Resident” means a physician engaged in postdoctoral training in an accredited graduate medical education program, including an intern and a physician who has completed the requirements for the physician’s eligibility for board certification.

“Revenue code” means a numeric code, that identifies a specific accommodation, ancillary service, or billing calculation, as defined by the National Uniform Billing committee for UB04 forms.

“Sub-acute services” means inpatient care for a patient with an acute illness, injury, or exacerbation of a disease process when the patient does not require acute inpatient hospitalization. Sub-acute care is rendered immediately after, or instead of, acute inpatient hospitalization.

“Specialty facility” means a facility where the service provided is limited to a specific population, such as rehabilitative services for children.

“Sponsoring institution” means the institution or entity that is recognized by the GME accrediting organization and designated as having ultimate responsibility for the assurance of academic quality and compliance with the terms of accreditation.

“Tier” means a grouping of inpatient hospital services into levels of care based on diagnosis, procedure, or revenue codes, peer group, NICU classification level, or any combination of these items.

“Tiered per diem” means an AHCCCS capped fee schedule in which payment is made on a per-day basis depending upon the tier (or tiers) into which an AHCCCS inpatient hospital day of care is assigned.

“Trip” means a one-way transport each time a taxi is called. If the taxi waits for the member, then the transport continues to be part of the one-way trip. If the taxi leaves and is called to pick up the member, that is considered a new one-way trip.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-701 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-701 repealed, new Section R9-22-701 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 1782, effective June 30, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by exempt rulemaking at 13 A.A.R. 4032, effective November 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014; amended by exempt rulemaking at 20 A.A.R. 2755, effective January 1, 2015 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 837 (April 29, 2022), with an immediate effective date of April 5, 2022 (Supp. 22-2).

**R9-22-701.01. Reserved**

**R9-22-701.02. Reserved**

**R9-22-701.03. Reserved**

**R9-22-701.04. Reserved**

**R9-22-701.05. Reserved**

**R9-22-701.06. Reserved**

**R9-22-701.07. Reserved**

**R9-22-701.08. Reserved**

**R9-22-701.09. Reserved**

**R9-22-701.10 Scope of the Administration’s and Contractor’s Liability**

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The Administration shall bear no liability for providing covered services for any member beyond the date of termination of the member's eligibility or during the member's enrollment with a contractor. A contractor has no financial responsibility for services provided to a member beyond the last date of enrollment except as provided in Articles 2 and 5 of this Chapter and as specified in contract.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

**R9-22-702. Charges to Members**

- A.** For purposes of this subsection, the term "member" includes the member's financially responsible representative as described under A.R.S. § 36-2903.01.
- B.** Registered providers must accept payment from the Administration or a contractor as payment in full.
- C.** Except as provided in subsection (D) a registered provider shall not request or collect payment from, refer to a collection agency, or report to a credit reporting agency an eligible person or a person claiming to be an eligible person.
- D.** An AHCCCS registered provider may charge, submit a claim to, or demand or collect payment from a member:
  1. To collect the copayment described in R9-22-711;
  2. To recover from a member that portion of a payment made by a third party to the member for an AHCCCS covered service if the member has not transferred the payment to the Administration or the contractor as required by the statutory assignment of rights to AHCCCS;
  3. To obtain payment from a member for medical expenses incurred during a period when the member intentionally withheld information or intentionally provided inaccurate information pertaining to the member's AHCCCS eligibility or enrollment that caused payment to the provider to be reduced or denied;
  4. For a service that is excluded by statute or rule, or provided in an amount that exceeds a limitation in statute or rule, if the member signs a document in advance of receiving the service stating that the member understands the service is excluded or is subject to a limit and that the member will be financially responsible for payment for the excluded service or for the services in excess of the limit;
  5. When the contractor or the Administration has denied authorization for a service if the member signs a document in advance of receiving the service stating that the member understands that authorization has been denied and that the member will be financially responsible for payment for the service;
  6. For services requested for a member enrolled with a contractor, and rendered by a noncontracting provider under circumstances where the member's contractor is not responsible for payment of "out of network" services under R9-22-705(A), if the member signs a document in advance of receiving the service stating that the member understands the provider is out of network, that the member's contractor is not responsible for payment, and that the member will be financially responsible for payment for the excluded service;
  7. For services rendered to a person eligible for the FESP if the provider submits a claim to the Administration in the reasonable belief that the service is for treatment of an emergency medical condition and the Administration

denies the claim because the service does not meet the criteria of R9-22-217; or

8. If the provider has received verification from the Administration that the person was not an eligible person on the date of service.
- E.** The signature requirement of subsections (D)(4), (D)(5), and (D)(6) do not apply if:
  1. The member is unable or incompetent to sign such a document, or
  2. When services are rendered for the purpose of treating an emergency medical condition as defined in R9-22-217 and a delay in providing treatment to obtain a signature would have a significant adverse affect on the member's health.
- F.** Except as provided for in this Section, registered providers shall not bill a member when the provider could have received reimbursement from the Administration or a contractor but for the provider's failure to file a claim in accordance with the requirements of AHCCCS statutes, rules, the provider agreement, or contract, such as, but not limited to, requirements to request and obtain prior authorization, timely filing, and clean claim requirements.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-702 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text identical to the emergency (Supp. 83-3). Former Section R9-22-702 repealed, new Section R9-22-702 adopted effective October 1, 1983 (Supp. 83-5). Amended by adding subsection (B) effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3217, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3).

**R9-22-703. Payments by the Administration**

- A.** General requirements. A provider shall enter into a provider agreement with the Administration that meets the requirements of A.R.S. § 36-2904 and 42 CFR 431.107(b) as of October 1, 2012, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
- B.** Timely submission of claims.
  1. Under A.R.S. § 36-2904, the Administration shall deem a paper claim to be submitted on the date that it is received by the Administration. An electronic claim is deemed received by the Administration when the claim enters the information processing system designated by the Administration for electronic claims in a form that is capable of being processed by the designated information processing

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system. The Administration shall do one or more of the following for each claim it receives:

- a. Place a date stamp on the face of the claim,
  - b. Assign a system-generated claim reference number, or
  - c. Assign a system-generated date-specific number.
2. Unless a shorter time period is specified in contract, the Administration shall not pay a claim for a covered service unless the claim is initially submitted within one of the following time limits, whichever is later:
    - a. Six months from the date of service or for an inpatient hospital claim, six months from the date of discharge; or
    - b. Six months from the date of eligibility posting.
  3. Unless a shorter time period is specified in contract, the Administration shall not pay a claim for a covered service unless the claim is submitted within one of the following time limits, whichever is later:
    - a. Twelve months from the date of service or for an inpatient hospital claim, 12 months from the date of discharge; or
    - b. Twelve months from the date of eligibility posting.
  4. Unless a shorter time period is specified in contract, the Administration shall not pay a claim submitted by an HIS or tribal facility for a covered service unless the claim is initially submitted within 12 months from the date of service, date of discharge, or eligibility posting, whichever is later.
- C. Claims processing.**
1. The Administration shall notify the AHCCCS-registered provider with a remittance advice when a claim is processed for payment.
  2. The Administration shall reimburse a hospital for inpatient hospital admissions and outpatient hospital services rendered on or after March 1, 1993, as follows and in the manner and at the rate described in A.R.S. § 36-2903.01:
    - a. If the hospital bill is paid within 30 days from the date of receipt, the claim is paid at 99 percent of the rate.
    - b. If the hospital bill is paid between 30 and 60 days from the date of receipt, the claim is paid at 100 percent of the rate.
    - c. If the hospital bill is paid after 60 days from the date of receipt, the claim is paid at 100 percent of the rate plus a fee of one percent per month for each month or portion of a month following the 60th day of receipt of the bill until date of payment.
  3. A claim is paid on the date indicated on the disbursement check.
  4. A claim is denied as of the date of the remittance advice.
  5. The Administration shall process a hospital claim under this Article.
- D. Prior authorization.**
1. An AHCCCS-registered provider shall:
    - a. Obtain prior authorization from the Administration for non-emergency hospital admissions, covered services as specified in Articles 2 and 12 of this Chapter, and for administrative days as described in R9-22-712.75,
    - b. Notify the Administration of hospital admissions under Article 2 of this Chapter, and
    - c. Make records available for review by the Administration upon request.
  2. The Administration may deny a claim if the provider fails to comply with subsection (D)(1).
  3. If the Administration issues prior authorization for an inpatient hospital admission, a specific service, or level of care but subsequent medical review indicates that the admission, the service, or level of care was not medically appropriate, the Administration shall adjust the claim payment.
- E. Review of claims and coverage for hospital supplies.**
1. The Administration may conduct prepayment and post-payment review of any claims, including but not limited to hospital claims.
  2. Personal care items supplied by a hospital, including but not limited to the following, are not covered services:
    - a. Patient care kit,
    - b. Toothbrush,
    - c. Toothpaste,
    - d. Petroleum jelly,
    - e. Deodorant,
    - f. Septi soap,
    - g. Razor or disposable razor,
    - h. Shaving cream,
    - i. Slippers,
    - j. Mouthwash,
    - k. Shampoo,
    - l. Powder,
    - m. Lotion,
    - n. Comb, and
    - o. Patient gown.
  3. The following hospital supplies and equipment, if medically necessary and used by the member, are covered services:
    - a. Arm board,
    - b. Diaper,
    - c. Underpad,
    - d. Special mattress and special bed,
    - e. Gloves,
    - f. Wrist restraint,
    - g. Limb holder,
    - h. Disposable item used instead of a durable item,
    - i. Universal precaution,
    - j. Stat charge, and
    - k. Portable charge.
  4. The Administration shall determine in a hospital claims review whether services rendered were:
    - a. Covered services as defined in Article 2;
    - b. Medically necessary;
    - c. Provided in the most appropriate, cost-effective, and least restrictive setting; and
    - d. For claims with dates of admission on and after March 1, 1993, substantiated by the minimum documentation specified in A.R.S. § 36-2903.01.
  5. If the Administration adjudicates a claim, a person may file a claim dispute challenging the adjudication under 9 A.A.C. 34.
- F. Overpayment for AHCCCS services.**
1. An AHCCCS-registered provider shall notify the Administration when the provider discovers the Administration made an overpayment.
  2. The Administration shall recoup an overpayment from a future claim cycle if an AHCCCS-registered provider fails to return the overpaid amount to the Administration.
  3. The Administration shall document any recoupment of an overpayment on a remittance advice.

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4. An AHCCCS-registered provider may file a claim dispute under 9 A.A.C. 34 if the AHCCCS-registered provider disagrees with a recoupment action.
- G. For services subject to limitations or exclusions such as the number of hours, days, or visits covered as described in Article 2 of this Chapter, once the limit is reached the Administration will not reimburse the services.
- H. Prior quarter reimbursement. A provider shall:
  1. Bill the Administration for services provided during a prior quarter eligibility period upon verification of eligibility or upon notification from a member of AHCCCS eligibility.
  2. Reimburse a member when payment has been received from the Administration for covered services during a prior quarter eligibility period. All funds paid by the member shall be reimbursed.
  3. Accept payment received by the Administration as payment in full.
- I. Payment for in-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. The Administration shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article.
- J. Payment for out-of-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. The Administration shall reimburse an out-of-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(b).
- K. Payment for inpatient hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. The Administration shall reimburse an in-state or out-of-state provider of inpatient hospital services rendered with a discharge date on or after October 1, 2014, the DRG rate established by the Administration.
- L. The Administration may enter into contracts for the provisions of transplant services.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R-22-703 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-703 repealed, new Section R9-22-703 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (1) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective September 16, 1987 (Supp. 87-3). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective

October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3309, November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 27 A.A.R. 237, effective April 4, 2021 (Supp. 21-1).

**R9-22-704. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-704 adopted as an emergency now adopted and amended as a permanent rule effective August 30 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended subsection A., Paragraph 2. effective October 1, 1985 (Supp. 85-5). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

**R9-22-705. Payments by Contractors**

- A. General requirements. A contractor shall contract with providers to provide covered services to members enrolled with the contractor. The contractor is responsible for reimbursing providers and coordinating care for services provided to a member. Except as provided in subsection (A)(2), a contractor is not required to reimburse a noncontracting provider for services rendered to a member enrolled with the contractor.
  1. Providers. A provider shall enter into a provider agreement with the Administration that meets the requirements of A.R.S. § 36-2904 and 42 CFR 431.107(b) as of March 6, 1992, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
  2. A contractor shall reimburse a noncontracting provider for services rendered to a member enrolled with the contractor as specified in this Article if:
    - a. The contractor referred the member to the provider or authorized the provider to render the services and the claim is otherwise payable under this Chapter, or
    - b. The service is emergent under Article 2 of this Chapter.
- B. Timely submission of claims.
  1. Under A.R.S. § 36-2904, a contractor shall deem a paper or electronic claim as submitted on the date that the claim is received by the contractor. The contractor shall do one or more of the following for each claim the contractor receives:
    - a. Place a date stamp on the face of the claim,
    - b. Assign a system-generated claim reference number, or
    - c. Assign a system-generated date-specific number.
  2. Unless a shorter time period is specified in subcontract, a contractor shall not pay a claim for a covered service unless the claim is initially submitted within one of the following time limits, whichever is later:
    - a. Six months from the date of service or for an inpatient hospital claim, six months from the date of discharge; or
    - b. Six months from the date of eligibility posting.

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3. Unless a shorter time period is specified in subcontract, a contractor shall not pay a clean claim for a covered service unless the claim is submitted within one of the following time limits, whichever is later:
  - a. Twelve months from the date of service or for an inpatient hospital claim, 12 months from the date of discharge; or
  - b. Twelve months from the date of eligibility posting.
- C. Date of claim.
  1. A contractor's date of receipt of an inpatient or an outpatient hospital claim is the date the claim is received by the contractor as indicated by the date stamp on the claim, the system-generated claim reference number, or the system-generated date-specific number assigned by the contractor.
  2. A hospital claim is considered paid on the date indicated on the disbursement check.
  3. A denied hospital claim is considered adjudicated on the date of the claim's denial.
  4. For a claim that is pending for additional supporting documentation specified in A.R.S. § 36-2903.01 or 36-2904, the contractor shall assign a new date of receipt upon receipt of the additional documentation.
  5. For a claim that is pending for documentation other than the minimum required documentation specified in either A.R.S. § 36-2903.01 or 36-2904, the contractor shall not assign a new date of receipt.
  6. A contractor and a hospital may, through a contract approved as specified in R9-22-715, adopt a method for identifying, tracking, and adjudicating a claim that is different from the method described in this subsection.
- D. Payment for in-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. A contractor shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, at either a rate specified by subcontract or, in absence of the subcontract, the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715. This subsection does not apply to an urban contractor as specified in R9-22-718 and A.R.S. § 36-2905.01.
- E. Payment for Inpatient out-of-state hospital payments for claims with discharge dates on or before September 30, 2014. In the absence of a contract with an out-of-state hospital that specifies payment rates, a contractor shall reimburse out-of-state hospitals for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(b).
- F. Payment for inpatient hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. Subject to R9-22-718 and A.R.S. § 36-2905.01 regarding urban hospitals, a contractor shall reimburse an in-state or out-of-state provider of inpatient hospital services, at either a rate specified by subcontract or, in absence of a subcontract, the DRG rate established by the Administration and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- G. Payment for in-state outpatient hospital services.
 

A contractor shall reimburse an in-state provider of outpatient hospital services rendered on or after July 1, 2005, at either a rate specified by a subcontract or, in absence of a subcontract, as provided under R9-22-712.10, A.R.S. § 36-2903.01 and other Sections of this Article. The terms of the subcontract are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- H. Outpatient out-of-state hospital payments. In the absence of a contract with an out-of-state hospital that specifies payment rates, a contractor shall reimburse out-of-state hospitals for covered outpatient services by applying the methodology described in R9-22-712.10 through R9-22-712.50. If the outpatient procedure is not assigned a fee schedule amount, the contractor shall pay the claim by multiplying the covered charges for the outpatient services by the statewide outpatient cost-to-charge ratio.
- I. Payment for observation days. A contractor shall reimburse a provider and a noncontracting provider for the provision of observation days at either a rate specified by subcontract or, in the absence of a subcontract, as prescribed under R9-22-712, R9-22-712.10, and R9-22-712.45.
- J. Review of claims and coverage for hospital supplies.
  1. A contractor may conduct a review of any claims submitted and recoup any payments made in error.
  2. A hospital shall obtain prior authorization from the appropriate contractor for nonemergency admissions. When issuing prior authorization, a contractor shall consider the medical necessity of the service, and the availability and cost effectiveness of an alternative treatment. Failure to obtain prior authorization when required is cause for nonpayment or denial of a claim. A contractor shall not require prior authorization for medically necessary services provided during any prior period for which the contractor is responsible. If a contractor and a hospital agree to a subcontract, the parties shall abide by the terms of the subcontract regarding utilization control activities. A hospital shall cooperate with a contractor's reasonable activities necessary to perform concurrent review and shall make the hospital's medical records pertaining to a member enrolled with a contractor available for review.
  3. Regardless of prior authorization or concurrent review activities, a contractor may make prepayment or post-payment review of all claims, including but not limited to a hospital claim. A contractor may recoup an erroneously paid claim. If prior authorization was given for an inpatient hospital admission, a specific service, or level of care but subsequent medical review indicates that the admission, the service, or level of care was not medically appropriate, the contractor shall adjust the claim payment.
  4. A contractor and a hospital may enter into a subcontract that includes hospital claims review criteria and procedures if the subcontract meets the requirements of R9-22-715.
  5. Personal care items supplied by a hospital, including but not limited to the following, are not covered services:
    - a. Patient care kit,
    - b. Toothbrush,
    - c. Toothpaste,
    - d. Petroleum jelly,
    - e. Deodorant,
    - f. Septi soap,
    - g. Razor,
    - h. Shaving cream,
    - i. Slippers,
    - j. Mouthwash,
    - k. Disposable razor,
    - l. Shampoo,

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- m. Powder,
- n. Lotion,
- o. Comb, and
- p. Patient gown.
- 6. The following hospital supplies and equipment, if medically necessary and used by the member, are covered services:
  - a. Arm board,
  - b. Diaper,
  - c. Underpad,
  - d. Special mattress and special bed,
  - e. Gloves,
  - f. Wrist restraint,
  - g. Limb holder,
  - h. Disposable item used instead of a durable item,
  - i. Universal precaution,
  - j. Stat charge, and
  - k. Portable charge.
- 7. The contractor shall determine in a hospital claims review whether services rendered were:
  - a. Covered services as defined in R9-22-201;
  - b. Medically necessary;
  - c. Provided in the most appropriate, cost-effective, and least restrictive setting; and
  - d. For claims with dates of admission on and after March 1, 1993, substantiated by the minimum documentation specified in A.R.S. § 36-2904.
- 8. If a contractor adjudicates a claim or recoups payment for a claim, a person may file a claim dispute challenging the adjudication or recoupment as described under 9 A.A.C. 34.
- K.** Non-hospital claims. A contractor shall pay claims for non-hospital services in accordance with contract, or in the absence of a contract, at a rate not less than the Administration's capped fee-for-service schedule or at a lower rate if negotiated between the two parties.
- L.** Payments to hospitals. A contractor shall pay for inpatient hospital admissions and outpatient hospital services rendered on or after March 1, 1993, as follows and as described in A.R.S. § 36-2904:
  - 1. If the hospital bill is paid within 30 days from the date of receipt, the claim is paid at 99 percent of the rate.
  - 2. If the hospital bill is paid between 30 and 60 days from the date of receipt, the claim is paid at 100 percent of the rate.
  - 3. If the hospital bill is paid after 60 days from the date of receipt, the claim is paid at 100 percent of the rate plus a 1 percent penalty of the rate for each month or portion of the month following the 60th day of receipt of the bill until date of payment.
- M.** Interest payment. In addition to the requirements in subsection (L), a contractor shall pay interest for late claims as defined by contract.
- N.** For services subject to limitations or exclusions such as the number of hours, days, or visits covered as described in Article 2 of this Chapter, once the limit is reached the Administration will not reimburse the services.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-705 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-

1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of the amended rule identical to emergency (Supp. 83-3). Former Section R9-22-705 repealed, new Section R9-22-705 adopted effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment adopted effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (C) effective October 1, 1987; amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended subsections (A) and (C) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-706. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-706 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-706 repealed, new Section R9-22-706 adopted effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Amended as an emergency effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment adopted effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsections (A), (D), (E), (F), and (G) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (F) effective December 22, 1987 (Supp. 87-4). Amended subsections (A) and (F) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 10 A.A.R. 4656, effective January 1, 2005 (Supp. 04-4).

**R9-22-707. Repealed**

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**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-707 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Repealed as a permanent action effective May 16, 1983 (Supp. 83-3). New Section R9-22-707 adopted effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Former Section R9-22-707 repealed, new Section R9-22-707 adopted effective October 1, 1985 (Supp. 85-5). Former Section R9-22-707 repealed, new Section R9-22-707 adopted effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

**R9-22-708. Payments for Services Provided to Eligible American Indians**

- A. For purposes of this Article "IHS enrolled" or "enrolled with IHS" means an American Indian who has elected to receive covered services through IHS instead of a contractor.
- B. For an American Indian who is enrolled with IHS, AHCCCS shall pay IHS the most recent all-inclusive inpatient, outpatient or ambulatory surgery rates published by Health and Human Services (HHS) in the *Federal Register*, or a separately contracted rate with IHS, for AHCCCS-covered services provided in an IHS facility. AHCCCS shall reimburse providers for the Medicare coinsurance and deductible amounts required to be paid by the Administration or contractor in A.A.C. Chapter 29, Article 3 of this Title.
- C. When IHS refers an American Indian enrolled with IHS to a provider other than an IHS or tribal facility, the provider to whom the referral is made shall obtain prior authorization from AHCCCS for services as required under Articles 2, 7 or 12 of this Chapter.
- D. For an American Indian enrolled with a contractor, AHCCCS shall pay the contractor a monthly capitation payment.
- E. Once an American Indian enrolls with a contractor, AHCCCS shall not reimburse any provider other than IHS or a Tribal facility.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-708 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-708 repealed, new Section R9-22-708 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-708 renumbered and amended as Section R9-22-709, new Section R9-22-708 adopted effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended by final rulemaking at 10 A.A.R. 4656, effective January 1, 2005 (Supp. 04-4). Amended by final

rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-709. Contractor's Liability to Hospitals for the Provision of Emergency and Post-stabilization Care**

A contractor is liable for emergency hospitalization and post-stabilization care as described in R9-22-210 and R9-22-210.01.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-709 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-709 repealed, new Section R9-22-709 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-709 renumbered and amended as Section R9-22-713, former Section R9-22-708 renumbered and amended as Section R9-22-709 effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

*Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-22-710. Payments for Non-hospital Services**

- A. Capped fee-for-service. The Administration shall provide notice of changes in methods and standards for setting payment rates for services in accordance with 42 CFR 447.205, December 19, 1983, incorporated by reference and on file with the Administration and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
  1. Non-contracted services. In the absence of a contract that specifies otherwise, a contractor shall reimburse a provider or noncontracting provider for non-hospital services according to the Administration's capped-fee-for-service schedule.
  2. Procedure codes. The Administration shall maintain a current copy of the National Standard Code Sets mandated under 45 CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004), incorporated by reference and on file with the Administration and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
    - a. A person shall submit an electronic claim consistent with 45 CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004).
    - b. A person shall submit a paper claim using the National Standard Code Sets as described under 45



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CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004).

- c. The Administration may deny a claim for failure to comply with subsection (A) (2) (a) or (b).
3. Fee schedule. The Administration shall pay providers, including noncontracting providers, at the lesser of billed charges or the capped fee-for-service rates specified in subsections (A)(3)(a) through (A)(3)(d) unless a different fee is specified in a contract between the Administration and the provider, or is otherwise required by law.
  - a. Physician services. Fee schedules for payment for physician services are on file at the central office of the Administration for reference use during customary business hours.
  - b. Dental services. Fee schedules for payment for dental services are on file at the central office of the Administration for reference use during customary business hours.
  - c. Transportation services. Fee schedules for payment for transportation services are on file at the central office of the Administration for reference use during customary business hours. For dates of service beginning:
    - i. October 1, 2012 through September 30, 2013, the Administration and its contractors shall reimburse ambulance services at 68.59 percent of the ADHS rates that are in effect as of August 2, 2012.
    - ii. October 1, 2013 through September 30, 2014, the Administration and its contractors shall reimburse ambulance services at 68.59 percent of the ADHS rates that are in effect as of August 2, 2013.
    - iii. October 1, 2014 through September 30, 2015, the Administration and its contractors shall reimburse ambulance services at 74.74 percent of the ADHS rates that are in effect as of August 2, 2014.
  - d. Medical supplies and durable medical equipment (DME). Fee schedules for payment for medical supplies and DME are on file at the central office of the Administration for reference use during customary business hours. The Administration shall reimburse a provider once for purchase of DME during any two-year period, unless the Administration determines that DME replacement within that period is medically necessary for the member. Unless prior authorized by the Administration, no more than one repair and adjustment of DME shall be reimbursed during any two-year period.
- B. Pharmacy services. The Administration shall not reimburse pharmacy services unless the services are provided by a pharmacy having a subcontract with a Pharmacy Benefit Manager (PBM) contracted with AHCCCS. Except as specified in subsection (C), the Administration shall reimburse pharmacy services according to the terms of the contract.
- C. FQHC Pharmacy reimbursement.
  1. For purposes of this Section the following terms are defined:
    - a. "340B Drug Pricing Program" means the discount drug purchasing program described in 42 U.S.C 256b.
    - b. "340B Ceiling Price" means the maximum price that drug manufacturers can charge covered entities participating in the 340B Drug Pricing Program as reported by the drug manufacturer to HRSA.
    - c. "340B entity" means a covered entity, eligible to participate in the 340B Drug Pricing Program, as defined by the Health Resources and Human Services Administration.
    - d. "Actual Acquisition Cost (AAC)" means the purchase price of a drug paid by a pharmacy net of discounts, rebates, chargebacks and other adjustments to the price of the drug. The AAC excludes dispensing fees.
    - e. "Contracted Pharmacy" means an arrangement through which a 340B entity may contract with an outside pharmacy to provide comprehensive pharmacy services utilizing medications subject to 340B pricing.
    - f. "Dispensing Fee" means the amount paid for the professional services provided by the pharmacist for dispensing a prescription. The Dispensing Fee does not include any payment for the drugs being dispensed.
    - g. "Federally Qualified Health Center" means a public or private non-profit health care organization that has been identified by HRSA and certified by CMS as meeting the criteria under sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act and receives funds under section 330 of the Public Health Service Act.
    - h. "Federally Qualified Health Center Look-Alike" means a public or private non-profit health care organization that has been identified by HRSA and certified by CMS as meeting the definition of "health center" under section 330 of the Public Health Service Act, but does not receive grant funding under section 330.
    - i. "FQHC or FQHC Look-Alike pharmacy" means a pharmacy that dispenses drugs to FQHC or FQHC-LA patients and that is owned and/or operated by an FQHC/FQHC-LA or by an entity that reports the costs of an FQHC/FQHC-LA on its Medicare Cost Report, whether or not collocated with an FQHC or an FQHC Look-Alike.
2. Effective the later of February 1, 2012, or CMS approval of a State Plan Amendment, an FQHC or FQHC Look-Alike shall:
  - a. Notify the AHCCCS provider registration unit of its status as a 340B covered entity no later than:
    - i. 30 days after the effective date of this Section;
    - ii. 30 days after registration with the Health Resources and Services Administration (HRSA) for participation in the 340B program, or
    - iii. The time of application to become an AHCCCS provider.
  - b. Provide the 340B pricing file to the AHCCCS Administration upon request. The 340B pricing file shall be provided in the file format as defined by AHCCCS.
  - c. Identify 340B drug claims submitted to the AHCCCS FFS PBM or the Managed Care Contractors' PBMs for reimbursement. The 340B drug claim identification and claims processing for a drug claim submission shall be consistent with claim instructions.

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tions issued and required by AHCCCS to identify such claims.

3. The FQHC and the FQHC Look-Alike pharmacies shall submit claims for AHCCCS members for drugs that are identified in the 340B pricing file, whether or not purchased under the 340B pricing file, with the lesser of:
  - a. The actual acquisition cost, or
  - b. The 340B ceiling price.
4. The AHCCCS Fee-for-Service and Managed Care Contractors' PBMs shall reimburse claims for drugs which are identified in the 340B pricing file dispensed by FQHC and FQHC Look -Alike pharmacies, whether or not purchased under the 340B pricing file, at the amount submitted under subsection (C)(3) plus a dispensing fee listed in the AHCCCS Capped Fee-For-Service Schedule unless a contract between the 340B entity and a Managed Care Contractor's PBM specifies a different dispensing fee.
5. Contracted pharmacies shall not submit claims for drugs dispensed under an agreement with the 340B entity as part of the 340B drug pricing program, and the AHCCCS Administration and Managed Care Contractors shall not reimburse such claims.
6. The AHCCCS Administration and Managed Care Contractors shall reimburse contracted pharmacies for drugs not dispensed under an agreement with the 340B entity as part of the 340B program at the price and dispensing fee set forth in the contract between the contracted pharmacy and the AHCCCS or its Managed Care Contractors' PBMs. Neither the Administration nor its Managed Care Contractors will reimburse a contracted pharmacy that does not have a contract with the Administration or MCO's PBM.
7. The AHCCCS Administration and its Managed Care Contractors shall reimburse FQHC and FQHC Look-Alike pharmacies for drugs that are not eligible under the 340B Drug Pricing Program at the price and dispensing fee set forth in their contract with the AHCCCS or its Managed Care Contractors' PBMs.
8. AHCCCS may periodically conduct audits to ensure compliance with this Section.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-710 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of amended rule identical to emergency (Supp. 83-3). Former Section R9-22-710 repealed, new Section R9-22-710 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985. The capped fee-for-service schedules, deleted from Section R9-22-710, are now on file at the central office of the Administration (Supp. 85-5). Amended subsections (B) through (D) effective October 1, 1986 (Supp. 86-5). Amended subsection (B) effective July 1, 1988 (Supp. 88-3). Amended subsection (B) effective April 27, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 11 A.A.R. 3830, effective

November 12, 2005 (Supp. 05-3). Amended by exempt rulemaking at 18 A.A.R. 212, effective February 1, 2012 (Supp. 12-1). Amended by exempt rulemaking at 18 A.A.R. 1971, effective August 1, 2012 (Supp. 12-3).

Amended by exempt rulemaking at 18 A.A.R. 2630, effective October 1, 2012 (Supp. 12-4). Amended by final rulemaking at 19 A.A.R. 1681, effective August 9, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3525, effective October 18, 2013 (Supp. 13-4)

**R9-22-711. Copayments****A.** For purposes of this Article:

1. A copayment is a monetary amount that a member pays directly to a provider at the time a covered service is rendered.
2. An eligible individual is assigned to a hierarchy established in subsections (B) through (E), for the purposes of establishing a copayment amount.
3. No refunds shall be made for a retroactive period if there is a change in an individual's status that alters the amount of a copayment.

**B.** The following services are exempt from AHCCCS copayments for all members:

1. Family planning services and supplies,
2. Services related to a pregnancy or any other medical condition that may complicate the pregnancy, including tobacco cessation treatment for a pregnant woman,
3. Emergency services as described in 42 CFR 447.56(2)(i),
4. All services paid on a fee-for-service basis,
5. Preventive services, such as well visits, immunizations, pap smears, colonoscopies, and mammograms,
6. Provider preventable services.

**C.** The following individuals are exempt from AHCCCS copayments:

1. An individual under age 19, including individuals eligible for the KidsCare Program in A.R.S. § 36-2982;
2. An individual determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services;
3. An individual eligible for the Arizona Long-Term Care Program in A.R.S. § 36-2931;
4. An individual eligible for QMB under Chapter 29;
5. An individual eligible for the Children's Rehabilitative Services program under A.R.S. § 36-2906(E);
6. An individual receiving nursing facility or HCBS services under R9-22-216;
7. An individual receiving hospice care as defined in 42 U.S.C. 1396d(o);
8. An American Indian individual enrolled in a health plan and has received services through an IHS facility, tribal 638 facility or urban Indian health program;
9. An individual eligible in the Breast and Cervical Cancer program as described under Article 20;
10. An individual who is pregnant including the postpartum period which is the last day of the month in which the 60th day following the date the pregnancy ends;
11. An individual with respect to whom child welfare services are made available under Part B of Title IV of the Social Security Act on the basis of being a child in foster care, without regard to age;
12. An individual with respect to whom adoption or foster care assistance is made available under Part E of Title IV of the Social Security Act, without regard to age; and
13. An adult eligible under R9-22-1427(E), with income at or below 106% of the FPL.

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- D. Non-mandatory copayments.** Unless otherwise listed in subsection (B) or (C), individuals under subsections (D)(1) through (6) are subject to the copayments listed in this subsection. A provider shall not deny a service when a member states to the provider an inability to pay a copayment.
1. A caretaker relative eligible under R9-22-1427(A);
  2. An individual eligible for Young Adult Transitional Insurance (YATI) in A.R.S. § 36-2901(6)(a)(iii);
  3. An individual eligible for State Adoption Assistance in R9-22-1433;
  4. An individual eligible for Supplemental Security Income (SSI);
  5. An individual eligible for SSI Medical Assistance Only (SSI/MAO) in Article 15; and
  6. An individual eligible for the Freedom to Work program in A.R.S. § 36-2901(6)(g).
  7. Copayment amount per service:
    - a. \$2.30 per prescription drug.
    - b. \$3.40 per outpatient visit, excluding an emergency room visit, if any of the services rendered during the visit are coded as evaluation and management services or non-emergent surgical procedures according to the National Standard Code Sets. An outpatient visit includes any setting where these services are performed such as a physician's office, an Ambulatory Surgical Center (ASC), or a clinic.
    - c. \$2.30 per visit, if a copayment is not being imposed under subsection (D)(7)(b) and any of the services rendered during the visit are coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
- E. Mandatory copayments.**
1. Copayments for individuals eligible for Transitional Medical Assistance (TMA) under R9-22-1427(B)(1)(c)(i). Unless otherwise listed in subsection (C), an individual is required to pay the following copayments for prescription drugs and outpatient services unless the service is provided during an emergency room visit or the service is otherwise exempt under subsection (B). An outpatient visit includes any setting where these outpatient services are performed such as, an outpatient hospital, a physician's provider's office, HCBS setting, an Ambulatory Surgical Center (ASC), or a clinic:
    - a. \$2.30 per prescription drug.
    - b. \$4.00 per outpatient visit, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
    - c. If a copayment is not being imposed under subsection (E)(1)(b), \$3.00 per visit if any of the services rendered during the visit are coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
    - d. If a copayment is not being imposed under subsection (E)(1)(b) or (c), \$3.00 per visit, if any of the services rendered during the visit are coded as non-emergent surgical procedures according to the National Standard Code Sets.
  2. Copayments for persons eligible under R9-22-1427(E) with income above 106% of the FPL and for persons eligible under A.R.S. §§ 36-2907.10 and 36-2907.11. Subject to CMS approval, unless otherwise listed in subsection (C), these individuals are required to pay the following copayments for prescription drugs and outpatient services unless the service is provided during an emergency room visit or the service is otherwise exempt under subsection (B). An outpatient visit includes any setting where these outpatient services are performed such as, an outpatient hospital, a physician's provider's office, HCBS setting, an Ambulatory Surgical Center (ASC), or a clinic:
    - a. \$4.00 per prescription drug.
    - b. \$5.00 per outpatient visit when the AHCCCS fee schedule for the visit code is a rate from \$50 to less than \$100, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
    - c. \$10.00 per outpatient visit when the AHCCCS fee schedule for the visit code is a rate of \$100 or greater, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
    - d. If a copayment is not being imposed under subsection (E)(2)(b) or (E)(2)(c), for services coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
      - i. \$2.00 if the rate on the fee schedule is \$20 to \$39.99,
      - ii. \$4.00 if the rate on the fee schedule is \$40 to \$49.99, or
      - iii. \$5.00 if the rate on the fee schedule is \$50 and above per visit.
    - e. If a copayment is not being imposed under subsection (E)(2)(b) –(E)(2)(d), for services coded as non-emergent surgical procedures according to the National Standard Code Sets,
      - i. \$30.00 if the rate on the fee schedule is \$300 to \$499.99, or
      - ii. \$50.00 if the rate on the fee schedule is \$500 and above per visit.
    - f. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$2.00 per trip for non-emergency transportation in an urban area.
    - g. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$8.00 for non-emergency use of the emergency room.
    - h. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$75 for an Inpatient stay.
  3. The provider may deny a service if the member does not pay the copayment required by subsection (E), however, a provider may choose to reduce or waive copayments under this subsection on a case-by-case basis.
- F.** A provider is responsible for collecting any copayment imposed under this Section.
- G.** The total aggregate amount of copayments under subsections (D) or (E) may not exceed 5% of the family's income as applied on a quarterly basis. The member may establish that the aggregate limit has been met on a quarterly basis by providing the Administration with records of copayments incurred during the quarter. In addition, the Administration shall also use claims and encounters information available to the Administration to establish when a member's copayment obligation has reached 5% of the family's income.

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- H.** Reduction in payments to providers. The Administration and its contractors shall reduce the payment it makes to any provider by the amount of a member's copayment obligation under subsection (E), regardless of whether the provider successfully collects the copayments described in this Section.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Sections R9-22-711 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-711 repealed, new Section R9-22-711 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 4557, effective October 1, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 2194, effective May 3, 2004 (Supp. 04-2). Amended by exempt rulemaking at 10 A.A.R. 4266, effective October 1, 2004 (Supp. 04-3). Amended by final rulemaking at 16 A.A.R. 1449, effective October 1, 2010 (Supp. 10-3). Section amended by exempt rulemaking at 18 A.A.R. 461, effective April 1, 2012 (Supp. 12-1). Section amended by final rulemaking at 19 A.A.R. 2954, effective November 11, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 128, effective December 30, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 2755, effective January 1, 2015 (Supp. 14-3). Amended by final rulemaking at 29 A.A.R. 1866 (August 25, 2023), with an immediate effective date of August 1, 2023 (Supp. 23-3).

**Editor's Note:** The following Section was adopted and amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.

**R9-22-712. Reimbursement: General**

- A.** Inpatient and outpatient discounts and penalties. If a claim is pending for additional documentation required under A.R.S. § 36-2903.01(G)(4), the period during which the claim is pending is not used in the calculation of the quick-pay discounts and slow-pay penalties under A.R.S. § 36-2903.01(G)(5).
- B.** Inpatient and outpatient in-state or out-of-state hospital payments.
1. Payment for inpatient out-of-state hospital services for claims with discharge dates on or before September 30, 2014. In the absence of a contract with an out-of-state hospital that specifies payment rates, AHCCCS shall reimburse out-of-state hospitals for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(d).
  2. Payment for inpatient in-state hospital services for claims with discharge dates on or before September 30, 2014. AHCCCS shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, at the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article.
  3. Payment for inpatient in-state or out-of-state hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. Subject to R9-22-718 and A.R.S. § 36-2905.01 regarding urban hospitals, a contractor shall reimburse an in-state or out-of-state provider of inpatient hospital services, at either a rate specified by subcontract or, in the absence of a subcontract, the DRG rate established by the Administration and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
  4. Outpatient out-of-state hospital payments. In the absence of a contract with an out-of-state hospital that specifies payment rates, AHCCCS shall reimburse an out-of-state hospital for covered outpatient services by applying the methodology described in R9-22-712.10 through R9-22-712.50. If the outpatient procedure is not assigned a fee schedule amount, the Administration shall pay the claim by multiplying the covered charges for the outpatient services by the statewide outpatient cost-to-charge ratio.
  5. Outpatient in-state hospital payments. A contractor shall reimburse an in-state provider of outpatient hospital services rendered on or after July 1, 2005, at either a rate specified by a subcontract or, in absence of a subcontract, as provided under R9-22-712.10, A.R.S. § 36-2903.01 and other Sections of this Article. The terms of the subcontract are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- C.** Access to records. Subcontracting and noncontracting providers of outpatient or inpatient hospital services shall allow the Administration access to medical records regarding eligible persons and shall in all other ways fully cooperate with the Administration or the Administration's designated representative in performance of the Administration's utilization control activities. The Administration shall deny a claim for failure to cooperate.
- D.** Prior authorization. The Administration or contractor may deny a claim if a provider fails to obtain prior authorization as required under R9-22-210.
- E.** Review of claims. Regardless of prior authorization or concurrent review activities, the Administration may subject all hospital claims, including outliers, to prepayment medical review or post-payment review, or both. The Administration shall conduct post-payment reviews consistent with A.R.S. § 36-2903.01 and may recoup erroneously paid claims.
- F.** Claim receipt.
1. The Administration's date of receipt of inpatient or outpatient hospital claims is the date the claim is received by the Administration as indicated by the date stamp on the claim and the system-generated claim reference number or system-generated date-specific number.
  2. Hospital claims are considered paid on the date indicated on disbursement checks.
  3. A denied claim is considered adjudicated on the date the claim is denied.
  4. Claims that are denied and are resubmitted are assigned new receipt dates.

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5. For a claim that is pending for additional supporting documentation specified in A.R.S. § 36-2903.01 or 36-2904, the Administration shall assign a new date of receipt upon receipt of the additional documentation.
  6. For a claim that is pending for documentation other than the minimum required documentation specified in either A.R.S. § 36-2903.01 or 36-2904, the Administration shall not assign a new date of receipt.
- G. Outpatient hospital reimbursement.** The Administration shall pay for covered outpatient hospital services provided to eligible persons with dates of service from March 1, 1993 through June 30, 2005, at the AHCCCS outpatient hospital cost-to-charge ratio, multiplied by the amount of the covered charges.
1. Computation of outpatient hospital reimbursement. The Administration shall compute the cost-to-charge ratio on a hospital-specific basis by determining the covered charges and costs associated with treating eligible persons in an outpatient setting at each hospital. Outpatient operating and capital costs are included in the computation but outpatient medical education costs that are included in the inpatient medical education component are excluded. To calculate the outpatient hospital cost-to-charge ratio annually for each hospital, the Administration shall use each hospital's Medicare Cost Reports and a database consisting of outpatient hospital claims paid and encounters processed by the Administration for each hospital, subjecting both to the data requirements specified in R9-22-712.01. The Administration shall use the following methodology to establish the outpatient hospital cost-to-charge ratios:
    - a. Cost-to-charge ratios. The Administration shall calculate the costs of the claims and encounters for outpatient hospital services by multiplying the ancillary line item cost-to-charge ratios by the covered charges for corresponding revenue codes on the claims and encounters. Each hospital shall provide the Administration with information on how the revenue codes used by the hospital to categorize charges on claims and encounters correspond to the ancillary line items on the hospital's Medicare Cost Report. The Administration shall then compute the overall outpatient hospital cost-to-charge ratio for each hospital by taking the average of the ancillary line items cost-to-charge ratios for each revenue code weighted by the covered charges.
    - b. Cost-to-charge limit. To comply with 42 CFR 447.325, the Administration may limit cost-to-charge ratios to 1.00 for each ancillary line item from the Medicare Cost Report. The Administration shall remove ancillary line items that are non-covered or not applicable to outpatient hospital services from the Medicare Cost Report data for purposes of computing the overall outpatient hospital cost-to-charge ratio.
  2. New hospitals. The Administration shall reimburse new hospitals at the weighted statewide average outpatient hospital cost-to-charge ratio multiplied by covered charges. The Administration shall continue to use the statewide average outpatient hospital cost-to-charge ratio for a new hospital until the Administration rebases the outpatient hospital cost-to-charge ratios and the new hospital has a Medicare Cost Report for the fiscal year being used in the rebasing.
  3. Specialty outpatient services. The Administration may negotiate, at any time, reimbursement rates for outpatient hospital services in a specialty facility.
  4. Reimbursement requirements. To receive payment from the Administration, a hospital shall submit claims that are legible, accurate, error free, and have a covered charge greater than zero. The Administration shall not reimburse hospitals for emergency room treatment, observation hours or days, or other outpatient hospital services performed on an outpatient basis, if the eligible person is admitted as an inpatient to the same hospital directly from the emergency room, observation area, or other outpatient department. Services provided in the emergency room, observation area, and other outpatient hospital services provided before the hospital admission are included in the tiered per diem payment.
  5. Rebasing. The Administration shall rebase the outpatient hospital cost-to-charge ratios at least every four years but no more than once a year using updated Medicare Cost Reports and claim and encounter data.
  6. If a hospital files an increase in its charge master for an existing outpatient service provided on or after July 1, 2004, and on or before June 30, 2005, which represents an aggregate increase in charges of more than 4.7%, the Administration shall adjust the hospital-specific cost-to-charge ratio as calculated under subsection (G)(1) through (5) by applying the following formula:  

$$CCR * [1.047 / (1 + \% \text{ increase})]$$
 Where "CCR" means the hospital-specific cost-to-charge ratio as calculated under subsection (G)(1) through (5) and "% increase" means the aggregate percentage increase in charges for outpatient services shown on the hospital charge master.  
 "Charge master" means the schedule of rates and charges as described under A.R.S. § 36-436 and the rules that relate to those rates and charges that are filed with the Director of the Arizona Department of Health Services.

**Historical Note**

Adopted as an emergency effective February 23, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to emergency (Supp. 83-3). Former Section R9-22-712 repealed, new Section R9-22-712 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-712 renumbered and amended as Section R9-22-1001 effective October 1, 1985 (Supp. 85-5). New Section R9-22-712 adopted under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective January 14, 1997 (Supp. 97-1). Amended by exempt rulemaking at 10 A.A.R. 3831, effective August 25, 2004 (Supp. 04-3). Amended by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 17 A.A.R. 1337, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 17 A.A.R.

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1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.01. Inpatient Hospital Reimbursement for claims with admission dates and discharge dates from October 1, 1998 through September 30, 2014**

Inpatient hospital reimbursement. The Administration shall pay for covered inpatient acute care hospital services provided to eligible persons for claims with admission dates and discharge dates from October 1, 1998 through September 30, 2014, on a prospective reimbursement basis. The prospective rates represent payment in full, excluding quick-pay discounts, slow-pay penalties, and third-party payments for both accommodation and ancillary department services. The rates include reimbursement for operating and capital costs. The Administration shall make reimbursement for direct graduate medical education as described in A.R.S. § 36-2903.01. For payment purposes, the Administration shall classify each AHCCCS inpatient hospital day of care into one of several tiers appropriate to the services rendered. The rate for a tier is referred to as the tiered per diem rate of reimbursement. The number of tiers is seven and the maximum number of tiers payable per continuous stay is two. Payment of outlier claims, transplant claims, or payment to out-of-state hospitals, freestanding psychiatric hospitals, and other specialty facilities may differ from the inpatient hospital tiered per diem rates of reimbursement described in this Section.

1. Tier rate data. The Administration shall base tiered per diem rates effective on and after October 1, 1998 on Medicare Cost Reports for Arizona hospitals for the fiscal year ending in 1996 and a database consisting of inpatient hospital claims and encounters for dates of service matching each hospital's 1996 fiscal year end.
  - a. Medicare Cost Report data. Because Medicare Cost Report years are not standard among hospitals and were not audited at the time of the rate calculation, the Administration shall inflate all the costs to a common point in time as described in subsection (2) for each component of the tiered per diem rates. The Administration shall not make any changes to the tiered per diem rates if the Medicare Cost Report data are subsequently updated or adjusted. If a single Medicare Cost Report is filed for more than one hospital, the Administration shall allocate the costs to each of the respective hospitals. A hospital shall submit information to assist the Administration in this allocation.
  - b. Claim and encounter data. For the database, the Administration shall use only those inpatient hospital claims paid by the Administration and encounters that were accepted and processed by the Administration at the time the database was developed for rates effective on and after October 1, 1998. The Administration shall subject the claim and encounter data to a series of data quality, reasonableness, and integrity edits and shall exclude from the database or adjust claims and encounters that fail these edits. The Administration shall also exclude from the database the following claims and encounters:
    - i. Those missing information necessary for the rate calculation,
    - ii. Medicare crossovers,
    - iii. Those submitted by freestanding psychiatric hospitals, and
    - iv. Those for transplant services or any other hospital service that the Administration would pay on a basis other than the tiered per diem rate.
2. Tier rate components. The Administration shall establish inpatient hospital prospective tiered per diem rates based on the sum of the operating and capital components. The rate for the operating component is a statewide rate for each tier except for the NICU and Routine tiers, which are based on peer groups. The rate for the capital component is a blend of statewide and hospital-specific values, as described in A.R.S. § 36-2903.01. The Administration shall use the following methodologies to establish the rates for each of these components.
  - a. Operating component. Using the Medicare Cost Reports and the claim and encounter database, the Administration shall compute the rate for the operating component as follows:
    - i. Data preparation. The Administration shall identify and group into department categories, the Medicare Cost Report data that provide ancillary department cost-to-charge ratios and accommodation costs per day. To comply with 42 CFR 447.271, the Administration shall limit cost-to-charge ratios to 1.00 for each ancillary department.
    - ii. Operating cost calculation. To calculate the rate for the operating component, the Administration shall derive the operating costs from claims and encounters by combining the Medicare Cost Report data and the claim and encounter database for all hospitals. In performing this calculation, the Administration shall match the revenue codes on the claims and encounters to the departments in which the line items on the Medicare Cost Reports are grouped. The ancillary department cost-to-charge ratios for a particular hospital are multiplied by the covered ancillary department charges on each of the hospital's claims and encounters. The AHCCCS inpatient days of care on the particular hospital's claims and encounters are multiplied by the corresponding accommodation costs per day from the hospital's Medicare Cost Report. The ancillary cost-to-charge ratios and accommodation costs per day do not include medical education and capital costs. The Administration shall inflate the resulting operating costs for the claims and encounters of each hospital to a common point in time, December 31, 1996, using the DRI inflation factor and shall reduce the operating costs for the hospital by an audit adjustment factor based on available national data and Arizona historical experience in adjustments to Medicare reimbursable costs. The Administration shall further inflate operating costs to the midpoint of the rate year (March 31, 1999).
    - iii. Operating cost tier assignment. After calculating the operating costs, the Administration shall assign the claims and encounters used in the calculation to tiers based on diagnosis, procedure, or revenue codes, or NICU classification level, or a combination of these. For the NICU tier, the Administration shall further

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- assign claims and encounters to NICU Level II or NICU Level III peer groups, based on the hospital's certification by the Arizona Perinatal Trust. For the Routine tier, the Administration shall further assign claims and encounters to the general acute care hospital or rehabilitation hospital peer groups, based on state licensure by the Department of Health Services. For claims and encounters assigned to more than one tier, the Administration shall allocate ancillary department costs to the tiers in the same proportion as the accommodation costs. Before calculating the rate for the operating component, the Administration shall identify and exclude any claims and encounters that are outliers as defined in subsection (6).
- iv. Operating rate calculation. The Administration shall set the rate for the operating component for each tier by dividing total statewide or peer group hospital costs identified in this subsection within the tier by the total number of AHCCCS inpatient hospital days of care reflected in the claim and encounter database for that tier.
  - b. Capital component. For rates effective October 1, 1999 the capital component is calculated as described in A.R.S. § 36-2903.01.
  - c. Statewide inpatient hospital cost-to-charge ratio. For dates of service prior to October 1, 2007, the statewide inpatient hospital cost-to-charge ratio is used for payment of outliers, as described in subsections (4), (5), and (6), and out-of-state hospitals, as described in R9-22-712(B). The Administration shall calculate the AHCCCS statewide inpatient hospital cost-to-charge ratio by using the Medicare Cost Report data and claim and encounter database described in subsection (1) and used to determine the tiered per diem rates. For each hospital, the covered inpatient days of care on the claims and encounters are multiplied by the corresponding accommodation costs per day from the Medicare Cost Report. Similarly, the covered ancillary department charges on the claims and encounters are multiplied by the ancillary department cost-to-charge ratios. The accommodation costs per day and the ancillary department cost-to-charge ratios for each hospital are determined in the same way described in subsection (2)(a) but include costs for operating and capital. The Administration shall then calculate the statewide inpatient hospital cost-to-charge ratio by summing the covered accommodation costs and ancillary department costs from the claims and encounters for all hospitals and dividing by the sum of the total covered charges for these services for all hospitals.
  - d. Unassigned tiered per diem rates. If a hospital has an insufficient number of claims to set a tiered per diem rate, the Administration shall pay that hospital the statewide average rate for that tier.
3. Tier assignment. The Administration shall assign AHCCCS inpatient hospital days of care to tiers based on information submitted on the inpatient hospital claim or encounter including diagnosis, procedure, or revenue codes, peer group, NICU classification level, or a combination of these.
    - a. Tier hierarchy. In assigning claims for AHCCCS inpatient hospital days of care to a tier, the Administration shall follow the Hierarchy for Tier Assignment through September 30, 2014 in R9-22-712.09. The Administration shall not pay a claim for inpatient hospital services unless the claim meets medical review criteria and the definition of a clean claim. The Administration shall not pay for a hospital stay on the basis of more than two tiers, regardless of the number of interim claims that are submitted by the hospital.
    - b. Tier exclusions. The Administration shall not assign to a tier or pay AHCCCS inpatient hospital days of care that do not occur during a period when the person is eligible. Except in the case of death, the Administration shall pay claims in which the day of admission and the day of discharge are the same, termed a same day admit and discharge, including same day transfers, as an outpatient hospital claim. The Administration shall pay same day admit and discharge claims that qualify for either the maternity or nursery tiers based on the lesser of the rate for the maternity or nursery tier, or the outpatient hospital fee schedule.
    - c. Seven tiers. The seven tiers are:
      - i. Maternity. The Administration shall identify the Maternity Tier by a primary diagnosis code. If a claim has an appropriate primary diagnosis, the Administration shall pay the AHCCCS inpatient hospital days of care on the claim at the maternity tiered per diem rate.
      - ii. NICU. The Administration shall identify the NICU Tier by a revenue code. A hospital does not qualify for the NICU tiered per diem rate unless the hospital is classified as either a NICU Level II or NICU Level III perinatal center by the Arizona Perinatal Trust. The Administration shall pay AHCCCS inpatient hospital days of care on the claim that meet the medical review criteria for the NICU tier and have a NICU revenue code at the NICU tiered per diem rate. The Administration shall pay any remaining AHCCCS inpatient hospital day on the claim that does not meet NICU Level II or NICU Level III medical review criteria at the nursery tiered per diem rate.
      - iii. ICU. The Administration shall identify the ICU Tier by a revenue code. The Administration shall pay AHCCCS inpatient hospital days of care on the claim that meets the medical review criteria for the ICU tier and has an ICU revenue code at the ICU tiered per diem rate. The Administration may classify any AHCCCS inpatient hospital days on the claim without an ICU revenue code, as surgery, psychiatric, or routine tiers.
      - iv. Surgery. The Administration shall identify the Surgery Tier by a revenue code and a valid surgical procedure code that is not on the AHCCCS excluded surgical procedure list. The excluded surgical procedure list identifies minor procedures such as sutures that do not require the same hospital resources as other procedures. The Administration shall only split

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- a surgery tier with an ICU tier. AHCCCS shall pay at the surgery tier rate only when the surgery occurs on a date during which the member is eligible.
- v. Psychiatric. The Administration shall identify the Psychiatric Tier by either a psychiatric revenue code and a psychiatric diagnosis or any routine revenue code if all diagnosis codes on the claim are psychiatric. The Administration shall not split a claim with AHCCCS inpatient hospital days of care in the psychiatric tier with any tier other than the ICU tier.
  - vi. Nursery. The Administration shall identify the Nursery Tier by a revenue code. The Administration shall not split a claim with AHCCCS inpatient hospital days of care in the nursery tier with any tier other than the NICU tier.
  - vii. Routine. The Administration shall identify the Routine Tier by revenue codes. The routine tier includes AHCCCS inpatient hospital days of care that are not classified in another tier or paid under any other provision of this Section. The Administration shall not split the routine tier with any tier other than the ICU tier.
4. Annual update. The Administration shall annually update the inpatient hospital tiered per diem rates through September 30, 2011.
  5. New hospitals. For rates effective on and after October 1, 1998, the Administration shall pay new hospitals the statewide average rate for each tier, as appropriate. The Administration shall update new hospital tiered per diem rates through September 30, 2011.
  6. Outliers. The Administration shall reimburse hospitals for AHCCCS inpatient hospital days of care identified as outliers under this Section by multiplying the covered charges on a claim by the Medicare Urban or Rural Cost-to-Charge Ratio. The Urban cost-to-charge ratio will be used for hospitals located in a county of 500,000 residents or more. The Rural cost-to-charge ratio will be used for hospitals located in a county of fewer than 500,000 residents.
    - a. Outlier criteria. For rates effective on and after October 1, 1998, the Administration set the statewide outlier cost threshold for each tier at the greater of three standard deviations from the statewide mean operating cost per day within the tier, or two standard deviations from the statewide mean operating cost per day across all the tiers. If the covered costs per day on a claim exceed the urban or rural cost threshold for a tier, the claim is considered an outlier. Outliers will be paid by multiplying the covered charges by the applicable Medicare Urban or Rural CCR. The resulting amount will be the outlier payment. If there are two tiers on a claim, the Administration shall determine whether the claim is an outlier by using a weighted threshold for the two tiers. The weighted threshold is calculated by multiplying each tier rate by the number of AHCCCS inpatient hospital days of care for that tier and dividing the product by the total tier days for that hospital. Routine maternity stays shall be excluded from outlier reimbursement. A routine maternity is any one-day stay with a delivery of one or two babies. A routine maternity stay will be paid at tier.
    - b. Update. The CCR is updated annually by the Administration for dates of service beginning October 1, using the most current Medicare cost-to-charge ratios published or placed on display by CMS by August 31 of that year. The Administration shall update the outlier cost thresholds for each hospital through September 30, 2011 as described under A.R.S. § 36-2903.01. For inpatient hospital admissions with begin dates of service on and after October 1, 2011, AHCCCS will increase the outlier cost thresholds by 5% of the thresholds that were effective on September 30, 2011.
    - c. Medicare Cost-to-Charge Ratio Phase-In. AHCCCS shall phase in the use of the Medicare Urban or Rural Cost-to-Charge Ratios for outlier determination, calculation and payment. The three-year phase-in does not apply to out-of-state or new hospitals.
      - i. Medicare Cost-to-Charge Ratio Phase-In outlier determination and threshold calculation. For outlier claims with dates of service on or after October 1, 2007 through September 30, 2008, AHCCCS shall adjust each hospital specific inpatient cost-to-charge ratio in effect on September 30, 2007 by subtracting one-third of the difference between the hospital specific inpatient cost-to-charge ratio and the effective Medicare Urban or Rural Cost-to-Charge Ratio. For outlier claims with dates of service on or after October 1, 2008 through September 30, 2009, AHCCCS shall adjust each hospital specific inpatient cost-to-charge ratio in effect on September 30, 2007 by subtracting two-thirds of the difference between the hospital specific inpatient cost-to-charge ratio and the effective Medicare Urban or Rural Cost-to-Charge Ratio. The adjusted hospital specific inpatient cost-to-charge ratios shall be used for all calculations using the Medicare Urban or Rural Cost-to-Charge Ratios, including outlier determination, and threshold calculation.
      - ii. Medicare Cost-to-Charge Ratio Phase-In calculation for payment. For payment of outlier claims with dates of service on or after October 1, 2007 through September 30, 2008, AHCCCS shall adjust the statewide inpatient hospital cost-to-charge ratio in effect on September 30, 2007 by subtracting one-third of the difference between the statewide inpatient hospital cost-to-charge ratio and the effective Medicare urban or rural cost-to-charge ratio. For payment of outlier claims with dates of service on or after October 1, 2008 through September 30, 2009, AHCCCS shall adjust the statewide inpatient hospital cost-to-charge ratio in effect on September 30, 2007 by subtracting two-thirds of the difference between the statewide inpatient hospital cost-to-charge ratio and the effective Medicare urban or rural cost-to-charge ratio.
      - iii. Medicare Cost-to-Charge Ratio for outlier determination, threshold calculation, and payment. For outlier claims with dates of service on or after October 1, 2009, the full Medicare



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Urban or Rural Cost-to-Charge Ratios shall be utilized for all outlier calculations.

- d. Cost-to-Charge Ratio used for qualification and payment of outlier claims.
  - i. For qualification and payment of outlier claims with begin dates of service on or after April 1, 2011 through September 30, 2011, the CCR will be equal to 95% of the ratios in effect on October 1, 2010.
  - ii. For qualification and payment of outlier claims with begin dates of service on or after October 1, 2011, the CCR will be equal to 90.25% of the most recent published Urban or Rural Medicare CCR as described in subsection (6)(b).
  - iii. For qualification and payment of outlier claims with begin dates of service on or after October 1, 2011 through September 30, 2012, AHCCCS will reduce the cost-to-charge ratio determined under subsection (6)(d)(ii) for a hospital that filed a charge master with ADHS on or after April 1, 2011 by an additional percentage equal to the total percent increase reported on the charge master.
  - iv. Subject to approval by CMS, for qualification and payment of outlier claims with begin dates of service on or after October 1, 2012, AHCCCS will reduce the cost-to-charge ratio determined under subsection (6)(d)(ii) for a hospital that filed a charge master with ADHS on or after June 1, 2012 by an additional percentage equal to the total percent increase reported on the charge master.
7. Transplants. The Administration shall reimburse hospitals for an AHCCCS inpatient stay in which a covered transplant as described in R9-22-206 is performed through the terms of the relevant contract. If the Administration and a hospital that performs transplant surgery on an eligible person do not have a contract for the transplant surgery, the Administration shall not reimburse the hospital more than what would have been paid to the contracted hospital for that same surgery.
8. Ownership change. The Administration shall not change any of the components of a hospital's tiered per diem rates upon an ownership change.
9. Psychiatric hospitals. The Administration shall pay free-standing psychiatric hospitals an all-inclusive per diem rate based on the contracted rates used by the Department of Health Services.
10. Specialty facilities. The Administration may negotiate, at any time, reimbursement rates for inpatient specialty facilities or inpatient hospital services not otherwise addressed in this Section as provided by A.R.S. § 36-2903.01. For purposes of this subsection, "specialty facility" means a facility where the service provided is limited to a specific population, such as rehabilitative services for children.
11. Outliers for new hospitals. Outliers for new hospitals will be calculated using the Medicare Urban or Rural Cost-to-Charge Ratio times covered charges. If the resulting cost is equal to or above the cost threshold, the claim will be paid at the Medicare Urban or Rural Cost-to-Charge ratio.
12. Reductions to tiered per diem payment for inpatient hospital services. Inpatient hospital admissions with begin dates of service on or after October 1, 2011, shall be

reimbursed at 95 percent of the tiered per diem rates in effect on September 30, 2011.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by exempt rulemaking at 17 A.A.R. 1337, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.02. Reserved**

**R9-22-712.03. Reserved**

**R9-22-712.04. Reserved**

**R9-22-712.05. Graduate Medical Education Fund Allocation**

- A. Graduate medical education (GME) reimbursement as of September 30, 1997. Subject to legislative appropriation, the Administration shall make a distribution based on direct graduate medical education costs as described in A.R.S. § 36-2903.01(G)(9)(a).
- B. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for the expansions of GME programs approved by the Administration to hospitals for direct program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(b). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (B)(3).
  1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (B) if all of the following apply:
    - a. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona;
    - b. It incurs direct costs for the training of residents in the GME programs, which costs are or will be reported on the hospital's Medicare Cost Report;
    - c. It is not administered by or does not receive its primary funding from an agency of the federal government.
  2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (B)(4) the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (B)(1)(c):
    - a. Filled resident positions in approved programs established as of October 1, 1999 at hospitals that receive funding as described in A.R.S. § 36-2903.01(G)(9)(a) that are additional to the number of resident positions that were filled as of October 1, 1999; and
    - b. All filled resident positions in approved programs other than GME programs described in A.R.S. § 36-2903.01(G)(9)(a) that were established before July 1, 2006.
  3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under

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subsection (B) shall provide the applicable information listed in this subsection to the Administration:

- a. A GME program shall provide all of the following:
  - i. The program name and number assigned by the accrediting organization;
  - ii. The original date of accreditation;
  - iii. The names of the sponsoring institution and all participating institutions current as of the date of reporting;
  - iv. The number of approved resident positions and the number of filled resident positions current as of the date of reporting;
  - v. For programs established as of October 1, 1999, the number of resident positions that were filled as of October 1, 1999, if the program has not already provided this information to the Administration;
- b. A hospital seeking a distribution under subsection (B) shall provide all of the following that apply:
  - i. If the hospital uses the Intern and Resident Information System (IRIS) for tracking and reporting its resident activity to the fiscal intermediary, copies of the IRIS master and assignment files for the hospital's two most recently completed Medicare cost reporting years as filed with the fiscal intermediary;
  - ii. If the hospital does not use the IRIS or has less than two cost reporting years available in the form of the IRIS master and assignment files, the information normally contained in the IRIS master and assignment files in an alternative format for the hospital's two most recently completed Medicare cost reporting years;
  - iii. At the request of the Administration, a copy of the hospital's Medicare Cost Report or any part of the report for the most recently completed cost reporting year.
4. Allocation of expansion funds. Annually the Administration shall allocate available funds to each approved GME program in the following manner:
  - a. Information provided by hospitals under subsection (B)(3)(b) shall be used to determine the program in which each eligible resident is enrolled and the number of days that each eligible resident worked in any area of the hospital complex or in a non-hospital setting under agreement with the reporting hospital during the period of assignment to that hospital. For this purpose, the Administration shall use data relating to the most recent 12-month period that is common to all information provided under subsections (B)(3)(b)(i) and (ii).
  - b. The number of eligible residents allocated to each participating institution within each approved GME program shall be determined as follows:
    - i. Total the number of days determined for each participating institution under subsection (B)(4)(a) and divide each total by 365.
    - ii. Proportionally adjust the result of subsection (B)(4)(b)(i) for each participating institution within each program according to the number of residents determined to be eligible under subsection (B)(2).
  - c. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) shall be adjusted for Arizona Medicaid utilization using the most recent Medicare Cost Report information on file with the Administration as of the date of reporting under subsection (B)(3) and the Administration's inpatient hospital claims and encounter data for the time period corresponding to the Medicare Cost Report information for each hospital. The Administration shall use only those inpatient hospital claims paid by the Administration and encounters that were adjudicated by the Administration as of the date of reporting under subsection (B)(3). The Medicaid-adjusted eligible residents shall be determined as follows:
    - i. For each hospital, the total AHCCCS inpatient hospital days of care shall be divided by the total Medicare Cost Report inpatient hospital days, multiplied by 100 and rounded up to the nearest multiple of 5 percent.
    - ii. The number of allocated eligible residents determined for each participating hospital under subsection (B)(4)(b)(ii) shall be multiplied by the percentage derived under subsection (B)(4)(c)(i) for that hospital. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) for a participating institution that is not a hospital and not a health care facility made ineligible under subsection (B)(1)(c) shall be multiplied by the percentage derived under subsection (B)(4)(c)(i) for the program's sponsoring institution or, if the sponsoring institution is not a hospital, the sponsoring institution's affiliated hospital. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) for a participating institution that is made ineligible under subsection (B)(1)(c) shall be multiplied by zero percent.
  - d. The total allocation for each approved program shall be determined by multiplying the Medicaid-adjusted eligible residents determined under subsection (B)(4)(c)(ii) by the per-resident conversion factor determined below and totaling the resulting dollar amounts for all participating institutions in the program. The per-resident conversion factor shall be determined as follows:
    - i. Calculate the total direct GME costs from the most recent Medicare Cost Reports on file with the Administration for all hospitals that have reported such costs.
    - ii. Calculate the total allocated residents determined under subsection (B)(4)(b)(i) for those hospitals described under subsection (B)(4)(d)(i).
    - iii. Divide the total GME costs calculated under subsection (B)(4)(d)(i) by the total allocated residents calculated under subsection (B)(4)(d)(ii).
5. Distribution of expansion funds. On an annual basis subject to available funds, the Administration shall distribute the allocated amounts determined under subsection (B)(4) in the following manner:
  - a. The allocated amounts shall be distributed in the following order of priority:
    - i. To eligible hospitals that do not receive funding in accordance with A.R.S. § 36-

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- 2903.01(G)(9)(a) for the direct costs of programs established before July 1, 2006;
- ii. To eligible hospitals that receive funding in accordance with A.R.S. § 36-2903.01(G)(9)(a) for the direct costs of programs established before July 1, 2006;
  - b. The allocated amounts shall be distributed to the eligible hospitals in each approved program in proportion to the number of Medicaid-adjusted eligible residents allocated to each hospital within that program under subsection (B)(4)(c)(ii).
  - c. If funds are insufficient to cover all distributions within any priority group described under subsection (B)(5)(a), the Administration shall adjust the distributions proportionally within that priority group.
- C. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for the expansions of GME programs approved by the Administration to hospitals for direct program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(c)(i). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (C)(3).
1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (C) if it meets all the conditions of subsections (B)(1)(a) through (c).
  2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (C)(4), the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (B)(1)(c):
    - a. All filled resident positions in approved programs established on or after July 1, 2006; and
    - b. For approved programs established on or after July 1, 2006 that have been established for less than one year as of the date of reporting under subsection (C)(3) and have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match.
  3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under subsection (C) shall provide to the Administration:
    - a. A GME program shall provide all of the following:
      - i. The requirements of subsections (B)(3)(a)(i) through (iv);
      - ii. The academic year rotation schedule on file with the program current as of the date of reporting; and
      - iii. For programs described under subsection (C)(2)(b), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
    - b. A hospital seeking a distribution under subsection (C) shall provide the requirements of subsection (B)(3)(b).
  4. Allocation of expansion funds. Annually the Administration shall allocate available funds to approved GME programs in the following manner:
    - a. Information provided by hospitals in accordance with subsection (B)(3)(b) shall be used to determine the program in which each eligible resident is enrolled and the number of days that each eligible resident worked in any area of the hospital complex or in a non-hospital setting under agreement with the reporting hospital during the period of assignment to that hospital. For this purpose, the Administration shall use data relating to the most recent 12-month period that is common to all information provided in accordance with subsections (B)(3)(b)(i) and (ii).
    - b. For approved programs whose resident activity is not represented in the information provided in accordance with subsection (B)(3)(b), information provided by GME programs under subsection (C)(3)(a) shall be used to determine the number of days that each eligible resident is expected to work at each participating institution.
    - c. The number of eligible residents allocated to each participating institution for each approved GME program shall be determined by totaling the number of days determined under subsections (C)(4)(a) and (b) and dividing the totals by 365.
    - d. The number of allocated residents determined under subsection (C)(4)(c) shall be adjusted for Arizona Medicaid utilization in accordance with subsection (B)(4)(c).
    - e. The total allocation for each approved program shall be determined in accordance with subsection (B)(4)(d).
  5. Distribution of expansion funds. On an annual basis subject to available funds, the Administration shall distribute the allocated amounts determined under subsection (C)(4) to the eligible hospitals in each approved program in proportion to the number of Medicaid-adjusted eligible residents allocated to each within that program under subsection (C)(4)(d).
- D. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for GME programs approved by the Administration to hospitals for indirect program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(c)(ii). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (D)(3).
1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (D) if all of the following apply:
    - a. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona or is the base hospital for one or more of the GME programs in Arizona whose sponsoring institutions are not hospitals;
    - b. It incurs indirect program costs for the training of residents in the GME programs, which are or will be calculated on the hospital's Medicare Cost Report or are reimbursable under the Children's Hospitals Graduate Medical Education Payment Program administered by HRSA;
    - c. It is not administered by or does not receive its primary funding from an agency of the federal government.

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2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (D)(4) the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (D)(1)(c):
  - a. Any filled resident position in an approved program that includes a rotation of at least one month per year in a county other than Maricopa or Pima whose population was less than 500,000 persons at the time the residency rotation was added to the academic year rotation schedule;
  - b. For approved programs that have been established for less than one year as of the date of reporting under subsection (D)(3) and have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match who will perform rotations of at least one month per year in a county other than Maricopa or Pima whose population was less than 500,000 persons at the time the residency rotation was added to the academic year rotation schedule.
3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under subsection (D) shall provide to the Administration:
  - a. A GME program shall provide all of the following:
    - i. The requirements of subsections (B)(3)(a)(i) through (iv);
    - ii. The academic year rotation schedule on file with the program current as of the date of reporting;
    - iii. For programs described under subsection (D)(2)(c), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
  - b. A hospital seeking a distribution under subsection (D) shall provide the requirements of subsection (B)(3)(b)(iii).
4. Allocation of funds for indirect program costs. Annually the Administration shall allocate available funds to approved GME programs in the following manner:
  - a. Using the information provided by programs under subsection (D)(3), the Administration shall determine for each program the number of residents in the program who are eligible under subsection (D)(2) and the number of months per year that each eligible resident will perform rotations in counties described by subsection (D)(2), multiply the number of eligible residents by the number of months and multiply the result by the per resident per month conversion factor determined under subsection (D)(4)(b).
  - b. Using the most recent Medicare Cost Reports on file with the Administration for all hospitals that have calculated a Medicare indirect medical education payment, the Administration shall determine a per resident per month conversion factor as follows:
    - i. Calculate each hospital's Medicare share by dividing the Medicare inpatient discharges on the Medicare Cost Report by the total inpatient hospital discharges on the Medicare Cost Report.
    - ii. Calculate the ratio of residents to beds by dividing the total allocated residents described in subsection (B)(4)(d)(ii) by the number of bed days available from the Medicare Cost Report and dividing the result by the number of days in the cost reporting period.
    - iii. Calculate the indirect medical education adjustment factor by adding 1 to the value calculated in (D)(4)(b)(ii), multiplying the result by the exponential value 0.405, subtracting 1 from the result, and multiplying that result by 1.35.
    - iv. Calculate each hospital's total indirect medical education cost by adding the DRG amounts other than outlier payments from the Medicare cost report and the managed care simulated payments from the Medicare Cost Report, multiplying the total by the indirect medical education adjustment factor determined in (D)(4)(b)(iii) and dividing the result by the Medicare share determined in (D)(4)(b)(i).
    - v. Calculate each hospital's Medicaid indirect medical education cost by multiplying the amount determined in (D)(4)(b)(iv) by the value determined in subsection (B)(4)(c)(i).
    - vi. Total the amounts determined in (D)(4)(b)(v) for all hospitals, divide the result by the total allocated residents described in subsection (B)(4)(d)(ii) for all hospitals, and divide that result by 12.
5. Distribution of funds for indirect program costs. On an annual basis subject to available funds, the Administration shall distribute to each eligible hospital the amount calculated for the hospital at subsection (D)(4)(a).
- E. Reallocation of funds. If funds appropriated for subsection (B) are not allocated by the Administration and funds appropriated for subsections (C) and (D) are insufficient to cover all distributions under subsections (C)(5) and (D)(5), the funds not allocated under subsection (B) shall be allocated under subsections (C) and (D) to the extent of the calculated distributions. If funds are insufficient to cover all distributions under subsections (C)(5) and (D)(5), the Administration shall adjust the distributions proportionally. If funds appropriated for subsections (C) and (D) are not allocated by the Administration and funds appropriated for subsection (B) are insufficient to cover all distributions under subsection (B)(5), the funds not allocated under subsections (C) and (D) shall be allocated under subsection (B) to the extent of the calculated distributions.
- F. The Administration may enter into intergovernmental agreements with local, county, and tribal governments wherein local, county and tribal governments may transfer funds or certify public expenditures to the Administration. Such funds or certification, subject to approval by CMS, will be used to qualify for additional federal funds. Those funds will be used for the purposes of reimbursing hospitals that are eligible under subsection (D)(1) and specified by the local, county, or tribal government for indirect program costs other than those reimbursed under subsection (D). The Administration shall allocate available funds in accordance with subsection (D) except that reimbursement with such funds is not limited to resident positions or rotations in counties with populations of less than 500,000 persons. On an annual basis subject to available funds, the Administration shall distribute to each eligible hospital the greatest among the following amounts, less any amounts distributed under subsection (D)(5):

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1. The amount that results from multiplying the total number of eligible residents allocated to the hospital under subsection (B)(4)(d)(ii) by 12 by the per resident per month conversion factor determined under subsection (D)(4)(b);
2. The amount calculated for the hospital at subsection (D)(4)(b)(v);
3. The median of all amounts calculated at subsection (D)(4)(b)(v) if the hospital does not have an indirect medical education payment calculated on the Medicare Cost Report because it is a new training hospital; or
4. If the hospital does not have an indirect medical education payment calculated on the Medicare Cost Report because it is a children's hospital, the median Medicaid indirect medical education payment costs shall be calculated as follows:
  - a. For each hospital with indirect medical education costs on the Medicare Cost Report, determine a per resident total indirect medical education cost by dividing the total indirect medical education costs determined under subsection (D)(4)(b) by the number of filled resident positions under subsection (B)(2).
  - b. Determine the median per resident amount under subsection (F)(4)(a).
  - c. For each hospital without an indirect medical education component on the Medicare cost report, multiply the median per resident amount under subsection (F)(4)(b) by the number of filled resident positions under subsection (B)(2) for that hospital and by the Medicaid utilization percent for that hospital determined in subsection (B)(4)(c)(i).
3. Eligible positions. For purposes of determining distributions under this Section the following resident and fellowship positions qualify to the extent that the training takes place in Arizona at an eligible health care facility:
  - a. Filled resident or fellow positions in approved programs which began on or after July 1, 2020;
  - b. Eligible positions do not include residents or fellows that receive payments for services under the Access to Professional Services Initiative (APSI) program established in the Contractors' prepaid capitation contracts with the Administration.
4. Annual Reporting
  - a. By December 15 of each year, a GME program shall provide all of the following information for GME programs and positions which are expected to be eligible for funding under this Section as of the upcoming academic year (i.e., July 1 to June 30 of each year):
    - i. The program name and number assigned by the accrediting organization if available;
    - ii. The original date of accreditation if available;
    - iii. The names of the sponsoring institution and all participating institutions expected as of the date of reporting;
    - iv. The number of anticipated resident and fellowship positions eligible for funding as of the upcoming academic year;
    - v. The number of months or partial months during the upcoming academic year that each resident or fellow is expected to work in each hospital or in a non-hospital setting under agreement between the non-hospital setting and the reporting hospital;
    - vi. The academic year of anticipated resident and fellowship positions;
    - vii. The length of the program; and
    - viii. The names and other information requested by AHCCCS to ensure the total GME distributions for each eligible position are not greater than the costs for each eligible position in the Intern and Resident Information System (IRIS) file.
  - b. By December 15 of each year, a GME program located in a county with a population of less than 500,000 persons shall provide the estimated one-time and ongoing costs for each program which it expects to be eligible for funding.
  - c. By September 1 of each year, a GME program shall provide the actual name of residents and fellows hired in the current academic year and other information requested by AHCCCS to ensure that total GME distributions for the eligible position are not

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 1782, effective June 30, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 4032, effective November 1, 2007 (Supp. 07-4). Amended by final rulemaking at 21 A.A.R. 3469, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 24 A.A.R. 185, effective January 9, 2018 (Supp. 18-1). Amended by final rulemaking at 24 A.A.R. 3321, effective January 5, 2019 (Supp. 18-4).

**R9-22-712.06. Supplemental Graduate Medical Education Fund Allocation**

- A. Gradual Medical Education (GME) reimbursement as of July 1, 2020.
  1. In addition to distributions according to Section R9-22-712.05, and subject to the availability of funds and approval by CMS, the Administration shall annually distribute monies appropriated for the GME programs approved by the Administration to hospitals for direct and indirect costs for graduate medical education programs which were established or expanded on or after July 1, 2020. The Administration shall estimate the distributions using information possessed by the Administration as of December 15 of each calendar year. The actual distributions will be made using information possessed by the Administration as of September first of the year in which the new residency or fellowship begins.
  2. Eligible Hospitals. A hospital is eligible for distributions under this Section if all of the following apply:

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greater than the costs for each eligible position in the IRIS file.

- B.** Preliminary allocation of funds for urban hospitals. Annually by January 15, the Administration shall estimate the annual GME distributions under this Section using the funds appropriated for hospitals in counties with a population of 500,000 persons or more based on the number of new residents and fellows in graduate medical education programs in the following manner:
1. Each eligible resident and fellow is placed into tiers with the following priority:
    - a. Returning residents and fellows. A returning resident or fellow is a resident or fellow whose position received funding under this Section for the previous academic year and who is continuing in the same GME program.
    - b. Residents and fellows that are not a returning resident or fellow but are in a GME program for Family Medicine, Internal Medicine, General Pediatrics, Obstetrics and Gynecology, Psychiatry including Subspecialties, General Surgery, and any other program determined as high needs by the AHCCCS Administration.
    - c. Residents or fellows that are not returning residents or fellows and are not described in subsection (1)(b) but are in a GME program that received funding under this Section in a prior year.
    - d. All other residents and fellows.
  2. The amount of the distribution for each GME program for direct costs is calculated as the product of:
    - a. The number of eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospitals;
    - b. The Arizona Medicaid utilization as determined by R9-22-712.05(B)(4)(c)(i) in the previous calendar year; and,
    - c. The average direct cost per resident determined under R9-22-712.05(B)(4)(d) in the previous calendar year.
  3. If monies are still remaining after direct funding has been allocated, indirect funding shall be allocated based on the priority of each tier and sub-tier. The amount of the distribution for each GME program for indirect costs is calculated as the product of:
    - a. The number of allocated eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospital;
    - b. The indirect cost per resident per month calculated in R9-22-712.05(D)(4)(b)(vi) in the previous calendar year; and
    - c. Twelve months.
    - d. Funds shall be allocated based on the priority of each tier and sub-tier. Distributions for eligible positions in a tier or sub-tier with a lower priority will not receive a distribution until distributions are allocated for the costs of all positions in a higher tier or sub-tier. If funding is insufficient to fully fund a tier or sub-tier, the remainder of funds will be prorated for eligible positions in that tier or sub-tier.
4. Payments are made to participating hospitals based on the FTEs who worked at their hospitals per year.
- C.** Preliminary allocation of funds for rural hospitals. Annually by January 15, the Administration shall estimate the annual GME distributions under this Section using the funds appropriated for rural hospitals based on the number of eligible resident and fellow positions in graduate medical education programs located in a county with a population of less than 500,000 persons in the following manner:
1. Each resident and fellow will then be placed into a tier with the following priority:
    - a. Returning residents and fellows. A returning resident or fellow is a resident or fellow whose position received funding under this Section for the previous academic year and who is continuing in the same GME program.
    - b. Residents and fellows that are not a returning resident or fellow but are in a GME program for Family Medicine, Internal Medicine, General Pediatrics, Obstetrics and Gynecology, Psychiatry including Subspecialties, General Surgery, and any other program determined as high needs by the AHCCCS Administration.
    - c. Residents or fellows that are not returning residents or fellows and are not described in subsection (1)(b) but are in a GME program that received funding under this Section in a prior year.
    - d. All other residents and fellows.
  2. Residents and fellows in each tier are further divided into four sub-tiers with the following priority based on the location of the sponsoring or participating hospital:
    - a. Hospitals in a county designated by the Health Resource and Services Administration of the U.S. Department of Health & Human Services as a HPSA with a greater than 85 percent primary care shortage.
    - b. Hospitals in a county designated as a HPSA with a greater than 50 percent to 85 percent primary care shortage.
    - c. Hospitals in a county designated as a HPSA with a 25-50 percent primary care shortage.
    - d. Hospitals in a county designated as a HPSA with a less than 25 percent primary care shortage.
  3. Funds shall first be allocated for direct and indirect costs based in order of priority of each tier. If not enough funding is available to fully fund a tier or sub-tier, the remainder of funds will be prorated in a tier or sub-tier.
  4. The amount of the distribution for each GME program for direct costs is calculated as the product of:
    - a. The number of eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospitals;
    - b. The Arizona Medicaid utilization determined under R9-22-712.05(B)(4)(c)(i); and,
    - c. The actual direct cost per resident per year.
  5. The amount of the distribution for each GME program for indirect costs is calculated as the product of:
    - a. The number of allocated eligible residents and fellows adjusted for the number of months or partial months worked in each hospital or non-hospital setting under agreement between the non-hospital setting and the reporting hospital;

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- b. The indirect cost per resident per month calculated in R9-22-712.05(D)(4)(b)(vi) in the previous calendar year; and
- c. Twelve months.
- 6. Payments are made to participating hospitals based on the FTEs who worked at their hospitals per year.
- D. Final allocation of funds. Annually no sooner than September 1 following the start of the academic year, the Administration will recalculate the allocation for urban and rural hospitals using the same methodology used to estimate distributions, but using the actual residents and fellows as reported in R9-22-712.06(A)(4)(c).
- F. Exclusions. To ensure that residents and fellows are not double counted residents/fellows which receive funding through R9-22-712.06 shall not receive funding through R9-22-712.05.

**Historical Note**

New Section made by final rulemaking at 27 A.A.R. 2496 (October 29, 2021), with an immediate effective date of October 6, 2021 (Supp. 21-4). Amended by final rulemaking at 29 A.A.R. 923 (April 21, 2023), with an immediate effective date of March 31, 2023 (Supp. 23-1).

**R9-22-712.07. Rural Hospital Inpatient Fund Allocation**

- A. For purposes of this Section, the following words and phrases have the following meanings unless the context specifically requires another meaning:
  - 1. "Calculated inpatient costs" means the sum of inpatient covered charges multiplied by the Milliman study's implied cost-to-charge ratio of .8959.
  - 2. "Claims paid amount" means the sum of all claims paid by the Administration and contractors, as reported by the contractor to the Administration, to a rural hospital for covered inpatient services rendered for dates of service during the previous state fiscal year.
  - 3. "Fund" means any state funds appropriated by the Legislature for the purposes set forth in A.R.S. § 36-2905.02 and any federal funds that are available for matching the state funds.
  - 4. "Inpatient covered charges" means the sum of all covered charges billed by a hospital to the Administration or contractors, as reported by the contractors to the Administration, for inpatient services rendered during the previous state fiscal year.
  - 5. "Milliman study" means the report issued by Milliman USA on March 11, 2004, to the Arizona Hospital and Healthcare Association that updated a portion of a cost study entitled "Evaluation of the AHCCCS Inpatient Hospital Reimbursement System" prepared by Milliman USA for AHCCCS on November 15, 2002. A copy of each report is on file with the Administration.
  - 6. "Rural hospital" means a health care institution that is licensed as an acute care hospital by the Arizona Department of Health Services for the previous state fiscal year and is not an IHS hospital or a tribally owned or operated facility and:
    - a. Has 100 or fewer PPS beds, not including beds reported as sub provider beds on the hospital's

- Medicare Cost Report, and is located in a county with a population of less than 500,000 persons, or
- b. Is designated as a critical access hospital for the majority of the previous state fiscal year.

- B. Each February, the Administration shall allocate the Fund to the following three pools for the fiscal year:
  - 1. Rural hospitals with 25 or fewer PPS beds not including sub provider beds and all Critical Access Hospitals, regardless of the number of beds in the Critical Access Hospital;
  - 2. Rural hospitals other than Critical Access Hospitals with 26 to 75 PPS beds not including sub provider beds; and
  - 3. Rural hospitals other than Critical Access Hospitals with 76 to 100 PPS beds not including sub provider beds.
- C. The Administration shall allocate the Fund to each pool according to the ratio of claims paid amount for all hospitals assigned to the pool to total claims paid amount for all rural hospitals.
- D. The Administration shall determine each hospital's claims paid amount and allocate the funds in each pool to each hospital in the pool based on the ratio of each hospital's claims paid amount to the sum of the claims paid amount for all hospitals assigned to the pool.
- E. The Administration shall not make a Fund payment to a hospital that will result in the hospital's claims paid amount plus that hospital's Fund payment being greater than that hospital's calculated inpatient costs.
  - 1. If a hospital's claims paid amount plus the hospital's Fund payment would be greater than the hospital's calculated inpatient costs, the Administration shall make a Fund payment to the hospital equal to the difference between the hospital's calculated inpatient costs and the hospital's claims paid amount.
  - 2. The Administration shall reallocate any portion of a hospital's Fund allocation that is not paid to the hospital due to the reason in subsection (E)(1) to the other eligible hospitals in the pool based upon the ratio of the claims paid amount for each hospital remaining in the pool to the sum of the claims paid amount for each hospital remaining in the pool.
- F. If funds remain in a pool after allocations to each hospital in the pool under subsections (D) and (E), the Administration shall reallocate the remaining funds to the other pools based upon the ratio of each pool's original allocation of the Fund as determined under subsection (C) to the sum of the remaining pools' original Fund allocations under subsection (C). The Administration shall allocate remaining funds to the hospitals in the remaining pools under subsection (D) and (E). See Exhibit 1 for an example.
- G. Subject to CMS approval of the method and distribution of the Fund, the administration or its contractors will distribute the Fund as a lump sum allocation to the rural hospitals in either one or two installments by the end of each state fiscal year.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2). Amended by final rulemaking at 22 A.A.R. 3476, effective January 30, 2016 (Supp. 15-4).

**Exhibit 1. Pool Example**

Pool A receives \$2,000,000. Pool B receives \$7,000,000. Pool C receives \$3,000,000.

If all of the funds in Pool B are paid to eligible hospitals and there is \$1,000,000 remaining, the remaining funds would be allocated to Pool A and Pool C based on the ratio of each pool's original allocation (original allocations of \$2,000,000 and \$3,000,000) to the total of their original allocation (\$2,000,000 + \$3,000,000 = \$5,000,000).

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Pool A would receive 2/5 of the remaining funds (\$400,000) and Pool C would receive 3/5 of the remaining funds (\$600,000).

**Historical Note**

Exhibit 1 made by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2).

**R9-22-712.08. Federally Qualified Health Center and Rural Health Clinic Graduate Medical Education Program**

- A.** Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for primary care GME programs approved by the Administration to Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) for direct and indirect program costs eligible for funding under A.R.S. § 36-2907.06(I).
1. A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (D).
  2. For purposes of this subsection, the term "FQHC" includes Federally Qualified Health Center Look-Alikes.
- B.** Eligible health care facilities. A health care facility is eligible for a distribution under subsection (G) if all of the following apply:
1. It is an FQHC or RHC in Arizona that is the sponsoring institution of, or a full member of a consortium that is the sponsoring institution of, or a participating institution in, one or more approved primary care GME programs in Arizona;
  2. It incurs direct or indirect costs for the training of residents in Arizona in approved primary care GME programs;
  3. The GME program is not eligible for funding under R9-22-712.05; and
  4. The GME program is not fully funded by the federal government.
- C.** Eligible residents and resident positions. For purposes of determining program allocation amounts under subsections (E) and (F) the following residents and resident positions are eligible for consideration, to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (B):
1. All filled resident positions in approved primary care GME programs; or
  2. For approved primary care GME programs established for less than one year as of the date of annual reporting under subsection (D) and that have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match.
- D.** Annual reporting. By April 1st of each year, an FQHC or RHC seeking a distribution under this subsection shall:
1. Provide to the Administration the following information about each approved primary care GME program:
    - a. The program name and number assigned by the accrediting organization;
    - b. The original date of accreditation of the program;
    - c. The names of the sponsoring institution and all participating institutions current as of the date of reporting;
    - d. The number of approved resident positions and the number of filled resident positions current as of the date of reporting;
    - e. The academic year rotation schedule on file with the program current as of the date of reporting; and
  - f. For programs described under subsection (C)(2), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
2. Provide to the Administration the most recent Medicare Cost Report for the FQHC or RHC seeking the distribution, and
  3. For an FQHC or RHC that is a full member of a consortium that is the sponsoring institution of an approved primary care GME program, provide to the Administration a signed letter attesting to the responsibility of the full member FQHC or RHC for direct or indirect costs of training residents in the program.
- E.** Allocation of funds for direct graduate medical education costs. Annually the Administration shall allocate available funds for direct graduate medical education costs to each eligible FQHC or RHC in the following manner:
1. A Medicaid utilization percent for each FQHC or RHC seeking a distribution shall be calculated using the Medicare Cost Report submitted under subsection (D)(2), dividing the Title XIX visit count by the whole number of visits reported and rounding the result up to the nearest multiple of 5 percent.
  2. A total number of residents eligible for funding in each program shall be calculated using the information submitted under subsection (D)(1), dividing the number of resident rotations in the year that take place in Arizona and not at a health care facility made ineligible under subsection (B) by the total number of resident rotations in the program for that year, multiplying the result by the total number of filled resident positions in the program and rounding to two digits after the decimal.
  3. The allocation for direct graduate medical education costs for each eligible FQHC or RHC shall be calculated by multiplying the number of residents determined under subsection (E)(2) by the statewide average per-resident amount determined under this subsection and multiplying the result by the Medicaid utilization percent calculated for the FQHC or RHC under subsection (E)(1). The statewide average per-resident amount for the academic year ending June 30, 2022 is \$170,090. Annually thereafter, a statewide average per-resident amount shall be calculated by applying the Federally Qualified Health Center PPS Market Basket Update less Productivity Adjustment published by CMS for the calendar year in which the GME academic year begins.
- F.** Allocation of funds for indirect program costs. Annually the Administration shall allocate available funds for indirect program costs to each eligible FQHC or RHC in the following manner:
1. By multiplying the number of residents determined under subsection (E)(2) by the statewide average per-resident amount determined under this subsection and multiplying the result by the Medicaid utilization percent calculated for the FQHC or RHC under subsection (E)(1). The statewide average per-resident amount for the academic year ending June 30, 2022 is \$167,330;
  2. Annually thereafter, a statewide average per-resident amount shall be calculated by applying the Federally Qualified Health Center PPS Market Basket Update less



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Productivity Adjustment published by CMS for the calendar year in which the GME academic year begins.

- G.** Distribution of funds. On an annual basis subject to available funds, the Administration shall distribute to each eligible FQHC and RHC the sum of all amounts calculated for the FQHC or RHC under subsections (E)(3) and (F).
- H.** The Administration may enter into intergovernmental agreements with local, county, and tribal governments and any university under the jurisdiction of the Arizona Board of Regents wherein such entities may transfer funds or certify public expenditures to the Administration. Such funds or certification, subject to approval by CMS, will contribute to the state funding to qualify for federal matching funds. Those funds will be used for the purposes of reimbursing FQHCs and RHCs that are eligible under this rule and designated by the local, county, or tribal governments for receipt of the contributed funds. The Administration shall allocate available funds in accordance with subsections (E) and (F).

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 837 (April 29, 2022), with an immediate effective date of April 5, 2022 (Supp. 22-2).

**R9-22-712.09. Hierarchy for Tier Assignment through September 30, 2014**

<b>TIER</b>	<b>IDENTIFICATION CRITERIA</b>	<b>ALLOWED SPLITS</b>
MATERNITY	A primary diagnosis defined as maternity 640.xx - 643.xx, 644.2x - 676.xx, v22.xx - v24.xx or v27.xx.	None
NICU	Revenue Code of 174 and the provider has a Level II or Level III NICU.	Nursery
ICU	Revenue Codes of 200-204, 207-212, or 219.	Surgery Psychiatric Routine
SURGERY	Surgery is identified by a revenue code of 36x. To qualify in this tier, there must be a valid surgical procedure code that is not on the excluded procedure list.	ICU
PSYCHIATRIC	Psychiatric Revenue Codes of 114, 124, 134, 144, or 154 AND primary Psychiatric Diagnosis = 290.xx - 316.xx. If a routine revenue code is present and all diagnoses codes on the claim are equal to 290.xx - 316.xx, classify as a psychiatric claim.	ICU
NURSERY	Revenue Code of 17x, not equal to 174.	NICU
ROUTINE	Revenue Codes of 100 - 101, 110-113, 116 - 123, 126 - 133, 136 - 143, 146 - 153, 156 - 159, 16x, 206, 213, or 214.	ICU

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3).

Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.10. Outpatient Hospital Reimbursement: General**

- A.** Effective rule. The outpatient hospital reimbursement rules apply to dates of service beginning July 1, 2005, subject to Laws 2004, Ch. 279, § 19.
- B.** Basis For Payment. Except as provided under R9-22-712.30, AHCCCS shall pay for designated outpatient procedures provided to AHCCCS members according to the AHCCCS Outpatient Capped Fee-For-Service Schedule as defined in R9-22-712.20.
- C.** Data. AHCCCS shall use Medicare Cost Report and adjudicated claim and encounter data from non-IHS acute care hospitals located in the state of Arizona to develop fees for the AHCCCS Outpatient Capped Fee-For-Service Schedule.
- D.** Hospital Services Subject To Fees. AHCCCS shall reimburse services, in the following outpatient hospital categories under the AHCCCS Outpatient Capped Fee-For-Service Schedule:
1. Surgery,
  2. Emergency Department,
  3. Laboratory,
  4. Radiology,
  5. Clinic, and
  6. Other services.
- E.** Reimbursement. AHCCCS shall reimburse outpatient hospital services by procedure codes, in proper combination with revenue codes, as prescribed by AHCCCS.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

**R9-22-712.11. Reserved****R9-22-712.12. Reserved****R9-22-712.13. Reserved****R9-22-712.14. Reserved****R9-22-712.15. Outpatient Hospital Reimbursement: Affected Hospitals**

Except as provided in R9-22-712(G), the AHCCCS Outpatient Capped Fee-For-Service Schedule shall apply to AHCCCS payments for outpatient services in all non-IHS acute hospitals.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

**R9-22-712.16. Reserved****R9-22-712.17. Reserved****R9-22-712.18. Reserved****R9-22-712.19. Reserved****R9-22-712.20. Outpatient Hospital Reimbursement: Methodology for the AHCCCS Outpatient Capped Fee-For-Service Schedule**

- A.** To establish the AHCCCS Outpatient Capped Fee-for-service Schedule for all claims with a begin date of service on or before September 30, 2011, AHCCCS shall:
1. Define the dataset of claims and encounters that shall be used to establish the AHCCCS Outpatient Capped Fee-for-service Schedule.
  2. Identify all the claims and encounters from non-IHS acute hospitals located in Arizona for services to be paid

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under the AHCCCS Outpatient Capped Fee-for-service Schedule.

3. Match the revenue code on each detail of each claim and encounter to the ancillary line item CCR as reported on hospital-specific mapping documents and hospital-specific Medicare Cost Report for those hospitals that have submitted Medicare Cost Reports FYE 2002.
  4. Multiply the line item CCR from subsection (A)(3) by the covered billed charge for that revenue code to establish the cost for the service.
  5. Inflate the cost for the service from subsection (A)(4) using Global Insight Health-care Cost Review inflation factors from date of service month to the midpoint of the rate year in which the fees are initially effective.
  6. Include associated costs under R9-22-712.25 to calculate the rates for emergency room and surgery services.
  7. Combine data from all Arizona hospitals identified in subsection (A)(3) for each procedure code to establish the statewide median cost for each procedure.
  8. Group procedure codes according to the Ambulatory Payment Classification (APC) System groups as listed in 69 FR 65682, November 15, 2004, and establish a statewide median cost for each APC. Multiply each statewide median APC cost by 116 percent to establish the AHCCCS-based fee for each procedure in that specific APC group. AHCCCS shall assign each procedure in the group the same fee.
  9. For those procedure codes that are not grouped into any APC, establish a procedure-specific fee using either:
    - a. The AHCCCS Non-hospital Capped Fee-for-service Fee Schedule,
    - b. 116 percent of the procedure-specific median cost AHCCCS-based fee, or
    - c. The Medicare Clinical Laboratory Fee Schedule for laboratory services.
  10. Compare the AHCCCS-based fee established in subsections (A)(8) and (9) against the comparable Medicare fee established for the Medicare APC group as listed in the 69 FR 65682, November 15, 2004. The fee for each procedure shall be the greater of the AHCCCS-based fee or the Medicare fee but no more than 150 percent of the AHCCCS-based fee; however, for those laboratory services for which a limit is established in the Medicare Clinical Laboratory Fee Schedule, the fee shall not exceed that limit.
  11. Assign the 2005 Medicare fee in the AHCCCS Outpatient Capped Fee-for-service Schedule for those procedures for which there are fewer than 20 occurrences of the procedure code in the dataset, either independently, or, if applicable, for all procedure codes within an APC Group.
- B.** For all claims with a begin date of service on or after October 1, 2011, the AHCCCS Outpatient Capped Fee-for-Service Schedule shall be derived from the CMS Medicare Outpatient Prospective Payment System (OPPS) fee schedule modified by an Arizona conversion factor determined annually.
1. When clinic services are billed using 51X revenue codes, the reimbursement to the hospital is the difference between the facility and non-facility rates payable to the practitioner for the procedures listed in the Administration's Capped Fee-for-service Schedule under R9-22-710.
  2. Observation services, when not billed in conjunction with a service for which a single payment is made under R9-22-712.25, are reimbursed at an hourly rate published in the Outpatient Capped Fee-for-service Schedule. This

hourly rate includes reimbursement for associated services.

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

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4).

**R9-22-712.21. Reserved**

**R9-22-712.22. Reserved**

**R9-22-712.23. Reserved**

**R9-22-712.24. Reserved**

**R9-22-712.25. Outpatient Hospital Fee Schedule Calculations: Associated Service Costs**

- A.** AHCCCS shall include the costs of associated services, as defined by revenue codes and procedure codes, when determining the specific fees for the outpatient hospital procedures for emergency department and surgery services.
- B.** Payment made under subsection (A) or R9-22-712.20(B)(2) is inclusive of all services on the claim regardless of whether the services are provided on one or more days.
- C.** A complete listing of the revenue codes and procedure codes for associated costs included in the payment for emergency and surgery services including the effective date of any changes to the listing are on file and posted on AHCCCS' web site.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3).

**R9-22-712.26. Reserved**

**R9-22-712.27. Reserved**

**R9-22-712.28. Reserved**

**R9-22-712.29. Reserved**

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

- A.** AHCCCS shall calculate a statewide CCR for a service where a specific fee cannot be determined under R9-22-712.20.
- B.** For claims with a begin date of service on or before September 30, 2011, the statewide CCR shall be calculated based on the costs and covered charges associated with a service under subsection (A) for all Arizona hospitals, using the method specified in R9-22-712.20(A)(3).
- C.** For all claims with a begin date of service on or after October 1, 2011, the statewide CCR calculation shall equal either the CMS Medicare Outpatient Urban Cost-to-charge Ratio or the CMS Medicare Outpatient Rural Cost-to-charge Ratio published by CMS for the state of Arizona. AHCCCS shall use the urban cost-to-charge ratio for hospitals located in a county of 500,000 residents or more and for out-of-state hospitals. AHCCCS shall use the rural cost-to-charge ratio for hospitals

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located in a county of fewer than 500,000 residents. On October 1st of each year, AHCCCS shall adjust urban and rural CCRs to the CCRs as published by CMS in the *Federal Register* on or before August 1st of that year.

- D. To determine the payment amount for procedures where a specific fee is not determined under R9-22-712.20, the statewide CCR is multiplied by the covered charges.
- E. Reductions to payments for outpatient hospital services not listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule. Outpatient hospital services not listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule with dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the rate published by CMS pursuant to subsection (C) of this Section.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4).

**R9-22-712.31. Reserved**

**R9-22-712.32. Reserved**

**R9-22-712.33. Reserved**

**R9-22-712.34. Reserved**

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

- A. For all claims with a begin date of service on or before September 30, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule established under R9-22-712.20 (except for laboratory services and out-of-state hospital services) for the following hospitals submitting any claims:
  1. By 48 percent for public hospitals on July 1, 2005, and hospitals that were public anytime during the calendar year 2004;
  2. By 45 percent for hospitals in counties other than Maricopa and Pima with more than 100 Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
  3. By 50 percent for hospitals in counties other than Maricopa and Pima with 100 or less Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
  4. By 115 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the criteria during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
  5. By 113 percent for a Freestanding Children's Hospital with at least 110 pediatric beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective; or
  6. By 14 percent for a University Affiliated Hospital which is a hospital that has a majority of the members of its board of directors appointed by the Board of Regents during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective.
- B. For all claims with a begin date of service on or after October 1, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-

of-state hospital services) for the following hospitals. A hospital shall receive an increase from only one of the following categories:

1. By 73 percent for public hospitals;
  2. By 31 percent for hospitals in counties other than Maricopa and Pima with more than 100 licensed beds as of October 1 of that contract year;
  3. By 37 percent for hospitals in counties other than Maricopa and Pima with 100 or fewer licensed beds as of October 1 of that contract year;
  4. By 100 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the critical access criteria;
  5. By 78 percent for a Freestanding Children's Hospital with at least 110 pediatric beds as of October 1 of that contract year; or
  6. By 41 percent for a University Affiliated Hospital, this is a hospital that has a majority of the members of its board of directors appointed by the Arizona Board of Regents.
- C. In addition to subsections (A) and (B), an Arizona Level 1 trauma center as defined by R9-22-2101 shall receive a 50 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services and out-of-state hospital services) for Level 2 and 3 emergency department procedures.
  - D. Hospitals with greater than 100 pediatric beds not receiving an increase under subsection (B) shall receive an 18 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-of-state hospital services).
  - E. For outpatient services with dates of service from October 1, 2023 through September 30, 2024 (CYE 2024), the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2023. If a hospital receives a DAP for CYE 2024 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2024 through September 30, 2025 (CYE 2025), if a DAP would be available at that time. A hospital will qualify for an increase if it meets the criteria specified below for the applicable hospital subtype.
    1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c) or (d):
      - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface

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- that delivers patient data into the hospital's EHR system.
- ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
  - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
  - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
  - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
- b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
      - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
      - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
    - ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
      - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
      - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
  - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
      - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
      - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
    - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
      - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
      - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
  - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must

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contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.

- i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
  - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in subsection (2)(a), (b), (c) or (d). No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- a. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
    - i. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
    - ii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
    - iii. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
    - iv. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
  - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
      - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
      - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
    - ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
      - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
      - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
  - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
      - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
      - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by

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- facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
- ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
    - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
    - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
  - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
    - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
  3. A hospital designated as type: hospital, subtype: long term, psychiatric, or rehabilitation by the Arizona Department of Health Services Division of Licensing Services will qualify for an increase if it meets the criteria specified in subsection (3)(a), (b), (c), (d), (e), or (f):
    - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
      - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
    - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
    - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
    - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
    - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
      - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
        - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
        - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for

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- documents within the Registry.
- ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
    - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
    - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
  - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
      - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
      - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
    - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
      - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
      - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
  - d. On March 15, 2023 a hospital that is identified as a Medicare Annual Payment Update (APU) recipient on the QualityNet.org website will qualify for the DAP increase. APU recipients are those hospitals that satisfactorily meet the requirements for the Inpatient Psychiatric Facility Quality Reporting Program, which includes multiple clinical quality measures.
  - e. On March 15, 2023, long-term care hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for the DAP increase. The national average will be downloaded from the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury for long-term care hospitals. Facility results will be compared to the national average results for the measure.
  - f. On March 15, 2023, rehabilitation hospitals that meet or fall below the national average for the pressure ulcers performance measure will qualify for the DAP increase. The national average will be downloaded from the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury rehabilitation hospitals. Facility results will be compared to the national average results for the measure.
4. A hospital designated as type: hospital by the Arizona Department of Health Services Division of Licensing Services and is owned and/or operated by Indian Health Services (IHS) or under Tribal authority will qualify for an increase if it meets these criteria specified in subsection (4)(a) or (b);
    - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
      - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
      - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
      - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID)

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- created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
- v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
  - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. No later than November 1, 2023, complete the AzHDR Participant Agreement.
    - ii. No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
  - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required.
    - ii. No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
  - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
    - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
- F. For outpatient services with dates of service from October 1, 2024 through September 30, 2025 (CYE 2025), the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.
1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d) (e) or (f):
    - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.
      - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
      - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
      - v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE Platform.



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- vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
  - vii. No later than September 1, 2024, hospitals must launch the integration implementation project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
  - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
  - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform HIE portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
  - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
  - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
  - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
  - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
  - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during

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- the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
    - ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.
    - iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.
    - iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.
  - d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
    - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
    - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
    - e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
      - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings/referrals within CommunityCares per facility location.
      - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
      - iv. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - v. No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
      - vi. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
    - f. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
      - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will

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- participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.
  - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
  - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in (2)(a),(b), (c), (d), (e), (f), (g) or (h):
    - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's (EHR) system.
      - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
      - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
    - b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
      - v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform.
      - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
      - vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
      - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
      - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
        - (1) HIE Participation Agreement for ONE Platform.
        - (2) Statement of Work (SOW) to access the ONE Platform Portal.
        - (3) Statement of Work (SOW) to send data to ONE Platform.
      - x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
      - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.

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- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
- iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
- iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
  - (1) HIE Participation Agreement for ONE Platform.
  - (2) Statement of Work (SOW) to access the ONE Platform Portal.
  - (3) Statement of Work (SOW) to send data to ONE Platform.
- v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
- vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
- viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP AzHDR program in CYE 2023 and/or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID.
- d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization.
  - iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
  - iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID.
- e. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the

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- HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
  - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
  - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
  - f. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
    - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
    - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
  - g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
    - iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
  - h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
    - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
    - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
  3. A hospital designated as type: hospital, subtype: long term, psychiatric, or rehabilitation by the Arizona Department of Health Services Division of Licensing Services will qualify for an increase if it meets the criteria specified in (3)(a), (b), (c), (d) or (e):
    - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more

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- HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.
- iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
  - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable), laboratory, and radiology information (if applicable), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
  - v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to the ONE platform.
  - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
  - vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
  - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
  - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
  - b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
    - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
    - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
      - (1) HIE Participation Agreement for ONE Platform.
      - (2) Statement of Work (SOW) to access the ONE Platform Portal.
      - (3) Statement of Work (SOW) to send data to ONE Platform.
    - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.

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- vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
- viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI).
  - ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.
  - iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.
  - iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.
- d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
  - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screenings/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater.
  - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
  - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
  - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.

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- iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
  - iv. Hospitals that meet or fall below the national average for the pressure ulcer performance measure will qualify for a 2.0% DAP increase. On March 15, 2024, AHCCCS will download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.
  - v. Hospitals that meet or fall below the national average for the pressure ulcer performance measure will qualify for a 2.0% DAP increase. On March 15, 2024, AHCCCS will download the most current data from the Medicare Provider Data Catalog website for the rate of changes in skin integrity post-acute care: Pressure Ulcer/Injury. Facility results will be compared to the national average results for the measure. Hospitals that meet or fall below the national average percentage will qualify for the DAP increase.
4. A hospital designated as type: hospital by the Arizona Department of Health Services Division of Licensing Services and is owned and/or operated by Indian Health Services (IHS) or under Tribal authority will qualify for an increase if it meets these criteria specified in (4)(a), (b), (c), (d), (e), (f), (g) or (h):
- a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.
    - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
  - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following patient identifiable information to the production environment of the HIE: registration, encounter summary, and data elements defined by the HIE specific to individuals with a serious mental illness. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
  - v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to the ONE Platform.
  - vi. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
  - vii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If the hospital has ambulatory and/or behavioral health practices, then the facility must submit the following patient identifiable information to the production environment of the HIE: registration, encounter summary, and data elements defined by the HIE specific to individuals with a serious mental illness.



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- viii. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
  - (1) HIE Participation Agreement for ONE Platform.
  - (2) Statement of Work (SOW) to access the ONE Platform Portal.
  - (3) Statement of Work (SOW) to send data to ONE Platform.
- ix. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
- x. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
  - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
  - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
  - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- c. Hospitals who participated in the DAP AzHDR program in CYE 2024.
  - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID.
- d. Hospitals who have not participated in the DAP AzHDR program CYE 2023 or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than November 1, 2024, the hospital must complete the AzHDR Subscription Agreement.
  - iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
  - iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per registered AHCCCS ID.
- e. Hospitals who participated in the DAP SDOH program in CYE 2024.
  - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening

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- tool, and to define the CYE 2025 in-network screening/referral monthly goal.
- iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screenings/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/ referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
  - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
  - f. Hospitals that have not participated in the DAP SDOH program in CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
    - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
    - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
  - g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
    - iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
    - h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
      - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
      - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
      - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 3584, effective October 1, 2007 (Supp. 07-4). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 25 A.A.R. 3114, effective October 1, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 3025, with an immediate effective date of November 3, 2020 (Supp. 20-4). AHCCCS filed an incorrect version of a final rulemaking which made amendments to this Section published at 27 A.A.R. 2501 (October 29, 2021); AHCCCS filed the correct version of its final rulemaking on December 3, 2021, with this Section amended by final rulemaking at 27 A.A.R. 3015 (December 31, 2021), effective October 1, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 3283 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final rulemaking at 30 A.A.R. 3103 (October 25, 2024), with an immediate effective date of October 1, 2024 (Supp. 24-4).

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**R9-22-712.36. Reserved****R9-22-712.37. Reserved****R9-22-712.38. Reserved****R9-22-712.39. Reserved****R9-22-712.40. Outpatient Hospital Reimbursement: Annual and Periodic Update**

- A.** Procedure codes. When procedure codes are issued by CMS and added to the Current Procedural Terminology published by the American Medical Association, AHCCCS shall add to the Outpatient Capped Fee-for-Service Schedule the new procedure codes for covered outpatient services and shall either assign the default CCR under R9-22-712.40(F)(2), the Medicare rate, or calculate an appropriate fee.
- B.** APC changes. AHCCCS may reassign procedure codes to new or different APC groups when APC groups are revised by CMS. AHCCCS may reassign procedure codes to a different APC group than Medicare. If AHCCCS determines that utilization of a procedure code within the Medicare program is substantially different from utilization of the procedure code in the AHCCCS program, AHCCCS may choose not to assign the procedure code to any APC group. For procedure codes not grouped into an APC by Medicare, AHCCCS may assign the code to an APC group when AHCCCS determines that the cost and resources associated with the non-assigned code are substantially similar to those in the APC group.
- C.** Annual update for Outpatient Hospital Fee Schedule. Beginning October 1, 2006, through September 30, 2011, AHCCCS shall adjust outpatient fee schedule rates:
  1. Annually by multiplying the rates effective during the prior year by the Global Insight Prospective Hospital Market Basket Inflation Index; or
  2. In a particular year the director may substitute the increases in subsection (C)(1) by calculating the dollar value associated with the inflation index in subsection (C)(1), and applying the dollar value to adjust rates at varying levels.
- D.** Reductions to the Outpatient Capped Fee-For-Service Schedule. Claims paid using the Outpatient Capped Fee-For-Service Schedule with dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the rates in effect on September 30, 2011, subject to the annual adjustments to procedure codes and APCs under this Section.
- E.** Rebase. AHCCCS shall rebase the outpatient fees every five years.
- F.** Statewide CCR:
  1. For begin dates of service on or before September 30, 2011, the statewide CCR calculated in R9-22-712.30 shall be recalculated at the time of rebasing. When rebasing, AHCCCS may recalculate the statewide CCR based on the costs and charges for services excluded from the outpatient hospital fee schedule.
  2. For begin dates of service on or after October 1, 2011, the statewide CCR shall be set under R9-22-712.30(C).
- G.** Other Updates. In addition to the other updates provided for in this Section, the Administration may adjust the Outpatient Capped Fee-For-Service Fee Schedule and the Statewide CCR to the extent necessary to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 3584, effective October 1, 2007 (Supp. 07-4). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.41. Reserved****R9-22-712.42. Reserved****R9-22-712.43. Reserved****R9-22-712.44. Reserved****R9-22-712.45. Outpatient Hospital Reimbursement: Outpatient Payment Restrictions**

- A.** AHCCCS shall not reimburse hospitals for emergency room treatment, observation hours, or other outpatient hospital services performed on an outpatient basis if the member is admitted as an inpatient to the same hospital directly from the emergency room, observation, or other outpatient department.
- B.** AHCCCS shall include payment for the emergency room, observation, and other outpatient hospital services provided to the member before the hospital admission in the AHCCCS Inpatient Tiered Per Diem Capped Fee-For-Service Schedule under Article 7 of this Chapter.
- C.** Same day admit and discharge.
  1. For discharges before September 30, 2014. Same day admit and discharge claims that qualify for either the maternity or nursery tiers shall be paid based on the lesser of the rate for the maternity or nursery tier, or the outpatient hospital fee schedule.
  2. For discharge dates on and after October 1, 2014. Same day admit and discharge claims are paid for through the outpatient fee schedule.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.46. Reserved****R9-22-712.47. Reserved****R9-22-712.48. Reserved****R9-22-712.49. Reserved****R9-22-712.50. Outpatient Hospital Reimbursement: Billing**

To receive appropriate reimbursement, hospitals shall:

1. Bill outpatient hospital services on the CMS approved Uniform Billing Form or in electronic format using the appropriate HIPAA transaction.
2. Follow the UB Manual Guidelines, as published by the National Uniform Billing Committee, and use the appropriate revenue code and procedure code combination as prescribed by AHCCCS and on file and online with AHCCCS.

**Historical Note**

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New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

- R9-22-712.51. Reserved**
- R9-22-712.52. Reserved**
- R9-22-712.53. Reserved**
- R9-22-712.54. Reserved**
- R9-22-712.55. Reserved**
- R9-22-712.56. Reserved**
- R9-22-712.57. Reserved**
- R9-22-712.58. Reserved**
- R9-22-712.59. Reserved**

**R9-22-712.60. Diagnosis Related Group Payments**

- A.** Inpatient hospital services with discharge dates on or after October 1, 2014, shall be reimbursed using the diagnosis related group (DRG) payment methodology described in this Section and R9-22-712.61 through R9-22-712.81.
- B.** Payments made using the DRG methodology shall be the sole reimbursement to the hospital for all inpatient hospital services and related supplies provided by the hospital. Services provided in the emergency room, observation area, or other outpatient departments that are directly followed by an inpatient admission to the same hospital are not reimbursed separately. Are reimbursed through the DRG methodology and not reimbursed separately.
- C.** Each claim for an inpatient hospital stay shall be assigned a DRG code and a DRG relative weight based on the All Patient Refined Diagnosis Related Group (APR-DRG) classification system established by 3M Health Information Systems. The applicable version of the APR-DRG classification system shall be available on the agency's website.
- D.** Payments for inpatient hospital services reimbursed using the DRG payment methodology are subject to quick pay discounts and slow pay penalties under A.R.S. 36-2904.
- E.** Payments for inpatient hospital services reimbursed using the DRG payment methodology are subject to the Urban Hospital Reimbursement Program under R9-22-718.
- F.** For purposes of this Section and Sections R9-22-712.61 through R9-22-712.81:
  - 1. "DRG National Average length of stay" means the national arithmetic mean length of stay published in the All Patient Refined Diagnosis Related Group (APR-DRG) classification established by 3M Health Information Systems.
  - 2. "Length of stay" means the total number of calendar days of an inpatient stay beginning with the date of admission through discharge, but not including the date of discharge (including the date of a discharge to another hospital, i.e., a transfer) unless the member expires.
  - 3. "Medicare" means Title XVIII of the Social Security Act, 42 U.S.C. 1395 et seq.
  - 4. "Medicare labor share" means a hospital's labor costs as a percentage of its total costs as determined by CMS for purposes of the Medicare Inpatient Prospective Payment System.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016

(Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.61. DRG Payments: Exceptions**

- A.** Notwithstanding section R9-22-712.60, claims for inpatient services from the following hospitals shall be paid on a per diem basis, including provisions for outlier payments, where rates and outlier thresholds are included in the capped fee schedule published by the Administration on its website and available for inspection during normal business hours at 801 E. Jefferson, Phoenix, Arizona. If the covered costs per day on a claim exceed the published threshold for a day, the claim is considered an outlier. Outliers will be paid by multiplying the covered charges by the outlier CCR. The outlier CCR will be the sum of the urban or rural default operating CCR appropriate to the location of the hospital and the statewide capital cost-to-charge ratio in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS. The resulting amount will be the total reimbursement for the claim. There is no provision for outlier payments for hospitals described under subsection (A)(3).
  - 1. Hospitals designated as type: hospital, subtype; rehabilitation in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website in March of each year;
  - 2. Hospitals designated as type: hospital, subtype: long term in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for March of each year;
  - 3. Hospitals designated as type: hospital, subtype; psychiatric in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for March of each year;
- B.** Notwithstanding Section R9-22-712.60, claims for inpatient services that are covered by a RBHA or TRBHA, where the principal diagnosis on the claim is a behavioral health diagnosis, shall be reimbursed as prescribed by a per diem rate described by a fee schedule established by the Administration; however, if the principal diagnosis is a physical health diagnosis, the claim shall be processed under the DRG methodology described in this section, even if behavioral health services are provided during the inpatient stay.
- C.** Notwithstanding Section R9-22-712.60, claims for services associated with transplant services shall be paid in accordance with the contract between the AHCCCS administration and the transplant facility.
- D.** Notwithstanding Section R9-22-712.60, claims from an IHS facility or 638 Tribal provider shall be paid the all-inclusive rate on a per visit basis in accordance with the rates published annually by IHS in the Federal Register.
- E.** For hospitals that have contracts with the Administration for the provision of transplant services, inpatient days associated with transplant services are paid in accordance with the terms of the contract.
- F.** For inpatient services with a date of admission from October 1, 2023 through September 30, 2024 (CYE 2024), provided by a hospital in subsection (A) that qualifies, the administration shall pay the hospital an Inpatient Differential Adjusted Payment equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage published on the Administration's public website as part of its fee schedule,

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subsequent to a public notice published no later than September 1, 2023. A hospital will qualify for an increase if it meets the criteria specified below for the applicable hospital subtype. If a hospital receives a DAP for CYE 2024 but fails to meet all of the requirements in subsection (G), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2024 through September 30, 2025 (CYE 2025), if a DAP would be available at that time.

1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c) or (d):
  - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
    - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
    - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
    - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
  - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
      - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
      - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
    - ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
      - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
      - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
  - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
      - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
      - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community
  - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.

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- Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
- ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
    - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
    - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
  - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
    - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
  2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in subsection (2)(a), (b), (c) or (d):
    - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's EHR system.
      - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
    - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
    - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
    - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements, which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
    - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
      - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
        - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
        - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is

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- defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
- ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
    - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
    - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
  - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
      - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
      - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
    - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
      - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
      - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
  - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
    - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
- G.** For outpatient services with dates of service from October 1, 2024 through September 30, 2025 (CYE 2025), the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.
1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d), (e) or (f):
    - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP. Hospitals must meet the following milestones in maintaining existing connections to the current HIE platform:
        - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.
        - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
        - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immuni-

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- zation data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
- v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE Platform.
  - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
  - vii. No later than September 1, 2024, hospitals must launch the integration implementation project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
  - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
  - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform HIE portal.
  - b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
    - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
    - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
      - (1) HIE Participation Agreement for ONE Platform.
      - (2) Statement of Work (SOW) to access the ONE Platform Portal.
      - (3) Statement of Work (SOW) to send data to ONE Platform.
    - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
    - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
    - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
    - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and



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- focus on improving data integrity in the test environment.
- ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
  - c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
    - ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.
    - iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.
    - iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.
  - d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
    - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
    - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
    - e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
      - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings/referrals within CommunityCares per facility location.
      - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
      - iv. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s)

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- (NPI), that the hospital requests to participate in the DAP.
- v. No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
  - vi. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
- f. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.
    - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
    - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
  2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in (2)(a),(b), (c), (d), (e), (f), (g) or (h):
    - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's (EHR) system.
      - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
    - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
    - v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform.
    - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
    - vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
    - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
    - ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
      - (1) HIE Participation Agreement for ONE

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- Platform.
- (2) Statement of Work (SOW) to access the ONE Platform Portal.
- (3) Statement of Work (SOW) to send data to ONE Platform.
- x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
- xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
  - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
  - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
  - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
  - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
  - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP AzHDR program in CYE 2023 and/or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCS ID.
- d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

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- ii. No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization.
- iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
- iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID.
- e. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
  - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
  - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- f. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
  - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
  - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
  - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
  - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
  - iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
- h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
  - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
  - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
  - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.

**Historical Note**

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New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 25 A.A.R. 3111 and at 25 A.A.R. 3114, effective October 1, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 3025, with an immediate effective date of November 3, 2020 (Supp. 20-4). AHCCCS filed an incorrect version of a final rulemaking which made amendments to this Section published at 27 A.A.R. 2501 (October 29, 2021); AHCCCS filed the correct version of its final rulemaking on December 3, 2021, with this Section amended by final rulemaking at 27 A.A.R. 3015 (December 31, 2021), effective October 1, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 3283 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final rulemaking at 30 A.A.R. 3103 (October 25, 2024), with an immediate effective date of October 1, 2024 (Supp. 24-4).

**R9-22-712.62. DRG Base Payment**

- A. The initial DRG base payment is the product of the DRG base rate, the DRG relative weight for the post-HCAC DRG code assigned to the claim, and any applicable provider and service policy adjusters.
- B. The DRG base rate for each hospital is the statewide standardized amount of which the hospital's labor-related share of that amount is adjusted by the hospital's wage index. The hospital's labor share is determined based on the labor share for the Medicare inpatient prospective payment system published in 85 Fed. Reg. 59060 through 59061 (September 18, 2020). The hospital's wage index is determined based on the wage index tables reference in 85 Fed. Reg. 59059 (September 18, 2020). The statewide standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
- C. Claims shall be assigned both a DRG code derived from all diagnosis and surgical procedure codes included on the claim (the "pre-HCAC" DRG code) and a DRG code derived excluding diagnosis and surgical procedure codes associated with the health care acquired conditions that were not present on admission or any other provider-preventable conditions (the "post-HCAC" DRG code). The DRG code with the lower relative weight shall be used to process claims using the DRG methodology.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 27 A.A.R. 2512 (October 29, 2021), with an immediate effective date of October 6, 2021 (Supp. 21-4).

**R9-22-712.63. DRG Base Payments Not Based on the Statewide Standardized Amount**

- A. Notwithstanding Section R9-22-712.62, a select specialty hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) to calculate the DRG base rate for the following hospitals:

1. Hospitals located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2011 Medicare Cost Report are reimbursed by Medicare.
  2. Hospitals designated as type: hospital, subtype: short term that has a license number beginning "SH" in the Provider & Facility Database for Arizona Medical Facilities posted by the ADHS Division of Licensing Services on its website for March of each year.
- B. The select specialty hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
  - C. Notwithstanding Section R9-22-712.62, a rural hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) to calculate the DRG base rate for the following hospitals:
    1. A health care institution that is licensed as an acute care hospital, that has one hundred or fewer beds, and that is located in a county with a population of less than five hundred thousand persons; or
    2. A health care institution that is licensed as a critical access hospital.
  - D. The rural hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
  - E. Notwithstanding Sections R9-22-712.62 and R9-22-712.63(B), a hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) or R9-22-712.63(B) to calculate the DRG base rate for a health care institution that is licensed as an acute care hospital, that has one hundred or fewer beds, that is located in a county with a population of less than five hundred thousand persons and has greater than twenty percent of Medicaid inpatient reimbursement with a primary diagnosis of behavioral health in the prior federal fiscal year as of April 30th.
  - F. The hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.
  - G. Notwithstanding Section R9-22-712.62 and R9-22-712.63(B), a hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) or R9-22-712.63(B) to calculate the DRG base rate for a health care institution with two separate ADHS acute care hospital licenses, with one facility that has one hundred or fewer beds, that is located in a county with a population of less than five hundred thousand persons and has one single AHCCCS registration for both licenses.
  - H. The hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R. 19 (January 6, 2023), with an immediate effective date of December 16, 2022 (Supp. 22-4).

**R9-22-712.64. DRG Base Payments and Outlier CCR for Out-of-State Hospitals**

- A. DRG Base payment:
  1. For high volume out-of-state hospitals defined in subsection (C), the wage adjusted DRG base payment is determined as described in R9-22-712.62.

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2. Notwithstanding subsection R9-22-712.62 the wage adjusted DRG base rate for out-of-state hospitals that are not high volume hospitals shall be included in the AHCCCS capped fee schedule available on the agency's website.
- B. Outlier CCR:**
  1. Notwithstanding subsection R9-22-712.68, the CCR used for the outlier calculation for out-of-state hospitals that are not high volume hospitals shall be the sum of the statewide urban default operating cost-to-charge ratio and the statewide capital CCR in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS.
  2. The CCR used for the outlier calculation for high volume out-of-state hospitals is the same as in-state hospitals as described in R9-22-712.68.
- C.** A high volume out-of-state hospital is a hospital not otherwise excluded under R9-22-712.61, that is located in a county that borders the State of Arizona and had 500 or more AHCCCS covered inpatient days for the fiscal year beginning October 1, 2015.
- D.** Other than as required by this Section, DRG reimbursement for out-of-state hospitals is determined under R9-22-712.60 through R9-22-712.81.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.65. DRG Provider Policy Adjustor**

- A.** After calculating the DRG base payment as required in R9-22-712.62, R9-22-712.63, or R9-22-712.64, for claims from a high-utilization hospital, the product of the DRG base rate and the DRG relative weight for the post-HCAC DRG code shall be multiplied by a provider policy adjustor that is included in the AHCCCS capped fee schedule available on the agency's website.
- B.** A hospital is a high-utilization hospital if the hospital had:
  1. Covered inpatient days subject to DRG reimbursement, determined using adjudicated claim and encounter data during the fiscal year beginning October 1, 2015, equal to at least four hundred percent of the statewide average number of AHCCCS-covered inpatient days at all hospitals;
  2. A Medicaid inpatient utilization rate greater than 30 percent calculated as the ratio of AHCCCS-covered inpatient days to total inpatient days as reported in the hospital's Medicare Cost Report for the fiscal year ending 2016; and,
  3. Received less than \$2 million in add-on payment for outliers under R9-22-712.68, based on adjudicated claims and encounters for fiscal year beginning October 1, 2015.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.66. DRG Service Policy Adjustor**

In addition to Section R9-22-712.65, for claims with DRG codes in the following categories, the product of the DRG base rate, the DRG relative weight for the post-HCAC DRG code, and the DRG provider policy adjustor shall be multiplied by the service policy

adjustor listed in the AHCCCS capped fee schedule, available on the agency's website, corresponding to the following DRG codes:

1. Normal newborn DRG codes,
2. Neonates DRG codes,
3. Obstetrics DRG codes,
4. Psychiatric DRG codes,
5. Rehabilitation DRG codes,
6. Burn DRG codes.
7. Claims for members under age 19 assigned DRG codes other than listed above:
  - a. For dates of discharge occurring on or after October 1, 2014 and ending no later than December 31, 2015 regardless of severity of illness level,
  - b. For dates of discharge on or after January 1, 2016, for severity of illness levels 1 and 2,
  - c. For dates of discharge on or after January 1, 2016 and before January 1, 2017, for severity of illness levels 3 and 4.
  - d. For dates of discharge on or after January 1, 2017, and before January 1, 2018 for severity of illness levels 3 and 4.
  - e. For dates of discharge on or after January 1, 2018, for severity of illness levels 3 and 4.
8. Claims for members assigned DRG codes other than listed above.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.67. DRG Reimbursement: Transfers**

- A.** For purposes of this Section a "transfer" means the transfer of a member from a hospital to a short-term general hospital for inpatient care, a designated cancer center, children's hospital, or a critical access hospital except when a member is moved for the purpose of receiving sub-acute services.
- B.** Designated cancer center or children's hospitals are those hospitals identified as such in the UB-04 billing manual published by the National Uniform Billing Committee.
- C.** The hospital the member is transferred from shall be reimbursed either the initial DRG base payment or the transfer DRG base payment, whichever is less.
- D.** The transfer DRG base payment is an amount equal to the initial DRG base payment, as determined after making any provider or service policy adjustors, divided by the DRG National Average length of stay for the DRG code multiplied by the sum of one plus the length of stay.
- E.** The hospital the member is transferred to shall be reimbursed under the DRG payment methodology without a reduction due to the transfer.
- F.** Unadjusted DRG base payment. The unadjusted DRG base payment is either the initial DRG base payment, as determined after making any provider or service policy adjustors, or the transfer DRG base payment, whichever is less.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4).

**R9-22-712.68. DRG Reimbursement: Unadjusted Outlier Add-on Payment**

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- A. Claims for inpatient hospital services qualify for an outlier add-on payment if the claim cost exceeds the outlier cost threshold.
- B. The claim cost is determined by multiplying covered charges by an outlier CCR as described by the following subsections:
  - 1. For hospitals designated as type: hospital, subtype: children's in the Provider & Facility Database for Arizona Medical Facilities posted by the ADHS Division of Licensing Services on its website for March of each year. The outlier CCR will be calculated by dividing the hospital total costs by the total charges using the most recent Medicare Cost Report available as of September 1 of that year.
  - 2. For Critical Access Hospitals the outlier CCR will be the sum of the statewide rural default operating cost-to-charge ratio and the statewide capital cost-to-charge ratio in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS.
  - 3. For all other hospitals the outlier CCR will be the sum of the operating cost-to-charge ratio and the capital cost-to-charge ratio established for each hospital in the impact file established as part of the Medicare Inpatient Prospective Payment System by CMS.
- C. AHCCCS shall update the CCRs described in subsection (B) to conform to the most recent CCRs established by CMS as of September 1 of each year, and the CCRs so updated shall be used for claims with dates of discharge on or after October 1 of that year.
- D. The outlier threshold is equal to the sum of the unadjusted DRG base payment plus the fixed loss amount. The fixed loss amount for critical access hospitals and for all other hospitals are included in the AHCCCS capped fee schedule available on the agency's website.
- E. For those inpatient hospital claims that qualify for an outlier add-on payment, the payment is calculated by subtracting the outlier threshold from the claim cost and multiplying the result by the DRG marginal cost percentage. The DRG marginal cost percentage for claims assigned DRG codes associated with the treatment of burns and for all other claims are included in the AHCCCS capped fee schedule available on the agency's website.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.69. DRG Reimbursement: Covered Day Adjusted DRG Base Payment and Covered Day Adjusted Outlier Add-on Payment**

Adjustments to the payments are made to account for days not covered by AHCCCS as follows:

- 1. A covered day reduction factor unadjusted is determined if the member is not eligible on the first day of the inpatient stay but is eligible for subsequent days during the inpatient stay. In this case, a covered day reduction factor unadjusted is calculated by dividing the number of AHCCCS covered days by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of days the member is eligible during the inpatient stay.
- 2. A covered day reduction factor unadjusted is also determined if the member is eligible on the first day of the inpatient stay but is determined ineligible for one or more

days prior to the date of discharge. In this case, a covered day reduction factor unadjusted is calculated by adding one to the number of AHCCCS covered days and dividing the result by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of days the member is eligible during the inpatient stay.

- 3. If the covered day reduction factor unadjusted is greater than one, then the covered day reduction factor final is one; otherwise, the covered day reduction factor final is equal to the covered day reduction factor unadjusted.
- 4. The covered day adjusted DRG base payment is an amount equal to the product of the unadjusted DRG base payment and the covered day reduction factor final.
- 5. The covered day adjusted DRG outlier add-on payment is an amount equal to the product of the unadjusted DRG outlier add-on payment and the covered day reduction factor final.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.70. Covered Day Adjusted DRG Base Payment and Covered Day Adjusted Outlier Add-on Payment for FES members**

In addition to the covered day reduction factor in R9-22-712.69, a covered day reduction factor unadjusted is determined for an inpatient stay during which an FES member receives services for the treatment of an emergency medical condition and also receives services once the condition no longer meets the criteria as an emergency medical condition described in R9-22-217.

- 1. A covered day reduction factor unadjusted is calculated by adding one to the AHCCCS covered days and dividing the result by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of inpatient days during which an FES member receives services for an emergency medical condition as described in R9-22-217. For purposes of this adjustment, any portion of a day during which the FES member receives treatment for an emergency medical condition is counted as an AHCCCS covered day.
- 2. If the covered day reduction factor unadjusted is greater than one, then the covered day reduction factor final is one; otherwise, the covered day reduction factor final is equal to the covered day reduction factor unadjusted.
- 3. The covered day adjusted DRG base payment is an amount equal to the product of the unadjusted DRG base payment and the covered day reduction factor final.
- 4. The covered day adjusted DRG outlier add-on payment is an amount equal to the product of the unadjusted DRG outlier add-on payment and the covered day reduction factor final.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.71. Final DRG Payment**

- A. The final DRG payment is the sum of the final DRG base payment, the final DRG outlier add-on payment, and the Differential Adjusted Payment.
- B. The final DRG base payment is an amount equal to the product of the covered day adjusted DRG base payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem pay-

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ment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.

- C. The final DRG outlier add-on payment is an amount equal to the product of the covered day adjusted DRG outlier add-on payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem payment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.
- D. The factor for each hospital and for each federal fiscal year is published as part of the AHCCCS capped fee schedule and is available on the AHCCCS administration's website and is on file for public inspection at the AHCCCS administration located at 801 E. Jefferson Street, Phoenix, Arizona.
- E. For inpatient services with a date of discharge from October 1, 2023 through September 30, 2024 (CYE 2024), the Inpatient Differential Adjusted Payment is the sum of the final DRG base payment and the final DRG outlier add-on payment multiplied by a percentage published on the Administration's public website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2023. A hospital will qualify for an increase if it meets the criteria specified below for the applicable hospital subtype. If a hospital receives a DAP for CYE 2024 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2024 through September 30, 2025 (CYE 2025), if a DAP would be available at that time.
  - 1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), or (d):
    - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's system.
    - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
    - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
    - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
    - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements. Which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
  - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
      - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
      - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
    - ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
      - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
      - (2) No later than April 1, 2024, have onboard-



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- ing completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
- c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
      - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
      - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
    - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
      - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
      - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
  - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
    - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in subsection (2)(a), (b), (c) or (d):
    - a. No later than April 1, 2023, the hospital must have in place an active participation agreement with the Health Information Exchange (HIE) organization and submit a signed Health Information Exchange Statement of Work (HIE SOW) to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - i. No later than May 1, 2023, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, ADT Alerts, Clinical Notifications, or an interface that delivers patient data into the hospital's system.
      - ii. No later than May 1, 2023, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
      - iii. No later than May 1, 2023, the hospital must electronically submit the following actual patient identifiable information to the production environment of the HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination.
      - iv. No later than May 1, 2023, the hospital must have or obtain a unique Object Identifier (OID) created by a registration authority, the hospital, and Health Level Seven (HL7). The OID is a globally unique International Organization for Standardization identifier for the hospital. Contact the HIE's Quality Improvement Team for instructions and to ensure the hospital is compliant.
      - v. No later than July 1, 2023, the hospital must sign a DAP SOW amendment to include HIE integration requirements. Which will include the steps and expectations and timeline to transition to the hospital's HIE connection to the new HIE platform. The hospital must continue to meet the HIE integration requirements through September 30, 2024.
    - b. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) indicating AzHDR participation to the HIE. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding

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NPI(s), that the hospital requests to participate in the DAP.

- i. For hospitals that have participated in DAP HIE requirements in CYE 2023:
    - (1) No later than September 30, 2023, initiate use of the AzHDR platform operated by the HIE organization.
    - (2) After all the onboarding requirements have been met and the provider has access to the platform (Go-Live), the hospital must regularly utilize the AzHDR platform which will be measured by facilitating at least 10 patient document uploads or queries of advance directives per month per registered AHCCCS ID from the Go-Live date through September 30, 2024. Both uploads entered into the system and queries of the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024. Uploading is defined by submitting a document or multiple documents for a patient into the registry and a query is defined as querying for documents within the Registry.
  - ii. For hospitals that have not participated in DAP HIE requirements in CYE 2023:
    - (1) No later than November 1, 2023, complete the AzHDR Participant Agreement, and
    - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the platform.
  - c. No later than April 1, 2023, the hospital must submit a signed Health Information Exchange Statement of Work (HIE SOW) and the Community Cares Access Agreement indicating SDOH participation to the HIE organization. The HIE SOW must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. For hospitals that have participated in DAP SDOH requirements in CYE 2023:
      - (1) No later than September 30, 2023, initiate use of the Community Cares referral system operated by the HIE organization.
      - (2) No later than May 1, 2024: After all the onboarding requirements have been met and the provider has access to the system and through September 30, 2024, the hospital must regularly utilize the Community Cares referral system operated by the HIE organization. This will be measured by facilitating at least 10 referrals per month per registered AHCCCS ID that resulted from utilizing the social-needs screening tool in Community Cares. The referral is created by the provider or support staff member and sent directly to a social service provider. All referrals entered into the system by the hospital will be counted toward volume requirements, tracked monthly, and reported as a final deliverable by June 1, 2024.
    - ii. For hospitals that have not participated in DAP SDOH requirements in CYE 2023:
      - (1) No later than November 1, 2023, complete the Community Cares Access Agreement and the HIE Participant Agreement, as required, and
      - (2) No later than April 1, 2024, have onboarding completed by working with the HIE to submit all HIE requirements prior to gaining access to the system.
  - d. No later than April 30, 2023, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - i. No later than November 30, 2023, develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
    - ii. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the facility's policy.
- F. For outpatient services with dates of service from October 1, 2024 through September 30, 2025 (CYE 2025), the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2024. If a hospital receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (F), the hospital shall be disqualified from participating in a DAP for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time. A hospital can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital subtypes.
1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (1)(a), (b), (c), (d), (e) or (f):
    - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the hospital's Electronic Health Record (EHR) system.

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- iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
- iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
- v. No later than May 1, 2024, hospitals must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE Platform.
- vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
- vii. No later than September 1, 2024, hospitals must launch the integration implementation project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
  - (1) HIE Participation Agreement for ONE Platform.
  - (2) Statement of Work (SOW) to access the ONE Platform Portal.
  - (3) Statement of Work (SOW) to send data to ONE Platform.
- x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
- xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform HIE portal.
- b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
  - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
  - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.

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- vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
- viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
- ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- c. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI) that the hospital requests to participate in the DAP.
  - ii. Within 30 days of sending data into the test environment but no later than December 1, 2024, the hospital must review the results of up to 217 parameters from the HIE Data Quality Report with the HIE organization, identifying the high-risk (red) and moderate risk (orange) scores for each parameter.
  - iii. Within 60 days of sending data into the test environment, but no later than December 1, 2024, the hospital must achieve an HIE Data Quality Report with 0 high-risk (red) test parameters prior to sending data into the HIE production environment.
  - iv. No later than December 1, 2024, the hospital must submit a written resolution plan to Contexture along with an expected timeline and detailed action plan for resolution to correct the moderate risk (orange) parameters on the HIE Data Quality Report.
- d. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
  - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
  - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- e. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
  - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings/referrals within CommunityCares per facility location.
  - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to

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- review progress. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- iv. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - v. No later than November 30, 2024, the hospital must develop and submit a current facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
  - vi. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
  - f. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
    - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for an NDP.
    - iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
    - iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
  2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria specified in (2)(a),(b), (c), (d), (e), (f), (g) or (h):
    - a. Hospitals who participated in the DAP HIE program in CYE 2023 and/or CYE 2024.
      - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
      - ii. No later than May 1, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing one or more HIE services, such as the HIE Portal, standard Admission, Discharge, Transfer (ADT) Alerts, standard Clinical Notifications, or an interface that delivers patient data into the facility's (EHR) system.
      - iii. No later than May 31, 2024, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
      - iv. No later than May 31, 2024, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. If a hospital is in the process of integrating a new EHR system, the hospital must notify the HIE organization and get the implementation timeline approved to continue meeting DAP requirements.
      - v. No later than May 1, 2024, the hospital must complete their HIE Integration workbook in its entirety to connect data sender interfaces to ONE platform.
      - vi. No later than May 1, 2024, the hospital must submit a signed Picture Archiving and Communication System (PACS) Statement of Work (SOW) to participate in sharing images via the HIE.
      - vii. No later than September 1, 2024, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
      - viii. No later than December 30, 2024, the hospital must have a connection in place with the HIE and electronically submit the following patient information to the ONE Platform production environment: ADT information, including data from the hospital emergency department (if applicable); laboratory and radiology information (if applicable); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active

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- medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
- ix. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
    - (1) HIE Participation Agreement for ONE Platform.
    - (2) Statement of Work (SOW) to access the ONE Platform Portal.
    - (3) Statement of Work (SOW) to send data to ONE Platform.
  - x. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
  - xi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
  - b. Hospitals who have not participated in the DAP HIE program in CYE 2023 or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. No later than October 1, 2024, the hospital must launch the implementation project to access patient health information via the HIE and complete the HIE portal training prior to access being granted.
    - iii. No later than December 30, 2024, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the HIE Portal.
    - iv. No later than February 28, 2025, the hospital must have in place the following new agreements with the HIE organization as a result of the affiliation of Health Current and Colorado Regional Health Information Organization (CORHIO).
      - (1) HIE Participation Agreement for ONE Platform.
      - (2) Statement of Work (SOW) to access the ONE Platform Portal.
      - (3) Statement of Work (SOW) to send data to ONE Platform.
    - v. No later than May 1, 2025, the hospital must launch the implementation project to access patient health information via the HIE and complete the ONE Platform portal training prior to access being granted.
    - vi. No later than July 30, 2025, the hospital must have actively accessed, and continue to access on an ongoing basis, patient health information via the HIE organization, utilizing the ONE Platform portal.
    - vii. No later than August 1, 2025, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the HIE organization, if required by the external reference lab, to have all outsourced lab test results flow to the HIE on their behalf.
    - viii. No later than August 1, 2025, the hospital must launch the integration implementations project, have a VPN connection in place with the HIE, and electronically submit test patient information to the ONE Platform test environment. The hospital is required to engage in interface testing as required by the HIE and focus on improving data integrity in the test environment.
    - ix. No later than September 30, 2025, the hospital must electronically submit the following patient identifiable information to the production environment of the HIE organization: ADT information, including data from the hospital emergency department if the provider has an emergency department; laboratory and radiology information (if the provider has these services); transcription; medication information; immunization data; and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination. The hospital is required to engage in interface testing as required by the HIE.
  - c. Hospitals who participated in the DAP AzHDR program in CYE 2023 and/or CYE 2024.
    - i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
    - ii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 patient document uploads of advanced directives and 15 searches of advance directives per month per registered AHCCCSID.
  - d. Hospitals who have not participated in the DAP AzHDR program in CYE 2023 or CYE 2024.

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- i. No later than April 1, 2024, the hospital must have in place an active Health Information Exchange (HIE) Participation Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization indicating Arizona Health Directives Registry (AzHDR) participation. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
- ii. No later than November 1, 2024, the hospital must submit the AzHDR Subscription Agreement to the HIE organization.
- iii. No later than April 1, 2025, the hospital must have onboarding completed by working with AzHDR to submit user information to gain credentials to access AzHDR and complete training.
- iv. No later than May 1, 2025, the hospital must participate in the utilization of the AzHDR platform by facilitating at least 5 searches/uploads of advance directives per month per AHCCCS ID.
- e. Hospitals who participated in the DAP SDOH program in CYE 2023 and/or CYE 2024.
  - i. No later than April 1, 2024, the hospital must have an active CommunityCares Agreement and submit a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than September 30, 2024, the hospital must participate in a post-live meeting with their assigned SDOH Advisor to discuss training needs, SDOH Screening and Referral workflows, implementation of the SDOH screening tool, and to define the CYE 2025 in-network screening/referral monthly goal.
  - iii. From October 1, 2024 through September 30, 2025, the hospital must participate in the utilization of CommunityCares by facilitating screenings/referrals. All screening/referrals entered into CommunityCares by the hospital will be counted towards the utilization requirements and tracked monthly. Based on the SDOH CYE 2024 monthly screenings/referrals average, the hospital's goal for CYE 2025 is to improve the submission of the monthly screenings/referrals average by 5%, and no less than a combination of 10 screenings or referrals per month per facility location, whichever is greater. This goal will be defined and discussed in the post-live meeting with the hospital's assigned SDOH Advisor.
  - iv. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to review progress on goals. If the goal is not being met, the SDOH Advisor will assist the hospital in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- f. Hospitals who have not participated in the DAP SDOH program in CYE 2023 or CYE 2024.
  - i. No later than April 1, 2024, the hospital must submit a CommunityCares Access Agreement and a signed Differential Adjusted Payment Statement of Work (DAP SOW) to the HIE organization. The participant list attached to the DAP SOW must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP, and the total number of patient visits per year.
  - ii. No later than January 1, 2025, the hospital must have onboarding completed by working with the CommunityCares team to submit all requirements prior to gaining access to the system. The hospital must utilize CommunityCares by facilitating in-network screenings and referrals within CommunityCares per facility location.
  - iii. From October 1, 2024, through September 30, 2025, the hospital must meet with their SDOH Advisor quarterly to set a utilization goal and to review progress. If the goal is not being met, the SDOH Advisor will assist hospitals in completing a written document that identifies barriers to achieving goals and outlines steps to overcome these barriers (improvement plan).
- g. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
  - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
  - iii. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov.
- h. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
  - i. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCS-DAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.

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- ii. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
- iii. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
- iv. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCCSdap@azahcccs.gov.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 25 A.A.R. 3114, effective October 31, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 3025, with an immediate effective date of November 3, 2020 (Supp. 20-4). AHCCCS filed an incorrect version of a final rulemaking which made amendments to this Section published at 27 A.A.R. 2501 (October 29, 2021); AHCCCS filed the correct version of its final rulemaking on December 3, 2021, with this Section amended by final rulemaking at 27 A.A.R. 3015 (December 31, 2021), effective October 1, 2021 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 3283 (October 14, 2022), with an immediate effective date of September 23, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final rulemaking at 30 A.A.R. 3103 (October 25, 2024), with an immediate effective date of October 1, 2024 (Supp. 24-4).

**R9-22-712.72. DRG Reimbursement: Enrollment Changes During an Inpatient Stay**

- A. If a member's enrollment changes during an inpatient stay, including changing enrollment from fee-for-service to a contractor, or vice versa, or changing from one contractor to another contractor, the contractor with whom the member is enrolled on the date of discharge shall be responsible for reimbursing the hospital for the entire length of stay under the DRG payment rules in Sections R9-22-712.60 through R9-22-712.81. If the member is eligible but not enrolled with a contractor on the date of discharge, then the AHCCCS administration shall be responsible for reimbursing the hospital for the entire length of stay under the DRG payment rules in Sections R9-22-712.60 through R9-22-712.81.
- B. When a member's enrollment changes during an inpatient stay, the hospital shall use the date of enrollment with the payer responsible on the date of discharge as the "from" date of service on the claim regardless of the date of admission.
- C. Interim claims submitted to a payer other than the payer responsible on the day of discharge shall be processed in the same manner as other interim claims as described in R9-22-712.76.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final

rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.73. DRG Reimbursement: Inpatient Stays for Members Eligible for Medicare**

If the hospital receives less than the full Medicare payment for a member eligible for benefits under Part A of Medicare because the member has exceeded the maximum benefit permitted under Part A of Medicare, the hospital shall submit a separate claim for services performed after the date the maximum Medicare Part A benefit is exceeded. The claim may include all diagnosis codes for the entire inpatient stay, but the hospital is only required to include revenue codes, surgical procedure codes, service units, and charges for services performed after the date the Medicare Part A benefit is exceeded. A claim so submitted shall be reimbursed using the DRG payment methodology.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.74. DRG Reimbursement: Third Party Liability**

DRG payments are subject to reduction based on cost avoidance under Section R9-22-1003 and other rules regarding first-and third-party liability under Article 10 of this Chapter including cost avoidance for claims for ancillary services covered under Part B of Medicare.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.75. DRG Reimbursement: Payment for Administrative Days**

- A. Categories of Administrative Days. Administrative days fall into one of two categories, either subsection (A)(1) or (A)(2).
  - 1. Administrative days due to lack of appropriate placement options and not meeting inpatient medical criteria. Administrative days are days in which a member is admitted as an inpatient to an acute care hospital, does not meet the criteria for an acute inpatient stay, but is admitted or not discharged because; (1) an appropriate placement outside the hospital is not available, (2) the member cannot be safely discharged or transferred, or (3) the Administration or the contractor failed to provide for the appropriate placement outside the hospital in a timely manner.
    - a. Administrative days may occur prior to an acute care episode, for example, when a woman with a high-risk pregnancy is admitted to a hospital while awaiting delivery.
    - b. Administrative days may also occur at the end of an acute care episode, for example, when a member is not discharged while awaiting placement in a nursing facility or other sub-acute or post-acute setting.
    - c. Administrative days may also include days in a receiving hospital when the member has been discharged from one acute care hospital for the purpose of receiving sub-acute services at the receiving hospital.
    - d. Administrative days do not include days when the member is awaiting appropriate placement or services that are currently available but the hospital has not transferred or discharged the member because of the hospital's administrative or operational delays.



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- e. Administrative days include inpatient claims covered by a RBHA or TRBHA that otherwise meet the criteria in subsection (A)(1).
  2. Administrative days for claims with the principal diagnosis of behavioral health meeting inpatient medical criteria. Administrative days are days with dates of discharge on or after October 1, 2018, in which a member is admitted as an inpatient to an acute care hospital, meets the criteria for an acute inpatient stay, and the principal diagnosis on the hospital claim is a behavioral health diagnosis. Inpatient claims covered by a RBHA or TRBHA are not considered administrative days under subsection (A)(2) regardless of the principal diagnosis on the hospital claim.
- B. Reimbursement of Administrative Days.**
1. Administrative days under subsection (A)(1) are reimbursed at the rate the claim would have paid had the services not been provided in an inpatient hospital setting but had been provided at the appropriate level of care such as the rate paid for stays at a nursing facility.
  2. Administrative days under subsection (A)(2) are reimbursed at the daily rate found on the Inpatient Behavioral Health Capped Fee-For-Service Schedule meeting the criteria of "Service Description – Psychiatric Stay," regardless of revenue code.
- C.** Prior authorization is required for administrative days.
- D.** A hospital shall submit a claim for administrative days separate from any claim for reimbursement for the inpatient stay otherwise reimbursable under the DRG payment methodology.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 3111, effective October 1, 2019 (Supp. 19-4).

**R9-22-712.76. DRG Reimbursement: Interim Claims**

- A.** For inpatient stays with a length of stay greater than 29 days, a hospital may submit interim claims for each 30 day period during the inpatient stay.
- B.** Hospitals shall be reimbursed for interim claims at a per diem rate of \$500 per day.
- C.** Following discharge, the hospital shall void all interim claims. In such circumstances, the hospital shall submit a claim to the payer with whom the member is enrolled on the date of discharge, whether the Administration or a contractor, for the entire inpatient stay for which the final claim shall be reimbursed under the DRG payment methodology. Interim claims will be recouped.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.77. DRG Reimbursement: Admissions and Discharges on the Same Day**

- A.** Except as provided for in subsection (B), for any claim for inpatient services with an admission date and discharge date that are the same calendar date, the contractor or the Administration shall process the claim as an outpatient claim and the hospital shall be reimbursed under R9-22-712.10 through R9-22-712.50.
- B.** Claims with an admission date and discharge date that are the same calendar date that also indicate that the member expired

on the date of discharge shall be reimbursed under the DRG methodology.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.78. DRG Reimbursement: Readmissions**

If a member is readmitted without prior authorization to the same hospital that the member was discharged from within 72 hours and the DRG code assigned to the claim for the prior admission has the same first three digits as the DRG code assigned to the claim for the readmission, then payment for the claim for the readmission will be disallowed only if the readmission could have been prevented by the hospital.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.79. DRG Reimbursement: Change of Ownership**

The administration shall not change any of the components of the calculation of reimbursement for inpatient services using the DRG methodology based upon a change in the hospital's ownership except to the extent those components would change under the methodology had the hospital not changed ownership (e.g., updating the hospital's cost-to-charge ratio as of September 1 of each year under R9-22-712.68).

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.80. DRG Reimbursement: New Hospitals**

- A.** DRG base payment for new hospitals. For any hospital that does not have a labor share or wage index published by CMS as described in subsection R9-22-712.62(B) because the hospital was not in operation, the DRG base rate described in subsection R9-22-712.62(B) shall be calculated as the statewide standardized amount after adjusting that amount for the labor-related share and the wage index published by CMS as described in subsection R9-22-712.62(B) that is appropriate to the location of the hospital published by CMS as described in subsection R9-22-712.62(B).
- B.** Outlier calculations for new hospitals. For any hospital that does not have an operating cost-to-charge ratio listed in the impact file described in subsection R9-22-712.68(B) because the hospital was not in operation prior to the publication of the impact file, the statewide urban or rural default operating cost-to-charge ratio appropriate to the location of the hospital and the statewide capital cost-to-charge ratio shall be used to determine the unadjusted outlier add-on payment. The statewide urban or rural default operating cost-to-charge ratio and the statewide capital cost-to-charge ratio shall be based on the ratios published by CMS and updated by the Administration as described in subsection R9-22-712.68(C).
- C.** In addition to the requirement of this Section, DRG reimbursement for new hospitals is determined under R9-22-712.60 through R9-22-712.79.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.81. DRG Reimbursement: Updates**

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In addition to the other updates provided for in Sections R9-22-712.60 through R9-22-712.80, the Administration may update the version of the APR-DRG classification system established by 3M Health Information Systems, adjust the statewide standardized amount in Section R9-22-712.62, the base payments in R9-22-712.63 and R9-22-712.64, the provider policy adjustor in R9-22-712.65, service policy adjustors in R9-22-712.66, and the fixed loss amounts and marginal cost percentages used to calculate the outlier threshold in R9-22-712.68 to the extent necessary to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area. The Administration shall publish any proposed classification system on the agency's website at least 30 days prior to the effective date, to ensure a sufficient period for public comment, as required by 42 C.F.R. § 447.205. In addition, the public notice shall be available for inspection during normal business hours at 701 E. Jefferson, Phoenix, Arizona. The requirements of 42 CFR § 447.205 as of November 2, 2015 are incorporated by reference and do not include any later amendments.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.90. Reimbursement of Hospital-based Freestanding Emergency Departments**

- A.** "Hospital-based freestanding emergency department" (hospital-based FSED) means an outpatient treatment center, as defined in R9-10-101, that: (1) provides emergency room services under R9-10-1019, (2) is subject to the requirements of 42 C.F.R. 489.24, and (3) shares an ownership interest with a hospital, regardless of whether the outpatient treatment center operates under a hospital's single group license as described in A.R.S. § 36-422.
- B.** A hospital-based FSED shall register with the Administration separately from the hospital with which an ownership interest is shared and shall obtain a separate provider identification number. The Administration shall not charge a separate provider enrollment fee for registration of a hospital-based FSED. The Administration shall accept a hospital's compliance with the provider screening and enrollment requirements of 42 CFR Part 455 as compliance by the hospital-based FSED.
- C.** For dates of service on and after March 1, 2017, and except as provided in subsection (D), services provided by a hospital-based FSED for evaluation and management CPT codes 99281 through 99285 shall be reimbursed at the following percentages of the amounts otherwise reimbursable under R9-22-712.20 through R9-22-712.30. All other covered codes shall be reimbursed in accordance with R9-22-712.20 through R9-22-712.30 without a percentage reduction.
  1. 60 percent for a level 1 emergency department visit as indicated by CPT 99281.
  2. 80 percent for a level 2 emergency department visit as indicated by CPT 99282.
  3. 90 percent for a level 3 emergency department visit as indicated by CPT 99283.
  4. 100 percent for a level 4 or 5 emergency department visit as indicated by CPT codes 99284 and 99285.
- D.** A hospital-based FSED located in a city or town in a county with less than 500,000 residents, where the only hospital in the city or town operating an emergency department closed on or after January 1, 2015, shall be reimbursed under R9-22-712.20 through R9-22-712.35 using the adjustment in R9-22-712.35 associated with the nearest hospital with which the freestanding emergency department shares an ownership interest.
- E.** Services provided by an outpatient treatment center that provides emergency room services under R9-10-1019 but does not otherwise meet the criteria in subsection A, shall be reimbursed based on the non-hospital AHCCCS capped fee-for-service schedule under R9-22-710.
- F.** The Administration shall not reimburse a hospital for services provided at a hospital-based FSED if the member is admitted directly from a hospital-based FSED to a hospital with an ownership interest in the hospital-based FSED. As provided in R9-22-712.60(B), payments made for the inpatient stay using the DRG methodology shall be the sole reimbursement.
- G.** For dates of service from October 1, 2023 through September 30, 2024 (CYE 2024), the payment otherwise required for hospital-based FSED services provided by qualifying hospital-based FSEDs shall be increased by a percentage established by the Administration and shall be applied to the payment methodology as described in subsection (C). The percentage is published on the Administration's public website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2023. A hospital-based FSED will qualify for an increase if it meets the criteria specified below. If a hospital-based FSED receives a DAP for CYE 2024 but fails to meet all of the requirements in subsection (G), the hospital-based FSED shall be disqualified from participating in a DAP for dates of service October 1, 2024 through September 30, 2025 (CYE 2025), if a DAP would be available at that time.
- H.** An outpatient treatment center designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital-based freestanding emergency department will qualify for an increase if it meets the criteria in subsection (H)(1):
  1. No later than April 30, 2023, the hospital-based FSED must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP).
  2. The LOI must contain each hospital-based FSED, including AHCCCS ID(s) and corresponding NPI(s), that the hospital requests to participate in the DAP.
    - a. No later than November 30, 2023, develop and submit a hospital-based FSED policy that meets AHCCCS/ADHS standards for a NDP.
    - b. No later than January 1, 2024, begin distribution of Naloxone to individuals at risk of overdose as identified through the hospital-based FSEDs' policy.
- I.** For dates of service from October 1, 2024 through September 30, 2025 (CYE 2025), the payment otherwise required for hospital-based FSED services provided by qualifying hospital-based FSEDs shall be increased by a percentage established by the Administration and shall be applied to the payment methodology as described in subsection (C). The percentage is published on the Administration's public website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2024. A hospital-based FSED can and will qualify for an increase if it meets the criteria specified below for any of the applicable hospital-based FSED subtypes. If a hospital-based FSED receives a DAP for CYE 2025 but fails to meet all of the requirements in subsection (G), the hospital-based FSED shall be disqualified from participating in a DAP

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for dates of service October 1, 2025 through September 30, 2026 (CYE 2026), if a DAP would be available at that time.

- J.** A outpatient treatment center designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital-based freestanding emergency department will qualify for an increase if it meets the criteria in subsection (1)(a) or (b):

1. Hospitals with an Emergency Department that participated in the NDP DAP in CYE 2024.
  - a. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - b. No later than November 30, 2024, the hospital must develop and submit a facility policy that ensures hospitals are purchasing Naloxone through standard routine pharmacy ordering.
  - c. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov.
2. Hospitals with an Emergency Department that have not participated in the NDP DAP in CYE 2024.
  - a. No later than April 1, 2024, the hospital must submit a Letter of Intent (LOI) to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov, indicating that they will participate in the Naloxone Distribution Program (NDP). The LOI must contain each facility, including AHCCCS ID(s) and corresponding National Provider Identifier(s) (NPI), that the hospital requests to participate in the DAP.
  - b. No later than November 30, 2024, the hospital must develop and submit a facility policy that meets AHCCCS/ADHS standards for a NDP.
  - c. No later than January 1, 2025, the hospital must begin distribution of Naloxone to individuals at risk of overdose as identified through the facilities' policy.
  - d. No later than February 28, 2025, the hospital must submit a Naloxone Distribution Program Attestation to AHCCCS to the following email address: AHCCSDAP@azahcccs.gov.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 22, February 11, 2017 (Supp. 16-4). Amended by final rulemaking at 29 A.A.R. 3394 (October 27, 2023), with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final rulemaking at 30 A.A.R. 3103 (October 25, 2024), with an immediate effective date of October 1, 2024 (Supp. 24-4).

**R9-22-713. Overpayment and Recovery of Indebtedness**

- A.** If a contractor or a subcontracting provider receives an overpayment from the Administration or otherwise becomes indebted to the Administration, the contractor or subcontracting provider shall immediately remit the amount of the indebtedness or overpayment to the Administration for deposit in the AHCCCS fund.

- B.** If the funds described in subsection (A) are not remitted, the Administration may recover the funds paid by the Administration to a contractor or subcontracting provider through:
1. A repayment agreement executed with the Administration;
  2. Withholding or offsetting against current or future payments to be paid to the contractor or subcontracting provider; or
  3. Enforcement of, or collection against, the performance bond, financial reserve, or other financial security under A.R.S. § 36-2903.

**Historical Note**

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to the emergency (Supp. 83-3). Former Section R9-22-713 repealed, new Section R9-22-713 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-713 renumbered and amended as Section R9-22-714, former Section R9-22-709 renumbered and amended as Section R9-22-713 effective October 1, 1985 (Supp. 85-5). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

**R9-22-714. Payments to Providers**

- A.** Provider agreement. The Administration or a contractor shall not reimburse a covered service provided to a member unless the provider has signed a provider agreement with the Administration that establishes the terms and conditions of participation and payment under A.R.S. § 36-2904.
- B.** Provider reimbursement. The Administration or a contractor shall reimburse a provider for a service furnished to a member only if:
1. The provider personally furnishes the service to a specific member. For purposes of this Section, services personally furnished by a provider include:
    - a. Services provided by medical residents or dental students in a teaching environment; or
    - b. Services provided by a licensed or certified assistant under the general supervision of a licensed practitioner in accordance with 4 A.A.C. 24, 9 A.A.C. 16, 4 A.A.C. 43, or 4 A.A.C. 45;
  2. The provider verifies that individuals who have provided services described in subsection (B)(1) have not been placed on the List of Excluded Individuals/Entities (LEIE) maintained by the United States Department of Health and Human Services Office of the Inspector General (OIG), located at OIG's web site;
  3. The service contributes directly to the diagnosis or treatment of the member; and
  4. The service ordinarily requires performance by the type of provider seeking reimbursement.
- C.** The Administration or a contractor may make a payment for covered services only:
1. To the provider;
  2. To anyone specified in a reassignment from the provider to a government agency or reassignment by a court order;
  3. To a business agent, if the agent's compensation for the service is:
    - a. Related to the cost of processing the billing;
    - b. Not related on a percentage or other basis to the amount that is billed or collected; and

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- c. Not dependent upon collection of the payment;
- 4. To the employer of the provider, if the provider is required as a condition of employment to turn over the provider's fees to the employer;
- 5. To the inpatient facility in which the service is provided, if the provider has a contract under which the inpatient facility submits the claim; or
- 6. To a foundation, plan, or similar organization operating an organized health care delivery system, if the provider has a contract under which the foundation, plan or similar organization submits the claim.
- D. The Administration or a contractor shall not make a payment to or through a factor, either directly or by power of attorney, for a covered service furnished to a member by a provider.
- E. Reimbursement for a pathology service. Unless otherwise specified in a contract, the Administration or a contractor shall reimburse a pathologist for a pathology service furnished to a member only if the other requirements in this Section are met and the service is:
  - 1. A surgical pathology service;
  - 2. A specific cytopathology, hematology, or blood banking pathology service that requires performance by a physician and is listed in the capped fee-for-service schedule;
  - 3. A clinical consultation service that:
    - a. Is requested by the member's attending physician or primary care physician,
    - b. Is related to a test result that is outside the clinically significant normal or expected range in view of the condition of the member,
    - c. Results in a written narrative report included in the member's medical record,
    - d. Requires the exercise of medical judgment by the consultant pathologist, and
    - e. Is listed in the capped fee-for-service schedule; or
  - 4. A clinical laboratory interpretative service that:
    - a. Is requested by the member's attending physician or primary care physician,
    - b. Results in a written narrative report included in the member's medical record,
    - c. Requires the exercise of medical judgment by the consultant pathologist, and
    - d. Is listed in the capped fee-for-service schedule.

**Historical Note**

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule is similar to the emergency (Supp. 83-3). Repealed effective October 1, 1983 (Supp. 83-5). Former Section R9-22-713 renumbered and amended as Section R9-22-714 effective October 1, 1985 (Supp. 85-5). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 3800, effective October 4, 2003 (Supp. 03-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

*Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney*

*General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-22-715. Hospital Rate Negotiations**

- A. A contractor that negotiates with hospitals for inpatient or out-patient services shall reimburse hospitals for services rendered on or after March 1, 1993, as described in A.R.S. § 36-2903.01 and this Article, or at the negotiated rate that, in the aggregate, does not exceed reimbursement levels that would have been paid under A.R.S. § 36-2903.01, and this Article. This subsection does not apply to urban hospitals described under R9-22-718. Contractors may engage in rate negotiations with a hospital at any time during the contract period.
- B. The Administration may negotiate or contract with a hospital on behalf of a contractor for discounted hospital rates and may require that the negotiated discounted rates be included in a subcontract between the contractor and hospital.

**Historical Note**

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to the emergency (Supp. 83-3). Repealed effective October 1, 1983 (Supp. 83-5). New Section R9-22-715 adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective January 14, 1997 (Supp. 97-1). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

*Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-22-716. Repealed****Historical Note**

Adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

**R9-22-717. Repealed****Historical Note**

Adopted effective July 30, 1993 (Supp. 93-3). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3).

*Editor's Note: The following Section was originally adopted under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council. The agency was required*

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*to submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and was required to hold a public hearing. It has since been amended under the regular rulemaking process.*

**R9-22-718. Urban Hospital Inpatient Reimbursement Program**

**A. Definitions.** The following definitions apply to this Section:

1. "Contractor" has the same meaning as set forth in A.R.S. § 36-2901, and includes all contractors regardless of whether the GSA's served by the contractor includes urban or rural counties.
2. "Noncontracted Hospital" means an urban hospital, including psychiatric hospitals, which does not have a contract under this Section with a contractor.
3. "Urban Hospital" means a hospital that is not a rural hospital, as defined in R9-22-712.07, and that is physically located in Maricopa or Pima County.

**B. General Provisions.**

1. This Section applies to an urban hospital who receives payment for inpatient hospital services under A.R.S. §§ 36-2903.01 and 36-2904.
2. AHCCCS shall operate an inpatient hospital reimbursement program under A.R.S. § 36-2905.01 and this Section.
3. Residency of the member receiving inpatient AHCCCS covered services is not a factor in determining which hospitals are required to contract with which contractors.
4. A contractor shall enter into a contract for reimbursement for inpatient AHCCCS covered services with one or more urban hospitals located in the same county as the contractor.
5. A noncontracted urban hospital shall be reimbursed for inpatient services by a contractor at 95 percent of the amount calculated as defined in A.R.S. § 36-2903.01 and this Article, unless otherwise negotiated by both parties.

**C. Contract Begin Date.** A contract under this Article shall cover inpatient acute care hospital services for members with hospital admissions on and after October 1, 2003.

**D. Outpatient urban hospital services.** Outpatient urban hospital services, including observation days and emergency room treatments that do not result in an admission, shall be reimbursed either through an urban hospital contract negotiated between a contractor and an urban hospital, or the reimbursement rates set forth in A.R.S. § 36-2903.01. Outpatient services in an urban hospital that result in an admission shall be paid as inpatient services in accordance with this Section.

**E. Urban Hospital Contract.**

1. Provisions of an urban hospital contracts. The urban hospital contract shall contain but is not limited to the following provisions:
  - a. Required provisions as described in the Request for Proposals (RFP);
  - b. Dispute settlement procedures. If the AHCCCS Grievance System prescribed in A.R.S. § 36-2903.01(B) and rule is not used, then arbitration shall be used;
  - c. Arbitration procedure. If arbitration is used, the urban hospital contract shall identify:
    - i. The parties' agreement on arbitrating claims arising from the contract,
    - ii. Whether arbitration is nonbinding or binding,
    - iii. Timeliness of arbitration,
    - iv. What contract provisions may be appealed,
    - v. What rules will govern arbitrations,

- vi. The number of arbitrators that shall be used,
- vii. How arbitrators shall be selected, and
- viii. How arbitrators shall be compensated.
- d. Timeliness of claims submission and payment;
- e. Prior authorization;
- f. Concurrent review;
- g. Electronic submission of claims;
- h. Claims review criteria;
- i. Payment of discounts or penalties such as quick-pay and slow-pay provisions;
- j. Payment of outliers;
- k. Claim documentation specifications under A.R.S. § 36-2904.
- l. Treatment and payment of emergency room services; and
- m. Provisions for rate changes and adjustments.
2. AHCCCS review and approval of urban hospital contracts:
  - a. AHCCCS may review, approve, or disapprove the hospital contract rates, terms, conditions, and amendments to the contract;
  - b. The AHCCCS evaluation of each urban hospital contract shall include but not be limited to the following areas:
    - i. Availability and accessibility of services to members,
    - ii. Related party interests,
    - iii. Inclusion of required terms pursuant to this Section, and
    - iv. Reasonableness of the rates.
- F. Quick-Pay/Slow-Pay. A payment made by a contractor to a noncontracted hospital shall be subject to quick-pay discounts and slow-pay penalties under A.R.S. § 36-2904.

**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective January 29, 1997; pursuant to Laws 1996, Ch. 288, § 24 (Supp. 97-1). Amended by exempt rulemaking at 10 A.A.R. 500, effective February 1, 2004 (Supp. 04-1). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 1515, effective June 30, 2018 (Supp. 18-2).

**R9-22-719. Contractor Performance Measure Outcomes**

The Administration may retain a specified percentage of capitation reimbursement to distribute to contractors based on their performance measure outcomes under A.R.S. § 36-2904. The Administration shall notify contractors 60 days prior to a new contract year if this methodology is implemented. The Administration shall specify the details of the reimbursement methodology in contract.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

**R9-22-720. Reinsurance**

**A.** Reinsurance is a stop-loss program provided by the Administration to a contractor for partial reimbursement of the cost of covered services for a member with an acute medical condition when the cost of covered services exceeds a pre-determined deductible level amount within a contract year. The Administration self-insures the reinsurance program through a reduction to capitation rates. The reinsurance program also

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includes a catastrophic reinsurance program for members diagnosed with specific medical conditions.

- B. The Administration shall specify in contract guidelines for claims submission, processing, payment, and the types of care and services that are provided to a member whose care is covered by reinsurance.
- C. When the Administration determines that a contractor does not follow the specified guidelines for care or services and the care or services could have been provided at a lower cost according to the guidelines, the Administration shall reimburse the contractor as if the care or services had been provided as specified in the guidelines.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

**R9-22-721. Behavioral Health Inpatient Facilities**

“Behavioral health inpatient facility” means a health care institution, other than Arizona State Hospital, that meets the following requirements:

1. Provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
  - a. Have a limited or reduced ability to meet the individual’s basic physical needs;
  - b. Suffer harm that significantly impairs the individual’s judgment, reason, behavior, or capacity to recognize reality;
  - c. Be a danger to self;
  - d. Be a danger to others;
  - e. Be persistently or acutely disabled as defined in A.R.S. § 36-501; or
  - f. Be gravely disabled; and
2. Is one of the following facility types:
  - a. Psychiatric hospitals;
  - b. Mental health residential treatment centers;
  - c. Secure residential treatment centers with 17 or more beds;
  - d. Non-secure residential treatment centers with 1-16 beds;
  - e. Non-secure residential treatment centers with 17 or more beds;
  - f. Sub-acute facilities with 1-16 beds;
  - g. Sub-acute facilities with 17 or more beds.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 3120, effective October 1, 2019 (Supp. 19-4).

**R9-22-722. Reserved**

**R9-22-723. Reserved**

**R9-22-724. Reserved**

**R9-22-725. Reserved**

**R9-22-726. Reserved**

**R9-22-727. Reserved**

**R9-22-728. Reserved**

**R9-22-729. Reserved**

*Editor’s Note: Amendments to Section R9-22-730 were filed as a final exempt rulemaking. AHCCCS provided an opportunity for public comment on the amended rules under Laws 2013, 1st*

*Special Session, Ch. 10. A proposed exempt rulemaking was published in the Arizona Administrative Register at 21 A.A.R. 1041 (Supp. 15-3).*

*Editor’s Note: Amendments to Section R9-22-730 were filed as a final exempt rulemaking. AHCCCS provided an opportunity for public comment on the amended rules under Laws 2013, 1st Special Session, Ch. 10. A proposed exempt rulemaking was published in the Arizona Administrative Register at 21 A.A.R. 491 (Supp. 15-2).*

**R9-22-730. Hospital Assessment Fund - Hospital Assessment**

A. For purposes of this Section, the following terms are defined as provided below unless the context specifically requires another meaning:

1. “2022 Medicare Cost Report” means: The Medicare Cost Report for the hospital fiscal year ending in calendar year 2022 as reported in the CMS Healthcare Provider Cost Reporting Information System (HCRIS) release dated October 7, 2023.
2. “2022 Uniform Accounting Report” means the Uniform Accounting Report submitted to the Arizona Department of Health Services as of January 8, 2024 for the hospital’s fiscal year ending in calendar year 2022.
3. “Quarter” means the three month period beginning January 1, April 1, July 1, and October 1 of each year.
4. A “new hospital” means a licensed hospital that did not hold a license from the Arizona Department of Health Services prior to January 2, 2024.
5. “Outpatient Net Patient Revenues” means an amount, calculated using data in the hospital’s 2022 Uniform Accounting Report or other data sources specified by subsection (N), that is equal to the hospital’s 2022 total net patient revenue multiplied by the ratio of the hospital’s 2022 gross outpatient revenue to the hospital’s 2022 total gross patient revenue.

B. Beginning January 1, 2014, for each Arizona licensed hospital not excluded under subsection (I) shall be subject to an assessment payable on a quarterly basis. The assessment shall be levied against the legal owner of each hospital as of the first day of the quarter, and except as otherwise required by subsections (D), (E) and (F). For the period beginning October 1, 2024, the assessment for each hospital shall be amount equal to the sum of: (1) the number of discharges reported on the hospital’s 2022 Medicare Cost Report, excluding discharges reported on the Medicare Cost Report as “Other Long Term Care Discharges,” multiplied by the following rates appropriate to the hospital’s peer group; and (2) the amount of outpatient net patient revenues multiplied by the following rate appropriate to the hospital’s peer group:

1. \$993.50 per discharge and 1.4871% of outpatient net patient revenues for hospitals located in a county with a population less than 500,000 that are designated as type: hospital, subtype: short-term.
2. \$993.50 per discharge and 0.6196% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: critical access hospital.
3. \$248.50 per discharge and 0.6196% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: long term.
4. \$248.50 per discharge and 0.6196% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: psychiatric, that reported 2,500 or more discharges on the 2022 Medicare Cost Report.

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5. \$794.75 per discharge and 1.6110% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2022 Uniform Accounting Report.
  6. \$894.00 per discharge and 1.8588% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2022 Uniform Accounting Report.
  7. \$198.75 per discharge and 0.4957% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: children's.
  8. \$993.50 per discharge and 2.4785% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term not included in another peer group.
- C.** Peer groups for the four quarters beginning October 1 of each year are established based on hospital license type and subtype designated in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website January 2, 2024.
- D.** Notwithstanding subsection (B), psychiatric discharges from a hospital that reported having a psychiatric sub-provider in the hospital's 2022 Medicare Cost Report, are assessed a rate of \$248.50 for each discharge from the psychiatric sub-provider as reported in the 2022 Medicare Cost Report. All discharges other than those reported as discharges from the psychiatric sub-provider are assessed at the rate required by subsection (B).
- E.** Notwithstanding subsection (B), rehabilitative discharges from a hospital that reported having a rehabilitative sub-provider in the hospital's 2022 Medicare Cost Report, are assessed a rate of \$0 for each discharge from the rehabilitative sub-provider as reported in the 2022 Medicare Cost Report. All discharges other than those reported as discharges from the rehabilitative sub-provider are assessed at the rate required by subsection (B).
- F.** Notwithstanding subsection (B), for any hospital that reported more than 22,800 discharges on the hospital's 2022 Medicare Cost Report, discharges in excess of 22,800 are assessed a rate of \$99.50 for each discharge in excess of 22,800. The initial 22,800 discharges are assessed at the rate required by subsection (B).
- G.** Assessment notice. On or before the 15th day of the first month of the quarter or upon CMS approval, whichever is later, the Administration shall send to each hospital a notification that the Hospital Assessment Fund assessment invoice is available to be viewed on a secure website. The invoice shall include the hospital's peer group assignment and the assessment due for the quarter.
- H.** Assessment due date. The Hospital Assessment Fund assessment must be received by the Administration no later than:
1. The 15th day of the second month of the quarter, or
  2. In the event CMS approves the assessment after the 15th day of the first month of the quarter, 30 days after notification by the Administration that the assessment invoice is available.
- I.** Excluded hospitals. The following hospitals are excluded from the assessment based on the hospital's 2022 Medicare Cost Report and Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for January 2, 2024:
1. Hospitals owned and operated by the state, the United States, or an Indian tribe.
  2. Hospitals designated as type: hospital, subtype: short-term that have a license number beginning "SH".
  3. Hospitals designated as type: hospital, subtype: psychiatric that reported fewer than 2,500 discharges on the 2022 Medicare Cost Report.
  4. Hospitals designated as type: hospital, subtype; rehabilitation.
  5. Hospitals designated as type: med-hospital, subtype: special hospitals.
  6. Hospitals designated as type: hospital, subtype: short-term located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2022 Medicare Cost Report are reimbursed by Medicare.
  7. Hospitals designated as type: hospital, subtype: short-term that have at least 25 percent Medicare swing beds as percentage of total Medicare days, per the 2022 Medicare Cost Report.
  8. Hospitals designated as type: hospital, subtype: short-term that are an urban public acute care hospital.
- J.** New hospitals. For hospitals that did not file a 2022 Medicare Cost Report because of the date the hospital began operations:
1. If the hospital was open on the January 2 preceding the October assessment start date, the hospital assessment will begin on October 1 following the date the hospital began operating.
  2. If the hospital began operating between January 3 and September 30, the assessment will begin on October 1 of the following calendar year.
  3. A hospital is not considered a new hospital based on a change in ownership.
  4. The assessment will be based on the discharges reported in the hospital's first Medicare Cost Report and Uniform Accounting Report, which includes 12 months-worth of data, except when any of the following apply:
    - a. If there is not a complete 12 months-worth of data available, the assessment will be based on the annualized number of discharges from the date hospital operations began through December 31 preceding the October assessment start date. The hospital shall self-report the discharge data and all other data requested by the Administration necessary to determine the appropriate assessment to the Administration no later than January preceding the assessment start date for the new hospitals. "Annualized" means divided by a ratio equal to the number of months of data divided by 12 months.
    - b. If more than 12 months of data is available, the assessment will be based on the most recent 12 months of self-reported data, as of December 31;
  5. For purposes of calculating subpart 4, if a new hospital shares a Medicare Identification Number with an existing hospital, the assessment amount will be based on self-reported data from the new hospital instead of the Medicare Cost Report. The data shall include the number of discharges and all other data requested by the Administration necessary to determine the appropriate assessment.

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6. For hospitals providing self-reported data, described in subpart 4 and 5:
  - a. Psychiatric discharges will be annualized to determine if subsections (B)(4) or (I)(3) apply to the assessment amount.
  - b. Discharges will be annualized to determine if subsection (F) applies to the assessment amount.
- K. Changes of ownership. The parties to a change of ownership shall promptly provide written notice to the Administration of a change of ownership and any agreement regarding the payment of the assessment. The assessed amount will continue at the same amount applied to the prior owner. Assessments are the responsibility of the owner of record as of the first day of the quarter; however, this Section is not intended to prohibit the parties to a change of ownership from entering into an agreement for a new owner to assume the assessment responsibility of the owner of record as of the first day of the prior quarter.
- L. Hospital closures. Hospitals that close shall pay a proportion of the quarterly assessment equal to that portion of the quarter during which the hospital operated.
- M. Required information for the inpatient assessment. For any hospital that has not filed a 2022 Medicare Cost report, or if the 2022 Medicare Cost report does not include the reliable information sufficient for the Administration to calculate the inpatient assessment, the Administration shall use data reported on the 2022 Uniform Accounting Report filed by the hospital in place of the 2022 Medicare Cost report to calculate the assessment. If the 2022 Uniform Accounting Report filed by the hospital does not include reliable information sufficient for the Administration to calculate the inpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2022 Medicare Cost report to calculate the assessment.
- N. Required information for the outpatient assessment. For any hospital that has not filed a 2022 Uniform Accounting Report, if the 2022 Uniform Accounting Report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, or if the 2022 Uniform Accounting Report does not reconcile to 2022 Audited Financial Statements, the Administration shall use the data reported on 2022 Audited Financial Statements to calculate the outpatient assessment. If the 2022 Audited Financial Statements do not include the reliable information sufficient for the Administration to calculate the outpatient assessment, the Administration shall use data reported on the 2022 Medicare Cost report. If the Medicare Cost report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2022 Medicare Cost report to calculate the outpatient assessment.
- O. The Administration will review and update as necessary rates and peer groups periodically to ensure the assessment is sufficient to fund the state match obligation to cover the cost of the populations as specified in A.R.S. § 36-2901.08.
- P. Enforcement. If a hospital does not comply with this Section, the director may suspend or revoke the hospital's provider agreement. If the hospital does not comply within 180 days after the hospital's provider agreement is suspended or revoked, the director shall notify the director of the Department of Health Services who shall suspend or revoke the hospital's license.

New Section R9-22-730 made by exempt rulemaking at 20 A.A.R. 281, effective January 15, 2014 (Supp. 14-1).

Amended by exempt rulemaking at 20 A.A.R. 1833, effective July 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 637, effective April 15, 2015 (Supp. 15-2). Amended by final exempt rulemaking at 21 A.A.R. 1486, effective July 16, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 2050, effective July 14, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 23 A.A.R. 1945, effective July 1, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2229, effective July 10, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 1938, effective July 1, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 1702, effective July 1, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 26 A.A.R. 2984, effective October 1, 2020 (Supp. 20-4). Amended by final exempt rulemaking at 27 A.A.R. 2370, effective October 1, 2021 (Supp. 21-3). Amended by final exempt rulemaking 28 A.A.R. 2213 (September 2, 2022), effective October 1, 2022 (Supp. 22-3). Amended by final exempt rulemaking at 29 A.A.R. 2204 (September 22, 2023), effective October 1, 2023 (Supp. 23-3). Amended by final exempt rulemaking at 30 A.A.R. 3057 (October 18, 2024), effective October 1, 2024 (Supp. 24-3).

#### **R9-22-731. Health Care Investment Fund - Hospital Assessment**

- A. For purposes of this Section, terms are the same as defined in A.A.C. R9-22-730 unless the context specifically requires another meaning.
- B. Beginning October 1, 2024, for each Arizona licensed hospital not excluded under subsection (I) shall be subject to an assessment payable on a quarterly basis. The assessment shall be levied against the legal owner of each hospital as of the first day of the quarter, and except as otherwise required by subsections (D), (E) and (F). For the period beginning October 1, 2024, the assessment for each hospital shall be amount equal to the sum of: (1) the number of discharges reported on the hospital's 2022 Medicare Cost Report, excluding discharges reported on the Medicare Cost Report as "Other Long Term Care Discharges," multiplied by the following rates appropriate to the hospital's peer group; and (2) the amount of outpatient net patient revenues multiplied by the following rate appropriate to the hospital's peer group:
  1. \$510.25 per discharge and 4.1707% of outpatient net patient revenues for hospitals located in a county with a population less than 500,000 that are designated as type: hospital, subtype: short-term.
  2. \$510.25 per discharge and 1.7378% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: critical access hospital.
  3. \$127.75 per discharge and 1.7378% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: long term.
  4. \$127.75 per discharge and 1.7378% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: psychiatric, that reported 2,500 or more discharges on the 2022 Medicare Cost Report.
  5. \$408.25 per discharge and 4.5182% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal.

#### **Historical Note**



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- tal intensive care as reported in the hospital's 2022 Uniform Accounting Report.
6. \$459.25 per discharge and 5.2133% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2022 Uniform Accounting Report.
  7. \$102.25 per discharge and 1.3902% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: children's.
  8. \$510.25 per discharge and 6.9511% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term not included in another peer group.
- C. Peer groups for the four quarters beginning October 1 of each year are established based on hospital license type and subtype designated in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website January 2, 2024.
  - D. Notwithstanding subsection (B), psychiatric discharges from a hospital that reported having a psychiatric sub-provider in the hospital's 2022 Medicare Cost Report, are assessed a rate of \$127.75 for each discharge from the psychiatric sub-provider as reported in the 2022 Medicare Cost Report. All discharges other than those reported as discharges from the psychiatric sub-provider are assessed at the rate required by subsection (B).
  - E. Notwithstanding subsection (B), rehabilitative discharges from a hospital that reported having a rehabilitative sub-provider in the hospital's 2022 Medicare Cost Report, are assessed a rate of \$0 for each discharge from the rehabilitative sub-provider as reported in the 2022 Medicare Cost Report. All discharges other than those reported as discharges from the rehabilitative sub-provider are assessed at the rate required by subsection (B).
  - F. Notwithstanding subsection (B), for any hospital that reported more than 22,800 discharges on the hospital's 2022 Medicare Cost Report, discharges in excess of 22,800 are assessed a rate of \$51.25 for each discharge in excess of 22,800. The initial 22,800 discharges are assessed at the rate required by subsection (B).
  - G. Assessment notice. On or before the 10th day of the first month of the quarter or upon CMS approval, whichever is later, the Administration shall send to each hospital a notification that the assessment invoice is available to be viewed on a secure website. The invoice shall include the hospital's peer group assignment and the assessment due for the quarter.
  - H. Assessment due date. The assessment must be received by the Administration no later than the 10th day of the second month of the quarter.
  - I. Excluded hospitals. The following hospitals are excluded from the assessment based on the hospital's 2022 Medicare Cost Report and Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for January 2, 2024:
    1. Hospitals owned and operated by the state, the United States, or an Indian tribe.
    2. Hospitals designated as type: hospital, subtype: short-term that have a license number beginning "SH".
    3. Hospitals designated as type: hospital, subtype: psychiatric that reported fewer than 2,500 discharges on the 2022 Medicare Cost Report.
    4. Hospitals designated as type: hospital, subtype; rehabilitation.
    5. Hospitals designated as type: med-hospital, subtype: special hospitals.
    6. Hospitals designated as type: hospital, subtype: short-term located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2022 Medicare Cost Report are reimbursed by Medicare.
    7. Hospitals designated as type: hospital, subtype: short-term that have at least 25 percent Medicare swing beds as percentage of total Medicare days, per the 2022 Medicare Cost Report.
    8. Hospitals designated as type: hospital, subtype: short-term that are an urban public acute care hospital.
  - J. New hospitals. For hospitals that did not file a 2022 Medicare Cost Report because of the date the hospital began operations:
    1. If the hospital was open on the January 2 preceding the October assessment start date, the hospital assessment will begin on October 1 following the date the hospital began operating.
    2. If the hospital began operating between January 3 and September 30, the assessment will begin on October 1 of the following calendar year.
    3. A hospital is not considered a new hospital based on a change in ownership.
    4. The assessment will be based on the discharges reported in the hospital's first Medicare Cost Report and Uniform Accounting Report, which includes 12 months-worth of data, except when any of the following apply:
      - a. If there is not a complete 12 months-worth of data available, the assessment will be based on the annualized number of discharges from the date hospital operations began through December 31 preceding the October assessment start date. The hospital shall self-report the discharge data and all other data requested by the Administration necessary to determine the appropriate assessment to the Administration no later than January preceding the assessment start date for the new hospitals. "Annualized" means divided by a ratio equal to the number of months of data divided by 12 months.
      - b. If more than 12 months of data is available, the assessment will be based on the most recent 12 months of self-reported data, as of December 31;
    5. For purposes of calculating subpart 4, if a new hospital shares a Medicare Identification Number with an existing hospital, the assessment amount will be based on self-reported data from the new hospital instead of the Medicare Cost Report. The data shall include the number of discharges and all other data requested by the Administration necessary to determine the appropriate assessment.
    6. For hospitals providing self-reported data, described in subpart 4 and 5:
      - a. Psychiatric discharges will be annualized to determine if subsections (B)(4) or (I)(3) apply to the assessment amount.
      - b. Discharges will be annualized to determine if subsection (F) applies to the assessment amount.

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- K. Changes of ownership. The parties to a change of ownership shall promptly provide written notice to the Administration of a change of ownership and any agreement regarding the payment of the assessment. The assessed amount will continue at the same amount applied to the prior owner. Assessments are the responsibility of the owner of record as of the first day of the quarter; however, this Section is not intended to prohibit the parties to a change of ownership from entering into an agreement for a new owner to assume the assessment responsibility of the owner of record as of the first day of the prior quarter.
- L. Hospital closures. Hospitals that close shall pay a proportion of the quarterly assessment equal to that portion of the quarter during which the hospital operated.
- M. Required information for the inpatient assessment. For any hospital that has not filed a 2022 Medicare Cost report, or if the 2022 Medicare Cost report does not include the reliable information sufficient for the Administration to calculate the inpatient assessment, the Administration shall use data reported on the 2022 Uniform Accounting Report filed by the hospital in place of the 2022 Medicare Cost report to calculate the assessment. If the 2022 Uniform Accounting Report filed by the hospital does not include reliable information sufficient for the Administration to calculate the inpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2022 Medicare Cost report to calculate the assessment.
- N. Required information for the outpatient assessment. For any hospital that has not filed a 2022 Uniform Accounting Report, if the 2022 Uniform Accounting Report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, or if the 2022 Uniform Accounting Report does not reconcile to 2022 Audited Financial Statements, the Administration shall use the data reported on 2022 Audited Financial Statements to calculate the outpatient assessment. If the 2022 Audited Financial Statements do not include the reliable information sufficient for the Administration to calculate the outpatient assessment, the Administration shall use data reported on the 2022 Medicare Cost report. If the Medicare Cost report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2022 Medicare Cost report to calculate the outpatient assessment.
- O. Enforcement. If a hospital does not comply with this Section, the director may suspend or revoke the hospital's provider agreement. If the hospital does not comply within 180 days after the hospital's provider agreement is suspended or revoked, the director shall notify the director of the Department of Health Services who shall suspend or revoke the hospital's license.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2984, effective October 1, 2020 (Supp. 20-4). Amended by final rulemaking at 27 A.A.R. 2514 (October 29, 2021), with an immediate effective date of October 6, 2021 (Supp. 21-4). Amended by final exempt rulemaking at 28 A.A.R. 3351 (October 21, 2022), effective October 1, 2022 (Supp. 22-3). Amended by final rulemaking at 29 A.A.R. 3419 (October 27, 2023) with an immediate effective date of October 4, 2023 (Supp. 23-4). Amended by final exempt rulemaking at 30 A.A.R. 3061

(October 18, 2024), effective October 1, 2024 (Supp. 24-3).

**ARTICLE 8. REPEALED**

*Article 8, consisting of R9-22-801 through R9-22-804 and Exhibit A, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 8 is now in 9 A.A.C. 34 (Supp. 04-1).*

**R9-22-801. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-801 adopted as an emergency adoption now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-801 repealed, new Section R9-22-801 adopted effective October 29, 1985 (Supp. 85-5). Amended subsections (C), (F), (H), (I), and (K) effective October 1, 1986 (Supp. 86-5). Change of heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (H) effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Section heading amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-801 repealed, new Section R9-22-801 adopted January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-802. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-802 adopted as an emergency adoption now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 29, 1985 (Supp. 85-5). Amended subsections (A), (B), (C) and (D) effective October 14, 1988 (Supp. 88-4). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-802 repealed, new Section R9-22-802 adopted effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-803. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-803 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-803 repealed, new Section R9-22-803 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-803 renumbered and amended as Section R9-22-804. Adopted effective January 31, 1986 (Supp. 86-1). Amended effective

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September 29, 1992 (Supp. 92-3). Former Section R9-22-803 repealed, new Section R9-22-803 adopted January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-804. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-804 adopted as an emergency adoption now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Former Section R9-22-804 repealed, former Section R9-22-803 renumbered and amended as Section R9-22-804 effective October 29, 1985 (Supp. 85-5). Amended effective October 14, 1988 (Supp. 88-4). Amended subsections (B) and (C) effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-804 repealed, new Section R9-22-804 adopted effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**Exhibit A. Repealed****Historical Note**

New Exhibit adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Exhibit repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-805. Repealed****Historical Note**

Former Section R9-22-805 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective January 31, 1986 (Supp. 86-1).

**ARTICLE 9. REPEALED****R9-22-901. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-901 adopted as an emergency adoption now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective August 29, 1985 (Supp. 85-4). Amended effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp.

01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-902. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-902 renumbered and amended as Section R9-22-904, former Section R9-22-903 renumbered and amended as Section R9-22-902 effective October 1, 1986 (Supp. 86-5). Former Section R9-22-902 repealed, new Section R9-22-902 adopted effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-903. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-903 renumbered and amended as Section R9-22-902, former Section R9-22-904 renumbered and amended as Section R9-22-903 effective October 1, 1986 (Supp. 86-5). Former Section R9-22-903 repealed, new Section R9-22-903 adopted effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-904. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-904 renumbered and amended as Section R9-22-903, former Section R9-22-902 renumbered and amended as Section R9-22-904 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-905. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-905 renumbered without change as Section R9-22-908, former Section R9-22-907 renumbered and amended as Section R9-22-905 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R.

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4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-906. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Amended effective October 1, 1986 (Supp. 86-5). Amended effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-907. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-907 renumbered and amended as Section R9-22-905, former Section R9-22-908 renumbered and amended as Section R9-22-907 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-908. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-908 renumbered and amended as Section R9-22-907, former Section R9-22-905 renumbered without change as Section R9-22-908 effective October 1, 1986 (Supp. 86-5). Former R9-22-908 repealed effective May 30, 1989 (Supp. 89-2). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-909. Repealed****Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**ARTICLE 10. FIRST- AND THIRD-PARTY LIABILITY AND RECOVERIES****R9-22-1001. Definitions**

In addition to the definitions in A.R.S. §§ 36-2901, 36-2923 and 9 A.A.C. 22, Article 1, the following definitions apply to this Article:

“Absent parent” means an individual who is absent from the home and is legally responsible for providing financial and/or medical support for a dependent child.

“Cost avoid” means to deny a claim and return the claim to the provider for a determination of the amount of first- or third-party liability.

“First-party liability” means the obligation of any insurance plan or other coverage obtained directly or indirectly by a member that provides benefits directly to the member to pay all or part of the expenses for medical services incurred by AHCCCS or a member.

“Third-party” means a person, entity, or program that is, or may be, liable to pay all or part of the medical cost of injury, disease, or disability of an applicant or member.

“Third-party liability” means any individual, entity, or program that is or may be liable to pay all or part of the expenditures for medical assistance furnished to a member under a state plan.

**Historical Note**

Former Section R9-22-712 renumbered and amended as Section R9-22-1001 effective October 1, 1985 (Supp. 85-5). Amended subsections (E) through (H) effective October 1, 1986 (Supp. 86-5). Amended subsections (B), (C), (E), and (F) effective December 22, 1987 (Supp. 87-4). Section repealed; new Section adopted effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

**R9-22-1002. General Provisions**

AHCCCS is the payor of last resort unless specifically prohibited by applicable state or federal law. AHCCCS is not the payor of last resort when the following entities are the third-party:

1. Indian Health Services (IHS/638), contract health,
2. Title IV-E,
3. Arizona Early Intervention Program (AZEIP),
4. Local educational agencies providing services under the Individuals with Disabilities Education Act under 34 CFR Part 300,
5. Entities and contractors of entities providing services under grants awarded as part of the HIV Health Care Services Program under 42 USC 300ff et seq., and
6. The Arizona Refugee Resettlement Program operated under 45 CFR Part 400, Subpart (G).

**Historical Note**

Section R9-22-529 adopted effective October 1, 1985, then renumbered as Section R9-22-1002 effective October 1, 1985 (Supp. 85-5). Amended subsections (C) and (D) effective October 1, 1986 (Supp. 86-5). Amended effective December 22, 1987 (Supp. 87-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed; new Section adopted effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

**R9-22-1003. Cost Avoidance**

A. The Administration’s reimbursement responsibility.

1. The Administration shall pay no more than the difference between the Capped Fee-For-Service schedule and the amount of the third-party liability, unless Medicare is the third-party.

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2. If Medicare is the third-party that is liable, the Administration shall pay the Medicare copayment, coinsurance, and deductible regardless of the Capped Fee-For-Service Schedule, as described under 9 A.A.C. 29, Article 3.
- B.** The Contractor's reimbursement responsibility.
  1. If the contract between the contractor and the provider does not state otherwise, a contractor shall pay no more than the difference between the contracted rate and the amount of the third-party liability.
  2. If the provider does not have a contract with the contractor, a contractor shall pay no more than the difference between the Capped Fee-For-Service rate and the amount of the third-party liability.
- C.** The following parties shall take reasonable measures to identify potentially legally liable first- or third-party sources:
  1. AHCCCS, the Administration, or a contractor;
  2. A provider;
  3. A noncontracting provider; and
  4. A member.
- D.** Except as specified under subsection (E), the Administration or a contractor shall cost avoid a claim for AHCCCS covered services under Article 2 if the Administration or a contractor has established the probable existence of a liable party at the time the claim is filed. Establishing liability takes place when the Administration or the contractor receives confirmation that another party is legally responsible for payment of a health care service under Article 2.
- E.** The Administration or contractor shall pay the full amount of the claim according to the Capped-Fee-For-Service Schedule or the contracted rate as described under subsection (B), and then seek reimbursement from any liable parties if the claim is for:
  1. Prenatal care for pregnant women,
  2. Preventive pediatric services, including E.P.S.D.T. and administration of vaccines to children under the Vaccines for Children (VFC) program; or
  3. Services covered by third-party liability that is derived from an absent parent whose obligation to pay support is being enforced by the Division of Child Support Enforcement.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 3012, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

**R9-22-1004. Member Participation**

A member shall cooperate in identifying potentially legally liable first- or third-parties and timely assist the Administration and a contractor, provider, or noncontracting provider in pursuing any first- or third-party who may be liable to pay for covered services.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

**R9-22-1005. Collections**

- A.** Parties that notify AHCCCS. A provider or noncontracting provider shall cooperate with AHCCCS by identifying all

potential sources of first- or third-party liability and notify AHCCCS of these sources.

- B.** Parties that pursue collection or reimbursement. AHCCCS, a provider, or noncontracting provider shall pursue collection or reimbursement from all potential sources of first- or third-party liability.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

**R9-22-1006. AHCCCS Monitoring Responsibilities**

AHCCCS shall monitor first- or third-party liability payments to a provider or noncontracting provider, which include but are not limited to payments by or for:

1. Private health insurance;
2. Employment-related disability and health insurance;
3. Long-term care insurance;
4. Other federal programs not excluded by statute from recovery;
5. Court ordered or non-court ordered medical support from an absent parent;
6. State worker's compensation;
7. Automobile insurance, including underinsured and uninsured motorists insurance;
8. Court judgment or settlement from a liability insurer including settlement proceeds placed in a trust;
9. First-party probate estate recovery;
10. Adoption-related payment; or
11. A tortfeasor.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

**R9-22-1007. Notification for Perfection, Recording, and Assignment of AHCCCS Liens**

- A.** Hospital requirements. A hospital providing medical services to a member for an injury or condition resulting from circumstances reflecting the probable liability of a first- or third-party shall within 30 days after a member's discharge:
  1. Notify AHCCCS via facsimile or mail under R9-22-1008, or
  2. Mail AHCCCS a copy of the lien the hospital proposes to record or has recorded under A.R.S. § 33-932.
- B.** Provider and noncontracting provider requirements. A provider or noncontracting provider, other than a hospital, rendering medical services to a member for an injury or condition resulting from circumstances reflecting the probable liability of a first- or third-party shall notify AHCCCS via facsimile or mail under R9-22-1008 within 30 days after providing the service.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

**R9-22-1008. Notification Information for Liens**

- A.** Except as provided in subsection (B), a hospital, provider, and noncontracting provider identified in R9-22-1007 shall provide the following information to AHCCCS in writing:
  1. Name of the hospital, provider or noncontracting provider;
  2. Address of the hospital, provider or noncontracting provider;

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3. Name of member;
  4. Member's Social Security Number or AHCCCS identification number;
  5. Address of member;
  6. Date of member's admission or date service is provided;
  7. Amount estimated to be due for care of member;
  8. Date of discharge, if member has been discharged;
  9. Name of county in which injuries were sustained; and
  10. Name and address of all persons, firms, and corporations and their insurance carriers identified by the member or legal representative as being liable for damages.
- B.** If the date of discharge is not known at the time the information in subsection (A) is provided, a party identified in subsection (A) shall notify AHCCCS of the date of discharge within 30 days after the member has been discharged.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

**R9-22-1009. Notification of Health Insurance Information**

A provider or noncontracting provider shall notify AHCCCS, in writing, of the following health insurance information within 10 days of receipt of the health insurance information:

1. Name of member,
2. Member's Social Security Number or AHCCCS identification number,
3. Insurance carrier name,
4. Insurance carrier address,
5. Policy number or insurance holder's Social Security Number,
6. Policy begin and end dates, and
7. Insurance holder's name.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

**ARTICLE 11. CIVIL MONETARY PENALTIES AND ASSESSMENTS****R9-22-1101. Basis for Civil Monetary Penalties and Assessments for Fraudulent Claims; Definitions**

- A.** Scope. This Article applies to prohibited acts as described under A.R.S. § 36-2918(A), and submissions of encounters to the Administration. The Administration considers a person who aids and abets a prohibited act affecting any of the AHCCCS programs or Health Care Group to be engaging in a prohibited act under A.R.S. § 36-2918(A).
- B.** Purpose. This Article describes the circumstances AHCCCS considers and the process that AHCCCS uses to determine the amount of a penalty, assessment, or penalty and assessment as required under A.R.S. § 36-2918. This Article includes the process and time-frames used by a person to request a State Fair Hearing.
- C.** Definitions. The following definitions apply to this Article:
1. "Assessment" means a monetary amount that does not exceed twice the dollar amount claimed by the person for each service.
  2. "Claim" means a request for payment submitted by a person for payment for a service or line item of service, including a submission of an encounter.
  3. "Day" means calendar day unless otherwise specified.
  4. "File" means the date that AHCCCS receives a written acceptance, request for compromise, request for a counter

proposal, or a request for a State Fair Hearing as established by a date stamp on the written document or other record of receipt.

5. "Penalty" means a monetary amount, based on the number of items of service claimed or reported, that does not exceed \$2,000 times the number of line items of service.
6. "Person" means an individual or entity as described under A.R.S. § 1-215.
7. "Reason to know" or "had reason to know" means that a person, acts in deliberate ignorance of the truth or falsity of, or with reckless disregard of the truth or falsity of information. No proof of specific intent to defraud is required.

**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). Amended subsection A. effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective June 9, 1998 (Supp. 98-2). Amended by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1102. Determining the Amount of a Penalty and an Assessment**

- A.** AHCCCS shall determine the amount of a penalty and assessment according to A.R.S. § 36-2918(B) and (C), R9-22-1104, and R9-22-1105.
- B.** AHCCCS shall include in the amount of the penalty and assessment the cost incurred by AHCCCS for conducting the following:
1. An investigation,
  2. Audit, or
  3. Inquiry.

**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1103. Repealed****Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Section repealed by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1104. Mitigating Circumstances**

AHCCCS shall consider any of the following to be mitigating circumstances when determining the amount of penalties and assessments.

1. The following are mitigating circumstances:
  - a. All the services are of the same type,
  - b. All the dates of services occurred within six months or less,
  - c. The number of claims submitted is less than 25,
  - d. The nature and circumstances do not indicate a pattern of inappropriate claims for the services, and

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- e. The total amount claimed for the services is less than \$1,000.
2. The degree of culpability of a person who presents or causes to present a claim is a mitigating circumstance, including but not limited to, if:
  - a. Each service is the result of an unintentional and unrecognized error in the process that the person followed in presenting or in causing to present the service,
  - b. Corrective steps were taken promptly by the person after the error was discovered, and
  - c. The person had a fraud and abuse control plan that was operating effectively at the time each claim was presented or caused to be presented.
3. The financial condition of a person who presents or causes to present a claim is a mitigating circumstance if the imposition of a penalty, assessment, or penalty and assessment without reduction will render the provider incapable to continue providing services. AHCCCS shall consider the resources available to the person when determining the amount of the penalty, assessment, or penalty and assessment.
4. AHCCCS shall take into account other circumstances of a mitigating nature, if in the interest of justice, the circumstances require a reduction of the penalty, assessment, or penalty and assessment.
- e. The person knows or had reason to know that the payment would violate the terms of an agreement between the person and AHCCCS system.
- d. The person knows or had reason to know that the payment would violate state or federal law.
3. The prior offenses of a person who presents or causes to present each claim are an aggravating circumstance if:
  - a. At any time before the submittal of the claim the person was held criminally or civilly liable for any act, or
  - b. The person had received an administrative sanction in connection with:
    - i. A Medicaid program,
    - ii. A Medicare program, or
    - iii. Any other public or private program of reimbursement for medical services.
4. The adverse effect on patient care that resulted, or could have resulted, from the failure to provide medically necessary care by a person in connection with a claim.
5. AHCCCS shall take into account other circumstances of an aggravating nature, if in the interest of justice, the circumstances require an increase of the penalty, assessment, or penalty and assessment.

**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5).  
 Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
 Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4). Amended by final rulemaking at 30 A.A.R. 925 (May 10, 2024), with an immediate effective date of April 25, 2024 (Supp. 24-2).

**R9-22-1105. Aggravating Circumstances**

AHCCCS shall consider any of the following to be aggravating circumstances when determining the amount of a penalty, assessment, or penalty and assessment.

1. The nature and circumstances of each claim and the circumstances under which the claim is presented or caused to be presented are aggravating circumstances if:
  - a. A person has forged, altered, recreated, destroyed, or failed to maintain records;
  - b. The person refuses to provide pertinent documentation to AHCCCS for a claim or refuses to cooperate with investigators;
  - c. The services are of several billing code types;
  - d. All the dates of services occurred within six months or greater;
  - e. The number of claims submitted is greater than 25;
  - f. The nature and circumstances indicate a pattern of inappropriate claims for the services; and
  - g. The total amount claimed for the services is \$5,000 or greater.
2. The degree of culpability of a person who presents or causes to present each claim is an aggravating circumstance, including but not limited to, if:
  - a. The person knows or had reason to know that each service was not provided as claimed,
  - b. The person knows or had reason to know that no payment could be made because the person had been excluded from reimbursement by AHCCCS, or

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
 Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4). Amended by final rulemaking at 30 A.A.R. 925 (May 10, 2024), with an immediate effective date of April 25, 2024 (Supp. 24-2).

**R9-22-1106. Notice of Intent**

If AHCCCS imposes a penalty, assessment, or a penalty and assessment, AHCCCS shall hand deliver or send by certified mail return receipt requested or Federal Express to the person, a written Notice of Intent to impose a penalty, assessment, or a penalty and assessment. The Notice of Intent shall include:

1. The statutory basis for the penalty, assessment, or the penalty and assessment;
2. Identification of the state or federal regulation and state or federal law that AHCCCS alleges has been violated;
3. The factual basis for AHCCCS' determination that the penalty, assessment, or the penalty and assessment should be imposed;
4. The amount of the penalty, assessment, or penalty and assessment;
5. The process for the person to accept or request a compromise of the penalty, assessment, or penalty and assessment; and
6. The process for requesting a State Fair Hearing.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
 Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1107. Reserved****R9-22-1108. Request for a Compromise**

- A. To request a compromise, the person shall file a written request with AHCCCS within 30 days from the date of receipt of the Notice of Intent. The written request for compromise shall contain the person's reasons for the reduction or modification of the penalty, assessment, or penalty and assessment.

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- B.** Within 30 days from the date of receipt of the request for compromise from the person, AHCCCS shall send a Notice of Compromise Decision that accepts, denies, or offers a counter proposal to the person's request for compromise. If AHCCCS offers a counter proposal the amount of the counter proposal shall represent the penalty, assessment, or penalty and assessment.
1. If AHCCCS does not withdraw the Notice of Intent under R9-22-1112 or denies the request for compromise the original penalty, assessment, or penalty and assessment is upheld.
  2. To dispute the Compromise Decision, the person shall file a request for a State Fair Hearing under R9-22-1110 within 30 days from the date of receipt of the Notice of Compromise Decision. A failure to respond to the Notice of Compromise Decision will lead to the decision being upheld.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4). Amended by final rulemaking at 30 A.A.R. 925 (May 10, 2024), with an immediate effective date of April 25, 2024 (Supp. 24-2).

**R9-22-1109. Failure to Respond to the Notice of Intent**

If a person fails to respond timely to the Notice of Intent, AHCCCS shall uphold the original penalty, assessment, or penalty and assessment.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1110. Request for State Fair Hearing**

- A.** To request a State Fair Hearing regarding a dispute concerning a penalty, assessment, or penalty and assessment, the person shall file a written request for a State Fair Hearing with AHCCCS within 60 days from the date of the receipt of the Notice of Intent under R9-22-1106 or within 30 days from the date of receipt of the Notice of Compromise Decision under R9-22-1108, if applicable.
- B.** AHCCCS shall mail a Notice of Hearing under A.R.S. § 41-1092.05 if AHCCCS receives a timely request for a State Fair Hearing from the person.
- C.** AHCCCS shall mail a Director's Decision to the person no later than 30 days after the date the Administrative Law Judge sends the decision of the Office of Administrative Hearings (OAH) to AHCCCS.
- D.** AHCCCS shall accept a written request for withdrawal of a hearing request if the written request for withdrawal is received from the person before AHCCCS mails a Notice of Hearing under A.R.S. § 41-1092 et seq. If AHCCCS mailed a Notice of Hearing under A.R.S. § 41-1092 et seq., a person may withdraw the hearing request only by sending a written request for withdrawal to OAH.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1111. Issues and Burden of Proof**

- A.** Preponderance of evidence. In any State Fair Hearing conducted under R9-22-1110, AHCCCS shall prove by a preponderance of the evidence that a person presented or caused to be presented each claim in violation of this Article and any aggravating circumstances under R9-22-1105. A person shall bear the burden of producing and proving by a preponderance of the evidence any circumstance that would justify reducing the amount of the penalty, assessment, or penalty and assessment.
- B.** Statistical sampling.
1. In meeting the burden of proof described in subsection (A), AHCCCS may introduce the results of a statistical sampling study as evidence of the number and amount of claims that were presented or caused to be presented by the person. A statistical sampling study constitutes prima facie evidence of the number and amount of claims if computed by valid statistical methods.
  2. The burden of proof shall shift to the person to produce evidence reasonably calculated to rebut the findings of the statistical sampling study once AHCCCS has made a prima facie case as described in subsection (B)(1). AHCCCS shall be given the opportunity to rebut this evidence.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1112. Withdrawal and Continuances**

AHCCCS may withdraw the Notice of Intent at any time. Prior to referring a matter to the Office of Administrative Hearings the parties may mutually agree to a continuance.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).

**ARTICLE 12. BEHAVIORAL HEALTH SERVICES****R9-22-1201. Definitions**

Definitions. The following definitions apply to this Article:

"Adult behavioral health therapeutic home" as defined in 9 A.A.C. 10, Article 1.

"Agency" for the purposes of this Article means a behavioral health facility, a classification of a health care institution, including a mental health treatment agency defined in A.R.S. § 36-501, that is licensed to provide behavioral health services according to A.R.S. Title 36, Chapter 4.

"Assessment" means an analysis of a patient's need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.

"Behavior management services" means services that assist the member in carrying out daily living tasks and other activities essential for living in the community, including personal care services.

"Behavioral health therapeutic home care services" means interactions that teach the client living, social, and communication skills to maximize the client's ability to live and participate in the community and to function independently, including assistance in the self-administration of medication and any ancillary services indicated by the client's treatment plan, as appropriate.



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“Behavioral health services” means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual’s behavioral health issue.

“Behavioral health technician” means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution’s policies and procedures that:

If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and

Are provided with clinical oversight by a behavioral health professional.

“Case management” for the purposes of this Article, means services and activities that enhance treatment, compliance, and effectiveness of treatment.

“Certified psychiatric nurse practitioner” means a registered nurse practitioner who meets the psychiatric specialty area requirements under A.A.C. R4-19-505(C).

“Clinical oversight” means as described under 9 A.A.C. 10.

“Cost avoid” means to avoid payment of a third-party liability claim when the probable existence of third-party liability has been established under 42 CFR 433.139(b).

“Court-ordered evaluation” has the same meaning as “evaluation” in A.R.S. § 36-501.

“Court-ordered pre-petition screening” has the same meaning as “pre-petition screening” in A.R.S. § 36-501.

“Court-ordered treatment” means treatment provided according to A.R.S. Title 36, Chapter 5.

“Crisis services” means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.

“Direct supervision” has the same meaning as “supervision” in A.R.S. § 36-401.

“Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.

“Health care institution” has the same meaning as defined in A.R.S. § 36-401.

“Health care practitioner” means a:

Physician;

Physician assistant;

Nurse practitioner; or

Other individual licensed and authorized by law to use and prescribe medication and devices, as defined in A.R.S. § 32-1901.

“Licensee” means the same as in 9 A.A.C. 10, Article 1.

“Medical practitioner” means a physician, physician assistant, or nurse practitioner.

“Partial care” means a day program of services provided to individual members or groups that is designed to improve the ability of a person to function in a community, and includes basic, therapeutic, and medical day programs.

“Physician assistant” means the same as in A.R.S. § 32-2501 except that when providing a behavioral health service, the physician assistant shall be supervised by an AHCCCS-registered psychiatrist.

“Psychiatrist” means a physician who meets the licensing requirements under A.R.S. § 32-1401 or a doctor of osteopathy who meets the licensing requirements under A.R.S. § 32-1800, and meets the additional requirements of a psychiatrist under A.R.S. § 36-501.

“Psychologist” means a person who meets the licensing requirements under A.R.S. §§ 32-2061 and 36-501.

“Qualified behavioral health service provider” means a behavioral health service provider that meets the requirements of R9-22-1206.

“Respite” means a period of care and supervision of a member to provide rest or relief to a family member or other person caring for the member. Respite provides activities and services to meet the social, emotional, and physical needs of the member during respite.

“TRBHA” or “Tribal Regional Behavioral Health Authority” means a Native American tribe under contract with ADHS/DBHS to coordinate the delivery of behavioral health services to eligible and enrolled members of the federally-recognized tribal nation.

#### Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

#### R9-22-1202. ADHS, Contractor, Administration and CRS Responsibilities

- A. ADHS responsibilities. ADHS is responsible for payment of behavioral health services provided to members, except as specified under subsection (D). ADHS’ responsibility for payment of behavioral health services includes claims for inpatient hospital services, which may include physical health services, when the principal diagnosis on the hospital claim is a behavioral health diagnosis. Behavioral health diagnoses are identified as “mental disorders” in the latest International Classification of Diseases (ICD) code set as required by AHCCCS claims and encounters.
- B. ADHS/DBHS may contract with a TRBHA for the provision of behavioral health services for American Indian members. American Indian members may receive covered behavioral health services:
  1. From an IHS or tribally operated 638 facility,
  2. From a TRBHA, or
  3. From a RBHA.

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- C. Contractor responsibilities. A contractor shall:
1. Refer a member to a RBHA under the contract terms;
  2. Provide EPSDT developmental and behavioral health screening as specified in R9-22-213;
  3. Coordinate a member's transition of care and medical records; and
  4. Be responsible for providing covered inpatient hospital services, which may include behavioral health inpatient hospital services, when the principal diagnosis on the hospital claim is not a behavioral health diagnosis.
- D. Administration and CRS responsibilities.
1. The Administration shall be responsible for payment of behavioral health services provided to an ALTCS FFS or an FES member and for behavioral health services provided by IHS and tribally operated 638 facilities. The Administration is also responsible for payment of behavioral health services provided to these members during prior quarter coverage.
  2. CRS shall be responsible for payment of behavioral health services provided to members enrolled with CRS.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct typographical errors, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 1225, effective July 7, 2015 (Supp. 15-3).

**R9-22-1203. Eligibility for Covered Services**

Title XIX members. A member determined eligible under A.R.S. § 36-2901(6)(a) or (g) except for the failure to meet U.S. citizenship or qualified alien status requirements, shall receive medically necessary covered services under Article 12 and Article 2.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007

(Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-1204. General Service Requirements**

- A. Services. Behavioral health services include mental health, substance abuse, and physical services. Medically necessary services shall be covered and service requirements met as described under Article 2 and Article 5.
- B. Notification to Administration for American Indians enrolled with a tribal contractor. A provider shall notify the Administration no later than 72 hours after an American Indian member enrolled with a tribal contractor presents to a behavioral health hospital for inpatient emergency behavioral health services.
- C. Restrictions and limitations. Room and board is not a covered service unless provided in a behavioral health inpatient facility under R9-22-1205.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective January 1, 1996; filed with the Secretary of State December 22, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-1205. Scope and Coverage of Behavioral Health Services**

- A. Inpatient behavioral health services. The following inpatient services are covered subject to the limitations and exclusions in this Article and Article 2.
1. Covered inpatient behavioral health services include all behavioral health services, medical detoxification, accommodations and staffing, supplies, and equipment, if the service is provided under the direction of a physician in a Medicare-certified:
    - a. General acute care hospital,
    - b. Inpatient psychiatric unit in a general acute care hospital, or
    - c. Behavioral health hospital.
  2. Inpatient service limitations:
    - a. Inpatient services, other than emergency services specified in this Section, are not covered unless prior authorization is obtained.
    - b. Inpatient services and room and board are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
      - i. A licensed psychiatrist,
      - ii. A certified psychiatric nurse practitioner,

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- iii. A licensed physician assistant,
  - iv. A licensed psychologist,
  - v. A licensed clinical social worker,
  - vi. A licensed marriage and family therapist,
  - vii. A licensed professional counselor,
  - viii. A licensed independent substance abuse counselor, and
  - ix. A medical practitioner.
- B. Behavioral Health Inpatient facility for children.** Services provided in a Behavioral Health Inpatient facility for children as defined in 9 A.A.C. 10, Article 3 are covered subject to the limitations and exclusions under this Article.
1. Behavioral Health Inpatient facility for children services are not covered unless provided under the direction of a licensed physician in a licensed Behavioral Health Inpatient facility for children accredited by an AHCCCS-approved accrediting body as specified in contract.
  2. Covered Behavioral Health Inpatient facility for children services include room and board and treatment services for behavioral health and substance abuse conditions.
  3. Inpatient Behavioral Health Inpatient facility for children service limitations.
    - a. Services are not covered unless prior authorized, except for emergency services as specified in this Section.
    - b. Services are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
      - i. A licensed psychiatrist,
      - ii. A certified psychiatric nurse practitioner,
      - iii. A licensed physician assistant,
      - iv. A licensed psychologist,
      - v. A licensed clinical social worker,
      - vi. A licensed marriage and family therapist,
      - vii. A licensed professional counselor,
      - viii. A licensed independent substance abuse counselor, and
      - ix. A medical practitioner.
  4. The following may be billed independently if prescribed by a provider as specified in this Section who is operating within the scope of practice:
    - a. Laboratory services, and
    - b. Radiology services.
- C. Covered Inpatient sub-acute agency services.** Services provided in a inpatient sub-acute facility as defined in 9 A.A.C. 10, Article 1 are covered subject to the limitations and exclusions under this Article.
1. Inpatient sub-acute facility services are not covered unless provided under the direction of a licensed physician in a licensed inpatient sub-acute facility that is accredited by an AHCCCS-approved accrediting body.
  2. Covered Inpatient sub-acute facility services include room and board and treatment services for behavioral health and substance abuse conditions.
  3. Services are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
    - a. A licensed psychiatrist,
    - b. A certified psychiatric nurse practitioner,
    - c. A licensed physician assistant,
    - d. A licensed psychologist,
    - e. A licensed clinical social worker,
    - f. A licensed marriage and family therapist,
    - g. A licensed professional counselor,
    - h. A licensed independent substance abuse counselor, and
    - i. A medical practitioner.
  4. The following may be billed independently if prescribed by a provider specified in this Section who is operating within the scope of practice:
    - a. Laboratory services, and
    - b. Radiology services.
- D. Behavioral health residential facility services.** Services provided in a licensed behavioral health residential facility as defined in 9 A.A.C. 10, Article 1 are covered subject to the limitations and exclusions under this Article.
1. Behavioral health residential facility services are not covered unless provided by a licensed behavioral health residential facility.
  2. Covered services include all non-prescription drugs as defined in A.R.S. § 32-1901, non-customized medical supplies, and clinical oversight or direct supervision of the behavioral health residential facility staff, whichever is applicable. Room and board are not covered services.
  3. The following licensed and certified providers may bill independently for services:
    - a. A licensed psychiatrist,
    - b. A certified psychiatric nurse practitioner,
    - c. A licensed physician assistant,
    - d. A licensed psychologist,
    - e. A licensed clinical social worker,
    - f. A licensed marriage and family therapist,
    - g. A licensed professional counselor,
    - h. A licensed independent substance abuse counselor, and
- E. Partial care.** Partial care services are covered subject to the limitations and exclusions in this Article.
1. Partial care services are not covered unless provided by a licensed and AHCCCS-registered behavioral health agency that provides a regularly scheduled day program of individual member, group, or family activities that are designed to improve the ability of the member to function in the community. Partial care services include basic, therapeutic, and medical day programs.
  2. Partial care services. Educational services that are therapeutic and are included in the member's behavioral health treatment plan are included in per diem reimbursement for partial care services.
- F. Outpatient services.** Outpatient services are covered subject to the limitations and exclusions in this Article and Article 2.
1. Outpatient services include the following:
    - a. Screening provided by a behavioral health professional or a behavioral health technician as defined in R9-22-1201;
    - b. A behavioral health assessment provided by a behavioral health professional or a behavioral health technician;
    - c. Counseling including individual therapy, group therapy, and family therapy provided by a behavioral health professional or a behavioral health technician;
    - d. Behavior management services as defined in R9-22-1201; and
    - e. Psychosocial rehabilitation services as defined in R9-22-201.
  2. Outpatient service limitations.

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- a. The following licensed or certified providers may bill independently for outpatient services:
  - i. A licensed psychiatrist;
  - ii. A certified psychiatric nurse practitioner;
  - iii. A licensed physician assistant as defined in R9-22-1201;
  - iv. A licensed psychologist;
  - v. A licensed clinical social worker;
  - vi. A licensed professional counselor;
  - vii. A licensed marriage and family therapist;
  - viii. A licensed independent substance abuse counselor;
  - ix. A medical practitioner; and
  - x. An outpatient treatment center or substance abuse transitional facility licensed under 9 A.A.C. 10, Article 14, that is an AHCCCS-registered provider.
- b. A behavioral health practitioner not specified in subsections (F)(2)(a)(i) through (x), who is contracted with or employed by an AHCCCS-registered behavioral health agency shall not bill independently.
- G.** Emergency behavioral health services are covered subject to the limitations and exclusions under this Article. In order to be covered, behavioral health services shall be provided by qualified service providers under R9-22-1206. ADHS/DBHS shall ensure that emergency behavioral health services are available 24 hours per day, seven days per week in each GSA for an emergency behavioral health condition for a non-FES member as defined in R9-22-201.
- H.** Other covered behavioral health services. Other covered behavioral health services include:
  - 1. Case management as defined in 9 A.A.C. 10, Article 1;
  - 2. Laboratory and radiology services for behavioral health diagnosis and medication management;
  - 3. Medication;
  - 4. Monitoring, administration, and adjustment for psychotropic medication and related medications;
  - 5. Respite care as described within subsection (J);
  - 6. Behavioral health therapeutic home care services provided by a RBHA in a professional foster home defined in 6 A.A.C. 5, Article 58 or in an adult behavioral health therapeutic home as defined in 9 A.A.C. 10, Article 1;
  - 7. Other support services to maintain or increase the member's self-sufficiency and ability to live outside an institution.
- I.** Transportation services. Transportation services are covered under R9-22-211.
- J.** Limited Behavioral Health services. Respite services are limited to no more than 600 hours per benefit year.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final

rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1).

Amended by exempt rulemaking at 17 A.A.R. 1870, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-1206. Repealed****Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Repealed by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-1207. General Provisions for Payment**

- A.** Claims submissions.
  - 1. A provider of behavioral health services shall submit a claim for non-emergency behavioral health services provided to a member to the appropriate RBHA.
  - 2. A provider of behavioral health services shall submit a claim for non-inpatient emergency behavioral health services provided to a member to the appropriate RBHA.
  - 3. A provider of behavioral health services shall submit a claim for non-inpatient emergency behavioral health services provided to a member enrolled in a TRBHA to the Administration.
  - 4. A provider of behavioral health services shall submit a claim for non-emergency behavioral health services provided to a member enrolled in a TRBHA to the Administration.
  - 5. A provider of emergency behavioral health services, that are the responsibility of ADHS/DBHS or a contractor, shall submit a claim to the entity responsible for emergency behavioral health services under R9-22-210.01(A).
  - 6. A provider shall comply with the time-frames and other payment procedures in Article 7 of this Chapter, if applicable, and A.R.S. § 36-2904.
  - 7. ADHS/DBHS or a contractor, whichever entity is responsible for covering behavioral health services, shall cost avoid any behavioral health service claims if it establishes the existence or probable existence of first-party liability or third-party liability.
- B.** Prior authorization. Payment to a provider for behavioral health services or items requiring prior authorization may be denied if a provider does not obtain prior authorization from a RBHA, ADHS/DBHS, a TRBHA, the Administration or a contractor.

**Historical Note**

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Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-1208. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4).

**ARTICLE 13. CHILDREN'S REHABILITATIVE SERVICES (CRS)**

*Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).*

*Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Exemption to promulgate rules repealed under Laws 2012, Chapter 299, Section 7 (Supp. 13-3).*

*Article 13, consisting of Sections R9-22-1301 through R9-22-1309, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 13 is now in 9 A.A.C. 34 (Supp. 04-1).*

**R9-22-1301. Children's Rehabilitative Services (CRS) related Definitions**

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

"Active treatment" means there is a current need for treatment of the CRS qualifying condition(s) or it is anticipated that treatment or evaluation for continuing treatment of the CRS qualifying condition(s) will be needed within the next 18 months from the last date of service for treatment of any CRS qualifying condition.

"CRS application" means a submitted form with any additional documentation required by the Administration to determine whether an individual is medically eligible for CRS.

"CRS condition" means a list of medical condition(s) in R9-22-1303 and which are referred to as covered conditions in A.R.S. § 36-2912.

"Functionally limiting" means a restriction having a significant effect on an individual's ability to perform an activity of daily living as determined by a provider.

"Medically eligible" means meeting the medical eligibility requirements of R9-22-1303.

"Redetermination" means a decision made by the Administration regarding whether a member continues to meet the requirements in R9-22-1302.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3).

**R9-22-1302. Children's Rehabilitative Services (CRS) Eligibility Requirements**

Beginning October 1, 2013, an AHCCCS member who needs active treatment for one or more of the qualifying medical condition(s) in R9-22-1303 shall be given a CRS Designation. An American Indian member can choose to receive CRS services through an American Indian Health Plan or a contractor. A member enrolled in CMDP shall obtain CRS services through CMDP. The contractor shall provide covered services necessary to treat the condition(s) and other services described within the contract. The effective date of the CRS Designation shall be as specified in contract.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

**R9-22-1303. Medical Eligibility**

The following lists identify those medical condition(s) that do qualify for CRS services as well as those that do not qualify for CRS services. The list of condition(s) that qualify for a CRS Designation is all inclusive. The list of condition(s) that do not qualify for a CRS Designation is not an all-inclusive list.

1. Cardiovascular System
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Arrhythmia,
    - ii. Arteriovenous fistula,
    - iii. Cardiomyopathy,
    - iv. Conduction defect,
    - v. Congenital heart defect other than isolated small Ventricular Septal Defects (VSD), Patent Ductus Arteriosus (PDA), Atrial Septal Defects (ASD),
    - vi. Coronary artery and aortic aneurysm,
    - vii. Renal vascular hypertension,
    - viii. Rheumatic heart disease, and
    - ix. Valvular disorder.
  - b. Condition(s) not medically eligible for CRS:

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- i. Arteriovenous fistula that is not expected to cause cardiac failure or threaten loss of function;
  - ii. Benign heart murmur;
  - iii. Branch artery pulmonary stenosis;
  - iv. Essential hypertension;
  - v. Patent foramen ovale (PFO);
  - vi. Peripheral pulmonary stenosis;
  - vii. Postural orthopedic tachycardia; and
  - viii. Premature atrial, nodal or ventricular contractions that are of no hemodynamic significance.
2. Endocrine system:
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Addison's disease,
    - ii. Adrenogenital syndrome,
    - iii. Cystic fibrosis (including atypical cystic fibrosis),
    - iv. Diabetes insipidus,
    - v. Hyperparathyroidism,
    - vi. Hyperthyroidism,
    - vii. Hypoparathyroidism, and
    - viii. Panhypopituitarism.
  - b. Condition(s) not medically eligible for CRS
    - i. Diabetes mellitus,
    - ii. Hypopituitarism associated with a malignancy and requiring treatment of less than 90 days,
    - iii. Isolated growth hormone deficiency, and
    - iv. Precocious puberty.
3. Genitourinary system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Ambiguous genitalia,
    - ii. Bladder extrophy,
    - iii. Deformity and dysfunction of the genitourinary system secondary to trauma 90 days or more after the trauma occurred,
    - iv. Ectopic ureter,
    - v. Hydronephrosis, that is not resolved with antibiotics,
    - vi. Polycystic and multicystic kidneys,
    - vii. Pyelonephritis when treatment with drugs or biologicals has failed to cure or ameliorate and surgical intervention is required,
    - viii. Ureteral stricture, and
    - ix. Vesicoureteral reflux, at a grade 3 or higher.
  - b. Condition(s) not medically eligible for CRS:
    - i. Enuresis,
    - ii. Hydrocele,
    - iii. Hypospadias,
    - iv. Meatal stenosis,
    - v. Nephritis, infectious or noninfectious,
    - vi. Nephrosis,
    - vii. Phimosis, and
    - viii. Undescended testicle.
4. Ear, nose, or throat medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Cholesteatoma,
    - ii. Congenital/Craniofacial anomaly that is functionally limiting,
    - iii. Deformity and dysfunction of the ear, nose, or throat secondary to trauma, 90 days or more after the trauma occurred,
    - iv. Mastoiditis that continues 90 days or more after the first diagnosis of the condition,
    - v. Microtia that requires multiple surgical interventions,
    - vi. Neurosensory hearing loss, and
    - vii. Significant conductive hearing loss due to an anomaly in one ear or both ears equal to or greater than a pure tone average of 30 decibels that despite medical treatment, requires a hearing aid.
  - b. Condition(s) not medically eligible for CRS:
    - i. A craniofacial anomaly that is not functionally limiting,
    - ii. Adenoiditis,
    - iii. Cranial or temporal mandibular joint syndrome,
    - iv. Hypertrophic lingual frenum,
    - v. Isolated preauricular tag or pit,
    - vi. Nasal polyp,
    - vii. Obstructive apnea,
    - viii. Perforation of the tympanic membrane,
    - ix. Recurrent otitis media,
    - x. Simple deviated nasal septum,
    - xi. Sinusitis,
    - xii. Tonsillitis, and
    - xiii. Uncontrolled salivation.
5. Musculoskeletal system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Achondroplasia,
    - ii. Arthrogryposis (multiple joint contractures),
    - iii. Bone infection that continues 90 days or more after the initial diagnosis,
    - iv. Chondrodysplasia,
    - v. Chondroectodermal dysplasia,
    - vi. Clubfoot,
    - vii. Collagen vascular disease, including but not limited to, ankylosis spondylitis, polymyositis, dermatomyositis, polyarteritis nodosa, psoriatic arthritis, scleroderma, rheumatoid arthritis and lupus,
    - viii. Congenital or developmental cervical spine abnormality,
    - ix. Congenital spinal deformity,
    - x. Diastrophic dysplasia,
    - xi. Enchondromatosis,
    - xii. Femoral anteversion and tibial torsion,
    - xiii. Fibrous dysplasia,
    - xiv. Hip dysplasia,
    - xv. Hypochondroplasia,
    - xvi. Joint infection that continues 90 days or more after the initial diagnosis,
    - xvii. Juvenile rheumatoid arthritis,
    - xviii. Kyphosis (Scheurmann's Kyphosis) 50 degrees or over,
    - xix. Larsen syndrome,
    - xx. Leg length discrepancy of two centimeters or more,
    - xxi. Legg-Calve-Perthes disease,
    - xxii. Limb amputation or limb malformation,
    - xxiii. Metaphyseal and epiphyseal dysplasia,
    - xxiv. Metatarsus adductus,
    - xxv. Muscular dystrophy,
    - xxvi. Orthopedic complications of hemophilia,

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- xxvii. Osgood Schlatter's disease that requires surgical intervention,
- xxviii. Osteogenesis imperfecta,
- xxix. Rickets,
- xxx. Scoliosis when 25 degrees or greater, or when there is a need for bracing or surgery,
- xxxi. Seronegative spondyloarthropathy such as Reiters, psoriatic arthritis, and ankylosing spondylitis,
- xxxii. Slipped capital femoral epiphysis,
- xxxiii. Spinal muscle atrophy,
- xxxiv. Spondyloepiphyseal dysplasia, and
- xxxv. Syndactyly.
- b. Condition(s) not medically eligible for CRS:
  - i. Back pain with no structural abnormality,
  - ii. Benign bone tumor,
  - iii. Bunion,
  - iv. Carpal tunnel syndrome,
  - v. Deformity and dysfunction secondary to trauma or injury,
  - vi. Ehlers Danlos,
  - vii. Flat foot,
  - viii. Fracture,
  - ix. Ganglion cyst,
  - x. Ingrown toenail,
  - xi. Kyphosis under 50 degrees,
  - xii. Leg length discrepancy of less than two centimeters at skeletal maturity,
  - xiii. Polydactyly without bone involvement,
  - xiv. Popliteal cyst,
  - xv. Trigger finger, and
  - xvi. Varus and valgus deformities.
- 6. Gastrointestinal system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Anorectal atresia,
    - ii. Biliary atresia,
    - iii. Cleft lip,
    - iv. Cleft palate,
    - v. Congenital atresia, stenosis, fistula, or rotational abnormalities of the gastrointestinal tract,
    - vi. Deformity and dysfunction of the gastrointestinal system secondary to trauma, 90 days or more after the trauma occurred,
    - vii. Diaphragmatic hernia,
    - viii. Gastroschisis,
    - ix. Hirschsprung's disease,
    - x. Omphalocele, and
    - xi. Tracheoesophageal fistula.
  - b. Condition(s) not medically eligible for CRS:
    - i. Celiac disease,
    - ii. Crohn's disease,
    - iii. Hernia other than a diaphragmatic hernia,
    - iv. Intestinal polyp,
    - v. Malabsorption syndrome, also known as short bowel syndrome,
    - vi. Pyloric stenosis,
    - vii. Ulcer disease, and
    - viii. Ulcerative colitis.
- 7. Nervous system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Benign intracranial tumor,
    - ii. Benign intraspinal tumor,
    - iii. Central nervous system degenerative disease,
    - iv. Central nervous system malformation or structural abnormality,
    - v. Cerebral palsy,
    - vi. Craniosynostosis requiring surgery,
    - vii. Deformity and dysfunction secondary to trauma in an individual that continues 90 days or more after the incident,
    - viii. Hydrocephalus,
    - ix. Muscular dystrophy or other myopathy,
    - x. Myelomeningocele, also known as spina bifida,
    - xi. Myoneural disorder, including but not limited to, amyotrophic Lateral Sclerosis or ALS, myasthenia gravis, Eaton-Lambert syndrome, muscular dystrophy, troner sclerosis, polymyositis, dermatomyositis, progressive bulbar palsy, polio,
    - xii. Neurofibromatosis,
    - xiii. Neuropathy/polyneuropathy, hereditary or idiopathic,
    - xiv. Residual dysfunction that continues 90 days or more after a vascular accident, inflammatory condition, or infection of the central nervous system,
    - xv. Residual dysfunction that continues 90 days or more after near drowning,
    - xvi. Residual dysfunction that continues 90 days or more after the spinal cord injury, and
    - xvii. Uncontrolled seizure disorder, in which there have been more than two seizures with documented compliance of one or more medications.
  - b. Condition(s) not medically eligible for CRS:
    - i. Central apnea secondary to prematurity,
    - ii. Febrile seizures,
    - iii. Headaches,
    - iv. Near sudden infant death syndrome,
    - v. Plagiocephaly, and
    - vi. Spina bifida occulta.
- 8. Ophthalmology:
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Cataracts,
    - ii. Disorder of the iris, ciliary bodies, retina, lens, or cornea,
    - iii. Disorder of the optic nerve,
    - iv. Glaucoma,
    - v. Non-malignant enucleation and post-enucleation reconstruction, and
    - vi. Retinopathy of prematurity.
  - b. Condition(s) not medically eligible for CRS:
    - i. Astigmatism,
    - ii. Ptosis,
    - iii. Simple refraction error, and
    - iv. Strabismus.
- 9. Respiratory system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Anomaly of the larynx, trachea, or bronchi that requires surgery, and
    - ii. Nonmalignant obstructive lesion of the larynx, trachea, or bronchi.
  - b. Condition(s) not medically eligible for CRS:

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- i. Allergies,
  - ii. Asthma,
  - iii. Bronchopulmonary dysplasia,
  - iv. Chronic obstructive pulmonary disease,
  - v. Emphysema, and
  - vi. Respiratory distress syndrome.
10. Dermatological system medical condition(s):
- a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. A burn scar that is functionally limiting,
    - ii. A hemangioma that is functionally limiting that requires laser or surgery,
    - iii. Complicated nevi requiring multiple procedures,
    - iv. Cystic hygroma such as lymphangioma, and
    - v. Malocclusion that is functionally limiting.
  - b. Condition(s) not medically eligible for CRS:
    - i. A deformity that is not functionally limiting,
    - ii. Ectodermal dysplasia,
    - iii. Isolated malocclusion that is not functionally limiting,
    - iv. Pilonidal cyst,
    - v. Port wine stain,
    - vi. Sebaceous cyst,
    - vii. Simple nevi, and
    - viii. Skin tag.
11. Metabolic CRS condition(s) that qualify for CRS medical eligibility:
- a. Amino acid or organic acidopathy,
  - b. Biotinidase deficiency,
  - c. Homocystinuria,
  - d. Inborn error of metabolism,
  - e. Maple syrup urine disease,
  - f. Phenylketonuria, and
  - g. Storage disease.
12. Hemoglobinopathies CRS condition(s) that qualify for CRS medical eligibility:
- a. Sickle cell anemia, and
  - b. Thalassemia.
13. Additional medical/behavioral condition(s) which are not medically eligible for CRS:
- a. Allergies,
  - b. Anorexia nervosa or obesity,
  - c. Attention deficit disorder,
  - d. Autism,
  - e. Cancer,
  - f. Depression or other mental illness,
  - g. Developmental delay,
  - h. Dyslexia or other learning disabilities,
  - i. Failure to thrive,
  - j. Hyperactivity, and
  - k. Immunodeficiency, such as AIDS and HIV.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3).

Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

**R9-22-1304. Referral and Disposition of CRS Medical Eligibility Determination**

- A. To refer an individual for a CRS medical eligibility determination a person shall submit to the Administration the following information:
- 1. CRS application;
  - 2. Documentation from a specialist who diagnosed the individual, stating the individual's diagnosis;
  - 3. Diagnostic test results that support the individual's diagnosis; and
  - 4. Documentation of the individual's need for specialized treatment of the CRS condition through medical, surgical, or therapy modalities.
- B. The Administration shall notify the CRS applicant, member or authorized representative of the outcome of the determination within 60 days of receipt of information required under subsection (A). The member may appeal the determination under Chapter 34.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3).

**R9-22-1305. CRS Redetermination**

- A. Continued eligibility for CRS services shall be redetermined by verifying active treatment status of the CRS qualifying medical condition(s) as follows:
- 1. The contractor is responsible for notifying the AHCCCS Administration of the date when a member with a CRS Designation is no longer in active treatment for the qualifying condition(s).
  - 2. The Administration may request, at any time, that the contractor submit the medical documentation to the Administration for a CRS medical redetermination within the specified time-frames in contract.
  - 3. The Administration shall notify the member or authorized representative of the outcome of the redetermination.
- B. If the Administration determines that a member is no longer medically eligible for a CRS Designation, the Administration shall provide the member or authorized representative a written notice that informs the member that the Administration is ending the member's CRS Designation. The member may appeal the redetermination under A.A.C. Title 9, Chapter 34.
- C. Upon reaching his or her 21st birthday, the member's CRS Designation will be ended.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299,



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Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

**R9-22-1306. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Repealed by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

**R9-22-1307. Covered Services**

The Administration will cover medically necessary services as described within Article 2 unless otherwise specified in contract.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).

**R9-22-1308. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-1309. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR HOUSEHOLDS****R9-22-1401. General Information**

- A. Scope. This Article contains eligibility criteria to determine whether a household or individual is eligible for AHCCCS medical coverage. Eligibility criteria described under Article 3 applies to this Article.
- B. Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article, Article 3 and Article 15 have the following meanings unless the context explicitly requires another meaning:
  - “Burial plot” means a space reserved in a cemetery, crypt, vault, or mausoleum for the remains of a deceased person.

“Caretaker relative” means:

A parent of a dependent child with whom the child is living;

When the dependent child does not live with a parent or the parent in the home is incapacitated, another relative of the child by blood, adoption, or marriage in the home who assumes primary responsibility for the child’s care; or

A woman in her third trimester of pregnancy with no other dependent children.

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

“Dependent child” means a child under the age of 18, or if age 18 is a full-time student in secondary school or equivalent vocational or technical training, if reasonably expected to complete such school or training before turning age 19.

“MAGI – based income” means Modified Adjusted Gross Income as defined under 42 CFR 435.603(e).

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

A medical service or supply that would be covered if provided to an AHCCCS member of any age under Articles 2 and 12 of this Chapter;

A medical service or supply that would be covered if provided to an Arizona Long-term Care System member under 9 A.A.C. 28, Articles 2 and 11;

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

Assistance with daily living if the assistance is documented in an individual plan of care by a nurse, social service worker, registered therapist, or dietitian under the supervision of a physician except when provided by the spouse of an applicant or the parent of a minor child;

Medical services provided in a licensed nursing home or in an alternative HCBS setting under R9-28-101;

Purchasing and maintaining an animal guide or service animal for the assistance of a member of the MED family unit under R9-22-1436; and

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

“Monthly income” means the gross countable income received or projected to be received during the month or the monthly equivalent.

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

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

“Tax dependent” is described under 42 CFR 435.4.

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“Taxpayer” means a person who expects to file a tax return, and does not expect to be claimed as a tax dependent by another person.

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

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

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Punctuation error corrected with a parenthesis added at the beginning of the definition “Caretaker” (Supp. 20-4).

**R9-22-1402. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1403. Agency Responsible for Determining Eligibility**

The Administration or its designee shall determine eligibility under the provisions of this Article. The Administration or its designee shall not discriminate against an applicant or member because of race, color, creed, religion, ancestry, national origin, age, sex, or physical or mental disability.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1404. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1405. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1406. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1407. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 19 A.A.R. 3309, November 30, 2013 (Supp. 13-4). Section repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; this Section was slated to be codified as repealed in Supp. 14-1. Due to a clerical error the Section wasn't repealed in this Chapter until Supp. 20-4.

**R9-22-1408. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1409. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192,

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with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1410. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1411. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1412. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 10 A.A.R. 23, effective December 9, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1413. Time-frames, Reinstatement of an Application**

- A.** The Administration or its designee shall complete an eligibility determination under R9-22-306(A)(1) unless:
1. The applicant is pregnant. The Administration or its designee shall complete an eligibility determination for a pregnant woman within 20 days after the application date unless additional information is required to determine eligibility; or
  2. The applicant is in a hospital as an inpatient at the time of application. Within seven days of the Administration or its designee's receipt of a signed application the Administration or its designee shall complete an eligibility determination if the Administration or its designee does not need additional information or verification to determine eligibility.
- B.** The Administration or its designee shall redetermine eligibility of an individual who is discontinued for failure to submit the renewal form or necessary information, without requiring a new application, if the individual submits the renewal form or

necessary information within 90 days after the date of discontinuance.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 30 A.A.R. 3749 (December 13, 2024), effective February 2, 2025 (Supp. 24-4).

**R9-22-1414. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1415. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1416. Effective Date of Eligibility**

- A.** Except as provided in R9-22-303 and subsections (B), (C) and (D), the effective date of eligibility is the first day of the month that the applicant files an application if the applicant is eligible that month, or the first day of the first eligible month following the application month except for:
1. The MED program under R9-22-1439, and
  2. Eligibility for a newborn under R9-22-1429.
- B.** The effective date of eligibility for an applicant who moves into Arizona is no sooner than the date Arizona residency is established.
- C.** The effective date of eligibility for an inmate applying for medical coverage is the date the applicant no longer meets the definition of an inmate of a public institution.
- D.** The effective date of eligibility for a newborn is no sooner than the date of birth.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192,

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with an immediate effective date of January 7, 2014  
(Supp. 14-1).

**R9-22-1417. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1418. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1419. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1419.01. Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1419.02. Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1419.03. Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1419.04. Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1420. Income Eligibility Criteria**

- A.** Evaluation of income. In determining eligibility, the Administration or its designee shall evaluate the following types of income received by a person identified in subsection (B):
1. Earned income, including in-kind income, before any deductions. For purposes of this Section, in-kind income means room, board, or provision for other needs in exchange for work performed. The person identified in subsection (B) shall ensure that the provider of the in-kind income establishes and verifies the monetary value of the item provided. The provider may be, but is not limited to:
    - a. A landlord who provides all or a portion of rent or utilities in exchange for services;
    - b. A store owner who gives goods such as groceries, clothes, or furniture in exchange for services; or
    - c. An individual who trades goods such as a car, tools, trailer, building material, or gasoline in exchange for services;
  2. Self-employment income under R9-22-1424, including gross business receipts minus business expenses; and
  3. Unearned income, including deemed income under R9-22-317 from the sponsor of a non-citizen applicant.
- B.** MAGI income group. The Administration or its designee shall include the following persons in the MAGI income group:
1. When the applicant is a taxpayer include:
    - a. The applicant,
    - b. Everyone the applicant expects to claim as a tax dependent for the current year, and
    - c. The applicant's spouse, when living with the applicant.
  2. Except as provided in subsection (B)(3), when the applicant expects to be claimed as a tax dependent for the current year include:
    - a. The taxpayer claiming the applicant,
    - b. Everyone else the taxpayer expects to claim as a tax dependent,
    - c. The taxpayer's spouse when living with the taxpayer, and
    - d. The applicant's spouse, when living with the applicant.
  3. When any of the following apply, determine the persons whose income is included as described in subsection (4)(a) or (4)(b) based on the applicant's age:
    - a. The applicant expects to be claimed as a tax dependent by someone other than a spouse or natural, adopted or step-parent;
    - b. The applicant is under age 19, expects to be claimed as a tax dependent by a natural, adopted or step-parent, lives with more than one such parent and the parents do not expect to file a joint tax return; or
    - c. The applicant is under age 19 and expects to be claimed as a tax dependent by a non-custodial parent.
  4. When the applicant is not a taxpayer, does not expect to be claimed as a tax dependent and is:
    - a. Under age 19. Include the income of the applicant and when living with the applicant, the applicant's:
      - i. Spouse;
      - ii. Natural, adopted and step-children;

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- iii. Natural, adopted and step-parents;
- iv. Natural, adopted and step-siblings; and
- b. Age 19 or older. Include the income of the applicant and when living with the applicant, the applicant's:
  - i. Spouse;
  - ii. Natural, adopted and step-children under age 19.

5. When the applicant is a pregnant woman, the Administration or its designee shall also include the number of expected babies only for the pregnant woman's income group.

6. When the taxpayer cannot reasonably establish that a person is the taxpayer's tax dependent, inclusion of the person in the taxpayer's MAGI income group is determined as provided in subsection (B)(4).

C. A person whose income is counted. The Administration or its designee shall count the MAGI-based income of all members of an applicant's MAGI income group with the following exceptions:

1. The income of an individual who is included in the MAGI income group of his or her natural, adoptive or step parent and is not expected to be required to file a tax return for the year in which eligibility for Medicaid is being determined, is not counted whether or not the individual files a tax return.
2. The income of a tax dependent other than the taxpayer's spouse or biological, adopted or stepchild who is not expected to be required to file a tax return for the year in which eligibility for Medicaid is being determined is not counted when the tax dependent is included in the taxpayer's MAGI income group, whether or not the tax dependent files a tax return.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1421. MAGI-based Income Eligibility**

- A. In determining eligibility, if an individual would otherwise be ineligible under this Article due to excess income, the Administration or its designee shall subtract an amount equivalent to five percentage points of the Federal Poverty Level (FPL) from the household income.
- B. A person is eligible under this Article when:
  1. Subject to subsection (A), the monthly household income does not exceed the appropriate percentage of the FPL under R9-22-1427;
  2. If ineligible under (B)(1), the household income determined in accordance with 26 CFR 1.36B-1(e) is below 100 percent FPL; or
  3. For eligibility under R9-22-1437, the person's income during the period defined in R9-22-1437(C) does not exceed the percentage of the FPL under R9-22-1437(B).
- C. The Administration or its designee shall consider the following factors when determining the income period to use to determine monthly income:
  1. Type of income,
  2. Frequency of income,

3. If source of income is new or terminated, or
4. Income fluctuation.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 30 A.A.R. 3749 (December 13, 2024), effective February 2, 2025 (Supp. 24-4).

**R9-22-1422. Methods for Calculating Monthly Income**

- A. Projecting income.
  1. Description. Projecting income is a method of determining the amount of income that a person will receive.
  2. Calculation. The Administration or its designee shall project income by:
    - a. Converting income to a monthly equivalent,
    - b. Using unconverted income, or
    - c. Prorating income to determine a monthly equivalent.
  3. Exclusion. When calculating projected monthly income, the Administration or its designee shall exclude an unusual variation in income under R9-22-1424(E), except for a month in which the variation is anticipated to occur.
- B. Averaged income.
  1. Description. Averaging income proportionally distributes the person's income received on a regular basis.
  2. Calculation. To average income, the Administration or its designee shall add the amount of the income and divide by the total number of pay periods. If the amount of income received per pay period fluctuates, and the fluctuation is expected to continue, the Administration or its designee shall:
    - a. Use the averaged weekly or bi-weekly amounts to convert weekly or bi-weekly income to a monthly equivalent;
    - b. Use the averaged monthly or semi-monthly amounts to project monthly income; and
    - c. Use the averaged hours worked and multiply the average by the current rate of pay. If there is a change in the rate of pay, use the new rate of pay when calculating projected income under subsection (A).
- C. Prorated income.
  1. Description. Prorated income evenly distributes a person's income over the period the income is intended to cover to calculate a monthly equivalent.
  2. Calculation. To prorate income, the Administration or its designee shall divide the total amount of the person's income received during the period by the number of months that the income is intended to cover.
- D. Converted income.
  1. Description. Converted income is income received weekly or biweekly that is changed to a monthly equivalent.
  2. Calculation.
    - a. The Administration or its designee shall average the weekly or bi-weekly income amounts before converting to the monthly equivalent if the person's past

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income fluctuates and the fluctuation is expected to recur.

- b. To convert income paid weekly to a monthly equivalent, the Administration or its designee shall multiply the weekly average by 4.3 weeks.
- c. To convert income paid bi-weekly to a monthly equivalent, the Administration or its designee shall multiply the bi-weekly average by 2.15 weeks.

**E. Unconverted income.**

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

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1423. Calculations and Use of Methods Listed in R9-22-1422 Based on Frequency of Income**

- A. Monthly income.** If otherwise countable income is received monthly or in a lump sum, the Administration or its designee shall use the unconverted method for calculating monthly income.
  - 1. Lump sum means a nonrecurring payment that serves as a complete payment.
  - 2. Lump sum payments include but are not limited to: rebates or credits; inheritances; insurance settlements; and payments for prior months from such sources as Social Security, Railroad Retirement, or other benefits.
  - 3. A lump sum payment may include a portion intended for the current month.
- B. Weekly income.** If income is received weekly, the Administration or its designee shall convert the income to a monthly equivalent under R9-22-1422(D).
- C. Bi-weekly income.** If income is received bi-weekly, the Administration or its designee shall convert the income to a monthly equivalent under R9-22-1422(D).
- D. Semi-monthly or daily income.** If income is received semi-monthly or daily, the Administration or its designee shall use the unconverted method for calculating monthly income under R9-22-1422(E).
- E. Bimonthly, quarterly, semi-annual, or annual income.** If income is received bimonthly, quarterly, semi-annually, or annually, the Administration or its designee shall prorate the income received or projected to be received under R9-22-1422(C).

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192,

with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1424. Use of Methods Listed in R9-22-1423 Based on Type of Income**

- A. New income.**
  - 1. Description. New income is income received from a new source during the first calendar month that the income is received from the source.
  - 2. Calculating monthly income.
    - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
    - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.
- B. Terminated income.**
  - 1. Terminated income is income received during the last calendar month when no more income is expected to be received from that source.
  - 2. Calculating monthly income.
    - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
    - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.
- C. Break in income.**
  - 1. Description. A break in income is a break in established frequency of income of one calendar month or more.
  - 2. Calculating monthly income.
    - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
    - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.
- D. Contract or regular seasonal income.**
  - 1. Descriptions.
    - a. Contract income is income a person earns under a contract that specifies a length of time the contract covers, the amount of income to be paid, and the frequency of payment.
    - b. Regular seasonal income is income that fluctuates based on season or is only received during a certain season, and can reasonably be anticipated based on history or other verification.
  - 2. Calculating monthly income.
    - a. When the contract or regular seasonal income will not fluctuate over the 12-month period beginning with the month the application or renewal is submitted, the Administration or its designee shall use the appropriate income calculation method in R9-22-1423 for the frequency of receipt.
    - b. When the contract or regular seasonal income is anticipated to fluctuate over the 12-month period beginning with the month the application or renewal is submitted, the Administration or its designee shall calculate the monthly income as follows:
      - i. For a one-time contract that ends between the month the application or renewal is submitted and the end of the calendar year, divide the

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income that will be received from the application or renewal month through the end of the calendar year by the number of months in that period to get a monthly equivalent;

- ii. For contracts that extend into the next calendar year, contracts that are anticipated to be renewed and regular seasonal income, the Administration or its designee shall divide the income that will be received in the 12-month period beginning with the application or renewal month by 12 to get the monthly equivalent.

**E. Unusual variation in the amount of income.**

1. Description. Unusual variation is an amount of income that is different from the established amount received and is not projected to continue or recur.
2. Calculating monthly income.
  - a. When calculating income for the month in which an unusual variation in income occurs, the Administration or its designee shall include the unusual variation in the income calculation.
  - b. When an unusual variation in income occurs during the month, the Administration or its designee shall use the converted method for calculating monthly income if income is received weekly or bi-weekly.
  - c. When projecting income for the months following the month in which the unusual variation occurs, the Administration or its designee shall exclude the unusual variation in income from the income calculation.

**F. Self-employment income.**

1. Description. Self-employment income is income a person earns from the person's own trade or business less allowable expenses.
2. Calculating monthly income. The Administration or its designee shall prorate the income under R9-22-1422.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1425. Repealed**

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1426. Repealed**

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7

A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1427. Eligibility Under MAGI**

- A. Caretaker Relatives.** An individual is eligible for AHCCCS medical coverage as a Caretaker Relative when the individual meets the following requirements:

1. Is a caretaker relative as defined in R9-22-1401.
2. The total countable income under R9-22-1420(B) does not exceed 106 percent of the FPL for the number of people in the MAGI income group.

**B. Continued medical coverage.**

1. A caretaker relative eligible under subsection (A) and all dependent children eligible under subsection (D) in the caretaker relative's MAGI income group are entitled to continued AHCCCS coverage for up to 12 months if eligible under subsection (B)(1)(c)(i) and up to four months if eligible under subsection (B)(1)(c)(ii) if the MAGI income group's income exceeds the limit for the income group's size and the following conditions are met:
  - a. The caretaker relative still lives with a dependent child;
  - b. A caretaker relative in the income group received AHCCCS medical coverage under this Section for three calendar months out of the most recent six months; and
  - c. The loss of AHCCCS coverage under this Section is due to:
    - i. Increased earned income of a caretaker relative, or
    - ii. Increased spousal support.
2. An applicant may be added to the continued medical coverage under subsection (B)(1), if the applicant did not reside in the household at the time continued medical coverage under this Section was determined and the applicant is:
  - a. The spouse or dependent child of a caretaker relative receiving continued medical coverage, or
  - b. The parent of a dependent child who is receiving continued medical coverage.

- C. Pregnant Women.** A pregnant woman is eligible for AHCCCS medical coverage when the total countable income under R9-22-1420(B) does not exceed 156 percent of the FPL for the number of people in the MAGI income group. A pregnant woman who applies for AHCCCS medical coverage during the pregnancy or postpartum period and is determined eligible, remains eligible throughout the postpartum period. The postpartum period begins the day the pregnancy terminates and ends the last day of the month in which the 60th day following pregnancy termination occurs.

- D. Children.** A child less than 19 years of age is eligible for AHCCCS medical coverage when the total countable income under R9-22-1420(B) does not exceed the following percentage of the FPL for the number of people in the MAGI income group:
1. 147 percent for a child under one year of age,
  2. 141 percent for a child age one through five years of age, or
  3. 133 percent for all other persons.

- E. Adults.** An individual is eligible for AHCCCS medical coverage when the individual meets the following eligibility requirements:

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1. Is 19 years of age or older but less than 65 years of age;
2. Is not pregnant;
3. Is not eligible for AHCCCS Medical Coverage under any other coverage group listed in 42 U.S.C. 1396a(a)(10)(A)(i);
4. Is not entitled to or enrolled for Medicare benefits under Part A or Part B;
5. The total countable income under R9-22-1420(B) does not exceed 133 percent of the FPL for the number of people in the MAGI income group; and
6. When the individual is a caretaker relative, but has income exceeding the limit in subsection (A)(2), each child under age 19 living with the individual is receiving AHCCCS medical coverage or KidsCare, or is enrolled in minimum essential coverage as defined in 42 CFR 435.4.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Section R9-22-1427 repealed; new Section R9-22-1427 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1428. Postpartum Extended Eligibility**

- A. Eligibility for 12-months postpartum coverage. Individuals who applied and were determined eligible while pregnant, including prior quarter months under R9-22-303(A), remain eligible through the last day of the month in which a 12-month postpartum period, beginning on the last day of the pregnancy, ends.
- B. Copayments during the Postpartum Extended Eligibility period. Individuals eligible under this section are subject to copayments after the end of the 60-day postpartum period described in R9-22-1427.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). New Section made by final rulemaking at 29 A.A.R. 1866 (August 25, 2023), with an immediate effective date of August 1, 2023 (Supp. 23-3).

**R9-22-1429. Eligibility for a Newborn**

A child born to a mother eligible for and receiving medical coverage under this Article, Article 15 of the Chapter, or 9 A.A.C. 28, is automatically eligible for AHCCCS medical coverage for a period not to exceed 12 months. Automatic eligibility begins on the child's date of birth and ends with the last day of the month in which the child turns age one.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1430. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1431. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 2633, effective July 10, 2007 (Supp. 07-3). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Repealed by final rulemaking at 21 A.A.R. 1241, effective September 5, 2015 (Supp. 15-3).

**R9-22-1432. Young Adult Transitional Insurance**

An individual is eligible for AHCCCS medical coverage when the individual meets all of the following eligibility requirements:

1. Is 18 through 25 years of age;
2. Was in foster care under the responsibility of the State or Tribe within the State on the individual's 18th birthday;
3. Was eligible for and receiving AHCCCS Medical Coverage on the individual's 18th birthday; and
4. Is not eligible for AHCCCS Medical Coverage under 42 U.S.C. 1396a(a)(10)(A)(i)(I) - (VII).

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 30 A.A.R. 3749 (December 13, 2024), effective February 2, 2025 (Supp. 24-4).

**R9-22-1433. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).



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Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1434. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Section repealed by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4).

**R9-22-1435. Eligibility for a Person With Medical Expenses Whose Income is Over 100 Percent FPL**

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

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1436. MED Family Unit**

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

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1437. MED Income Eligibility Requirements**

- A. Income exclusions. The exclusions in R9-22-1420(C) apply to the MED family unit.
- B. Income standard.

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

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- F. The family is eligible if the net income in subsection (E)(6) does not exceed the income standard in subsection (B).

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1438. MED Resource Eligibility Requirements**

- A. Including countable resources. The Department shall include the resources not excluded that belong to and are available to members of the family of a qualified alien under A.R.S. § 36-2903.03 and the sponsor and sponsor's spouse of a person who is a qualified alien.
- B. Ownership and availability. The Department shall evaluate the ownership of resources to determine the availability of resources to a person listed in subsection (A).
1. Jointly owned resources with ownership records containing the words "and" or "and/or" between the owners' names are available to each owner except if one of the owners refuses to sell. A consent to sale is not required if all owners are members of the MED family unit.
  2. Jointly owned resources with ownership records containing the word "or" between the owners' names are presumed to be available in full to each owner. The applicant or member may rebut the presumption by providing clear and convincing evidence of intent to establish a different type of ownership. If the presumption is rebutted, the resource is available to the owners:
    - a. Consistent with the intent of the owners, or
    - b. Based on each owner's proportionate net contribution if there is not clear and convincing evidence of a different allocation.
  3. The Department shall establish availability of a trust under 42 U.S.C. 1396p(d)(4)(A) or (C).
- C. Unavailability. The Department shall consider the following resources unavailable:
1. Property subject to spendthrift restriction, such as:
    - a. Accounts established by the SSA, Veteran's Administration, or similar sources that mandate that the funds in the account be used for the benefit of a person not residing with the MED family unit; or
    - b. Trusts established by a will or funded solely by the income and resources of someone other than a member of the MED family unit.
  2. A resource being disputed in a divorce proceeding or probate matter;
  3. Real property located on a Native American reservation;
  4. A resource held by a conservator to the extent court-imposed restrictions make the resource unavailable to the applicant, member, or member of the family unit for:
    - a. Medical care,
    - b. Food,
    - c. Clothing, or
    - d. Shelter.
- D. Resource exclusion. The Department shall exclude the following resources from the calculation of resources under subsection (E):
1. One burial plot for each person listed in R9-22-1436;
  2. Household furnishings and personal items that are necessary for day-to-day living;
  3. Up to \$1500 of the value of one prepaid funeral plan for each person listed in R9-22-1436 that specifically covers only funeral-related expenses as evidenced by a written contract;
  4. The value of one motor vehicle regularly used for transportation. If the MED family unit owns more than one vehicle, the exclusion is applied to the vehicle with the highest equity value;
  5. The value of a vehicle used to earn income and not used simply for transportation to and from employment;
  6. The value of a vehicle in which a SSI-cash recipient has an ownership interest; and
  7. The value of any vehicle used for medical treatment, employment, or transportation of a SSI-cash disabled child, and that is excluded by SSI for that reason.
  8. Funds set aside in an Individual Development Account under 6 A.A.C. 12, Article 4; and
  9. Any other resource specifically excluded by federal law.
- E. Calculation of resources. The Department shall determine the value of all household resources as follows:
1. Calculate the total amount of countable liquid resources;
  2. Calculate the equity value of each countable non-liquid resource. The Department shall determine the equity value of a countable non-liquid resource by subtracting the amount of valid encumbrances on that resource from:
    - a. The market value of real property if there is no assessor's evaluation of the property,
    - b. The market value of real property if the assessor's value of the real property does not include the value of permanent structures on that property,
    - c. The assessor's full cash value if subsections (E)(2)(a) and (E)(2)(b) do not apply, and
    - d. The market value of a non-liquid resource that is not real property;
  3. Not assign an equity value to a resource that is less than zero; and
  4. Determine the MED family unit's resources by adding the totals determined in subsections (1) and (2).
- F. Resource standard to be eligible for MED. A person is not eligible for MED if the resources determined in subsection (E) exceed \$100,000 or if more than \$5,000 are liquid resources.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1439. MED Effective Date of Eligibility**

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

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MED requirements under this Article during the month of application or the month following the month of application.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1440. MED Eligibility Period**

The Department shall approve eligibility for six months. Changes in circumstances do not affect eligibility for the first three months.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1441. Eligibility Appeals**

- A.** Adverse actions. An applicant or member may appeal by requesting a hearing from the Department concerning any of the following adverse actions:
1. Complete or partial denial of eligibility under R9-22-1413;
  2. Suspension, termination, or reduction of AHCCCS medical coverage under R9-22-1415;
  3. Delay in the eligibility determination beyond the timeframes under this Article;
  4. The imposition of or increase in a premium or copayment; or
  5. The effective date of eligibility.
- B.** Notice of Adverse Action. The Department shall personally deliver or send, by regular mail, a Notice of Adverse Action to the person affected by the action. For the purpose of this Section, the date of the Notice of Adverse Action shall be the date of personal delivery to the applicant or the postmark date, if mailed.
- C.** Automatic change and hearing rights.
1. An applicant or a member is not entitled to a hearing if the sole issue is a federal or state law requiring an automatic change adversely affecting some or all recipients.
  2. An applicant or a member is entitled to a hearing if a federal or state law requires an automatic change and the applicant or member timely files an appeal that alleges a misapplication of the facts to the law.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1442. Cessation of MED Coverage**

The Department shall not approve any individual or family who has applied on or after May 1, 2011 as eligible for MED coverage. With respect to any applications that are pending as of May 1, 2011, the Department shall not approve any individual or family as eligible for MED coverage who has not met all eligibility requirements prior to May 1, 2011.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 1028, effective May 1, 2011 (Supp. 11-2).

**R9-22-1443. Repealed****Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 1345, effective July 8, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 2624, effective July 8, 2011 (Supp. 11-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**ARTICLE 15. AHCCCS MEDICAL COVERAGE FOR PEOPLE WHO ARE AGED, BLIND, OR DISABLED****R9-22-1501. General Information**

- A.** General. The Administration shall determine eligibility for AHCCCS medical coverage for the following applicants or members using the eligibility criteria and requirements in this Article and Article 3:
1. A person who is aged, blind, or disabled and does not receive SSI cash; and
  2. A person terminated from the SSI cash program under R9-22-1505.
- B.** Definitions. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

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

“Blind” means a person who has been determined blind by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(2) and 42 CFR 435.530 as of October 1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.

“Disabled” means a person who has been determined disabled by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(3)(A) through (E) and 42 CFR 435.540 as of October 1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.

**C. Eligibility effective date.**

1. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.
2. The effective date of eligibility for an applicant who moves into Arizona is no sooner than the date Arizona residency is established.
3. The effective date of eligibility for an inmate applying for medical coverage is the date the applicant no longer meets the definition of an inmate of a public institution.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 23, effective December 9, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). Section amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; amendments

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to this Section were slated to be codified in Supp. 14-1 but due to a clerical error, were not published. The amendments to this Section were published in Supp. 20-4 and no additional amendments have been made to this Section since January 7, 2014 (Supp. 20-4).

**R9-22-1502. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1503. Financial Eligibility Criteria**

- A.** General income eligibility. Except as provided under subsection (B) of this rule, the Administration or its designee shall count the identified income under 42 U.S.C. 1382a and 20 CFR 416 Subpart K.
- B.** Exceptions.
  1. In-kind support and maintenance under 42 U.S.C. 1382a(a)(2)(A) is excluded.
  2. For a person living with a spouse, the Administration or its designee calculates net income for an eligible couple under 20 CFR 416.1160 as of April 1, 2013, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments, even if the spouse is not eligible for or applying for SSI or coverage under this Article.
  3. In determining the net income of a married couple living with a child or the net income of a person who is not living with a spouse but living with a child, a child allocation is allowed as a deduction from the combined net income of the couple for each child regardless of whether the child is ineligible or eligible. For the purposes of this Section, a child means a person who is unmarried, natural or adopted, and under age 18 or under age 22 if a full-time student. Each child's allocation deduction is reduced by that child's income, including public income maintenance payments, using the methodology under 20 CFR 416.1163(b)(1) and (2) as of April 1, 2013, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
  4. In determining the income deemed available to an applicant who is a child from an ineligible parent or parents, an allocation for each eligible or ineligible child of the parent is allowed as a deduction from the parent's income under 20 CFR 416.1165(b). The child's allocation is reduced by that child's income, including public income maintenance payments.
  5. In determining the income of a person who receives an annual Title II Cost of Living Allowance (COLA) increase, the COLA amount is disregarded from January until the Administration applies the effective income limits under R9-22-1504 based on the FPL for the calendar year.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1504. Eligibility For A Person Who is Aged, Blind, or Disabled**

- A.** To be eligible for AHCCCS medical coverage, an applicant shall meet the conditions of eligibility and requirements in this Article and:
  1. Meet one of the income tests described in subsection (B) or (C), or
  2. The special requirements in R9-22-1505.
- B.** The Administration shall determine whether the applicant's countable income, as described in R9-22-1503, is less than or equal to 100 percent of the SSI FBR, as adjusted annually.
- C.** The Administration shall determine whether the applicant's countable income, as described in R9-22-1503, without deducting the amount from earned income under 42 U.S.C. 1382a(b)(4)(B)(iii), is less than or equal to 100 percent FPL as adjusted annually.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1505. Eligibility for Special Groups**

- A.** The following are considered special groups:
  1. A person meeting the requirements in A.R.S. § 36-2903.03 who:
    - a. Is aged, blind, or disabled under 42 CFR 435.520, 42 CFR 435.530, or 42 CFR 435.540 as of October 1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
    - b. Received SSI cash or AHCCCS medical coverage under this subsection, or subsections (A)(2), (A)(3), or (A)(4) on or before August 21, 1996;
    - c. Was residing in the United States under color of law on or before August 21, 1996; and
    - d. Meets the requirements under this Article;
  2. A disabled child (DC) under 42 U.S.C. 1396a(a)(10)(A)(i)(II). A disabled child is a child who:
    - a. Was receiving SSI cash benefits as a disabled child on August 22, 1996;
    - b. Lost SSI cash benefits effective July 1, 1997, or later, due to a disability determination under Section 211(d) of Subtitle B of P.L. 104-193;
    - c. Continues to meet the disability requirements for a child that were in effect on August 21, 1996; and
    - d. Meets the requirements under this Article;
  3. A disabled adult child (DAC), under 42 U.S.C. 1383c(c) who:

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- a. Was determined disabled by the Social Security Administration before attaining the age of 22 years,
- b. Became entitled to or received an increase in child's insurance benefits under Title II of the Act on the basis of blindness or disability,
- c. Was terminated from SSI cash benefits due to entitlement to or an increase in income under Title II of the Act,
- d. Meets the requirements under this Article, and
- e. Is 18 years of age or older;
- 4. A disabled widow or widower (DWW) under 42 U.S.C. 1383c(b) and (d) who:
  - a. Is blind or disabled,
  - b. Is ineligible for Medicare Part A benefits,
  - c. Received SSI cash benefits the month before Title II of the Act benefit payments began,
  - d. Meets the requirements under this Article;
  - e. Is at least 50 years of age but under age 65; and
  - f. Is unmarried.
- 5. Under 42 CFR 435.135, a person who:
  - a. Is aged, blind, or disabled;
  - b. Receives benefits under Title II of the Act;
  - c. Received SSI cash benefits in the past;
  - d. Received SSI cash benefits and Title II of the Social Security Act benefits concurrently for at least one month anytime after April 1977;
  - e. Became ineligible for SSI cash benefits while receiving SSI and benefits under Title II of the Act concurrently; and
  - f. Meets the requirements under this Article.
- B. Income for special groups.
  - 1. Except as provided in subsection (B)(2), income eligibility is determined using the income criteria in R9-22-1503.
  - 2. Exceptions to income for special groups.
    - a. For a person in the DAC coverage group under subsection (A)(3), the applicant's Title II of the Social Security Act benefits are disregarded in determining income eligibility under 42 U.S.C. 1383c(c).
    - b. For a person in the DWW coverage group, under subsection (A)(4), the applicant's Title II of the Social Security Act benefits are disregarded in determining income eligibility under 42 U.S.C. 1383c(b) and (d).
    - c. For an applicant or member in the coverage group under subsection (A)(5), the portion of the applicant's or member's Title II of the Social Security Act benefits attributed to cost-of-living adjustments received by the applicant since the effective date of SSI ineligibility is disregarded in determining income eligibility under 42 CFR 435.135.
- C. 100 percent FBR. As a condition of eligibility for all special groups, countable income shall be equal to or less than 100 percent of the SSI FBR, as adjusted annually.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final

rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1506. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1507. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1508. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**ARTICLE 16. HOSPITAL PRESUMPTIVE ELIGIBILITY****R9-22-1601. General Eligibility Requirements**

- A. Notwithstanding Article 3, a qualified hospital may determine Hospital Presumptive Eligibility (HPE), on the basis of preliminary information, that an individual is eligible for AHC-CCS medical coverage during the presumptive eligibility period described in this Section, if the individual is a United States citizen or eligible qualified alien, and the individual is:
  - 1. Pregnant with gross household income that does not exceed 156% of the FPL;
  - 2. An adult who meets the requirements of R9-22-1427(E);
  - 3. A caretaker relative as defined in R9-22-1401(B) with gross household income that does not exceed 106% of the FPL;
  - 4. Under age 19 with gross household income that does not exceed the limit set in R9-22-1427(D) for the child's age;
  - 5. A woman screened for breast or cervical cancer by an Arizona program of the National Breast and Cervical Cancer Early Detection Program who meets the requirements of R9-22-2003(A); or
  - 6. A former foster care child who meets the requirements of R9-22-1432.
- B. Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article have the following meanings unless the context explicitly requires another meaning: "Qualified hospital" means a hospital that has signed an agreement with the Administration to process HPE applications and has not been disqualified.
- C. Application Process:
  - 1. Right to apply. A person may apply for presumptive eligibility for AHCCCS medical coverage by submitting an Administration-approved application to the qualified hospital.
  - 2. Application. To initiate the application process, the qualified hospital will accept an application from the applicant, an adult who is in the applicant's household, as defined in 42 CFR 435.603(f), or family, as defined in section 36B(d)(1) of the Internal Revenue Service (IRS) Code, an authorized representative, or if the applicant is a minor or incapacitated, someone acting responsibly for

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the applicant by submitting a written or online application under 42 CFR 435.907.

- D.** To establish presumptive eligibility, an applicant must complete and submit an AHCCCS-approved presumptive eligibility application signed under penalty of perjury to a qualified hospital. The applicant must attest to the name(s), relationship(s), and income of all persons in the household. In addition, the applicant must provide and attest to the following information regarding each household member on whose behalf AHCCCS medical coverage is sought:
1. The individual's date of birth;
  2. Whether the individual is pregnant;
  3. Whether the individual has been determined eligible for Breast and Cervical Cancer Treatment Program, described under Article 20;
  4. Whether the individual is a former foster child, described under R9-22-1432;
  5. The U.S. citizenship status or eligible qualified alien status under A.R.S. 36-2903.03 of the individual; and
  6. The individual's permanent and mailing addresses;
  7. The individual's Arizona residency status; and
  8. Whether the individual has Medicare coverage.
- E.** Presumptive eligibility begins on the date the hospital determines an individual's presumptive eligibility and ends with the earlier of:
1. In the case of an individual on whose behalf an application has been submitted to AHCCCS or its designee under Article 3, the day on which AHCCCS or its designee makes a determination on that application; or
  2. In the case of an individual on whose behalf an application has not been submitted to AHCCCS or its designee under Article 3, on the last day of the following month in which the determination of presumptive eligibility was made by the qualified hospital.
- F.** An individual may not be determined presumptively eligible more often than once every two years.
- G.** Coverage and reimbursement of services.
1. The Administration shall provide coverage of medically necessary services described under Article 2 to persons determined eligible for HPE on a fee-for-service basis.
  2. Providers shall submit claims for services provided to persons determined eligible for HPE to the Administration as described under Article 7.
- H.** A member may withdraw from HPE coverage by notifying the Administration or its designee.
- I.** Upon determining an individual presumptively eligible, the qualified hospital shall:
1. Notify the applicant at the time a determination regarding presumptive eligibility is made, in writing and orally if appropriate, of the determination for each individual on whose behalf presumptive eligibility was requested and the effective date of the presumptive eligibility;
  2. Provide the applicant with a regular AHCCCS-approved application form and inform the applicant that the applicant may file an application for Medicaid with the Administration or its designee;
  3. Notify AHCCCS of the presumptive eligibility determination;
  4. Notify the applicant at the time the determination is made that presumptive eligibility ends with the earlier of:
    - a. In the case of an individual on whose behalf an application has been submitted to AHCCCS or its designee under Article 3, the day on which AHCCCS or its designee makes a determination on that application; or

CCS or its designee makes a determination on that application; or

- b. In the case of an individual on whose behalf an application has not been submitted to AHCCCS or its designee under Article 3, on the last day of the following month in which the determination of presumptive eligibility was made by the qualified hospital.

- J.** A determination by a qualified hospital that an individual is not presumptively eligible is not appealable under Chapter 34. If a qualified hospital denies an individual presumptive eligibility, the individual may apply for coverage by submitting an application to the Administration or its designee.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4). New Section made by final rulemaking at 20 A.A.R. 3436, effective January 1, 2015 (Supp. 14-4).

**R9-22-1602. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1603. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1604. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1605. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by

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New Section adopted by final rulemaking at 5 A.A.R.  
294, effective January 8, 1999 (Supp. 99-1). Section

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repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1618. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1619. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1620. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1621. Reserved****R9-22-1622. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1623. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1624. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1625. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1626. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1627. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1628. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1629. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1630. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1631. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1632. Reserved****R9-22-1633. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1634. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1635. Reserved****R9-22-1636. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).



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**ARTICLE 17. ENROLLMENT****R9-22-1701. Enrollment-Related Definitions**

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

“Annual enrollment choice” means the annual opportunity for a person to change contractors.

“Auto-assignment algorithm” or “Algorithm” means a formula used by the Administration to assign to a contractor a member who did not make a timely choice under R9-22-1702.

“CMDP” means Comprehensive Medical and Dental Program.

“Disenrollment” means the discontinuance of a person’s entitlement to receive covered services from a contractor of record.

“Enrollment” means the process by which an eligible person becomes a member of a contractor’s plan.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct a typographical error, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**R9-22-1702. Enrollment of a Member with an AHCCCS Contractor**

**A.** General enrollment requirements. The Administration shall enroll a member with a contractor as described in this Section, unless the member has pre-selected a contractor on the application:

1. Except as provided in subsections (A)(3), (A)(5), and (C), a member who is determined to be eligible under this Chapter and resides in an area served by more than one contractor, may choose an available contractor serving the member’s GSA within 30 days from the date of notice of enrollment. A Native American member may select IHS or another available contractor.
2. If the member does not make a choice under subsection (A)(1), the Administration shall immediately auto-assign the member to:
  - a. IHS if the member is a Native American living on a reservation,
  - b. A contractor based on family continuity, or
  - c. A contractor by using the auto-assignment algorithm.
3. If the member’s period of ineligibility and disenrollment from the contractor of record is for a period of less than 90 days, the Administration shall enroll the member with the member’s most recent contractor of record, if available, except if:
  - a. The member no longer resides in the contractor’s GSA;
  - b. The contractor’s contract is suspended or terminated;

- c. The member was previously enrolled with CMDP but at the time of re-enrollment the member is not a foster care child;
  - d. The member chooses another contractor or chooses IHS, if available to the member, during the annual enrollment choice period; or
  - e. The member was previously enrolled with a contractor but at the time of re-enrollment the member is a foster care child.
4. When the member’s disenrollment period is more than 90 days, the member may select a contractor as described in subsection (A)(1).
5. The Administration shall not enroll a member with a contractor if a member:
  - a. Is eligible for the FESP under R9-22-1419;
  - b. Is eligible for less than 30 days from the date the Administration receives notification of a member’s eligibility, except for a member who is enrolled with CMDP or IHS;
  - c. Is eligible only for a retroactive period of eligibility, except for a member who is enrolled with CMDP or IHS; or
  - d. Resides in an area not served by a contractor.
- B.** Fee-for-service coverage. A member not enrolled with a contractor under subsection (A)(5) shall obtain covered medical services from an AHCCCS-registered provider on a fee-for-service basis under Article 7.
- C.** Foster care child. The Administration shall enroll a member with CMDP if the member is a foster care child under A.R.S. § 8-512.
- D.** Family Planning Services Extension Program. A member eligible for the Family Planning Services Extension Program under R9-22-1431, shall remain enrolled with the member’s contractor of record or IHS.
- E.** Contractor or IHS enrollment change for a member.
  1. The Administration shall change a member’s enrollment if the member requests a change to an available contractor or IHS during an annual enrollment period. A Native American may change from an available contractor to IHS or from IHS to an available contractor at any time.
  2. The Administration shall approve a change in enrollment for any member if the change is a result of the final outcome of a grievance under 9 A.A.C. 34.
  3. A member may choose a different contractor if the member moves into a GSA not served by the current contractor or if the contractor is no longer available. If the member does not select a contractor, the Administration shall auto-assign the member as provided in subsection (A)(2).
  4. The Administration shall provide the member 60-day advance notice of the member’s option to change plans by the member’s annual enrollment date.
  5. A member may disenroll from a plan if:
    - a. The member moves out of the GSA;
    - b. The plan does not, because of moral or religious objections, cover the service a member seeks; or
    - c. The member needs related services to be performed at the same time; not all related services are available within the network; and the member’s primary care provider or another provider determines that receiving the services separately would subject the member to unnecessary risk.

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6. For exceptions to this Article, the Administration shall approve a change for an enrolled member as determined by the Director.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**R9-22-1703. Effective Date of Enrollment with a Contractor**

- A.** Effective date of enrollment. A member's date of enrollment is the date enrollment action is taken by the Administration. However, if a plan change occurs for an annual enrollment choice, the effective date is the month of the member's enrollment anniversary date.
- B.** Financial liability of the contractor. The contractor shall be financially liable for an enrolled member's care as specified in contract.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**R9-22-1704. Newborn Enrollment**

- A.** General.
1. The Administration shall enroll a newborn child of an eligible mother with an available contractor or IHS, based on the mother's enrollment.
  2. The Administration shall auto-assign a newborn child of an eligible mother who is not enrolled with a contractor or IHS or who is enrolled with CMDP. When a mother enrolled in CMDP has a newborn and the newborn is surrendered to Administration on Children, Youth and Families (ACYF), the newborn is then enrolled with CMDP.
  3. The Administration shall notify the mother of the right to choose a different contractor for her newborn child. The mother may make her choice within 30 days from the date of notice of enrollment.
- B.** Financial liability for newborns. The contractor shall be financially liable for the medical care of a newborn as specified in contract.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct a typographical error, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**R9-22-1705. Guaranteed Enrollment Period**

- A.** General. Except for members enrolled with IHS or CMDP, the Administration shall provide a guaranteed enrollment period for a one-time period that begins on the effective date of the member's initial enrollment with a contractor and ends on the

last day of the fifth full calendar month after the date of the member's initial enrollment.

- B.** Exceptions to guaranteed period. The Administration shall not grant a guaranteed enrollment period or shall terminate a guaranteed enrollment period as provided in subsection (C), if the member:
1. Did not meet the conditions of eligibility when initially enrolled with the contractor;
  2. Except as provided in 9 A.A.C. 22, Article 12, is an inmate of a public institution as defined in 42 CFR 435.1010;
  3. Dies;
  4. Moves out-of-state;
  5. Voluntarily withdraws from the AHCCCS program;
  6. Is adopted; or
  7. Has whereabouts that are unknown.
- C.** Disenrollment effective date. The Administration shall terminate any guaranteed enrollment period to which the member is not entitled effective on:
1. The date the member is admitted to a public institution under subsection (B);
  2. The member's date of death;
  3. The last day of the month in which the Administration receives notification that a member moved out-of-state;
  4. The date the Administration receives written notification of the member's voluntary withdrawal from the AHCCCS program;
  5. The last day of the month in which the Administration receives notification that a member's adoption proceedings are finalized; or
  6. The last day of the month in which the Administration receives notification that a member's whereabouts are unknown.
- D.** Retroactive adjustments. The Administration shall adjust the member's eligibility and enrollment retroactively under subsection (C).

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**ARTICLE 18. PROVIDER EXCLUSION RULES****R9-22-1801. Definitions**

"Administration" has the meaning defined in A.R.S. § 36-2901.

"Affiliation" has the meaning defined in 42 C.F.R. § 424.502.

"Managing employee" has the meaning defined in 42 C.F.R. § 455.101.

"Member" has the meaning defined in A.R.S. § 36-2901.

"Person with an ownership or control interest" has the meaning defined in 42 C.F.R. § 455.101 and 42 C.F.R. § 455.102.

"System" has the meaning defined in A.R.S. § 36-2901.

**Historical Note**

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier

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effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

**R9-22-1802. Basis for Exclusion**

A. In addition to such grounds for exclusion set for in subsections A and B of A.R.S. § 36-2930.05, the Administration, in its sole discretion, may exclude:

1. Any individual or entity which has failed to comply with any requirement, term, or condition set forth in any agreement with the Administration;
2. Any individual or entity which has failed to remit any indebtedness or overpayment as required by A.A.C. R9-22-713;
3. Any entity which has a managing employee or any entity with a person with an ownership or control interest that:
  - a. Has failed to remit any indebtedness or overpayment as required by A.A.C. R9-22-713;
  - b. Has an affiliation with an organization which has failed to remit any indebtedness or overpayment as required by A.A.C. R9-22-713;
4. Any individual or any entity with a managing employee or a person with an ownership or control interest that has been convicted of a criminal offense which the Administration, in its sole discretion, determines may represent an undue risk of fraud, waste, or abuse of the system or an undue risk of harm to members;
5. Any individual or entity who employs any person to furnish items or services who has been excluded from participation in the system pursuant to A.R.S. § 36-2930.05;
6. Any individual who is or was a managing employee or a person with an ownership or control interest who participated in, condoned, or was willfully ignorant of any action or failure to act of an entity which was or could have been the basis for exclusion of the entity;
7. Any individual who was an organizer, leader, manager, or supervisor of any entity activity which was or could have been the basis for exclusion of the entity; or
8. Any individual or entity in order to protect the health of members.

B. The delineation of grounds for exclusion herein does not exclude any other basis for exclusion pursuant to A.R.S. § 36-2930.05(C).

**Historical Note**

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

**R9-22-1803. Period of Exclusion**

- A. Pursuant to A.R.S. § 36-2930.05 and 42 C.F.R. § 1002.210, any exclusion from participation in the system shall be for such period as determined in the discretion of the Administration, but in no event shall such period be less than five years.
- B. In determining the period of exclusion, the Administration, in its sole discretion, may consider aggravating and mitigating

factors set forth in any provision of Code of Federal Regulations Chapter 42 part 1001, Subpart C or part 1003.

**Historical Note**

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

**R9-22-1804. Appeal of Exclusion**

- A. Any exclusion of an individual or entity pursuant to A.R.S. § 36-2930.05 is an appealable agency action subject to the Uniform Administrative Appeals Procedures, A.R.S. § 41-1092, et seq.
- B. The Administration shall set forth in the notice of an appealable agency action required by A.R.S. § 41-1092.03 the period of exclusion and the earliest date on which AHCCCS will consider a request for reinstatement.

**Historical Note**

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

**R9-22-1805. Reinstatement of Participation**

- A. If the period of exclusion has expired, an individual or entity may apply for reinstatement of participation in the system by submission of the following:
1. An application for participation as a provider.
  2. Information to demonstrate reasonable assurances that the type of actions that formed the basis for the original exclusion have not recurred and will not recur.
  3. Such other information as may be requested by the Administration.
- B. In making the reinstatement determination, the Administration may consider:
1. Conduct of the individual or entity occurring prior to the date of the exclusion, if not known to the Administration at the time of the exclusion;
  2. Conduct of the individual or entity after the date of the exclusion;
  3. Whether all fines and all debts due and owing (including overpayments) to any Federal, State, or local government that relate to Medicare, Medicaid, and all other Federal health care programs have been paid;
  4. Whether the individual or entity otherwise qualifies for participation in the system;
  5. Whether reinstatement is in the best interest of the system;
  6. Such other information as deemed relevant by the Administration.

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Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

**R9-22-1806. Denial of Reinstatement**

- A. If an application for reinstatement is denied, the Administration shall give written notice to the requesting individual or entity.
- B. Within 30 days of the date on the notice of denial of reinstatement, the excluded individual or entity may submit documentary evidence and written argument against the continued exclusion.
- C. After evaluating any additional evidence submitted by the excluded individual or entity (or at the end of the 30-day period if none is submitted), the Administration will send written notice either confirming the denial and indicating that a subsequent request for reinstatement will not be considered until at least one year after the date of the denial or approving the request for reinstatement of participation.
- D. Any notice confirming a denial of reinstatement is an appealable agency action subject to the Uniform Administrative Appeals Procedures, A.R.S. § 41-1092, et seq.

**Historical Note**

Section made by emergency rulemaking at 29 A.A.R. 1577 (July 14, 2023), with an immediate effective date of July 3, 2023; effective for 180 days (Supp. 23-3). Emergency renewed at 30 A.A.R. 69 (January 12, 2024), with an immediate effective date of December 21, 2023; effective for 180 days (Supp. 23-4). New Section made by final rulemaking at 30 A.A.R. 1977 (May 31, 2024), effective June 26, 2024; AHCCCS was granted an earlier effective date one day before the renewed emergency was due to expire to maintain continuity of administering this Section (Supp. 24-2).

**ARTICLE 19. FREEDOM TO WORK**

*Article 19, consisting of Sections R9-22-1901 through R9-22-1922, made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).*

**R9-22-1901. General Freedom to Work Requirements**

Under 42 U.S.C. 1396a(a)(10)(A)(ii)(XV) and (XVI), the Administration shall determine eligibility for AHCCCS medical services, under Article 2 of this Chapter, using the eligibility criteria and requirements under this Article for an applicant or member who is:

1. At least 16 years of age, but less than 65 years of age,
2. Employed, and
3. Not income eligible under A.R.S. § 36-2901(6)(a).

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

**R9-22-1902. General Administration Requirements**

The Administration shall comply with the confidentiality rule under R9-22-512(C).

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1903. Application for Coverage**

- A. A person may apply by submitting an application to an Administration office.
- B. The application date is the date the application is received at an Administration office or outstation location approved by the Director as described under R9-22-1406(A).
- C. The provisions in R9-22-302 apply to this Section.
- D. The applicant or representative who files the application may withdraw the application for coverage either orally or in writing. An applicant withdrawing an application shall receive a denial notice under R9-22-1904.
- E. Except as provided in 42 CFR 435.911, the Administration shall determine eligibility within 45 days.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1904. Notice of Approval or Denial**

The Administration shall send an applicant a written notice of the decision regarding the application. This notice shall include a statement of the action, and:

1. If approved, the notice shall contain:
  - a. The effective date of eligibility,
  - b. The amount the person shall pay, and
  - c. An explanation of the person's hearing rights specified in 9 A.A.C. 34.
2. If denied, R9-22-307 applies.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1905. Reporting and Verifying Changes**

An applicant or member shall report and verify changes, as described under R9-22-306, to the Administration.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1906. Actions that Result from a Redetermination or Change**

The processing of a redetermination or change shall result in one of the following actions:

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

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3. A change in premium amount, or
4. A change in the coverage group under which a person receives AHCCCS medical coverage.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

**R9-22-1907. Notice of Adverse Action Requirements**

- A. The requirements under R9-22-312 apply.
- B. Advance notice of a change in eligibility or premium amount. Advance notice means a notice of proposed action that is issued to the member at least 10 days before the effective date of the proposed action. Except under subsection (C), advance notice shall be issued whenever an adverse action is taken to discontinue eligibility, or increase the premium amount.
- C. Exceptions from advance notice. A notice shall be issued to the member to discontinue eligibility no later than the effective date of action if:
  1. A member provides a clearly written statement, signed by that member, that services are no longer wanted.
  2. A member provides information that requires termination of eligibility or reduction of services, indicates that the member understands that this must be the result of supplying that information, and the member signs a written statement waiving advance notice;
  3. A member cannot be located and mail sent to the member's last known address has been returned as undeliverable subject to reinstatement of discontinued services under 42 CFR 431.231(d);
  4. A member has been admitted to a public institution where a person is ineligible for coverage;
  5. A member has been approved for Medicaid in another state; or
  6. The Administration receives information confirming the death of a member.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1908. Request for Hearing**

An applicant or member may request a hearing under 9 A.A.C. 34.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1909. Conditions of Eligibility**

An applicant or member shall meet the following conditions to qualify for the Freedom to Work program:

1. Furnish a valid Social Security Number (SSN);
2. Be a resident of Arizona;
3. Be a citizen of the United States, or meet requirements for a qualified alien under A.R.S. § 36-2903.03(B);
4. Be at least 16 years of age, but less than 65 years of age;
5. Have countable income that does not exceed 250 percent of FPL. The Administration shall count the income under 42 U.S.C. 1382a and 20 CFR 416 Subpart K with the following exceptions:

- a. The unearned income of the applicant or member shall be disregarded,
  - b. The income of a spouse or other family member shall be disregarded, and
  - c. The deduction for a minor child shall not apply;
6. Comply with the member responsibility provisions under R9-22-306.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Section repealed; new Section made by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1910. Prior Quarter Eligibility**

A person may be made eligible during a prior quarter period when applying for the Freedom to Work program, as described under Article 3.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). New Section made by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

**R9-22-1911. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1912. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1913. Premium Requirements**

- A. As a condition of eligibility, an applicant or member shall:
  1. Pay the premium required under subsection (B).
  2. Not have any unpaid premiums for more than one month's premium amount.
- B. The Administration shall process premiums under 9 A.A.C. 31, R9-31-1409 through R9-31-1419 with the following exceptions:
  1. A member who has countable income:
    - a. Under \$500, the monthly premium payment shall be \$0.
    - b. Over \$500 but not greater than \$750, the monthly premium payment shall be \$10.
  2. The premium for a member shall be increased by \$5 for each \$250 increase in countable income above \$750.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R.

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2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1914. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1915. Institutionalized Person**

A. A person is not eligible for AHCCCS medical coverage if the person is:

1. An inmate of a public institution if federal financial participation (FFP) is not available, or
2. Age 22 through age 64 and is residing in an ICF/IID except when allowed under the Administration's Section 1115 Demonstration Project or allowed under a managed care contract approved by CMS.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1916. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1917. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1918. Additional Eligibility Criteria for the Basic Coverage Group**

An applicant or member shall meet the following eligibility criteria:

1. Disabled. As a condition of eligibility, an applicant or member shall be disabled. Disabled means a person who has been determined disabled by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(3)(A) through (E), except employment activity, earnings, and substantial gainful activity shall not be considered in determining whether the individual meets the definition of disability.
2. Employed. As a condition of eligibility, an applicant or member shall be employed. Employed means that an applicant or member is paid for working and Social Security or Medicare taxes are paid on the applicant or member's work.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

**R9-22-1919. Additional Eligibility Criteria for the Medically Improved Group**

As a condition of eligibility for the Medically Improved Group, a member shall:

1. Be employed. Under this Section, employed means an individual who:
  - a. Earns at least the minimum wage and works at least 40 hours per month, or
  - b. Has gross monthly earnings at least equal to those earned by an individual who is earning the minimum wage working 40 hours per month.
2. Cease to be eligible for medical coverage under R9-22-1918 or a similar Basic Coverage Group program administered by another state because the member, by reason of medical improvement, is determined at the time of a regularly scheduled continuing disability review to no longer be disabled; and
3. Continues to have a severe medically determinable impairment, as determined under 42 U.S.C. 1396d(v)(1).

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**R9-22-1920. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1921. Enrollment**

The Administration shall enroll members under Article 17 of this Chapter. If a member has not paid a required premium, the Administration shall not grant a guaranteed enrollment period.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

**R9-22-1922. Redetermination of Eligibility**

- A. Redetermination. Except as provided in subsection (B), the Administration shall complete a redetermination of eligibility at least once a year.
- B. Change in circumstance. The Administration shall complete a redetermination of eligibility if there is a change in the member's circumstances, including a change in disability or employment that may affect eligibility.
- C. Medical Improvement. If a member is no longer disabled under R9-22-1918, the Administration shall determine if the member is eligible under other coverage groups including the medically improved group.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 30 A.A.R. 2674 (August 30, 2024), effective October 8, 2024 (Supp. 24-3).

**ARTICLE 20. BREAST AND CERVICAL CANCER TREATMENT PROGRAM****R9-22-2001. Breast and Cervical Cancer Treatment Program Related Definitions**

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

“AZ-NBCCEDP” means the Arizona programs of the National Breast and Cervical Cancer Early Detection Program. AZ-NBCCEDP provides breast and cervical cancer screening and diagnosis in Arizona.

“Cryotherapy” means the destruction of abnormal tissue using an extremely cold temperature.

“LEEP” means the loop electrosurgical excision procedure that passes an electric current through a thin wire loop.

“Peer-reviewed study” means that, prior to publication, a medical study has been subjected to the review of medical experts who:

Have expertise in the subject matter of the study,  
Evaluate the science and methodology of the study,  
Are selected by the editorial staff of the publication, and  
Review the study without knowledge of the identity or qualifications of the author.

“WWHP” means the Well Women Healthcheck Program administered by the Arizona Department of Health Services. The WWHP is one of the programs within AZ-NBCCEDP that provides breast and cervical cancer screening and diagnosis.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

**R9-22-2002. General Requirements**

- A. Confidentiality. The Administration shall maintain the confidentiality of a woman’s records and shall not disclose a woman’s financial, medical, or other confidential information except as allowed under R9-22-512.
- B. Covered services. A woman who is eligible under this Article receives all medically necessary services under Articles 2 and 12 of this Chapter.
- C. Choice of health plan. A woman who is eligible under this Article shall be enrolled with a contractor under Article 17 of this Chapter.
- D. A woman qualified under this Article shall be exempt from copays as described in R9-22-711(C)(9).

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 31 A.A.R. 1838 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-2003. Eligibility Criteria**

- A. General. To be eligible under this Article, a woman shall meet the requirements of this Article and:
  1. Be screened for breast and cervical cancer through AZN-BCCEDP;
  2. Be less than 65 years of age;
  3. Be ineligible for Title XIX under Articles 14 and 15 in this Chapter and under 9 A.A.C. 28;
  4. Receive a positive screen under subsection (A)(1), a confirmed diagnosis through AZ-NBCCEDP, and need treatment for breast cancer or cervical cancer, including a precancerous cervical lesion, as specified in R9-22-2004;

5. Not be covered under creditable coverage as specified in Section 2701(c) of the Public Health Services Act, 42 U.S.C. 300gg(c). For purposes of this Article, IHS or Tribal health coverage is not considered creditable coverage as specified in 42 U.S.C. 1396a(a)(10)(A)(ii), as amended by the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2002; and
6. Meet the requirements under R9-22-305.

- B. Ineligible woman. A woman is ineligible under this Article if the woman:
  1. Is an inmate of a public institution and federal financial participation (FFP) is not available,
  2. Is at least age 21 but less than age 65 and resides in an Institution for Mental Disease (IMD) as defined in R922-112, except if allowed under the Administration’s Section 1115 waiver.
- C. Metastasized cancer. The AHCCCS Administration may continue a woman’s eligibility under this Article if a metastasized cancer is found in another part of the woman’s body and that metastasized cancer is a known or a presumed complication of the breast or cervical cancer as determined by the treating physician.
- D. Reoccurrence of cancer. A woman’s eligibility under this Article shall be reinstated if, after her initial eligibility ends, she undergoes screening through the AZ-NBCCEDP program and is diagnosed with breast cancer, cervical cancer, or a pre-cancerous cervical lesion.
- E. Ineligible male. A male is precluded from receiving screening and diagnostic services under the AZ-NBCCEDP program and is ineligible under this Article.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Amended by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 31 A.A.R. 1838 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-2004. Treatment**

- A. Breast cancer. Coverage for treatment for breast cancer under this Article shall conclude on the last provider visit for the specific treatment of the cancer or at the end of hormonal therapy for the cancer, whichever is later. For purposes of this subsection treatment means:
  1. Lumpectomy or surgical removal of breast cancer;
  2. Chemotherapy;
  3. Radiation therapy; and
  4. A treatment for breast cancer that, as determined by the AHCCCS Administration, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.
- B. Pre-cancerous cervical lesion. Coverage for treatment for a pre-cancerous cervical lesion under this Article, including moderate or severe cervical dysplasia or carcinoma in situ, shall conclude on the last provider visit for specific treatment for the pre-cancerous lesion. For purposes of this subsection treatment means:
  1. Conization;
  2. LEEP;
  3. Cryotherapy; and
  4. A treatment for pre-cancerous cervical lesion that, as determined by the AHCCCS Administration, is consid-

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ered the standard of care as supported by a peer-reviewed study published in a medical journal.

- C. Cervical cancer. Coverage for treatment for cervical cancer under this Article shall conclude on the last provider visit for the specific treatment for the cancer. For purposes of this subsection treatment means:
1. Surgery;
  2. Radiation therapy;
  3. Chemotherapy; and
  4. A treatment for cervical cancer that, as determined by the AHCCCS Administration, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 31 A.A.R. 1838 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-2005. Application Process**

- A. Application. A woman may apply for eligibility under this Article by submitting a complete application.
- B. Submitting the application. The woman may complete and submit an application at the time of the AZ-NBCCEDP screening. The AZ-NBCCEDP staff may mail or fax the application directly to the Administration.
- C. Date of application. The date of the application is the date of the diagnostic procedure that results in a positive diagnosis for breast cancer or cervical cancer, including a pre-cancerous cervical lesion.
- D. Responsibility of a woman who is applying or who is a member. A woman who is applying or who is a member shall:
1. Provide medical insurance information, including any changes in medical insurance; and
  2. Inform the Administration about a change in address, residence, and alienage status.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 31 A.A.R. 1838 (June 6, 2025), effective July 14, 2025 (Supp. 25-2).

**R9-22-2006. Approval, Denial, or Discontinuance of Eligibility**

- A. Eligibility determination. The Administration shall determine eligibility under this Article and send the notice under subsection (B) or (C) within seven days of receiving a complete application.
- B. Approval. If a woman meets all the eligibility requirements in this Article, the Administration shall provide the woman with an approval notice. The approval notice shall contain:
1. The name of the eligible woman, and
  2. The effective date of eligibility.
- C. Denial. If the Administration denies eligibility, the Administration shall provide the woman with a denial notice. The denial notice shall contain:
1. The name of the ineligible woman,
  2. The specific reason why the woman is ineligible,
  3. The legal citations supporting the reason for the denial,

4. The location where the woman can review the legal citations, and
5. Information regarding the woman's appeal and request for hearing rights.

**D. Discontinuance.**

1. Except as specified in subsection (D)(2), if a woman no longer meets an eligibility requirement under this Article, the Administration shall provide the woman a Notice of Action no later than 10 days before the effective date of the discontinuance.
  2. The Administration may mail the Notice of Action no later than the effective date of the discontinuance if the Administration:
    - a. Receives a written statement from the woman voluntarily withdrawing from AHCCCS,
    - b. Receives information confirming the death of the woman,
    - c. Receives returned mail with no forwarding address from the post office and the woman's whereabouts are unknown, or
    - d. Receives information confirming that the woman has been approved for Title XIX services outside the state of Arizona.
  3. The Notice of Action shall contain the:
    - a. Name of the ineligible woman,
    - b. Effective date of the discontinuance,
    - c. Specific reason why the woman is discontinued,
    - d. Legal citations supporting the reason for the discontinuance,
    - e. Location where the woman can review the legal citations, and
    - f. Information regarding the woman's appeal and request for hearing rights.
- E. Request for hearing. A woman who is denied, or discontinued for the Breast and Cervical Cancer Treatment Program may request a hearing under Chapter 34.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

**R9-22-2007. Effective and End Date of Eligibility**

- A. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.
- B. The end date of eligibility:
1. For breast cancer, is 12 months after the last provider visit for a treatment specified in R9-22-2004 for the cancer or at the end of hormonal therapy for the cancer, whichever is later.
  2. For pre-cancerous cervical lesion, is four months after the last provider visit for a treatment specified in R9-22-2004 for the pre-cancerous lesion.
  3. For cervical cancer, is 12 months after the last provider visit for a treatment specified in R9-22-2004 for the cancer.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).



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Section amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

**R9-22-2008. Redetermination of Eligibility**

- A. Redetermination. Except as provided in subsection (B), the Administration shall redetermine eligibility at least once a year. If a woman continues to meet the requirements of eligibility for the Breast and Cervical Cancer Treatment Program under this Article, the Administration shall notify the woman of continued eligibility. A woman is not required to be screened for breast and cervical cancer through AZ-NBC-CEDP at redetermination.
- B. Change in circumstance. The Administration shall complete a redetermination of eligibility if there is a change in the woman's circumstances that may affect eligibility, including a change in treatment.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

**ARTICLE 21. TRAUMA AND EMERGENCY SERVICES FUND**

*Article 21, consisting of Sections R9-22-2101 through R9-22-2103, made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3).*

**R9-22-2101. General Provisions**

- A. A.R.S. § 36-2903.07 establishes the Administration as the authority to administer the Trauma and Emergency Services Fund.
- B. The Administration shall distribute 90% of monies from the trauma and emergency services fund to a level I trauma center, as defined in subsection (F) of this Section, for unrecovered trauma center readiness costs as defined in subsection (F) of this Section. Reimbursement is limited to no more than the amount of unrecovered trauma center readiness costs as determined in subsections (D) and (E) of this Section. Unexpended funds may be used to reimburse unrecovered emergency room costs under subsection (C) of this Section.
- C. The Administration shall distribute 10% of monies from the trauma and emergency services fund, for unrecovered emergency services costs, to a hospital having an emergency department, using criteria under R9-22-2103. Reimbursement is limited to no more than the amount of unrecovered emergency services costs as determined in R9-22-2103. The Administration may distribute more than 10% of the monies for unrecovered emergency room costs when there are unexpended monies under subsection (B) of this Section.
- D. The Administration shall distribute a reporting tool and guidelines to level I trauma centers to determine, on an annual basis, the unrecovered trauma center readiness costs for level I trauma centers as defined in subsection (F) of this Section. The reporting time-frame is July 1 of the prior year through June 30 of the reporting year. A level I trauma center shall submit the requested data and a copy of the most recently completed uniform accounting report under A.R.S. § 36-125.04 to the Administration no later than October 31 of each reporting year.
- E. When a level I trauma center closes in a county where there are one or more level I trauma center(s) remaining in operation, the following shall occur:
  - 1. The closing level I trauma center shall submit the requested data under subsection (D) of this Section for the months of the reporting time-frame in which it met the definition of a level I trauma center, and

- 2. The data under subsection (D) of this Section, which is submitted by the closing level I trauma center, shall be added to the remaining level I trauma center(s) in that county for the current reporting time-frame only.

- F. In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:
  - 1. "Level I trauma center" means any acute care hospital designated by the Arizona Department of Health Services as a level I trauma center, a provisional level I trauma center, a pediatric level I trauma center or an initial level I trauma center.
  - 2. "Unrecovered trauma center readiness costs" means losses incurred treating trauma patients:
    - a. Determined in accordance with Generally Accepted Accounting Principles,
    - b. Based on both clinical and professional costs incurred by a level I trauma center necessary for the provision of level I trauma care, and
    - c. Based on administrative and overhead costs directly associated with providing level I trauma care.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

**R9-22-2102. Distribution of Trauma and Emergency Services Fund: Level I Trauma Centers**

- A. On or after November 1, 2003, the Administration shall distribute monies, under R9-22-2101(B), to level I trauma centers using monies available in the trauma and emergency services fund at the time of payment. The Administration shall take into consideration the proportion of those hospitals' trauma case volume. The Administration shall:
  - 1. Recalculate the November 2003 payments in July 2004 using the formula in subsection (B) of this Section;
  - 2. Recoup November 2003 overpayments by reducing the July 2004 distributions under subsection (C) as appropriate; and
  - 3. Redistribute recouped funds, with the July 2004 payment, to level I trauma centers underpaid in November 2003.
- B. On or after January 31 of each year, the Administration shall distribute monies, under R9-22-2101(B), to level I trauma centers using monies available in the trauma and emergency services fund at the time of payment. The Administration shall determine each hospital's unrecovered trauma center readiness costs for the current fiscal year using data from the most recent reporting year as provided under R9-22-2101(D) and (E). The proportion of each hospital's share of the fund for unrecovered trauma center readiness costs is determined after considering:
  - 1. The professional, clinical, administrative, and overhead costs directly associated with providing level I trauma care, and
  - 2. The volume and acuity of trauma care provided by each hospital.
- C. On or after July 31 of each year, the Administration shall distribute monies to level I trauma centers using monies, under R9-22-2101(B), available in the trauma and emergency services fund at the time of payment according to the proportions calculated and used for the January payments in the same year, under subsection (B) of this Section.

**Historical Note**

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New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3).

**R9-22-2103. Distribution of Trauma and Emergency Services Fund: Emergency Services**

On or after June 30 of each year, the Administration shall distribute monies available in the trauma and emergency services fund at the time of payment as follows:

1. As allocated under R9-22-2101(C),
2. To hospitals that had an emergency department from July 1 through June 30 of the prior year, and
3. On a pro rata share of each hospital's cost of uncompensated emergency care as a percentage of the total statewide cost of uncompensated emergency care provided by hospitals under subsection (2) as reported in the uniform accounting reports to the Arizona Department of Health Services under A.R.S. § 36-125.04.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by exempt rulemaking at 18 A.A.R. 1748, effective July 1, 2012 (Supp. 12-2).

**R9-22-2104. Additional Trauma and Emergency Services Payments under the Section 1115 Waiver**

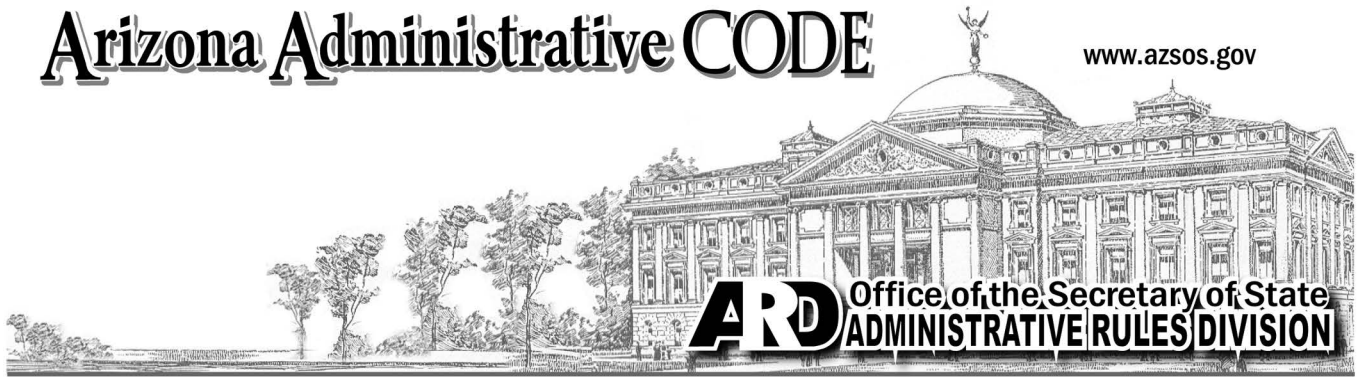
- A. Notwithstanding R9-22-2101(D), for the reporting years ending June 30, 2011 and June 30, 2012, the Administration shall distribute an amount equal to the balance of the Trauma and Emergency Services fund in the following manner:
1. Ninety percent of the amount shall be distributed to Level I trauma centers based upon each center's pro rata share of each center's acuity-adjusted volume as a percentage of the total acuity-adjusted volume for all centers in the state. The acuity-adjusted volume is calculated by multiplying the Injury Severity Score employed by trauma.org by the number of trauma cases at that level treated at the center during the reporting year. Hospitals shall report trauma scores and case volume on a worksheet prescribed by the Administration.
  2. Ten percent of the amount shall be distributed proportionately to hospitals that had an emergency department from July 1 through June 30 of the reporting year based the pro rata share of each hospital's cost of emergency care as a percentage of the total statewide cost of emergency care provided by hospitals as reported on the Worksheet B,

column 27, line 61 of the hospital's most current Medicare Cost Report as of January 31 following the end of each reporting year.

- B. For the reporting years ending June 30, 2011 and June 30, 2012, the Administration shall distribute an amount equal to the federal financial participation made available under the section 1115 waiver for the purpose of making payments for unrecovered trauma and emergency services as follows:
1. Thirty percent of such funds to a Level I trauma center, in amounts calculated in the same manner as described in subsection (A)(1) of this Section, for any unrecovered trauma center readiness costs not reimbursed under subsection (A) of this Section;
  2. Thirty percent of such funds to a hospital having an emergency department from July 1 through June 30 of the reporting year, in amounts calculated in the same manner as described in subsection (A)(2) of this Section, for any unrecovered emergency services costs not reimbursed under subsection (A) of this Section; and
  3. Forty percent of such funds to rural hospitals, as defined in R9-22-718 that are not Level 1 trauma centers as defined in R9-22-2101(F), having an emergency department from July 1 through June 30 of the reporting year, in amounts calculated in the same manner as described in subsection (A)(2) of this Section, for any unrecovered emergency services costs not reimbursed under subsections (A) and (B)(2) of this Section.
- C. For the reporting years ending June 30, 2011 and June 30, 2012, payments made under this Article shall not be made in an amount that results in aggregate payments to the hospital by the Administration and contractors exceeding of the upper payment limit for the hospital services as calculated in accordance with 42 CFR 447.
- D. For the reporting years ending June 30, 2011 and June 30, 2012, to ensure compliance with subsection (C), payments under this Article shall be reconciled to the federal fiscal year that is two years subsequent to the payment.
- E. Any payments that are determined under subsection (D) to exceed the limit in subsection (C) shall be distributed as described in this Article to hospitals that have not received payments in excess of the limit in subsection (C).

**Historical Note**

New Section made by exempt rulemaking at 18 A.A.R. 1748, effective July 1, 2012 (Supp. 12-2).



**TITLE 12. NATURAL RESOURCES**  
**CHAPTER 4. GAME AND FISH COMMISSION**  
**12 A.A.C. 4**

**Supplement Information**  
**Supp. 25-2**

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 24-2, 1-158 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

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

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## Administrative Rules Division

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## TITLE 12. NATURAL RESOURCES

## CHAPTER 4. GAME AND FISH COMMISSION

Authority: A.R.S. § 17-201 et seq.

## Supp. 25-2

*Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-2).*

*Editor's Note: This Chapter contains rules which were adopted or amended under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), pursuant to A.R.S. § 41-1005(A)(1). Exemption from A.R.S. Title 41, Chapter 6 means that the Game and Fish Commission did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; the Governor's Regulatory Review Council did not review these rules; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.*

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*Former Article 4, Commission Orders, consisting of Sections R12-4-401 through R12-4-424, R12-4-429 through R12-4-431, R12-4-440 through R12-4-443 expired. See R12-4-118.*

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## CHAPTER 4. GAME AND FISH COMMISSION

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*Article 9, consisting of Sections R12-4-901 through R12-4-906, expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).*

*Article 9, consisting of Sections R12-4-901 through R12-4-906, made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1).*

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**ARTICLE 11. RENUMBERED**

*Article 11, consisting of Sections R12-4-1101 and R12-4-1102, renumbered to Article 9 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).*

*Article 11, consisting of Sections R12-4-1101 and R12-4-1102, made by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1).*

*Article 11, consisting of Sections R12-4-1103 and R12-4-1104, made by emergency rulemaking at 17 A.A.R. 1218, effective June 2, 2011 for 180 days (Supp. 11-2). Article 11 renewed by emergency rulemaking at 17 A.A.R. 2376 for 180 days, effective November 3, 2012 (Supp. 11-4).*

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## TITLE 12. NATURAL RESOURCES

## CHAPTER 4. GAME AND FISH COMMISSION

**ARTICLE 1. DEFINITIONS AND GENERAL PROVISIONS****R12-4-101. Definitions**

- A. In addition to the definitions provided under A.R.S. § 17-101, R12-4-301, R12-4-401, and R12-4-501, the following definitions apply to this Chapter, unless otherwise specified:

“Arizona Conservation Education” means the conservation education course provided by Arizona Game and Fish Department in hunting safety, responsibility, and conservation.

“Arizona Hunter Education” means the hunter education course provided by Arizona Game and Fish Department in hunting safety, responsibility, and conservation meeting Association of Fish and Wildlife agreed upon reciprocity standards along with Arizona-specific requirements.

“Attach” means to fasten or affix a tag to a legally harvested animal. An electronic tag is considered attached once the validation code is fastened to the legally harvested animal.

“Bobcat seal” means the tag a person is required to attach to the raw pelt or unskinned carcass of any bobcat taken by trapping in Arizona or exported out of Arizona regardless of the method of take.

“Bonus point” means a credit that authorizes the Department to issue an applicant an additional computer-generated random number.

“Bow” means a long bow, flat bow, recurve bow, or compound bow of which the bowstring is drawn and held under tension entirely by the physical power of the shooter through all points of the draw cycle until the shooter purposely acts to release the bowstring either by relaxing the tension of the toes, fingers, or mouth or by triggering the release of a hand-held release aid.

“Certificate of insurance” means an official document, issued by the sponsor’s and sponsor’s vendors, or subcontractor’s insurance carrier, providing insurance against claims for injury to persons or damage to property which may arise from, or in connection with, the solicitation or event as determined by the Department.

“Cervid” means a mammal classified as a Cervidae, which includes but is not limited to caribou, elk, moose, mule deer, reindeer, wapiti, and whitetail deer; as defined in the taxonomic classification from the Integrated Taxonomic Information System, available online at [www.itis.gov](http://www.itis.gov).

“Commission Order” means a document adopted by the Commission that does one or more of the following:

- Open, close, or alter seasons,
- Open areas for taking wildlife,
- Set bag or possession limits for wildlife,
- Set the number of permits available for limited hunts, or
- Specify wildlife that may or may not be taken.

“Crossbow” means a device consisting of a bow affixed on a stock having a trigger mechanism to release the bowstring.

“Day-long” means the 24-hour period from one midnight to the following midnight.

“Department property” means those buildings or real property and wildlife areas under the jurisdiction of the Arizona Game and Fish Commission.

“Electronic signature” means symbols or other data in digital form attached to an electronically transmitted document as verification of the sender’s intent to sign the document. The electronic signature is used to indicate the person’s intent to agree to payment, conditions, terms, etc. as applicable to an online application, form, report, etc.

“Electronic tag” means a tag that is provided by the Department through an electronic device that syncs with the Department’s computer systems.

“Export” means to carry, send, or transport wildlife or wildlife parts out of Arizona to another state or country.

“Firearm” means any loaded or unloaded handgun, pistol, revolver, rifle, shotgun, or other weapon that will discharge, is designed to discharge, or may readily be converted to discharge a projectile by the action of an explosion caused by the burning of smokeless powder, black powder, or black powder substitute.

“Hunt area” means a management unit, portion of a management unit, or group of management units, or any portion of Arizona described in a Commission Order and not included in a management unit, opened to hunting.

“Hunt number” means the number assigned by Commission Order to any hunt area where a limited number of hunt permits are available.

“Hunt permits” means the number of hunt permit-tags made available to the public as a result of a Commission Order.

“Hunt permit-tag” means a tag for a hunt for which a Commission Order has assigned a hunt number.

“Identification number” means the number assigned to each applicant or license holder by the Department as established under R12-4-111.

“Import” means to bring, send, receive, or transport wildlife or wildlife parts into Arizona from another state or country.

“License dealer” means a business authorized to sell hunting, fishing, and other licenses as established under R12-4-105.

“Limited-entry permit-tag” means a permit made available for a limited-entry fishing or hunting season.

“Live baitfish” means any species of live freshwater fish designated by Commission Order as lawful for use in taking aquatic wildlife under R12-4-313 and R12-4-314.

“Management unit” means an area established by the Commission for management purposes.

“Nonpermit-tag” means a tag for a hunt for which a Commission Order does not assign a hunt number and the number of tags is not limited.

“Nonprofit organization” means an organization that is recognized under Section 501© of the U.S. Internal Revenue Code.



## TITLE 12. NATURAL RESOURCES

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“Person” has the meaning as provided under A.R.S. § 1-215.

“Proof of purchase,” for the purposes of A.R.S. § 17-331, means an original, or any authentic and verifiable form of the original, of any Department-issued license, permit, or stamp that establishes proof of actual purchase.

“Pursue” means to chase, tree, corner or hold wildlife at bay.

“Pursuit-only” means a person may pursue, but not kill, a bear, mountain lion, or raccoon on any management unit that is open to pursuit-only season, as defined under R12-4-318, by Commission Order.

“Pursuit-only permit” means a permit for a pursuit-only hunt for which a Commission Order does not assign a hunt number and the number of permits are not limited.

“Restricted nonpermit-tag” means a tag issued for a supplemental hunt as established under R12-4-115.

“Signature” means a notation that signifies an individual’s acceptance of the terms and conditions applicable to the application or contract and is used to identify who is signing and what their intention is; includes electronic signatures.

“Solicitation” means any activity that may be considered or interpreted as promoting, selling, or transferring products, services, memberships, or causes, or participation in an event or activity of any kind, including organizational, educational, public affairs, or protest activities, including the distribution or posting of advertising, handbills, leaflets, circulars, posters, or other printed materials for these purposes.

“Solicitation material” means advertising, circulars, flyers, handbills, leaflets, posters, or other printed information.

“Sponsor” means the person or persons conducting a solicitation or event.

“Stamp” means a form of authorization in addition to a license that authorizes the license holder to take wildlife specified by the stamp.

“Tag” means the Department authorization a person is required to obtain before taking certain wildlife as established under A.R.S. Title 17 and 12 A.A.C. 4.

“Validation code” means the unique code provided by the Department and associated with an electronic tag.

“Waterdog” means the larval or metamorphosing stage of a salamander.

“Wildlife area” means an area established under 12 A.A.C. 4, Article 8.

**B.** If the following terms are used in a Commission Order, the following definitions apply:

“Antlered” means having an antler fully erupted through the skin and capable of being shed.

“Antlerless” means not having an antler, antlers, or any part of an antler erupted through the skin.

“Bearded turkey” means a turkey with a beard that extends beyond the contour feathers of the breast.

“Buck pronghorn” means a male pronghorn.

“Adult bull bison” means a male bison of any age or any bison designated by a Department employee during an adult bull bison hunt.

“Adult cow bison” means a female bison of any age or any bison designated by a Department employee during an adult cow bison hunt.

“Bull elk” means an antlered elk.

“Designated” means the gender, age, or species of wildlife or the specifically identified wildlife the Department authorizes to be taken and possessed with a valid tag.

“One-horned ram” means any bighorn sheep ram having one horn that is less than one half the length of its other horn.

“Ram” means any male bighorn sheep.

“Rooster” means a male pheasant.

“Yearling bison” means any bison less than three years of age or any bison designated by a Department employee during a yearling bison hunt.

**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Amended effective October 22, 1976 (Supp. 76-5). Amended effective June 29, 1978 (Supp. 78-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-01 renumbered as Section R12-4-101 without change effective August 13, 1981 (Supp. 81-4). Amended effective April 22, 1982 (Supp. 82-2). Amended subsection (A), paragraph (10) effective April 7, 1983 (Supp. 83-2). Amended effective June 4, 1987 (Supp. 87-2). Amended subsection (A) effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended subsection (A) effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Amended effective May 27, 1992 (Supp. 92-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 845, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022; when amended the Commission inadvertently removed the definitions of “Arizona Conservation Education” and “Arizona Hunter Education.” These definitions are included as originally published (Supp. 21-4). Under the definition of “non-profit organization” a citation error to the U.S. Internal

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Revenue Code, has been corrected to Section 501(c) as published at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 22-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**R12-4-102. License, Permit, Stamp, and Tag Fees**

- A.** A person who purchases a license, tag, stamp, or permit listed in this Section shall pay at the time of purchase all applicable fees prescribed under this Section or the fees the Director authorizes under R12-4-115.
- B.** A person who applies to purchase a hunt permit-tag shall submit with the application all applicable fees using acceptable forms of payment as required under R12-4-104(F) and (G).
- C.** As authorized under A.R.S. § 17-345, the license fees in this Section include a \$3 surcharge, except Youth and High Achievement Scout licenses.
- D.** A person desiring a replacement of a Migratory Bird Stamp shall repurchase the stamp.

Hunting and Fishing License Fees	Resident	Nonresident
General Fishing License	\$37	\$55
General Hunting License	\$37	Not available
Combination Hunting and Fishing License	\$57	\$160
Youth Combination Hunting and Fishing License, fee applies until the applicant's 18th birthday.	\$5	\$5
High Achievement Scout License, as authorized under A.R.S. § 17-333(C). Fee applies until the applicant's 21st birthday.	\$5	Not available
Short-term Combination Hunting and Fishing License	\$15	\$20
Youth Group Two-day Fishing License	\$25	Not available

Hunt Permit-tag Fees	Resident	Nonresident
Bear	\$25	\$150
Bighorn Sheep	\$300	\$1,800
Bison		
Adult Bulls or any Bison	\$1,100	\$5,400
Adult Cows	\$650	\$3,250
Yearling	\$350	\$1,750
Cow or Yearling	\$650	\$3,250
Deer and Archery Deer	\$45	\$300
Youth	\$25	\$25
Elk	\$135	\$650
Youth	\$50	\$50
Javelina	\$25	\$100
Youth	\$15	\$15
Pheasant non-archery, non-falconry	Application fee only	Application fee only
Pronghorn	\$90	\$550
Raptor	Not applicable	\$175
Sandhill Crane	\$10	\$10
Turkey and Archery Turkey	\$25	\$90
Youth	\$10	\$10

Nonpermit-tag and Restricted Nonpermit-tag Fees	Resident	Nonresident
Bear	\$25	\$150
Bison		
Adult Bulls or any Bison	\$1,100	\$5,400
Adult Cows	\$650	\$3,250
Yearling	\$350	\$1,750
Cow or Yearling	\$650	\$3,250
Deer	\$45	\$300
Youth	\$25	\$25
Elk	\$135	\$650
Youth	\$50	\$50
Javelina	\$25	\$100
Youth	\$15	\$15
Mountain Lion	\$15	\$75
Pronghorn	\$90	\$550
Sandhill Crane	\$10	\$10
Raptor	Not applicable	\$175
Turkey	\$25	\$90
Youth	\$10	\$10

Stamps and Special Use Fees	Resident	Nonresident
Bobcat Seal	\$3	\$3
Limited-entry Permit	Application fee only	Application fee only
State Migratory Bird Stamp	\$5	\$5

Other License Fees	Resident	Nonresident
Challenged Hunter Access/Mobility Permit (CHAMP)	Application fee only	Application fee only
Crossbow Permit	Application fee only	Application fee only
Fur Dealer's License	\$115	\$115
Reduced-fee Disabled Veteran's License, available to a resident disabled veteran who receives compensation from the U.S. government for a service-connected disability. This fee shall be equal to the fee required for the resident Combination Hunting and Fishing License, reduced by 25%, and then rounded down to the nearest even dollar.	\$42	Not available
Reduced-fee Purple Heart Medal License, available to a resident who is a bona fide Purple Heart Medal recipient. This fee shall be equal to the fee required for the resident Combination Hunting and Fishing License, reduced by 50%, and then rounded down to the nearest even dollar.	\$28	Not available
Guide License	\$300	\$300
License Dealer's License	\$100	\$100
License Dealer's Outlet License	\$25	\$25
Pursuit-only Permit	\$20	\$100
Taxidermist Registration	\$100	\$100
Trapping License	\$30	\$275
Youth	\$10	\$10

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Administrative Fees	Resident	Nonresident
Duplicate License Fee, in the event the Department is unable to verify the expiration date of the original license, the duplicate license shall expire on December 31 of the current year.	\$8	\$8
Application Fee	\$13	\$15

**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Amended effective March 31, 1977 (Supp. 77-2). Amended effective June 28, 1977 (Supp. 77-3). Amended effective October 20, 1977 (Supp. 77-5). Amended effective January 1, 1979 (Supp. 78-6). Amended effective June 4, 1979 (Supp. 79-3). Amended effective January 1, 1980 (Supp. 79-6). Amended paragraphs (1), (7) through (11), (13), (15), (29), (30), and (32) effective January 1, 1981 (Supp. 80-5). Former Section R12-4-30 renumbered as Section R12-4-102 without change effective August 13, 1981. Amended effective August 31, 1981 (Supp. 81-4). Amended effective September 15, 1982 unless otherwise noted in subsection (D) (Supp. 82-5). Amended effective January 1, 1984 (Supp. 83-4). Amended subsections (A) and (C) effective January 1, 1985 (Supp. 84-5). Amended effective January 1, 1986 (Supp. 85-5). Amended subsection (A), paragraphs (1), (2), (8) and (9) effective January 1, 1987; Amended by adding a new subsection (A), paragraph (31) and renumbering accordingly effective July 1, 1987. Both amendments filed November 5, 1986 (Supp. 86-6). Amended subsections (A) and (C) effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended subsections (A) and (C) filed December 30, 1988, effective January 1, 1989”; Amended subsection (C) effective April 28, 1989 (Supp. 89-2). Section R12-4-102 repealed, new Section R12-4-102 filed as adopted November 26, 1990, effective January 1, 1991 (Supp. 90-4). Amended effective September 1, 1992; filed August 7, 1992 (Supp. 92-3). Amended effective January 1, 1993; filed December 18, 1993 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective December 16, 1995 (Supp. 94-4). Amended effective January 1, 1997; filed in the Office of the Secretary of State November 14, 1995 (Supp. 95-4). Amended subsection (D), paragraph (4), and subsection (E), paragraph (10), effective October 1, 1996; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended subsection (B), paragraph (6) and subsection (E) paragraph (4), effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 or January 1, 2001, as designated within the text of the Section (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 1157, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 2823, effective August 13, 2004 (Supp. 04-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 12 A.A.R. 1391, effective June 4, 2006 (Supp. 06-2). Amended by

final rulemaking at 13 A.A.R. 462, effective February 6, 2007 (Supp. 07-1). Amended by final rulemaking at 17 A.A.R. 1472, effective July 12, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 27 A.A.R. 400, effective July 1, 2021 (Supp. 21-1). Amended by final exempt rulemaking at 27 A.A.R. 1076, effective August 21, 2021 (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 2916 (December 17, 2021), effective February 7, 2022 (Supp. 21-4). Amended by final exempt rulemaking at 28 A.A.R. 3355 (October 21, 2022), effective September 26, 2022 (Supp. 22-3). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025; When this Section was amended by final exempt rulemaking at 27 A.A.R. 400, the Commission did not use the text as amended at 29 A.A.R. 1854 (July 19, 2019); Taxidermist “License” has been corrected to “Registration” and fees corrected from “\$150” to “\$100” (Supp. 25-2).

**R12-4-102.01. License Fee Waiver; Eligibility; Application**

- A.** The Department shall waive the initial license fee when an eligible applicant as identified under subsection (B) requests an initial license for any license listed under subsection (C). At the time of application, the eligible applicant shall submit to the Department the applicable license application and a signed licensing fee waiver form affirming the information provided on the form is true and accurate. The license application and licensing fee waiver forms are available from any Department office and on the Department’s website. The applicant shall provide all of the following information:
1. Type of exemption, see subsection (B); and
  2. Applicant’s:
    - a. Name;
    - b. Date of birth;
    - c. Mailing address;
    - d. Email, if available;
    - e. Telephone number;
    - f. Customer ID number;
    - g. Affirmation that the information provided on the application is true and accurate; and
    - h. Signature and date.
- B.** Under A.R.S. § 41-1080.01, persons eligible for the initial license fee waiver are limited to any:
1. Individual whose family income does not exceed 200% of the current federal poverty guidelines,
  2. Active military service member’s spouse, or
  3. Honorably discharged veteran who has been discharged not more than two years before application.
- C.** The Department has determined the following licenses may be used for the purpose of operating a business or providing a service in Arizona and are subject to A.R.S. § 41-1080.01:
1. Aquatic Wildlife Stocking License,
  2. Fur Dealer’s License,
  3. Game Bird Field Training License,
  4. Game Bird Field Trial License,
  5. Game Bird Shooting Preserve License,
  6. Guide License,
  7. Live Bait Dealer’s License,
  8. Private Game Farm License,
  9. Sport Falconry License,
  10. License Dealer’s License,
  11. Taxidermist License,

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- 12. Trapping License,
- 13. Wildlife Holding License,
- 14. Wildlife Service, and
- 15. Zoo License.

- D. An applicant for a license fee waiver shall certify they meet the eligibility criteria proscribed in subsection (B), as applicable.
- E. All information and documentation provided by the applicant is subject to Department verification.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

**R12-4-102.02. Refund of Permit-Tag Fee; Active-duty Military; Peace Officer; Professional Firefighter**

- A. The Department shall refund the fee paid for a big game permit-tag, nonpermit-tag, or limited-entry tag when an eligible person as identified under subsection (B) requests a refund at any time during the time period in which the tag is valid. To request a refund, the eligible person shall submit to the Department:
  - 1. The tag for which the refund is requested,
  - 2. The big game tag refund form, and
  - 3. Proof of order or special assignment as identified under subsection (C).
  - 4. A person requesting a refund under this Section shall certify the information provided on the big game tag refund form is true and accurate;
  - 5. The big game tag refund form is available from any Department office and on the Department's website.
- B. Under A.R.S. § 17-332, persons eligible for a refund are limited to:
  - 1. A person who is ordered to leave Arizona as an active duty member of the U.S. Armed Forces;
  - 2. A peace officer assigned to special duty; or
  - 3. A professional firefighter who is a member of a state, federal, tribal, city, town, county, district or private fire department and who is assigned to special duty.
- C. An eligible person requesting a refund shall provide the following as applicable:
  - 1. For an active duty member of the U.S. Armed Forces, an official order or letter.
  - 2. For a peace officer assigned to special duty, an official letter of assignment to special duty showing evidence of assignment status during the time period in which the big game tag is valid.
  - 3. For a professional firefighter who is a member of a state, federal, tribal, city, town, county, district or private fire department and who is assigned to special duty, an official letter of assignment to special duty showing evidence of assignment status during the time period in which the big game tag is valid.
  - 4. All information and documentation provided by the applicant is subject to Department verification.
- D. For subsections (C)(1), (2), and (3), the official order or letter, as applicable, shall provide the eligible person's name and the dates of the assignment.
- E. When an eligible person submits a request for a refund for a big game hunt permit-tag awarded through a computer draw, the Department shall reinstate any expended bonus points for a successful Hunt Permit-tag Application and award the bonus point the person would have accrued had the person been

unsuccessful in the computer draw for the refunded big game tag.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

**R12-4-103. Duplicate Tags and Licenses**

- A. Under A.R.S. § 17-332(C), the Department and its license dealers may issue a duplicate license, tag, or electronic tag to an applicant who:
  - 1. Pays the applicable fee prescribed under R12-4-102, and
  - 2. Signs an affidavit. The affidavit is furnished by the Department and is available at any Department office or license dealer.
- B. The applicant shall provide the following information on the affidavit:
  - 1. The applicant's personal information:
    - a. Name;
    - b. Department identification number, when applicable;
    - c. Residency status and number of years of residency immediately preceding application, when applicable;
  - 2. The original license or tag information:
    - a. Type of license, tag, or electronic tag;
    - b. Place of purchase;
    - c. Purchase date, when available; and
  - 3. Disposition of the original tag for which a duplicate is being purchased:
    - a. The tag was not used and is lost, destroyed, mutilated, or otherwise unusable; or
    - b. The tag was attached to a harvested animal that was subsequently condemned and the carcass and all parts of the animal were surrendered to a Department employee as required under R12-4-112(B) and (C). An applicant applying for a duplicate tag under this subsection shall also submit the condemned meat duplicate tag authorization form issued by the Department.
- C. In the event the Department is unable to verify the expiration date of the original license, the duplicate license shall expire on December 31 of the current year.

**Historical Note**

Amended effective June 7, 1976 (Supp. 76-3). Amended effective October 20, 1977 (Supp. 77-5). Former Section R12-4-07 renumbered as Section R12-4-103 without change effective August 13, 1981 (Supp. 81-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**R12-4-104. Application Procedures for Issuance of Hunt Permit-tags by Computer Draw and Purchase of Bonus Points**

- A. For the purposes of this Section, "group" means all applicants who placed their names on a single application as part of the same application.
- B. A person is eligible to apply for a:
  - 1. Hunt permit-tag for big game if the person:

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- a. Is at least 10 years of age at the start of the hunt for which the person is applying;
    - b. Has successfully completed a Department-sanctioned hunter education course by the start date of the hunt for which the person is applying, when the person is between 9 and 14 years of age;
    - c. Has not reached the bag limit established under subsection (J) for that genus; and
    - d. Is not suspended or revoked in this state as a result of an action under A.R.S. §§ 17-340 or 17-502 at the time the person submits an application.
  2. Bonus point for big game if the person:
    - a. Is at least 10 years of age by the application deadline date; and
    - b. Is not suspended or revoked in this state as a result of an action under A.R.S. §§ 17-340 or 17-502 at the time the person submits an application.
  3. Bonus point for wildlife other than big game if the person is not suspended or revoked in this state as a result of an action under A.R.S. §§ 17-340 or 17-502 at the time the person submits an application.
- C.** An applicant shall apply at the times, locations, and in the manner and method established by the hunt permit-tag application schedule published by the Department and available at any Department office, on the Department's website, or a license dealer.
1. The Commission shall set application deadline dates for hunt permit-tag computer draw applications through the hunt permit-tag application schedule.
  2. The Director has the authority to extend any application deadline date if a problem occurs that prevents the public from submitting a hunt permit-tag application within the deadlines set by the Commission.
  3. The Commission, through the hunt permit-tag application schedule, shall designate the manner and method of submitting an application, which may require an applicant to apply online only. If the Commission requires applicants to use the online method, the Department shall accept paper applications only in the event of a Department systems failure.
- D.** An applicant for a hunt permit-tag or a bonus point shall complete and submit a Hunt Permit-tag Application. The application form is available from any Department office, a license dealer, or on the Department's website.
- E.** An applicant shall provide the following information on the Hunt Permit-tag Application:
1. The applicant's personal information:
    - a. Name;
    - b. Date of birth;
    - c. Social security number, as required under A.R.S. §§ 25-320(P) and 25-502(K);
    - d. Department identification number, when applicable;
    - e. Residency status and number of years of residency immediately preceding application, when applicable;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. Email address, when available;
  2. If the applicant possesses a valid license authorizing the take of wildlife in this state, the number of the applicant's license;
  3. If the applicant does not possess a valid license at the time of the application, the applicant shall purchase a license as established under subsection (K). The applicant shall provide all of the following information on the license application portion of the Hunt Permit-tag Application:
    - a. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - b. Residency status and number of years of residency immediately preceding application, when applicable;
    - c. Type of license for which the person is applying; and
4. Certify the information provided on the application is true and accurate;
5. An applicant who is:
- a. Under the age of 10 and is submitting an application for a hunt other than big game is not required to have a license under this Chapter. The applicant shall indicate "youth" in the space provided for the license number on the Hunt Permit-tag Application.
  - b. Age nine or older and is submitting an application for a big game hunt is required to purchase an appropriate license as required under this Section. The applicant shall either enter the appropriate license number in the space provided for the license number on the Hunt Permit-tag Application Form or purchase a license at the time of application, as applicable.
- F.** In addition to the information required under subsection (E), an applicant shall also submit all applicable fees established under R12-4-102, as follows:
1. When applying electronically:
    - a. The permit application fee; and
    - b. The license fee, when the applicant does not possess a valid license at the time of application. The applicant shall submit payment in U.S. currency using valid credit or debit card.
    - c. If an applicant is successful in the computer draw, the Department shall charge the hunt permit-tag fee using the credit or debit card furnished by the applicant.
  2. When applying manually:
    - a. The fee for the applicable hunt permit-tag;
    - b. The permit application fee; and
    - c. The license fee if the applicant does not possess a valid license at the time of application. The applicant shall submit payment by certified check, cashier's check, or money order made payable in U.S. currency to the Arizona Game and Fish Department.
- G.** An applicant shall apply for a specific hunt or a bonus point by the current hunt number. If all hunts selected by the applicant are filled at the time the application is processed in the computer draw, the Department shall deem the application unsuccessful, unless the application is for a bonus point.
1. An applicant shall make all hunt choices for the same genus within one application.
  2. An applicant shall not include applications for different genera of wildlife in the same envelope.
- H.** An applicant shall submit only one valid application per genus of wildlife for any calendar year, except:
1. If the bag limit is one per calendar year, an unsuccessful applicant may re-apply for remaining hunt permit-tags in unfilled hunt areas, as specified in the hunt permit-tag application schedule.

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2. For genera that have multiple draws within a single calendar year, a person who successfully draws a hunt permit-tag during an earlier season may apply for a later season for the same genus if the person has not taken the bag limit for that genus during a preceding hunt in the same calendar year.
3. If the bag limit is more than one per calendar year, a person may apply for remaining hunt permit-tags in unfilled hunt areas as specified in the hunt permit-tag application schedule.
- I.** All members of a group shall apply for the same hunt numbers and in the same order of preference.
  1. No more than four persons may apply as a group.
  2. The Department shall not issue a hunt permit-tag to any group member unless sufficient hunt permit-tags are available for all group members.
- J.** A person shall not apply for a hunt permit-tag for:
  1. Rocky Mountain or desert bighorn sheep if the person has met the lifetime bag limit for that sub-species.
  2. Bison if the person has met the lifetime bag limit for that species.
  3. Any species when the person has reached the bag limit for that species during the same calendar year for which the hunt permit-tag applies.
- K.** To participate in:
  1. The computer draw system, an applicant shall possess an appropriate hunting license that shall be valid, either:
    - a. On the last day of the application deadline for that computer draw, as established by the hunt permit-tag application schedule published by the Department, or
    - b. On the last day of an extended deadline date, as authorized under subsection (C)(2).
    - c. If an applicant does not possess an appropriate hunting license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application.
  2. The bonus point system, an applicant shall comply with the requirements established under R12-4-107.
- L.** The Department shall reject as invalid a Hunt Permit-Tag Application not prepared or submitted in accordance with this Section or not prepared in a legible manner.
- M.** Any hunt permit-tag issued for an application that is subsequently found not to be in accordance with this Section is invalid.
- N.** The Department or its authorized agent shall deliver hunt permit-tags to successful applicants. The Department shall return application overpayments to the applicant designated "A" on the Hunt Permit-tag Application. The Department shall not refund:
  1. A permit application fee.
  2. A license fee submitted with a valid application for a hunt permit-tag or bonus point.
  3. An overpayment of five dollars or less. The Department shall consider the overpayment to be a donation to the Arizona Game and Fish Fund.
- O.** The Department shall award a bonus point for the appropriate species to an applicant when the payment submitted is less than the required fees, but is sufficient to cover the application fee and, when applicable, license fee.
- P.** When the Department determines a Department error, as defined under subsection (P)(3), caused the rejection or denial of a valid application:
  1. The Director may authorize either:
    - a. The issuance of an additional hunt permit-tag, provided the issuance of an additional hunt permit-tag will have no significant impact on the wildlife population to be hunted and the application for the hunt permit-tag would have otherwise been successful based on its random number, or
    - b. The awarding of a bonus point when a hunt permit-tag is not issued.
2. A person who is denied a hunt permit-tag or a bonus point under this subsection may appeal to the Commission as provided under A.R.S. Title 41, Chapter 6, Article 10.
3. For the purposes of this subsection, "Department error" means an internal processing error that:
  - a. Prevented a person from lawfully submitting an application for a hunt permit-tag,
  - b. Caused a person to submit an invalid application for a hunt permit-tag,
  - c. Caused the rejection of an application for a hunt permit-tag,
  - d. Failed to apply an applicant's bonus points to a valid application for a hunt permit-tag, or
  - e. Caused the denial of a hunt permit-tag.

**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Amended effective June 28, 1977 (Supp. 77-3). Amended effective July 24, 1978 (Supp. 78-4). Former Section R12-4-06 renumbered as Section R12-4-104 without change effective August 13, 1981. Amended subsections (N), (O), and (P) effective August 31, 1981 (Supp. 81-4). Former Section R12-4-104 repealed, new Section R12-4-104 adopted effective May 12, 1982 (Supp. 82-3). Amended subsection (D) as an emergency effective December 27, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-6). Emergency expired. Amended effective June 20, 1983 (Supp. 83-3). Amended subsection (F)(3) effective September 12, 1984. Amended subsection (F)(9) and added subsections (F)(10) and (G)(3) effective October 31, 1984 (Supp. 84-5). Amended effective May 5, 1986 (Supp. 86-3). Amended effective June 4, 1987 (Supp. 87-2). Section R12-4-104 repealed, new Section R12-4-104 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 845, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005; amended by final rulemaking at 11 A.A.R. 1177, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Subsection (E)(3) contained a clerical error to a subsection label; "established under subsection (L)" corrected to "established under subsection (K)" file number R22-77 (Supp. 22-2). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

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**R12-4-105. License Dealer's License**

- A.** For the purposes of this Section, unless the context otherwise requires:

"Dealer number" means the unique number assigned by the Department to a dealer outlet.

"Dealer outlet" means a specified location authorized to sell licenses under a license dealer's license.

"License" means any hunting or fishing license, permit, stamp, or tag that may be sold by a dealer or dealer outlet under this Section.

"License dealer" means a business licensed by the Department to sell licenses from one or more dealer outlets.

"License Dealer Portal" means the secure website provided by the Department for issuing licenses and permits and accessing a license dealer's account.

- B.** A person shall not sell or issue licenses without authorization from the Department. A license dealer's license authorizes a person to issue licenses on behalf of the Department. A person is eligible to apply for a license dealer's license, provided all of the following criteria are met:
1. The person's privilege to sell licenses for the Department has not been revoked or canceled under A.R.S. §§ 17-334, 17-338, or 17-339 within the two calendar years immediately preceding the date of application;
  2. The person's credit record or assets assure the Department that the value of the licenses shall be adequately protected;
  3. The person agrees to assume financial responsibility for licenses provided by the Department at the maximum value established under R12-4-102.
- C.** A person shall apply for a license dealer's license by submitting an application to any Department office. The application is furnished by the Department and is available at any Department office. A license dealer license applicant shall provide all of the following information on the application:
1. The principal business or corporation information:
    - a. Name,
    - b. Physical address, and
    - c. Telephone number;
    - d. If not a corporation, the applicant shall provide the information required under subsections (C)(1)(a), (b), and (c) for each owner;
  2. The contact information for the person responsible for ensuring compliance with this Section:
    - a. Name,
    - b. Business address, and
    - c. Business telephone number;
  3. Whether the applicant has previously sold licenses under A.R.S. § 17-334;
  4. Whether the applicant is seeking renewal of an existing license dealer's license;
  5. Credit references and a statement of assets and liabilities; and
  6. Dealer outlet information:
    - a. Name,
    - b. Physical address,
    - c. Telephone number, and
    - d. Name of the person responsible for ensuring compliance with this Section at each dealer outlet.
- D.** A license dealer may request to add dealer outlets to the license dealer's license, at any time during the license year, by

submitting the application form containing the information required under subsection (C) to the Department and paying the fee established under R12-4-102.

- E.** An applicant who is denied a license dealer's license under this Section may appeal to the Commission as provided under A.R.S. Title 41, Chapter 6, Article 10.
- F.** The Department shall:
1. Provide to the license dealer all licenses that the license dealer will make available to the public for sale,
  2. Authorize the license dealer to use the dealer's own license stock, or
  3. Authorize the license dealer to issue licenses and permits online via the Department's License Dealer Portal.
- G.** Upon receipt of licenses provided by the Department, the license dealer shall verify the licenses received are the licenses identified on the shipment inventory provided by the Department with the shipment.
1. Within five working days from receipt of shipment, the person performing the verification shall:
    - a. Clearly designate any discrepancies on the shipment inventory,
    - b. Sign and date the shipping inventory, and
    - c. Return the signed shipping inventory to the Department.
  2. The Department shall verify any discrepancies identified by the license dealer and credit or debit the license dealer's inventory accordingly.
- H.** A license dealer shall maintain an inventory of licenses for sale to the public at each outlet.
- I.** A license dealer's license holder shall transmit to the Department all collected license or permit fees established under R12-4-102.
1. A license dealer's license holder may collect and retain a reasonable and commensurate fee for its services.
  2. Each license dealer's license holder shall identify to the public the Department's license fees separately from any other costs.
- J.** A license dealer may request additional licenses in writing or verbally.
1. The request shall include:
    - a. The name of the license dealer,
    - b. The assigned dealer number,
    - c. A list of the licenses needed, and
    - d. The name of the person making the request.
  2. Within 10 calendar days from receipt of a request, the Department shall provide the licenses requested, unless:
    - a. The license dealer failed to acknowledge licenses previously provided to the license dealer, as required under subsection (G);
    - b. The license dealer failed to transmit license fees, as required under subsection (J); or
    - c. The license dealer is not in compliance with this Section and all applicable statutes and rules.
- K.** A license dealer shall transmit to the Department all license fees collected by the tenth day of each month, prescribed under A.R.S. § 17-338(A). Failure to comply with the requirements of this subsection shall result in the cancellation of the license dealer's license, as authorized under A.R.S. § 17-338(A).
- L.** A license dealer shall submit a monthly report to the Department by the tenth day of each month, as prescribed under A.R.S. § 17-339.
1. The monthly report form is furnished by the Department.

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2. A monthly report is required regardless of whether or not activities were performed.
3. Failure to submit the monthly report in compliance with this subsection shall be cause to cancel the license dealer's license.
4. The license dealer shall include in the monthly report all of the following information for each outlet:
  - a. Name of the dealer;
  - b. The assigned dealer number;
  - c. Reporting period;
  - d. Number of sales and dollar amount of sales for reporting period, by type of license sold;
  - e. Debit and credit adjustments for previous reporting periods, if any;
  - f. Number of affidavits received for which a duplicate license was issued under R12-4-103;
  - g. List of lost or missing licenses; and
  - h. Printed name and signature of the preparer.
5. In addition to the information required under subsection (L), the license dealer shall also provide the affidavit for each duplicate license issued by the dealer during the reporting period.
  - a. The affidavit is furnished by the Department and is included in the license book.
  - b. A license dealer who fails to submit the affidavit for a duplicate license issued by the license dealer shall remit to the Department the actual cash value of the original license replaced.
- L.** The Department shall provide written notice of suspension and demand the return of all inventory within five calendar days from any license dealer who:
  1. Fails to transmit monies due the Department under A.R.S. § 17-338 by the deadline established under subsection (J);
  2. Issues to the Department more than one check with insufficient funds during a calendar year; or
  3. Otherwise fails to comply with this Section and all applicable statutes and rules.
- M.** As prescribed under A.R.S. § 17-338, the actual cash value of licenses not returned to the Department is due and payable to the Department within 15 working days from the date the Department provides written notice to the license dealer. This includes, but is not limited to:
  1. Licenses not returned upon termination of business by a license dealer; or
  2. Licenses reported by a dealer outlet or discovered by the Department to be lost, missing, stolen, or destroyed for any reason.
- N.** In addition to those violations that may result in revocation, suspension, or cancellation of a license dealer's license as prescribed under A.R.S. §§ 17-334, 17-338, and 17-339, the Commission may revoke a license dealer's license if the license dealer or an employee of the license dealer is convicted of counseling, aiding, or attempting to aid any person in obtaining a fraudulent license.

**Historical Note**

Amended effective June 7, 1976 (Supp. 77-3). Former Section R12-4-08 renumbered as Section R12-4-105 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-105 repealed, new Section R12-4-105 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-105 repealed, new Section R12-4-105 adopted effective January 1, 1989, filed December 30,

1988" (Supp. 89-2). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

**R12-4-106. Special Licenses Licensing Time-frames**

- A.** For the purposes of this Section, the following definitions apply:
 

"Administrative review time-frame" has the same meaning as prescribed under A.R.S. § 41-1072(1).

"License" means any permit or authorization issued by the Department and listed under subsection (H).

"Overall time-frame" has the same meaning as prescribed under A.R.S. § 41-1072(2).

"Substantive review time-frame" has the same meaning as prescribed under A.R.S. § 41-1072(3).
- B.** As required under A.R.S. § 41-1072 et seq., within the overall time-frames listed in the Table 1. Time-Frames, the Department shall either:
  1. Grant a license to an applicant after determining the applicant meets all of the criteria required by statute and the governing rule; or
  2. Deny a license to an applicant when the Department determines the applicant does not meet all of the criteria required by statute and the governing rule.
    - a. The Department may deny a license at any point during the review process if the information provided by the applicant demonstrates the applicant is not eligible for the license as prescribed under statute or the governing rule.
    - b. The Department shall issue a written denial notice when it is determined that an applicant does not meet all of the criteria for the license.
    - c. The written denial notice shall provide:
      - i. The Department's justification for the denial, and
      - ii. When a hearing or appeal is authorized, an explanation of the applicant's right to a hearing or appeal.
- C.** During the overall time-frame:
  1. The applicant and the Department may agree in writing to extend the overall time-frame.
  2. The substantive review time-frame shall not be extended by more than 25% of the overall time-frame.
- D.** An applicant may withdraw an application at any time.
- E.** The administrative review time-frame shall begin upon the Department's receipt of an application.
  1. During the administrative review time-frame, the Department may return to the applicant, without denial, an application that is missing any of the information required under R12-4-409 and the rule governing the specific license. The Department shall issue to the applicant a written notice that identifies all missing information and indicates the applicant has 30 days in which to provide the missing information.
  2. The administrative review time-frame and the overall time-frame listed for the applicable license under this



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- Section are suspended from the date on the notice until the date the Department receives the missing information.
3. If an applicant fails to respond to a request for missing information within 30 days, the Department shall consider the application withdrawn.
- F.** The substantive review time-frame shall begin when the Department determines an application is complete.
1. During the substantive review time-frame, the Department may make one comprehensive written request for additional information. The written notice shall:
    - a. Identify the additional information, and
    - b. Indicate the applicant has 30 days in which to submit the additional information.
    - c. The Department and the applicant may mutually agree in writing to allow the agency to submit supplemental requests for additional information.
  - d. If an applicant fails to respond to a request for additional information within 30 days, the Department shall consider the application withdrawn.
  2. The substantive review time-frame and the overall time-frame listed for the applicable license under this Section are suspended from the date on the request until the date the Department receives the additional information.
- G.** If the last day of the time-frame period falls on a Saturday, Sunday, or an official State holiday, the Department shall consider the next business day the time-frame period's last day. All periods listed are:
1. Calendar days, and
  2. Maximum time periods.
- H.** The Department may grant or deny a license in less time than specified in Table 1. Time-Frames.

**Table 1. Time-Frames**

Name of Special License	Governing Rule	Administrative Review Time-frame	Substantive Review Time-frame	Overall Time-frame
Aquatic Wildlife Stocking License	R12-4-410	10 days	170 days	180 days
Authorization for Use of Drugs on Wildlife	R12-4-309	20 days	70 days	90 days
Challenged Hunter Access/Mobility Permit	R12-4-217	1 day	29 days	30 days
Crossbow Permit	R12-4-216	1 day	29 days	30 days
Disabled Veteran's License	R12-4-202	1 day	29 days	30 days
Fishing Permits	R12-4-310	10 days	20 days	30 days
Game Bird License	R12-4-414	10 days	20 days	30 days
Guide License	R12-4-208	10 days	20 days	30 days
License Dealer's License	R12-4-105	10 days	20 days	30 days
Live Bait Dealer's License	R12-4-411	10 days	20 days	30 days
Pioneer License	R12-4-201	1 day	29 days	30 days
Private Game Farm License	R12-4-413	10 days	20 days	30 days
Scientific Activity License	R12-4-418	10 days	20 days	30 days
Small Game Depredation Permit	R12-4-113	10 days	20 days	30 days
Sport Falconry License	R12-4-422	10 days	20 days	30 days
Taxidermy Registration	R12-4-204	10 days	20 days	30 days
Watercraft Agents	R12-4-509	10 days	20 days	30 days
White Amur Stocking License	R12-4-424	10 days	20 days	30 days
Wildlife Holding License	R12-4-417	10 days	20 days	30 days
Wildlife Rehabilitation License	R12-4-423	10 days	50 days	60 days
Wildlife Service License	R12-4-421	10 days	50 days	60 days
Zoo License	R12-4-420	10 days	20 days	30 days

**Historical Note**

Editorial correction subsections (F) through (G) (Supp. 78-5). Former Section R12-4-09 renumbered as Section R12-4-106 without change effective August 13, 1981 (Supp. 81-4). Repealed effective May 27, 1992 (Supp. 92-2). New Section adopted June 10, 1998 (Supp. 98-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

**R12-4-107. Bonus Point System**

- A.** For the purpose of this Section, the following definitions apply:

"Bonus point hunt number" means the hunt number assigned in a Commission Order for use by an applicant who is applying for a bonus point only.

"Loyalty bonus point" means a bonus point awarded to a person who has submitted a valid application for a hunt permit-tag or a bonus point for a specific genus identified in subsection (B) at least once annually for a consecutive five-year period.

- B.** The bonus point system grants a person one random number entry in each computer draw for bear, bighorn sheep, bison, deer, elk, javelina, pronghorn, Sandhill crane, or turkey for each bonus point that person has accumulated under this Section.

1. Each bonus point random number entry is in addition to the entry normally granted under R12-4-104.
2. When processing a "group" application, as defined under R12-4-104, the Department shall use the average number of bonus points accumulated by all persons in the group, rounded to the nearest whole number. If the average num-

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- ber of bonus points is equal to or greater than .5, the total will be rounded to the next higher number.
3. The Department shall credit a bonus point under an applicant's Department identification number for the genus on the application.
  4. The Department shall not transfer bonus points between persons or genera.
- C.** The Department shall award one bonus point to an applicant who submits a valid Hunt Permit-tag Application provided the following apply:
1. The application is unsuccessful in the computer draw or the application is for a bonus point only;
  2. The application is unsuccessful in the computer draw:
    - a. The applicant is age 10 or younger, and is applying for a hunt for wildlife other than big game; or
    - b. The application is for a bonus point for wildlife other than big game only;
  3. The application is not for a hunt permit-tag leftover after the computer draw and available on a first-come, first-served basis as established under R12-4-114; and
  4. The applicant either provides the appropriate hunting license number on the application, or submits an application and fees for the applicable license with the Hunt Permit-tag Application Form, as applicable.
- D.** An applicant who purchases a bonus point only shall:
1. Submit a valid Hunt Permit-tag Application, as prescribed under R12-4-104 at the times, locations, and in the manner and method established by the schedule published by the Department and available at any Department office, on the Department's website, or a license dealer.
    - a. When the application is submitted for a hunt permit-tag or bonus point, the Department shall reject any application that:
      - i. Indicates the bonus point only hunt number as any choice other than the first-choice,
      - ii. Includes any other hunt number on the application,
      - iii. Includes more than one Hunt Permit-tag Application per genus per computer draw, or
      - iv. Is submitted after the application deadline for that specific computer draw.
    - b. When the application is submitted for a bonus point during the extended bonus point period, the Department shall reject any application that:
      - i. Includes more than one Hunt Permit-tag Application per genus, or
      - ii. Is submitted after the application deadline for that extended bonus point period.
  2. Include the applicable fees:
    - a. Application fee, and
    - b. Applicable license fee, required when the applicant does not possess a valid license at the time of application and the applicant is applying for a hunt permit-tag.
- E.** With the exception of the conservation education and hunter education bonus points, each accumulated bonus point is valid only for the genus designated on the Hunt Permit-tag Application.
- F.** With the exception of a permanent bonus point awarded for conservation education or hunter education and a loyalty bonus point which is accrued and forfeited as established under subsection (L), a person's accumulated bonus points for a genus are expended if:
1. The person is issued a hunt permit-tag for that genus in a computer draw;
  2. The person fails to submit a Hunt Permit-tag Application for that genus for five consecutive years; or
  3. The person purchases a surrendered tag as prescribed under R12-4-118(F)(1), (2), or (3).
- G.** Notwithstanding subsection (F), the Department shall restore any expended bonus points to a person who surrenders or transfers a tag in compliance with R12-4-118 or R12-4-121.
- H.** An applicant issued a first-come, first-served hunt permit-tag under R12-4-114(C)(2)(e) after the computer draw does not expend bonus points for that genus.
- I.** An applicant who is unsuccessful for a first-come, first-served hunt permit-tag made available by the Department after the computer draw is not eligible to receive a bonus point.
- J.** The Department shall award one permanent bonus point for each genus upon a person's first graduation from either:
1. A Department-sanctioned Arizona Hunter Education Course completed after January 1, 1980, or
  2. The Department's Arizona Conservation Education Course completed after January 1, 2021.
    - a. Course participants are required to provide the following information upon registration, the participants:
      - i. Name;
      - ii. Mailing address;
      - iii. Telephone number;
      - iv. Email address, when available;
      - v. Date of birth; and
      - vi. Department ID number, when applicable.
    - b. The Arizona Game and Fish Department-certified Instructor shall submit the course paperwork to the Department within 10 business days of course completion. Course paperwork must be received by the Department no less than 30 days before the computer draw application deadline, as specified in the hunt permit-tag application schedule in order for the Department to assign hunter education bonus points in the next computer draw.
    - c. Any person who is nine years of age or older may participate in a hunter education course or the Department's conservation education course. When the person is under 10 years of age, the hunter education completion card and certificate shall become valid on the person's 10th birthday.
    - d. The Department shall not award hunter education bonus points for any of the following specialized hunter education courses:
      - i. Bowhunter Education,
      - ii. Trapper Education, or
      - iii. Advanced Hunter Education.
- K.** The Department provides an applicant's total number of accumulated bonus points on the Department's application website or IVR telephone system.
1. If a person believes the total number of accumulated bonus points is incorrect, the person may request proof of compliance with this Section, from the Department, to prove Department error.
  2. In the event of an error, the Department shall correct the person's record.
- L.** The following provisions apply to the loyalty bonus point program:
1. An applicant who submits a valid application at least once a year for a hunt permit-tag or a bonus point for a

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specific genus consecutively for a five-year period shall accrue a loyalty bonus point for that genus.

2. Except as established under subsection (N), once a loyalty bonus point is accrued, the applicant shall retain the loyalty bonus point provided the applicant annually submits an application, with funds sufficient to cover all application fees and applicable license fees for each applicant listed on the application, for a hunt permit-tag or a bonus point for the genus for which the loyalty bonus point was accrued.
  3. An applicant who fails to apply in any calendar year for a hunt permit-tag or bonus point for the genus for which the loyalty bonus point was accrued shall forfeit the loyalty bonus point for that genus.
  4. A loyalty bonus point is accrued in addition to all other bonus points.
- M.** It is unlawful for a person to purchase or accrue a bonus point by fraud or misrepresentation and any bonus point so obtained shall be removed from the person's Department record.

**Historical Note**

Former Section R12-4-03 renumbered as Section R12-4-107 without change effective August 13, 1981 (Supp. 81-4). Section R12-4-107 repealed, new Section R12-4-107 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective July 29, 1992 (Supp. 92-3). Section R12-4-107 repealed, new Section R12-4-107 adopted effective January 1, 1999; filed with the Office of the Secretary of State February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 845, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005 (Supp. 05-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005; amended by final rulemaking at 11 A.A.R. 1177, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**R12-4-108. Management Unit Boundaries**

- A.** For the purpose of this Section, parentheses mean "also known as," and the following definitions shall apply:

"FH" means forest highway.

"FR" means forest road.

"Hwy" means Highway.

"I-8" means Interstate Highway 8.

"I-10" means Interstate Highway 10.

"I-15" means Interstate Highway 15.

"I-17" means Interstate Highway 17.

"I-19" means Interstate Highway 19.

"I-40" means Interstate Highway 40.

"mp" means "milepost."

- B.** The state is divided into units for the purpose of managing wildlife. Each unit is identified by a number, or a number and letter. For the purpose of this Section, Indian reservation land contained within any management unit is not under the jurisdiction of the Arizona Game and Fish Commission or the Arizona Game and Fish Department.

- C.** Management unit descriptions are as follows:

Unit 1 – Beginning at the New Mexico state line and U.S. Hwy 60; west on U.S. Hwy 60 to Vernon Junction; southerly on the Vernon-McNary Rd. (FR 224) to the White Mountain Apache Indian Reservation boundary; east and south along the reservation boundary to Black River; east and north along Black River to the east fork of Black River; north along the east fork to Three Forks; and continuing north and east on the Three Forks-Williams Valley Alpine Rd. (FR 249) to U.S. Hwy 180; east on U.S. Hwy 180 to the New Mexico state line; north along the state line to U.S. Hwy 60.

Unit 2A – Beginning at St. Johns on U.S. Hwy 191 (AZ Hwy 61); north on U.S. Hwy 191 (AZ Hwy 61) to the Navajo Indian Reservation boundary; westerly along the reservation boundary to AZ Hwy 77; south on AZ Hwy 77 to Exit 292 on I-40; west on the westbound lane of I-40 to Exit 286; south on AZ Hwy 77 to U.S. Hwy 180; southeast on U.S. Hwy 180 to AZ Hwy 180A; south on AZ Hwy 180A to AZ Hwy 61; east on AZ Hwy 61 to U.S. Hwy 180 (AZ Hwy 61); east to U.S. Hwy 191 at St. Johns; except those portions that are sovereign tribal lands of the Zuni Tribe.

Unit 2B – Beginning at Springerville; east on U.S. Hwy 60 to the New Mexico state line; north along the state line to the Navajo Indian Reservation boundary; westerly along the reservation boundary to U.S. Hwy 191 (AZ Hwy 61); south on U.S. Hwy 191 (U.S. Hwy 180) to Springerville.

Unit 2C – Beginning at St. Johns on U.S. Hwy 191 (AZ Hwy 61); west on to AZ Hwy 61 Concho; southwest on AZ Hwy 61 to U.S. Hwy 60; east on U.S. Hwy 60 to U.S. Hwy 191 (U.S. Hwy 180); north on U.S. Hwy 191 (U.S. Hwy 180) to St. Johns.

Unit 3A – Beginning at the junction of U.S. Hwy 180 and AZ Hwy 77; south on AZ Hwy 77 to AZ Hwy 377; southwesterly on AZ Hwy 377 to AZ Hwy 277; easterly on AZ Hwy 277 to Snowflake; easterly on the Snowflake-Concho Rd. to U.S. Hwy 180A; north on U.S. Hwy 180A to U.S. Hwy 180; northwesterly on U.S. Hwy 180 to AZ Hwy 77.

Unit 3B – Beginning at Snowflake; southerly along AZ Hwy 77 to U.S. Hwy 60; southwesterly along U.S. Hwy 60 to the White Mountain Apache Indian Reservation boundary; easterly along the reservation boundary to the Vernon-McNary Rd. (FR 224); northerly along the Vernon-McNary Rd. to U.S. Hwy 60; west on U.S. Hwy 60 to AZ Hwy 61; northeasterly on AZ Hwy 61 to AZ Hwy 180A; northerly on AZ Hwy 180A to Concho-Snowflake Rd.; westerly on the Concho-Snowflake Rd. to Snowflake.

Unit 3C – Beginning at Snowflake; westerly on AZ Hwy 277 to AZ Hwy 260; westerly on AZ Hwy 260 to the Sitgreaves National Forest boundary with the Tonto

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National Forest; easterly along the Apache-Sitgreaves National Forest boundary to U.S. Hwy 60 (AZ Hwy 77); northeasterly on U.S. Hwy 60 (AZ Hwy 77) to Showlow; northerly along AZ Hwy 77 to Snowflake.

Unit 4A – Beginning on the boundary of the Apache-Sitgreaves National Forest with the Coconino National Forest at the Mogollon Rim; north along this boundary (Leonard Canyon) to East Clear Creek; northerly along East Clear Creek to AZ Hwy 99; north on AZ Hwy 99 to AZ Hwy 87; north on AZ Hwy 87 to Business I-40 (3rd St.); west on Business I-40 (3rd St.) to Hipkoe Dr.; northerly on Hipkoe Dr. to I-40; west on I-40 to mp 221.4; north to the southwest corner of the Navajo Indian Reservation boundary; east along the Navajo Indian Reservation boundary to the Little Colorado River; southerly along the Little Colorado River to Chevelon Creek; southerly along Chevelon Creek to Woods Canyon; westerly along Woods Canyon to Woods Canyon Lake Rd.; westerly and southerly along the Woods Canyon Lake Rd. to the Mogollon Rim; westerly along the Mogollon Rim to the boundary of the Apache-Sitgreaves National Forest with the Coconino National Forest.

Unit 4B – Beginning at AZ Hwy 260 and the Sitgreaves National Forest boundary with the Tonto National Forest; northeasterly on AZ Hwy 260 to AZ Hwy 277; northeasterly on AZ Hwy 277 to Hwy 377; northeasterly on AZ Hwy 377 to AZ Hwy 77; northeasterly on AZ Hwy 77 to I-40 Exit 286; northeasterly along the westbound lane of I-40 to Exit 292; north on AZ Hwy 77 to the Navajo Indian Reservation boundary; west along the reservation boundary to the Little Colorado River; southerly along the Little Colorado River to Chevelon Creek; southerly along Chevelon Creek to Woods Canyon; westerly along Woods Canyon to Woods Canyon Lake Rd. (FH 151); westerly and southerly along the Woods Canyon Lake Rd. (FH 151) to the Mogollon Rim; easterly along the Mogollon Rim to the intersection of AZ Hwy 260 and the Sitgreaves National Forest boundary with the Tonto National Forest.

Unit 5A – Beginning at the junction of the Sitgreaves National Forest boundary with the Coconino National Forest boundary at the Mogollon Rim; northerly along this boundary (Leonard Canyon) to East Clear Creek; northeasterly along East Clear Creek to AZ Hwy 99; north on AZ Hwy 99 to AZ Hwy 87; north on AZ Hwy 87 to Business I-40 (3rd St.); west on Business I-40 (3rd St.) to Hipkoe Dr.; north on Hipkoe Dr. to I-40; west on I-40 to the Meteor Crater Rd. (Exit 233); southerly on the Meteor Crater-Chavez Pass-Jack's Canyon Rd. (FR 69) to AZ Hwy 87; southwesterly along AZ Hwy 87 to the Coconino-Tonto National Forest boundary; easterly along the Coconino-Tonto National Forest boundary (Mogollon Rim) to the Sitgreaves National Forest boundary with the Coconino National Forest.

Unit 5B – Beginning at Lake Mary-Clint's Well Rd. (FH3) and Walnut Canyon (mp 337.5 on FH3); southeasterly on FH3 to AZ Hwy 87; northeasterly on AZ Hwy 87 to FR 69; westerly and northerly on FR 69 to I-40 (Exit 233); west on I-40 to Walnut Canyon (mp 210.2); southwesterly along the bottom of Walnut Canyon to Walnut Canyon National Monument; southwesterly along the northern boundary of the Walnut Canyon National Monu-

ment to Walnut Canyon; southwesterly along the bottom of Walnut Canyon to FH3 (mp 337.5).

Unit 6A – Beginning at the junction of AZ Hwy 89A and FR 237; southwesterly on AZ Hwy 89A to the Verde River; southeasterly along the Verde River to the confluence with Fossil Creek; northeasterly along Fossil Creek to Fossil Springs; southeasterly on FS trail 18 (Fossil Spring Trail) to the top of the rim; northeasterly on the rim to Nash Point on the Tonto-Coconino National Forest boundary; easterly along this boundary to AZ Hwy 87; northeasterly on AZ Hwy 87 to Lake Mary-Clint's Well Rd. (FH3); northwesterly on FH3 to FR 132; southwesterly on FR 132 to FR 296; southwesterly on FR 296 to FR 296A; southwesterly on FR 296A to FR 132; northwesterly on FR 132 to FR 235; westerly on FR 235 to Priest Draw; southwesterly along the bottom of Priest Draw to FR 235; westerly on FR 235 to FR 235A; westerly on FR 235A to FR 235; southerly on FR 235 to FR 235K; northwesterly on FR 235K to FR 700; northerly on FR 700 to Mountaineer Rd.; west on Mountaineer Rd. to FR 237; westerly on FR 237 to AZ Hwy 89A except those portions that are sovereign tribal lands of the Yavapai-Apache Nation.

Unit 6B – Beginning at mp 188.5 on I-40 at a point just north of the east boundary of Camp Navajo; south along the eastern boundary of Camp Navajo to the southeastern corner of Camp Navajo; southeast approximately 1/3 mile through the forest to the forest road in section 33; southeast on the forest road to FR 231 (Woody Mountain Rd.); easterly on FR 231 to FR 533; southerly on FR 533 to AZ Hwy 89A; southerly on AZ Hwy 89A to the Verde River; northerly along the Verde River to Sycamore Creek; northeasterly along Sycamore Creek and Volunteer Canyon to the southwest corner of the Camp Navajo boundary; northerly along the western boundary of Camp Navajo to the northwest corner of Camp Navajo; continuing north to I-40 (mp 180.0); easterly along I-40 to mp 188.5.

Unit 7 – Beginning at the junction of AZ Hwy 64 and I-40 (in Williams); easterly on I-40 to FR 171 (mp 184.4 on I-40); northerly on FR 171 to the Transwestern Gas Pipeline; easterly along the Transwestern Gas Pipeline to FR 420 (Schultz Pass Rd.); northeasterly on FR 420 to U.S. Hwy 89; across U.S. Hwy 89 to FR 545; east on FR 545 to the Sunset Crater National Monument; easterly along the southern boundary of the Sunset Crater National Monument to FR 545; east on FR 545 to the 345 KV transmission lines 1 and 2; southeasterly along the power lines to I-40 (mp 212 on I-40); east on I-40 to mp 221.4; north to the southwest corner of the Navajo Indian Reservation boundary; northerly and westerly along the reservation boundary to the Four Corners Gas Line; southwesterly along the Four Corners Gas Line to U.S. Hwy 180; west on U.S. Hwy 180 to AZ Hwy 64; south on AZ Hwy 64 to I-40.

Unit 8 – Beginning at the junction of I-40 and AZ Hwy 89 (in Ash Fork, Exit 146); south on AZ Hwy 89 to the Verde River; easterly along the Verde River to Sycamore Creek; northerly along Sycamore Creek to Volunteer Canyon; northeasterly along Volunteer Canyon to the west boundary of Camp Navajo; north along the bound-

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ary to a point directly north of I-40; west on I-40 to AZ Hwy 89.

Unit 9 – Beginning where Cataract Creek enters the Havasupai Reservation; easterly and northerly along the Havasupai Reservation boundary to Grand Canyon National Park; easterly along the Grand Canyon National Park boundary to the Navajo Indian Reservation boundary; southerly along the reservation boundary to the Four Corners Gas Line; southwesterly along the Four Corners Gas Line to U.S. Hwy 180; westerly along U.S. Hwy 180 to AZ Hwy 64; south along AZ Hwy 64 to Airpark Rd.; west and north along Airpark Rd. to the Valle-Cataract Creek Rd.; westerly along the Valle-Cataract Creek Rd. to Cataract Creek at Island Tank; northwesterly along Cataract Creek to the Havasupai Reservation Boundary.

Unit 10 – Beginning at the junction of AZ Hwy 64 and I-40; westerly on I-40 to Crookton Rd. (AZ Hwy 66, Exit 139); westerly on AZ Hwy 66 to the Hualapai Indian Reservation boundary; northeasterly along the reservation boundary to Grand Canyon National Park; east along the park boundary to the Havasupai Indian Reservation; easterly and southerly along the reservation boundary to where Cataract Creek enters the reservation; southeasterly along Cataract Creek in Cataract Canyon to Island Tank; easterly on the Cataract Creek-Valle Rd. to Airpark Rd.; south and east along Airpark Rd. to AZ Hwy 64; south on AZ Hwy 64 to I-40.

Unit 11M – Beginning at the junction of Lake Mary-Clint's Well Rd (FH3) and Walnut Canyon (mp 337.5 on FH3); northeasterly along the bottom of Walnut Canyon to the Walnut Canyon National Monument boundary; northeasterly along the northern boundary of the Walnut Canyon National Monument to Walnut Canyon; northeasterly along the bottom of Walnut Canyon to I-40 (mp 210.2); east on I-40 to the 345 KV transmission lines 1&2 (mp 212 on I-40); north and northeasterly along the power line to FR 545 (Sunset Crater Rd); west along FR 545 to the Sunset Crater National Monument boundary; westerly along the southern boundary of the Sunset Crater National monument to FR 545; west on FR 545 to U.S. Hwy 89; across U.S. Hwy 89 to FR 420 (Schultz Pass Rd); southwesterly on FR 420 to the Transwestern Gas Pipeline; westerly along the Transwestern Gas Pipeline to FR 171; south on FR 171 to I-40 (mp 184.4 on I-40); east on I-40 to a point just north of the eastern boundary of the Navajo Army Depot (mp 188.5 on I-40); south along the eastern boundary of the Navajo Army Depot to the southeast corner of the Depot; southeast approximately 1/3 mile to forest road in section 33; southeasterly along that forest road to FR 231 (Woody Mountain Rd); easterly on FR 231 to FR 533; southerly on FR 533 to U.S. Hwy 89A; southerly on U.S. Hwy 89A to FR 237; northeasterly on FR 237 to Mountaineer Rd; easterly on Mountaineer Rd to FR 700; southerly on FR 700 to FR 235K; southeasterly on FR 235K to FR 235; northerly on FR 235 to FR 235A; easterly on FR 235A to FR 235; easterly on FR 235 to Priest Draw; northeasterly along the bottom of Priest Draw to FR 235; easterly on FR 235 to FR 132; southeasterly on FR 132 to FR 296A; northeasterly on FR 296A to FR 296; northeasterly on FR 296 to FR 132; northeasterly on FR 132 to FH 3; southeasterly on FH 3 to the south rim of Walnut Canyon (mp 337.5 on FH3).

Unit 12A – Beginning at the confluence of the Colorado River and South Canyon; southerly and westerly along the Colorado River to Kanab Creek; northerly along Kanab Creek to Snake Gulch; northerly, easterly, and southerly around the Kaibab National Forest boundary to South Canyon; northeasterly along South Canyon to the Colorado River.

Unit 12B – Beginning at U.S. Hwy 89A and the Kaibab National Forest boundary near mp 566; southerly and easterly along the forest boundary to Grand Canyon National Park; northeasterly along the park boundary to Glen Canyon National Recreation area; easterly along the recreation area boundary to the Colorado River; north-easterly along the Colorado River to the Arizona-Utah state line; westerly along the state line to Kanab Creek; southerly along Kanab Creek to the Kaibab National Forest boundary; northerly, easterly, and southerly along this boundary to U.S. Hwy 89A near mp 566; except those portions that are sovereign tribal lands of the Kaibab Band of Paiute Indians.

Unit 13A – Beginning on the western edge of the Hurricane Rim at the Utah state line; southerly along the western edge of the Hurricane Rim to Mohave County Rd. 5 (the Mt. Trumbull Rd.); west along Mohave County Rd. 5 to the town of Mt. Trumbull (Bundyville); south from the town of Mt. Trumbull (Bundyville) on Mohave County Rd. 257 to BLM Rd. 1045; south on BLM Rd. 1045 to where it crosses Cold Spring Wash near Cold Spring Wash Pond; south along the bottom of Cold Spring Wash to Whitmore Wash; southerly along the bottom of Whitmore Wash to the Colorado River; easterly along the Colorado River to Kanab Creek; northerly along Kanab Creek to the Utah state line; west along the Utah state line to the western edge of the Hurricane Rim; except those portions that are sovereign tribal lands of the Kaibab Band of Paiute Indians.

Unit 13B – Beginning on the western edge of the Hurricane Rim at the Utah state line; southerly along the western edge of the Hurricane Rim to Mohave County Rd. 5 (the Mt. Trumbull Rd.); west along Mohave County Rd. 5 to the town of Mt. Trumbull (Bundyville); south from the town of Mt. Trumbull (Bundyville) on Mohave County Rd. 257 to BLM Rd. 1045; south on BLM Rd. 1045 to where it crosses Cold Spring Wash near Cold Spring Wash Pond; south along the bottom of Cold Spring Wash to Whitmore Wash; southerly along the bottom of Whitmore Wash to the Colorado River; westerly along the Colorado River to the Nevada state line; north along the Nevada state line to the Utah state line; east along the Utah state line to the western edge of the Hurricane Rim.

Unit 15A – Beginning at Pearce Ferry on the Colorado River; southerly on the Pearce Ferry Rd. to Antares Rd.; southeasterly on Antares Rd. to AZ Hwy 66; easterly on AZ Hwy 66 to the Hualapai Indian Reservation; west and north along the west boundary of the reservation to the Colorado River; westerly along the Colorado River to Pearce Ferry; except those portions that are sovereign tribal lands of the Hualapai Indian Tribe.

Unit 15B – Beginning at Kingman on I-40 (Exit 48); northwesterly on U.S. Hwy 93 to Hoover Dam; north and east along the Colorado River to Pearce Ferry; southerly on the Pearce Ferry Rd. to Antares Rd.; southeasterly on

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Antares Rd. to AZ Hwy 66; easterly on AZ Hwy 66 to Hackberry Rd.; southerly on the Hackberry Rd. to I-40; west on I-40 to Kingman (Exit 48).

Unit 15C – Beginning at Hoover Dam; southerly along the Colorado River to AZ Hwy 68 and Davis Dam; easterly on AZ Hwy 68 to U.S. Hwy 93; northwesterly on U.S. Hwy 93 to Hoover Dam.

Unit 15D – Beginning at AZ Hwy 68 and Davis Dam; southerly along the Colorado River to I-40; east and north on I-40 to Kingman (Exit 48); northwest on U.S. Hwy 93 to AZ Hwy 68; west on AZ Hwy 68 to Davis Dam; except those portions that are sovereign tribal lands of the Fort Mohave Indian Tribe.

Unit 16A – Beginning at Kingman on I-40 (Exit 48); south and west on I-40 to U.S. Hwy 95 (Exit 9); southerly on U.S. Hwy 95 to the Bill Williams River; easterly along the Bill Williams and Santa Maria rivers to U.S. Hwy 93; north on U.S. Hwy 93 to I-40 (Exit 71); west on I-40 to Kingman (Exit 48).

Unit 16B – Beginning at I-40 on the Colorado River; southerly along the Arizona-California state line to the Bill Williams River; east along the Bill Williams River to U.S. Hwy 95; north on U.S. Hwy 95 to I-40 (Exit 9); west on I-40 to the Colorado River.

Unit 17A – Beginning at the junction of the Williamson Valley Rd. (County Rd. 5) and the Camp Wood Rd. (FR 21); westerly on the Camp Wood Rd. to the west boundary of the Prescott National Forest; north along the forest boundary to the Baca Grant; east, north and west around the grant to the west boundary of the Prescott National Forest; north and east along the forest boundary to the Williamson Valley Rd. (County Rd. 5, FR 6); southerly on Williamson Valley Rd. (County Rd. 5, FR 6) to the Camp Wood Rd.

Unit 17B – Beginning at the junction of Iron Springs Rd. (County Rd. 10) and Williamson Valley Rd. (County Rd. 5) in Prescott; westerly on the Prescott-Skull Valley-Hillside-Bagdad Rd. to Bagdad; northeast on the Bagdad-Camp Wood Rd. (FR 21) to the Williamson Valley Rd. (County Rd. 5, FR 6); south on the Williamson Valley Rd. (County Rd. 5, FR 6) to the Iron Springs Rd.

Unit 18A – Beginning at Seligman; westerly on AZ Hwy 66 to the Hualapai Indian Reservation; southwest and west along the reservation boundary to AZ Hwy 66; southwest on AZ Hwy 66 to the Hackberry Rd.; south on the Hackberry Rd. to I-40; west along I-40 to U.S. Hwy 93; south on U.S. Hwy 93 to Cane Springs Wash; easterly along Cane Springs Wash to the Big Sandy River; northerly along the Big Sandy River to Trout Creek; northeast along Trout Creek to the Davis Dam-Prescott power line; southeasterly along the power line to the west boundary of the Prescott National Forest; north and east along the forest boundary to the Williamson Valley Rd. (County Rd. 5, FR 6); northerly on the Williamson Valley Rd. (County Rd. 5, FR 6) to Seligman and AZ Hwy 66; except those portions that are sovereign tribal lands of the Hualapai Indian Tribe.

Unit 18B – Beginning at Bagdad; southeast on AZ Hwy 96 to the Santa Maria River; southwest along the Santa Maria River to U.S. Hwy 93; northerly on U.S. Hwy 93 to

Cane Springs Wash; easterly along Cane Springs Wash to the Big Sandy River; northerly along the Big Sandy River to Trout Creek; northeasterly along Trout Creek to the Davis Dam-Prescott power line; southeasterly along the power line to the west boundary of the Prescott National Forest; south along the forest boundary to the Baca Grant; east, south and west along the forest boundary; south along the west boundary of the Prescott National Forest; to the Camp Wood-Bagdad Rd.; southwesterly on the Camp Wood-Bagdad Rd. to Bagdad; except those portions that are sovereign tribal lands of the Hualapai Indian Tribe.

Unit 19A – Beginning at AZ Hwy 69 and AZ Hwy 89 (in Prescott); northerly on AZ Hwy 89 to the Verde River; easterly along the Verde River to I-17; southwesterly on the southbound lane of I-17 to AZ Hwy 69; northwesterly on AZ Hwy 69 to AZ Hwy 89; except those portions that are sovereign tribal lands of the Yavapai-Prescott Tribe and the Yavapai-Apache Nation.

Unit 19B – Beginning at the intersection of AZ Hwy 89 and AZ Hwy 69, west on Gurley St. to Grove Ave.; north on the Grove Ave. to Miller Valley Rd.; northwest on the Miller Valley Rd. to Iron Springs Rd.; northwest on the Iron Springs Rd. to the junction of Williamson Valley Rd. and Iron Springs Rd.; northerly on the Williamson Valley-Prescott-Seligman Rd. (FR 6, Williamson Valley Rd.) to AZ Hwy 66 at Seligman; east on Crookton Rd. (AZ Hwy 66) to I-40 (Exit 139); east on I-40 to AZ Hwy 89; south on AZ Hwy 89 to the junction with AZ Hwy 69; except those portions that are sovereign tribal lands of the Yavapai-Prescott Tribe.

Unit 20A – Beginning at the intersection of AZ Hwy 89 and AZ Hwy 69; west on Gurley St. to Grove Ave.; north on Grove Ave. to Miller Valley Rd.; northwest on Miller Valley Rd. to Iron Springs Rd.; west and south on Iron Springs Rd. (County Rd. 10) to Kirkland; southeast on Kirkland Junction Rd. (AZ Hwy 89, County Rd. 15) to Kirkland Junction (AZ Hwy 89); south on AZ Hwy 89 to Wagoner Rd. (County Rd. 60); southeasterly along Wagoner Rd. to Wagoner (confluence of Hassayampa River and Blind Indian Creek); from Wagoner easterly along Wagoner Rd. (County Rd. 60, FR 362) to Senator Highway (FR 52); easterly along Senator Highway to Crown King Rd. (County Rd. 59, FR 529); easterly along Crown King to Antelope Creek Rd. cutoff (County Rd. 179S); northeasterly along Antelope Creek Rd. cutoff to intersection of Antelope Creek Rd. (County Rd. 179); northeasterly on Antelope Creek Rd. to Cordes; east on Bloody Basin Rd. to I-17 (Exit 259); north on the southbound lane of I-17 to AZ Hwy 69; northwest on AZ Hwy 69 to junction of AZ Hwy 89 at Prescott; except those portions that are sovereign tribal lands of the Yavapai-Prescott Tribe.

Unit 20B – Beginning at the Hassayampa River and U.S. Hwy 60/93 (at Wickenburg), northeasterly along the Hassayampa River to Wagoner (confluence of Hassayampa River and Blind Indian Creek); from Wagoner easterly along Wagoner Rd. (County Rd. 60, FR 362) to Senator Highway (FR 52); easterly along Senator Highway (FR 52) to Crown Kind Rd. (County Rd. 59, FR 259); easterly along Crown King Rd. (County Rd. 59, FR 259) to Antelope Creek Rd. cutoff (County Rd. 179S); northeasterly

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along Antelope Creek Rd. cutoff to intersection of Antelope Creek Rd. (County Rd. 179); northeasterly on Antelope Creek Rd. to Cordes; east on Bloody Basin Rd. (County Rd. 73) to I-17 (Exit 259); south on the southbound lane of I-17 to New River Rd. (Exit 232); west on New River Rd. to AZ Hwy 74; west on AZ Hwy 74 to junction of U.S. Hwy 60/93; northwesterly on U.S. Hwy 60/93 to the Hassayampa River (at Wickenburg).

Unit 20C – Beginning at U.S. Hwy 60/93 and the Santa Maria River; northeasterly along the Santa Maria River to AZ Hwy 96; easterly on AZ Hwy 96 to Kirkland; southeast on Kirkland Junction Rd. (AZ. Hwy 96, County Rd. 15) to Kirkland Junction (U.S. Hwy 89); southeasterly along Wagoner Rd. (County Rd. 60) to Wagoner (confluence of Hassayampa River and Blind Indian Creek); from Wagoner southwesterly along the Hassayampa River to U.S. Hwy 60/93; northwesterly on U.S. Hwy 60/93 to the Santa Maria River.

Unit 21 – Beginning on I-17 at the Verde River; southerly on the southbound lane of I-17 to the New River Rd. (Exit 232); east on New River Rd. to Fig Springs Rd.; northeasterly on Fig Springs Rd. to Mingus Rd.; Mingus Rd. to the Tonto National Forest boundary; southeasterly along this boundary to the Verde River; north along the Verde River to I-17.

Unit 22 – Beginning at the junction of the Salt and Verde Rivers; north along the Verde River to the confluence with Fossil Creek; northeasterly along Fossil Creek to Fossil Springs; southeasterly on FS trail 18 (Fossil Spring Trail) to the top of the rim; northeasterly on the rim to Nash Point on the Tonto-Coconino National Forest boundary along the Mogollon Rim; easterly along this boundary to Tonto Creek; southerly along the east fork of Tonto Creek to the spring box, north of the Tonto Creek Hatchery, and continuing southerly along Tonto Creek to the Salt River; westerly along the Salt River to the Verde River; except those portions that are sovereign tribal lands of the Tonto Apache Tribe and the Fort McDowell Yavapai Nation.

Unit 23 – Beginning at the confluence of Tonto Creek and the Salt River; northerly along Tonto Creek to the spring box, north of the Tonto Creek Hatchery, on Tonto Creek; northeasterly along the east fork of Tonto Creek to the Tonto-Sitgreaves National Forest boundary along the Mogollon Rim; east along this boundary to the White Mountain Apache Indian Reservation boundary; southerly along the reservation boundary to the Salt River; westerly along the Salt River to Tonto Creek.

Unit 24A – Beginning on AZ Hwy 177 in Superior; southeasterly on AZ Hwy 177 to the Gila River; northeasterly along the Gila River to the San Carlos Indian Reservation boundary; easterly, westerly and northerly along the reservation boundary to the Salt River; southwesterly along the Salt River to AZ Hwy 288; southerly on AZ Hwys 288 and 188 to U.S. Hwy 60; southwesterly on U.S. Hwy 60 to AZ Hwy 177.

Unit 24B – Beginning on U.S. Hwy 60 in Superior; northeasterly on U.S. Hwy 60 to AZ Hwy 188; northerly on AZ Hwys 188 and 288 to the Salt River; westerly along the Salt River to the Tonto National Forest boundary near Granite Reef Dam; southeasterly along Forest boundary

to Forest Route 77 (Peralta Rd.); southwesterly on Forest Route 77 (Peralta Rd.) to U.S. Hwy 60; easterly on U.S. Hwy 60 to Superior.

Unit 25M – Beginning at the junction of 51st Ave. and I-10; west on I-10 to AZ Loop 303, northeasterly on AZ Loop 303 to I-17; north on I-17 to Carefree Hwy; east on Carefree Hwy to Cave Creek Rd.; northeasterly on Cave Creek Rd. to the Tonto National Forest boundary; easterly and southerly along the Tonto National Forest boundary to Fort McDowell Yavapai Nation boundary; northeasterly along the Fort McDowell Yavapai Nation boundary to the Verde River; southerly along the Verde River to the Salt River; southwesterly along the Salt River to the Tonto National Forest boundary; southerly along the Tonto National Forest boundary to Bush Hwy/Power Rd.; southerly on Bush Hwy/Power Rd. to AZ Loop 202; easterly, southerly, and westerly on AZ Loop 202 to the intersection of Pecos Rd. at I-10; west on Pecos Rd. to the Gila River Indian Community boundary; northwesterly along the Gila River Indian Community boundary to 51st Ave; northerly on 51st Ave to I-10; except those portions that are sovereign tribal lands.

Unit 26M – Beginning at the junction of I-17 and New River Rd. (Exit 232); southwesterly on New River Rd. to AZ Hwy 74; westerly on AZ Hwy 74 to U.S. Hwy 93; southeasterly on U.S. Hwy 93 to the Beardsley Canal; southwesterly on the Beardsley Canal to Indian School Rd.; west on Indian School Rd. to Jackrabbit Trail; south on Jackrabbit Trail to I-10 (Exit 121); west on I-10 to Oglesby Rd. (Exit 112); south on Oglesby Rd. to AZ Hwy 85; south on AZ Hwy 85 to the Gila River; northeasterly along the Gila River to the Gila River Indian Community boundary; southeasterly along the Gila River Indian Community boundary to AZ Hwy 347 (John Wayne Parkway); south on AZ Hwy 347 (John Wayne Parkway) to AZ Hwy 84; east on AZ Hwy 84 to Stanfield; south on the Stanfield-Cocklebur Rd. to the Tohono O'odham Nation boundary; easterly along the Tohono O'odham Nation boundary to Battaglia Rd.; east on Battaglia Rd. to Toltec Rd.; north on Toltec Rd. to I-10 (Exit 203); southeasterly on I-10 to AZ Hwy 87 (Exit 211); north on AZ Hwy 87 to AZ Hwy 287 north of Coolidge; east on AZ Hwy 287 to AZ Hwy 79; north on AZ Hwy 79 to U.S. Hwy 60; northwesterly on U.S. Highway 60 to Peralta Rd.; northeasterly along Peralta Rd. to the Tonto National Forest boundary; northwesterly along the Tonto National Forest boundary to the Salt River; northeasterly along the Salt River to the Verde River; northerly along the Verde River to the Tonto National Forest boundary; northwesterly along the Tonto National Forest boundary to Mingus Rd.; Mingus Rd. to Fig Springs Rd.; southwesterly on Fig Springs Rd. to New River Rd.; west on New River Rd. to I-17 (Exit 232); except Unit 25M and those portions that are sovereign tribal lands.

Unit 27 – Beginning at the New Mexico state line and AZ Hwy 78; southwest on AZ Hwy 78 to U.S. Hwy 191; north on U.S. Hwy 191 to Lower Eagle Creek Rd. (Pump Station Rd.); west on the Lower Eagle Creek Rd. (Pump Station Rd.) to Eagle Creek; north along Eagle Creek to the San Carlos Apache Indian Reservation boundary; north along the San Carlos Apache Indian Reservation boundary to Black River; northeast along Black River to the East Fork of Black River; northeast along the East

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Fork of Black River to Three Forks-Williams Valley-Alpine Rd. (FR 249); easterly along Three Forks-Williams Valley-Alpine Rd. to U.S. Hwy 180; southeast on U.S. Hwy 180 to the New Mexico state line; south along the New Mexico state line to AZ Hwy 78.

Unit 28 – Beginning at I-10 and the New Mexico state line; north along the state line to AZ Hwy 78; southwest on AZ Hwy 78 to U.S. Hwy 191; northwest on U.S. Hwy 191 to Clifton; westerly on the Lower Eagle Creek Rd. (Pump Station Rd.) to Eagle Creek; northerly along Eagle Creek to the San Carlos Indian Reservation boundary; southerly and west along the reservation boundary to U.S. Hwy 70; southeast on U.S. Hwy 70 to U.S. Hwy 191; south on U.S. Hwy 191 to I-10 Exit 352; easterly on I-10 to the New Mexico state line.

Unit 29 – Beginning on I-10 at the New Mexico state line; westerly on I-10 to the Bowie-Apache Pass Rd.; southerly on the Bowie-Apache Pass Rd. to AZ Hwy 186; southeast on AZ Hwy 186 to AZ Hwy 181; south on AZ Hwy 181 to the West Turkey Creek-Kuykendall cutoff road; southerly on the Kuykendall cutoff road to Rucker Canyon Rd.; easterly on the Rucker Canyon Rd. to Tex Canyon Rd.; southerly on Tex Canyon Rd. to U.S. Hwy 80; northeast on U.S. Hwy 80 to the New Mexico state line; north along the state line to I-10.

Unit 30A – Beginning at the junction of the New Mexico state line and U.S. Hwy 80; south along the state line to the U.S.-Mexico border; west along the border to U.S. Hwy 191; northerly on U.S. Hwy 191 to I-10 Exit 331; northeasterly on I-10 to the Bowie-Apache Pass Rd.; southerly on the Bowie-Apache Pass Rd. to AZ Hwy 186; southeasterly on AZ Hwy 186 to AZ Hwy 181; south on AZ Hwy 181 to the West Turkey Creek - Kuykendall cutoff road; southerly on the Kuykendall cutoff road to Rucker Canyon Rd.; easterly on Rucker Canyon Rd. to the Tex Canyon Rd.; southerly on Tex Canyon Rd. to U.S. Hwy 80; northeast on U.S. Hwy 80 to the New Mexico state line.

Unit 30B – Beginning at U.S. Hwy 191 and the U.S.-Mexico border; west along the border to the San Pedro River; north along the San Pedro River to I-10; northeasterly on I-10 to U.S. Hwy 191; southerly on U.S. Hwy 191 to the U.S.-Mexico border.

Unit 31 – Beginning at Willcox Exit 340 on I-10; north on Fort Grant Rd. to Brookerson Rd.; north on Brookerson Rd. to Ash Creek Rd.; west on Ash Creek Rd. to Fort Grant Rd.; north on Fort Grant Rd. to Bonita; northerly on the Bonita-Klondyke Rd. to the junction with Aravaipa Creek; west along Aravaipa Creek to AZ Hwy 77; northerly along AZ Hwy 77 to the Gila River; northeast along the Gila River to the San Carlos Indian Reservation boundary; south then east and north along the reservation boundary to U.S. Hwy 70; southeast on U.S. Hwy 70 to U.S. Hwy 191; south on U.S. Hwy 191 to the 352 exit on I-10; southwest on I-10 to Exit 340.

Unit 32 – Beginning at Willcox Exit 340 on I-10; north on Fort Grant Rd. to Brookerson Rd.; north on Brookerson Rd. to Ash Creek Rd.; west on Ash Creek Rd. to Fort Grant Rd.; north on Fort Grant Rd. to Bonita; northerly on the Bonita-Klondyke Rd. to the junction with Aravaipa Creek; west along Aravaipa Creek to AZ Hwy 77;

southerly along AZ Hwy 77 to the San Pedro River; southerly along the San Pedro River to I-10; northeast on I-10 to Willcox Exit 340.

Unit 33 – Beginning at Tangerine Rd. and AZ Hwy 77; north and northeast on AZ Hwy 77 to the San Pedro River; southeast along the San Pedro River to I-10 at Benson; west on I-10 to Marsh Station Rd. (Exit 291); northwest on the Marsh Station Rd. to the Agua Verde Rd.; north on the Agua Verde Rd. to its terminus then north 1/2 mile to the Coronado National Forest boundary; north and west along the National Forest boundary; then west, north, and east along the Saguaro National Park boundary; continuing north and west along the Coronado National Forest boundary to the southern boundary of Catalina State Park; west along the southern boundary of Catalina State Park to AZ Hwy 77; north on AZ Hwy 77 to Tangerine Rd.

Unit 34A – Beginning in Nogales at I-19 and Compound St.; northeast on Grand Avenue to AZ Hwy 82; northeast on AZ Hwy 82 to AZ Hwy 83; northerly on AZ Hwy 83 to the Sahuarita Rd. alignment; west along the Sahuarita Rd. alignment to I-19 Exit 75; south on I-19 to Grand Avenue (U.S. Hwy 89).

Unit 34B – Beginning at AZ Hwy 83 and I-10 Exit 281; easterly on I-10 to the San Pedro River; south along the San Pedro River to AZ Hwy 82; westerly on AZ Hwy 82 to AZ Hwy 83; northerly on AZ Hwy 83 to I-10 Exit 281.

Unit 35A – Beginning on the U.S.-Mexico border at the San Pedro River; west along the border to Lochiel Rd.; north on Lochiel Rd. to Patagonia San Rafael Rd.; north on the Patagonia San Rafael Rd. to San Rafael Valley-FS 58 Rd.; north on the San Rafael Valley-FS 58 Rd. to Christian Ln.; north on the Christian Ln. to Ranch Rd.; east and north on the Ranch Rd. to FR 799-Canelo Pass Rd.; northeasterly on the FR 799-Canelo Pass Rd. to AZ Hwy 83; northwesterly on the AZ Hwy 83 to Elgin Canelo Rd.; northeasterly on the Elgin-Canelo Rd. to Upper Elgin Rd.; north on the Upper Elgin Rd. to AZ Hwy 82; easterly on AZ Hwy 82 to the San Pedro River; south along the San Pedro River to the U.S.-Mexico border.

Unit 35B – Beginning at Grand Avenue Hwy 89 at the U.S.-Mexico border in Nogales; east along the U.S.-Mexico border to Lochiel Rd.; north on the Lochiel Rd. to Patagonia San Rafael Rd.; north on the Patagonia San Rafael Rd. to San Rafael Valley-FS 58 Rd.; north on the San Rafael Valley-FS 58 Rd. to Christian Ln.; north on the Christian Ln. to Ranch Rd.; east and north on the Ranch Rd. to FR 799-Canelo Pass Rd.; northeasterly on FR 799-Canelo Pass Rd. to AZ Hwy 83; northwesterly on the AZ Hwy 83 to Elgin Canelo Rd.; north on the Elgin Canelo Rd. to Upper Elgin Rd.; north on the Upper Elgin Rd. to AZ Hwy 82; southwest on AZ Hwy 82 to Grand Avenue; southwest on Grand Avenue to the U.S.-Mexico border.

Unit 36A – Beginning at the junction of Sandario Rd. and AZ Hwy 86; southwesterly on AZ Hwy 86 to AZ Hwy 286; southerly on AZ Hwy 286 to the Arivaca-Sasabe Rd.; southeasterly on the Arivaca-Sasabe Rd. to the town of Arivaca; from the town of Arivaca northeasterly on the Arivaca Rd. to I-19; north on I-19 to the southern bound-



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ary of the San Xavier Indian Reservation boundary; westerly and northerly along the reservation boundary to the Sandario Rd. alignment; north on Sandario Rd. to AZ Hwy 86.

Unit 36B – Beginning at I-19 and Compound St.; southeasterly on Compound St. to Sonoita Ave.; north on Sonoita Ave. to Crawford St.; southeasterly on Crawford St. to Grand Avenue in Nogales; southwest on Grand Avenue to the U.S.-Mexico border; west along the U.S.-Mexico border to AZ Hwy 286; north on AZ Hwy 286 to the Arivaca-Sasabe Rd.; southeasterly on the Arivaca-Sasabe Rd. to the town of Arivaca; from the town of Arivaca northeasterly on the Arivaca Rd. to I-19; south on I-19 to Grand Avenue.

Unit 36C – Beginning at the junction of AZ Hwy 86 and AZ Hwy 286; southerly on AZ Hwy 286 to the U.S.-Mexico border; westerly along the border to the east boundary of the Tohono O’odham (Papago) Indian Reservation; northerly along the reservation boundary to AZ Hwy 86; easterly on AZ Hwy 86 to AZ Hwy 286.

Unit 37A – Beginning at the junction of I-10 and Tangerine Rd. (Exit 240); southeast on I-10 to Avra Valley Rd. (Exit 242); west on Avra Valley Rd. to Sandario Rd.; south on Sandario Rd. to AZ Hwy 86; southwest on AZ Hwy 86 to the Tohono O’odham Nation boundary; north, east, and west along this boundary to Battaglia Rd.; east on Battaglia Rd. to Toltec Rd.; north on Toltec Rd. to I-10 (Exit 203); southeast on I-10 to AZ Hwy 87 (Exit 211); north on AZ Hwy 87 to AZ Hwy 287; east on AZ Hwy 287 to AZ Hwy 79 at Florence; southeast on AZ Hwy 79 to its junction with AZ Hwy 77; south on AZ Hwy 77 to Tangerine Rd.; west on Tangerine Rd. to I-10.

Unit 37B – Beginning at the junction of AZ Hwy 79 and AZ Hwy 77; northwest on AZ Hwy 79 to U.S. Hwy 60; east on U.S. Hwy 60 to AZ Hwy 177; southeast on AZ Hwy 177 to AZ Hwy 77; southeast and southwest on AZ Hwy 77 to AZ Hwy 79.

Unit 38M – Beginning at the junction of I-10 and Tangerine Rd. (Exit 240); southeast on I-10 to Avra Valley Rd. (Exit 242); west on Avra Valley Rd. to Sandario Rd.; south on Sandario Rd. to the San Xavier Indian Reservation boundary; south and east along the reservation boundary to I-19; south on I-19 to Sahuarita Rd. (Exit 75); east on Sahuarita Rd. to AZ Hwy 83; north on AZ Hwy 83 to I-10 (Exit 281); east on I-10 to Marsh Station Rd. (Exit 291); northwest on Marsh Station Rd. to the Agua Verde Rd.; north on the Agua Verde Rd. to its terminus, then north 1/2 mile to the Coronado National Forest boundary; north and west along the National Forest boundary, then west, north, and east along the Saguaro National Park boundary; continuing north and west along the Coronado National Forest boundary to the southern boundary of Catalina State Park; west along the southern boundary of Catalina State Park to AZ Hwy 77; north on AZ Hwy 77 to Tangerine Rd.; west on Tangerine Rd. to I-10.

Unit 39 – Beginning at AZ Hwy 85 and the Gila River; east along the Gila River to the western boundary of the Gila River Indian Community; southeasterly along this boundary to AZ Hwy 347 (John Wayne Parkway); south on AZ Hwy 347 (John Wayne Parkway) to AZ Hwy 84;

east on AZ Hwy 84 to Stanfield; south on the Stanfield-Cocklebur Rd. to I-8; westerly on I-8 to Exit 87; northerly on the Agua Caliente Rd. to the Hyder Rd.; northeasterly on Hyder Rd. to 555th Ave.; north on 555th Ave. to Lahman Rd.; east on Lahman Rd., which becomes Agua Caliente Rd.; northeasterly on Agua Caliente Rd. to Old Hwy 80; northeasterly on Old Hwy 80 to Arizona Hwy 85; southerly on AZ Hwy 85 to the Gila River; except those portions that are sovereign tribal lands of the Tohono O’odham Nation and the Ak-Chin Indian Community.

Unit 40A – Beginning at Ajo; southeasterly on AZ Hwy 85 to Why; southeasterly on AZ Hwy 86 to the Tohono O’odham (Papago) Indian Reservation; northerly and easterly along the reservation boundary to the Cocklebur-Stanfield Rd.; north on the Cocklebur-Stanfield Rd. to I-8; westerly on I-8 to AZ Hwy 85; southerly on AZ Hwy 85 to Ajo.

Unit 40B – Beginning at Gila Bend; westerly on I-8 to the Colorado River; southerly along the Colorado River to the Mexican border at San Luis; southeasterly along the border to the Cabeza Prieta National Wildlife Refuge; northerly, easterly and southerly around the refuge boundary to the Mexican border; southeast along the border to the Tohono O’odham (Papago) Indian Reservation; northerly along the reservation boundary to AZ Hwy 86; northwesterly on AZ Hwy 86 to AZ Hwy 85; north on AZ Hwy 85 to Gila Bend; except those portions that are sovereign tribal lands of the Cocopah Tribe.

Unit 41 – Beginning at I-8 and U.S. Hwy 95 (in Yuma); easterly on I-8 to exit 87; northerly on the Agua Caliente Rd. to the Hyder Rd.; northeasterly on Hyder Rd. to 555th Ave.; north on 555th Ave. to Lahman Rd.; east on Lahman Rd., which becomes Agua Caliente Rd.; northeasterly on Agua Caliente Rd. to Old Hwy 80; northeasterly on Old Hwy 80 to Arizona Hwy 85; northerly on AZ Hwy 85 to Oglesby Rd.; north on Oglesby Rd. to I-10; westerly on I-10 to Exit 45; southerly on Vicksburg-Kofa National Wildlife Refuge Rd. to the Refuge boundary; easterly, southerly, westerly, and northerly along the boundary to the Castle Dome Rd.; southwesterly on the Castle Dome Rd. to U.S. Hwy 95; southerly on U.S. Hwy 95 to I-8.

Unit 42 – Beginning at the junction of the Beardsley Canal and U.S. Hwy 93 (AZ 89, U.S. 60); northwesterly on U.S. Hwy 93 to AZ Hwy 71; southwesterly on AZ Hwy 71 to U.S. Hwy 60; westerly on U.S. Hwy 60 to Aguila; south on the Eagle Eye Rd. to the Salome-Hassayampa Rd.; southeasterly on the Salome-Hassayampa Rd. to I-10 (Exit 81); easterly on I-10 to Jackrabbit Trail (Exit 121); north along Jackrabbit Trail to the Indian School Rd.; east along Indian School Rd. to the Beardsley Canal; northeasterly along the Beardsley Canal to U.S. Hwy 93.

Unit 43A – Beginning at U.S. Hwy 95 and the Bill Williams River; west along the Bill Williams River to the Arizona-California state line; southerly to the south end of Cibola Lake; northerly and easterly on the Cibola Lake Rd. to U.S. Hwy 95; south on U.S. Hwy 95 to the Stone Cabin-King Valley Rd. (King Rd.); east along the Stone Cabin-King Valley Rd. (King Rd.) to the west boundary of the Kofa National Wildlife Refuge; northerly along the

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refuge boundary to the Crystal Hill Rd. (Blevens Rd.); northwesterly on the Crystal Hill Rd. (Blevens Rd.) to U.S. Hwy 95; northerly on U.S. Hwy 95 to the Bill Williams River; except those portions that are sovereign tribal lands of the Colorado River Indian Tribes.

Unit 43B – Beginning at the south end of Cibola Lake; southerly along the Arizona-California state line to I-8; southeasterly on I-8 to U.S. Hwy 95; easterly and northerly on U.S. Hwy 95 to the Castle Dome Rd.; northeast on the Castle Dome Rd. to the Kofa National Wildlife Refuge boundary; north along the refuge boundary to the Stone Cabin-King Valley Rd. (King Rd.); west along the Stone Cabin-King Valley Rd. (King Rd.) to U.S. Hwy 95; north on U.S. Hwy 95 to the Cibola Lake Rd.; west and south on the Cibola Lake Rd. to the south end of Cibola Lake; except those portions that are sovereign tribal lands of the Quechan Tribe.

Unit 44A – Beginning at U.S. Hwy 95 and the Bill Williams River; south along U.S. Hwy 95 to AZ Hwy 72; southeasterly on AZ Hwy 72 to Vicksburg; south on the Vicksburg-Kofa National Wildlife Refuge Rd. to I-10; easterly on I-10 to the Salome-Hassayampa Rd. (Exit 81); northwesterly on the Salome-Hassayampa Rd. to Eagle Eye Rd.; northeasterly on Eagle Eye Rd. to Aguila; east on U.S. Hwy 60 to AZ Hwy 71; northeasterly on AZ Hwy 71 to U.S. Hwy 93; northwesterly on U.S. Hwy 93 to the Santa Maria River; westerly along the Santa Maria and Bill Williams rivers to U.S. Hwy 95; except those portions that are sovereign tribal lands of the Colorado River Indian Tribes.

Unit 44B – Beginning at Quartzsite; south on U.S. Hwy 95 to the Crystal Hill Rd. (Blevens Rd.); east on the Crystal Hill Rd. (Blevens Rd.) to the Kofa National Wildlife Refuge; north and east along the refuge boundary to the Vicksburg-Kofa National Wildlife Refuge Rd.; north on the Vicksburg-Kofa National Wildlife Refuge Rd. to AZ Hwy 72; northwest on AZ Hwy 72 to U.S. Hwy 95; south on U.S. Hwy 95 to Quartzsite.

Unit 45A – Beginning at the junction of the Stone Cabin-King Valley Rd. (King Rd.) and Kofa National Wildlife Refuge boundary; east on the Stone Cabin-King Valley Rd. (King Rd.) to O-O Junction; north from O-O Junction on the Kofa Mine Rd. to the Evening Star Mine; north on a line over Polaris Mountain to Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.); north on the Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.) to the El Paso Natural Gas Pipeline Rd.; north on a line from the junction to the north boundary of the Kofa National Wildlife Refuge; west and south on the boundary line to Stone Cabin-King Valley Rd. (King Rd.).

Unit 45B – Beginning at O-O Junction; north from O-O Junction on the Kofa Mine Rd. to the Evening Star Mine; north on a line over Polaris Mountain to Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.); north on the Midwell-Alamo Spring-Kofa Cabin Rd. (Wilbanks Rd.) to the El Paso Natural Gas Pipeline Rd.; north on a line from the junction to the north Kofa National Wildlife Refuge boundary; east to the east refuge boundary; south and west along the Kofa National Wildlife Refuge boundary to the Stone Cabin-King Valley Rd. (Wellton-Kofa Rd./Ave 40E); north and west on the Stone Cabin-King Valley Rd. (Wellton-Kofa Rd./Ave 40E) to O-O Junction.

Unit 45C – Beginning at the junction of the Stone Cabin-King Valley Rd. (King Rd.) and Kofa National Wildlife Refuge; south, east, and north along the refuge boundary to the Stone Cabin-King Valley Rd. (King Rd.); north and west on the Stone Cabin-King Valley Rd. (King Rd.) to the junction of the Stone Cabin-King Valley Rd. (King Rd.) and Kofa National Wildlife Refuge boundary.

Unit 46A – That portion of the Cabeza Prieta National Wildlife Refuge east of the Yuma-Pima County line.

Unit 46B – That portion of the Cabeza Prieta National Wildlife Refuge west of the Yuma-Pima County line.

**Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective March 5, 1976 (Supp. 76-2). Amended effective May 17, 1977 (Supp. 77-3). Amended effective September 7, 1978 (Supp. 78-5). Amended effective June 4, 1979 (Supp. 79-3). Former Section R12-4-10 renumbered as Section R12-4-108 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective February 4, 1993 (Supp. 93-1). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 865, effective July 1, 2001 (Supp. 01-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**R12-4-109. Approved Trapping Education Course Fee**  
Under A.R.S. § 17-333.02(A), the provider of an approved educational course of instruction in responsible trapping and environmental ethics may collect a fee from each participant that:

1. Is reasonable and commensurate for the course, and
2. Does not exceed \$75.

**Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Editorial correction paragraph (14) (Supp. 78-5). Former Section R12-4-11 renumbered as Section R12-4-109 without change effective August 13, 1981 (Supp. 81-4). Amended by adding paragraphs (2) and (3) and renumbering former paragraphs (2) through (17) as paragraphs (4) through (19) effective May 12, 1982 (Supp. 82-3). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Section repealed by final rulemaking at 6 A.A.R. 211, effective May 1, 2000 (Supp. 99-4). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**R12-4-110. Posting and Access to State Land**

A. For the purpose of this Section:

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“Corrals,” “feed lots,” or “holding pens” mean completely fenced areas used to contain livestock for purposes other than grazing.

“Existing road” means any maintained or unmaintained road, way, highway, trail, or path that has been used for motorized vehicular travel, and clearly shows or has a history of established vehicle use, and is not currently closed by the Commission.

“State lands” means all land owned or held in trust by the state that is managed by the State Land Department and lands that are owned or managed by the Game and Fish Commission.

- B.** In addition to the prohibition against posting proscribed under A.R.S. § 17-304, a person shall not lock a gate, construct a fence, place an obstacle, or otherwise commit an act that denies legally available access to or use of any existing road upon state lands by persons lawfully taking or retrieving wildlife or conducting any activities that are within the scope of and take place while lawfully hunting or fishing.
1. A person in violation of this Section shall take immediate corrective action to remove any lock, fence, or other obstacle unlawfully preventing access to state lands.
  2. If immediate corrective action is not taken, a representative of the Department may remove any unlawful posting and remove any lock, fence, or other obstacle that unlawfully prevents access to state lands.
  3. In addition, the Department may take appropriate legal action to recover expenses incurred in the removal of any unlawful posting or obstacle that prevented access to state land.
- C.** The provisions of this Section do not allow any person to trespass upon private land to gain access to any state land.
- D.** A person may post state lands as closed to hunting, fishing, or trapping without further action by the Commission when the state land is within one-quarter mile of any:
1. Occupied residence, cabin, lodge, or other building; or
  2. Corrals, feed lots, or holding pens containing concentrations of livestock other than for grazing purposes.
  3. Subsection (D) does not authorize any person to deny lawful access to state land in any way.
- E.** The Commission may grant permission to lock, tear down, or remove a gate or close a road or trail that provides legally available access to state lands for persons lawfully taking wildlife or conducting any activities that are within the scope of and take place while lawfully hunting or fishing if access to such lands is provided by a reasonable alternate route.
1. Under R12-4-610, the Director may grant a permit to a state land lessee to temporarily lock a gate or close an existing road that provides access to state lands if the taking of wildlife will cause unreasonable interference during a critical livestock or commercial operation. This permit shall not exceed 30 days.
  2. Applications for permits for more than 30 days shall be submitted to the Commission for approval.
  3. If a permit is issued to temporarily close a road or gate, a copy of the permit shall be posted at the point of the closure during the period of the closure.
- F.** A person may post state lands other than those referenced under subsection (D) as closed to hunting, fishing, or trapping, provided the person has obtained a permit from the Commission authorizing the closure. A person possessing a permit authorizing the closure of state lands shall post signs in compliance with A.R.S. 17-304(C). The Commission may permit the closure of state land when it is necessary:

1. Because the taking of wildlife constitutes an unusual hazard to permitted users;
  2. To prevent unreasonable destruction of plant life or habitat; or
  3. For proper resource conservation, use, or protection, including but not limited to high fire danger, excessive interference with mineral development, developed agricultural land, or timber or livestock operations.
- G.** A person shall submit an application for posting state land to prohibit hunting, fishing, or trapping under subsection (F), or to close an existing road under subsection (E), as required under R12-4-610. If an application to close state land to hunting, fishing, or trapping is made by a person other than the state land lessee, the Department shall provide notice to the lessee and the State Land Commissioner before the Commission considers the application. The state land lessee or the State Land Commissioner shall file any objections with the Department, in writing, within 30 days after receipt of notice, after which the matter shall be submitted to the Commission for determination.
- H.** A person may use a vehicle on or off a road to pick up lawfully taken big game.
- I.** The closing of state land to hunting, fishing, or trapping shall not restrict any other permitted use of the land.
- J.** State trust land may be posted with signs that read “State Land No Trespassing,” but such posting shall not prohibit access to such land by any person lawfully taking or retrieving wildlife or conducting any activities that are within the scope of and take place while lawfully hunting or fishing.
- K.** When hunting, fishing, or trapping on state land, a license holder shall not:
1. Break or remove any lock or cut any fence to gain access to state land;
  2. Open and not immediately close a gate;
  3. Intentionally or wantonly destroy, deface, injure, remove, or disturb any building, sign, equipment, marker, or other property;
  4. Harvest or remove any vegetative or mineral resources or object of archaeological, historic, or scientific interest;
  5. Appropriately mutilate, deface, or destroy any natural feature, object of natural beauty, antiquity, or other public or private property;
  6. Dig, remove, or destroy any tree or shrub;
  7. Gather or collect renewable or non-renewable resources for the purpose of sale or barter unless specifically permitted or authorized by law;
  8. Frighten or chase domestic livestock or wildlife, or endanger the lives or safety of others when using a motorized vehicle or other means; or
  9. Operate a motor vehicle off road or on any road closed to the public by the Commission or landowner, except to retrieve a lawfully taken big game.

**Historical Note**

Adopted effective June 1, 1977 (Supp. 77-3). Editorial correction subsection (F) (Supp. 78-5). Former Section R12-4-13 renumbered as Section R12-4-110 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

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**R12-4-111. Repealed****Historical Note**

Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-05 renumbered as Section R12-4-111 without change effective August 13, 1981 (Supp. 81-4). Section R12-4-111 repealed effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). New Section adopted effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Repealed by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4).

**R12-4-112. Diseased, Injured, or Chemically-immobilized Wildlife**

- A.** A person who lawfully takes and possesses wildlife believed to be diseased, injured, or chemically-immobilized may request an inspection of the wildlife carcass provided:
1. The wildlife was lawfully taken and possessed under a valid hunt permit- or nonpermit-tag, and
  2. The person who took the wildlife did not create the condition.
- B.** The Department, after inspection, may condemn the carcass if it is determined the wildlife is unfit for human consumption. The Department shall condemn chemically-immobilized wildlife only when the wildlife was taken during the immobilizing drug's established withdrawal period.
- C.** The person shall surrender the entire condemned wildlife carcass and any parts thereof to the Department.
1. Upon surrender of the condemned wildlife, the Department shall provide to the person written authorization allowing the person to purchase a duplicate hunt permit- or nonpermit-tag.
  2. The person may purchase a duplicate tag from any Department office or license dealer where the permit-tag is available.
- D.** If the duplicate tag is issued by a license dealer, the license dealer shall forward the written authorization to the Department with the report required under R12-4-105(K).

**Historical Note**

Former Section R12-4-04 renumbered as Section R12-4-112 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

**R12-4-113. Small Game Depredation Permit**

- A.** The Department shall issue a small game depredation permit authorizing the take of small game and the allowable methods of take only after the Department has determined all other remedies prescribed under A.R.S. § 17-239(A), (B), and (C) have been exhausted and the take of the small game is necessary to alleviate the property damage. A small game depredation permit is:
1. A complimentary permit.
  2. Not valid for the take of migratory birds unless the permit holder:

- a. Obtains and possesses a federal special purpose permit under 50 CFR 21.41, revised October 1, 2014, which is incorporated by reference; or
- b. Is exempt from permitting requirements under 50 CFR 21.43, revised October 1, 2014, which is incorporated by reference.
- c. For subsections (A)(2)(a) and (b), the incorporated material is available at any Department office, online at [www.gpoaccess.gov](http://www.gpoaccess.gov), or it may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.

- B.** A person desiring a small game depredation permit shall submit to the Department an application requesting the permit. The application form is furnished by the Department and is available at any Department office and on the Department's website. The person shall provide all of the following information on the form:

1. Full name or, when submitted by a municipality, the name of the agency and agency contact;
2. Mailing address;
3. Telephone number or, when submitted by a municipality, agency contact number;
4. E-mail address, when available, or, when submitted by a municipality, agency contact e-mail address;
5. Description of property damage suffered;
6. Species of wildlife causing the property damage; and
7. Area the permit would be valid for.

- C.** Within 30 days of completion of the activities authorized by the small game depredation permit, the permit holder shall submit a report to the Department providing all of the following:

1. The number of individuals removed;
2. The location the individuals were removed from;
3. The date of the removal; and
4. The method of removal.

**Historical Note**

Adopted effective August 5, 1976 (Supp. 76-4). Former Section R12-4-12 renumbered as Section R12-4-113 without change effective August 13, 1981 (Supp. 81-4). Amended as an emergency effective September 20, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-5). Amended effective May 5, 1986 (Supp. 86-3). Section R12-4-113 repealed, new Section R12-4-113 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

**R12-4-114. Issuance of Nonpermit-tags and Hunt Permit-tags**

- A.** The Department provides numbered tags for sale to the public. The Department shall ensure each tag:
1. Includes a transportation and shipping permit as prescribed under A.R.S. §§ 17-332 and 17-371, and
  2. Clearly identifies the wildlife for which the tag is valid.
- B.** If the Commission establishes a big game season for which a hunt number is not assigned, the Department or its authorized agent, or both, shall sell nonpermit-tags.

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1. A person purchasing a nonpermit-tag shall provide all of the following information to a Department office or license dealer at the time of purchase; the applicant's:
    - a. Name,
    - b. Mailing address, and
    - c. Department identification number.
  2. An applicant shall not obtain nonpermit-tags in excess of the bag limit established by Commission Order when it established the season for which the nonpermit-tags are valid.
- C.** If the number of hunt permits for a species in a particular hunt area must be limited, a Commission Order establishes a hunt number for that hunt area and a hunt permit-tag is required to take the species in that hunt area.
1. A person applying for a hunt permit-tag shall submit an application as described under R12-4-104.
  2. The Department shall determine whether a hunt permit-tag will be issued to an applicant as follows:
    - a. The Department shall reserve a maximum of 20% of the hunt permit-tags for each hunt number, except as established under subsection (C)(2)(b), for bear, deer, elk, javelina, pronghorn, Sandhill crane, and turkey and reserve a maximum of 20% of the hunt permit-tags for all hunt numbers combined statewide for bighorn sheep and bison to issue to persons who have bonus points and shall issue the hunt permit-tags as established under subsection (C)(2)(c).
    - b. For bear, deer, elk, javelina, pronghorn, Sandhill crane, and turkey, the Department shall reserve one hunt permit-tag for any hunt number with fewer than five, but more than one, hunt permit-tags and shall issue the tag as established under subsection (C)(2)(c). When this occurs, the Department shall adjust the number of available hunt permit-tags in order to ensure the total number of hunt permit-tags available does not exceed the 20% maximum specified in subsection (C)(2)(a).
    - c. The Department shall issue the reserved hunt permit-tags for hunt numbers that eligible applicants designate as their first or second choices. The Department shall issue the reserved hunt permit-tags by random selection:
      - i. First, to eligible applicants with the highest number of bonus points for that genus;
      - ii. Next, if there are reserved hunt permit-tags remaining, to eligible applicants with the next highest number of bonus points for that genus; and
      - iii. If there are still tags remaining, to the next eligible applicants with the next highest number of bonus points; continuing in the same manner until all of the reserved tags have been issued or until there are no more applicants for that hunt number who have bonus points.
    - d. The Department shall ensure that all unreserved hunt permit-tags are issued by random selection:
      - i. First, to hunt numbers designated by eligible applicants as their first or second choices; and
      - ii. Next, to hunt numbers designated by eligible applicants as their third, fourth, or fifth choices.
    - e. Before each of the three passes listed under (C)(2)(c)(i), (ii), and (iii), each application is processed through the Department's random number generator program. A random number is assigned to each application; an additional random number is assigned to each application for each group bonus point, including the Education and Loyalty bonus points. Only the lowest random number generated for an application is used in the computer draw process. A new random number is generated for each application for each pass of the computer draw.
    - f. If the bag limit is more than one per calendar year, or if there are unissued hunt permit-tags remaining after the random computer draw, the Department shall ensure these hunt permit-tags are available on a first-come, first-served basis as specified in the annual hunt permit-tag application schedule.
- D.** A person may purchase hunt permit-tags equal to the bag limit for a genus.
1. A person shall not exceed the established bag limit for that genus.
  2. A person shall not apply for any additional hunt-permit-tags if the person has reached the bag limit for that genus during the same calendar year.
  3. A person who surrenders a tag in compliance with R12-4-118 is eligible to apply for another hunt permit-tag for the same genus during the same calendar year, provided the person has not reached the bag limit for that genus.
- E.** The Department shall make available to nonresidents:
1. For bighorn sheep and bison, no more than one hunt permit-tag or 10% of the total hunt permit-tags, whichever is greater, for bighorn sheep or bison in any computer draw. The Department shall not make available more than 50% nor more than two bighorn sheep or bison hunt permit-tags of the total in any hunt number.
  2. For antlered deer, bull elk, pronghorn, Sandhill crane, or turkey, no more than 10%, rounded down to the next lowest number, of the total hunt permit-tags in any hunt number. If a hunt number for antlered deer, bull elk, pronghorn, Sandhill crane, or turkey has 10 or fewer hunt permit-tags, no more than one hunt permit-tag will be made available unless the hunt number has only one hunt permit-tag, then that tag shall only be available to a resident.
- F.** The Commission may, at a public meeting, increase the number of hunt permit-tags issued to nonresidents in a computer draw when necessary to meet management objectives.
- G.** The Department shall not issue under subsection (C)(2)(c), more than half of the hunt permit-tags made available to nonresidents under subsection (E).
- H.** A nonresident cap established under this Section applies to:
1. Hunt permit-tags issued by computer draw under subsections (C)(2)(c) and (d), and
  2. Archery deer nonpermit-tags.
    - a. The number of archery deer nonpermit-tags made available to nonresidents shall be set annually at 10% of the average total archery deer nonpermit-tag sales for the preceding five years, rounded down to the nearest increment of five.
    - b. The Commission, through the nonpermit-tag first-come schedule published by the Department, shall designate the manner and method of purchasing a nonresident archery deer nonpermit-tag, which may require an applicant to apply online only.
  - c. If the Commission requires applicants to use the online method, the Department shall accept paper applications only in the event of a Department systems failure. The Director has the authority to

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extend the nonpermit-tag first-come schedule if a problem occurs that prevents the public from purchasing a nonpermit-tag within the deadlines set by the Commission.

**Historical Note**

Adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 11 A.A.R. 1183, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final exempt rulemaking at 28 A.A.R. 3360 (October 21, 2022), effective November 26, 2022 (Supp. 22-3).

**R12-4-115. Restricted Nonpermit-Tags; Supplemental Hunts and Hunter Pool**

A. For the purposes of this Section, the following definitions apply:

“Companion tag” means a restricted nonpermit-tag valid for a supplemental hunt prescribed by Commission Order that exactly matches the season dates and open areas of another big game hunt, for which a hunt number is assigned and hunt permit-tags are issued through the computer draw.

“Emergency season” means a season established for reasons constituting an immediate threat to the health, safety or management of wildlife or its habitat, or public health or safety.

“Management objectives” means goals, recommendations, or guidelines contained in Department or Commission-approved wildlife management plans, which include hunt guidelines, operational plans, or hunt recommendations.

“Hunter pool” means all persons who have submitted an application for a supplemental hunt.

“Restricted nonpermit-tag” means a permit limited to a season for a supplemental hunt established by the Commission for the following purposes:

Take of depredating wildlife as authorized under A.R.S. § 17-239;

Take of wildlife under an Emergency Season; or

Take of wildlife under a population management hunt if the Commission has prescribed nonpermit-tags by Commission Order for the purpose of meeting management objectives because regular seasons are not, have not been, or will not be sufficient or effective to achieve management objectives.

B. The Commission shall, by Commission Order, open a season or seasons and prescribe a maximum number of restricted nonpermit-tags to be made available under this Section.

- C. The Department shall implement a population management hunt under the open season or seasons established under subsection (B) if the Department determines the:
  1. Regular seasons have not met or will not meet management objectives;
  2. Take of wildlife is necessary to meet management objectives; and
  3. Issuance of a specific number of restricted nonpermit-tags is likely to meet management objectives.
- D. To implement a population management hunt established by Commission Order, the Department shall:
  1. Select season dates, within the range of dates listed in the Commission Order;
  2. Select specific hunt areas, within the range of hunt areas listed in the Commission Order;
  3. Select the legal wildlife that may be taken from the list of legal wildlife identified in the Commission Order;
  4. Determine the number of restricted nonpermit-tags that will be issued from the maximum number of tags authorized in the Commission Order.
    - a. The Department shall not issue more restricted nonpermit-tags than the maximum number prescribed by Commission Order.
    - b. A restricted nonpermit-tag is valid only for the supplemental hunt for which it is issued.
- E. The provisions of R12-4-104, R12-4-107, R12-4-114, and R12-4-609 do not apply to a supplemental hunt.
- F. If the Department anticipates the normal fee structure will not generate adequate participation, then the Department may reduce restricted nonpermit-tag fees up to 75%, as authorized under A.R.S. § 17-239(D).
- G. An applicant for a supplemental hunt shall apply at the times, locations, and in the manner and method established by the hunt permit-tag application schedule published by the Department and available at any Department office, on the Department’s website, or a license dealer. A supplemental hunt application submitted in accordance with this Section does not invalidate any other application submitted by the person for a hunt permit-tag.
  1. The Department shall not accept a group application, as defined under R12-4-104, for a restricted nonpermit-tag.
  2. An applicant shall not apply for or obtain a restricted nonpermit-tag to take wildlife in excess of the bag limit established by Commission Order.
  3. The issuance of a restricted nonpermit-tag does not authorize a person to exceed the bag limit established by Commission Order.
- H. To participate in a supplemental hunt, a person shall:
  1. Obtain a restricted nonpermit-tag as prescribed under this Section, and
  2. Possess a valid hunting license. If the applicant does not possess a valid license or the license will expire before the supplemental hunt, the applicant shall purchase an appropriate license.
- I. The Department or its authorized agent shall maintain a hunter pool for supplemental hunts other than companion tag hunts.
  1. The Department shall purge and renew the hunter pool on an annual basis.
  2. An applicant for a restricted nonpermit-tag under this subsection shall submit a hunt permit-tag application to the Department for each desired species. The application is available at any Department office, an authorized agent, or on the Department’s website. The applicant

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shall provide all of the following information on the application:

- a. The applicant's:
    - i. Name;
    - ii. Department identification number, when applicable;
    - iii. Mailing address;
    - iv. Number of years of residency immediately preceding application;
    - v. Date of birth;
    - vi. Social Security Number, as required under A.R.S. §§ 25-320(P) and 25-502(K); and
    - vii. Daytime and evening telephone numbers,
  - b. The species that the applicant would like to hunt, if selected, and
  - c. The applicant's hunting license number.
3. In addition to the requirements established under subsection (I)(2), at the time of application the applicant shall submit the application fee required under R12-4-102. A separate application and application fee is required for each species the applicant submits an application for.
  4. When issuing a restricted nonpermit-tag, the Department or its authorized agent shall randomly select applicants from the hunter pool.
    - a. The Department or its authorized agent shall attempt to contact each randomly-selected applicant at least three times within a 24-hour period.
    - b. If an applicant cannot be contacted or is unable to participate in the supplemental hunt, the Department or its authorized agent shall return the application to the hunter pool and draw another application.
    - c. In compliance with subsection (D)(4), the Department or its authorized agent shall select no more applications after the number of restricted nonpermit-tags establish by Commission Order are issued.
  5. The Department shall reserve a restricted nonpermit-tag for an applicant only for the period specified by the Department when contact is made with the applicant. If an applicant fails to purchase the nonpermit-tag within the specified period, the Department or its authorized agent shall:
    - a. Remove the person's application from the hunter pool, and
    - b. Offer that restricted nonpermit-tag to another person whose application is drawn from the hunter pool as established under this Section.
  6. A person who participates in a supplemental hunt through the hunter pool shall be removed from the supplemental hunter pool for the genus for which the person participated. A hunter pool applicant who is selected and who wishes to participate in a supplemental hunt shall submit the following to the Department to obtain a restricted nonpermit-tag:
    - a. The fee for the tag as established under R12-4-102 or subsection (F) if the fee has been reduced, and
    - b. The applicant's hunting license number. The applicant shall possess an appropriate license that is valid at the time of the supplemental hunt. The applicant shall purchase a license at the time of application when:
      - i. The applicant does not possess a valid license, or
      - ii. The applicant's license will expire before the supplemental hunt.

7. A person who participates in a supplemental hunt shall not reapply for the hunter pool for that genus until the hunter pool is renewed.

- J. The Department shall only make a companion tag available to a person who possesses a matching hunt permit-tag and not a person from the hunter pool. Authorization to issue a companion tag occurs when the Commission establishes a hunt in Commission Order under subsection (B).
  1. The requirements of subsection (D) are not applicable to a companion tag issued under this subsection.
  2. To obtain a companion tag under this subsection, an applicant shall submit a hunt permit-tag application to the Department. The application is available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application, the applicant's:
    - a. Name,
    - b. Mailing address,
    - c. Department identification number, and
    - d. Hunt permit-tag number, to include the hunt number and permit number, corresponding with the season dates and open areas of the supplemental hunt.
  3. In addition to the requirements established under subsection (J)(2), at the time of application the applicant shall:
    - a. Provide verification that the applicant lawfully obtained the hunt permit-tag for the hunt described under this subsection by presenting the hunt permit-tag to a Department office for verification, and
    - b. Submit all applicable fees required under R12-4-102.

**Historical Note**

Adopted effective June 13, 1977 (Supp. 77-3). Former Section R12-4-14 renumbered as Section R12-4-115 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-115 renumbered as Section R12-4-607 without change effective December 22, 1987 (Supp. 87-4). New Section R12-4-115 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 11 A.A.R. 991, effective April 2, 2005; amended by final rulemaking at 11 A.A.R. 1177, effective May 2, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**R12-4-116. Issuance of Limited-Entry Permit-tag**

- A. For the purposes of this Section, limited-entry permit-tags may be for terrestrial or aquatic species, or specific areas for terrestrial or aquatic species.
- B. The Commission may, by Commission Order, open a limited-entry season or seasons and prescribe a maximum number of limited-entry permit-tags to be made available under this Section.
- C. The Department may implement limited-entry permit-tags under the open season or seasons established in subsection (B) if the Department determines:

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1. A season for a specific terrestrial or aquatic wildlife species, or specific area of the state, is in high demand;
  2. Issuance of a specific number of limited-entry permit-tags will not adversely affect management objectives for a species or area;
  3. Surrendered hunt permit-tags, already approved by Commission Order, are available from hunts with high demand.
- D.** To implement a limited-entry season established by Commission Order, the Department shall:
1. Select season dates, within the range of dates listed in the Commission Order;
  2. Select specific areas, within the range of areas listed in the Commission Order;
  3. Select the legal wildlife that may be taken from the list of legal wildlife identified in the Commission Order;
  4. Determine the number of limited-entry permit-tags that will be issued from the maximum number authorized in the Commission Order.
    - a. The Department shall not issue more limited-entry permit-tags than the maximum number prescribed by Commission Order.
    - b. A limited-entry permit-tag is valid only for the limited-entry season for which it is issued.
- E.** The provisions of R12-4-104, R12-4-107, R12-4-114, and R12-4-609 do not apply to limited-entry seasons.
- F.** A limited-entry permit-tag application submitted in accordance with this Section does not invalidate any other application submitted by the person for a hunt permit-tag.
- G.** The Department shall not accept a group application, as defined under R12-4-104, for a limited-entry season.
- H.** To participate in a limited-entry season, a person shall:
1. Obtain a limited-entry permit-tag as prescribed under this Section, and
  2. Possess a valid hunting, fishing or combination license at the time the limited-entry permit-tag is awarded. If the applicant does not possess a valid license or the license will expire before the limited-entry season, the applicant shall purchase an appropriate license. A valid hunting, fishing or combination license is not required at the time of application.
- I.** A limited-entry permit-tag is valid only for the person named on the permit-tag, for the season dates on the permit-tag, and the species for which the permit-tag is issued.
1. Possession of a limited-entry permit-tag shall not invalidate any other hunt permit-tag for that species.
  2. Big game taken under the authority of this limited-entry permit-tag shall not count towards the established bag limit for that species.
- J.** The Department shall maintain the applications submitted for limited-entry permit-tags.
1. An applicant for a limited-entry season under this subsection shall submit a limited-entry permit-tag application to the Department for each limited-entry season established. The application is available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application:
    - a. The applicant's personal information:
      - i. Name,
      - ii. Date of birth,
      - iii. Social security number, as required under A.R.S. §§ 25-320(P) and 25-502(K), when applicable;
    - iv. Department identification number, when applicable;
    - v. Residency status and number of years of residency immediately preceding application, when applicable;
    - vi. Mailing address, when applicable;
    - vii. Physical address;
    - viii. Telephone number, when available; and
    - ix. Email address, when available;
  - b. The limited-entry season the applicant would like to participate in, and
  - c. Certify the information provided on the application is true and accurate.
2. In addition to the requirements established under subsection (J)(1), at the time of application the applicant shall submit the application fee required under R12-4-102. A separate application and application fee are required for each limited-entry season an applicant submits an application.
  3. When issuing a limited-entry permit-tag for a terrestrial or aquatic wildlife species, the Department shall randomly select applicants for each designated limited-entry season.
  4. When issuing a limited-entry permit-tag for a particular water, the Department shall randomly select applicants for each date limited-entry permit-tags are available until no more are available for that date.
  5. In compliance with subsection (D)(4), the Department shall select no more applications after the number of limited-entry permits established by Commission Order are issued.

**Historical Note**

Adopted effective January 10, 1979 (Supp. 79-1). Former Section R12-4-15 renumbered as Section R12-4-116 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 18, 1985 (Supp. 85-6). Section R12-4-116 repealed, new Section R12-4-116 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). R12-4-116 renumbered to R12-4-126; new Section R12-4-116 made by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

**R12-4-117. Indian Reservations**

A state license, permit, or tag is not required to hunt or fish on any Indian reservation in this State. Wildlife lawfully taken on an Indian reservation may be transported or processed anywhere in the State if it can be identified as to species and legality as provided in A.R.S. § 17-309(A)(19). All wildlife transported anywhere in this State is subject to inspection under the provisions of A.R.S. § 17-211(E)(4).

**Historical Note**

Former Section R12-4-02 renumbered as Section R12-4-117 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-117 repealed, new Section R12-4-117 adopted effective April 10, 1984 (Supp. 84-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).



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**R12-4-118. Hunt Permit-tag Surrender**

- A.** The Commission authorizes the Department to implement a tag surrender program if the Director finds:
1. The Department has the administrative capacity to implement the program;
  2. There is public interest in such a program; or
  3. The tag surrender program is likely to meet the Department's revenue objectives.
- B.** The tag surrender program is limited to a person who has a valid and active membership in a Department membership program.
1. The Department may establish a membership program that offers a person various products and services.
  2. The Department may establish different membership levels based on the type of products and services offered and set prices for each level.
    - a. The lowest membership level may include the option to surrender one hunt permit-tag during the membership period.
    - b. A higher membership level may include the option to surrender more than one hunt permit-tag during the membership period.
  3. The Department may establish terms and conditions for the membership program in addition to the following:
    - a. Products and services to be included with each membership level.
    - b. Membership enrollment is available online only and requires a person to create a portal account.
    - c. Membership is not transferable.
    - d. No refund shall be made for the purchase of a membership, unless an internal processing error resulted in the collection of erroneous fees.
- C.** The tag surrender program is restricted to the surrender of an original, unused hunt permit-tag obtained through a computer draw.
1. A person must have a valid and active membership in the Department's membership program with at least one unredeemed tag surrender that was valid:
    - a. On the application deadline date for the computer draw in which the hunt permit-tag being surrendered was drawn, and
    - b. At the time of tag surrender.
  2. A person who chooses to surrender an original, unused hunt permit-tag shall do so prior to the close of business the day before the hunt begins for which the tag is valid.
  3. A person may surrender an unused hunt permit-tag for a specific species only once before any bonus points accrued for that species must be expended.
- D.** A person who wants to surrender an original, unused hunt permit-tag or an authorized nonprofit organization that wants to return a donated original, unused hunt permit-tag shall comply with all of the following conditions:
1. Submit a completed application form to any Department office. The application form is available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application form:
    - a. The applicant's:
      - i. Name,
      - ii. Mailing address,
      - iii. Department identification number,
      - iv. Membership number,
    - b. Applicable hunt number,
    - c. Applicable hunt permit-tag number, and
    - d. Any other information required by the Department.
  2. A person shall surrender the original, unused hunt permit-tag as required under subsection (C) in the manner described by the Department as indicated on the application form.
- E.** Upon receipt of an original, unused hunt permit-tag surrendered in compliance with this Section, the Department shall:
1. Restore the person's bonus points that were expended for the surrendered tag, and
  2. Award the bonus point the person would have accrued had the person been unsuccessful in the computer draw for the surrendered tag.
  3. Not refund any fees the person paid for the surrendered tag, as prohibited under A.R.S. § 17-332(F).
- F.** The Department may, at its sole discretion, re-issue or destroy the surrendered original, unused hunt permit-tag. When re-issuing a tag, the Department may use any of the following methods in no order of preference:
1. Re-issuing the surrendered tag, beginning with the highest membership level in the Department's membership program, to a person who has a valid and active membership in that membership level and who would have been next to receive a tag for that hunt number, as evidenced by the random numbers assigned during the Department's computer draw process;
  2. Re-issuing the surrendered tag to a person who has a valid and active membership in any tier of the Department's membership program with a tag surrender option and who would have been next to receive a tag for that hunt number, as evidenced by the random numbers assigned during the Department's computer draw process;
  3. Re-issuing the surrendered tag to an eligible person who would have been next to receive a tag for that hunt number, as evidenced by the random numbers assigned during the Department's computer draw process; or
  4. Offering the surrendered tag through the first-come, first-served process.
- G.** For subsections (F)(1), (2), and (3); if the Department cannot contact a person qualified to receive a tag or the person declines to purchase the surrendered tag, the Department shall make a reasonable attempt to contact and offer the surrendered tag to the next person qualified to receive a tag for that hunt number based on the assigned random number during the Department's computer draw process. This process will continue until the surrendered tag is either purchased or the number of persons qualified is exhausted. For the purposes of subsections (G) and (H), the term "qualified" means a person who satisfies the conditions for re-issuing a surrendered tag as provided under the selected re-issuing method.
- H.** When the re-issuance of a surrendered tag involves a group application and one or more members of the group is qualified under the particular method for re-issuing the surrendered tag, the Department shall offer the surrendered tag first to the applicant designated "A" if qualified to receive a surrendered tag.
1. If applicant "A" chooses not to purchase the surrendered tag or is not qualified, the Department shall offer the surrendered tag to the applicant designated "B" if qualified to receive a surrendered tag.
  2. This process shall continue with applicants "C" and then "D" until the surrendered tag is either purchased or all qualified members of the group application choose not to purchase the surrendered tag.

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- I.** A person who receives a surrendered tag shall submit the applicable tag fee as established under R12-4-102 and provide their valid hunting license number.
1. A person receiving the surrendered tag as established under subsections (F)(1), (2), and (3) shall expend all bonus points accrued for that genus, except any accrued Education and loyalty bonus points.
  2. The applicant shall possess a valid hunting license at the time of purchasing the surrendered tag and at the time of the hunt for which the surrendered tag is valid. If the person does not possess a valid license at the time the surrendered tag is offered, the applicant shall purchase a license in compliance with R12-4-104.
  3. The issuance of a surrendered tag does not authorize a person to exceed the bag limit established by Commission Order.
  4. It is unlawful for a person to purchase a surrendered tag when the person has reached the bag limit for that genus during the same calendar year.
- J.** A person is not eligible to petition the Commission under R12-4-611 for reinstatement of any expended bonus points, except as authorized under R12-4-102.02(E).
- K.** For the purposes of this Section and R12-4-121, "valid and active membership" means a paid and unexpired membership in any level of the Department's membership program.

**Historical Note**

Adopted effective April 8, 1983 (Supp. 83-2). Section R12-4-118 repealed effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). New Section made by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

**R12-4-119. Arizona Game and Fish Department Reserve**

- A.** The Commission shall establish an Arizona Game and Fish Department Reserve under A.R.S. § 17-214, consisting of commissioned reserve officers and noncommissioned reserve volunteers.
- B.** Commissioned reserve officers shall:
1. Meet and maintain the minimum qualifications and training requirements necessary for peace officer certification by the Arizona Peace Officer Standards and Training Board as prescribed under 13 A.A.C. 4, and
  2. Assist with wildlife enforcement patrols, boating enforcement patrols, off-highway vehicle enforcement patrols, special investigations, and other enforcement and related non-enforcement duties as the Director designates.
- C.** Noncommissioned reserve volunteers shall:
1. Meet qualifications that the Director determines are related to the services to be performed by the volunteer and the success or safety of the program mission, and
  2. Perform any non-enforcement duties designated by the Director for the purposes of conservation and education to maximize paid staff time.

**Historical Note**

Adopted effective September 29, 1983 (Supp. 83-5). Section R12-4-119 repealed, new Section R12-4-119 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006

(Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

**R12-4-120. Issuance, Sale, and Transfer of Special Big Game Tags**

- A.** An incorporated nonprofit organization that is tax exempt under section 501(c) seeking special big game tags as authorized under A.R.S. § 17-346 shall submit a proposal to the Director of the Arizona Game and Fish Department from March 1 through May 31 preceding the year when the tags may be legally used. The proposal shall include all of the following information for each member of the organization coordinating the proposal:
1. The name of the organization making the proposal and the:
    - a. Name;
    - b. Mailing address;
    - c. Email address, when available; and
    - d. Telephone number;
  2. Organization's previous involvement with wildlife management;
  3. Organization's conservation objectives;
  4. Number of special big game tags and the species requested;
  5. Purpose to be served by the issuance of these tags;
  6. Method or methods by which the tags will be marketed and sold;
  7. Proposed fund raising plan;
  8. Estimated amount of money to be raised and the rationale for that estimate;
  9. Any special needs or particulars relevant to the marketing of the tags;
  10. A copy of the organization's articles of incorporation and evidence that the organization has tax-exempt status under Section 501(c) of the Internal Revenue Code, unless a current and correct copy is already on file with the Department;
  11. Statement that the person or organization submitting the proposal agrees to the conditions established under A.R.S. § 17-346 and this Section;
  12. Printed name and signature of the president and secretary-treasurer of the organization or their equivalent; and
  13. Date of signing.
- B.** The Director shall return to the organization any proposal that does not comply with the requirements established under A.R.S. § 17-346 and this Section. Because proposals are reviewed for compliance after the May 31 deadline, an organization that receives a returned proposal cannot resubmit a corrected proposal, but may submit a proposal that complies with the requirements established under A.R.S. § 17-346 and this Section the following year.
- C.** The Director shall submit all timely and valid proposals to the Commission for consideration.
1. In selecting an organization, the Commission shall consider the:
    - a. Written proposal;
    - b. Proposed uses for tag proceeds;
    - c. Qualifications of the organization as a fund raiser;
    - d. Proposed fund raising plan;
    - e. Organization's previous involvement with wildlife management; and
    - f. Organization's conservation objectives.
  2. The Commission may accept any proposal in whole or in part and may reject any proposal if it is in the best interest of wildlife to do so.

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3. Commission approval and issuance of any special big game license-tag is contingent upon compliance with this Section.
- D.** A successful organization shall agree in writing to all of the following:
1. To underwrite all promotional and administrative costs to sell and transfer each special big game license-tag;
  2. To transfer all proceeds to the Department within 90 days of the date that the organization sells or awards the tag;
  3. To sell and transfer each special big game license-tag as described in the proposal; and
  4. To provide the Department with the name, address, and physical description of each person to whom a special big game license-tag is to be issued within 60 days of the sale.
- E.** The Department and the successful organization shall coordinate on:
1. The specific projects or purposes identified in the proposal;
  2. The arrangements for the deposit of the proceeds, the accounting procedures, and final audit; and
  3. The dates when the wildlife project or purpose will be accomplished.
- F.** The Department shall dedicate all proceeds generated by the sale or transfer of a special big game license-tag to the management of the species for which the tag was issued.
1. A special license-tag shall not be issued until the Department receives all proceeds from the sale of tags.
  2. The Department shall not refund proceeds.
- G.** A special big game license-tag is valid only for the person named on the tag, for the season dates on the tag, and for the species for which the tag was issued.
1. A hunting license is required for the tag to be valid.
  2. Possession of a special big game license-tag shall not invalidate any other big game tag or application for any other big game tag.
  3. Wildlife taken under the authority of a special big game license-tag shall not count towards the established bag limit for that species.
- H.** A person who wins the special big game license-tag through auction or raffle is prohibited from selling the special big game license-tag to another person.
- Historical Note**
- Adopted effective September 22, 1983 (Supp. 83-5). Amended effective April 7, 1987 (Supp. 87-2). Correction, balance of language in subsection (I) is deleted as certified effective April 7, 1987 (Supp. 87-4). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).
- R12-4-121. Tag Transfer**
- A.** For the purposes of this Section:
- “Authorized nonprofit organization” means a nonprofit organization approved by the Department to receive donated unused tags.
- “Unused tag” means a hunt permit-tag, limited-entry permit-tag, nonpermit-tag, or special license tag that has not been attached to any wildlife.
- B.** A parent, grandparent, or guardian issued a hunt permit-tag, limited-entry permit-tag, nonpermit-tag, or special license tag may transfer the unused tag to the parent’s, grandparent’s, or guardian’s minor child or grandchild.
1. A parent, grandparent, or guardian issued a tag may transfer the unused tag to a minor child or grandchild at any time prior to the end of the season for which the unused tag was issued.
  2. A parent, grandparent, or guardian may transfer the unused tag by providing all of the following documentation in person at any Department office:
    - a. Proof of ownership of the unused tag to be transferred,
    - b. The unused tag, and
    - c. The minor’s valid hunting license.
  3. If a parent, grandparent, or legal guardian is deceased, the personal representative of the person’s estate may transfer an unused tag to an eligible minor. The person acting as the personal representative shall present:
    - a. The deceased person’s death certificate, and
    - b. Proof of the person’s authority to act as the personal representative of the deceased person’s estate.
  4. To be eligible to receive an unused tag from a parent, grandparent, or legal guardian, the minor child shall meet the criteria established under subsection (D).
  5. A minor child or grandchild receiving an unused tag from a parent, grandparent, or legal guardian shall be accompanied into the field by any grandparent, parent, or legal guardian of the minor child.
- C.** A person issued a tag or the person’s legal representative may donate the unused tag to an authorized nonprofit organization for use by a minor child or a veteran of the Armed Forces of the United States as prescribed under A.R.S. § 17-332(D)(1).
1. The person or legal representative who donates the unused tag shall provide the authorized nonprofit organization with a written statement indicating the unused tag is voluntarily donated to the organization.
  2. An authorized nonprofit organization receiving a donated tag under this subsection may transfer the unused tag to an eligible minor child or veteran by contacting any Department office.
    - a. To obtain a transfer, the nonprofit organization shall:
      - i. Provide proof of donation of the unused tag to be transferred;
      - ii. Provide the unused tag;
      - iii. Provide proof of the minor child’s or veteran’s valid hunting license.
    - b. To be eligible to receive a donated unused tag from an authorized nonprofit organization, a minor child shall meet the criteria established under subsection (D).
  3. A person who donates an original, unused hunt permit-tag issued in a computer drawing to an authorized nonprofit organization may submit a request to the Department for the reinstatement of the bonus points expended for that unused tag, provided all of the following conditions are met:
    - a. The person has a valid and active membership in the Department’s membership program with at least one unredeemed tag surrender on the application deadline date, for the computer draw in which the hunt permit-tag being surrendered was drawn, and at the time of tag surrender.

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- b. The person submits a completed application form as described under R12-4-118;
- c. The person provides acceptable proof to the Department that the tag was transferred to an authorized nonprofit organization; and
- d. The person submits the request to the Department:
  - i. No later than 60 days after the date on which the tag was donated to an authorized nonprofit organization; and
  - ii. No less than 30 days prior to the computer draw application deadline for that genus, as specified in the hunt permit-tag application schedule.
- D. To receive an unused tag authorized under subsections (B) or (C), an eligible minor child shall meet the following criteria:
  - 1. Possess a valid hunting license,
  - 2. Has not reached the applicable annual or lifetime bag limit for that genus, and
  - 3. Is 10 to 17 years of age on the date of the transfer. A minor child under the age of 14 shall have satisfactorily completed a Department-sanctioned hunter education course before the beginning date of the hunt.
- E. To receive an unused tag authorized under subsection (C), an eligible veteran of the Armed Forces of the United States with a service-connected disability shall meet the following criteria:
  - 1. Possess a valid hunting license, and
  - 2. Has not reached the applicable annual or lifetime bag limit for that genus.
- F. A person who is eligible to receive an unused tag under this Section may receive any number of unused tags in a calendar year provided the person:
  - 1. Has not reached the applicable annual or lifetime bag limit for that genus; and
  - 2. Does not possess a valid permit tag for that genus.
- G. A nonprofit organization is eligible to apply for authorization to receive a donated unused tag, provided the nonprofit organization:
  - 1. Is qualified under section 501(c)(3) of the United States Internal Revenue Code, and
  - 2. Affords opportunities and experiences to:
    - a. Children with life-threatening medical conditions or physical disabilities;
    - b. Children whose parent was killed in action while serving in the U.S. Armed Forces, in the course and scope of employment as a peace officer; or in the course and scope of employment as a professional firefighter who is a member of a state, federal, tribal, city, town, county, district or private fire department; or
    - c. Veterans with service-connected disabilities.
  - 3. This authorization shall remain in effect unless revoked by the Department for noncompliance with the requirements established under A.R.S. § 17-332 or this Section.
  - 4. A nonprofit organization shall apply for authorization by submitting an application to any Department office. The application form is furnished by the Department and is available at any Department office. A nonprofit organization shall provide all of the following information on the application:
    - a. Nonprofit organization's information:
      - i. Name,
      - ii. Physical address,
      - iii. Telephone number;
    - b. Contact information for the person responsible for ensuring compliance with this Section:
      - i. Name,
      - ii. Address,
      - iii. Telephone number;
    - c. Signature of the president and secretary-treasurer of the organization or their equivalents; and
    - d. Date of signing.
- 5. In addition to the application, a nonprofit organization shall provide all of the following:
  - a. A copy of the organization's articles of incorporation and evidence that the organization has tax-exempt status under Section 501(c)(3) of the Internal Revenue Code, unless a current and correct copy is already on file with the Department;
  - b. Document identifying the organization's mission;
  - c. A letter stating how the organization will participate in the Big Game Tag Transfer program; and
  - d. A statement that the person or organization submitting the application agrees to the conditions established under A.R.S. § 17-332 and this Section.
- 6. An applicant who is denied authorization to receive donated tags under this Section may appeal to the Commission as provided under A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Adopted effective October 10, 1986, filed September 25, 1986 (Supp. 86-5). Rule expired one year from effective date of October 10, 1986. Rule readopted without change for one year effective January 22, 1988, filed January 7, 1988 (Supp. 88-1). Rule expired effective January 22, 1989 (Supp. 89-1). New Section R12-4-121 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Repealed effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). New Section made by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 1195, effective June 30, 2012 (Supp. 12-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**R12-4-122. Handling, Transporting, Processing, and Storing of Game Meat Given to Public Institutions and Charitable Organizations**

- A. Under A.R.S. § 17-240 and this Section, the Department may donate the following wildlife, except that the Department shall not donate any portion of wildlife killed in a collision with a motor vehicle or wildlife that died subsequent to immobilization by any chemical agent:
  - 1. Big game;
  - 2. Upland game birds;
  - 3. Migratory game birds;
  - 4. Game fish.
- B. The Director shall not authorize an employee to handle game meat for the purpose of this Section until the employee has satisfactorily completed a course designed to give the employee the expertise necessary to protect game meat recipients from diseased or unwholesome meat products. A Department employee shall complete a course that is either conducted or

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approved by the State Veterinarian. The employee shall provide a copy of a certificate that demonstrates satisfactory completion of the course to the Director.

- C. Only an employee authorized by the Director shall determine if game meat is safe and appropriate for donation. An authorized Department employee shall inspect and field dress each donated carcass before transporting it. The Department shall not retain the game meat in storage for more than 48 continuous hours before transporting it, and shall reinspect the game meat for wholesomeness before final delivery to the recipient.
- D. Final processing and storage is the responsibility of the recipient.

**Historical Note**

Adopted effective August 6, 1991 (Supp. 91-3).  
Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

**R12-4-123. Expenditure of Funds**

- A. The Director may expend funds available through appropriations, licenses, gifts, or other sources, in compliance with applicable laws and rules, and:
  - 1. For purposes designated by lawful Commission agreements and Department guidelines;
  - 2. In agreement with budgets approved by the Commission;
  - 3. In agreement with budgets appropriated by the legislature;
  - 4. With regard to a gift, for purposes designated by the donor, the Director shall expend undesignated donations for a public purpose in furtherance of the Department's responsibilities and duties.
- B. The Director shall ensure that the Department implements internal management controls to comply with subsection (A) and to deter unlawful use or expenditure of funds.

**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 12 A.A.R. 291, effective March 11, 2006 (Supp. 06-1).

**R12-4-124. Proof of Domicile**

- A. An applicant may be required to present acceptable proof of domicile in Arizona to the Department upon request. For the purposes of this rule, "current address" means the address an applicant inhabits at the time of application for any license, permit, stamp, or tag offered by the Department.
- B. Acceptable proof of domicile establishes a person's true, fixed, and permanent home and principal residence. Acceptable proof to aid in establishing a person's domicile in Arizona may include, but is not limited to, one or more of the following lawfully obtained documents:
  - 1. Arizona Driver's License displaying a current address;
  - 2. Arizona Resident State Income Tax Return filing;
  - 3. Arizona school records containing satisfactory proof of identity and relationship of the parent or guardian to the minor child, when applicable;
  - 4. Arizona Voter Registration Card displaying a current address;
  - 5. Selective Service Registration Acknowledgement Card displaying a current address in Arizona;
  - 6. Social Security Administration document indicating an address in Arizona; or
  - 7. Current document or order issued by the U.S. military to an active-duty military service member identifying Arizona as state of legal residence or duty station.

- C. In the event one of the documents listed under subsection (B) alone is not sufficient proof of domicile, additional documents may be required.

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1).

**R12-4-125. Public Solicitation or Event on Department Property**

- A. All Department buildings, properties, and wildlife areas are designated non-public forums and are closed to all solicitations and events unless permitted by the Department.
- B. A solicitation or event on Department property shall not:
  - 1. Conflict with the Department's mission; or
  - 2. Constitute partisan political activity, the activity of a political campaign, or influence in any way an election or the results thereof.
- C. A request for permission to conduct a solicitation or event on Department property shall be directed to the responsible Regional Supervisor or Branch Chief who shall initially determine whether an application is required for the solicitation or event.
- D. If it is determined that an application is required, the person may apply for a solicitation or event permit by submitting a completed solicitation or event application to any Department office or Department Headquarters, Director's Office, at 5000 W. Carefree Hwy, Phoenix, AZ 85086. The application form is furnished by the Department and available at all Department offices.
  - 1. An applicant shall submit an application:
    - a. Not more than six months prior to the solicitation or event; and
    - b. Not less than 14 days prior to the desired date of the solicitation or event for solicitations other than the posting of advertising, handbills, leaflets, circulars, posters, or other printed materials; or
    - c. Not less than 10 days prior to the desired date of the solicitation or event for solicitations involving only the posting of advertising, handbills, leaflets, circulars, posters, or other printed materials.
  - 2. An applicant shall provide all of the following information on the application:
    - a. Sponsor's name, address, and telephone number;
    - b. Sponsor's e-mail address, when available;
    - c. Contact person's name and telephone number, when the sponsor is an organization;
    - d. Proposed date of the solicitation or event;
    - e. Specific, proposed location for the solicitation or event;
    - f. Starting and approximate concluding times;
    - g. General description of the solicitation or event's purpose;
    - h. Anticipated number of attendees, when applicable;
    - i. Amount of fees to be charged to attendees, when applicable;
    - j. Detailed description of any activity that will occur at the solicitation or event, including a detailed map of the solicitation or event and any equipment that will be used, e.g., tents, tables, etc.;
    - k. Copies of any solicitation materials to be distributed to the public or to be posted on Department property;

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- l. Copy of a current and valid license issued by the Arizona Department of Liquor Licenses and Control, required when the applicant intends to sell alcohol at the solicitation or event; and
- m. The contact person's signature and date. The person's signature on the application certifies that the sponsor:
  - i. Assumes risk of injury to persons or property;
  - ii. Agrees to hold harmless the state of Arizona, its officials, Departments, employees, and agents against all claims arising from the use of Department facilities;
  - iii. Assumes responsibility for any damages or clean-up costs due to the solicitation or event, solicitation or event cleanup, or solicitation or event damage repair; and
  - iv. Agrees to surrender the premises in a clean and orderly condition.
- E. The Department may take any of the following actions to the extent necessary and in the best interest of the State:
  - 1. Require the sponsor to furnish all necessary labor, material, and equipment for the solicitation or event;
  - 2. Require the sponsor to post a deposit against damage and cleanup expense;
  - 3. Require indemnification of the state of Arizona, its Departments, agencies, officers, and employees;
  - 4. Require the sponsor to carry adequate insurance and provide certificates of insurance to the Department not less than ten business days before the solicitation or event. A certificate of insurance for a solicitation or event shall name the state of Arizona, its Departments, agencies, boards, commissions, officers, agents, and employees as additional insureds;
  - 5. Require the sponsor to enter into written agreements with any vendors and subcontractors and require vendors and subcontractors to provide certificates of insurance to the Department not less than ten business days before the solicitation or event. A certificate of insurance for a solicitation or event shall name the state of Arizona, its Departments, agencies, boards, commissions, officers, agents, and employees as additional insureds;
  - 6. Require the sponsor to provide medical support, security, and sanitary services, including public restrooms; and
  - 7. Impose additional conditions not otherwise specified under this Section on the conduct of the solicitation or event.
- F. The Department may consider the following criteria when determining whether any of the actions in subsection (E) are necessary and in the best interest of the state:
  - 1. Previous experience with similar solicitations or events;
  - 2. Deposits required for similar solicitations or events in Arizona;
  - 3. Risk data; and
  - 4. Medical, sanitary, and security services required for similar solicitations or events in Arizona and the cost of those services.
- G. The Department shall designate the hours of use for Department property.
- H. The Department shall inspect the solicitation or event site at the conclusion of activities and document any damage or cleanup costs incurred because of the solicitation or event. The sponsor shall be responsible for any cleanup or damage costs associated with the solicitation or event.
- I. The sponsor shall not allow, without the express written permission of the Department, the possession, use, or consumption of alcoholic beverages at the solicitation or event site. When the Department provides written permission for the possession, use, or consumption of alcoholic beverages at the solicitation or event site, the sponsor shall provide to the Department:
  - 1. A copy of a current and valid license issued by the Arizona Department of Liquor Licenses and Control to the sponsor and vendor, required when the applicant intends to sell alcohol at the solicitation or event; and
  - 2. A liquor liability rider, included with the insurance certificate required under subsection (E)(4).
- J. The sponsor shall not allow unlawful possession or use of drugs at the solicitation or event site.
- K. The Department shall deny an application for any of the following reasons:
  - 1. The solicitation or event interferes with the work of an employee or the daily business of the Department;
  - 2. The solicitation or event conflicts with the time, place, manner, or duration of other approved or pending solicitations or events;
  - 3. The content of the solicitation or event conflicts with or is unrelated to the Department's activities or its mission;
  - 4. The solicitation or event presents a risk of injury or illness to persons or risk of damage to property;
  - 5. The sponsor cannot demonstrate adequate compliance with applicable local, state, or federal laws, ordinances, codes, or regulations, or
  - 6. The sponsor has not complied with the requirements of the application process or this Section.
- L. At all times, the Department reserves the right to immediately remove or cause to be removed all obstructions or other hazards of the solicitation or event that could damage state property, inhibit egress, or poses a safety risk. The Department also reserves the right to immediately remove or cause to be removed any person damaging state property, inhibiting egress, or posing a threat to public health and safety.
- M. The Department may revoke approval of a solicitation or event due to emergency circumstances or for failure to comply with this Section.
- N. The Department shall send written notice of the denial or revocation of an approved permit. The notice shall contain the reason for the denial or revocation.
- O. A sponsor:
  - 1. Is liable to the Department for damage to Department property and any expense arising out of the sponsor's use of Department property.
  - 2. Shall post solicitation material only in designated posting areas.
  - 3. Shall ensure that a solicitation or event on Department property causes the minimum infringement of use to the public and government operation.
  - 4. Shall modify or terminate a solicitation or event, upon request by the Department, if the Department determines that the solicitation or event unacceptably infringes on the Department's operations or causes an unacceptable risk of liability exposure to the State.
- P. When conducting an event on Department property, a sponsor shall:
  - 1. Park or direct vehicles in designated parking areas.
  - 2. Obey all posted requirements and restrictions.
  - 3. Designate one person to act as a monitor for every 50 persons anticipated to attend the solicitation or event. The

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monitor shall act as a contact person for the Department for the purposes of the solicitation or event.

4. Ensure that all safety standards, guidelines, and requirements are followed.
  5. Implement additional safety requirements upon request by the Department.
  6. Ensure all obstructions and hazards are eliminated.
  7. Ensure trash and waste is properly disposed of throughout the solicitation or event.
- Q.** The Department shall revoke or terminate the solicitation or event if a sponsor fails to comply with a Department request or any one of the following minimum safety requirements:
1. All solicitation or event activities shall comply with all applicable federal, state, and local laws, ordinances, codes, statutes, rules, and regulations.
  2. The layout of the solicitation or event shall ensure that emergency vehicles will have access at all times.
  3. The Department may conduct periodic safety checks throughout the solicitation or event.
- R.** This Section does not apply to government agencies.

**Historical Note**

New Section made by emergency rulemaking at 10 A.A.R. 4777, effective November 4, 2004 for 180 days (Supp. 04-4). Emergency expired (Supp. 05-2). New Section renumbered from R12-4-804 and amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

**R12-4-126. Reward Payments**

- A.** Subject to the restrictions prescribed under A.R.S. § 17-315, a person may claim a reward from the Department when the person provides information that leads to an arrest through the Operation Game Thief Program. The person who reports the unlawful activity will then become eligible to receive a reward as established under subsections (C) and (D), provided funds are available in the Wildlife Theft Prevention Fund and:
1. The person who reported the violation provides the Operation Game Thief control number issued by Department law enforcement personnel, as established under subsection (B);
  2. The information provided relates to a violation of any provisions of A.R.S. Title 17, A.A.C. Title 12, Chapter 4, or federal wildlife laws enforced by and under the jurisdiction of the Department, but not on Indian Reservations;
  3. The person did not first provide information during a criminal investigation or judicial proceeding; and
  4. The person who reports the violation is not:
    - a. The person who committed the violation;
    - b. A peace officer, including wildlife managers and game rangers;
    - c. A Department employee; or
    - d. An immediate family member of a Department employee.
- B.** The Department shall inform the person providing information regarding a wildlife violation of the procedure for claiming a reward if the information results in an arrest. The Department shall also provide the person with the control number assigned to the reported violation.
- C.** Reward payments for information that results in an arrest for the reported violation are as follows:
1. For cases that involve eagles, bear, bighorn sheep, bison, deer, elk, javelina, mountain lion, pronghorn, turkey, or endangered or threatened wildlife as defined under R12-

4-401, \$500, to be increased by an additional amount of at least \$50, but not to exceed \$500, when vandalism impacting recreational access or wildlife habitat is also involved;

2. For cases that involve wildlife that are not listed under subsection (C)(1), a minimum of \$50, not to exceed \$150, to be increased by an additional amount of at least \$50, but not to exceed \$500, when vandalism impacting recreational access or wildlife habitat is also involved; and
  3. For cases that involve any wildlife and damage to wildlife habitat, an additional \$1,000 may be made available based on:
    - a. The value of the information;
    - b. The unusual value of the wildlife;
    - c. The number of individuals taken;
    - d. Whether or not the person who committed the unlawful act was arrested for commercialization of wildlife; and
    - e. Whether or not the person who committed the unlawful act is a repeat offender.
- D.** If more than one person independently provides information or evidence that leads to an arrest for a violation, the Department may divide the reward payment among the persons who provided the information if the total amount of the reward payment does not exceed the maximum amount of a monetary reward established under subsections (C) or (E);
- E.** Notwithstanding subsection (C), the Department may offer and pay a reward up to the minimum civil damage value of the wildlife unlawfully taken, wounded or killed, or unlawfully possessed as prescribed under A.R.S. § 17-314, if the Department believes that an enhanced reward offer is merited due to the specific circumstances of the case.

**Historical Note**

New Section R12-4-126 renumbered from R12-4-116 and amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 20-1).

**R12-4-127. Civil Liability for Loss of Wildlife**

- A.** In order to compensate the state for the value of lost or injured wildlife, the Commission may, pursuant to A.R.S. § 17-314, impose a civil penalty against any person for unlawfully taking, wounding, killing or possessing wildlife. Any civil penalties so imposed shall be equal to or greater than the applicable statutory-minimum sums found in A.R.S. § 17-314(A). The Commission may impose a civil penalty above the statutory-minimum sums where it has determined that the value of the lost or injured wildlife exceeds the statutory-minimum sums.
- B.** The Commission shall annually establish the value of lost or injured wildlife using objective and measurable economic criteria. When doing so, the Commission may consider objective economic criteria recommended by the Department or any other person.
- C.** The Department shall recommend the value of lost or injured wildlife to the Commission by aggregating the following objective and measurable economic factors:
1. The average dollar amount spent by an individual hunter in pursuit of the same species. This amount shall be calculated using information from the most recent National Survey of Fishing, Hunting and Wildlife-Associated Recreation conducted by the U.S. Fish and Wildlife Service and measures hunting and fishing expenditures, in combination with hunter harvest data gathered by the Department. This information shall be available on the Department's website.

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2. The average dollar amount spent by an individual in an effort to view wildlife. This amount shall be calculated using information from the most recent National Survey of Fishing, Hunting and Wildlife-Associated Recreation conducted by the U.S. Fish and Wildlife Service and measures wildlife viewing expenditures, in combination with hunter harvest data gathered by the Department. This information shall be available on the Department's website.
  3. The average body weight in pounds of meat for the unlawfully taken or possessed species multiplied by the average price per pound of ground meat for that same species or a similar species. Average body weight in pounds of meat shall be calculated using the average body weight for the wildlife taken, minus 30% of the average weight to account for the weight of the head, hide, offal, and bone.
  4. When new data is not available, the Department may use Consumer Price Index (CPI) calculations to update the above factors in terms of U.S. dollars.
- D.** The Department shall recommend the value of lost aquatic wildlife to the Commission by aggregating the following objective and measurable economic factors:
1. The average dollar amount spent by an individual angler in pursuit of the same species. This amount shall be calculated using information from the most recent Arizona Anglers' Expenditures and the Economic Impact of Fishing in the State which measures fishing expenditures, in combination with angler harvest data gathered by the Department. This information shall be available on the Department's website.
  2. The average body weight in pounds of aquatic meat for the unlawfully taken or possessed species multiplied by the average price per pound of aquatic meat for that same species or a similar species. Average body weight in pounds of aquatic meat shall be calculated using the average body weight for the wildlife taken, minus 40% of the average weight to account for the weight of the head, entrails, and fins.
  3. Recommended values based on current market to cover hatchery expenses per fish, which includes the cost to purchase, raise, feed, transport and release wildlife.
- E.** The most recent wildlife values established by the Commission shall be available on the Department's website.

**Historical Note**

New Section made by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 20-1). Amended by final rulemaking at 31 A.A.R. 1442 (May 2, 2025), effective June 9, 2025 (Supp. 25-2).

**ARTICLE 2. LICENSES; PERMITS; STAMPS; TAGS****R12-4-201. Pioneer License**

- A.** A pioneer license grants all of the hunting and fishing privileges of a combination hunting and fishing license. The pioneer license is only available at a Department office.
- B.** The pioneer license is a complimentary license and is valid for the license holder's lifetime. The license remains valid if the licensee subsequently resides outside of this state.
1. A licensee who resides outside of Arizona shall submit the nonresident fee to purchase any required hunt permit-tag, nonpermit-tag, or stamp to hunt and fish in this state.
  2. Limits established under R12-4-114 for nonresident hunt permit-tags and nonpermit-tags do not apply to a pioneer license holder.
- C.** A person who is age 70 or older and has been a resident of Arizona for at least 25 consecutive years immediately preceding application may apply for a pioneer license by submitting an application to the Department. The application form is furnished by the Department and is available at any Department office and on the Department's website. A pioneer license applicant shall provide all of the following information on the application:
1. The applicant's personal information:
    - a. Name;
    - b. Date of birth;
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;
    - e. Residency status and number of years of residency immediately preceding application, when applicable;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. E-mail address, when available;
  2. Affirmation that:
    - a. The applicant is 70 years of age or older and has been a resident of this state for 25 or more consecutive years immediately preceding application for the license; and
    - b. The information provided on the application is true and accurate.
  3. Applicant's signature and date.
- D.** In addition to the requirements listed under subsection (C), an applicant for a pioneer license shall also submit a copy of any one of the following documents at the time of application:
1. Valid U.S. passport;
  2. Applicant's birth certificate;
  3. Valid government-issued driver's license; or
  4. Valid government-issued identification card.
- E.** All information and documentation provided by the applicant is subject to Department verification.
- F.** The Department shall deny a pioneer license when the applicant:
1. Fails to meet the criteria prescribed under A.R.S. § 17-336(A)(1),
  2. Fails to comply with this Section, or
  3. Provides false information on the application.
- G.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Ch 6, Article 10.
- H.** A pioneer license holder may request a no-fee duplicate of the paper license provided:
1. The license was lost or destroyed;
  2. The license holder submits a written request to the Department for a no-fee duplicate paper license; and
  3. The Department's records indicate a pioneer license was previously issued to that person.
- I.** A person issued a pioneer license prior to January 1, 2014 shall be entitled to the privileges established under subsection (A).

**Historical Note**

Former Section R12-4-31 renumbered as Section R12-4-201 without change effective August 13, 1981. New Section R12-4-201 amended effective August 31, 1981 (Supp. 81-4). Amended subsection (B) effective December 9, 1985 (Supp. 85-6). Amended subsections (D) and



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(E), and changed application for a Pioneer License effective September 24, 1986 (Supp. 86-5). Former Section repealed, new Section adopted effective December 22, 1989 (Supp. 89-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 3360 (October 21, 2022), effective November 26, 2022 (Supp. 22-3).

**R12-4-202. Complimentary and Reduced-fee Disabled Veteran's License; Reduced-fee Purple Heart Medal License**

- A.** The complimentary and reduced-fee disabled veteran's licenses and Purple Heart Medal license grant all of the hunting and fishing privileges of a combination hunting and fishing license. The disabled veteran's and Purple Heart Medal license are only available at a Department office.
- B.** The Department offers three types of veteran's licenses:
1. A complimentary license to a disabled veteran who receives compensation from the U.S. government for a permanent service-connected disability rated as 100% disabling.
    - a. The complimentary license is valid for either a three-year period from the issue date or the license holder's lifetime.
    - b. If the certification or benefits letter required under subsection (D)(1) indicate the applicant's disability rating of 100% is permanent and:
      - i. Will not be reevaluated, the disabled veteran's license shall be valid for the license holder's lifetime.
      - ii. Will be reevaluated in three years, the disabled veteran's license will expire three years from the date of issuance.
    - c. Eligibility for the complimentary disabled veteran's license is based on the disability rating, not on the compensation received by the veteran.
    - d. An applicant for a complimentary disabled veteran's license shall have been a resident of Arizona for at least one year immediately preceding application.
  2. A reduced-fee license to a disabled veteran who is a resident as defined under A.R.S. § 17-101 and who is receiving compensation from the U.S. government for a service-connected disability.
    - a. The reduced-fee license is valid for one year from the date of purchase or selected start date provided the date selected is no more than 60 calendar days from and after the date of purchase.
    - b. The applicant shall pay the fee required under R12-4-102.
  3. A reduced-fee license to a person who submits satisfactory proof to the Department that the person is a bona fide Purple Heart Medal recipient.
    - a. The reduced-fee license is valid for one year from the date of purchase or selected start date provided the date selected is no more than 60 calendar days from and after the date of purchase.
    - b. An applicant for a reduced-fee Purple Heart Medal license shall have been a resident of Arizona for at least one year immediately preceding application.

- C.** A person applying for a disabled veteran's or Purple Heart Medal license shall submit an application to the Department. The application form is furnished by the Department and available at any Department office and on the Department's website. The applicant shall provide all of the following information on the application:
1. The applicant's personal information:
    - a. Name;
    - b. Date of birth;
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;
    - e. Residency status and number of years of residency immediately preceding application, when applicable;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. E-mail address, when available;
  2. Affirmation that:
    - a. The applicant meets the eligibility requirements prescribed under A.R.S. § 17-333(C)(2), (C)(3), or (C)(4),
    - b. The applicant has been a resident of this state for at least one year immediately preceding application for the license, and
    - c. The information provided on the application is true and accurate.
  3. Applicant's signature and date.
- D.** In addition to the requirements established under subsection (B), an applicant for a veteran's license shall, at the time of application, certify eligibility for the license by submitting:
1. For a complimentary or reduced-fee disabled veterans license issued under A.R.S. § 17-333(C)(2) or (C)(3) respectively, an original or facsimile DD-214, certification form, or a benefits letter issued by the U.S. Department of Veteran's Affairs (DVA) or obtained from the DVA website that meets the requirements specified in subsections (B)(1) and (B)(2). The certification form is furnished by the Department and is available at any Department office and on the Department's website. The certification shall be completed and signed by an agent of the U.S. Department of Veteran's Affairs.
  2. For a Purple Heart Medal license issued under A.R.S. § 17-333(C)(4), an original or facsimile DD-214 or DD-215, service records showing the award, military orders of the award, or other military discharge document such as WD AGO Form. The actual Purple Heart Medal or a certificate of award will not suffice alone for verification purposes.
- E.** All information and documentation provided by the applicant is subject to Department verification. The Department shall return the original or certified copy of a document to the applicant after verification.
- F.** The Department shall deny a disabled veteran's or Purple Heart Medal license when the applicant:
1. Fails to meet the criteria prescribed under A.R.S. § 17-333(C)(2), (C)(3), or (C)(4),
  2. Fails to comply with the requirements of this Section, or
  3. Provides false information during the application process.
- G.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

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- H. A complimentary disabled veteran's license holder may request a no-fee duplicate paper license provided:
  1. The license was lost or destroyed,
  2. The license holder submits a written request to the Department for a duplicate license, and
  3. The Department's records indicate a disabled veteran's license was previously issued to that person.
- I. A person issued a disabled veteran's license prior to January 1, 2014 shall be entitled to the privileges established under subsection (A).
- J. For the purposes of this Section:
  1. "Disabled veteran" means a veteran of the armed forces of the U.S. with a service connected disability.
  2. "Veteran" means a person who has served in the U.S. armed forces.

**Historical Note**

Former Section R12-4-66 renumbered, then repealed and readopted as Section R12-4-43 effective February 20, 1981 (Supp. 81-1). Former Section R12-4-43 renumbered as Section R12-4-202 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 31, 1984 (Supp. 84-6). Repealed effective April 28, 1989 (Supp. 89-2). New Section R12-4-202 adopted effective December 22, 1989 (Supp. 89-4). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 1199, effective June 30, 2012 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 2550, effective January 5, 2015 (Supp. 15-2). Amended by final exempt rulemaking at 27 A.A.R. 1076, effective August 21, 2021 (Supp. 21-2). Amended by final exempt rulemaking at 28 A.A.R. 3355 (October 21, 2022), effective September 26, 2022 (Supp. 22-3).

**R12-4-203. National Harvest Information Program (HIP); State Waterfowl and Migratory Bird Stamp**

- A. All state fish and wildlife agencies are required to obtain data to assess the harvest of migratory game birds in compliance with the federally mandated National Harvest Information Program administered by the United States Fish and Wildlife Service in accordance with 50 C.F.R. Part 20.
- B. In compliance with the National Harvest Information Program, the Department requires a person to possess a migratory bird stamp or authorization number, which may be affixed to or written on the appropriate license, and a current, valid federal waterfowl stamp. The migratory bird stamp and authorization number are required to take band-tailed pigeons, moorhen, coots, doves, ducks, geese, snipe, or swans.
  1. The state migratory bird stamp expires on June 30 of each year. To obtain a state migratory bird stamp, a person shall submit:
    - a. The fee required under R12-4-102, and
    - b. A completed state migratory bird registration form to a license dealer or a Department office.
  2. The person shall provide on the state migratory bird registration form the person's:
    - a. Name,
    - b. Mailing address,
    - c. Date of birth, and

- d. Information on past and anticipated hunting activity.
- 3. The youth combination hunting and fishing license includes the state migratory bird stamp privileges. A youth hunter who possesses a valid combination hunting and fishing license shall obtain:
  - a. A Federal waterfowl stamp when the youth hunter is 16 years of age or older and is taking ducks, geese, swans, coots, gallinules; or
  - b. A permit-tag when the youth hunter is taking sand-hill crane.
- C. A license dealer shall submit state migratory bird registration forms for all state migratory bird stamps sold with the monthly report required under A.R.S. § 17-338.

**Historical Note**

Amended effective March 7, 1979 (Supp. 79-2).  
 Amended effective April 22, 1980 (Supp. 80-2).  
 Amended subsections (A), (C), (D), and (G) effective December 29, 1980 (Supp. 80-6). Former Section R12-4-41 renumbered as Section R12-4-203 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (C), (E), (G) and added Form 7016 (Supp. 81-6). Repealed effective April 28, 1989 (Supp. 89-2). New Section adopted effective July 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 1146, effective July 1, 2000 (Supp. 00-1). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 13 A.A.R. 462, effective February 6, 2007 (Supp. 07-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

**Editor's Note**

For similar subject matter, see Section R12-4-411.  
 This editor's note does not apply to the new Section adopted effective July 1, 1997 (Supp. 96-4).

**R12-4-204. Taxidermy Registration; Register**

- A. A person shall register with the Department before engaging in the business of taxidermy for hire. A taxidermy registration authorizes a person to mount, refurbish, maintain, restore, or preserve wildlife as defined under A.R.S. § 17-101.
- B. A taxidermy registration expires on December 31 of each year.
- C. The Department shall deny a taxidermy registration when the applicant:
  1. Fails to meet the requirements established under this Section;
  2. Provides false information during the application process; or
  3. Provides false information in the register required under A.R.S. § 17-363(B).
- D. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- E. A person may apply for a taxidermy registration by paying the applicable fee and submitting an application to the Department. The application form is available on the Department's website. A taxidermy registration applicant shall provide all of the following information:
  1. The applicant's information:
    - a. Name;
    - b. Date of birth;

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- c. Department identification number, when applicable;
- d. Mailing address, when applicable;
- e. Physical address;
- f. Telephone number, when available;
- g. Email address, when available; and
- 2. The applicant's business information:
  - a. Name;
  - b. Mailing address;
  - c. Email address;
  - d. Website URL address, if available;
  - e. Business telephone number, when applicable;
  - f. Calendar year for which the application is made; and
  - g. Whether the applicant is seeking renewal of an existing taxidermy registration.
- 3. Affirmation that the information provided on the application is true and accurate; and
- 4. Applicant's signature and date.
- F. A registered taxidermist may submit an application for renewal of a taxidermy registration after December 1 of the year it was issued.
- G. A registered taxidermist shall maintain a register of all persons who furnish raw and unmounted wildlife specimens for taxidermy service using the form available on the Department's website.
  - 1. This register shall be:
    - a. Maintained for a period of five years after the date the raw and unmounted wildlife specimens were received;
    - b. Provided upon request to an employee of the Department; and
    - c. Filed with the Department on or before January 31 of each year.
  - 2. This register shall contain all of the following information, as applicable:
    - a. The registered taxidermist's information:
      - i. Name;
      - ii. Taxidermy registration number;
      - iii. Email address, when available; and
    - b. The customer's or potential customer's:
      - i. Name;
      - ii. Address;
      - iii. Taker's tag or license number;
      - iv. Species and number of wildlife received;
      - v. Date wildlife received; and
    - c. A signed affirmation from the registered taxidermist that the information provided in the register is true and accurate.
  - 3. The taxidermy renewal registration becomes invalid if the register is not submitted to the Department by January 31 of the year following registration.
- H. As authorized under A.R.S. § 17-363(C), the Commission may revoke or suspend the taxidermy registration of a person convicted of violating any provision of A.R.S. § 17-363 or requirement established under this Section.

**Historical Note**

Amended effective May 31, 1976 (Supp. 76-3). Correction, Historical Note Supp. 76-3 should read "Amended effective May 3, 1976" (Supp. 78-5). Amended effective March 7, 1979 (Supp. 79-2). Amended effective March 20, 1981 (Supp. 81-2). Former Section R12-4-32 renumbered as Section R12-4-204 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 12 A.A.R. 212, effective March 11, 2006

(Supp. 06-1). Repealed by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). New Section made by final rulemaking at 25 A.A.R. 1854, effective July 2, 2019 (Supp. 19-3).

**R12-4-205. High Achievement Scout License**

- A. A high achievement scout license is offered to a resident who is:
  - 1. Eligible for a combination hunting and fishing license,
  - 2. Under 21 years of age, and
  - 3. A member of the Boy Scouts of the United States of America and has attained the rank of Eagle Scout, or
  - 4. A member of the Girl Scouts of the United States of America and has attained the Gold Award.
- B. The high achievement scout license grants all of the hunting and fishing privileges of the youth combination hunting and fishing license and is only available at Department offices.
  - 1. The license is valid for one year from the date of purchase or selected start date provided the date selected is no more than 60 calendar days from and after the date of purchase.
  - 2. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the high achievement scout license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- C. An applicant for a high achievement scout license shall apply on an application form available from any Department office and on the Department's website. The applicant shall provide all of the following information on the application:
  - 1. The applicant's:
    - a. Name;
    - b. Date of birth;
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;
    - e. Residency status and number of years of residency immediately preceding application, when applicable;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. E-mail address, when available;
  - 2. Affirmation that the information provided on the application is true and accurate; and
  - 3. Applicant's signature and date.
- D. In addition to the application, an eligible applicant shall present with the application:
  - 1. For an applicant who is a member of the Boy Scouts of the United States of America, any one of the following original documents:
    - a. A certification letter from the Boy Scouts of the United States of America stating that the applicant has attained the rank of Eagle Scout,
    - b. A Boy Scouts of the United States of America Eagle Scout Award Certificate, or
    - c. A Boy Scouts of the United States of America Eagle Scout wallet card.
  - 2. For an applicant who is a member of the Girl Scouts of the United States of America, any one of the following original documents:
    - a. A certification letter from the Girl Scouts of the United States of America stating that the applicant has completed the award,
    - b. A Girl Scouts of the United States of America Gold Award Certificate, or

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- c. A Girl Scouts Gold Award Certificate from the local council.
- E. The Department shall deny a high achievement scout license to an applicant who:
  1. Is not eligible for the license;
  2. Fails to comply with the requirements of this Section; or
  3. Provides false information during the application process.
- F. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Editorial correction subsection (A) (Supp. 78-5). Amended effective March 7, 1979 (Supp. 79-2). Amended effective September 23, 1980 (Supp. 80-5). Former Section R12-4-33 renumbered as Section R12-4-205 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 17 A.A.R. 1472, effective July 12, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

**R12-4-206. General Hunting License; Exemption**

- A. A general hunting license is valid for the taking of small game, fur-bearing animals, predatory animals, nongame animals, and upland game birds. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the general hunting license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- B. The general hunting license is valid for one-year from:
  1. The date of purchase when a person purchases the hunting license from a License Dealer, as defined under R12-4-101;
  2. On the last day of the application deadline for that draw, as established by the hunt permit-tag application schedule published by the Department;
  3. On the last day of an extended deadline date, as authorized under subsection R12-4-104(C). If an applicant does not possess an appropriate license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application; or
  4. The selected start date when a person purchases the hunting license from a Department office or online. A person may select the start date for the hunting license provided the date selected is no more than 60 calendar days from and after the date of purchase.
- C. A resident may apply for a general hunting license by submitting an application to the Department, a License Dealer as defined under R12-4-101, or on the Department's website. The application is furnished by the Department and is available at any Department office, License Dealer, and on the Department's website. A general hunting license applicant shall provide the following information on the application:
  1. The applicant's:
    - a. Name;
    - b. Date of birth,
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;

- e. Residency status and number of years of residency immediately preceding application, when applicable;
- f. Mailing address, when applicable;
- g. Physical address;
- h. Telephone number, when available; and
- i. E-mail address, when available; and
- 2. Affirmation that the information provided on the application is true and accurate; and
- 3. Applicant's signature and date.
- D. In addition to the requirements listed under subsection (C), at the time of application an applicant who is applying for a general hunting license:
  1. In person shall pay the applicable fee required under R12-4-102.
  2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information provided on the online application is true and accurate.
- E. A person who is under 10 years of age may hunt wildlife other than big game without a hunting license when accompanied by a properly licensed person who is 18 years of age or older.

**Historical Note**

Amended effective March 7, 1979 (Supp. 79-2). Amended effective December 4, 1980 (Supp. 80-6). Former Section R12-4-34 renumbered as Section R12-4-206 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

**R12-4-207. General Fishing License; Exemption**

- A. A general fishing license is valid for the taking of all aquatic wildlife and allows the license holder to engage in simultaneous fishing as defined under R12-4-301. The general fishing license is valid:
  1. State-wide including Mittry Lake and Topock Marsh and the Arizona shoreline of Lake Mead, Lake Mohave and Lake Havasu, and Commission-designated community waters. The list of Commission-designated community waters is available at any License Dealer, Department office, and on the Department's website.
  2. On that portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California and connected adjacent water, provided Arizona has an agreement with California and Nevada that recognizes a general fishing license as valid for taking aquatic wildlife on any portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California.
- B. The general fishing license is valid for one-year from:
  1. The date of purchase when a person purchases the fishing license from a License Dealer, as defined under R12-4-101; or
  2. The selected start date when a person purchases the fishing license from a Department office or online. A person may select the start date for the fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.
- C. A resident or nonresident may apply for a general fishing license by submitting an application to the Department, a

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License Dealer as defined under R12-4-101, or on the Department's website. The application is furnished by the Department and is available at any Department office, License Dealer, and on the Department's website. A general fishing license applicant shall provide the following information on the application:

1. The applicant's:
    - a. Name;
    - b. Date of birth,
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;
    - e. Residency status and number of years of residency immediately preceding application, when applicable;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. E-mail address, when available; and
  2. Affirmation that the information provided on the application is true and accurate; and
  3. Applicant's signature and date.
- D.** In addition to the requirements listed under subsection (C), an applicant who is applying for a general fishing license:
1. In person shall pay the applicable fee required under R12-4-102.
  2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information provided on the online application is true and accurate.
- E.** In addition to the exemption prescribed under A.R.S. § 17-335, a person who is under 10 years of age may fish without a fishing license.

**Historical Note**

Amended effective March 7, 1979 (Supp. 79-2).  
 Amended effective December 4, 1980 (Supp. 80-6). Former Section R12-4-35 renumbered as Section R12-4-207 without change effective August 13, 1981 (Supp. 81-4).  
 Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

**R12-4-208. Guide License**

- A.** A guide, as defined under A.R.S. § 17-101, is a person who does any one of the following:
1. Advertises for guiding services.
  2. Is presented to the public for hire as a guide.
  3. Is employed by a commercial enterprise as a guide.
  4. Accepts compensation in any form commensurate with the market value in this state for guiding services in exchange for aiding, assisting, directing, leading, or instructing a person in the field to locate and take wildlife.
  5. Is not a landowner or lessee who, without full fair market compensation, allows access to the landowner's or lessee's property and directs and advises a person in taking wildlife.
- B.** A person shall not act as a guide unless the person holds one of the following guide licenses:
1. A hunting guide license, which authorizes the license holder to act as a guide for the lawful taking of wildlife

other than aquatic wildlife as defined under A.R.S. § 17-101.

2. A fishing guide license, which authorizes the license holder to act as a guide for the lawful taking of aquatic wildlife.
  3. A hunting and fishing guide license, which authorizes the license holder to act as a guide for the lawful taking of wildlife.
- C.** A guide license shall expire on December 31 of each year.
- D.** A person is not eligible to apply for an original or renewal guide license when any one of the following conditions apply:
1. The applicant was convicted of a felony violation of any federal wildlife law, within five years immediately preceding the date of application;
  2. The applicant was convicted of a violation listed under A.R.S. § 17-309(D), within five years immediately preceding the date of application;
  3. The applicant was convicted of a violation of a federal or state wildlife law for which a license to take wildlife may be revoked or suspended within five years immediately preceding the date of application; or
  4. The applicant's privilege to take or possess wildlife or to guide or act as a guide is currently suspended or revoked anywhere in the U.S. for violation of a federal or state wildlife law.
- E.** Notwithstanding subsection (D), a person who was convicted of a misdemeanor violation of any wildlife law within one year preceding the date of application may apply for a guide license provided the person immediately and voluntarily reported the violation to the Department after committing the violation.
- F.** An applicant for a guide license shall:
1. Be 18 years of age or older, and
  2. Possess the required Department-issued license, as applicable:
    - a. A current Arizona hunting license when applying for a hunting guide license;
    - b. A current Arizona fishing license when applying for a fishing guide license;
    - c. A current Arizona combination hunting and fishing license when applying for a hunting and fishing guide license;
- G.** The guide license does not exempt the license holder from any applicable method of take or licensing requirement. The guide license holder shall comply with all applicable Commission rules, including, but not limited to, rules governing:
1. Lawful methods of take,
  2. Lawful devices, and
  3. License requirements.
- H.** Unless otherwise provided under this Section, a person shall successfully complete the Department administered examination, and answer at least 80% of the questions correctly, prior to applying for a guide license. Guide examinations are:
1. Provided at a Department office.
  2. Valid until December 31 of the year in which it was taken.
  3. A person interested in taking the guide examination shall contact a Department office to obtain scheduling information.
- I.** The examination is based on the type of guide license the person is seeking.
1. Before taking the examination, the applicant shall provide their:
    - a. Name;
    - b. Date of birth; and

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- c. Driver license number and issuing state.
  2. The examination may include questions regarding any of the following topics:
    - a. A.R.S. Title 17 Game and Fish statutes and Commission rules regarding the taking and handling of terrestrial and aquatic wildlife;
    - b. A.R.S. Title 28, Ch 3, Article 20 Off-highway Vehicles statutes and rule regarding the use of off-highway vehicles;
    - c. A.R.S. Title 5, Ch 3, Boating and Water Sports statutes and Commission rules on boating;
    - d. Requirements for guiding on federal lands;
    - e. Identification of aquatic wildlife species;
    - f. Identification of wildlife;
    - g. Special state and federal laws regarding certain species;
    - h. General knowledge of fair chase, hunter ethics, and conservation in Arizona;
    - i. General knowledge of species habitat and wildlife that may occur in the same habitat;
    - j. General knowledge of the types of habitat within the State; and
    - k. General knowledge of special or concurrent jurisdictions within the State.
  3. An applicant who fails the examination may retake the examination as agreed upon by the applicant and the examination administrator.
- J. In addition to the guide examination requirement under subsection (H), a guide license holder shall take the Department administered examination when:
  1. The applicant currently holds a hunting or fishing guide license and is applying for a combination hunting and fishing guide license;
  2. The applicant for a hunting guide license was convicted of a violation of A.R.S. Title 17 or Game and Fish Commission rule governing the taking and handling of terrestrial wildlife within one year preceding the date of application;
  3. The applicant for a fishing guide license was convicted of a violation of A.R.S. Title 17 or Game and Fish Commission rule governing the taking and handling of aquatic wildlife within one year preceding the date of application;
  4. The applicant failed to submit a renewal application postmarked before the expiration date of the guide license; or
  5. The applicant failed to submit the annual report for the preceding license year by January 10 of the following license year.
- K. A person may apply for a guide license by submitting an application to the Department. The application form is furnished by the Department and is available at any Department office and on the Department's website. A guide license applicant shall provide all of the following information on the application:
  1. The applicant's personal information:
    - a. Name;
    - b. Date of birth;
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Social Security Number;
    - e. Current hunting, fishing, or combination hunting and fishing license number;
    - f. Residency status;
    - g. Mailing address, when applicable;
    - h. Physical address;
    - i. Telephone number, when available;
    - j. E-mail address, when available;
    - k. Type of guide license sought; and
    - l. Calendar year for which the application is made;
  2. The outfitting or guide:
    - a. Business name; and
    - b. Business address, as applicable;
  3. Responses to questions relating to criminal violations;
  4. Affirmation that:
    - a. The applicant meets the eligibility requirements prescribed under this Section; and
    - b. The information provided on the application is true and accurate;
  5. Applicant's signature and date.
- L. In addition to the requirements listed under subsection (K), an applicant for a guide license shall also submit a copy of any one of the following as proof of the applicant's identity:
  1. Valid U.S. passport;
  2. Applicant's birth certificate;
  3. Valid government-issued driver's license; or
  4. Valid government-issued identification card.
- M. All information and documentation provided by the guide license applicant is subject to Department verification.
- N. An applicant for a guide license shall pay all applicable fees required under R12-4-102 upon approval of an initial or renewal application for a guide license.
- O. The Department shall deny a guide license when the applicant:
  1. Fails to meet the criteria prescribed under A.R.S. § 17-362,
  2. Fails to comply with the requirements of this Section,
  3. Provides false information during the application process,
  4. Fails to provide the annual report required under subsection (R) by January 10, or
  5. Provides false information in the annual report required under subsection (R) within three years immediately preceding the date of application.
- P. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- Q. A guide license holder may submit an application for renewal of a guide license after December 1 of the year it was issued. The Department shall not start the substantive review, as defined under A.R.S. § 41-1072, before January 10 of the following license year, unless the Department receives the annual report prior to the date established under subsection (R). The current guide license shall remain valid pending a Department decision on the application for renewal, provided:
  1. The application for renewal is submitted to the Department by December 31, and
  2. The Department receives the annual report submitted in compliance with subsection (R).
- R. A guide license holder shall submit to the Department the annual report required under A.R.S. § 17-362(C) for the previous calendar year before January 10 of the following license year. The report form is furnished by the Department and is available at any Department office or on the Department's website.
  1. A report is required whether or not the license holder performed any guiding activities.
  2. The annual report shall include all of the following information, as applicable:
    - a. License holder's personal information:
      - i. Name;
      - ii. Guide license number; and

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- iii. E-mail address, when available; and
  - b. Client's personal information:
    - i. Name;
    - ii. Mailing address; and
    - iii. Arizona license, tag and permit numbers, and
  - c. Dates guiding activities were conducted;
  - d. Number and species of wildlife taken by the clients;
  - e. Game management unit or body of water where guiding activities took place;
  - f. Affirmation that the information provided in the annual report is true and accurate; and
  - g. License holder's signature and date.
- 3. The Department shall not renew a guide license if the annual report is not submitted to the Department by January 10 of the following license year.
- S. The date of receipt for the items required under subsections (K), (L), (Q), and (R) shall be as follows:
  - 1. The date a person presents the items to a Department office;
  - 2. The date a private express mail carrier receives the package containing the items as indicated on the shipping package; or
  - 3. The date of the United States Postal Service postmark stamped on the envelope containing the items.
- T. A guide license holder shall:
  - 1. Complete a Department-sanctioned continuing education course at least once every five-years.
  - 2. While performing guide activities or providing guide services:
    - a. Possess a valid guide license.
    - b. Possess a valid Arizona hunting, fishing, or combination hunting and fishing license, as applicable under subsection (F)(2).
    - c. Present the license for inspection upon the request of any peace officer, including wildlife managers and game rangers.
    - d. Report any violation of a federal or state wildlife regulation, law, or rule personally witnessed by the guide license holder.
- U. A guide license holder shall not:
  - 1. Use, or allow another person to use, any method or device prohibited under any federal or state wildlife regulation, law, or rule while taking wildlife.
  - 2. Aid, counsel, agree to aid, or attempt to aid another person in planning or engaging in conduct that results in a violation of any federal or state wildlife regulation, law, or rule while taking wildlife.
  - 3. Pursue any wildlife or hold at bay any wildlife for a person unless that person is present during the pursuit to take the wildlife.
    - a. The person shall be continuously present during the entire pursuit of that specific target animal.
    - b. If dogs are used, the person shall be present when the dogs are released on a specific target animal and shall be continuously present for the remainder of the pursuit.
  - 4. Hold wildlife at bay other than during daylight hours, unless a Commission Order authorizes the take of the species at night.
- V. As authorized under A.R.S. § 17-362(A), the Commission may revoke or suspend a guide license when any one or more of the following actions occur:

- 1. The guide license holder failed to comply with the requirements of A.R.S. Title 17 or was convicted of violating any provision of A.R.S. Title 17;
- 2. The guide license holder was convicted of a felony violation of any federal wildlife law;
- 3. The guide license holder was convicted of a violation listed under A.R.S. § 17-309(D);
- 4. The guide license holder was convicted of a violation of a federal or state wildlife law for which a license to take wildlife may be revoked or suspended; or
- 5. The guide license holder's privilege to take or possess wildlife is suspended or revoked by any jurisdiction for violation of a federal or state wildlife law.

**Historical Note**

Amended effective March 7, 1979 (Supp. 79-2). Former Section R12-4-40 renumbered as Section R12-4-208 without change effective August 13, 1981 (Supp. 81-4). Former rule repealed, new Section R12-4-208 adopted effective December 22, 1989 (Supp. 89-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

**R12-4-209. Repealed****Historical Note**

Adopted effective March 20, 1981 (Supp. 81-2). Former Section R12-4-42 renumbered as Section R12-4-209 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Repealed by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4).

**R12-4-210. Combination Hunting and Fishing License; Exemption**

- A. A combination hunting and fishing license is valid for the taking of small game, fur-bearing animals, predatory animals, nongame animals, and upland game birds.
- B. A combination hunting and fishing license is valid for the taking of all aquatic wildlife and allows the license holder to engage in simultaneous fishing as defined under R12-4-101. The combination hunting and fishing license is valid:
  - 1. State-wide including Mittry Lake and Topock Marsh and the Arizona shoreline of Lake Mead, Lake Mohave and Lake Havasu, and Commission-designated community waters. The list of Commission-designated community waters is available at any License Dealer, Department office, and on the Department's website.
  - 2. On that portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California and connected adjacent water, provided Arizona has an agreement with California and Nevada that recognizes a combination hunting and fishing license as valid for taking aquatic wildlife on any portion of the Colorado River that forms the common boundary between Arizona and Nevada and Arizona and California.

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- C. The Department offers three combination hunting and fishing licenses:
1. A short-term combination hunting and fishing license, valid for one 24-hour period from midnight to midnight.
    - a. The short-term combination hunting and fishing license is not valid for the take of big game animals.
    - b. The short-term combination hunting and fishing license is valid for the take of migratory game birds and waterfowl, provided the person possesses the applicable State Migratory Bird stamp and Federal Waterfowl stamp.
    - c. The Department does not limit the number of short-term combination hunting and fishing licenses a resident or nonresident may purchase.
  2. A combination hunting and fishing license for a person age 18 and over.
    - a. The combination hunting and fishing license is valid for one-year from:
      - i. The date of purchase when a person purchases the combination hunting and fishing license from a License Dealer, as defined under R12-4-101;
      - ii. On the last day of the application deadline for that draw, as established by the hunt permit-tag application schedule published by the Department;
      - iii. On the last day of an extended deadline date, as authorized under subsection R12-4-104(C). If an applicant does not possess an appropriate license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application; or
      - iv. The selected start date when a person purchases the combination hunting and fishing license from a Department office or online. A person may select the start date for the combination hunting and fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.
    - b. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the combination hunting and fishing license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
  3. A youth combination hunting and fishing license for a person through age 17.
    - a. The combination hunting and fishing license is valid for one-year from:
      - i. The date of purchase when a person purchases the combination hunting and fishing license from a License Dealer, as defined under R12-4-101;
      - ii. On the last day of the application deadline for that draw, as established by the hunt permit-tag application schedule published by the Department;
      - iii. On the last day of an extended deadline date, as authorized under subsection R12-4-104(C). If an applicant does not possess an appropriate license that meets the requirements of this subsection, the applicant shall purchase the license at the time of application; or
      - iv. The selected start date when a person purchases the combination hunting and fishing license from a Department office or online. A person may select the start date for the combination hunting and fishing license provided the date selected is no more than 60 calendar days from and after the date of purchase.
    - b. A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate the combination hunting and fishing license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- D. A resident or nonresident may apply for a combination hunting and fishing license by submitting an application to the Department, a License Dealer as defined under R12-4-101, or on the Department's website. The application is furnished by the Department and is available at any Department office, License Dealer, and on the Department's website. A combination hunting and fishing license applicant shall provide the following information on the application:
1. The applicant's:
    - a. Name;
    - b. Date of birth,
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;
    - e. Residency status and number of years of residency immediately preceding application, when applicable;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. E-mail address, when available; and
  2. Affirmation that the information provided on the application is true and accurate; and
  3. Applicant's signature and date.
- E. In addition to the requirements listed under subsection (C), an applicant who is applying for a combination hunting and fishing license:
1. In person shall pay the applicable fee required under R12-4-102.
  2. Online shall electronically pay the fee required under R12-4-102 and print the new license. A person applying online shall affirm, or provide permission for another person to affirm, the information provided on the online application is true and accurate.
- F. Exemptions authorized under R12-4-206(E) and R12-4-207(E) also apply to this Section, as applicable.

**Historical Note**

Former Section R12-4-39 repealed, new Section R12-4-39 adopted effective January 20, 1977 (Supp. 77-1). Editorial correction subsection (A), paragraph (2) (Supp. 78-5). Amended effective March 7, 1979 (Supp. 79-2). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-39 repealed, new Section R12-4-39 adopted effective March 17, 1981 (Supp. 81-2). Former Section R12-4-39 renumbered as Section R12-4-210 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 16, 1982 (Supp. 82-6). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).



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**R12-4-211. Lifetime License; Benefactor License**

- A.** The Department offers the following lifetime licenses:
1. A lifetime hunting license includes the privileges established under R12-4-206(A).
  2. A lifetime fishing license includes the privileges established under R12-4-207(A).
  3. A lifetime combination hunting and fishing license includes the privileges established under R12-4-210(A) and (B).
  4. A benefactor lifetime combination hunting and fishing license includes the privileges established under R12-4-210(A) and (B).
- B.** A valid hunt permit-tag, nonpermit-tag, or stamp is required to validate lifetime hunting or combination hunting and fishing license for the take of big game animals, migratory game birds, or other wildlife authorized by an applicable tag or stamp.
- C.** The lifetime licenses identified under subsection (A) do not expire and remain valid if the licensee subsequently resides outside of this state.
1. A licensee who resides outside of Arizona shall submit the nonresident fee to purchase any required hunt permit-tag, nonpermit-tag, or stamp to hunt and fish in this state.
  2. Limits established under R12-4-114 for nonresident hunt permit-tags and nonpermit-tags do not apply to a lifetime license holder.
- D.** A resident may apply for a lifetime license by submitting an application to the Department and paying the applicable fee required under subsection (E). The application is furnished by the Department and is available at any Department office and on the Department's website. A lifetime license applicant shall provide the following information on the application:
1. The applicant's:
    - a. Name;
    - b. Date of birth,
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Social Security Number, when required under A.R.S. §§ 25-320(P) and 25-502(K);
    - e. Department identification number, when applicable;
    - f. Residency status and number of years of residency immediately preceding application, when applicable;
    - g. Mailing address, when applicable;
    - h. Physical address;
    - i. Telephone number, when available; and
    - j. E-mail address, when available; and
  2. Affirmation that the information provided on the application is true and accurate; and
  3. Applicant's signature and date.
- E.** The fees for resident lifetime licenses listed under (A)(1) through (A)(3) are determined by the age of the applicant as follows:
1. Age 0 through 13 years is 17 times the fee established under R12-4-102 for the equivalent one-year license.
  2. Age 14 through 29 years is 18 times the fee established under R12-4-102 for the equivalent one-year license.
  3. Age 30 through 44 years is 16 times the fee established under R12-4-102 for the equivalent one-year license.
  4. Age 45 through 61 years is 15 times the fee established under R12-4-102 for the equivalent one-year license.
  5. Age 62 and older is 8 times the fee established under R12-4-102 for the equivalent one-year license.

6. For the purposes of this subsection, when the applicant is under the age of 18, the fee for the lifetime license is based on the full priced license fee, not the youth license fee.

- F.** The fee for the benefactor license listed under (A)(4) is \$1,500. The difference between \$1,500 and the license fee for a resident lifetime combination hunting and fishing license established under subsection (E):
1. Is a donation to the State for continued management, protection, and conservation of the State's wildlife.
  2. Shall be credited to the wildlife endowment fund established under A.R.S. § 17-271.
  3. May be tax deductible to the extent allowed by federal and state income tax statutes for contributions to qualifying tax-exempt organizations.
- G.** A lifetime license may be denied or suspended pursuant to, and for the offenses described under, A.R.S. § 17-340.
- H.** A person issued a lifetime license prior to the effective date of this Section shall be entitled to the privileges established under subsection (A)(1), (A)(2), (A)(3), or (A)(4), as applicable, for the equivalent lifetime license.

**Historical Note**

Amended effective March 7, 1979 (Supp. 79-2).  
 Amended effective October 9, 1980 (Supp. 80-5). Former Section R12-4-36 renumbered as Section R12-4-211 without change effective August 13, 1981 (Supp. 81-4).  
 Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4). Amended by final exempt rulemaking at 28 A.A.R. 3360 (October 21, 2022), effective November 26, 2022 (Supp. 22-3).

**R12-4-212. Repealed****Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective January 1, 1977 (Supp. 76-5). Former Section R12-4-37 renumbered as Section R12-4-211 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Repealed by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

**R12-4-213. Hunt Permit-tags and Nonpermit-tags**

- A.** A valid hunt permit-tag or nonpermit-tag is required to validate a license to take a big game animal or other wildlife requiring a valid tag. Before a person may take a big game animal or other wildlife requiring a tag, the person shall apply for and obtain the appropriate tag required for the take of that big game animal or other wildlife.
- B.** A person may apply for a hunt permit-tag in accordance with R12-4-104 and at the times, locations, and in the manner established by the hunt permit-tag application schedule that the Department publishes and is available at any Department office, on the Department's website, or a License Dealer as defined under R12-4-101.
- C.** A person applying for a nonpermit-tag shall apply in accordance with R12-4-114 and pay the required fee established under R12-4-102.
- D.** Under A.R.S. § 17-332(C), the Department and its license dealers may issue a duplicate tag to a person whose tag was

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not used and is lost, destroyed, mutilated, or otherwise unusable; or placed on a harvested animal that was subsequently condemned and the carcass and all parts of the animal were surrendered to a Department employee as required under R12-4-112(B) and (C). The person shall complete and sign the affidavit furnished by the Department. The affidavit is available at any Department office or License Dealer. The person shall provide the following information on the affidavit:

1. The applicant's personal information:
  - a. Name;
  - b. Department identification number, when applicable;
  - c. Residency status and number of years of residency immediately preceding application, when applicable;
2. The original license or tag information:
  - a. Type of license or tag;
  - b. Place of purchase;
  - c. Purchase date, when available;
3. Disposition of the original tag for which a duplicate is being purchased.
4. A person applying for a duplicate tag after a harvested animal that was subsequently condemned as described under subsection (D) shall also submit the condemned meat duplicate tag authorization form issued by the Department.

- E. The person shall pay the applicable duplicate fee prescribed under R12-4-102.

**Historical Note**

Amended effective March 7, 1979 (Supp. 79-2).  
Amended effective December 4, 1980 (Supp. 80-6). Former Section R12-4-38 renumbered as Section R12-4-213 without change effective August 13, 1981 (Supp. 81-4).  
Repealed effective April 28, 1989 (Supp. 89-2). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 26 A.A.R. 3229, effective July 1, 2021 (Supp. 20-4).

**R12-4-214. Repealed****Historical Note**

Former Section R12-4-67 renumbered as Section R12-4-214 without change effective August 13, 1981 (Supp. 81-4). Repealed effective December 22, 1989 (Supp. 89-4).  
New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Repealed by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4).

**R12-4-215. Youth Group Two-day Fishing License**

- A. A youth group two-day fishing license authorizes a nonprofit organization or governmental entity as defined under subsection (C) that sponsors adult supervised activities for youth to take up to 25 youths fishing. The youth group two-day fishing license is only available from a Department office. The youth group two-day fishing license is valid for:
1. Two consecutive days,
  2. The take of all aquatic wildlife, and
  3. All privileges established under R12-4-207(A).
- B. A nonprofit organization or governmental entity may apply for a youth group two-day fishing license at any Department office. An applicant for a youth group two-day fishing license shall be a resident. The applicant shall pay the fee required under R12-4-102 and provide the following information at the time of application:

1. The nonprofit organization's or governmental entity's:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number, when available;
  2. The applicant's:
    - a. Name;
    - b. Date of birth,
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;
    - e. Mailing address, when applicable;
    - f. Physical address;
    - g. Telephone number, when available; and
    - h. E-mail address, when available;
  3. The dates on which the nonprofit organization intends to conduct the youth group fishing activity.
  4. The approximate number of youth participating in the group fishing activity.
- C. For the purpose of this Section, "governmental entity" means any town, city, county, municipality, or other political subdivision of this state or any department, agency, board, commission, authority, division, office, public school, public charter school, public corporation, or other public entity of this state or any department agency bureau, or office of the federal government that is physically located within this state.

**Historical Note**

Adopted effective December 9, 1982 (Supp. 82-6). Section repealed, new Section adopted effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 4308, effective December 31, 2003 (Supp. 05-4). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

**R12-4-216. Crossbow Permit**

- A. For the purposes of this Section, "healthcare provider" means a person who is licensed to practice by the federal government, any state, or U.S. territory with one of the following credentials:
1. Medical Doctor,
  2. Doctor of Osteopathy,
  3. Doctor of Chiropractic,
  4. Nurse Practitioner, or
  5. Physician Assistant.
- B. When authorized under R12-4-304 as lawful for the species hunted:
1. A person who possesses a valid crossbow permit may use any of the following during an archery-only season as prescribed under R12-4-318:
    - a. A crossbow, as defined under R12-4-101, using a single bowstring, capable of firing only a single arrow or bolt with each loading and cocking action; or
    - b. Any bow to be drawn and held with an assisting device.
  2. A person who possesses both a valid crossbow permit and CHAMP, issued under R12-4-217, may use any of the following during an archery-only season as prescribed under R12-4-318:
    - a. A crossbow, as defined under R12-4-101, using a single bowstring, capable of firing only a single arrow or bolt with each loading and cocking action;

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- b. Any bow to be drawn and held with an assisting device; or
  - c. Pre-charged pneumatic weapon, as defined under R12-4-301, using arrows or bolts and capable of firing only a single arrow or bolt at a time.
- C. The crossbow permit does not exempt the permit holder from any other applicable method of take or licensing requirement. The permit holder shall be responsible for compliance with all applicable regulatory requirements.
- D. The crossbow permit does not expire, unless:
  - 1. The medical certification portion of the application indicates the person has a temporary physical disability; then the crossbow permit shall be valid for a period of one year from the date the medical certification portion of the application was signed by the healthcare provider,
  - 2. The permit holder no longer meets the criteria for obtaining the crossbow permit, or
  - 3. The Commission revokes the person's hunting privileges under A.R.S. § 17-340. A person whose crossbow permit is revoked by the Commission may petition the Commission for a rehearing as established under R12-4-607.
- E. An applicant for a crossbow permit shall apply by submitting an application to the Department. The application form is furnished by the Department and is available at any Department office and online at [www.azgfd.gov](http://www.azgfd.gov). A crossbow permit applicant shall provide all of the following information on the application:
  - 1. The applicant's:
    - a. Name;
    - b. Date of birth;
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number, when applicable;
    - e. Residency status;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. E-mail address, when available;
  - 2. Affirmation that:
    - a. The applicant meets the requirements of this Section, and
    - b. The information provided on the application is true and accurate, and
  - 3. Applicant's signature and date.
  - 4. The certification portion of the application shall be completed by a healthcare provider. The healthcare provider shall:
    - a. Certify the applicant has one or more of the following physical limitations:
      - i. An amputation involving body extremities required for stable function to use conventional archery equipment;
      - ii. A spinal cord injury resulting in a disability to the lower extremities, leaving the applicant non ambulatory;
      - iii. A wheelchair restriction;
      - iv. A neuromuscular condition that prevents the applicant from drawing and holding a bow;
      - v. A failed manual muscle test involving the grading of shoulder and elbow flexion and extension or an impaired range-of-motion test involving the shoulder or elbow; or
    - vi. A combination of comparable physical disabilities resulting in the applicant's inability to draw and hold a bow;
    - vii. A failed functional draw test that equals 30 pounds of resistance and involves holding it for four seconds. The functional draw test may not be used to determine eligibility for the permit when it is not associated with a disability.
  - b. Indicate whether the disability is temporary or permanent and, when temporary, specify the expected duration of the physical limitation; and
  - c. Provide the healthcare provider's:
    - i. Typed or printed name,
    - ii. License number,
    - iii. Business address,
    - iv. Telephone number, and
    - v. Signature and date;
- 5. A person who holds a valid Challenged Hunter Access/Mobility Permit (CHAMP) and who is applying for a crossbow permit is exempt from the requirements of subsection (E)(4) and shall indicate "CHAMP" in the space provided for the medical certification on the crossbow permit application.
- F. In addition to the requirements listed above, at the time of application an applicant who is applying for a crossbow permit shall pay the applicable fee required under R12-4-102.
- G. All information and documentation provided by the applicant is subject to Department verification.
- H. The Department shall deny a crossbow permit when the applicant:
  - 1. Fails to meet the criteria prescribed under this Section,
  - 2. Fails to comply with the requirements of this Section, or
  - 3. Provides false information during the application process.
- I. The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- J. The applicant claiming a temporary or permanent disability is responsible for all costs associated with obtaining the medical documentation, re-evaluation of the information, or a second medical opinion.
- K. When acting under the authority of a crossbow permit, the crossbow permit holder shall possess the permit, and exhibit the permit upon request to any peace officer, including wildlife managers and game rangers.
- L. A crossbow permit holder shall not:
  - 1. Transfer the permit to another person, or
  - 2. Allow another person to use or possess the permit.

**Historical Note**

Adopted effective April 7, 1983 (Supp. 83-2). Repealed effective January 1, 1993; filed December 18, 1993 (Supp. 92-4). New Section adopted effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-217. Challenged Hunter Access/Mobility Permit**

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**(CHAMP)**

- A.** For the purposes of this Section, the following definitions apply:

“Healthcare provider” means a person who is licensed to practice by the federal government, any state, or U.S. territory with one of the following credentials:

1. Medical Doctor,
2. Doctor of Osteopathy,
3. Doctor of Chiropractic,
4. Nurse Practitioner, or
5. Physician Assistant.

“Severe permanent disability” means one or more permanent physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, intellectual disability, muscular dystrophy, musculoskeletal disorders, neurological disorders, paraplegia, pulmonary disorders, quadriplegia and other spinal cord conditions, sickle cell anemia, and end stage renal disease or a combination of permanent disabilities resulting in comparable substantial functional limitations.

- B.** The Challenged Hunter Access/Mobility Permit (CHAMP) allows a person with a severe permanent disability to perform one or more of the following activities:

1. Discharge a firearm or other legal hunting device from a motor vehicle if, under existing conditions:
  - a. The discharge is otherwise lawful;
  - b. The motor vehicle is not in motion;
  - c. The motor vehicle is not on any road, as defined under A.R.S. § 17-101; and
  - d. The motor vehicle’s engine is turned off.
2. Discharge a firearm or other legal hunting device from a watercraft, as defined under R12-4-501; provided the motor is turned off, the sail furled, or both; and progress has ceased.
  - a. The watercraft may be drifting as a result of current or wind, beached, moored, resting at anchor, or propelled by paddle, oars, or pole.
  - b. A person may use a watercraft under power to retrieve dead or wounded wildlife.
  - c. For the purposes of this subsection, “watercraft” does not include a sinkbox.
3. Use off-road locations in a motor vehicle if use is not in conflict with federal or state statutes or regulations or local ordinances or regulations and the motor vehicle is used as a place to wait for game. A person shall not use a motor vehicle to chase or pursue game.
4. Designate an assistant to track and dispatch a wounded animal, and to retrieve the animal, in accordance with the requirements of this Section.

- C.** The CHAMP holder shall comply with all applicable regulatory requirements. A CHAMP does not exempt the permit holder from any other applicable method of take or licensing requirement.

- D.** The CHAMP does not expire, unless:

1. The permit holder no longer meets the criteria for obtaining the CHAMP, or
2. The Commission revokes the person’s hunting privileges under A.R.S. § 17-340. A person whose CHAMP is revoked by the Commission may petition the Commission for a rehearing as established under R12-4-607.

- E.** An applicant for a CHAMP shall apply by submitting an application to the Department. The application form is furnished by the Department and is available from any Department office

and on the Department’s website. The CHAMP applicant shall provide all of the following information on the application:

1. The applicant’s:
  - a. Name;
  - b. Date of birth;
  - c. Physical description, to include the applicant’s eye color, hair color, height, and weight;
  - d. Department identification number, when applicable;
  - e. Residency status;
  - f. Mailing address, when applicable;
  - g. Physical address;
  - h. Telephone number, when available; and
  - i. E-mail address, when available;
2. Affirmation that:
  - a. The applicant meets the requirements of this Section, and
  - b. The information provided on the application is true and accurate, and
3. Applicant’s signature and date.
4. The certification portion of the application shall be completed by a healthcare provider. The healthcare provider shall:
  - a. Certify the applicant is a person with a severe permanent disability as defined under subsection (A), and
  - b. Provide the healthcare provider’s:
    - i. Typed or printed name,
    - ii. Business address,
    - iii. Telephone number, and
    - iv. Signature and date;

- F.** In addition to the requirements listed above, at the time of application an applicant who is applying for a CHAMP shall pay the applicable fee required under R12-4-102.

- G.** All information and documentation provided by the applicant is subject to Department verification.

- H.** The applicant claiming a severe permanent disability is responsible for all costs associated with obtaining the medical documentation, re-evaluation of the information, or a second medical opinion.

- I.** The Department shall deny a CHAMP when the applicant:

1. Fails to meet the criteria prescribed under this Section,
2. Fails to comply with the requirements of this Section, or
3. Provides false information during the application process.

- J.** The Department shall provide written notice to the applicant stating the reason for the denial. The applicant may appeal the denial to the Commission as prescribed in A.R.S. Title 41, Chapter 6, Article 10.

- K.** When acting under the authority of the CHAMP, the permit holder shall possess and exhibit the permit upon request to any peace officer, including wildlife managers and game rangers.

- L.** The CHAMP holder shall ensure the CHAMP vehicle placard, issued with the CHAMP, is visibly displayed on the motor vehicle or watercraft when in use.

- M.** The Department shall provide a CHAMP holder with a dispatch permit that allows the CHAMP holder to designate a licensed hunter as an assistant to:

1. Dispatch and retrieve an animal wounded by the CHAMP holder, or
2. Retrieve wildlife killed by the CHAMP holder.

- N.** The CHAMP holder shall:

1. Designate an assistant only after the animal is wounded or killed.
2. Ensure the designation on the dispatch permit is in ink and includes:

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- a. A description of the animal,
  - b. The assistant's name and valid Arizona hunting license number,
  - c. The date and time the animal was wounded or killed, and
3. Ensure compliance with all of the following requirements:
- a. The site where the animal is wounded and the location from which tracking begins are marked so they can be identified later.
  - b. The assistant possesses the dispatch permit and a valid hunting license while tracking and dispatching the wounded animal. When acting under the authority of the dispatch permit, the assistant shall possess and exhibit the dispatch permit and hunting license upon request to any peace officer, including wildlife managers and game rangers.
  - c. The CHAMP holder is in the field while the assistant is tracking and dispatching the wounded animal.
  - d. The assistant does not transfer the dispatch permit to anyone except that the dispatch permit may be transferred back to the CHAMP holder.
  - e. Dispatch is made by a method that is lawful for the take of the particular animal in the particular season in accordance with requirements established under R12-4-304 and R12-4-318.
  - f. The assistant attaches the dispatch permit to the carcass of the animal and returns the carcass to the CHAMP holder, and the tag of the CHAMP holder is affixed to the carcass.
  - g. If the assistant is unsuccessful in locating and dispatching the wounded animal, the assistant returns the dispatch permit to the CHAMP holder. The CHAMP holder shall strike the name and authorization of the assistant from the dispatch permit.
- O. A dispatch permit may not be reused when all spaces for designation of an assistant are filled or the dispatch permit is attached to a carcass. The CHAMP holder may request another dispatch permit from the Department if:
1. All spaces for assistants are filled,
  2. The dispatch permit is lost, or
  3. When the CHAMP holder needs another dispatch permit for another big game hunt.
- P. A CHAMP holder shall not:
1. Transfer the permit to another person, or
  2. Allow another person to use or possess the permit.

**Historical Note**

Adopted effective October 9, 1980 (Supp. 80-5). Former Section R12-4-59 renumbered as Section R12-4-310 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-310 renumbered as R12-4-217 and amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-310 renumbered as R12-4-217 and amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Section repealed, new Section adopted effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 12 A.A.R. 212, effective March 11, 2006 (Supp. 06-1). Amended by final rulemaking at 20 A.A.R. 3045, effective January 3, 2015 (Supp. 14-4).

**R12-4-218. Repealed****Historical Note**

Adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Repealed effective November 7, 1996 (Supp. 96-4).

**R12-4-219. Renumbered****Historical Note**

Adopted as an emergency effective July 5, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Correction, Historical Note, Supp. 88-3, should read, "Adopted as an emergency effective July 15, 1988..."; readopted and amended as an emergency effective October 13, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 24, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Former Section R12-4-219 amended and adopted as a permanent rule and renumbered as Section R12-4-424 effective April 28, 1989 (Supp. 89-2).

**R12-4-220. Repealed****Historical Note**

Adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Repealed effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4).

**ARTICLE 3. TAKING AND HANDLING OF WILDLIFE****R12-4-301. Definitions**

In addition to the definitions provided under A.R.S. § 17-101 and R12-4-101, the following definitions apply to this Article unless otherwise specified:

"Administer" means to apply a drug directly to wildlife by injection, inhalation, ingestion, or any other means.

"Aircraft" means any contrivance used for flight in the air or any lighter-than-air contrivance, including unmanned aircraft systems also known as drones.

"Artificial flies and lures" means man-made devices intended as visual attractants to catch fish. Artificial flies and lures does not include living or dead organisms or edible parts of those organisms, natural or prepared food stuffs, or chemicals or organic materials intended to create a scent, flavor, or chemical stimulant to the device regardless of whether it is added or applied during or after the manufacturing process.

"Atlatl" means a rod or narrow board-like device used to launch, through a throwing motion of the arm, a dart.

"Audio location device" means any device that captures broad spectrum, high definition sound and airwaves that is not held or manually operated by a person and is used to identify and locate wildlife.

"Barbless hook" means any fish hook manufactured without barbs or on which the barbs have been completely closed or removed.

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“Body-gripping trap” means a device designed to capture an animal by gripping the animal’s body.

“Confinement trap” means a device designed to capture wildlife alive and hold it without harm.

“Crayfish net” means a net that does not exceed 36 inches on a side or in diameter and is retrieved by means of a hand-held line.

“Deadly weapon” has the same meaning as provided under A.R.S. § 13-3101.

“Device” has the same meaning as provided under A.R.S. § 17-101.

“Dip net” means any net, excluding the handle, that is no greater than three feet in the greatest dimension, that is hand-held, non-motorized, and the motion of the net is caused by the physical effort of the person.

“Drug” means any chemical substance, other than food or mineral supplements, that affects the structure or biological function of wildlife.

“Edible portions of game meat” means, for:

Upland game birds, migratory game birds and wild turkey: breast.

Bear, bighorn sheep, bison, deer, elk, javelina, mountain lion, and pronghorn antelope: front quarters, hind quarters, loins (backstraps), neck meat, and tenderloins.

Game fish: fillets of the fish.

“Evidence of legality” means the wildlife is accompanied by the applicable license, tag, stamp, or permit required by law and is identifiable as the “legal wildlife” prescribed by Commission Order, which may include evidence of species, gender, antler or horn growth, maturity, and size.

“Foothold trap” means a device designed to capture an animal by the leg or foot.

“Handgun” means a firearm designed and intended to be held, gripped, and fired by one or more hands, not intended to be fired from the shoulder, and that uses the energy from an explosive in a fixed cartridge to fire a single projectile through a barrel for each single pull of the trigger.

“Harvest limit” means an identified limit or threshold on the number of any one species permitted to be taken, during a specified time period, in a management unit or portion of a management unit, which when met closes the season for the remainder of the specified time period.

“Hybrid device” means a device with a combination of components from two or more lawful devices and is used for the take of wildlife, such as but not limited to a firearm, pneumatic weapon, or slingshot that shoots arrows or bolts.

“Instant kill trap” means a device designed to render an animal unconscious and insensitive to pain quickly with inevitable subsidence into death without recovery of consciousness.

“Land set” means any trap used on land rather than in water.

“Minnow trap” means a trap with dimensions that do not exceed 12 inches in depth, 12 inches in width, and 24 inches in length.

“Muzzleloading handgun” means a firearm intended to be fired from the hand, incapable of firing fixed ammunition, and loaded with black powder or synthetic black powder and a single projectile.

“Muzzleloading rifle” means a firearm intended to be fired from the shoulder, incapable of firing fixed ammunition, having a single barrel, and using black powder or synthetic black powder, and loaded through the muzzle with a single projectile.

“Muzzleloading shotgun” means a firearm intended to be fired from the shoulder, incapable of firing fixed ammunition, having a single or double smooth barrel and using black powder or synthetic black powder, and loaded through the muzzle with ball shot as a projectile.

“Paste-type bait” means a partially liquefied substance used as a lure for animals.

“Pneumatic weapon” means a device that fires a projectile by means of air pressure or compressed gas. This does not include tools that are common in the construction and art trade such as, but not limited to, nail and rivet guns.

“Pre-charged pneumatic weapon” means an air gun or pneumatic weapon that is charged from a high compression source such as an air compressor, air tank, or internal or external hand pump.

“Prohibited possessor” has the same meaning as provided under A.R.S. § 13-3101.

“Prohibited weapon” has the same meaning as provided under A.R.S. § 13-3101.

“Rifle” means a firearm intended to be fired from the shoulder that uses the energy from an explosive in a fixed cartridge to fire a single projectile through a rifled bore for each single pull of the trigger. This does not include a pre-charged pneumatic weapon.

“Shotgun” means a firearm intended to be fired from the shoulder and that uses the energy from an explosive in a fixed shotgun shell to fire either ball shot or a single projectile through a smooth bore or rifled barrel for each pull of the trigger.

“Sight-exposed bait” means a carcass, or parts of a carcass, lying openly on the ground or suspended in a manner so that it can be seen from above by a bird. This does not include a trap flag, dried or bleached bone with no attached tissue, or less than two ounces of paste-type bait.

“Simultaneous fishing” means taking fish by using only two lines at one time and not more than two hooks or two artificial flies or lures per line.

“Single-point barbless hook” means a fishhook with a single point, manufactured without barbs, or on which the barbs have been completely closed or removed. This does not include a treble fishhook.

“Sinkbox” means a low-floating device with a depression that affords a hunter a means of concealment beneath the surface of the water.

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“Smart device” means any device equipped with a target-tracking system or an electronically-controlled, electronically-assisted, or computer-linked trigger or release. This includes but is not limited to smart rifles.

“Trail Camera” means any device that is not held or manually operated by a person and is used to capture images, video, or location, time, or date data of wildlife.

“Trap flag” means an attractant made from materials other than animal parts that is suspended at least three feet above the ground.

“Water set” means any trap used and anchored in water rather than on land.

**Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976, Amended effective June 7, 1976 (Supp. 76-3). Amended effective May 26, 1978 (Supp. 78-3). Editorial correction subsection (D) (Supp. 78-5). Amended effective June 4, 1979 (Supp. 79-3). Former Section R12-4-50 renumbered as Section R12-4-301 without change effective August 13, 1981 (Supp. 81-4). Amended subsection (A) effective May 12, 1982 (Supp. 82-3). Amended effective July 3, 1984 (Supp. 84-4). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Amended effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Former R12-4-301 renumbered to R12-4-321; new Section made by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-302. Use of Tags**

- A. In addition to meeting requirements prescribed under A.R.S. § 17-331, a person who takes wildlife shall have in possession any tag required for the particular season or hunt area.
- B. A tag obtained in violation of statute or rule is invalid and shall not be used to take, transport, or possess wildlife.
- C. A person who lawfully possesses both a nonpermit-tag and a hunt permit-tag shall not take a genus or species in excess of the bag limit established by Commission Order for that genus or species.
- D. A person shall:
  - 1. Take and tag only the wildlife identified on the tag.
  - 2. Use a tag only in the season and hunt for which the tag is valid as specified by Commission Order.
- E. Except as permitted under R12-4-217, a person shall not:
  - 1. Allow their tag to be attached to wildlife killed by another person,
  - 2. Allow their tag to be possessed by another person while taking wildlife,
  - 3. Allow wildlife killed by that person to be tagged with another person’s tag,
  - 4. Attach their tag to wildlife killed by another person, or
  - 5. Possess a tag issued to another person while taking wildlife.

- 6. Subsections (E)(2) and (5) do not apply to a tag issued to a person under 18 years of age.

- F. Except as permitted under R12-4-217, immediately after a person kills wildlife, the person shall attach:
  - 1. The tag to the wildlife carcass in the manner indicated on the tag, or
  - 2. The validation code to the wildlife carcass in the manner indicated by the Department through the person’s electronic device.
- G. A person who authorizes another person to possess, transport, or ship a portion of their lawfully taken animal shall complete the transportation and shipping portion of the tag in the manner indicated on the tag or by the Department through the person’s electronic device, as applicable.
- H. A tag is no longer valid for the take of wildlife if:
  - 1. The tag is mutilated or the Transportation and Shipping Permit portion of the tag is signed or filled out, or
  - 2. The validation code is attached to a carcass.

**Historical Note**

Former Section R12-4-51 renumbered as Section R12-4-302 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (D), (E), and repealed subsection (G) effective May 12, 1982 (Supp. 82-3). Amended effective March 23, 1983 (Supp. 83-2). Amended subsection (F) effective October 31, 1984 (Supp. 84-5). Amended subsections (A), (D), (F) and (G) and added a new Section (H) effective June 4, 1987 (Supp. 87-2). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read “Amended effective January 1, 1989, filed December 30, 1988” (Supp. 89-2). Section R12-4-302 repealed, new Section R12-4-302 adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Section repealed, new Section adopted effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 683, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 21-4).

**R12-4-303. Unlawful Activities, Ammunition, Devices, and Methods**

- A. In addition to the prohibitions prescribed under A.R.S. §§ 17-301 and 17-309, the following activities, ammunition, devices, and methods are unlawful in this state:
  - 1. A person shall not use any of the following to take wildlife:
    - a. Fully automatic firearms, including firearms capable of selective automatic fire.
    - b. Tracer or armor-piercing ammunition designed for military use.
    - c. Any smart device as defined under R12-4-301.
    - d. Any self-guided projectiles.
  - 2. A person shall not take big game using full-jacketed or total-jacketed bullets that are not designed to expand upon impact,

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3. A person shall not use or possess any of the following while taking wildlife:
    - a. Poisoned projectiles or projectiles that contain explosives or a secondary propellant.
    - b. Pitfalls of greater than 5-gallon size, explosives, poisons, or stupefying substances, except as permitted under A.R.S. § 17-239 or as allowed by a scientific collecting permit issued under A.R.S. § 17-238.
    - c. Any lure, attractant, or cover scent containing any cervid urine.
    - d. Electronic night vision equipment, electronically enhanced light-gathering devices, thermal imaging devices or laser sights projecting a visible light; except for devices such as laser range finders projecting a non-visible light, scopes with self-illuminating reticles, and fiber optic sights with self-illuminating sights or pins that do not project a visible light onto an animal.
  4. A person shall not by any means:
    - a. Hold wildlife at bay other than during daylight hours, unless authorized by Commission Order.
    - b. Injure, confine, place, or use a tracking device in or on wildlife for the purpose of taking or aiding in the take of wildlife.
    - c. Place any substance, device, or object in, on, or by any water source to prevent wildlife from using that water source.
    - d. Place any substance in a manner intended to attract bears.
    - e. Use a manual or powered jacking or prying device to take reptiles or amphibians.
    - f. Use dogs to pursue, tree, corner or hold at bay any wildlife for a hunter, unless that hunter is present for the entire hunt.
    - g. Take migratory game birds, except Eurasian collared-doves:
      - i. Using a shotgun larger than 10 gauge, a shotgun of any description capable of holding more than three shells unless it is plugged with a one-piece filler that cannot be removed without disassembling the shotgun so that its total capacity does not exceed three shells.
      - ii. Using electronically amplified bird calls or baits.
      - iii. By means or aid of any motor driven land, water, or air conveyance, or any sailboat used for the purpose of or resulting in the concentrating, driving, rallying, or stirring up of any migratory bird.
      - iv. Activities described under subsections (A)(4)(g)(i) through (A)(4)(g)(iii) are prohibited under 50 C.F.R. 20.21, revised October 1, 2015. The material incorporated by reference in this Section does not include any later amendments or editions. The incorporated material is available at any Department office, online from the Government Printing Office website [www.gpoaccess.gov](http://www.gpoaccess.gov), or may be ordered from the Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
    - h. Use or discharge any of the following devices while taking wildlife within one-fourth mile (440 yards) of an occupied farmhouse or other residence, cabin, lodge or building without permission of the owner or resident:
      - i. Arrow or bolt;
      - ii. Atlatl throwing dart;
      - iii. Hybrid device; or
      - iv. Pneumatic weapon .35 caliber or larger.
  5. A person shall not place, maintain, or use a trail camera, or images, video, to include location, time, or data from a trail camera, for the purpose of taking or aiding in the take of wildlife or locating wildlife for the purpose of taking or aiding in the take of wildlife.
  6. A person shall not use images of wildlife produced or transmitted from a satellite or other device that orbits the earth for the purpose of:
    - a. Taking or aiding in the take of wildlife, or
    - b. Locating wildlife for the purpose of taking or aiding in the take of wildlife.
    - c. This subsection does not prohibit the use of mapping systems or programs.
  7. A person shall not use edible or ingestible substances to aid in taking big game. The use of edible or ingestible substances to aid in taking big game is unlawful when:
    - a. A person places edible or ingestible substances for the purpose of attracting or taking big game, or
    - b. A person knowingly takes big game with the aid of edible or ingestible substances placed for the purpose of attracting wildlife to a specific location.
  8. For the purposes of subsection (A)(7), edible or ingestible substances do not include any of the following:
    - a. Water.
    - b. Salt.
    - c. Salt-based materials produced and manufactured for the livestock industry.
    - d. Nutritional supplements produced and manufactured for the livestock industry and placed during the course of livestock or agricultural operations.
  9. A person shall not place, maintain, or use an audio location device for the purpose of taking or aiding in the take of terrestrial wildlife or locating wildlife for the purpose of taking or aiding in the take of terrestrial wildlife.
  10. A person shall not aid, assist, direct, lead or instruct a person in the field to locate or take wildlife, if the person's privilege to guide is currently revoked pursuant to A.R.S. §§ 17-340 or 17-362 and the original revocation period was for five or more years.
- B.** It is unlawful for a person who is a prohibited possessor to take wildlife with a deadly weapon or prohibited weapon.
- C.** Wildlife taken in violation of this Section is unlawfully taken.
- D.** This Section does not apply to any activity allowed under A.R.S. § 17-302, to a person acting within the scope of their official duties as an employee of the state or United States, or as authorized by the Department.

**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Amended effective April 29, 1977 (Supp. 77-2). Amended effective



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September 7, 1978 (Supp. 78-5). Former Section R12-4-52 renumbered as Section R12-4-303 without change effective August 13, 1981 (Supp. 81-4). Amended effective March 28, 1983 (Supp. 83-2). Amended subsections (A) and (C) effective October 31, 1984 (Supp. 84-5). Amended effective June 4, 1987 (Supp. 87-2). Former Section R12-4-303 repealed, new Section R12-4-303 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-303 repealed, new Section R12-4-303 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 2473, effective November 3, 2019 (Supp. 19-3). Amended by final rulemaking at 27 A.A.R. 1368 (September 3, 2021), effective January 1, 2022 (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-304. Lawful Methods for Taking Wild Mammals, Birds, and Reptiles**

**A.** A hybrid device is lawful for the take of wildlife provided all components of the device are authorized for the take of that species under this Section.

**B.** A person may only use the following methods to take big game when authorized by Commission Order and subject to the restrictions under R12-4-303 and R12-4-318.

1. To take bear:

- a. Centerfire rifles;
- b. Muzzleloading rifles;
- c. All other rifles using black powder or synthetic black powder;
- d. Centerfire handguns;
- e. Muzzleloading handguns;
- f. Shotguns shooting slugs, only;
- g. Pre-charged pneumatic weapons .35 caliber or larger;
- h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
- i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
- j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(1)(i) to be drawn and held with an assisting device; and
- k. Pursuit with dogs only between August 1 and December 31, provided the person shall immediately kill or release the bear after it is treed, cornered, or held at bay. For the purpose of this subsection, "release" means the person removes the dogs from the area so the bear can escape on its own after it is treed, cornered, or held at bay.

2. To take bighorn sheep:

- a. Centerfire rifles;
- b. Muzzleloading rifles;
- c. All other rifles using black powder or synthetic black powder;
- d. Centerfire handguns;
- e. Muzzleloading handguns;
- f. Shotguns shooting slugs, only;
- g. Pre-charged pneumatic weapons .35 caliber or larger;
- h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
- i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
- j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(2)(i) to be drawn and held with an assisting device.

3. To take bison:

- a. Centerfire rifles;
- b. Muzzleloading rifles;
- c. All other rifles using black powder or synthetic black powder;
- d. Shotguns shooting slugs, only;
- e. Centerfire handguns no less than .41 Magnum or centerfire handguns with an overall cartridge length of no less than two inches;
- f. Pre-charged pneumatic weapons .40 caliber or larger and capable of firing a minimum of 500 foot pounds of energy;
- g. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second; and
- h. Bows with a standard pull of 40 or more pounds, using arrows with broadheads of no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
- i. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(3)(h) to be drawn and held with an assisting device.

4. To take deer:

- a. Centerfire rifles;
- b. Muzzleloading rifles;
- c. All other rifles using black powder or synthetic black powder;
- d. Centerfire handguns;
- e. Muzzleloading handguns;
- f. Shotguns shooting slugs, only;
- g. Pre-charged pneumatic weapons .35 caliber or larger;
- h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting

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- edges and capable of firing a minimum of 250 feet per second;
- i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
  - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(4)(i) to be drawn and held with an assisting device.
5. To take elk:
    - a. Centerfire rifles;
    - b. Muzzleloading rifles;
    - c. All other rifles using black powder or synthetic black powder;
    - d. Centerfire handguns;
    - e. Muzzleloading handguns;
    - f. Shotguns shooting slugs, only;
    - g. Pre-charged pneumatic weapons .40 caliber or larger and capable of firing a minimum of 500 foot pounds of energy;
    - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
    - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
    - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(5)(i) to be drawn and held with an assisting device.
  6. To take javelina:
    - a. Centerfire rifles;
    - b. Muzzleloading rifles;
    - c. All other rifles using black powder or synthetic black powder;
    - d. Centerfire handguns;
    - e. Muzzleloading handguns;
    - f. Shotguns shooting slugs, only;
    - g. Pre-charged pneumatic weapons .35 caliber or larger;
    - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
    - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
    - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(6)(i) to be drawn and held with an assisting device;
    - k. .22 rimfire magnum rifles; and
  - l. 5 mm rimfire magnum rifles.
  - m. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
7. To take mountain lion:
    - a. Centerfire rifles;
    - b. Muzzleloading rifles;
    - c. All other rifles using black powder or synthetic black powder;
    - d. Centerfire handguns;
    - e. Muzzleloading handguns;
    - f. Shotguns shooting slugs or shot;
    - g. Pre-charged pneumatic weapons .35 caliber or larger;
    - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
    - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
    - j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(7)(i) to be drawn and held with an assisting device;
    - k. Artificial light, during seasons with day-long hours, provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail; and
    - l. Pursuit with dogs, provided the person shall immediately kill or release the mountain lion after it is treed, cornered, or held at bay. For the purpose of this subsection, "release" means the person removes the dogs from the area so the mountain lion can escape on its own after it is treed, cornered, or held at bay.
  8. To take pronghorn antelope:
    - a. Centerfire rifles;
    - b. Muzzleloading rifles;
    - c. All other rifles using black powder or synthetic black powder;
    - d. Centerfire handguns;
    - e. Muzzleloading handguns;
    - f. Shotguns shooting slugs, only;
    - g. Pre-charged pneumatic weapons .35 caliber or larger;
    - h. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
    - i. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and

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- j. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(8)(i) to be drawn and held with an assisting device.
- 9. To take turkey:
  - a. Shotguns shooting shot;
  - b. Bows with a standard pull of 30 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges;
  - c. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (B)(9)(b) to be drawn and held with an assisting device;
  - d. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second; and
  - e. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
- C. A person may only use the following methods to take small game when authorized by Commission Order and subject to the restrictions under R12-4-303, R12-4-318, and R12-4-422.
  - 1. To take cottontail rabbits and tree squirrels:
    - a. Firearms,
    - b. Bow and arrow,
    - c. Crossbow,
    - d. Pneumatic weapons,
    - e. Slingshots,
    - f. Hand-held projectiles,
    - g. Falconry, and
    - h. Dogs.
  - 2. To take all upland game birds and Eurasian collared-dove:
    - a. Bow and arrow;
    - b. Falconry;
    - c. Pneumatic weapons;
    - d. Shotguns shooting shot, only;
    - e. Handguns shooting shot, only;
    - f. Crossbow;
    - g. Slingshot;
    - h. Hand-held projectiles; and
    - i. Dogs.
  - 3. To take migratory game birds, except Eurasian collared-dove:
    - a. Bow and arrow;
    - b. Crossbow;
    - c. Falconry;
    - d. Dogs;
    - e. Shotguns shooting shot:
      - i. Ten gauge or smaller, except that lead shot shall not be used or possessed while taking ducks, geese, swans, mergansers, gallinules, or coots; and
      - ii. Incapable of holding more than a total of three shells as prescribed under 50 C.F.R. 20.21, published October 1, 2015. The material incorporated by reference in this subsection does not include any later amendments or editions. The material is available at any Department office, online from the Government Printing Office website [www.gpoaccess.gov](http://www.gpoaccess.gov), or may be ordered from the Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
- D. A person may take waterfowl from any watercraft, except a sinkbox, subject to the following conditions:
  - 1. The motor is shut off, the sail is furled, as applicable, and any progress from a motor or sail has ceased;
  - 2. The watercraft may be:
    - a. Adrift as a result of current or wind action;
    - b. Beached;
    - c. Moored;
    - d. Resting at anchor; or
    - e. Propelled by paddle, oars, or pole; and
  - 3. The person may only use the watercraft under power to retrieve dead or crippled waterfowl; shooting is prohibited while the watercraft is under power.
- E. A person may only use the following methods to take predatory and fur-bearing animals when authorized by Commission Order and subject to the restrictions under R12-4-303 and R12-4-318:
  - 1. Firearms;
  - 2. Pre-charged pneumatic weapons .22 caliber or larger;
  - 3. Bow and arrow;
  - 4. Crossbow;
  - 5. Traps not prohibited under R12-4-307;
  - 6. Artificial light while taking raccoon provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail;
  - 7. Artificial light while taking coyote during seasons with day-long hours, provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail; and
  - 8. Dogs.
- F. A person may take nongame mammals and birds by any method authorized by Commission Order and not prohibited under R12-4-303, R12-4-318, and R12-4-422, subject to the following restrictions. A person:
  - 1. Shall not take nongame mammals and birds using foot-hold traps;
  - 2. Shall check pitfall traps of any size daily, release non-target species, remove pitfalls when no longer in use, and fill any holes;
  - 3. Shall not use firearms at night; and
  - 4. May use artificial light while taking nongame mammals and birds, if the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail.
- G. A person may only use the following methods to take hooved nongame mammals when authorized by Commission Order and subject to the restrictions under R12-4-303 and R12-4-318:
  - 1. Centerfire rifles;

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2. Muzzleloading rifles;
  3. All other rifles using black powder or synthetic black powder;
  4. Centerfire handguns;
  5. Muzzleloading handguns;
  6. Shotguns shooting slugs, only;
  7. Pre-charged pneumatic weapons .40 caliber or larger and capable of firing a minimum of 500 foot pounds of energy;
  8. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second;
  9. Bows with a standard pull of 40 or more pounds, using arrows with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges; and
  10. Crossbows with a minimum draw weight of 125 pounds, using bolts with a minimum length of 16 inches and broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges or bows as described in subsection (G)(9) to be drawn and held with an assisting device.
- H.** A person may take reptiles by any method not prohibited under R12-4-303 or R12-4-318 subject to the following restrictions. A person:
1. Shall check pitfall traps of any size daily, release non-target species, remove pitfalls when no longer in use, and fill any holes;
  2. Shall not use firearms at night; and
  3. May use artificial light while taking reptiles provided the light is not attached to or operated from a motor vehicle, motorized watercraft, watercraft under sail, or floating object towed by a motorized watercraft or a watercraft under sail.

**Historical Note**

Amended effective May 21, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective October 20, 1977 (Supp. 77-5). Amended effective January 11, 1978 (Supp. 78-1). Amended effective September 7, 1978 (Supp. 78-5). Amended effective November 14, 1979 (Supp. 79-6). Amended effective July 22, 1980 (Supp. 80-4). Former Section R12-4-53 renumbered as Section R12-4-304 without change effective August 13, 1981 (Supp. 81-4). Amended effective May 12, 1982 (Supp. 82-3). Amended effective April 7, 1983 (Supp. 83-2). Amended subsection (I) effective June 7, 1984 (Supp. 84-3). Amended effective February 28, 1985 (Supp. 85-1). Amended effective September 16, 1985 (Supp. 85-5). Amended effective June 4, 1987 (Supp. 87-2). Former Section R12-4-304 repealed, new Section R12-4-304 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-304 repealed, new Section R12-4-304 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Former Section R12-4-304 repealed, new Section R12-4-304 adopted effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by exempt rulemaking at 17 A.A.R. 2629, effective December 9, 2011 (Supp. 11-4). Amended by

final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-305. Possessing, Transporting, Importing, Exporting, and Selling Carcasses or Parts of Wildlife**

- A.** A person shall ensure that evidence of legality remains with the carcass or parts of a carcass of any wildlife that the person possesses, transports, or imports until arrival at the person's permanent abode, a commercial processing plant, or the place where the wildlife is to be consumed.
- B.** In addition to the requirement under subsection (A), a person possessing or transporting the following wildlife shall ensure each:
1. Big game animal and sandhill crane has the required valid tag attached in the manner indicated on the tag, as indicated by the Department through the person's electronic device, or as permitted under R12-4-302(E)(6), as applicable;
  2. Migratory game bird, except sandhill cranes, has one fully feathered wing attached;
  3. Sandhill crane and Eurasian-collared dove has either the fully feathered head or one fully feathered wing attached;
  4. Quail has attached a fully feathered head, or a fully feathered wing, or a leg with foot attached; and
  5. Freshwater fish has the head, tail, or skin attached so the species can be identified and the total number and required length determined.
- C.** A person who has lawfully taken wildlife that requires a valid tag when prescribed by the Commission may authorize its transportation or shipment by completing and signing the Transportation and Shipping Permit portion of the valid tag or as indicated by the Department through the person's electronic device, as applicable, for that animal. A separate Transportation and Shipping Permit issued by the Department is necessary to transport or ship to another state or country any big game taken with a resident license. Under A.R.S. § 17-372(B), a person may ship other lawfully taken wildlife by common carrier after obtaining a valid Transportation and Shipping Permit issued by the Department. The person shall provide the following information:
1. Number and description of the wildlife to be transported or shipped;
  2. Name, address, license number, and license class of the person who took the wildlife;
  3. Tag number;
  4. Name and address of the person receiving a portion of the carcass of the wildlife as authorized under subsection (D), if applicable;
  5. Address of destination where the wildlife is to be transported or shipped; and
  6. Name and address of transporter or shipper.
- D.** A person who lawfully takes wildlife under a tag may authorize another individual to possess the head or carcass of the wildlife as prescribed under R12-4-302.
- E.** A person who receives a portion of the wildlife shall provide the identity of the person who took and gave the portion of the wildlife upon request to any peace officer, wildlife manager, or game ranger.
- F.** A person shall not possess the horns of a bighorn sheep, taken by a hunter in this state, unless the horns are marked or sealed as established under R12-4-308.

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- G.** Except as provided under R12-4-307, before a person may sell, offer for sale, or export the raw pelt or unskinned carcass of a bobcat taken in this State, the person shall:
1. Present the bobcat for inspection at any Department office, and
  2. Purchase a bobcat seal by paying the fee established under R12-4-102 at any Department office or other location as determined and published by the Department. Department personnel or an authorized agent shall attach and lock the bobcat seal only to a pelt or unskinned carcass presented with a validated transportation tag.
- H.** A person who takes bear or mountain lion under A.R.S. § 17-302 may retain the carcass of the wildlife if the person has a valid hunting license and the carcass is immediately tagged with a nonpermit-tag, valid hunt permit-tag, or electronic tag as required under R12-4-114 and R12-4-302, provided the person has not reached the applicable bag limit for that big game animal. An animal retained under this subsection shall count toward the applicable bag limit for bear or mountain lion as authorized by Commission Order. The person shall comply with inspection and reporting requirements established under R12-4-308.
- I.** A person may possess, transport, or import only the following portions of a cervid lawfully taken in another state, country, or designated CWD Management Zone:
1. Boneless portions of meat, or meat that has been cut and packaged either personally or commercially.
  2. Quarters or other portions of meat with no part of the head, brain tissue, or spinal column attached, except as required for proof of legality provided the cervid quarters and portions are being transported directly to a licensed meat processor located within this State.
  3. Clean hides and capes with no head, brain tissue, or spinal column attached, except as required for proof of legality.
  4. Clean skulls and skull plates with or without hard antlers with no brain tissue or spinal column attached. This includes antlers in the velvet stage, provided they are attached to a clean skull or skull plate with no brain or spinal tissue attached and are being transported directly to a licensed taxidermist located within this State.
  5. Finished taxidermy mounts or products.
  6. Upper canine teeth with no meat or tissue attached.
  7. Edible organs, such as heart, liver, and kidneys, that have been removed from the cervid's body cavity.
  8. For the purposes of this Section, "CWD Management Zone" means the geographic area that surrounds the area where CWD is initially detected. A CWD Management Zone is established to control access to and from the designated area to ensure the appropriate sanitary disposal of cervid carcasses or parts.
- J.** For a cervid taken in another state or country, or in a designated CWD Management Zone, the cervid parts identified in subsection (I) may be transported in Arizona, however, a person is:
1. Prohibited from disposing of any remaining unused tissue that is a byproduct of processing on public or private property, and
  2. Shall ensure the unused tissue is placed in a domestic or commercial trash receptacle designated for disposal at a commercial landfill or incinerator.
- K.** A private game farm license holder may transport a cervid lawfully killed or slaughtered at the license holder's game farm to a licensed meat processor.
- L.** A person may possess or transport only the following portions of a cervid lawfully killed or slaughtered at a private game farm authorized under R12-4-413:
1. Quarters or other portions of meat with no part of the head, brain tissue, or spinal column attached, except as required for proof of legality;
  2. Clean hides and capes with no head, brain tissue, or spinal column attached, except as required for proof of legality;
  3. Clean skulls and skull plates with antlers with no brain tissue or spinal column attached, including antlers in the velvet stage;
  4. Finished taxidermy mounts or products;
  5. Upper canine teeth with no meat or tissue attached; and
  6. Edible organs, such as heart, liver, and kidneys, that have been removed from the cervid's body cavity.
- M.** A person who obtains bison meat as authorized under R12-4-306 may sell the meat.
- N.** Except for cervids, which are subject to requirements established under subsections (I) through (L), a person may import into this state the carcasses or parts of wildlife, including aquatic wildlife, lawfully taken in another state or country if transported and exported in accordance with the laws of the state or country of origin.
- O.** A person shall not transport live crayfish from the site where taken, except as permitted under R12-4-314.
- P.** A person in possession of a common carp (*Cyprinus carpio*), buffalofish (*Ictiobus* spp.), or crayfish (families *Astacidae*, *Cambaridae*, and *Parastacidae*) carcass taken under Commission Order may sell the carcass.

**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Former Section R12-4-54 renumbered as Section R12-4-305 without change effective August 13, 1981 (Supp. 81-4). Amended effective May 12, 1982 (Supp. 82-3). Amended effective June 14, 1983 (Supp. 83-3). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Section repealed, new Section adopted effective April 1, 1997; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 683, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 2966 (December 24, 2021), effective February 7, 2022 (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-306. Bison Hunt Requirements**

- A.** When authorized by Commission Order, the Department shall conduct a hunt to harvest bison from the state's bison herds.
- B.** A hunter with a bison permit-tag, valid nonpermit-tag, or electronic tag for the House Rock Wildlife Area or Raymond Wildlife Area herd shall:
1. Attend a hunter orientation meeting, which may include requiring the hunter to:
    - a. Hunt in the order scheduled.
    - b. Hunt in the assigned hunt area.
  2. Allow a Department employee to:

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- a. Designate the bison to be harvested to achieve management objectives, and
- b. Assist in taking the bison if the hunter fails to dispatch a wounded bison within a reasonable period of time.
- 3. Provide a signed written acknowledgment that the hunter received, read, understands, and agrees to comply with the requirements of this Section.
- C. Failure to comply with the requirements of subsection (B) shall result in the invalidation of the hunter's permit-tag, non-permit-tag, or electronic tag, consistent with the written acknowledgment signed and agreed to by the hunter.
- D. A hunter issued a bison permit-tag, valid nonpermit-tag, or electronic tag shall check out using the Department's online hunter questionnaire no more than three days after the end of the hunt, regardless of whether the hunter harvested a bison or did not participate in the bison hunt.
- E. A hunter who harvests a bison may be required to submit a biological sample, such as teeth, blood samples, or parts of the carcass when required by Commission Order.

**Historical Note**

Former Section R12-4-55 renumbered as Section R12-4-306 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (B), and (D) effective May 12, 1982 (Supp. 82-3). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). The spelling of Bison was corrected in the Section heading (Supp. 21-4). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-307. Trapping Regulations, Licensing; Methods; Tagging of Bobcat Pelts**

- A. An Arizona trapping license permits a person to trap predatory and fur-bearing animals.
- B. A trapping license is required for any person 10 years of age and older. A person under the age of 10 is not required to purchase a trapping license, but shall apply for and obtain a registration number. The trapper registration number is not transferable.
- C. A person born on or after January 1, 1967 shall successfully complete a Department-approved trapping education course before applying for a trapping license.
- D. A person applying for a trapping registration number or trapping license shall pay the applicable fees established under R12-4-102.
- E. A person applying for a trapping registration number or trapping license shall apply using a form furnished by the Department. The form is available at any Department office and online at [www.azgfd.gov](http://www.azgfd.gov). The person shall provide all of the following information on the form:
  - 1. The applicant's personal information:
    - a. Name;
    - b. Date of birth;
    - c. Physical description, to include the applicant's eye color, hair color, height, and weight;
    - d. Department identification number;
    - e. Residency status and number of years of residency immediately preceding application, when applicable;
    - f. Mailing address, when applicable;
    - g. Physical address;
    - h. Telephone number, when available; and
    - i. E-mail address, when available;
  - 2. Category of license:
    - a. Resident,
    - b. Nonresident, or
    - c. Youth, and
  - 3. The applicant's signature and date.
- F. A trapper may only trap predatory and fur-bearing animals during trapping seasons established by Commission Order.
- G. A trapper shall:
  - 1. Inspect traps daily;
  - 2. Kill or release all predatory and fur-bearing animals;
  - 3. Possess a choke restraint device that enables the trapper to release a javelina from a trap when trapping in a javelina hunt unit as designated by Commission Order;
  - 4. Possess a device that is designed or manufactured to restrain a trapped animal while it is being removed from a trap when its release is required under this Section; and
  - 5. Release, without additional injury, all animals that cannot lawfully be taken by trap.
  - 6. Subsections (G)(3) and (G)(4) do not apply when the trapper is using a confinement trap.
- H. A trapper shall not:
  - 1. Bait a confinement trap with:
    - a. A live animal;
    - b. Any edible parts of small game, big game, or game fish; or
    - c. Any part of any game bird or nongame bird.
  - 2. Set any trap within:
    - a. One-half mile (880 yards) of any of the following areas developed for public use:
      - i. Boat ramp or launching area,
      - ii. Camping area,
      - iii. Picnic area,
      - iv. Roadside rest area, or
      - v. Developed wildlife viewing platform.
    - b. One-half mile of any occupied farmhouse or other residence, cabin, lodge or building without permission of the owner or resident.
    - c. One-hundred yards of an interstate highway or any other highway maintained by the Arizona Department of Transportation.
    - d. Fifty feet of any trail maintained for public use by a government agency.
    - e. Seventy-five feet of any other road as defined under A.R.S. § 17-101.
    - f. Subsections (H)(2)(b), (H)(2)(c), (H)(2)(d), and (H)(2)(e) do not apply when the trapper is using a confinement trap.
  - 3. Set a foothold trap within 30 feet of sight-exposed bait.
  - 4. Use any:
    - a. Body-gripping or other instant kill trap with an open jaw spread that exceeds 5 inches for any land set or 10 inches for any water set;
    - b. Foothold trap with an open jaw spread that exceeds 7 1/2 inches for any water set;
    - c. Snare, unless authorized under subsection (I);
    - d. Trap with an open jaw spread that exceeds 6 1/2 inches for any land set; or

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- e. Trap with teeth.
- I. A trapper who uses a foothold trap to take wildlife with a land set shall use commercially manufactured traps that meet the following specifications:
1. A padded or rubber-jawed trap or an unpadded trap with jaws permanently offset to a minimum of 3/16 inch and a device that allows for pan tension adjustment;
  2. A foothold trap that captures wildlife by means of an enclosed bar or spring designed to prevent the capture of non-targeted wildlife or domestic animals; or
  3. A powered cable device with an inside frame hinge width no wider than 6 inches, a cable loop stop size of at least 2 inches in diameter to prevent capture of small non-target species, and a device that allows for a pan tension adjustment.
- J. A trapper who uses a foothold trap to take wildlife with a land set shall ensure that the trap has an anchor chain equipped with at least two swivels as follows:
1. An anchor chain 12 inches or less in length shall have a swivel attached at each end.
  2. An anchor chain greater than 12 inches in length shall have one swivel attached at the trap and one swivel attached within 12 inches of the trap. The anchor chain shall be equipped with a shock-absorbing spring that requires less than 40 pounds of force to extend or open the spring.
- K. A trapper shall ensure that each trap has either the name and address or the registration number of the trapper marked on a metal tag attached to the trap. The registration number assigned by the Department is the only acceptable registration number.
- L. A trapper shall immediately attach a valid bobcat transportation tag to the pelt or unskinned carcass of a bobcat taken in this state. The trapper shall validate the transportation tag by providing all of the following information on the bobcat transportation tag:
1. Current trapping license number,
  2. Management unit where the bobcat was taken,
  3. Sex of the bobcat, and
  4. Method by which the bobcat was taken.
- M. The Department shall provide transportation tags with each trapping license. Additional transportation tags are available at any Department office at no charge.
- N. A trapper shall ensure that all bobcats taken in this state have a bobcat seal attached and locked either through the mouth and an eye opening or through both eye openings no later than April 1 of each year.
1. When available, bobcat seals are issued on a first-come, first-served basis at Department offices and other locations at those times and places as determined and published by the Department.
  2. The trapper shall pay the bobcat seal fee established under R12-4-102.
  3. Department personnel or an authorized agent shall attach and lock a bobcat seal only to a pelt or unskinned carcass presented with a validated transportation tag and a complete lower jaw identified with labels provided with the transportation tag. Department personnel or authorized agents shall collect the transportation tags and jaws before attaching the bobcat seal.
- O. Department personnel shall attach a bobcat seal to a bobcat pelt seized under A.R.S. § 17-211(E)(4) before disposal by the Department to the public.
- P. A licensed trapper shall file the annual report prescribed under A.R.S. § 17-361(D). The report form is available at any Department office and online at [www.azgfd.gov](http://www.azgfd.gov).
1. The trapper shall submit the report to Arizona Game and Fish Department, Terrestrial Wildlife Branch, 5000 W. Carefree Highway, Phoenix, AZ 85086 by April 1 of each year.
  2. A report is required even when trapping activities were not conducted.
  3. The Department shall deny a trapping license to any trapper who fails to submit an annual report until the trapper complies with reporting requirements.
- Q. Persons suffering property loss or damage due to wildlife and who take responsive measures as permitted under A.R.S. §§ 17-239 and 17-302 are exempt from this Section. This exemption does not authorize any form of trapping prohibited under A.R.S. § 17-301.

**Historical Note**

Repealed effective May 3, 1976 (Supp. 76-3). New Section R12-4-56 adopted effective September 2, 1977 (Supp. 77-5). Amended effective December 27, 1979 (Supp. 79-6). Former Section R12-4-56 renumbered as Section R12-4-307 without change effective August 13, 1981. New Section R12-4-307 amended effective August 31, 1981 (Supp. 81-4). Amended effective August 4, 1982 (Supp. 82-4). Correction, Former Section R12-4-56 renumbered as Section R12-4-307 without change effective August 13, 1981 should read "effective August 31, 1981." Amended as an emergency effective March 29, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-2). Amended subsections (B), (C)(6), (7), and (8) and added subsection (I)(5) as a permanent rule effective August 27, 1984 (Supp. 84-4). Amended subsection (C), paragraph (4), subsection (D), subsection (H), paragraph (1), subsection (I), paragraphs (3), (4) and (5) effective September 12, 1986 (Supp. 86-5). Amended effective March 1, 1994; filed in the Office of the Secretary of State November 23, 1993; Exhibit A - "Trapping Report" Form 2050, repealed from Section R12-4-307 (Supp. 93-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Corrected mislabeled subsection "C" to subsection "D" as per the Commission's request July 22, 1997 (Supp. 97-2). Amended effective February 9, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-308. Wildlife Inspections; Check Stations; Road-blocks; Harvest Reporting; Hunt Surveys**

- A. The Department has the authority to establish mandatory wildlife check stations.
1. The Department shall publish in the Commission Order establishing the season the:
    - a. Location,
    - b. Check in requirements, and
    - c. Check out requirements for that specific season.
  2. The Department shall ensure a wildlife check station with a published:
    - a. Check in requirement is open:

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- i. 8:00 a.m. the day before the season until 8:00 p.m. the first day of the season, and
      - ii. 8:00 a.m. to 8:00 p.m. during each day of the season.
    - b. Check out requirement is open:
      - i. 8:00 a.m. to 8:00 p.m. during each day of the season, and
      - ii. Until 12:00 p.m. on the day after the close of the season.
  - 3. A hunter shall:
    - a. Check in at a wildlife check station in person before hunting when the Department includes a check in requirement in the Commission Order for that season;
    - b. Check out at a wildlife check station in person after hunting when the Department includes a check out requirement in the Commission Order for that season and shall:
      - i. Present for inspection any wildlife taken; and
      - ii. Display any license, tag, or permit required for taking or transporting wildlife.
- B.** The Department may conduct inspections of lawfully taken wildlife at the Department's Phoenix and regional offices or designated locations during the posted business hours.
- 1. A bighorn sheep hunter shall check out either in person or by designee within three days after the close of the season. The hunter or designee shall submit the intact horns and skull for inspection and photographing. A Department representative shall affix a mark or seal to one horn of each bighorn sheep lawfully taken under Commission Order. It is unlawful for any person to remove, alter, or obliterate the mark or seal.
  - 2. A hunter who harvests a bear or mountain lion shall:
    - a. Report information about the kill to the Department either in person or by telephone within 48 hours of taking the wildlife. The report shall include the:
      - i. Name of the hunter;
      - ii. Hunter's hunting license number;
      - iii. Sex of the wildlife taken;
      - iv. Management unit where the wildlife was taken;
      - v. Hunter's email address, when available;
      - vi. Telephone number where the hunter can be reached for additional information; and
      - vii. Any additional information required by the Department.
    - b. Present either in person or by designee the skull, hide, and attached proof of sex for inspection within 10 days of taking the wildlife. If a hunter freezes the skull or hide before presenting it for inspection, the hunter shall prop the jaw open to allow access to the teeth and ensure that the attached proof of sex is identifiable and accessible.
- C.** For seasons other than bear, bighorn sheep, or mountain lion, a hunter who harvests wildlife for which a harvest limit is established shall report information about the kill either in person, by telephone, or through the person's electronic device, as applicable, within 48 hours of taking the wildlife. The report shall include the information required under subsection (B)(2)(a).
- D.** When required by Commission Order:
- 1. A hunter who is issued a permit-tag, nonpermit-tag, or electronic tag shall submit to the Department a completed hunter survey within 30 days following the close of the season.
- 2. A hunter who harvests wildlife may be required to submit a biological sample, such as teeth or parts of the carcass, within 10 days of taking the wildlife.
- E.** The Director may establish vehicle roadblocks at specific locations when necessary to ensure compliance with applicable wildlife laws. Any occupant of a vehicle at a roadblock shall, upon request, present for inspection all wildlife in possession, and provide evidence of legality as defined under R12-4-301.
- F.** It is unlawful for any person to submit a false report under this Section.
- G.** This Section does not limit the game ranger or wildlife manager's authority to conduct stops, searches, and inspections authorized under A.R.S. §§ 17-211(E), 17-250(A)(4), and 17-331, or to establish voluntary wildlife survey stations to gather biological information.

**Historical Note**

Amended effective June 29, 1978 (Supp. 78-3). Former Section R12-4-57 renumbered as Section R12-4-308 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-308 repealed, new Section R12-4-308 adopted effective May 12, 1982 (Supp. 82-3). Amended subsections (B), (D), and (F), and added subsection (G) effective July 3, 1984 (Supp. 84-4). Former Section R12-4-308 repealed, new Section R12-4-308 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-308 repealed, new Section R12-4-308 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective July 12, 1996 (Supp. 96-3). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 683, effective April 8, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-309. Authorization for Use of Drugs on Wildlife**

- A.** A person shall not administer any drug to any wildlife under the jurisdiction of the state, including but not limited to drugs used for fertility control, disease prevention or treatment, immobilization, or growth stimulation without written authorization from the Department or as otherwise provided under subsection (E). This authorization does not:
- 1. Exempt a person from any state or federal statute, rule, or regulation, or any municipal or county code or ordinance; or
  - 2. Authorize a person to engage in any activity using federally protected wildlife.
- B.** A person requesting written authorization for the use of drugs on wildlife shall submit the request in writing to the Department at 5000 W. Carefree Highway, Phoenix, AZ 85086 and at least 120 days before the anticipated start date of the activity. The written request shall include all of the following:
- 1. A plan that includes:
    - a. The purpose and need for the proposed activity;
    - b. A clear statement of the objectives; for fertility control the statement shall include the target wildlife population goals or densities and the anticipated time-frame for meeting these objectives;



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- c. A description of the agent, drug, or method and any mandated labeling restrictions or limitations designed to reduce or minimize detrimental effects to wildlife and humans;
  - d. Citations of published scientific literature documenting field studies on the efficacy and safety for both target and non-target species, including predators, scavengers, and humans;
  - e. A description of the activity area;
  - f. A description of the target species population and current status;
  - g. A description of the field methodology for delivery that includes the following, as applicable:
    - i. Timing,
    - ii. Sex and number of animals to be treated,
    - iii. Percentage of the population to be treated,
    - iv. Calculated population effect, and
    - v. Short and long term monitoring and evaluation procedures.
  - 2. Documentation regarding the experience and credentials of the applicant or the applicant's agents as it applies to the requested activity;
  - 3. Written permission from landowners or lessees in all locations where the drug will be administered; and
  - 4. Written endorsement from the agency or institution; required when the applicant is a government agency, university, or other institution. The person signing the written endorsement shall have the authority to execute the written endorsement on behalf of the agency or institution.
- C.** The Department shall notify the applicant of the Department's decision to grant or deny the request within 90 days. The Department has the authority to place conditions on the written authorization regarding:
- 1. Locations and time-frames,
  - 2. Drugs and methodology,
  - 3. Limitations,
  - 4. Reporting requirements, and
  - 5. Any other conditions deemed necessary by the Department.
- D.** A person with authorization shall:
- 1. Carry written authorization while engaged in the activity and exhibit it upon request to any peace officer, wildlife manager, or game ranger;
  - 2. Allow Department personnel to be present to monitor activities for compliance, public safety, and proper treatment of animals;
  - 3. Adhere to all drug label restrictions and precautions;
  - 4. Provide an annual and final report:
    - a. The annual report shall include the number of animals treated, the level of treatment effect obtained to date, and any problems including mortalities or morbidities of target animals. The person shall submit the annual report to the Department by January 31 of each year or as otherwise specified in the written authorization.
    - b. The final report shall include the end results, including the number of wildlife treated and treatment effects on target and non-target wildlife, including mortalities, morbidities, and reproductive rate changes. The person shall submit the final report to the Department no later than 90 days after the completion of the project for which the permit was issued.
  - 5. Comply with all conditions and requirements set forth in the written authorization.
- E.** This Section does not prohibit the treatment of wildlife by a licensed veterinarian or holder of a special license in accordance with R12-4-407(B)(2) and (8), R12-4-413(K)(5), R12-4-420(J)(3), activities as authorized under R12-4-418, R12-4-420, R12-4-421, and R12-4-423, a person exempt from special licensing under R12-4-407(A)(4) and (5), or reasonable lethal removal activities for wildlife control as authorized under A.R.S. § 17-239(A).
- F.** This Section does not limit:
- 1. Department employees or Department agents in the performance of their official duties related to wildlife management,
  - 2. The practices of aquaculture facilities administered by the U.S. Fish and Wildlife Service, and commercial aquaculture facilities operating under a valid license from the Arizona Department of Agriculture, or
  - 3. The use of supplements or drugs as a part of conventional livestock operations where those supplements may incidentally be consumed by wildlife.
- G.** The Department shall take possession of and dispose of any remaining wildlife drugs administered in violation of this Section and any devices and paraphernalia used to administer those drugs as authorized under A.R.S. §§ 17-211(E), 17-231(A), and 17-240(B).
- H.** Require the person with authorization to indemnify the Department against any injury or damage resulting from the use of animal drugs.

**Historical Note**

Amended effective May 21, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective March 7, 1979 (Supp. 79-2). Former Section R12-4-58 renumbered as Section R12-4-309 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-309 repealed, new Section R12-4-309 adopted effective May 12, 1982 (Supp. 82-3). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Former Section R12-4-309 repealed, new Section R12-4-309 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-309 repealed, new Section R12-4-309 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1997; filed with the Office of the Secretary of State November 7, 1996 (Supp. 96-4). Amended effective January 1, 1999; filed with the Office of the Secretary of State December 4, 1998 (Supp. 98-4). Section repealed by final rulemaking at 8 A.A.R. 1702, effective March 11, 2002 (Supp. 02-1). New Section made by final rulemaking at 16 A.A.R. 1460, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-310. Fishing Permits**

- A.** The Department may issue a fishing permit to state, county, or municipal agencies or departments and to nonprofit organizations whose primary purpose is to provide treatment and care for persons with physical, developmental, or mental disabilities.

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- B.** The permit:
- Is valid for any two days within a 30 day period;
  - Authorizes persons with physical, developmental, or mental disabilities to fish without a fishing license upon any public waters except that fishing in the waters of the Colorado River is restricted to fishing from the Arizona shoreline only, unless the persons fishing under the authority of the permit also possess a valid Colorado River stamp from the adjacent state; and
  - Does not exempt persons fishing under the authority of the permit from compliance with other statutes, Commission Orders, and rules not contained in this Section.
- C.** An applicant for a fishing permit shall submit a properly completed application to the Department. The application is furnished by the Department and is available from any Department office and online at [www.azgfd.gov](http://www.azgfd.gov).
- The applicant shall provide all of the following information:
    - The name, address, and telephone number of the agency, department, or nonprofit organization requesting the permit;
    - The name, position title, and telephone number of the persons responsible for supervising the persons fishing under the authority of the permit;
    - The total number of persons who will be fishing under the authority of the permit;
    - The dates for which the permit will be used; and
    - The location for which the permit will be valid.
  - In addition to the information required under subsection (C)(1), nonprofit organizations shall also submit:
    - A copy of the organization's articles of incorporation and evidence that the organization has tax-exempt status under Section 501(c) of the Internal Revenue Code, unless a current and correct copy is already on file with the Department; and
    - Document identifying the organization's mission.
- D.** The Department shall either grant or deny the fishing permit within the applicable overall time-frame established under R12-4-106.
- E.** The fishing permit holder shall provide instruction on fish identification, fishing ethics, safety, and techniques to the persons who will be fishing under authority of the permit curriculum outline provided by the Department.
- F.** Each person fishing under the sole authority of the fishing permit may take only one-half the regular bag limit established by Commission Order for any species, unless the regular bag limit is one, in which case the permit authorizes the regular bag limit.
- G.** The permit holder shall submit a report to the Department no later than 30 days after the end of the authorized fishing dates. The report form is furnished by the Department and is available at any Department office. The permit holder shall report all of the following information on the form:
- The fishing permit number and the information contained in the permit;
  - The total number of persons who fished and total hours fished;
  - The total number of fish caught, kept, and released, by species.
- H.** The Department may deny future fishing permits to a permit holder who failed to submit the report required under subsection (G) until the permit holder complies with reporting requirements.

**Historical Note**

Adopted effective October 9, 1980 (Supp. 80-5). Former Section R12-4-59 renumbered as Section R12-4-310 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-310 renumbered as R12-4-217 and amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-310 renumbered as R12-4-217 and amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). New Section adopted November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-311. Exemptions from Requirement to Possess an Arizona Fishing License or Hunting License While Taking Wildlife**

In addition to the exemptions prescribed under A.R.S. § 17-335, R12-4-206(E), and R12-4-207(E) and provided the person's fishing, hunting, or trapping license privileges are not currently revoked by the Commission:

- A fishing license is not required when a person is:
  - Fishing from artificial ponds, tanks, and lakes contained entirely on private lands that are not:
    - Open to the public, and
    - Managed by the Department.
  - Taking from private property crayfish and other non-native crustaceans and terrestrial mollusks considered to be garden pests, such as but not limited to brown garden snails (*Helix aspersa*) and decollate snails (*Rumina decollata*), pillbugs (*Armadillidium vulgare*), and woodlice (*Armadillidium nasatum*).
  - Fishing in Arizona on any designated Saturday occurring during National Fishing and Boating Week, except in waters of the Colorado River forming the common boundaries between Arizona and California, Nevada, or Utah where fishing without a license is limited to the shoreline, unless the state with concurrent jurisdiction removes licensing requirements on the same day.
  - Participating in an introductory fishing education program sanctioned by the Department, during scheduled program hours, only. A sanctioned program shall have a Department employee, or authorized volunteer instructor present during scheduled program hours. For the purposes of this subsection, "authorized volunteer instructor" means a person who has successfully passed the Department's required background check, or provided documentation of the person's application for a fingerprint clearance card, and sport fishing education workshop.
- A hunting license is not required when a person is participating in an introductory hunting event organized, sanctioned, or sponsored by the Department. The person may hunt small game, fur-bearing, predator, and designated mammals during scheduled event hours, only. To hunt migratory game birds, the person shall have any stamps required by federal regulation. The introductory hunting event shall have a Department employee, certified hunter education instructor, or authorized volunteer present during scheduled hunting hours. For the purposes of this subsection, "authorized volunteer" means a person who

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has successfully passed the Department's required background check, or provided documentation of the person's application for a fingerprint clearance card, and Department event best practices training. This subsection does not apply to any event that requires a participant to obtain a permit-tag or nonpermit-tag.

**Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective May 26, 1978 (Supp. 78-3). Amended effective May 31, 1979. Amended effective June 4, 1979 (Supp. 79-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-60 renumbered as Section R12-4-311 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A), (B), and (D) and added subsections (F) and (G) effective December 17, 1981 (Supp. 81-6). Amended as an emergency effective May 12, 1982, pursuant to A.R.S. § 41-1003, valid for 90 days (Supp. 82-3). Emergency certification expired. Amended subsections (A) through (E) effective December 7, 1982 (Supp. 82-6). Amended subsections (C) and (D) effective February 9, 1984 (Supp. 84-1). Amended effective December 13, 1985 (Supp. 85-6). Amended subsections (A) and (D) effective December 16, 1986 (Supp. 86-6). Former Section R12-4-311 repealed, new Section R12-4-311 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-322 repealed, new Section R12-4-311 adopted effective January 1, 1989, filed effective December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-312. Repealed****Historical Note**

Amended effective June 4, 1979 (Supp. 79-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-61 renumbered as Section R12-4-312 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (B), (E) and (F) effective December 17, 1981 (Supp. 81-6). Amended subsections (A), (C), (D), (E), and added subsection (G) effective December 9, 1982 (Supp. 82-6). Amended subsection (A), paragraph (1) effective November 27, 1984 (Supp. 84-6). Amended effective December 13, 1985 (Supp. 85-6). Former Section R12-4-312 repealed, new Section R12-4-312 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-312 repealed, new Section R12-4-312 adopted effective January 1, 1989, filed December 30, 1988 (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3).

**R12-4-313. Lawful Methods of Take and Season for Aquatic Wildlife**

- A. Subject to the restrictions of this Section, a person may take aquatic wildlife during the day or night using artificial light as prescribed under A.R.S. § 17-301. When a fish die-off is imminent or when otherwise deemed appropriate, the Commission may designate a special season by Commission Order to allow fish to be taken by hand or by any hand-held, non-motorized implement that does not discharge a projectile.
- B. A person who possesses a valid Arizona fishing license may take aquatic wildlife by angling or simultaneous fishing as defined under R12-4-301 with any bait, artificial fly, or lure subject to the following restrictions:
  1. Except for sunfish of the genus *Lepomis*, the flesh of game fish may not be used as bait.
  2. Live baitfish, as defined under R12-4-101, may only be used in designated areas prescribed by Commission Order and designated areas may subsequently be closed or restricted by Commission Order.
  3. Waterdogs may not be used as live bait in that portion of Santa Cruz County lying east and south of State Highway 82 or that portion of Cochise County lying west of the San Pedro River and south of State Highway 82.
  4. Shall not use more than two lines at any one time.
  5. The Commission may further restrict the lawful methods of take on particular waters by designating one or more of the following special seasons by Commission Order:
    - a. An "artificial flies and lures" season in which only artificial flies and lures may be used in designated areas,
    - b. A "barbless hooks" season in which only the use of barbless or single-point barbless hooks may be used in designated areas,
    - c. An "immediate kill or release" season in which a person must kill and retain the designated species as part of the person's bag limit or immediately release the wildlife,
    - d. A "catch and immediate release" in which a person must immediately release the designated species,
    - e. An "immediate kill" season in which a person must immediately kill and retain the designated species as part of the person's bag limit, or
    - f. A "limited-entry" season in which a limited number of permits is made available to the public for a designated species, a particular water, or both.
- C. In addition to angling, a person who possesses a valid Arizona fishing license may also take the following aquatic wildlife using the following methods:
  1. A hybrid device is lawful for the take of aquatic wildlife provided all components of the device are authorized for the take of that species under this subsection.
  2. Carp (*Cyprinus carpio*), buffalofish, mullet, tilapia, goldfish, and shad may be taken by:
    - a. Bow and arrow,
    - b. Crossbow,
    - c. Snare,
    - d. Gig,
    - e. Spear or spear gun, or
    - f. Snagging.
  3. A person shall not use any of the methods of take listed under subsection (C)(2) within 200 yards of a designated swimming area as indicated by way of posted signs or notices.

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4. Except for snagging, a person shall not use any of the methods of take listed under subsection (C)(2) within 200 yards of any boat dock or fishing pier.
  5. Striped bass may be taken by spear or spear gun in waters designated by Commission Order.
  6. Catfish may be taken by bow and arrow or crossbow in waters designated by Commission Order.
  7. Amphibians, soft-shelled turtles, mollusks, and crustaceans may be taken by minnow trap, crayfish net, hand, or with any hand-held, non-motorized implement that does not discharge a projectile, unless otherwise permitted under this Section.
  8. In addition to the methods described under subsection (C)(7), bullfrogs may be taken by:
    - a. Bow and arrow,
    - b. Crossbow,
    - c. Pneumatic weapon, or
    - d. Slingshot.
  9. Live baitfish may be taken for personal use as bait by:
    - a. A cast net not to exceed a radius of 4 feet measured from the horn to the leadline;
    - b. A minnow trap, as defined under R12-4-301;
    - c. A seine net not to exceed 10 feet in length and 4 feet in width; or
    - d. A dip net.
  10. In addition to the methods described under subsection (C)(7), crayfish may be taken with the following devices:
    - a. A trap not more than 3 feet in the greatest dimension,
    - b. A dip net as defined under R12-4-301, or
    - c. A seine net not larger than 10 feet in length and 4 feet in width.
  11. The Commission may further specify the lawful methods of take on particular waters and for particular species by designating one or more of the following special seasons by Commission Order:
    - a. A "snagging" season in which a person may use this method only at times and locations designated by Commission Order, or
    - b. A "spear or spear gun" season in which a person may use this method only at times and locations designated by Commission Order.
- D.** Aquatic wildlife taken in violation of this Section is unlawfully taken.

**Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 17, 1977 (Supp. 77-3). Amended effective June 29, 1978 (Supp. 78-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-62 renumbered as Section R12-4-313 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 7, 1982 (Supp. 82-6). Amended subsection (A)(7) and added subsection (E)(3) effective November 27, 1984 (Supp. 84-6). Amended subsections (A) and (E) effective December 9, 1985 (Supp. 85-6). Amended subsections (A) and (E) effective December 16, 1986 (Supp. 86-6). Former Section R12-4-313 repealed, new Section R12-4-313 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-313 repealed, new Section R12-4-313 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective October 14, 1993

(Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-314. Possession, Transportation, or Importation of Aquatic Wildlife**

- A.** The Commission may prescribe legal sizes for possession of aquatic wildlife through Commission Order.
- B.** A person who possesses a valid Arizona fishing license may possess live aquatic wildlife lawfully taken on the waters where taken, but the person shall not transport the aquatic wildlife alive from the waters where taken except that:
1. A person may transport live baitfish listed in subsection (C)(1);
  2. A person may transport live waterdogs except in the portion of Santa Cruz County lying east and south of State Highway 82 or the portion of Cochise County lying west of the San Pedro River and south of State Highway 82; and
  3. Any crayfish taken on waters within Yuma or La Paz Counties may be transported alive for use as live bait in that portion of La Paz County west of Highway 95 and south of Interstate 10, Yuma County, and on the Colorado River from the Palo Verde Diversion Dam downstream to the Southern international boundary with Mexico.
- C.** A person who possesses a valid Arizona fishing license may import, transport, or possess live baitfish, crayfish, or waterdogs for personal use as live bait only as follows:
1. A person may possess or transport only the following live baitfish for personal use as live bait:
    - a. Fathead minnow (*Pimephales promelas*),
    - b. Golden shiners (*Notemigonus crysoleucas*),
    - c. Goldfish (*Carassius auratus*),
    - d. Longfin Dace (*Agosia chrysogaster*),
    - e. Sonora Sucker (*Catostomus insignis*),
    - f. Speckled Dace (*Rhynchithys osculus*), and
    - g. Desert Sucker (*Catostomus clarki*).
  2. A person may import for personal use live baitfish listed in subsection (C)(1) from:
    - a. California or Nevada, or
    - b. From any other state with accompanying documentation certifying that the fish are free of Furunculosis.
  3. A person may import, transport, or possess live waterdogs for personal use as bait, except in the portion of Santa Cruz County lying east and south of State Highway 82 or the portion of Cochise County lying west of the San Pedro River and south of State Highway 82.
  4. A person shall not import, transport, or move live crayfish between waters for personal use as live bait except as allowed in 12 A.A.C. 4, Article 4, or except as allowed in subsection (B)(3).
- D.** A person shall attach water-resistant identification to any unattended live boxes or stringers holding fish and ensure the identification bears the person's:
1. Name,
  2. Address, and

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3. Fishing license number.
- E. A person who uses a crayfish net or a minnow trap shall raise and empty the trap daily and shall attach water-resistant identification to any unattended traps and ensure the identification bears the person's:
1. Name,
  2. Address, and
  3. Fishing license number.
- F. A person shall not knowingly disturb the crayfish net, live box, minnow trap, or stringer of another unless authorized to do so by the owner.

**Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-63 renumbered as Section R12-4-314 without change effective August 13, 1981 (Supp. 81-4). Amended subsection (B) effective December 31, 1984 (Supp. 84-6). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Section repealed by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). New Section made by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-315. Repealed****Historical Note**

Former Section R12-4-64 renumbered as Section R12-4-315 without change effective August 13, 1981 (Supp. 81-4). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-316. Repealed****Historical Note**

Amended effective May 3, 1976 (Supp. 76-3). Amended effective June 4, 1979 (Supp. 79-3). Amended subsections (A), (B), (C), and (D) effective December 29, 1980 (Supp. 80-6). Former Section R12-4-65 renumbered as Section R12-4-316 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (B), (C) and (F) effective February 9, 1984 (Supp. 84-1). Amended effective December 31, 1984 (Supp. 84-6). Former Section R12-4-316 repealed, new Section R12-4-316 adopted effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Former Section R12-4-316 repealed, new Section R12-4-316 adopted effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 2147, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-317. Repealed****Historical Note**

Renumbered, then repealed and readopted as Section R12-4-43 effective February 20, 1981 (Supp. 81-1). Former Section R12-4-66 renumbered as Section R12-4-317 without change effective August 13, 1981 (Supp. 81-4). Correction, Section R12-4-317 formerly shown as repealed should have read reserved. Former Historical Note erroneous, see R12-4-202. Section R12-4-317 adopted effective June 20, 1984 (Supp. 84-3). Repealed effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Repealed effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). New Section made by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-318. Seasons for Lawfully Taking Wild Mammals, Birds, and Reptiles**

- A. Methods of lawfully taking wild mammals, birds, and reptiles during seasons designated by Commission Order as "general" seasons are designated under R12-4-304.
1. Lawful devices are defined under R12-4-101 and R12-4-301.
  2. Lawful devices are listed under this Section by the range of effectiveness, from greatest range to least range.
  3. A hybrid device may be used in a general season, provided:
    - a. All components of the hybrid device are designated as lawful for a given species under R12-4-304, and
    - b. No components are prohibited under R12-4-303.
- B. Methods of lawfully taking big game during seasons designated by Commission Order as "special" are designated under R12-4-304. "Special" seasons are open only to a person who possesses a special big game license tag authorized under A.R.S. § 17-346 and R12-4-120.
- C. When designated by Commission Order, the following seasons have specific requirements and lawful methods of take more restrictive than those for general and special seasons, as established under this Section. While taking the species authorized by the season, a person participating in:
1. A "CHAMP" season shall be a challenged hunter access/mobility permit holder as established under R12-4-217.
  2. A "pioneer one-horned ram" season shall be a pioneer license holder as established under R12-4-201 and the legal animal defined under R12-4-101.
  3. A "youth-only hunt" shall be under the age of 18. A youth hunter whose 18th birthday occurs during a "youth-only hunt" for which the youth hunter has a valid permit or tag may continue to participate for the duration of that "youth-only hunt."
  4. A "pursuit-only" season may use dogs to pursue bears, mountain lions, or raccoons as designated by Commission Order, but shall not kill or capture the quarry.
    - a. A person participating in a "pursuit-only" season shall possess and, at the request of Department personnel, produce an appropriate and valid hunting license and any required tag or pursuit-only permit for the wildlife pursued, even though there shall be no kill.

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- b. Pursuit is allowed regardless of whether a person has met the bag limit established under R12-4-104(J) for that genus.
- c. A person does not commit an offense under A.R.S. § 17-309 where the person causes or allows a dog to pursue a bear, mountain lion, or raccoon when all of the following apply:
  - i. A pursuit-only season for the wildlife pursued is authorized by Commission Order;
  - ii. The person possesses a valid hunting license and tag;
  - iii. The bear, mountain lion, or raccoon is not injured or killed in the course of the pursuit.
- 5. A "restricted season" may use any lawful method authorized for a specific species under R12-4-304, except dogs may not be used to pursue the wildlife for which the season was established.
- 6. An "archery-only" season shall not use any other weapons, including crossbows or bows with a device that holds the bow in a drawn position except as authorized under R12-4-216. A person participating in an "archery-only" season may use one or more of the following methods or devices if authorized under R12-4-304 as lawful for the species hunted:
  - a. Bows and arrows;
  - b. Falconry; and
  - c. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
- 7. A "handgun, archery, and muzzleloader (HAM)" season may use one or more of the following methods or devices if authorized under R12-4-304 as lawful for the species hunted:
  - a. Muzzleloading rifles;
  - b. Handguns without a vertical foregrip or any form of fixed, detachable, or collapsible buttstock, or any apparatus or extension capable of being used to steady the handgun against the body while firing;
  - c. Muzzleloading handguns;
  - d. Bows and arrows;
  - e. Crossbows or bows to be drawn and held with an assisting device;
  - f. Pre-charged pneumatic weapons capable of holding and discharging a single projectile .35 caliber or larger;
  - g. Pre-charged pneumatic weapons using arrows or bolts with broadheads no less than 7/8 inch in width with metal, ceramic-coated metal, or ceramic cutting edges and capable of firing a minimum of 250 feet per second; and
  - h. Atlatl throwing dart no less than five feet in length and no more than eight feet in length, equipped with a sharpened head having a blade no less than 7/16 inch cutting radius from the center of the shaft with metal, ceramic-coated metal, or ceramic cutting edges.
- 8. A "muzzleloader" season may use one or more of the following methods or devices if authorized under R12-4-304 as lawful for the species hunted:
  - a. Muzzleloading rifles or muzzleloading handguns
  - b. Bows and arrows, and
  - c. Crossbows or bows to be drawn and held with an assisting device.
- 9. A "limited weapon" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
  - a. Bows and arrows,
  - b. Crossbows or bows to be drawn and held with an assisting device,
  - c. Pneumatic weapons capable of holding and discharging a single projectile .25 caliber or smaller,
  - d. Hand-propelled projectiles,
  - e. Any trap except foothold traps,
  - f. Slingshots,
  - g. Dogs,
  - h. Falconry,
  - i. Nets, or
  - j. Capture by hand.
- 10. A "limited weapon hand or hand-held implement" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
  - a. Catch-pole,
  - b. Hand,
  - c. Snake hook, or
  - d. Snake tongs.
- 11. A "limited weapon-pneumatic" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
  - a. Pneumatic weapons discharging a single projectile .25 caliber or smaller,
  - b. Hand-propelled projectiles,
  - c. Slingshots,
  - d. Dogs,
  - e. Falconry,
  - f. Nets, or
  - g. Capture by hand.
- 12. A "limited weapon-rimfire" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
  - a. Rifled firearms using rimfire cartridges,
  - b. Shotgun shooting shot or slug,
  - c. Bows and arrows,
  - d. Crossbows or bows to be drawn and held with an assisting device,
  - e. Pneumatic weapons,
  - f. Hand-propelled projectiles,
  - g. Any trap except foothold traps,
  - h. Slingshots,
  - i. Dogs,
  - j. Falconry,
  - k. Nets, or
  - l. Capture by hand.
- 13. A "limited weapon-shotgun" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
  - a. Shotgun shooting shot or slug,
  - b. Muzzleloading shotgun,
  - c. Bows and arrows,
  - d. Crossbows or bows to be drawn and held with an assisting device,

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- e. Pneumatic weapons,
  - f. Hand-propelled projectiles,
  - g. Any trap except foothold traps,
  - h. Slingshots,
  - i. Dogs,
  - j. Falconry,
  - k. Nets, or
  - l. Capture by hand.
14. A "limited weapon-shotgun shooting shot" season may use one or more of the following methods or devices for taking wildlife, if authorized under R12-4-304 as lawful for the species hunted:
- a. Shotgun shooting shot,
  - b. Muzzleloading shotgun shooting shot,
  - c. Bows and arrows,
  - d. Crossbows or bows to be drawn and held with an assisting device,
  - e. Pneumatic weapons,
  - f. Hand-propelled projectiles,
  - g. Any trap except foothold traps,
  - h. Slingshots,
  - i. Dogs,
  - j. Falconry,
  - k. Nets, or
  - l. Capture by hand.
15. A "falconry-only" season shall be a falconer licensed under R12-4-422 unless exempt under A.R.S. § 17-236(C) or R12-4-407. A falconer participating in a "falconry-only" season shall use no other method of take except falconry.
16. A "raptor capture" season shall be a falconer licensed under R12-4-422 unless exempt under R12-4-407.
17. A "limited-entry" season means any hunting opportunity for which a limited number of permits is made available to the public.

**Historical Note**

Adopted effective June 4, 1987 (Supp. 87-2). Amended effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should read "Amended effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Amended effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended effective January 1, 1997; filed in the Office of the Secretary of State July 12, 1996 (Supp. 96-3). Amended effective January 1, 1998; filed in the Office of the Secretary of State November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 16 A.A.R. 1460, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final exempt rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 283, effective July 1, 2021 (Supp. 21-1). Amended by

final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-319. Use of Aircraft to Take or Locate Wildlife**

- A. A person shall not take, or assist in taking wildlife from or with the aid of aircraft, including drones.
- B. Except in hunt units with Commission-ordered special seasons under R12-4-115 and R12-4-120 and hunt units with seasons only for mountain lion and no other concurrent big game season, a person shall not knowingly locate or assist in locating wildlife from or with the aid of an aircraft, including drones, in a hunt unit with an open big game season. This restriction begins 48 hours before the opening of a big game season in a hunt unit and extends until the close of the big game season for that hunt unit.
- C. A person who possesses a special big game license tag for a special season under R12-4-115 or R12-4-120 or a person who assists or will assist such a licensee shall not knowingly locate or assist in locating wildlife from or with the aid of an aircraft, including drones, within 48 hours before and during a Commission-ordered special season.
- D. This Section does not apply to any person acting within the scope of official duties as an employee or authorized agent of the state or the United States to manage or protect or aid in the management or protection of land, water, wildlife, livestock, domesticated animals, human life, or crops.
- E. For the purposes of this Section, "locate" means any act or activity that does not take or harass wildlife and is directed at finding wildlife in a hunt area.

**Historical Note**

Amended effective May 21, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-3). Amended effective June 12, 1979 (Supp. 79-3). Amended effective April 22, 1980 (Supp. 80-2). Former Section R12-4-68 renumbered as Section R12-4-319 without change effective August 13, 1981 (Supp. 81-4). Repealed effective April 28, 1989 (Supp. 89-2). New Section R12-4-319 adopted as an emergency effective October 18, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. New Section adopted by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-320. Harassment of Wildlife**

- A. In addition to the provisions established under A.R.S. § 17-301, it is unlawful to harass, molest, chase, rally, concentrate, herd, intercept, torment, or drive wildlife with or from any aircraft, including drones, as defined under R12-4-301, or with or from any motorized terrestrial or aquatic vehicle.
- B. This Section does not apply to person's acting:
  - 1. In accordance with the provisions established under A.R.S. § 17-239; or
  - 2. Within the scope of official duties as an employee or authorized agent of the state or the United States to manage or protect or aid in the management or protection of land, water, wildlife, livestock, domesticated animals, human life, or crops.

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**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 850, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-321. Restrictions for Taking Wildlife in City, County, or Town Parks and Preserves**

- A. All city, county, and town parks and preserves are closed to hunting and trapping, unless open by Commission Order.
- B. Unless otherwise provided under Commission Order or rule, a city, county, or town may:
  - 1. Limit or prohibit any person from hunting within one-fourth mile (440 yards) or trapping within one half mile (880 yards) of any:
    - a. Developed picnic area,
    - b. Developed campground,
    - c. Developed trailhead,
    - d. Developed wildlife viewing platform,
    - e. Boat ramp,
    - f. Shooting range,
    - g. Occupied structure, or
    - h. Golf course.
  - 2. Require a person entering a city, county, or town park or preserve, for the purpose of hunting, to declare the person's intent to hunt within the park or preserve, if the park or preserve has a check in process established.
  - 3. Allow a person to take wildlife in a city, county, or town park or preserve only during the posted park or preserve hours.
- C. The requirements of subsection (B)(1) do not apply to a reptile and amphibian limited weapon hand or hand-held implement season established by Commission Order.

**Historical Note**

New Section R12-4-321 renumbered from R12-4-301 and amended by final rulemaking at 18 A.A.R. 1458, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2).

**R12-4-322. Pickup and Possession of Wildlife Carcasses or Parts**

- A. For the purposes of this Section, the following definitions apply:
  - 1. "Fresh" means the majority of the wildlife carcass or part is not exposed dry bone and is comprised mainly of hair, hide, or flesh.
  - 2. "Not fresh" means the majority of the wildlife carcass or part is exposed dry bone due to natural processes such as scavenging, decomposition, or weathering.
- B. If not contrary to federal law or regulation, a person may pick up and possess naturally shed antlers or horns or other wildlife parts that are not fresh without a permit or inspection by a Department law enforcement officer.
- C. Except for wildlife carcasses for which a big game salvage permit is issued under A.R.S. § 17-319, a person may only pick up and possess a fresh wildlife carcass or its parts under this Section if the person notifies the Department prior to pick up and possession and:
  - 1. The Department's first report or knowledge of the carcass or its parts is voluntarily provided by the person wanting to possess the carcass or its parts;
  - 2. A Department law enforcement officer or an authorized Department employee or agent is able to observe the car-

cass or its parts at the site where the animal was found in the same condition and location as when the animal was originally found by the person wanting to possess the carcass or its parts; and

- 3. A Department law enforcement officer, using the officer's education, training, and experience, determines the animal died from natural causes. The Department may require the person to take the officer to the site where the animal carcass or parts were found when an adequate description or location cannot be provided to the officer.
- D. If a Department law enforcement officer determines that the person wanting to possess the carcass or its parts is authorized to do so under subsection (C), the officer may authorize possession of the carcass or its parts.
- E. Wildlife parts picked up and possessed from areas under control of jurisdictions that prohibit such activity, such as other states, reservations, or national parks, are illegal to possess in this state.
- F. This Section does not authorize the pickup and possession of a threatened or endangered species carcass or its parts.

**Historical Note**

New Section made by final rulemaking at 19 A.A.R. 826, effective July 1, 2013 (Supp. 13-2). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**ARTICLE 4. LIVE WILDLIFE****R12-4-401. Live Wildlife Definitions**

In addition to definitions provided under A.R.S. § 17-101, and for the purposes of this Article, the following definitions apply:

"Adoption" means the transfer of custody of live wildlife to a member of the public, initiated by either the Department or its authorized agent, when no special license is required.

"Agent" means the person identified on a special license and who assists a special license holder in performing activities authorized by the special license to achieve the objectives for which the license was issued. "Agent" has the same meaning as "sublicensee" and "subpermittee" as these terms are used for the purpose of federal permits.

"Aquarium trade" means the commercial industry and its customers who lawfully trade in aquatic live wildlife.

"Aversion training" means behavioral training in which an aversive stimulus is paired with an undesirable behavior in order to reduce or eliminate that behavior.

"Captive live wildlife" means live wildlife held in captivity, physically restrained, confined, impaired, or deterred to prevent it from escaping to the wild or moving freely in the wild.

"Captive-reared" means wildlife born, bred, raised, or held in captivity.

"Circus" means a scheduled event where a variety of entertainment is the principal business, primary purpose, and attraction. "Circus" does not include animal displays or exhibits held as an attraction for a secondary commercial endeavor.

"Commercial purpose" means the bartering, buying, leasing, loaning, offering to sell, selling, trading, exporting or importing of wildlife or their parts for monetary gain.



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“Domestic” means an animal species that does not exist in the wild, and includes animal species that have only become feral after they were released by humans who held them in captivity or individuals or populations that escaped from human captivity.

“Educational display” means a display of captive live wildlife to increase public understanding of wildlife biology, conservation, and management which may or may not include soliciting payment from an audience or an event sponsor with the intent to recover costs incurred in providing the educational display. For the purposes of this Article, “to display for educational purposes” refers to display as part of an educational display.

“Educational institution” means any entity that provides instructional services or education-related services to persons.

“Endangered or threatened wildlife” means wildlife listed under 50 CFR 17.11, revised October 1, 2019, which is incorporated by reference. A copy of the list is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.

“Evidence of lawful possession” means any license or permit authorizing possession of a specific live wildlife species or individual, or other documentation establishing lawful possession. Other forms of documentation may include, but are not limited to, a statement issued by the country or state of origin verifying a license or permit for that specific live wildlife species or individual is not required.

“Exhibit” means to display captive live wildlife in public or to allow photography of captive live wildlife for any commercial purpose.

“Exotic” means wildlife or offspring of wildlife not native to North America.

“Fish farm” means a commercial operation designed and operated for propagating, rearing, or selling aquatic wildlife for any purpose.

“Game farm” means a commercial operation designed and operated for the purpose of propagating, rearing, or selling wildlife for any purpose stated under R12-4-413.

“Health certificate” means a certificate of an inspection completed by a licensed veterinarian or federal- or state-certified inspector verifying the animal examined appears to be healthy and free of infectious, contagious, and communicable diseases.

“Hybrid wildlife” means an offspring from two different wildlife species or genera. Offspring from a wildlife species and a domestic animal species are not considered wildlife. This definition does not apply to bird hybrids as defined under the Migratory Bird Treaty Act, under 50 CFR 21.3, revised October 1, 2019.

“Live baitfish” means any species of live freshwater fish designated by Commission Order as lawful for use in taking aquatic wildlife under R12-4-313 and R12-4-314.

“Live bait” means aquatic live wildlife used or intended for use in taking aquatic wildlife.

“Migratory birds” mean all species listed under 50 CFR 10.13 revised October 1, 2019, and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.

“Noncommercial purpose” means the use of products or services developed using wildlife for which no compensation or monetary value is received.

“Nonhuman primate” means any nonhuman member of the order Primate of mammals including prosimians, monkeys, and apes.

“Nonnative” means wildlife or its offspring that did not occur naturally within the present boundaries of Arizona before European settlement.

“Photography” means any process that creates durable images of wildlife or parts of wildlife by recording light or other electromagnetic radiation, either chemically by means of a light-sensitive material or electronically by means of an image sensor.

“Rehabilitated wildlife” means live wildlife that is injured, orphaned, sick, or otherwise debilitated and is provided care to restore it to a healthy condition suitable for release to the wild or for lawful captive use.

“Research facility” means any association, institution, organization, school, except an elementary or secondary school, or society that uses or intends to use live animals in research.

“Restricted live wildlife” means wildlife that cannot be imported, exported, or possessed without a special license or lawful exemption.

“Shooting preserve” means any operation where live wildlife is released for the purpose of hunting.

“Special license” means any license issued under this Article, including any additional stipulations placed on the license authorizing specific activities normally prohibited under A.R.S. § 17-306 and R12-4-402.

“Species of greatest conservation need” means any species listed in the Department’s Arizona’s State Wildlife Action Plan list Tier 1a and 1b published by the Arizona Game and Fish Department. The material is available for inspection at any Department office and on the Department’s website.

“Stock” and “stocking” means to release live aquatic wildlife into public or private waters other than the waters where taken.

“Taxa” means groups of animals within specific classes of wildlife occurring in the state with common characteristics that establish relatively similar requirements for habitat, food, and other ecological, genetic, or behavioral factors.

“Unique identifier” means a permanent marking made of alphanumeric characters that identifies an individual animal, which may include, but is not limited to, a tattoo or microchip.

“USFWS” means the United States Fish and Wildlife Service.

“Volunteer” means a person who:

Assists a special license holder in conducting activities authorized under the special license,

Is under the direct supervision of the license holder at the premises described on the license,

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Is not designated as an agent, and

Receives no compensation.

“Wildlife disease” means any disease that poses a health risk to wildlife in Arizona.

“Zoo” means any facility licensed by the Arizona Game and Fish Department under R12-4-420 or, for facilities located outside of Arizona, licensed or recognized by the applicable governing agency.

“Zoonotic” means a disease that can be transmitted from animals to humans or, more specifically, a disease that normally exists in animals but that can infect humans.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 25 A.A.R. 1047, effective June 1, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-402. Live Wildlife: Unlawful Acts**

- A. A person shall not perform any of the following activities with live wildlife unless authorized by a federal license or permit, this Chapter, or A.R.S. Title 3, Chapter 16:
  1. Import any live wildlife into the state;
  2. Export any live wildlife from the state;
  3. Conduct any of the following activities with live wildlife within the state:
    - a. Display,
    - b. Exhibit,
    - c. Give away,
    - d. Lease,
    - e. Offer for sale,
    - f. Possess,
    - g. Propagate,
    - h. Purchase,
    - i. Release,
    - j. Rent,
    - k. Sell,
    - l. Sell as live bait,
    - m. Stock,
    - n. Trade,
    - o. Transport; or
  4. Kill any captive live wildlife.
- B. The Department may seize, quarantine, hold, or euthanize any lawfully possessed wildlife held in a manner that poses an actual or potential threat to the wildlife, other wildlife, or the safety, health, or welfare of the public. The Department shall make reasonable efforts to find suitable placement for any animal prior to euthanizing it.
- C. A person who does not lawfully possess wildlife in accordance with this Article shall be responsible for all costs associated with the care and keeping of the wildlife.
- D. Performing activities authorized under a federal license or permit does not exempt a federal agency or its employees from complying with state permit requirements.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 23 A.A.R. 492, effective April 8, 2017 (Supp. 20-3).

**R12-4-403. Escaped or Released Live Wildlife**

- A. The Department may seize, quarantine, or euthanize any live wildlife that has been released, has escaped, or is likely to escape if the wildlife poses an actual or potential threat to:
  1. Native wildlife;
  2. Wildlife habitat; or
  3. Public health, safety, or welfare; or
  4. Property.
- B. A person shall not release live wildlife, unless specifically directed to do so by the Department or authorized under this Article.
- C. The person releasing or allowing the escape of wildlife shall be responsible for all costs incurred by the Department associated with seizing or quarantining the wildlife.
- D. All special license holders shall be subject to the requirements of this Section.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-404. Possession of Live Wildlife Taken Under an Arizona Hunting or Fishing License**

- A. A person may take live wildlife from the wild under a valid Arizona hunting or fishing license provided the current Commission Order authorizes a live bag and possession limit for that wildlife and the individual possesses the appropriate hunting or fishing license and special license, when applicable.
- B. Except for live baitfish which may only be possessed and transported as established under R12-4-316, a person may conduct any of the following activities with wildlife taken under an Arizona hunting or fishing license provided the activity is for a noncommercial purpose:
  1. Export,
  2. Kill,
  3. Place on educational display,
  4. Possess,
  5. Propagate, and
  6. Transport.
- C. A person possessing wildlife or offspring of wildlife taken under this Section shall dispose of the wildlife or offspring of wildlife using any one or more of the following methods:
  1. Giving the wildlife as a gift,
  2. Exporting the wildlife to another state or jurisdiction, or
  3. Disposing of the wildlife as directed by the Department.
- D. A person shall not use wildlife or offspring of wildlife taken under this Section for commercial purposes.
- E. A person exporting live wildlife for a noncommercial purpose shall verify exported live wildlife and offspring of wildlife shall not be:
  1. Bartered,
  2. Leased,

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3. Offered for sale,
  4. Purchased,
  5. Rented,
  6. Sold, or
  7. Used for any commercial purpose.
- F.** A person may temporarily hold and release live wildlife possessed under this Section into the wild, provided the person did not remove the wildlife from the immediate area where it was taken.
- G.** A person shall not exceed the possession limit of live wildlife established by Commission Order for that species.
1. Offspring of wildlife possessed under this Section shall count towards the established possession limit.
  2. A person may possess offspring of amphibians or reptiles in excess of the possession limit for no more than 12 months from the date of birth or hatching.
  3. On or before the day the offspring reach 12 months of age, the person possessing them shall dispose of them as prescribed under subsection (C).
  4. A person is prohibited from releasing offspring of propagated wildlife into the wild.
- H.** A person may use reptiles and amphibians taken under a valid Arizona hunting license for the purpose of providing aversion or avoidance training when the current Commission Order authorizes a live bag and possession limit for that reptile or amphibian.
- I.** A person may sell photographs of wildlife taken under a valid hunting or fishing license.
- J.** A person who possesses live wildlife or offspring of wildlife taken under this Section shall comply with the requirements prescribed under R12-4-425 if the wildlife becomes listed as restricted wildlife under R12-4-406.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

**R12-4-405. Importing, Purchasing, and Transporting Live Wildlife Without an Arizona License or Permit**

- A.** A person may import mammals, birds, amphibians, and reptiles not listed as restricted wildlife under R12-4-406 without a special license required under this Article, provided the animals are:
1. Lawfully possessed under a:
    - a. Lawful exemption; or
    - b. Valid license, permit, or other form of authorization from another state, the United States, or another country; and
  2. Accompanied by the health certificate required under 3 A.A.C. 2, Article 6, and this Article, when applicable.
- B.** A person may import live aquatic wildlife not listed as restricted wildlife under R12-4-406 without a special license under the following conditions:
1. The aquatic wildlife is lawfully possessed under a lawful exemption, valid license, permit, or other form of authorization from another state, the United States, or another country; and
  2. The aquatic wildlife is used only for restaurants or markets that are licensed to sell food to the public and the wildlife is killed before it is transported from the restaurant or market, or, if transported alive from the market, is

conveyed directly to its final destination for preparation as food; or

3. The aquatic wildlife is used only for the aquarium trade or a fish farm and is accompanied by a valid license or permit issued by another state or the United States that allows the wildlife to be transported into this state.
    - a. A person in the aquarium trade shall:
      - i. Only use aquatic wildlife used in the aquarium trade as a pet or in an educational display, and
      - ii. Keep aquatic wildlife used in the aquarium trade in an aquarium or enclosed pond that does not allow the wildlife to leave the aquarium or pond and does not allow other live aquatic wildlife to enter the aquarium or pond.
    - b. A person in the aquarium trade shall not use or possess aquatic wildlife listed as restricted live wildlife under R12-4-406.
- C.** A person shall obtain the appropriate special license listed under R12-4-409(A) before importing aquatic live wildlife for any purpose not stated under subsection (B), unless exempt under this Chapter.
- D.** A person may purchase, possess, exhibit, transport, propagate, trade, rent, lease, give away, sell, offer for sale, export, or kill wildlife or aquatic wildlife or its offspring without an Arizona license or permit if the wildlife is lawfully imported and possessed as prescribed under subsections (A) or (B).

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-406. Restricted Live Wildlife**

- A.** In order to lawfully possess wildlife listed as restricted under this Section, for any activity prohibited under A.R.S. §§ 17-255.02, 17-306, R12-4-902, or this Article, a person shall possess:
1. All applicable federal licenses and permits; and
  2. The appropriate special license listed under R12-4-409(A); or
  3. Act under a lawful exemption authorized under A.R.S. § 17-255.04, R12-4-314, R12-4-404, R12-4-405, R12-4-407, R12-4-425, R12-4-427, and R12-4-430.
- B.** The Commission recognizes the online taxonomic classification from the Integrated Taxonomic Information System as the authority in determining the designations of restricted live mammals, birds, reptiles, amphibians, fish, crustaceans, and mollusks referenced under this Article. The Integrated Taxonomic Information System is available at any Department office and at [www.itis.gov](http://www.itis.gov).
- C.** All of the following are considered restricted live wildlife and are subject to the requirements of this Article, unless otherwise specified:
1. Hybrid wildlife, as defined under R12-4-401, resulting from the interbreeding of at least one parent species of wildlife that is listed as restricted under this Section. Hybrid wildlife that is the progeny of a restricted wildlife species and a nonrestricted wildlife species is considered restricted wildlife.

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2. Transgenic species, unless otherwise specified under this Article. For the purposes of this Section, “transgenic species” means any organism that has had genes from another organism put into its genome through direct human manipulation of that genome. Transgenic species do not include natural hybrids or individuals that have had their chromosome number altered to induce sterility. A transgenic animal is considered wildlife if the genetic material originated from a restricted wildlife species.
- D. Domestic animals, as defined under R12-4-401, are not subject to restrictions under A.R.S. Title 17, 12 A.A.C. 4, or Commission Orders.
- E. For subsections (F) through (M), the common names are provided as examples only and are not all-inclusive of the order, family, or genus.
- F. Unless otherwise specified, all mammals listed below are considered restricted live wildlife:
  1. All species of the order *Afrosoricida*. Common names include: golden moles and tenrecs.
  2. All species of the following families of the order *Artiodactyla*. Common name: even-toed ungulates:
    - a. The family *Antilocapridae*. Common name: prong-horns.
    - b. The family *Bovidae*. Common names include: antelopes, bison, buffalo, cattle, duikers, gazelles, goats, oxen, and sheep. Except the following genera which are not restricted:
      - i. The genus *Bubalus*. Common name: water buffalo.
      - ii. The genus *Bison*. Common name: American bison, bison, or buffalo.
    - c. The family *Cervidae*. Common names include: cervid, deer, elk, moose, red deer, and wapiti.
    - d. The family *Tayassuidae*. Common name: peccaries.
  3. All species of the order *Carnivora*. Common names include: bears, foxes, ocelot, raccoons, servals, skunks, wolves, and weasels.
  4. All species of the order *Chiroptera*. Common name: bats.
  5. All species of the genus *Didelphis*. Common name: American opossums.
  6. All species of the order *Erinaceomorpha*. Common names include: European hedgehogs, gymnures, and moonrats. Except members of the genus *Atelerix*, which are not restricted. Common name: longeared and pygmy hedgehogs.
  7. All species of the order *Lagomorpha*. Common names include: hares, pikas, and rabbits. Except for members of the genus *Oryctolagus* containing domestic rabbits, which are not wildlife and are not restricted.
  8. All nonhuman primates. Common names include: chimpanzees, gorillas, macaques, orangutans, and spider monkeys.
  9. All species of the following families of the order *Rodentia*. Common name: rodents:
    - a. The family *Capromyidae*. Common name: hutias.
    - b. The family *Castoridae*. Common name: beavers.
    - c. The family *Dipodidae*. Common name: jumping mouse.
    - d. The family *Echimyidae*. Common names include: coypus and nutrias.
    - e. The family *Erethizontidae*. Common name: new world porcupines.
    - f. The family *Geomyidae*. Common name: pocket gophers.
    - g. The family *Sciuridae*. Common names include: chipmunks, marmots, prairie dogs, squirrels, and woodchucks.
  10. All species of the order *Soricomorpha*. Common names include: desmans, moles, shrews, and shrew-moles.
  11. All species of the order *Xenarthra*. Common names include: anteaters, armadillos, and edentates, or sloths.
- G. Birds listed below are considered restricted live wildlife:
  1. The following species within the family *Phasianidae*. Common names: grouse, pheasants, partridges, quail, and turkeys:
    - a. *Alectoris chukar*. Common name: chukar.
    - b. *Callipepla gambelii*. Common name: Gambel’s quail.
    - c. *Callipepla squamata*. Common name: scaled quail.
    - d. *Colinus virginianus*. Common name: northern bobwhite. Restricted only in game management units 36A, 36B, and 36C as prescribed under R12-4-108.
    - e. *Cyrtonyx montezumae*. Common name: harlequin, Mearns’, or Montezuma quail.
    - f. *Dendragapus obscurus*. Common name: dusky grouse.
    - g. *Meleagris gallopavo gallopavo*, *M. g. intermedia*, *M. g. merriami*, *M. g. mexicana*, *M. g. osceola*, *B. g. silvestris*, and *M. ocellata*. Common name: wild turkey.
  2. All species listed under the Migratory Bird Treaty Act listed under 50 CFR 10.13 revised October 1, 2019, and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.
- H. Reptiles listed below are considered restricted live wildlife:
  1. All species of the order *Crocodylia*. Common names include: alligators, caimans, crocodiles, and gavials.
  2. All species of the following families or genera of the order *Squamata*:
    - a. The family *Atractaspididae*. Common name: burrowing asps.
    - b. The following species and genera of the family *Colubridae*:
      - i. *Boiga irregularis*. Common name: brown tree snake.
      - ii. *Dispholidus typus*. Common name: boomslang.
      - iii. *Rhabdophis*. Common name: keelback.
      - iv. *Thelotornis kirtlandii*. Common names include: bird snake or twig snake.
    - c. The family *Elapidae*. Common names include: Australian elapids, cobras, coral snakes, kraits, mambas, and sea snakes.
    - d. The family *Helodermatidae*. Common names include: Gila monster and Mexican beaded lizard.
    - e. The family *Viperidae*. Common names include: pit and true vipers, including rattlesnakes.
  3. The following species of the order *Testudines*:
    - a. All species of the family *Chelydridae*. Common name: snapping turtles.
    - b. All species of the genus *Gopherus*. Common names include: gopher tortoises, including the desert tortoise.
- I. Amphibians listed below are considered restricted live wildlife. The following species within the order *Anura*, common names frogs and toads:

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1. The species *Bufo horribilis*, *Bufo marinus*, *Bufo schneideri*. Common names include: giant or marine toads.
  2. All species of the genus *Rana*. Common names include: bullfrogs and leopard frogs. Except bullfrogs possessed under A.R.S. § 17-102.
  3. All species of the genus *Xenopus*. Common name: clawed frogs.
- J.** Fish listed below are considered restricted live wildlife:
1. All species of the family *Acipenseridae*. Common name: sturgeon.
  2. The species *Amia calva*. Common name: bowfin.
  3. The species *Aplodinotus grunniens*. Common name: freshwater drum.
  4. The species *Arapaima gigas*. Common name: bony tongue.
  5. All species of the genus *Astyanax*. Common name: tetra.
  6. The species *Belonesox belizanus*. Common name: pike topminnow.
  7. All species, both marine and freshwater, of the orders *Carcharhiniformes*, *Heterodontiformes*, *Hexanchiformes*, *Lamniformes*, *Orectolobiformes*, *Pristiophoriformes*, *Squaliformes*, *Squatiformes*, and except for all species of the families *Brachaeluridae*, *Hemiscylliidae*, *Orectolobidae*, and *Triakidae*; genera of the family *Scyliorhinidae*, including *Aulohalaelurus*, *Halaehurus*, *Haploblepharus*, *Poroderma*, and *Scyliorhinus*; and genera of the family *Parascylliidae*, including *Cirrhoscyllium* and *Parascyllium*. Common name: sharks.
  8. All species of the family *Centrarchidae*. Common name: sunfish.
  9. All species of the family *Cetopsidae* and *Trichomycteridae*. Common name: South American catfish.
  10. All species of the family *Channidae*. Common name: snakehead.
  11. All of the species *Cirrhinus mrigala*, *Gibelion catla*, and *Labeo rohita*. Common name: Indian carp.
  12. All species of the family *Clariidae*. Common names include: airbreathing catfish or labyrinth.
  13. All species of the family *Chupeidae* except threadfin shad, species *Dorosoma petenense*. Common names include: herring and shad.
  14. The species *Ctenopharyngodon idella*. Common names include: white amur or grass carp.
  15. The species *Cyprinella lutrensis*. Common name: red shiner.
  16. The species *Electrophorus electricus*. Common name: electric eel.
  17. All species of the family *Esocidae*. Common names include: pickerels and pike.
  18. All species of the family *Hiodontidae*. Common names include: goldeye and mooneye.
  19. The species *Hoplias malabaricus*. Common name: tiger fish.
  20. The species *Hypophthalmichthys molitrix*. Common name: silver carp.
  21. The species *Hypophthalmichthys nobilis*. Common name: bighead carp.
  22. All species of the family *Ictaluridae*. Common name: catfish.
  23. All species of the genus *Lates* and *Luciolates*. Common name: Nile perch.
  24. All species of the family *Lepisosteidae*. Common name: gar.
  25. The species *Leuciscus idus*. Common names include: ide and whitefish.
  26. The species *Malapterurus electricus*. Common name: electric catfish.
  27. All species of the family *Moronidae*. Common name: temperate bass.
  28. The species *Mylopharyngodon piceus*. Common name: black carp.
  29. All species of the family *Percidae*. Common names include: pike and walleye perches.
  30. All species of the family *Petromyzontidae*. Common name: lamprey.
  31. The species *Polyodon spathula*. Common name: American Paddlefish.
  32. All species of the family *Potamotrygonidae*. Common name: stingray.
  33. All species of the genera *Pygocentrus*, *Pygopristis*, and *Serrasalmus*. Common name: piranha.
  34. All species of the family *Salmonidae*. Common names include: salmon and trout.
  35. The species *Scardinius erythrophthalmus*. Common name: rudd.
  36. All species of the family *Serranidae*. Common name: bass.
  37. The following species, and hybrid forms, of the Genus *Tilapia*: *O. aureus*, *O. mossambica*, *O. niloticus*, *O. urolepis hornorum* and *T. zilli*. Common name: tilapia.
  38. The species *Thymallus arcticus*. Common name: Arctic grayling.
- K.** Crustaceans listed below are considered restricted live wildlife:
1. All freshwater species within the families *Astacidae*, *Cambaridae*, and *Parastacidae*. Common name: crayfish.
  2. The species *Eriocheir sinensis*. Common name: Chinese mitten crab.
- L.** Mollusks listed below are considered restricted live wildlife:
1. The species *Corbicula fluminea*. Common name: Asian clam.
  2. All species of the family *Dreissenidae*. Common names include: quagga and zebra mussel.
  3. The species *Euglandina rosea*. Common name: rosy wolfsnail.
  4. The species *Mytilopsis leucophaea*. Common names include: Conrad's false dark mussel or false mussel.
  5. All species of the genus *Pomacea*. Common names include: apple snail or Chinese mystery snail.
  6. The species *Potamopyrgus antipodarum*. Common name: New Zealand mud snail.
- M.** All wildlife listed within Aquatic Invasive Species Director's Order #1.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by

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final rulemaking at 27 A.A.R. 321, effective July 1, 2021  
(Supp. 21-1).

**R12-4-407. Exemptions from Special License Requirements for Restricted Live Wildlife**

- A. All live cervids may only be imported, possessed, or transported as authorized under R12-4-430.
- B. A person is not required to possess a special license to lawfully possess restricted live wildlife under the following circumstances:
  1. A person may possess, transport, or give away a desert tortoise (*Gopherus morafkai*) or the progeny of a desert tortoise provided the person lawfully possessed the desert tortoise prior to April 28, 1989 or obtained the tortoise through a Department authorized adoption program. A person who receives a desert tortoise that is given away under this Section is also exempt from special license requirements.
    - a. A person shall not:
      - i. Export a live desert tortoise from this state unless authorized in writing by the Department's special license administrator. A person may only export a live desert tortoise to an education or research institution or zoo located in another state.
      - ii. Possess desert tortoise in excess of the possession limit established under Commission Order 43.
      - iii. Propagate lawfully possessed desert tortoises or their progeny unless authorized in writing by the Department's special license administrator.
      - vi. Release a desert tortoise into the wild.
    - b. A person who possesses a desert tortoise and is moving out-of-state shall gift the desert tortoise to an Arizona resident or to the Department's Tortoise Adoption Program.
  2. A licensed veterinarian may possess restricted wildlife while providing medical care to the wildlife and may release rehabilitated wildlife as directed in writing by the Department, provided:
    - a. The veterinarian keeps records of restricted live wildlife as required by the Veterinary Medical Examining Board, and makes the records available for inspection by the Department.
    - b. The Department assumes no financial responsibility for any care the veterinarian provides, except care that is specifically authorized by the Department.
  3. A person may transport restricted live wildlife through this state provided the person:
    - a. Transports the wildlife through the state within 72 continuous and consecutive hours;
    - b. Ensures at least one person is continually present with, and accountable for, the wildlife while in this state;
    - c. Ensures the wildlife is neither transferred nor sold to another person;
    - d. Ensures the wildlife is accompanied by evidence of lawful possession, as defined under R12-4-401;
    - e. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable; and
    - f. Ensures the carcasses of any wildlife that die while in transport through this state are disposed of only as directed by the Department.
  4. A person may exhibit, export, import, possess, and transport restricted live wildlife for a circus, temporary animal exhibit, or government-authorized state or county fair, provided the person:
    - a. Possesses evidence of lawful possession as defined under R12-4-401, for the wildlife;
    - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
    - c. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable;
    - d. Ensures the wildlife does not come into physical contact with the public;
    - e. Keeps the wildlife under complete control by safe and humane means; and
    - f. Ensures the wildlife is not in this state for more than 60 consecutive days.
  5. A person may export, import, possess, and transport restricted live wildlife for the purpose of commercial photography, provided the person:
    - a. Possesses evidence of lawful possession as defined under R12-4-401 for the wildlife;
    - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
    - c. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable;
    - d. Ensures the wildlife does not come into physical contact with the public;
    - e. Keeps the wildlife under complete control by safe and humane means; and
    - f. Ensures the wildlife is not in this state for more than 60 consecutive days.
  6. A person may exhibit, import, possess, and transport restricted live wildlife for advertising purposes other than photography, provided the person:
    - a. Ensures the wildlife is accompanied by evidence of lawful possession as defined under R12-4-401;
    - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
    - c. Ensures a health certificate required under this Article accompanies the wildlife described on the health certificate, when applicable;
    - d. Maintains the wildlife under complete control by safe and humane means;
    - e. Prevents the wildlife from coming into contact with the public or being photographed with the public;
    - f. Does not charge the public a fee to view the wildlife; and
    - g. Exports the wildlife from the state within 10 days of importation.
  7. A person may export restricted live wildlife, provided the person:
    - a. Ensures the wildlife is accompanied by evidence of lawful possession as defined under R12-4-401;
    - b. Ensures the evidence of lawful possession accompanies the wildlife described on that evidence;
    - c. Maintains the wildlife under complete control by safe and humane means;
    - d. Prevents the wildlife from coming into contact with the public or being photographed with the public;
    - e. Does not charge the public a fee to view the wildlife; and

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- f. Exports the wildlife from the state within 10 days of importation.
- 8. A person may possess restricted live wildlife taken alive under R12-4-404, R12-4-405, and R12-4-427, provided the person possesses the wildlife in compliance with those Sections.
- 9. A person who holds a falconry license issued by another state or country is exempt from obtaining an Arizona Sport Falconry License under R12-4-422, unless remaining in this state for more than 180 consecutive days.
  - a. The falconer licensed in another state or country shall present a copy of the out-of-state or out-of-country falconry license, or its equivalent, to the Department upon request.
  - b. A falconer licensed in another state or country and who remains in this state for more than the 180-day period shall apply for an Arizona Sport Falconry License in order to continue practicing sport falconry in this state.
- 10. A person may export, give away, import, kill, possess, propagate, purchase, trade, and transport restricted live wildlife provided the person is doing so for a medical or scientific research facility registered with the United States Department of Agriculture under 9 CFR Subpart C 2.30 revised January 1, 2019, which is incorporated by reference in this Section. The incorporated material is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference contains no future editions or amendments.
- 11. A person may import and transport restricted live game fish, crayfish, and the following species, and hybrid forms, of the Genus *Tilapia*, *O. aureus* *O. mossambica*; *O. niloticus*, *O. urolepis hornorum* and *T. zilli* directly to restaurants or markets licensed to sell food to the public, when accompanied by a current valid transporter license issued under A.A.C. R3-2-1007.
- 12. A person operating a restaurant or market licensed to sell food to the public may exhibit, offer for sale, possess, and sell restricted live game fish or crayfish, provided the live game fish and crayfish are killed before being transported from the restaurant or market.
- 13. A person may export, giveaway, import, kill, possess, propagate, purchase, and trade transgenic animals provided the person is doing so for a medical or scientific research facility.
- C. An exemption granted under this Section is not valid for any wildlife protected by federal law nor does it allow the take of wildlife from the wild.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1). The Commission requested an error be corrected in subsection R12-4-

407(B)(1)(a)(ii) which was amended by final rulemaking in Supp. 21-1. Under Commission Order 43 *possession limits*, of a desert tortoise are established, not *bag limits* as submitted and published. Documentation of the Commission's intent to use the term *possession limits* is published at 21 A.A.R. 324; see also Commission Order 43, Note #4 (Supp. 21-2).

**R12-4-408. Holding Wildlife for the Department**

- A. A game ranger may authorize a person to possess or transport live wildlife on behalf of the Department if the wildlife is needed as evidence in a pending civil or criminal proceeding.
- B. With the exception of live cervids, the Department has the authority to allow a person to possess and transport captive live wildlife for up to 72 hours or as otherwise directed by the Department.
- C. The Director has the authority to allow a person to hold a live cervid on behalf of the Department.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

**R12-4-409. General Provisions and Penalties for Special Licenses**

- A. A special license is required when a person intends to conduct any activity using restricted live wildlife. Special licenses are listed as follows:
  - 1. Aquatic wildlife stocking license, established under R12-4-410;
  - 2. Game bird license, established under R12-4-414;
  - 3. Live bait dealer's license, established under R12-4-411;
  - 4. Private game farm license, established under R12-4-413;
  - 5. Scientific activity license, established under R12-4-418;
  - 6. Sport falconry license, established under R12-4-422;
  - 7. White amur stocking and restocking license, established under R12-4-424;
  - 8. Wildlife holding license, established under R12-4-417;
  - 9. Wildlife rehabilitation license, established under R12-4-423;
  - 10. Wildlife service license, established under R12-4-421; and
  - 11. Zoo license, established under R12-4-420.
- B. An applicant for a special license listed under subsection (A) shall:
  - 1. Submit an application to the Department meeting the specific application requirements established under the applicable governing Section.
    - a. Applications for special licenses are furnished by the Department and are available at any Department office and on the Department's website.
    - b. An application is required upon initial application for a special license and when renewing a special license. A renewal application is appropriate where there are no changes to the:
      - i. Licensed facility location,
      - ii. Species of wildlife held under the special license, or
      - iii. Staff conducting the wildlife activities under the license.
  - 2. Be at least 18 years of age, unless applying for a Game Bird Field Training or Sport Falconry license.

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3. Pay all applicable fees required under R12-4-412.
- C. At the time of application, the person shall certify:
  1. The information provided on the application is true and correct to the applicant's knowledge;
  2. The applicant shall comply with any municipal, county, state or federal code, ordinance, statute, regulation, or rule applicable to the license held; and
  3. The applicant's live wildlife privileges are not currently suspended or revoked in this state, any other state or territory, or by the United States.
- D. A special license obtained by fraud or misrepresentation is invalid from the date of issuance.
- E. The Department shall either grant or deny a special license within the applicable overall time-frame established for that special license under R12-4-106.
- F. In addition to the criteria prescribed under the applicable governing Section, the Department shall deny a special license when:
  1. When it is in the best interest of public health or safety or the welfare of the wildlife;
  2. The applicant's live wildlife privileges are revoked or suspended in this state, any other state, or by the United States;
  3. The applicant was convicted of illegally holding or possessing live wildlife within five years preceding the date of application for the special license;
  4. The applicant knowingly provides false information on an application;
  5. The person fails to meet the requirements established under the applicable governing Section or this Section. The Department shall provide a written notice to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- G. A special license holder may only engage in activities using federally-protected wildlife when the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license. A special license issued by the Department does not:
  1. Exempt the license holder from any municipal, county, state or federal code, ordinance, statute, regulation, or rule; or
  2. Authorize the license holder to engage in any activity using wildlife that is protected by federal regulation.
- H. The Department may place additional stipulations on a special license whenever it is determined necessary to:
  1. Conserve wildlife populations,
  2. Prevent the introduction and proliferation of wildlife diseases,
  3. Prevent wildlife from escaping,
  4. Protect public health or safety, or
  5. Ensure humane care and treatment of wildlife.
- I. A special license holder shall keep live wildlife in a facility according to the captivity standards prescribed under R12-4-428 and as otherwise required under this Article. The captivity standards prescribed under R12-4-428 are not applicable to a special license holder licensed under R12-4-410, R12-4-411, R12-4-422, and R12-4-424.
- J. A special license holder shall keep records in compliance with the requirements established under the governing Section for a period of at least five years and shall make the records available for inspection to the Department upon request.
- K. The Department may conduct an inspection of an applicant's or license holder's facility at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
- L. Upon determining a disease or other emergency condition exists that poses an immediate threat to the public or the welfare of any wildlife, the Department may immediately order a cessation of operations under the special license and, if necessary, order the humane disposition or quarantine of any exposed, contaminated or affected wildlife.
  1. When directed by the Department, a special license holder shall:
    - a. Perform disease testing,
    - b. Submit biological samples to the Department or its designee,
    - c. Surrender the wildlife to the Department,
    - d. Quarantine the wildlife, or
    - e. Humanely euthanize the wildlife.
  2. The license holder shall:
    - a. Ensure any disease or other emergency condition under this subsection is diagnosed by a person professionally certified to make the diagnosis.
    - b. Be responsible for all costs associated with the testing and treatment of the contaminated and affected wildlife.
- M. If a condition exists, including disease or any violation of this Article, that poses a threat to the public or the welfare of any wildlife, but the threat does not constitute an emergency, the Department may issue a written notice of the condition to the special license holder specifying a reasonable period of time for the license holder to remedy the noticed condition. The notice of condition shall be delivered to the special license holder by certified mail or personal service. Failure of the license holder to remedy the noticed condition within the time specified by the Department is a violation under subsection (N).
- N. A special license holder shall not:
  1. Violate any provision of the governing Section or this Section;
  2. Violate any provision of the special license that the person possesses, including any stipulations specified on the special license;
  3. Violate A.R.S. § 13-2908, relating to criminal nuisance;
  4. Violate A.R.S. § 13-2910, relating to cruelty to animals; or
  5. Refuse to allow the inspection of facilities, wildlife, or required records.
- O. The Department may take one or more of the following actions when a special license holder is convicted of a criminal offense involving cruelty to animals, violates subsection (N), or fails to comply with any requirement established under the governing Section or this Section:
  1. File criminal charges,
  2. Suspend or revoke a special license,
  3. Humanely dispose of the wildlife,
  4. Seize or seize in place any wildlife held under a special license.
  5. A person may appeal to the Commission any Department action listed under this subsection as prescribed under A.R.S. Title 41, Chapter 6, Article 10, except the filing of criminal charges.



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- P.** A special license holder who wishes to continue conducting activities authorized under the special license shall submit a renewal application to the Department on or before the special license expiration date.
1. The current license will remain valid until the Department grants or denies the new special license.
  2. If the Department denies the renewal application and the license holder appeals the denial to the Commission as prescribed under subsection (F)(4), the license holder may continue to hold the wildlife until:
    - a. The date on which the Commission makes its final decision on the appeal, or
    - b. The final date on which a person may request judicial review of the decision.
  3. A special license holder who fails to submit a renewal application to the Department before the date the license expires, cannot lawfully possess any live wildlife currently possessed under the license.
- Q.** A special license holder who no longer wishes to continue conducting activities authorized under the special license shall notify the Department in writing of this decision no less than 30 days prior to ceasing wildlife related activities. This notice shall include the proposed disposition of all wildlife held under the special license.
- R.** If required by the governing Section, a special license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
  2. The special license becomes invalid if the special license holder fails to submit the annual report by January 31 of each year.
  3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
  4. When the license holder is acting as a representative of an institution, organization, or agency for the purposes of the special license, the license holder shall submit the report required under subsection this Section:
    - a. By January 31 of each year the license holder is affiliated with the institution, organization, or agency; or
    - b. Within 30 days of the date of termination of the license holder's affiliation with the institution, organization, or agency.
- Historical Note**
- Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).
- R12-4-410. Aquatic Wildlife Stocking License; Restocking License**
- A.** An aquatic wildlife stocking or restocking license allows a person to import, possess, purchase, stock, and transport any restricted species designated on the license at the location specified on the license.
- B.** The aquatic wildlife stocking or restocking license is valid for no more than 20 consecutive days, except that an aquatic wildlife stocking or restocking license is valid for one calendar year when issued to a political subdivision of the state for the purpose of vector control.
- C.** In addition to the requirements established under this Section, an aquatic wildlife stocking or restocking license holder shall comply with the special license requirements established under R12-4-409.
- D.** The aquatic wildlife stocking and restocking license holder shall be responsible for compliance with all applicable regulatory requirements. The licenses do not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- E.** The Department shall deny an aquatic wildlife stocking or restocking license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny an aquatic wildlife stocking license when:
1. The Department determines that issuance of the license will result in a negative impact to native wildlife; or
  2. The applicant proposes to use aquatic wildlife that is not compatible with, or poses a threat to, any wildlife within the river drainage or the area where the stocking is to occur.
- F.** An applicant for an aquatic wildlife stocking or restocking license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use wildlife. The application is furnished by the Department and is available at any Department office and on the Department's website. An applicant shall provide the following on the application:
1. The applicant's information:
    - a. Name;
    - b. Mailing address; and
    - c. Department ID number, when applicable;
  2. When the applicant proposes to use the aquatic wildlife for a commercial purpose the applicant's business:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number;
  3. Aquatic wildlife species information:
    - a. Common name of the aquatic wildlife species;
    - b. Number of animals for each species; and
    - c. Approximate size of the aquatic wildlife that will be used under the license;
  4. The purpose for introducing the aquatic wildlife species;
  5. For each location where the aquatic wildlife will be stocked, the owner's:
    - a. Name;

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- b. Mailing address;
    - c. Telephone number; and
    - d. Physical address or general location of the stocking site, to include river drainage and the Global Positioning System location;
  - 6. A detailed description or diagram of the facilities where the applicant will stock the aquatic wildlife, which includes:
    - a. Size of waterbody proposed for stocking aquatic wildlife;
    - b. Nearest river, stream, or other freshwater system;
    - c. Points where water enters each waterbody, when applicable;
    - d. Points where water leaves each waterbody, when applicable; and
    - e. Location of fish containment barriers;
  - 7. For each supplier from whom the applicant will obtain aquatic wildlife, the supplier's:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number;
  - 8. The dates on which the person will stock aquatic wildlife;
  - 9. Any other information required by the Department; and
  - 10. The certification required under R12-4-409(C).
- G.** In addition to the requirements listed under subsection (F), when an applicant wishes to stock an aquatic species in an area where that species has not yet been introduced, is not currently established, or there is potential for conflict with Department efforts to conserve wildlife, the applicant shall also submit a written proposal to the Department at the time of application. The written proposal shall contain all of the following information:
- 1. Anticipated benefits resulting from the introduction of the aquatic live wildlife species;
  - 2. Potential adverse economic impacts;
  - 3. Potential dangers the introduced aquatic species may possibly create for native aquatic species and game fish, to include all of the following:
    - a. Determination of whether or not the introduced aquatic species is compatible with native aquatic species or game fish;
    - b. Potential ecological problems created by the introduced aquatic species;
    - c. Anticipated hybridization concerns with introducing the aquatic species; and,
    - d. Future plans designed to evaluate the status and impact of the species after it is introduced.
  - 4. Assessment of probable impacts to sensitive species in the area using the list generated by the Department's Online Environmental Review Tool, which is available on the Department's website. The proposal must address each species listed.
- H.** An application for an aquatic restocking license is considered to be a renewal of the license when there are no changes to the:
- 1. Aquatic wildlife species,
  - 2. The purpose for introducing the aquatic wildlife species, and
  - 3. The facilities where the applicant stocked the aquatic wildlife.
- I.** An applicant for an aquatic wildlife stocking or restocking license shall pay all applicable fees required under R12-4-412.
- J.** An aquatic wildlife stocking or restocking license holder shall:
- 1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  - 2. Obtain all aquatic wildlife, live eggs, fertilized eggs, and milt from a licensed fish farm operator or a private non-commercial fish pond certified to be free of diseases and causative agents through the following actions:
    - a. An inspection shall be performed by a qualified fish health inspector or fish pathologist at the fish farm or pond where the aquatic wildlife or biological material is held before it is shipped to the license holder.
    - b. The inspection shall be conducted no more than 12 months prior to the date on which the aquatic wildlife or biological material is shipped to the license holder. The Department may require additional inspections at any time prior to stocking.
    - c. The applicant shall submit a copy of the certification to the Department prior to conducting any stocking activities.
  - 3. Maintain records associated with the license for a period of five years following the date of disposition.
  - 4. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
  - 5. Possess the license or legible copy of the license while conducting any activities authorized under the aquatic stocking license and presents it for inspection upon the request of any Department employee or agent.
  - 6. Dispose of wildlife only as authorized under this Section or as directed in writing by the Department.
- K.** An aquatic wildlife stocking or restocking license holder shall comply with the requirements established under R12-4-409.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-411. Live Bait Dealer's License**

- A.** A live bait dealer's license allows a person to perform any of the following activities using the aquatic live wildlife listed under subsection (B): exhibit for sale, export, import, kill, offer for sale, possess, purchase, sell, trade, or transport.
- B.** A live bait dealer's license allows a person to perform any of the activities listed under subsection (A) with any or all of the following aquatic live wildlife:
- 1. Desert Sucker, *Catostomus clarkii*;
  - 2. Fathead minnow, *Pimephales promelas*;
  - 3. Golden shiner, *Notemigonus crysoleucas*;
  - 4. Goldfish, *Carassius auratus*;
  - 5. Longfin Dace, *Agosia chrysogaster*;
  - 6. Speckled Dace, *Rhynchithys osculus*; and
  - 7. Waterdogs, *Ambystoma tigrinum*, except in that portion of Santa Cruz County lying east and south of State Highway 82, or that portion of Cochise County lying west of the San Pedro River and south of State Highway 82.

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- C. A live bait dealer's license expires on the last day of the third December from the date of issuance.
- D. In addition to the requirements established under this Section, a live bait dealer license holder shall comply with the special license requirements established under R12-4-409.
- E. The live bait dealer's license holder shall be responsible for compliance with all applicable regulatory requirements. The license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- F. The Department shall deny a live bait dealer's license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- G. An applicant for a live bait dealer's license shall submit an application to the Department. The application is available from any Department office and on the Department's website. An applicant shall provide the following information on the application:
1. The applicant's information:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Department ID number, when applicable;
  2. The applicant's business:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number of the applicant's business;
  3. Wildlife species information:
    - a. Common name of all wildlife species; and
    - b. The number of animals for each species that will be sold under the license.
  4. For each location where the wildlife will be used, the owner's:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
  5. A detailed description or diagram of the facilities where the applicant will hold the wildlife;
  6. For each supplier from whom the applicant will obtain wildlife, the supplier's:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number;
  7. Any other information required by the Department; and
  8. The certification required under R12-4-409(C).
- H. An applicant for a live bait dealer's license shall pay all applicable fees required under R12-4-412.
- I. A live bait dealer's license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  2. Obtain live baitfish from a facility certified free of the diseases and causative agents through the following actions:
    - a. An inspection shall be performed by a qualified fish health inspector or fish pathologist at the facility where the wildlife is held before it is shipped to the license holder.
    - b. The inspection shall be conducted no more than 12 months prior to the date on which the aquatic wildlife or biological material is shipped to the license holder. The Department may require additional inspections at any time prior to shipping.
    - c. The applicant shall submit a copy of the certification to the Department prior to conducting any activities authorized under the license.
    - d. The live bait dealer's license holder shall include a copy of the certification in each shipment.
  3. Maintain records associated with the license for a period of five years following the date of disposition.
  4. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
  5. Possess the license or legible copy of the license while conducting activities authorized under the live bait dealer's license and presents it for inspection upon the request of any Department employee or agent.
  6. Dispose of aquatic wildlife only as authorized under this Section or as directed by the Department.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 7 A.A.R. 2220, effective May 25, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-412. Special License Fees**

- A. A person who applies for a special license authorized under this Article shall pay all applicable fees at the time of application. The fees listed below include a \$20 application processing fee.
- B. An initial license fee is required upon initial application or when an applicant fails to renew a special license before the license expires.
- C. A renewal license fee is required when an applicant submits an application to renew the special license before the license expires and provided there are no changes to any of the following:
1. Licensed facility location,
  2. Species of wildlife held under the special license, and
  3. Staff conducting the wildlife activities under the license.

Short-term Special License Fees	Initial License	Valid For
Aquatic Wildlife Stocking License	\$100	20-days
Aquatic Wildlife Restocking License	\$20	20-days
Aquatic Wildlife Stocking License issued to a political subdivision of the state	no fee	365-days

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Aquatic Wildlife Restocking License issued to a political subdivision of the state	no fee	365-days
Game Bird Field Trial License	\$45	10-days
White Amur Stocking License	\$270	20-days
White Amur Restocking License	\$120	20-days

Three-year Special License Fees	Initial License	Renewal License
Game Bird Field Training License	\$95	\$45
Game Bird Hobby License	\$80	\$40
Game Bird Shooting Preserve License	\$425	\$155
Live Bait Dealer's License	\$125	\$35
Private Game Farm License	\$395	\$145
Scientific Activity License	\$70	\$70
Sport Falconry License validates an Arizona hunting or combination hunting and fishing license for hunting or taking quarry with a trained raptor.	\$145	\$145
Wildlife Holding License	\$20	\$20
Wildlife Rehabilitation License	\$20	\$20
Wildlife Service License	\$245	\$95
Zoo License	\$425	\$155

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Repealed effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). New Section adopted effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Section repealed by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). New Section made by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final exempt rulemaking at 27 A.A.R. 400, effective July 1, 2021 (Supp. 21-1).

**R12-4-413. Private Game Farm License**

- A.** A private game farm license authorizes a person to commercially farm and sell captive pen-reared game birds as specified on the license at the location designated on the license.
1. A private game farm license allows the license holder to display for sale, give away, import, offer for sale, possess, propagate and rear, purchase, rent or lease, sell, trade, or transport captive pen-reared game birds carcasses or parts.
  2. The Private Game Farm License expires on the last day of the third December from the date of issuance.
- B.** Private game farm captive pen-reared game birds may be killed or slaughtered, but a person shall not kill or allow the captive pen-reared game birds to be killed by hunting or in a manner that could be perceived as hunting or recreational sport harvest while under the care and control of the private game farm license holder.
- C.** Private game farm captive pen-reared game birds shall not be killed by a person who pays a fee to the owner of the private game farm for killing the captive pen-reared game birds, nor shall the game farm owner accept a fee for killing the captive pen-reared game birds, except as authorized under R12-4-414.
- D.** A private game farm licenses authorizes the use of only the following captive-reared game birds:
1. *Alectoris chukar*, Chukar;

2. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2019, which is incorporated by reference;
  3. *Callipepla californica*, California or valley quail;
  4. *Callipepla gambelii*, Gambel's quail;
  5. *Callipepla squamata*, Scaled quail;
  6. *Colinus virginianus*, Northern bobwhite;
  7. *Cyrtonyx montezumae*, Montezuma or Mearns' quail;
  8. *Dendragapus obscurus*, Dusky grouse;
  9. *Oreortyx pictus*, Mountain Quail; and
  10. *Phasianus colchicus*, Ringneck and whitewing pheasant;
  11. For subsection (D)(2), the incorporated by material is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.
- E.** The Department shall deny an application for:
1. A new private game farm license for mammals. The Department may accept a renewal application for a private game farm license holder currently permitted to possess mammals, provided the license holder is in compliance with all applicable requirements under R12-4-409, R12-4-428, R12-4-430, and this Section.
  2. A private game farm license for Northern bobwhite, *Colinus virginianus*, in game management units 36A, 36B, and 36C, as prescribed under R12-4-108.
- F.** In addition to the requirements established under this Section, a private game farm holder shall comply with the special license requirements established under R12-4-409.
- G.** The private game farm license holder shall be responsible for compliance with all applicable regulatory requirements. The license does not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- H.** The Department shall deny a private game farm license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission. An applicant applying for a private game farm license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use captive pen-reared game birds. The application is furnished by the Department and is available at any Department office and on the Department's website. An applicant shall provide the following information on the application:
1. The applicant's information:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Department ID number, when applicable;
  2. The applicant's business:
    - a. Name;

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- b. Mailing address; and
  - c. Telephone number;
- 3. For captive pen-reared game birds to be used under the license:
  - a. Common name of the captive pen-reared game birds species;
  - b. Number of birds for each species; and
  - c. When the applicant is renewing the private game farm license, the species and number of captive pen-reared game birds for each species currently held in captivity under the license;
- 4. For each location where the applicant proposes to use the captive pen-reared game birds will be used, the land owner's:
  - a. Name;
  - b. Mailing address;
  - d. Telephone number; and
  - e. Physical address or general location description and Global Positioning System location;
- 5. A detailed description or diagram of the facilities where the applicant will hold the captive pen-reared game birds, and a description of how the facilities comply with the requirements established under R12-4-428 and any other captivity standards established under this Section;
- 6. For each wildlife supplier from whom the special license applicant will obtain wildlife, the supplier's:
  - a. Name;
  - b. Mailing address; and
  - c. Telephone number;
- 7. Any other information required by the Department; and
- 8. The certification required under R12-4-409(C).
- J.** An applicant for a private game farm license shall pay all applicable fees required under R12-4-412.
- K.** A private game farm license holder shall:
  - 1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  - 2. Ensure each shipment of live captive pen-reared game birds imported into the state is accompanied by a health certificate or other similar form that indicates the captive pen-reared game birds identified on the form appears to be healthy and free of infectious, contagious, and communicable diseases.
    - a. The certificate or other similar form shall be issued no more than 30 days prior to the date on which the captive pen-reared game birds shipped.
    - b. A copy of the certificate shall be submitted to the Department prior to importation.
  - 3. Ensure the following documentation accompanies each shipment of captive pen-reared game birds made by the game farm:
    - a. Name of the private game farm license holder,
    - b. Private game farm license number,
    - c. Date captive pen-reared game birds were shipped,
    - d. Number of captive pen-reared game birds, by species, included in the shipment,
    - e. Name of the person or common carrier transporting the shipment, and
    - f. Name of the person receiving the shipment.
  - 4. Provide each person who transports a captive pen-reared game birds carcass from the site of the game farm with a receipt that includes all of the following:
    - a. Date the captive pen-reared game birds were purchased, traded, or given as a gift;
    - b. Name of the game farm; and
    - c. Number of captive pen-reared game birds carcasses, by species, being transported.
- 5. Ensure each facility is inspected by the attending veterinarian at least once every year.
- 6. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
- 7. Maintain records of all captive pen-reared game birds possessed under the license for a period of three years. In addition to the information required under subsections (M)(4)(a) through (M)(4)(c), the records shall also include:
  - a. The private game farm license holder's:
    - i. Name;
    - ii. Mailing address;
    - iii. Telephone number; and
    - iv. Special license number;
  - b. Copies of all federal, state, and local licenses, permits, and authorizations required for the lawful operation of the private game farm;
  - c. Copies of the annual report required under subsection (M);
  - d. Number of all captive pen-reared game birds, by species and the date it was obtained;
  - e. Source of all captive pen-reared game birds and the date it was obtained;
  - f. Number of offspring propagated by all captive pen-reared game birds; and
  - g. For all captive pen-reared game birds disposed of by the license holder:
    - i. Number, species, and date of disposition; and
    - ii. Manner of disposition to include the names and addresses of persons to whom the captive pen-reared game birds were bartered, given, or sold, when authorized.
- 8. Immediately report to the Department any mortality event that results in the loss of 10% or more of the adult captive pen-reared game birds held on the facility within any seven day period and allow the Department to collect samples from the affected game birds for disease testing purposes as prescribed under A.R.S. § 17-250.
- L.** A private game farm license holder shall not:
  - 1. Propagate hybrid wildlife or domestic birds with captive pen-reared game birds; or
  - 2. Possess domestic species under the special license.
- M.** A private game farm license holder shall submit an annual report to the Department before January 31 of each year for activities performed under the license for the previous calendar year. The report form is furnished by the Department.
  - 1. A report is required regardless of whether or not activities were performed during the previous year.
  - 2. The private game farm license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
  - 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
  - 4. The annual report shall include all of the following information, as applicable:

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- a. Number of captive pen-reared game birds, by species;
    - b. Source of all captive pen-reared game birds that the license holder obtained or propagated;
    - c. Date on which the captive pen-reared game birds was obtained or propagated;
    - d. Date on which the captive pen-reared game birds was disposed of and the manner of disposition; and
    - e. Name of person who received captive pen-reared game birds disposed of by barter, given as a gift, or sale.
  - N. Except for cervids which shall be disposed of only as established under R12-4-430, a private game farm license holder who no longer uses the captive pen-reared game birds for a commercial purpose shall dispose of the captive pen-reared game birds as follows:
    - 1. Export,
    - 2. Transfer to another private game farm licensed under this Section,
    - 3. Transfer to a zoo licensed under R12-4-420,
    - 4. Transfer to a medical or scientific research facility exempt under R12-4-407,
    - 5. As directed by the Department, or
    - 6. As otherwise authorized under this Section.
  - O. A private game farm license holder shall comply with the requirements established under R12-4-428 and R12-4-430.
- Historical Note**
- Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).
- R12-4-414. Game Bird License**
- A. A game bird license authorizes a person to conduct certain activities with the captive pen-reared game birds specified on the license and only at the location or locations specified on the license, as described below:
    - 1. Game Bird Hobby:
      - a. Authorizes a license holder to:
        - i. Possess no more than 50 captive pen-reared game birds at any one time;
        - ii. Export, import, kill, possess, propagate, purchase, and transport the captive pen-reared game birds specified on the license for personal, noncommercial purposes only; and
        - iii. Gift a captive pen-reared game bird to another special license holder who is authorized to possess the game bird species.
      - b. The following captive pen-reared game bird species may be possessed by a Game Bird Hobby license holder:
        - i. *Alectoris chukar*, Chukar;
        - ii. *Callipepla californica*, California or valley quail;
        - iii. *Callipepla gambelii*, Gambel's quail;
        - iv. *Callipepla squamata*, Scaled quail;
        - v. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D);
        - vi. *Cyrtonyx montezumae*, Montezuma or Mearns's quail; and
        - vii. *Dendragapus obscurus*, Dusky grouse.
    - 2. Game Bird Shooting Preserve:
      - a. Authorizes a license holder to:
        - i. Release captive pen-reared game birds for the purpose of hunting or shooting.
        - ii. Export, display, gift, import, kill, offer for sale, possess, propagate, purchase, trade, and transport the captive pen-reared game birds specified on the license.
      - b. The following captive pen-reared game bird species may be possessed by a Game Bird Shooting Preserve license holder:
        - i. *Alectoris chukar*, Chukar;
        - ii. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2019, which is incorporated by reference;
        - iii. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D); and
        - iv. *Phasianus colchicus*, Ringneck and White-wing pheasant.
      - c. The license holder shall:
        - i. Restrict the release and take of the live captive pen-reared game birds on private lands to an area not more than 1,000 acres.
        - ii. Immediately report to the Department any mortality event that results in the loss of 10% or more of the adult game birds held on the facility and allow the Department to collect samples from the affected game birds for disease testing purposes as prescribed under A.R.S. § 17-250.
      - d. The license holder may charge a fee to allow persons to take captive pen-reared game birds on the shooting preserve.
      - e. A person is not required to possess a hunting license when taking a captive pen-reared game bird released under the provisions of this Section.
      - f. A captive pen-reared game bird released under a Game Bird Shooting Preserve license may be taken with any method designated under R12-4-304.
      - g. The Game Bird Shooting Preserve license expires on the last day of the third December from the date of issuance.
    - 3. Game Bird Field Trial:
      - a. Authorizes a license holder to:
        - i. Release and take captive pen-reared game birds for the purpose of conducting a competition to test the performance of hunting dogs in one field trial event;

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- ii. Import, kill, possess, purchase within the state, and transport the captive pen-reared game birds specified on the license for one field trial event; and
    - iii. Export, gift, kill, or transport any captive pen-reared game bird held after the field trial event.
  - b. The following captive pen-reared game bird species may be possessed by a Game Bird Field Trial license holder:
    - i. *Alectoris chukar*, Chukar;
    - ii. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2019, which is incorporated by reference;
    - iii. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D);
    - iv. *Phasianus colchicus*, Ringneck and White-wing pheasant.
  - c. A person is not required to possess a hunting license in order to participate in a field trial event held under the provisions of this Section.
  - d. A captive pen-reared game bird released under a Game Bird Field Trial license may be taken with any method designated under R12-4-304.
  - e. The Game Bird Field Trial license is valid for no more than ten consecutive days.
- 4. Game Bird Field Training:
  - a. Authorizes a license holder to:
    - i. Release and take released live captive pen-reared game birds specified on the license for the purpose of training a dog or raptor to hunt game birds; and
    - ii. Import, possess, purchase within the state, and transport the captive pen-reared game birds specified on the license; and
    - iii. Export, gift, kill, or transport any captive pen-reared game bird possessed under the license.
  - b. The following captive pen-reared game bird species may be possessed by a Game Bird Field Training license holder:
    - i. *Alectoris chukar*, Chukar;
    - ii. *Anas platyrhynchos*, Mallard duck, provided all mallard ducks and progeny are physically marked as required under 50 CFR 21.13, revised October 1, 2019, which is incorporated by reference;
    - iii. *Colinus virginianus*, Northern bobwhite, subject to the restriction specified under subsection (D)(2)(b);
    - iv. *Phasianus colchicus*, Ringneck and White-wing pheasant.
  - c. A person is not required to possess a hunting license when taking a captive pen-reared game bird released under the provisions of this Section.
  - d. A captive pen-reared game bird released under a Game Bird Field Training license may be taken with any method designated under R12-4-304.
  - e. The Game Bird Field Training license expires on the last day of the third December from the date of issuance.
- 5. For subsections (A)(2)(b)(ii), (A)(3)(b)(ii), and (A)(4)(b)(ii), the incorporated material is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This incorporation by reference does not include any later amendments or editions of the incorporated material.
- B. In addition to the requirements established under this Section, a game bird license holder shall comply with the special license requirements established under R12-4-409.
- C. The game bird license holder shall be responsible for compliance with all applicable regulatory requirements. The license does not:
  - 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  - 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- D. The Department shall deny a game bird license to a person who fails to meet the requirements under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department may deny a game bird license when:
  - 1. The applicant proposes to release captive pen-reared game birds:
    - a. At a location where an established wild population of the same species exists.
    - b. During nesting periods of upland game birds or waterfowl that nest in the area.
  - 2. The applicant requests a license:
    - a. For the sole purpose described under subsection (A)(1) and proposes to possess more than 50 captive pen-reared game birds at any one time.
    - b. To possess Northern bobwhites, *Colinus virginianus*, in any one of the following game management units, as described under R12-4-108; 36A, 36B, and 36C.
  - 3. The Department determines the:
    - a. Authorized activity listed under this Section may pose a threat to native wildlife, wildlife habitat, or public health or safety.
    - b. Escape of any species listed on the application may pose a threat to native wildlife or public health or safety.
    - c. Release of captive pen-reared game birds may interfere with a wildlife or habitat restoration program.
- E. An applicant for a game bird license shall submit an application to the Department. A person applying for multiple Game Bird Field Trial licenses shall submit a separate application for each date and location where a competition will occur. The application is furnished by the Department and is available at any Department office and on the Department's website. An applicant shall provide the following information on the application:
  - 1. The applicant's information:
    - a. Name;
    - b. Mailing address, when applicable;
    - c. Physical address;

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- d. Telephone number; and
    - e. Department ID number, when applicable;
  2. For captive pen-reared game birds to be used under the license:
    - a. Common name of game bird species;
    - b. Number of animals for each species; and
    - c. When the applicant is renewing a Game Bird Hobby or Shooting Preserve license, the species and number of animals for each species currently held in captivity under the license;
  3. The type of game bird license:
    - a. Game Bird Hobby;
    - b. Game Bird Shooting Preserve;
    - c. Game Bird Field Trial; or
    - d. Game Bird Field Training;
  4. For each location where captive pen-reared game birds will be held, the owner's:
    - a. Name;
    - b. Mailing address, when applicable;
    - c. Telephone number; and
    - d. Physical address or general location description and Global Positioning System location, when available;
  5. For each location where captive pen-reared game birds will be released, the land owner's or agency's:
    - a. Name;
    - b. Mailing address, when applicable;
    - c. Telephone number; and
    - d. Physical address or general location description and Global Positioning System location, when available; and
  6. For each captive pen-reared game bird supplier from whom the applicant will obtain game birds, the supplier's:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number;
  7. An applicant who is applying for a Game Bird Shooting Preserve or Field Trial license and intends to use the captive pen-reared game birds for a commercial purpose shall also provide the applicant's business:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number;
  8. An applicant who intends to use the captive pen-reared game birds for an activity affiliated with a sponsoring organization shall also provide the organization's:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number of the organization chair or local chapter;
  9. An applicant who is applying for a Game Bird Field Trial license shall also specify the range of dates within which the field trial event will take place, not to exceed a 10-day period;
  10. An applicant who is applying for a Game Bird Hobby or Game Bird Shooting Preserve license shall also provide a detailed description or diagram of the facilities where the applicant will hold captive pen-reared game birds and a description of how the facilities comply with the requirements established under R12-4-428 and any other captivity standards established under this Section;
  11. Any other information required by the Department; and
  12. The certification required under R12-4-409(B).
- F. An applicant for a game bird license shall pay all applicable fees required under R12-4-412.
  - G. A game bird license holder shall:
    1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
    2. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
    3. Possess the license or legible copy of the license while conducting any activity authorized under the game bird license and present it for inspection upon the request of any Department employee or agent.
    4. Ensure each shipment of captive pen-reared game birds imported into the state is accompanied by a health certificate.
      - a. The certificate shall be issued no more than 30 days prior to the date on which the game birds are shipped.
      - b. A copy of the certificate shall be submitted to the Department prior to importation.
    5. Provide each person who transports captive pen-reared game birds taken under the game bird license with documentation that includes all of the following:
      - a. Name of the game bird license holder;
      - b. Game bird license number;
      - c. Date the captive pen-reared game bird was obtained;
      - d. Number of captive pen-reared game birds, by species; and
      - e. When the captive pen-reared game birds are being shipped:
        - i. Name of the person or common carrier transporting the shipment, and
        - ii. Name of the person receiving the shipment.
    6. Maintain records of all captive pen-reared game birds possessed under the license for a period of five years. In addition to the information required under subsections (G)(5)(a) through (G)(5)(b), the records shall also include:
      - a. The game bird license holder's:
        - i. Name;
        - ii. Mailing address;
        - iii. Telephone number; and
        - iv. Special license number;
      - b. Copies of the annual report required under subsection (H);
    7. Dispose of captive pen-reared game birds only as authorized under this Section or as directed by the Department.
    8. Conduct license activities solely at the locations and within the timeframes approved by the Department. A Game Bird License holder may request permission to amend the license to conduct activities authorized under the license at an additional location by submitting the application required under subsection (E) to the Department.
  - H. A game bird license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.
    1. A report is required regardless of whether or not activities were performed during the previous year.



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2. The game bird license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
3. The Department shall not process the special license holder's renewal application until the annual report is received by the Department.
4. The annual report shall include all of the following information, as applicable:
  - a. Number of all captive pen-reared game birds, by species and the date obtained;
  - b. Source of all captive pen-reared game birds and the date obtained;
  - c. Number of offspring propagated by all captive pen-reared game birds; and
  - d. For all captive pen-reared game birds disposed of by the license holder:
    - i. Number, species, and date of disposition; and
    - ii. Manner of disposition to include the names and addresses of persons to whom the wildlife was bartered, given, or sold, when authorized.
- I. A game bird license holder shall comply with the requirements established under R12-4-428.
- J. A game bird released under a game bird license and found outside of the location specified on the license shall become property of the state and is subject to the requirements prescribed under A.R.S. Title 17 and 12 A.A.C. 4, Article 3.
4. Or as otherwise authorized by the Department.
- B. A wildlife holding license expires on the last day of the third December from the date of issuance, or, if the license holder is a representative of an institution, organization, or agency described under subsection (C)(4), upon termination of the license holder's affiliation with that entity, whichever comes first.
- C. A wildlife holding license is valid for the following purposes, only:
  1. Advancement of science;
  2. Lawfully possess restricted or nonrestricted live wildlife when it is:
    - a. Necessary to give humane treatment to live wildlife that is declared unsuitable for release by a licensed veterinarian, and is therefore unable to meet its own needs in the wild; or
    - b. Previously possessed under another special license and the primary purpose for that special license no longer exists;
  3. Promotion of public health or welfare;
  4. Provide education under the following conditions:
    - a. The applicant is an educator affiliated or partnered with an educational institution; and
    - b. The educational institution permits the use of live wildlife.
  5. Photograph for a commercial purpose live wildlife provided:
    - a. The wildlife will be photographed without posing a threat to other wildlife or the public, and
    - b. The photography will not adversely impact other affected wildlife in this state, or
  6. Wildlife management.
- D. The Department shall deny an application for a wildlife holding license for the possession of cervids.
- E. In addition to the requirements established under this Section, a wildlife holding license holder shall comply with the special license requirements established under R12-4-409.
- F. The license holder shall be responsible for compliance with all applicable regulatory requirements. The wildlife holding license does not:
  1. Exempt the license holder or their agent from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  2. Authorize the license holder or their agent to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- G. The Department shall deny a wildlife holding license to a person who fails to meet the requirements established under R12-4-409 or this Section, or when the person's wildlife holding privileges are suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a wildlife holding when:
  1. It is in the best interest of public health or safety or the welfare of the wildlife; or
  2. The issuance of the license will adversely impact other wildlife or their habitat in the state.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 23 A.A.R. 2557, effective September 6, 2017 (Supp. 17-3). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-415. Repealed****Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Repealed by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

**R12-4-416. Repealed****Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Repealed by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

**R12-4-417. Wildlife Holding License**

- A. A wildlife holding license authorizes a person to display for educational purposes, euthanize, export, give away, import, photograph for commercial purposes, possess, propagate, purchase, or transport, restricted and nonrestricted live wildlife lawfully:
  1. Held under a valid hunting or fishing license for a purpose listed under subsection (C),
  2. Collected under a valid scientific activity license issued under R12-4-418,
  3. Obtained under a valid wildlife rehabilitation license issued under R12-4-423,

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- H.** An applicant for a wildlife holding license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to use wildlife. The application is furnished by the Department and is available at any Department office and on the Department's website. The applicant shall provide the following information:
1. The applicant's information:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Department ID number, when applicable;
  2. If the applicant will use the wildlife for a commercial purpose, the applicant's business:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number;
  3. If the applicant will use wildlife for activities authorized by a scientific institution that employs, contracts, or is similarly affiliated with the applicant, the institution's:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number;
  4. For wildlife to be used under the license:
    - a. Common name of the wildlife species;
    - b. Number of animals for each species;
    - c. When the application is for the use of multiple species, the applicant shall list each species and the number of animals for each species; and
    - d. When the applicant is renewing the wildlife holding license, the species and number of animals for each species currently held in captivity under the license;
  5. For wildlife to be used for educational purposes:
    - a. The affiliated educational institution's:
      - i. Name;
      - ii. Mailing address; and
      - iii. Telephone number of the educational institution;
    - b. A copy of the established curriculum utilizing sound educational objectives; and
    - c. A plan for how the applicant will address any safety concerns associated with the use of live wildlife in a public setting.
  6. For each location where the applicant proposes to hold the wildlife, the owner's:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Physical address or general location description and Global Positioning System location;
  7. A detailed description and diagram, or photographs, of the facilities where the applicant will hold the wildlife and a description of how the facilities comply with the requirements established under R12-4-428, and any other captivity standards that may be established under this Section;
  8. The dates that the applicant will begin and end holding wildlife;
  9. A clear description of how the applicant intends to dispose of the wildlife once the proposed activity for which the license was issued ends;
  10. Any other information required by the Department; and
  11. The certification required under R12-4-409(C).
12. For subsection (H)(7), the Department may, at its discretion, accept documented current certification or approval by the applicant's institutional animal care and use committee or similar committee in lieu of the description, diagram, and photographs of the facilities.
- I.** In addition to the requirements listed under subsection (H), at the time of application, an applicant for a wildlife holding license shall also submit:
1. Evidence of lawful possession, as defined under R12-4-401;
  2. A statement of the applicant's experience in handling and providing care for the wildlife to be held or experience relevant to handling or providing care for wildlife;
  3. A written proposal that contains all of the following information:
    - a. A detailed description of the activity the applicant intends to perform under the license;
    - b. Purpose for the proposed activity;
    - c. The contribution the proposed activity will make to one or more of the primary purposes listed under subsection (C).
    - d. For an applicant who wishes to possess restricted or nonrestricted live wildlife for the purpose of providing humane treatment, a written explanation stating why the wildlife is unable to meet its own needs in the wild and the following information for the licensed veterinarian who will provide care for the wildlife:
      - i. Name;
      - ii. Mailing address; and
      - iii. Telephone number;
- J.** An applicant for a wildlife holding license shall pay all applicable fees required under R12-4-412.
- K.** A wildlife holding license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  2. Maintain records associated with the license for a period of five years following the date of disposition.
  3. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
  4. Possess the license or legible copy of the license while conducting any activity authorized under the wildlife holding license and presents it for inspection upon the request of any Department employee or agent.
  5. Permanently mark any restricted live wildlife used for lawful activities under the authority of the license, when required by the Department.
  6. Ensure that a copy of the license accompanies any transportation or shipment of wildlife made under the authority of the license.
  7. Surrender wildlife held under the license to the Department upon request.
- L.** A wildlife holding license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year or as indicated under subsection (O). The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.

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2. The wildlife holding license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
  3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
  4. The annual report shall include all of the following information, as applicable:
    - a. A list of animals held during the year, the list shall be by species and include the source and date on which the wildlife was acquired.
    - b. The permanent mark or identifier of the wildlife, such as name, number, or another identifier for each animal held during the year, when required by the Department. This designation or identifier shall be provided with other relevant reported details for the holding or disposition of the individual animal;
    - c. Whether the wildlife is alive or dead.
    - d. The current location of the wildlife.
    - e. A list of all educational displays where the wildlife was utilized to include the date, location, institution or audience, approximate attendance, and wildlife used.
- M.** A wildlife holding license holder may authorize an agent to assist the license holder in conducting activities authorized under the wildlife holding license, provided the agent's wildlife privileges are not suspended or revoked in any state.
1. The license holder shall obtain written authorization from the Department before allowing a person to act as an agent.
  2. The license holder shall notify the Department in writing within 10 calendar days of terminating any agent.
  3. The Department may suspend or revoke the license holder's license if an agent violates any requirement of this Section or Article or any stipulations placed upon the license.
  4. An agent may possess wildlife for the purposes outlined under subsection (C), under the following conditions:
    - a. The agent shall possess evidence of lawful possession, as defined under R12-4-401, for all wildlife possessed by the agent;
    - b. The agent shall return the wildlife to the primary license holder's facility within two days of receiving the wildlife.
- N.** A wildlife holding license holder or their agent shall not barter, give as a gift, loan for commercial activities, offer for sale, sell, trade, or dispose of any restricted or nonrestricted live wildlife, offspring of restricted or nonrestricted live wildlife, or their parts except as stipulated on the wildlife holding license or as directed in writing by the Department.
- O.** A wildlife holding license is no longer valid once the primary purpose for which the license was issued, as prescribed in subsection (C), no longer exists. When this occurs, the wildlife holding license holder shall immediately submit the annual report required under (L) to the Department.
- P.** A wildlife license holder shall comply with the requirements established under R12-4-409, R12-4-428, and R12-4-430.
- Historical Note**
- Adopted effective April 28, 1989 (Supp. 89-2). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 211, effective January 1, 2000 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).
- R12-4-418. Scientific Activity License**
- A.** A scientific activity license allows a person to conduct any of the following activities with wildlife when specified on the license:
1. Capture, hold, and release wildlife as directed by the Department,
  2. Collection of dead wildlife,
  3. Display,
  4. Photograph for noncommercial purposes,
  5. Possess,
  6. Propagate,
  7. Take of live wildlife,
  8. Transport, and
  9. Use for educational purposes.
- B.** The Department issues five types of scientific collecting licenses:
1. Academic institution,
  2. Government agency,
  3. Non-governmental organization,
  4. Nonprofit organization, and
  5. Personal.
- C.** A person may apply for a scientific activity license only when the license is requested for:
1. The purpose of wildlife management, gathering information valuable to the maintenance of wild populations, education, the advancement of science, or promotion of the public health or welfare;
  2. A purpose that is in the best interest of the wildlife or the species, will not adversely impact other affected wildlife in this state, and may be authorized without posing a threat to wildlife or public safety; and
  3. A purpose that does not unnecessarily duplicate previously documented projects.
- D.** A scientific activity license expires on December 31 of each year.
- E.** For the protection of wildlife or public safety, the Department has the authority to take any one or more of the following actions:
1. Rescind or modify any method of take authorized by the license;
  2. Restrict the number of animals for each species or other taxa the license holder may take under the license;
  3. Restrict the age, condition, or location of wildlife the license holder may take under the license; or
  4. Deny or substitute the number of specimens and taxa requested on an application.
- F.** The license holder shall be responsible for compliance with all applicable regulatory requirements. The scientific activity license does not:
1. Exempt the license holder or their agent from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  2. Authorize the license holder or their agent to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- G.** The Department may deny a scientific activity license to a person who fails to meet the requirements established under R12-

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4-409 or this Section, or when the person's scientific activity privileges are suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a scientific activity license when:

1. It is in the best interest of the wildlife.
2. The issuance of the license will adversely impact other wildlife or their habitat in the state; or
3. It is in the best interest of public health or safety.

**H.** An applicant for a scientific activity license shall submit an application to the Department. The application is furnished by the Department and is available from any Department office, and on the Department's website. A person applying for a scientific activity license shall provide the following information on the application:

1. The applicant's information:
  - a. Name;
  - b. Mailing address;
  - c. Telephone number; and
  - d. Department ID number; when applicable;
2. If the applicant will use wildlife for activities supported by a scientific, educational, or government institution, nonprofit organization, or agency that employs, contracts, or is similarly affiliated with the applicant, the applicant shall provide the institution's:
  - a. Name;
  - b. Mailing address;
  - c. Telephone number of the institution; and
  - d. The applicant's title or a description of the nature of affiliation with the institution or nonprofit organization;
3. When the applicant is renewing the scientific activity license, the species and number of animals for each species currently held in captivity;
4. For each location where the live wildlife will be held, the land owner's:
  - a. Name;
  - b. Mailing address;
  - c. Telephone number; and
  - d. Physical address or general location description and Global Positioning System location;
5. A detailed description and diagram, photographs, or documented current certification or approval by the applicant's institutional animal care and use committee or similar committee of the facilities of the facilities where the applicant will hold the wildlife and a description of how the facilities comply with the requirements established under R12-4-428, and any other captivity standards that may be established under this Section;
6. List of activities the applicant intends to perform under the license;
7. Purpose and justification for the use of wildlife as established under subsection (B);
8. When the applicant intends to use wildlife for educational purposes, the proposal shall also include the:
  - a. Minimum number of presentations the applicant anticipates to provide under the license;
  - b. Name, title, address, and telephone number of persons whom the applicant has contacted to offer educational presentations; and

c. Number of specimens the applicant already possesses for any species requested on the application;

9. Applicant's relevant qualifications and experience in handling and, when applicable, providing care for the wildlife to be held under the license;

10. Methods of take that the applicant will use, to include:

- a. Justification for using the method, and
- b. Proposed method of disposing wildlife taken under the license and any subsequent offspring, when applicable;

11. Any other information required by the Department; and

12. The certification required under R12-4-409(C).

**J.** An applicant for a scientific activity license shall pay all applicable fees required under R12-4-412.

**K.** A scientific activity license holder shall:

1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
2. Possess the license or legible copy of the license while conducting any activity authorized under the scientific activity license and presents it for inspection upon the request of any Department employee or agent.
3. Notify the Department in writing within 10 calendar days of terminating any agent.
4. Use the most humane and practical method possible prescribed under R12-4-304, R12-4-313, or as directed by the Department in writing.
5. Conduct activities authorized under the scientific activity license only at the locations and time periods specified on the scientific activity license.
6. Dispose of wildlife, wildlife parts, or offspring, only as directed by the Department.
7. Maintain records associated with the license for a period of five years following the date of disposition.

**L.** A scientific activity license holder shall not:

1. Exhibit any wildlife held under the license, unless the person also possesses a zoo license authorized under R12-4-420.
2. Administer any drug to any wildlife during the term of the scientific activity license without advance written authorization from the Department, unless the drug is administered in the course of treatment by a licensed veterinarian.

**M.** A scientific activity license holder may request authorization to allow an agent to assist the license holder in carrying out activities authorized under the scientific activity license by submitting a written request to the Department.

1. An applicant may request the ability to allow a person to act as an agent on the applicant's behalf, provided:
  - a. An employment or supervisory relationship exists between the applicant and the agent, and
  - b. The agent's privilege to take or possess live wildlife is not suspended or revoked in any state.
2. The license holder shall obtain approval from the Department prior to allowing the agent assist in any activities.
3. The license holder is liable for all acts the agent performs under the authority of this Section.
4. The Department, acting on behalf of the Commission, may suspend or revoke a license for violation of this Section by an agent.
5. The license holder shall ensure the agent possesses a legible copy of the license while conducting any activity authorized under the scientific activity license and pres-

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ents it for inspection upon the request of any Department employee or agent.

- N. A scientific activity license holder may submit to the Department a written request to amend the license to add or delete an agent, location, project, or other component documented on the license at any time during the license period.
- O. A scientific activity license holder shall submit an annual report to the Department before January 31 of each year. The report form is furnished by the Department.
  - 1. A report is required regardless of whether or not activities were performed during the previous year.
  - 2. The scientific activity license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
  - 3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
  - 4. The Department may stipulate submission of additional interim reports upon license application or renewal.
- P. A scientific activity license holder who wishes to permanently hold wildlife species collected under the license in Arizona that will no longer be used for activities authorized under the license shall apply for and obtain a wildlife holding license in compliance with R12-4-417 or another appropriate special license.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-419. Repealed****Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Repealed by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

**R12-4-420. Zoo License**

- A. A zoo license allows a person to exhibit, export, euthanize, display for educational purposes, give away, import, offer for sale, possess, propagate, purchase, sell, or transport any lawfully possessed restricted and nonrestricted live wildlife.
- B. A person may apply for a zoo license only for a commercial facility open to the public where the principal business is holding wildlife in captivity for exhibition purposes and for one or more of the following purposes:
  - 1. Advancement of science or wildlife management;
  - 2. Promotion of public health or welfare;
  - 3. Public education; or
  - 4. Wildlife conservation.
- C. A zoo license expires on the last day of the third December from the date of issuance.
- D. In addition to the requirements established under this Section, a zoo license holder shall comply with the special license requirements established under R12-4-409.

- E. The zoo license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:
  - 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  - 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- F. The Department shall deny a zoo license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a zoo license when:
  - 1. It is in the best interest of the wildlife; or
  - 2. The issuance of the license will adversely impact other wildlife or their habitat in the state;
- G. An applicant for a zoo license shall submit an application to the Department. The application is furnished by the Department and is available from any Department office, and on the Department's website. An applicant shall provide the following information on the application:
  - 1. The applicant's information:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Department ID number, when applicable;
  - 2. If the applicant is employed by, contracted with, or affiliated with an educational or scientific institution, the applicant shall provide the institution's:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number;
  - 3. Wildlife species to be held under the license:
    - a. Common and current scientific name of the wildlife species; and
    - b. Number of individuals for each species;
  - 4. If the applicant is renewing the zoo license, the number of animals of each species that are currently in captivity, and evidence of lawful possession as defined under R12-4-401;
  - 5. For each location where the wildlife will be exhibited, the land owner's:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Physical address or general location description and Global Positioning System location;
  - 6. A detailed description and diagram of the facilities where the applicant will hold the wildlife and a description of how the facilities comply with the requirements established under R12-4-428;
  - 7. A description of how the facility or operation meets the definition of a zoo, as defined under A.R.S. § 17-101(A)(26);
  - 8. The purpose of the license, as described under subsection (B);

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9. Any other information required by the Department; and
  10. The certification required under R12-4-409(C).
- H.** In addition to the requirements listed under subsection (G), an applicant for a zoo license shall also submit at the time of application:
1. Proof of current licensing by the United States Department of Agriculture under 9 CFR Subpart A, Animal Welfare;
  2. Photographs of the facility when the zoo is not accredited by the Association of Zoos and Aquariums or Zoological Association of America.
  3. For subsection, (H)(1), 9 CFR Subpart A, Animal Welfare revised January 1, 2019, and no later amendments or editions, which is incorporated by reference. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.
- I.** An applicant for a zoo license shall pay all applicable fees required under R12-4-412.
- J.** A zoo license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  2. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
  3. Ensure each facility is inspected by the attending veterinarian at least once every year.
  4. Hold all wildlife in such a manner designed to prevent wildlife from escaping from the facility specified on the license.
  5. Hold all wildlife in a manner designed to prevent the entry of unauthorized persons or other wildlife.
  6. Hold all wildlife lawfully possessed under the zoo license in the facility specified on the license, except when transporting the wildlife:
    - a. To or from a temporary exhibit;
    - b. For medical treatment; or
    - c. Other activities approved by the Department in writing.
  7. Ensure a temporary exhibit shall not exceed 60 consecutive days at any one location, unless approved by the Department in writing.
  8. Clearly display a sign at the facility's main entrance that states the days of the week and hours when the facility is open for viewing by the general public.
  9. Ensure all wildlife held under the license that has the potential to come into contact with the public is tested for zoonotic diseases appropriate to the species no more than 12 months prior to importation or display. Any wildlife that tests positive for a zoonotic disease shall not be imported into this state without review and approval by the Department in writing.
  10. Dispose of the following wildlife only as directed by the Department:
    - a. Wildlife obtained under a scientific activity license; or
    - b. Wildlife loaned to the zoo by the Department.
  11. Maintain records of all wildlife possessed under the license for a period of five years following the date of disposition. In addition to the information required under subsections (H)(1) through (H)(3), the records shall also include:
    - a. Number of all restricted live wildlife, by species and the date it was obtained;
    - b. Source of all restricted live wildlife and the date it was obtained;
    - c. Number of offspring propagated by all restricted live wildlife; and
    - d. For all restricted live wildlife disposed of by the license holder:
      - i. Number, species, and date of disposition; and
      - ii. Method of disposition.
- K.** A zoo license holder shall not:
1. Accept any wildlife that is donated, purchased, or otherwise obtained without accompanying evidence of lawful possession.
  2. Import into this state any wildlife that may come into contact with the public and tests positive for zoonotic disease, as established under subsection (J)(9).
- L.** A zoo license holder shall dispose of restricted live wildlife in this state by:
1. Giving, selling, or trading the wildlife to:
    - a. Another zoo licensed under this Section;
    - b. An appropriate special license holder or appropriately licensed or permitted facility in another state or country authorized to possess the wildlife being disposed;
  2. Giving selling, or donating the wildlife to a medical or scientific research facility exempt from special license requirements under R12-4-407;
  3. Exporting the wildlife to a zoo certified by the Association of Zoos and Aquariums or Zoological Association of America; or
  4. As otherwise directed by the Department.
- M.** A zoo license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
  2. The zoo license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
  3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
  4. The report shall summarize the current species inventory, and acquisition and disposition of all wildlife held under the license.
- N.** A zoo license holder shall request the authority to possess a new species of restricted live wildlife by submitting a written request to the Department prior to acquisition, unless the wildlife was:
1. Held under the previous year's zoo license and included in the previous annual report, or
  2. Authorized in advance by the Department in writing.
- O.** A zoo license holder shall comply with the requirements established under R12-4-409, R12-4-426, R12-4-428, and R12-4-430, as applicable.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1,

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2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Subsections (J) through (O) omitted in supplement 15-4; errors corrected at the request of the Commission at R18-91 (Supp. 18-1). Subsections (A) through (I) amendments omitted in supplement 15-4; full text has been included as submitted at 21 A.A.R. 2813, File No. R15-155, effective December 5, 2015 (Supp. 19-1). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-421. Wildlife Service License**

- A.** A wildlife service license authorizes a person to provide, advertise, or offer assistance in removing the live wildlife listed below to the general public. For the purposes of this Section, the following wildlife, as defined under A.R.S. § 17-101(B), are designated live wildlife:
  - 1. Furbearing animals;
  - 2. Javelina (*Pecari tajacu*);
  - 3. Nongame animals;
  - 4. Predatory animals; and
  - 5. Small game.
- B.** A wildlife service license is not required when conducting pest control removal services authorized under A.R.S. § Title 3, Chapter 20 for the following wildlife not protected under federal regulation:
  - 1. Rodents, except those in the family Sciuridae;
  - 2. European starlings (*Sturnus vulgaris*);
  - 3. Rosy-faced lovebirds (*Agapornis roseicollis*);
  - 4. House sparrows (*Passer domesticus*);
  - 5. Eurasian collared-doves (*Streptopelia decaocto*);
  - 6. Rock pigeons (*Columba livia*); and
  - 7. Any other non-native wildlife species.
- C.** A wildlife service license allows a person to conduct activities that facilitate the removal and relocation of live wildlife listed under subsection (A) when the wildlife causes property damage, poses a threat to public health or safety, or if the health or well-being of the wildlife is threatened by its immediate environment. Authorized activities include, but are not limited to, capture, removal, transportation, and relocation.
- D.** The wildlife service license expires on the last day of the third December from the date of issuance.
- E.** An employee of a governmental public safety agency is not required to possess a wildlife service license when the employee is acting within the scope of the employee's official duties.
- F.** In addition to the requirements established under this Section, a wildlife service license holder shall comply with the special license requirements established under R12-4-409.
- G.** The wildlife service license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:
  - 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  - 2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- H.** The Department shall deny a wildlife service license to a person who fails to meet the requirements established under R12-4-409 or this Section or when the person's wildlife service privileges are suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- I.** An applicant for a wildlife service license shall submit an application to the Department. The application is furnished by the Department and is available from any Department office and on the Department's website. An applicant shall provide the following information on the application:
  - 1. The applicant's information:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number;
    - d. Physical description, to include the applicant's eye color, hair color, height, and weight; and
    - e. Department ID number, when applicable;
  - 2. If the applicant will perform license activities for a commercial purpose, the applicant's business:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Hours and days of the week the applicant will be available for service;
  - 3. The designated wildlife species or groups of species listed under subsection (A) that will be removed under the license;
  - 4. The methods that the wildlife license holder will use to perform authorized activities;
  - 5. The general geographic area where services will be performed;
  - 6. Any other information required by the Department; and
  - 7. The certification required under R12-4-409(C).
- J.** In addition to the requirements listed under subsection (I), at the time of application, an applicant for a wildlife service license shall also submit:
  - 1. Proof the applicant has a minimum of six months full-time employment or volunteer experience handling wildlife of the species or groups designated on the application; and
  - 2. A written proposal that contains all of the following information:
    - a. Applicant's experience in the capture, handling, and removal of wildlife;
    - b. Specific species the applicant has experience capturing, handling, or removing;
    - c. General location and dates when the activities were performed;
    - d. Methods used to carry out the activities;
    - e. The methods used to dispose of the wildlife.
- K.** When renewing a license without change to the species or species groups authorized under the current license, the wildlife service license holder may reference supporting materials previously submitted in compliance with subsection (J).
- L.** An applicant for a wildlife service license shall pay all applicable fees required under R12-4-412.
- M.** A wildlife service license holder shall:
  - 1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).

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2. Facilitate the removal and relocation of designated wildlife in a manner that:
    - a. Is least likely to cause injury to the wildlife; and
    - b. Will prevent the wildlife from coming into contact with the general public.
  3. Obtain special authorization from the Department regional office that has jurisdiction over the area where the activities will be conducted when performing any activities involving javelina.
  4. Release captured designated wildlife only as follows:
    - a. Without immediate threat to the animal or potentially injurious contact with humans;
    - b. During an ecologically appropriate time of year;
    - c. Into a suitable habitat;
    - d. In the same geographic area as the animal was originally captured, except that birds may be released at any location statewide within the normal range of that species in an ecological suitable habitat; and
    - e. In an area designated by the Department regional office that has jurisdiction over the area where it was captured.
  5. Euthanize the wildlife using the safest, quickest, and most humane method available.
  6. Dispose of all wildlife that is euthanized or that otherwise dies while possessed under the license by burial or incineration within 30 days of death, unless otherwise directed by the Department.
  7. Possess the license or legible copy of the license while conducting any wildlife service activity and presents it for inspection upon the request of any Department employee or agent.
  8. Inform the Department in writing within five working days of any change in telephone number, area of service, or business hours or days.
  9. Maintain records associated with the license for a period of five years following the date of disposition.
- N.** A wildlife service license holder may submit to the Department a written request to amend the license to add or delete authority to control and release designated species of wildlife, provided the request meets the requirements of this Section.
- O.** A wildlife service license holder shall not:
1. Exhibit wildlife or parts of wildlife possessed under the license.
  2. Possess designated wildlife beyond the period necessary to transport and relocate or euthanize the wildlife.
  3. Retain any parts of wildlife.
- P.** A wildlife service license holder may:
1. Euthanize designated wildlife only when authorized by the Department.
  2. Give injured or orphaned wildlife to a wildlife rehabilitation license holder.
- Q.** A wildlife service license holder shall submit an annual report to the Department before January 31 of each year on activities performed under the license for the previous calendar year. The report form is furnished by the Department.
1. A report is required regardless of whether or not activities were performed during the previous year.
  2. The wildlife service license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
  3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
4. The annual report shall provide a list of all services performed under the license to include:
    - a. The date and location of service;
    - b. The number and species of wildlife removed, and
    - c. The method of disposition for each animal removed, including the location and date of release.
- R.** A wildlife service license holder shall comply with the requirements established under R12-4-409 and R12-4-428.

**Historical Note**

Adopted effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2).

Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-422. Sport Falconry License**

- A.** In addition to the definitions provided under A.R.S. § 17-101, R12-4-101, and R12-4-401, and for the purposes of this Section, the following definitions apply:

"Abatement" means the use of a trained raptor to scare, flush, or haze wildlife to manage depredation or other damage, including threats to human health and safety, caused by the wildlife.

"Captive-bred raptor" means a raptor hatched in captivity.

"Hack" means the temporary release of a raptor into the wild to condition the raptor for use in falconry.

"Hybrid" has the same meaning as prescribed under 50 CFR 21.3, revised October 1, 2019. This incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.

"Imping" means using a molted feather to replace or repair a damaged or broken feather.

"Imprint" has the same meaning as prescribed under 50 CFR 21.3, revised October 1, 2019. This incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.

"Retrices" means a raptor's tail feathers.

"Sponsor" means a licensed General or Master falconer with a valid Arizona Sport Falconry license who has committed to mentoring an Apprentice falconer.

"Suitable perch" means a perch that is of the appropriate size and texture for the species of raptor using the perch.

"Wild raptor" means a raptor taken from the wild, regardless of how long the raptor is held in captivity or whether the raptor is transferred to another licensed falconer or other permit type.

- B.** An Arizona Sport Falconry license permits a person to capture, possess, train, and transport a raptor for the purpose of sport falconry in compliance with the Migratory Bird Treaty Act and the Endangered Species Act of 1973.



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1. The sport falconry license validates the appropriate license for hunting or taking quarry with a trained raptor. When taking quarry using a raptor, a person must possess a valid:
  - a. Sport falconry license, and
  - b. Appropriate hunting license.
2. The sport falconry license is valid until the third December from the date of issuance.
3. A licensed falconer may capture, possess, train, or transport wild, captive-bred, or hybrid raptors, subject to the limitations established under subsections (H)(1), (H)(2), and (H)(3), as applicable.
- C. The Department shall comply with the licensing time-frame established under R12-4-106.
- D. A resident who possesses or intends to possess a raptor for the purpose of sport falconry shall hold an Arizona Sport Falconry license, unless the person is exempt under A.R.S. § 17-236(C) or possesses only raptors not listed under 50 CFR Part 10.13, revised October 1, 2019, and no later amendments or editions. The incorporated material is available from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000, and is on file with the Department.
- E. In addition to the requirements established under this Section, a licensed falconer shall also comply with special license requirements established under R12-4-409.
- F. The sport falconry license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:
  1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations;
  2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license; or
  3. Authorize a licensed falconer to capture or release a raptor or practice falconry on public lands where prohibited or on private property without permission from the land owner or land management agency.
- G. The Department shall deny a sport falconry license to a person who fails to meet the requirements established under R12-4-409, or this Section. The Department shall provide a written notice to an applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- H. The Department may issue a Sport Falconry license for the following levels to an eligible person:
  1. Apprentice level license:
    - a. An Apprentice falconer shall:
      - i. Be at least 12 years of age; and
      - ii. Have a written statement from a sponsor who is a licensed Master Falconer or a General Falconer while practicing falconry as an apprentice. The written statement shall meet the requirements established under subsection (K)(3)(a)(vi). When a sponsorship is terminated, the apprentice is prohibited from practicing falconry until a new sponsor is acquired. After acquiring a new sponsor, an apprentice shall submit a written statement from the new sponsor to the Department within 30 days. The written statement shall meet the requirements established under subsection (K)(3)(a)(vi).
    - b. An Apprentice falconer may possess only one raptor at a time for use in falconry.
    - c. An Apprentice falconer is prohibited from possessing any:
      - i. Species listed under 50 CFR 17.11, revised October 1, 2019, and subspecies,
      - ii. Raptor taken from the wild as a nestling,
      - iii. Raptor that has imprinted on humans,
      - iv. Bald eagle (*Haliaeetus leucocephalus*),
      - v. White-tailed eagle (*Haliaeetus albicilla*),
      - vi. Steller's sea-eagle (*Haliaeetus pelagicus*), or
      - vii. Golden eagle (*Aquila chrysaetos*).
      - viii. For the purposes of subsection (H)(1)(c)(i), this incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
  2. General level license:
    - a. A General falconer shall:
      - i. Be at least 16 years of age; and
      - ii. Have submit a written statement provided by the Apprentice Falconer's sponsor, stating that the General falconer practiced falconry as an apprentice falconer for at least two years, including maintaining, training, flying, and hunting with a raptor for at least four months in each year. An applicant cannot substitute any falconry school program or education to shorten the two-year Apprentice period.
    - b. A General falconer may possess:
      - i. Up to three raptors at a time for use in falconry; and
      - ii. Up to the total number of federally permitted or sub-permitted raptors as indicated on the Master falconer's respective federal abatement or propagation permit.
    - c. A General falconer is prohibited from possessing a:
      - i. Bald eagle,
      - ii. White-tailed eagle,
      - iii. Steller's sea-eagle, or
      - iv. Golden eagle.
  3. Master level license:
    - a. A Master falconer shall have practiced falconry as a General falconer for at least five years using raptors possessed by that falconer.
    - b. A Master falconer may possess:
      - i. Any species of wild, captive-bred, or hybrid raptor;
      - ii. Any number of captive-bred raptors provided they are trained and used in the pursuit of wild game;
      - iii. Up to three of the following species, provided the requirements established under subsection (H)(3)(d) are met: Golden eagle, White-tailed eagle, or Steller's Sea eagle; and
      - iv. Up to the total number of federally permitted abatement or propagation raptors as indicated on the Master falconer's respective federal abatement or propagation permit.

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- c. A Master falconer is prohibited from possessing:
    - i. More than three eagles,
    - ii. A bald eagle, or
    - iii. More than five wild caught raptors.
  - d. A Master falconer who wishes to possess an eagle shall apply for and receive approval from the Department before possessing an eagle for use in falconry. The licensed falconer shall submit the following documentation to the Department before a request may be considered:
    - i. Proof the licensed falconer has experience in handling large raptors such as, but not limited to, ferruginous hawks (*Buteo regalis*) and goshawks (*Accipiter gentilis*);
    - ii. Information regarding the raptor species, to include the type and duration of the activity in which the experience was gained; and
    - iii. Written statements of reference from two persons who have experience handling or flying large raptors such as, but not limited to, eagles, ferruginous hawks, and goshawks. Each written statement shall contain a concise history of the author's experience with large raptors, and an assessment of the applicant's ability to care for and fly an eagle in falconry.
- I.** A sponsor shall:
- 1. Be at least 18 years of age.
  - 2. Have practiced falconry as a Master or General falconer for at least two years.
  - 3. Sponsor no more than three apprentices at any one time.
  - 4. Notify the Department within 30 consecutive days after a sponsorship is terminated.
  - 5. Determine the appropriate species of raptor for possession by an apprentice.
  - 6. Provide instruction to the Apprentice falconer pertaining to:
    - a. Husbandry, training, and trapping of raptors held for falconry;
    - b. Hunting with a raptor; and
    - c. Relevant wildlife laws and regulations.
- J.** A falconer licensed in another state or country is exempt from obtaining an Arizona Sport Falconry license under R12-4-407(B)(9), unless the falconer remains in Arizona for more than 180 consecutive days. A falconer licensed in another state or country and who remains in this state for more than the 180-day period shall apply for an Arizona Sport Falconry license in order to continue practicing sport falconry in this state. The falconer licensed in another state or country shall present a copy of the out-of-state or out-of-country falconry license, or its equivalent, to the Department upon request.
- 1. A falconer licensed in another state shall:
    - a. Comply with all applicable state and federal falconry regulations,
    - b. Possess only those raptors authorized under the out-of-state sport falconry license, and
    - c. Provide a health certificate for each raptor possessed under the out-of-state sport falconry license when the raptor is present in this state for more than 30 consecutive days. The health certificate may be issued after the date of the interstate importation, but shall have been issued no more than 30 consecutive days prior to the interstate importation.
  - 2. A falconer licensed in another country may possess, train, and use for falconry only those raptors authorized under the out-of-country sport falconry license, provided the import of that species into the United States is not prohibited. This subsection does not prohibit the falconer from flying or training a raptor lawfully possessed by any other licensed falconer.
- 3. A falconer licensed in another country is prohibited from leaving an imported raptor in this state, unless authorized under federal permit. The falconer shall report the death or escape of a raptor possessed by that falconer to the Department as established under subsection (O)(1) or prior to leaving the state, whichever occurs first.
  - 4. A falconer licensed in another country shall:
    - a. Comply with all applicable state and federal falconry regulations;
    - b. Comply with falconry licensing requirements prescribed by the country of licensure not in conflict with federal or state law;
    - c. Notify the Department no less than 30 consecutive days prior to importing a raptor into this state;
    - d. Provide a health certificate, issued no earlier than 30 consecutive days prior to the date of importation, for each raptor imported into this state; and
    - e. Attach two functioning radio transmitters to any raptor imported into this country by the falconer while flown free in this state by any falconer.
- K.** An applicant for a Sport Falconry license shall pass the examination required under subsection (N), ensure their raptor housing facility is inspected and meets the requirements established under subsection (M), and submit an application to the Department. The application is furnished by the Department and is available at any Department office and on the Department's website.
- 1. An applicant shall provide the following information on the application:
    - a. Falconry level desired;
    - b. Name;
    - c. Date of birth;
    - d. Mailing address;
    - e. Telephone number, when available;
    - f. Department I.D. number;
    - g. Applicant's physical description, to include the applicant's eye color, hair color, height, and weight;
    - h. Arizona hunting license number, when available;
    - i. Number of years of experience as a falconer;
    - j. Current Falconry license level;
    - k. Physical address of a housing facility when the raptor is kept at another location, when applicable;
    - l. Information documenting all raptors possessed by the applicant at the time of application, to include:
      - i. Species;
      - ii. Subspecies, when applicable;
      - iii. Age;
      - iv. Sex;
      - v. Band or microchip number, as applicable;
      - vi. Date and source of acquisition; and
    - m. The certification required under R12-4-409(C);
    - n. Parent or legal guardian's signature, when the applicant is under the age of 18;
    - o. Date of application; and
    - p. Any other information required by the Department.
  - 2. An applicant shall certify that the applicant has read and is familiar with applicable state laws, rules, and the regulations under 50 CFR Part 13 and the other applicable parts in 50 CFR Chapter I, Subchapter B and that the

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information submitted is complete and accurate to the best of their knowledge and belief.

3. In addition to the information required under subsection (K)(1), a person applying for:

- a. An Apprentice level license shall also provide the sponsor's:
  - i. Name,
  - ii. Date of birth,
  - iii. Mailing address,
  - iv. Department I.D. number,
  - v. Telephone number, and
  - vi. A written statement from the sponsor stating that the falconer agrees to sponsor the applicant.
- b. A General level license shall also provide:
  - i. Information documenting the applicant's experience in maintaining falconry raptors, to include the species and period of time each raptor was possessed while licensed as an Apprentice falconer; and
  - ii. A written statement from the sponsor certifying that the applicant has practiced falconry at the Apprentice falconer level for at least two years, and maintained, trained, flown, and hunted with a raptor for at least four months in each year.
- c. A Master level license shall certify that the falconer has practiced falconry as a General falconer with his or her own raptors for at least five years.

- L. An applicant for any level Sport Falconry license shall pay all applicable fees required under R12-4-412.

- M. The Department shall inspect the applicant's raptor housing facilities, materials, and equipment to verify compliance with the requirements established under R12-4-409(I), and this Section before issuing a Sport Falconry license. The applicant or licensed falconer shall ensure all raptors currently possessed by the falconer and kept in the housing facility are present at the time of inspection.

1. The Department may inspect a housing facility, equipment, raptors, or records:
  - a. At any time before or during the license period to determine compliance with this Section,
  - b. After a change of location, when the Department cannot verify the housing facility is the same facility as the one approved by a previous inspection, or
  - c. Prior to the acquisition of a new species or addition of another raptor when the previous inspection does not indicate the housing facilities can accommodate a new species or additional raptor.
  - d. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
2. A licensed falconer shall notify the Department no more than five business days after changing the location of a housing facility.
3. When a housing facility is located on property not owned by the licensed falconer, the falconer shall provide a written statement signed and dated by the property owner at the time of inspection. The written statement shall specify that the licensed falconer has permission to keep a raptor on the property and the property owner permits the Department to inspect the falconry housing facility at any reasonable time of day and in the presence of the licensed falconer.

4. A licensed falconer shall ensure the housing facility:
  - a. Provides a healthy and safe environment,
  - b. Is designed to keep predators and domestic animals out,
  - c. Is designed to avoid injury to the raptor,
  - d. Is easy to access,
  - e. Is easy to clean, and
  - f. Provides access to fresh water and sunlight.

5. In addition to the requirements established under R12-4-409(I):

- a. A licensed falconer shall ensure housing facilities where raptors are held:
  - i. Has a suitable perch that is protected from extreme temperatures, wind, and excessive disturbance for each raptor;
  - ii. Has at least one opening for sunlight; and
  - iii. Has walls that are solid, constructed of vertical bars spaced narrower than the width of the body of the smallest raptor housed therein, or any other suitable materials approved by the Department. A nestling may be kept in any suitable container or enclosure until it is capable of flight.
- b. A licensed falconer shall possess all of the following equipment:
  - i. At least one flexible, weather-resistant leash;
  - ii. One swivel appropriate to the raptor being flown;
  - iii. At least one water container, available to each raptor kept in the housing facility, that is at least two inches deep and wider than the length of the largest raptor using the container;
  - iv. A reliable scale or balance suitable for weighing raptors, graduated in increments of not more than 15 grams;
  - v. Suitable equipment that protects the raptor from extreme temperatures, wind, and excessive disturbance while transporting or housing a raptor when away from the permanent housing facility where the raptor is kept; and
  - vi. At least one pair of jesses constructed of suitable material or Alymeri jesses consisting of an anklet, grommet, and removable strap that attaches the anklet and grommet to a swivel. The falconer may use a one-piece jess only when the raptor is not being flown.

6. A licensed falconer may keep a falconry raptor inside the falconer's residence provided a suitable perch is supplied. The falconer shall ensure all flighted raptors kept inside a residence are tethered or otherwise restrained at all times, unless the falconer is moving the raptor into or out of the residence. This subsection does not apply to nestlings, which do not need to be tethered or otherwise restrained.

7. A licensed falconer may keep multiple raptors together in one enclosure untethered only when the raptors are compatible with each other.

8. A licensed falconer may keep a raptor temporarily outdoors in the open provided the raptor is continually under observation by the falconer or an individual designated by the falconer.

9. A licensed falconer may keep a raptor in a temporary housing facility that the Department has inspected and approved for no more than 120 consecutive days.

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10. A licensed falconer may keep a raptor in a temporary housing facility that the Department has not inspected or approved for no more than 30 consecutive days. The falconer shall notify the Department of the temporary housing facility prior to the end of the 30-day period. The Department may inspect a temporary housing facility as established under R12-4-409(J).
- N. Prior to the issuance of a Sport Falconry license, an applicant shall:
1. Present proof of a previously held state-issued sport falconry license, or
  2. Correctly answer at least 80% of the questions on the Department administered written examination.
    - a. A person whose Sport Falconry license is expired more than five years shall take the examination. The Department shall issue to an eligible applicant a license for the sport falconry license type previously held by the applicant after the applicant correctly answers at least 80% of the questions on the written examination and presents proof of the previous Sport Falconry license.
    - b. A person who holds a falconry license issued in another country shall correctly answer at least 80% of the questions on the written examination. The Department shall determine the level of license issued based upon the applicant's documentation.
- O. A licensed falconer shall:
1. Submit a paper copy of the 3-186A form to report any of the following raptor possession changes to the Department no more than 10 business days after the occurrence:
    - a. Acquisition,
    - b. Banding,
    - c. Escape into the wild without recovery after 30 consecutive days have passed,
    - d. Death,
    - e. Microchipping,
    - f. Rebanding,
    - g. Release,
    - h. Take, or
    - i. Transfer.
  2. Submit a copy of the falconer's federal propagation report, when applicable.
  3. Submit a copy of the falconer's federal abatement report, when applicable.
  4. Upon discovering the theft of a raptor, the falconer shall immediately report the theft of a raptor to the Department and USFWS by:
    - a. Contacting the Department's regional office within 48 hours; and
    - b. Submitting the electronic 3-186A form within 10 days.
- P. A licensed falconer shall print and maintain copies of all required 3-186A form and associated documents for each abatement, falconry, and propagation raptor possessed by the falconer, as applicable. The falconer shall retain copies of all required documents for a period of five years from the date on which the raptor left the falconer's possession.
- Q. A licensed falconer or a person with a valid falconry license, or its equivalent, issued by any state meeting federal falconry standards may capture a raptor for the purpose of falconry only when authorized by Commission Order.
1. A falconer attempting to capture a raptor shall possess:
    - a. A valid Arizona Sport Falconry license or valid falconry license, or its equivalent, issued by another state, and
    - b. Any required Arizona hunt permit-tag issued to the licensed falconer for take of the authorized raptor, and
    - c. A valid Arizona hunting or combination license. A short-term combination hunting and fishing license is not valid for capturing a raptor under this subsection.
  2. An Apprentice falconer may take from the wild:
    - a. Any raptor not prohibited under subsection (H)(1)(c) that is less than one year of age, except nestlings, or
    - b. An adult raptor.
  3. A General or Master falconer may take from the wild:
    - a. A raptor of any age, including nestlings, provided at least one nestling remains in the nest; or
    - b. An adult raptor.
  4. A licensed falconer shall take no more than two raptors from the wild for use in falconry each calendar year. For the purpose of take limits, a raptor is counted towards the licensed falconer's take limit by the falconer who originally captured the raptor.
  5. A falconer attempting to capture a raptor shall:
    - a. Not use stupefying substances;
    - b. Use a trap or bird net that is not likely to cause injury to the raptor;
    - c. Ensure that each trap or net the falconer is using is continually attended; and
    - d. Ensure that each trap used for the purpose of capturing a raptor is marked with the falconer's name, address, and license number.
  6. A licensed falconer shall report the injury of any raptor injured due to capture techniques to the Department. The falconer shall transport the injured raptor to a veterinarian or licensed rehabilitator and pay for the cost of the injured raptor's care and rehabilitation. After the initial medical treatment is completed, the licensed falconer shall either:
    - a. Keep the raptor and the raptor shall count towards the falconer's take and possession limit, or
    - b. Transfer the raptor to a permitted wildlife rehabilitator and the raptor shall not count against the falconer's take or possession limit.
  7. When a licensed falconer takes a raptor from the wild and transfers the raptor to another falconer who is present at a capture site, the falconer receiving the raptor is responsible for reporting the take of the raptor.
  8. A General or Master falconer may capture a raptor that will be transferred to another licensed falconer who is not present at the capture site. The falconer who captured the raptor shall report the take of the raptor and the capture shall count towards the General or Master falconer's take limit. The General or Master falconer may then transfer the raptor to another falconer.
  9. A General or Master falconer may capture a raptor for another licensed falconer who cannot attend the capture due to a long-term or permanent physical impairment. The licensed falconer with the physical impairment is responsible for reporting the take of the raptor and the raptor shall count against their take and possession limits.
  10. A licensed falconer may capture any raptor displaying a seamless metal band, or any other item identifying it as a falconry raptor, regardless of whether the falconer is prohibited from possessing the raptor. The capturing falconer

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shall return the recaptured raptor to the falconer of record. The raptor shall not count towards the capturing falconer's take or possession limits, provided the capturing falconer reports the temporary possession of the raptor to the Department no more than five consecutive days after capturing the raptor.

- a. When the falconer of record cannot or does not wish to possess the raptor, the falconer who captured the raptor may keep the raptor, provided the falconer is eligible to possess the species and may do so without violating any requirement established under this Section.
  - b. When the falconer of record cannot be located, the Department shall determine the disposition of the recaptured raptor.
11. A licensed falconer may capture and shall report the capture of any raptor wearing a transmitter to the Department no more than five business days after the capture. The falconer shall attempt to contact the researcher or licensed falconer who applied the transmitter and facilitate the replacement or retrieval of the transmitter and raptor. The falconer may possess the raptor for no more than 30 consecutive days while waiting for the researcher or falconer to retrieve the transmitter and raptor. The raptor shall not count towards the falconer's take or possession limits, provided the falconer reports the temporary possession of the raptor to the Department no more than five consecutive days after capturing the raptor. The Department shall determine the disposition of a raptor when the researcher or falconer does not replace the transmitter or retrieve the raptor within the initial 30-day period.
  12. A licensed falconer may capture any raptor displaying a federal Bird Banding Laboratory (BBL) aluminum research band or tag, except a peregrine falcon (*Falco peregrinus*). A licensed falconer who captures a raptor wearing a research band or tag shall report the following information to BBL and the Department:
    - a. Species,
    - b. Band or tag number,
    - c. Location of the capture, and
    - d. Date of capture.
  - e. A person can report the capture of a raptor wearing a research band or tag to BBL by submitting information regarding the capture online at the BBL website.
  13. A licensed falconer may recapture a falconer's lost or any escaped falconry raptor at any time. The Department does not consider the recapture of a wild falconry raptor as taking a raptor from the wild.
  14. When attempting to trap a raptor in Cochise, Graham, Pima, Pinal, or Santa Cruz counties, a licensed falconer shall:
    - a. Not begin trapping while a northern aplomado falcon (*Falco femoralis septentrionalis*) is observed in the vicinity of the trapping location.
    - b. Suspend trapping when a northern aplomado falcon arrives in the vicinity of the trapping location.
  15. In addition to the requirements in subsection (Q)(14), an apprentice falconer shall be accompanied by a General or Master falconer when attempting to capture a raptor in Cochise, Graham, Pima, Pinal, or Santa Cruz counties.
  16. A licensed Master falconer may take up to two golden eagles from the wild only as authorized under 50 CFR Parts 21 and 22. The Master falconer may:
    - a. Capture a golden eagle or an immature or sub-adult golden eagle during the time a livestock depredation area and associated depredation permit or depredation control order are in effect as declared by USDA Wildlife Services and permitted under 50 CFR 22.23, or upon the request of the Arizona Governor pursuant to 50 CFR 22.31 and 22.32.
    - b. Take a nestling from its nest or a nesting adult golden eagle in a livestock depredation area if a biologist representing the agency responsible for declaring the depredation area determines the adult eagle is preying on livestock or wildlife and that any nestling of the adult will be taken by a falconer authorized to possess it or by the biologist and transferred to a person authorized to possess it.
    - c. The falconer shall inform the Department of the capture plans in person, in writing, or by telephone at least three business days before trapping is initiated. The falconer may send written notification to the Arizona Game and Fish Department's Law Enforcement Programs Coordinator at 5000 West Carefree Highway, Phoenix, Arizona 85086.
  17. A licensed falconer shall ensure any falconry activities the falconer is conducting do not cause unlawful take under the Endangered Species Act of 1973, 16 U.S.C. § 1531 et seq., or the Bald and Golden Eagle Protection Act, 16 U.S.C. §§ 668 through 668d. The Department or USFWS may provide information regarding where take is likely to occur. The falconer shall report the take of any federally listed threatened or endangered species or bald or golden eagle to the USFWS Arizona Ecological Services Field Office.
- R.** A licensed falconer shall comply with all of the following banding requirements:
1. A licensed falconer shall ensure the following raptors are banded after capture:
    - a. Northern Goshawk,
    - b. Harris's hawk (*Parabuteo unicinctus*), and
    - c. Peregrine falcon.
  2. The falconer shall request a band no more than five consecutive days after the capture of a raptor by contacting the Department. A Department representative or a General or Master licensed falconer may attach the USFWS leg band to the raptor.
  3. A licensed falconer shall not use a counterfeit, altered, or defaced band.
  4. A falconer holding a federal propagation permit shall ensure a raptor bred in captivity wears a seamless metal band furnished by USFWS, as prescribed under 50 CFR 21.30.
  5. A licensed falconer may remove the rear tab on a band and smooth any imperfections on the surface, provided doing so does not affect the band's integrity or numbering.
  6. A licensed falconer shall report the loss of a band to the Department no more than five business days after discovering the loss. The falconer shall reband the raptor with a new USFWS leg band furnished by the Department.
- S.** A licensed falconer may request Department authorization to implant an ISO-compliant [134.2 kHz] microchip in lieu of a band into a captive-bred raptor or raptor listed under subsection (R)(1).
1. The falconer shall submit a written request to the Department.

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2. The falconer shall retain a copy of the Department's written authorization and any associated documentation for a period of five years from the date the raptor permanently leaves the falconer's possession.
  3. The falconer is responsible for the cost of implanting the microchip and any associated veterinary fees.
- T.** A licensed falconer may allow a falconry raptor to feed on any species of wildlife incidentally killed by the raptor for which there is no open season or for which the season is closed, but shall not take such wildlife into possession.
- U.** A General or Master falconer may hack a falconry raptor. Any raptor the falconer is hacking shall count towards the falconer's possession limit during hacking.
1. A falconer is prohibited from hacking a raptor near the nesting area of a federally threatened or endangered species or in any other location where the raptor is likely to disturb or harm a federally listed threatened or endangered species. The Department may provide information regarding where this is likely to occur.
  2. A licensed falconer shall ensure any hybrid raptor flown free or hacked by the falconer is equipped with at least two functioning radio transmitters.
- V.** A licensed falconer may release:
1. A wild-caught raptor permanently into the wild under the following circumstances:
    - a. The raptor is native to Arizona,
    - b. The falconer removes the raptor's falconry band and any other falconry equipment prior to release, and
    - c. The falconer releases the raptor in a suitable habitat and under suitable seasonal conditions.
  2. A captive-bred raptor permanently into the wild only when the raptor is native to Arizona and the Department approves the release of the raptor. The falconer shall request permission to release the captive-bred raptor by contacting the Department. When permitted by the Department and before releasing the captive-bred raptor, the General or Master falconer shall hack the captive-bred raptor in a suitable habitat and the appropriate season.
  3. A licensed falconer is prohibited from intentionally releasing any hybrid or non-native raptor permanently into the wild.
- W.** A Master falconer may conduct and receive payment for abatement conducted with a falconry raptor or federally permitted abatement raptor. The falconer shall apply for and obtain all required federal permits prior to conducting any abatement activities. The falconer shall comply with the reporting requirement under subsection (O). A General falconer may conduct abatement activities only when authorized under the federal permit held by the Master falconer.
- X.** A person other than a licensed falconer may temporarily care for a falconry raptor for no more than 45 consecutive days, unless approved by the Department. The raptor under temporary care shall remain in the falconer's facility. The raptor shall continue to count towards the falconer's possession limit. An unlicensed caretaker shall not fly the raptor. The falconer may request an extension from the Department to the temporary possession period if extenuating circumstances occur. The Department shall evaluate extension requests on a case-by-case basis.
- Y.** A licensed falconer may serve as a caretaker for another licensed falconer's raptor for no more than 120 consecutive days, unless approved by the Department. The falconer shall provide the temporary caretaker with a signed and dated statement authorizing the temporary possession of each raptor and a copy of USFWS form 3-186A that shows that the licensed falconer is the possessor of each raptor. The statement shall also include the temporary possession period and activities the caretaker may conduct with the raptor. a The raptor under temporary care shall not count toward the caretakers possession limit. The temporary caretaker may fly or train the raptor when permitted by the falconer in writing. The falconer may request an extension from the Department to the temporary possession period if extenuating circumstances occur. The Department shall evaluate extension requests on a case-by-case basis.
- Z.** A General or Master falconer may assist any federally licensed wildlife rehabilitator in conditioning a raptor the licensed falconer is authorized to possess in preparation for the raptor's release to the wild. The falconer may temporarily remove the raptor from the rehabilitation facilities while conditioning the raptor. The raptor shall remain under the rehabilitator's license and shall not count towards the falconer's possession limit. The rehabilitator shall provide the licensed falconer with a written statement authorizing the falconer to assist the rehabilitator. The written statement shall also identify the raptor by species, type of injury, and band number, when available. The licensed falconer shall return the raptor to the rehabilitator within the 180-day period established under R12-4-423(T), unless the raptor is:
1. Released into the wild in coordination with the rehabilitator and as authorized under this subsection,
  2. Allowed to remain with the rehabilitator for a longer period of time as authorized under R12-4-423(U), or
  3. Transferred permanently to the falconer, provided the falconer may legally possess the raptor and the Department approves the transfer. The raptor shall count towards the falconer's possession limit.
- AA.** A licensed falconer may use a raptor possessed for falconry in captive propagation, when permitted by USFWS. A licensed falconer is not required to transfer a raptor from a Sport Falconry license to another license when the raptor is used for captive propagation less than eight months in a year.
- BB.** A General or Master licensed falconer may use a lawfully possessed raptor in a conservation education program presented in a public venue. An Apprentice falconer, under the direct supervision of a General or Master falconer, may use a lawfully possessed raptor in a conservation education program presented in a public venue. The primary use for a raptor is falconry; a licensed falconer shall not possess a raptor solely for the purpose of providing a conservation education program. The falconer shall ensure the focus of the conservation education program is to provide information about the biology, ecological roles, and conservation needs of raptors and other migratory birds. The falconer may charge a fee for presenting a conservation education program; however, the fee shall not exceed the amount required to recoup the falconer's costs for providing the program. As a condition of the Sport Falconry License, the licensed falconer agrees to indemnify the Department, its officers, and employees. The falconer is liable for any damages associated with the conservation education activities.
- CC.** A licensed falconer may allow the photography, filming, or similar uses of a falconry raptor possessed by the licensed falconer, provided:
1. The falconer is not compensated for these activities; and
  2. The final product from these activities:
    - a. Promotes the practice of falconry;

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- b. Provides information about the biology, ecological roles, and conservation needs of raptors and other migratory birds;
  - c. Endorses a nonprofit falconry organization or association, products, or other endeavors related to falconry; or
  - d. Is used in scientific research or science publications.
- DD.** A licensed falconer may use or dispose of lawfully possessed falconry raptor feathers. A falconer shall not buy, sell, or barter falconry raptor feathers. A falconer may possess feathers for imping from each species of raptor that the falconer currently possesses or has possessed.
  - 1. The licensed falconer may transfer or receive feathers for imping from:
    - a. Another licensed falconer,
    - b. A licensed wildlife rehabilitator, or
    - c. Any licensed propagator located in the United States.
  - 2. A licensed falconer may donate falconry raptor feathers, except bald and golden eagle feathers, to:
    - a. Any person or institution permitted to possess falconry raptor feathers,
    - b. Any person or institution exempt from the permit requirement under 50 CFR 21.12, or
    - c. A non-eagle feather repository. The Department may provide information regarding the submittal of falconry raptor feathers to a non-eagle feather repository.
  - 3. A licensed falconer shall gather primary and secondary flight feathers or retrices that are molted or otherwise lost from a golden eagle and either retain the feathers for imping purposes or submit the feathers to the U.S. Fish and Wildlife Service, National Eagle Repository, Rocky Mountain Arsenal, Building 128, Commerce City, Colorado 80022.
  - 4. A falconer whose license is either revoked or expired shall dispose of all falconry raptor feathers in the falconer's possession.
- EE.** Arizona licensed falconers importing raptors into Arizona shall have a health certificate issued no more than 30 consecutive days:
  - 1. Prior to the international importation, or
  - 2. Prior to or after the inter-state importation.
- FF.** A licensed falconer may conduct any of the following activities with any captive-bred raptor provided the raptor is wearing a seamless band and the person receiving the raptor possesses an appropriate special license:
  - 1. Barter,
  - 2. Offer for barter,
  - 3. Gift,
  - 4. Purchase,
  - 5. Sell,
  - 6. Offer for sale, or
  - 7. Transfer.
- GG.** A licensed falconer is prohibited from conducting any of the following activities with any wild-caught raptor protected under the Migratory Bird Treaty Act:
  - 1. Barter,
  - 2. Offer for barter,
  - 3. Purchase,
  - 4. Sell, or
  - 5. Offer for sale.
- HH.** A licensed falconer may transfer:
  - 1. Any wild-caught falconry raptor lawfully captured in Arizona with or without a permit tag to another Arizona Sport Falconry License holder at any time.
    - a. The raptor shall count towards the take limit for that calendar year for the falconer taking the raptor from the wild.
    - b. The raptor shall not count against the take limit of the falconer receiving the raptor.
  - 2. Any wild-caught falconry raptor to another license or permit type under this Article or federal law, provided the raptor has been used in the sport of falconry for at least two years preceding the transfer.
  - 3. A wild-caught falconry sharp-shinned hawk (*Accipiter striatus*), Cooper's hawk (*Accipiter cooperii*), merlin (*Falco columbarius*), or American kestrel (*Falco sparverius*) to another license or permit type under this Article or federal law, provided the raptor has been used in the sport of falconry for at least one-year preceding the transfer.
  - 4. Any hybrid or captive-bred raptor to another licensed falconer or permit type under this Article or federal law at any time.
  - 5. Any falconry raptor that is no longer capable of being flown, as determined by a veterinarian, to another permit type at any time. The licensed falconer shall provide a copy of the documentation from the veterinarian stating that the raptor is not useable in falconry to the Federal Migratory Bird Permits office that administers the other permit type.
- II.** A licensed falconer shall not transfer a wild-caught raptor species to a licensed falconer in another state for at least one year from the date of capture if either resident or nonresident take is managed through Commission Order by way of a permit-tag, nonpermit-tag, or annual harvest quota system. However, a licensed falconer may transfer a wild-caught raptor that is not managed through Commission Order by way of a permit-tag, nonpermit-tag, or annual harvest quota system to a licensed falconer in another state at any time.
- JJ.** A surviving spouse, executor, administrator, or other legal representative of a deceased or incapacitated licensed falconer shall transfer any raptor held by the licensed falconer to another licensed falconer no more than 90 consecutive days after the death of the falconer. The Department shall determine the disposition of any raptor not transferred prior to the end of the 90-day period.
- KK.** A licensed falconer shall conduct the following activities, as applicable, no more than 10 business days after either the death of a falconry raptor or the final examination of a deceased raptor by a veterinarian:
  - 1. Dispose of any raptor suspected or confirmed with West Nile Virus or poisoning, except for lead poisoning, by incineration.
  - 2. For a bald or golden eagle, send the entire body, including all feathers, talons, and other parts, to the National Eagle Repository;
  - 3. For any euthanized non-eagle raptor, to prevent secondary poisoning of other wildlife, the falconer shall either submit the carcass to a non-eagle repository or burn, bury, or otherwise destroy the carcass;
  - 4. For all other species:
    - a. Submit the carcass to a non-eagle repository;
    - b. Submit the carcass to the Department for submission to a non-eagle repository;

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- c. Donate the body or feathers to any person or institution exempt under 50 CFR 21.12 or authorized by USFWS to acquire and possess such parts or feathers;
  - d. Retain the carcass or feathers for imping purposes as established under subsection (DD);
  - e. Burn, bury, or otherwise destroy the carcass; or
  - f. Mount the raptor carcass. The falconer shall ensure any microchip implanted in the raptor is not removed and any band attached to the raptor remains on the mount. The falconer may use the mount for a conservation education program. The falconer shall ensure copies of the license and all relevant 3-186A forms are retained with the mount. The mount shall not count towards the falconer's possession limit.
5. A license holder submitting a carcass or parts of a carcass of any raptor that has been euthanized shall ensure a tag indicating the raptor was euthanized is attached to the carcass or parts of the carcass before submitting it to the National Eagle Repository or non-eagle repository, as applicable.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Amended by final rulemaking at 18 A.A.R. 958, effective January 1, 2013 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-423. Wildlife Rehabilitation License**

- A.** For the purposes of this Section, "volunteer" means a person who:
- 1. Is not designated as an agent, as defined under R12-4-401,
  - 2. Assists a wildlife rehabilitation license holder without compensation, and
  - 3. Is under the direct supervision of the license holder at the location specified on the wildlife rehabilitation license.
- B.** A wildlife rehabilitation license is issued for the sole purpose of restoring and returning wildlife to the wild through rehabilitative services. The license allows a person 18 years of age or older to conduct any of the following activities with live injured, disabled, orphaned or otherwise debilitated wildlife specified on the rehabilitation license:
- 1. Capture;
  - 2. Euthanize;
  - 3. Export to a licensed zoo, when authorized by the Department;
  - 4. Receive from the public;
  - 5. Rehabilitate;
  - 6. Release;
  - 7. Temporarily possess;
  - 8. Transport; or
  - 9. Transfer to one of the following:
    - a. Licensed veterinarian for treatment or euthanasia;
    - b. Another appropriately licensed special license holder;

- c. Licensed zoo, when authorized by the Department; or
10. As otherwise directed in writing by the Department.
- C.** A wildlife rehabilitation license authorizes the possession of the following taxa or species:
- 1. Amphibians;
  - 2. Reptiles;
  - 3. Birds:
    - a. Non-passerines, birds in any order other than those named in subsections (b) through (e);
    - b. Birds in the orders *Falconiformes* or *Strigiformes*, raptors;
    - c. Birds in the order, *Galliformes* quails and turkeys;
    - d. Birds in the order *Columbiformes*, doves;
    - e. Birds in the order *Trochiliformes*, hummingbirds; and
    - f. Birds in the order *Passeriformes*, passerines;
  - 4. Mammals:
    - a. Nongame mammals;
    - b. Bats;
    - c. Big game mammals other than cervids: bighorn sheep, bison, black bear, javelina, mountain lion, pronghorn;
    - d. Carnivores: bobcat, coati, coyote, foxes, raccoons, ringtail, skunks, and weasels; and
    - e. Small game mammals.
- D.** A wildlife rehabilitation license authorizes the possession of the following taxa or species only when specifically requested at the time of application:
- 1. Eagles;
  - 2. Species listed under 50 CFR 17.11, revised October 1, 2019; and
  - 3. The Department's Tier 1 Species of Greatest Conservation Need, as defined under R12-4-401.
  - 4. For the purposes of subsection (D)(2), this incorporation by reference contains no future editions or amendments. The incorporated material is available at any Department office, online at [www.gpo.gov](http://www.gpo.gov), or may be ordered from the U.S. Government Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000.
- E.** All wildlife held under the license is the property of the state and shall be surrendered to the Department upon request.
- F.** The wildlife rehabilitation license expires on the last day of the third December from the date of issuance.
- G.** In addition to the requirements established under this Section, a wildlife rehabilitation license holder shall comply with the special license requirements established under R12-4-409.
- H.** The Department shall deny a wildlife rehabilitation license to a person who fails to meet the requirements and criteria established under R12-4-409, R12-4-428, or this Section or when the person's wildlife rehabilitation license is suspended or revoked in any state. The Department shall provide the written notice established under R12-4-409 to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- I.** The wildlife rehabilitation license holder shall be responsible for compliance with all applicable regulatory requirements; the license does not:
- 1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations;



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2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license; or
  3. Authorize the license holder to conduct any activities that constitutes the practice of veterinary medicine as prescribed under A.R.S. § 32-2231 whether or not a fee, compensation, or reward is directly or indirectly promised, offered, expected, received or accepted, unless the license holder is currently licensed to practice veterinary medicine in the state of Arizona.
- J.** Before applying for a wildlife rehabilitation license, a person shall correctly answer at least 80% of the questions on the Department administered written examination. The Department shall consider only those parts of the examination that are applicable to the taxa of wildlife for which the license is sought in establishing the qualifications of the applicant.
1. Examinations are provided by appointment, only.
  2. An applicant may request a verbal or written examination.
  3. The examination shall include questions regarding:
    - a. Wildlife rehabilitation;
    - b. Safe handling of wildlife;
    - c. Transporting wildlife;
    - d. Humane treatment;
    - e. Nutritional requirements;
    - f. Behavioral requirements;
    - g. Developmental requirements;
    - h. Ecological requirements;
    - i. Habitat requirements;
    - j. Captivity standards established under R12-4-428;
    - k. Human and wildlife safety considerations;
    - l. State statutes, rules, and regulations regarding wildlife rehabilitation; and
    - m. National Wildlife Rehabilitation Association minimum standards for wildlife rehabilitation.
  4. The applicant must successfully complete the examination within three years prior to the date on which the initial application for the license is submitted to the Department.
- K.** An applicant for a wildlife rehabilitation license shall submit an application to the Department. The application is furnished by the Department and is available at any Department office and on the Department's website. The applicant shall provide the following information on the application:
1. The applicant's information:
    - a. Name;
    - b. Date of birth;
    - c. Mailing address;
    - d. Telephone number;
    - e. Housing facility address, if different from mailing address;
    - f. Physical address or general location description and Global Positioning System location; and
    - g. Department ID number, when applicable;
  2. The wildlife taxa or species listed under subsection (C) that will be possessed under the license;
  3. For each location where the applicant proposes to use wildlife, the land owner's:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Physical address or general location description and Global Positioning System location;
  4. A detailed description, diagram, and photographs of the housing facility where the applicant will hold the wildlife, and a description of how the housing facility complies with the captivity standards established under this Section;
  5. Any other information required by the Department; and
  6. The certification required under R12-4-409(C).
- L.** In addition to the requirements listed under subsection (K), at the time of application, an applicant for a wildlife rehabilitation license shall also submit:
1. Any one or more of the following:
    - a. A valid, current license issued by a state veterinary medical examination authority that authorizes the applicant to practice as a veterinarian;
    - b. Proof of at least six months of experience performing wildlife rehabilitative work with an average of at least eight hours each week for the taxa or species of animal listed on the application; or
    - c. A current and valid license, permit, or other form of authorization issued by another state or the federal government that allows the applicant to perform wildlife rehabilitation;
  2. Proof the applicant successfully completed the examination required under subsection (J) no more than three years prior to submitting the initial application;
  3. An affidavit signed by the applicant affirming either of the following:
    - a. The applicant is a licensed veterinarian; or
    - b. A licensed veterinarian is reasonably available to provide veterinary services as necessary to facilitate rehabilitation of wildlife.
  4. A written statement describing:
    - a. The applicant's preferred method of disposing of non-releasable live wildlife as listed under subsection (B); and
    - b. The applicant's training and experience in handling, capturing, rehabilitating, and caring for the taxa or species when the applicant is applying for a license to perform authorized activities with taxa or species of wildlife listed under subsection (C).
- M.** A wildlife rehabilitation license holder who wishes to continue activities authorized under the license shall renew the license before it expires.
1. When renewing a license without change to the species, location, or design of the facility where wildlife is held as authorized under the current license, the license holder may reference supporting materials previously submitted in compliance with subsection (K).
  2. A license holder applying for a renewal of the license shall successfully complete the examination at the time of renewal when the annual report submitted under subsection (Z) indicates the license holder did not perform any rehabilitative activities under the license.
  3. A license holder applying for a renewal of the license shall submit proof the license holder has completed the continuing education requirement established under subsection (N).
- N.** During the license period a wildlife rehabilitation license holder shall complete eight or more hours of continuing education sessions on wildlife rehabilitation or veterinary medicine. Acceptable continuing education sessions may be obtained from:

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1. An accredited university or college;
  2. The National Wildlife Rehabilitators Association, 2625 Clearwater Rd. Suite 110, St. Cloud, MN 56301;
  3. The International Wildlife Rehabilitation Council, PO Box 3197, Eugene, OR 97403; or
  4. Other applicable training opportunities approved by the Department in writing. A license holder who wishes to use other applicable training to meet the eight hour continuing education requirement shall request approval of the other applicable training prior to participating in the education session.
- O.** At the time of application, a wildlife rehabilitation license holder may request authorization to allow an agent to assist the license holder in carrying out activities authorized under the wildlife rehabilitation license by submitting a written request to the Department.
1. An applicant may request the ability to allow a person to act as an agent on the applicant's behalf, provided:
    - a. An employment or supervisory relationship exists between the applicant and the agent,
    - b. The agent submits proof of at least six months of experience performing wildlife rehabilitative work with an average of at least eight hours each week, and
    - c. The agent's privilege to take or possess live wildlife is not suspended or revoked in any state.
    - d. An agent shall allow the Department to conduct inspections of an agent's facility when the agent intends to possess wildlife for more than 48 hours. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
  2. The license holder shall obtain approval from the Department prior to allowing the agent assist in any activities.
  3. The license holder is liable for all acts the agent performs under the authority of this Section.
  4. The Department, acting on behalf of the Commission, may suspend or revoke a license for violation of this Section by an agent.
  5. The license holder shall ensure the agent possesses a legible copy of the license while conducting any activity authorized under the wildlife rehabilitation license and presents it for inspection upon the request of any Department employee or agent.
- P.** At any time during the license period, a wildlife rehabilitation license holder may request permission to amend the license to add or delete an agent or a location where wildlife is held; or to obtain authority to rehabilitate additional taxa of wildlife. To request an amendment, the license holder shall submit the following information to the Department, as applicable:
1. To add or delete an agent, the information stated in subsections (K)(1) through (K)(4) as applicable to the agent, and proof of at least six months of experience performing wildlife rehabilitative work with an average of at least eight hours each week;
  2. To add or delete a location, the information stated in subsection (K)(1) through (K)(5); and
  3. To obtain authority to rehabilitate additional taxa or wildlife, the information stated in subsection (K)(1) through (K)(5) and (L)(1) through (L)(4).
- Q.** A wildlife rehabilitation license holder authorized to rehabilitate wildlife species listed under subsection (C)(3)(c), (C)(4)(c) and (C)(4)(d) or (D) shall contact the Department within 24 hours of receiving the individual animal to obtain instructions in handling or transferring that animal. While awaiting instructions, the license holder shall ensure that emergency veterinary care is provided as necessary.
- R.** A wildlife rehabilitation license holder shall:
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  2. Maintain records associated with the license for a period of five years following the date of disposition.
  3. Allow the Department to conduct inspections of an applicant's or license holder's facility and records at any time before or during the license period to determine compliance with the requirements of this Article. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
  4. Ensure each facility is inspected by the attending veterinarian at least once every year.
  5. Capture, remove, transport, and release wildlife held under the requirements of this Section in a manner that is least likely to cause injury to the affected wildlife.
  6. Conduct rehabilitation only at the location listed on the license.
  7. Be responsible for all expenses incurred, including veterinary expenses, and all actions taken under the license, including all actions or omissions of all agents and volunteers when performing activities under the license.
  8. Immediately surrender wildlife held under the license to the Department upon request.
  9. Dispose of all wildlife that is euthanized or that otherwise dies within 30 days of death either by burial, incineration, or transfer to a scientific research institution, except that the license holder shall transfer all carcasses of endangered or threatened species, species listed under the Department's Tier 1 Species of Greatest Conservation Need, or eagles as directed by the Department.
  10. Maintain a current log that records the information specified under subsection (Z).
  11. Possess the license or legible copy of the license at each authorized location and while conducting any rehabilitation activities and presents it for inspection upon the request of any Department employee or agent.
  12. Ensure a copy of the wildlife rehabilitation license accompanies each transfer or shipment of wildlife.
  13. Dispose of any raptor suspected or confirmed with West Nile Virus or poisoning, except for lead poisoning, by incineration.
  14. Except as specified under subsection (R)(12), transfer the carcass or parts of the carcass of a deceased raptor as follows:
    - a. For a bald or golden eagle, send the entire body, including all feathers, talons, and other parts, to the National Eagle Repository, see <https://www.fws.gov/eaglerepository/factsheets.php>;
    - b. For any euthanized non-eagle raptor, to prevent secondary poisoning of other wildlife, either submit the carcass to a non-eagle repository or burn, bury, or otherwise destroy the carcass;
    - c. For all other species:
      - i. Submit the carcass to a non-eagle repository;
      - ii. Submit the carcass to the Department for submission to a non-eagle repository.
- S.** A wildlife rehabilitation license holder shall not:
1. Display for educational purposes any wildlife held under the license.

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2. Exhibit any wildlife held under the license.
  3. Permanently possess any wildlife held under the license.
  - T. A wildlife rehabilitation license holder may possess all wildlife for no more than 90 days. Except a bird may be possessed for no more than 180 days, unless the Department has authorized possession for a longer period of time.
  - U. A license holder may request permission to possess wildlife for a longer period of time than specified in subsection (T) by submitting a written request to the Department.
    1. The Department shall approve or deny the request within ten days of receiving the request.
    2. For requests made due to a medical necessity, the Department may require the license holder to provide a written statement listing the medical reasons for the extension, signed by a licensed veterinarian.
    3. The license holder may continue to hold the specified wildlife while the Department considers the request.
    4. If the request is denied, the Department shall send a written notice to the license holder which shall include specific, time-dated directions for the surrender or disposition of the animal.
  - V. A wildlife rehabilitation license holder who also possesses a federal rehabilitator license may allow a licensed falconer to assist in conditioning a raptor in preparation for the raptor's release to the wild.
    1. The license holder may allow the licensed falconer to temporarily remove the raptor from the license holder's facility while conditioning the raptor.
    2. The license holder shall provide the licensed falconer with a written statement authorizing the falconer to assist the license holder.
    3. The written statement shall identify the raptor by species, type of injury, and band number, when available.
    4. The license holder shall ensure the licensed falconer returns the raptor to the license holder within the 180-day period established under subsection (T).
  - W. A wildlife rehabilitation license holder may hold wildlife under the license after the wildlife reaches a state of restored health only for the amount of time reasonably necessary to prepare the wildlife for release. Rehabilitated wildlife shall be released:
    1. In an area without immediate threat to the wildlife or contact with humans;
    2. During an ecologically appropriate time of year and time of day; and
    3. Into a suitable habitat in the same geographic area where the animal was originally obtained; or
    4. In an area designated by the Department.
  - X. Wildlife that is not releasable after the time-frames specified in subsection (T) shall be transferred, disposed of, or euthanized as determined by the Department.
  - Y. To permanently hold rehabilitated wildlife declared unsuitable for release by a licensed veterinarian, a wildlife rehabilitation license holder shall apply for and obtain a wildlife holding license in compliance with under R12-4-417.
  - Z. A wildlife rehabilitation license holder shall submit an annual report to the Department before January 31 of each year for the previous calendar year. The report form is furnished by the Department.
    1. A report is required regardless of whether or not activities were performed during the previous year.
    2. The wildlife rehabilitation license becomes invalid if the annual report is not submitted to the Department by January 31 of each year.
  3. The Department will not process the special license holder's renewal application until the annual report is received by the Department.
  4. The annual report shall contain the following information:
    - a. The license holder's:
      - i. Name;
      - ii. Mailing address; and
      - iii. Telephone number;
    - b. Each agent's:
      - i. Name;
      - ii. Mailing address; and
      - iii. Telephone number;
    - c. The permit or license number of any federal permits or licenses that relate to any rehabilitative function performed by the license holder;
    - d. For activities related to federally-protected wildlife, a copy of the rehabilitator's federal permit report of activities related to federally-protected wildlife; and
    - e. An itemized list of each animal held under the license during the calendar year for which activity is being reported. For each animal held by the license holder or agent, the itemization shall include:
      - i. Species;
      - ii. Condition that required rehabilitation;
      - iii. Date of acquisition;
      - iv. Source of acquisition;
      - v. Location of acquisition;
      - vi. Age class at acquisition, when reasonably determinable;
      - vii. Status at disposition or end-of-year in relation to the condition requiring rehabilitation;
      - viii. Method of disposition;
      - ix. Location of disposition; and
      - x. Date of disposition.
- AA. A wildlife rehabilitation license holder shall comply with the requirements established under R12-4-409, R12-4-428, and R12-4-430, as applicable.

**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).

Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4).

Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3).

Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-424. White Amur Stocking License; Restocking License****A. For the purposes of this Section:**

"Closed aquatic system" means any body of water, water system, canal system, or series of lakes, canals, or ponds where triploid white amur are prevented from entering or exiting the system by any natural or man-made barrier, as determined by the Department.

"Triploid" means a species having three homologous sets of chromosomes that renders the individuals sterile.

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- B.** A white amur stocking or restocking license allows a person to import, possess, stock in a closed aquatic system, and transport triploid white amur (*Ctenopharyngodon idella*).
- C.** The white amur stocking or restocking license is valid for no more than 20 consecutive days.
- D.** In addition to the requirements established under this Section, a white amur stocking or restocking license holder shall comply with the special license requirements established under R12-4-409.
- E.** The white amur stocking or restocking license holder shall be responsible for compliance with all applicable regulatory requirements; the licenses do not:
1. Exempt the license holder from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  2. Authorize the license holder to engage in authorized activities using federally-protected wildlife, unless the license holder possesses a valid license, permit, or other form of documentation issued by the United States authorizing the license holder to use that wildlife in a manner consistent with the special license.
- F.** The Department shall deny a white amur stocking or restocking license to a person who fails to meet the requirements established under R12-4-409 or this Section. The Department shall provide the written notice established under R12-4-409(F)(4) to the applicant stating the reason for the denial. The person may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10. In addition to the requirements and criteria established under R12-4-409(F)(1) through (4), the Department shall deny a white amur stocking or restocking license when it determines the issuance of the license may result in a negative impact on native wildlife.
- G.** An applicant for a white amur stocking or restocking license shall submit an application to the Department. A separate application is required for each location where the applicant proposes to stock white amur. The application is furnished by the Department and is available from any Department office and on the Department's website. The applicant shall provide the following information on the application:
1. The applicant's information:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Department ID number, when applicable;
  2. For each location where the white amur will be held, stocked, or restocked, the land owner's:
    - a. Name;
    - b. Mailing address;
    - c. Telephone number; and
    - d. Physical address or general location description and Global Positioning System location;
    - e. For the purposes of this subsection, the following systems may qualify as separate locations, as determined by the Department:
      - i. Each closed aquatic system;
      - ii. Each separately managed portion of a closed aquatic system; or
      - iii. Multiple separate closed aquatic systems owned, controlled, or legally held by the same applicant where stocking is to occur;
  3. A detailed description and diagram of each enclosed aquatic system where the applicant will stock and hold the white amur, as prescribed under A.R.S. § 17-317, which shall include the following information, as applicable:
    - a. A description of how the system meets the definition of a "closed aquatic system" in subsection (A);
    - b. Size of waterbody proposed for stocking;
    - c. Nearest river, stream, or other freshwater system;
    - d. Points where water enters into each water body;
    - e. Points where water leaves each water body; and
    - f. Location of fish containment barriers;
  4. For each wildlife supplier from whom the applicant will obtain white amur, the supplier's:
    - a. Name;
    - b. Mailing address; and
    - c. Telephone number;
  5. The number and average length of white amur to be stocked;
  6. The dates white amur will be stocked, or restocked;
  7. Any other information required by the Department; and
  8. The certification required under R12-4-409(C).
- H.** When the Department determines an applicant proposes to stock white amur in a watershed in a manner that conflicts with the Department's efforts to conserve wildlife, in addition to the requirements listed under subsection (G), the applicant shall also submit a written proposal to the Department at the time of application. The written proposal shall contain all of the following:
1. Anticipated benefits from introducing white amur;
  2. Potential risks introducing white amur may create for wildlife, including:
    - a. Whether white amur are compatible with native aquatic species or game fish; and
    - b. Method for evaluating the potential impact introducing white amur will have on wildlife;
  3. Assessment of probable impacts to sensitive species in the area using the list generated by the Department's Online Environmental Review Tool, which is available on the Department's website. The proposal must address each species listed.
- I.** A person may apply for a white amur restocking license provided there are no changes to the closed aquatic system. The restocking application license application must include the inspection certification from the supplier of white amur as required under subsection (K)(2).
- J.** A person applying for a white amur stocking or restocking license shall pay all applicable fees as prescribed under R12-4-412.
- K.** A white amur stocking and restocking license holder shall comply with the requirements established under R12-4-409.
1. Comply with all additional stipulations placed on the license by the Department, as authorized under R12-4-409(H).
  2. Obtain all aquatic wildlife, live eggs, fertilized eggs, and milt from a licensed fish farm operator or a private non-commercial fish pond certified free of the diseases and causative agents through the following actions:
    - a. An inspection shall be performed by a qualified fish health inspector or fish pathologist at the fish farm or pond where the aquatic wildlife or biological material is held before it is shipped to the license holder.
    - b. The inspection shall be conducted no more than 12 months prior to the date on which the aquatic wildlife or biological material is shipped to the license

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holder. The Department may require additional inspections at any time prior to stocking.

- c. The applicant shall submit a copy of the certification to the Department prior to conducting any stocking activities.
  3. Maintain records associated with the license for a period of five years following the date of disposition.
  4. Allow the Department to conduct inspections of an applicant's or license holder's facility, records, and any waters proposed for stocking at any time before or during the license period to determine compliance with the requirements of this Article and to determine the appropriate number of white amur to be stocked. The Department shall comply with A.R.S. § 41-1009 when conducting inspections at a license holder's facility.
  5. Ensure all shipments of white amur are accompanied by a USFWS, or similar agent, certificate confirming the white amur are triploid.
  6. Possess the license or legible copy of the license while conducting any activities authorized under the white amur stocking or restocking license and presents it for inspection upon the request of any Department employee or agent.
- L. A white amur stocking or restocking license holder shall comply with the requirements established under R12-4-409.

**Historical Note**

Adopted as an emergency effective July 5, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3).

Correction, Historical Note, Supp. 88-3, should read, "Adopted as an emergency effective July 15, 1988..."; readopted and amended as an emergency effective October 13, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted as an emergency effective January 24, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Former Section R12-4-219 amended and adopted as a permanent rule and renumbered as Section R12-4-424 effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 7 A.A.R. 2732, effective July 1, 2001 (Supp. 01-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-425. Restricted Live Wildlife Lawfully Possessed without License or Permit Before the Effective Date of Article 4 or Any Subsequent Amendments**

- A. A person who lawfully possessed restricted live wildlife without a license or permit from the Department before the effective date of this Section or any subsequent amendments to R12-4-406, this Section, or this Article may continue to possess the wildlife and to use it for any purpose that was lawful, except propagation, before the effective date of R12-4-406, this Section, or this Article or any subsequent amendments, provided the person complies with the requirements established under subsections (A)(1) or (A)(2).
1. The person submits written notification to the Department's regional office in which the restricted live wildlife is held. The person shall submit the written notification to

the regional office within 30 calendar days of the effective date of any subsequent amendments to this Section, R12-4-406, or this Article. The written notification shall include all of the following information:

- a. The number of individuals of each species,
  - b. The purpose for which it is possessed, and
  - c. The unique identifier for each individual wildlife possessed by the person, as established under subsection (F); or
2. The person maintains documentation of the restricted live wildlife held. The documentation shall include:
    - a. The number of individuals of each species,
    - b. Proof the individuals were legally acquired before the effective date of the amendment causing the wildlife to be restricted,
    - c. The purpose for which it is used, and
    - d. The unique identifier for each wildlife possessed by the person, as established under subsection (F).
  3. The person shall report the birth or hatching of any progeny conceived before and born after the effective date of this Section, R12-4-406, or this Article to the Department and comply with the requirements established under subsection (F).
- B. The person shall ensure the written notification described under subsection (A)(1) and (A)(2) includes the person's name, address, and the location where the wildlife is held. A person who maintains their own documentation under subsection (A)(2) shall make it available to the Department upon request.
- C. The person shall retain the documentation required under subsections (A)(1) and (A)(2) until the person disposes of the wildlife as described under subsection (D).
- D. A person who possesses wildlife under this Section shall dispose of it using any one of the following methods:
  1. Exportation;
  2. Euthanasia;
  3. Transfer to an Arizona special license holder, provided the special license authorizes possession of the species involved; or
  4. As otherwise directed by the Department in writing.
- E. If a person transfers restricted live wildlife possessed under this Section to a special license holder:
  1. The exemption for that wildlife under this Section expires, and
  2. The special license holder shall use, possess, and report the wildlife in compliance with this Article and any stipulations applicable to that special license.
- F. A person who exports wildlife held under this Section shall not import the wildlife back into this state unless the person obtains a special license prior to importing the wildlife back into this state.
- G. A person who possesses wildlife under this Section shall permanently and uniquely mark the wildlife with a unique identifier as follows:
  1. Within 30 calendar days of the effective date of this Section, R12-4-406, or this Article if the person has notified the Department as provided under subsection (A)(1); or
  2. Within 30 calendar days of receiving written notice from the Department directing the person to permanently mark the wildlife.
- H. A person possessing a desert tortoise (*Gopherus agassizii*) is not subject to the requirements of this Section and shall comply with requirements established under R12-4-404 and R12-4-407.

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**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-426. Possession of Nonhuman Primates**

- A. A person is prohibited from possessing a nonhuman primate, unless authorized under a special license or lawful exemption.
- B. A person shall not import a nonhuman primate into this state unless:
  - 1. A person lawfully possessing a nonhuman primate shall ensure the primate is tested and reported to be free of any zoonotic disease that poses a serious health risk as determined by the Department. Zoonotic diseases that pose a serious health risk include, but are not limited to:
    - a. Tuberculosis;
    - b. Simian Herpes B virus;
    - c. Simian Immunodeficiency Virus;
    - d. Simian T Lymphotropic Virus; and
    - e. Gastrointestinal pathogens such as, but not limited to, Shigella, Salmonella, E. coli, and Giardia.
  - 2. A qualified person, as determined by the Department, performs the test and provides the test results; and
  - 3. The tests required under subsection (B)(1) are:
    - a. Conducted no more than 30 days before the person imports the nonhuman primate; and
    - b. The person submits the results to the Department prior to importation.
- C. A person lawfully possessing the nonhuman primate shall contain the primate within the confines of the person's private property or licensed facility.
- D. A person possessing a nonhuman primate may only transport the primate by way of a secure cage, crate, or carrier. A person possessing a primate shall only transport the primate to the following locations:
  - 1. To or from a licensed veterinarian;
  - 2. Into or out of the state for lawful purposes.
- E. A person lawfully possessing a nonhuman primate that bit, scratched, or otherwise exposed a human to pathogenic organisms, as determined by the Department, shall ensure the primate is examined and laboratory tested for the presence of pathogens as follows:
  - 1. The Department shall prescribe examinations and laboratory testing for the presence of pathogens.
  - 2. The person shall have the nonhuman primate examined by a state licensed veterinarian who shall perform any examinations or laboratory tests as directed by the Department.
    - a. The licensed veterinarian shall provide the laboratory results to the Department within 24 hours of receiving the results.
    - b. The Department shall notify the exposed person and the Department of Health Services, Vector Borne and Zoonotic Disease Section within 10 days of receiving notice of the test results.
  - 3. The person possessing the nonhuman primate shall pay all costs associated with the examination, laboratory testing, and maintenance of the primate.
- F. A person lawfully possessing a nonhuman primate shall ensure a primate that tests positive for a zoonotic disease that poses a serious health risk to humans, or is involved in more than one incident of biting, scratching, or otherwise exposing a human

to pathogenic organisms, is maintained in captivity or disposed of as directed in writing by the Department.

- G. A zoo license holder or a person using nonhuman primates at a research facility, as defined under R12-4-401, possessing a primate that bit, scratched, or otherwise exposed a human to pathogenic organisms shall quarantine and test the primate in accordance with procedures approved by the Department.
- H. A person lawfully possessing a nonhuman primate is subject to the requirements established under R12-4-428.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Rule expired December 31, 1989; text rescinded (Supp. 93-2).

New Section adopted by final rulemaking at 6 A.A.R.

211, effective December 14, 1999 (Supp. 99-4).

Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Section R12-4-426(C) corrected to include subsection (C)(1), under A.R.S. § 41-1011 and A.A.C. R1-1-108, Office File No. M11-77, filed March 4, 2011 (Supp. 10-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4).

**R12-4-427. Exemptions from Requirements to Possess a Wildlife Rehabilitation License**

- A. A person may possess, provide rehabilitative care to, and release to the wild any live wildlife listed below that is injured, orphaned, or otherwise debilitated:
  - 1. The order *Passeriformes*: non-Migratory Bird Treaty Act listed passerine birds;
  - 2. The order *Columbiformes*: non-Migratory Bird Treaty Act listed doves;
  - 3. The family *Phasianidae*: quail, pheasant, and chukars;
  - 4. The order *Rodentia*: rodents; and
  - 5. The order *Lagomorpha*: hares and rabbits.
- B. This Section does not:
  - 1. Exempt the person from any municipal, county, state, or federal codes, ordinances, statutes, rules, or regulations; or
  - 2. Authorize the person to engage in authorized activities using federally-protected wildlife, unless the person possesses a valid license, permit, or other form of documentation issued by the United States that authorizes the license holder to use that wildlife in a manner consistent with the special license.
- C. This Section does not authorize the possession of any of the following:
  - 1. Eggs of wildlife;
  - 2. Wildlife listed as Species of Greatest Conservation Need, as defined under R12-4-401;
  - 3. Migratory birds, as defined under R12-4-101; or
  - 4. More than 25 animals at the same time.
- D. A person taking and caring for wildlife listed under this Section is not required to possess a hunting license.
- E. A person shall only take wildlife listed under subsection (A) by hand or by a hand-held implement.
- F. A person shall not possess wildlife lawfully held under this Section for more than 60 days.
- G. The exemptions granted under this Section shall not apply to any person who, by their own action, has unlawfully injured, orphaned, or otherwise debilitated the wildlife.
- H. If the wildlife is rehabilitated and suitable for release, the person who possesses the wildlife shall release it within the 60-day period established under subsection (C):
  - 1. Into a habitat that is suitable to sustain the wildlife, or

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2. As close as possible to the same geographic area from where it was taken.
- I. If the wildlife is not rehabilitated within the 60-day period or the wildlife requires care normally provided by a veterinarian, the person who possesses it shall:
  1. Transfer it to a wildlife rehabilitation license holder or veterinarian;
  2. Euthanize it; or
  3. Obtain a wildlife holding permit as established under R12-4-417.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective January 1, 1995; filed in the Office of the Secretary of State December 9, 1994 (Supp. 94-4). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-428. Captivity Standards**

- A. For the purposes of this Section, "animal" means any wildlife possessed under a special license, unless otherwise indicated.
- B. A person possessing wildlife under a special license authorized under this Article shall comply with the minimum standards for the humane treatment of animals established under this Section.
- C. A person possessing wildlife under an authority granted under this Article shall ensure all facilities meet the following minimum standards:
  1. The facility shall be:
    - a. Constructed of material of sufficient strength to resist any force the animal may be capable of exerting against it.
    - b. Constructed in a manner designed to reasonably prevent the animal's escape or the entry of unauthorized persons, wildlife, or domestic animals.
    - c. Constructed and maintained in good condition to protect animals from injury, disease, or death and to enable the humane practices established under this Section.
  2. If electricity is required to comply with related requirements established under this Section, each facility shall be equipped with safe, reliable and adequate electric power.
    - a. All electric wiring shall be constructed and maintained in accordance with all applicable governmental building codes.
    - b. Electrical construction and maintenance shall be sufficient to ensure that no animal has direct contact with any electrical wiring or electrical apparatus, and the animal is fully protected from any possibility of injury, shock, or electrocution.
  3. Each animal shall be supplied with sufficient potable water to meet its needs.
    - a. All water receptacles shall be kept in clean and sanitary condition.
    - b. Water shall be readily available and monitored at least once daily or more often when the needs of the animal or environmental conditions dictate.
    - c. If potable water is not accessible to the animal at all times, it shall be provided as often as necessary for the health and comfort of the animal.
  4. Food shall be suitable, wholesome, palatable, free from contamination, and of sufficient appeal, quantity, and nutritive value to maintain the good health of each animal held in the facility.
    - a. Each animal's diet shall be prepared based upon the nutritional needs and preferences of the animal with consideration for the animal's age, species, condition, size, and all veterinary directions or recommendations in regard to diet.
    - b. Each animal shall be fed as often as its needs dictate, taking into consideration behavioral adaptations, veterinary treatment or recommendations, normal fasts, or other professionally accepted humane practices.
    - c. The amount of available food for each animal shall be monitored at least once daily, except for those periods of time when species specific fasting protocols dictate that the animal should not consume any food during the entire day.
    - d. Food and food receptacles, when used, shall be sufficient in quantity and accessible to all animals in the facility and shall be placed to minimize potential contamination and conflict between animals using the receptacles.
    - e. Food receptacles shall be kept clean and sanitary at all times.
    - f. Any self-feeding food receptacles shall function properly and the food they provide shall be monitored at least once daily and shall not be subject to deterioration, contamination, molding, caking, or any other process that would render the food unsafe or unpalatable for the animal.
    - g. An appropriate means of refrigeration shall be provided for supplies of perishable animal foods.
  5. The facility shall be kept sanitary and regularly cleaned as the nature of the animal requires:
    - a. Adequate provision shall be made for the removal and disposal of animal waste, food waste, unusable bedding materials, trash, debris and dead animals not intended for food.
    - b. The facility shall be maintained to minimize the potential of parasite, pest, and vermin infestation, disease, and unseemly odors.
    - c. Excreta shall be removed from the primary enclosure facility as often as necessary to prevent contamination, minimize hazard of disease, and reduce unseemly odors.
    - d. The sanitary condition of the facility shall be monitored at least once daily.
    - e. When the facility is cleaned by hosing, flushing, or the introduction of any chemical substances, adequate measures shall be taken to ensure the animal has no direct contact with any chemical substance and is not directly sprayed with water, steam, or chemical substances or otherwise wetted involuntarily.
  6. A sanitary and humane method shall be provided to rapidly eliminate excess water from the facility. If drains are utilized, they shall be:
    - a. Properly constructed.
    - b. Kept in good condition to avoid foul odors or parasite, pest, or vermin infestation.
    - c. Installed in a manner that prevents the backup or accumulation of debris or sewage.

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7. No animal shall be exposed to any human activity or environment that may have an inhumane or harmful effect upon the animal or that is inconsistent with the purpose of the special license.
8. Facilities shall not be constructed or maintained in proximity to any physical condition which may pose any health threat or unnecessary stress to the animal.
9. Persons caring for the animals shall conduct themselves in a manner that prevents the spread of disease, minimizes stress, and does not threaten the health of the animal.
10. All animals housed in the same facility or within the same enclosed area shall be compatible and shall not pose a substantial threat to the health, life or well-being of any other animal in the same facility or enclosure, whether or not the other animals are held under a special license. This subsection shall not apply to live animals utilized as food items in the enclosures.
11. Facilities for the enclosure of animals shall be constructed and maintained to provide sufficient space to allow each animal adequate freedom of movement to make normal postural and social adjustments.
  - a. The facility area shall be large enough and constructed in a manner to allow the animal proper and adequate exercise as is characteristic to each animal's natural behavior and physical needs.
  - b. Facilities for digging or burrowing animals shall have secure safe floors below materials supplied for digging or burrowing activity.
  - c. Animals that naturally climb or perch shall be provided with safe and adequate climbing or perching apparatus.
  - d. Animals that naturally live in an aquatic environment shall be supplied with sufficient access to safe water so as to meet their aquatic behavioral needs.
  - e. The facility and holding environment shall be structured to reasonably promote the physical and psychological well-being of any animal held in the facility.
12. A special license holder shall ensure that a sufficient number of properly trained personnel are utilized to meet all the humane husbandry practices established under this Section. The license holder shall be responsible for the actions of all animal care personnel and all other persons that come in contact with the animals.
13. The special license holder shall designate a veterinarian licensed to practice in this state as the primary treating veterinarian for each species of animal to be held.
  - a. The license holder shall ensure that all animals in their care receive proper, adequate, and humane veterinary care as the needs of each animal dictate.
  - b. Each animal held for more than one year shall be inspected by the attending veterinarian at least once every year. The inspection report shall demonstrate the veterinarian inspected the health of the animal and the condition of its enclosure.
  - c. Every animal shall promptly receive licensed veterinary care whenever it appears that the animal is injured, sick, wounded, diseased, infected by parasites, or behaving in a substantially abnormal manner, including but not limited to exhibiting loss of appetite, abnormal weight loss or lethargy.
  - d. All medications, treatments and other directions prescribed by the attending veterinarian shall be properly administered by the license holder, authorized agent, or volunteer. A license holder, authorized agent, or volunteer shall not administer prescription medicine, unless under the direction of a veterinarian.
14. Any animal that is suspected of or diagnosed as harboring any infectious or transmissible disease, whether or not the animal is held under a special license, shall be isolated immediately upon suspicion or diagnosis.
  - a. The isolated animal shall continue to be kept in a humane manner as required under this Section.
  - b. When there is an animal with an infectious or transmissible disease in any animal facility, whether or not the animal is held under a special license, the facility shall be sanitized so as to reasonably eliminate the chance of other animals being exposed to infection. Sanitation procedures may include, but are not limited to:
    - i. Washing facilities or animal-related materials with appropriate disinfectants, soaps or detergents;
    - ii. Appropriate application of hot water or steam under pressure; and
    - iii. Replacement of gravel, dirt, sand, water, or food.
    - vi. All residue of chemical agents utilized in the sanitation process shall be reasonably eliminated from the facility before any animal is returned to the facility.
  - c. Parasites, pests, and vermin shall be controlled and eliminated so as to ensure the continued health and well-being of all animals.
- D. In addition the standards established under subsection (C), a person shall ensure all indoor facilities meet the following minimum standards:
  1. Heating and cooling equipment shall be sufficient to regulate the temperature of the facility to the optimal temperature zone of the species being held to provide a healthy, comfortable, and humane living environment.
  2. Indoor facilities shall be adequately ventilated with fresh air to provide for the healthy, comfortable, and humane keeping of any animal and to minimize drafts, odors, and moisture condensation.
  3. Indoor facilities shall have lighting of a quality, distribution, and duration as is appropriate for the biological needs of the animals held and to facilitate the inspection and maintenance of the facility.
    - a. Artificial lighting, when used, shall be utilized in regular cycles as the animal's needs dictate.
    - b. Lighting shall be designed to protect the animals from excessive or otherwise harmful aspects of illumination.
- E. In addition the standards established under subsection (C), a person shall ensure that all outdoor facilities meet the following minimum standards:
  1. Sufficient shade to prevent the overheating or discomfort of any animal shall be provided.
  2. Sufficient shelter appropriate to protect animals from normal climatic conditions throughout the year.
  3. Each animal shall be acclimated to outdoor climatic conditions before they are housed in any outdoor facility or otherwise exposed to the extremes of climate.
- F. A person who handles an animal shall ensure the animal is handled in an expeditious and careful manner to ensure no



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unnecessary discomfort, behavioral stress, or physical harm to the animal.

1. An animal shall be transported in a secure, expeditious, careful, temperature appropriate, and humane manner. An animal shall not be transported in any manner that poses a substantial threat to the life, health, or behavioral well-being of the animal.
2. An animal placed on public exhibit or educational display shall be handled in a manner that minimizes the risk of harm to members of the public and to the animal, which includes but is not limited to providing and maintaining a sufficient distance or barrier between the animal and the viewing public.
3. Any restraint or equipment used on an animal shall not cause physical harm or unnecessary discomfort.

- G.** The Department may impose additional requirements on facilities that hold animals to meet the needs of the particular animal and ensure public health and safety.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**R12-4-429. Expired****Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 3127, effective July 1, 2002 for a period of 180 days (Supp. 02-3). Emergency rulemaking renewed under A.R.S. § 41-1026(D) for an additional 180-day period at 9 A.A.R. 132, effective December 27, 2002 (Supp. 02-4). Section expired effective June 24, 2003 (Supp. 03-2).

**R12-4-430. Importation, Handling, and Possession of Cervids**

- A.** The Department shall not issue a new special license authorizing the possession of a live cervid, except as provided under R12-4-418 and R12-4-420.
- B.** A person shall not import a live cervid into Arizona, except a zoo license holder may import any live nonnative cervid for exhibit, educational display, or propagation provided the nonnative cervid is quarantined for 30 days upon arrival and is procured from a facility that meets all of the following requirements:
1. The exporting facility has a disease surveillance program and no history of chronic wasting disease or other wildlife disease that pose a serious health risk to wildlife or humans and there is accompanying documentation from the facility certifying there is no history of disease at the facility or within 50 miles of the facility;
  2. The nonnative cervid is accompanied by a health certificate, issued no more than 30 days prior to importation by a licensed veterinarian in the jurisdiction of origin; and
  3. The nonnative cervid is accompanied by evidence of lawful possession, as defined under R12-4-401.
- C.** A person shall not transport a live cervid within Arizona, except to:
1. Export the live cervid from Arizona for a lawful purpose;
  2. Transport the live cervid to a facility for the purpose of slaughter, when the slaughter will take place within five days of the date of transport;

3. Transport the live cervid to or from a licensed veterinarian for medical care;
4. Transport the live cervid to a new holding facility owned by, or under the control of, the cervid owner, when all of the following apply:
  - a. The current holding facility has been sold or closed;
  - b. Ownership, possession, custody, or control of the cervid will not be transferred to another person; and
  - c. The owner of the cervid has prior written approval from the Department; or
5. Transport the live nonnative cervid within Arizona for the purpose of procurement or propagation when all of the following apply:
  - a. The nonnative cervid is transported to or from a zoo licensed under R12-4-420;
  - b. The nonnative cervid is quarantined for 30 days upon arrival at its destination;
  - c. The nonnative cervid is procured from a facility that meets all of the requirements established under subsection (B)(1) through (B)(3).

- D.** A person who lawfully possesses a live cervid, except any cervid held under a private game farm or zoo license, shall comply with the requirements established under R12-4-425.

- E.** A person shall comply with the requirements established under R12-4-305 when transporting a cervid carcass, or its parts, from a licensed private game farm.

- F.** In addition to the recordkeeping requirements of R12-4-413 and R12-4-420, a person who possesses a live cervid under a private game farm or zoo license shall:

1. Permanently mark each live cervid with either an individually identifiable microchip or tattoo within 30 days of acquisition or birth of the cervid and ensure each cervid is marked with an ear tag that identifies the farm of origin in a manner that is clearly visible from a distance of 100 feet;
2. Report the death of any cervid to the Department within seven calendar days of finding the cervid;
3. Include in the annual report submitted to the Department before January 31 of each year, the following for each native cervid in the license holder's possession:
  - a. Name of the license holder,
  - b. License holder's mailing address,
  - c. License holder's telephone number,
  - d. Number and species of live cervids held,
  - e. The microchip or tattoo number of each live native cervid held,
  - f. The disposition of all cervids that were moved or died during the current reporting period,
  - g. The results of chronic wasting disease testing for all cervids one year of age and older that die during the current reporting period,
  - h. The license holder shall also submit copies of all veterinary care records that occurred during the previous year, and
  - i. Any other information required by the Department to ensure compliance with this Section.

- G.** The holder of a private game farm, scientific activity, zoo license, or a person possessing a cervid under R12-4-425, shall ensure that the retropharyngeal lymph nodes or obex from the head of a cervid over one year of age that dies while held under the special licenses is collected by either a licensed veterinarian or the Department and submitted within 72 hours of the time of death to an Animal and Plant Health Inspection Service certified veterinary diagnostic laboratory for chronic

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wasting disease analysis. A list of approved laboratories is available at any Department office and on the Department's website or [www.aphis.usda.gov](http://www.aphis.usda.gov). The license holder shall:

1. Ensure the shipment of the deceased animal's tissues is made by a common, private, or contract carrier that utilizes a tracking number system to track the shipment.
2. Include all of the following information with the shipment of the deceased animal's tissues, the license holder's:
  - a. Name,
  - b. Mailing address, and
  - c. Telephone number.
3. Designate, on the sample submission form, test results shall be sent to the Department within 10 days of completing the analysis. The sample submission form is furnished by the diagnostic laboratory providing the test.
4. Be responsible for all costs associated with the laboratory analysis.
5. Notify the Department within 72 hours of receiving a suspect or positive result.

**H.** A person who possesses a cervid shall comply with all procedures for:

1. Tuberculosis control and eradication for cervids as prescribed under the United States Department of Agriculture publication "Bovine Tuberculosis Eradication: Uniform Methods and Rules" USDA APHIS 91-45-011, revised January 1, 2005, which is incorporated by reference in this Section.
2. Prevention, control, and eradication of Brucellosis in cervids as prescribed under the United States Department of Agriculture publication "Brucellosis in Cervidae: Uniform Methods and Rules" U.S.D.A. A.P.H.I.S. 91-45-16, effective September 30, 2003.
3. The incorporated material is available at any Department office, online at [www.aphis.usda.gov](http://www.aphis.usda.gov), or may be ordered from the USDA APHIS Veterinary Services, Cattle Disease and Surveillance Staff, P.O. Box 96464, Washington D.C. 20090-6464.
4. The material incorporated by reference in this Section does not include any later amendments or editions.

**I.** A person who possesses a cervid shall maintain records required under this Section for a period of at least five years and shall make the records available for inspection to the Department upon request.

**J.** The Department has the authority to seize, euthanize, and dispose of any cervid possessed in violation of this Section, at the owner's expense.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 3186, effective August 30, 2003 (Supp. 03-3). Amended by final rulemaking at 12 A.A.R. 980, effective May 6, 2006 (Supp. 06-1). Amended by final rulemaking at 21 A.A.R. 2813, effective December 5, 2015 (Supp. 15-4). Amended by final rulemaking at 27 A.A.R. 321, effective July 1, 2021 (Supp. 21-1).

**ARTICLE 5. BOATING AND WATER SPORTS**

**R12-4-501. Boating and Water Sports Definitions**

In addition to the definitions provided under A.R.S. § 5-301, the following definitions apply to this Article unless otherwise specified:

"Abandoned watercraft" means any watercraft that has remained:

On private property without the consent of the private property owner;

Unattended for more than 48 hours on a highway, public street, or other public property;

Unattended for more than 72 hours on state or federal lands; or

Unattended for more than 14 days on state or federal waterways, unless in a designated mooring or anchorage area.

"Aids to navigation" means buoys, beacons, or other fixed objects placed on, in, or near the water to mark obstructions to navigation or to direct navigation through channels or on a safe course.

"Authorized third-party provider" means an entity that has been awarded a written agreement with the Department, pursuant to a competitive bid process, to perform limited or specific services on behalf of the Department.

"AZ number" means the Department-assigned identification number with the prefix "AZ."

"Bill of sale" means a written agreement transferring ownership of a watercraft that includes all of the following information:

Name of buyer;

Name of seller;

Manufacturer of the watercraft, when known;

Hull identification number, unless exempt under R12-4-505;

Purchase price and sales tax paid, when applicable; and

Signature of seller.

"Boats keep out" in reference to a regulatory marker means the operator or user of a watercraft, or a person being towed by a watercraft on water skis, an inflatable device, or similar equipment shall not enter.

"Certificate of number" means the Department-issued document that is proof that a motorized watercraft is registered in the name of the owner.

"Certificate of origin" means a document provided by the manufacturer of a new watercraft or its distributor, its franchised new watercraft dealer, or the original purchaser establishing the initial chain of ownership for a watercraft, such as but not limited to:

Manufacturer's certificate of origin (MCO);

Manufacturer's statement of origin (MSO);

Importer's certificate of origin (ICO);

Importer's statement of origin (ISO); or

Builder's certification (Form CG-1261).

"Controlled-use marker" means an anchored or fixed marker on the water, shore, or a bridge that controls the operation of watercraft, water skis, surfboards, or similar devices or equipment.

"Dealer" means any person who engages in whole or in part in the business of buying, selling, or exchanging new

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or used watercraft, or both, either outright or on conditional sale, consignment, or lease.

“Homemade watercraft” means a watercraft that is not fabricated or manufactured for resale and to which a manufacturer has not attached a hull identification number. If a watercraft is assembled from a kit or constructed from an unfinished manufactured hull and does not have a manufacturer assigned hull identification number it is a “homemade watercraft.”

“Hull identification number” means a number assigned to a specific watercraft by the manufacturer or by a government jurisdiction as prescribed by the U.S. Coast Guard.

“Issuing authority” means either a State that has an approved numbering system or the U.S. Coast Guard when a State does not have an approved numbering system.

“Junk watercraft” means any hulk, derelict, wreck, or parts of any watercraft in an unseaworthy or dilapidated condition that cannot be profitably dismantled or salvaged for parts or profitably restored.

“Letter of gift” means a document transferring ownership of a watercraft that includes all of the following information:

Name of previous owner;

Name of new owner;

Manufacturer of the watercraft, when known;

Hull identification number, unless exempt under R12-4-505;

A statement that the watercraft is a gift; and

Signature of previous owner.

“Livery” means a business authorized to rent or lease watercraft with or without an operator for recreational, non-commercial use as prescribed under A.R.S. § 5-371.

“Manufacturer” means any person engaged in the business of manufacturing or importing new watercraft for the purpose of sale or trade.

“Motorized watercraft” means any watercraft propelled by machinery and powered by electricity, fossil fuel, or steam.

“No ski” in reference to a regulatory marker means a person shall not be towed on water skis, an inflatable device, or similar equipment.

“No wake” in reference to a regulatory marker has the same meaning as “wakeless speed” as defined under A.R.S. § 5-301.

“Operate” in reference to a watercraft means use, navigate, or employ.

“Owner” in reference to a watercraft means a person who claims lawful possession of a watercraft by virtue of legal title or equitable interest that entitles the person to possession.

“Personal flotation device” means a U.S. Coast Guard approved wearable or throwable device for use on any watercraft, as prescribed under A.R.S. §§ 5-331, 5-350(A), and R12-4-511.

“Regatta” means an organized water event of limited duration affecting the public use of waterways, for which a lawful jurisdiction has issued a permit.

“Registered owner” means the person or persons to whom a watercraft is currently registered by any jurisdiction.

“Registration decal” means the Department-issued decal that is proof of watercraft registration.

“Regulatory marker” means a waterway marker placed on, in, or near the water to convey general information or indicate the presence of:

A danger, or

A restricted or controlled-use area.

“Release of interest” means a statement surrendering or abandoning unconditionally any claim or right of ownership or use in a watercraft.

“Secured party” means a lender, seller, or other person who holds a security interest in a watercraft under applicable law.

“Secured interest” means an interest that is reserved or created by an agreement under applicable law and that secures payment or the performance of an obligation.

“Sound level” means the noise level measured in decibels on the A-weighted scale of a sound level instrument that conforms to recognized industry standards and is maintained according to the manufacturer’s instructions.

“Staggered registration” means the system of renewing watercraft registrations in accordance with the schedule provided under R12-4-504.

“State of principal operation” means the state in whose waters the watercraft is used or will be operated most during the calendar year.

“Throwable personal flotation device” means a U.S. Coast Guard approved Type IV device for use on any watercraft such as, but not limited to, a buoyant cushion, ring buoy, or horseshoe buoy.

“Titling authority” means a State whose vessel titling system has been certified by the Commandant under 33 C.F.R. 187.303 Subpart D.

“Unreleased watercraft” means a watercraft for which there is no written release of interest from the registered owner.

“Watercraft” means a boat or other floating device of rigid or inflatable construction designed to carry people or cargo on the water and propelled by machinery, oars, paddles, or wind action on a sail. Exceptions are seaplanes, makeshift contrivances constructed of inner tubes or other floatable materials that are not propelled by machinery, personal flotation devices worn or held in hand, and other objects used as floating or swimming aids.

“Watercraft agent” means a person authorized by the Department to collect applicable fees for the registration and numbering of watercraft.

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“Watercraft registration” means the validated certificate of number and validating decals issued by the Department.

“Wearable personal flotation device” means a U.S. Coast Guard approved Type I, Type II, Type III, or Type V device for use on any watercraft such as, but not limited to, an off-shore lifejacket, near-shore buoyant vest, special-use wearable device, or flotation aid.

**Historical Note**

Editorial correction subsection (A) (Supp. 78-5). Former Section R12-4-83 renumbered as Section R12-4-501 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-501 renumbered to R12-4-515, new Section R12-4-501 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

**R12-4-502. Application for Watercraft Registration**

- A. Only motorized watercraft as defined under R12-4-501 are subject to watercraft registration.
- B. A person shall apply for watercraft registration under A.R.S. § 5-321 using a form furnished by the Department and available at any Department office or on the Department’s website. The applicant shall provide the following information for registration of all motorized watercraft except homemade watercraft, which are addressed under subsection (C):
  1. Arizona residency certification statement, signed by the watercraft owner;
  2. Type of watercraft;
  3. Propulsion type;
  4. Engine drive type;
  5. Overall length of watercraft;
  6. Make and model of watercraft, if known;
  7. Year built or model year, if known;
  8. Hull identification number;
  9. Hull material;
  10. Fuel type;
  11. Category of use;
  12. Watercraft or AZ number previously issued for the watercraft, if any;
  13. State of principal operation; and
  14. For watercraft:
    - a. Owned by a person:
      - i. Legal name;
      - ii. Mailing address;
      - iii. Date of birth; and
      - iv. Signature of each applicant.
    - b. Owned by a business:
      - i. Name of business;
      - ii. Business address;
      - iii. Tax Identification Number; and
      - iv. Signature and title of authorized representative on behalf of the business.
    - c. Held in a trust:

- i. Name of trust;
- ii. Primary trustee’s address;
- iii. Tax Identification Number, required when the trust is held by two or more persons;
- iv. Date of trust; and
- v. Signature of each trustee, unless the trust instrument authorizes the signature of one trustee to bind the trust.

15. When ownership of the watercraft is in more than one name, the applicant shall indicate ownership designation by use of one of the following methods:

- a. Where ownership is joint tenancy with right of survivorship, the applicant shall use “and/or” between the names of the owners. To transfer registration of the watercraft, each owner shall provide a signature. Upon legal proof of the death or incompetency of either owner, the remaining owner may transfer registration of the watercraft.
- b. Where ownership is a tenancy in common the applicant shall use “and” between the names of the owners. To transfer registration of the watercraft, each owner shall provide a signature. In the event of the death or incompetency of any owner, the disposition of the watercraft shall be handled through appropriate legal proceedings.
- c. Where the ownership is joint tenancy or is community property with an express intent that either of the owners has full authority to transfer registration, the applicant shall use “or” between the names of the owners. Each owner shall sign the application for registration. To transfer registration, either owner’s signature is sufficient for transfer.

- C. The builder, owner, or owners of a homemade watercraft shall present the watercraft for inspection at a Department office. The applicant shall provide the following information for registration of homemade watercraft, using the same ownership designations specified in subsection (A)(15):

1. Type of watercraft;
2. Propulsion type;
3. Engine drive type;
4. Overall length of watercraft;
5. Year built;
6. Hull material;
7. Fuel type;
8. Category of use;
9. Each owner’s:
  - a. Name,
  - b. Mailing address, and
  - c. Date of birth;
10. State of principal operation;
11. Whether the watercraft was assembled from a kit or rebuilt from a factory or manufacturer’s hull;
12. Hull identification number, if assigned; and
13. Signature of the applicant, acknowledged before a Notary Public or witnessed by a Department employee.

- D. As prescribed under A.R.S. § 5-321, the applicant shall submit a use tax receipt issued by the Arizona Department of Revenue with the application for registration unless any one of the following conditions apply:

1. The applicant is exempt from use tax as provided under 15 A.A.C. Chapter 5,
2. The applicant is transferring the watercraft from another jurisdiction to Arizona without changing ownership,

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3. The applicant submits a bill of sale or receipt showing the sales or use tax was paid at the time of purchase, or
  4. The applicant submits a notarized affidavit of exemption stating that the acquisition of the watercraft was for rental or resale purposes.
- E.** An applicant for a watercraft dealer registration authorized under A.R.S. § 5-322(F), shall be a business offering watercraft for sale or a watercraft manufacturer registered by the U.S. Coast Guard. A person shall display dealer registration for watercraft demonstration purposes only. For the purposes of this Section, "demonstration" means to operate a watercraft on the water for the purpose of selling, trading, negotiating, or attempting to negotiate the sale or exchange of interest in new watercraft, and includes operation by a manufacturer for purposes of testing a watercraft. Demonstration does not include operation of a watercraft for personal purposes by a dealer or manufacturer or an employee, family member, or an associate of a dealer or manufacturer. The watercraft dealer registration is subject to invalidation pursuant to R12-4-506 if a watercraft with displayed dealer registration is used for purposes other than those authorized under A.R.S. § 5-322(F) or this Section. A watercraft dealer registration applicant shall submit an application to the Department. The application is furnished by the Department and is available at any Department office. The applicant shall provide the following information on the application:
1. All business names used for the sale or manufacture of watercraft in Arizona;
  2. Mailing address and telephone number for each business for which a watercraft dealer registration is requested;
  3. Tax privilege license number;
  4. U.S. Coast Guard manufacturer identification code, when applicable;
  5. Total number of certificates of number and decals requested; and
  6. The business owner's or manager's:
    - a. Name,
    - b. Business address,
    - c. Telephone number, and
    - d. Signature.
- F.** In addition to submitting the application form and any other information required under this Section, the applicant for watercraft registration shall submit one or more of the following additional forms of documentation:
1. Original title if the watercraft is titled in another state;
  2. Original registration if the watercraft is from a non-titling state;
  3. Bill of sale as defined under R12-4-501 if the watercraft has never been registered or titled in any state;
  4. Letter of gift as defined under R12-4-501 if the watercraft was received as a gift and was never registered or titled in any state;
  5. Court order or other legal documentation establishing lawful transfer of ownership;
  6. Certificate of documentation or letter of deletion issued by the U.S. Coast Guard;
  7. Statement of facts form furnished by the Department and available from any Department office when none of the documentation identified under subsections (F)(1) through (F)(6) exists either in the possession of the watercraft owner or in the records of any jurisdiction responsible for registering or titling watercraft. An applicant for watercraft registration under a statement of facts shall present the watercraft for inspection at a Department office. The statement of facts form shall include the following information:
    - a. Hull identification number,
    - b. Certification that the watercraft meets one of the following conditions:
      - i. The watercraft was manufactured prior to 1972, is 12 feet in length or less, and is not propelled by an inboard engine;
      - ii. The watercraft is owned by the applicant and has never been registered or titled;
      - iii. The watercraft was owned in a state that required registration, but was never registered or titled; or
      - iv. The watercraft was purchased, received as a gift, or received as a trade and has not been registered, titled, or otherwise documented in the past five years.
    - c. Signature of the applicant, acknowledged before a Notary Public or witnessed by a Department employee.
- 8.** An original certificate of origin when all of the following conditions apply:
- a. The watercraft was purchased as new,
  - b. The applicant is applying for watercraft registration within a year of purchasing the watercraft, and
  - c. The certificate of origin is not held by a lien holder.
- G.** If the watercraft is being transferred to a person other than the original listed owner, the applicant for a watercraft registration shall submit a release of interest. The Department may require the applicant to provide a release of interest that is acknowledged before a Notary Public or witnessed by a Department employee when the Department is unable to verify the signature on the release of interest.
- H.** If the original title is held by a lien holder, the applicant for a watercraft registration shall submit a form furnished by the Department and available from any Department office along with a copy of the title. The applicant shall comply with the following requirements when submitting the form:
1. The applicant shall provide the following information on the form:
    - a. Applicant's name,
    - b. Applicant's mailing address,
    - c. Make and model of watercraft, and
    - d. Watercraft hull identification number.
  2. The applicant shall ensure the lien holder provides the following information on the form:
    - a. Lien holder's name,
    - b. Lien holder's mailing address,
    - c. Name of person completing the form on behalf of the lien holder,
    - d. Title of person completing the form on behalf of the lien holder, and
    - e. Signature of the person completing the form on behalf of the lien holder, acknowledged before a Notary Public or witnessed by a Department employee.
- I.** If the watercraft's original title or registration is lost, the Department shall register a watercraft upon receipt of one of the following:
1. A letter or printout from any jurisdiction responsible for registering or titling watercraft that verifies the owner of record for that specific watercraft;
  2. A printout of the Vessel Identification System for that specific watercraft from the U.S. Coast Guard and verifi-

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cation from the appropriate state agency that the information regarding the owner of record for that specific watercraft is correct and current;

3. A statement of facts by the applicant as described under subsection (F)(7) if the watercraft has not been registered, titled, or otherwise documented in the past five years; or
  4. The abandoned or unreleased watercraft approval letter issued by the Department, as established under R12-4-507(I).
- J.** The Department shall issue a watercraft registration within 30 calendar days of receiving a valid application and the documentation required under this Section from the applicant or a watercraft agent authorized under R12-4-509.
- K.** All watercraft registrations and supporting documentation are subject to verification by the Department and to the requirements established under R12-4-505. The Department shall require a watercraft to be presented for inspection to verify the information provided by an applicant if the Department has reason to believe the information provided by the applicant is inaccurate or the applicant is unable to provide the required information.
- L.** The Department shall deem an application invalid if the Department receives legal documentation of any legal action that may affect ownership of that watercraft.
- M.** The Department shall invalidate a watercraft registration if the registration is obtained by an applicant who makes a false statement or provides false information on any application, statement of facts, or written instrument submitted to the Department.

**Historical Note**

Former Section R12-4-84 renumbered as Section R12-4-502 without change effective August 13, 1981 (Supp. 81-4). Amended effective January 2, 1985 (Supp. 85-1). Former Section R12-4-502 repealed, new Section R12-4-502 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

**R12-4-503. Renewal of Watercraft Registration; Duplicate Watercraft Registration or Decal**

- A.** The owner of a registered watercraft shall renew the watercraft's registration no later than the day before the prior registration period expires.
1. To renew a watercraft's registration in person or by mail, an applicant shall pay the registration fee authorized under R12-4-504 and present any one of the following:
    - a. Current or prior certificate of number,
    - b. Valid driver's license,
    - c. Valid Arizona Motor Vehicle Division identification card,
    - d. Valid passport, or
    - e. Department-issued renewal notice.
  2. The owner of a registered watercraft may renew a watercraft registration by accessing the Department's online system and paying the applicable watercraft registration fee authorized under R12-4-504.

- B.** The owner of a registered watercraft may obtain a duplicate watercraft registration or decal in person or by mail. To obtain a duplicate watercraft registration or decal in person or by mail, an applicant shall:
1. Complete and submit an application for a duplicate certificate and/or decal form to the Department or its authorized agent, available from any Department office and on the Department's website; and
  2. Pay the duplicate watercraft registration fee authorized under R12-4-504.
- C.** If made available by the Department, the owner of a registered watercraft may obtain a duplicate watercraft registration or decal by accessing the Department's online system and paying the duplicate watercraft registration fee authorized under R12-4-504.
- D.** When a request for a watercraft registration renewal or duplicate watercraft registration or decal is submitted by mail or online, the Department shall mail the registration or decal, as applicable, to the address of record, unless the Department receives a notarized request from the registered owner instructing the Department to mail the duplicate registration or decal to another address.

**Historical Note**

Former Section R12-4-85 renumbered as Section R12-4-503 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-503 renumbered to R12-4-519, new Section R12-4-503 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-504. Watercraft Fees; Penalty for Late Registration; Staggered Registration Schedule**

- A.** The following fees are required, when applicable as authorized under A.R.S. §§ 5-321 and 5-322:
1. Motorized watercraft registration fees are assessed as follows:
    - a. Twelve feet and less: \$20
    - b. Twelve feet one inch through sixteen feet: \$22
    - c. Sixteen feet one inch through twenty feet: \$30
    - d. Twenty feet one inch through twenty-six feet: \$35
    - e. Twenty-six feet one inch through thirty-nine feet: \$39
    - f. Thirty-nine feet one inch through sixty-four feet: \$44
    - g. Sixty-four feet one inch and over: \$66
    - h. For the purposes of this subsection, the length of the motorized watercraft shall be measured in the same manner prescribed under A.R.S. § 5-321(C).
  2. Motorized watercraft transfer fee: \$13.
  3. Duplicate motorized watercraft registration: \$8.
  4. Duplicate decal: \$8.
  5. Watercraft dealer certificate of number: \$20.
  6. Abandoned or unreleased watercraft application fee: \$100.
  7. Unclaimed towed watercraft application fee: \$100.

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- B.** The Department or its agent shall collect the entire registration fee for a late registration renewal and a penalty fee of \$5, unless exempt under A.R.S. § 5-321(L). The Department or its agent shall not assess a penalty fee when a renewal is mailed before the expiration date, as evidenced by the postmark.
- C.** All new watercraft registrations expire 12 months after the date of issue.
- D.** Resident and nonresident watercraft registration renewals:
1. Shall be valid for a period of 7 to 18 months depending on the expiration month.
    - a. This provision applies to the initial renewal period only.
    - b. The Department shall prorate fees accordingly.
  2. May be renewed up to six months prior to the expiration month.
  3. Shall expire on the last day of the month indicated by the last two numeric digits of the AZ number, as shown in the following table:

Last two numeric digits of AZ number									Expiration month
00	12	24	36	48	60	72	84	96	December
01	13	25	37	49	61	73	85	97	January
02	14	26	38	50	62	74	86	98	February
03	15	27	39	51	63	75	87	99	March
04	16	28	40	52	64	76	88		April
05	17	29	41	53	65	77	89		May
06	18	30	42	54	66	78	90		June
07	19	31	43	55	67	79	91		July
08	20	32	44	56	68	80	92		August
09	21	33	45	57	69	81	93		September
10	22	34	46	58	70	82	94		October
11	23	35	47	59	71	83	95		November

- E.** Watercraft dealer, manufacturer, and governmental use registration renewals expire on October 31 of each year.
- F.** Livery and all other commercial use registration renewals expire on November 30 of each year.

**Historical Note**

Amended effective December 5, 1978 (Supp. 78-6).  
 Amended effective March 6, 1980 (Supp. 80-2). Former Section R12-4-86 renumbered as Section R12-4-504 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-504 repealed, new Section R12-4-504 adopted effective May 27, 1992 (Supp. 92-2).  
 Amended by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).  
 Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by exempt rulemaking pursuant to A.R.S. § 41-1005(A)(2)(b) at 21 A.A.R. 1046, effective June 16, 2015 (Supp. 15-2). Amended by final exempt rulemaking at 23 A.A.R. 1034; amended by final rulemaking at 23 A.A.R. 1732, both effective August 5, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 28 A.A.R. 2057 (August 19, 2022), effective September 26, 2022 (Supp. 22-3).

**R12-4-505. Hull Identification Numbers**

- A.** The Department shall not register a watercraft without a hull identification number.
- B.** The Department shall verify watercraft manufactured after November 1, 1972 have a primary hull identification number

that complies with the requirements established under 33 C.F.R. 181, subpart C. The Department shall assign a hull identification number when the watercraft hull identification number does not meet the requirements established under 33 C.F.R. 181, subpart C.

- C.** The hull identification number shall be fully visible and unobstructed at all times. Watercraft manufactured prior to August 1, 1984, are exempt from this requirement provided the obstruction is original equipment and was attached by the manufacturer.
- D.** The Department shall assign a hull identification number to a watercraft with a missing hull identification number only if the Department determines:
1. The hull identification number was not intentionally or illegally removed or altered, unless the application is accompanied by an order of forfeiture, order of seizure, or other civil process;
  2. The missing hull identification number was caused by error of the manufacturer or a government jurisdiction; or
  3. The watercraft is a homemade watercraft as defined under R12-4-501.
- E.** The Department may assign a hull identification number within 30 days of receipt of a valid application, as described under R12-4-502.
- F.** The Department may accept a bill of sale presented with a missing or nonconforming hull identification number for registration purposes only when:
1. The hull identification number matches the nonconforming hull identification number on the watercraft;
  2. Supporting evidence exists that the seller is the owner of the watercraft;
  3. The watercraft is homemade and does not have a hull identification number; or
  4. The watercraft was manufactured prior to November 1, 1972.
- G.** Within 30 days of issuance, the applicant or registered owner shall:
1. Burn, carve, stamp, emboss, mold, bond, or otherwise permanently affix each hull identification number to a non-removable part of the watercraft in a manner that ensures any alteration, removal, or replacement will be obvious.
  2. Ensure the characters of each hull identification number affixed to the watercraft are no less than 1/4 inch in height.
  3. Permanently affix the hull identification number as follows:
    - a. On watercraft with transoms, affix the hull identification number to the right or starboard side of the transom within two inches of the top of the transom or hull/deck joint, whichever is lower.
    - b. On watercraft without a transom, affix the hull identification number to the starboard outboard side of the hull, back or aft within one foot of the stern and within two inches of the top of the hull, gunwale, or hull/deck joint, whichever is lower.
    - c. On a catamaran or pontoon boat, affix the hull identification number on the aft crossbeam within one foot of the starboard hull attachment.
    - d. As close as possible to the applicable location established under subsections (a), (b), or (c) when rails, fittings, or other accessories obscure the visibility of the hull identification number.

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- e. Affix a duplicate of the visibly affixed hull identification number in an unexposed location on a permanent part of the hull.
- 4. Certify to the Department that the hull identification number was permanently affixed to the watercraft. The certification statement is furnished by the Department when a hull identification number is issued. The certification statement shall include the location of the permanently affixed hull identification number.

**Historical Note**

Amended effective January 1, 1980 (Supp. 79-6). Former Section R12-4-87 renumbered as Section R12-4-505 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-505 repealed, new Section R12-4-505 adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-506. Invalidation of Watercraft Registration and Decals**

- A. Any watercraft registration obtained by fraud or misrepresentation is invalid from the date of issuance.
- B. A certificate of number and any decals issued by the Department under R12-4-502 are invalid if any one of the following occurs:
  - 1. Any check, money order, or other currency certificate presented to the Department for payment of watercraft registration or renewal is found to be non-negotiable;
  - 2. Any person whose name appears on the certificate of number loses ownership of the watercraft by legal process;
  - 3. Arizona is no longer the state of principal operation;
  - 4. The watercraft is documented by the U.S. Coast Guard;
  - 5. An applicant provides incomplete or incorrect information to the Department and fails to provide the correct information within 30 days after a request by the Department;
  - 6. The Department revokes the certificate of number, AZ numbers, and decals as provided under A.R.S. § 5-391(I);
  - 7. The Department or its agent erroneously issued a certificate of number or any decals;
  - 8. A watercraft bearing a dealer registration is used for any purpose not authorized under R12-4-502(E); or
  - 9. A watercraft registered or used as a livery is operated in violation of A.R.S. § 5-371 or R12-4-514.
- C. A person shall surrender the invalid certificate of number and decals to the Department within 15 calendar days of receiving written determination from the Department that the certificate of number or decals are invalid, unless the person appeals the Department's determination to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.
- D. The Department shall not validate or renew an invalid watercraft registration or decals until the reason for invalidity is corrected or no longer exists.

**Historical Note**

Adopted effective December 4, 1984 (Supp. 84-6). Amended subsection (B) effective December 30, 1988 (Supp. 88-4). Correction, former Historical Note should

read "Amended subsection (B) effective January 1, 1989, filed December 30, 1988" (Supp. 89-2). Former Section R12-4-506 repealed, new Section R12-4-506 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-507. Transfer of Ownership of an Abandoned or Unreleased Watercraft**

- A. A person who has knowledge and custody of a watercraft abandoned on private property owned by that person may attempt to obtain ownership of the watercraft by way of the abandoned watercraft transfer process. A lienholder of foreclosed real property may assign an agent to act on its behalf.
- B. The last registered owner of an abandoned or unreleased watercraft is presumed to be responsible for the watercraft, unless the watercraft is reported stolen.
- C. The operator of a self-storage facility located in this state and having a possessory lien shall comply with the requirements prescribed under A.R.S. Title 33, Chapter 15, Article 1 when attempting to obtain ownership of a watercraft abandoned while in storage.
- D. A person having a possessory lien under a written agreement shall comply with the requirements prescribed under A.R.S. Title 33, Chapter 7, Article 6 when attempting to obtain ownership of a watercraft for which repairs or service fees remain unpaid.
- E. Only a person acting within the scope of official duties as an employee or authorized agent of a government agency may order the removal of a watercraft abandoned on public property or a public waterway.
- F. A person seeking ownership of an abandoned or unreleased watercraft shall submit an application to the Department and pay the fee established under R12-4-504. The application is furnished by the Department and available at any Department office. The application shall include the following information, if available:
  - 1. Hull identification number, unless exempt under R12-4-505;
  - 2. Registration number;
  - 3. Decal number;
  - 4. State of registration;
  - 5. Year of registration;
  - 6. Name, address, and daytime telephone number of the person who found the watercraft;
  - 7. For abandoned watercraft:
    - a. Address or description of the location where the watercraft was found,
    - b. Whether the watercraft was abandoned on private or public property, and
    - c. When applicable, for watercraft abandoned on private property, whether the applicant is the legal owner of the property;
  - 8. Condition of the watercraft: wrecked, stripped, or intact;
  - 9. State in which the watercraft will be operated;
  - 10. Length of time the watercraft was abandoned;
  - 11. Reason why the applicant believes the watercraft is abandoned; and
  - 12. Signature of the applicant, acknowledged before a Notary Public or witnessed by a Department employee.



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- G.** This state and its agencies, employees, and agents are not liable for relying in good faith on the contents of the application.
- H.** The Department shall attempt to determine the name and address of the registered owner by:
1. Conducting a search of its watercraft database when documentation indicates the watercraft was previously registered in this state, or
  2. Requesting the watercraft record from the other state when documentation indicates the watercraft was previously registered in another state.
- I.** If the Department is able to determine the name and address of the registered owner, the Department shall send written notice of the applicant's attempt to register the watercraft to the owner.
1. If the registered owner provides a written release of interest in the watercraft, the Department shall mail the release of interest and an abandoned or unreleased watercraft approval letter to the applicant. The applicant shall apply for watercraft registration in compliance with the requirements established under R12-4-502.
  2. If the registered owner provides written notice to the Department refusing to release interest in the watercraft, the Department shall notify the applicant of the owner's refusal. The Department shall not register the watercraft to the applicant unless the applicant provides proof of ownership and complies with the requirements established under R12-4-502.
  3. If the registered owner does not respond to the notice within 180 days from the date the Department sent notice, this failure to act shall constitute a waiver of interest in the watercraft by any person having an interest in the watercraft, and the watercraft shall be deemed abandoned for all purposes. The Department shall mail an abandoned or unreleased watercraft approval letter to the applicant. The applicant shall apply for watercraft registration in compliance with the requirements established under R12-4-502.
  4. If the written notice is returned unclaimed or refused, the Department shall notify the applicant within 15 days of the notice being returned that the attempt to contact the registered owner was unsuccessful.
- J.** If the Department is unable to identify or serve the registered owner, the Department shall post a notice of intent on the Department's website within 45 days of the Department's notification to the applicant as provided in subsection (I)(4).
1. The notice shall include a statement of the Department's intent to transfer ownership of the watercraft ten days after the date of posting, unless the Department receives notice from the registered owner refusing to release interest in the watercraft within that ten-day period following posting.
  2. If the watercraft remains unclaimed after the ten-day period, the Department shall mail an abandoned or unreleased watercraft approval letter to the applicant. The applicant shall apply for watercraft registration in compliance with the requirements established under R12-4-502.
- K.** A government agency may submit an application for authorization to dispose of a junk watercraft abandoned on state or federal lands or waterways. The application is furnished by the Department and is available at any Department Office. Upon receipt of the application, the Department shall attempt to determine the name and address of the registered owner. If the

Department is unable to identify and serve the registered owner, the Department shall publish a notice of intent to authorize the disposal of the junk watercraft as described under subsection (J).

1. The published notice shall include a statement of the Department's intent to authorize the disposal of the watercraft ten days after the date of publication, unless the Department receives notice from the registered owner refusing to release interest in the watercraft within that ten-day period following publication.
2. If the watercraft remains unclaimed after the ten-day period, the Department shall mail an authorization to dispose of the junk watercraft to the government agency. The government agency may dispose of the abandoned watercraft and all indicia for that watercraft in any manner the agency determines expedient or convenient.

**Historical Note**

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final exempt rulemaking at 23 A.A.R. 1034; amended by final rulemaking at 23 A.A.R. 1732, both effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

**R12-4-508. New Watercraft Exchanges**

- A.** A person may request a no-fee replacement registration for a new watercraft, provided all of the following conditions apply:
1. The person purchased the newly registered watercraft from a new watercraft dealer,
  2. The person returned the watercraft to the new watercraft dealer within 30 days of purchase, and
  3. The new watercraft dealer exchanged the returned watercraft for a watercraft of the same year, make, and model within the same 30 day period.
- B.** To obtain a no-fee replacement registration, the person shall submit the original watercraft registration and a letter from the new watercraft dealer to the Department. The letter shall include all of the following information:
1. A statement that the original watercraft was replaced,
  2. The hull identification number for the original watercraft,
  3. The hull identification number for the replacement watercraft,
  4. The buyer's name, and
  5. The new watercraft dealer's name.

**Historical Note**

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

**R12-4-509. Watercraft Dealers; Agents**

- A.** The Department may authorize a watercraft dealer to act as an agent on behalf of the Department for the purpose of issuing temporary certificates of number valid for 45 days for new or used watercraft, provided:
1. The applicant's previous authority to act as a watercraft agent under A.R.S. § 5-321(I) has not been canceled by the Department within the preceding 24 months, and

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2. The applicant is a business located and operating within this state and sells watercraft.
- B.** An applicant seeking watercraft agent authorization shall submit an application to the Department. The application is furnished by the Department and available at the Arizona Game and Fish Department, 5000 W. Carefree Highway, Phoenix, AZ 85086. The applicant shall provide the following information on the application:
  1. Principal business or corporation name, address, and telephone number or if not a corporation, the full name, address, and telephone number of all owners or partners;
  2. Name, address, and telephone number of the owner or manager responsible for compliance with this Section;
  3. Whether the applicant has previously issued temporary certificates of number under A.R.S. § 5-321(I);
  4. All of the following information specific to the location from which new watercraft are to be sold and temporary certificates of number issued:
    - a. Name of owner or manager;
    - b. Business hours;
    - c. Business telephone number;
    - d. Business type;
    - e. Storefront name; and
    - f. Street address;
  5. Manufacturers of the watercraft to be sold; and
  6. Signature of person named under subsection (B)(2).
- C.** The Department shall either approve or deny the application within the licensing time-frame established under R12-4-106.
- D.** Authorization to act as a watercraft agent is specific to the dealer's business location designated on the application and approved by the Department, unless the dealer is participating in a boat show for the purpose of selling watercraft.
- E.** The watercraft agent shall:
  1. Use the assigned watercraft agent number when issuing a temporary certificate of number,
  2. Use the online application system and forms supplied by the Department; and
  3. Collect the appropriate fee as prescribed under R12-4-504 and R12-4-527.
- F.** A watercraft agent is prohibited from issuing a temporary certificate of number for a watercraft when:
  1. The watercraft is involved in legal proceedings such as, but not limited to, a marital dissolution, probate, or bankruptcy proceeding;
  2. The watercraft is abandoned or unreleased;
  3. The watercraft is homemade; or
  4. The watercraft has a nonconforming HIN.
- G.** A watercraft agent issuing a temporary certificate of number to the purchaser of a watercraft shall comply with all the following:
  1. The watercraft agent shall obtain a completed application that complies with the requirements established under R12-4-502.
  2. The watercraft agent shall identify to the applicant the state registration fee and the nonresident boating safety infrastructure fee, when applicable, separately from any other costs.
  3. The fees collected under subsection (E)(3) shall be submitted electronically to the Department prior to the submission of the documentation required under subsection (G)(4).
  4. Within five business days of issuing a temporary certificate of number, a watercraft agent shall deliver or mail the following documentation to the Arizona Game and Fish Department, Watercraft Agent Representative, 5000 W. Carefree Highway, Phoenix, AZ 85086:
    - a. For a new watercraft:
      - i. Original application;
      - ii. Original or copy of the bill of sale issued by the watercraft agent; and
      - iii. Original certificate of origin;
    - b. For a used watercraft:
      - i. Original application;
      - ii. Original or copy of the bill of sale issued by the watercraft agent;
      - iii. Ownership document, such as but not limited to a title, bill of sale, letter of gift or U.S. Coast Guard certificate of documentation or letter of deletion issued by the U.S. Coast Guard; and
      - iv. Lien release, when applicable.
- H.** The Department may cancel the watercraft agent's authorization if the agent does any one of the following:
  1. Fails to comply with the requirements established under this Article;
  2. Submits more than one electronic payment dishonored because of insufficient funds, payments stopped, or closed accounts to the Department within a calendar year;
  3. Predates, postdates, alters, or provides or knowingly allows false information to be provided on an application for a temporary certificate of number; or
  4. Falsifies the application for authorization as a watercraft agent.
- I.** The Department shall provide a written notice to the person stating the reason for the denial or cancellation of watercraft agent status, as applicable. The person may appeal the denial or cancellation to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

**R12-4-510. Refund of Fees Paid in Error**

- A.** The Department shall issue a refund for watercraft registration fees paid and, when applicable, the Nonresident Boating Safety Infrastructure fee when the registered owner has erroneously paid those fees for a watercraft that has already been sold to another individual.
- B.** To request a refund of fees paid in error, the person applying for the refund shall surrender all of the following to the Department:
  1. Original certificate of number;
  2. Registration decals; and
  3. Nonresident Boating Safety Infrastructure Decal, when applicable.
- C.** A person requesting a refund of fees shall submit the request to the Department within 30 calendar days of the date the payment was received by the Department.
- D.** The Department shall not refund:
  1. A late registration penalty fee.

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2. A fee collected by an authorized third-party provider. A person who paid their watercraft registration fee to a third-party provider shall request a refund of fees from that third-party provider.

**Historical Note**

Adopted effective May 27, 1992 (Supp. 92-2). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

**R12-4-511. Personal Flotation Devices**

- A. For the purpose of this Section, "wear" means:
  1. The personal flotation device is worn according to the manufacturer's design or recommended use;
  2. All of the device's closures are fastened, snapped, tied, zipped, or secured according to the manufacturer's design or recommended use; and
  3. The device is adjusted for a snug fit.
- B. The operator of a canoe, kayak, or other watercraft shall ensure the watercraft is equipped with at least one correctly-sized, U.S. Coast Guard-approved, wearable personal flotation device that is in good and serviceable condition for each person on board the watercraft. The operator of any watercraft shall also ensure the wearable personal flotation devices on board the watercraft are readily accessible and available for immediate use.
- C. In addition to the personal flotation devices described under subsection (B), the operator of a watercraft that is 16 feet or more in length shall ensure the watercraft is also equipped with a U.S. Coast Guard-approved throwable personal flotation device: buoyant cushion, ring buoy, or horseshoe buoy. Canoes and kayaks are not subject to this subsection.
- D. The operator of a watercraft shall ensure a person twelve years of age or under on board a watercraft shall wear a U.S. Coast Guard approved wearable personal flotation device whenever the watercraft is underway.
- E. The operator of a personal watercraft shall ensure each person aboard the personal watercraft is wearing a wearable personal flotation device approved by the U.S. Coast Guard whenever the personal watercraft is underway.
- F. Subsections (B), (C), and (D) do not apply to the operation of a racing shell or rowing skull during competitive racing or supervised training, if the racing shell or rowing skull is manually propelled, recognized by a national or international association for use in competitive racing, and designed to carry and does carry only equipment used solely for competitive racing.

**Historical Note**

Amended effective May 26, 1978 (Supp. 78-3). Former Section R12-4-80 renumbered as Section R12-4-511 without change effective August 13, 1981 (Supp. 81-4). Amended effective May 27, 1992 (Supp. 92-2). Amended effective January 1, 1996; filed in the Office of the Secretary of State December 18, 1995 (Supp. 95-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-512. Fire Extinguishers Required for Watercraft**

- A. The operator of watercraft shall ensure all required fire extinguishers are readily accessible and available for immediate use.
- B. As prescribed under A.R.S. § 5-332, an operator of a:
  1. Watercraft less than 26 feet in length shall carry one U.S. Coast Guard-approved B-I type fire extinguisher on board if the watercraft has one or more of the following:
    - a. An inboard engine,
    - b. Closed compartments where portable fuel tanks may be stored,
    - c. Double bottoms not sealed to the hull or which are not completely filled with flotation materials,
    - d. Closed living spaces,
    - e. Closed stowage compartments in which combustible or flammable materials are stored,
    - f. Permanently installed fuel tanks (fuel tanks that cannot be moved in case of a fire or other emergency are considered permanently installed), and
    - g. A fixed fire extinguishing system installed in the engine compartment.
  2. Watercraft 26 feet to less than 40 feet shall carry on board the following equipment as designated and approved by the U.S. Coast Guard:
    - a. At least two B-I type hand-portable fire extinguishers or at least one B-II type hand-portable fire extinguisher, or
    - b. At least one B-I type approved hand-portable fire extinguisher if a fixed fire extinguishing system is installed in the engine compartment.
  3. Watercraft 40 feet to not more than 65 feet shall carry on board the following equipment as designated and approved by the U.S. Coast Guard:
    - a. At least three B-I type hand-portable fire extinguishers or at least one B-I and one B-II type hand-portable fire extinguishers, or
    - b. At least two B-I type hand-portable fire extinguishers or at least one B-II type hand-portable fire extinguisher when a fixed fire extinguishing system is installed in the engine compartment.

**Historical Note**

Former Section R12-4-81 renumbered as Section R12-4-512 without change effective August 13, 1981 (Supp. 81-4). Amended effective June 14, 1990 (Supp. 90-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

**R12-4-513. Watercraft Incident and Casualty Reports**

- A. The operator or owner of a watercraft involved in any collision, incident or other casualty resulting in injury, death, or property damage exceeding \$500 shall submit the report required under A.R.S. § 5-349 to the Department. The report shall be made on a form furnished by the Department or provided by the law enforcement officer investigating the collision, incident, or other casualty. The operator or owner of the watercraft shall complete the form in full and clearly identify on the form any information that is either not applicable or unknown. The operator or owner of the watercraft submitting the report shall provide all of the information required under 33 C.F.R. 173.57.
- B. The person completing the form shall deliver, mail, or email the form to the Arizona Game and Fish Department, Law

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Enforcement Branch at 5000 W. Carefree Hwy, Phoenix, AZ 85086 or BoatAccidentReporting@azgfd.gov, as applicable.

- C. The operator or owner of a watercraft involved in any collision, incident or other casualty resulting in injury or death shall submit the report to the Department no later than 48 hours after the incident.
- D. The operator or owner of a watercraft involved in any collision, incident or other casualty resulting only in property damage exceeding \$500 shall submit the report to the Department no later than five days after the incident.

**Historical Note**

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-514. Liveries**

- A. A person who rents, leases, or offers any watercraft for compensation, with or without an operator, for recreational, non-commercial use shall register the watercraft as a livery as established under R12-4-502.
- B. A watercraft owned by a boat livery that requires registration and does not have the certificate of number on board shall be identified while in use by means of a:
  - 1. Placard or some other form of display that is affixed to the watercraft and is visible when the watercraft is underway. The placard or other form of display shall indicate the business name and current phone number of the livery.
  - 2. Receipt provided by the livery to the person operating the rented watercraft. The receipt shall contain the following information:
    - a. Business name and address of the livery as shown on the certificate of number,
    - b. Watercraft registration number as issued by the Department,
    - c. Beginning date and time of the rental period, and
    - d. Written acknowledgment on the receipt of compliance with the requirements prescribed under A.R.S. § 5-371, signed by both the livery operator or their agent and the renter.
- C. A person operating a rented or leased watercraft or operating a passenger for hire watercraft shall carry the registration or receipt onboard and produce it upon request to any peace officer.
- D. Failure to comply with the requirements prescribed under A.R.S. § 5-371 and this Section may result in the invalidation of the watercraft registration and decals as provided under A.R.S. § 5-391(A) and R12-4-506.

**Historical Note**

Adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-515. Display of AZ Numbers and Registration Decals**

- A. A person shall not use, operate, moor, anchor, or grant permission to use, operate, moor, or anchor a watercraft on the boundaries of this state unless such watercraft displays a valid

number and current registration decal in the manner established under subsection (B). This Section does not apply to undocumented watercraft displaying a valid temporary numbering certificate authorized under R12-4-509 or exempt under A.R.S. § 5-322.

- B. The owner of a watercraft shall display the AZ number and registration decals as follows:
  - 1. The AZ numbers shall:
    - a. Be clearly visible and painted on or attached to each exterior side of the forward half of a non-removable portion of the watercraft;
    - b. Be in a color that contrasts with the watercraft's background color so as to be easily read from a distance;
    - c. Include the letters "AZ" and the suffix, separated by a hyphen or equivalent space between the letters "AZ" and the suffix; and
    - d. Read from left to right in well-proportioned block letters that are not less than three inches in height, excluding outline.
  - 2. The registration decals shall be affixed three inches in front of "AZ" on both sides of the forward half of a non-removable portion of the watercraft.
- C. On watercraft so constructed that it is impractical or impossible to display the AZ numbers in a prominent position on the forward half of the hull or permanent superstructure, the AZ numbers may be displayed on brackets or fixtures securely attached to the forward half of the watercraft.
- D. Persons possessing a dealer watercraft certificate of number issued under A.R.S. § 5-322(F) shall visibly display the AZ numbers and validating registration decals as established under this Section, except that the numbers and decals may be printed or attached to temporary, removable signs that are securely attached to the watercraft being demonstrated.
- E. Expired registration decals issued by any jurisdiction shall be covered or removed from the watercraft, so that only the current registration decals are visible.
- F. Invalid watercraft AZ numbers and registration decals shall not be displayed on any watercraft. The owner of the watercraft shall surrender the AZ numbers and registration decals to the Department in compliance with R12-4-506(C).

**Historical Note**

Section R12-4-515 renumbered from R12-4-501 and amended effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-516. Watercraft Sound Level Restriction**

- A. A person shall not operate a watercraft upon the waters of this state if the watercraft emits a noise level that exceeds any of the following.
  - 1. A noise level of 86 dB(A), measured at a distance of 50 feet or more from the watercraft on the "A" weighted scale of a sound level instrument that conforms to recognized industry standards and is maintained according to the manufacturer's instructions.
  - 2. For engines manufactured:
    - a. Before January 1, 1993, a noise level of 90 dB(A) when subjected to the Society of Automotive Engineers Recommended Practice stationary sound level test SAEJ2005, revised July 2004 and containing no later editions or amendments; and

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- b. On or after January 1, 1993, a noise level of 88 dB(A) when subjected to the Society of Automotive Engineers Recommended Practice stationary sound level test SAEJ2005, revised July 2004 and containing no later editions or amendments; or
- 3. A noise level of 75 dB(A) measured as specified in the Society of Automotive Engineers Recommended Practice shoreline sound test SAEJ1970, revised September 2003 and containing no later editions or amendments.
- B. The materials incorporated by reference in subsection (A) may be viewed at any Department office and are available for purchase from SAE International, 400 Commonwealth Dr, Warrendale, PA 15096-0001 or online at [www.sae.org](http://www.sae.org).
- C. A measurement of noise level that is in compliance with this Section does not preclude the conducting of a test or multiple tests of noise levels.
- D. A peace officer authorized to enforce the provisions of this Section who has reason to believe a watercraft is being operated in violation of the noise levels established in this Section may direct the operator of the watercraft to submit the watercraft to an onsite test to measure noise level.
- E. An operator of a watercraft who receives a request from a peace officer to test the noise level of the watercraft under subsection (D) shall allow the watercraft to be tested. If, based on a measurement or test to determine the noise level of a watercraft administered under this Section, the noise level of the watercraft exceeds one or more of the decibel level standards in subsection (A), the operator of the watercraft shall take immediate measures to correct the violation as prescribed under A.R.S. § 5-391(C).
- F. This Section shall not apply to watercraft operated under permits issued in accordance with A.R.S. § 5-336(C).

**Historical Note**

Former Section R12-4-82 renumbered as Section R12-4-516 without change effective August 13, 1981 (Supp. 81-4). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

**R12-4-517. Watercraft Motor and Engine Restrictions**

- A. A person operating a motorized watercraft on the following waters shall only use an electric motor not exceeding 10 manufacturer-rated horsepower:
  - 1. Ackre Lake
  - 2. Bear Canyon Lake
  - 3. Bunch Reservoir
  - 4. Carnero Lake
  - 5. Chaparral Park Lake
  - 6. Cluff Ponds
  - 7. Coconino Reservoir
  - 8. Coors Lake
  - 9. Dankworth Pond
  - 10. Dogtown Reservoir
  - 11. Fortuna Lake
  - 12. Goldwater Lake
  - 13. Granite Basin Lake
  - 14. Horsethief Basin Lake
  - 15. Hulsey Lake
  - 16. J.D. Dam Lake
  - 17. Knoll Lake
  - 18. Lee Valley Lake
  - 19. McKellips Park Lake
  - 20. Pratt Lake
  - 21. Quigley Lake
  - 22. Redondo Lake
  - 23. Riggs Flat Lake
  - 24. Roper Lake
  - 25. Santa Fe Lake
  - 26. Scott's Reservoir
  - 27. Sierra Blanca Lake
  - 28. Soldier Lake (in Coconino County)
  - 29. Stehr Lake
  - 30. Stoneman Lake
  - 31. Tunnel Reservoir
  - 32. Whitehorse Lake
  - 33. Willow Valley Lake
  - 34. Woodland Reservoir
  - 35. Woods Canyon Lake
- B. A person operating a motorized watercraft on the following waters shall use only a single electric motor or single gasoline engine not exceeding 10 manufacturer-rated horsepower:
  - 1. Arivaca Lake
  - 2. Ashurst Lake
  - 3. Becker Lake
  - 4. Big Lake
  - 5. Black Canyon Lake
  - 6. Blue Ridge Reservoir
  - 7. Cataract Lake
  - 8. Chevelon Canyon Lake
  - 9. Cholla Lake Hot Pond
  - 10. Concho Lake
  - 11. Crescent Lake
  - 12. Fool Hollow Lake
  - 13. Kaibab Lake
  - 14. Kinnikinick Lake
  - 15. Little Mormon Lake
  - 16. Lower Lake Mary
  - 17. Luna Lake
  - 18. Lynx Lake
  - 19. Marshall Lake
  - 20. Mexican Hay Lake
  - 21. Nelson Reservoir
  - 22. Parker Canyon Lake
  - 23. Peña Blanca Lake
  - 24. Rainbow Lake
  - 25. River Reservoir
  - 26. Show Low Lake
  - 27. Whipple Lake
  - 28. White Mountain Lake (in Apache County)
  - 29. Willow Springs Lake
- C. A person shall not operate a watercraft on Frye Mesa Reservoir, Rose Canyon Lake, or Snow Flat Lake, except as authorized under subsection (D).
- D. A person who possesses a valid use permit issued by the U.S. Forest Service may operate a non-motorized watercraft only on Rose Canyon Lake on any Tuesday, Wednesday, or Thursday during June and July from 9:30 a.m. to 4:30 p.m. Mountain Time Zone. This subsection does not exempt the person from complying with all applicable requirements imposed by federal or state laws, rules, regulations, or orders.
- E. This Section does not apply to watercraft of governmental agencies or to Department-approved emergency standby watercraft operated by lake concessionaires if operating to address public safety or public welfare.

**Historical Note**

Amended as an emergency effective April 10, 1975 (Supp. 75-1). Amended effective May 3, 1976 (Supp. 76-

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3). Amended as an emergency effective July 9, 1976 (Supp. 76-4). Amended effective June 4, 1979 (Supp. 79-3). Former Section R12-4-89 renumbered as Section R12-4-517 without change effective August 13, 1981 (Supp. 81-4). Amended subsections (A) and (C) effective December 17, 1981 (Supp. 81-6). Amended effective December 28, 1982 (Supp. 82-6). Amended subsections (A) through (C) effective December 4, 1984 (Supp. 84-6). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by exempt rulemaking at 17 A.A.R. 1189, effective May 24, 2011 (Supp. 11-2). Subsection (A)(9) corrected clerical error (Supp. 11-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-518. Regattas**

- A. When a regatta permit is issued by the Coast Guard, the person in control of the regatta shall at all times be responsible for compliance with the stipulations as prescribed within the regatta permit. Such stipulations may include but not be limited to:
  1. A specified number of patrol or committee boats and identified as such.
  2. Availability of emergency medical services.
  3. Spectator control if there exists a danger that life or property is in jeopardy.
- B. Non-compliance with any stipulation of an authorized permit which jeopardizes the public welfare shall be cause to terminate the regatta until the person in control or a person designated by the one in control satisfactorily restores compliance.
- C. When a regatta applicant is informed in writing by the Coast Guard that a permit is not required, such regatta may take place, but shall not relieve the regatta sponsor of any responsibility for the public welfare or confer any exemption from state boating and watersports laws and rules.
- D. The regatta sponsor and all participants shall comply with aquatic invasive species requirements established under A.R.S. Title 17, Chapter 2, Article 3.1 and 12 A.A.C. 4, Article 9.

**Historical Note**

Adopted effective March 5, 1982 (Supp. 82-2). Amended by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Amended by final rulemaking at 28 A.A.R. 3425 (November 4, 2022), effective December 5, 2022 (Supp. 22-4).

**R12-4-519. Reciprocity**

As authorized under A.R.S. § 5-322(E), all watercraft currently numbered or exempt from numbering under the provisions of their state of principal operation are exempt from numbering for a period of 90 days after entering this state.

**Historical Note**

Section R12-4-519 renumbered from R12-4-503 and amended effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

**R12-4-520. Arizona Aids to Navigation System**

- A. The Arizona aids to navigation system is the same as that prescribed under 33 C.F.R. 62, revised July 1, 2014, which is incorporated by reference in this Section. The incorporated material is available at any Department office, online at [www.gpoaccess.gov](http://www.gpoaccess.gov), or may be ordered from the U.S. Govern-

ment Printing Office, Superintendent of Documents, P.O. Box 979050, St. Louis, MO 63197-9000. This Section does not include any later amendments or editions of the incorporated material.

- B. A person shall not mark the waterways or their shorelines in this state with mooring buoys, regulatory markers, aids to navigation, lights, or other types of permitted waterway marking devices, without authorization from the governmental agency or the private interest having jurisdiction on such waters.
- C. A person shall not moor or fasten a watercraft to any marker not intended for mooring, or willfully damage, tamper with, remove, obstruct, or interfere with any aid to navigation, regulatory marker or other type of permitted waterway marking devices, except in the performance of authorized maintenance responsibilities or as authorized under R12-4-518 or this Section.
- D. If a government agency or private interest has not exercised its authority to control watercraft within its jurisdiction under A.R.S. § 5-361, or if waters are directly under the jurisdiction of the Commission, the Department has the authority to control watercraft within that jurisdiction in accordance with the following guidelines:
  1. The Department may place controlled-use markers only where controlled operation of watercraft is necessary to protect life, property, or habitat, and shall move or remove the markers only if the need for the protection changes.
  2. The restrictions imposed are clearly communicated to the public by wording on the markers, such as those defined under R12-4-501.
- E. A governmental agency, excluding federal agencies with jurisdiction over federal navigable waterways, has the authority to control watercraft within that jurisdiction in accordance with the following guidelines:
  1. A government agency may place controlled-use markers only where controlled operation of watercraft is necessary to protect life, property, or habitat, and shall move or remove the markers only if the need for the protection changes.
  2. The restrictions imposed are clearly communicated to the public by wording on the markers, such as those defined under R12-4-501.
- F. Any person may request establishment, change, or removal of controlled-use markers on waters under the jurisdiction of the Commission or on waters not under the jurisdiction of another government agency by submitting a written request providing the reasons for the request to the Arizona Game and Fish Department, 5000 W. Carefree Hwy, Phoenix, AZ 85086.
  1. The Department shall either approve or deny the request within 60 days of receipt.
  2. A person may appeal the Department's denial of a request to the Commission as an appealable agency action under A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

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**R12-4-521. Repealed****Historical Note**

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Repealed by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-522. Repealed****Historical Note**

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Repealed by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-523. Controlled Operation of Watercraft**

- A.** A person shall not operate any watercraft, or use any watercraft to tow a person on water skis, a surfboard, inflatable device, or similar object, device or equipment in a manner contrary to the area restrictions imposed by lawfully placed controlled-use markers, except for:
1. Law enforcement officers acting within the scope of their lawful duties;
  2. Persons involved in rescue operations;
  3. Persons engaged in government-authorized activities; and
  4. Persons participating in a regatta, during the time limits of the event only.
- B.** The exemptions listed under subsection (A) do not authorize any person to operate a watercraft in a careless, negligent, or reckless manner as prescribed under A.R.S. § 5-341.

**Historical Note**

Section R12-4-520 adopted effective May 27, 1992 (Supp. 92-2). Amended by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

**R12-4-524. Towed Water Sports**

- A.** An operator of a watercraft shall ensure an observer is on duty at all times when a person is being towed behind the watercraft or is surfing a wake created by the watercraft. The observer shall:
1. Be twelve years of age or older;
  2. Be physically capable and mentally competent to act as an observer; and
  3. Continually observe the person or persons being towed behind the watercraft or surfing a wake created by the watercraft.
- B.** The operator of a watercraft shall ensure a person being towed behind the watercraft or riding a wake created by the watercraft is wearing a wearable personal flotation device approved by the U.S. Coast Guard whenever the watercraft is underway. This subsection applies to any contrivance designed for or used to tow a person behind a watercraft or ride the wake created by a watercraft regardless of whether or not the contrivance is attached to the watercraft. This includes, but is not limited to, boards, discs, hydrofoils, kites, inflatables, and water skis.
- C.** A person shall not operate a watercraft while a person is holding onto or is physically attached to any transom structure of the watercraft, including but not limited to a swim platform,

swim deck, swim step, and swim ladder. This subsection does not apply to a person who is:

1. Assisting with docking or departure activities,
2. Exiting or entering the watercraft, or
3. Engaging in law enforcement or emergency rescue activity.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-525. Revocation of Watercraft Certificate of Number, AZ Numbers, and Decals**

- A.** For the purposes of this Section, “person” has same meaning as prescribed under A.R.S. § 5-301.
- B.** Upon notice of conviction of a person under A.R.S. § 5-391(G), the Department shall revoke for a period not to exceed two years the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals of any Arizona registered watercraft owned by that person and involved in the violation.
- C.** Upon notice of conviction of a person under A.R.S. § 5-391(H), the Department shall revoke for a period not to exceed one year the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals for any Arizona registered watercraft owned by that person and involved in the violation.
- D.** Upon receiving notice of conviction, the Department shall serve notice under A.R.S. §§ 41-1092.03 and 41-1092.04 on the person convicted that the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals of watercraft the person owns are subject to revocation.
- E.** A person whose certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals are subject to revocation may request a hearing. The person shall submit a written request to the Arizona Game and Fish Department, Director’s Office, 5000 W. Carefree Hwy, Phoenix, AZ 85086, within 30 calendar days of receiving the notice described under subsection (D).
- F.** If the person requests a hearing, the Department shall, within 60 days of receiving the request, schedule a hearing as prescribed under A.R.S. § 41-1092.05.
- G.** After a final decision to revoke the person’s certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals, the Department shall serve upon the person an Order of Revocation. Within 15 calendar days of receipt of the notice, the person shall surrender to the Department the revoked certificates of number and decals.
- H.** The revocation of the certificates of number, AZ numbers, registration decals, and Nonresident Boating Safety Infrastructure decals does not affect the legal title to or any property rights in the watercraft. Upon receipt of an application to transfer watercraft registration by the new watercraft owner, the Department shall terminate the revocation and allow the owner to transfer the owner’s entire interest in the watercraft if the Department is satisfied the transfer is proposed in good faith and not for the purpose of defeating the revocation.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3025, effective July 10, 2002 (Supp. 02-3). Amended by final

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rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

**R12-4-526. Unlawful Mooring**

- A. A person, as defined under A.R.S. § 5-301, shall not moor, anchor, fasten to the shore, or otherwise secure a watercraft in any public body of water for more than 14 days within any period of 28 consecutive days unless:
1. The waters are a special anchorage area as defined under A.R.S. § 5-301,
  2. Authorized for private dock or moorage, or
  3. Authorized by the government agency or private interest having jurisdiction over the waters.
- B. A person shall remove an abandoned or submerged watercraft from public waters within 72 hours of notice by registered mail or personal service of notice to remove such watercraft.
- C. The owner of any abandoned watercraft shall be responsible for all towing and storage fees resulting from the removal of the watercraft from public waters.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-527. Transfer of Ownership of a Towed Watercraft**

- A. For the purpose of this Section, "towed watercraft" means a watercraft that has been impounded by or is in the possession of a towing company located in this state.
- B. Within 15 days of impounding a watercraft, a towing company shall submit a request to the Department for watercraft registration information as prescribed under A.R.S. § 5-324 and in compliance with A.R.S. § 5-399. The towing company shall present the towed watercraft to the closest Department office for identification if there is no discernible hull identification number or state-issued registration number.
- C. Within 15 days of receiving the watercraft registration information from the Department, the towing company shall provide written notification by certified mail return receipt requested to the owner and lienholder, if known, of the watercraft's location.
- D. If a watercraft remains unclaimed after mailing the notice required under subsection (C) of this Section, the towing company shall submit all of the following to the Department within 15 days of sending the written notification to the owner and lienholder, when known:
1. Evidence of compliance with notification requirements prescribed under A.R.S. § 5-399 and subsection (C);
  2. A report on a form furnished by the Department and available at any Department office. The form shall include all of the following information:
    - a. Name of towing company;
    - b. Towing company's business address;
    - c. Towing company's business telephone number;
    - d. Towing company's Arizona Department of Public Safety tow truck permit number;
    - e. Towed watercraft's hull identification number;
    - f. Towed watercraft's state-issued registration number, registration decal, and year of expiration, if known;
    - g. Towed watercraft's trailer license number, if available;
    - h. State and year of trailer registration, if available;
    - i. Towed watercraft's color and manufacturer;

- j. Towed watercraft's condition, whether intact, stripped, damaged, or burned, along with a description of any damage;
  - k. Date the watercraft was towed;
  - l. Location from which the towed watercraft was removed;
  - m. Entity that ordered the removal of the towed watercraft, and if a law enforcement agency, include officer badge number, jurisdiction, and copy of report or towing invoice;
  - n. Location where the towed watercraft is stored; and
  - o. Name and signature of towing company's authorized representative; and
3. The unclaimed towed watercraft application fee authorized under A.R.S. § 5-399.03(2) and established under R12-4-504.
- E. The towing company shall notify the Department within 24 hours if the watercraft is released, returned to, redeemed, or repossessed by the owner, lienholder, or by a person identified in the Department's record as having an interest in the watercraft.
- F. If the Department is unsuccessful in its attempt to identify or contact the registered owner or lienholder of the towed watercraft and has determined the towed watercraft is not stolen, the towing company shall:
1. Follow the application procedures established under A.R.S. § 5-399.02(B), and
  2. Apply for watercraft registration as established under R12-4-502.
- G. A towing company that obtains ownership of a watercraft pursuant to A.R.S. § 5-399.02 and this Section shall maintain the following records for a period of three years from the date the Department transferred ownership of the towed watercraft:
1. The request made pursuant to A.R.S. § 5-324.
  2. The notification provided pursuant to A.R.S. § 5-399.
  3. The application for transfer of ownership pursuant to A.R.S. § 5-399.02.
  4. Any other documents required by the Department.

**Historical Note**

New Section made by emergency rulemaking under A.R.S. § 41-1026 at 9 A.A.R. 1241, effective May 26, 2003 for a period of 180 days (Supp. 03-1). Emergency rulemaking repealed under A.R.S. § 41-1026(E) and permanent new Section made by final rulemaking at 9 A.A.R. 1613, effective July 5, 2003 (Supp. 03-2). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final exempt rulemaking at 23 A.A.R. 1034; amended by final rulemaking at 23 A.A.R. 1732, both effective August 5, 2017 (Supp. 17-2).

**R12-4-528. Watercraft Checkpoints**

- A. A law enforcement agency may establish a watercraft checkpoint to ensure public safety on state waterways, to screen for unsafe or impaired watercraft operators, or to gather demographic, statistical, and compliance information related to watercraft activities.
- B. An individual may be required to perform the following during a watercraft stop or at a watercraft checkpoint:
1. Stop or halt as directed when being hailed by a peace officer or entering the established checkpoint boundary as prescribed under A.R.S. § 5-391, and



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2. Provide evidence of required safety equipment and registration documentation prescribed under A.R.S. Title 5, Chapter 3, Boating and Water Sports.
- C. This Section does not limit any state peace officer's authority to conduct routine watercraft patrol efforts prescribed under A.R.S. Title 5, Chapter 3, Boating and Water Sports.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 4511, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1).

**R12-4-529. Nonresident Boating Safety Infrastructure Fees; Proof of Payment**

- A. Before placing that watercraft on the waterways of this state, a nonresident owner of a recreational watercraft who establishes this state as the state of principal operation shall pay the applicable Nonresident Boating Safety Infrastructure Fee (NBSIF) as authorized under A.R.S. §§ 5-326 and 5-327:
  1. Twelve feet and less: \$80
  2. Twelve feet one inch through sixteen feet: \$88
  3. Sixteen feet one inch through twenty feet: \$192
  4. Twenty feet one inch through twenty-six feet: \$224
  5. Twenty-six feet one inch through thirty-nine feet: \$253
  6. Thirty-nine feet one inch through sixty-four feet: \$286
  7. Sixty-four feet one inch and over: \$429
  8. For the purposes of this subsection, the length of the motorized watercraft shall be measured in the same manner prescribed under A.R.S. § 5-321(C).
- B. The nonresident recreational watercraft owner shall carry and display proof of payment of the fee while the watercraft is underway, moored, or anchored on the waterways of this state. Acceptable proof of payment includes any one of the following:
  1. A current Arizona Watercraft Certificate of Number indicating the NBSIF was paid,
  2. A current Arizona Watercraft Temporary Certificate of Number indicating the NBSIF was paid, or
  3. A current Arizona Watercraft Registration Decal indicating the NBSIF was paid.

**Historical Note**

Adopted effective October 22, 1976 (Supp. 76-5). Former Section R12-4-90 renumbered as Section R12-4-529 without change effective August 13, 1981 (Supp. 81-4). Repealed effective May 27, 1992 (Supp. 92-2). New Section made by final rulemaking at 19 A.A.R. 597, effective July 1, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 3225, effective January 1, 2014 (Supp. 13-3). Amended by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2).

**R12-4-530. Authorized Third-party Providers; Agents**

- A. The Department may enter into a contract with a private entity to perform limited or specific services on behalf of the Department in accordance with state procurement laws and rules.
  1. The Department may authorize a person to be a third-party provider. An authorized third-party provider shall meet the requirements established by the Department and shall be selected through a competitive bid process.
  2. The Department may authorize a third-party provider to perform any one or more of the following services:
    - a. Watercraft transfer.
    - b. Watercraft registration renewal.
    - c. Duplicate watercraft registration and decal.
    - d. New watercraft registration.
- B. A person shall not engage in any business pursuant to this Section unless the Department authorizes the person to engage in the business.
- C. The Department shall establish minimum quality standards of service and a quality assurance program for authorized third-party providers to ensure that an authorized third-party provider is complying with the minimum standards.
- D. The Department may:
  1. Conduct investigations.
  2. Conduct audits.
  3. Make on-site inspections in compliance with A.R.S. § 41-1009.
  4. Require an authorized third-party or employees or agents of an authorized third-party be certified to perform the services prescribed in this Article.
- E. An authorized third-party provider shall remit to the Department all fees established under R12-4-504 and R12-4-529 it collects.
  1. An authorized third-party provider may collect and retain a reasonable and commensurate fee for its services.
  2. Each authorized third-party provider that holds itself out as providing services to the public shall identify to the applicant the Department's registration fee and the non-resident boating safety infrastructure fee, when applicable, separately from any other costs.
- F. A third-party who is authorized pursuant to this Section shall:
  1. Maintain records in a form and manner prescribed by the Department.
  2. Allow access to the records during regular business hours to authorized representatives of the Department or any law enforcement agency to ensure compliance with all applicable statutes and rules.
- G. The Department may suspend or cancel an authorization or certification, or both, granted pursuant to this Section if the Department determines that the third-party provider or certificate holder has done any of the following:
  1. Made a material misrepresentation or misstatement in the application for authorization or certification.
  2. Has been convicted of fraud or a watercraft related felony in any state or jurisdiction of the U.S. within the ten years immediately preceding the date a criminal records check is complete.
  3. Has been convicted of a felony, other than a felony described in subsection (G)(2), in any state or jurisdiction of the U.S. within the five years immediately preceding the date a criminal records check is complete.
  4. Violated a rule or policy adopted by the Department.
  5. Failed to keep and maintain records required by this Section.
  6. Failed to remit to the Department all fees established under R12-4-504 and R12-4-529 it collects.
  7. Allowed an unauthorized person to engage in any business pursuant to this Section.
- K. If the Department has reasonable grounds to believe that a certificate holder or other person employed by an authorized third-party provider has committed a serious violation, the Department may order a summary suspension of the third provider's authorization granted pursuant to this Section pending formal suspension or cancellation proceedings. For the purposes of this subsection, "serious violation" means:
  1. Watercraft registration fraud.
  2. Improper disclosure of personal information.
  3. Bribery.

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- L.** On determining that grounds for suspension or cancellation of an authorization or certification, or both, exist, the Department shall give written notice to the third-party provider or certificate holder to appear at a hearing before the Department to show cause why the authorization or certification should not be suspended or canceled.
1. After consideration of the evidence presented at the hearing, the Department shall serve notice of the finding and order to the third-party or certificate holder.
  2. If a third-party authorization or a certification is suspended or canceled, the third-party or certificate holder may appeal the decision pursuant to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 1732, effective August 5, 2017 (Supp. 17-2). Subsection reference in subsection (G)(3) corrected (Supp. 21-1).

**R12-4-531. Reserved****R12-4-532. Reserved****R12-4-533. Reserved****R12-4-534. Reserved****R12-4-535. Reserved****R12-4-536. Reserved****R12-4-537. Reserved****R12-4-538. Reserved****R12-4-539. Reserved****R12-4-540. Reserved****R12-4-541. Repealed****Historical Note**

Former Section R12-4-88 renumbered as Section R12-4-541 without change effective August 13, 1981 (Supp. 81-4). Amended effective April 5, 1985 (Supp. 85-2). Repealed effective May 27, 1992 (Supp. 92-2).

**R12-4-542. Repealed****Historical Note**

Adopted as an emergency effective August 31, 1981, valid for ninety (90) days after filing pursuant to A.R.S. § 41-1003 (Supp. 81-4). Former Section R12-4-542 adopted as an emergency now adopted as permanent with further amendment effective March 5, 1982 (Supp. 82-2). Amended effective March 29, 1985 (Supp. 85-2). Repealed effective May 27, 1992 (Supp. 92-2).

**R12-4-543. Repealed****Historical Note**

Adopted effective January 29, 1982 (Supp. 82-1). Amended effective August 19, 1983 (Supp. 83-4). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended effective March 29, 1985 (Supp. 85-2). Correction, subsection (A), paragraph (2) as certified effective March 29, 1985 (Supp. 86-3). Amended subsection (A) effective June 18, 1987 (Supp. 87-2). Amended as an emergency effective May, 15, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Amended and readopted as an emer-

gency effective August 25, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency expired. Emergency amendments adopted with changes effective January 5, 1990 (Supp. 90-1). Repealed effective May 27, 1992 (Supp. 92-2).

**R12-4-544. Repealed****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended subsection (A) effective June 18, 1987 (Supp. 87-2). Repealed effective May 27, 1992 (Supp. 92-2).

**R12-4-545. Repealed****Historical Note**

Adopted effective April 5, 1985 (Supp. 85-2). Amended by emergency effective May 18, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency amendments readopted effective August 28, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Repealed effective May 27, 1992 (Supp. 92-2).

**ARTICLE 6. RULES OF PRACTICE BEFORE THE COMMISSION****R12-4-601. Definitions**

The following definitions apply to this Article unless otherwise specified:

“Appealable agency action” has the same meaning as provided under A.R.S. § 41-1092.

“Business day” means any day other than a furlough day, Saturday, Sunday, or holiday.

“Commission Chair” means the person who presides over the Arizona Game and Fish Commission.

“Contested case” has the same meaning as provided under A.R.S. § 41-1001.

“Ex parte communication” means any oral or written communication with a Commissioner by a party concerning a substantive issue in a contested proceeding that is not part of the public record.

“Party” has the same meaning as provided under A.R.S. § 41-1001.

“Respondent” means the person named as the respondent in a notice of hearing issued by the Department.

**Historical Note**

Adopted effective December 22, 1987 (Supp. 87-4). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final rulemaking at 16 A.A.R. 1465, effective July 13, 2010 (Supp. 10-3). Section R12-4-601 renumbered to R12-4-602; new Section R12-4-601 made by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-602. Petition for Rule or Review of Practice or Policy**

**A.** A person may petition the Commission under A.R.S. § 41-1033 for a:

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1. Rulemaking action relating to a Commission rule, including making a new rule or amending or repealing an existing rule; or
  2. Review of an existing Department practice or substantive policy statement alleged to constitute a rule.
- B.** To act under A.R.S. § 41-1033 and this Section, a person shall submit a petition form to the Arizona Game and Fish Department, Director's Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The form is available at any Department office and on the Department's website.
- C.** A petitioner shall address only one rule, practice, or substantive policy in the petition.
- D.** A petitioner shall submit the petition form to the Arizona Game and Fish Department, Director's Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The petition form is furnished by the Department and is available at any Department office and on the Department's website. A petitioner shall provide all of the following information:
1. Petitioner identification:
    - a. When the petition is submitted by a private person, the person's:
      - i. Name;
      - ii. Physical and mailing address, if different from the physical address;
      - iii. Contact telephone number; and
      - iv. Email, when available;
    - b. When the petition is submitted by an organization or private group:
      - i. Name of organization or group;
      - ii. Name and title of the organization's or group's representative;
      - iii. Physical and mailing address, if different from the physical address;
      - iv. Representative's contact telephone number; and
      - v. Email, when available;
    - c. When the petition is submitted by a public agency:
      - i. Name of the public agency;
      - ii. Name and title of the agency's representative;
      - iii. Physical and mailing address if different from the physical address;
      - iv. Representative's contact telephone number; and
      - v. Email, when available;
  2. Type of request:
    - a. Adopt, amend, or repeal a rule, or
    - b. Review of a practice or substantive policy statement;
  3. When the petition is for rulemaking action:
    - a. Statement of the rulemaking action sought, including the *Arizona Administrative Code* citation of all existing rules, and the specific language of a new rule or rule amendment; and
    - b. Reasons for the rulemaking action, including an explanation of why an existing rule is inadequate, unreasonable, unduly burdensome, or unlawful;
  4. When the petition is for a review of an existing practice or substantive policy statement:
    - a. Subject matter of the existing practice or substantive policy statement, and
    - b. Reasons why the existing practice or substantive policy statement constitutes a rule;
  5. When the petitioner is a public agency, a summary of issues raised in any public meeting or hearing regarding the petition or any written comments offered by the public.
  6. Any other information required by the Department;
  7. Petitioner's signature; and
  8. Date on which the petition was signed.
- E.** In addition to the requirements listed under subsection (D), a person may submit supporting information with a petition, including:
1. Statistical data; and
  2. A list of other persons likely to be affected by the rulemaking action or the review, with an explanation of the likely effects.
- F.** When a petitioner submits a petition that addresses the same substantive issue considered by the Commission within the previous year, the petitioner shall also provide an additional written statement that includes rationale not previously considered by the Commission in making the previous decision.
- G.** The Department shall determine whether the petition complies with this Section within 15 business days after the date on which the petition was received.
1. If the petition complies with this Section:
    - a. The Department shall place the petition on a Commission open meeting agenda.
    - b. The petitioner may present oral testimony at that open meeting under R12-4-604.
    - c. The Commission shall render a final decision on the petition as prescribed under A.R.S. § 41-1033.
  2. If a petition does not comply with this Section:
    - a. The Director shall return the petition to the petitioner, and
    - b. Indicate in writing why the petition does not comply with this Section. The petitioner shall be afforded the opportunity to resubmit a corrected petition.

**Historical Note**

Adopted effective December 22, 1987 (Supp. 87-4).  
 Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-602 renumbered to R12-4-603; new Section R12-4-602 renumbered from R12-4-601 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-603. Written Comments on Proposed Rules**

- A.** Under A.R.S. § 41-1023, a person may submit written statements, arguments, data, and views on a proposed rulemaking published by the Secretary of State in the Arizona Administrative Register.
- B.** A person submitting a written comment to the Commission for consideration in a final decision on the rulemaking may voluntarily provide their name and mailing address. The Commission may only consider written comments that:
1. Are received on or before the close of record date, as published by the Secretary of State in the Arizona Administrative Register; and
  2. Are submitted to the agency contact identified in the Department's notice of proposed rulemaking as published by the Secretary of State in the Arizona Administrative Register.
  3. In addition, a person submitting a comment submitted on behalf of a group or organization shall include a statement that the comment represents the official position of the group or organization. A comment submitted on behalf of a group or organization that does not contain this statement shall be considered the comment of the

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person submitting the comment, and not that of the group or organization.

**Historical Note**

Adopted effective December 22, 1987 (Supp. 87-4).  
Amended effective November 10, 1997 (Supp. 97-4).  
Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-603 renumbered to R12-4-604; new Section R12-4-603 renumbered from R12-4-602 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-604. Oral Proceedings Before the Commission**

- A. The Commission may allow an oral proceeding on any matter on the Commission's agenda. At an oral proceeding, the Commission Chair:
  - 1. Is responsible for conducting the proceeding.
  - 2. May administer an oath to a witness before receiving testimony.
  - 3. May order the removal of any person who is disrupting a proceeding.
  - 4. May limit the number of presentations or the time for testimony regarding a particular issue.
- B. A person desiring to speak at an oral proceeding shall first request permission to speak from the Commission Chair.
- C. Technical rules of evidence do not apply to an oral proceeding, and no informality in any proceeding or in the manner of taking testimony invalidates any order, decision, or rule made by the Commission.
- D. The Commission authorizes the Director to designate a hearing officer for oral proceedings to take public input on proposed rulemaking.
- E. The Commission authorizes the Director to continue a scheduled proceeding to a later Commission meeting. To request a continuance, a petitioner shall:
  - 1. Deliver the request to the Director no later than 24 hours before the scheduled proceeding;
  - 2. Demonstrate that the proceeding has not been continued more than twice; and
  - 3. Demonstrate good cause for the continuance.

**Historical Note**

Adopted effective December 22, 1987 (Supp. 87-4).  
Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-604 renumbered to R12-4-605; new Section R12-4-604 renumbered from R12-4-603 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-605. Ex Parte Communication**

- A. A party shall not communicate, either directly or indirectly, with a Commissioner about any substantive issue in a pending contested case or appealable agency action, unless:
  - 1. All parties are present;
  - 2. The communication occurs during the scheduled proceeding, where an absent party failed to appear after proper notice; or
  - 3. It is by written motion with a copy provided to all parties.
- B. A Commissioner who receives an ex parte communication shall place on the public record of the proceeding:
  - 1. A copy of the written communication;
  - 2. A summary of the oral communication; and
  - 3. The Commissioner's response to any such ex parte communication.

- C. The provisions of this Section apply from the date that a notice of hearing for a contested case or an appealable agency action is served on the parties.

**Historical Note**

Adopted effective December 22, 1987 (Supp. 87-4).  
Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-605 renumbered to R12-4-606; new Section R12-4-605 renumbered from R12-4-604 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-606. Standards for Revocation, Suspension, or Denial of a License**

- A. Under A.R.S. § 17-340, when the Department makes a recommendation to the Commission for license revocation, the Commission shall hold a hearing and may revoke, suspend, or deny any hunting, fishing, or trapping license for a person convicted of any of the following offenses:
  - 1. Killing or wounding a big game animal during a closed season.
  - 2. Possessing a big game animal taken during a closed season.
  - 3. Destroying, injuring, or molesting livestock while hunting, fishing, or trapping.
  - 4. Damaging or destroying personal property, growing crops, notices or signboards, or other improvements while hunting, fishing, or trapping.
  - 5. Bartering, selling, or offering to sell unlawfully taken wildlife or wildlife parts.
  - 6. Careless use of a firearm while hunting, fishing, or trapping that results in the injury or death of any person.
  - 7. Applying for or obtaining a license or permit by fraud or misrepresentation in violation of A.R.S. § 17-341.
  - 8. Knowingly allowing another person to use the person's big game tag, except as provided under A.R.S. § 17-332(D).
  - 9. Entering upon a game refuge or other area closed to hunting, trapping or fishing and taking, driving, or attempting to drive wildlife from the area in violation of A.R.S. §§ 17-303 and 17-304.
  - 10. Unlawfully posting state or federal lands in violation of A.R.S. § 17-304(B).
  - 11. Unlawfully using aircraft to take, assist in taking, harass, chase, drive, locate, or assist in locating wildlife in violation of A.R.S. § 17-340(A)(8).
  - 12. Unlawfully taking or possessing big game.
  - 13. Unlawfully taking or possessing small game or fish.
  - 14. Unlawfully taking or possessing wildlife species.
  - 15. Unlawful take of any bird or the removal of its nest or eggs.
  - 16. Littering a public hunting or fishing area while taking wildlife.
  - 17. Waste of edible portions of a game species under A.R.S. § 17-309, in violation of A.R.S. § 17-309(A)(5).
  - 18. Any violation for which a license can be revoked under A.R.S. § 17-340.
  - 19. Any violation of A.R.S. § 17-306.
- B. Under A.R.S. §§ 17-238, 17-334, 17-340, 17-362, 17-363, and 17-364, when the Department makes a recommendation to the Commission for license revocation, the Commission shall hold a hearing and may revoke any fur dealer, guide, taxidermy, license dealers license, or special license (as defined under

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R12-4-401) in any case where license revocation is authorized by law.

**Historical Note**

Adopted effective December 22, 1987 (Supp. 87-4).  
Amended effective November 10, 1997 (Supp. 97-4).  
Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-606 renumbered to R12-4-607; new Section R12-4-606 renumbered from R12-4-605 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-607. Proceedings for License Revocation, Suspension, or Denial of Right to Obtain a License, and Civil Damages**

- A.** The Director may commence a proceeding for the Commission to revoke, suspend or deny a license under A.R.S. §§ 17-236, 17-238, 17-334, 17-340, 17-362, 17-363, and 17-364. The Director may also commence a proceeding for the Commission to impose a civil penalty under A.R.S. § 17-314.
- B.** The Commission shall conduct a hearing concerning revocation, suspension, or denial of the right to obtain a license in accordance with the Administrative Procedure Act, A.R.S. Title 41, Chapter 6, Article 10. In a proceeding conducted under A.R.S. § 17-340, a respondent shall limit testimony to facts that show why the license should not be revoked or denied. Because the Commission does not have the authority to consider or change the conviction, a respondent is not permitted to raise this issue in the proceeding. The Commission shall permit a respondent to offer testimony or evidence relevant to the Commission's decision to impose a civil penalty or order a civil action for the recovery of wildlife parts.
- C.** If a respondent does not appear for a hearing on the date scheduled, at the time and location noticed, no further opportunity to be heard shall be provided, unless a rehearing or review is granted under R12-4-608. If the respondent does not wish to attend the hearing, the respondent may submit written testimony to the Department before the hearing date designated in the Notice of Hearing. The Commission shall ensure that written testimony received at the time of the hearing is read into the record at the hearing.
- D.** The Commission shall base its decision on the officer's case report, a summary prepared by the Department, a certified copy of the court record, and any testimony presented at the hearing. The Department shall supply the respondent with a copy of each document provided to the Commission for use in reaching a decision.
- E.** Any party may apply to the Commission for issuance of a subpoena to compel the appearance of any witness or the production of documents at any Commission hearing. No less than 10 calendar days before the hearing, the party shall file a written application that provides the name and address of the witness, the subject matter of the expected testimony, the documents sought to be produced, and the date, time, and place of the hearing. The Commission Chair has the authority to issue the subpoenas.
  1. A party shall have a subpoena served as prescribed in the Arizona Rules of Civil Procedure, Rule 45. An employee of the Department may serve a subpoena at the request of the Commission Chair.
  2. A party may request that a subpoena be amended at any time before the deadline provided in this Section for filing the application. The party shall have the amended subpoena served as provided in subsection (E)(1).

- F.** The Commission may vote to use the services of the office of administrative hearings to conduct a hearing concerning revocation, suspension, or denial of the right to obtain a license and to make a recommendation to the Commission, which shall review and accept, reject or modify the recommendation and issue its decision in an open meeting. When the Department receives a recommendation from the administrative law judge at least 30 days prior to the next regularly scheduled Commission meeting, the Department shall place the recommendation on the agenda for that meeting. A recommendation from the administrative law judge received after this time shall be considered at the next regularly scheduled open meeting.
- G.** A license revoked by the Commission is suspended on the date of the hearing and revoked upon issuance of the findings of fact, conclusions of law, and order. If a respondent appeals the Commission's order revoking a license, the license is revoked after all appeals have been exhausted. A denial of the right to obtain a license is effective for a period determined by the Commission as authorized under A.R.S. § 17-340, beginning on the date of the hearing.
- H.** A license suspended by the Commission is suspended on the date of the hearing, and suspended upon issuance of the findings of fact, conclusions of law, and order. If a respondent appeals the Commission's order suspending a license, the license is suspended after all appeals have been exhausted. The suspension of a license is effective for a period determined by the Commission as authorized under A.R.S. § 17-340, beginning on the date of the hearing.

**Historical Note**

Adopted effective June 13, 1977 (Supp. 77-3). Former Section R12-4-14 renumbered as Section R12-4-115 without change effective August 13, 1981 (Supp. 81-4). Former Section R12-4-115 renumbered without change as Section R12-4-607 effective December 22, 1987 (Supp. 87-4). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Section R12-4-607 renumbered to R12-4-608; new Section R12-4-607 renumbered from R12-4-606 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-608. Rehearing or Review of Commission Decisions**

- A.** A party shall exhaust the party's administrative remedies by filing a motion for rehearing or review as provided in this Section. Failure to file a motion for rehearing or review within 30 days of service of the Commission's decision has the effect of prohibiting the party from seeking judicial review of the Commission's decision.
- B.** A party in a contested case or appealable agency action before the Commission may file a motion for rehearing or review of a Commission decision, specifying the grounds upon which the motion is based. The motion for rehearing or review shall be filed within 30 calendar days after service of the Commission's decision. For purposes of this subsection a decision is served when personally delivered or mailed by certified mail to the party's last known residence or place of business.
- C.** A party may amend a motion for rehearing or review at any time before the Commission rules upon the motion. A written response to a motion for rehearing or review may be filed and served within 15 days after service of the motion for rehearing or review. The Commission may require that the parties file supplemental memoranda on any issue raised in a motion or response, and allow for oral argument.

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- D.** The Commission has the authority to grant rehearing or review for any of the following causes materially affecting the moving party's rights:
1. Irregularity in the proceedings of the Commission, or any order or abuse of discretion that deprived the moving party of a fair hearing;
  2. Misconduct of the Commission, its staff, an administrative law judge, or the prevailing party;
  3. Accident or surprise that could not have been prevented by ordinary prudence;
  4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the original hearing;
  5. Excessive or insufficient penalties;
  6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the proceeding; or
  7. That the findings of fact or decision is not justified by the evidence or is contrary to law.
- E.** The Commission may either deny the motion for rehearing or review or grant a rehearing or review for any of the reasons listed under subsection (E). The Commission's order granting a rehearing or review shall specify the grounds for the order, and any rehearing shall cover only those grounds upon which the rehearing or review was granted.
- F.** After giving the party notice and an opportunity to be heard, the Commission may grant a motion for a rehearing or review for a reason not stated in the motion.
- G.** Within the time-frame for filing the motion for rehearing or review, the Commission may grant a rehearing or review on its own initiative for any reason for which the Commission may have granted relief on motion of a party.
- H.** When the Commission grants a rehearing or review, the Commission shall hold the rehearing or review at its next regularly scheduled meeting or within 90 days of issuance of the order granting the rehearing or review. With the consent of the parties, the Commission may proceed to conduct the rehearing or review in the same meeting in which the Commission granted the rehearing or review.
- I.** The Commission may take additional testimony, amend findings of fact and conclusions of law, and affirm, modify or reverse the original decision.

**Historical Note**

Adopted effective April 28, 1989 (Supp. 89-2). Amended effective May 27, 1992 (Supp. 92-1). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 211, effective December 14, 1999 (Supp. 99-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 853, effective January 31, 2002 (Supp. 02-1). New Section R12-4-608 renumbered from R12-4-607 and amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-609. Commission Orders**

- A.** Except as provided under subsection (B):
1. At least 14 calendar days before a meeting where the Commission will consider a Commission Order, the Department shall:
    - a. Post a public meeting notice and agenda in accordance with A.R.S. § 38-431.02; and
    - b. Issue a public notice of the recommended Commission Order in print and electronic media.
  2. The Department shall ensure the public meeting notice and agenda includes:

- a. The date, time, and location of the Commission meeting where the Commission Order will be considered;
  - b. A statement that the public may attend and present written comments at or before the meeting; and
  - c. A statement that a copy of the proposed Commission Order shall be made available to the public 10 calendar days before the meeting. Copies are available for public inspection on the Department's website and at Department offices in Phoenix, Pinetop, Flagstaff, Kingman, Yuma, Tucson, and Mesa.
3. The Commission may make changes to the recommended Commission Order at the Commission meeting.
- B.** The requirements of subsection (A) do not apply to a Commission Order that establishes:
1. A supplemental hunt as authorized under R12-4-115;
  2. A special season for persons who possess a special license tag issued under A.R.S. § 17-346 and R12-4-120,
  3. A special season that allows fish to be taken by additional methods on waters where a fish die-off is imminent as established under R12-4-317(C), and
  4. A limited-entry fishing or hunting season as established under R12-4-116.
- C.** The Department shall publish the content of all Commission orders and make them available to the public free of charge.

**Historical Note**

Adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended effective November 10, 1997 (Supp. 97-4). Amended by final rulemaking at 9 A.A.R. 610, effective April 6, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1). Amended by final rulemaking at 30 A.A.R. 2308 (July 12, 2024), effective August 10, 2024 (Supp. 24-2).

**R12-4-610. Petitions for the Closure of State or Federal Lands to Hunting, Fishing, Trapping, or Operation of Motor Vehicles**

- A.** A person requesting that the Commission consider closing state or federal land to hunting, fishing, or trapping as provided under A.R.S. § 17-304(B) or R12-4-110, or closing roads or trails on state lands as provided under R12-4-110, shall submit a petition as prescribed in this Section before the Commission will consider the request.
- B.** A petitioner shall not address more than one contiguous closure request in a petition.
- C.** A petitioner submitting a petition that addresses the same contiguous closure request previously considered and denied by the Commission shall provide an additional written statement that includes rationale not previously considered by the Commission.
- D.** A petitioner shall submit the petition form to the Arizona Game and Fish Department, Director's Office, 5000 W. Care-free Highway, Phoenix, AZ 85086. The petition form is furnished by the Department and is available at any Department office and on the Department's website. The petition form shall contain all of the following information:
1. Petitioner identification:
    - a. When the petitioner is the leaseholder of the area proposed for closure:
      - i. Name of person;

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- ii. Lease number;
    - iii. Physical and mailing address, if different from the physical address;
    - iv. Contact telephone number; and
    - v. Email, when available;
  - b. When the petitioner is anyone other than the leaseholder of the area proposed for closure:
    - i. Name of person;
    - ii. Lease number;
    - iii. Physical and mailing address, if different from the physical address;
    - iv. Contact telephone number;
    - v. Email, when available; and
    - vi. Name of each group or organization or organizations that the petitioner represents; or
  - c. When the petitioner is a public agency:
    - i. Name of person;
    - ii. Name of agency;
    - iii. Petitioner's title;
    - iv. Lease number;
    - v. Agency's physical and mailing address, if different from the physical address;
    - vi. Contact telephone number; and
    - vii. Email, when available;
  - 2. Type of closure requested:
    - a. Hunting,
    - b. Fishing,
    - c. Trapping, or
    - d. Operation of motor vehicles.
  - 3. Reason for petition:
    - a. Each reason why the closure should be considered under R12-4-110, A.R.S. § 17-304(B), or A.R.S. § 17-452(A);
    - b. Any data or other justification supporting the reasons for the closure with clear reference to any exhibits that may be attached to the petition;
    - c. Each person or segment of the public the petitioner believes will be impacted by the closure, including any other valid licensees, lessees, or permittees that will or may be affected, and how they will be impacted, including both positive and negative impacts;
    - d. If the petitioner is a public agency, a summary of issues raised in any public hearing or public meeting regarding the petition and a copy of written comments received by the petitioning agency; and
    - e. A proposed alternate access route, under R12-4-110.
  - 4. A concise map identifying the specific location of the proposed closure;
  - 5. Petitioner's signature;
  - 6. Date on which the petition was signed; and
  - 7. Any other information required by the Department.
- E.** The Department shall determine whether the petition complies with the requirements established under A.R.S. § 17-452, R12-4-110, and this Section within 15 business days after receiving the petition.
- 1. If the petition meets these requirements, and provided the petitioner has not agreed to an alternative solution or withdrawn the petition, the Department, in accordance with the schedule in subsection (F), shall place the petition on the agenda for the Commission's next regularly scheduled open meeting and provide written notice to the petitioner of the meeting date.
  - 2. If a petition does not comply with the requirements prescribed under A.R.S. § 17-452, R12-4-110, and this Section:
    - a. The Department shall return the petition to the petitioner, and
    - b. Indicate in writing why the petition does not comply with this Section.
  - 3. If the Department returns a petition to a petitioner for a reason that cannot be corrected, the Department shall serve on the petitioner a notice of appealable agency action under A.R.S. § 41-1092.03.
- F.** When the Department receives a petition not less than 60 calendar days before a regularly scheduled Commission meeting, the Department shall place the petition on the agenda for that meeting. A petition received after this time will be considered at the next regularly scheduled open meeting.
- G.** The petitioner may:
- 1. Present oral testimony in support of the petition at the Commission meeting, in accordance with the provisions established under R12-4-604.
  - 2. Withdraw the petition or request a continuance to a later regularly scheduled open meeting at any time.

**Historical Note**

Adopted effective March 1, 1991; filed February 28, 1991 (Supp. 91-1). Amended effective January 1, 1993; filed December 18, 1992 (Supp. 92-4). Amended by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final rulemaking at 16 A.A.R. 1465, effective July 13, 2010 (Supp. 10-3). Amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1).

**R12-4-611. Petition for a Hearing Before the Commission When No Remedy is Provided in Statute, Rule, or Policy**

- A.** A person may request a hearing before the Commission when an administrative remedy does not exist under statute, rule, or policy by submitting a petition as prescribed by this Section.
- B.** A petitioner shall submit the petition form to the Arizona Game and Fish Department, Director's Office, 5000 W. Carefree Highway, Phoenix, AZ 85086. The petition form is furnished by the Department and is available at any Department office and on the Department's website. The petition form shall contain all of the following information:
- 1. Petitioner identification:
    - a. When the petitioner is a private person:
      - i. Name of person;
      - ii. Physical and mailing address, if different from the physical address;
      - iii. Contact telephone number; and
      - iv. Email, when available;
    - b. When the petitioner is a private group or organization:
      - i. Name of the person designated as the contact for the group or organization;
      - ii. Physical and mailing address, if different from the physical address;
      - iii. Contact telephone number;
      - iv. Email, when available; or
    - c. When the petitioner is a public agency:
      - i. Name of person,
      - ii. Name of agency,
      - iii. Petitioner's title,
      - iv. Agency's physical and mailing address, if different from the physical address,

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- v. Contact telephone number, and
    - vi. Email, when available;
  - 2. Statement of Facts and Issues:
    - a. Description of issue to be resolved, and
    - b. Any facts relevant to resolving the issue;
  - 3. Specific proposed remedy;
  - 4. Petitioner's signature;
  - 5. Date on which the petition was signed; and
  - 6. Any other information required by the Department.
- C. If a petition does not comply with this Section, the Department shall:
- 1. Return the petition to the petitioner, and
  - 2. Indicate in writing why the petition does not comply with this Section.
- D. After the Department receives a petition that complies with this Section, the Department shall place the petition on the agenda of a regularly scheduled Commission meeting.
- E. If the Commission votes to deny a petition, the Department shall not accept a subsequent petition on the same issue, unless the petitioner presents new evidence or reasons for considering the subsequent petition.
- F. This Section does not apply to the following:
- 1. An action related to a license revocation, suspension, denial, or civil penalty;
  - 2. An unsuccessful hunt permit-tag draw application that did not involve an error on the part of the Department; or
  - 3. The reinstatement of a bonus point, except as authorized under R12-4-102.02(E).

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2245, effective July 6, 2004 (Supp. 04-2). Amended by final rulemaking at 16 A.A.R. 1465, effective July 13, 2010 (Supp. 10-3). Amended by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4). Amended by final expedited rulemaking at 24 A.A.R. 393, effective February 6, 2018 (Supp. 18-1). Amended by final rulemaking at 29 A.A.R. 2196 (September 22, 2023), with an immediate effective date of September 1, 2023 (Supp. 23-3).

**ARTICLE 7. HERITAGE GRANTS****R12-4-701. Heritage Grant Definitions**

In addition to the definitions provided under A.R.S. §§ 17-101 and 17-296, the following definitions apply to this Article:

"Administrative subunit" means a branch, chapter, department, division, section, school, or other similar divisional entity of an eligible applicant. For example, an individual:

Administrative department, but not an entire city government;

Field office or project office, but not an entire agency; or

School, but not an entire school district.

"Eligible applicant" means any public agency, non-governmental organization, or nonprofit organization that meets the applicable requirements of this Article.

"Facilities" means any structure or site improvements.

"Fund" means the Arizona Game and Fish Commission Heritage Fund, established under A.R.S. § 17-297.

"Grant agreement" means a document that details the terms and conditions of a grant project.

"Grant effective date" means the date the Department Director signs the Grant Agreement.

"In-kind" means contributions other than cash, which include individual and material resources that the applicant makes available to the project, e.g. a public employee's salary, volunteer time, materials, supplies, space, or other donated goods and services.

"Participant" means an eligible applicant who has been awarded a grant from the Heritage Fund.

"Project" means an activity, or series of related activities, or services described in the specific project scope of work and results in specific end products.

"Project period" means the time during which a participant shall complete all approved work and related expenditures associated with an approved project.

"Public agency" means the federal government or any federal department or agency, an Indian tribe, this state, all state departments, agencies, boards, and commissions, counties, school districts, public charter schools, cities, towns, all municipal corporations, administrative subunits, and any other political subdivision.

"Publicly held lands" means federal, public, and reserved land, State Trust Land, and other lands within Arizona that are owned, controlled, or managed by the federal government, a state agency, or political subdivision.

"Term of public use" means the time period during which the project or facility is expected to be maintained for public use.

**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

**R12-4-702. General Provisions; Heritage Grant Fund Requirements**

- A. The Department, in its sole discretion, may make Heritage Fund Grants available for projects that:
- 1. Are located in Arizona or benefit Arizona wildlife or its habitat; and
  - 2. Meet the criteria established in the Heritage Grant application materials.
- B. The Department shall:
- 1. Provide public notice of the time, location, and due date for application submission; and
  - 2. Furnish materials necessary to complete the application.
- C. An applicant seeking Heritage Grant funding shall submit to the Department a Heritage Fund Grant application according to a schedule of due dates determined by the Director. An applicant shall provide the following information on the Heritage Grant application form:
- 1. The name of the applicant;
  - 2. Any county and legislative district where the project will be developed or upon which the project will have a direct impact;
  - 3. The name, title, mailing address, e-mail address, and telephone number of the individual responsible for the day-to-day management of the proposed project;



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4. Identification of the application criterion established in the Heritage Grant application materials;
  5. A descriptive project title;
  6. The name of the site, primary location, and any other locations of the project;
  7. Description of the:
    - a. Scope of work and the objective of the proposed project,
    - b. Methods for achieving the objective, and
    - c. Desired result of the project;
  8. The beginning and ending dates for the project;
  9. The resources needed to accomplish the project, including grant monies requested, and, if applicable, evidence of secured matching funds or contributions; and
  10. Any additional supporting information required by the Department.
  11. Signature and date. The person signing the grant application form shall have the authority to enter into agreements, accept funding, and fulfill the terms of the Grant Agreement on behalf of the applicant.
- D.** A person applying for multiple projects shall submit a separate application for each project.
- E.** An applicant shall demonstrate ownership or control of the project. Ownership or control may be demonstrated through fee title, lease, easement, or agreement. For all other project types related to sites not controlled by an applicant, an applicant shall provide written permission from the property owner authorizing the project activities and access. The applicant's proof of ownership or control or written permission shall demonstrate:
1. Permission for access is not revocable at will by the property owner, and
  2. Public access will be granted to the project site for the life of the project, unless the purpose of the project proposal is to limit access.
- F.** Heritage Grant proposals are competitive and the Department shall make awards based on a proposed project's compatibility with the priorities of the Department, as approved by the Commission.
- G.** The Department may require an applicant to modify the application prior to awarding a Heritage Grant, if the Department determines that the modification is necessary for the successful completion of the project.
- H.** When applicable, the Department shall not release Heritage Grant funds until after the Department has consulted with the State Historic Preservation Office regarding the proposed project's potential impact on historic and archaeological properties and resources.
- I.** The Department shall notify an applicant in writing of the results of the applicant's submission and announce Heritage Grant awards at a regularly scheduled open meeting of the Commission.
- J.** A participant shall:
1. Sign the Grant Agreement before the Department transfers any grant funds.
  2. Deposit transferred Heritage Grant funds in a dedicated account carrying the name and number of the project. In the event the funds are deposited in an interest-bearing account, any interest earned shall be:
    - a. Used for the purpose of furthering the project, with prior approval from the Department; or
    - b. Remitted to the Department upon completion of the project.
  3. Complete the project as specified under the terms and conditions of the Grant Agreement.
  4. Use awarded Heritage Grant funds solely for the project described in the application and as approved by the Department.
  5. Bear full responsibility for performance of its subcontractors to ensure compliance with the Grant Agreement.
  6. Pay all costs associated with the operation and maintenance of properties, facilities, equipment, services, publications, and other media funded by a Heritage Grant for the term of public use as specified in the Grant Agreement.
  7. Submit records that substantiate the expenditure of Heritage Grant funds. In addition, each participant shall retain and shall contractually require each subcontractor to retain all books, accounts, reports, files, and any other records relating to the acquisition and performance of the contract for a period of five years from the end date of the project period. The Department may inspect and audit participant and subcontractor records as prescribed under A.R.S. § 35-214. Upon the Department's request, a participant or subcontractor shall produce a legible copy of these records.
  8. Allow Department employees or agents to conduct inspections and reviews:
    - a. To ensure compliance with all terms and conditions established under the Grant Agreement.
    - b. Before release of the final payment.
  9. Give public acknowledgment of Heritage Fund grant assistance for the term of public use of a project. If a project involves acquisition of property, development of public access, or renovation of a habitat site, the participant shall install a permanent sign describing the funding sources. The participant may include the cost of this signage as part of the original project. The participant is responsible for maintenance or replacement of the sign as required. For other project types, the participant shall include Heritage Fund grant funding acknowledgment on any publicly available or accessible products resulting from the project.
- K.** A participant shall not:
1. Begin a project described in the application until after the grant effective date.
  2. Use Heritage Grant funds for the purpose of producing income unless authorized by the Department. A participant shall use all income generated to further the purpose of the approved project or surrender the income to the original funding source.
  3. Comingle Heritage Grant funds with any other funds.
  4. Use Heritage Grant funds to pay the salary of any public agency employee. A participant may use a public agency's employee's time as in-kind match for the project specified in the Grant Agreement.
- L.** The parties may amend the terms of the Grant Agreement by mutual written consent. The Department shall prepare any approved amendment in writing, and both the Department and the Grantee shall sign the amendment.
- M.** The Department and the participant may amend the Grant Agreement during the project period. A participant seeking to amend the Grant Agreement shall submit a written request that includes justification to amend the Grant Agreement. The Department shall prepare any approved amendment in writing and both the Department and the participant shall sign the amendment.

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- N. A participant shall submit project status reports, as required in the Grant Agreement. If a participant fails to submit a project status report, the Department may not release any remaining grant monies until the participant has submitted all past due project status reports. The project status report shall include the following information, as applicable:
1. Progress in completing approved work;
  2. Itemized, cumulative project expenditures;
  3. A financial accounting of:
    - a. Heritage Grant Funds,
    - b. Matching funds,
    - c. Donations, and
    - d. Income derived from project funds;
  4. Any delays or problems that may prevent the on-time completion of the project; and
  5. Any other information required by the Department.
- O. At the end of the project period and for each year until the end of the term of public use, a participant shall:
1. Certify compliance with the Grant Agreement, and
  2. Complete a post-completion report form furnished by the Department.
- P. Upon completion of approved project elements, if a balance of awarded Heritage Grant funds remains, the participant may:
1. Use the unexpended funds for an additional project consistent with the original scope of work, when approved by the Department; or
  2. Surrender the unexpended funds to the Department.
- Q. Upon completion of the project a participant shall:
1. Surrender equipment with an acquisition cost of more than \$500 to the Department upon completion, or
  2. Use equipment purchased with Heritage Grant funds in a manner consistent with the purposes of the Grant Agreement.
- R. A participant may request an extension beyond the approved project period by writing to the Department.
1. Requests for an extension shall be submitted by the participant no later than 30 days before the end of the project period.
  2. If approved, an extension shall be signed by both the participant and the Department.
- S. A participant that has a Heritage Grant funded project in extension shall not apply for, nor be considered for, further Heritage Grants until the administrative subunit's project under extension is completed.
- T. In addition, the Department may administratively extend the project period for good cause such as, but not limited to, inclement weather, internal personnel changes, or to complete the final closure documents.
- U. A participant that failed to comply with the terms and conditions of a Grant Agreement shall not apply for, nor be considered for, further Heritage Grants until the participant's project is brought into compliance.
- V. If a participant is not in compliance with the Grant Agreement, the Department may:
1. Terminate the Grant Agreement,
  2. Seek recovery of grant monies awarded, and
  3. Classify the participant as ineligible for Heritage Fund Grants for a period of up to five years.

**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). Amended by final rulemaking at 19 A.A.R. 768, effective

June 1, 2013 (Supp. 13-2). Amended by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

**R12-4-703. Repealed****Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-703 renumbered to R12-4-705; new Section R12-4-703 made by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

**R12-4-704. Repealed****Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-704 repealed; new Section R12-4-704 renumbered from R12-4-709 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

**R12-4-705. Repealed****Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-705 repealed; new Section R12-4-705 renumbered from R12-4-703 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

**R12-4-706. Repealed****Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-706 repealed; new Section R12-4-706 renumbered from R12-4-710 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

**R12-4-707. Repealed****Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-707 repealed; new Section R12-4-707 renumbered from R12-4-711 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

**R12-4-708. Repealed****Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13

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A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-708 repealed; new Section R12-4-708 renumbered from R12-4-712 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Repealed by final rulemaking at 22 A.A.R. 2200, effective August 2, 2016 (Supp. 16-4).

**R12-4-709. Renumbered****Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-709 renumbered to R12-4-704 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

**R12-4-710. Renumbered****Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-710 renumbered to R12-4-706 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

**R12-4-711. Renumbered****Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-711 renumbered to R12-4-707 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

**R12-4-712. Renumbered****Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 2692, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 4587, effective February 2, 2008 (Supp. 07-4). R12-4-712 renumbered to R12-4-708 by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2).

**ARTICLE 8. WILDLIFE AREAS AND DEPARTMENT PROPERTY****R12-4-801. General Provisions****A. Wildlife Areas:**

1. Wildlife areas shall be established to:
  - a. Provide protective measures for wildlife, habitat, or both;
  - b. Allow for hunting, fishing, and other recreational activities that are compatible with wildlife habitat conservation and education;
  - c. Allow for special management or research practices; and
  - d. Enhance wildlife and habitat conservation.
2. Wildlife areas shall be:
  - a. Lands owned, leased, or otherwise managed by the Commission;
  - b. Federally-owned lands of unique wildlife habitat where cooperative agreements provide wildlife management and research implementation; or
  - c. Any lands with property interest conveyed to the Commission by any entity, through an approved land use agreement, including but not limited to

deeds, patents, leases, conservation easements, special use permits, licenses, management agreements, inter-agency agreements, letter agreements, and right-of-entry, where the property interest conveyed is sufficient for management of the lands consistent with the objectives of the wildlife area.

3. Land qualified for wildlife areas shall be:
  - a. Lands with unique topographic or vegetative characteristics that contribute to wildlife,
  - b. Lands where certain wildlife species are confined because of habitat demands,
  - c. Lands that can be physically managed and modified to attract wildlife, or
  - d. Lands that are identified as critical habitat for certain wildlife species during critical periods of their life cycles.
4. The Department may restrict public access to and public use of wildlife areas and the resources of wildlife areas for up to 90 days when necessary to protect property, ensure public safety, or to ensure maximum benefits to wildlife. Closures or restrictions exceeding 90 days shall require Commission approval.
5. Closures of all or any part of a wildlife area to public entry, and any restriction to public use of a wildlife area, shall be listed in this Article or shall be clearly posted at each entrance to the wildlife area. No person shall conduct an activity restricted by this Article or by such posting.
6. When a wildlife area is posted against travel except on existing roads, no person shall drive a motor-operated vehicle over the countryside except by road.
7. The Department may post signs that place additional restrictions on the use of wildlife areas. Such restrictions may include the timing, type, or duration of certain activities, including the prohibition of access or nature of use.
8. A person shall not access or use any wildlife area or facility in violation of any Department actions authorized under subsection (A)(7) when signs are posted providing notice of the restrictions.

**B. Commission-owned real property and -managed lands other than Wildlife Areas:**

1. The Department may take action to manage public access and use of any Commission-owned real property or facilities. Such actions may include restrictions on the timing, type, or duration of certain activities, including the prohibition of access or nature of use.
2. A person shall not access or use any Commission-owned real property, facilities, or -managed lands in violation of any Department actions authorized under subsection (B)(1), if signs are posted providing notice of the restrictions.

**Historical Note**

New Section adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Amended by exempt rulemaking at 18 A.A.R. 1070, effective June 15, 2012 (Supp. 12-2). Amended by exempt rulemaking at 22 A.A.R. 951, effective June 7, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 27 A.A.R. 242, effective April 5, 2021 (Supp. 21-1).

**R12-4-802. Wildlife Area and Other Department Managed**

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**Property Restrictions****A.** No person shall violate the following restrictions on Wildlife Areas:

1. Alamo Wildlife Area (located in Units 16A and 44A):
  - a. Posted portions closed to all public entry.
  - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
2. Allen Severson Wildlife Area (located in Unit 3B):
  - a. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
  - b. Posted portions closed to discharge of all firearms from April 1 through July 25 annually.
  - c. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting from April 1 through July 25 annually.
3. Aravaipa Canyon Wildlife Area (located in Units 31 and 32):
  - a. Access through the Aravaipa Canyon Wildlife Area within the Aravaipa Canyon Wilderness Area is by permit only, available through the Safford Office of the Bureau of Land Management.
  - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of all firearms.
4. Arivaca Lake Wildlife Area (located in Unit 36B):
  - a. Open fires allowed in designated areas only.
  - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
  - c. Overnight public camping in the wildlife area allowed in designated areas only, for no more than 14 days within a 30-day period.
  - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
  - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
5. Arlington Wildlife Area (located in Unit 39):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. No overnight public camping.
  - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
  - e. Target or clay bird shooting permitted in designated areas only.
  - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except:
    - i. Posted portions around Department housing are closed to the discharge of all firearms; and
    - ii. Wildlife area is closed to the discharge of centerfire rifled firearms.
6. Base and Meridian Wildlife Area (located in Units 39, 26M, and 47M):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. No overnight public camping.
  - d. Motorized vehicle travel is not permitted on the wildlife area, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
  - e. No target or clay bird shooting.
  - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of centerfire rifled firearms.
7. Becker Lake Wildlife Area (located in Unit 1):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. No overnight public camping.
  - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
  - e. The Becker Lake boat launch access road and parking areas along with any other posted portions of the wildlife area will be closed to all public entry from one hour after sunset to one hour before sunrise daily.
  - f. Posted portions closed to all public entry.
  - g. Posted portions closed to hunting.
  - h. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of rifled firearms.
8. Bog Hole Wildlife Area (located in Unit 35B):
  - a. Motorized vehicle travel is not permitted on the wildlife area. This subsection does not apply to Department authorized vehicles or law enforcement, fire response or other emergency vehicles.
  - b. Open to all hunting in season, by foot access only, as permitted under R12-4-304 and R12-4-318.
9. Chevelon Canyon Ranches Wildlife Area (located in Unit 4A):
  - a. Open fires allowed in designated areas only.
  - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
  - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
  - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
  - e. No target or clay bird shooting.
  - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
10. Chevelon Creek Wildlife Area (located in Unit 4B):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. No overnight public camping.

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- d. Motorized vehicle travel permitted on designated roads or areas only. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
  - e. Posted portions closed to all public entry.
  - f. Additional posted portions closed to all public entry from October 1 through February 1 annually.
  - g. No target or clay bird shooting.
  - h. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting from October 1 through February 1 annually.
11. Cibola Valley Conservation and Wildlife Area (located in unit 43A):
    - a. No open fires.
    - b. No firewood cutting or gathering.
    - c. No overnight public camping.
    - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
    - e. Posted portions closed to all public entry.
    - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
  12. Clarence May and C.H.M. May Memorial Wildlife Area (located in Unit 29):
    - Closed to hunting, except for predator hunts authorized by Commission Order.
  13. Cluff Ranch Wildlife Area (located in Unit 31):
    - a. Open fires allowed in designated areas only.
    - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
    - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
    - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
    - e. Posted portions around Department housing and Pond Three are closed to discharge of all firearms.
    - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of centerfire rifled firearms.
  14. Coal Mine Spring Wildlife Area (located in Unit 34A):
    - a. Overnight public camping allowed for no more than 14 days within a 30-day period.
    - b. Motorized vehicle travel is not permitted on the wildlife area, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response or other emergency vehicles.
    - c. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
  15. Colorado River Nature Center Wildlife Area (located in Unit 15D):
    - a. No open fires.
    - b. No firewood cutting or gathering.
    - c. No overnight public camping.
    - d. Motorized vehicle travel permitted on designated roads or areas only. This subsection does not apply to Department authorized vehicles, law enforcement, fire response, or other emergency vehicles.
    - e. Closed to the discharge of firearms.
    - f. Closed to hunting.
  16. Fool Hollow Lake Wildlife Area (located in Unit 3C):
    - a. No open fires.
    - b. No firewood cutting or gathering.
    - c. No overnight public camping.
    - d. Motorized vehicle travel permitted on designated roads, trails, or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
    - e. The parking area adjacent to Sixteenth Avenue and other posted portions of the wildlife area will be closed to all public entry daily from one hour after sunset to one hour before sunrise, except for anglers possessing a valid fishing license accessing Fool Hollow Lake/Show Low Creek.
    - f. Closed to the discharge of firearms.
    - g. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of firearms.
  17. House Rock Wildlife Area (located in Unit 12A):
    - a. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles, law enforcement, fire response, or other emergency vehicles.
    - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
    - c. Members of the public shall remain in an enclosed vehicle at all times when within one-quarter mile of the House Rock bison herd, except when taking bison or accompanied by Department personnel.
  18. Jacques Marsh Wildlife Area (located in Unit 3B):
    - a. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
    - b. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of rimfire and centerfire rifled firearms.
  19. Lamar Haines Wildlife Area (located in Unit 7):
    - a. No open fires.
    - b. Wood cutting by permit only and collecting limited to dead and down material, for noncommercial use only. Members of the public shall obtain a wood cutting permit from the Flagstaff Game and Fish Department regional office.
    - c. Overnight public camping allowed for no more than 14 days within a 30-day period.
    - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does

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- not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
- e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
20. Lower San Pedro River Wildlife Area (located in Units 32 and 37B):
    - a. Open fires allowed in designated areas only. The following acts are prohibited:
      - i. Building, attending, maintaining, or using a fire without removing all flammable material from around the fire to adequately prevent the fire from spreading from the fire pit.
      - ii. Carelessly or negligently throwing or placing any ignited substance or other substance that may cause a fire.
      - iii. Building, attending, maintaining, or using a fire in any area that is closed to fires.
      - iv. Leaving a fire without completely extinguishing it.
    - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
    - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
    - d. Motorized vehicle travel permitted on designated roads, trails, or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
    - e. Posted portions closed to all public entry.
    - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting.
    - g. Parking allowed within 300 feet of designated open roads and in designated areas only.
    - h. Discharge of a firearm or pre-charged pneumatic weapon prohibited within 1/4 mile of buildings.
    - i. A person shall not use a metal detector or similar device except as authorized by the Department. This subsection does not apply to law enforcement officers in the scope of their official duties, or to persons duly licensed, permitted, or otherwise authorized to investigate historical or cultural artifacts by a government agency with regulatory authority over cultural or historic artifacts.
  21. Luna Lake Wildlife Area (located in Unit 1):
    - a. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
    - b. Posted portions closed to all public entry from February 15 through July 31 annually.
    - c. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except when closed to hunting from April 1 through July 31 annually.
  22. Manhattan Claims Wildlife Area (located in Unit 29):
    - a. Wood collecting limited to dead and down material, for onsite noncommercial use only.
    - b. Overnight public camping allowed for no more than 14 days within a 30-day period.
  - c. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
23. Mitty Lake Wildlife Area (located in Unit 43B):
    - a. Open fires allowed in designated areas only.
    - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
    - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
    - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
    - e. Posted portions closed to all public entry.
    - f. Mitty Lake is a "No Ski" waterway as defined under R12-4-501.
    - g. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
  24. Planet Ranch Conservation and Wildlife Area (located in Units 16A and 44A):
    - a. No open fires.
    - b. No firewood cutting or gathering.
    - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
    - d. Motorized vehicle travel permitted on designated roads, trails, or areas only, except for big game retrieval as permitted under R12-4-110(H), outside the posted Lower Colorado River Multi-Species Conservation Program habitat area. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
    - e. Posted portions closed to public entry.
    - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting.
  25. Powers Butte (Mumme Farm) Wildlife Area (located in Unit 39):
    - a. No open fires.
    - b. No firewood cutting or gathering.
    - c. No overnight public camping.
    - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
    - e. If conducted during an event approved under R12-4-125, target or clay bird shooting is permitted in designated areas only.
    - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except:
      - i. Posted portions around Department housing are closed to the discharge of all firearms; and
      - ii. Wildlife area is closed to the discharge of centerfire rifled firearms.

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26. Quigley-Achee Wildlife Area (located in Unit 41):
  - a. No open fires.
  - b. No overnight public camping.
  - c. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
  - d. Posted portions closed to all public entry.
  - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting.
27. Raymond Wildlife Area (located in Unit 5B):
  - a. Open fires allowed in designated areas only.
  - b. Overnight public camping permitted in designated sites only, for no more than 14 days within a 30-day period.
  - c. Motorized vehicle travel permitted on designated roads, trails, or areas only, except for big game retrieval as permitted under R12-4-110(H). All-terrain and utility type vehicles are prohibited. For the purpose of this subsection, all-terrain and utility type vehicle means a motor vehicle having three or more wheels fitted with large tires and is designed chiefly for recreational use over roadless, rugged terrain. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
  - d. Posted portions closed to all public entry from May 1 through July 29 annually.
  - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting periodically during hunting seasons.
  - f. Members of the public shall remain in an enclosed vehicle at all times when within one-quarter mile of the Raymond bison herd, except when taking bison or accompanied by Department personnel.
28. Robbins Butte Wildlife Area (located in Unit 39):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. No overnight public camping.
  - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
  - e. Parking in designated areas only.
  - f. If conducted during an event approved under R12-4-125, target or clay bird shooting is permitted in designated areas only.
  - g. Open to all hunting in season as permitted under R12-4-304 and R12-4-318 except the wildlife area is closed to the discharge of centerfire rifled firearms.
29. Roosevelt Lake Wildlife Area (located in Units 22, 23, and 24B):
  - a. Posted portions closed to all public entry from November 15 through February 15 annually.
  - b. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). No motorized travel is permitted within agriculture and crop production areas. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
30. Santa Rita Wildlife Area (located in Unit 34A):
 

Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
31. Sipe White Mountain Wildlife Area (located in Unit 1):
  - a. Open fires allowed in designated areas only.
  - b. No firewood cutting or gathering.
  - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
  - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
  - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions around Department housing is closed to the discharge of all firearms.
32. Springerville Marsh Wildlife Area (located in Unit 2B):
  - a. No open fires.
  - b. No firewood cutting or gathering.
  - c. No overnight public camping.
  - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
  - e. Closed to the discharge of all firearms.
  - f. Open to all hunting as permitted under R12-4-304 and R12-4-318, except the wildlife area is closed to the discharge of all firearms.
33. Sunflower Flat Wildlife Area (located in Unit 8):
  - a. Overnight public camping allowed for no more than 14 days within a 30-day period.
  - b. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
  - c. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
34. Three Bar Wildlife Area (located in Unit 22):
  - a. Motorized vehicle travel:
    - i. Is permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H).
    - ii. Is prohibited within the Three Bar Wildlife and Habitat Study Area.
    - iii. This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
  - b. Open to all hunting in season, as permitted under R12-4-304 and R12-4-318.

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35. Tucson Mountain Wildlife Area (located in Unit 38M):
    - a. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except:
      - i. Portions posted closed to hunting,
      - ii. Portions closed to hunting as identified on the online check-in system wildlife area map, and
      - iii. Firearms and pre-charged pneumatic weapons are prohibited for the take of wildlife.
    - b. Archery hunters must check-in online with the Arizona Game and Fish Department prior to going afield.
  36. Upper Verde River Wildlife Area (located in Unit 8 and 19A):
    - a. No open fires.
    - b. No firewood cutting or gathering.
    - c. No overnight public camping allowed.
    - d. Motorized vehicle travel is not permitted, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire department, or other emergency vehicles.
    - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
  37. Wenima Wildlife Area (located in Unit 2B):
    - a. No open fires.
    - b. No firewood cutting or gathering.
    - c. No overnight public camping.
    - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
    - e. No target or clay bird shooting.
    - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
  38. White Mountain Grasslands Wildlife Area (located in Unit 1):
    - a. No open fires.
    - b. No firewood cutting or gathering.
    - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
    - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
    - e. Posted portions closed to all public entry.
    - f. If conducted during an event approved under R12-4-125, target or clay bird shooting is permitted in designated areas only.
    - g. Open to all hunting in season as permitted under R12-4-304 and R12-4-318.
  39. Whitewater Draw Wildlife Area (located in Unit 30B):
    - a. No open fires except as authorized by the Department.
    - b. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
    - c. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
    - d. Posted portions closed to all public entry from October 15 through March 15 annually.
    - e. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except:
      - i. The wildlife area is closed to the discharge of centerfire rifled firearms, and
      - ii. Posted portions closed to hunting from October 15 through March 15 annually.
  40. Willcox Playa Wildlife Area (located in Unit 30A):
    - a. Open fires allowed in designated areas only.
    - b. Wood collecting limited to dead and down material, for onsite noncommercial use only.
    - c. Overnight public camping allowed in designated areas only, for no more than 14 days within a 30-day period.
    - d. Motorized vehicle travel permitted on designated roads or areas only, except for big game retrieval as permitted under R12-4-110(H). This subsection does not apply to Department authorized vehicles or law enforcement, fire response, or other emergency vehicles.
    - e. Posted portions closed to all public entry from October 15 through March 15 annually.
    - f. Open to all hunting in season as permitted under R12-4-304 and R12-4-318, except posted portions closed to hunting from October 15 through March 15 annually.
- B.** Notwithstanding Commission Order 40, public access and use of the Hirsch Conservation Education Area and Biscuit Tank is limited to activities conducted and offered by the Department and in accordance with the Department's special management objectives for the property, which include, but are not limited to, flexible harvest, season, and methods that:
1. Allow for a variety of fishing techniques, fish harvest, fish consumption, and catch and release educational experiences;
  2. Maintain a healthy, productive, and balanced fish community; and
  3. Provide public education activities and training courses that are compatible with the management of aquatic wildlife.

**Historical Note**

New Section adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2). Amended by exempt rulemaking at 8 A.A.R. 2107, effective May 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 9 A.A.R. 3141, effective August 23, 2003 (Supp. 03-2). Amended by exempt rulemaking at 10 A.A.R. 1976, effective May 14, 2004 (Supp. 04-2). Amended by exempt rulemaking at 11 A.A.R. 1927, effective May 20, 2005 (Supp. 05-2). Amended by exempt rulemaking at 12 A.A.R. 1698, effective May 19, 2006 (Supp. 06-2). Amended by exempt rulemaking at 13 A.A.R. 1741, effective May 18, 2007 (Supp. 07-2). Amended by exempt rulemaking at 14 A.A.R. 1841, effective April 22, 2008 (Supp. 08-2). Amended by exempt rulemaking at 16 A.A.R. 397, effective March 5, 2010 (Supp. 10-1). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Amended by exempt rulemaking at 18 A.A.R. 1070, effective June 15, 2012 (Supp. 12-2). Amended by exempt rulemaking at 19



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A.A.R. 931, effective June 17, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 841, effective June 17, 2014 (Supp. 14-1). Amended by exempt rulemaking at 22 A.A.R. 951, effective June 7, 2016 (Supp. 16-2). Amended by exempt rulemaking at 22 A.A.R. 2209, effective October 4, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 27 A.A.R. 242, effective April 5, 2021 (Supp. 21-1).

**R12-4-803. Wildlife Area and Other Department Managed Property Boundary Descriptions**

**A.** For the purposes of this Section:

“B.C.” means brass cap.

“B.C.F.” means brass cap flush.

“G&SRB&M” means Gila and Salt River Base and Meridian.

“M&B” means metes and bounds.

“R” means Range line.

“T” means Township line.

**B.** Wildlife Areas are described as follows:

1. Alamo Wildlife Area: The Alamo Wildlife Area shall be those areas described as follows:  
T10N, R13W; Section 3 N1/2, SW1/4, SE1/4 Mohave County only; Section 4, E1/2SW1/4, SE1/4; Section 9, NE1/4, E1/2NW1/4; Section 10, NW1/4NW1/4, NE1/4NW1/4 within designated Wilderness Area. T11N, R11W; Section 7, S1/2SW1/4; Section 18, N1/2 NW1/4; T11N, R12W; Section 4, Lots 2, 3 and 4, SW1/4NE1/4, S1/2NW1/4, SW1/4, W1/2SE1/4; Section 5, Lot 1, SE1/4NE1/4, E1/2SE1/4; Section 7, S1/2, SE1/4 NE1/4; Section 8, NE1/4, S1/2NW1/4, S1/2; Section 9; Section 10, S1/2NW1/4, S1/2; Section 11, S1/2S1/2; Section 12, S1/2S1/2; Section 13, N1/2, N1/2SW1/4, NW1/4SE1/4; Section 14, N1/2, E1/2SE1/4; Section 15, N1/2, SW1/4SW1/4, SW1/4SE1/4; Section 16, 17, 18 and 19; Section 20, N1/2, N1/2SW1/4; Section 21, NW1/4; Section 29, SW1/4, SW1/4SE1/4; Section 30; Section 31, N1/2, N1/2S1/2; Section 32, NW1/4, N1/2SW1/4; T11N, R13W; Section 12, SE1/4SW1/4, SW1/4SE1/4, E1/2SE1/4; Section 13; Section 14, S1/2NE1/4, SE1/4SW1/4, SE1/4; Section 22, S1/2SW1/4, SE1/4; Section 23, E1/2, E1/2NW1/4, SW1/4NW1/4, SW1/4; Section 24, 25 and 26; Section 27, E1/2, E1/2W1/2; Section 34, E1/2, E1/2NW1/4, SW1/4; Section 35 W1/2, W1/2NE1/4; T12N, R12W; Section 19, E1/2, SE1/4SW1/4; Section 20, NW1/4NW1/4, SW1/4SW1/4; Section 28, W1/2SW1/4; Section 29, W1/2NW1/4, S1/2, SE1/4NW1/4; Section 30, E1/2, E1/2NW1/4, NE1/4SW1/4; Section 31, NE1/4NE1/4; Section 32, N1/2, N1/2SE1/4, SE1/4SE1/4; Section 33, W1/2E1/2, W1/2; all in G&SRB&M, Mohave and La Paz Counties, Arizona.
2. Allen Severson Memorial Wildlife Area: The Allen Severson Memorial Wildlife Area shall be that area including Pintail Lake and South Marsh lying within the fenced and posted portions of:  
T11N, R22E; Section 32, SE1/4; Section 33, S1/2SW1/4; T10N, R22E; Section 4, N1/2NW1/4; T10N, R22E; Section 4: the posted portion of the NW1/4SW1/4; all in G&SRB&M, Navajo County, Arizona, consisting of approximately 300 acres.
3. Aravaipa Canyon Wildlife Area: The Aravaipa Canyon Wildlife Area shall be that area within the flood plain of Aravaipa Creek and the first 50 vertical feet above the

streambed within the boundaries of the Aravaipa Canyon Wilderness Area administered by the Bureau of Land Management (BLM), Graham and Pinal Counties, Arizona.

4. Arivaca Lake Wildlife Area: The Arivaca Lake Wildlife Area shall be those areas described as:

A parcel or land located in Sections 6, 7 and 8 all of which being situated in T22S, R11E of the G&SRB&M, Pima County, Arizona described as follows: Commencing at the N1/4 corner of said Section 7 run thence S 43°42'30" E (assumed bearing) a distance of 742.14 feet to point 1, the point of Beginning; thence N 81°26'32" E a distance of 705.76 feet to point 2; thence N 09°54'25" E a distance of 305.96 feet to point 3; thence N 21°43'49" E a distance of 872.20 feet to point 4; thence S 84°14'14" E a distance of 471.36 feet to point 5; thence N 28°12'16" E a distance of 357.98 feet to point 6; thence N 85°30'7" E a distance of 110.05 feet to point 7; thence S 02°03'27" W a distance of 417.50 feet to point 8; thence N 88°20'00" E a distance of 141.99 feet to point 9; thence S 27°29'57" W a distance of 341.84 feet to point 10; thence N 60°20'59" W a distance of 297.87 feet to point 11; thence S 38°10'38" W a distance of 363.79 feet to point 12; thence S 03°36'24" E a distance of 222.07 feet to Point 13; thence S 59°52'05" E a distance of 133.71 feet to point 14 from which the northeast corner of said Section 7 bears N 76°07'51" E a distance of 689.94 feet, said northeast corner also being the common Section corner of Sections 5, 6, 7 and 8 of said Township and Range; thence S 59°18'56" W a distance of 225.86 feet to point 15; thence S 14°38'09" W a distance of 184.94 feet to point 16; thence N 73°08'58" E a distance of 282.60 feet to point 17; thence S 33°21'50" W a distance of 275.24 feet to point 18; thence S 16°37'03" E a distance of 294.45 feet to point 19; thence S 60°13'45" E a distance of 187.22 feet to point 20; thence N 09°21'57" E a distance of 502.65 feet to point 21; thence S 57°19'17" E a distance of 175.82 feet to point 22; thence S 06°20'39" W a distance of 405.88 feet to point 23; thence S 73°13'57" E a distance of 307.36 feet to point 24; thence N 72°27'59" E a distance of 108.77 feet to point 25; thence N 13°07'02" E a distance of 316.07 feet to point 26; thence N 15°41'38" E a distance of 292.54 feet to point 27; thence S 16°25'12" E a distance of 338.44 feet to point 28; thence N 60°53'52" E a distance of 349.03 feet to point 29; thence N 68°30'49" E a distance of 286.09 feet to point 30; thence S 09°14'22" W a distance of 396.67 feet to point 31; thence S 42°27'47" W a distance of 265.50 feet to point 32; thence N 86°09'01" W a distance of 253.50 feet to point 33; thence S 34°29'33" W a distance of 500.53 feet to point 34; thence S 59°56'05" W a distance of 120.42 feet to point 35; thence N 71°17'44" W a distance of 228.54 feet to point 36; thence S 69°42'17" W a distance of 120.88 feet to point 37; thence S 12°12'05" E a distance of 146.20 feet to point 38; thence S 83°22'20" E a distance of 339.63 feet to point 39; thence N 34°26'45" E a distance of 345.01 feet to point 40; thence N 88°14'41" E a distance of 272.60 feet to point 41; thence S 54°11'52" E a distance of 246.09 feet to point 42; thence S 76°42'33" W a distance of 304.58 feet to point 43; thence S 25°02'30" W a distance of 515.24 feet to point 44; thence N 54°58'47" W a distance of 330.22 feet to point 45; thence S 59°01'38" W a distance of 443.06 feet to point 46; thence S 28° 40' 19" E a dis-

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tance of 381.98 feet to point 47; thence S 42°18'41" E a distance of 436.71 feet to point 48 from which the E1/4 corner of said Section 7 and common to the W1/4 corner of said Section 8 bears N 04°23'16" E a distance of 126.73 feet; thence N 87°40'07" E a distance of 385.96 feet to point 49; thence S 46°57'39" E a distance of 243.05 feet to point 50; thence S 13°06'06" W a distance of 183.34 feet to point 51; thence N 55°28'27" W a distance of 228.94 feet to point 52; thence S 55°08'41" W a distance of 330.40 feet to point 53; thence S 48°10'36" E a distance of 218.70 feet to point 54; thence S 06°38'09" E a distance of 140.86 feet to point 55; thence S 28°04'14" E a distance of 892.21 feet to point 56; thence S 12°20'35" W a distance of 181.98 feet to point 58; thence S 63°52'33" E a distance of 230.70 feet to point 59; thence S 72°30'09" E a distance of 335.12 feet to point 60; thence S 41°39'07" W a distance of 498.00 feet to point 61; thence N 86°49'30" W a distance of 330.81 feet to point 62; thence N 34°09'15" W a distance of 1380.92 feet to point 63; thence S 86°14'38" W a distance of 310.49 feet to point 64; thence N 04°22'03" W a distance of 206.30 feet to point 65; thence N 70°41'46" E a distance of 226.45 feet to point 66; thence N 10°01'58" E a distance of 468.22 feet to point 67; thence N 67°59'02" W a distance of 220.56 feet to point 68; thence N 36°50'14" W a distance of 360.36 feet to point 69; thence N 04°31'00" E a distance of 187.56 feet to point 69A; thence N 53°13'11" W a distance of 85.56 feet to point 69B; thence S 31°01'48" W a distance of 322.05 feet to point 70; thence S 16°55'20" W a distance of 1033.42 feet to point 71; thence S 32°45'38" E a distance of 209.12 feet to point 72; thence S 64°28'24" W a distance of 319.54 feet to point 73; thence S 24°35'49" W a distance of 264.49 feet to point 74; thence S 42°38'39" W a distance of 428.36 feet to point 75; thence N 88°49'40" W a distance of 549.92 feet to point 76 from which the S1/4 corner of said Section 7 bears S 28°36'15" W a distance of 730.77 feet; thence N 27°38'55" W a distance of 456.55 feet to point 76A; thence N 21°18'02" E a distance of 2170.03 feet to point 78; thence N 00°01'17" E a distance of 958.28 feet to point 79; thence S 89°36'36" W a distance of 624.49 feet to point 80; thence N 00°05'06" E a distance of 553.06 feet to point 81 from which the N1/4 corner of said Section 7 bears N 14°02'18" W a distance of 734.38 feet; thence N 62°15'48" E a distance of 378.12 feet to the point of beginning; consisting of approximately 195.04 acres.

5. Arlington Wildlife Area: The Arlington Wildlife Area shall be those areas described as follows:  
T1S, R5W, Section 33, E1/2SE1/4; T2S, R5W, Section 3, W1/2W1/2, Section 4, E1/2, and Parcel 401-58-001A as described by the Maricopa County Assessor's Office; a parcel of land lying within Section 4, T2S, R5W, more particularly described as follows: commencing at the southwest corner of said Section 4, 2-inch aluminum cap (A.C.) in pothole stamped "RLS 36562", from which the northwest corner of said Section, a 1 1/2-inch B.C. stamped "T1S R5W S32 S33 S5 S4 1968", bears N 00°09'36" E (basis of bearing) a distance of 4130.10 feet, said southwest corner being the point of beginning; thence along the west line of said Section, N 00°09'36" E a distance of 16.65 feet; thence leaving said west line, S 89°48'28" E a distance of 986.79 feet; thence N 00°47'35" E a distance of 2002.16 feet; thence N 01°07'35" E a dis-

tance of 2102.65 feet to the north line of said Section; thence along said north line S 89°18'45" E a distance of 1603.61 feet to the N1/4 corner of said Section, a 1/2-inch metal rod; thence leaving said north line, along the north-south midsection line of said Section, S 00°08'44" E a distance of 4608.75 feet to the S1/4 corner of said Section, a 3-inch B.C.F. stamped "T2S R5W 1/4S4 S9 RLS 46118 2008"; thence leaving said north-south midsection line, along the south line of said Section, N 79°10'54" W a distance of 2719.41 feet to the point of beginning. Subject to existing rights-of-way and easements. This parcel description is based on the Record of Survey for Alma Richardson Property, recorded in Book 996, page 25, Maricopa County Records and other client provided information. This parcel description is located within an area surveyed by Wood, Patel & Associates, Inc. during the month of April, 2008 and October, 2009 and any monumentation noted in this parcel description is within acceptable tolerance (as defined in Arizona Boundary Survey Minimum Standards dated 02/14/2002) of said positions based on said survey; all in G&SRB&M, Maricopa County, Arizona. Section 9; NW1/4 and SW1/4; Section 3; LOT 4 SW1/4NW1/4, W1/2SW1/4 NE1/4SE1/4; Section 3; M&B in LOT 1 SE1/4NE1/4E1/2SE1/4; Section 9; M&B in NE1/4NE1/4; Section 10; SW1/4NW1/4; Section 15; those portions of S1/2W1/4 and N1/2SW1/4 lying west of the primary through road; Section 16; W1/2 M&B in E1/2E1/2 W1/2E1/2; Section 21; NE1/4NW1/4 and Parcel 401-61-008D as described by the Maricopa County Assessor's Office, more particularly described as follows: commencing at the BLM B.C. marking the northeast corner of said Section 21, from which the BLM B.C. marking the northwest corner of said Section 21 bears N 82°26'05" W a distance of 5423.64 feet; thence N 82°26'05" W along the north line of Section 21 a distance of 2711.82 feet to the NW1/4 corner of said Section 21; thence S 00°33'45" W along the north-southerly midsection line of said Section 21 a distance of 33.25 feet to the True Point of Beginning; thence continuing S 00°33'45" W along said north-south midsection line a distance of 958.00 feet to a point on a line which is parallel with and 983.85 feet southerly, as measured at right angles from the north line of said Section 21; thence N 82°26'05" W along said parallel line a distance of 925.54 feet; thence N 26°12'18" W a distance of 153.32 feet; thence N 13°26'18" W a distance of 303.93 feet; thence N 34°15'49" W a distance of 189.27 feet; thence N 21°32'45" W a distance of 215.60 feet; thence N 89°25'47" W a distance of 95.37 feet to a point on the west line of the NE1/4N1/4 of said Section 21; thence N 00°34'13" E, along said west line a distance of 223.54 feet to a point on a line which is parallel with and 33.00 feet southerly, as measured at right angles from the north line of said Section 21; thence S 82°26'05" E along said parallel line, a distance of 1355.91 feet to the True Point of Beginning; all in G&SRB&M, Maricopa County, Arizona.

6. Base and Meridian Wildlife Area: The Base and Meridian Wildlife Area shall be those areas described as follows:  
T1N, R1E, Section 31; Maricopa County APN 101-44-023, also known as Lots 3, 5, 6, 7, 8 and NE1/4SW1/4, and Maricopa County APN 101-44-003J, also known as the S1/2S1/2SW1/4NW1/4 except the west 55 feet thereof; and 101-44-003K, also known as the S1/2S1/

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2SW1/4NW1/4 except the west 887.26 feet thereof; and Maricopa County APN 104-44-002S, also known as that portion of the N1/2SE1/4, described as follows: commencing at the aluminum cap set at the E1/4 corner of said Section 31, from which the 3" iron pipe set at the southeast corner of said Section 31, S 00°20'56" W a distance of 2768.49 feet; thence S 00°20'56" W along the east line of said SE1/4 of Section 31 a distance of 1384.25 feet to the southeast corner of said N1/2SE1/4; thence S 89°25'13" W along the south line of said N1/2SE1/4 a distance of 2644.35 feet to the southwest corner of said N1/2SE1/4 and the point of beginning; thence N 00°03'37" W along the west line of said SE1/4 a distance of 746.86 feet to the south line of the north 607.00 feet of said N1/2SE1/4; thence N 88°46'12" E along said south line of the north 607.00 feet of the N1/2SE1/4 a distance of 656.09 feet; thence S 00°03'37" E parallel with said west line of the SE1/4 a distance of 754.31 feet to said south line of the N1/2SE1/4; Thence S 89°25' 13" W along said south line of the N1/2SE1/4 a distance of 655.98 feet to the point of beginning. T1N, R1W, Section 34, N1/2SE1/4; Section 35, S1/2; Section 36. The Maricopa County APN 500-69-099; the W1/2SE1/4NE1/4. APN 500-69-099, 500-69-100, also known as that portion of the SE1/4SE1/4NE1/4. 500-69-010C, also known as that portion of the W1/2SE1/4NE1/4, except any portion of said W1/2SE1/4NE1/4 of Section 36 lying within the following described four parcels: Exception 1: commencing at the northeast corner of said W1/2SE1/4NE1/4 of Section 36; thence along the east line thereof S 00°10' E a distance of 846.16 feet to the point of beginning; thence continuing S 00°18' E a distance of 141.17 feet; thence S 87°51'15" W a distance of 570.53 feet; thence S 00°29' E a distance of 310.00 feet to the south line of said W1/2SE1/4NE1/4 of Section 36; thence N 89°29' W along the west line of said W1/2SE1/4NE1/4 of Section 36 a distance of 425.93 feet; said point bears S 00°29' E a distance of 895.93 feet from the northwest corner of said W1/2SE1/4NE1/4 of Section 36; thence N 85°54'33" E a distance of 647.01 feet to the point of beginning. Exception 2: commencing at the northeast corner of said W1/2SE1/4NE1/4 of Section 36; thence along the east line thereof S 00°18' E a distance of 846.16 feet to the point of beginning; said point being on the northerly line of the Flood Control District of Maricopa County parcel as shown in Document 84-26119, Maricopa County Records; thence S 85°54'33" W a distance of 647.01 feet to the west line of said W1/2SE1/4NE1/4 of Section 36; thence N 00°29' W along said west line a distance of 30 feet; thence N 84°23'15" E a distance of 228.19 feet; thence N 87°17'06" E a distance of 418.85 feet to the east line of the W1/2SE1/4NE1/4 of Section 36; thence S 00°18' E along said east line a distance of 26.00 feet to the point of beginning. Exception 3: the South 37.6 feet of said W1/2SE1/4NE1/4 of Section 36. Except all oil, gas and other hydrocarbon substances, helium or other substance of gaseous nature, coal, metals, minerals, fossils, fertilizer of every name and description and except all materials which may be essential to the production of fissionable material as reserved in Arizona Revised Statutes. Exception 4: that part of the W1/2SE1/4NE1/4 of Section 36, T1N, R1W lying north of the following described line: commencing at the northeast corner of said W1/2SE1/4NE1/4 of Section 36; thence along the

east line thereof S 00°18'00" E a distance of 820.16 feet, to the point of beginning; said point being on the northerly line of the Flood District of Maricopa County parcel as shown in Document 85-357813, Maricopa County Records; thence S 87°17'06" W a distance of 418.85 feet; thence S 84°23'15" W a distance of 228.19 feet to the west line of said W1/2SE1/4NE1/4 of Section 36 and the point of terminus. The above described parcel contains 162,550 sq. ft. or 3.7316 acres 500-69-001L and 500-69-001M, also known as the N1/2SE1/4, except the south 892.62 feet thereof. 500-69-001N, 500-69-001P, 500-69-001Q, 500-69-001R, 500-69-001T, 500-69-001X, 500-69-001Y, also known as that portion of the south 892.62 feet of the N1/2SE1/4. The SE1/4SE1/4NE1/4 of Section 36, T1N, R1W, except the south 37.6 feet of said SE1/4SE1/4NE1/4, and except the east 55 feet of said SE1/4SE1/4NE1/4, and except that part of said SE1/4SE1/4NE1/4 lying north of the most southerly line of the parcel described in Record 84-026119, Maricopa County Records, said southerly line being described as follows: beginning at the NE1/4S1/2NE1/4SE1/4NE1/4 of said Section 36; thence S 00°07' E along the east line of Section 36, a distance of 50.70 feet; thence S 89°53' W a distance of 55.00 feet to a point on the west line of the east 55.00 feet of said Section 36; thence S 00°07' E along said line, a distance of 510.00 feet; thence S 81°4'43" W a distance of 597.37 feet to a terminus point on the west line of said SE1/4SE1/4NE1/4 of Section 36, and except that part of said SE1/4SE1/4NE1/4 described as follows: commencing at the E1/4 corner of said Section 36; thence N 89°37'23" W along the south line of said SE1/4SE1/4NE1/4 of Section 36, a distance of 241.25 feet; thence N 18°53'04" E a distance of 39.65 feet to the point of beginning; thence continuing N 18°53'04" E a distance of 408.90 feet; thence S 81°04'43" W a distance of 222.55 feet; thence S 18°53'04" W a distance of 370.98 feet; thence S 89°37'23" E a distance of 207.58 feet to the point of beginning. That portion of land lying within the SE1/4SE1/4NE1/4 of Section 36, T1N, R1W, and the S1/2SW1/4NW1/4 of Section 31, T1N, R1E, as described in Document Number 99-1109246. Except the west 22 feet of the property described in Recorder Number 97-0425420, also known as APN 101-44-003G; and except the west 22 feet of the property described in Recorder Number 97-566498, also known as APN 101-44-013; all in G&SRB&M, Maricopa County, Arizona.

7. Becker Lake Wildlife Area: The Becker Lake Wildlife Area shall be that area including Becker Lake lying within the fenced and posted portions of: T9N, R29E, Section 19, SE1/4SE1/4 also known as APN. 105-07-001; Section 20, SW1/4SW1/4; beginning at a point 1012 feet north of the southwest corner of the SE1/4SW1/4 of Section 20, T9N, R29E; thence north 1285 feet; thence east a distance of 462 feet; thence south a distance of 2122 feet, more or less to the center of U.S. Highway 60; thence in a northwesterly direction along the center of U.S. Highway 60 a distance of 944 feet, more or less; thence west a distance of 30 feet, more or less to the point of beginning, also known as APN 105-08-002; Section 29, W1/2NW1/4, NW1/4SW1/4, also known as APN 105-15-003; beginning at the S1/4 corner of said Section 29, said point being the True Point of Beginning; thence N 00°43'20" E along the western boundary of the SE1/4 of said Section 29, a distance of

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1329.15 feet to the center-south 1/16 corner of said Section 29; thence S 89°53'01" W along the southern boundary of the NE1/4SW1/4 of said Section 29, a distance of 99.69 feet; thence N 00°43'20" E a distance of 417.54 feet; thence S 89°31'37" E a distance of 99.69 feet; thence N 00°43'20" E along the western boundary of the SE1/4 of said Section 29 a distance of 374.40 feet; thence N 88°49'48" E a distance of 474.94 feet; thence N 27°35'15" E a distance of 99.21 feet; thence N 04°13'26" W a distance of 160.59 feet; thence N 37°38'44" E a distance of 12.27 feet; thence S 26°22'25" E a distance of 371.13 feet; thence N 31°21'35" E a distance of 58.00 feet; thence S 26°22'27" E a distance of 1203.23 feet; thence S 63°58'58" W a distance of 200.00 feet; thence S 36°24'36" E a distance of 375.11 feet; thence S 00°24'06" W a distance of 490.79 feet; thence S 01°22'24" E a distance of 110.21 feet; thence S 22°27'23" E a distance of 44.27 feet; thence N 89°48'03" W a distance of 1331.98 feet to the True Point of Beginning, also known as APN 105-15-014E; beginning at the corner of Sections 28, 29, 32 and 33, T9N, R29E of G&SRB&M, Apache County, Arizona; thence N 54°21'09" W a distance of 1623.90 feet; thence N 26°00'59" W a distance of 100.00 feet; thence N 26°22'14" W a distance of 1203.23 feet to the True Point of Beginning; thence N 26°22'27" W a distance of 351.19 feet; thence S 55°14'10" W a distance of 38.42 feet; thence S 37°38'44" W a distance of 12.38 feet; thence S 26°22'14" E a distance of 371.13 feet; thence N 31°21'35" E a distance of 58.00 feet to the True Point of Beginning, also known as APN 105-15-014C. S1/2SW1/4, except the following described parcel: commencing at a 2-inch aluminum cap monument stamped LS 8906 located at the Section corner common to Sections 29, 30, 31 and 32 of said Township and Range; thence bear S 89°46'16" E along the Section line common to Sections 29 and 32, a distance of 1038.05 feet to the True Point of Beginning; thence N 35°17'33" E along the northwest boundary of the Springerville Municipal Airport a distance of 328.32 feet; thence S 39°31'26" E a distance of 349.55 feet to a point on the Section line common to Sections 29 and 32; thence N 89°46'44" W a distance of 131.96 feet to the W1/16 corner of Sections 29 and 32; thence N 89°46'16" W a distance of 280.18 feet to the True Point of Beginning. Section 30, NE1/4SE1/4, E1/2NE1/4 also known as APN 105-16-001; W1/2NE1/4, W1/2NE1/4 also known as APN 105-16-002; Section 32, beginning at the N1/4 corner of said Section 32, said point being the True Point of Beginning; thence S 89°48'03" E along the north line of said Section 32 a distance of 1331.98 feet; thence S 21°49'15" E a distance of 198.07 feet; thence S 20°56'35" W a distance of 191.75 feet; thence S 19°53'23" W a distance of 24.65 feet; thence S 39°17'55" W a distance of 86.61 feet; thence S 01°41'36" E a distance of 13.60 feet; thence S 50°13'33" W a distance of 1.29 feet; thence S 02°24'23" E a distance of 906.39 feet; thence S 00°44'11" W a distance of 466.82 feet; thence S 35°26'56" W a distance of 218.51 feet; thence S 89°57'05" W a distance of 1141.87 feet; thence N 07°57'52" E a distance of 328.83 feet; thence N 77°39'30" W a distance of 68.79 feet; thence N 00°30'56" W a distance of 334.16 feet to a 1/16th section corner; thence N 00°30'56" W a distance of 1349.10 feet to the True Point of Beginning. Except therefrom any portion lying in the S1/2SW1/4NE1/4 of said Section 32 also

known as APN 105-18-008A; all that portion of the NE1/4NW1/4 of Section 32, T9N, R29E of G&SRB&M, Apache County, Arizona, lying east of the Becker Lake Roadway; except for the following described parcel: from the NW1/16 corner of said Section 32; thence S 89°45'28" E along the 1/16 line a distance of 736.55 feet to the True Point of Beginning, said point being in the west rights-of-way limits of Becker Lake Rd.; thence N 06°09'00" W along the west line of said right-of-way a distance of 266.70 feet to a 1/2-inch rebar with a tag marked LS 13014; thence N 06°21'43" W a distance of 263.42 feet to a 1/2-inch rebar with a tag marked LS 13014; thence N 06°21'43" W a distance of 198.60 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence N 78°43'10" E a distance of 158.40 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 47°05'42" E a distance of 65.65 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 29°24'20" E a distance of 202.48 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 48°03'17" W a distance of 146.19 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence South 19°36'10" W a distance of 115.75 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence South 00°38'05" East a distance of 74.66 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 14°52'53" E a distance of 125.09 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 15°08'20" E a distance of 136.60 feet to a 5/8-inch rebar with a plastic cap marked LS 13014; thence S 89°58'07" W a distance of 144.13 feet to the True Point of Beginning, also known as APN 105-18-012G.

8. Bog Hole Wildlife Area: The Bog Hole Wildlife Area lying in Sections 29, 32 and 33, T22S, R17E shall be the fenced and posted area described as follows: beginning at the southeast corner of Section 32, T22S, R17E, G&SRB&M, Santa Cruz County, Arizona; thence N 21°42'20" W a distance of 1394.86 feet to the True Point of Beginning; thence N 9°15'26" W a distance of 1014.82 feet; thence N 14°30'58" W a distance of 1088.82 feet; thence N 36°12'57" W a distance of 20.93 feet; thence N 50°16'38" W a distance of 1341.30 feet; thence N 57°51'08" W a distance of 1320.68 feet; thence N 39°03'53" E a distance of 1044.90 feet; thence N 39°07'43" E a distance of 1232.32 feet; thence S 36°38'48" E a distance of 1322.93 feet; thence S 43°03'17" E a distance of 1312.11 feet; thence S 38°19'38" E a distance of 1315.69 feet; thence S 13°11'59" W a distance of 2083.31 feet; thence S 69°42'45" W a distance of 920.49 feet to the True Point of Beginning.
9. Chevelon Canyon Ranches Wildlife Area: The Chevelon Canyon Ranches Wildlife Area shall be those areas described as follows:  
Duran Ranch: T12N, R14E; Sections 6 and 7, more particularly bounded and described as follows: beginning at Corner 1, from which the Standard Corner to Section 31 in T13N, R14E and Section 36 T13N, R13E, bears N 11°41' W 21.53 chains distant; thence S 26°5' E 6.80 chains to Corner 2; thence S 66° W 12.74 chains to Corner 3; thence S 19°16' W 13.72 chains to Corner 4; thence S 29°1' W 50.02 chains to Corner 5; thence N 64°15' W five chains to Corner 6; thence N 28°54' E 67.97 chains to Corner 7; thence N 55°36' E 11.02 to Corner 1; the place

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of beginning; all in G&SRB&M, Coconino County, Arizona. Dye Ranch: T12N, R14E Sections 9 and 16, more particularly described as follows: beginning at Corner 1 from which the Standard corner to Sections 32 and 33 in T13N, R14E, bears N 2° 24' E 127.19 chains distant; thence S 50°20' E 4.96 chains to corner 2; thence S 29°48' W 21.97 chains to Corner 3; thence S 14°45' W 21.00 chains to Corner 4; thence N 76°23' W 3.49 chains to Corner 5; thence N 10°13' W 14.02 chains to Corner 6; thence N 19°41' E 8.92 chains to Corner 7; thence N 38°2' E 24.79 chains to Corner 1, the place of beginning; all in G&SRB&M, Coconino County, Arizona. Tillman Ranch: T12N, R14E land included in H.E. Survey 200 embracing a portion of approximately Sections 9 and 10 in T12N, R14E of G&SRB&M; all in G&SRB&M, Coconino County, Arizona. Vincent Ranch: T12N, R13E; Sections 3 and 4, more particularly described as follows: beginning at Corner 1, from which the south corner to Section 33, T13N, R13E, bears N 40°53' W 16.94 chains distance; thence S 53° 08' E 2.98 chains to Corner 2; thence S 11°26' W 6.19 chains to Corner 3; thence S 49°43' W 22.41 chains to Corner 4; thence S 22°45' W 30.03 chains to Corner 5; thence N 67°35' W 6.00 chains to Corner 6; thence N 23° E 30.03 chains to Corner 7; thence N 42°18' E 21.19 chains to Corner 8; thence N 57°52' E 8.40 chains to Corner 1, the place of beginning; all in G&SRB&M, Coconino County, Arizona. Wolf Ranch: T12N, R14E, Sections 18 and 19, more particularly bounded and described as follows: beginning at Corner 1, from which the U.S. Location Monument 184 H. E. S. bears S 88°53' E 4.41 chains distant; thence S 34°4' E 11.19 chains to Corner 2; thence S 40°31' W 31.7 chains to Corner 3; thence S 63°3' W 7.97 chains to Corner 4; thence S 23°15' W 10.69 chains to Corner 5; thence N 59° W 2.60 chains to Corner 6; thence N 18°45' E 10.80 chains to Corner 7; thence N 51°26' E 8.95 chains to Corner 8; thence N 30°19' E 34.37 chains to Corner 1; the place of beginning; all in G&SRB&M, Coconino County, Arizona.

10. Chevelon Creek Wildlife Area: The Chevelon Creek Wildlife Area shall be those areas described as follows: Parcel 1: The S1/2S1/2NW1/4SW1/4 of Section 23, T18N, R17E of G&SRB&M; Parcel 2: Lots 1, 2, 3 and 4 of Section 26, T18N, R17E of G&SRB&M; Parcel 1: That portion of the NE1/4 of Section 26 lying northerly of Chevelon Creek Estates East Side 1 Amended, according to the plat of record in Book 5 of Plats, page 35, records of Navajo County, Arizona, all in T18N, R17E of G&SRB&M, Navajo County, Arizona. Parcel 2: That part of Tract A, Chevelon Creek Estates East Side 1 Amended, according to the plat of record in Book 5 of Plats, page 35, records of Navajo County, Arizona lying northerly of the following described line: beginning at the southwest corner of Lot 3 of said subdivision; thence southwesterly in a straight line to the southwest corner of Lot 6 of said subdivision.
11. Cibola Valley Conservation and Wildlife Area: The Cibola Valley Conservation and Wildlife Area shall be those areas described as follows: Parcel 1: this parcel is located in the NW1/4 of Section 36, T1N, R24W of G&SRB&M, La Paz County, Arizona, lying east of the right of way line of the "Cibola Channelization Project of the United States Bureau of Reclamation Colorado River Front Work and Levee System," as

indicated on Bureau of Reclamation Drawing 423-300-438, dated March 31, 1964, and more particularly described as follows: beginning at the northeast corner of the NW1/4 of said Section 36; thence south and along the east line of the NW1/4 of said Section 36, a distance of 2646.00 feet to a point being the southeast corner of the NW1/4 of said Section 36; thence westerly and along the south line of the NW1/4 a distance of 1711.87 feet to a point of intersection with the east line of the aforementioned right of way; thence northerly and along said east line of the aforementioned right of way, a distance of 2657.20 feet along a curve concave easterly, having a radius of 9260.00 feet to a point of intersection with the north line of the NW1/4 of said Section 36; thence easterly and along the north line of the NW1/4 of said Section 36, a distance of 1919.74 feet to the point of beginning. Parcel 2: this parcel is located in the U.S. Government Survey of Lot 1 and the E1/2SW1/4 of Section 36, T1N, R24W of G&SRB&M, La Paz County, Arizona, lying east of the right of way line of the "Cibola Channelization Project of the United States Bureau of Reclamation Colorado River Front Work and Levee System," as indicated on Bureau of Reclamation Drawing 423-300-438, dated March 31, 1964, and more particularly described as follows: beginning at the S1/4 corner of said Section 36; thence westerly and along the south line of said Section 36, a distance of 610.44 feet to a point of intersection with the east line of the aforementioned right of way; thence northerly along said east line of the of the aforementioned right of way and along a curve concave southwesterly, having a radius of 17350.00 feet, a distance of 125.12 feet; thence continuing along said right of way line and along a reverse curve having a radius of 9260.00 feet, a distance of 2697.10 feet to a point of intersection with the east-west midsection line of said Section 36; thence easterly along said east-west midsection line, a distance of 1711.87 feet to a point being the center of said Section 36; thence south and along the north-south midsection line, a distance of 2640.00 feet to the point of beginning. Parcel 3: this parcel is located in the E1/2NE1/4 of Section 36, T1N, R24W of G&SRB&M, La Paz County, Arizona. Parcel 4: this parcel is located in the E1/2NW1/4SW1/4 of Section 21, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the south right of way line of U.S.A. Levee; except therefrom that portion lying within Cibola Sportsman's Park, according to the plat thereof recorded in Book 4 of Plats, Page 58, records of Yuma (now La Paz) County, Arizona; and further excepting the N1/2E1/2NW1/4SW1/4. Parcel 5: this parcel is located in the S1/2SW1/4 of Section 21, T1N, R23W of G&SRB&M, La Paz County, Arizona. Except the west 33.00 feet thereof; and further excepting that portion more particularly described as follows: the N1/2NW1/4SW1/4SW1/4 of said Section, excepting the north 33.00 feet and the east 33.00 feet thereof. Parcel 6: this parcel is located in the SW1/4SE1/4 of Section 21, T1N, R23W of G&SRB&M, La Paz County, Arizona. Parcel 7: this parcel is located in Sections 24 and 25, T1N, R24W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River and east of Meander line per BLM Plat 2647C. Parcel 8: this parcel is located in the W1/2 of Section 19, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River. Except that portion in condemnation suit Civil

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5188PHX filed in District Court of Arizona entitled USA -vs- 527.93 acres of land; and excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 9: this parcel is located in the N1/2NE1/4SE1/4; and the W1/2SW1/4NE1/4SE1/4; and that portion of the SE1/4NE1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the south right of way line of the U.S.B.R. Levee; except the east 33.00 feet thereof; and further excepting that portion more particularly described as follows: commencing at the northeast corner of the SE1/4 of said Section 20; thence S 0°24'00" E along the east line, a distance of 380.27 feet; thence S 89°36'00" W a distance of 50.00 feet to the True Point of Beginning; thence continuing S 89°36'00" W a distance of 193.00 feet; thence N 0°24'00" W a distance of 261.25 feet; thence S 70°11'00" E a distance of 205.67 feet to the west line of the east 50.00 feet of said SE1/4 of Section 20; thence S 0°24'00" E a distance of 190.18 feet to the True Point of Beginning; excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 10: this parcel is located in the S1/2SE1/4 Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona; except the east 33.00 feet thereof. Parcel 11: This parcel is located in the SW1/4NE1/4; and the NW1/4SE1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River and west of the Meander line per BLM Plat 2546B; except any portion thereof lying within U.S.A. Lots 5 and 6 of said Section 20, as set forth on BLM Plat 2546B; and excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 12: this parcel is located in the SE1/4NE1/4SE1/4; and the E1/2SW1/4NE1/4SE1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona. Parcel 13: this parcel is located in the E1/2 of Section 19, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River; except the W1/2W1/2SE1/4SW1/4SE1/4; except the E1/2E1/2SW1/4SW1/4SE1/4; except the SW1/4SW1/4NE1/4; except the W1/2SE1/4SW1/4NE1/4; and excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 14: this parcel is located in the SW1/4SW1/4NE1/4; and the W1/2SE1/4SW1/4NE1/4 of Section 19, T1N, R23W of G&SRB&M, La Paz County, Arizona, lying south of the Colorado River and protection levees and front work, excepting therefrom any portion of said land lying within the bed or former bed of the Colorado River waterward of the natural ordinary high water line; and also excepting any artificial accretions to said line of ordinary high water. Parcel 15: this parcel is located in the W1/2 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona; except the west 133.00 feet thereof; except any portion lying within the U.S. Levee or Channel right of way or any portion

claimed by the U.S. for Levee purposes or related works; and except the SE1/4SE1/4SW1/4 of said Section 20. Parcel 16: this parcel is located in the SE1/4SE1/4SW1/4 of Section 20, T1N, R23W of G&SRB&M, La Paz County, Arizona.

12. Clarence May and C.M.H. May Memorial Wildlife Area: The Clarence May and C.M.H. May Memorial Wildlife Area shall be the SE1/4 of Section 8 and N1/2NE1/4 of Section 17, T17S, R31E, and the W1/2SE1/4, S1/2NW1/4, and SW1/4 of Section 9, T17S, R31E, G&SRB&M, Cochise County, Arizona, consisting of approximately 560 acres.
13. Cluff Ranch Wildlife Area: The Cluff Ranch Wildlife Area is that area within the fenced and posted portions of Sections 13, 14, 23, 24, and 26, T7S, R24E, G&SRB&M, Graham County, Arizona; consisting of approximately 788 acres.
14. Coal Mine Spring Wildlife Area: The Coal Mine Spring Wildlife Area shall be those areas described as:  
Phase I: That portion of the N1/2 of the Baca Location No. 3, also known as the Baca Float No. 3 in Santa Cruz County, Arizona according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows: Beginning at the southeast corner of Lot 128, as shown on the record of survey of Salero Ranch Unit 7, recorded in Book 2 of Records of Survey, page 455, records of Santa Cruz County, Arizona. Thence the following 13 courses and distances upon the boundary line of said Salero Ranch Unit 7; N 29°42'21" E a distance of 2605.96 feet; S 58°19'30" E a distance of 1154.77 feet; thence N 19°14'52" E a distance of 1039.92 feet; thence N 56°11'38" E a distance of 1160.51 feet; thence N 26°24'15" W a distance of 1201.99 feet; thence N 12°43'46" W a distance of 1774.13 feet; thence N 60°37'49" W a distance of 1403.00 feet; thence S 87°25'09" W a distance of 2733.59 feet; thence S 69°40'43" W a distance of 1437.62 feet; thence S 90°00'00" W a distance of 640.89 feet; thence N 5°17'55" E a distance of 1274.34 feet; thence N 11°18'44" E a distance of 2193.00 feet; thence N 2°31'52" W a distance of 1109.93 feet to the northeast corner of Lot 110 of said Salero Ranch Unit 7, on the southerly boundary line of Salero Ranch Unit 4, as shown on the record of survey recorded in Book 2 of Records of Survey, page 454, records of Santa Cruz County, Arizona; thence S 77°20'10" E a distance of 1403.77 feet upon said southerly boundary line; thence N 85°19'15" E a distance of 415.73 feet upon said southerly boundary line; thence N 83°19'40" E a distance of 1332.97 feet upon said southerly boundary line; thence S 53°17'58" E a distance of 2353.56 feet; thence S 79°45'10" E a distance of 2127.16 feet; thence N 78°08'19" E a distance of 1754.99 feet; thence S 76°40'30" E a distance of 645.76 feet; thence N 8°06'04" E a distance of 2439.25 feet; thence N 83°38'56" E a distance of 2626.58 feet; thence S 4°32'48" E a distance of 1300.66 feet; thence S 22°28'06" E a distance of 1289.33 feet; thence S 41°28'30" E a distance of 693.93 feet; thence N 64°37'22" E a distance of 1137.61 feet; thence S 22°10'49" E a distance of 2355.11 feet; thence S 27°36'21" W a distance of 931.18 feet; thence S 42°06'28" E a distance of 800.14 feet; thence S 23°50'04" W a distance of 5166.49 feet; thence S 0°00'00" W a dis-

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tance of 853.11 feet to the easterly projection of the south line of said Salero Ranch Unit 7; thence S 90°00'00" W 6 a distance of 239.35 feet upon said easterly projection; thence S 0°00'00" E a distance of 376.92 feet to a 1/2-inch rebar at the northeast corner of the abandonment and reversion to acreage plat, recorded in Book 4 of Maps and Plats at page 35, records of Santa Cruz County, Arizona, also being the northeast corner of the Sonoita Creek State Natural Area, recorded in Book 2 of Records of Survey at page 68, records of Santa Cruz County, Arizona; thence N 89°36'12" W a distance of 4547.83 feet upon the north line of said abandonment and reversion to acreage plat and said Sonoita Creek Natural State Area; thence N 29°42'21" E a distance of 397.69 feet to the point of beginning.

Phase II: Portions of the N1/2 of the Baca Location No. 3, also known as the Baca Float Location No. 3 in Santa Cruz County, Arizona, according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows:

Parcel 1: Beginning at "PT 17", as shown in the record of survey Coal Mine Canyon, recorded in Book 2 of Records of Survey, page 651, records of Santa Cruz County, Arizona, also being the southwest corner of Lot 102 of Salero Ranch Unit 4, as shown on the record of survey recorded in Book 2 of Records of Survey, page 454, records of Santa Cruz County, Arizona; thence N 58°47'17" E a distance of 1817.43 feet upon the boundary line of said Salero Ranch Unit 4; thence N 34°12'25" E a distance of 2213.94 feet upon said boundary line; thence N 62°07'32" E a distance of 792.65 feet upon said boundary line; thence departing said boundary line, N 80°16'25" E a distance of 2588.25 feet; thence S 66°29'16" E a distance of 913.97 feet; thence S 48°56'10" E a distance of 3171.87 feet to "PT 23" of said record of survey of Coal Mine Canyon; thence the following 6 courses upon said boundary line of said record of survey; thence S 83°38'56" W a distance of 2626.58 feet; thence S 8°06'04" W a distance of 2439.25 feet; thence N 76°40'30" W a distance of 645.76 feet; thence S 78°08'19" W a distance of 1754.99 feet; thence N 79°45'10" W a distance of 2127.16 feet; thence N 53°17'58" W a distance of 2353.56 feet to the point of beginning. Containing approximately 634.858 acres.

Parcel 2: Beginning at "PT 23", as shown in the record of survey Coal Mine Canyon; thence S 42°44'49" E a distance of 6724.97 feet; thence S 23°50'04" W a distance of 4984.18 feet; thence S 58°24'44" W a distance of 1555.88 feet to the easterly boundary line of said record of survey; thence N 23°50'04" E a distance of 4583.50 feet upon said easterly line to "PT 30"; thence following 7 courses upon the boundary line of said record of survey; thence N 42°06'28" W a distance of 800.14 feet; thence N H 27°36'21" E a distance of 931.18 feet; thence N 22°10'49" W a distance of 2355.11 feet; thence S 64°37'22" W a distance of 1137.61 feet; thence N 41°28'30" W a distance of 693.93 feet; thence N 22°28'06" W a distance of 1289.33 feet; thence N 4°32'48" W a distance of 1300.66 feet to the point of beginning. Containing approximately 238.928 acres, with both parcels containing approximately 873.8 acres.

Phase III: A portion of the N1/2 of the Baca Location No. 3, also known as the Baca Float Location No. 3 in Santa Cruz County, Arizona, according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows:

Parcel 1: Beginning at "PT 32", as shown in the record of survey Coal Mine Canyon, recorded in Book 2 of Records of Survey, page 651, records of Santa Cruz County, Arizona, thence N 00°00'0" E a distance of 853.11 feet upon the east line of said Coal Mine Canyon; thence N 23°50'04" E a distance of 582.99 feet upon said east line; thence departing said east line, N 58°24'44" E a distance of 1555.88 feet; thence N H 23°50'04" E a distance of 4984.07 feet; thence N 42°44'46" W a distance of 6725.01 feet to "PT 23" of said record of survey; thence N 48°56'10" W a distance of 248.35 feet to the most southerly corner of Lot 167 of Salero Ranch Amended Unit 5, a record of survey recorded in Book 2 of Surveys at page 890, records of Santa Cruz County, Arizona; thence N 64°11'14" E a distance of 1596.01 feet upon the southerly line of said lot 167; thence departing said southerly line, N 05°09'36" E a distance of 1369.85 feet; thence N 53°17'18" E a distance of 65.27 feet; thence N 35°52'16" E a distance of 125.74 feet; thence N 74°11'01" E a distance of 169.04 feet; thence N 55°03'38" E a distance of 178.31 feet; thence N 85°27'03" E a distance of 214.56 feet; thence N 69°11'45" E a distance of 152.18 feet; thence N 38°28'18" E a distance of 21.66 feet; thence N 85°02'24" E a distance of 41.31 feet; thence N 38°28'18" E a distance of 586.88 feet; thence N 50°53'07" E a distance of 190.20 feet; thence S 18°53'17" E a distance of 63.40 feet; thence S 08°07'48" E a distance of 102.38 feet to a tangent curve concave northeasterly; thence southeasterly upon said arc of said curve to the left, having a radius of 380.00 feet and a central angle of 77°14'41", for an arc distance of 512.31 feet to a tangent line; thence S 85°22'29" E a distance of 279.02 feet; thence S 70°54'30" E a distance of 129.90 feet; thence N 83°37'47" E a distance of 142.49 feet; thence S 62°23'38" E a distance of 198.13 feet; thence S 36°56'10" E a distance of 113.72 feet; thence S 58°09'14" E a distance of 170.59 feet; thence N 87°32'08" E a distance of 64.89 feet to a tangent curve concave southerly; thence easterly upon the arc of said curve to the right, having a radius of 700.00 feet and a central angle of 23°48'20", for an arc distance of 290.84 feet to a compound curve concave southwesterly; thence southeasterly upon the arc of said curve to the right, having a radius of 100.00 feet and a central angle of 55°43'08", for an arc distance of 97.25 feet to a reverse curve concave northerly; thence easterly upon said arc of said curve to the left, having a radius of 100.00 feet and a central angle of 176°30'32", for an arc distance of 308.07 feet to a non-tangent line; thence N 80°33'04" E a distance of 772.85 feet; thence S 00°31'59" W a distance of 1378.17 feet; thence S 57°01'50" E a distance of 565.37 feet; thence S 11°27'08" E a distance of 1517.29 feet; thence S 61°34'44" W a distance of 493.92 feet to the south line of Lot 162 of said Salero Ranch Amended Unit 5; thence continue S 61°34'44" W a distance of 125.58 feet; thence S 90°00'00" W a distance of 333.31 feet; thence S 00°00'00" W a distance of 807.64 feet; thence S 48°51'24" W a distance of 807.64 feet;

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thence S 12°09'23" E a distance of 879.27 feet; thence S 04°52'34" W a distance of 1219.26 feet; thence S 08°58'33" E a distance of 630.90 feet; thence S 02°41'39" W a distance of 683.84 feet; thence S 38°57'06" W a distance of 883.05 feet; thence S 00°36'34" W a distance of 695.56 feet; thence S 33°38'55" W a distance of 695.56 feet; thence S 39°38'10" E a distance of 521.88 feet; thence S 00°28'11" E a distance of 521.88 feet; thence S 89°31'49" W a distance of 980.46 feet; thence S 20°25'57" W a distance of 836.32 feet; thence S 36°28'11" E a distance of 2307.36 feet; thence S 00°00'00" W a distance of 611.63 feet to the south line of the N1/2 of said Baca Float No. 3; thence N 89°52'37" W a distance of 3334.98 feet upon said south line; thence N 00°00'00" W a distance of 200.46 feet to the point of beginning.

Phase IV: Portions of APN: 112-43-002B. A portion of the N1/2 of the Baca Location No. 3, also known as the Baca Float Location No. 3 in Santa Cruz County, Arizona, according to the survey by Philip Contzen under Contract No. 133, dated June 17, 1905 and now filed and approved in the Office of the Commissioner of the General Land Office, Washington, D. C., described as follows:

Parcel A: Beginning at the southwest corner of lot 161 of Salero Ranch 2nd Amended Unit 5 recorded as document No. 2008-01905, said records of the Santa Cruz County Recorder, said corner also being labeled as "PT 57" on the record of survey for trust for public land Phase II, recorded as document No. 2008-04365, said records of the Santa Cruz County Recorder; thence S 04°52'34" W a distance of 1219.26 feet upon the east line of Parcel 1, as shown on said survey for trust for public land Phase II, to the corner labeled "PT 56" on said record of survey; thence S 08°58'33" E a distance of 630.90 feet upon said east line to the corner labeled "PT 55"; thence S 02°41'39" W a distance of 683.84 feet upon said east line to the corner labeled "PT 54"; thence S 38°57'06" W a distance of 450.07 feet upon said east line; thence departing said east line, N 72°31'14" E a distance of 380.13 feet; thence N 42°04'28" E a distance of 168.63 feet; thence N 06°07'23" E a distance of 458.79 feet; thence N 09°13'50" W a distance of 428.46 feet; thence N 16°07'21" W a distance of 689.05 feet; thence N 10°00'14" E a distance of 341.00 feet; thence N 00°15'23" W a distance of 754.93 feet to the point of beginning.

Parcel B: Commencing at said above noted corner labeled "PT 54" on said east line as shown on said record of survey of the trust for public land Phase III, thence S 38°57'06" W a distance of 883.05 feet upon said east line to the corner labeled "PT 53", the point of beginning; thence S 00°36'34" W a distance of 695.56 feet upon said east line to the corner labeled "PT 52"; thence N 30°38'23" E a distance of 217.38 feet; thence N 03°24'47" W a distance of 299.47 feet; thence N 22°12'34" W a distance of 226.35 feet to the point of beginning.

15. Colorado River Nature Center Wildlife Area: The Colorado River Nature Center Wildlife Area is Section 10 of T19N, R22W, bordered by the Fort Mojave Indian Reservation to the west, the Colorado River to the north, and residential areas of Bullhead City to the south and east, G&SRB&M, Mohave County, Arizona.
16. Fool Hollow Lake Wildlife Area: The Fool Hollow Lake Wildlife Area shall be that area lying in those portions of

the S1/2 of Section 7 and of the N1/2N1/2 of Section 18, T10N, R22E, G&SRB&M, described as follows: beginning at a point on the west line of the said Section 7, a distance of 990 feet south of the W1/4 corner thereof; thence S 86°12' E a distance of 2533.9 feet; thence S 41°02' E a distance of 634.7 feet; thence east a distance of 800 feet; thence south a distance of 837.5 feet, more or less to the south line of the said Section 7; thence S 89°53' W along the south line of Section 7 a distance of 660 feet; thence S 0°07' E a distance of 164.3 feet; thence N 89°32' W a distance of 804.2 feet; thence N 20°46' W a distance of 670 feet; thence S 88°12' W a distance of 400 feet; thence N 68°04' W a distance of 692 feet; thence S 2°50' W a distance of 581 feet; thence N 89°32' W a distance of 400 feet; thence N 12°40' W a distance of 370.1 feet, more or less, the north line of the SW1/4SW1/4 of said Section 7; thence west a distance of 483.2 feet, more or less, along said line to the west line of Section 7; thence north to the point of beginning.

17. House Rock Wildlife Area: The House Rock Wildlife Area is that area described as follows: beginning at the common 1/4 corner of Sections 17 and 20, T36N, R4E; thence east along the south Section lines of Sections 17, 16, 15, 14, 13 T36N, R4E, and Section 18, T36N, R5E, to the intersection with the top of the southerly escarpment of Bedrock Canyon; thence southeasterly along the top of said escarpment to the top of the northerly escarpment of Fence Canyon; thence along the top of said north escarpment to its intersection with the top of the southerly escarpment of Fence Canyon; thence northeasterly along the top of said southerly escarpment to its intersection with the top of the escarpment of the Colorado River; thence southerly along top of said Colorado River escarpment to its intersection with Boundary Ridge in Section 29, T34N, R5E; thence westerly along Boundary Ridge to its intersection with the top of the escarpment at the head of Saddle Canyon; thence northerly along the top of the westerly escarpment to its intersection with a line beginning approximately at the intersection of the Cockscomb and the east fork of South Canyon extending southeast to a point approximately midway between Buck Farm Canyon and Saddle Canyon; thence northwest to the bottom of the east fork of South Canyon in the SW1/4SW1/4 of Section 16, T34N, R4E; thence northerly along the west side of the Cockscomb to the bottom of North Canyon in the SE1/4 of Section 12, T35N, R3E; thence northeasterly along the bottom of North Canyon to a point where the slope of the land becomes nearly flat; thence northerly along the westerly edge of House Rock Valley to the point of beginning; all in G&SRB&M, Coconino County, Arizona.
18. Jacques Marsh Wildlife Area: The Jacques Marsh Wildlife Area is that area within the fenced and posted portions of the SE1/4, SW1/4SW1/4NE1/4, SE1/4NW1/4, SW1/4NW1/4, Section 11; and NE1/4NW1/4, NW1/4NE1/4, NE1/4NE1/4, Section 14; T9N, R22E, G&SRB&M, Navajo County, Arizona.
19. Lamar Haines Wildlife Area: The Lamar Haines Wildlife Area is that area described as: T22N, R6E, Section 12 NW1/4, G&SRB&M, Coconino County, Arizona.
20. Lower San Pedro River Wildlife Area: The Lower San Pedro River Wildlife Area shall be those areas described as follows:



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For the Triangle Bar Ranch Property: Parcel 1: that portion of the SE1/4 of Section 22, T7S, R16E, G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at the southeast corner of Section 22, to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence N 00°38'57" W along the east line of the SE1/4 of Section 22 a distance of 2626.86 feet to a point being the E1/4 corner of Section 22 a 2.5" Aluminum Cap stamped PLS 35235; thence S 89°00'32" W along the north line of the SE1/4 of Section 22 a distance of 1060.80 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 12°30'55" E a distance of 673.56 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 36°31'44" E a distance of 491.55 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 89°00'32" W a distance of 689 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 00°31'09" W a distance of 400.00 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 89°00'32" W a distance of 1320.00 feet to a point on the west line of the SE1/4 of Section 22 to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 00°31'09" E a distance of 1454.09 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°51'39" E a distance of 1387.86 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 53°14'11" E a distance of 322.56 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 01°05'49" W a distance of 321.71 feet to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°51'39" E along said South line of Section 22 a distance of 1011.31 feet to the point of beginning; containing 110.65 acres, more or less. Parcel 2: that portion of Sections 23 T7S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at the point on the south line of Section 23, which point is 720 feet east of the southwest corner of Section 23, said point being a 1/2" Iron Pin tagged PLS 35235; thence N 23°45'32" W a distance of 1833.68 feet (N 22°28'00" W a distance of 1834 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235 on the west line of Section 23; thence S 00°38'57" E a distance of 1691.03 feet (south, record) to the southwest corner of Section 23 to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence along the south line of Section 23 N 89°02'45" E a distance of 720.00 feet (east, a distance of 720.00 feet, recorded) to the point of beginning; containing 13.98 acres, more or less. Parcel 3: lots 2 and 3, and the NE1/4NW1/4, SE1/4NW1/4, and NE1/4SW1/4 of Sections 18 T7S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: commencing at the northwest corner of Section 18, said point being a GLO B.C. stamped Sec 18 CC; thence S 89°47'17" E along the north line of Section 18, a distance of 1271.33 feet to a point being a 1/2" Iron Pin tagged PLS 35235, and being the point of beginning, said point is the northwest corner of the NE1/4NW1/4; thence S 89°47'17" E a distance of 1320.00 feet to a point being the N1/4 corner of Section 18, to a point being a found stone marked 1/4; thence S 01°35'23" E a distance of 4020.67 feet to a point being a found 1/2" Iron Pin with added tag of PLS 35235 to a point being the southeast corner or the NE1/4SW1/4 of Section 18; thence N 89°37'16" W a distance of 2610.28 feet to a point on the west line of Section 18 to a point being a 1/2" Iron Pin tagged PLS 35235, to a point being the southwest corner of Lot 3; thence N 01°17'05" W along the

west line of Section 18, a distance of 1360.825 feet to a point being the W1/4 corner of Section 18, to a point being a found stone marked 1/4; thence N 01°20'34" W along the west line of Section 18 a distance of 1325.845 feet to a point being a 1/2" Iron Pin tagged PLS 35235, to a point being the northwest corner of Lot 2; thence S 89°32'47" E a distance of 1279.09 feet to a point being a found 1/2" Iron Pin with added tag of PLS 35235 approximately 0.8 feet down from natural grade, to a point being the northeast corner of Lot 2; thence N 01°40'11" W along the west line of the NE1/4NW1/4 of Section 18, a distance of 1331.47 feet to a point on the north line of Section 18 and the point of beginning; containing 200.78 acres, more or less. Parcel 4: lots 3, 4, 5, 6, and 7 of Section 9, T7S, R16E, of G&SRB&M, Pinal County, Arizona more particularly described as follows: beginning at the S1/4 corner of said Section 9, to a point being a 1.5" Open Iron Pipe with added tag PLS 35235; thence N 00°00'03" E along the north-south midsection line a distance of 2641.16 feet (N 00°38'48" E a distance of 2641.20 feet, record) to the center section of Section 9 to a point being a 1/2" Iron Pin tagged PLS 35235; thence continuing N 00°00'03" E along the north-south midsection line, a distance of 1349.83 feet (N 00°38'48" E a distance of 1349.83 feet, record) to the northeast corner of Lot 5 to a point being a found 1/2" Iron Pin with added tag PLS 35235; thence S 89°09'38" W along the north line of Lot 5 a distance of 1346.80 feet (S 89°44'19" W a distance of 1347.21 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, and the northwest corner of Lot 5 and the southeast corner of Lot 3; thence N 00°58'35" E along the east line of Lot 3 a distance of 1357.74 feet (N 00°37'27" E a distance of 1357.74 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235 and the northeast corner of Lot 3; thence N 89°24'33" W along the north line of Lot 3 a distance of 1323.90 feet (N 89°56'37" W a distance of 1323.945 feet, record) to the northwest corner of Section 9 to a point being a found Drill Steel with added tag PLS 35235; thence S 01°56'29" W along the west line of Section 9 a distance of 712.90 feet to a point on the west boundary line of Old Camp Grant and to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 23°03'26" E along said west boundary line of Old Camp Grant, a distance of 5011.05 feet to a point on the south line of Section 9 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 89°13'21" E along the south line of Section 9 a distance of 709.50 feet (N 89°51'39" E a distance of 709.50 feet, record) to the point of beginning; containing 181.71 acres, more or less. Together with those parts of Sections 15 and 22, T7S, R16E, of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at a point being a 1/2" Iron Pin tagged PLS 35235, N 89°00'32" E along the south line of the NE1/4 of Section 22, a distance of 2251.00 feet (east a distance of 2251 feet, record) of the center section corner of Section 22; thence N 47°16'51" W a distance of 1275.05 feet (N 46°47'00" W a distance of 1275.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 79°57'00" W a distance of 1344.00 feet (N 7°27'00" W a distance of 1344.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 65°05'02" W a distance of 399.00 feet (N 59°46'00" W a distance of 399.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N

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17°49'24" W a distance of 1382.47 feet (N 17°34'00" W a distance of 1385.00 feet, record) to a point on the Section line between Sections 15 and 22 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 21°43'45" W a distance of 1408.97 feet (N 20°49'00" W a distance of 1412.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235 and the Center corner of the SW1/4 of Section 15; thence S 01°06'32" W along the west line of the SE1/4SW1/4 of Section 15, a distance of 1317.07 feet (south, record) to a point on the south line of Section 15 and the southwest corner of the SE1/4SW1/4 of Section 15 to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 00°27'15" E along the west line of the E1/2NW1/4 of Section 22, a distance of 2637.50 feet (south, record) to a point on the south line of the NW1/4 of Section 22 and the southwest corner of the E1/2NW1/4 of Section 22 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 89°00'56" E along said south line of the NW1/4 of Section 22 a distance of 1320.895 feet (east, record) to the center section corner of Section 22 to a point being a found 2.5" Aluminum Cap stamped C1/4 PLS 35235; thence N 89°00'32" E along the south line of the NE1/4 of Section 22 a distance of 2251.00 feet (east, record) to the point of beginning; containing 110.28 acres, more or less. Parcel 5: those parts of Sections 26 and 35 T7S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at a point N 89°31'56" E a distance of 571.74 feet (record 572 a distance of feet east) of the center section of Section 35 said point being a 1/2" Iron Pin tagged PE 9626; thence N 16°07'19" W a distance of 1369.92 feet (N 15°44'00" W a distance of 1371 feet, record) to a point being a Power Pole tagged PLS 35235; thence N 46°55'33" W a distance of 279.77 feet (N 45°00'00" W a distance of 283.00 feet, record) to the center of a 6" hollow iron fence post filled with concrete approximately 6 feet tall, tagged PLS 35235; thence N 79°45'23" W a distance of 500.00 feet (N 80°00'00" W a distance of 500.00 feet, record) to the center of a 6" hollow iron fence post filled with concrete approximately 6 feet tall, tagged PLS 35235; thence N 21°10'05" W a distance of 1104.18 feet (N 20°38'00" W a distance of 1104.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being a distance of 3.55 feet south of the north line of Section 35; thence N 07°46'25" E a distance of 1334.00 feet (N 08°08'00" E a distance of 1334.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 89°37'04" W a distance of 630.00 feet to a point being a found 1/2" Iron Pin with added tag PLS 35235; thence N 01°11'34" W a distance of 1314.34 feet (north a distance of 1320.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being on the north line of the SW1/4; thence along the north line of the SW1/4 N 89°18'34" E a distance of 282.00 feet (east a distance of 282.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being S 89°18'34" W a distance of 992.74 from the center section corner of Section 26; thence N 13°48'15" W a distance of 1351.04 feet (N 13°40'00" W a distance of 1358.00 feet, record) to a point on the north line of the SE1/4NW1/4 of Section 26 to a point being a 1/2" Iron Pin tagged PLS 35235, said point being N 89°10'39" E a distance of 26.52 feet from the northwest corner of the SE1/4NW1/4 of Section 26; thence N 26°31'53" W a distance of 1458.00 feet (N

23°43'00" W a distance of 1442.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, that is on the north line of Section 26 said point being N 89°02'45" E along the north line of Section 26, a distance of 720.00 feet from the northwest corner of Section 26; thence N 23°45'32" W a distance of 1833.68 feet (N 22°28'00" W a distance of 1834.00 feet, record) to a point being a 1/2" Iron Pin tagged PLS 35235, said point being on the west line of Section 23; thence S 00°38'57" E along the west line of Section 23, a distance of 1690.37 feet (south, record) to the southwest corner of Section 23 and northwest corner of Section 26 to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence continuing S 01°16'16" E along the west line of Section 26 a distance of 2625.56 feet (south a distance of 2640.00 feet, record) to the W1/4 corner of Section 26 to a point being a 2.5" Aluminum Cap stamped PLS 35235; thence S 01°16'16" E along the west line of Section 26, a distance of 2625.56 feet (south a distance of 2640.00 feet, record) to the southwest corner of Section 26 and northwest corner of Section 35 to a point being a 2.25" Capped Iron Pipe stamped with added tag PLS 35235; thence S 00°45'30" E along the west line of Section 35, a distance of 1317.94 feet (south a distance of 1320.00 feet, record) to a point being a 2.5" Capped Iron Pipe stamped with added tag PLS 35235, said point being the southwest corner of the N1/2NW1/4 of Section 35; thence N 89°41'45" E along the south line of the N1/2NW1/4 of Section 35, a distance of 2630.87 feet (east a distance of 2644.00 feet, record) to a point being an Oblong Iron Pin with added tag PLS 35235 said point being the southeast corner of the N1/2NW1/4 of Section 35; thence S 01°11'23" E a distance of 1319.08 (south a distance of 1320.00 feet, record) to a point being an Oblong Iron Pin, with added tag PLS 35235, said point being the center section corner of Section 35; thence N 89°31'56" E along the south line of the NE1/4 of Section 35 a distance of 571.74 feet (east a distance of 572.00 feet, record) to the point of beginning; excepting therefrom any portion of said lands lying and within Section 23, T7S, R16E, G&SRB&M; CONTAINING containing 249.46 acres, more or less. Parcel 6: that portion of Section 1, T8S, R16E of G&SRB&M, Pinal County, Arizona, more particularly described as follows: beginning at a point N 88°25'39" E a distance of 507.07 feet (east a distance of 510 feet record) of the southwest corner of the SE1/4SW1/4 of Section 1 said point being a 1/2" Iron Pin tagged RLS 10046; thence N 18°38'44" E a distance of 1399.18 feet (record N 19°41' E a distance of 1402 feet) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 03°51'10" W a distance of 1314.74 feet (record N 02°44' W a distance of 1321 feet) to a point being a 1/2" Iron Pin tagged RLS 10046; thence S 88°45'59" W a distance of 918.71 feet (record west, a distance of 919 feet) to a point being a 1/2" Iron Pin tagged RLS 10046; thence N 01°02'04" W a distance of 977.00 feet (record north a distance of 977 feet) to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 72°26'42" W a distance of 1384.43 feet (record N 71°22' W a distance of 1393 feet) to a point on the west line of Section 1 to a point being a 1/2" Iron Pin PLS 35235; thence S 01°07'43" E along the west line of Section 1, a distance of 1422.00 feet (record south a distance of 1412 feet) to the W1/4 corner of Section 1, said point being a 2.5" Aluminum Cap stamped PLS 35235; thence continuing S

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01°07'43" E along the west line of Section 1, a distance of 1320.00 feet (record south a distance of 1320 feet) to the southwest corner of the NW1/4SW1/4 of Section 1 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°37'29" E a distance of 1311.56 feet (record east to the southwest corner of the NE1/4SW1/4) to the southwest corner of the NE1/4SW1/4 of Section 1 to a point being a 1/2" Iron Pin tagged PLS 35235; thence S 01°05'24" E a distance of 1316.31 feet (record, south a distance of 1320 feet) to the southwest corner of the SE1/4SW1/4 of Section 1 to a point being a 1/2" Iron Pin tagged PLS 35235; thence N 88°25'39" E a distance of 507.07 feet (record, east a distance of 510 feet) to the point of beginning; containing 126.84 acres, more or less. For the ASARCO Property: Parcel 1: Section 15: the W1/2SE1/4 and E1/2SW1/4 of Section 15, T7S, R16E of G&SRB&M, Pinal county, Arizona; except that portion of land situated in Government Lot 9 lying west of the center line of the San Pedro River, said portion being APN 300-35-002. Section 22: That portion of the NE1/4NW1/4 and the NE1/4 of Section 22 T7S, R16E of G&SRB&M, Pinal County, Arizona, lying east of the San Pedro River. Section 23: that portion of the SW1/4 of Section 23, T7S, R16E of G&SRB&M, Pinal County, Arizona, lying east of the San Pedro River. Parcel 2: Section 15: Government Lots 1, 2, 3, 4, 5, 6, and 7 of Section 15, T7S, R16E of G&SRB&M, Pinal County, Arizona. Parcel 3: Section 4: Government Lots 5, 8, 9, 11, 12, and 13 of Section 4 except that portion of land situated in Government Lot 13 lying east of State Highway 77 right-of-way, said portion of land being APN 300-31-005B. Section 5: Government Lots 2, 3, 4 and 5, except that portion of land situated in Government Lot 2, more particularly described as follows: beginning at the northeast corner of said Lot 2; thence along the east boundary of said Lot 2 due south 599.94 feet; thence leaving said east boundary due west 283.27 feet to the County Rd. right-of-way (El Camino Rd.); thence along said County Rd. right-of-way N 04°18'56" E a distance of 95.16 feet; thence continuing along said County Rd. right-of-way N 16°30'21" E a distance of 384.05 feet; thence continuing along said County Rd. right-of-way N 14°33'05" E a distance of 141.35 feet to the north boundary of said County Rd. right-of-way due east a distance of 131.48 feet along the north boundary of Government Lot 1 to the point of beginning.

21. Luna Lake Wildlife Area: The Luna Lake Wildlife Area shall be the fenced, buoyed, and posted area lying north of U.S. Highway 180 T5N, R31E, Section 17 N1/2, G&SRB&M, Apache County, Arizona.
22. Manhattan Claims Wildlife Area: Manhattan Claims Wildlife Area: The Manhattan Claims Wildlife Area shall be those areas described as the following mines or mining claims, situated in the California Mining District, in Cochise County, State of Arizona, to-wit: being Sections 3, 4, 5, 9, 10, in T17S., R30E., G&SRB&M, being known as the "Manhattan Group," Cochise County, State of Arizona. Erion Cap: Fraction: Monarch: and Mogul Patented Mines, the United States patent to which is of record in the Recorder's Office in Book 23 of Deeds of Mines, at page 396; Copper trust' Smith No. 1' Iron Cap; wedge; Smith No. 2; Rodea; Standard Extension; Smith No. 4;

Smith No. 3; JHU; Cottonwood; Tucson; Prince; Hidden Treasure; Joe Wheeler fraction; Bride of the West; Mackey; Sun Beam; Queen; Last Turn; Winner; and Winner Fraction; patented mines, in the U.S. Patent to which is of record in the Recorder's Office in Book 23 Deeds of Mines, at page 368. Badger; Badger Fraction; patented mines, the U.S. Patent to which is of record in said Recorder's Office, in Book 23 Deeds of Mines, at page 388; Standard patented mine, the U.S. Patent to which is of record in said Recorder's Office in Book 23 Deeds of Mines at page 393; The following patented mining claims situated in said California Mining District, patent records of which are set out with name of claim as follows: Bull Dog, Docket No. 27, at page No. 558; Copper King, Docket No. 27, at page No. 555; Copper Bluff, Docket No. 27, at page No. 552; Copper Top, Docket No. 27, at page No. 558; Copper Glance, Docket No. 27, at page No. 558; and AETNA, Docket No. 27, at page No. 558.

23. Mitty Lake Wildlife Area: The Mitty Lake Wildlife Area shall be those areas described as follows: T6S, R21W, Section 31: All of Lots 1, 2, 3, 4, E1/2W1/2, and that portion of E1/2 lying westerly of Gila Gravity Main Canal Right-of-Way; T7S, R21W; Section 5: that portion of SW1/4SW1/4 lying westerly of Gila Gravity Main Canal Right-of-Way; Section 6: all of Lots 2, 3, 4, 5, 6, 7 and that portion of Lot 1, S1/2NE1/4, SE1/4 lying westerly of Gila Gravity Main Canal R/W; Section 7: all of Lots 1, 2, 3, 4, E1/2W1/2, W1/2E1/2, and that portion of E1/2E1/2 lying westerly of Gila Gravity Main Canal R/W; Section 8: that portion of W1/2W1/2 lying westerly of Gila Gravity Main Canal R/W; Section 18: all of Lots 1, 2, 3, 4, E1/2NW1/4, and that portion of NE1/4, E1/2SW1/4, NW1/4SE1/4 lying westerly of Gila Gravity Main Canal R/W; T6S, R22W; Section 36: all of Lot 1. T7S, R22W; Section 1: all of Lot 1; Section 12: all of Lots 1, 2, SE1/4SE1/4; Section 13: all of Lots 1, 2, 3, 4, 5, 6, 7, 8, NE1/4, N1/2SE1/4, and that portion of S1/2SE1/4 lying northerly of Gila Gravity Main Canal R/W; all in G&SRB&M, Yuma County, Arizona.
24. Planet Ranch Conservation and Wildlife Area: The Planet Ranch Wildlife Area shall be those areas described as follows: Mohave County (Parcels 1 through 5) Parcel No. 1: the S1/2S1/2 of Section 28, T11N, R16W of the G&SRB&M, Mohave County, Arizona; except 1/16 of all oil, gases, and other hydrocarbon substances, coal, stone, metals, minerals, fossils and fertilizer of every name and description and except all materials which may be essential to production of fissionable material as reserved in Arizona Revised Statutes. Parcel No. 2: all of sections 32 and 34 T11N, R16W of the G&SRB&M, lying in Mohave County, Arizona; except 1/16 of all oil, gases, and other hydrocarbon substances, coal, stone, metals, minerals, fossils and fertilizer of every name and description and except all materials which may be essential to production of fissionable material as reserved in Arizona Revised Statutes. Parcel No. 3: the S1/2S1/2 of Section 27, T11N, R16W of the G&SRB&M, Mohave County, Arizona; except oil, gas, coal, and minerals as reserved in deed recorded in Book 64 of Deeds, Page 599, records of Mohave County, Arizona. Parcel No. 4: all of Section 33 and 35, T11N, R16W of the G&SRB&M, lying in Mohave County, Arizona; except oil, gas, coal, and minerals as reserved in deed recorded in Book 64 of Deeds, Page 599, records of Mohave County, Arizona. Parcel

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No. 5: the S1/2S1/2N1/2 and the S1/2 of Section 36, T11N, R16W of the G&SRB&M, lying in Mohave County, Arizona; except 1/16 of all oil, gases, and other hydrocarbon substances, coal, stone, metals, minerals, fossils and fertilizer of every name and description and except all materials which may be essential to production of fissionable material as reserved in Arizona Revised Statutes. La Paz County (Parcels 6 through 9) Parcel No. 6: that portion of the S1/2 of Lot 2, all of Lots 3, and 4, the S1/2SE1/4NW1/4 and the S1/2S1/2NE1/4 of Section 31, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except all oil, gas, coal, and minerals as set forth in instrument recorded in Book 57, of Dockets, Page 310. Parcel No. 7: all of Section 32, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except any part of Section 32 lying within the Copper Hill Mining Claim as shown on the Plat of Mineral Survey Number 2675; except that portion of the SW1/4 of Section 32, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona, described as follows: commencing at the S1/4 corner of Section 32; thence west along the south line of Section 32, a distance of 1270.58 feet to the point of beginning; thence north 634.31 feet; thence S 76°41'15" W a distance of 94.09 feet to the southeasterly line of the Planet Ranch Road; thence along said line S 28°55'W a distance of 101.23 feet; thence southwesterly 250.25 feet through an angle of 54°22', along a tangent curve concave to the northwest, having a radius of 263.73 feet to a point of tangency, from which a radial line bears N 07°05' W; thence along said line S 82°55' W a distance of 96.52 feet; thence westerly 184.42 feet through an angle of 17°40'14" along a tangent curve concave to the north, having a radius of 597.96 feet to a point of tangency from which a radial line bears N 10°35'14" E; thence N 79°24'46" W a distance of 260.38 feet; thence leaving the southwesterly line of said Planet Ranch Road, south a distance of 429.61 feet to the south line of said Section 32; thence south along said south line east a distance of 874.42 feet more or less back to the point of beginning; and except that portion of the SW1/4 of Section 32, T11N, R16W of the G&SRB&M, La Paz County, Arizona, described as follows: beginning at the S1/4 corner of Section 32; thence west along the south line of Section 32, a distance of 1270.58 feet; thence north a distance of 634.31 feet; thence S 76°41'15" W a distance of 214.08 feet; thence N 13°18'45" W a distance of 25 feet; thence N 76°41'15" E a distance of 220 feet; thence east a distance of 1270.58 feet; thence south a distance of 660 feet back to the point of beginning. Parcel No. 8: those portions of Sections 33, 34, and 35, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except an undivided 1/16 of all oil, gases, and other hydrocarbon substances, coal or stone, metals, minerals, fossils and fertilizer of every name and description, together with all uranium, thorium, or any other material which is or may be determined by the laws of the production of fissionable materials, whether or not of commercial value, as reserved by the State of Arizona in Section 37-231, Arizona Revised Statutes, and in patent of record (Section 34); also except all oil, gas, coal, and minerals as set forth in instrument recorded in Book 57 of Dockets, Page 310 (Section 33 and 35). Parcel No. 9: the S1/2S1/2N1/2 and the S1/2 of Section 36, T11N, R16W of the G&SRB&M, lying in La Paz County, Arizona; except an undivided 1/16 of all oil, gases, and other

hydrocarbon substances, coal or stone, metals, minerals, fossils and fertilizer of every name and description, together with all uranium, thorium, or any other material which is or may be determined by the laws of the production of fissionable materials, whether or not of commercial value, as reserved by the State of Arizona in Section 37-231, Arizona Revised Statutes, and in patent of record.

25. Powers Butte (Mumme Farm) Wildlife Area: The Powers Butte Wildlife Area shall be that area described as follows:  
T1S, R5W, Section 25, N1/2SW1/4, SW1/4SW1/4; Section 26, S1/2; Section 27, E1/2SE1/4; Section 34, T2S, R5W Section 3, E1/2W1/2, W1/2SE1/4, NE1/4SE1/4, NE1/4; Section 10, NW1/4, NW1/4NE1/4; Section 15, SE1/4SW1/4; Section 22, E1/2NW1/4, NW1/4NW1/4; all in G&SRB&M, Maricopa County, Arizona.
26. Quigley-Achee Wildlife Area: The Quigley-Achee Wildlife Area shall be those areas described as follows:  
T8S, R17W; Section 13, W1/2SE1/4, SW1/4NE1/4, and a portion of land in the W1/2 of Section 13, more particularly described as follows: beginning at the S1/4 corner; thence S 89°17'09" W along the south line of said Section 13 a distance of 2627.50 feet to the southwest corner of said Section 13; thence N 41°49'46" E a distance of 3026.74 feet; thence N 0°13'30" W a distance of 1730.00 feet to a point on the north 1/16th line of said Section 13; thence N 89°17'36" E along said north 1/16th line a distance of 600.00 feet to the center of said Section 13; thence S 0°13'30" E. along the north-south midsection line a distance of 3959.99 feet to the point of beginning. Section 23, SE1/4NE1/4, and a portion of land in the NE1/4NE1/4 of Section 23, more particularly described as follows: beginning at the northeast corner; thence S 0°10'19" E along the east line of said Section 23, a distance of 1326.74 feet to a point on the south line of the NE1/4NE1/4 of said Section 23; thence S 89°29'58" W along said south line, a distance of 1309.64 feet; thence N 44°17'39" E a distance of 1869.58 feet to the point of beginning. Section 24, NW1/4, N1/2SW1/4, W1/2NE1/4, N1/2SE1/4NE1/4; all in G&SRB&M, Yuma County, Arizona.
27. Raymond Wildlife Area: The Raymond Wildlife Area is that area described as follows: All of Sections 24, 25, 26, 34, 35, 36, and the portions of Sections 27, 28, and 33 lying east of the following described line: beginning at the W1/4 corner of Section 33; thence northeasterly through the 1/4 corner common to Sections 28 and 33, 1/4 corner common to Sections 27 and 28 to the N1/4 corner of Section 27 all in T19N, R11E. All of Sections 15, 16, 17, 19, 20, 21, 22, 27, 28, 29, 30, 31, 32, 33, and 34 all in T19N, R12E; all in G&SRB&M, Coconino County, Arizona.
28. Robbins Butte Wildlife Area: The Robbins Butte Wildlife Area shall be those areas described as follows:  
T1S, R3W, Section 17, S1/2NE1/4, SE1/4, NW1/4SW1/4; Section 18, Lots 3, 4, and E1/2SW1/4, S1/2NE1/4, W1/2SE1/4, NE1/4SE1/4. T1S, R4W, Section 13, all except that portion of W1/2SW1/4SW1/4 lying west of State Route 85; Section 14, all except the W1/2NW1/4 and that portion of the SW1/4 lying north of the Arlington Canal; Section 19, S1/2SE1/4; Section 20, S1/2S1/2, NE1/4SE1/4; Section 21, S1/2, S1/2NE1/4, SE1/4NW1/4; Section 22, all except for NW1/4NW1/4; Section 23; Section 24, that portion of SW1/4, W1/2SW1/4NW1/4

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- lying west of State Route 85; Section 25, that portion of the NW1/4NW1/4 lying west of State Route 85; Section 26, NW1/4, W1/2NE1/4, NE1/4NE1/4; Section 27, N1/2, SW1/4; Section 28; Section 29, N1/2N1/2, SE1/4NE1/4; Section 30, Lots 5, 6, 7, 8, NE1/4, SE1/4SE1/4; all in G&SRB&M, Maricopa County, Arizona.
29. Roosevelt Lake Wildlife Area: The Roosevelt Lake Wildlife Area is that area described as follows: beginning at the junction of A-Cross Rd. and Arizona Highway 188; south on Arizona Highway 188 to the main entrance of Roosevelt Lake Marina; northeast on this road towards the main marina launch; northeast across Roosevelt Lake to the south tip of Bass Point; northerly to Long Gulch Rd.; northeast on this road to the A-Cross Rd.; northwest on the A-Cross Rd. to the point of beginning; all in G&SRB&M, Gila County, Arizona.
  30. Santa Rita Wildlife Area: The Santa Rita Experimental Range is that area described as follows: Concurrent with the Santa Rita Experimental Range boundary and includes the posted portion of the following sections: Sections 33 through 36, T17S, R14E, Section 25, Section 35 and Section 36, T18S, R13E, Sections 1 through 4, Sections 9 through 16, and Sections 21 through 36, T18S, R14E, Sections 3 through 9, Sections 16 through 21, Sections 26 through 34, T18S, R15E, Sections 1 through 6, Sections 9 through 16, Section 23, T19S, R14E, Sections 3 through 10, Sections 16 through 18, T19S, R15E; all in G&SRB&M, Pima County, Arizona, and all being coincidental with the Santa Rita Experimental Range Area.
  31. Sipe White Mountain Wildlife Area: The Sipe White Mountain Wildlife Area shall be those areas described as follows:  
T7N, R29E, Section 1, SE1/4, SE1/4NE1/4, S1/2NE1/4NE1/4, SE1/4SW1/4NE1/4, NE1/4SE1/4SW1/4, and the SE1/4NE1/4SW1/4. T7N, R30E, Section 5, W1/2W1/2SE1/4SW1/4, and the SW1/4SW1/4; Section 6, Lots 1, 2, 3, 7, and 8, SW1/4NW1/4NW1/4, S1/2NW1/4NE1/4SE1/4, N1/2SE1/4SE1/4, E1/2SE1/4SE1/4SE1/4, SW1/4SE1/4 and the SE1/4SW1/4; Section 7, Parcel 10: Lots 1 and 2, E1/2NW1/4, E1/2E1/2NE1/4NE1/4, W1/2SW1/4NE1/4, NW1/4SE1/4, W1/2NE1/4SE1/4, NE1/4SW1/4, E1/2NW1/4SW1/4, and the NW1/4NE1/4; Section 8, NW1/4NW1/4, and the W1/2W1/2NE1/4NW1/4. T8N, R30E; Section 31, SE1/4NE1/4, SE1/4, and the SE1/4SW1/4; all in G&SRB&M, Apache County, Arizona.
  32. Springerville Marsh Wildlife Area: The Springerville Marsh Wildlife Area shall be those areas described as follows: S1/2 SE1/4 Section 27 and N1/2 NE1/4 Section 34, T9N, R29E, G&SRB&M, Apache County, Arizona.
  33. Sunflower Flat Wildlife Area: The Sunflower Flat Wildlife Area shall be those areas described as follows:  
T20N, R3E; Section 11, NE1/4SE1/4, N1/2NW1/4SE1/4, SE1/4NW1/4SE1/4, NE1/4SE1/4SE1/4, W1/2SE1/4NE1/4, S1/2SE1/4SE1/4NE1/4, E1/2SW1/4NE1/4; Section 12, NW1/4SW1/4SW1/4, NW1/4NE1/4SW1/4SW1/4, SW1/4NW1/4SW1/4, S1/2NW1/4NW1/4SW1/4, W1/2SE1/4NW1/4SW1/4, SW1/4NE1/4NW1/4 SW1/4; all in the G&SRB&M, Coconino County, Arizona.
  34. Three Bar Wildlife Area: The Three Bar Wildlife Area shall be that area described as follows: beginning at Roosevelt Dam, northwesterly on 188 to milepost 252 (Bumble Bee Wash); westerly along the boundary fence for approximately 7 1/2 miles to the boundary of Gila and Maricopa counties; southerly along this boundary through Four Peaks to a fence line south of Buckhorn Mountain; southerly along the barbed wire drift fence at Ash Creek to Apache Lake; northeasterly along Apache Lake to Roosevelt Dam.
  35. Tucson Mountain Wildlife Area: The Tucson Mountain Wildlife Area shall be that area described as follows: beginning at the northwest corner of Section 33; T13S, R11E on the Saguaro National Park boundary; due south approximately one mile to the El Paso Natural Gas Pipeline; southeast along this pipeline to Sandario Rd.; south on Sandario Rd. approximately two miles to the southwest corner of Section 15; T14S, R11E, east along the section line to the El Paso Natural Gas Pipeline; southeast along this pipeline to its junction with State Route 86, also known as the Ajo Highway; easterly along this highway to the Tucson city limits; north along the city limits to Silverbell Rd.; northwest along this road to Twin Peaks Rd.; west along this road to Sandario Rd.; south along this road to the Saguaro National Park boundary; west and south along the park boundary to the point of beginning, all in G&SRB&M, Pima County, Arizona.
  36. Upper Verde River Wildlife Area: The Upper Verde River Wildlife Area consists of eight parcels totaling 1102.54 acres located eight miles north of Chino Valley in Yavapai County, Arizona, along the upper Verde River and lower Granite Creek described as follows:  
Sullivan Lake: located immediately downstream of Sullivan Lake, the headwaters of the Verde River: the NE1/4NE1/4 lying east of the California, Arizona, and Santa Fe Railway Company right-of-way in Section 15, T17N, R2W; and also the NW1/4NE1/4 of Section 15 consisting of approximately 80 acres. Granite Creek Parcel: includes one mile of Granite Creek to its confluence with the Verde River: The SE1/4SE1/4 of Section 11; the NW1/4SW1/4 and SW1/4NW1/4 of Section 13; the E1/2NE1/4 of Section 14; all in T17N, R1W consisting of approximately 239 acres. E1/2SW1/4SW1/4, SE1/4SW1/4, NE1/4SW1/4 and NW1/4SE1/4 of Section 12, NW1/4NW1/4 of Section 13, T17N, R2W consisting of approximately 182.26 acres. Campbell Place Parcel: NE1/4NW1/4, NW1/4NE1/4, NE1/4NE1/4, SE1/4NW1/4, SW1/4NE1/4, SE1/4NE1/4, NE1/4SW1/4, NW1/4SE1/4, NE1/4SE1/4, NW1/4SW1/4, NE1/4SW1/4, and NW1/4SE1/4 in Section 7, T17N, R1W and SE1/4SE1/4 Section 12, T17N, R2W consisting of 315 acres. Tract 39 Parcel: the E1/2 of Tract 39 within the Prescott National Forest boundary, SE1/2SW1/4 and SW1/4SE1/4 of Section 5, T18N, R1W; and the W1/2 of Tract 39 outside the Forest boundary, SW1/4SW1/4, and SW1/4SW1/4 of Section 5 and NW1/4NW1/4 of Section 8, T18N, R1W consisting of approximately 163 acres. Wells Parcels: Parcel 1 and Parcel 2: all that portion of Government Lots 9 and 10, Section 7, along with Lot 3 and the SW1/4NW1/4, Section 8, located in T17N, R1W, of G&SRB&M, Yavapai County, Arizona, also known as APN 306-39-004L and 306-39-004M. Parcel 3 and Parcel 4: all that portion of the NE1/4SW1/4, NW1/4SE1/4, SW1/4SW1/4, and E1/2SW1/4SW1/4 of Section 12 and the NW1/4NW1/4 of Section 13, T17N, R2W, of G&SRB&M, Yavapai County, Arizona.
  37. Wenima Wildlife Area: The Wenima Wildlife Area shall be those areas described as follows:  
T9N, R29E; Section 5, SE1/4 SW1/4, and SW1/4 SE1/4 except E1/2 E1/2 SW1/4 SE1/4, Section 8, NE1/4 NW1/4

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4, and NW1/4 NE1/4; Sections 8, 17 and 18, within the following boundary: From the 1/4 corner of Sections 17 and 18, the True Point of Beginning; thence N 00°12'56" E a distance of 1302.64 feet along the Section line between Sections 17 and 18 to the N1/16 corner; thence N 89°24'24" W a distance of 1331.22 feet to the NE1/16 corner of Section 18; thence N 00°18'02" E a distance of 1310.57 feet to the E1/16 corner of Sections 7 and 18; thence S 89°03'51" E a distance of 1329.25 feet to the northeast Section corner of said Section 18; thence N 01°49'10" E a distance of 1520.28 feet to a point on the Section line between Sections 7 and 8; thence N 38°21'18" E a distance of 370.87 feet; thence N 22°04'51" E a distance of 590.96 feet; thence N 57°24'55" E a distance of 468.86 feet to a point on the east-west midsection line of said Section 8; thence N 89°38'03" E a distance of 525.43 feet along said midsection line to the center W1/16 corner; thence S 02°01'25" W a distance of 55.04 feet; thence S 87°27'17" E a distance of 231.65 feet; thence S 70°21'28" E a distance of 81.59 feet; thence N 89°28'36" E a distance of 111.27 feet; thence N 37°32'54" E a distance of 310.00 feet; thence N 43°58'37" W a distance of 550.00 feet; thence N 27°25'53" W a distance of 416.98 feet to the NS1/16 line of said Section 8; thence N 02°01'25" E a distance of 380.04 feet along said 1/16 line to the NW1/16 corner of said Section 8; thence N 89°45'28" E a distance of 1315.07 feet along the east-west middle 1/16 line; thence S 45°14'41" E a distance of 67.69 feet; thence S 49°28'18" E a distance of 1099.72 feet; thence S 08°04'43" W a distance of 810.00 feet; thence S 58°54'47" W a distance of 341.78 feet; thence 50°14'53" W a distance of 680.93 feet to a point in the center of that cul-de-sac at the end of Jeremy's Point Rd.; thence N 80°02'20" W a distance of 724.76 feet, said point lying N 42°15'10" W a distance of 220.12 feet from the northwest corner of Lot 72; thence N 34°19'23" E a distance of 80.64 feet; thence N 15°54'25" E a distance of 51.54 feet; thence N 29°09'53" E a distance of 45.37 feet; thence N 40°09'33" E a distance of 69.21 feet; thence N 25°48'58" E a distance of 43.28 feet; thence N 13°24'51" E a distance of 63.12 feet; thence N 16°03'10" W a distance of 30.98 feet; thence N 57°55'25" W a distance of 35.50 feet; thence N 80°47'38" W a distance of 48.08 feet; thence S 87°28'53" W a distance of 82.84 feet; thence S 72°07'06" W a distance of 131.85 feet; thence S 43°32'45" W a distance of 118.71 feet; thence S 02°37'48" E a distance of 59.34 feet; thence S 23°03'29" E a distance of 57.28 feet; thence S 28°30'39" E a distance of 54.75 feet; thence S 36°39'47" E a distance of 105.08 feet; thence S 24°55'07" W a distance of 394.78 feet; thence S 61°32'16" W a distance of 642.77 feet to the northwest corner of Lot 23; thence N 04°35'23" W a distance of 90.62 feet; thence S 85°24'37" W a distance of 26.00 feet; thence N 64°21'36" W a distance of 120.76 feet; thence S 61°07'57" W a distance of 44.52 feet; thence S 39°55'58" W a distance of 80.59 feet; thence S 11°33'07" W a distance of 47.21 feet; thence S 19°53'19" E a distance of 27.06 feet; thence S 54°26'36" E a distance of 62.82 feet; thence S 24°56'25" W a distance of 23.92 feet; thence S 48°10'38" W a distance of 542.79 feet; thence S 17°13'48" W a distance of 427.83 feet to the northwest corner of Lot 130; thence S 29°10'58" W a distance of 104.45 feet to the southwest corner of Lot 130; thence southwesterly along a curve having a radius

of 931.52 feet, and arc length of 417.52 feet to the southwest corner of Lot 134; thence S 15°04'25" W a distance of 91.10 feet; thence S 04°29'15" W a distance of 109.17 feet; thence S 01°41'24" W a distance of 60.45 feet; thence S 29°16'05" W a distance of 187.12 feet; thence S 14°44'00" W a distance of 252.94 feet; thence S 15°42'24" E a distance of 290.09 feet; thence S 89°13'25" E a distance of 162.59 feet; thence S 37°19'54" E a distance of 123.03 feet to the southeast corner of Lot 169; thence S 20°36'30" E a distance of 706.78 feet to the northwest corner of Lot 189; thence S 04°07'31" W a distance of 147.32 feet; thence S 29°11'19" E a distance of 445.64 feet; thence S 00°31'40" E a distance of 169.24 feet to the east-west midsection line of Section 17 and the southwest corner of Lot 194; thence S 89°28'20" W a distance of 891.84 feet along said east-west midsection line to the True Point of Beginning; all in G&SRB&M, Apache County, Arizona.

38. White Mountain Grasslands Wildlife Area: The White Mountain Grasslands Wildlife Area shall be those areas described as follows:

Parcel 1 (CL1): the S1/2 of Section 24; the N1/2NW1/4 of Section 25; the NE1/4 and N1/2SE1/4 of Section 26; all in T9N, R27E of G&SRB&M, Apache County, Arizona; except all coal and other minerals as reserved to the U.S. in the Patent of said land. Parcel 2 (CL2): the SE1/4 and the SE1/4SW1/4 of Section 31, T9N, R28E of G&SRB&M, Apache County, Arizona. Parcel 3 (CL3): the NW1/4SW1/4 of Section 28; and the SW1/4S1/2SE1/4 and NE1/4SE1/4 of T9N, R28E of G&SRB&M, Apache County, Arizona. Parcel 4 (CL4): the SW1/4SW1/4 of Section 5; the SE1/4SE1/4 of Section 6; the NE1/4NE1/4 of Section 7; the NW1/4NW1/4, E1/2SW1/4NW1/4, W1/2NE1/4, SE1/4NW1/4, and that portion of the S1/2 which lies North of Highway 260, except the W1/2SW1/4 of Section 8; all in T8N, R28E of G&SRB&M, Apache County, Arizona. Parcel 1 (O1): the S1/2N1/2 of Section 10, T8N, R28E, of G&SRB&M, Apache County, Arizona; except that Parcel of land lying within the S1/2NE1/4 of Section 10, T8N, R28E, of G&SRB&M, Apache County, Arizona, more particularly described as follows: From the N1/16 corner of Sections 10 and 11, monumented with a 5/8-inch rebar with a cap marked LS 13014, said point being the True Point of Beginning; thence N 89°44'54" W a distance of 1874.70 feet along the east-west 1/16 line to a point monumented with a 1/2-inch rebar with a tag marked LS 13014; thence S 02°26'17" W a distance of 932.00 feet to a point monumented with a 1/2-inch rebar with a tag marked LS 13014; thence S 89°44'54" E a distance of 1873.69 feet to a point monumented with a 1/2-inch rebar with a tag marked LS 13014, said point being on the east line of Section 10; thence N 02°30'00" E a distance of 932.00 feet along said Section line to the True Point of Beginning. Parcel 2 (O2): the N1/2S1/2 of Section 10, T8N, R28E, of G&SRB&M, Apache County, Arizona. Except for that portion lying South of State Highway 260. Parcel 3 (O3): the SE1/4 of Section 25, T9N, R27E, of G&SRB&M, Apache County, Arizona. Parcel 4 (O4): lots 3 and 4; the E1/2SW1/4; W1/2SE1/4; and NE1/4SE1/4 of Section 30, T9N, R28E, of G&SRB&M, Apache County, Arizona. Parcel 5 (O5): lots 1, 2 and 3; the S1/2NE1/4; NW1/4NE1/4; E1/2NW1/4; and NE1/4SW1/4 of Section 31, T9N, R28E, of G&SRB&M,

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Apache County, Arizona. Parcel 6 (O6); beginning at the northwest corner of the SE1/4 of Section 27, T9N, R28E, of G&SRB&M, Apache County, Arizona; thence east a distance of 1320.00 feet; thence south a distance of 925.00 feet; thence west a distance of 320.00 feet to the center of a stock watering tub; thence N 83° W a distance of 1000.00 feet; thence north a distance of 740.00 feet to the point of beginning. State Land Special Use Permit: SE1/4SW1/4 of Section 5; E1/2NE1/4 of Section 08; NE1/4NW1/4 of Section 8; M&B in N1/2NW1/4 north of Hwy 260 of Section 17, all in T8N, R28E of the G&SRB&M, Apache County, Arizona. S1/2NW1/4 and SW1/4 of Section 26; all of Section 36, all in T9N, R27E of the G&SRB&M, Apache County, Arizona. SE1/4 lying easterly of Carnero Creek in Section 18; Lots 3 and 4, E1/2SW1/4, SE1/4, NE1/4, and SE1/4NW1/4, lying southeasterly of Carnero Creek in Section 19; NW1/4SE1/4 of Section 29, Lots 1 and 2 and NE1/4 and E1/2NW1/4 and SE1/4SE1/4 of Section 30; and Lot 4, and the NE1/4NE1/4 of Section 31; all in T9N, R28E of the G&SRB&M, Apache County, Arizona. State Grazing Lease: Legal Description of the White Mountain Grassland State Land Grazing Lease. Lots 1 thru 4, and S1/2N1/2, SW1/4, N1/2N1/2SE1/4, S SW1/4NW1/4SE1/4, and W1/2SW1/4SE1/4 of Section 3; Lots 1 thru 4, and the S1/2N1/2 and S1/2 of Section 4; SE1/4SW1/4 of Section 5; E1/2NE1/4, NE1/4NW1/4 of Section 8; SE1/4NE1/4 and N1/2N1/2 of Section 9; S1/2NE1/4NE1/4, SE1/4NW1/4NE1/4, W1/2NW1/4NE1/4, N1/2NW1/4, all in Section 10; NE1/4NW1/4 lying north of the centerline of State Highway 260, in Section 17, T8N, R28E of the G&SRB&M, Apache County; NE1/4, S1/2NW1/4, and the SW1/4 of Section 25, and all of Section 36; in T9N, R27E of the G&SRB&M, Apache County; a portion of the SE1/4 of Section 18 lying southeasterly of Carnero Creek, Lots 3 and 4, E1/2SW1/4, SE1/4, NE1/4, and SE1/4NW1/4 lying southeast of Carnero Creek in Section 19; all of Section 20 and Section 21; SW1/4NE1/4, S1/2NW1/4, and M&B in N1/2SW1/4, of Section 27; N1/2E1/2SW1/4, SW1/4SW1/4 and SE1/4 of Section 28; Lots 1 and 2, and NE1/4, E1/2NW1/4, and SE1/4SE1/4 of Section 30; Lot 4 and NE1/4NE1/4 of Section 31; all of Section 32 and Section 33, in T9N, R28E, in the G&SRB&M, Apache County. SE1/4NE1/4SE1/4 of Section 31; T09N, R28E, G&SRB&M, Apache County, Arizona.

39. Whitewater Draw Wildlife Area: The Whitewater Draw Wildlife Area shall be those areas described as follows: T21S, R26E; Section 19, S1/2 SE1/4; Section 29, W1/2 NE1/4, and E1/2 NE1/4; Section 30, N1/2 NE1/4; Section 32; T22S, R26E; Section 4, Lots 3 and 4; T22S, R26E; Section 5, Lots 1 to 4, except an undivided 1/2 interest in all minerals, oil, and/or gas as reserved in Deed recorded in Docket 209, page 117, records of Cochise County, Arizona.
40. Willcox Playa Wildlife Area: The Willcox Playa Wildlife Area shall be that area within the posted Arizona Game and Fish Department fences enclosing the following described area: beginning at the Section corner common to Sections 2, 3, 10 and 11, T15S, R25E, G&SRB&M, Cochise County, Arizona; thence S 0°15'57" W a distance of 2645.53 feet to the east 1/4 corner of Section 10; thence S 89°47'15" W a distance of 2578.59 feet to the center 1/4 corner of Section 10; thence N 1°45'24" E a

distance of 2647.85 feet to the center 1/4 corner of Section 3; thence N 1°02'42" W a distance of 2647.58 feet to the center 1/4 corner of said Section 3; thence N 89°41'37" E to the common 1/4 corner of Section 2 and Section 3; thence S 0°00'03" W a distance of 1323.68 feet to the south 1/16 corner of said Sections 2 and 3; thence S 44°46'30" E a distance of 1867.80 feet to a point on the common Section line of Section 2 and Section 11; thence S 44°41'13" E a distance of 1862.94 feet; thence S 44°42'35" E a distance of 1863.13 feet; thence N 0°13'23" E a distance of 1322.06 feet; thence S 89°54'40" E a distance of 1276.24 feet to a point on the west right-of-way fence line of Kansas Settlement Rd.; thence S 0°12'32" W a distance of 2643.71 feet along said fence line; thence N 89°55'43" W a distance of 2591.30 feet; thence N 0°14'14" E a distance of 661.13 feet; thence N 89°55'27" W a distance of 658.20 feet; thence N 0°14'39" E a distance of 1322.36 feet; thence N 44°41'19" W a distance of 931.44 feet; thence N 44°40'31" W a distance of 1862.85 feet to the point of beginning. Said wildlife area contains 543.10 acres approximately.

- C. Department Controlled Properties are described as follows: Hirsch Conservation Education Area and Biscuit Tank: The Hirsch Conservation Education Area and Biscuit Tank shall be that area lying in Section 3 T5N R2E, beginning at the northeast corner of Section 3, T5N, R2E, G&SRB&M, Maricopa County, Arizona; thence S 35°33'23.43" W a distance of 2938.12 feet; to the point of true beginning; thence S 81°31'35.45" W a distance of 147.25 feet; thence S 45°46'21.90" W a distance of 552.25 feet; thence S 21°28'21.59" W a distance of 56.77 feet; thence S 16°19'49.19" E a distance of 384.44 feet; thence S 5°27'54.02" W a distance of 73.43 feet; thence S 89°50'44.45" E a distance of 431.99 feet; thence N 4°53'57.68" W a distance of 81.99 feet; thence N 46°49'53.27" W a distance of 47.22 feet; thence N 43°33'3.68" E a distance of 83.74 feet; thence S 47°30'40.79" E a distance of 47.71 feet; thence N 76°2'59.67" E a distance of 105.91 feet; thence N 15°45'0.24" W a distance of 95.87 feet; thence N 68°48'27.79" E a distance of 69.79 feet; thence N 8°31'53.39" W a distance of 69.79 feet; thence N 30°5'32.34" E a distance of 39.8 feet; thence N 46°17'32.32" E a distance of 63.77 feet; thence N 22°17'26.17" W a distance of 517.05 feet to the point of true beginning.

**Historical Note**

New Section adopted by exempt rulemaking at 6 A.A.R. 1731, effective May 1, 2000 (Supp. 00-2). Amended by exempt rulemaking at 9 A.A.R. 3141, effective August 23, 2003 (Supp. 03-2). Amended by exempt rulemaking at 11 A.A.R. 1927, effective May 20, 2005 (Supp. 05-2). Amended by exempt rulemaking at 16 A.A.R. 397, effective March 5, 2010 (Supp. 10-1). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Amended by exempt rulemaking at 18 A.A.R. 1070, effective June 15, 2012 (Supp. 12-2). Amended by exempt rulemaking at 19 A.A.R. 931, effective June 17, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 841, effective June 17, 2014 (Supp. 14-1). Amended by exempt rulemaking at 22 A.A.R. 951, effective June 7, 2016 (Supp. 16-2). Amended by exempt rulemaking at 22 A.A.R. 2209, effective October 4, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 27 A.A.R. 242, effective April 5, 2021 (Supp. 21-1).

## TITLE 12. NATURAL RESOURCES

## CHAPTER 4. GAME AND FISH COMMISSION

**R12-4-804. Renumbered****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 1424, effective June 14, 2003 (Supp. 03-2). Amended by exempt rulemaking at 17 A.A.R. 800, effective June 20, 2011 (Supp. 11-2). Section R12-4-804 renumbered to R12-4-125, by final rulemaking at 21 A.A.R. 3025, effective January 2, 2016 (Supp. 15-4).

**ARTICLE 9. AQUATIC INVASIVE SPECIES****R12-4-901. Definitions**

In addition to the definitions provided under A.R.S. §§ 5-301 and 17-255, the following definitions apply to this Article, unless otherwise specified:

“Aquatic invasive species” means those species listed in Director’s Order 1.

“Certified agent” means a person who meets Department standards to conduct inspections authorized under A.R.S. § 17-255.01(C)(1).

“Conveyance” means a device designed to carry or transport water. Conveyance includes, but is not limited to, dip buckets, water hauling tanks, and water bladders.

“Equipment” means an item used either in or on water; or to carry water. Equipment includes, but is not limited to, trailers used to launch or retrieve watercraft, rafts, inner tubes, kick boards, anchors and anchor lines, docks, dock cables and floats, buoys, beacons, wading boots, fishing tackle, bait buckets, skin diving and scuba diving equipment, submersibles, pumps, sea planes, and heavy construction equipment used in aquatic environments.

“Operator” means a person who operates or is in actual physical control of a watercraft, vehicle, conveyance or equipment.

“Owner” means a person who claims lawful possession of a watercraft, vehicle, conveyance, or equipment.

“Person” has the same meaning as defined under A.R.S. § 1-215.

“Release” means to place, plant, or cause to be placed or planted in waters.

“Transporter” means a person responsible for the overland movement of a watercraft, vehicle, conveyance, or equipment.

“Waters” means surface water of all sources, whether perennial or intermittent, in streams, canyons, ravines, drainage systems, canals, springs, lakes, marshes, reservoirs, ponds, and other bodies or accumulations of natural, artificial, public or private waters situated wholly or partly in or bordering this state.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-901 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2). New Section R12-4-901 renumbered from R12-4-1101 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

**R12-4-902. Aquatic Invasive Species; Prohibitions; Inspection, Decontamination Protocols**

A. A person shall not, unless authorized under Article 4:

1. Possess, import, ship, or transport into or within this state an aquatic invasive species, unless authorized by the Director.
  2. Sell, purchase, barter, or exchange in this state an aquatic invasive species.
  3. Release an aquatic invasive species into waters or into any water treatment facility, water supply or water transportation facility, device or mechanism in this state.
- B. Upon removing a watercraft, vehicle, conveyance, or equipment from any waters listed in Director’s Order 2 and prior to transport, a person shall:
1. Remove all clinging materials such as plants, animals, and mud.
  2. Remove all plugs and other valves or devices that prevent water drainage from all compartments that may retain water, such as ballast tanks, ballast bags, bilges, and ensure plugs or devices remain removed or open during transport.
  3. If no plugs or barriers exist, take reasonable measures to drain or dry all compartments or spaces that may retain water. Reasonable measures include, but are not limited to, emptying bilges, application of absorbents, or ventilation.
- C. Before transporting a watercraft, vehicle, conveyance, or equipment to any waters located within or bordering this state from waters or locations listed in Director’s Order 2, a person shall comply with the mandatory conditions and protocols identified in Director’s Order 3 for decontamination of watercraft, vehicles, conveyances, and equipment.
- D. Department employees, certified agents, and Arizona peace officers authorized under A.R.S. § 17-104 may inspect a watercraft, vehicle, conveyance, or equipment for the purposes of determining compliance with A.R.S. Title 17, Chapter 2, Article 3.1 and this Section.
- E. If the presence of an aquatic invasive species is documented or suspected on or in a watercraft, vehicle, conveyance, or equipment, a Department employee or any Arizona peace officer may order a person to decontaminate or cause to be decontaminated such watercraft, vehicle, conveyance, or equipment using the mandatory protocols described in Director’s Order 3.
- F. The following Director’s Orders are available at any Department office and online at [azgfd.gov](http://azgfd.gov):
1. Director’s Order 1 – Listing of Aquatic Invasive Species for Arizona,
  2. Director’s Order 2 – Designation of Waters or Locations Where Listed Aquatic Invasive Species are Present, and
  3. Director’s Order 3 – Mandatory Conditions on the Movement of Watercraft, Vehicles, Conveyances, or Other Equipment from Listed Waters Where Aquatic Invasive Species are Present.
- G. This Section does not apply to owners and operators exempt under A.R.S. § 17-255.04.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-902 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2). New Section R12-4-902 renumbered from R12-4-1102 and amended by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).



## TITLE 12. NATURAL RESOURCES

## CHAPTER 4. GAME AND FISH COMMISSION

**R12-4-903. Expired****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). R12-4-903 renumbered to R12-4-904; new Section R12-4-903 renumbered from R12-4-904 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-903 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

**R12-4-904. Expired****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). R12-4-904 renumbered to R12-4-903; new Section R12-4-904 renumbered from R12-4-903 and amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-904 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

**R12-4-905. Expired****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-905 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

**R12-4-906. Expired****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1109, effective April 30, 2005 (Supp. 05-1). Amended by final rulemaking at 19 A.A.R. 768, effective June 1, 2013 (Supp. 13-2). Section R12-4-906 expired under A.R.S. § 41-1056(J) at 21 A.A.R. 757, effective March 31, 2015 (Supp. 15-2).

**ARTICLE 10. OFF-HIGHWAY VEHICLES****R12-4-1001. Minimum Standards for an Approved Off-highway Vehicle Educational Course**

The Department may approve an educational course of instruction in basic off-highway vehicle (OHV) safety and environmental ethics, provided the course meets the following minimum standards:

1. Course content. The course shall provide information regarding:
  - a. OHV safety;
  - b. Responsibilities of users of OHVs;
  - c. Use of an OHV in a manner that does not harm the natural terrain, plants, or animals;
  - d. Use of an OHV in a manner that minimizes air pollution; and
  - e. State statutes and rules regarding use of OHVs.
2. Course procedures. The course provider shall:
  - a. Use a written examination to measure the extent to which a participant learned the course content; and
  - b. Provide a certificate of completion to a participant who receives a score of 80% or above on the written examination or that demonstrates an equivalent proficiency.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1860, August 31, 2019 (Supp. 19-3).

**R12-4-1002. Course-approval Procedure**

- A. To obtain approval of an educational course of instruction in basic off-highway vehicle (OHV) safety and environmental ethics, the course provider shall submit an application to the Department's OHV Law Enforcement Program Manager using a form furnished by the Department. The provider shall include the following information on the application form:
  1. Name of provider;
  2. If the provider is not an individual, the name of the person who will maintain contact with the Department;
  3. Business address;
  4. Business email address; and
  5. Business and contact telephone numbers.
- B. In addition to the application form required under subsection (A), a provider shall include a copy of all of the following:
  1. The curriculum that will be used to provide the educational course;
  2. Any materials that will be provided to course participants;
  3. The written examination required under R12-4-1001(2)(a); and
  4. The certificate of completion required under R12-4-1001(2)(b).
- C. The Department shall either approve or deny a request to approve an educational course within 60 days of receiving the application. The Department shall not approve an educational course that fails to meet the requirements established under R12-4-1001 or this Section. The Department shall provide a written notice to the course provider stating the reason for the denial.
- D. The provider of an educational course of instruction that is not approved by the Department may appeal the denial to the Commission as prescribed under A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1860, August 31, 2019 (Supp. 19-3).

**R12-4-1003. Fee for an Approved Course**

Under A.R.S. § 28-1175(B), the provider of an approved educational course of instruction in basic off-highway vehicle safety and environmental ethics may collect a fee from each participant that:

1. Is reasonable and commensurate for the course, and
2. Does not exceed \$300.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1860, August 31, 2019 (Supp. 19-3).

**R12-4-1004. Off-highway Vehicle Sound-level Requirements**

- A. A peace officer who has reason to believe that an off-highway vehicle (OHV) is being operated in violation of A.R.S. § 28-1179(A)(3) may direct the operator to submit the OHV to an onsite test to measure the OHV's sound level. In accordance with A.R.S. § 28-1179(A)(3), the sound level of an OHV shall be measured using the following procedures, which are incorporated by reference and are available for inspection at the Arizona Game and Fish Department, 5000 W. Carefree Highway, Phoenix, Arizona 85086:
  1. All terrain vehicle or motorcycle. Society of Automotive Engineers, J1287, Measurement of Exhaust Sound Pres-

## TITLE 12. NATURAL RESOURCES

## CHAPTER 4. GAME AND FISH COMMISSION

sure Levels of Stationary Motorcycles, April 2017, available from SAE International, 400 Commonwealth Dr., Warrendale, PA 15096 or online at [www.sae.org](http://www.sae.org); and

2. Other OHV. International Organization for Standardization, ISO 5130:2007, Acoustics-Measurements of Sound Pressure Level Emitted by Stationary Road Vehicles, 2007, May 31, 2007 Edition 2, available from American National Standards Institute, Attention Customer Service Department, 25 W. 43rd St., 4th Floor, New York, NY 10056 or online at [www.iso.org](http://www.iso.org).
- B. If a peace officer directs the operator of an OHV to submit the OHV to an onsite test to measure the OHV's sound level, the operator shall allow the OHV and associated equipment to be tested. If the peace officer believes that more than one test of the OHV's sound level is necessary to ensure that an accurate measure is obtained, the operator shall allow multiple tests.
- C. If it is determined that an OHV is being operated in violation of A.R.S. § 28-1179(A)(3), the operator of the OHV shall:
  1. Immediately stop operating the OHV; and
  2. Ensure the vehicle is not operated again until it can be operated in compliance with A.R.S. § 28-1179(A)(3), except:
    - a. During a period of emergency; or
    - b. When the operation is directed by a peace officer or other public authority.
- D. This Section does not include any later amendments or editions of the incorporated materials.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1860, August 31, 2019 (Supp. 19-3).

**R12-4-1005. Nonresident Off-highway Vehicle User Indicia**

- A. The owner or operator of an all-terrain vehicle (ATV) or off-highway vehicle (OHV) as defined under A.R.S. § 28-1171 shall not operate the ATV or OHV off-highway in this state without an Arizona off-highway vehicle user indicia. This requirement only applies to an ATV or OHV that:
  1. Is designed by the manufacturer primarily for travel over unimproved terrain.
  2. Has an unladen weight of two thousand five hundred pounds or less.
- B. For lawful Arizona off-highway operation, the owner or operator of a qualifying nonresident ATV or OHV shall apply to the Department for an off-highway vehicle user indicia as prescribed under A.R.S. § 28-1177. The owner or operator shall submit to the Department:
  1. The nonresident off-highway vehicle user indicia application furnished by the Department and available on the Department's website,
  2. The fee established under subsection (C)(1), and
  3. The convenience fee established under subsection (C)(2).
- C. As authorized under A.R.S. § 28-1177:
  1. The fee for the nonresident off-highway vehicle user indicia is \$25.
  2. The Department may also collect and retain a reasonable and commensurate fee for its services.
- D. The owner or operator of the ATV or OHV titled or registered out-of-state shall display the nonresident off-highway user indicia in a manner that is clearly visible to outside inspection:

1. For vehicles with three or more wheels, on the left side rear quadrant of the vehicle.
2. For two-wheeled vehicles, the indicia shall be displayed on the left fork leg.
- E. A printed receipt or an electronic copy of the receipt of payment for an annual decal that is purchased online shall serve as a temporary permit for a period of 30 days from the date of purchase.
- F. Under A.R.S. § 28-1178, a person may operate an ATV or OHV in this state without the nonresident off-highway user indicia required under A.R.S. § 28-1177 when any one of the following applies:
  1. The person is loading or unloading an ATV or OHV from a vehicle.
  2. The person is participating in an off-highway special event.
  3. The person is operating an ATV or OHV:
    - a. During an emergency or as directed by a peace officer or other public authority.
    - b. Exclusively for agriculture, ranching, construction, mining or building trade purposes.
    - c. Exclusively on private land.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1860, August 31, 2019 (Supp. 19-3).

**ARTICLE 11. RENUMBERED****R12-4-1101. Renumbered****Historical Note**

New Section made by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Section R12-4-1101 renumbered to R12-4-901 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

**R12-4-1102. Renumbered****Historical Note**

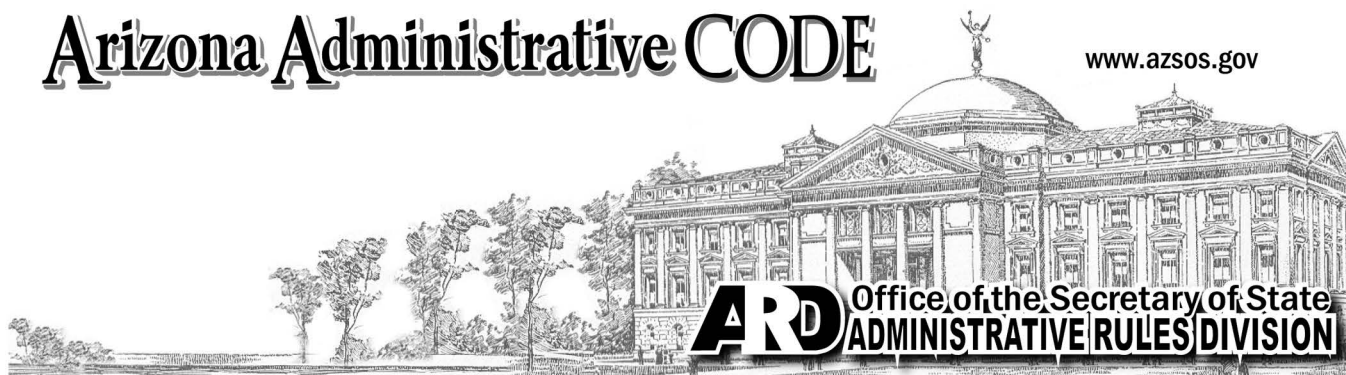
New Section made by final rulemaking at 18 A.A.R. 196, effective January 10, 2012 (Supp. 12-1). Section R12-4-1102 renumbered to R12-4-902 by final expedited rulemaking at 24 A.A.R. 407, effective February 6, 2018 (Supp. 18-1).

**R12-4-1103. Emergency Expired****Historical Note**

New Section made by emergency rulemaking at 17 A.A.R. 1218, effective June 2, 2011 for 180 days (Supp. 11-2). Section renewed by emergency rulemaking at 17 A.A.R. 2376, effective November 3, 2011 (Supp. 11-4). Emergency expired (Supp. 14-1).

**R12-4-1104. Emergency Expired****Historical Note**

New Section made by emergency rulemaking at 17 A.A.R. 1218, effective June 2, 2011 for 180 days (Supp. 11-2). Section renewed by emergency rulemaking at 17 A.A.R. 2376, effective November 3, 2011 (Supp. 11-4). Emergency expired (Supp. 14-1).



**TITLE 13. PUBLIC SAFETY**  
**CHAPTER 2. DEPARTMENT OF PUBLIC SAFETY - PRIVATE INVESTIGATORS**  
**13 A.A.C. 2**

**Supplement Information**  
**Supp. 25-2**

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 25-1, 1-331 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### PERSONAL USE/COMMERCIAL USE

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

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## Administrative Rules Division

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## TITLE 13. PUBLIC SAFETY

## CHAPTER 2. DEPARTMENT OF PUBLIC SAFETY - PRIVATE INVESTIGATORS

Authority: A.R.S. § 32-2401 et seq.

## Supp. 25-2

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*Article 1, consisting of Sections R13-2-01 through R13-2-12, repealed by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4).*

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R13-2-401.	Denial of Agency License or Registration Certificate .....6
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## TITLE 13. PUBLIC SAFETY

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**ARTICLE 1. GENERAL PROVISIONS****R13-2-01. Repealed****Historical Note**

Former rule 1. Section repealed by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4).

**R13-2-02. Repealed****Historical Note**

Former rule 2. Section repealed by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4).

**R13-2-03. Repealed****Historical Note**

Former rule 3. Section repealed by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4).

**R13-2-04. Repealed****Historical Note**

Former rule 4. Section repealed by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4).

**R13-2-05. Repealed****Historical Note**

Former rule 5. Section repealed by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4).

**R13-2-06. Repealed****Historical Note**

Former rule 6. Section repealed by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4).

**R13-2-07. Repealed****Historical Note**

Former rule 7. Section repealed by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4).

**R13-2-08. Repealed****Historical Note**

Former rule 8. Section repealed by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4).

**R13-2-09. Repealed****Historical Note**

Former rule 9. Section repealed by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4).

**R13-2-10. Repealed****Historical Note**

Former rule 10. Section repealed by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4).

**R13-2-11. Repealed****Historical Note**

Former rule 11. Section repealed by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4).

**R13-2-12. Repealed****Historical Note**

Former rule 12. Section repealed by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4).

**R13-2-101. Definitions**

In addition to the definitions in A.R.S. § 32-2401, the following definitions apply to this Chapter:

1. "Branch office certificate" means a document issued by the Department to the qualifying party, authorizing the qualifying party to conduct the business of private investigations in this state at a location other than the principal place of business shown on the agency license.
2. "Classifiable fingerprints" means fingerprint impressions that meet the criteria of the Federal Bureau of Investigation (FBI) as contained in Form FD-258 (5-15-17): U.S. Government Printing Office: 1110-0046, incorporated by reference, available from the Department and the FBI (Attn: Logistical Support Unit (LSU), CJIS Division, 1000 Custer Hollow Road, Clarksburg, WV 26306). This incorporation contains no future editions or amendments.
3. "Corporation" or "domestic corporation" has the same meaning as in A.R.S. § 10-140.
4. "Delinquent" means an application is submitted after the license expiration date but before the expiration grace period as described in A.R.S. § 32-2407(B).
5. "Foreign corporation" means a corporation for profit that is incorporated under a law other than the law of Arizona.
6. "Limited liability corporation" has the same meaning as corporation.
7. "Partnership" is an association of two or more persons who are co-owners of a business for profit organized in accordance with A.R.S. Title 29, Partnerships.
8. "Probation" means a period during which an agency or individual that has violated A.R.S. Title 32 Chapter 24 is allowed to demonstrate the ability to meet licensure requirements before the Department takes another administrative action, such as suspension or revocation.
9. "Sole proprietor" means the only owner of a business operated for profit.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-102. Application and Processing Fees****A. The application and processing fees are:**

1. Original agency license application, \$250;
2. Agency license, \$400;
3. Application for renewal of an agency license, \$250;
4. Agency restructure, \$100;
5. Agency delinquent renewal application, \$100;
6. Reinstatement of agency license, \$250;
7. Associate or employee registration certificate application, \$50;
8. Associate or employee registration certificate renewal, \$50;
9. Associate or employee registration delinquency, \$10;
10. Associate or employee registration reinstatement, \$25;
11. Replacement identification card, \$10;
12. Additional employer form, \$10; and
13. Fingerprint and digital photo fee (optional), \$15.

**B. In addition to any fees in subsections (A)(1), (A)(3), (A)(7), (A)(8), and (A)(12) the Department shall collect a fee in an amount necessary to cover the cost of noncriminal justice fingerprint processing for criminal history record checks under A.R.S. § 41-1750(J).**

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- C. A person shall pay a fee by cash, cashier's check, certified check, credit card or money order made payable to the Arizona Department of Public Safety. All fees are non-refundable except if A.R.S. § 41-1077 applies.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-103. Application Forms**

- A. The Department shall provide and an applicant shall use application forms for:
1. Agency license application;
  2. Agency license renewal;
  3. Employee registration certificate application; and
  4. Employee or associate registration renewal application.
- B. Application forms may be obtained in person at the Phoenix Licensing Unit office, 2222 W. Encanto Blvd., Phoenix, AZ 85009, by mail request to Arizona DPS Licensing Unit POB 6638, Mail Drop 3140, Phoenix, AZ 85005-6638, the Department's website [www.azdps.gov](http://www.azdps.gov), or by telephone (602) 223-2361. An applicant may duplicate application forms.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-104. Identification Cards**

- A. The Department shall include on the identification card the applicant's:
1. Date of birth, and
  2. Employer's agency name and license number.
- B. A licensee or certificate holder shall not assign or transfer an identification card. An identification card is valid only during the effective dates of the license or certificate under which the card has been issued, and for only as long as the card holder is employed by or associated with the agency licensee.
- C. A licensee or certificate holder shall not display a badge or shield in conjunction with performing the duties of a private investigator.
- D. An employee employed by more than one licensee shall obtain an identification card for each license under which the employee is employed.
- E. If an identification card is lost or stolen, the holder of the card shall notify the Department immediately in writing by mail request to Arizona DPS Licensing Unit, POB 6638, Mail Drop 3140, Phoenix, AZ 85005-6638 or the Department's website [www.azdps.gov](http://www.azdps.gov). The Department shall issue a duplicate identification card upon submission of the required fee.
- F. The Department shall not approve a fictitious name for use on an identification card.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-105. Time-frames for Making Licensing and Registration Determinations**

- A. The Department shall make a determination on the issuance, renewal, reinstatement, or restructure of an agency license, associate or employee registration certificate, or branch office certificate within 15 business days of the submission of an application, as follows:
1. Five days for administrative completeness review, and
  2. Ten days for substantive review.
- B. The administrative completeness review time-frame, as described in A.R.S. § 41-1072(1) and listed in subsection (A)(1), begins on the date the Department receives an application.
1. If the application is not administratively complete when received, the Department shall send a notice of deficiency to the applicant. The deficiency notice shall state the documents and information needed to complete the application.
  2. Within 45 days from the date of the deficiency notice, the applicant shall submit to the Department the missing documents and information. The time-frame for the Department to finish the administrative completeness review is suspended from the date of the deficiency notice until the date the Department receives the missing documents and information.
  3. If the applicant fails to provide the missing documents and information within the time provided, the Department shall close the applicant's file, and the Department considers the application suspended. The Department shall not take further action until the required documentation or information and, if applicable, reinstatement fees are received.
- C. The substantive review time-frame, as described in A.R.S. § 41-1072(3) and listed in subsection (A)(2), begins on the date the Department determines an application is administratively complete.
1. During the substantive review time-frame, the Department may make one comprehensive written request for additional information. The Department and applicant may mutually agree in writing to allow the Department to submit supplemental requests for additional information.
  2. The applicant shall submit to the Department the additional information to complete the application within 45 days from the date of the Department's request. The time-frame for the Department to complete the substantive review of the application is suspended from the date of the request for additional information until the Department receives the additional information.
  3. Unless the Department and applicant by mutual written agreement extend the 45-day period, the Department shall close the file of an applicant who fails to submit the additional information within 45 days. An applicant whose file is closed and who wants to be licensed or certified shall apply again under R13-2-202 or R13-2-302.
  4. When the substantive review is complete, the Department shall inform the applicant in writing of its decision whether to license or register the applicant.
    - a. The Department shall deny a license or registration if it determines that the applicant does not meet all substantive criteria required by statute and rule. An applicant who is denied certification may appeal the Department's decision under A.R.S. § 41-1092 et seq.
    - b. The Department shall grant a license or registration if it determines that the applicant meets all substan-



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tive criteria for licensure or certification required by statute and rule.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**ARTICLE 2. AGENCY LICENSES****R13-2-201. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Repealed by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-202. Submission of Application for an Agency License**

- A. Applications for an agency license may be presented in person at the Arizona Department of Public Safety Licensing office at 2222 W. Encanto Blvd., Phoenix, AZ 85009, by mail to Arizona DPS Licensing Unit POB 6638, MD3140, Phoenix, AZ 85005-6638 or the Department's website [www.azdps.gov](http://www.azdps.gov). A qualifying party submitting an application shall ensure that the application consists of:
1. A complete application form with the information required under A.R.S. §§ 32-2422 and 32-2423;
  2. Properly completed fingerprint card with classifiable fingerprints of the qualifying party;
  3. Fees prescribed in R13-2-102;
  4. Legible copy of a government-issued photo identification document for the qualifying party, such as a state identification card or motor vehicle driver license;
  5. Two color photographs of the qualifying party suitable for use in making an identification card, such as passport photos or 1" x 1 1/4" facial photos;
  6. If other than a sole proprietorship:
    - a. Partnership agreement, articles of organization, or articles of incorporation;
    - b. Applications for associate registration certificates under R13-2-302 completed by all officers, members, managers, and directors of the agency;
  7. If a foreign corporation, evidence of Arizona Corporation Commission approval to transact business in Arizona;
  8. The name under which the agency will do business. The Department shall not issue a license to a corporation or limited liability corporation using a DBA unless registered with the Arizona Secretary of State's Office for approval of the trade name and the agency submits a copy of the registration to the Department.
- B. Sole proprietorships and partnerships may, but are not required to, register trade names.
- C. If applicable equipment and personnel are available, and if the applicant makes a request, the Department personnel shall take an applicant's photographs and fingerprints upon submission of the application and payment of appropriate fees as listed in R13-2-102.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August

5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-203. Issuance of Agency License**

- A. The application is considered complete when the applicant satisfies the following:
1. Pay applicable license fees;
  2. Provide a complete and accurate two-year surety bond; and
  3. For those agencies that will have employees, provide a certificate of worker's compensation insurance.
- B. An applicant for an agency license or renewal may request to pick up the license at the Department's office in Phoenix. If no request is made, the Department shall send the license to the mailing address of the applicant. The issue date on the license is the date the two-year surety bond starts, which is not to be earlier than the Department's date of notification.
- C. The licensee shall post the license in a conspicuous place in the principal business office.
- D. If a licensee wishes to surrender the license before the expiration date, the Department shall not refund the license fee or any part of the license fee.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-204. Agency License Renewal**

- A. A qualifying party may submit a renewal application to the Department up to 60 days before the expiration date on the agency license.
- B. The qualifying party shall provide, with the renewal application, the information required under R13-2-202 for the renewal of registration certificates for all associates or employees of the agency.
- C. If an agency license is not renewed before the expiration date, the qualifying party shall ensure that all identification cards with the elapsed agency license number are returned to the Department within five business days of the date the license expires.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-205. Branch Office Certificate**

- A. The branch office certificate contains the name, agency license number, license expiration date, and address of the branch office.
- B. A branch office certificate expires on the date the agency license expires and is renewed when the agency license is renewed.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-206. Change of Qualifying Party**



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- A. If a qualifying party leaves an agency, the agency shall cease operations.
- B. If the agency desires to resume operations, a qualifying party shall submit an application for a new agency.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-207. Restructure of an Agency**

- A. If the restructure occurs at the time of renewal, the Department shall waive the restructure fee.
- B. If the restructure occurs at any time other than time of renewal, the agency shall pay the restructure fee. An application for restructure shall be submitted for the qualifying party and any new associates.
- C. To change a sole proprietorship to a partnership, the applicant shall provide a partnership agreement with notarized signatures of the partners.
- D. To change a corporation to a partnership, the applicant shall provide documentation of the dissolving of the corporation and a partnership agreement with notarized signatures of the partners.
- E. To change a sole proprietorship or partnership to a corporation the applicant shall provide the Articles of Incorporation bearing the approval stamp of the Arizona Corporation Commission. If the change is to a foreign corporation, the applicant shall submit documentation of Arizona Corporation Commission approval for the foreign corporation to transact business in Arizona.
- F. To change a partnership to a sole proprietorship, the applicant shall provide documentation of the dissolving of the partnership.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-208. Business and Employee Names**

- A. The Department shall not grant a license to an agency with a name that includes "United States," "U.S.," "Federal," or "State of Arizona," or a name that associates the business with any governmental or law enforcement agency. The Department shall not grant a license to an individual or partnership that has a name with the word "corporation," "corp.," "incorporated," "Inc.," or "L.L.C." unless corporate or limited liability corporation papers have been filed with the Corporation Commission. The Department shall not approve a new business name that is similar to a business name of a currently licensed firm.
- B. An agency licensee shall do all business under the name and address that is on file with the Department and noted on the license. The licensee shall include its name and license number on all letterhead and business cards, advertising, contracts entered into with clients, and agency correspondence.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August

5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**ARTICLE 3. REGISTRATION CERTIFICATES****R13-2-301. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Repealed by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-302. Application for Registration Certificate**

- A. Applications for associate and employee registration certificates may be presented in person at the Department's licensing office, 2222 W. Encanto Blvd., Phoenix, AZ 85009, by mail to the Phoenix office POB 6638, MD3140, Phoenix, AZ 85005-6638 or the Department's website [www.azdps.gov](http://www.azdps.gov).
- B. The applicant's employer shall verify all information provided by the applicant and verify proof of U.S. citizenship or legal resident status with authorization to seek employment. After verification, the employer or the applicant may submit an application.
- C. In addition to providing documentation of the requirements of A.R.S. § 32-2442, the employer shall ensure that each application includes:
  - 1. A properly completed application form,
  - 2. Two color photographs suitable for use in making an identification card such as passport photos or 1" x 1 1/4" facial photos, and
  - 3. One properly completed fingerprint card with classifiable fingerprints.
- D. If applicable equipment and personnel are available, and if the applicant makes a request, the Department personnel shall take an applicant's photographs and fingerprints upon submission of the application and payment of appropriate fees.
- E. An associate or employee registrant shall conduct business and be identified under the name used on the application and the registration certificate. The Department shall not approve a fictitious name for use on an associate or employer registration certificate.
- F. If an applicant is employed by more than one agency, the applicant shall submit an application with the words "Additional Employer" written across the top of the application, submit the fee, and meet the requirements of this Section. If the applicant has submitted a fingerprint card to the Department within less than 365 days, no fingerprint card is required for the Additional Employer application. If the applicant has not submitted a fingerprint card within less than 365 days, the applicant shall submit a new fingerprint card with the application. A licensee or registrant shall provide a new fingerprint card at least every two years.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-303. Expired****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Section

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expired under A.R.S. § 41-1056(J) at 31 A.A.R. 1283  
(April 18, 2025), effective April 1, 2025 (Supp. 25-2).

**R13-2-304. Lost or Stolen Registration Certificate or Identification Card**

If a registration certificate or identification card is lost or stolen, the registrant shall notify the Department immediately by mail to the Arizona DPS Licensing Unit, POB 6638, MD3140, Phoenix, AZ 85005-6638, the Department's website [www.azdps.gov](http://www.azdps.gov) or by telephone (602) 223-2361 and request a new registration certificate or identification card, provide a photo for the identification card as specified in R13-2-202(A)(5) and pay the fee for a replacement card.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-305. Change of Address**

A registrant who changes address shall notify the Department in writing within 30 days of the change of address.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4).

**R13-2-306. Change in Name of Registrant**

A registrant whose name has changed shall notify the Department in writing within 30 days of the name change and may request a new identification card. The registrant may mail the notification to the Arizona DPS Licensing Unit, POB 6638, MD3140, Phoenix, AZ 85005-6638 or submit the notification through the Department's website [www.azdps.gov](http://www.azdps.gov). If the registrant comes to the Department in person at 2222 W. Encanto Blvd., Phoenix, AZ 85009, the registrant shall present to the Department a government-issued photo identification card with the new name or court documents recording the name change and the fees. If the registrant sends a request by mail or Internet, the registrant shall provide the Department certified, notarized copies of any court documents with a photo for the identification card as specified in R13-2-202(A)(5) and the applicable fee.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**ARTICLE 4. REGULATION****R13-2-401. Denial of Agency License or Registration Certificate**

A. The Department shall notify the applicant of the reason for the denial by mail to the address listed on file at the Department.

The Department shall include in the notification a statement advising the applicant that if the applicant contests denial, the applicant may do so by requesting a hearing with the Private Investigator and Security Guard Hearing Board.

B. The applicant may request an informal settlement conference under A.R.S. § 41-1092.06.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-402. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Repealed by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).

**R13-2-403. Employee and Business Records**

Each licensee shall maintain, at the licensee's principal place of business, a file or record of the name, physical address, title, employment date, and date of termination of each partner, director, business associate, officer, manager, member, and employee for at least five years from the date of termination. The licensee shall make these files and records available for inspection by any peace officer, licensing personnel of the Department's licensing section, or other designated representative of the Department. The licensee shall submit copies of these records and any information pertaining to the records to the Department's licensing section upon request of the Department.

**Historical Note**

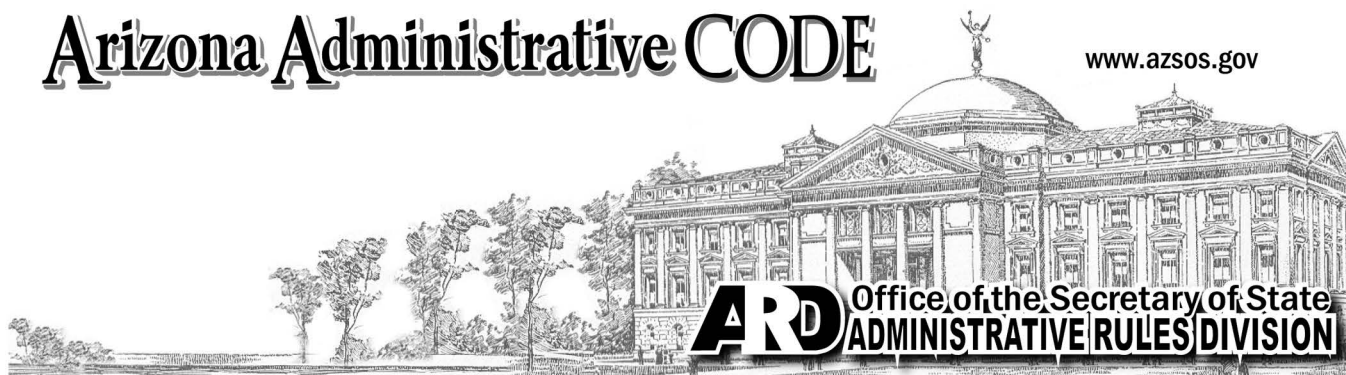
New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4).

**R13-2-404. Complaints**

- A. A person may make a written complaint against an entity or person regulated under this Chapter by filing the complaint with the Department. The Department may forward a copy of the complaint to the entity or person against whom the complaint has been lodged.
- B. At the conclusion of the investigation, the Department shall forward a copy of the complaint, upon request, to the entity or person against whom the complaint has been lodged.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 5190, effective February 5, 2005 (Supp. 04-4). Amended by final expedited rulemaking at 28 A.A.R. 1976 (August 5, 2022), with an immediate effective date of July 15, 2022 (Supp. 22-3).



**TITLE 13. PUBLIC SAFETY**  
**CHAPTER 9. DEPARTMENT OF PUBLIC SAFETY - CONCEALED WEAPONS PERMITS**  
**13 A.A.C. 9**

**Supplement Information**  
**Supp. 25-2**

Rules expired between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

**For questions, contact:**

Department: Arizona Department of Public Safety  
Unit: Concealed Weapons Permit Unit  
Telephone: (602) 256-6280  
Email: [CCW@azdps.gov](mailto:CCW@azdps.gov)  
Mail Address: P.O. Box 6488 | Mail Drop 3170  
Phoenix, AZ 85005  
Physical Address: Arizona Department of Public Safety  
Public Services Center  
2222 W. Encanto Boulevard  
Phoenix, AZ 85009  
Website: [www.azdps.gov](http://www.azdps.gov)

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**The release of this Chapter in Supp. 25-2 replaces Supp. 21-4, 1-9 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

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### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

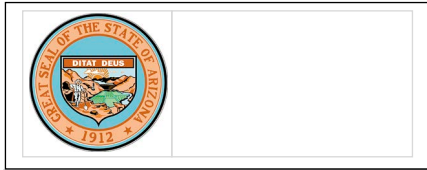
The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

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

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## Administrative Rules Division

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## TITLE 13. PUBLIC SAFETY

## CHAPTER 9. DEPARTMENT OF PUBLIC SAFETY - CONCEALED WEAPONS PERMITS

Authority: A.R.S. § 41-1713(A)(4)

## Supp. 25-2

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## ARTICLE 1. GENERAL PROVISIONS

**R13-9-101. Definitions**

In this Chapter, unless otherwise specified:

1. "Adequate documentation" has the same meaning as prescribed in A.R.S. § 13-3112(E)(6).
2. "Administrative completeness review time-frame" has the same meaning as prescribed in A.R.S. § 41-1072.
3. "Applicant" means an individual or organization that submits an application form and the required fee to the Department for:
  - a. A Concealed Weapons Permit,
  - b. Renewal of a Concealed Weapons Permit,
  - c. A certificate of firearms proficiency, or
  - d. Recognition as a firearms-proficiency instructor.
4. "Certificate of firearms proficiency" means a document issued by the Department to an individual who meets the requirements of LEOSA.
5. "Classifiable fingerprints" means fingerprint impressions that meet the criteria of the Federal Bureau of Investigation, as contained in Form FD-258 (Rev. 5-15-17), published by the U.S. Government Printing Office. This form is incorporated by reference and available from the Department and the FBI (Attn: Logistical Support Unit, CJIS Division, 1000 Custer Hollow Road, Clarksburg, WV 26306) or online at [www.bookstore.gpo.gov](http://www.bookstore.gpo.gov). The material incorporated by reference contains no future editions or amendments.
6. "Completion certificate" means adequate documentation that an individual completed an eight-hour, Department-authorized, firearms-safety training program.
7. "Department" means the Department of Public Safety.
8. "Director" means the Director of the Arizona Department of Public Safety.
9. "Firearm" has the same meaning as prescribed in A.R.S. § 13-3101.
10. "Honorably retired peace officer" means an individual who separates from a law enforcement agency after at least 10 years of service, receives a medical, disability, or regular retirement pension or annuity as a result of qualifying years of service as a peace officer, and has a letter from the law enforcement agency confirming these facts.
11. "LEOSA" means the federal Law Enforcement Officers Safety Act of 2004.
12. "LEOSA instructor" means an individual who is certified by POST as a firearms instructor and authorized by the Department to provide training to individuals seeking a certificate of firearms proficiency.
13. "Original application" means a form referenced in this Chapter that is not a copy and contains the original signature of an applicant.
14. "Party" has the same meaning as prescribed in A.R.S. § 41-1001.
15. "Peace officer" has the same meaning as prescribed in A.R.S. § 13-105.
16. "Permit" means an identification card issued by the Department that authorizes the named holder to carry concealed weapons subject to the requirements of A.R.S. § 13-3112 and this Chapter.
17. "Permit holder" means an individual who has a Department-issued permit to carry concealed weapons.
18. "POST" means the Arizona Peace Officer Standards and Training Board.
19. "Prohibited possessor" has the same meaning as prescribed in A.R.S. § 13-3101(7) and means any individual to whom it is unlawful to sell or otherwise dispose of a firearm under 18 U.S.C. 922(d) or (g).

20. "Qualified retired officer" means a qualified retired law enforcement officer as defined by 18 U.S.C. 926C(c).
21. "Resident" has the same meaning as prescribed in A.R.S. § 28-2001.
22. "Substantive review time-frame" has the same meaning as prescribed in A.R.S. § 41-1072.
23. "Weapon" has the same meaning as deadly weapon as defined in A.R.S. § 13-3101.

**Historical Note**

Adopted effective January 12, 1996 (Supp. 96-1). Amended by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4). Amended by final expedited rulemaking at 27 A.A.R. 2524 (October 29, 2021), with an immediate effective date of October 8, 2021 (Supp. 21-4).

**R13-9-102. Application and Processing Fees**

- A. Under the authority provided by A.R.S. § 13-3112, the Department establishes and shall collect the following fees:
  1. New Concealed Weapons Permit – \$43;
  2. Renewal of a Concealed Weapons Permit – \$43;
  3. Certificate of firearms proficiency – \$20;
  4. Replacing a lost, stolen, or damaged permit or certificate – \$10;
  5. Name change on a permit or certificate – \$10.
- B. The Department shall collect a fee in an amount necessary to cover the cost of federal and state fingerprint processing for criminal history record checks from all applicants required under this Chapter to submit fingerprints for a criminal history record check.
- C. An applicant shall submit the required fees by a cashier's or certified check or money order made payable to the Arizona Department of Public Safety. The Department does not accept credit cards or personal checks. All fees are non-refundable unless A.R.S. § 41-1077 applies.

**Historical Note**

Adopted effective January 12, 1996 (Supp. 96-1). Section repealed; new Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4).

**R13-9-103. Application Forms**

- A. The Department shall provide and an applicant shall use an application form for:
  1. An initial Concealed Weapons Permit or renewal of the permit,
  2. A certificate of firearms proficiency, or
  3. Authorization as a LEOSA instructor.
- B. Application forms may be obtained from the Concealed Weapons Permit Unit of the Department or online at [www.azdps.gov/services/public/cwp](http://www.azdps.gov/services/public/cwp). Upon request, the Concealed Weapons Permit Unit shall advise an individual or organization of other locations where application forms may be obtained.

**Historical Note**

Adopted effective January 12, 1996 (Supp. 96-1). Section repealed; new Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4). Amended by final expedited rulemaking at 27 A.A.R. 2524 (October 29, 2021), with an immediate effective date of

## TITLE 13. PUBLIC SAFETY

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October 8, 2021 (Supp. 21-4).

**R13-9-104. Time-frames for Department Action on Applications**

- A.** For the purpose of compliance with A.R.S. § 41-1072 et seq., the Department establishes the time-frames listed in Table 1. Under A.R.S. § 41-1073(E)(2), the Department is not establishing a time-frame for issuance of the following licenses because the Department shall grant or deny each license within seven days after receipt of an application:
1. A certificate of firearms proficiency under R13-9-402, and
  2. Recognition as a LEOSA instructor under R13-9-501.
- B.** An administratively complete application consists of all the information and documents listed in:
1. R13-9-202 for a Concealed Weapons Permit, or
  2. R13-9-204 for renewal of a Concealed Weapons Permit.
- C.** The administrative completeness review time-frame listed in Table 1 begins on the date the Department receives an application.
1. If the application is not administratively complete when received, the Department shall send a notice of deficiency to the applicant. The Department shall include in the deficiency notice a list of the documents and information needed to complete the application.
  2. From the date of the deficiency notice, the applicant shall submit to the Department, within the time for response to a deficiency notice provided in Table 1, the missing documents and information. The time-frame for the Department to finish the administrative completeness review is suspended from the date of the deficiency notice until the date the Department receives the missing documents and information.
  3. The Department and applicant may agree in writing to extend the time in subsection (C)(2) upon written request by the applicant before the end of the time.
  4. If the applicant fails to provide the missing documents and information within the time allowed, the Department shall close the applicant's file. If an individual whose file is closed wants to be considered further for a permit or approval, the individual shall submit a new application under R13-9-202 or R13-9-204.
- D.** The substantive review time-frame listed in Table 1 begins on the date that the Department determines an application is administratively complete.
1. During the substantive review time-frame, the Department may make one comprehensive written request for additional information. The Department and applicant may agree in writing to allow the Department to make a supplemental request for additional information.
  2. From the date of the comprehensive request for additional information, the applicant shall submit to the Department, within the time for response to a comprehensive request provided in Table 1, the additional information. The time-frame for the Department to finish the substantive review of the application is suspended from the date of the comprehensive request for additional information until the Department receives the additional information.
  3. The Department and applicant may agree in writing to extend the time in subsection (D)(2) upon written request by the applicant before the end of the time.
  4. If the applicant fails to provide the additional information within the time allowed, the Department shall close the applicant's file. If an individual whose file is closed wants to be considered further for a permit or approval, the individual shall submit a new application under R13-9-202 or R13-9-204.

- E.** When the substantive review is complete, the Department shall inform the applicant in writing of its decision whether to grant or deny a permit or authorization to the applicant.
- F.** The Department shall deny a permit, certificate, authorization, or recognition if it determines that the applicant does not meet all criteria required by statute and rule.
1. The Department shall include in its notice of denial the information required under A.R.S. § 41-1092.03(A).
  2. Under A.R.S. § 13-3112(H), an individual who is denied a Concealed Weapons Permit may submit additional documentation to the Department within 20 days of receipt of the notice of denial and the Department shall reconsider its denial.
  3. An applicant who is denied a permit, certificate, authorization, or recognition may appeal the Department's decision under A.R.S. Title 41, Chapter 6, Article 10.
- G.** The Department shall grant a permit, certificate, authorization, or recognition if it determines that the applicant meets all criteria required by statute and rule.

**Historical Note**

Adopted effective January 12, 1996 (Supp. 96-1). Section repealed; new Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4). Amended by final expedited rulemaking at 27 A.A.R. 2524 (October 29, 2021), with an immediate effective date of October 8, 2021 (Supp. 21-4).

**Table 1. Expired****Historical Note**

Table 1 made by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4). Amended by final expedited rulemaking at 27 A.A.R. 2524 (October 29, 2021), with an immediate effective date of October 8, 2021 (Supp. 21-4). Section expired under A.R.S. § 41-1056(J) at 31 A.A.R. 1284 (April 18, 2025), effective April 1, 2025 (Supp. 25-2).

**R13-9-105. Repealed****Historical Note**

Adopted effective January 12, 1996 (Supp. 96-1). Section repealed by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4).

**R13-9-106. Repealed****Historical Note**

Adopted effective January 12, 1996 (Supp. 96-1). Section repealed by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4).

**R13-9-107. Repealed****Historical Note**

Adopted effective January 12, 1996 (Supp. 96-1). Section repealed by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4).

**R13-9-108. Repealed****Historical Note**

Adopted effective January 12, 1996 (Supp. 96-1). Section repealed by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4).

**R13-9-109. Repealed**



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**Historical Note**

Adopted effective January 12, 1996 (Supp. 96-1). Section repealed by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4).

**R13-9-110. Repealed****Historical Note**

Adopted effective January 12, 1996 (Supp. 96-1). Section repealed by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4).

**R13-9-111. Repealed****Historical Note**

Adopted effective January 12, 1996 (Supp. 96-1). Section repealed by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4).

**R13-9-112. Repealed****Historical Note**

Adopted effective January 12, 1996 (Supp. 96-1). Section repealed by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4).

**R13-9-113. Repealed****Historical Note**

Adopted effective January 12, 1996 (Supp. 96-1). Section repealed by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4).

**ARTICLE 2. CONCEALED WEAPONS PERMIT: APPLICATION; RENEWAL; RESPONSIBILITIES****R13-9-201. Concealed Weapons Permit Eligibility**

An applicant for a Concealed Weapons Permit shall meet all requirements under A.R.S. § 13-3112(E) and (N), and not currently be a prohibited possessor under state or federal law.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4). Amended by final expedited rulemaking at 27 A.A.R. 2524 (October 29, 2021), with an immediate effective date of October 8, 2021 (Supp. 21-4).

**R13-9-202. Application for a Concealed Weapons Permit**

To obtain a Concealed Weapons Permit, an applicant who is eligible under R13-9-201 shall:

1. Submit to the Department an original application, using a form available from the Department, that includes the following information:
  - a. Full legal name;
  - b. County of residence and residential address, including zip code, or descriptive location of residence if an address is not assigned;
  - c. Mailing address if different from residential address;
  - d. Social Security number (optional);
  - e. Contact telephone numbers;
  - f. Descriptive information about the applicant including race, gender, height, weight, eye and hair colors, and date and place of birth;
  - g. A statement of whether the applicant:
    - i. Is a citizen of the United States;
    - ii. Was born outside of the United States or one of its territories;

- iii. Has satisfactorily completed the firearms-safety training program;
- iv. Is currently under indictment for a felony offense;
- v. Has ever been convicted of a felony offense, and if so, whether the conviction was expunged, set aside, or vacated, or whether the applicant's civil rights were restored;
- vi. Is currently under indictment for a misdemeanor domestic violence offense;
- vii. Has ever been convicted for a misdemeanor domestic violence offense and if so, whether the conviction was expunged, set aside, or vacated;
- viii. Has been discharged from the United States Armed Forces under dishonorable conditions;
- ix. Suffers from a mental illness and has ever been adjudicated mentally incompetent or committed to a mental institution by court order; and
- h. The applicant's dated signature attesting that the information provided in the application is true to the best of the applicant's knowledge.

2. In addition to the application form required under subsection (1), an applicant shall:
  - a. Submit adequate documentation under A.R.S. § 31-3112(E)(6)(a) through (d) or (N)(1) through (8); or
  - b. Submit a copy of one of the following if born outside the United States or one of its territories or if not a citizen of the United States:
    - i. Certificate of naturalization,
    - ii. Both the front and back of a permanent resident alien card, USCIS Form I-94, or other federally issued document authorizing the applicant to be in the United States,
    - iii. Record of birth abroad to an American citizen,
    - iv. Record of birth to Armed Service personnel, or
    - v. Passport issued by the United States;
  - c. Submit two full sets of classifiable fingerprints; and
  - d. Submit the fees required under R13-9-102(A) and (B).

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4). Amended by final expedited rulemaking at 27 A.A.R. 2524 (October 29, 2021), with an immediate effective date of October 8, 2021 (Supp. 21-4).

**R13-9-203. Issuance of a Concealed Weapons Permit**

- A. If an applicant meets the requirements of A.R.S. § 13-3112 and this Chapter and is not currently a prohibited possessor under state or federal law, the Department shall issue to the applicant a Concealed Weapons Permit containing:
  1. The permit holder's legal name, as shown on the application;
  2. The permit holder's date of birth;
  3. The permit holder's physical description, including race, gender, height, weight, and hair and eye colors;
  4. A permit number;
  5. The dates of issuance and expiration; and
  6. The title of the permit, "State of Arizona Concealed Weapons Permit."



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- B. The Department shall mail the permit to the residential or mailing address shown on the application.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4).

**R13-9-204. Renewal of Concealed Weapons Permit**

- A. A Concealed Weapons Permit expires five years after it is issued. If a Concealed Weapons Permit expires, the former permit holder shall not unlawfully carry a concealed weapon until the former permit holder applies for and is issued a new Concealed Weapons Permit.
- B. To renew a Concealed Weapons Permit, the permit holder shall, no more than 90 days before or 60 days after the date of expiration:
1. Submit to the Department the application required under R13-9-202(1);
  2. Submit the fee required under R13-9-102(A);
  3. If not a citizen of the United States, submit a copy of the front and back of the federally issued document that authorizes the permit holder to be in the United States; and
- C. The permit holder shall be in compliance with A.R.S. § 31-3112(E).
- D. If a former permit holder fails to comply with subsection (B), the former permit holder may obtain a new Concealed Weapons Permit only by complying with all provisions of R13-9-202.
- E. If a permit holder is a member of the United States armed forces, Arizona national guard, or reserves of any military establishment of the United States and is on federal active duty and deployed overseas at the time the permit holder's Concealed Weapons Permit expires, the permit holder may renew the permit by complying with subsection (B) within 90 days after the end of the overseas deployment. To renew a permit under this subsection, the permit holder shall include evidence of the deployment with the renewal application.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4). Amended by final expedited rulemaking at 27 A.A.R. 2524 (October 29, 2021), with an immediate effective date of October 8, 2021 (Supp. 21-4).

**R13-9-205. Permit Holder Responsibilities**

- A. Upon request of any peace officer, a permit holder who is in actual possession of a concealed weapon shall present the permit to the peace officer for inspection. If the permit does not include a photograph of the permit holder, the permit holder shall also present one of the following types of official photographic identification:
1. Driver license issued by any state,
  2. Military identification card,
  3. Identification license issued under A.R.S. § 28-3165, or
  4. Passport.
- B. A permit holder shall not deface, alter, mutilate, reproduce, lend, transfer, or sell a permit.
- C. To ensure timely communication from the Department, a permit holder shall provide notice to the Department within 10 days after a change of address.

- D. A permit holder shall inform the Department by telephone within 72 hours if the permit holder is arrested or indicted for an offense that would make the permit holder unqualified under A.R.S. § 13-3112 or if the permit holder becomes a prohibited possessor.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1).

**R13-9-206. Lost, Stolen, or Damaged Concealed Weapons Permit**

- A. A permit holder whose Concealed Weapons Permit is lost, stolen, or damaged shall notify the Department in writing within 10 days of determining that the permit is lost, stolen, or damaged. When advised of a lost, stolen, or damaged permit, the Department shall invalidate the permit. The permit holder shall not carry a concealed weapon until the Department issues a replacement permit.
- B. The Department shall issue a replacement permit to a permit holder who:
1. Submits a written request;
  2. Submits the fee specified in R13-9-102; and
  3. Returns the permit if it is damaged.
- C. The Department shall ensure that the replacement permit has the same expiration date as the lost, stolen, or damaged permit.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4).

**R13-9-207. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Section repealed by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1).

**R13-9-208. Change in Name of Permit Holder**

- A. A permit holder whose name is legally changed shall provide written notice to the Department and request a revised Concealed Weapons Permit within 10 days of the name change. The permit holder shall ensure that the written request for a revised Concealed Weapons Permit:
1. Contains both the previous and new names,
  2. Is accompanied by a copy of the court document or marriage certificate authorizing the name change, and
  3. Includes the fee specified in R13-9-102.
- B. Within 15 working days after receipt of a request for a revised permit, the Department shall mail the revised permit to the permit holder.
- C. The Department shall ensure that a revised permit has the same expiration date as the previous permit.
- D. Upon receipt of a revised permit, the permit holder shall return the previous permit to the Department.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4).

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**ARTICLE 3. FIREARMS-SAFETY TRAINING:  
ORGANIZATIONS AND INSTRUCTORS****R13-9-301. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Section repealed by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1).

**R13-9-302. Expired****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 795, effective March 27, 2015; expired Section removed in Supp. 17-4.

**R13-9-303. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Section repealed by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1).

**R13-9-304. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Section repealed by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1).

**R13-9-305. Expired****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 795, effective March 27, 2015 (Supp. 15-2).

**R13-9-306. Repealed****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Section repealed by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1).

**R13-9-307. Expired****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 795, effective March 27, 2015 (Supp. 15-2).

**R13-9-308. Expired****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final

rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 795, effective March 27, 2015 (Supp. 15-2).

**R13-9-309. Expired****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 795, effective March 27, 2015 (Supp. 15-2).

**R13-9-310. Expired****Historical Note**

New Section made by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 795, effective March 27, 2015 (Supp. 15-2).

**ARTICLE 4. CERTIFICATE OF FIREARMS PROFICIENCY****R13-9-401. Certificate of Firearms Proficiency Eligibility**

To be eligible to receive a LEOSA-authorized certificate of firearms proficiency from the Department, an individual shall:

1. Be a resident of Arizona; and
2. Be a qualified retired law enforcement officer. An individual is a qualified retired law enforcement officer if the individual:
  - a. Is retired in good standing from service with a public agency as a law enforcement officer for a reason other than mental instability;
  - b. While in service as a law enforcement officer, was authorized by law to engage in or supervise the prevention, detection, investigation, prosecution, or incarceration of a person for any violation of law, and had statutory powers of arrest;
  - c. Was regularly employed as a law enforcement officer for a total of 15 years or more or, if employed as a law enforcement officer for fewer than 15 years, retired after any applicable probationary period of service due to a service-connected disability, as determined by the agency;
  - d. Has a non-forfeitable right to benefits under the retirement plan of the agency;
  - e. Meets the training and qualification standards of an active-duty law enforcement officer in Arizona;
  - f. Is not under the influence of alcohol or another intoxicating or hallucinatory drug or substance; and
  - g. Is not prohibited by federal law from possessing a firearm.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Former R13-9-401 renumbered to R13-9-601; new R13-9-401 made by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1).

**R13-9-402. Application for a Certificate of Firearms Proficiency**

To obtain a certificate of firearms proficiency, an applicant who is eligible under R13-9-401 shall submit:

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1. An original application, using a form available from the Department, which provides the following information about the applicant:
  - a. Full legal name;
  - b. Residential address or descriptive location of residence if an address is not assigned;
  - c. Mailing address if different from the residential address;
  - d. Social Security number (optional);
  - e. Telephone number;
  - f. E-mail address;
  - g. Descriptive information including race, gender, height and weight, eye and hair colors, and date and place of birth;
  - h. Name and address of the law enforcement agency from which the applicant is retired; and
  - i. The applicant's dated signature affirming that the information provided is true and accurate;
2. Documentation that the applicant met the requirement under R13-9-401(2)(e) within the last 12 months;
3. A copy of photographic identification from a law enforcement agency indicating that the applicant is retired from the agency;
4. A letter from the law enforcement agency from which the applicant is retired that:
  - a. Is on agency letterhead,
  - b. Includes the applicant's name, rank, employee or badge number, dates of employment, and retired status; and
  - c. Provides the name and telephone number of an individual within the agency who can verify the information provided; and
5. The fee required under R13-9-102.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 4752, effective January 1, 2005 (Supp. 04-4). Former R13-9-402 renumbered to R13-9-603; new R13-9-402 made by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4).

**R13-9-403. Issuance of a Certificate of Firearms Proficiency**

The Department shall issue a certificate of firearms proficiency to an individual who is eligible under R13-9-401 and submits the information and documents required under R13-9-402. The Department shall ensure that the certificate of firearms proficiency contains:

1. The following information about the certificate holder:
  - a. Legal name as shown on the application submitted under R13-9-402;
  - b. Birth date;
  - c. Physical description including race, gender, height and weight, and eye and hair colors; and
  - d. Name of the law enforcement agency from which retired;
2. The statement, "Retired Law Enforcement Officer," following the certificate holder's name;
3. A certificate number;
4. The date of qualification;
5. The title "Retired Law Enforcement Officer's Certificate of Firearms Proficiency"; and
6. A brief statement on the reverse side identifying the certificate and its purpose.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4).

**R13-9-404. Renewal of a Certificate of Firearms Proficiency**

- A. A certificate of firearms proficiency expires one year after the date of qualification.
- B. To renew a certificate of firearms proficiency before it expires, the certificate holder shall comply with the requirements in R13-9-402(1), (2), and (5).
- C. If a certificate of firearms proficiency expires, the former certificate holder may obtain a new certificate only by complying with all of the requirements in R13-9-402.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4).

**R13-9-405. Certificate Holder Responsibilities**

- A. A certificate holder who is in actual possession of a concealed weapon shall also be in possession of:
  1. Photographic identification issued by a law enforcement agency indicating that the certificate holder is a retired law enforcement officer; and
  2. The certificate of firearms proficiency issued under R13-9-403.
- B. On request by any peace officer, a certificate holder who is in actual possession of a concealed weapon shall present the documents listed in subsection (A).

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1).

**ARTICLE 5. LEOSA-RECOGNIZED INSTRUCTORS****R13-9-501. Application for Recognition as a LEOSA Instructor**

- A. To be recognized as a LEOSA instructor, an individual shall:
  1. Be certified as a firearms instructor by POST; and
  2. Submit an application, available from the Department, which provides the following information about the applicant:
    - a. Name,
    - b. Mailing address,
    - c. Telephone number,
    - d. E-mail address,
    - e. Social Security number (optional), and
    - f. Name of the law enforcement agency with which the applicant is or was employed.
- B. After receiving the application required under subsection (A)(2) and confirming that the applicant is certified by POST as a firearms instructor, the Department shall recognize the applicant as a LEOSA instructor and assign a LEOSA-instructor number.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4).

**R13-9-502. LEOSA Instructor Responsibilities**

An individual recognized by the Department as a LEOSA instructor shall:

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1. Comply with all POST firearms-certification rules and requirements when performing firearms-qualification services for a retired law enforcement officer;
2. Complete the documentation required under R13-9-402(2) for a retired law enforcement officer who successfully completes the firearms-qualification requirement;
3. Maintain for five years the following information about a retired law enforcement officer to whom firearms-qualification services are provided:
  - a. Name and age of the retired law enforcement officer at the time firearms-qualification services are provided;
  - b. Date and number of hours that the retired law enforcement officer received firearms-qualification services;
  - c. Physical location at which firearms-qualification services were provided;
  - d. Name of LEOSA instructor and LEOSA-instructor number; and
  - e. Whether the retired law enforcement officer passed, failed, or withdrew from the firearms qualification; and
4. Provide notice to the Department within 10 days:
  - a. Of a change in mailing address or telephone number;
  - b. Of a change in the information regarding the LEOSA instructor posted on the Department's web site;
  - c. If the individual no longer wants to be recognized as a LEOSA instructor; and
  - d. If the individual's POST certification as a firearms instructor is suspended or revoked.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1).

**ARTICLE 6. HEARINGS AND DISCIPLINARY PROCEEDINGS****R13-9-601. Suspension and Revocation**

- A. If a permit holder is arrested or indicted for an offense that would disqualify the permit holder under A.R.S. § 13-3112 or if the permit holder is a prohibited possessor, the Department shall immediately suspend and seize the permit. The Department shall restore the permit under the conditions specified in A.R.S. § 13-3112(C).
- B. If a permit holder is convicted of an offense that disqualifies the permit holder under A.R.S. § 13-3112, the Department shall revoke the permit. The Department shall restore the permit under the conditions specified in A.R.S. § 13-3112(C).
- C. After providing notice and an opportunity for hearing, the Department shall suspend or revoke a permit or Department authorization if the Department determines that the permit holder:
  1. Failed to maintain all conditions specified in A.R.S. § 13-3112 and this Chapter; or
  2. Provided false, incomplete, or misleading information to the Department.
- D. If the Department revokes a permit or authorization, the affected individual shall not apply for another permit or authorization for at least two years from the date of revocation.
- E. If the Department determines that emergency action is required to suspend a permit or Department authorization, the Department shall send a notice of summary suspension by certified mail to the last known address of the individual. The Department shall ensure that the notice includes all requirements under A.R.S. § 41-1092 et seq.

- F. Upon receipt of a notice of a summary suspension or final administrative decision suspending or revoking a permit or authorization, the permit holder shall not unlawfully carry a concealed weapon and shall return the permit to the Department within five business days.
- G. The Department shall require that a permit be surrendered or seize a permit when required to do so under law.

**Historical Note**

Section R13-9-601 renumbered from R13-9-401 and amended by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 4658, effective January 31, 2009 (Supp. 08-4). Amended by final expedited rulemaking at 27 A.A.R. 2524 (October 29, 2021), with an immediate effective date of October 8, 2021 (Supp. 21-4).

**R13-9-602. Hearing Procedures**

The Department shall conduct all hearings according to the procedures in A.R.S. Title 41, Chapter 6, Article 10 and the rules issued by the Office of Administrative Hearings.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1).

**R13-9-603. Rehearing or Review of Decision**

- A. The Department shall provide for a rehearing and review of its decisions under A.R.S. Title 41, Chapter 6, Article 10 and the rules issued by the Office of Administrative Hearings.
- B. Within 30 days after the Department enters a final administrative decision, the affected individual may, but is not required to, file a motion for rehearing or review of the decision.
- C. A party may amend a motion for rehearing or review at any time before the Department rules on the motion.
- D. The Department may grant a rehearing or review for any of the following reasons materially affecting a party's rights:
  1. Irregularity in the proceedings of the Department or any order or abuse of discretion that deprived the moving party of a fair hearing;
  2. Misconduct by the Department, its staff, or an administrative law judge;
  3. Accident or surprise that could not have been prevented by ordinary prudence;
  4. Newly discovered evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
  5. Excessive penalty;
  6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings; or
  7. The findings of fact or decision is not justified by the evidence or is contrary to law.
- E. The Department may affirm or modify a decision or grant a rehearing or review to all or some of the parties on all or some of the issues for any of the reasons in subsection (D). An order modifying a decision or granting a rehearing or review shall specify with particularity the grounds for the order. If a rehearing or review is granted, the rehearing or review shall cover only the matters specified in the order.
- F. Not later than 15 days after the date of a decision, and after giving the parties notice and an opportunity to be heard, the Department may, on its own initiative, order a rehearing or review of its decision for any reason it might have granted a rehearing or review on motion of a party. The Department may grant a motion for rehearing or review, timely served, for a reason not stated in the motion. An order granting a rehearing or review shall specify the grounds on which the rehearing or review is granted.

## TITLE 13. PUBLIC SAFETY

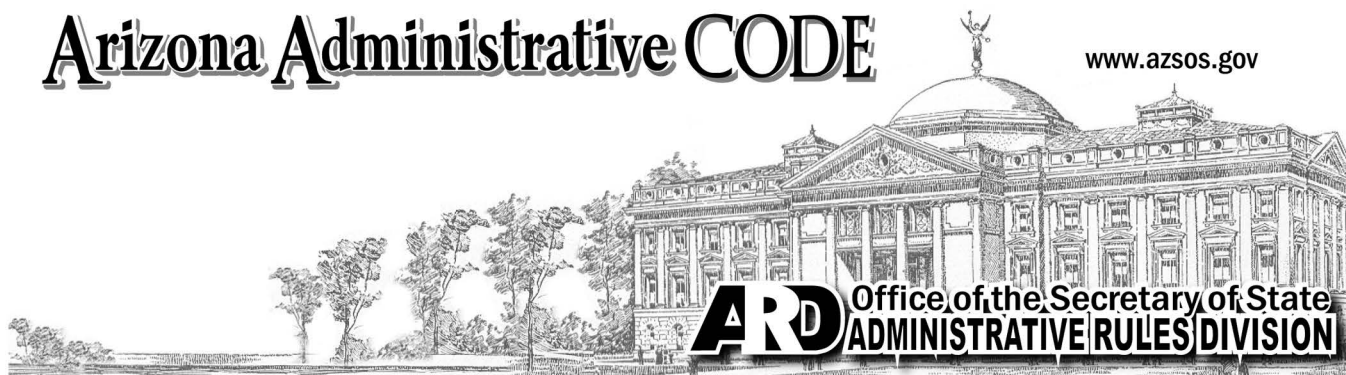
## CHAPTER 9. DEPARTMENT OF PUBLIC SAFETY - CONCEALED WEAPONS PERMITS

- G.** When a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party may serve opposing affidavits within 15 days after service of the motion. This period may be extended by the Department for a maximum of 20 days for good cause as described in subsection (H) or upon written stipulation of the parties. Reply affidavits may be permitted.
- H.** The Department may extend all time limits listed in this Section upon a showing of good cause. A party demonstrates good cause by showing that the grounds for the party's motion or other action could not have been known in time, using reasonable diligence, and a ruling on the motion will:
1. Further administrative convenience, expedition, or economy; or
  2. Avoid undue prejudice to any party.
- I.** If, in a particular decision, the Department makes a specific finding that the immediate effectiveness of the decision is necessary for preservation of the public health, safety, or welfare, the decision may be issued as a final decision without an opportunity for rehearing or review. If an application for judicial review of the decision is made, it shall be made under A.R.S. § 12-901 et seq.

**Historical Note**

Section R13-9-603 renumbered from R13-9-402. Section repealed; new Section made by final rulemaking at 13 A.A.R. 550, effective April 7, 2007 (Supp. 07-1). Amended by final expedited rulemaking at 27 A.A.R. 2524 (October 29, 2021), with an immediate effective date of October 8, 2021 (Supp. 21-4).

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**TITLE 17. TRANSPORTATION**  
**CHAPTER 2. DEPARTMENT OF TRANSPORTATION- AERONAUTICS**  
**17 A.A.C. 2**

**Supplement Information**  
**Supp. 25-2**

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 11-4, 1-6 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### PERSONAL USE/COMMERCIAL USE

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

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TITLE 17. TRANSPORTATION

CHAPTER 2. DEPARTMENT OF TRANSPORTATION- AERONAUTICS

Supp. 25-2

Chapter heading amended by Notice of Final Rulemaking at 17 A.A.R. 2151, effective January 1, 2012 (Supp. 11-4).

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ARTICLE 3. AIRCRAFT REGISTRATION

Article 3, consisting of Sections R17-2-301 and R17-2-302, made by final rulemaking at 31 A.A.R. 1950 (June 20, 2025), effective August 3, 2025 (Supp. 25-2).

Section	
<a href="#">R17-2-301.</a>	<a href="#">Definitions .....7</a>
<a href="#">R17-2-302.</a>	<a href="#">Aircraft Registration .....7</a>

## TITLE 17. TRANSPORTATION

## CHAPTER 2. DEPARTMENT OF TRANSPORTATION- AERONAUTICS

## ARTICLE 1. GENERAL PROVISIONS

**R17-2-101. Definitions**

In this Chapter, the following definitions shall apply:

“ADOT” means the Arizona Department of Transportation.

“After-hours” means hours beyond those determined by airport management as appropriate to meet the seasonal demand.

“Aircraft ramp area” means an artificially surfaced section of airport ground designed and used for aircraft parking with access to a taxiway.

“Airport” means the geographical boundaries of the property owned by the Arizona Department of Transportation known as the Grand Canyon National Park Airport.

“Airport business” means any business venture operating inside the boundaries of the Grand Canyon National Park Airport or relying on business generated as a result of the presence of the airport, its customers, or employees.

“Airport gate” means an entryway onto an apron, not on leased property, whether through a fence or a building.

“Airport leaseholder” means a user of the airport under a lease agreement with the Department.

“Airport management” means one or more persons designated by the Director as responsible for the management of the airport and its operations.

“Airport operations area” means an area of the airport, within a fenced perimeter, including a runway, taxiway, apron, or other FAA-mandated safety areas that are used or intended to be used for landing, takeoff, or the surface maneuvering of aircraft.

“Airport terminal building” means a building owned by the airport that is used for accommodating the enplaning and deplaning of passengers and other associated activities.

“Apron” means an artificially surfaced area of ground designed and used for the parking and storage of aircraft at an airport.

“Commercial aviation” means the scheduled or non-scheduled transportation by air of persons or property for compensation or hire under FAA regulations.

“Commercial fuel handling” means the sale, storage, transportation, or distribution of fuels for compensation.

“Commercial ground transportation” means the non-air transportation of persons or property to or from the airport for compensation.

“Commercial service aircraft” means any aircraft while being used for commercial aviation purposes.

“Commercial service aircraft passenger” means a person, other than aircraft flight crew, who enplanes, deplanes, or who is onboard a commercial service aircraft.

“Commercial use ramp” means an apron designated by airport management for the parking of commercial service aircraft and the enplaning or deplaning of commercial service aircraft passengers.

“Direct costs” means labor, materials, and variable overhead expenses that are directly associated with a specific service.

“Direct phone” means telephone service directly to hotels, motels, or other businesses.

“Director” means the Director of the Arizona Department of Transportation or the Director’s designee.

“Disabled aircraft” means an aircraft that requires assistance to

move from any position on a runway, taxiway, or apron area of the airport.

“Disabled aircraft support equipment” means any equipment used to assist aircraft movement from any position on a runway, taxiway, or apron area of the airport.

“Electronic access security badge” means a credential issued by airport management to a person for identification as an employee of the airport, an airport tenant, or an airport contractor authorized to open electronically controlled gates.

“FAA” means the Federal Aviation Administration of the United States Department of Transportation.

“Fixed base operator” means an airport business that provides airport user services, including but not limited to, commercial fuel handling within the boundaries of the airport.

“Fuel” means all flammable fluids composed of a mixture of selected hydrocarbons manufactured and blended for the purpose of aircraft, railroad, or motor vehicle propulsion.

“Fuel supplier” means an airport business that dispenses fuel to retail customers or into vehicles owned or operated by that business.

“Lease” means a contract granting use or occupation of property during a specified period in exchange for a specified compensation.

“License agreement” means a contract granting use or occupation of a portion of the terminal or other state-owned building in exchange for a specific compensation.

“Maximum landing weight” means the maximum weight at which an aircraft may normally be landed as determined by the manufacturer.

“NFPA” means the National Fire Protection Association.

“Non-terminal ramp area” means the portion of aircraft ramp area designated by airport management for the parking of aircraft when use of a terminal building is not required.

“Overnight parking” means the act of leaving a motor vehicle unoccupied between the hours of sunset and sunrise on airport property that is not leased.

“Permit holder” means a person, partnership, association, firm, or corporation that owns or operates a business at the airport under a use permit.

“Public use terminal” means a structure designated for use by the general public that is not specifically restricted or dedicated to any one airport business.

“Retail sales” means all sales activities at the airport not directly related to the transportation of persons or property. Sales include but are not limited to food, beverages, souvenirs, sundries, books, newspapers, and magazines.

“Rotorcraft” means a heavier-than-air aircraft that depends principally for its support in flight on the lift generated by one or more rotors.

“Security badge” means a credential issued by airport management to a person for identification as an employee of the airport, an airport tenant, or an airport contractor.

“Self-fuel dispensing or handling” means non-commercial fuel delivery to an aircraft, provided by the owner or operator.

“State” means the state of Arizona or its agents.

“Sunset” and “sunrise” have the same meaning and daily calculation as prescribed by the United States Naval Observatory (USNO), which is available on the internet at <http://>

## TITLE 17. TRANSPORTATION

## CHAPTER 2. DEPARTMENT OF TRANSPORTATION- AERONAUTICS

aa.usno.navy.mil or in hardcopy format from airport management.

“Taxiway” means an artificially surfaced strip of ground designed and used for the ground movement of aircraft at an airport.

“Terminal ramp area” means the portion of aircraft ramp area designated by airport management for the parking of aircraft when use of a terminal building is required.

“Terminal road” means an artificially surfaced strip of ground positioned in front of an airport terminal building, which is designated by airport management for the parking of vehicles and the loading or unloading of passengers.

“Terminal space” means any area within a structure designated as a terminal and used by the public for transitioning between aircraft and ground transportation.

“TSA” means the Transportation Security Administration of the United States Department of Homeland Security.

“Use permit” means a contract granting the privilege to conduct commercial operations at the airport in exchange for a specific compensation.

“Vehicle” means any equipment, other than aircraft, that is used for transporting persons or property.

**Historical Note**

Adopted effective May 2, 1990 (Supp. 90-2). Amended effective March 17, 1995 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 17 A.A.R. 2151, effective January 1, 2012 (Supp. 11-4).

**ARTICLE 2. GRAND CANYON NATIONAL PARK AIRPORT - OPERATION AND MANAGEMENT****R17-2-201. Fees and Charges for Services and Use of Facilities and Equipment at the Airport**

The fees and charges in Table 1 apply to all tenants and users of the airport and its facilities.

**Historical Note**

Adopted effective May 2, 1990 (Supp. 90-2). Amended effective February 17, 1994 (Supp. 94-1). Amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 17 A.A.R. 2151, effective January 1, 2012 (Supp. 11-4).

**Table 1. Grand Canyon National Park Airport Fees and Charges**

<b>Landing Fees</b>	
For commercial flight operations landing at the airport including, but not limited to, air carrier, air taxi, air tour, and air freight:	
Single-engine fixed wing, multi-engine fixed wing, or rotorcraft using the airport operations area	\$1.05 per 1,000 lbs., or part of 1,000 lbs., of FAA-certified maximum landing weight
Rotorcraft not using the airport operations area	\$0.30 per 1,000 lbs., or part of 1,000 lbs., of FAA-certified maximum landing weight
<b>Aircraft Parking Fees</b>	
For non-commercial service aircraft parking areas within airport boundaries designated by airport management:	
Single-engine fixed wing or rotorcraft	\$50.00 per month, if parked in designated public tie-down areas Daily rate is one-tenth of the monthly rate
Multi-engine fixed wing or rotorcraft	\$100.00 per month, if parked in designated public tie-down areas Daily rate is one-tenth of the monthly rate
<b>Terminal Fees</b>	
Advertising space	\$5.00 per sq. ft. (sign size), per month, for terminal and counter areas \$8.00 per sq. ft. (sign size), per month, for outdoor sign space
After-hours terminal use	\$200.00 per hour, or part of an hour, in excess of 10 minutes after scheduled terminal closure
Direct phone space	\$35.00 per phone unit, per month
Public address system	\$35.00 per monthly subscription to use the public address system
Retail sales space	\$26.00 per sq. ft., per year
Terminal counter space	\$26.00 per sq. ft., per year
Terminal office space	\$26.00 per sq. ft., per year
<b>Gate Fees</b>	
For loading or unloading commercial service aircraft passengers through an unleased airport gate that provides access to or from the aircraft ramp area:	
Airport leaseholder using an aircraft with a maximum landing weight of:	
Less than 12,500 lbs.	\$1.00 per flight
12,500 lbs. to 44,999 lbs.	\$5.00 per flight
45,000 lbs. to 99,999 lbs.	\$10.00 per flight
100,000 lbs. to 199,999 lbs.	\$50.00 per flight
200,000 lbs. or greater	\$75.00 per flight
Non-airport leaseholder using an aircraft with a maximum landing weight of:	

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Less than 12,500 lbs.	\$1.50 per flight
12,500 lbs. to 44,999 lbs.	\$7.50 per flight
45,000 lbs. to 99,999 lbs.	\$15.00 per flight
100,000 lbs. to 199,999 lbs.	\$100.00 per flight
200,000 lbs. or greater	\$150.00 per flight
<b>Fuel Flowage Fees</b>	
Fuel flowage	\$0.03 per gallon of fuel delivered to the airport, and \$0.07 per gallon of fuel sold at the airport
<b>Equipment Use Fees</b>	
Aircraft tug	\$100.00 per use
Auxiliary power unit	\$100.00 per use
Non-aviation equipment	As negotiated
Passenger stairs	\$100.00 per use
Portable heater	\$50.00 per use
<b>Miscellaneous Fees</b>	
Clean up of hazardous materials	Direct costs
Disabled aircraft assistance	Direct costs
Disabled aircraft support equipment	Direct costs
Repairs of damage to airport property	Direct costs
Storage of crash debris	\$25.00 per sq. ft., per month, or part of a month beyond 72 hours after release of the crash debris by the FAA or National Transportation Safety Board
Use of airport personnel, whether requested or required by regulation, when the FAA Air Control Tower is closed	\$100.00 per landing, take-off, or if on standby, for each 30-minute increment
<b>Commercial Ground Transportation Fees</b>	
All commercial ground transportation use permit holders shall report and pay monthly the following fees and charges as appropriate:	
Daily airport access charge	\$100.00 per day charged to any commercial ground transportation company that accesses the airport without an annual airport access permit
Annual airport access permit	\$20.00 per vehicle for an airport leaseholder \$25.00 per vehicle for a non-airport leaseholder
Commercial ground transportation	\$7.00 per vehicle each time the vehicle is used on the airport for the purpose of loading or unloading passengers
Terminal road parking permit	\$10.00 per use for an airport leaseholder \$20.00 per use for a non-airport leaseholder
<b>Vehicle Parking Fees</b>	
For areas located within the airport boundaries and designated by airport management for restricted parking:	
Daily commercial ground transportation use permit parking	\$10.00 per vehicle, per day, or any portion of a 24-hour period for an airport leaseholder \$15.00 per vehicle, per day, or any portion of a 24-hour period for a non-airport leaseholder
Monthly commercial ground transportation use permit parking	\$100.00 per vehicle, per month, for an airport leaseholder \$150.00 per vehicle, per month, for a non-airport leaseholder
Overnight parking, commercial vehicles in excess of designated number as specified by license agreement as defined in R17-2-101, or use permit, and private vehicles	\$10.00 per vehicle, per 24-hour period \$100.00 per vehicle, per month, in designated area
Rental car parking	Auto storage, in a designated area, as established by use permit terms
<b>Retail Sales of Goods or Services</b>	
Fees are a percentage of gross receipts, as defined under A.R.S. § 42-5001, of all retail sales after federal, state, and local taxes, except as negotiated in each use permit. Use permits shall be based on highest bids that are in the best interest of the airport and shall contain provisions for not less than the percentage in this schedule:	
Air tour flights originating at the airport regardless of where the tour was sold	1.5%
Vendor fuel sales	5%
Other	As negotiated

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Use of Other Facilities Outside the Terminal	
Use of other facilities outside the terminal	As negotiated
<b>Security Fees</b>	
For airport employees, airport tenant employees, and airport users for badges and to meet security requirements of the FAA and TSA	
Security badge	\$25.00 per year
Replacement security badge	\$50.00 for first lost security badge occurrence \$100.00 for second lost security badge occurrence \$150.00 for third lost security badge occurrence
Unreturned security badge	\$200.00 for failure to return security badge at termination of employment (charged to airport tenant)
Electronic access security badge	\$30.00 per year for a badge providing access to the airfield and other secured areas
Replacement electronic access security badge	\$60.00 for first lost electronic access security badge occurrence \$120.00 for second lost electronic access security badge occurrence \$180.00 for third lost electronic access security badge occurrence
Unreturned electronic access security badge	\$250.00 for failure to return electronic access security badge at termination of employment (charged to airport tenant)
Security screening	\$150.00 per flight for use of airport security screening facilities
Security violation charge	\$100.00 per violation of airport, FAA, or TSA security regulations \$250.00 for each additional violation in a 30-day period
<b>Commercial Use Ramp Fees</b>	
Exclusion. This fee does not apply to any commercial service aircraft that provides air tours departing from and returning to the airport or to air tour flights that bring commercial service aircraft to the airport for this purpose:	
Terminal ramp area	\$15.00 per hour for any commercial service aircraft that does not qualify for the exclusion to a maximum of \$60.00 per use
Non-terminal ramp area	\$10.00 per hour for any commercial service aircraft that does not qualify for the exclusion to a maximum of \$40.00 per use
<b>Water Usage Fees</b>	
Water usage	Water usage fees consist of the total direct cost of water paid by the Department for Airport usage, including all fees and taxes, the actual cost per gallon of all expenses for water testing, repair and maintenance to the water delivery system for the Airport, and an administrative fee of 5%

**Historical Note**

New Table 1 made by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 17 A.A.R. 2151, effective January 1, 2012 (Supp. 11-4).

**R17-2-202. Airport Use Permits**

- A.** A user operating commercially at the airport shall first obtain a use permit or be subject to a \$100.00 fine for each infraction. Use permits are required for the following activities:
1. Commercial aviation;
  2. Commercial ground transportation;
  3. Commercial fuel handling; and
  4. Airport business.
- B.** An aircraft owner or operator desiring to dispense fuel to the owner's or operator's own aircraft shall first obtain a self fueling or handling permit or be subject to a \$100.00 fine for each infraction.
- C.** A use permit shall contain, at minimum, provisions governing the following subjects:
1. Minimum insurance coverage in the amount required by the Department of Administration's Risk Management Section, naming the state as co-insured;
  2. Billing, payment, and audit procedures and the penalties for non-compliance;
  3. Data reporting in a timely manner, upon request of the airport management or other agency. This data may include, but is not limited to:
    - a. Gross receipts,
    - b. Aircraft landings,
    - c. Aircraft tie-downs,
    - d. Equipment utilized,
    - e. Enplanements,
    - f. Gallons and types of fuel pumped, and
    - g. Passengers transported each way, to or from the airport;
  4. A list of all employees with access to airport security areas and any changes in the list. In addition, the fixed base operator shall provide verification of compliance with employee security checks required under federal, state, and local laws, rules, regulations, and policies governing the use of the airport;
  5. Evidence of compliance with all other jurisdictions' requirements for permits, licenses, insurance and certificates; and
  6. Detailed descriptions of any space within the public use terminal assigned to the commercial user and provisions describing allowable uses for the space as well as minimum expected maintenance of the facilities provided.

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**Historical Note**

Adopted effective May 2, 1990 (Supp. 90-2). Amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4).

**R17-2-203. Minimum Requirements for Fixed Base Operators**

- A.** Before entering into a contract or commencing any operation at the airport as a fixed base operator, each fixed base operator shall:
1. Hold a commercial fuel handling use permit;
  2. Submit to airport management, a verified statement that contains a detailed description of the scope of the intended operation. This statement shall include:
    - a. The means and methods that will be employed to accomplish the aviation operation, including how the operating standards and requirements will be met; and
    - b. The nature of ownership and the responsible parties. If the responsible party is:
      - i. An individual, include the person's name and address;
      - ii. A partnership, include the names and addresses of all the partners; or
      - iii. A corporation, association, or other organization, include the names of the president, vice president, secretary, and managing officer or managing employee;
  3. Possess a minimum of three years experience, within the past five years, in managing a fixed base operation at an airport.
    - a. The experience requirement applies either to:
      - i. The individual owner, if a sole proprietorship;
      - ii. One of the partners, if a partnership; or
      - iii. The permanent full-time managing officer or employee, if a corporation.
    - b. If more than one person shares the full-time management responsibilities and duties of the organization, their collective management experience may be used to satisfy subsection (A)(3) if that experience encompasses each particular service or operation proposed;
  4. Provide to airport management, a complete certified financial statement, prepared by an independent accounting firm;
  5. Provide to airport management, evidence of current public liability insurance coverage in the minimum amount required by the Department of Administration's Risk Management Section, naming the state as co-insured. Hangarkeeper's liability insurance may be required if aircraft are on the premises for safekeeping, storage, service, or repair; and
  6. Submit to airport management, a verified statement that there is a commitment from a fuel supplier to supply fuel. The commitment shall specify the types and volumes of fuel available to the fixed base operator.
- B.** Upon commencing operations, a fixed base operator shall:
1. Provide to airport management, an annual financial statement at the close of the state's fiscal year;
  2. Obtain and keep current, during the term of the use permit, all required federal, state, and local licenses and ensure compliance with all federal, state, and local laws, rules, regulations, and policies governing the use of the airport;

3. Remain available as required by airport management, either individually or in connection with the other fixed base operators situated at the airport, to provide service and to respond to emergencies during after-hours;
4. Report all data pertaining to gallons and types of fuel pumped and other types of information as required by additional use permits. Reports shall be provided to the airport management and other requesting agencies in a timely manner;
5. Report all activity for which fees are established and pay all fees before the 10th calendar day of each month;
6. Retain all financial records at the airport for five years and comply with all auditing requirements in the use permit;
7. Provide airport management with a list of all employees with access to airport security areas and notify airport management of any changes;
8. Provide verification of compliance with employee security checks required under federal, state, and local laws, rules, regulations, and policies governing the use of the airport;
9. Comply with all FAA and NFPA inspection criteria;
10. Provide airport management with a copy of written fueling operations procedures, safety and inspection manuals, and records, as required by FAA and NFPA regulations; and
11. Maintain an approved, written, spill-prevention contingency and control plan that meets all applicable federal and state standards.

**Historical Note**

Adopted effective May 2, 1990 (Supp. 90-2). Amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4). Section heading corrected per Department's request as amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 09-2).

**R17-2-204. Airport Ground Leases**

- A.** The Division may enter into leases of airport property for the operation of businesses that foster the development of the airport.
- B.** All leases of airport property, other than the existing or any future public use terminal facility, shall be based on a competitive sealed proposal process as specified in A.R.S. § 41-2534. At minimum, leases shall be based on a price per square foot of property as valued through an appraisal of that property. In addition, leases shall contain provisions for not less than the percentage in the following schedule:
1. Food and beverage - 5%
  2. Rental of personal property - 10%
  3. Retail sales of merchandise - 10%
  4. Other - As negotiated

**Historical Note**

Adopted effective May 2, 1990 (Supp. 90-2). Amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4).

**R17-2-205. Airport Parking Limitations; Prohibited Activities**

- A.** For a special occasion, or during an emergency, airport management may impose parking limitations as circumstances require.
- B.** A person or entity using the airport and its facilities shall not:
1. Park a vehicle in an area designated a no parking zone as indicated by a sign or red painted curb;

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2. Drive or park a vehicle in any area on airport property that is closed by the use of a barricade, chain, or other traffic control device;
3. Park a vehicle on a pedestrian path, sidewalk, or safety zone;
4. Park a vehicle in a manner or location that obstructs another parked vehicle; or
5. Camp on airport property.

**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1).

Amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4).

**R17-2-206. Airport Impoundment Procedures; Notice of Impound**

This Section applies to all persons or entities using the airport and its facilities:

1. Airport management may remove and impound any aircraft or other vehicle found on state property if an owner has:
  - a. Parked the aircraft or vehicle in an area designated and posted as a restricted area;
  - b. Parked the aircraft or vehicle in violation of this Article;
  - c. Abandoned the aircraft or vehicle on airport property for more than 14 days without prior notification and permission of airport management;
  - d. Failed to pay parking fees for 15 days after the date a parking statement is attached to the aircraft or vehicle, indicating that a parking fee is due; or
  - e. Parked the aircraft or vehicle in a manner or location that constitutes a hazard or impediment to the general public or to the movement and operation of aircraft or emergency equipment.
2. Notice of Impound.
  - a. An authorized agent of the airport's management, at the time of removal for impound, shall post a Notice of Impound as near to the location from which the aircraft or vehicle was removed as is practical, and a copy of the notice shall be mailed to the address listed on the:
    - i. Aircraft or vehicle,
    - ii. Vehicle registration in the aircraft or vehicle, or
    - iii. Airport records.
  - b. If no address is available under subsection (2)(a), airport management, within a period of 10 business days from the date of impoundment, shall twice publish the Notice of Impound in a daily newspaper with a general circulation in Coconino County. The notice shall describe the:
    - i. Aircraft or vehicle,
    - ii. Parking violation that necessitated the impoundment,
    - iii. Location to which the aircraft or vehicle was impounded,
    - iv. Name and address of the person to contact regarding the impoundment, and
    - v. Owner's right to file a request for a hearing under subsection (5).
3. Airport management shall ensure that:
  - a. A vehicle is removed by a tow truck registered with the Department of Public Safety, and
  - b. An aircraft is removed by a fixed base operator that has complied with R17-2-203.

4. Costs to owner. The owner of an aircraft or vehicle is responsible for all costs involved in the removal, impoundment, and storage of the aircraft or vehicle, plus any costs incurred by publication of the Notice of Impound.
5. Hearing requests. Any person subject to a decision made by airport management under this Chapter may request a hearing with the Director. The person shall submit a written request for the hearing to the Department not more than 30 days after the action taken by airport management. The hearing shall be held in accordance with A.R.S. Title 41, Chapter 6, Article 6.

**Historical Note**

Adopted effective March 17, 1995 (Supp. 95-1).

Amended by final rulemaking at 12 A.A.R. 4437, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 17 A.A.R. 2151, effective January 1, 2012 (Supp. 11-4).

**ARTICLE 3. AIRCRAFT REGISTRATION****R17-2-301. Definitions**

The following terms apply to this Article unless otherwise specified:

"Aircraft" has the same meaning as defined in A.R.S. § 28-8201.

"Aircraft fees" means the fees due to the Department at the time of registration and consisting of the general registration fee imposed under A.R.S. § 28-8325; the license tax imposed under A.R.S. Title 28, Chapter 25, Article 4; and applicable penalty.

"Day" means the 24-hour period from one midnight to the following midnight.

"Department" has the same meaning as defined in A.R.S. § 28-101.

"Expiration date" means the day, month, and year in which an aircraft registration expires.

"Initial registration" means the first time an aircraft is subject to registration in Arizona.

"Lien recording fee" means the recording fee prescribed by the Federal Aviation Administration.

"Registration certificate" means proof, issued by the Department, of the aircraft's registration in this state.

"Registration cycle" means the time-frame during which an aircraft registration is valid.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1950 (June 20, 2025), effective August 3, 2025 (Supp. 25-2).

**R17-2-302. Aircraft Registration**

- A. The Department shall assign a staggered expiration date when issuing an initial registration to an aircraft.
  1. The initial registration expires on the last day of the month, 12 months from the month the aircraft is subject to Arizona registration.
  2. The subsequent expiration dates expire 12 months from the expiration of the previous registration cycle.
- B. Registration requirements. A person applying to register or to renew the registration of an aircraft shall submit the following:
  1. A request for registration from either:

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- a. A completed application for aircraft registration, provided by the Department, when applying for registration; or
  - b. Identifying aircraft registration information as indicated by the Department when renewing a registration;
- 2. Payment of aircraft fees, as applicable, which may be submitted as multiple partial payments, but the registration of the aircraft is not complete until the full payment is received; and
- 3. An aircraft exemption affidavit, if applicable.
- C. Exemptions. A person who owns an aircraft exempt from registration or license tax or both must declare their exempt status on an aircraft exemption affidavit, provided by the Department, at the time of registration. An active-duty military personnel member must resubmit the affidavit annually and a tribal member will need to resubmit the affidavit if the tribal member's address changes.
- D. Proration of fees. The Department shall prorate an aircraft license tax as applicable under A.R.S. § 28-8322.01.
- E. Date of receipt. The date of receipt for the items required under subsections (B) and (C) shall be the following:
  - 1. The date of the completed electronic transaction, or
  - 2. The date of the postmark stamped on the mailed items.
- F. Evidence of registration. The Department shall issue a registration certificate and receipt as evidence of registration.
- G. Assessment, penalty, and lien. A person that fails to register and pay their aircraft fees in full within 60 days of the aircraft's entry into this state, within 60 days of purchase or lease, or by the annual expiration date established in subsection (A) will be subject to an assessment under A.R.S. § 28-8328 and a penalty under A.R.S. § 28-8329. To determine if an assess-

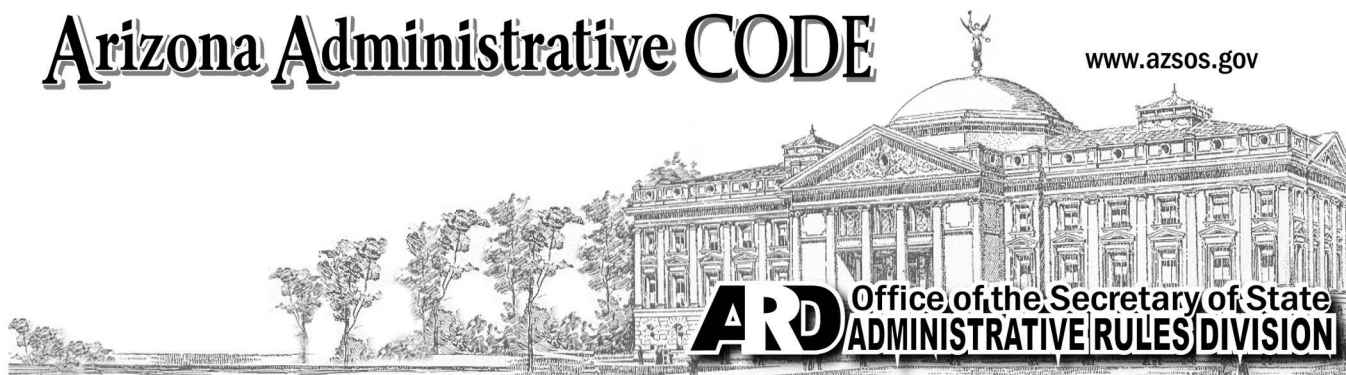
ment is to be issued, any part of a calendar day that an aircraft spends on the ground is counted as one day toward the determination of whether the aircraft is required to be registered and whether aircraft registration fees, assessments, penalties, and liens are to be collected. After 30 days from the issuance of the assessment, the Department may record a lien under A.R.S. § 28-8330 on the aircraft. To release the lien, a person will need to submit to the Department the full payment of the outstanding aircraft fees and a lien recording fee when the lien is filed with the Federal Aviation Administration.

- H. Fleet. A person who owns two or more aircraft may request to have the aircraft registrations expire on the same date by submitting an application provided by the Department and a list of all aircraft to be included in the fleet at least 30 days before the registration.
  - 1. The Department shall establish a registration cycle that expires on the last day of the month selected by the aircraft owner. The month selected must be the established expiration month of a currently registered aircraft.
  - 2. Aircraft eligible to be placed into an unexpired fleet must be within at least three months prior to the aircraft's registration expiration date, if currently registered, or at any time, if the aircraft's registration is expired.
  - 3. The Department shall prorate aircraft license tax as applicable under A.R.S. § 28-8322.02.
  - 4. The person shall pay any aircraft fees and submit an aircraft exemption affidavit, if applicable.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1950 (June 20, 2025), effective August 3, 2025 (Supp. 25-2).





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### CHAPTER 4. DEPARTMENT OF TRANSPORTATION - TITLE, REGISTRATION, AND DRIVER LICENSES

#### 17 A.A.C. 4

#### Supplement Information Supp. 25-2

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 22-3, 1-39 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

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The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

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

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

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

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

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## Administrative Rules Division

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## TITLE 17. TRANSPORTATION

## CHAPTER 4. DEPARTMENT OF TRANSPORTATION - TITLE, REGISTRATION, AND DRIVER LICENSES

Authority: A.R.S. §§ 28-366 and 28-5204

## Supp. 25-2

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*Editor's Note: Sections R17-4-606, R17-4-607 and its Appendix A and Appendices A and B were repealed under a Notice of Proposed Summary Rulemaking in Supp. 96-1. R17-4-612 was amended under the same Notice of Proposed Summary Rulemaking at 2 A.A.R. 1486. The Office did not receive a Notice of Final Summary Rulemaking on these Sections (Editor's Note added Supp. 10-2).*

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## TITLE 17. TRANSPORTATION

## CHAPTER 4. DEPARTMENT OF TRANSPORTATION - TITLE, REGISTRATION, AND DRIVER LICENSES

## ARTICLE 1. GENERAL PROVISIONS

**R17-4-101. Definitions**

In addition to the definitions prescribed under A.R.S. § 28-101, A.R.S. § 28-3001, and 6 CFR 37.3, the following terms apply to this Chapter, unless otherwise specified:

“Non-operating identification license” means a credential issued by the Department for identification purposes only, as prescribed under A.R.S. § 28-3165, which does not grant authority to operate a motor vehicle and is not intended to be accepted by federal agencies for an official purpose defined under 6 CFR 37.3.

“Travel-compliant driver license” has the same meaning as the term REAL ID Driver’s License defined under 6 CFR 37.3, which is a driver license issued by the Department as prescribed under A.R.S. § 28-3175 in compliance with A.R.S. Title 28, Chapter 8, and the federal standards provided under 6 CFR 37 for state issuance of secure credentials intended to be accepted by federal agencies for official purposes.

“Travel-compliant identification license” has the same meaning as the term REAL ID Identification Card as defined under 6 CFR 37.3, which is a non-operating identification license issued by the Department as prescribed under A.R.S. § 28-3175 in compliance with A.R.S. Title 28, Chapter 8, and the federal standards provided under 6 CFR 37 for state issuance of secure credentials acceptable by federal agencies for official purposes.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1885, with an immediate effective date of July 2, 2019 (Supp. 19-3).

## ARTICLE 2. VEHICLE TITLE

**R17-4-201. Definitions**

In addition to the definitions prescribed under A.R.S. §§ 28-101, 28-2001, and 28-3001, the following definitions apply to this Article, unless otherwise specified:

“Authorized ELT Participant” means a lending institution or finance company authorized by the Division to electronically release a lien or encumbrance.

“Date of lien” means the date identified by the lienholder as the date the loan was issued to the borrower.

“Division” means the Arizona Department of Transportation’s Motor Vehicle Division.

“Encumbrance” means a lien recorded, by the Division, on a vehicle or mobile home record and the Arizona Certificate of Title.

“ELT” means Electronic Lien and Title.

“EPA standards” means the emission standards of the Environmental Protection Agency, as prescribed under 40 CFR 86.

“FMVSS” means the Federal Motor Vehicle Safety Standards as prescribed under 49 CFR 571.

“Joint tenancy with right of survivorship” means vehicle ownership by two or more persons and the deceased joint owner’s interest in the vehicle is transferred to the surviving owners.

“Lienholder” means a person or entity retaining legal possession of a vehicle or mobile home until the debtor has satisfactorily repaid the loan for which the vehicle or mobile home is designated as collateral.

“Lienholder Number” means the computer-generated record number assigned by the Division to a lienholder.

“Low-speed vehicle” has the same meaning as prescribed under 49 CFR 571.3.

“MPV” means multipurpose passenger vehicle, which has the same meaning as prescribed under 49 CFR 571.3.

“MVD” means the Arizona Department of Transportation’s Motor Vehicle Division.

“NHTSA” means National Highway Traffic Safety Administration of the United States Department of Transportation.

“Operation of law lien” means a lien resulting from the application of a state or federal statute.

“Primary lien” means the first of any multiple liens recorded on a vehicle or mobile home record.

“Registered importer” means a person registered by the NHTSA Administrator to import vehicles, as prescribed under 49 CFR 30141.

“Tenancy in common” means vehicle ownership by two or more people without the right of survivorship.

“Valid titling document” means one of the following documents showing a vehicle’s compliance with FMVSS and EPA standards:

A NHTSA Declaration,

A manufacturer’s letter, or

A U.S. federal compliance label printed in English.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1353, effective June 6, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 3281, effective November 10, 2007 (Supp. 07-3).

**R17-4-202. Certificate of Title Form**

- A. The Motor Vehicle Division (MVD) shall produce the Certificate of Title form on tamper-resistant and counterfeit-resistant paper.
- B. MVD shall provide space on the Certificate of Title form for the following information:
  1. Title information:
    - a. Title number;
    - b. Issue date;
    - c. Previous title number; and
    - d. State and date of previous title.
  2. Vehicle information:
    - a. Vehicle identification number (VIN);
    - b. Vehicle make, model, year, and body style;
    - c. Fuel type;
    - d. Odometer information; and
    - e. Vehicle mechanical or structural condition.
  3. Lienholder information:
    - a. Lienholder name and address;
    - b. Lienholder customer or federal identification number; and
    - c. Lien amount and lien date.
  4. Vehicle owner’s or owner’s legal designee information:
    - a. Name; and
    - b. Mailing address.
  5. Ownership change information:
    - a. Sale date;



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- b. Purchaser's name and address;
  - c. Odometer mileage disclosure statement;
  - d. Seller's signature; and
  - e. Seller's signature certification.
- 6. Dealer reassignment information.
  - 7. Other information as required by the Division for internal processing and recordkeeping.

**Historical Note**

New Section recodified from R17-4-204 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-203. Certificate of Title and Registration Application**

- A.** In addition to the requirements of A.R.S. §§ 28-2051 and 28-2157, a person applying for an Arizona motor vehicle title certificate and registration shall complete a form supplied by the Motor Vehicle Division that contains the following information:
- 1. Vehicle information:
    - a. Tab number;
    - b. Initial registration month and year;
    - c. Vehicle make, model, year, and body style;
    - d. Mechanical or structural status indicating whether the vehicle is:
      - i. Dismantled,
      - ii. Reconstructed,
      - iii. Salvaged, or
      - iv. Specially constructed;
    - e. Gross vehicle weight;
    - f. Fuel type;
    - g. Odometer information;
    - h. Current title number and titling state.
  - 2. An owner's or lessee's legal ownership status.
  - 3. Lienholder information:
    - a. Lienholder names and addresses, and
    - b. Lien amount and date incurred.
  - 4. If a mobile home, the physical site.
  - 5. Co-ownership information:
    - a. A statement of whether any survivorship rights in the vehicle exist; and
    - b. A statement providing co-ownership legal status prescribed in R17-4-205(B).
  - 6. Owner certification information verifying:
    - a. Ownership,
    - b. Inclusion of all liens and encumbrances, and
    - c. Seller-verified odometer reading.
  - 7. Applicant signatures.
  - 8. An acknowledgement that:
    - a. The applicant agrees or disagrees to the Division's release of the applicant's name on a commercial mailing list; and
    - b. The applicant has read a printed explanation of odometer reading codes.
  - 9. Other information required by the Division for internal processing and recordkeeping.
- B.** An applicant may voluntarily provide the following information on the form:
- 1. Applicant's birth date;
  - 2. Applicant's driver license number; and
  - 3. Applicant's federal employer identification number, if the applicant is taking title as a sole proprietor, partnership, corporation, or other legal business entity.

**Historical Note**

New Section recodified from R17-4-205 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-204. Seller's Signature Acknowledgement**

A seller shall ensure that a Notary Public or a Motor Vehicle Division (MVD) agent witnesses the seller sign the title transfer. The Notary Public or MVD agent shall sign the title transfer acknowledging witnessing the seller's signature. "Motor Vehicle Division agent" has the meaning prescribed in A.R.S. § 28-370.

**Historical Note**

Adopted effective November 10, 1986 (Supp. 86-6). Former Section R17-4-75 renumbered without change as Section R17-4-204 (Supp. 87-2). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 2468, effective June 8, 2000 (Supp. 00-2). Section recodified to R17-4-202 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-206 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-205. Co-ownership and Vehicle Title**

- A.** A title certificate application shall specify the form of co-ownership and names of a vehicle's co-owners as follows.
- 1. If co-ownership is a joint tenancy with right of survivorship in which all owners must sign to transfer or encumber the vehicle, the applicant shall provide the name of each owner separated by "and/or."
  - 2. If co-ownership is a joint tenancy that allows one owner to transfer or encumber the vehicle title, the applicant shall provide:
    - a. The name of each co-owner separated by "or"; and
    - b. A form, signed by each co-owner authorizing title transfer or encumbrance on the signature of any co-owner.
  - 3. If co-ownership is a tenancy in common, the applicant shall provide the name of each owner separated by "and."
- B.** Before a surviving joint tenant under subsection (A)(1) obtains a title certificate as owner or transfers or encumbers the vehicle title, the surviving joint tenant shall present to the Division a death certificate for each deceased joint tenant.
- C.** After the death of a tenant in common, the Division shall issue a new title certificate only as directed by:
- 1. A certified probate court order, or
  - 2. A successor's affidavit under A.R.S. § 14-3971(B).

**Historical Note**

Adopted effective November 13, 1986 (Supp. 86-6). Former Section R17-4-75 renumbered without change as Section R17-4-205 (Supp. 87-2). Amended by final rulemaking at 7 A.A.R. 2752, effective June 8, 2001 (Supp. 01-2). Section recodified to R17-4-203 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-207 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 1353, effective June 6, 2003 (Supp. 03-2).

**R17-4-206. Additional Titling Standards for Vehicles Not Manufactured in Compliance with United States Safety and Emission Standards; "Gray-market Vehicles"**

- A.** Titling standards.
- 1. The Division shall issue a title to a foreign-manufactured vehicle imported to the United States if an applicant presents the following:
    - a. A valid titling document,
    - b. A completed MVD title and registration application as prescribed under R17-4-203,

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- c. A completed Vehicle Verification Form certifying that the vehicle passed the Division's physical inspection,
- d. A document stating that the vehicle passed an Arizona emissions inspection under A.R.S. § 49-542, and
- e. A certificate that the vehicle was converted to meet:
  - i. EPA standards, and
  - ii. FMVSS.
- 2. A foreign-manufactured vehicle imported to the United States is exempt from this subsection if it is older than 25 years from its manufacture date.
- 3. A foreign-manufactured vehicle imported to the United States that is between 21 and 25 years from the manufacture date is exempt from subsection (A)(1)(e)(i).
- 4. Titling standards for vehicles manufactured according to Canadian specifications.
  - a. The Division shall issue a title to a vehicle manufactured according to Canadian specifications if it:
    - i. Is not for resale;
    - ii. Has a GVWR of less than 10,000 pounds; and
    - iii. Is a passenger vehicle, motorcycle, or MPV.
  - b. Before titling a vehicle manufactured according to Canadian specifications, the owner shall submit to the Division manufacturer documentation verifying that the vehicle complies with FMVSS and EPA standards.
    - i. The Division shall waive the FMVSS and EPA labeling location requirements as prescribed in 49 CFR 571 and 40 CFR 86.
    - ii. If manufacturer documentation indicates that a vehicle's speedometer or headlights do not comply with FMVSS and EPA standards, the owner shall file additional documentation with the Division to verify completion of a modification that brings the vehicle into compliance.
  - c. A registered importer shall certify a vehicle manufactured according to Canadian specifications if:
    - i. The vehicle meets FMVSS standards except for occupant crash protection provisions prescribed under 49 CFR 571.208, or
    - ii. The owner did not submit manufacturer documentation as prescribed under subsection (A)(4)(b).
- B. The Division shall require a registered importer's certification of a foreign-manufactured vehicle imported to the United States that:
  - 1. Is not exempt under subsections (A)(2) or (A)(3), or
  - 2. Does not qualify under subsection (A)(4).

**Historical Note**

Former Rule, General Order 55. Former Section R17-4-19 renumbered without change as Section R17-4-206 (Supp. 87-2). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 2468, effective June 8, 2000 (Supp. 00-2). Section recodified to R17-4-204 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-209 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 1353, effective June 6, 2003 (Supp. 03-2).

**R17-4-207. Lien Filing**

- A. Lien filing. When filing a lien with the Division, a person shall submit a Title and Registration Application (available online

at [www.azdot.gov/mvd/FormsandPub/mvd.asp](http://www.azdot.gov/mvd/FormsandPub/mvd.asp)), the most recently issued certificate of title, the fee or fees to be paid as provided by law, and any other documentation required pursuant to A.R.S. Title 28.

- 1. The Division shall record a statement of all liens and encumbrances on the vehicle or mobile home record upon receiving a lien filing that meets all requirements prescribed in this subsection.
- 2. The Division shall immediately return a lien filing, with a letter stating why the lien filing was returned, when the lien filing does not meet the requirements prescribed in this subsection.
- B. Multiple liens. The Division will record up to three liens on any one vehicle or mobile home record. Additional liens are recorded through the County Recorder's office. Liens are valued in the order that they are filed and recorded on the vehicle or mobile home record. However, the Division considers the primary lien recorded on the vehicle or mobile home record to be above all other subsequent liens or encumbrances. In the absence of an operation of law lien, only the lienholder in the primary position may repossess a vehicle or mobile home.
- C. Lien filing notice. The Division shall notify the lienholder of the recording of a lien.
  - 1. The Division shall issue an Arizona Certificate of Title or, when the lienholder is an Authorized ELT Participant, transmit an electronic lien notification to the primary lienholder.
  - 2. The Division shall issue a computer-generated Lienholder Record to each subsequent lienholder recorded on the vehicle or mobile home record. The Division shall not issue a duplicate Lienholder Record.

**Historical Note**

Former Rule, General Order 62. Former Section R17-4-24 renumbered without change as Section R17-4-207 (Supp. 87-2). Section repealed; new Section made by final rulemaking at 7 A.A.R. 2752, effective June 8, 2001 (Supp. 01-2). Section recodified to R17-4-205 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section recodified from R17-4-230 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3281, effective November 10, 2007 (Supp. 07-3).

**R17-4-208. Lien Clearance**

- A. Lien clearance. The Division shall remove the lien from the vehicle or mobile home record indicated on the lien clearance and issue a new Arizona Certificate of Title upon receiving proof that the lien is satisfied and an application furnished by the Division, the most recently issued certificate of title, the fee or fees to be paid as provided by law, and any other documentation required pursuant to A.R.S. Title 28. The Division considers the following instruments satisfactory proof that the lien or encumbrance recorded on a vehicle or mobile home record is satisfied:
  - 1. The transmission of an electronic lien release from an ELT Participant,
  - 2. A certificate of title acknowledged by the lienholder as prescribed under subsection (B)(1),
  - 3. An original lien filing receipt acknowledged by the lienholder as prescribed under subsection (B)(1),
  - 4. An original computer-generated Lienholder Record acknowledged by the lienholder as prescribed under subsection (B)(1),



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5. A lender copy of the original lien instrument indicating the lien is paid in full acknowledged by the lienholder as prescribed under subsection (B)(1); or
6. Any document giving a complete description of the vehicle, as recorded on the Arizona Certificate of Title, indicating that the lien is either "paid in full" or "satisfied" acknowledged by the lienholder as prescribed under subsection (B)(1).

**B. Lienholder satisfaction of lien requirements.**

1. The Division shall not accept a satisfaction of lien when the authorized signature of the lienholder or authorized agent of the lienholder, appearing on the lien clearance instrument, is not acknowledged before a Notary Public or witnessed by an authorized Division employee.
2. The lienholder shall deliver the Arizona Certificate of Title to the next lienholder or, if there is not another lienholder, to the owner of the vehicle or mobile home within 15 business days after receiving payment in full satisfaction of the lien.
3. A lienholder that fails to deliver the certificate of title within 15 business days may be assessed a civil penalty, as prescribed under A.R.S. § 28-2134.

**C. Lien release received in error. The Division will not reimburse any parties for any monetary damages that may occur when a lienholder issues a lien clearance to the Division in error.****D. Administrative hearing. A lienholder who is assessed a civil penalty, as prescribed under A.R.S. § 28-2134, may request a hearing in accordance with the procedures prescribed under 17 A.A.C. 1, Article 5.****Historical Note**

Former Rule, General Order 83. Former Section R17-4-35 renumbered without change as Section R17-4-208 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 2468, effective June 8, 2000 (Supp. 00-2). Section recodified from R17-4-231 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3281, effective November 10, 2007 (Supp. 07-3).

**R17-4-209. Recodified****Historical Note**

Adopted as Section R17-4-81 and renumbered as Section R17-4-209 effective May 29, 1987 (Supp. 87-2). Amended by final rulemaking at 7 A.A.R. 2755, effective June 8, 2001 (Supp. 01-2). Section recodified to R17-4-206 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-210. Repealed****Historical Note**

Adopted effective July 30, 1992 (Supp. 92-3). Section R17-4-210 repealed by summary action with an interim effective date of August 28, 1998; filed in the Office of the Secretary of State August 4, 1998 (Supp. 98-3). The Department failed to submit to the Governor's Regulatory Review Council an adopted summary rule pursuant to A.R.S. § 41-1027, and therefore the rule went back into effect November 26, 1998; Section repealed by summary rulemaking with an interim effective date of August 20, 1999, filed in the Office of the Secretary of State July 30, 1999 (Supp. 99-3). Interim effective date of August 20, 1999 now the permanent effective date (Supp. 99-4).

**Appendix A. Repealed****Historical Note**

Adopted effective July 30, 1992 (Supp. 92-3). Appendix A repealed by summary action with an interim effective date of August 28, 1998; filed in the Office of the Secretary of State August 4, 1998 (Supp. 98-3). The Department failed to submit to the Governor's Regulatory Review Council an adopted summary rule pursuant to A.R.S. § 41-1027, and therefore Appendix A went back into effect November 26, 1998; Appendix A repealed by summary rulemaking with an interim effective date of August 20, 1999; filed in the Office of the Secretary of State July 30, 1999 (Supp. 99-3). Interim effective date of August 20, 1999 now the permanent effective date (Supp. 99-4).

**R17-4-211. Reserved****R17-4-212. Reserved****R17-4-213. Reserved****R17-4-214. Reserved****R17-4-215. Reserved****R17-4-216. Recodified****Historical Note**

Adopted effective October 21, 1997 (Supp. 97-4). Section recodified to R17-4-302 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-217. Recodified****Historical Note**

Adopted effective September 12, 1997 (Supp. 97-3). Section recodified to R17-4-303 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-218. Recodified****Historical Note**

Amended effective April 21, 1980 (Supp. 80-2). Former Section R17-4-54 renumbered without change as Section R17-4-218 (Supp. 87-2). R17-4-218 and Appendix A repealed; new Section adopted effective December 8, 1998 (Supp. 98-4). Section recodified to R17-4-304 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-219. Recodified****Historical Note**

Former Rule, General Order 101. Former Section R17-4-42 renumbered without change as Section R17-4-219 (Supp. 87-2). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 4602, effective November 14, 2000 (Supp. 00-4). Section recodified to R17-4-305 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-220. Repealed****Historical Note**

Former Rule, General Order 103; Former Section R17-4-44 repealed, new Section R17-4-44 adopted effective April 21, 1980 (Supp. 80-2). Former Section R17-4-44 renumbered without change as Section R17-4-220 (Supp. 87-2). Repealed effective July 29, 1992 (Supp. 92-3).

**R17-4-221. Repealed****Historical Note**

Former Rule, General Order 75. Former Section R17-4-30 renumbered without change as Section R17-4-221

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(Supp. 87-2). Repealed effective July 29, 1992 (Supp. 92-3).

**R17-4-222. Recodified****Historical Note**

Adopted effective December 3, 1986 (Supp. 86-6). Former Section R17-4-80 renumbered without change as Section R17-4-222 (Supp. 87-2). Section recodified to R17-4-306 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-223. Repealed****Historical Note**

Emergency rule adopted effective August 8, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency expired. Former emergency rule permanently adopted with changes effective December 31, 1991 (Supp. 91-4). Repealed effective July 18, 1994 (Supp. 94-3).

**R17-4-224. Recodified****Historical Note**

Adopted effective September 25, 1991 (Supp. 91-3). Section recodified to R17-4-307 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-225. Reserved****R17-4-226. Recodified****Historical Note**

Emergency rule adopted effective January 21, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency expired. Adopted with changes effective February 1, 1993 (Supp. 93-1). Amended effective January 31, 1995 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 702, effective February 10, 1999 (Supp. 99-1). Section repealed effective August 1, 1999 pursuant to subsection (C); new Section adopted by final rulemaking at 6 A.A.R. 1906, effective May 3, 2000 (Supp. 00-2). Section recodified to R17-5-502 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**Appendix A. Repealed****Historical Note**

Emergency rule adopted effective January 21, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency expired. Adopted effective February 1, 1993 (Supp. 93-3). Amended by final rulemaking at 5 A.A.R. 702, effective February 10, 1999 (Supp. 99-1). Appendix repealed effective August 1, 1999 pursuant to R17-4-226(C) (Supp. 00-2).

**R17-4-226.01. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 1906, effective May 3, 2000 (Supp. 00-2). Section recodified to R17-5-503 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-227. Recodified****Historical Note**

Adopted effective June 16, 1992 (Supp. 92-2). Section recodified to R17-4-402 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-228. Reserved****R17-4-229. Reserved****R17-4-230. Recodified****Historical Note**

Former Rule, General Order 47. Former Section R17-4-15 renumbered without change as Section R17-4-230 (Supp. 87-2). Section recodified to R17-4-207 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-231. Recodified****Historical Note**

Former Rule, General Order 70. Former Section R17-4-28 renumbered without change as Section R17-4-231 (Supp. 87-2). Section recodified to R17-4-208 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-232. Reserved****R17-4-233. Reserved****R17-4-234. Reserved****R17-4-235. Reserved****R17-4-236. Reserved****R17-4-237. Repealed****Historical Note**

Former Rule, General Order 50. Former Section R17-4-16 renumbered without change as Section R17-4-237 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 4830, effective December 7, 2000 (Supp. 00-4).

**R17-4-238. Repealed****Historical Note**

Former Rule, General Order 51. Former Section R17-4-17 renumbered without change as Section R17-4-238 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 4830, effective December 7, 2000 (Supp. 00-4).

**R17-4-239. Repealed****Historical Note**

Former Rule, General Order 60. Former Section R17-4-22 renumbered without change as Section R17-4-239 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 4830, effective December 7, 2000 (Supp. 00-4).

**R17-4-240. Recodified****Historical Note**

Former Rule, General Order 65; Amended effective January 11, 1982 (Supp. 82-1). Former Section R17-4-25 renumbered without change as Section R17-4-240 (Supp. 87-2). Section recodified to R17-5-402 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-241. Recodified****Historical Note**

Former Rule, General Order 76. Former Section R17-4-31 renumbered without change as Section R17-4-241 (Supp. 87-2). Section amended by final rulemaking at 6 A.A.R. 4830, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-5-404 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-242. Repealed**

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**Historical Note**

Former Rule, General Order 77. Former Section R17-4-32 renumbered without change as Section R17-4-242 (Supp. 87-2). Section repealed by final rulemaking at 7 A.A.R. 869, effective January 22, 2001 (Supp. 01-1).

**R17-4-243. Repealed****Historical Note**

Former Rule, General Order 85. Former Section R17-4-36 renumbered without change as Section R17-4-243 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 4830, effective December 7, 2000 (Supp. 00-4).

**R17-4-244. Reserved****R17-4-245. Recodified****Historical Note**

Adopted effective September 13, 1993 (Supp. 93-3). Section recodified to R17-5-405 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-246. Recodified****Historical Note**

Adopted effective September 13, 1993 (Supp. 93-3). Section recodified to R17-5-406 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-247. Reserved****R17-4-248. Reserved****R17-4-249. Reserved****R17-4-250. Repealed****Historical Note**

Former Rule, General Order 111. Former Section R17-4-47 renumbered without change as Section R17-4-250 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 3839, effective September 13, 2000 (Supp. 00-3).

**R17-4-251. Repealed****Historical Note**

Former Rule, General Order 112. Former Section R17-4-48 renumbered without change as Section R17-4-251 (Supp. 87-2). Section repealed by final rulemaking at 6 A.A.R. 3839, effective September 13, 2000 (Supp. 00-3).

**R17-4-252. Recodified****Historical Note**

Former Rule, General Order 82. Former Section R17-4-34 renumbered without change as Section R17-4-252 (Supp. 87-2). Section recodified to R17-4-308 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-253. Reserved****R17-4-254. Reserved****R17-4-255. Reserved****R17-4-256. Reserved****R17-4-257. Reserved****R17-4-258. Reserved****R17-4-259. Reserved****R17-4-260. Recodified****Historical Note**

Former Rule, General Order 72. Former Section R17-4-29 renumbered without change as Section R17-4-260 (Supp. 87-2). Section recodified to R17-5-407 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-261. Reserved****R17-4-262. Reserved****R17-4-263. Reserved****R17-4-264. Reserved****R17-4-265. Repealed****Historical Note**

Adopted as an emergency effective June 29, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Emergency expired. Permanent rule adopted effective October 1, 1984 (Supp. 84-5). Former Section R17-4-72 renumbered without change as Section R17-4-265 (Supp. 87-2). Section repealed by final rulemaking at 7 A.A.R. 2154, effective May 1, 2001 (Supp. 01-2).

**ARTICLE 3. VEHICLE REGISTRATION****R17-4-301. Definitions**

Definitions. In addition to the definitions prescribed under A.R.S. §§ 28-101, 28-2231, and 28-5100, the following definitions apply to this Article, unless otherwise specified:

“Apportioned commercial vehicle” means a commercial vehicle that is subject to the proportional registration provisions prescribed under A.R.S. § 28-2233.

“Biennial” means once every two years.

“Business day” means a day other than a Sunday or holiday.

“Calendar quarter” means the following time periods established by the Division: January 1 to March 31, April 1 to June 30, July 1 to September 30, and October 1 to December 31.

“Day” means the 24-hour period from one midnight to the following midnight.

“Disabled person” means a recipient of public monies as a disabled individual under Title 16 of the Social Security Act.

“Division” means the Arizona Department of Transportation’s Motor Vehicle Division.

“Division Director” means the Assistant Director for the Arizona Department of Transportation’s Motor Vehicle Division or the Assistant Director’s designee.

“Drop box” means a receptacle designated by the Division into which a person places vehicle registration forms and fees, and from which the Division retrieves these items daily.

“Effective date of registration” means the date the vehicle first becomes subject to registration fees in Arizona.

“Electronic delivery” means the transmission of registration and credit card information to the Division, by computer, through an authorized third party electronic service provider.

“Emergency Vehicle Permit” means a document issued by the Division’s Enforcement Services Program to a private fire department for a single fire engine that authorizes the driver of a permitted vehicle to exercise the privileges prescribed under A.R.S. § 28-624.

“Expiration date” means the day, month, and year in which a vehicle registration expires.

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“Fire Engine” means a motor vehicle containing fire-fighting equipment capable of extinguishing fires.

“IM147 Test” means the emissions test prescribed under A.R.S. § 49-542(F)(2)(a).

“Included vehicle” means a vehicle subject to annual or biennial Arizona registration unless otherwise excluded from the staggered registration prescribed under A.R.S. § 28-2159 and R17-4-304.

“Initial registration” means the first registration of an included vehicle in Arizona.

“OBD” means the On-Board Diagnostics emissions test prescribed under A.R.S. § 49-542(F)(2)(a).

“Off-highway vehicle” has the same meaning as prescribed under A.R.S. § 28-1171.

“Operator Requirements” means the requirements given in Chapter 2, Basic Driver/Operator Requirements, of the National Fire Protection Association Standard for Fire Apparatus Driver/Operator Professional Qualification (NFPA 1002), 1998 edition, which is incorporated by reference and on file with the Arizona Department of Transportation and the Office of the Secretary of State. This incorporation by reference contains no future editions or amendments.

“Private fire department” means a fire fighting business equipped to provide emergency fire-fighting devices for a private purpose that is neither a public service corporation nor a municipal entity.

“Private Fire Emergency Vehicle” means a fire engine operated by a private fire department for which an Emergency Vehicle Permit is issued.

“Registration” means the authorization, issued by the Division that allows a vehicle to use state highways.

“Registration fees” means the fees due to the Division at the time of registration and consisting of the general registration fees imposed under A.R.S. § 28-2003, the vehicle license tax imposed under A.R.S. § 28-5801, and the commercial registration and gross weight fees imposed under A.R.S. § 28-5433.

“Registration period” means the time-frame during which a vehicle registration is valid.

“Renewal registration” means the second and subsequent registration of an included vehicle.

**Historical Note**

Transferred to R17-1-301 (Supp. 92-4). New Section made by final rulemaking at 13 A.A.R. 3589, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 16 A.A.R. 1132, effective August 7, 2010 (Supp. 10-2).

**R17-4-302. Staggered Registration for Apportioned Commercial Vehicles**

Apportioned commercial vehicle fleet registration periods. The Division shall assign a registration period to a newly registered apportioned commercial vehicle fleet. The fleet owner and the Director shall mutually agree to the registration period and expiration date.

1. The Division shall:
  - a. Establish a registration period that expires on the last day of the calendar quarter selected by the fleet

owner, not to exceed 12 months from the initial registration date.

- b. Apply the original fleet registration fees towards the registration fees required for a replaced vehicle when an owner replaces a vehicle within a fleet.
  - c. Apply the original fleet registration fees towards the registration fees required for a transferred vehicle when an owner transfers a vehicle between fleets.
  - d. Refund any excess credit of registration fees in accordance with the provisions prescribed under A.R.S. § 28-2356.
2. The owner of an apportioned commercial fleet vehicle shall:
    - a. Ensure that all vehicles within a fleet have the same registration period.
    - b. Ensure that the fleet vehicle is not operated with an expired vehicle registration.
    - c. Maintain the assigned or selected registration period for at least three consecutive registration periods.
  3. The Division shall not provide a grace period for late registration or late payment of fees.

**Historical Note**

Adopted effective August 1, 1988 (Supp. 88-3). Transferred to R17-1-302 (Supp. 92-4). New Section recodified from R17-4-216 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 3589, effective December 1, 2007 (Supp. 07-4).

**R17-4-303. Biennial Registration**

- A. Biennial registration.
  1. The Division may register any vehicle biennially, unless excluded.
  2. The Division shall register a newly licensed or newly leased vehicle biennially, unless the owner chooses to register the vehicle on an annual basis.
- B. Excluded vehicles. The owner of a vehicle that meets any one of the following criteria is excluded from the biennial registration program:
  1. A vehicle required to have an IM147 or OBD test within 12 months after the date of registration.
  2. A vehicle that requires an annual emissions test.
  3. A vehicle subject to any one of the following types of registration:
    - a. Allocated registration under A.R.S. § 28-2261,
    - b. Apportioned registration under A.R.S. § 28-2261,
    - c. Fleet registration under A.R.S. § 28-2202, or
    - d. Interstate registration under A.R.S. § 28-2052.
  4. A vehicle with an undersized mobile home plate registration.
  5. A vehicle that requires the owner to certify eligibility for a registration fee exemption on an annual basis; such as the registration exemption available to an active duty military member, a widow, widower, or disabled person other than a 100% disabled veteran.

**Historical Note**

Transferred to R17-1-303 (Supp. 92-4). New Section recodified from R17-4-217 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 3589, effective December 1, 2007 (Supp. 07-4).

**R17-4-304. Staggered Registration for Included Vehicles**

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- A.** Included vehicles. The Division shall assign one of the following staggered expiration dates when issuing an initial registration to an included vehicle:
- If a vehicle has an effective date of registration from the first day through the 15th day of the month:
    - Annual registration expires on the 15th day of the month 12 months from the month the vehicle is subject to Arizona registration; or
    - Biennial registration expires on the 15th day of the month 24 months from the month the vehicle is subject to Arizona registration.
  - If a vehicle has an effective date of registration from the 16th day through the last day of the month:
    - Annual registration expires on the last day of the month 12 months from the month the vehicle is subject to Arizona registration; or
    - Biennial registration expires on the last day of the month 24 months from the month the vehicle is subject to Arizona registration.
- B.** Excluded vehicles. The staggered registration prescribed by this Section excludes the following vehicles:
- A vehicle exempt from registration;
  - A vehicle subject to any one of the following types of registration:
    - Allocated registration under A.R.S. § 28-2261,
    - Apportioned registration under A.R.S. § 28-2261,
    - Fleet registration under A.R.S. § 28-2202,
    - Interstate registration under A.R.S. § 28-2052, or
    - Seasonal agricultural registration under A.R.S. § 28-5436;
  - A vehicle subject to a one-time registration fee;
  - A government vehicle, a vehicle owned by an official representative of a foreign government, or an emergency vehicle owned by a nonprofit organization as provided under A.R.S. § 28-2511(A);
  - A noncommercial trailer that is not a travel trailer as defined by A.R.S. § 28-2003(B) and is less than 6000 pounds gross vehicle weight under A.R.S. §§ 28-2003(A)(7) and 28-5801(C);
  - A moped;
  - A motorized electric or gas powered bicycle or tricycle capable of reaching speeds of 20 to 25 miles per hour.
- C.** Proration of fees. The Division shall prorate registration fees under A.R.S. §§ 28-2159, 28-5807, and 28-5434.
- D.** Expiration dates. The Division shall utilize the following expiration dates, regardless of the effective date of the initial registration:
- Annual registration: Expires 12 months from the expiration of the previous registration period; or
  - Biennial registration: Expires 24 months from the expiration of the previous registration period.
- E.** Application for registration. A person applying for an initial registration or renewal registration for an included vehicle shall submit the requirements prescribed under subsection (1) or (2):
- If a person submits the registration to the Division or an Authorized Third-party Provider of registration functions in person or by mail:
    - The application for registration or registration card, and
    - Payment of registration fees.
  - If a person submits the registration to an Authorized Third-party Electronic Delivery Provider:
    - Required registration information, and
    - Credit card information.
- F.** Timely submission of registration. A person shall submit the renewal registration of an included vehicle not later than the day the prior registration period expires. If the prior registration period expires on a day other than an established business day, a person shall submit the renewal registration of an included vehicle not later than the first business day after the prior registration period expires.
- G.** Penalties. The penalties imposed under A.R.S. § 28-2162 for delinquent renewal registration of an included vehicle shall apply when either of the following occurs:
- A person does not submit to the Division or an Authorized Third-party Provider of registration functions the items set forth in subsection (E)(1) so that the items are received by the due date; or
  - A person does not electronically submit to an Authorized Third-party Electronic Delivery Provider the items required under subsection (E)(2) so that the items are received by the due date.
- H.** Date of receipt. The date of receipt for the items required under subsection (E)(1) or (E)(2) shall be the following:
- The date a person presents the items required under subsection (E)(1) to a Division facility or the facility of an Authorized Third-party Provider of registration functions in person;
  - The date an Authorized Third-party Electronic Delivery Provider receives by computer or telephone the items set forth in subsection (E)(2);
  - The date a private express mail carrier receives the package containing the items set forth in subsection (E)(1), as indicated on the shipping package;
  - The date of the last business day prior to the day the Division retrieves the items set forth at subsection (E)(1) from a designated Division drop box; or
  - The date of the United States Postal Service postmark stamped on the envelope containing the items set forth in subsection (E)(1), unless the vehicle is not in compliance with the motor vehicle emissions testing requirements.
- I.** Evidence of registration. The Division or Authorized Third-party Provider of registration functions shall assign and issue a number plate or plates to an included vehicle as evidence of registration.
- The assigned number plate shall be attached and displayed on the rear of the assigned vehicle. When two plates are issued, the second plate may be attached to the front of the assigned vehicle.
  - Improper number plate display shall subject the owner and operator of the vehicle to the sanctions imposed under A.R.S. §§ 28-2531(B) and 28-2532.
  - Any registration tabs or stickers issued by the Division or Authorized Third-party Provider of registration functions shall be displayed on the appropriate number plate of the assigned vehicle.

**Historical Note**

Transferred to R17-1-304 (Supp. 92-4). New Section recodified from R17-4-218 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 3589, effective December 1, 2007 (Supp. 07-4).

**R17-4-305. Temporary Registration Plate "TRP" Procedure****A. Definitions.**

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1. "Charitable Event TRP" means a TRP issued to a motor vehicle dealership or manufacturer for a charitable event as prescribed by A.R.S. § 28-4548.
2. "Deal Unwound" means the vehicle was returned to the dealership and the sale was not completed.
3. "Voided TRP" means a TRP that the issuer records as voided after issuing the TRP.

**B. Issuing.**

1. New and used motor vehicle dealers and title service companies that issue TRPs shall send an electronic record of the TRP to the Division before placing the TRP on the vehicle.
2. The TRP expiration date shall be 45 days from the issue date.
3. TRPs issued for charitable events are valid for the duration of the event not to exceed 45 days.
4. An issuer shall not issue more than one TRP per vehicle sale.
5. An issuer shall attach the TRP to the vehicle rear in the same manner and position as a permanent license plate prescribed under A.R.S. § 28-2354.

**C. Voiding.** An issuer shall void a TRP when:

1. The TRP is lost,
2. The TRP is damaged,
3. The dealer reports a deal unwound,
4. The issuer enters the wrong vehicle identification number, or
5. The issuer enters the wrong customer identification number.

**Historical Note**

Transferred to R17-1-305 (Supp. 92-4). New Section R17-4-305 recodified from R17-4-219 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 5320, effective February 6, 2006 (Supp. 05-4).

**R17-4-306. Nonresident Daily Commuter Fee**

A nonresident daily commuter shall pay a fee of \$8 for each motor vehicle exempt from registration under A.R.S. § 28-2294.

**Historical Note**

Former Rule, General Order 14. Former Section R17-4-05 renumbered without change as Section R17-4-306 (Supp. 87-2). Transferred to R17-1-306 (Supp. 92-4). New Section R17-4-306 recodified from R17-4-222 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 571, effective January 14, 2002 (Supp. 02-1).

**R17-4-307. Motor Vehicle Registration and License Plate Reinstatement Fee**

- A.** Under A.R.S. § 28-4151(A), the Division shall assess a \$50 fee for reinstatement of a motor vehicle registration and license plate suspended under A.R.S. §§ 28-4148 and 28-4149.
- B.** Subsection (A) does not apply to a motor carrier subject to the financial responsibility requirements prescribed under A.R.S. Title 28, Chapter 9, Article 2.

**Historical Note**

Former Rule, General Order 5. Former Section R17-4-03 renumbered without change as Section R17-4-307 (Supp. 87-2). Transferred to R17-1-307 (Supp. 92-4). New Section R17-4-307 recodified from R17-4-224 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by

final rulemaking at 7 A.A.R. 5439, effective November 14, 2001 (Supp. 01-4).

**R17-4-308. Official Vehicle License Plates**

- A.** The Motor Vehicle Division shall issue license plates without charge for official vehicles owned by any entity listed in A.R.S. § 28-2511(A).
- B.** A license plate issued under A.R.S. § 28-2511 has no expiration date.
- C.** An entity listed in A.R.S. § 28-2511(A) may transfer a license plate to another vehicle the entity owns.
- D.** A person who has custody of vehicles governed by A.R.S. § 28-2511 shall:
  1. Complete title and registration procedures as prescribed under A.R.S. Title 28, Chapter 7;
  2. Display each license plate as prescribed by A.R.S. § 28-2354; and
  3. Maintain a record of each license plate transfer that includes:
    - a. The date of the transfer;
    - b. The year, make, and model of the vehicle, and
    - c. The vehicle identification number (VIN) for each car involved in the transfer.

**Historical Note**

Former Rule, General Order 20. Former Section R17-4-06 renumbered without change as Section R17-4-308 (Supp. 87-2). Transferred to R17-1-308 (Supp. 92-4). New Section R17-4-308 recodified from R17-4-252 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 8 A.A.R. 573, effective January 14, 2002 (Supp. 02-1).

**R17-4-309. Private Fire Emergency Vehicle Permit**

- A.** Private Fire Emergency Vehicle Permit. A Private Fire Emergency Vehicle Permit may be issued to a private fire department if all requirements provided under subsections (B) and (C) are met.
  1. The Private Fire Emergency Vehicle Permit is valid until revoked or surrendered.
  2. The Private Fire Emergency Vehicle Permit shall be carried at all times in the fire engine for which the permit is issued.
  3. The Private Fire Emergency Vehicle Permit is not transferable.
  4. The Private Fire Emergency Vehicle Permit shall remain the property of the Division and shall be surrendered to the Division when the fire engine is no longer being used to respond to an emergency.
- B.** Private Fire Emergency Vehicle Permit application. A person applying for a Private Fire Emergency Vehicle Permit shall submit the required documentation to the Division's Enforcement Services Program, P.O. Box 2100, Mail Drop 513M, Phoenix, Arizona 85007. The following documentation is required at the time of initial application:
  1. Private Fire Emergency Vehicle Permit Application. Multiple fire engines may be listed on one application. The Private Fire Emergency Vehicle Permit Application is furnished by the Division and is available upon request from the Division's Enforcement Services Program; and
  2. Proof of acceptable financial responsibility to cover any liability that may arise from the use of the Private Fire Emergency Vehicle Permit. Acceptable proof of financial responsibility is an insurance policy that:

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- a. Is issued by an insurance company licensed to conduct business in Arizona by the Arizona Department of Insurance;
- b. Is written for a combined single-limit coverage of at least \$5 million;
- c. Contains a provision stating that the state of Arizona shall be notified at least 30 days prior to any policy cancellation, nonrenewal, or change in provisions; and
- d. Contains a provision stating that the state of Arizona shall be notified immediately if the insurance company becomes insolvent.

## C. Operational requirements.

- 1. A fire engine may be operated with the privileges prescribed under A.R.S. § 28-624, but shall be subject to all other applicable provisions prescribed under A.R.S. Title 28, A.A.C. Title 17, and any other applicable statutes or ordinances.
- 2. A fire engine shall only be driven by an operator who meets the Operator Requirements as defined under R17-4-301.
- 3. A fire engine with a Private Fire Emergency Vehicle Permit, shall meet the National Fire Protection Association's (NFPA) fire engine and fire apparatus standards in effect for the manufacture date of the emergency vehicle.
- 4. The private fire department is responsible for ensuring that the fire engine is not operated using the privileges prescribed under A.R.S. § 28-624 with an invalid Private Fire Emergency Vehicle Permit.

## D. Denial. If an application for a Private Fire Emergency Vehicle Permit is denied, a notice of denial shall be sent to the applicant at the address of record. An applicant is allowed to reapply for a permit following denial, provided all requirements listed under this Section are met.

## E. Revocation. If a Private Fire Emergency Vehicle Permit is revoked, a notice of the revocation shall be sent to the address of the applicant. An applicant is allowed to reapply for a permit following revocation, provided all requirements listed under this Section are met.

- 1. The emergency vehicle permit is immediately revoked upon a determination that:
  - a. The permitted vehicle or the private fire department no longer meets the requirements for the permit; or
  - b. The vehicle was operated in violation of the provisions of this rule, any other applicable rule, or statute.
- 2. The revocation shall be preceded by a notice of intent to revoke.
  - a. The notice of intent to revoke shall be sent by first-class mail to the address of the applicant as shown on the permit application.
  - b. The notice of intent to revoke shall inform the applicant of the right to an administrative hearing and the procedure for requesting a hearing.
- 3. The revocation shall become effective 25 days after the mailing date of the notice of intent to revoke unless a timely request for hearing is submitted.

## F. Administrative hearing. The administrative hearing is held in accordance with the procedures prescribed under 17 A.A.C. 1, Article 5.

**Historical Note**

Former Rule, General Order 31. Former Section R17-4-11 renumbered without change as Section R17-4-309 (Supp. 87-2). Transferred to R17-1-309 (Supp. 92-4).

New Section recodified from R17-4-701 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 2106, effective July 5, 2008 (Supp. 08-2).

**Appendix A. Repealed****Historical Note**

Appendix A recodified from 17 A.A.C. 4, Article 7 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Appendix A repealed by final rulemaking at 14 A.A.R. 2106, effective July 5, 2008 (Supp. 08-2).

**R17-4-310. Personalized License Plates****A. Definitions.**

- 1. "Division" means the Motor Vehicle Division of the Arizona Department of Transportation.
- 2. "Division Director" means the Assistant Division Director for the Motor Vehicle Division of the Arizona Department of Transportation.
- 3. "Personalized plate" means a license plate with a registration number chosen by a person rather than assigned by the Division.
- 4. "Plate number" means the combination of letters, numbers, and spaces on a vehicle license plate.

**B. A person who wants to receive a personalized plate shall file an application with the Division on a form provided by the Division.**

- 1. An applicant shall provide the following information on the form:
  - a. Name of the vehicle's owner or lessee;
  - b. Vehicle owner's or lessee's mailing address;
  - c. Vehicle's make and year;
  - d. Vehicle identification number;
  - e. Vehicle's current plate number;
  - f. Date the vehicle's current registration expires;
  - g. Plate number to appear on the personalized plate;
  - h. Meaning or message of the personalized plate; and
  - i. Other information required by the Division.
- 2. If an applicant is purchasing the personalized plate as a gift for the vehicle's owner or lessee, the applicant shall also provide the applicant's name and mailing address.

**C. The Division shall reject the application if the requested plate number:**

- 1. Refers to or connotes breasts, genitalia, pubic area, buttocks, or relates to sexual or eliminatory functions;
- 2. Refers to or connotes the substance, paraphernalia, sale, use, purveyor of, or physiological state produced by any illicit drug, narcotic, or intoxicant;
- 3. Expresses contempt for or ridicule or superiority of a class of persons;
- 4. Duplicates another registration number;
- 5. Has connotations that are profane or obscene; or
- 6. Uses linguistics, numbers, phonetics, translations from foreign languages or upside-down or reverse reading to achieve a reference or connotation prohibited in subsection (C)(1) through (C)(3) or (C)(5).

**D. Rejection of application.**

- 1. If the Division does not issue personalized plates to an applicant, the Division shall inform the applicant by mail.
- 2. An applicant may make a written appeal by letter for a review of the rejection, within 10 days after the date of the Division's notice, to the following address:  
Motor Vehicle Division  
Special Plates Unit, Mail Drop 801Z  
PO Box 2100

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Phoenix, Arizona 85001-2100.

**E. Revocation of personalized plates; appeal.**

1. If the Division determines that a personalized plate should not have been issued because it contains a plate number prohibited under subsection (C), the Division shall require the plate holder to surrender the plates to the division within 30 days after the date of the Division's mailed notice, unless the plate holder requests an appeal under subsection (D)(2).
2. A person who has been directed to surrender a personalized plate may submit a written appeal by letter as prescribed under subsection (D)(2).
3. Refund of personalized plate fees on revocation.
  - a. The Division shall refund the amount of the personalized plate fee and the pro rated amount of the special annual renewal fee to the person holding the revoked personalized plate along with any credit or refund calculated by the Division.
  - b. A person whose plate is revoked may request that instead of a refund, the Division issue the person a different personalized plate. The person shall apply for the personalized plate as prescribed under subsection (B).
4. The Division shall cancel the vehicle plate of a vehicle if the person who holds a revoked personalized plate does not surrender the plate within 30 days after the date of the Division's notice or, if the person timely requests an appeal, within 30 days after the Division issues a final decision.

**Historical Note**

Former Rule, General Order 25. Former Section R17-4-09 renumbered without change as Section R17-4-310 (Supp. 87-2). Transferred to R17-1-310 (Supp. 92-4). New Section recodified from R17-4-708 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 4227, effective November 15, 2002 (Supp. 02-3).

**R17-4-311. Special Organization Plate List**

As required under A.R.S. § 28-2404(D), the Division provides the following list of special organization license plates authorized by the state license plate commission and available for issue to qualified applicants:

1. Arizona Historical Society,
2. Firefighter,
3. Fraternal Order of Police,
4. Legion of Valor,
5. University of Phoenix, and
6. Wildlife Conservation.

**Historical Note**

Former Rule, General Order 24. Former Section R17-4-08 renumbered without change as Section R17-4-311 (Supp. 87-2). Transferred to R17-1-311 (Supp. 92-4). New Section made by exempt rulemaking at 7 A.A.R. 5251, effective November 2, 2001 (Supp. 01-4). Amended by exempt rulemaking at 8 A.A.R. 4007, effective November 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 13 A.A.R. 1894, effective June 1, 2007 (Supp. 07-2).

**R17-4-312. Off-highway Vehicle User Indicia**

- A.** For lawful Arizona off-highway operation, the owner or operator of a qualifying all-terrain vehicle, off-highway vehicle, or off-road recreational motor vehicle shall apply to the Department

for an off-highway vehicle user indicia as prescribed under A.R.S. § 28-1177. The owner or operator shall submit to the Division:

1. The off-highway vehicle user indicia application provided by the Division, and
  2. The fee prescribed under subsection (C).
- B.** The owner or operator shall indicate, on the application submitted to the Division under subsection (A), one of the following categories of intended vehicle usage:
1. Exclusively off-highway;
  2. Primarily off-highway, occasionally on-highway; or
  3. Primarily on-highway, occasionally off-highway.
- C.** The fee for each off-highway vehicle user indicia issued or renewed by the Department under A.R.S. § 28-1177 is \$25.
- D.** The off-highway vehicle user indicia, issued by the Division under subsection (A), shall have the same basic design as the license plate tab issued by the Division for other types of vehicles and shall contain the letters OHV.
- E.** The applicant shall display the off-highway vehicle user indicia in the upper left corner of the license plate issued by the Division under A.R.S. Title 28, Chapter 7, Articles 11 through 15.

**Historical Note**

Former Rule, General Order 39. Former Section R17-4-13 renumbered without change as Section R17-4-312 (Supp. 87-2). Transferred to R17-1-312 (Supp. 92-4). New Section made by final rulemaking at 16 A.A.R. 1132, effective August 7, 2010 (Supp. 10-2).

**R17-4-313. Expired**

**Historical Note**

Former Rule, General Order 27. Former Section R17-4-10 renumbered without change as Section R17-4-313 (Supp. 87-2). Transferred to R17-1-313 (Supp. 92-4). Amended by exempt rulemaking at 24 A.A.R. 3512, effective December 1, 2018 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 104, effective December 21, 2018 (Supp. 19-2). Section repealed; new Section made by exempt rulemaking at 25 A.A.R. 2261, with an effective date of August 19, 2019 (Supp. 19-3). Section expired under A.R.S. § 41-1052(M) at 28 A.A.R. 2061 (August 19, 2022), with an immediate effective date of August 2, 2022 (Supp. 22-3).

**R17-4-314. Transferred**

**Historical Note**

Former Rule, General Order 69. Former Section R17-4-27 renumbered without change as Section R17-4-314 (Supp. 87-2). Transferred to R17-1-314 (Supp. 92-4).

**R17-4-315. Transferred**

**Historical Note**

Former Rule, General Order 61. Former Section R17-4-23 renumbered without change as Section R17-4-315 (Supp. 87-2). Transferred to R17-1-315 (Supp. 92-4).

**R17-4-316. Transferred**

**Historical Note**

Former Rule, General Order 57. Former Section R17-4-20 renumbered without change as Section R17-4-316 (Supp. 87-2). Transferred to R17-1-316 (Supp. 92-4).

**R17-4-317. Transferred**

**Historical Note**



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Former Rule, General Order 36. Former Section R17-4-12 renumbered without change as Section R17-4-317 (Supp. 87-2). Transferred to R17-1-317 (Supp. 92-4).

**R17-4-318. Transferred****Historical Note**

Former Rule, General Order 7. Former Section R17-4-04 renumbered without change as Section R17-4-318 (Supp. 87-2). Transferred to R17-1-318 (Supp. 92-4).

**R17-4-319. Transferred****Historical Note**

Former Rule, General Order 44. Former Section R17-4-14 renumbered without change as Section R17-4-319 (Supp. 87-2). Transferred to R17-1-319 (Supp. 92-4).

**R17-4-320. Transferred****Historical Note**

Former Rule, General Order 54 (Amended). Former Section R17-4-18 renumbered without change as Section R17-4-320 (Supp. 87-2). Transferred to R17-1-320 (Supp. 92-4).

**R17-4-321. Transferred****Historical Note**

Former Rule, General Order 21. Former Section R17-4-07 renumbered without change as Section R17-4-321 (Supp. 87-2). Transferred to R17-1-321 (Supp. 92-4).

**R17-4-322. Transferred****Historical Note**

Former Rule, General Order 3. Former Section R17-4-02 renumbered without change as Section R17-4-322 (Supp. 87-2). Transferred to R17-1-322 (Supp. 92-4).

**R17-4-323. Transferred****Historical Note**

Former Rule, General Order 2A. Former Section R17-4-01 renumbered without change as Section R17-4-323 (Supp. 87-2). Transferred to R17-1-323 (Supp. 92-4).

**R17-4-324. Transferred****Historical Note**

Transferred to R17-1-301 (Supp. 92-4).

**R17-4-325. Transferred****Historical Note**

Transferred to R17-1-301 (Supp. 92-4).

**R17-4-326. Transferred****Historical Note**

Transferred to R17-1-301 (Supp. 92-4).

**R17-4-327. Transferred****Historical Note**

Transferred to R17-1-301 (Supp. 92-4).

**R17-4-328. Transferred****Historical Note**

Transferred to R17-1-301 (Supp. 92-4).

**R17-4-329. Transferred****Historical Note**

Transferred to R17-1-301 (Supp. 92-4).

**R17-4-330. Transferred****Historical Note**

Adopted effective March 1, 1984 (Supp. 84-1). Former Section R17-4-67 renumbered without change as Section R17-4-330 (Supp. 87-2). Transferred to R17-1-330 (Supp. 92-4).

**R17-4-331. Transferred****Historical Note**

Adopted effective March 1, 1984 (Supp. 84-1). Former Section R17-4-68 renumbered without change as Section R17-4-331 (Supp. 87-2). Transferred to R17-1-331 (Supp. 92-4).

**R17-4-332. Transferred****Historical Note**

Adopted effective March 1, 1984 (Supp. 84-1). Former Section R17-4-69 renumbered without change as Section R17-4-332 (Supp. 87-2). Transferred to R17-1-332 (Supp. 92-4).

**R17-4-333. Transferred****Historical Note**

Adopted effective March 1, 1984 (Supp. 84-1). Former Section R17-4-71 renumbered without change as Section R17-4-333 (Supp. 87-2). Amended effective December 30, 1987 (Supp. 87-4). Transferred to R17-1-333 (Supp. 92-4).

**R17-4-334. Transferred****Historical Note**

Adopted effective March 1, 1984 (Supp. 84-1). Former Section R17-4-70 renumbered without change as Section R17-4-334 (Supp. 87-2). Transferred to R17-1-334 (Supp. 92-4).

**R17-4-335. Transferred****Historical Note**

Adopted as an emergency effective July 1, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R17-4-401 adopted as an emergency now adopted and amended as a permanent rule effective October 6, 1982 (Supp. 82-5). Amended effective November 13, 1986 (Supp. 86-6). Former Section R17-4-401 renumbered without change as Section R17-4-335 (Supp. 87-2). Transferred to R17-1-335 (Supp. 92-4).

**R17-4-336. Transferred****Historical Note**

Adopted as an emergency effective July 1, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R17-4-402 adopted as an emergency now adopted and amended as a permanent rule effective October 6, 1982 (Supp. 82-5). Amended effective November 13, 1986 (Supp. 86-6). Former Section R17-4-402 renumbered without change as Section R17-4-336 (Supp. 87-2). Transferred to R17-1-336 (Supp. 92-4).

**R17-4-337. Transferred****Historical Note**

Adopted as an emergency effective July 1, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R17-4-403 adopted as an emergency now adopted and amended as a permanent rule effective Octo-

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ber 6, 1982 (Supp. 82-5). Amended effective November 13, 1986 (Supp. 86-6). Former Section R17-4-403 renumbered without change as Section R17-4-337 (Supp. 87-2). Transferred to R17-1-337 (Supp. 92-4).

**R17-4-338. Transferred****Historical Note**

Transferred to R17-1-338 (Supp. 92-4).

**R17-4-339. Transferred****Historical Note**

Transferred to R17-1-339 (Supp. 92-4).

**R17-4-340. Transferred****Historical Note**

Transferred to R17-1-340 (Supp. 92-4).

**R17-4-341. Transferred****Historical Note**

Transferred to R17-1-341 (Supp. 92-4).

**R17-4-342. Transferred****Historical Note**

Transferred to R17-1-342 (Supp. 92-4).

**R17-4-343. Transferred****Historical Note**

Transferred to R17-1-343 (Supp. 92-4).

**R17-4-344. Transferred****Historical Note**

Transferred to R17-1-344 (Supp. 92-4).

**R17-4-345. Transferred****Historical Note**

Transferred to R17-1-345 (Supp. 92-4).

**R17-4-346. Transferred****Historical Note**

Adopted effective October 8, 1987 (Supp. 87-4). Transferred to R17-1-346 (Supp. 92-4).

**R17-4-347. Transferred****Historical Note**

Adopted effective October 8, 1987 (Supp. 87-4). Transferred to R17-1-347 (Supp. 92-4).

**R17-4-348. Transferred****Historical Note**

Adopted effective October 8, 1987 (Supp. 87-4). Transferred to R17-1-348 (Supp. 92-4).

**R17-4-349. Transferred****Historical Note**

Adopted effective October 8, 1987 (Supp. 87-4). Transferred to R17-1-349 (Supp. 92-4).

**R17-4-350. Rental Vehicle Surcharge Reimbursement**

- A. Definitions.** In addition to the definitions prescribed under A.R.S. § 28-5810, the following terms apply to this Section, unless otherwise specified:

“Person” means an individual, a sole proprietorship, firm, partnership, joint venture, association, corporation, limited liability company, limited liability partnership,

estate, trust, business trust, receiver or syndicate, this state, any county, city, town, district or other subdivision of this state, an Indian tribe, or any other group or combination acting as a unit.

“Previous year” means the prior calendar year, January 1 through December 31.

“Rental revenue” means the total contract amount stated in the retail contract less any taxes and fees imposed by A.R.S. Title 42, Chapter 5, Article 1, A.R.S. Title 48, Chapter 26, Article 2, and selected non-vehicle related charges, including boxes, packing blankets, straps, and tow bars.

“Surcharge” means the amount equal to five percent of the total contract amount stated in the rental contract less any taxes and fees imposed by A.R.S. Title 42, Chapter 5, Article 1, A.R.S. Title 48, Chapter 26, Article 2, and selected non-vehicle related items, including boxes, packing blankets, straps, and tow bars.

“Vehicle License Tax” means the tax imposed by A.R.S. § 28-5801, less any tax credited under A.R.S. § 28-2356.

- B. Reports.** Each person subject to A.R.S. § 28-5810, who has conducted a vehicle rental business for any time period during the previous year, shall file an annual report, for the previous year, with the Department. The annual report is due no later than February 15 of each year, unless the rental business is closed before December 31, in which case the annual report is due immediately. The report shall be made on a form furnished by the Department and shall contain all of the following:
1. Address where business records are secured;
  2. Name, title, phone number, and signature of the person authorized to sign the form;
  3. Business name;
  4. Business type, including sole proprietorship, partnership, corporation, limited liability company, and limited liability partnership;
  5. Name, title, phone number, mailing address, and e-mail address of the contact person;
  6. Federal Employer Identification Number (FEIN);
  7. Mailing address (if different from principal business address);
  8. Principal business address;
  9. Rental vehicle revenue collected, by county;
  10. Total Arizona Vehicle License Tax paid on rental vehicles;
  11. Total rental vehicle revenue collected;
  12. Total surcharge collected;
  13. Total surcharge due to the Department; and
  14. Type of rental business, including passenger vehicle, semitrailer, trailer, truck, motorcycle, moped, and recreational vehicle.
- C. Records.** A person in the business of renting vehicles, as defined under A.R.S. § 28-5810, is required to maintain records in support of the required annual reports for a period of four years after the date of the filing of the required annual report or the due date of the report, whichever is longer. The records shall contain all information in support of:
1. The total amount of Vehicle License Tax paid during the previous year. Supporting Vehicle License Tax records for each rental vehicle shall include:
    - a. The Vehicle Identification Number,
    - b. The Arizona vehicle license plate number,
    - c. A copy of the Arizona registration,

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- d. The amount paid for Vehicle License Tax minus any Vehicle License Tax credited under A.R.S. § 28-2356,
  - e. The date on which the Vehicle License Tax was paid, and
  - f. The dates the rental vehicle was in and out of service.
2. The total gross amount of Arizona vehicle rental revenues collected for the previous year. Supporting Arizona vehicle rental revenue records shall include:
    - a. The rental contract for each rental vehicle,
    - b. The amount of surcharge collected,
    - c. Chart of accounts,
    - d. General ledger,
    - e. Financial statements,
    - f. Federal tax returns, and
    - g. Monthly trial balance.
  3. The amount of the surcharge collected during the previous year. Supporting surcharge collection records shall include:
    - a. All applicable rental contracts; and
    - b. The total amount stated in each rental contract, supported by relevant documentation.
  4. Failure to keep and maintain proper records or failure to provide records for audit purposes may result in the Department making an assessment against the rental business for the total surcharge amount estimated to have been collected, as determined from the best information available to the Director.
- D. Audits.** The Department shall conduct each audit of a person who collects the surcharge in accordance with generally accepted government auditing standards as set forth in *Government Auditing Standards: 2011 Revision* (commonly referred to as the Yellow Book,) issued by the U.S. Government Accountability Office. The Department incorporates by reference *Government Auditing Standards: 2011 Revision* and no later amendments or editions. The incorporated material is on file with the Department. The printed version is available from the U.S. Government Printing Office, P. O. Box 979050, St. Louis, MO 63197-9000. The incorporated material is available free of charge at <http://www.gao.gov/yellowbook> or can be ordered online by visiting the U.S. Government Online Bookstore at <http://bookstore.gpo.gov>.
1. The rental business shall have records made available for audit during normal business hours at the rental business location in Arizona. The Department may conduct audits at an out-of-state location, which are paid for by the rental business. The rental business shall pay the audit expenses, per diem, and travel in accordance with the Arizona Department of Transportation expense guidelines in effect at the time of the audit.
  2. The Director has appropriate subpoena powers to require records to be produced for examination and to take testimony. In accordance with A.R.S. § 28-5922, if a person fails to respond to the Director's or agent of the Director's request for records, the Director shall issue subpoenas for the production of records or allow seizure of records.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 2058, effective August 4, 2007 (Supp. 07-2). Amended

by final rulemaking at 19 A.A.R. 888, effective, June 1, 2013 (Supp. 13-2).

**R17-4-351. Special License Plate; Definition**

For the purposes of R17-4-352, "special license plate" or "special plate" has the meaning prescribed in A.R.S. § 28-2401.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1890, effective October 1, 2019 (Supp. 19-3).

**R17-4-352. Duplicate Special License Plate; Fee**

- A.** The Department shall charge and collect from a motor vehicle owner a one-time fee of \$10 for each duplicate special license plate requested.
- B.** The Department shall charge and collect the current applicable U.S. Postal Service postage rate as provided in A.R.S. § 28-2151 and A.A.C. R17-1-204 to mail a duplicate special license plate to a motor vehicle owner.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1890, effective October 1, 2019 (Supp. 19-3).

**ARTICLE 4. DRIVER LICENSES****R17-4-401. Definitions**

In addition to the definitions provided under A.R.S. §§ 28-101, 28-1301, and 28-3001, the following definitions apply to this Article unless otherwise specified:

"Division" means the Arizona Department of Transportation, Motor Vehicle Division.

"Financial responsibility (accident) suspension" means a suspension, by the Department, of:

The Arizona driver license or driving privilege of an owner of a vehicle that:

Lacks the coverage required under A.R.S. § 28-4135, and

Is involved in an accident in Arizona; and

The Arizona registration of a vehicle, unless the Department receives proof the vehicle was sold.

"Gore area" is defined under A.R.S. § 28-644.

"Proof the vehicle was sold" means a written statement to the Department from an owner that includes the following:

The seller's name;

The VIN;

The sale date; and

The purchaser's name and address.

"Restricted permit" means written permission from the Department for:

A person subject to a financial responsibility (accident) suspension to operate a motor vehicle only:

Between the person's home and workplace,

During the person's work-related activities, or

Between the person's home and school; and

A vehicle with an Arizona registration subject to a financial responsibility (accident) suspension to be operated by a person specified under R17-4-402 only:

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Between the person's home and workplace;

During the person's work-related activities; or

Between the person's home and school.

"State" means a state, territory or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

"SR22" means a certificate of insurance that complies with requirements under A.R.S. § 28-4077(A).

"Thirty-six-month period" means the time measured from the date of the most recent violation with assigned points for which a driver has a conviction or judgment to that day and month three years before the date of the violation.

"Twelve-month period" means the time measured from the date of the most recent violation with assigned points for which a driver has a conviction or judgment to that day and month one year before the date of the violation.

"Twenty-four-month period" means the time measured from the date of the most recent violation with assigned points for which a driver has a conviction or judgment to that day and month two years before the date of the violation.

"VIN" or "vehicle identification number" is defined under A.R.S. § 13-4701(4).

"Withdrawal action" means a Department action that invalidates a person's Arizona driving privilege or a vehicle's Arizona registration, which includes:

A cancellation;

A suspension;

A revocation;

Any outstanding warrant; or

Any unresolved citation.

#### Historical Note

New Section made by final rulemaking at 8 A.A.R. 5220, effective February 3, 2003 (Supp. 02-4). Amended by final rulemaking at 12 A.A.R. 871, effective March 7, 2006 (Supp. 06-1). Amended by final rulemaking at 14 A.A.R. 839, effective March 4, 2008 (Supp. 08-1). Amended by exempt rulemaking at 21 A.A.R. 1092, effective September 1, 2015 (Supp. 15-2).

#### R17-4-402. Restricted Permit During a Financial Responsibility (Accident) Suspension

A. An applicant for a restricted permit shall:

1. Have no withdrawal action other than the financial responsibility (accident) suspension;
2. Provide an SR22 Certificate of Insurance as proof of future financial responsibility that must be kept in force for three consecutive years after the effective date of the financial responsibility (accident) suspension;
3. Pay the \$10 driving privilege reinstatement fee under A.R.S. § 28-4144(C)(2)(b); and
4. Pay the \$25 motor vehicle registration and license plate reinstatement fee under A.R.S. § 28-4144(C)(2)(b), or if the vehicle was sold before the date of the accident, provide proof the vehicle was sold as defined under R17-4-401;
5. Pay the driving privilege reinstatement application fee under A.R.S. § 28-3002(A)(2); and

6. Satisfy any applicable requirements of A.R.S. § 28-4033(A)(2)(c) or 28-4144(C).

B. In addition to subsection (A) during a financial responsibility (accident) suspension, a restricted permit applicant may:

1. Apply for an original or renew an Arizona driver license by:
  - a. Complying with A.R.S. §§ 28-3153, 28-3158, or 28-3171; and
  - b. Paying the application fee under A.R.S. § 28-3002(A)(2) determined by the applicant's age on the application date; or
2. Obtain a duplicate Arizona driver license by paying the \$12 duplicate driver license application fee under A.R.S. § 28-3002(A)(7).

C. At the end of the financial responsibility (accident) suspension, the Division shall immediately remove the driving privilege restriction from the Arizona driving record when the person surrenders an expired restricted permit to the Division.

#### Historical Note

New Section recodified from R17-4-227 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 5220, effective February 3, 2003 (Supp. 02-4). Amended by final rulemaking at 16 A.A.R. 2448, effective February 5, 2011 (Supp. 10-4).

#### R17-4-403. Application for Duplicate Driver License or Duplicate Nonoperating Identification License; Fees

- A. An applicant shall apply to the Division, on a form provided by the Division, for a duplicate driver license or a duplicate nonoperating identification license.
- B. The fee for the duplicate driver license or duplicate nonoperating identification license issued by the Division is \$12 under A.R.S. §§ 28-3002(A) and 28-3165.

#### Historical Note

New Section made by final rulemaking at 16 A.A.R. 2448, effective February 5, 2011 (Supp. 10-4).

#### R17-4-404. Driver Point Assessment; Traffic Survival Schools

- A. Point assessment. The Department shall assign points to a driver, as prescribed under Table 1, Driver Point Valuation, for each violation resulting in a conviction or judgment.
- B. Actions after point assessment. Under A.R.S. § 28-3306(A)(3), if a driver accumulates eight or more points in a twelve-month period, the Department shall:
  1. Order the driver to successfully complete the curriculum of a licensed traffic survival school; or
  2. Suspend the driver's Arizona driver license or driving privilege.
- C. Traffic survival school order of assignment. The Department or the private entity under contract with the Department shall send a dated order of assignment to traffic survival school, as prescribed under A.R.S. § 28-3318, to a driver who accumulates 8 to 12 points in a twelve-month period, and who did not complete a traffic survival school course in the previous twenty-four-month period.
  1. The order of assignment shall:
    - a. Instruct the driver to submit any hearing request to the Department within 15 days after the date of the order of assignment; and
    - b. Instruct the driver that failure to successfully complete traffic survival school within 60 days after the date of the order of assignment will result in the Department issuing a six-month order of suspension.

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2. The Department shall record that a driver completed traffic survival school if:
  - a. A licensed traffic survival school reports that the driver successfully completed the curriculum; or
  - b. The driver presents to the Department an original certificate of completion issued by a licensed traffic survival school, within 30 days of issuance of the certificate.
- D. Suspension for failure to complete traffic survival school. The Department or the private entity under contract with the Department shall mail a driver a six-month order of suspension, as prescribed under A.R.S. § 28-3318, if the driver failed to establish completion of traffic survival school in accordance with subsection (C). The order of suspension shall:
  1. Specify the period within which the driver may submit a hearing request to the Department, and
  2. Specify the effective date of the suspension.
- E. Suspension for accumulation of excessive points. The Department shall mail an order of suspension as prescribed under A.R.S. § 28-3318 to a driver who accumulates an excessive amount of points. The order of suspension shall:
  1. Specify the length of the suspension as follows:
    - a. A three-month suspension for accumulation of 8 to 12 points in a twelve-month period if a traffic survival school course was successfully completed in the previous twenty-four-month period;
    - b. A three-month suspension for accumulation of 13 to 17 points in a twelve-month period;
    - c. A six-month suspension for accumulation of 18 to 23 points in a twelve-month period; and
    - d. A twelve-month suspension for accumulation of 24 or more points in a thirty-six-month period;
  2. Specify the period within which the driver may submit a hearing request to the Department; and
  3. Specify the effective date of the suspension.

**Historical Note**

New Section recodified from R17-4-506 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 12 A.A.R. 4446, effective November 7, 2006 (Supp. 06-4). Amended by final rulemaking at 14 A.A.R. 839, effective March 4, 2008 (Supp. 08-1). Amended by final rulemaking at 19 A.A.R. 3897, effective January 4, 2014 (Supp. 13-4). Amended by exempt rulemaking at 21 A.A.R. 1092, effective September 1, 2015 (Supp. 15-2).

**Table 1. Driver Point Valuation**

Violation	Points
A.R.S. § 28-1381, driving or actual physical control of a vehicle while under the influence.	8
A.R.S. § 28-1382, driving or actual physical control of a vehicle while under the extreme influence of intoxicating liquor.	8
A.R.S. § 28-1383, aggravated driving or actual physical control while under the influence.	8
A.R.S. § 28-693, reckless driving.	8
A.R.S. § 28-708, racing on highways.	8
A.R.S. § 28-695, aggressive driving.	8
A.R.S. §§ 28-662, 28-663, 28-664, or 28-665, relating to a driver's duties after an accident.	6

A.R.S. § 28-672(A), failure to comply with a red traffic-control signal, failure to yield the right of way when turning left at an intersection, failure to yield the right of way to a pedestrian, failure to exercise due care, failure to stop for a school bus stop signal, or failure to comply with a stop sign, and the failure results in an accident causing death to another person. 6

A.R.S. § 28-672(A), failure to comply with a red traffic-control signal, failure to yield the right of way when turning left at an intersection, failure to yield the right of way to a pedestrian, failure to exercise due care, failure to stop for a school bus stop signal, or failure to comply with a stop sign, and the failure results in an accident causing serious physical injury to another person. 4

A.R.S. § 28-701, reasonable and prudent speed. 3

A.R.S. § 28-644(A)(2), driving over, across, or parking in any part of a gore area. 3

Any other traffic regulation that governs a vehicle moving under its own power. 2

**Historical Note**

New Table 1 made by final rulemaking at 14 A.A.R. 839, effective March 4, 2008 (Supp. 08-1).

**R17-4-405. Emergency Expired****Historical Note**

Emergency rule adopted effective August 6, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency expired.

**R17-4-406. Minor's Application for Permit or License**

- A. For the purposes of administering the provisions of A.R.S. § 28-3160, the following definitions apply to this Section:
  1. "Application," means a form provided by the Division that includes the Legal Guardian Affidavit required by the Division to be submitted with each minor's driver license application.
  2. "Guardian" means one who has been appointed by a court of law to care for a minor child, but only if both parents of the child are deceased, or an agency as defined in A.R.S. § 8-513.
  3. "Parent" means the natural or adoptive father or mother of a child.
- B. Procedure when both parents sign: If both parents sign a child's application, no proof of custody need be furnished.
- C. Procedure when only one parent signs:
  1. If the signing parent is married to the child's other parent, that fact shall be stated and it shall be presumed the signing parent has custody of the child.
  2. If the signing parent is not married to the child's parent because the other parent is deceased, that fact shall be stated and it shall be presumed the signing parent has custody of the child.
  3. If the signing parent is not married to the child's other parent, the signing parent shall affirm, by sworn statement to the Division or a notary public, that the other parent does not have custody of the child, in which event the Division shall presume the signing parent has custody of the child.
- D. Procedure when both parents are deceased:
  1. If both parents are deceased, the minor or minor's guardian shall attach certified copies of certificates of death or other satisfactory proof of death, that includes a court judgment, affidavits of close relatives of the child, or school records.

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2. A person who is guardian of a child shall sign an application as defined by this rule or furnish a certified court order appointing guardianship.
  3. An employer signing the application shall certify the person employs the minor on the date of application.
  4. A person who has custody of a child shall sign a Legal Guardian Affidavit affirming custody or furnish a certified court order awaiting custody.
- E. Proof of custody. Proof of custody may be established by a certified copy of the court order awarding custody or a written affirmation by the person signing the application.

**Historical Note**

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-201 adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Correction, (C)(4) should read "... governed by R17-4-58" as certified effective November 30, 1983 (Supp. 84-3). Former Section R17-4-201 renumbered without change as Section R17-4-406 Supp. (87-2). Former Section R17-4-406 repealed, new Section R17-4-406 adopted effective July 14, 1989 (Supp. 89-3). Section recodified to R17-4-450 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-510 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 12 A.A.R. 4446, effective November 7, 2006 (Supp. 06-4).

**R17-4-407. Travel-compliant Driver License or Travel-compliant Non-operating Identification License Application; Fee**

- A. A person seeking a travel-compliant driver license or travel-compliant identification license shall meet and comply with all:
1. State laws and rules applicable to every applicant who seeks issuance of any other driver license class, type, endorsement or non-operating identification license issued by the Department; and
  2. Federal laws and regulations regarding the application and minimum documentation, verification, and card issuance requirements prescribed in the most recent edition of 6 CFR 37.11 for establishing satisfactory proof of a person's identity, date of birth, social security number, principal residence address of domicile in this state, and lawful status in the United States.
- B. A person seeking a travel-compliant driver license or travel-compliant identification license shall:
1. Apply to the Department using an application form provided by the Department; and
  2. Submit to the Department for authentication, satisfactory proof of the applicant's full legal name, date of birth, sex, social security number, principal residence address of domicile in this state, and that the applicant's presence in the United States is authorized under federal law. A list of all source documents the Department may accept as satisfactory proof under state and federal law is maintained by the Department on its website at [www.azdot.gov](http://www.azdot.gov).
- C. An applicant for a travel-compliant driver license or travel-compliant identification license shall submit to the Department a fee of \$25:
1. On original application, reinstatement, or renewal of any travel-compliant driver license class; or

2. On original application or renewal of a travel-compliant identification license.

- D. A travel-compliant driver license or travel-compliant identification license issued by the Department, as prescribed under A.R.S. § 28-3175 and this Section, is:

1. Valid for a period of up to eight years;
2. Renewable for successive periods of up to eight years; and
3. Subject to all state and federal laws or restrictions requiring the issuance of a shorter expiration period (e.g., up to age 65, as provided under A.R.S. § 28-3171, or for a time period equal to the applicant's authorized stay in the United States, as provided under 6 CFR 37.21, etc.).

**Historical Note**

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-202 adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Correction, subsection (D) as certified effective November 30, 1983 (Supp. 84-3). Former Section R17-4-202 renumbered without change as Section R17-4-407 (Supp. 87-2). Section recodified to R17-4-451 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-706 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 1158, effective May 12, 2003 (Supp. 03-1). New Section made by final exempt rulemaking under Laws 2015, Ch. 294, § 5 at 22 A.A.R. 819, effective March 28, 2016 (Supp. 16-1). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1885, with an immediate effective date of July 2, 2019 (Supp. 19-3).

**R17-4-408. Mandatory Extension of a Certified Ignition Interlock Device Order**

- A. For purposes of this Section, "conviction" has the meaning prescribed in A.R.S. § 28-101(12).
- B. For the duration of a certified ignition interlock device order, each conviction for violating A.R.S. §§ 28-1464(A), 28-1464(C), 28-1464(D), 28-1464(F), or 28-1464(H) of the person subject to the order will result in the Division's extension of the order.
- C. Each extension by the Division of a person's certified ignition interlock device order shall be for one year.

**Historical Note**

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-203 and Appendix D adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Correction, added (C)(5) as certified effective November 30, 1983 (Supp. 84-3). Former Section R17-4-203 renumbered without change as Section R17-4-408 (Supp. 87-2). Section recodified to R17-4-452 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-709.10 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-409. Non-operating Identification License Application; Applicability; Fee**

- A. A person seeking a non-operating identification license, issued by the Department as prescribed under A.R.S. § 28-3165 and

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this Section, shall apply to the Department using a form provided by the Department.

- B. An applicant shall submit a \$12 fee to the Department, on application for a non-operating identification license, unless the applicant is provided a specific statutory exemption from payment of the fee.
- C. An applicant shall provide to the Department, on application for a non-operating identification license, satisfactory proof of the applicant's full legal name, date of birth, sex, principal residence address of domicile in this state, and evidence that the applicant's presence in the United States is authorized under federal law as listed by the Department on its website at [www.azdot.gov](http://www.azdot.gov).
- D. A person seeking a travel-compliant identification license issued by the Department under A.R.S. § 28-3175, which is recognized by federal agencies as proof of identity for use when accessing federal facilities, boarding federally-regulated commercial aircraft, or entering nuclear power plants, shall apply to the Department as provided under R17-4-407.

**Historical Note**

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-204 and Appendix B adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Former Section R17-4-204 renumbered without change as Section R17-4-409 (Supp. 87-2). Section recodified to R17-4-453 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-508 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 12 A.A.R. 4446, effective November 7, 2006 (Supp. 06-4). Amended by final rulemaking at 16 A.A.R. 2448, effective February 5, 2011 (Supp. 10-4). Amended by final exempt rulemaking under Laws 2015, Ch. 294, § 5 at 22 A.A.R. 819, effective March 28, 2016 (Supp. 16-1). Amended by final rulemaking at 25 A.A.R. 1885, with an immediate effective date of July 2, 2019 (Supp. 19-3).

**R17-4-410. Voter Registration Through the Motor Vehicle Division**

- A. For purposes of this Section:
  1. "License" has the same meaning as "driver's license" under A.R.S. § 16-111(2).
  2. "MVD" means the Arizona Department of Transportation, Motor Vehicle Division.
- B. To register to vote in Arizona through the MVD as provided for in A.R.S. § 16-112, a person who completes a transaction listed in subsection (C) shall complete and return to MVD:
  1. A Secretary of State-approved hardcopy voter registration form for the county of the person's residence, or
  2. An electronic voter registration form through MVD's ServiceArizona web site or through MVD's driver license system along with an electronic verification that the person meets voter eligibility criteria under A.R.S. § 16-101.
- C. Subsection (B) applies to the following license transactions:
  1. Initial licensee application;
  2. License renewal;
  3. Duplicate driver license; or
  4. Licensee personal information update.
- D. MVD shall transfer the voter registration forms and the data collected under this Section by:
  1. Mailing the completed hardcopy forms to the appropriate county recorder; and
  2. Transmitting the data from completed electronic voter registration forms and licensee personal information updates to the Secretary of State as prescribed under A.A.C. R2-12-605 for further distribution to the appropriate county recorder.

- E. MVD shall maintain the confidentiality of applicant information as required under A.R.S. Title 16, Chapter 1.

**Historical Note**

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-205 adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Former Section R17-4-205 renumbered without change as Section R17-4-410 (Supp. 87-2). Section recodified to R17-4-454 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 8 A.A.R. 2394, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 12 A.A.R. 1329, effective June 4, 2006 (Supp. 06-2).

**R17-4-411. Special Ignition Interlock Restricted Driver License: Application, Restrictions, Reporting, Fee**

- A. In addition to the requirements prescribed in A.R.S. § 28-3158, a person applying for a special ignition interlock restricted driver license shall:
  1. If the person is suspended for a first offense of A.R.S. § 28-1321:
    - a. Complete at least 90 consecutive days of the period of the suspension, and
    - b. Maintain a functioning certified ignition interlock device during the remaining period of the suspension.
  2. If the person is revoked for a first offense of A.R.S. § 28-1383(A)(3):
    - a. Complete at least 90 consecutive days of the suspension under A.R.S. § 28-1385,
    - b. Submit proof to the Division that the person has completed an approved alcohol or drug screening or treatment program, and
    - c. Maintain a functioning certified ignition interlock device during the remaining period of the revocation.
  3. If the person has a court-ordered restriction under A.R.S. §§ 28-3320 or 28-3322:
    - a. Comply with the restrictions in subsection (C), and
    - b. Maintain a functioning certified ignition interlock device during the remaining period of the court-ordered restriction.
- B. The Division shall not issue a special ignition interlock restricted driver license if the person's driver license or driving privilege is suspended or revoked for a reason not under subsections (A)(1), (2), or (3).
- C. A person applying for a special ignition interlock restricted driver license shall pay the following fees:
  1. Age 50 or older \$10.00
  2. Age 45 – 49 \$15.00
  3. Age 40 – 44 \$20.00
  4. Age 39 or younger \$25.00
- D. A special ignition interlock restricted driver license issued under subsection (A), permits a person to operate a motor

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vehicle equipped with a functioning certified ignition interlock device as prescribed in A.R.S. § 28-1402(A).

- E. Reporting. On the eleventh month after the initial date of installation and each eleventh month thereafter for as long as the person is required to maintain a functioning certified ignition interlock device, each installer shall electronically provide the Division all of the following information as recorded by the certified ignition interlock device:
1. Date installed;
  2. Person's full name;
  3. Person's date of birth;
  4. Person's customer or driver license number;
  5. Installer and manufacturer name;
  6. Installer fax number;
  7. Date report interpreted;
  8. Report period;
  9. Any tampering of the device within the meaning of A.R.S. § 28-1301(9);
  10. Any failure of the person to provide proof of compliance or inspection as prescribed in A.R.S. § 28-1461;
  11. Any attempts to operate the vehicle with an alcohol concentration exceeding the presumptive limit prescribed in A.R.S. § 28-1381(G)(3), or if the person is younger than 21 years of age, attempts to operate the vehicle with any spirituous liquor in the person's body; and
  12. Any other information required by the Director.
- F. A person applying for a special ignition interlock restricted driver license shall provide proof of financial responsibility prescribed in Title 28, Arizona Revised Statutes, Chapter 9, Article 3.

**Historical Note**

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-206 and Appendices C and E adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Former Section R17-4-206 renumbered without change as Section R17-4-411 (Supp. 87-2). Section recodified to R17-4-455 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 12 A.A.R. 871, effective March 7, 2006 (Supp. 06-1).

**R17-4-412. Extension of a Special Ignition Interlock Restricted Driver License: Hearing, Burden of Proof and Presumptions**

- A. Extension. The Division shall extend a person's special ignition interlock restricted driver license for a period of one year if the Division has reasonable grounds to believe:
1. The person tampered with the certified ignition interlock device within the meaning of A.R.S. § 28-1301(9),
  2. The person fails to provide proof of compliance prescribed in A.R.S. § 28-1461, or
  3. The person attempted to operate the vehicle with an alcohol concentration exceeding the presumptive limit prescribed in A.R.S. § 28-1381(G)(3) three or more times during the period of license restriction or limitation, or if the person is younger than 21 years of age, attempted to operate the vehicle with any spirituous liquor in the person's body three or more times during the period of license restriction or limitation.
- B. Hearing. If a person's special ignition interlock restricted driver license is extended under subsection (A), the person may submit, within 15 days of the date of the order of extension

of the restriction, a written request to the Division requesting a hearing. A request for hearing stays the extension of the restriction.

- C. Burden of proof and presumptions.
1. The hearing office shall presume that the person's whose special ignition interlock restricted driver license is extended under subsection (A)(3), was the person in control of the vehicle and the person attempted to operate the vehicle with an alcohol concentration exceeding the presumptive limit in A.R.S. § 28-1381, or tampered with the device within the meaning of A.R.S. § 28-1301(9).
  2. The person may be rebut the presumption by a showing of clear and convincing evidence that the person whose special ignition interlock restricted driver license being extended, was not the person in control of the vehicle or attempted to operate the vehicle with an alcohol concentration exceeding the presumptive limit in A.R.S. § 28-1381, or tampered with the device within the meaning of A.R.S. § 28-1301(9).
- D. Except for subsection (A)(2), if the Division suspends, revokes, cancels, or otherwise rescinds a person's special ignition interlock restricted driver license for any reason, the Division shall not issue a new license or reinstate the special ignition interlock restricted driver license during the original period of suspension or revocation or while the person is otherwise ineligible to receive a license.

**Historical Note**

Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-207 adopted as an emergency effective August 18, 1983, now adopted as a permanent rule effective November 30, 1983 (Supp. 83-6). Correction, (A)(3) as certified effective November 30, 1983 (Supp. 84-3). Former Section R17-4-207 renumbered without change as Section R17-4-412. Correction: subsection (F), paragraph (6), "overweight" corrected to read: "overheight" (Supp. 87-2). Section recodified to R17-4-456 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 12 A.A.R. 871, effective March 7, 2006 (Supp. 06-1).

**R17-4-413. Lifetime Disqualification Reinstatement**

- A. Definitions. In addition to the definitions prescribed under A.R.S. §§ 28-101 and 28-3001, the following definitions apply to this Section, unless otherwise specified:
- "CDL" means Commercial Driver License.
- "Lifetime disqualification" means the individual is disqualified for life from operating a commercial motor vehicle as prescribed under 49 CFR 391.15.
- "Permanently disqualified" means the individual will never be able to obtain a commercial driver license.
- B. Eligibility. An individual with a lifetime disqualification may request reinstatement of the individual's commercial driving privilege if:
1. Ten years have passed since the date of the lifetime disqualification.
  2. The individual:
    - a. Is otherwise eligible for licensure.
    - b. Has continuously been eligible for a driver license during the most recent 10-year period.
    - c. Has not previously reinstated CDL privileges for another lifetime disqualification.



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- d. Has no record of a conviction for any of the following violations, in any state, within the previous 10-year period:
    - i. Driving while under the influence of alcohol or a controlled substance.
    - ii. Having a blood alcohol concentration of .04 or greater while driving a commercial motor vehicle.
    - iii. Refusal to submit to a blood alcohol concentration test.
    - iv. Leaving the scene of an accident.
    - v. Using a vehicle in the commission of a felony.
    - vi. Operating a commercial motor vehicle as defined under A.R.S. § 28-3001 while his or her commercial driving privileges are canceled, disqualified, suspended, or revoked.
    - vii. Causing a fatality through the negligent operation of a commercial motor vehicle.
  - C. Application after lifetime disqualification. If the Division determines that the individual is eligible to reinstate his or her commercial driving privilege, the individual may obtain a new CDL by paying all required fees, submitting the medical examination form prescribed under Section R17-4-508(A)(1), and successfully completing all CDL written, vision, and demonstration-skill testing applicable to the type of CDL, including any endorsements, for which the individual is applying.
  - D. Permanent disqualification.
    1. An individual who reinstated his or her commercial driving privilege in accordance with this Section and who is subsequently given a lifetime disqualification under A.R.S. § 28-3312 is permanently disqualified.
    2. An individual convicted of using any vehicle in the commission of a felony involving manufacturing, distributing, or dispensing a controlled substance is permanently disqualified.
    3. An individual who more than once refuses a test in violation of A.R.S. § 28-1321 if the refusals involve more than one incident is permanently disqualified.
    4. An individual who more than once is convicted of violating A.R.S. § 28, Chapter 4, Article 3 is permanently disqualified.
- Historical Note**
- Adopted as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R17-4-208 adopted as an emergency effective August 18, 1983, now adopted without change as a permanent rule effective November 30, 1983 (Supp. 83-6). Former Section R17-4-208 renumbered without change as Section R17-4-413 (Supp. 87-2). Section recodified to R17-4-457 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 2155, effective August 4, 2007 (Supp. 07-2).
- R17-4-414. Commercial Driver License Applicant Driver History Check; Required Action; Hearing**
- A. Applicability. The provisions of this Section shall apply to all applicants requesting an original, renewal, reinstatement, transfer, or upgrade of a commercial driver license or commercial driver license instruction permit.
  - B. Driver History Check. In compliance with 49 CFR 384.206, 384.210, 384.225, and 384.232:
    1. The Department shall require each applicant for a commercial driver license to supply the names of all states where the applicant has previously been licensed to operate a motor vehicle.
    2. The Department shall request the complete driver history record from all states where the applicant was licensed to operate a motor vehicle within the previous 10 years. The Department shall make a driver history request no earlier than:
      - a. Twenty-four hours prior to the issuance of a commercial driver license or commercial driver license instruction permit for an applicant who does not currently possess a valid Arizona commercial driver license; or
      - b. Ten days prior to the issuance of a commercial driver license or commercial driver license instruction permit for an applicant who currently possesses a valid Arizona commercial driver license.
    3. The Department shall record and maintain as part of the driver history all convictions, disqualifications, and other licensing actions for violations of any state or local law relating to motor vehicle traffic control, other than a parking violation, committed in any type of vehicle by a commercial driver licensee or any driver operating a commercial motor vehicle.
  - C. Required Action. In compliance with 49 CFR 384.210 and 384.231:
    1. The Department shall, based on the findings of the driver history checks, issue a commercial driver license or commercial driver license instruction permit to a qualified applicant.
    2. In the case of a reported conviction, disqualification, or other licensing action, the Department shall promptly cancel, disqualify, suspend, or revoke the person's commercial driving privilege as prescribed under A.R.S. Title 28, Chapters 4, 6, 8, and 14 and A.A.C. Title 17.
    3. The Department shall send written notification of the action to the person describing the action taken by the Department.
  - D. Hearing. A hearing may be allowed when the driver history information received by the Department is a result of a case of mistaken identity or identity theft.
    1. The person shall submit a hearing request in writing and comply with A.A.C. R17-1-502.
    2. The hearing request shall be submitted within 20 days from the date the notice of action was mailed.
    3. The hearing request shall indicate whether the request for the hearing is based on a case of identity theft or mistaken identity.
    4. The hearing shall be held in accordance with the procedures prescribed under A.R.S. § 28-3317 and 17 A.A.C. 1, Article 5.
    5. It shall be presumed that the information received from the driver history check belongs to the person. The person may overcome this presumption if the person is able to present evidence that either:
      - a. The person is not the driver convicted of the reported violation as in a case of mistaken identity; or
      - b. The person's identity was stolen and the applicant or licensee was not the driver convicted of the violation.
    6. The scope of the hearing is limited to determining whether the person is the driver convicted of the reported

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driver history information, not the validity of the underlying conviction or licensing action that occurred in another licensing jurisdiction.

**Historical Note**

Adopted effective December 18, 1995 (Supp. 95-4). Section recodified to R17-4-458 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 14 A.A.R. 4100, effective October 7, 2008 (Supp. 08-4).

**R17-4-415. Reserved**

**R17-4-416. Reserved**

**R17-4-417. Reserved**

**R17-4-418. Reserved**

**R17-4-419. Reserved**

**R17-4-420. Recodified**

**Historical Note**

Former Rule, General Order 58. Former Section R17-4-21 renumbered without change as Section R17-4-420 (Supp. 87-2). Section recodified to R17-4-459 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-421. Recodified**

**Historical Note**

Former Rule, General Order 79. Former Section R17-4-33 renumbered without change as Section R17-4-421 (Supp. 87-2). Section recodified to R17-4-460 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-422. Recodified**

**Historical Note**

Adopted as an emergency effective July 29, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-4). Emergency expired. Permanent rule adopted effective February 12, 1986 (Supp. 86-1). Former Section R17-4-73 renumbered without change as Section R17-4-422 (Supp. 87-2). Section recodified to R17-4-461 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-423. Recodified**

**Historical Note**

Former Rule, General Order 94. Former Section R17-4-38 renumbered without change as Section R17-4-423 (Supp. 87-2). Section R17-4-423 repealed, new Section adopted effective February 21, 1990 (Supp. 90-1). Section recodified to R17-4-462 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-424. Recodified**

**Historical Note**

Former Rule, General Order 99. Former Section R17-4-40 renumbered without change as Section R17-4-424 (Supp. 87-2). Section recodified to R17-4-463 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-425. Recodified**

**Historical Note**

Former Section R17-4-53 renumbered without change as Section R17-4-425 (Supp. 87-2). Section recodified to

R17-4-464 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-426. Recodified**

**Historical Note**

Adopted effective January 12, 1977 (Supp. 77-1). Amended subsections (A), (C), (D), and (H) effective January 23, 1981 (Supp. 81-1). Former Section R17-4-55 renumbered without change as Section R17-4-426 (Supp. 87-2). Section recodified to R17-4-465 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-427. Recodified**

**Historical Note**

Adopted effective March 31, 1978 (Supp. 78-2). Former Section R17-4-58 renumbered without change as Section R17-4-427 (Supp. 87-2). Section recodified to R17-4-466 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-428. Recodified**

**Historical Note**

New Section recodified from A.A.C. R17-3-403 at 7 A.A.R. 1260, effective February 20, 2001 (Supp. 01-1). Section recodified to R17-4-467 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-429. Reserved**

**R17-4-430. Reserved**

**R17-4-431. Reserved**

**R17-4-432. Reserved**

**R17-4-433. Reserved**

**R17-4-434. Reserved**

**R17-4-435. Recodified**

**Historical Note**

Adopted as an emergency effective July 1, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R17-4-63 adopted as an emergency now adopted and amended as a permanent rule effective October 8, 1982 (Supp. 82-5). Amended effective August 19, 1983 (Supp. 83-4). Correction to amendments shown effective August 19, 1983. The subsection "IT IS ORDERED: --" was also amended effective August 19, 1983, but not shown (Supp. 83-5). Amended effective February 18, 1986 (Supp. 86-1). Amended effective May 12, 1986 (Supp. 86-3). Adding Historical Note for Supp. 87-1, "Amended effective February 28, 1987." Former Section R17-4-63 renumbered as Section R17-4-435 and amended by adding a new subsection (C) effective April 7, 1987 (Supp. 87-2). Amended by adding paragraph (20) in subsection (B) and renumbering accordingly effective March 23, 1989 (Supp. 89-1). Amended as an emergency effective January 4, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Emergency amendments re-adopted effective April 25, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days; permanent amendments adopted effective May 18, 1990 (Supp. 90-2). Section R17-4-435 repealed, new Section R17-4-435 adopted effective October 24, 1990 (Supp. 90-4). Emergency amendments effective November 27, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4) Emergency expired. Emergency

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amendments readopted effective May 6, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency expired. Amended and renumbered to R17-4-435 and R17-4-435.01 through R17-4-435.04 effective August 16, 1991 (Supp. 91-3). Amended effective February 23, 1993 (Supp. 93-1). Amended effective April 4, 1994 (Supp. 94-2). Amended effective October 16, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 662, effective January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 7 A.A.R. 3215, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-5-202 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-435.01. Recodified****Historical Note**

Section R17-4-435.01 renumbered from R17-4-435(C) and amended effective August 16, 1991 (Supp. 91-3). Amended effective February 23, 1993 (Supp. 93-1). Amended effective April 4, 1994 (Supp. 94-2). Amended effective October 16, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 662, effective January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 7 A.A.R. 3215, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-5-203 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-435.02. Recodified****Historical Note**

Section R17-4-435.02 renumbered from R17-4-435(D) and amended effective August 16, 1991 (Supp. 91-3). Amended effective February 23, 1993 (Supp. 93-1). Amended effective April 4, 1994 (Supp. 94-2). Amended effective October 16, 1996 (Supp. 96-4). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 662, effective January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 7 A.A.R. 3215, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-5-204 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-435.03. Recodified****Historical Note**

Section R17-4-435.03 adopted effective August 16, 1991 (Supp. 91-3). Amended effective February 23, 1993 (Supp. 93-1). Amended effective April 4, 1994 (Supp. 94-2). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 662, effective January 11, 2001 (Supp. 01-1). Amended by final rulemaking at 7 A.A.R. 3215, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-5-205 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-435.04. Recodified****Historical Note**

Section R17-4-435.04 renumbered from R17-4-435(E), (F) and (G) and amended effective August 16, 1991 (Supp. 91-3). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Section

recodified to R17-5-206 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-435.05. Recodified****Historical Note**

Section R17-4-435.02 renumbered from R17-4-435(D) and amended effective August 16, 1991 (Supp. 91-3). Amended by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Section recodified to R17-5-207 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-435.06. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 770, effective February 1, 2000 (Supp. 00-1). Section recodified to R17-5-208 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-436. Recodified****Historical Note**

Adopted effective October 24, 1990 (Supp. 90-4). Amended effective July 3, 1991 (Supp. 91-3). Amended effective February 28, 1992 (Supp. 92-1). Amended effective October 21, 1993 (Supp. 93-4). Amended effective August 12, 1994 (Supp. 94-3). Amended effective November 21, 1995 (Supp. 95-4). Amended by final rulemaking at 6 A.A.R. 3841, effective September 13, 2000 (Supp. 00-3). Amended by final rulemaking at 7 A.A.R. 3215, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-5-209 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-437. Emergency Expired****Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

**R17-4-437.01. Emergency Expired****Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

**R17-4-437.02. Emergency Expired****Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

**R17-4-437.03. Emergency Expired****Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

**Appendix A. Emergency Expired****Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

**R17-4-437.04. Emergency Expired**

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**Historical Note**

Emergency rule adopted effective April 9, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency expired.

**R17-4-438. Recodified****Historical Note**

Adopted effective March 21, 1994 (Supp. 94-1). Section recodified to R17-5-210 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-439. Recodified****Historical Note**

Adopted effective March 21, 1994 (Supp. 94-1). Section recodified to R17-5-211 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-440. Recodified****Historical Note**

Adopted effective March 21, 1994 (Supp. 94-1). Section recodified to R17-5-212 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-441. Reserved****R17-4-442. Reserved****R17-4-443. Reserved****R17-4-444. Repealed****Historical Note**

Amended effective January 5, 1977 (Supp. 77-1). Repealed as an emergency effective August 18, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Repealed effective November 30, 1983 (Supp. 83-6). New Section R17-4-52 adopted as an emergency effective July 25, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-4). Emergency expired. Permanent rule adopted effective February 27, 1986 (Supp. 86-1). Amended subsections (A) and (B) effective February 18, 1987 (Supp. 87-1). Former Section R17-4-52 renumbered without change as Section R17-4-444 (Supp. 87-2). Repealed effective October 13, 1987 (Supp. 87-4).

**R17-4-445. Recodified****Historical Note**

Section R17-4-421 adopted and renumbered as Section R17-4-445 effective October 13, 1987 (Supp. 87-4). Amended subsection (A) effective May 20, 1988 (Supp. 88-2). Amended effective January 2, 1996 (Supp. 96-3). Section recodified to R17-5-504 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-446. Recodified****Historical Note**

Section R17-4-422 adopted and renumbered as Section R17-4-446 effective October 13, 1987 (Supp. 87-4). Section recodified to R17-5-505 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-447. Recodified****Historical Note**

Section R17-4-423 adopted and renumbered as Section R17-4-447 effective October 13, 1987 (Supp. 87-4). Sec-

tion recodified to R17-5-506 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-448. Recodified****Historical Note**

Section R17-4-424 adopted and renumbered as Section R17-4-448 effective October 13, 1987 (Supp. 87-4). Amended effective January 2, 1996 (Supp. 96-3). Section recodified to R17-5-507 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-449. Reserved****R17-4-450. Repealed****Historical Note**

New Section recodified from R17-4-406 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-451. Repealed****Historical Note**

New Section recodified from R17-4-407 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-452. Repealed****Historical Note**

New Section recodified from R17-4-408 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-453. Repealed****Historical Note**

New Section recodified from R17-4-409 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-454. Repealed****Historical Note**

New Section recodified from R17-4-410 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-455. Repealed****Historical Note**

New Section recodified from R17-4-411 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 7 A.A.R. 4351, effective September 17, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 926, effective February 13, 2002 (Supp. 02-1). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-456. Repealed****Historical Note**

New Section recodified from R17-4-412 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section

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repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-457. Repealed****Historical Note**

New Section recodified from R17-4-413 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-458. Repealed****Historical Note**

New Section recodified from R17-4-414 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-459. Repealed****Historical Note**

Former Rule, General Order 58. Former Section R17-4-21 renumbered without change as Section R17-4-420 (Supp. 87-2). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-460. Repealed****Historical Note**

New Section recodified from R17-4-421 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-461. Repealed****Historical Note**

New Section recodified from R17-4-422 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-462. Repealed****Historical Note**

New Section recodified from R17-4-423 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-463. Repealed****Historical Note**

New Section recodified from R17-4-424 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-464. Repealed****Historical Note**

New Section recodified from R17-4-425 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-465. Repealed****Historical Note**

New Section recodified from R17-4-426 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section

repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-466. Repealed****Historical Note**

New Section recodified from R17-4-427 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**R17-4-467. Repealed****Historical Note**

New Section recodified from R17-4-428 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 641, effective April 8, 2003 (Supp. 03-1).

**ARTICLE 5. SAFETY****R17-4-501. Definitions**

In addition to the definitions provided under A.R.S. §§ 28-101, 28-3001, and 28-3005, in this Article, unless otherwise specified:

“Adaptation” means a modification of or addition to the standard operating controls or equipment of a motor vehicle.

“Applicant” means a person:

Applying for an Arizona driver license or driver license renewal, or

Required by the Department to complete an examination successfully or to obtain an evaluation.

“Application” means the Department form required to be completed by or for an applicant for a driver license or driver license renewal.

“Aura” means a sensation experienced before the onset of a neurological disorder.

“Commercial driver license physical qualifications” means driver medical qualification standards for a person licensed in class A, B, or C to operate a commercial vehicle as prescribed under 49 CFR 391, incorporated by reference under A.A.C. R17-5-202 and R17-5-204.

“Disqualifying medical condition” means a visual, physical, or psychological condition, including substance abuse, that impairs functional ability.

“Evaluation” means a medical assessment of an applicant or licensee by a specialist to determine whether a disqualifying medical condition exists.

“Examination” means testing or evaluating an applicant’s or licensee’s:

Ability to read and understand official traffic control devices,

Knowledge of safe driving practices and the traffic laws of this state, and

Functional ability.

“Functional ability” means the ability to operate safely a motor vehicle of the type permitted by an Arizona driver license class or endorsement.

“Licensee” means a person issued a driver license by this state.

“Licensing action” means an action by the Department to:

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Issue, deny, suspend, revoke, cancel, or restrict a driver license or driving privileges; or

Require an examination or evaluation of an applicant or licensee.

“Medical alert code” means a system of numerals or letters indicating the licensee suffers from some type of adverse medical condition.

“Medical screening questions and certification” means the questions and certification on the application.

“Neurological disorder” means a malfunction or disease of the nervous system.

“Seizure” means a neurological disorder characterized by a sudden alteration in consciousness, sensation, motor control, or behavior, due to an abnormal electrical discharge in the brain.

“Specialist” means:

A physician who is a surgeon or a psychiatrist,

A physician whose practice is limited to a particular anatomical or physiological area or function of the human body or to patients with a specific age range, or

A psychologist.

“Substance abuse” means:

Use of alcohol in a manner that makes the user an alcoholic as defined in A.R.S. § 36-2021, or

Use of a controlled substance in a manner that makes the user a drug dependent person as defined in A.R.S. § 36-2501.

“Substance abuse evaluation” means an assessment by a physician, specialist, or certified substance abuse counselor to determine whether the use of alcohol or a drug impairs functional ability.

“Successful completion of an examination” means an applicant or licensee:

Establishes the visual, physical, and psychological ability to operate a motor vehicle safely, or

Achieves a score of at least 80% on any required tests.

#### Historical Note

Adopted effective December 14, 1995 (Supp. 95-4). Section recodified to R17-5-706 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 8 A.A.R. 3241, effective July 12, 2002 (Supp. 02-3). Amended by final rulemaking at 8 A.A.R. 5223, effective December 5, 2002 (Supp. 02-4).

Amended by final rulemaking at 10 A.A.R. 2829, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 13 A.A.R. 1127, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 227, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2). Amended by final expedited rulemaking at 26 A.A.R. 3147, with an immediate effective date of December 3, 2020 (Supp. 20-4).

#### R17-4-502. General Provisions for Visual, Physical, and Psychological Ability to Operate a Motor Vehicle Safely

##### A. Screening process for safe operation of a motor vehicle.

1. An applicant shall complete the application, including the medical screening questions and certification.
  2. An applicant without a valid driver license shall successfully complete all required examinations or obtain an evaluation if:
    - a. The Department informs the applicant that the applicant's responses to the medical screening questions indicate the existence of a disqualifying medical condition; or
    - b. The applicant comes under subsection (B)(1)(a), (B)(1)(c), or (B)(1)(d).
  3. An applicant for license renewal shall successfully complete an examination or obtain an evaluation if the applicant's responses to the medical screening questions indicate that since the applicant's last driver license issuance:
    - a. The applicant has developed a visual, physical, or psychological condition that may constitute a disqualifying medical condition; or
    - b. There has been a change in an existing visual, physical, or psychological condition that may constitute a disqualifying medical condition.
  4. As soon as a licensee's medical condition allows, the licensee shall notify the Department, in writing, that a medical condition exists not previously reported to the Department that may affect the licensee's functional ability. On receipt of the required notification, the Department shall require the licensee to complete an examination or evaluation.
- B. Evaluation.** An applicant or licensee shall submit to an evaluation as required by the Department.
1. The Department shall require an evaluation if the Department notifies the applicant or licensee in writing that:
    - a. The applicant or licensee comes under the provisions of R17-4-503 or R17-4-506;
    - b. The applicant or licensee reports a possible disqualifying medical condition or fails to successfully complete an examination;
    - c. The applicant or licensee shows unexplained confusion, loss of consciousness, or incoherence that is observed by Department personnel; or
    - d. A person with direct knowledge submits to the Department written information about specific events or conduct indicating the applicant or licensee may have a disqualifying medical condition.
  2. The applicant or licensee shall have the physician, appropriate specialist, or certified substance abuse counselor who performs an evaluation submit timely an evaluation report on a form provided by the Department to the Department's Medical Review Program.
  3. An applicant or licensee shall pay for any expense incurred by the applicant or licensee to show compliance with the visual, physical, and psychological standards for a driver license.
- C. Licensing action.** The Department shall take a licensing action after requiring an applicant or licensee to complete an examination successfully or obtain an evaluation and submit an evaluation report.
1. The Department shall deny a driver license if an applicant or licensee:
    - a. Fails to complete successfully an examination; or
    - b. Fails to:
      - i. Obtain an evaluation; or

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- ii. Have a physician, appropriate specialist, or certified substance abuse counselor submit an evaluation report to the Department within 30 days after the Department notifies the applicant that an evaluation is required; or
  - c. Has an evaluation report submitted that indicates a disqualifying medical condition.
- 2. The Department shall summarily suspend an applicant's or licensee's driving privileges under A.R.S. §§ 28-3306 and 41-1064 for a reason stated in subsection (C)(1).
- 3. The Department shall issue a revocation notice with a notice of summary suspension. The revocation notice shall inform the applicant or licensee that:
  - a. Unless the Department receives the applicant or licensee's timely hearing request under subsection (E), the revocation becomes effective:
    - i. Fifteen days after the date the applicant or licensee is personally served with the notice, or
    - ii. Twenty days after the date the notice is mailed to the applicant or licensee.
  - b. An applicant or licensee who wishes to obtain a license after suspension or revocation shall reapply for a license as specified in A.R.S. § 28-3315.
- 4. The Department shall issue a driver license or shall not suspend or revoke an applicant or licensee's driving privileges if:
  - a. The applicant or licensee successfully completes all required examinations and the Department does not require an evaluation, or
  - b. The applicant or licensee obtains all required evaluations and the most recent evaluation report submitted on behalf of the applicant or licensee conclusively indicates no disqualifying medical condition.
- D. Driver license restrictions. If an applicant or licensee uses an adaptation, including those listed below, to demonstrate functional ability during an examination, the Department shall indicate the adaptation as a restriction on a driver license issued to the applicant or licensee and on the applicant's or licensee's driving record:
  - 1. Automatic transmission,
  - 2. Hand dimmer switch,
  - 3. Left-foot gas pedal,
  - 4. Parking-brake extension,
  - 5. Power steering,
  - 6. Power brakes,
  - 7. Six-way power seat,
  - 8. Right-side directional signal,
  - 9. A device that enables an operator to spin the steering wheel,
  - 10. A device that enables full foot control,
  - 11. Dual outside mirrors,
  - 12. Chest restraints,
  - 13. Shoulder restraints,
  - 14. A device that extends pedals,
  - 15. A device that enables full hand control,
  - 16. Adapted seat, and
  - 17. Prosthetic aid.
- E. Hearings. The Department's Executive Hearing Office shall conduct the hearing as provided under A.R.S. Title 41, Chapter 6, Article 6, and 17 A.A.C. 1, Article 5.
- F. The Department shall not release information required to be submitted to the Department under this Section by an applicant

or licensee except to a person or entity qualified under A.R.S. § 28-455.

**Historical Note**

New Section recodified from R17-4-520 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 3241, effective July 12, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 1861, effective June 3, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 1127, effective May 5, 2007 (Supp. 07-1). Amended by final expedited rulemaking at 26 A.A.R. 3147, with an immediate effective date of December 3, 2020 (Supp. 20-4).

**Exhibit A. Repealed****Historical Note**

New Exhibit made by final rulemaking at 8 A.A.R. 3241, effective July 12, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 1127, effective May 5, 2007 (Supp. 07-1).

**R17-4-503. Vision Standards****A. Definitions.**

- 1. "Binocular vision" means the ability to see in both eyes.
- 2. "Biotopic telescopic lens system" means a bioptic, spectacle-mounted corrective lens prescribed by a physician or optometrist for meeting vision acuity requirements for driving that uses magnification as the main method of obtaining minimal visual acuity.
- 3. "Corrected visual acuity" means distance vision corrected by eyeglasses, contact lenses, or a bioptic telescopic lens system.
- 4. "Corrective lens" means eyeglasses, contact lenses, or a bioptic telescopic lens system used to correct distance vision.
- 5. "Diplopia" means double vision.
- 6. "Impaired night vision" means below normal ability to see in reduced light.
- 7. "Monocular vision" means the ability to see in one eye only.
- 8. "Optometrist" means a person licensed to practice optometry in any state, territory, or possession of the United States or the Commonwealth of Puerto Rico.
- 9. "Retinitis pigmentosa" means a chronic progressive inflammation of the retina with atrophy and pigmentary infiltration of the inner layers of the retina.
- 10. "Snellen Chart" means a chart imprinted with lines of black letters of decreasing size for testing visual acuity.
- 11. "Visual acuity" means the clarity of a person's vision.
- 12. "Visual field" means the area in which objects may be seen when the eye is fixed.

**B. Standard.** The following applies only to class D, G, or M applicants or licensees.

- 1. Visual acuity. A person shall have binocular or monocular vision and visual acuity of 20/40 in at least one eye.
  - a. The Department shall not license a person with monocular vision and visual acuity of 20/50 or greater.
  - b. The Department shall not license a person with binocular vision and visual acuity of 20/70 or greater.
- 2. Visual field. Visual field shall be 70 degrees or greater temporally, and 35 degrees or greater nasally, in at least one eye.

**C. Restrictions.**

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1. A person with corrected vision shall wear corrective lenses at all times when driving if the corrective lens is required to achieve the vision standards in subsection (B).
  2. The Department shall restrict a person with diagnosed impaired night vision to daytime driving only.
  3. The Department shall restrict a person with binocular vision and corrected or uncorrected visual acuity of 20/50 or 20/60, when using both eyes, to daytime driving only.
- D. Screening process.**
1. The Department, a physician, or an optometrist may administer visual acuity and visual field screening through the use of visual screening equipment or the Snellen Chart to determine if a person's visual acuity meets minimum standards and through the use of visual screening equipment to determine if a person's visual field meets minimum standards.
  2. A person may use a bioptic telescopic lens system during vision screening.
    - a. Beginning on the date of an initial application and every year thereafter, a person using a bioptic telescopic lens system shall submit to the Department an annual exam performed by a physician or optometrist to ascertain whether the person has a progressive eye disease.
    - b. The Department shall not license a person using a bioptic telescopic lens system unless the person submits to the Department a vision examination form provided by the Department and completed by a physician or an optometrist indicating that the individual meets the visual acuity standard as prescribed in subsection (B).
    - c. The Department shall not license a person using a bioptic telescopic lens system with magnification of the lens that is more than 4X.
- E. Reporting requirements.**
1. A person choosing to have initial visual acuity and visual field screening done by a physician or an optometrist shall submit the results to the Department.
  2. If the Department does initial visual acuity and visual field screening and the person does not meet vision standards of subsection (B), the Department shall require the person to submit the results of the person's visual acuity and visual field screening by a physician or an optometrist.
  3. The Department shall require a person diagnosed with any of the following conditions to file the results of the person's visual acuity and visual field screening completed by the physician or optometrist:
    - a. Any progressive eye disease,
    - b. Diplopia, or
    - c. Impaired night vision.
- F. Results of visual acuity and visual field screening from a physician or optometrist shall contain the following.**
1. An examination date no more than three months before the submission date to the Department;
  2. Visual acuity and visual field;
  3. If applicable, specification that the person is monocular;
  4. If applicable, diagnosis of any condition described in subsection (E)(3);
  5. Any recommendations on frequency of reporting requirements for the person, in addition to those required by the Department;
  6. Suggested restrictions on driving, in addition to those required by the Department; and
7. Any recommendations on the person's ability to safely operate a motor vehicle.
- G. The Department shall require a driving test if a person's eye disease is determined by a physician or optometrist to be progressive.**
- Historical Note**
- New Section recodified from R17-4-521 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 12 A.A.R. 221, effective January 10, 2006 (Supp. 06-1). Amended by final expedited rulemaking at 26 A.A.R. 3147, with an immediate effective date of December 3, 2020 (Supp. 20-4).
- R17-4-504. Medical Alert Conditions**
- A. Definition.** In this Section, "license" means any class of driver license, commercial driver license, non-operating identification license, or instruction permit.
- B. Medical alert condition displayed on license.** The Department will provide on each license a space to indicate a medical alert condition. A list of recognized medical alert conditions is available at all Motor Vehicle Division Customer Service offices and Authorized Third Party Driver License offices.
- C. Retention of medical alert condition authorization.** The Department will not maintain the medical alert code on the Department computer record unless written authorization is submitted.
- D. A person shall submit a signed statement, from a physician or registered nurse practitioner, stating that the person is diagnosed with a medical condition. The signed statement is required every time the person requests a license unless the person authorizes the Department to maintain the medical alert code on the Department computer record.**
- Historical Note**
- Adopted effective September 25, 1991 (Supp. 91-3). Section repealed by final rulemaking at 7 A.A.R. 3831, effective August 10, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 1127, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 227, effective March 8, 2008 (Supp. 08-1). Amended by final expedited rulemaking at 26 A.A.R. 3147, with an immediate effective date of December 3, 2020 (Supp. 20-4).
- R17-4-505. Repealed**
- Historical Note**
- Adopted effective May 2, 1990 (Supp. 90-2). Section repealed by final rulemaking at 7 A.A.R. 3831, effective August 10, 2001 (Supp. 01-3).
- R17-4-506. Neurological Standards**
- A. Driver license application.**
1. A person who has a seizure in the three months before applying for a driver license shall undergo an evaluation as provided in R17-4-502.
  2. After the evaluation under R17-4-502, the person or the person's physician shall submit the medical examination report to the Department.
  3. The Department shall not issue a driver license to a person if the medical examination report shows that the person has a neurological disorder that affects the person's ability to operate a motor vehicle safely.
- B. Driver license revocation.**



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1. A person with a driver license or nonresident driving privileges who experiences a seizure shall cease driving and:
    - a. Undergo an evaluation as provided in R17-4-502;
    - b. Submit the medical examination report to the Department; and
    - c. Undergo a follow-up evaluation within one year after the seizure or within a shorter time, as recommended by a physician.
  2. After each evaluation, the person or the person's physician shall submit the applicable medical examination report to the Department.
  3. The Department shall revoke a person's driver license or nonresident driving privileges if any medical examination report shows the person has a neurological disorder that affects the person's ability to operate a motor vehicle safely.
- C. Medical examination report.** A medical examination report under this Section shall include the following information:
1. Age at onset of seizures, diagnosis, and history;
  2. Aftereffects of seizures;
  3. EEG findings, if any;
  4. Description, cause, frequency, duration, and date of most recent seizure;
  5. Current medications, including dosage, side effects, and serum level; and
  6. A physician's medical opinion as to whether the neurological disorder will affect the person's ability to operate a motor vehicle safely.
- D. Physician's medical opinion.** A neurological disorder does not affect a person's ability to operate a motor vehicle safely if a physician concludes with reasonable medical certainty that:
1. Any seizure that occurred within the last three months was due to a change in anticonvulsant medication ordered by a physician and that seizures are under control after the change in medication;
  2. Any seizure that occurred within the last three months was a single event that will not recur in the future;
  3. Any seizure is likely to occur but has an established pattern of occurring only during sleep; or
  4. There is an established pattern of an aura of sufficient duration to allow the person to cease operating a motor vehicle immediately at the onset of the aura.

**Historical Note**

Former Rule, General Order 107; Amended effective April 28, 1981 (Supp. 81-2). Amended effective July 1, 1985 (Supp. 85-4). Former Section R17-4-46 renumbered without change as Section R17-4-506 (Supp. 87-2). Emergency amendment adopted effective December 31, 1998, pursuant to A.R.S. § 28-366, for a maximum of 180 days (Supp. 98-4). Emergency amendment expired June 29, 1999 pursuant to A.R.S. § 41-1026(C) (Supp. 99-3). Emergency amendment adopted effective October 1, 1999, pursuant to A.R.S. § 28-366, for a maximum of 180 days (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 1172, effective March 9, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 3221, effective July 12, 2001 (Supp. 01-3). Section recodified to R17-4-404 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-522 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 7 A.A.R. 5440, effective November 14, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 5223, effective December 5, 2002 (Supp. 02-4).

Amended by final expedited rulemaking at 26 A.A.R. 3147, with an immediate effective date of December 3, 2020 (Supp. 20-4).

**R17-4-507. Repealed****Historical Note**

Adopted effective July 24, 1985 (Supp. 85-4). Amended effective March 13, 1986 (Supp. 86-2). Former Section R17-4-50 renumbered without change as Section R17-4-507 (Supp. 87-2). Amended by final rulemaking at 7 A.A.R. 4355, effective September 14, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 5223, effective December 5, 2002 (Supp. 02-4). Section repealed by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

**R17-4-508. Commercial Driver License Physical Qualifications**

- A.** A commercial driver license applicant must meet the commercial driver license physical qualifications and have a U.S. Department of Transportation medical examiner's certificate, form MCSA-5876, completed, which the Department must be able to verify from the electronic information provided by the Federal Motor Carrier Safety Administration.
1. The medical examiner's certificate must be completed upon or prior to the applicant's initial application or expiration of the applicant's current medical examiner's certificate.
  2. A licensee who possesses a commercial driver license shall notify the Department within 10 days of a physical condition that develops or worsens causing noncompliance with the commercial driver license physical qualifications.
- B.** Commercial driver license suspension and revocation notification procedure. To notify a licensee of any commercial driver license suspension and revocation under subsection (C), the Department shall simultaneously mail two notices within 15 days after a medical examiner's certificate's due date to the licensee's address of record that:
1. Suspends the licensee's commercial driver license beginning on the notice's date; and
  2. Revokes the licensee's commercial driver license 15 days after the date of the suspension notice issued under subsection (B)(1).
- C.** Noncompliance actions.
1. Initial application denial. If an applicant's initial medical examiner's certificate required under subsection (A) shows that the applicant does not comply with the commercial driver license physical qualifications, the Department shall immediately mail the commercial driver license denial notification to the applicant's address of record.
  2. Medical examiner's certificate renewal suspension and revocation. If a renewing commercial driver licensee does not complete a medical examiner's certificate required under subsection (A) or the Federal Motor Carrier Safety Administration indicates the licensee is noncompliant with the commercial driver license physical qualifications, the Department shall follow the suspension and revocation notification procedure prescribed under subsection (B).
- D.** A commercial driver license that remains revoked for longer than 12 months expires. The holder of an expired commercial driver license may obtain a new commercial driver license by successfully completing all commercial driver license written

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and skills testing and by completing the medical examiner's certificate prescribed under subsection (A).

- E. Administrative hearing. A person who is denied a commercial driver license or whose commercial driver license is suspended or revoked under this Section may request a hearing from the Department as prescribed under 17 A.A.C. 1, Article 5. The hearing is held in accordance with the procedures prescribed under A.R.S. Title 41, Chapter 6, Article 6 and 17 A.A.C. 1, Article 5.

**Historical Note**

Adopted effective October 31, 1975 (Supp. 75-1). Former Section R17-4-57 renumbered without change as Section

R17-4-508 (Supp. 87-2). Emergency amendments adopted effective July 30, 1993, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 93-3). Emergency amendments permanently adopted effective October 27, 1993 (Supp. 93-4). Section recodified to R17-4-409 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section recodified from R17-4-802 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-1). Amended by final rulemaking at 10 A.A.R. 2829, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 13 A.A.R. 1127, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 395, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

Amended by final rulemaking at 27 A.A.R. 2730 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1954 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-4-509. Repealed****Historical Note**

Adopted effective February 14, 1984 (Supp. 84-1). Former Section R17-4-56 renumbered without change as Section R17-4-509 (Supp. 87-2). Repealed effective December 17, 1993 (Supp. 93-4).

**R17-4-510. Expired****Historical Note**

Adopted effective October 17, 1986 (Supp. 86-5). Former Section R17-4-76 renumbered without change as Section R17-4-510 (Supp. 87-2). Section recodified to R17-4-406 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

New Section recodified from R17-4-705 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). Amended by final expedited rulemaking at 26 A.A.R. 3147, with an immediate effective date of December 3, 2020 (Supp. 20-4). Section expired under A.R.S. § 41-1052(M) at 28 A.A.R. 121 (January 7, 2022), effective December 7, 2021 (Supp. 21-4).

**R17-4-511. Repealed****Historical Note**

Adopted effective April 21, 1980 (Supp. 80-2). Former Section R17-4-62 renumbered without change as Section R17-4-511 (Supp. 87-2). Section repealed by final rulemaking at 7 A.A.R. 3831, effective August 10, 2001 (Supp. 01-3).

**R17-4-512. Expired****Historical Note**

Former Rule, General Order 92. Former Section R17-4-37 renumbered without change as Section R17-4-512 (Supp. 87-2). Section recodified to R17-5-302 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). New Section R17-4-512 recodified from R17-4-704 at 7 A.A.R. 4157, effective September 7, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 397, effective March 8, 2008 (Supp. 08-1). Amended by final expedited rulemaking at 26 A.A.R. 3147, with an immediate effective date of December 3, 2020 (Supp. 20-4). Section expired under A.R.S. § 41-1052(M) at 28 A.A.R. 121 (January 7, 2022), effective December 7, 2021 (Supp. 21-4).

**R17-4-513. Emergency Expired****Historical Note**

Emergency rule adopted effective January 4, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Emergency rule re-adopted effective May 2, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired.

**R17-4-514. Emergency Expired****Historical Note**

Emergency rule adopted effective January 4, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired. Emergency rule re-adopted effective April 25, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency expired.

**R17-4-515. Reserved****R17-4-516. Reserved****R17-4-517. Reserved****R17-4-518. Reserved****R17-4-519. Reserved****R17-4-520. Recodified****Historical Note**

Adopted as Section R17-4-301 and renumbered as Section R17-4-520 effective September 22, 1987 (Supp. 87-3). Section recodified to R17-4-502 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-521. Recodified****Historical Note**

Adopted as Section R17-4-310 and renumbered as Section R17-4-521 effective September 22, 1987 (Supp. 87-3). Section recodified to R17-4-503 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-522. Recodified****Historical Note**

Adopted as Section R17-4-320 and renumbered as Section R17-4-522 effective September 22, 1987 (Supp. 87-3). Amended effective April 12, 1994 (Supp. 94-2). Section recodified to R17-4-506 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**ARTICLE 6. EXPIRED****R17-4-601. Reserved****R17-4-602. Reserved****R17-4-603. Reserved**

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**R17-4-604. Reserved****R17-4-605. Reserved****R17-4-606. Repealed****Historical Note**

Adopted effective February 6, 1984 (Supp. 84-1). Former Section R17-4-507 renumbered without change as Section R17-4-606 (Supp. 87-2). Repealed by summary rulemaking with an interim effective date of March 8, 1996; filed in the Office of the Secretary of State February 16, 1996 (Supp. 96-1).

**R17-4-607. Repealed****Historical Note**

Adopted effective August 24, 1982 (Supp. 82-4). Former Section R17-4-501 renumbered without change as Section R17-4-607 (Supp. 87-2). Emergency amendments adopted and filed August 24, 1990, effective September 27, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency amendments repealed, new emergency amendments adopted effective October 1, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-repealed, new emergency amendments readopted effective February 12, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Emergency amendments re-repealed, new emergency amendments re-adopted effective August 6, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency expired. Emergency amendments re-adopted with changes effective November 14, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency expired. Repealed by summary rulemaking with an interim effective date of March 8, 1996; filed in the Office of the Secretary of State February 16, 1996 (Supp. 96-1).

**R17-4-608. Expired****Historical Note**

Adopted effective August 18, 1983 (Supp. 83-4). Former Section R17-4-504 renumbered without change as Section R17-4-608 (Supp. 87-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

**R17-4-609. Expired****Historical Note**

Adopted effective March 7, 1983, to apply to chassis and bodies placed in production after May 1, 1983 (Supp. 83-2). Former Section R17-4-502 renumbered without change as Section R17-4-609 (Supp. 87-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

**R17-4-610. Expired****Historical Note**

Adopted effective February 11, 1983 (Supp. 83-1). Former Section R17-4-503 renumbered without change as Section R17-4-610 (Supp. 87-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

**R17-4-611. Expired****Historical Note**

Adopted effective August 24, 1983 (Supp. 83-4). Former Section R17-4-506 renumbered without change as Section R17-4-611 (Supp. 87-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

**R17-4-612. Expired****Historical Note**

Adopted effective August 18, 1983 (Supp. 83-4). Former Section R17-4-505 renumbered without change as Section R17-4-612 (Supp. 87-2). R17-4-612 amended by summary action; Appendices A and B repealed by summary action with an interim effective date March 8, 1996; filed in the Office of the Secretary of State February 16, 1996 (Supp. 96-1). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 2855, effective June 28, 2013 (Supp. 13-3).

**ARTICLE 7. HAZARDOUS MATERIALS ENDORSEMENT****R17-4-701. Definitions**

In addition to the definitions contained in 49 CFR 1572, the following words and phrases apply to this Article:

“Applicant” means an individual who applies to obtain an original or renewal HME.

“CDL” means commercial driver license.

“Department” has the same meaning as defined in A.R.S. § 28-101.

“HME” means hazardous materials endorsement.

“Security Threat Assessment” means a check by TSA that includes a fingerprint-based criminal history records check, an intelligence-related background check, and a final disposition.

“Transfer applicant” means an individual with an existing HME issued by another state, applying to the state of Arizona for an HME.

“TSA” means the U.S. Transportation Security Administration.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section recodified to R17-4-309 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3368, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2730 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4).

**Appendix A. Recodified****Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Appendix recodified to 17 A.A.C. 4, Article 3 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-702. Scope**

This Article applies to commercial drivers who are applying for an original, renewal, or transfer of an HME, in accordance with 49 CFR 1572. The Department incorporates by reference 49 CFR 1572, revised as of October 1, 2023, and no later amendments or editions. The incorporated material is on file with the Department at

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**Historical Note**

Adopted effective November 15, 1989 (Supp. 89-4). Amended effective October 11, 1995 (Supp. 95-4). Section recodified to R17-1-202 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3368, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2730 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1954 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-4-703. Expired****Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 2518, effective May 25, 2001 (Supp. 01-2). Section recodified to R17-1-204 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 34, effective June 30, 2016 (Supp. 16-4).

**R17-4-704. Requirements for an HME**

To receive an HME an applicant shall:

1. Possess a valid Arizona CDL,
2. Be at least 21 years of age,
3. Successfully complete all required testing under R17-4-705,
4. Pay all applicable fees under R17-4-706,
5. Make application to TSA for a Security Threat Assessment, and
6. Receive a Determination of No Security Threat from TSA.

**Historical Note**

Adopted effective October 6, 1983 (Supp. 83-5). Former Section R17-4-49 renumbered without change as Section R17-4-704 (Supp. 87-2). Amended by final rulemaking at 7 A.A.R. 3834, effective August 10, 2001 (Supp. 01-3). Section recodified to R17-4-512 at 7 A.A.R. 4157, effective September 7, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1).

**R17-4-705. Required Testing**

- A. Original and renewal applicants shall successfully complete the testing requirements under A.R.S. § 28-3223.
- B. A transfer applicant shall be required to comply with HME knowledge test requirements under A.R.S. § 28-3223 and pay any applicable fee under R17-4-706.

**Historical Note**

Adopted effective August 2, 1978 (Supp. 78-4). Former Section R17-4-61 renumbered without change as Section

R17-4-705 (Supp. 87-2). Section recodified to R17-4-510 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3368, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 31 A.A.R. 1954 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-4-706. Fees**

All applicants and transfer applicants shall pay all applicable fees as prescribed by:

1. TSA for a Security Threat Assessment, and
2. A.R.S. § 28-3002.

**Historical Note**

Former Rule, General Order 96. Former Section R17-4-39 renumbered without change as Section R17-4-706 (Supp. 87-2). Section recodified to R17-4-407 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

**R17-4-707. 60-Day Notice to Apply**

- A. The Department shall notify an existing HME holder that a new Security Threat Assessment shall be successfully passed to retain the HME 60 days prior to the expiration of the Security Threat Assessment and the corresponding HME.
- B. Upon expiration of the Department's 60 Day Notice to Apply, the Department shall cancel the Arizona driver license privileges of an applicant who fails to apply for a Security Threat Assessment and fails to remove the HME.

**Historical Note**

Adopted as an emergency effective April 24, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-2). Emergency expired. Former Section R17-4-66 renumbered and reserved as R17-4-707 (Supp. 87-2). New Section R17-4-66 adopted and renumbered as Section R17-4-707 effective August 11, 1987 (Supp. 87-3). Amended by final rulemaking at 6 A.A.R. 4668, November 14, 2000 (Supp. 00-4). Section recodified to R17-1-203 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 31 A.A.R. 1954 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-4-708. Security Threat Assessment**

- A. An applicant for an HME shall successfully pass a Security Threat Assessment every five years.
- B. An applicant subject to any of the following actions, as defined in A.R.S. § 28-3001, shall obtain a new Security Threat Assessment and HME:
  1. Cancellation,
  2. Suspension for a period of one year or more,
  3. Expiration for a period of one year or more, and
  4. Revocation for a period of one year or more.

**Historical Note**

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Adopted effective January 13, 1993 (Supp. 93-1). Section recodified to R17-4-310 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 27 A.A.R. 2730 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4).

**R17-4-709. Determination of Security Threat**

Upon notification by TSA that an applicant has failed to successfully pass the Security Threat Assessment:

1. For an original applicant:
  - a. The Department will deny the request for an HME; and
  - b. If otherwise qualified, the applicant may apply for a CDL without an HME.
2. For a renewal applicant:
  - a. The Department shall immediately cancel the HME.
  - b. The Department will notify an HME applicant with a Notice of Action that the applicant has 15 days from the notice date to have the HME removed.
  - c. The applicant shall visit a Motor Vehicle Division Customer Service office for removal of the HME.
  - d. If the applicant fails to comply with the Department's Notice of Action, the Department shall cancel the applicant's Arizona driver license privilege.
  - e. Upon removal of an HME by the Department under this Section, an applicant, if otherwise qualified, may continue to hold a CDL.

**Historical Note**

Adopted by an emergency action effective December 1, 1998, pursuant to A.R.S. § 41-1026, effective for a maximum of 180 days (Supp. 98-4). Emergency expired May 29, 1999; Section renewed and amended by emergency rulemaking, pursuant to A.R.S. § 41-1026, at 5 A.A.R. 2433, effective July 7, 1999 for a maximum of 180 days (Supp. 99-3). Emergency Section expired January 3, 2000, pursuant to A.R.S. § 1026(C); new Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-5-601 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2730 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4).

**R17-4-709.01. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-602 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.02. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-603 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.03. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-604 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.04. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-5-605 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.05. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-606 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.06. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-607 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**Appendix A. Recodified****Historical Note**

Appendix A adopted by an emergency action effective December 1, 1998, pursuant to A.R.S. § 41-1026, effective for a maximum of 180 days (Supp. 98-4). Emergency expired May 29, 1999; Appendix A renewed and amended by emergency rulemaking, pursuant to A.R.S. § 41-1026, at 5 A.A.R. 2433, effective July 7, 1999 for a maximum of 180 days (Supp. 99-3). Emergency Appendix A expired January 3, 2000, pursuant to A.R.S. § 1026(C); new Appendix A adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Appendix recodified to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**Appendix B. Recodified****Historical Note**

Appendix B adopted by an emergency action effective December 1, 1998, pursuant to A.R.S. § 41-1026, effective for a maximum of 180 days (Supp. 98-4). Emergency expired May 29, 1999; Appendix B renewed and amended by emergency rulemaking, pursuant to A.R.S. § 41-1026, at 5 A.A.R. 2433, effective July 7, 1999 for a maximum of 180 days (Supp. 99-3). Emergency Appendix B expired January 3, 2000, pursuant to A.R.S. § 1026(C); new Appendix B adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Appendix recodified to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**Appendix C. Recodified****Historical Note**

Appendix C adopted by an emergency action effective December 1, 1998, pursuant to A.R.S. § 41-1026, effective for a maximum of 180 days (Supp. 98-4). Emergency expired May 29, 1999; Appendix C renewed and amended by emergency rulemaking, pursuant to A.R.S. § 41-1026, at 5 A.A.R. 2433, effective July 7, 1999 for a maximum of 180 days (Supp. 99-3). Emergency Appendix C expired January 3, 2000, pursuant to A.R.S. § 1026(C); new Appendix C adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Appendix recodified to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

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tive for a maximum of 180 days (Supp. 98-4). Emergency expired May 29, 1999; Appendix C renewed by emergency rulemaking, pursuant to A.R.S. § 41-1026, at 5 A.A.R. 2433, effective July 7, 1999 for a maximum of 180 days (Supp. 99-3). Emergency Appendix C expired January 3, 2000, pursuant to A.R.S. § 1026(C); new Appendix C adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Appendix recodified to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.07. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-5-608 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.08. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 549, effective January 11, 2000 (Supp. 00-1). Section recodified to R17-5-609 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.09. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 654, effective January 11, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-5-610 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**Exhibit A. Recodified****Historical Note**

New Form adopted by final rulemaking at 6 A.A.R. 654, effective January 11, 2000 (Supp. 00-1). Heading "Form A" changed to "Exhibit A" to conform with R1-1-412 (Supp. 00-3). Exhibit recodified to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**Exhibit B. Recodified****Historical Note**

New Exhibit adopted by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Exhibit recodified to 17 A.A.C. 5, Article 6 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).

**R17-4-709.10. Recodified****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 59, effective December 7, 2000 (Supp. 00-4). Section recodified to R17-4-408 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3).

**R17-4-710. Requests for Administrative Hearing**

- A. In the event an applicant has failed to successfully complete the Security Threat Assessment or failed to receive a Determination of No Security Threat, the applicant may make an appeal directly through TSA, but cannot request an administrative hearing from the Department.
- B. An applicant whose Arizona driver license privileges have been canceled under R17-4-707 or R17-4-709 may request an

administrative hearing from the Department as prescribed under 17 A.A.C. 1, Article 5. The hearing is held in accordance with the procedures prescribed under A.R.S. Title 41, Chapter 6, Article 6 and 17 A.A.C. 1, Article 5.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2928, effective August 5, 1999 (Supp. 99-3). Section recodified to R17-1-101 at 7 A.A.R. 919, effective January 24, 2001 (Supp. 01-1). New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

**R17-4-711. Expired****Historical Note**

New Section made by final rulemaking at 13 A.A.R. 684, effective April 9, 2007 (Supp. 07-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 34, effective June 30, 2016 (Supp. 16-4).

**R17-4-712. Transfer Applicant**

- A. Applicability. A transfer applicant shall comply with the provisions of this Article except as otherwise required by this Section.
- B. Existing TSA approval. Upon application by a transfer applicant who has successfully passed a Security Threat Assessment prior to application in Arizona, the Department shall:
  1. Verify the TSA approval of a Determination of No Security Threat;
  2. Issue an Arizona CDL with an HME; and
  3. Consider an applicant who has been subject to any action under R17-4-708(B) an original applicant and shall require the applicant to undergo a new Security Threat Assessment and testing requirements under R17-4-705.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 3368, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 24 A.A.R. 1543, effective May 1, 2018 (Supp. 18-2).

**Table A. Recodified****Historical Note**

Table A adopted by final rulemaking at 5 A.A.R. 2928, effective August 5, 1999 (Supp. 99-3). Table recodified to 17 A.A.C. 1, Article 1 at 7 A.A.R. 919, effective January 24, 2001 (Supp. 01-1).

**ARTICLE 8. MOTOR VEHICLE RECORDS****R17-4-801. Definitions**

"Batch" means a query-command method that initiates simultaneous production of an electronic file or series of requests that may have delayed results.

"Certified record" means a copy of a document designated as a true copy by the agency officer entrusted with custody of the original to be used for purposes prescribed under A.R.S. § 28-442.

"Commercial driver license record" has the same meaning as a CDLIS motor vehicle record as defined in 49 CFR 384.105.

"Customer number" means the system-generated, or other distinguishing number, assigned by the Department to each person with a record on the Department's database, which

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includes the driver license number assigned to a person for a driver license, identification card, or instruction permit.

“Driver record” means a motor vehicle record more specifically defined to include any data that pertains to a driver license, identification card, instruction permit, or driver related activities.

“Interactive” means an electronic query-command method individually initiated by a person that produces immediate results.

“Reasonable costs” has the same meaning as defined in A.R.S. § 12-351.

“Requester” means the person, as defined in A.R.S. § 41-1001, requesting a motor vehicle record.

“Special MVR” means a motor vehicle record that is comprised of the least possible subset of information necessary to respond to the type of request received.

“Support document” means any customer record maintained by the Department in an electronic, hardcopy, or microfilm file storage format.

“Title and registration record” means a motor vehicle record more specifically defined to include any data that pertains to a vehicle title or registration record.

**Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Section recodified to R17-5-701 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 4376, effective February 2, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 3498, effective December 4, 2018 (Supp. 18-4).

**R17-4-802. Motor Vehicle Record Request**

- A. Identification requirements. The requester of a motor vehicle record shall present valid identification as indicated on the motor vehicle record request form or at the request of the Department at the time a motor vehicle record request is made.
- B. Charges and exemptions. The requester of a motor vehicle record shall pay the appropriate motor vehicle record copy charge under R17-4-803, unless exempt under A.R.S. § 28-446.
- C. Motor vehicle record types. Under this Article, the Department may release any of the following motor vehicle record types:
  1. Title and Registration record, uncertified;
  2. Title and Registration record, certified;
  3. Driver 39-month record, uncertified;
  4. Driver five-year record, certified;
  5. Driver extended history record, certified;
  6. Special MVR, uncertified;
  7. Commercial driver license record, uncertified;
  8. Support documents, uncertified; and
  9. Support documents, certified.
- D. Search Criteria. A requester who has a permissible use under A.R.S. § 28-455, except as indicated under subsection (E) when using the permissible use under A.R.S. § 28-455(C)(11), shall provide at least one of the items of information listed in this subsection when requesting a motor vehicle record. The requester may need to provide additional information as needed in order to locate the record.
  1. For a title and registration motor vehicle record:
    - a. Vehicle identification number,
    - b. License plate number, or

- c. Vehicle owner’s full name.
2. For a driver motor vehicle record:
  - a. The full name of the person whose record is requested, or
  - b. Customer number.
- E. Consent to release motor vehicle record. A requester who uses the permissible use under A.R.S. § 28-455(C)(13) shall present a properly signed Consent To Release Motor Vehicle Record - One-Time form from the person whose motor vehicle record is requested. A requester who uses the permissible use under A.R.S. § 28-455(C)(11) shall present a properly signed Consent To Release Motor Vehicle Record - General form from the person whose motor vehicle record is requested if that person has not previously submitted this form to the Department. In addition, a requester who uses the permissible use under A.R.S. § 28-455(C)(11) shall provide the items of information listed in this subsection. The Consent To Release Motor Vehicle Record forms are available at all Customer Service and Authorized Third Party Provider offices and online at <https://www.azdot.gov>.
  1. For a title and registration motor vehicle record:
    - a. Two items under subsection (D)(1), and
    - b. The vehicle owner’s residence address.
  2. For a driver motor vehicle record:
    - a. The name and customer number of the person whose record is requested, and
    - b. The person’s date of birth, or
    - c. The person’s address, or
    - d. The person’s Arizona driver license expiration date.
- F. General consent to release information. The Department shall record a person’s general consent to release information on the person’s driver and title and registration records.
  1. The general consent to release information is valid until revoked, in writing, by the person.
  2. A person may submit the written notice of revocation:
    - a. In person, at a Customer Service office or Authorized Third Party Provider; or
    - b. By mail, to Motor Vehicle Division, P.O. Box 2100, Mail Drop 500M, Phoenix, AZ 85001-2100.
- G. Insurance companies requesting a driver record. The Department shall not release to an insurer, broker, managing general agent, authorized agent or insurance producer any information in a person’s driving record pertaining to a traffic violation that occurred 40 months or more before the date of a request for the release of the information.

**Historical Note**

Adopted effective August 16, 1991 (Supp. 91-3). Section repealed, new Section adopted effective April 19, 1994 (Supp. 94-2). Section recodified to R17-4-508 at 7 A.A.R. 3479, effective July 20, 2001 (Supp. 01-3). New Section made by final rulemaking at 13 A.A.R. 4376, effective February 2, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 3498, effective December 4, 2018 (Supp. 18-4).

**R17-4-803. Record Copy Charges**

In accordance with A.R.S. §§ 12-351 and 28-446, for each separate request, the Department shall assess a charge as provided in Table 1. Certified and Uncertified Motor Vehicle Record Fees. Therefore, a fee is collected if the request results in a motor vehicle record or “No Record Found.”

**Historical Note**

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New Section made by final expedited rulemaking at 24  
A.A.R. 3498, effective December 4, 2018 (Supp. 18-4).

**Table 1. Certified and Uncertified Motor Vehicle Record Fees**

Description	Method of Delivery	Amount
A certified record:	Over-the-counter immediate or drop-off service; Mail-in request; or Electronic interactive.	\$5
	Electronic batch.	\$3
A certified support document:	Over-the-counter immediate or drop-off service; or Mail-in request.	\$5
An uncertified record:	Over-the-counter immediate service; Mail-in request; or Electronic interactive.	\$3
	Electronic batch; or Over-the-counter drop-off service.	\$2
An uncertified support document:	Over-the-counter immediate or drop-off service; or Mail-in request.	\$3
An uncertified Special MVR:	Over-the-counter immediate or drop-off service; Mail-in request; or Electronic interactive.	\$1.50
Civil subpoena support documentation:	Served by a process server.	Reasonable costs
Any photocopied item: (Does not include... etc.)	Over-the-counter immediate or drop-off service; or Mail-in request.	25¢ per page

**Historical Note**

Table 1 made by final expedited rulemaking at 24 A.A.R. 3498, effective December 4, 2018 (Supp. 18-4).

**R17-4-804. Repealed**

15, 1988 (Supp. 88-2). Section recodified to R17-1-501 at  
7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Repealed  
effective November 21, 1995 (Supp. 95-4).

**R17-4-902. Recodified****Historical Note**

Adopted effective March 31, 1978 (Supp. 78-2).  
Amended subsections (A), (E) and (F) effective April 4,  
1984 (Supp. 84-2). Former Section R17-4-60 renumbered  
without change as Section R17-4-902 (Supp. 87-2). For-  
mer Section R17-4-902 repealed, new Section R17-4-902  
adopted effective June 15, 1988 (Supp. 88-2). Section  
recodified to R17-1-502 at 7 A.A.R. 3477, effective July  
20, 2001 (Supp. 01-3).

**R17-4-805. Recodified****Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Section  
recodified to R17-5-702 at 7 A.A.R. 3483, effective July  
20, 2001 (Supp. 01-3).

**R17-4-806. Recodified****Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Section  
recodified to R17-5-703 at 7 A.A.R. 3483, effective July  
20, 2001 (Supp. 01-3).

**R17-4-807. Recodified****Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Section  
recodified to R17-5-704 at 7 A.A.R. 3483, effective July  
20, 2001 (Supp. 01-3).

**R17-4-808. Recodified****Historical Note**

Adopted effective June 29, 1990 (Supp. 90-2). Section  
recodified to R17-5-705 at 7 A.A.R. 3483, effective July  
20, 2001 (Supp. 01-3).

**ARTICLE 9. RESERVED****R17-4-901. Recodified****Historical Note**

Adopted effective March 31, 1978 (Supp. 78-2). Former  
Section R17-4-59 renumbered without change as Section  
R17-4-901 (Supp. 87-2). Former Section R17-4-901  
repealed, new Section R17-4-901 adopted effective June

**R17-4-903. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section  
recodified to R17-1-503 at 7 A.A.R. 3477, effective July  
20, 2001 (Supp. 01-3).

**R17-4-904. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section  
recodified to R17-1-504 at 7 A.A.R. 3477, effective July  
20, 2001 (Supp. 01-3).

**R17-4-905. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section  
recodified to R17-1-505 at 7 A.A.R. 3477, effective July  
20, 2001 (Supp. 01-3).

**R17-4-906. Recodified****Historical Note**



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Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-506 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-907. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-507 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-908. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-508 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-909. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-509 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-910. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-513 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-911. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-511 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-912. Recodified****Historical Note**

Adopted effective June 15, 1988 (Supp. 88-2). Section recodified to R17-1-512 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

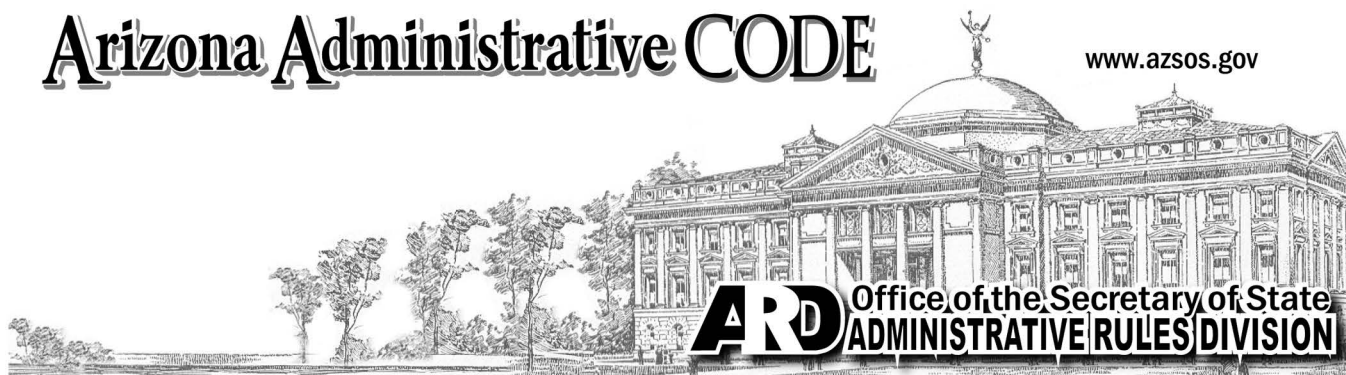
**R17-4-913. Recodified****Historical Note**

Adopted as an emergency effective December 30, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-4). Readopted as an emergency with a correction in subsection (A), paragraph (A) effective March 29, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Adopted without change as a permanent rule effective June 15, 1988 (Supp. 88-2). Amended effective July 13, 1989 (Supp. 89-3). Section recodified to R17-1-510 at 7 A.A.R. 3477, effective July 20, 2001 (Supp. 01-3).

**R17-4-914. Repealed****Historical Note**

Former General Order 68. Former Section R17-4-26 renumbered without change as Section R17-4-914 (Supp. 87-2). Repealed effective July 29, 1992 (Supp. 92-3).

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**17 A.A.C. 5**

**Supplement Information**  
**Supp. 25-2**

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 24-4, 1-46 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

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

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## Administrative Rules Division

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## TITLE 17. TRANSPORTATION

## CHAPTER 5. DEPARTMENT OF TRANSPORTATION - COMMERCIAL PROGRAMS

Authority: A.R.S. §§ 28-366, 28-962, 28-2169, and 28-5204

## Supp. 25-2

*Editor's Note: The Department was given an exemption to the provisions in the Arizona Administrative Procedure Act to make rules under Laws 2015, Ch. 235, § 14. Refer to the historical notes in Article 9 for more information (Supp. 15-3).*

*Editor's Note: The Department was given an exemption to the provisions in the Arizona Administrative Procedure Act to make or amend rules under Laws 2013, Ch. 129, § 27. Refer to the historical notes in Article 3 for more information (Supp. 15-2).*

*Editor's Note: 17 A.A.C. 5 was created from Sections recodified from 17 A.A.C. 4 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3).*

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*Article 9, consisting of Sections R17-5-901 through R17-5-906, made by exempt rulemaking at 21 A.A.R. 1825, under Laws 2015, Ch. 235, § 14, effective August 21, 2015 (Supp. 15-3).*

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**ARTICLE 1. GENERAL PROVISIONS****ARTICLE 2. MOTOR CARRIERS****R17-5-201. Definitions**

In addition to the definitions provided under A.R.S. §§ 28-3001 and 28-5201, the following definitions apply to this Article unless otherwise specified:

“Audit” means any inspection of a transporter’s motor vehicle, equipment, books, or records to determine compliance with this Article and A.R.S. Title 28, Chapter 14.

“Co-applicant” means an employer or potential employer.

“Danger to public safety” means any condition of a transporter likely to result in serious peril to the public if not discontinued immediately.

“Department” has the same meaning as defined in A.R.S. § 28-101.

“Director” means the Director of the Arizona Department of Transportation or the Director’s designated agent.

“Executive Hearing Office” means the Arizona Department of Transportation’s Executive Hearing Office.

“Medical waiver evaluation summary” means the form, provided by the Department, to be completed by either a board-qualified or board-certified orthopedic surgeon or physiatrist and mailed to the Department, at the address provided on the form, on behalf of an Arizona intrastate medical waiver applicant.

“Physiatrist” means a doctor of medicine specialized in physical medicine and rehabilitation.

“Transporter” means any person, driver, motor carrier, shipper, manufacturer, or motor vehicle, including any motor vehicle transporting a hazardous material, hazardous substance, or hazardous waste, subject to this Article and A.R.S. Title 28, Chapter 14.

“Violation” means any conduct, act, or failure to act required or prohibited under this Article and A.R.S. Title 28, Chapter 14.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3249, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3).

Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-5-202. Motor Carrier Safety: Incorporation of Federal Regulations; Applicability**

- A. The Department incorporates by reference 49 CFR 40, 379, 382, 383, 385, 390 (except 390.23, 390.25 and the definitions of “direct assistance” and “emergency” in 390.5 and 390.5T), 391, 392, 393, 395, 396, 397, and 399, revised as of October 1, 2023, and no later amendments or editions, as amended under this Article. The Department incorporates by reference 49 CFR 390.23, 390.25, and the definitions of “direct assistance,” “emergency,” and “residential heating fuel” in 390.5 and 390.5T as published in 88 FR 70897, October 13, 2023, and no later amendments or editions, as amended under this Article.

The incorporated material is on file with the Department at 206 S. 17th Avenue, Phoenix, AZ 85007. The incorporated material is published by National Archives and Records Administration, Office of the Federal Register, 8601 Adelphi Road, College Park, MD 20740-6001, and is printed and distributed by the U.S. Government Publishing Office, P.O. Box 979050, St. Louis, MO 63197-9000. The incorporated material can be viewed online at <https://www.govinfo.gov> and ordered online by visiting the U.S. Government Bookstore at <http://bookstore.gpo.gov>.

- B. The sections of 49 CFR incorporated under subsection (A) apply as amended under this Article to all intrastate and interstate motor carriers operating in Arizona and persons operating a commercial motor vehicle.

**Historical Note**

New Section recodified from R17-4-435 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 3249, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 1867, effective June 3, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2679, effective June 8, 2004 (Supp. 04-2). Amended by final rulemaking at 12 A.A.R. 1559, effective May 2, 2006 (Supp. 06-2). Amended by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 2382, effective August 5, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 1549, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-5-203. Motor Carrier Safety: 49 CFR 390 - Federal Motor Carrier Safety Regulations; General**

- A. 49 CFR 390.3T, General applicability. Paragraph (a)(1) is amended to read:

Regulations incorporated in this subchapter are applicable to all motor carriers operating in Arizona and any vehicle owned or operated by the state, a political subdivision, or a state public authority that is used to transport a hazardous material in an amount requiring the vehicle to be placarded as prescribed under R17-5-209.

- B. 49 CFR 390.5T, Definitions. The definitions listed under 49 CFR 390.5T are amended as follows:

“Commercial Motor Vehicle” or “CMV” has the same meaning as defined in A.R.S. § 28-5201.

“Emergency relief” is deleted.

“Shipper” has the same meaning as defined in A.R.S. § 28-5201.

“Special agent” means an officer or agent of the Department, the Arizona Department of Public Safety, or a political subdivision, who is trained and certified by the Arizona Department of Public Safety to enforce Arizona’s Motor Carrier Safety requirements.

“State” means a state of the United States or the District of Columbia.



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“Tow truck,” as used in the definition of emergency under 49 CFR 390.5T, has the same meaning as defined in A.A.C. R13-3-701.

- C. 49 CFR 390.19T, Motor carrier, hazardous material safety permit applicant/holder, and intermodal equipment provider identification reports. Paragraph (a)(1) is amended to read:  
A U.S.-, Canada-, Mexico-, or non-North America-domiciled motor carrier conducting operations in interstate commerce or in intrastate commerce in a CMV must file a Motor Carrier Identification Report, Form MCS-150.
- D. 49 CFR 390.23, Automatic relief from regulations. Paragraph (c) is amended to read:  
Local emergencies. Sections 395.3 and 395.5 of this chapter shall not apply to a motor carrier or driver operating a commercial motor vehicle so long as the motor carrier or driver is providing direct assistance during an emergency declared by a Federal, State, or local government official having authority to declare an emergency or an emergency situation exists under A.R.S. § 28-5234(B) for the period of such assistance or five days from the date of the initial declaration of emergency, whichever is less. A motor carrier may request the exemption by contacting Commercial Vehicle Enforcement at the Arizona Department of Public Safety, Highway Patrol Division, P.O. Box 6638, Phoenix, AZ 85005. The Arizona Department of Public Safety may grant the exemption with or without restrictions as necessary to provide vital service to the public.
- E. 49 CFR 390.25, Extension or modification of relief from regulations - emergencies. Paragraph (a) is amended by adding:  
A motor carrier seeking to extend a period of relief from these regulations may request the extension by contacting Commercial Vehicle Enforcement at the Arizona Department of Public Safety, Highway Patrol Division, P.O. Box 6638, Phoenix, AZ 85005. The Arizona Department of Public Safety may grant the extension with any restrictions it considers necessary to provide vital service to the public.

**Historical Note**

New Section recodified from R17-4-435.01 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 3249, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 1867, effective June 3, 2003 (Supp. 03-2). Amended by final rulemaking at 11 A.A.R. 862, effective February 1, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 1559, effective May 2, 2006 (Supp. 06-2). Amended by final rulemaking at 13 A.A.R. 2636, effective July 10, 2007 (Supp. 07-3). Amended by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 2382, effective August 5, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 1549, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-5-204. Motor Carrier Safety: 49 CFR 391 - Qualifications of Drivers and Longer Combination Vehicle (LCV) Driver Instructors**

- A. 49 CFR 391.11, General qualifications of drivers. Paragraph (b)(1) is amended to read:  
Is at least 21 years of age for interstate operation or is at least 18 years of age for operations restricted to intrastate transportation not involving the transportation of a reportable quantity of hazardous substance, hazardous waste required to be manifested, or hazardous material in an amount requiring a vehicle to be placarded as prescribed under R17-5-209;
- B. 49 CFR 391.51, General requirements for driver qualification files. Paragraph (b)(7) is amended to read:  
A Skill Performance Evaluation Certificate issued by FMCSA in accordance with § 391.49; or the Medical Exemption document, issued by a Federal medical program in accordance with part 381 of this chapter; or a copy of the Arizona intrastate medical waiver, if a waiver is granted by the Director as prescribed under R17-5-208.

**Historical Note**

New Section recodified from R17-4-435.02 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 2382, effective August 5, 2014 (Supp. 14-3). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-5-205. Motor Carrier Safety: 49 CFR 383 - Commercial Driver's License Standards; Requirements and Penalties**

- A. 49 CFR 383.5, Definitions. The definitions listed under 49 CFR 383.5 are amended as follows:  
“Commercial motor vehicle” or “CMV” has the same meaning as defined in A.R.S. § 28-3001.  
“Conviction” has the same meaning as defined in A.R.S. § 28-3001.  
“Disqualification” has the same meaning as defined in A.R.S. § 28-3001.  
“Motor vehicle” has the same meaning as defined in A.R.S. § 28-101.  
“Out-of-service order” has the same meaning as defined in A.R.S. § 28-5241.  
“School bus” has the same meaning as defined in A.R.S. § 28-101.  
“Tank vehicle” has the same meaning as defined in A.R.S. § 28-3103.
- B. 49 CFR 383.71, Driver application and certification procedures. Paragraphs (b)(1)(ii), Excepted interstate, and (b)(1)(iv), Excepted intrastate, are deleted.
- C. 49 CFR 383.73, State procedures.  
1. Paragraph (c)(4) is amended to read:  
If such applicant wishes to retain a hazardous materials endorsement, require compliance with standards for such endorsement specified in §§ 383.71(b)(8) and 383.141 and ensure that the driver has successfully completed a new test for such endorsement specified in § 383.121.  
2. Paragraphs (c)(4)(i) and (c)(4)(ii) are deleted.  
3. Paragraph (f)(2)(ii) is amended to read:  
The state must add the word “non-domiciled” to the face of the CLP or CDL, in accordance with § 383.153(c) or

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“limited-term” to the face of the CLP or CDL, in accordance with 6 CFR 37.21; and

- D. 49 CFR 383.75, Third party testing. Paragraph (a)(8)(v) is amended to read:

Require the third party tester to initiate and maintain a surety bond in an amount pursuant to A.R.S. Title 28, Chapter 13 to be sufficient to pay for re-testing drivers in the event that the third party or one or more of its examiners is involved in fraudulent activities related to conducting skills testing of applicants for a CDL. Exception: A third party tester that is a government entity is not required to maintain a surety bond. A provider exempted under A.R.S. Title 28, Chapter 13, is responsible for all costs associated with all re-testing of applicants due to examination fraud as determined by the Department.

- E. 49 CFR 383.153, Information on the CLP and CDL documents and applications. The introductory sentence in paragraph (e) is amended to read:

Before a CLP or CDL may be issued:

#### Historical Note

New Section recodified from R17-4-435.03 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 3249, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3). Section repealed by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). New Section made by final rulemaking at 20 A.A.R. 2382, effective August 5, 2016 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 1549, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

#### R17-5-206. Motor Carrier Safety: 49 CFR 392 - Driving of Commercial Motor Vehicles

- A. 49 CFR 392.5, Alcohol prohibition. Paragraph (e) is amended by adding:
- Drivers who violate the terms of an out-of-service order as prescribed under this section are also subject to the provisions and sanctions of A.R.S. § 28-5241.
- B. 49 CFR 392.9b, Prohibited transportation.
- Paragraph (a) is amended to read:  
Safety registration required. A commercial motor vehicle providing transportation in interstate commerce or in intrastate commerce must not be operated without a safety registration and an active USDOT Number.
  - Paragraph (b), Penalties, is amended to read:  
Penalties. If it is determined that the motor carrier responsible for the operation of such a vehicle is operating in violation of paragraph (a) of this section, it may be subject to penalties in accordance with 49 U.S.C. 521 and A.R.S. §§ 28-5240 and 28-5241.

#### Historical Note

New Section recodified from R17-4-435.04 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 1867, effective June 3, 2003 (Supp. 03-2). Amended by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 24 A.A.R. 1549, effective May 1, 2018

(Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

#### R17-5-207. Civil Penalties

To determine the amount of civil penalty for repeat findings of responsibility for the same class of violations involving vehicles required to be placarded, the higher level of civil penalty as prescribed under A.R.S. § 28-5238 applies.

#### Historical Note

New Section recodified from R17-4-435.05 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3).

#### R17-5-208. Commercial Driver License Intrastate Medical Waiver; Intrastate Alternative Physical Qualification Standards for the Loss or Impairment of Limbs

- A. A person who is not physically qualified to drive a commercial motor vehicle in intrastate commerce due to loss of limb or limb impairment, as provided under 49 CFR 391.41(b)(1) or (b)(2), but otherwise meets all other requirements under 49 CFR 391.41, may operate a commercial motor vehicle in intrastate commerce if granted an intrastate medical waiver by the Director. Application for an intrastate medical waiver shall be submitted according to subsection (B).
- B. A driver applicant, or a driver applicant jointly with the motor carrier co-applicant that will employ the driver applicant, shall complete and submit the applicable intrastate medical waiver application to the Department's Medical Review Program, P.O. Box 2100, Mail Drop 818Z, Phoenix, AZ 85001-2100, with the following information as applicable:
- Identify the applicant:
    - Name and complete address of the driver applicant;
    - Name and complete address of the motor carrier co-applicant;
    - U.S. Department of Transportation motor carrier identification number, if known; and
    - A description of the driver applicant's limb impairment as applicable to the type of waiver being requested;
  - Describe the type of operation the driver applicant will be employed to perform, including the following information (if known):
    - Average period of time the driver will be driving or on duty, per day;
    - Type of commodities or cargo to be transported;
    - Type of driver operation (i.e., sleeper team, relay, owner operator, etc.); and
    - Number of years experience operating each type of commercial motor vehicle requested in the intrastate medical waiver application and total years of experience operating all types of commercial motor vehicles;
  - Describe the commercial motor vehicles the driver applicant intends to drive:
    - Truck, truck tractor, or bus make, model, and year (if known);
    - Drive train:
      - Transmission type (automatic or manual - if manual, designate number of forward speeds);
      - Auxiliary transmission (if any) and number of forward speeds; and

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- iii. Rear axle (designate single speed, two-speed, or three-speed);
    - c. Type of brake system;
    - d. Steering, manual or power assisted;
    - e. Description of types of trailers (i.e., van, flatbed, cargo tank, drop frame, lowboy, or pole);
    - f. Number of semitrailers or full trailers to be towed at one time;
    - g. For commercial motor vehicles designed to transport passengers, indicate the seating capacity of the commercial motor vehicle; and
    - h. Description of any modifications made to the commercial motor vehicle for the driver applicant, attach photographs where applicable;
  - 4. Include a certification statement:
    - a. The driver applicant shall certify that the driver applicant is otherwise qualified to drive a commercial motor vehicle under the regulations of 49 CFR 391 as adopted by the Department; and
    - b. In case of a co-applicant, the co-applicant motor carrier shall certify that the driver applicant is otherwise qualified to drive a commercial motor vehicle under the regulations of 49 CFR 391 as adopted by the Department; and
  - 5. Contain signature of each applicant and date signed:
    - a. The driver applicant's signature; and
    - b. The motor carrier official's signature and title if the application has a co-applicant. Depending on the motor carrier's organizational structure (corporation, partnership, or proprietorship), the signer of the application shall be an officer, partner, or the proprietor.
  - C. The completed intrastate medical waiver application for a driver applicant not physically qualified to drive under 49 CFR 391.41(b)(1) or (b)(2) shall be accompanied by:
    - 1. A copy of the medical examination report form, MCSA-5875, and medical examiner's certificate, form MCSA-5876, completed pursuant to 49 CFR 391.43;
    - 2. The Department's medical waiver evaluation summary completed by either a board-qualified or board-certified physiatrist or orthopedic surgeon. The co-applicant motor carrier or the driver applicant shall provide the physiatrist or orthopedic surgeon with a description of the job-related tasks the driver applicant will be required to perform:
      - a. The medical waiver evaluation summary for a driver applicant not physically qualified to drive under 49 CFR 391.41(b)(1) shall include:
        - i. An assessment of the functional capabilities of the driver as they relate to the ability of the driver to perform normal tasks associated with operating a commercial motor vehicle; and
        - ii. A statement by a board-qualified or board-certified physiatrist or orthopedic surgeon that the applicant is capable of demonstrating precision prehension (e.g., manipulating knobs and switches) and power grasp prehension (e.g., holding and maneuvering the steering wheel) with each upper limb separately;
      - b. The medical waiver evaluation summary for a driver applicant not physically qualified to drive under 49 CFR 391.41(b)(2) shall include:
        - i. An explanation as to how and why the impairment interferes with the ability of the applicant to perform normal tasks associated with operating a commercial motor vehicle;
  - ii. An assessment and medical opinion of whether the condition will likely remain medically stable over the lifetime of the driver applicant; and
      - iii. A statement by a board-qualified or board-certified physiatrist or orthopedic surgeon that the applicant is capable of demonstrating precision prehension (e.g., manipulating knobs and switches) and power grasp prehension (e.g., holding and maneuvering the steering wheel) with each upper limb separately;
  - 3. A description of the driver applicant's prosthetic or orthotic device worn, if any; and
  - 4. A copy of the driver applicant's state motor vehicle driving record for the past three years from each state in which a motor vehicle driver license or permit has been obtained.
- D. Agreement. A motor carrier that employs a driver subject to an intrastate medical waiver granted by the Director under subsection (A), whether the waiver was granted unilaterally to the driver, or to the driver and co-applicant motor carrier, shall agree to:
- 1. Report to the Department's Medical Review Program, P.O. Box 2100, Mail Drop 818Z, Phoenix, AZ 85001-2100, in writing, any suspension, revocation, disqualification, or withdrawal of the subject driver's driver license or permit, and any accident, arrest, or conviction involving the driver within 30 days after the occurrence;
  - 2. Provide to the Department's Medical Review Program, on request, any documents and information pertaining to the driving activities, accidents, arrests, convictions, and driver license or permit suspensions, revocations, disqualifications, or withdrawals involving the subject driver;
  - 3. Evaluate the subject driver with a road test using the trailer types the motor carrier intends the driver to transport, or alternatively accept a certificate of a trailer road test from another motor carrier if the trailer types are similar, or accept the trailer road test completed during the skill performance evaluation if trailer types are similar to that of the prospective motor carrier;
  - 4. Evaluate the subject driver for those non-driving safety related job tasks associated with each type of trailer that will be used and any other non-driving safety related or job related tasks unique to the operations of the employing motor carrier; and
  - 5. Use the subject driver to operate the type of commercial motor vehicle indicated on the intrastate medical waiver only when the driver is in compliance with the conditions and limitations of the waiver.
- E. A driver subject to an intrastate medical waiver, issued by the Director under subsection (A), shall supply each employing motor carrier with a copy of the intrastate medical waiver.
- F. The Department may require the driver applicant to demonstrate the driver applicant's ability to safely operate the commercial motor vehicle the driver intends to drive.
- G. If required by the Department during the application process, a driver applicant shall have a skill performance evaluation performed by a federally-certified state commercial driver license examiner at a Department commercial driver license facility when directed.
- H. If the Director grants an intrastate medical waiver under subsection (A) to the driver applicant, the Department shall mail

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- to the driver applicant and co-applicant motor carrier (if applicable) written approval of the intrastate medical waiver describing the terms, conditions, and limitations of the waiver.
- I.** The intrastate medical waiver granted by the Director under subsection (A) shall identify:
    1. The power unit (bus, truck, truck tractor) for which the waiver is granted; and
    2. The trailer type used in the skill performance evaluation, if applicable, without limiting the waiver to that specific trailer type.
  - J.** A subject driver may use the intrastate medical waiver with other trailer types if the driver successfully completes:
    1. A trailer road test administered by the motor carrier under subsection (D)(3) for each type of trailer, and
    2. A non-driving safety related or job related task evaluation administered by the motor carrier under subsection (D)(4).
  - K.** The intrastate medical waiver granted by the Director under subsection (A) is:
    1. Valid for a period of not more than two years from the date of issuance;
    2. Renewable 30 days prior to the expiration date; and
    3. Transferable from an original motor carrier co-applicant employer to a new motor carrier employer or to the subject driver, as a unilateral applicant if becoming self-employed, upon written notification to the Department's Medical Review Program, P.O. Box 2100, Mail Drop 818Z, Phoenix, AZ 85001-2100, stating the new employer's name and the type of equipment to be driven.
  - L.** A driver subject to an intrastate medical waiver, issued by the Director under subsection (A), shall have the intrastate medical waiver (or a legible copy) in the subject driver's possession while on duty.
  - M.** The motor carrier employing a subject driver shall maintain a copy of the intrastate medical waiver in its driver qualification file and retain the copy in the motor carrier's file for a period of three years after the driver's employment is terminated.
  - N.** A driver subject to an intrastate medical waiver, or a driver subject to an intrastate medical waiver jointly with a motor carrier co-applicant, may renew an intrastate medical waiver by submitting to the Department's Medical Review Program, P.O. Box 2100, Mail Drop 818Z, Phoenix, AZ 85001-2100, a new intrastate medical waiver application. The intrastate medical waiver application shall contain the following:
    1. Name and complete address of the motor carrier currently employing the applicant;
    2. Name and complete address of the subject driver;
    3. Total miles driven under the current intrastate medical waiver;
    4. Number of accidents incurred while driving under the current intrastate medical waiver, including the date of each accident, number of fatalities, number of injuries, and the estimated dollar amount of any property damage;
    5. A current medical examination report and medical examiner's certificate completed pursuant to 49 CFR 391.43;
    6. A current medical waiver evaluation summary, as prescribed under subsection (C)(2);
    7. A copy of the subject driver's current state motor vehicle driving record for the period of time the current intrastate medical waiver has been in effect;
    8. Notification of any change in the type of tractor the driver will operate;
    9. Subject driver's signature and date signed; and
    10. Motor carrier co-applicant's signature and date signed (if applicable).
  - O.** The Director may deny an application for the intrastate medical waiver or may grant the waiver in whole or in part and issue the waiver subject to such terms, conditions, and limitations as the Director deems consistent with the public interest.
  - P.** The Director may revoke an intrastate medical waiver after providing the driver subject to an intrastate medical waiver written notice of the proposed revocation and a reasonable opportunity to request a hearing pursuant to the procedure prescribed under 17 A.A.C. 1, Article 5. The Director may revoke an intrastate medical waiver if the:
    1. Driver subject to an intrastate medical waiver, or co-applicant (if applicable), or both provided false information in the application,
    2. Driver subject to an intrastate medical waiver, or co-applicant (if applicable), or both failed to comply with the terms and conditions of the intrastate medical waiver, or
    3. Issuance of the intrastate medical waiver resulted in a lower level of safety than before the waiver was granted.
  - Q.** If the enforcement of any provision of this Section would result in the loss or disqualification of federal funding for any state agency or program, that provision is invalid.

**Historical Note**

New Section recodified from R17-4-435.06 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 3249, effective July 10, 2002 (Supp. 02-3). Section repealed; new Section made by final rulemaking at 14 A.A.R. 3797, effective November 8, 2008 (Supp. 08-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 2382, effective August 5, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 1549, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-5-209. Hazardous Materials Transportation: Incorporation of Federal Regulations; Applicability****A.** Incorporation of federal regulations.

1. As relevant to the transportation of hazardous materials by highway, the Department incorporates by reference, as amended under this Section, the following Parts of the Federal Hazardous Materials Regulations; revised as of October 1, 2023, and no later amendments or editions, as 49 CFR - Transportation, Subtitle B - Other Regulations Relating to Transportation, Chapter I - Pipeline and Hazardous Materials Safety Administration, Department of Transportation:
  - a. Subchapter A - Hazardous Materials and Oil Transportation; Part 107 - Hazardous materials program procedures; and
  - b. Subchapter C - Hazardous Materials Regulations; Parts:
    - i. 171 - General information, regulations, and definitions;
    - ii. 172 - Hazardous materials table, special provisions, hazardous materials communications, emergency response information, training requirements, and security plans;

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- iii. 173 - Shippers - general requirements for shipments and packagings;
  - iv. 177 - Carriage by public highway;
  - v. 178 - Specifications for packagings; and
  - vi. 180 - Continuing qualification and maintenance of packagings.
2. The material incorporated by reference under this subsection is on file with the Department at 206 S. 17th Avenue, Phoenix, AZ 85007. The incorporated material is published by National Archives and Records Administration, Office of the Federal Register, 8601 Adelphi Road, College Park, MD 20740-6001, and is printed and distributed by the U.S. Government Publishing Office, P.O. Box 979050, St. Louis, MO 63197-9000. The incorporated material can be viewed online at <https://www.govinfo.gov> and ordered online by visiting the U.S. Government Bookstore at <http://bookstore.gpo.gov>.
- B. Application and exceptions.**
- 1. Application.
    - a. Regulations incorporated under subsection (A) apply as amended by subsection (C) to motor carriers, shippers, and manufacturers as defined in A.R.S. § 28-5201.
    - b. Regulations incorporated under subsection (A) also apply to any vehicle owned or operated by the state, a political subdivision, or a state public authority, used to transport a hazardous material, including hazardous substances and hazardous waste.
  - 2. Exceptions. An authorized emergency vehicle, as defined in A.R.S. § 28-101, is excepted from the provisions of this Section.
- C. Amendments.** The following sections of the Federal Hazardous Materials Regulations, incorporated under subsection (A), are amended as follows:
- 1. Part 171, General information, regulations, and definitions. Section 171.8, Definitions and abbreviations. Section 171.8 is amended by revising the definitions for “carrier,” “hazmat employer,” and “person,” and adding a definition for “highway” as follows:
 

“Carrier” means a person engaged in the transportation of passengers or property by highway as a common, contract, or private carrier and also includes the state, a political subdivision, and a state public authority engaged in the transportation of hazardous material.

“Hazmat employer” means a person who uses one or more employees in connection with: transporting hazardous material; causing hazardous material to be transported or shipped; or representing, marking, certifying, selling, offering, reconditioning, testing, repairing, or modifying containers, drums, or packagings as qualified for use in the transportation of hazardous material. This term includes motor carriers, shippers, and manufacturers defined in A.R.S. § 28-5201 and includes the state, political subdivisions, and state public authorities.

“Highway” means a public highway as defined in A.R.S. § 28-5201.

“Person” has the same meaning as defined in A.R.S. § 28-5201.
  - 2. Part 172, Hazardous materials table, special provisions, hazardous materials communications, emergency response information, training requirements, and security plans. Section 172.3, Applicability. Paragraph (a)(2) is

amended to read: “Each motor carrier that transports hazardous materials, and each state agency, political subdivision, and state public authority that transports hazardous material by highway.”

- 3. Part 177, Carriage by public highway.
  - a. Section 177.800, Purpose and scope of this part and responsibility for compliance and training. In paragraph (a), the phrase “by private, common, or contract carriers by motor vehicle” is amended to read, “by a motor carrier operating in Arizona, a state agency, a political subdivision, or a state public authority that transports hazardous material by highway.”
  - b. Section 177.802, Inspection. Section 177.802 is amended to read: “Records, equipment, packagings, and containers under the control of a motor carrier or other persons subject to this part, affecting safety in transportation of hazardous material by motor vehicle, must be made available for examination and inspection by an authorized representative of the Department as prescribed under A.R.S. §§ 28-5204 and 28-5231.”

**Historical Note**

New Section recodified from R17-4-436 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 3249, effective July 10, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 1867, effective June 3, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 1262, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 2382, effective August 5, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 1549, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**R17-5-210. Motor Carrier Safety: Public Service Corporation, Political Subdivision of this State that is Engaged in Rendering Public Utility Service, or Railroad Contacting State Officials in an Emergency**

- A.** A public service corporation, a political subdivision of this state that is engaged in rendering public utility service, or a railroad shall notify Commercial Vehicle Enforcement in writing, through the Arizona Department of Public Safety Duty Office, that an emergency situation under A.R.S. § 28-5234(B) exists. Notification shall be sent by email to [doffice@azdps.gov](mailto:doffice@azdps.gov) immediately, but in no case longer than three hours from the time the public service corporation, political subdivision of this state that is engaged in rendering public utility service, or railroad determines that the emergency situation exists. The information to be provided in writing includes:
- 1. Date of the emergency situation,
  - 2. Time that the emergency situation started,
  - 3. Description of the emergency situation,
  - 4. Location of the emergency situation,
  - 5. Projected duration of the emergency situation,
  - 6. Name and contact number of responsible party in the field, and

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7. The utility's self-generated Emergency ID or tracking number.
- B. A public service corporation, a political subdivision of this state that is engaged in rendering public utility service, or a railroad shall maintain supporting documentation for no less than three years from the date of an emergency situation and shall make the supporting documentation available to a special agent upon request. Supporting documentation includes:
  1. A list of drivers involved in the emergency situation;
  2. The duration of the emergency situation;
  3. The off-duty time provided for the affected drivers after the emergency situation concluded; and
  4. Any United States Department of Transportation recordable accidents, as defined in 49 CFR 390.5T, which occurred during the emergency situation.
- C. After an emergency situation terminates and a driver returns to the principal place of business, the driver shall not drive a commercial motor vehicle unless the driver remains off duty under 49 CFR 395.

**Historical Note**

New Section recodified from R17-4-438 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 7 A.A.R. 4259, effective September 13, 2001 (Supp. 01-3). Section repealed by final rulemaking at 8 A.A.R. 3249, effective July 10, 2002 (Supp. 02-3). New Section made by final rulemaking at 11 A.A.R. 862, effective February 1, 2005 (Supp. 05-1). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4).

**R17-5-211. Motor Carrier Safety: Inspection, Enforcement, and Sanction**

- A. Scope. This Section applies to any transporter subject to:
  1. R17-5-201 through R17-5-209; and
  2. A.R.S. Title 28, Chapter 14.
- B. Audits.
  1. The Department may conduct an audit for cause or without cause.
  2. The Department may enter the premises of any transporter for the purpose of conducting an audit.
  3. The Department may inspect a motor vehicle:
    - a. Within Arizona at:
      - i. A transporter's place of business, or
      - ii. Any other in-state location, or
    - b. Outside Arizona at a transporter's place of business.
  4. A transporter shall make records available for audit:
    - a. During the transporter's normal business hours, and
    - b. In a specific location as follows:
      - i. The transporter's Arizona place of business, or
      - ii. Either an Arizona location designated by the Director or the transporter's out-of-state place of business.
  5. The Department shall charge a transporter in advance for all expenses to be incurred in performance of an out-of-state audit.
- C. Violation notification. Within five days after audit completion, the Department shall notify an audited transporter in writing of all violations. The notification shall specify a deadline date for remedy of all violations.
- D. Obligation to remedy violations. After receipt of a violation notification, a transporter shall remedy all violations by the specified date to comply with:

1. R17-5-201 through R17-5-209; and
2. A.R.S. Title 28, Chapter 14.
- E. Noncompliance: Failure to remedy violations. If the Department determines a transporter does not remedy a violation by the date specified in a violation notice, the Department shall initiate further enforcement action as prescribed under A.R.S. §§ 28-5237 and 28-5238.
- F. Danger to public safety. If the Director determines a written violation report establishes probable cause of danger to public safety, the Director shall issue an order by 5:00 p.m. the next business day suspending the Arizona registration of the motor vehicle owned or leased by the transporter, or a driver's Arizona driver license or nonresident driving privilege.

**Historical Note**

New Section recodified from R17-4-439 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 7 A.A.R. 4259, effective September 13, 2001 (Supp. 01-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 2382, effective August 5, 2014 (Supp. 14-3). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4).

**R17-5-212. Motor Carrier Safety: Hearing Procedure**

- A. Scope.
  1. This Section applies only to a motor carrier enforcement action under:
    - a. R17-5-201 through R17-5-209; and
    - b. A.R.S. Title 28, Chapter 14.
  2. In an enforcement hearing involving a manufacturer, motor carrier, shipper, or driver under this Section, the Department shall follow the procedures prescribed under 17 A.A.C. 1, Article 5, except as modified under subsections (B) and (C).
- B. Initiation of proceedings; service.
  1. The Director shall initiate a hearing under this Section by:
    - a. Preparing a complaint in the form prescribed under subsection (C) alleging the specific violations of a manufacturer, motor carrier, shipper, or driver; and
    - b. Serving, by mail, the complaint on the violator, and submitting a copy of the complaint to the Executive Hearing Office, along with a certificate of service indicating the date of service.
  2. The date of service is the date of mailing.
- C. Complaint; order to show cause.
  1. The complaint shall contain the following:
    - a. The designation of the parties to the action, with the Department as the petitioner, and the violator as the respondent;
    - b. The respondent's name and the basis of fact for the complaint, including a listing of all alleged violations of statute or rule;
    - c. The relief sought by the Department;
    - d. The signature of the Director or their designee; and
    - e. A copy of the written violation notice issued by a law enforcement agency to the respondent, if applicable.
  2. Upon receipt of a copy of a complaint in compliance with subsections (B) and (C)(1), the Executive Hearing Office shall issue an order to show cause for the parties to appear at an administrative hearing to allow the respondent to

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present evidence and give testimony as to why the requested relief should not be granted.

3. The Executive Hearing Office shall hold a hearing under this Section within the time-frame required by statute.
4. The parties may resolve a complaint before the hearing date.
  - a. The parties shall file notice of settlement with the Executive Hearing Office, which will issue an order dismissing the pending action.
  - b. Complaint settlement terminates the right of both petitioner and respondent to receive additional administrative review.

**Historical Note**

New Section recodified from R17-4-440 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 4230, effective November 15, 2002 (Supp. 02-3). Amended by final rulemaking at 17 A.A.R. 1691, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 24 A.A.R. 1549, effective May 1, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 2734 (November 26, 2021), with an immediate effective date of November 2, 2021 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 1958 (June 20, 2025), with an immediate effective date of June 4, 2025 (Supp. 25-2).

**ARTICLE 3. PROFESSIONAL DRIVER SERVICES****R17-5-301. Definitions**

In addition to the definitions under A.R.S. §§ 28-101 and 32-2351, the following definitions apply to this Article, unless otherwise specified:

“Activity” means a function or service that is provided by a licensed professional driver training school pursuant to A.R.S. Title 32, Chapter 23 or licensed traffic survival school pursuant to A.R.S. Title 28, Chapter 8, Article 7.1 and that is performed by a professional driver training school instructor or traffic survival school qualified instructor as defined in this Article.

“Applicant” means an individual or school, including principals, requesting in the manner set forth in this Article the issuance or renewal of a license or to become a qualified instructor under A.R.S. Title 28, Chapter 8, Article 7.1 or Title 32, Chapter 23 and this Article.

“Application date” means the date the Department or private entity receives a signed application from an applicant.

“Audit” means a review of the operations, facilities, equipment, and records of a licensee under this Article, which is performed by the Department or private entity under A.R.S. § 28-3411 or 32-2352 to assess and ensure compliance with all applicable federal and state laws and rules.

“Branch” means a licensed professional driver training school’s or licensed traffic survival school’s business location that is an additional established place of business, but not the school’s principal place of business.

“Business day” means a day other than a Saturday, Sunday, or legal state holiday.

“Business manager” means an owner or employee of a licensed school who has primary and sufficient oversight, supervision, and responsibility for all operations necessary to ensure full compliance with all applicable federal or state laws, rules, and school guidelines.

“Certificate of completion” means an electronic or paper document that is approved by the Department or private entity and that is issued by a traffic survival school or high school qualified instructor to a student who has demonstrated successful completion of a training or educational session or both conducted under this Article.

“Character and reputation” means a person:

- Has not been convicted of a class 1 or 2 felony by a court of competent jurisdiction,
- Has not within five years of application date been convicted of any other felony or misdemeanor offense having a reasonable relationship to the functions of the activity or the employment or category for which the qualification is sought, and
- Has not within 12 months of application date had an application or an examination required for license or qualification under this Chapter denied or revoked due to fraud or misrepresentation.

“Commercial driver license motor vehicle record” has the same meaning as a CDLIS motor vehicle record as defined in 49 CFR 384.105.

“Department-approved inventory” means educational media and related items or other resources provided and approved by the Department or private entity that are deemed necessary or useful for traffic survival school instruction, which includes curriculum, computer disks or drives, classroom training materials, instructor workbooks, instructor training manuals, or other materials, whether stored in paper or electronic formats.

“Established place of business” means a licensed professional driver training school’s or licensed traffic survival school’s business location that is:

- Approved by the Department,
- Located in Arizona,
- Not used as a residence, and
- Where the licensed school performs licensed activities.

“Good standing” means an applicant:

- Has not had a similar business license, qualification, or approval suspended, revoked, canceled, or denied within the previous three years of the application date;
- Does not have any pending corrective action, as defined under R17-5-323, relating to a Department-issued business license, qualification, or approval;
- Has not had a fingerprint clearance card required for licensure under this Article suspended, revoked, or canceled;
- Does not owe delinquent fees, taxes, or unpaid balances to the Department or private entity;
- Has not had any substantiated derogatory information relevant to the requested license reported to the Department about the applicant from any state agency contacted by the Department; or
- Has not been dismissed, or resigned in lieu of dismissal, from a position for cause following allegations of misconduct having a reasonable relationship to the person’s proposed area of licensure or qualification, if the applicant is a former Department employee or a former principal or employee of a licensed professional driver training school or licensed traffic survival school.

“Immediate family member” has the same meaning as prescribed in A.R.S. § 28-2401.

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“Inactivation” or “inactive” means a temporary or permanent status, assigned by the Department to a school previously licensed under this Article, which prohibits the school from further engaging in the previously licensed activity after the occurrence of any of the following actions:

- Cancellation of license, as defined in R17-5-323;
- Suspension of license, as defined in R17-5-323;
- Revocation of license, as defined in R17-5-323;
- Non-renewal of license; or
- Relinquishment of license.

“Licensee” means a school licensed by the Department or private entity under A.R.S. § 28-3413 or 32-2371 and this Article, to perform a licensed activity.

“Principal” means any of the following:

- If a sole proprietorship, the sole proprietor;
- If a partnership, limited partnership, limited liability partnership, limited liability company or corporation, the:
  - Partner;
  - Manager;
  - Member;
  - Officer;
  - Director;
  - Agent; or
- If a limited liability company or corporation, each stockholder owning 20 percent or more of the limited liability company or corporation; or
- If a political subdivision or government agency, the political subdivision or agency head.

“Principal place of business” means a licensed professional driver training school’s or licensed traffic survival school’s administrative headquarters, which shall not be used as a residence.

“Private entity” means an entity that contracts with the Department under A.R.S. § 28-3411 or 32-2352.

“Professional driver training school instructor” means an individual meeting the qualifications under R17-5-303 who can present specific training and educational curriculum to professional driver training school students as provided under this Article.

“Satisfactory driver record” means an applicant has not had within the past 39 months:

- A conviction for driving under the influence, reckless or aggressive driving, racing on a highway, or leaving the scene of an accident;
- A driver license previously canceled, suspended, revoked, or disqualified for any reason except for failing to meet or maintain the commercial driver license physical qualifications under 49 CFR 391.41 and A.A.C. R17-4-508; and
- More than three previous assignments to attend traffic survival school and no pending assignment.

“Traffic survival school qualified instructor” means an individual deemed qualified by the Department or private entity under this Article to conduct instruction of an education session on behalf of a licensed traffic survival school.

#### Historical Note

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking

at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

#### R17-5-302. Professional Driver Training School and Traffic Survival School Licensing; Eligibility and Application Requirements

- A. An applicant for a professional driver training school or traffic survival school license, issued by the Department or private entity under A.R.S. § 28-3411 or 32-2371 and this Section, shall meet all applicable licensing requirements under state law and this Article when applying for an original or renewal license.
- B. An applicant for a professional driver training school or traffic survival school license shall complete and submit to the Department or private entity an application packet that contains all of the following:
  1. An application, completed on a form approved by the Department;
  2. Certification that each classroom used for the instruction of students is maintained in compliance with all applicable fire codes and local zoning ordinances;
  3. Certification that each classroom used for the instruction of students meets the accessibility requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), as amended;
  4. A copy of the following documents relating to the applicant’s business if the applicant is a:
    - a. Corporation:
      - i. A copy of the articles of incorporation, including any amendments filed with the Arizona Corporation Commission; and
      - ii. Any other official documents, including copies of board meeting minutes and annual reports that reflect the most recent change to the corporate name, structure, or officers;
    - b. Limited liability company:
      - i. A copy of the articles of organization, including any amendments filed with the Arizona Corporation Commission; or
      - ii. A copy of the application for registration as a foreign limited liability company filed with the Arizona Corporation Commission and a copy of the certificate of registration issued by the Arizona Corporation Commission to a foreign limited liability company;
    - c. Limited partnership or a limited liability partnership:
      - i. A copy of a valid certificate of existence issued by the Arizona Office of the Secretary of State;
      - ii. A copy, stamped “filed” by the Arizona Office of the Secretary of State, of a certificate of limited partnership, certificate of foreign limited partnership, limited liability partnership form, foreign limited liability partnership form, or statement of qualification for conversion of limited partnership or limited liability partnership; or
      - iii. A copy of a valid trade name certificate issued by the Arizona Office of the Secretary of State; or
    - d. Sole proprietor:
      - i. A copy of a valid certificate of existence issued by the Arizona Office of the Secretary of State, or
      - ii. A copy of a valid trade name certificate issued by the Arizona Office of the Secretary of State;



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5. The name and Arizona address of the school's statutory agent, as designated in the articles of incorporation, if the applicant is a corporation;
  6. Documentation prescribed under A.R.S. § 41-1080 indicating that each applicant's presence in the United States is authorized under federal law if the applicant is an individual, a sole proprietor, or part of a general partnership;
  7. Payment of the license fees prescribed under A.R.S. § 28-3415 or 32-2374 for each activity requested; and
  8. A form, approved by the Department, completed for each branch license, if applicable, and accompanied by payment of any applicable branch license fees prescribed under A.R.S. § 28-3415 or 32-2374.
- C. An applicant shall not use the following in any part of its school name, which is subject to approval by the Department or private entity:
1. The terms "Arizona Department of Transportation," "Department of Transportation," "Motor Vehicle Division," "Motor Vehicle Department," "Division of Motor Vehicles," or "Department of Motor Vehicles;" or
  2. The acronyms "ADOT," "DOT," "MVD," or "DMV."
- D. Professional driver training school applicants must provide the following additional documents with the school's application packet:
1. A copy of the school's complete curriculum, including a sample of all written examinations and answer keys, unless the curriculum is provided by the Department or private entity;
  2. Verification of liability insurance coverage reflecting at least the minimum amount prescribed under A.R.S. § 32-2393 for each motor vehicle used to provide instruction; and
  3. Diagrams detailing a minimum of three separate behind-the-wheel final evaluation routes with a written narrative indicating all required maneuvers, if the applicant will be providing behind-the-wheel driver training.
2. An annual commercial driver license motor vehicle record which indicates the instructor has maintained a satisfactory driver record as defined in R17-5-301.
- C. A business manager of a professional driver training school licensed under A.R.S. § 32-2371 and this Article shall submit to the Department or private entity a list of all of its professional driver training school instructors, including full name and commercial driver license number, at the time of hiring the instructors, within 10 calendar days of making any changes to the instructors as required under R17-5-310, and when renewing the school license as required under R17-5-309.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-304. Fingerprint Background Check; Fingerprint Clearance Card**

- A. An applicant for a license issued under A.R.S. Title 28, Chapter 8, Article 7.1 or Title 32, Chapter 23, Article 2 and this Article, as applicable, shall:
1. Successfully complete a fingerprint background check conducted by the Arizona Department of Public Safety under A.R.S. § 41-1758.01, and
  2. Submit to the Department or private entity a copy of the fingerprint clearance card issued to the applicant under A.R.S. § 41-1758.03 as part of the application packet.
- B. An applicant is responsible for all costs associated with obtaining the fingerprint clearance card.
- C. A licensee, as applicable, shall maintain a valid fingerprint clearance card while licensed under this Article, and shall provide written notice to the Department or private entity within 10 calendar days if the fingerprint clearance card is cancelled, suspended, or revoked.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-305. Traffic Survival School Qualified Instructor Status; Eligibility and Application Requirements****R17-5-303. Professional Driver Training School Instructor Qualifications and Requirements**

- A. A professional driver training school instructor shall:
1. Work for a professional driver training school licensed by the Department or private entity under A.R.S. § 32-2371 and R17-5-302,
  2. Possess a valid Arizona commercial driver license with applicable endorsements representative of the vehicle to be used in training,
  3. Meet the character and reputation requirements as defined in R17-5-301, and
  4. Meet all applicable instructor requirements under state law and this Article.
- B. Each professional driver training school licensed under A.R.S. § 32-2371 and this Article shall maintain a file for each professional driver training school instructor that contains the following:
1. A copy of a valid Arizona commercial driver license with applicable endorsements representative of the vehicle to be used in training, and

- A. An applicant for traffic survival school qualified instructor status shall:
1. Apply through a traffic survival school licensed by the Department or private entity under A.R.S. § 28-3413 and this Article,
  2. Possess a valid Arizona driver license,
  3. Meet all applicable requirements under this Article, and
  4. Meet the good standing and character and reputation requirements as defined in R17-5-301.
- B. Each traffic survival school qualified instructor applicant shall complete an application packet that contains the following:
1. An application, completed on a form approved by the Department;
  2. A copy of a valid Arizona driver license;
  3. Documentation prescribed under A.R.S. § 41-1080 indicating that the applicant's presence in the United States is authorized under federal law;
  4. A motor vehicle record, dated within 30 days of the application date, which indicates that the applicant maintained a satisfactory driver record as defined in R17-5-301;

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5. An affidavit from the business manager of the traffic survival school certifying that the qualified instructor applicant has the necessary skills and abilities to give instruction at a professional level; and
  6. Payment of authorized fees as required by the private entity for application and administration of the instructor qualification process and for required instructor continuing education, which shall be negotiated by the Department and the private entity and shall be set forth in their contract.
- C.** An applicant for instructor qualification shall have successfully completed a traffic survival school educational workshop or similar curriculum approved by the Department or private entity before being permitted to instruct any traffic survival school course.
- D.** An applicant for instructor qualification shall have successfully completed an examination given for qualification of instructors by the Department or private entity as required under R17-5-306 before being permitted to instruct any traffic survival school course.
- E.** A business manager of a traffic survival school licensed under A.R.S. § 28-3413 and this Article shall submit to the Department or private entity the complete application packet for each qualified instructor applicant.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-306. Required Training and Examination of School and Instructor Applicants**

- A.** An applicant for traffic survival school instructor qualification under this Article shall attend Department-approved training and shall pass one or more required examinations administered by the Department or private entity.
- B.** The Department or private entity shall limit a traffic survival school qualified instructor applicant to three opportunities within 90 days, based on scheduling, to successfully complete and achieve a passing score or grade on each examination required under this Section.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-307. Approval or Denial of Application; Hearing; Appeal**

- A.** An application will not be approved by the Department or private entity unless it is properly and fully completed with all required supporting documents and applicable fees as identified in this Article.
- B.** The Department or private entity shall provide written notification to the professional driver training school or traffic survival school of the approval or denial of a license or traffic survival school instructor qualification. A notice denying the applicant a license or qualification under this Article shall specify the basis for denial and indicate that the applicant may request a hearing on the denial with the Department's Executive Hearing Office within 30 calendar days of the date on the notice unless the application is withdrawn by the applicant.

- C.** The Department or private entity may deem a traffic survival school instructor applicant qualified when a completed application is received and the applicant has successfully completed all required training and examinations.
- D.** Unless the application is withdrawn by the applicant, the Department or private entity may deny an application in which the applicant has:
1. Failed to have or to document a satisfactory driver record as required under R17-5-305, as applicable;
  2. Failed to meet the good standing or character and reputation requirements of the Department as defined in R17-5-301;
  3. Failed to meet the fingerprint clearance card requirement under R17-5-304, as applicable;
  4. Made a material misrepresentation or misstatement on the application;
  5. Violated a federal or state law or rule reasonably related in a business context to the authority applied for; or
  6. Failed to complete all applicable application requirements under this Article.
- E.** If timely requested by an applicant under subsection (B), the Department shall schedule and conduct a hearing as prescribed under A.R.S. Title 41, Chapter 6, Article 6 and 17 A.A.C. 1, Article 5 for denial of a license.
- F.** An applicant whose application was previously denied by the Department or private entity for making a material misrepresentation or misstatement on the application is not eligible to reapply for 12 months from the date of previous denial.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-308. License Issuance; Effective Date; Expiration; Display**

- A.** The Department or private entity may issue the following licenses upon determining an applicant meets all eligibility and application requirements provided under A.R.S. Title 28, Chapter 8, Article 7.1 or Title 32, Chapter 23 and this Article:
1. Professional driver training school,
  2. Traffic survival school, and
  3. Established place of business (branch).
- B.** The Department or private entity shall license only a school that employs or contracts at least one professional driver training school instructor who meets the qualifications under this Article or at least one currently qualified traffic survival school instructor, as applicable.
- C.** A license issued under this Article is:
1. Effective on the date of issuance;
  2. Effective until its expiration on the last day of each calendar year, except:
    - a. A license subject to an active duty military extension shall expire as provided under A.R.S. § 32-4301, and
    - b. A license subject to an individual's limited length of authorized stay shall expire immediately if the individual's presence in the United States is no longer authorized under federal law; and
  3. Nontransferable under any circumstances.
- D.** A licensed school shall prominently and publicly display all licenses currently in effect at the school's principal place of business.

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- E. A school shall surrender to the Department or private entity within three business days after the date of any license inactivation, as defined in R17-5-301, all:
1. Licenses;
  2. Records pertaining to the school's operations and the training of students; and
  3. Department-approved inventory, as applicable and as defined in this Article.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-309. Renewal of License**

- A. A completed renewal, consisting of the following, shall be submitted to the Department or private entity a minimum of 30 calendar days prior to license expiration, notwithstanding A.A.C. R17-1-102, failure to submit a renewal prior to December 1st shall result in the applicant being subject to all original licensing requirements:
1. A renewal application, completed on a form approved by the Department, including:
    - a. An updated list of all principals, instructors, contracted personnel, and employees of the school who are responsible for Arizona school operations, including full name and driver license number; and
    - b. The signature of all current principals on the completed application; and
  2. Payment of applicable license fees prescribed under A.R.S. § 28-3415 or 32-2374, for each activity and branch.
- B. Notwithstanding A.R.S. § 28-3415 or 32-2374, an annual license issued by the Department or private entity under this Article during the month of December shall not expire until the last day of the subsequent calendar year.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-310. Modifications of Original Application Information**

- A. A licensee or traffic survival school qualified instructor, making or learning of any change in the content of its original application information, other than ownership, shall provide written notification of the change, completed on a form approved by the Department and signed by a principal or business manager, to the Department or private entity within two business days of making the change.
- B. A licensed school making a change to a principal or corporate structure shall submit to the Department or private entity a new application for licensing under this Article and all applicable fees, as a new applicant for licensure, within 10 calendar days of making the change.
- C. A licensed school submitting a new application to the Department or private entity, as provided under subsection (B), is subject to the fingerprint clearance card requirement under R17-5-304 unless a valid fingerprint clearance card is already on file with the Department.

- D. A licensed school shall provide written or electronic notification on a form, approved by the Department, to the Department or private entity within 10 calendar days of making any changes to the licensee's contact person, business manager, or instructors.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-311. Professional Conduct; Conflicts of Interest; Advertising**

- A. A professional driver training school or traffic survival school representative or instructor shall not:
1. Accompany a student into any Department office or office of an authorized third party driver license or driver license training provider; or
  2. Solicit an individual for any purpose on any premises rented, leased, operated, or owned by the Department or by an authorized third party driver license or driver license training provider.
- B. A licensee or traffic survival school qualified instructor shall maintain good standing with the Department at all times while licensed or qualified by the Department or private entity under this Article.
- C. A licensee shall not delegate or subcontract any licensed activity authorized by the Department or private entity under this Article.
- D. The Department may take corrective action as provided under R17-5-321 and R17-5-323 if the Department or private entity determines or has reason to believe that a licensee or instructor has demonstrated unethical conduct in the performance of official duties, including:
1. Verbally abusing, intimidating, or sexually harassing a student or potential student; or
  2. Making a false statement that is material to the activities regulated in this Article to any personnel of the Department or private entity.
- E. A school shall use for all licensed activities and related advertising purposes only its official business name or its doing-business-as name as indicated on the license issued under this Article.
- F. A licensee shall not represent or imply that it is the state of Arizona, the Department, the Motor Vehicle Division, or any government agency in any printed or electronic advertising or promotional material, except to the extent expressly authorized by the Department.
- G. Licensee advertising shall not in any way:
1. Contain false, deceptive, or misleading information;
  2. Imply that the licensee can issue or guarantee issuance of a driver license or endorsement;
  3. Imply that the licensee can influence the Department or an authorized third party provider in the issuance of a driver license or endorsement;
  4. Imply that the licensee can provide any activity the licensee is not licensed by the Department or private entity to perform;
  5. Imply that preferential or advantageous treatment by the Department can be obtained; or
  6. Use or contain a term prohibited under R17-5-302(C).
- H. A school licensed by the Department or private entity under this Article may state in its advertising that it is "licensed" or "qualified" by the Department, but shall not indicate that the

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school is approved, sanctioned, or in any other way endorsed or recommended by the Department.

- I. All printed or electronic advertising or promotional material used, issued, or published by a licensee must be pre-approved by the Department or private entity.
- J. An instructor, in any official capacity as an instructor or for compensation, shall not provide any classroom instruction or skills training for an immediate family member or a principal or employee of any school that employs the instructor.
- K. A full-time employee of the state of Arizona shall not receive any direct pecuniary payments from any fees paid by those who attend a licensed school.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-312. Cancellation and Continuity of Services to Participants**

- A. A principal of a school ceasing operations or cancelling courses for any reason shall ensure continuity of services to each student currently enrolled in courses as follows:
  - 1. A principal shall notify each student currently scheduled for, or enrolled in, a course that the school will be unable to provide the services previously offered 72 hours before the scheduled course; and
  - 2. A principal shall refund within four business days any payment received by the school for a course not yet provided.
- B. A principal of a school ceasing operations shall provide to the Department or private entity, upon request, a written list of all students notified under subsection (A) with an explanation of the final resolution reached as a result of the principal's contact with the student.
- C. A principal's failure to provide continuity of services to enrolled students as provided under this Section may result in the loss of the principal's status of good standing with the Department.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-313. Method of Instruction; Curriculum**

- A. An instructor shall teach only curriculum approved by the Department or private entity to a student attending a class.
- B. An instructor shall not conduct personal business during a time designated for instruction.
- C. An instructor shall not solicit students during training classes for businesses other than those licensed by the Department or private entity.
- D. A school or instructor shall ensure that a student has both fully attended and successfully completed a course before issuing a certificate of completion to the student.
- E. A licensed traffic survival school must use all equipment required by the Department or private entity to present the curriculum to the students, including at a minimum, a computer, a PowerPoint compatible projector, a DVD player, and a display monitor visible to all students.
- F. Professional driver training school approved curriculum. The Department shall approve, and may modify, in writing, a uniform curriculum that the professional driver training school

shall teach as applicable for each activity the licensee is authorized to perform. The curriculum shall be a standard course of instruction used by a professional driver training school for the training and education of students.

- G. Traffic survival school approved curriculum. The Department shall approve, and may modify, in writing a uniform curriculum that the traffic survival school shall teach. The curriculum shall be selected and approved on the basis of effectiveness in improving the safety and habits of drivers.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-314. Certificate of Completion**

- A. A qualified instructor for traffic survival school or high school driver education program shall accurately complete all required information on a certificate of completion:
  - 1. The instructor providing the training listed on the certificate of completion shall sign the document once training is complete, or
  - 2. The instructor providing the final instruction or test shall sign the certificate of completion if training is provided by multiple instructors.
- B. A qualified instructor shall provide a certificate of completion to the student at the conclusion of the course. A traffic survival school qualified instructor shall print the certificate of completion from the web site of the Department's private entity or the Department's web site, as applicable.
- C. A high school qualified instructor shall not make a correction to a certificate of completion. If an error is made, the high school qualified instructor shall:
  - 1. Void the certificate of completion,
  - 2. Write the word "VOID" or "VOIDED" clearly on the face of each voided certificate of completion, and
  - 3. Issue a new certificate of completion.
- D. The Department may elect not to accept a certificate of completion that contains an alteration, erasure, correction, or illegible information.
- E. A school or qualified instructor shall not withhold timely issuance of a certificate of completion due to a payment dispute between the school and the student.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-315. Record Retention**

- A. A licensed traffic survival school shall electronically transmit proof of course completion immediately following each student's satisfactory completion of a traffic survival school course in a manner and with the basic computer equipment prescribed by the Department or private entity. At a minimum, the computer equipment must be able to temporarily store, and electronically transmit over the internet, the certificates of completion required by the Department or private entity.
- B. All records pertaining to a licensed school's operations and training of students shall be:
  - 1. Stored and securely maintained at the licensee's principal place of business,
  - 2. Available for inspection by the Department or private entity during business hours, and

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3. Retained by the school for three years from the date of course completion.
- C. A licensed school shall establish and maintain separate records for each authorized activity.
- D. A licensed school shall maintain, for three years, attendance records for each class conducted.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-316. Traffic Survival School Department-Approved Inventory**

- A. A traffic survival school licensed under this Article shall:
  1. Prohibit public or other unauthorized access to all Department-approved inventory, and
  2. Submit to the Department or private entity a written report detailing the circumstances surrounding the loss or theft of any missing or stolen Department-approved inventory.
- B. A licensee shall use only Department-approved inventory.
- C. A school principal or business manager shall submit to the Department or private entity a written or electronic request for any additional Department-approved inventory the school may require.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-317. School Responsibilities**

While licensed by the Department or private entity under A.R.S. § 28-3413 or 32-2371 and this Article, the school shall:

1. Comply with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) and applicable federal regulations by providing appropriate auxiliary aids and services to students with disabilities requesting reasonable accommodation;
2. Comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) and applicable federal regulations. As a requirement of compliance, the school shall:
  - a. Provide public notification of its compliance with Title VI by displaying a Department-approved notice to the public;
  - b. Take reasonable steps to ensure that Limited English Proficient (non-English speaking) customers have meaningful access to the services or activities performed under this Article, which includes, providing the school's services and authorized transactions in languages other than English and providing these services at no additional cost to the customer or student;
  - c. Report promptly any customer complaints alleging discrimination or failure to meet the requirements of this Section to the Department's Civil Rights office for processing and investigation. The school shall immediately upon receipt of such complaints provide access to its facilities, books, records, accounts, and other sources of information as may be determined or requested by the Department to be pertinent, in order to ascertain compliance with Title VI; and

- d. Inform and formally train all school officers, principals, employees, and contractors on the requirements to comply with Title VI; and
3. Provide written notice to the Department or private entity within twenty-four hours if the driver license of any of the school's principals, managers, or instructors is suspended, revoked, cancelled, or disqualified.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-318. Instructor Responsibilities**

A professional driver training school instructor or traffic survival school qualified instructor shall:

1. Attend all ongoing training and continuing education as required by the Department or private entity;
2. Provide written notice to the licensed professional driver training school or traffic survival school within twenty-four hours if the instructor's driver license is suspended, revoked, cancelled, or disqualified;
3. Conduct training and courses only at training sites approved by the Department or private entity;
4. Conduct the final evaluation on behind-the-wheel final evaluation routes approved by the Department or private entity;
5. Follow and complete the curriculum approved by the Department or private entity for each course conducted; and
6. Conduct at least two courses in a calendar year.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**R17-5-319. Traffic Survival Schools**

- A. The Department shall assign an individual only to a traffic survival school licensed by the Director under this Article.
- B. A traffic survival school or qualified instructor shall allow only students who provide acceptable proof of traffic survival school assignment to register for and attend a traffic survival school course. The following documents are acceptable proof of assignment:
  1. Notice of traffic survival school assignment or suspension for failure to attend traffic survival school,
  2. An order from a court or other appropriate tribunal from Arizona or another state indicating traffic survival school assignment,
  3. Traffic survival school proof of assignment form obtained from the Department,
  4. Electronic verification of traffic survival school assignment through the Department's private entity, or
  5. Motor vehicle record.
- C. On enrollment of a student in, or on a student's attendance of, a traffic survival school course, a licensed traffic survival school shall collect the statutory enrollee fee provided in A.R.S. § 28-3411, unless the student has paid the enrollee fee in advance. The licensed traffic survival school also shall collect the records fee prescribed by A.R.S. § 28-446, if applicable, before the student attends the traffic survival school course. The licensed traffic survival school shall fully remit these fees to the private entity within four business days after a

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student completes the traffic survival school course. If a licensed traffic survival school does not timely remit the enrollee fees, the Department or private entity may notify the traffic survival school that its prospective future students will be required to prepay the enrollee fees until remittances are current. The amount of the enrollee fee charged by the private entity shall be negotiated by the Department and the private entity and shall be set forth in their contract.

- D. A traffic survival school or qualified instructor shall not:
  1. Conduct courses with a number of students in excess of the classroom's fire safety capacity reported to the Department or private entity by the licensee under R17-5-321;
  2. Conduct courses with more than 30 students per qualified instructor;
  3. Exclude a translator, the Director, the private entity, or Department personnel from attending courses;
  4. Issue a certificate of completion to a student who has not fully completed the required curriculum; or
  5. Issue a certificate of completion for a student whom the instructor did not personally instruct.
- E. A licensee shall retain for three years all copies of the student's acceptable proof of assignment and the signed class roster of attending students.
- F. The private entity may develop and administer a web site that allows individuals who are assigned to traffic survival school to locate and enroll online in traffic survival school courses.
- G. Only an individual who meets the qualifications under R17-5-305, remains in compliance with this Article, and who is granted and retains traffic survival school qualified instructor status, may be allowed to teach individuals assigned by the Department to attend a licensed traffic survival school.
- H. A licensed traffic survival school must hold at least one course every 60 days at the school's established place of business and each branch, as applicable.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-320. High School Driver Education Program**

- A. The following definitions apply to this Section:
  1. "Accountable forms inventory" means a series of distinctly and consecutively numbered documents provided by the Department to an instructor qualified under this Section for:
    - a. Recording in a log, the assigned number of each document completed, issued, or voided by a high school qualified instructor; and
    - b. Reporting to the Department the assigned number of each document completed, issued, or voided by a high school qualified instructor.
  2. "Certified instructor report" means a report prepared and certified monthly by each high school qualified instructor listing all certificates of completion that were issued and voided.
- B. The Department shall cooperate with the Arizona Department of Education, under A.R.S. §§ 28-3174 and 32-2353, to enable the issuance of a certificate of completion to a regularly enrolled full-time student as part of a high school driver education program.
- C. The Director or private entity shall qualify an instructor approved by the Arizona Department of Education to issue a certificate of completion.
- D. A high school qualified instructor may issue a certificate of completion to a regularly enrolled full-time student who:
  1. Successfully completes the classroom course of instruction required by the Arizona Department of Education, which may waive the student's requirement to take the Department's written test; or
  2. Successfully completes the skills course of instruction required by the Arizona Department of Education, which may waive the student's requirement to take the Department's skills test.
- E. A high school qualified instructor shall submit to the Department, no later than the fifth day of each month, all certified instructor reports and certificates of completion issued by the school during the preceding month. A high school qualified instructor who does not issue any certificates of completion during the preceding month shall submit to the Department a certified instructor report indicating "no activity."
- F. A high school qualified instructor shall provide the status of certificates of completion to the Department, upon request, by identifying the certificates by number as either issued, not issued, lost, or stolen.
- G. A high school representative shall promptly return all unused or un-issued certificates of completion to the Department, upon request.
- H. A certificate of completion constitutes accountable forms inventory to be secured at all times by the high school qualified instructor or other designee of the high school and any misuse, fraud, or negligence by a high school qualified instructor involving the form in consultation with the Arizona Department of Education pursuant to A.R.S. § 28-3174 may lead to Department disqualification of the instructor's authorization to issue the form.
- I. A high school qualified instructor shall submit to the Department all reports required under this Article by regular mail, certified mail, registered mail, electronic mail, or personal delivery. The following dates shall be used to determine whether a report was received within the required timeframes established under this Section:
  1. For regular mail, the postmark date;
  2. For certified or registered mail, the date of receipt by the designated delivery service;
  3. For electronic mail, the send date; and
  4. For personal delivery, the Department's time and date stamp of receipt.
- J. If a high school qualified instructor fails to timely or accurately submit to the Department a certified instructor report required under this Section, the Department may initiate corrective action. The Department may:
  1. Provide an oral or written warning for a first untimely or inaccurate report,
  2. Send a letter of concern for a second untimely or inaccurate report in a 12-month period, and
  3. Request that the Arizona Department of Education disqualify a high school qualified instructor from issuing a certificate of completion under this Article for a third untimely or inaccurate report in a 12-month period.
- K. A high school shall develop and maintain a driver education class training record for each student, which shall include at least the following information:
  1. Student's name;
  2. Student's phone number;
  3. Student's driver license or instruction permit number and its expiration date;
  4. Fee amounts collected for any related services;

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5. Date, type, and duration of all classroom lessons and practical instruction;
6. Make, model, and license plate number of any motor vehicle used to conduct training, as applicable;
7. Date and results of all tests administered;
8. Number of certificates of completion issued; and
9. Name and Department-issued number of each instructor who conducted a lesson or test.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-321. Periodic Audits, Monitoring, Inspections, and Investigations**

- A. To determine compliance with license requirements, qualification requirements and applicable federal and state laws and rules, the Department or private entity may:
  1. Monitor for compliance by attending any licensed school's course or other activities on a scheduled or unscheduled basis;
  2. Audit for compliance by performing periodic reviews of the operations, facilities, equipment, and records;
  3. Inspect for compliance by making random, on-site visits during posted business hours; or
  4. Investigate for compliance by interviewing or submitting questions to school owners, instructors, and former or current students.
- B. Failure of a school or instructor to allow or cooperate in an audit, monitoring, inspection, or investigation may result in the Department issuing an immediate cease and desist order or requesting a hearing for suspension or revocation of a license issued under this Article.
- C. During an audit, monitoring, inspection, or investigation of a licensee, the Department, the private entity, a law enforcement agency, or employee of the Federal Motor Carrier Safety Administration may:
  1. Review and copy paper and electronic records;
  2. Examine the licensee's principal and established place of business, all branches, training, or road training sites; and
  3. Interview the school's employees, instructors, and customers.
- D. A licensee shall make records available for audit, monitoring, inspection, or investigation at the licensee's principal place of business.
- E. After an audit or monitoring, the Department or private entity shall send a report of the results in writing to the school.
- F. If instances of non-compliance are found as a result of an audit, monitoring, inspection, or investigation, the Department or private entity may determine if either of the following actions is required:
  1. An informal meeting to discuss findings, or
  2. A written compliance plan addressing findings.
- G. If greater instances of non-compliance are found as a result of an audit, monitoring, inspection, or investigation, the Department may determine if either of the following actions is required:
  1. A probationary period; or
  2. A request for a hearing to cancel, suspend, or revoke a license to operate a school or conduct instruction under this Article.
- H. The Department or private entity may issue a notice of corrective action to a licensee if the licensee fails to comply with a warning letter, with an audit, inspection or investigation

request, a monitoring request, or with written findings provided by the Department or private entity. Only the Department may initiate a corrective action provided under subsection (G).

- I. Each site used by a school as an office, training location, or classroom location shall:
  1. Be inspected and approved by the Department or private entity prior to initial use or relocation,
  2. Be licensed by the Department or private entity, and
  3. Have office hours displayed in a conspicuous location at each site open to the public during the posted hours.
- J. There shall be a clearly defined and visible separation between a school and any other business if a professional driver training school or traffic survival school is located in an office building, store, or other physical structure shared with any other business or enterprise.
- K. Any request by a school for inspection and approval of a site on a recognized Indian reservation shall contain the written permission of the appropriate Tribal authority.
- L. Any request by a school for inspection and approval of a site on a military base shall contain the written permission of the appropriate military authority.
- M. A school shall submit to the Department or private entity a copy of the written lease or contract agreement or deed of ownership, if the site is owned by the school, for each site, as applicable.
- N. Any request by a traffic survival school for inspection and approval of a site to be used for educational sessions shall include the approved fire safety capacity of the classroom(s) at that site and shall be signed by a principal of the traffic survival school.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-322. Cease and Desist Order; Hearing and Appeal**

- A. The Department may immediately issue and serve a cease and desist order on a licensee, as prescribed under A.R.S. § 28-3417 or 32-2394, if the Department or private entity has reasonable cause to believe that the licensee has violated or is violating a federal or state law or rule relating to a duty prescribed under this Article.
- B. A cease and desist order issued by the Department to a licensee under this Article shall:
  1. Require the person on receipt of the order to cease and desist from further engaging in the prohibited conduct or in any activity authorized under this Article as specified in the cease and desist order, and
  2. Provide information regarding the person's right to request a hearing to show cause as to why the Department's order should not be upheld.
- C. On failure or refusal of a licensee to comply with a cease and desist order, or after a requested hearing, the Department may cancel, suspend, or revoke the license of the licensee under A.R.S. § 28-3416 or 32-2391 and R17-5-323.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2).

**R17-5-323. Non-compliance; Notice of Corrective Action; Cancellation, Suspension, or Revocation of a Professional Driver Training School License or Traffic Survival School**

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**License or Qualification of a Traffic Survival School Instructor; Hearing and Appeal**

- A. The following definitions apply to this Section:
1. "Cancellation" means a Department action that withdraws a license or qualification of a traffic survival school instructor issued under A.R.S. Title 28, Chapter 8, Article 7.1 or Title 32, Chapter 23 and this Article.
  2. "Revocation" means a Department action that terminates, for an indefinite period of time, a licensee's or traffic survival school qualified instructor's privilege to operate a school or conduct instruction under this Article.
  3. "Suspension" means a Department action that prohibits, for a stated period of time, a licensee or traffic survival school qualified instructor from operating as a school or instructor under this Article.
- B. The Department or private entity may initiate corrective action on a licensee or a traffic survival school qualified instructor as provided under A.R.S. Title 28, Chapter 8, Article 7.1, Title 32, Chapter 23, Article 3, or Title 41, Chapter 6, Article 6, and this Article, if satisfactory evidence shows that a licensee or instructor, individually or collectively:
1. Violated a federal or state law or rule reasonably relating in a business context to a duty prescribed under this Article;
  2. Failed to maintain a status of good standing or character and reputation as defined in R17-5-301; or
  3. Provided false, deceptive, or misleading information to the Department or private entity in either an application or in response to an audit or inspection conducted pursuant to R17-5-321.
- C. A corrective action initiated under subsection (B), depending on the severity or number of violations, may include the Department imposing a term of probation; issuing a cease and desist order under A.R.S. § 28-3417 or 32-2394; or requesting a hearing to cancel, suspend, or revoke an existing license under A.R.S. § 28-3416 or 32-2391.
- D. A notice of corrective action issued by the Department requesting a hearing to cancel, suspend, or revoke an existing school license shall include:
1. The grounds for the Department's action; and
  2. A brief written statement explaining that it will request that a hearing be held before the Department's Executive Hearing Office on the proposed cancellation, suspension, or revocation of a professional driver training school license or a traffic survival school license, as provided under A.R.S. § 28-3416 or 32-2391.
- E. A notice of corrective action issued by the Department to cancel, suspend, or revoke an existing qualification of a traffic survival school instructor shall include:
1. The grounds for the Department's action; and
  2. A brief written statement of the hearing and appeal rights, including that the instructor may request a hearing with the Department's Executive Hearing Office within 30 calendar days of the date on the notice for the cancellation, suspension, or revocation of the qualification of a traffic survival school instructor, as provided in A.R.S. §§ 41-1001(12) and 41-1064.
- F. The Department shall provide notice and conduct hearings as prescribed under A.R.S. Title 41, Chapter 6, Article 6, and 17 A.A.C. 1, Article 5, as applicable.

**Historical Note**

New Section made by exempt rulemaking under Laws 2013, Ch. 129, § 27 at 21 A.A.R. 1096, effective September 1, 2015 (Supp. 15-2). Amended by final rulemaking

at 23 A.A.R. 2045, effective September 5, 2017 (Supp. 17-3).

**ARTICLE 4. DEALERS****R17-5-401. Definitions**

In addition to the definitions in A.R.S. §§ 28-4301 and 28-4410, the following definitions apply to this Article unless otherwise specified:

"Dealer" or "motor vehicle dealer" has the same meaning as "motor vehicle dealer" in A.R.S. § 28-4301.

"Director" has the same meaning as in A.R.S. § 28-101.

"Owner" means a person who holds the legal title of a motor vehicle.

"Principal place of business" means a licensed place of business from which a wholesale motor vehicle dealer or a broker conducts business and keeps the records of the business.

"State" means the state of Arizona and all its agencies and political subdivisions, their officers and agents.

"Taxpayer identification number" means a number used for tax purposes that is assigned by the Social Security Administration or the Internal Revenue Service.

"VIN" or "Vehicle Identification Number" means the unique code, including serial number, used by an automobile manufacturer to identify a specific motor vehicle.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 1434, effective July 4, 2017 (Supp. 17-2).

**R17-5-402. Bond Amounts; Dealers, Brokers, and Automotive Recyclers' Business Licenses**

- A. As prescribed under A.R.S. § 28-4362, the Department shall require a bond in the amount specified for the following motor vehicle business license applicants:
1. \$100,000 for:
    - a. A new motor vehicle dealer,
    - b. A used motor vehicle dealer, or
    - c. A public consignment auction dealer.
  2. \$25,000 for:
    - a. A broker,
    - b. A wholesale motor vehicle dealer, or
    - c. A wholesale motor vehicle auction dealer.
  3. \$20,000 for an automotive recycler.
- B. An applicant shall submit a bond on the original vehicle dealer bond form prescribed by the Director that meets the requirements in A.R.S. § 28-4362 and these rules. An applicant shall submit a separate, original bond for each application and for each county in which an applicant or licensee has an established place of business or a principle place of business. A power of attorney for the attorney-in-fact shall be attached to the dealer bond, if applicable.
- C. An applicant shall sign the dealer bond, in addition to all partners for a partnership, or one officer for an incorporation.
- D. The completed bond form shall contain an embossed stamp, seal, or sticker from the bond company.
- E. The Department shall not accept a handwritten bond.

**Historical Note**

New Section recodified from R17-4-240 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 1864, effective August 2, 2003 (Supp. 03-2). Section amended by final rulemaking at 23 A.A.R. 1434, effective July 4, 2017 (Supp. 17-2).



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**R17-5-403. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1864, effective August 2, 2003 (Supp. 03-2). Section expired under A.R.S. 1056(J) at 22 A.A.R. 3195, effective October 5, 2016 (Supp. 16-3).§

**R17-5-404. Dealer Title Requirement for Vehicle Sale**

For purposes of A.R.S. § 28-4409(A), the dealer's name shall be recorded on a title certificate as transferee or purchaser.

**Historical Note**

New Section recodified from R17-4-241 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section heading corrected as recodified at 7 A.A.R. 3483 (Supp. 09-2).

**R17-5-405. Dealer Acquisition Contract**

- A.** For the purposes of A.R.S. § 28-4410, a dealer shall prepare a dealer acquisition contract on a Department form with contents as prescribed under subsection (B).
- B.** A dealer acquisition contract shall contain the following information:
  1. The heading "Dealer Acquisition Contract;"
  2. The dealer's name and dealer license number;
  3. The dealer's business address and telephone number;
  4. The owner's name, address, telephone number; driver license number or taxpayer identification number, as applicable; and type of ownership;
  5. The VIN; license plate number; licensing state; and model, make, and year of the motor vehicle that has a dealer acquisition contract;
  6. If there is a lien holder, for each lien holder:
    - a. The lien holder's name, address, and telephone number;
    - b. The lien balance;
    - c. The prepayment penalties, if any; and
    - d. Other information on the terms and conditions of the lien repayment.
  7. A statement by the owner that the motor vehicle is free and clear of all liens and encumbrances, except those disclosed under subsection (B)(6)(a) and the unpaid lien balance is no greater than disclosed under subsection (B)(6)(b);
  8. The contracted purchase price and a recital that this amount has been either paid directly to the owner or credited to the owner against the purchase price of another motor vehicle;
  9. A statement indicating that the owner is selling and transferring the described motor vehicle to the dealer;
  10. An authorization by the owner permitting the dealer to obtain all information necessary to verify the accuracy of the lien balance and assure that the balance is paid and the lien is released;
  11. A statement by the owner that the registration document provided to the dealer is the original and most recent registration issued for the vehicle;
  12. An agreement indicating whether the owner or dealer is responsible to satisfy the lien balance;
  13. An authorization by the owner permitting the dealer to obtain the original title certificate from the lien holder; endorse the owner's name on the title; and if necessary, transfer the title to the dealer;
  14. A statement that if the owner receives the certificate of title, the owner shall immediately deliver the title to the

dealer and provide any signature and acknowledgment necessary to complete the title transfer to the dealer;

15. The date when the dealer acquisition contract is executed by each party;
16. The dealer's signature; and
17. The owner's signature.
- C.** A dealer or an owner who adds to a dealer acquisition contract a provision not described in this Section shall ensure that the provision does not conflict with or alter the meaning of a provision of this Section.
- D.** When a dealer prepares a dealer acquisition contract as prescribed under this Section, the dealer shall give a copy to the owner and keep the original at the dealer's established place of business for three years after the date that the contract expires or terminates, or the date the motor vehicle is sold.
- E.** In complying with this Section, a dealer shall not interpret or claim compliance to be an approval by the state of the fairness, validity, or legality of a dealer acquisition contract. This Section furnishes only information required in a dealer acquisition contract. This Section does not detail any additional contractual requirements that may be defined under other Arizona statutes.

**Historical Note**

New Section recodified from R17-4-245 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 4234, effective November 15, 2002 (Supp. 02-3). Section amended by final rulemaking at 23 A.A.R. 1434, effective July 4, 2017 (Supp. 17-2).

**R17-5-406. Dealer Consignment Contract**

- A.** For the purposes of A.R.S. § 28-4410, a motor vehicle dealer shall prepare a dealer consignment contract on a form with contents as prescribed under subsection (B).
- B.** A dealer consignment contract shall contain the following information:
  1. The heading "Dealer Consignment Contract;"
  2. The dealer's name and dealer license number;
  3. The dealer's business address and telephone number;
  4. The owner's name, address, telephone number, driver license number or taxpayer identification number, and type of ownership;
  5. The VIN; license plate number; licensing state; and model, make, and year of the motor vehicle that has a dealer consignment contract;
  6. If there is a lien holder, for each lienholder:
    - a. The lien holder's name, address, and telephone number;
    - b. The lien balance;
    - c. The prepayment penalties, if any; and
    - d. Other information on the terms and conditions of the lien repayment;
  7. A statement by the owner that the vehicle is free and clear of all liens and encumbrances, except those disclosed under subsection (B)(6)(a) and the lien balance is no greater than that disclosed under subsection (B)(6)(b);
  8. An authorization by the owner permitting the dealer to market and sell the vehicle on behalf of the owner at a mutually-agreed upon, specified, minimum price;
  9. An agreement by the dealer to inform any prospective purchaser that the vehicle is on consignment;
  10. An agreement by the dealer that, upon receiving the sale proceeds, the dealer shall immediately satisfy all disclosed liens and ensure that the liens are released;

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11. An agreement by the owner that, upon the completion of the sale and after receiving the sale proceeds, the owner shall promptly deliver and endorse the title certificate for reassignment to the purchaser;
  12. The expiration date of the consignment contract;
  13. An agreement by the dealer to deliver the motor vehicle to the owner at a specified location on the date that the contract expires or terminates;
  14. An agreement by the owner to pay any specified fees due to the motor vehicle dealer on the return of the vehicle, after the expiration or termination of the consignment contract;
  15. The date the contract is executed;
  16. The dealer's signature; and
  17. The owner's signature.
- C.** A dealer or an owner who adds to a dealer consignment contract a provision not described in this Section shall ensure that the provision does not conflict with or alter the meaning of a provision of this Section.
- D.** When a dealer prepares a dealer consignment contract as prescribed under this Section, the dealer shall give a copy to the owner and keep the original at the dealer's established place of business for three years after the date that the dealer consignment contract expires or terminates, or the vehicle is sold.
- E.** In complying with this Section, a dealer shall not interpret or claim compliance to be an approval by the state of the fairness, validity, or legality of a dealer consignment contract. This Section furnishes only information required in a dealer consignment contract. This Section does not detail any additional contractual requirements that may be defined under other Arizona statutes.
- j. The notary or Department agent signature.
- B.** The Department shall accept out-of-state affidavits of repossession that comply with the requirements in subsections (A)(3), (A)(4), and subsection (C) if all of the following apply:
1. The affidavit is submitted by an Arizona licensed dealer, and
  2. The Arizona licensed dealer is transferring the title into the dealership's name.
- C.** A lienholder may sell a repossessed motor vehicle without transferring the title into the lienholder's name by completing a Bill of Sale for submission to the Department. The Bill of Sale may be combined with the affidavit of repossession and shall contain the following information:
1. The buyer's name;
  2. The sale date;
  3. The buyer's street address, including the city, state, and zip code;
  4. The name of the new lienholder, if applicable;
  5. The new lien date, if applicable;
  6. The odometer certification statement, if required by A.R.S. § 28-2058, including odometer reading, and an acknowledgment with the buyer's name and signature;
  7. A statement that the buyer is aware of the odometer certification made by the seller;
  8. The seller's name;
  9. The seller's notarized signature; and
  10. The seller's address, including city, state, and zip code.
- D.** A completed repossession affidavit as prescribed in this Section is proof of ownership, right of possession, and right of transfer.
- E.** The Department has no responsibility relating to foreclosure on real property under A.R.S. Title 33, Chapter 7.

**Historical Note**

New Section recodified from R17-4-246 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 4234, effective November 15, 2002 (Supp. 02-3). Section amended by final rulemaking at 23 A.A.R. 1434, effective July 4, 2017 (Supp. 17-2).

**R17-5-407. Motor Vehicle Repossession**

- A.** The Department shall not transfer a title when the ownership of a motor vehicle titled in this state or another state reverts through operation of state law to a lienholder of record through repossession unless the following conditions are met:
1. The motor vehicle is physically located in this state;
  2. A notice of lien is filed with the Department;
  3. A completed affidavit from the lienholder is submitted to the Department stating that the motor vehicle is physically located in this state and was repossessed on default pursuant to the terms of the lien and applicable law and that this state, its agencies, employees, and agents shall not be held liable for relying on the contents of the affidavit; and
  4. In addition to the information required in subsection (A)(3), the affidavit contains the following information:
    - a. The (VIN),
    - b. The vehicle model year,
    - c. The vehicle make,
    - d. The registered owner's name,
    - e. The date of repossession,
    - f. The state in which the vehicle is titled,
    - g. The lienholder company name,
    - h. The lienholder agent or representative name,
    - i. The lienholder signature, and

**Historical Note**

New Section recodified from R17-4-260 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 10 A.A.R. 3399, effective October 2, 2004 (Supp. 04-3). Section amended by final rulemaking at 23 A.A.R. 1434, effective July 4, 2017 (Supp. 17-2).

**R17-5-408. Resale of a New Motor Vehicle**

- A.** A motor vehicle dealer that sells a new motor vehicle that was delivered to a previous purchaser, shall provide written notice to the new purchaser under subsection (B).
- B.** A motor vehicle dealer shall ensure that the notice under A.R.S. § 28-4422 contains the following information:
1. The name of the dealership;
  2. A vehicle description, including year, make, and VIN;
  3. A statement that the new motor vehicle was delivered to a previous purchaser;
  4. The printed name of the new purchaser; and
  5. The signature of the new purchaser (initials are not acceptable) indicating that the new purchaser has received the notice.
- C.** The motor vehicle dealer shall:
1. Provide a copy of the notice under subsection (B) to the new purchaser, and
  2. Keep a copy of the signed notice under subsection (B) at the new motor vehicle dealer's established place of business for at least three years.
- D.** The motor vehicle dealer is not required to submit the notice to the Department under subsection (B) unless otherwise required by state or federal law.

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- E. A new motor vehicle dealer shall not add additional language to the notice that would conflict with, or alter the intent of the provisions specified in subsection (B).

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 225, effective March 11, 2006 (Supp. 06-1). Section amended by final rulemaking at 23 A.A.R. 1434, effective July 4, 2017 (Supp. 17-2).

**ARTICLE 5. MOTOR CARRIER FINANCIAL RESPONSIBILITY****R17-5-501. Definitions**

In addition to the definitions provided under A.R.S. §§ 28-4001, 28-4031, 28-5201, and 28-5431, the following terms apply to this Article, unless the context otherwise requires:

“Binder” means a contract for temporary insurance as described in A.R.S. § 20-1120.

“Initial motor vehicle registration” means the first time a motor carrier registers a specific motor vehicle or a vehicle combination in Arizona.

“Insurance company” means an entity that is in the business of issuing motor carrier liability insurance policies.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 235, effective March 11, 2003 (Supp. 03-1). Amended by final rulemaking at 18 A.A.R. 2365, effective November 10, 2012 (Supp. 12-3).

**R17-5-502. Repealed****Historical Note**

New Section recodified from R17-4-226 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1).

**R17-5-503. Repealed****Historical Note**

New Section recodified from R17-4-226.01 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1).

**R17-5-504. Requirement to Submit Proof of Financial Responsibility; Applicability; Procedure; Exception**

- A. If a person or motor carrier subject to financial responsibility requirements under A.R.S. § 28-4032 does not insure its motor vehicle or vehicle combination through an insurance company that electronically reports to the Department under A.R.S. § 28-4148 and Article 8 of this Chapter, the person or motor carrier shall submit proof of financial responsibility as prescribed in this Section, and in the amount required under A.R.S. § 28-4033(A):
1. On initial motor vehicle registration, or
  2. On written request by the Department.
- B. An insurance company, its managing general agent, broker, or agent may submit proof of financial responsibility to the Department on behalf of a person or motor carrier.
- C. As proof of financial responsibility, a person or motor carrier shall submit to the Department a photocopy of:
1. A valid liability insurance policy;
  2. A binder dated within 90 days of filing with the Department;

3. A completed and signed Form E Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance, issued by an insurer that holds a valid certificate of authority or that is permitted to transact surplus lines insurance in this state, naming the Arizona Department of Transportation as the agency;
4. A completed and signed Certificate of Liability Insurance form, issued by an insurer that holds a valid certificate of authority or that is permitted to transact surplus lines insurance in this state, naming the Arizona Department of Transportation as the certificate holder; or
5. A certificate of self-insurance issued by the Department after a person or motor carrier meets the requirements of R17-5-810 and A.R.S. §§ 28-4007 and 28-4135.

- D. Before a binder submitted as proof of financial responsibility expires, a motor carrier shall submit:

1. A binder from an insurance company other than the insurance company named in the first binder; or
2. Proof of financial responsibility listed in subsections (C)(1) or (C)(3) through (5).

- E. A person or motor carrier that maintains a valid USDOT number and files proof of financial responsibility with the Federal Motor Carrier Safety Administration under 49 CFR 387 is not required to submit additional proof of financial responsibility under this Section, except on written request by the Department.

**Historical Note**

New Section recodified from R17-4-445 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 235, effective March 11, 2003 (Supp. 03-1). Amended by final rulemaking at 18 A.A.R. 2365, effective November 10, 2012 (Supp. 12-3).

**R17-5-505. Repealed****Historical Note**

New Section recodified from R17-4-446 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 235, effective March 11, 2003 (Supp. 03-1).

**R17-5-506. Repealed****Historical Note**

New Section recodified from R17-4-447 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 9 A.A.R. 235, effective March 11, 2003 (Supp. 03-1). Repealed by final rulemaking at 18 A.A.R. 2365, effective November 10, 2012 (Supp. 12-3).

**R17-5-507. Repealed****Historical Note**

New Section recodified from R17-4-448 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 9 A.A.R. 235, effective March 11, 2003 (Supp. 03-1).

**ARTICLE 6. IGNITION INTERLOCK DEVICE MANUFACTURERS AND IGNITION INTERLOCK SERVICE PROVIDERS****R17-5-601. Definitions**

In addition to the definitions provided under A.R.S. §§ 28-101 and 41-1072, in this Article, unless the context otherwise requires, the following terms apply:

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“Alcohol concentration” means the weight amount of alcohol contained in a unit volume of breath or air, measured in grams of ethanol/210 liters of breath or air and expressed as grams/210 liters.

“Alveolar breath sample” means the last portion of a prolonged, uninterrupted exhalation from which breath alcohol concentrations can be determined.

“Anticircumvention feature” means any feature or circuitry incorporated into the ignition interlock device that is designed to prevent human activity that would cause the device not to operate as intended.

“Authorization agreement” or “agreement” means an agreement authorized by the Director that an IISP enters into with the Department to provide ignition interlock services under A.R.S. § 28-1468.

“Breath alcohol test” means analysis of a sample of the person’s expired alveolar breath to determine alcohol concentration.

“Bump starting” means a method of starting a motor vehicle with an internal combustion engine by engaging the manual transmission while the vehicle is in motion.

“Business day” means a day other than a Saturday, Sunday, or state holiday.

“Calibration” means the testing, adjustment, or systematic standardization of an ignition interlock device to determine and verify its accuracy.

“Cancellation” means the termination of a manufacturer’s ignition interlock device certification for ignition interlock device installation.

“Certification” means a status granted by the Department under this Article, which permits a certified ignition interlock device manufacturer to offer an ignition interlock device for installation.

“Certified ignition interlock device,” “CIID,” or “device” means a device that is based on alcohol specific electrochemical fuel sensor technology that meets the NHTSA specifications; that connects a breath analyzer to a motor vehicle’s ignition system; that is constantly available to monitor the alcohol concentration in the breath of any person attempting to start the motor vehicle by using its ignition system; that deters starting the vehicle by use of its ignition system unless the person attempting to start the motor vehicle provides an appropriate breath sample for the device; and determines whether the alcohol concentration in the person’s breath is below a preset level.

“Circumvent” or “circumvention” means an attempted or successful bypass of the proper functioning of a certified ignition interlock device and includes all of the following:

The bump start of a motor vehicle with a certified ignition interlock device;

The introduction of a false sample other than a deep-lung breath sample from the person driving the motor vehicle;

The introduction of an intentionally contaminated or a filtered breath sample;

The intentional disruption or blocking of a digital image identification device;

The continued operation of the motor vehicle after the certified ignition interlock device detects breath alcohol exceeding the presumptive limit prescribed in A.R.S. § 28-1381(G)(3) or, if the person is under 21 years of age, any attempt to operate the motor vehicle with any spirituous liquor in the person’s body;

Operating a motor vehicle without a properly functioning certified ignition interlock device and;

When a person, who is required to maintain a functioning certified ignition interlock device is starting or operating the motor vehicle, permits another individual to breathe into the certified ignition interlock device for the purpose of providing a breath alcohol sample to start the motor vehicle or for the rolling retest.

“Corrective action” means an action specified in or reasonably implied from Title 28, Chapter 4, Arizona Revised Statutes, that the Department takes in relation to a person’s driving privilege and the usage or discontinuation of usage of a CIID.

“Customer number” means the system-generated, or other distinguishing number, assigned by the Department to each person conducting business with the Department. The customer number of a private individual is generally the person’s driver license or non-operating identification license number.

“Data logger” means the electronic record of all ignition interlock device activity during the period when the device is installed.

“Data storage system” means a computerized recording of all events monitored by an ignition interlock device, which may be reproduced in the form of specific reports.

“Defective ignition interlock device” means an ignition interlock device that:

1. Does not meet the NHTSA specifications;
2. Does not pass calibration tests; or
3. Does not meet the accuracy and device standards prescribed in these rules.

“Drive cycle” means either the period of time from when a motor vehicle is initially turned on to the next time the ignition is turned off, or the period of time from when an initial breath alcohol test is performed and failed, to the time a breath alcohol test is successfully taken and the ignition is turned off.

“Early recall” means that a person’s ignition interlock device recorded one tampering or circumvention event, any ignition interlock malfunction, or any four valid reportable violations within a continuous 90-day period, that requires a person to return to a service center within 72 hours.

“Emergency bypass” means an event that permits a vehicle equipped with an ignition interlock device to be started without requiring successful completion of a required breath alcohol test.

“Emergency situation” means a circumstance in which the person informs the IISP or IISP-certified technician that the person’s vehicle needs to be moved to comply with the law, or the person has a valid and urgent need to operate the vehicle.

“Established place of business” means a business location that is:

Approved by the Department;

Located in Arizona;

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Not used as a residence; and

Where an IISP or its agent or subcontractor provides authorized ignition interlock services.

“False sample” means any sample other than the unaltered, undiluted, or unfiltered alveolar breath sample coming from the person.

“Filtered breath sample” means any mechanism by which there is an attempt to remove alcohol from the human breath sample.

“Free restart” means a function of a CIID that will allow a person to restart the vehicle, under the conditions provided in R17-5-615, without completing another breath alcohol test.

“FTP” means file transfer protocol, the exchange of files over any network that supports electronic data interchange reporting that is transmitted through the Internet and prescribed by the Department.

“Global positioning system” means the ability of a wireless certified ignition interlock device to identify and transmit its geographic location through the operation of the device.

“Ignition interlock device installation fee” means the fee required in A.R.S. § 28-1462, and established by the Department in R17-5-614, that is paid by a person to an IISP when a CIID is installed on, or transferred to a person’s vehicle.

“Ignition interlock period” means the period in which a person is required to use a CIID that is installed on a vehicle.

“Ignition interlock service provider” or “IISP” means a person who is an authorized representative of a manufacturer and who is under contract with the Department to install or oversee the installation of ignition interlock devices by the provider’s authorized agents or subcontractors and to provide services to the public related to ignition interlock devices.

“Improper reporting” means any of the following:

Failure of a manufacturer to report any violations to the Department within 24 hours as required in R17-5-610(D)(1), or failure to send a person’s ignition interlock reporting records, including records relating to a violation, to the Department as required in R17-5-612(C);

Failure of a manufacturer to submit to the Department valid and substantiated proof or evidence of a reportable activity related to a violation, including a summary report and relevant data loggers as required in R17-5-610(D)(2), within 10 days after the Department’s request;

Failure of a manufacturer to electronically send each Certified Ignition Interlock Summarized Reporting Record to the Department within 24 hours, after performing a calibration check, that results in the Department mailing a driver license suspension to a person;

Failure of a manufacturer to electronically send a Certified Ignition Interlock Device Summarized Reporting Record to the Department within 24 hours after installing a CIID;

Electronic reporting by a manufacturer to the Department, of data that is an exact duplicate of a single violation that occurs on a particular day and time and is reported multiple times;

Knowingly reporting a violation that occurs when a participant’s vehicle has high or low voltage;

Reporting an incident that occurs when a person has a free restart test to start the person’s vehicle;

Reporting an incident that occurs in which a manufacturer downloads data from the device during a calibration check and tampers with the data or a CIID;

Failure of a manufacturer to validate any person’s ignition interlock period extension within 10 days; or

Reporting an incident that occurs after the person’s vehicle is turned off.

“Independent laboratory” means a testing facility, not owned or operated by a manufacturer, that can test an ignition interlock device according to the Model Specifications for Breath Alcohol Ignition Interlock Devices (BAIIDs), NHTSA, published at 78 FR 26862 to 26866, May 8, 2013, with the NHTSA technical corrections published at 80 FR 16720 to 16723, March 30, 2015.

“Manufacturer” means a person or an organization that is located in the United States, that is responsible for the design, construction, and production of an ignition interlock device and that is certified by the Department to offer ignition interlock devices for installation in motor vehicles in this state.

“Material modification” means a change to a CIID that affects the functionality of the device.

“Missed rolling retest” means the person refused or failed to provide a valid and substantiated breath sample while operating the motor vehicle, in response to a requested rolling retest within the time period prescribed in R17-5-615(E).

“Mobile services” means ignition interlock services provided by an IISP or its agents or subcontractors at a publicly accessible location other than the IISP’s service center, that meet the requirements of R17-5-618.

“NHTSA” means the United States Department of Transportation’s National Highway Traffic Safety Administration.

“NHTSA specifications” means the specifications for breath alcohol ignition interlock devices published at 78 FR 26862 to 26866, May 8, 2013, with the NHTSA technical corrections published at 80 FR 16720 to 16723, March 30, 2015.

“Permanent lock-out” means a feature of the CIID in which a motor vehicle will not start until the CIID is reset by an IISP or an IISP-certified technician.

“Person” means a person who is ordered by an Arizona court or the Department to equip each motor vehicle operated by the person with a functioning CIID, and who becomes a customer of an IISP for installation and servicing of the CIID.

“Positive result” means a test result indicating that the alcohol concentration meets or exceeds the set point value.

“Principal place of business” means the administrative headquarters of a manufacturer or an IISP that is located in Arizona, is zoned for commercial, and is not used as a residence.

“Purge” means any mechanism that cleanses or removes a previous breath or reference sample from the device and specifically removes alcohol.

“Real-time” or “real-time reporting” means the instant transmission of unfiltered ignition interlock violations as defined in R17-5-601, and data as prescribed in R17-5-610, including digital images, to the manufacturer’s website for viewing by

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the Department without delay, as electronic or digital service permits.

“Reference sample device” means a device containing a sample of known alcohol concentration.

“Reference value” means an alcohol reference solution prepared and tested in a laboratory with a reference value and used to perform an accuracy check of the calibration of a CIID.

“Retest set point” has the same meaning as set point.

“Rolling retest” means a breath alcohol test that is required of a person at random intervals after the motor vehicle is started and that is in addition to the initial test required to start the motor vehicle.

“Service center” means an established place of business approved by the Department from which an IISP or its agents or subcontractors provide ignition interlock services to persons from one or more counties.

“Set point” means an alcohol concentration of 0.020 g/210 liters of breath.

“Tampering” means an overt or conscious attempt to physically disable or otherwise disconnect the CIID from its power source that allows the operator to start the engine without taking and passing the requisite breath test.

“Technician” means a person who is certified and properly trained by an ignition interlock service provider to install, inspect, calibrate, service or remove certified ignition interlock devices.

“Temporary lock-out” means a feature of the CIID which will not allow a motor vehicle to start for five minutes after a breath alcohol test result indicating an alcohol concentration above the set point.

“Vehicle identification number” or “VIN” means the unique code, including serial number, used by an automobile manufacturer to identify a specific motor vehicle.

“Violation” (when referencing acts or omissions on the part of a person in the ignition interlock program) includes, but is not limited to any of the following reportable activities performed by a person which a manufacturer shall promptly report to the Department:

Circumventing the CIID as defined in R17-5-601;

Tampering with the CIID as defined in A.R.S. § 28-1301;

Failing to provide proof of compliance or inspection of the CIID under A.R.S. § 28-1461(E)(4);

Attempting to operate the vehicle with an alcohol concentration of 0.08 or more as prescribed in A.R.S. § 28-1461(E)(5) if the person is at least 21 years of age;

Attempting to operate the vehicle with an alcohol concentration value in excess of the set point if the person is under 21 years of age;

Refusing or failing to provide any set of three consecutive valid and substantiated breath samples in response to a requested rolling retest within an 18-minute time frame during a person’s drive cycle;

Disconnecting or removing a CIID, except:

On repair of the vehicle, if the person provided to the IISP, technician, or service center advance notice of the repair and the anticipated completion date; or

On moving the device from one motor vehicle to another motor vehicle if replacement of the device is accomplished within 72 hours of device removal.

“Violation reset” means the unplanned servicing and inspection of a CIID and the downloading of information from its data storage system by an IISP as a result of an early recall that requires the manufacturer to unlock the device.

#### Historical Note

New Section recodified from R17-4-709 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

#### R17-5-602. Ignition Interlock Device Manufacturer Certification; Expiration; Cancellation of Certification; Notice

- A. An ignition interlock device manufacturer shall obtain certification by the Department under this Article before offering a new ignition interlock device model and before making material modifications to an existing ignition interlock device model for implementation and installation under Arizona law.
- B. Ignition interlock device certification by an ignition interlock device manufacturer shall occur prior to the IISP signing an authorization agreement with the Department.
- C. After receiving Department certification for a new ignition interlock device model and meeting all the requirements under R17-5-604, the ignition interlock device manufacturer is effectively certified by the Department to offer the certified ignition interlock device model for installation under Arizona law.
- D. An ignition interlock device manufacturer shall submit a new application to the Department under R17-5-604 for the certification of each new ignition interlock device model the manufacturer intends to offer for installation.
- E. Manufacturer certification issued by the Department under this Article shall automatically expire if:
  1. The manufacturer no longer provides at least one currently certified ignition interlock device model for installation under Arizona law; and
  2. The manufacturer has no pending application on file with the Department for the certification of a device under R17-5-604.
- F. Manufacturer certification of an ignition interlock device that was previously approved by the Department under this Article shall automatically expire within one year after the certification is granted if the manufacturer has not contracted with an IISP currently contracted with the Department to install the CIID.
- G. After the one-year cancellation period in subsection (F) ends, a manufacturer may reapply to the Department for certification by completing a new application for the certification of a device and meeting all certification requirements under this Article.
- H. If the Department determines that a manufacturer fails to properly report ignition interlock information and data to the Department in the manner prescribed in these rules, the Department may immediately provide written notice to the manufacturer with the following information:

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1. The name of the person and the date of the improper reporting; and
  2. The manufacturer shall send the required record or report to the Department within ten business days, if applicable.
- I.** If the manufacturer fails to remedy the issues identified in the notice within ten business days, the Department may cancel the manufacturer device certification.
- J.** If a manufacturer's certification expires as a result of subsections (E)(1) and (E)(2), the manufacturer may reapply for certification by submitting a new application to the Department for the certification of a device under R17-5-604.
- K.** A manufacturer shall only appoint one IISP that is contracted with the Department and serves as an authorized representative of the manufacturer to provide ignition interlock services to the public.
- L.** A manufacturer shall notify the Department within 24 hours if an IISP is no longer authorized by a manufacturer to install its CIID.

**Historical Note**

New Section recodified from R17-4-709.01 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-602 renumbered to R17-5-604; new R17-5-602 made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-603. Device Requirements, Technical Specifications, and Standards for Setup and Calibration**

- A.** The accuracy of the CIID shall be determined by analysis of an external standard generated by a reference sample device.
- B.** A device shall have a demonstrable feature designed to assure that a breath sample measured is essentially alveolar.
- C.** A test of alcohol-free samples shall not yield a positive result. Endogenously produced substances capable of being present in the breath shall not yield or significantly contribute to a positive result.
- D.** All devices shall meet the setpoint requirements of R17-5-601 and the following requirements:
1. Be calibrated to have an accuracy within plus or minus 0.005 g/210L of the reference value;
  2. Be calibrated using a known reference value between .020 g/210L and .050 g/210L; and
  3. Be accompanied by a Certificate of Analysis (COA).
- E.** A device shall be designed so that anticircumvention features will be difficult to bypass.
1. Anticircumvention provisions on the device shall include, but are not limited to, prevention or preservation of any evidence of circumvention by attempting to use a false or filtered breath sample or electronically bypassing the breath sampling requirements of a device.
  2. A device shall use special seals or other methods that reveal attempts to bypass lawful device operation.
- F.** A CIID shall have global positioning system capability, and the manufacturer shall electronically and wirelessly download in real-time from the device and transmit daily to the Department, a person's ignition interlock activity in an FTP batch file.
- G.** A CIID shall be equipped with a camera, which shall not distract or impede the driver in any manner from safe and legal operation of the vehicle, shall record all ignition interlock activity of the person, and shall provide any visual evidence of actual or attempted tampering, alteration, bypass, or circumvention, and report this information directly to the manufacturer.
- H.** The camera shall be able to record and store visual evidence of each person providing a breath alcohol test, and shall meet the following requirements:
1. At device installation, the camera shall take a reference picture of the person, which shall be kept on file;
  2. A clear digital image shall be taken for each event, including initial vehicle start, all rolling retests, and whenever a violation is recorded;
  3. Each digital image shall be a wide-angle view of the front cabin of the vehicle, including the passenger side, to ensure the camera can clearly capture the entire face of the person and any passengers; and
  4. The camera shall produce a digital image of the person in all lighting conditions, including brightness, darkness, and low light conditions.
- I.** A device shall:
1. Automatically purge alcohol before allowing analysis.
  2. Have a data storage system with the capacity to sufficiently record and maintain a record of the person's daily driving activities that occur between each regularly scheduled calibration check referenced under R17-5-610 and R17-5-706. An IISP shall download and transmit any digital images taken during a person's calibration check, during each rolling retest, and each time a person with the ignition interlock requirement or another individual starts the motor vehicle. A manufacturer shall make these digital images available to the Department on request.
  3. Use the most current version of the manufacturer's software and firmware to ensure compliance with this Article and any other applicable rule or statute. The manufacturer's software and firmware shall:
    - a. Require device settings and operational features to include, but not limited to, sample delivery requirements, the set point, free restart, rolling retest requirements, violation settings, and temporary and permanent lock-outs; and
    - b. Prohibit modification of the device settings or operational features by a service center, or an IISP-certified technician unless the Department approves the modification under subsection (J).
  4. Record all emergency bypasses in its data storage system.
  5. Provide a visual reminder on the device that a calibration check must be performed on the person's CIID every 90 days, with prominent device notifications during each 77-day to 90-day interval within a person's ignition interlock period, of the following:
    - a. The device needs service; and
    - b. The time remaining until a permanent lock-out occurs.
  6. Notify a person that failure to get the calibration check, including calibration and data download, by the end of each 90-day period will cause the vehicle to be in a permanent lock-out mode, and shall record the event in the data storage system.
  7. On recording a violation of A.R.S. Title 28, Chapter 4, Article 5 for one instance of tampering or circumvention, any ignition interlock device malfunction, or any four valid reportable violations within a continuous 90-day period, emit a unique cue, either auditory, visual, or both, to warn a person that an early recall is initiated, requiring the person to return to the IISP in 72 hours for a violation reset.

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8. Enter into a permanent lock-out if a person does not return to the IISP for a violation reset within 72 hours after an early recall occurs.
  9. When a violation results in a permanent lock-out mode, the device shall:
    - a. Immobilize the person's vehicle;
    - b. Uniquely record the event in the data storage system; and
    - c. Require a violation reset by the IISP.
  10. Enter into a temporary lock-out mode for five minutes when the device detects during the initial breath alcohol test that a person's breath alcohol concentration is at or above the set point.
  11. After the five-minute temporary lock-out, the device shall allow subsequent breath alcohol tests with no further lock-out as long as each subsequent test produces a valid and substantiated breath test.
  12. Have security protections and the capability to provide visual evidence of any actual or attempted tampering, alteration or bypass of the device, or circumvention.
- J.** No modification shall be made to the design or operational concept of a device model after the Department has certified the device for installation under Arizona law, except that:
1. A software or firmware update required to maintain a device model is permissible if the update does not modify the design or operational concept of the device.
  2. Replacement, substitution, or repair of a part required to maintain a device model is permissible if the part does not modify the design or operational concept of the device.
  3. If a manufacturer determines that an existing Department-certified ignition interlock device model requires any modification, the manufacturer shall immediately notify the Department.

**Historical Note**

New Section recodified from R17-4-709.02 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-603 renumbered to R17-5-606; new R17-5-603 made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**R17-5-604. Ignition Interlock Device Certification; Application Requirements**

- A.** A manufacturer shall offer for installation only an ignition interlock device that is certified by the Department under this Section.
  - B.** To certify an ignition interlock device model, a manufacturer shall submit to the Department a properly completed application form that provides:
    1. The manufacturer's name;
    2. The address of the manufacturer's principal place of business in this state and telephone number;
    3. The manufacturer's status as a sole proprietorship, partnership, limited liability company, or corporation;
    4. The name of the sole proprietor or of each partner, officer, director, manager, member, agent, or 20% or more stockholder;
  5. The name and model number of the ignition interlock device and the name under which the ignition interlock device will be marketed; and
  6. The manufacturer's electronic mail address.
  7. The following statements, signed by the manufacturer:
    - a. A statement that all information provided on the application form, including all information provided on any attachment to the application form, is complete, true, and correct;
    - b. A statement that the manufacturer agrees to indemnify and hold harmless the state of Arizona and any department, division, agency, officer, employee, or agent of the state of Arizona from all liability for:
      - i. Damage to property or injury to people arising, directly or indirectly, out of any act or omission by the manufacturer or the manufacturer's authorized IISP relating to the installation and operation of the ignition interlock device; and
      - ii. All court costs, expenses of litigation, and reasonable attorneys' fees;
    - c. A statement that the manufacturer agrees to comply with all requirements under this Article; and
    - d. A statement that the manufacturer agrees to immediately notify the Department of any change to the information provided on the application form.
- C.** A manufacturer shall submit the following additional items with the application form:
1. A document that provides a detailed description of the ignition interlock device and a digital image, drawing, or other graphic depiction of the device;
  2. A document that contains the complete technical specifications for the accuracy, reliability, security, data collection, recording, and tamper detection capabilities of the ignition interlock device;
  3. An independent laboratory's report for each device model that:
    - a. Presents supporting data to demonstrate that the ignition interlock device meets or exceeds the test results required by the Model Specifications For Breath Alcohol Ignition Interlock Devices (BAIIDs), NHTSA, published at 78 FR 26862 to 26866, May 8, 2013, with the NHTSA technical corrections published at 80 FR 16720 to 16723, March 30, 2015. The NHTSA specifications and technical corrections are incorporated by reference and are on file with the Department at 206 S. 17th Avenue, Phoenix, AZ 85007, and the NHTSA Office of Research and Technology, 1200 New Jersey Avenue SE, Washington, D.C. 20590. This incorporation by reference contains no future editions or amendments;
    - b. Provides the independent laboratory's name, address, and telephone number; and
    - c. Provides the name and model number of the ignition interlock device tested.
  4. A laboratory certification form, signed by an authorized representative of the independent laboratory that prepared the report required under subsection (C)(3), that states all of the following:
    - a. The laboratory is not owned or operated by a manufacturer and no other conflict of interest exists.
    - b. The laboratory tested the ignition interlock device in accordance with the Model Specifications For Breath Alcohol Ignition Interlock Devices (BAIIDs), NHTSA, published at 78 FR 26862 to 26866,



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May 8, 2013 with the NHTSA technical corrections published at 80 FR 16720 to 16723, March 30, 2015.

- c. The laboratory confirms that the ignition interlock device meets or exceeds the test results required under the Model Specifications For Breath Alcohol Ignition Interlock Devices (BAIIDs), NHTSA, published at 78 FR 26862 to 26866, May 8, 2013, with the NHTSA technical corrections published at 80 FR 16720 to 16723, March 30, 2015.
  - d. The laboratory used properly maintained equipment and trained personnel to test the ignition interlock device.
  - e. The laboratory presented accurate test results to the Department.
5. A certificate of insurance, issued by an insurance company authorized to transact business in Arizona, specifying:
    - a. A product liability policy with a current effective date;
    - b. The name and model number of the ignition interlock device model covered by the policy;
    - c. Policy coverage of \$1,000,000 and \$3,000,000 in the aggregate;
    - d. The manufacturer as the insured and the state of Arizona as an additional insured;
    - e. Product liability coverage for defects in manufacture, materials, design, calibration, installation, and operation of the ignition interlock device; and
    - f. The insurance company shall notify the Department's Risk Management, Insurance and Indemnification Section in writing at least 30 days before canceling the product liability policy.
  6. A statement that the ignition interlock device has a camera, includes a global positioning system, and provides real-time reporting.
- D. For any installation of a certified ignition interlock device or any replacement of a device on a person's motor vehicle with another device, an IISP or an IISP-certified technician shall install only a certified ignition interlock device that meets the additional requirements in this Article, and meets or exceeds the test results required by the Model Specifications for Breath Alcohol Ignition Interlock Devices (BAIIDs), NHTSA, published at 78 FR 26862 to 26866, May 8, 2013, with the NHTSA technical corrections published at 80 FR 16720 to 16723, March 30, 2015.
  - E. A person whose CIID was installed prior to July 1, 2018, that does not meet all the requirements of subsection (D) shall return to the person's IISP by October 1, 2020 to exchange the CIID for a CIID that meets all the requirements of subsection (D).

**Historical Note**

New Section recodified from R17-4-709.03 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-604 renumbered to R17-5-607; new R17-5-604 renumbered from R17-5-602 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**R17-5-605. Application Processing; Time Frames; Exception**

- A. The Department shall process an application for ignition interlock device certification only if an applicant meets all applicable application requirements.
- B. The Department shall, within 10 days of receiving an application for certification, provide notice to the applicant that the application is either complete or incomplete.
  1. The date of receipt is the date the Department receives the application.
  2. If an application is incomplete, the notice shall specifically identify what required information is missing.
- C. An applicant with an incomplete application shall provide all missing information to the Department within 15 days of the date indicated on the notice provided by the Department under subsection (B).
  1. After receiving all of the required information, the Department shall notify the applicant that the application is complete.
  2. The Department may deny certification of an ignition interlock device if the applicant fails to provide the required information within 15 days of the date indicated on the notice.
- D. Except as provided under subsection (F), the Department shall render a decision on an application for certification of an ignition interlock device within 30 days of the date indicated on the notice acknowledging receipt of a complete application provided to the applicant under subsections (B) or (C)(1).
- E. For the purpose of A.R.S. § 41-1073, the Department establishes the following time frames for processing an application for certification of an ignition interlock device:
  1. Administrative completeness review time frame: 10 days.
  2. Substantive review time frame: 30 days.
  3. Overall time frame: 40 days.
- F. Established time frames may be suspended by the Department under A.R.S. § 41-1074 for certification of an ignition interlock device until the Department receives all external agency approvals required for certifying a new ignition interlock device model from the Department of Public Safety.

**Historical Note**

New Section recodified from R17-4-709.04 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-605 renumbered to R17-5-608; new R17-5-605 made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-606. Application Completeness; Denial of Ignition Interlock Device Certification; Hearing**

- A. An application for certification of an ignition interlock device model is complete when the Department receives:
  1. From the manufacturer, a properly prepared application form;
  2. From the manufacturer, all additional items required under R17-5-604(C);
  3. From the Department of Public Safety, under A.R.S. § 28-1462, written confirmation or disapproval of the independent laboratory's report that the ignition interlock device meets or exceeds the NHTSA specifications in R17-5-604(C); and
  4. From the manufacturer, a letter or notification that the device meets the following standards:
    - a. The anticircumvention features in R17-5-603(E),

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- b. The data storage capacity requirement in R17-5-603(I)(2), and
  - c. The constant communication requirement in R17-5-610(O).
- B.** The Director shall deny an application for certification of an ignition interlock device model if all requirements of subsection (A) are not met, or on finding any of the following:
  - 1. The design, material, or workmanship is defective, causing the ignition interlock device model to fail to function as intended;
  - 2. The manufacturer's product liability insurance coverage is terminated or canceled;
  - 3. The manufacturer no longer offers the ignition interlock device model for installation under Arizona law;
  - 4. The manufacturer or the independent laboratory provided false or inaccurate information to the Department relating to the performance of the ignition interlock device model;
  - 5. The components, design, or installation and operating instructions have undergone a modification that causes the ignition interlock device model to be out of compliance with the NHTSA specifications in R17-5-604(C), the requirements in this Article; or
  - 6. The Department receives a report of device disapproval from an independent laboratory or other external reviewer.
- C.** The Department shall mail to the manufacturer, written notification of the certification or denial of certification of an ignition interlock device model. A notice denying certification of an ignition interlock device model shall specify the basis for the denial and indicate that the applicant may, within 15 days of the date on the notice, request a hearing on the Director's decision to deny certification by filing a written request with the Department's Executive Hearing Office as prescribed under 17 A.A.C. 1, Article 5.
- D.** If a manufacturer timely requests a hearing on the Director's decision to deny certification of an ignition interlock device model, the Department's Executive Hearing Office shall conduct the hearing as provided under A.R.S. Title 41, Chapter 6, Article 6, and 17 A.A.C. 1, Article 5.

**Historical Note**

New Section recodified from R17-4-709.05 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-606 renumbered to R17-5-609; new R17-5-606 renumbered from R17-5-603 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**R17-5-607. Cancellation of Device Certification; Hearing**

- A.** The Director shall cancel an ignition interlock device model certification and remove the device from its list of CIID's on finding any of the following:
  - 1. The design, material, or workmanship contains a defect that causes the ignition interlock device model to fail to function as intended;
  - 2. The manufacturer's product liability insurance coverage is terminated or canceled;
  - 3. The manufacturer no longer offers the ignition interlock device model for installation under Arizona law;
  - 4. The manufacturer or independent laboratory provided false or inaccurate information to the Department relating to the performance of the ignition interlock device model;
  - 5. The components, design, or installation and operating instructions have undergone a modification that causes the ignition interlock device model to be out of compliance with the NHTSA specifications in R17-5-604(C);
  - 6. The manufacturer instructs the Department to cancel its certification of the ignition interlock device model;
  - 7. The manufacturer, the IISP, or the device does not comply with this Article or any other applicable rule or statute; or
  - 8. If the manufacturer has not contracted with an IISP authorized by the Department within one year after the device model certification.
- B.** The Department, on finding any of the conditions described under subsection (A), or on finding that the manufacturer failed to timely remedy the issues identified in the notice provided under R17-5-602(H), shall mail to the manufacturer a notice and order of cancellation of certification for the specific ignition interlock device model. The notice and order of cancellation shall:
  - 1. Specify the basis for the action;
  - 2. Specify the date when the one-year decertification begins and ends; and
  - 3. State that the manufacturer may, within 15 days after receipt of a notice and order of manufacturer device model cancellation, file a written request for a hearing with the Department's Executive Hearing Office as prescribed under 17 A.A.C. 1, Article 5, to show cause as to why the ignition interlock device certification should not be cancelled.
- C.** If a hearing to show cause is timely requested, the Department's Executive Hearing Office shall conduct the hearing as prescribed under A.R.S. Title 41, Chapter 6, Article 6, and 17 A.A.C. 1, Article 5. The request for a hearing stays the summary cancellation of manufacturer device model certification.
- D.** Within 10 days after a hearing, the hearing officer shall issue to the manufacturer a written decision, which shall:
  - 1. Provide findings of fact and conclusions of law; and
  - 2. Grant or cancel the certification.
- E.** If the hearing officer affirms the manufacturer device model cancellation, the manufacturer may seek judicial review under A.R.S. Title 12, Chapter 7, Article 6, within 35 days of the date when a copy of the decision sought to be reviewed is served upon the party affected unless the court grants a stay while the appeal is pending.
- F.** Within 60 days after the effective date of an order of cancellation, the manufacturer shall, at the manufacturer's own expense, ensure the removal of all ignition interlock devices that are not certified and facilitate the replacement of each device with a CIID.
- G.** The manufacturer of a previously decertified ignition interlock device model may reapply to the Department for certification of another ignition interlock device model under R17-5-604 after the one-year device decertification period ends.
- H.** After cancellation, the Department shall notify the IISP and the IISP-certified technicians that each of them is prohibited from installing the ignition interlock device for which the device certification was cancelled.
- I.** Cancellation of a manufacturer's device model certification prohibits the manufacturer from performing its duties with respect to the device model that has been cancelled and mak-

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ing the device model available for installation in the state for a period of one year from the latest of the following dates when:

1. The Department cancels a manufacturer's device model certification, or
2. The Department's Executive Hearing Office cancels the manufacturer's device model certification.

**Historical Note**

New Section recodified from R17-4-709.06 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-607 renumbered to R17-5-610; new R17-5-607 renumbered from R17-5-604 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**Appendix A. Renumbered****Historical Note**

New Appendix recodified from 17 A.A.C. 4, Article 7 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Appendix A renumbered to R17-5-610, Appendix A, by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**Appendix B. Renumbered****Historical Note**

New Appendix recodified from 17 A.A.C. 4, Article 7 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Appendix B renumbered to R17-5-610, Appendix B, by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**Appendix C. Renumbered****Historical Note**

New Appendix recodified from 17 A.A.C. 4, Article 7 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Appendix C renumbered to R17-5-610, Appendix C, by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**R17-5-608. Modification of a Certified Ignition Interlock Device Model**

- A. A manufacturer shall notify the Department in writing at least 10 days before a material modification is made to a certified ignition interlock device model.
- B. Before providing a previously certified but materially modified ignition interlock device model for installation in a motor vehicle under an order of an Arizona court or the Department, a manufacturer shall:
  1. Submit to the Department a completed application form with the information required under R17-5-604(B) and all additional items required under R17-5-604(C), and
  2. Obtain certification of the materially modified ignition interlock device from the Department.
- C. The Department's certification of a materially modified ignition interlock device model does not affect the original certification of the unmodified model.

**Historical Note**

New Section recodified from R17-4-709.07 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-608 renumbered to R17-5-611; new R17-5-608 renumbered from R17-5-605 and amended by final rulemaking

at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-609. IISP and Manufacturer Responsibilities**

- A. An IISP shall refer a person only to the IISP's certified technician.
- B. An IISP shall provide the Department and each person with a toll-free telephone number to call to obtain the names and phone numbers of the IISP's certified technicians, the IISP service center locations, and hours of operation for the IISP service centers.
- C. An IISP shall certify each technician by providing adequate training and oversight for the technician to perform one of the activities at a service center, which are installation, inspection, calibration, service, or removal of a CIID.
- D. An IISP shall provide to every person operating a motor vehicle equipped with a CIID, and any other persons who will operate the motor vehicle, training on how to operate the motor vehicle. An IISP shall instruct the person on all of the following:
  1. How to use the system;
  2. How to obtain service for the CIID;
  3. How to find answers to any additional questions;
  4. How the alcohol retest feature works;
  5. How drinking alcohol before a test may result in a reading of sensitive or fail;
  6. How the CIID shall not be removed, except by an IISP or IISP-certified technician;
  7. How noncompliance with a regularly scheduled calibration check for a person with a limited or restricted driving privilege shall result in suspension of the person's driving privilege under A.R.S. § 28-1463 until proof of compliance is submitted to the Department under A.R.S. § 28-1461, and the duration of the person's certified ignition interlock device requirement shall be extended under A.R.S. § 28-1461;
  8. What the penalties are for circumvention of the CIID;
  9. What the penalties are for tampering with, or misusing the CIID;
  10. What will happen after failing a start-up breath alcohol test;
  11. What will happen after a person has a set of three consecutive valid and substantiated missed rolling retests within an 18-minute time frame during a drive cycle; and that a person shall not avoid compliance with the rolling retest requirement by turning off a motor vehicle's ignition or by keeping the motor vehicle in operation while the vehicle is parked, and leaving the vehicle when a rolling retest is requested;
  12. What events or actions will result in a temporary or permanent lock-out of the CIID; and
  13. How to provide a properly delivered alveolar breath sample.
- E. An IISP shall have each person sign a document stating that the IISP has instructed the person regarding each topic contained in subsections (D) and (L), and has received the manufacturer's written instructions for operation of the CIID.
- F. An IISP shall inform a person that a compliance check on a CIID is required 30 days and 60 days after installation of the device, which shall be done electronically.

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- G. An IISP shall inform each person to bring the vehicle to a service center for a calibration check within every 77 to 90-day period until the person is eligible for device removal.
- H. An IISP shall check each CIID for evidence of tampering at least once every 90 days or more frequently if needed. This anticircumvention check shall be conducted at each person's calibration check at a service center as required under R17-5-706.
- I. An IISP shall ensure that the manufacturer reports to the Department electronically under R17-5-610 if any evidence of tampering is discovered, and the manufacturer shall submit valid and substantiated proof or evidence of a reportable activity. An IISP shall keep visual evidence of a person's tampering or circumvention for a minimum of three years after the termination of the person's required ignition interlock period.
- J. An IISP shall submit to the Department a list of the IISP-certified technicians, subcontractors, or agents, and service centers at the beginning of the contract with the Department, within 5 business days of making a change to the list previously provided, and on a monthly basis as requested by the Department.
- K. An IISP shall comply with the provisions of this Article and A.R.S. Title 28, Chapter 4, Article 5.
- L. A manufacturer shall develop and an IISP shall provide each person a reference and problem solving guide at the time of installation that shall include information on the following:
  1. Operating a motor vehicle equipped with the CIID;
  2. Cleaning and caring for the CIID;
  3. Identifying and addressing any vehicle malfunctions or repairs that may affect the CIID; and
  4. How to properly take a valid and substantiated rolling retest.
- M. A manufacturer shall notify the Department within 10 days of a change of address of its principal place of business in this state.
- N. A manufacturer or an IISP shall provide a warning label, for each CIID installed, which shall have an orange background and shall include the following:
  1. Be a minimum size of two inches by one inch;
  2. Be printed in a minimum of nine-point font;
  3. Be printed in Arial font, or a font of substantially similar size and legibility; and
  4. Contain the words in black lettering: "Warning! Any person tampering with, circumventing, or otherwise misusing this Ignition Interlock Device, is guilty of a Class 1 misdemeanor."
- O. A manufacturer shall ensure that the IISP or the IISP-certified technician affixes conspicuously and maintains on each installed CIID the warning label described under subsection (N), which may be affixed to the device or to the device's cord.
- P. A manufacturer shall develop written instructions for the installation and removal of an ignition interlock device from a motor vehicle.
- Q. While a person maintains a functioning CIID in a vehicle under A.R.S. Title 28, Chapter 4, Article 5, the ignition interlock manufacturer shall electronically provide to the Department and transmit daily to the Department the information and reports prescribed in R17-5-610 and R17-5-615.
- R. The manufacturer is responsible for overseeing any agents or subcontractors, including vendors and distributors, as well as overseeing the manufacturer's IISP to ensure adherence to all performance standards.

**Historical Note**

New Section recodified from R17-4-709.08 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-

5-609 renumbered to R17-5-612; new R17-5-609 renumbered from R17-5-606 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section repealed; new Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**R17-5-610. Reporting; Reportable Activity**

- A. A person shall have installed in a motor vehicle, only an ignition interlock device certified by the Department under R17-5-604.
- B. A manufacturer shall develop and the IISP shall ensure that each IISP-certified technician complies with the IISP's written procedures for the installation of a CIID.
- C. Certified ignition interlock device installation verification.
  1. A manufacturer shall electronically transmit a Certified Ignition Interlock Device Summarized Reporting Record to the Department within 24 hours of the device installation.
  2. The electronic Certified Ignition Interlock Device Summarized Reporting Record for installation verification shall contain all of the following information:
    - a. Department-assigned service center number;
    - b. Person's full name (first, middle, last and suffix);
    - c. Date of birth;
    - d. Driver license or customer number;
    - e. Report date;
    - f. Install date;
    - g. Report type;
    - h. Technician identification number;
    - i. A unique identification number for the CIID;
    - j. The last six digits of the vehicle identification number that matches the vehicle information on the data logger; and
    - k. Whether the Department, a court, or an out-of-state entity requires a person to have a CIID.
- D. Certified ignition interlock device calibration check.
  1. A manufacturer shall electronically transmit a Certified Ignition Interlock Device Summarized Reporting Record to the Department within 24 hours after performing a calibration check on an installed CIID.
  2. A manufacturer shall submit to the Department the following valid and substantiated proof or evidence of a reportable activity related to a violation, as prescribed in subsection (F), within 10 days by electronic means, which shall include:
    - a. A summary report stating why the data logger or any other evidence confirms the occurrence of a violation, including any digital images of the person; and
    - b. A data logger that shows at least 12 hours of data before and after the violation.
  3. A manufacturer may submit to the Department the following additional valid and substantiated proof or evidence of a reportable activity related to a violation, as prescribed in subsection (F), if available, within 10 days by electronic means, which may include:
    - a. Video recordings;
    - b. Written statements; and
    - c. Any other evidence relevant to a violation.
  4. The electronic Certified Ignition Interlock Device Summarized Reporting Record for the calibration check shall contain all of the following information:

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- a. Department-assigned service center number;
  - b. Person's full name (first, middle, last and suffix);
  - c. Date of birth;
  - d. Driver license or customer number;
  - e. Report date;
  - f. Install date;
  - g. Report type;
  - h. Missed rolling retest count, dates, and times;
  - i. Technician identification number;
  - j. Alcohol concentration violation count, dates, time, and alcohol concentration;
  - k. Tampering violation count, dates, and time;
  - l. Circumvention count, dates, and time;
  - m. Device download date;
  - n. Device download time;
  - o. Bypass code indication, date, and time;
  - p. A unique identification number for the CIID;
  - q. The last six digits of the vehicle identification number that matches the vehicle information on the data logger; and
  - r. Whether the Department, a court, or an out-of-state entity requires a person to have a CIID.
- E.** Certified ignition interlock device removal report.
1. When a certified ignition interlock device is removed, a manufacturer shall electronically transmit a Certified Ignition Interlock Device Summarized Reporting Record to the Department within 24 hours.
  2. The electronic Certified Ignition Interlock Device Summarized Reporting Record for removal of a device shall indicate the condition of noncompliance and contain all of the following information:
    - a. Department-assigned service center number;
    - b. Person's full name (first, middle, last and suffix);
    - c. Date of birth;
    - d. Driver license or customer number;
    - e. Report date;
    - f. Install date;
    - g. Removal date;
    - h. Report type;
    - i. Technician identification number;
    - j. A unique identification number for the CIID;
    - k. The last six digits of the vehicle identification number that matches the vehicle information on the data logger;
    - l. Whether the Department, a court, or an out-of-state entity requires a person to have a CIID;
    - m. Missed rolling retest count, dates, and times;
    - n. Device download date;
    - o. Device download time.
- F.** Reportable activity for a person's noncompliance with these rules and A.R.S. Title 28, Chapter 4, Article 5, shall be limited to valid and substantiated instances by a person of any of the following transmitted electronically and wirelessly by the manufacturer to the Department in real-time within 24 hours:
1. Tampering with a CIID as defined in A.R.S. § 28-1301;
  2. Refusing or failing to provide any set of three consecutive valid and substantiated breath samples in response to a requested rolling retest within an 18-minute time frame during a person's drive cycle;
  3. Failing to provide proof of compliance or inspection of the CIID as required under A.R.S. § 28-1461(E)(4);
  4. Attempting to operate the vehicle with an alcohol concentration of 0.08 or more as prescribed in A.R.S. § 28-1461(E)(5) if the person is at least 21 years of age;
  5. Attempting to operate the vehicle with an alcohol concentration in excess of the set point if the person is under 21 years of age;
  6. Circumvention of a CIID as defined in R17-5-601; or
  7. Disconnecting or removing a CIID, except:
    - a. On repair of the vehicle, if the person provided to the IISP, technician, or service center advance notice of the repair and the anticipated completion date; or
    - b. On moving the device from one motor vehicle to another motor vehicle if replacement of the device is accomplished within 72 hours of device removal.
- G.** A person shall not avoid compliance with the rolling retest requirement by turning off a motor vehicle's ignition or by keeping the motor vehicle operating while the vehicle is parked, and leaving the vehicle when a rolling retest is requested. A missed rolling retest is reportable activity for a person's noncompliance under subsection (F).
- H.** A manufacturer shall screen each person's data loggers to ensure that there is no improper reporting.
- I.** A manufacturer shall ensure that a CIID has the necessary programming to identify each person's ignition interlock period and each drive cycle to report and send data and violations to the Department as required by these rules.
- J.** A manufacturer shall review within 10 days all reports sent by the Department and returned to the manufacturer for verification of accurate reporting. If a manufacturer finds that the reported information does not indicate valid and substantiated evidence of a violation, the manufacturer shall immediately contact the Department to correct the person's record before corrective action is initiated against a person as a result of misreported ignition interlock data.
- K.** A manufacturer shall immediately contact the Department if the manufacturer finds that the reported information indicates:
1. An obvious mechanical failure of a CIID;
  2. Obvious errors in the recorded CIID data that cannot be attributed to a person's actions;
  3. Obvious errors in the transmission of CIID data to the Department, including misreported instances of tampering; or
  4. Submission of an extension of a person's ignition interlock period or a violation to the Department when a person was not in the vehicle to take the rolling retests.
- L.** A manufacturer shall ensure that a CIID electronically and wirelessly uploads data in real-time to the manufacturer's website, that is maintained by the manufacturer, and the manufacturer shall submit all required information and reports in a daily FTP file to the Department.
- M.** In cases where no electronic or digital service exists, the manufacturer shall store the data and send the data as soon as electronic or digital service is available.
- N.** A manufacturer shall include the date of the last upload on the person's account on the manufacturer's website.
- O.** A CIID shall have constant communication between the manufacturer's server and relay unit while the device is in use.
- P.** All data, including digital images, shall be available to the Department for viewing on the manufacturer's website within five minutes after the data is recorded on the device, or as soon as electronic or digital reception permits.

**Historical Note**

New Section recodified from R17-4-709.09 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Former R17-5-610 renumbered to R17-5-703; new R17-5-610 renumbered from R17-5-607 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp.

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07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**Exhibit A. Renumbered****Historical Note**

New Exhibit recodified from 17 A.A.C. 4, Article 7 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Exhibit A renumbered to R17-5-703, Exhibit A, by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**Exhibit B. Renumbered****Historical Note**

New Exhibit recodified from 17 A.A.C. 4, Article 7 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Exhibit B renumbered to R17-5-703, Exhibit B, by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**Appendix A. Repealed****Historical Note**

Appendix A renumbered from R17-5-607, Appendix A, and repealed by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**Appendix B. Repealed****Historical Note**

Appendix B renumbered from R17-5-607, Appendix B, and repealed by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**Appendix C. Repealed****Historical Note**

Appendix C renumbered from R17-5-607, Appendix C, and repealed by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**R17-5-611. Emergency Assistance; Continuity of Service to Persons**

- A.** For events occurring outside of normal business hours, an IISP shall provide to each person a 24-hour emergency toll-free phone number answered by a live person at all times, to provide assistance in the event a CIID fails to operate properly or a vehicle experiences a problem relating to the installation, operation, or failure of a CIID.
1. During normal business hours, if the IISP or technician receives a call for emergency assistance, and determines that a vehicle is experiencing a problem relating to the installation, operation, or failure of a CIID, an IISP or a technician shall respond to the call within 24 hours of the initial contact and shall be available either to:
    - a. Provide telephonically, the technical information required for the person to resolve the issue; or
    - b. Provide or arrange for appropriate towing or roadside assistance services if unable to resolve the issue telephonically.
  2. After receiving a person's call for emergency or other assistance, the IISP, technician, or manufacturer, as appropriate, shall either:
    - a. Make the CIID functional, if possible, within 24 hours, or

- b. Replace or repair the CIID within 48 hours of the initial contact.

- B.** An IISP shall ensure uninterrupted service to a person for the duration of the person's ignition interlock period, which shall include facilitating the replacement of a technician, subcontractor, or an employee or agent who goes out of business, is removed, or a technician whose certification is cancelled by the IISP.

1. If a manufacturer terminates the IISP's authorization, the manufacturer shall obtain each person's records from the IISP and retain the records according to R17-5-612.
  2. At the end or termination of an ignition interlock service authorization agreement, the manufacturer shall provide the Department with electronic access to each person's ignition interlock records for three years.
  3. If a manufacturer authorizes a new IISP, the manufacturer shall notify each person affected by the authorization of the new IISP at least 30 days before the authorization becomes effective.
  4. If a manufacturer does not authorize a new IISP, the manufacturer at no cost to the person, shall:
    - a. Provide written notification to all persons who are affected by the loss of an IISP or lack of service in an area, at least 30 days before the IISP discontinues service. The written notification shall inform the person of the manufacturer's responsibility to facilitate removal and replacement of the CIID and shall provide the instructions necessary for the person to successfully exchange the device;
    - b. Remove the device from the vehicle of each affected person; and
    - c. Facilitate the replacement of each device through a manufacturer with an IISP that can provide service.
  5. A manufacturer shall notify the Department within 24 hours of replacing its IISP.
  6. An IISP shall submit to the Department an updated list of the IISP's certified technicians within 5 business days after making a change to the list provided to the Department under R17-5-609(J).
- C.** Except in an emergency situation, a manufacturer, an IISP, or an IISP's-certified technician shall not remove another manufacturer's CIID without the express permission of that manufacturer.
1. If in an emergency situation a manufacturer, an IISP, or the IISP's-certified technician removes another manufacturer's CIID, that manufacturer, IISP, or the IISP's-certified technician shall return the device to the original manufacturer within 72 hours of the emergency removal; and
  2. The original manufacturer, on receipt of the device, shall provide to the Department an electronic report of the device removal under R17-5-610, which shall include the transmission of all data stored in its data storage system.
- D.** In accordance with the IISP's implementation plan, an IISP shall facilitate the replacement of the IISP's service center if the service center goes out of business or the service center is closed, and the IISP does not have a service center in the county. An IISP shall notify the Department within 72 hours of replacing a service center location in a county.
1. If a service center closes and is replaced, the manufacturer shall make all reasonable efforts to obtain from the service center being replaced, all the individual ignition interlock records and data required to be retained under

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R17-5-612. The records shall be provided to, and maintained by the IISP.

2. If an out-of-business or closed service center is not replaced, the manufacturer shall retain the records and data as required under R17-5-612, and shall provide the Department with electronic access to the records and data.
  - a. The manufacturer shall facilitate removal of all installed CIID's no longer serviced by the out-of-business or closed service center, and shall bear the cost of replacing each device with a serviceable CIID chosen by the person, even if the replacement device must be provided through an alternate manufacturer.
  - b. The manufacturer shall, within 30 days, make a reasonable effort to notify its customers of the change of service center or replacement of a device.
3. If the manufacturer cannot comply with subsection (D)(1) or subsection (D)(2), the IISP shall:
  - a. Notify its customers and the Department that service will be terminated; and
  - b. Remove each device at no cost to the customer.

**Historical Note**

Section R17-5-611 renumbered from R17-5-608 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-612. Records Retention; Submission of Copies and Quarterly Reports**

- A. During the duration of the ignition interlock service authorization agreement, an IISP shall retain each person's ignition interlock activity records in an electronic format, including a secure database, or a paper format. The retained records shall consist of every document relating to installation, operation, and removal of the CIID. The IISP shall maintain all daily ignition interlock activity records of each person in the device's data storage system, or in a secure database at a commercial business location in this state, that the Department may access during posted business hours. An IISP shall inform the Department where all individual ignition interlock activity records are located.
- B. Prior to the end or termination of an ignition interlock service authorization agreement, the manufacturer shall obtain all person's ignition interlock records and provide the Department with electronic access to the records for three years.
- C. A manufacturer shall provide copies of each person's ignition interlock records to the Department within 10 days after Department personnel request copies of records, including records relating to installation and operation of the CIID.
- D. A manufacturer shall electronically send to the Department, by the 10th day of January, April, July, and October, a quarterly report containing the following information for the previous three months:
  1. The number of CIID's the IISP currently has in service;
  2. The number of CIID's installed since the previous quarterly report;
  3. The number of CIID's removed by the IISP since the previous quarterly report; and
  4. Other information required by the Department.
- E. An IISP shall maintain and make available to the Department the ignition interlock records of all persons served by the IISP,

records relating to the authorization agreement, and employee background check information at a commercial business location in this state of the manufacturer or the IISP during normal business hours.

**Historical Note**

Section R17-5-612 renumbered from R17-5-609 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**R17-5-613. Inspections and Complaints**

- A. The Department shall investigate any complaint that is related to a CIID or an IISP.
- B. An IISP and a manufacturer shall permit and fully cooperate with periodic on-site inspections of the IISP's service centers and principal places of business of the manufacturer at any time during normal business hours by an authorized representative of the Department, where records relating to the authorization agreement and individual ignition interlock device records are maintained.
- C. The Department shall conduct on-site inspections of a manufacturer, or a service center under the provisions of A.R.S. § 41-1009. The inspection shall include an examination of ignition interlock activity, records and verification of an adequate supply of the warning labels that meet the requirements of A.R.S. § 28-1462 and R17-5-609.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-614. Ignition Interlock Device Installation Fee; Financial Records**

- A. An IISP shall collect an ignition interlock device installation fee of twenty dollars from each participant for each CIID that is installed in, or transferred to a motor vehicle by an IISP.
- B. An IISP shall electronically remit the collected ignition interlock device installation fees paid by all persons to the Department on a monthly basis through a payment account created by the IISP, as determined by the Department, by transferring the collected fees paid during the previous month to the Department by the tenth day of the following month.
- C. An IISP shall not charge a person an installation fee to replace a defective ignition interlock device.
- D. An IISP shall post the amount of the ignition interlock device installation fee and the statutory authority for the ignition interlock device installation fee required by A.R.S. § 28-1462 on the IISP's website, that is available to all persons with an ignition interlock device requirement, and in a visible location at each of the IISP's service centers.
- E. An IISP must clearly post the amount of all other fees charged to a person for ignition interlock device services.
- F. An IISP shall maintain the financial records of the ignition interlock device installation fee collection and transfer to the Department, at an IISP's established place of business, or in a secure database, for three years from the date of the fee transfer. The Department may review the financial records of an

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IISP during normal business hours, to ensure compliance with the collection and transfer of the ignition interlock device installation fee to the Department.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Section repealed; new Section made by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**R17-5-615. Rolling Retest; Missed Rolling Retest; Extension of Ignition Interlock Period**

- A. A manufacturer shall report to the Department any valid and substantiated missed rolling retests, as defined in R17-5-601, that occur during the time period prescribed in subsection (E).
- B. A CIID shall have the capability to require a rolling retest and meet the requirements of a rolling retest. A person shall be prompted for the first rolling retest within five to 15 minutes after the initial test required to start an engine, and the device shall prompt for additional rolling retests at random intervals of up to 30 minutes after each previously requested and passed rolling retest.
- C. A certified ignition interlock device shall:
  1. Emit a warning light, tone, or both, to alert a person that a rolling retest is required;
  2. Allow a period of six minutes after the warning light, tone, or both, to allow a person to take a rolling retest;
  3. Require a person to perform a new test to restart an engine if it is switched off during or after a rolling retest warning;
  4. Allow a free restart of a motor vehicle's ignition, within three minutes after the ignition is switched off, without requiring another breath alcohol test, except when a rolling retest is in progress;
  5. Use the set point value for startups and retests;
  6. Record, in its data storage system, the result of each rolling retest performed by a person during the person's drive cycle, and any valid and substantiated missed rolling retests; and
  7. Immediately require another rolling retest each time a person refuses to perform a requested rolling retest.
- D. Until a person successfully performs a rolling retest, or the engine is switched off, a device shall record in its data storage system, each subsequent refusal or failure of the person to perform the requested rolling retest.
- E. The Department shall count one missed rolling retest for a person who refuses or fails to provide a valid and substantiated breath sample in response to a requested rolling retest if not followed by the person providing a valid and substantiated breath sample within six minutes.
- F. Failure to take a rolling retest when a person's breath alcohol concentration is equal to or exceeds the set point shall not sound the vehicle horn, nor any type of siren, bell, whistle or any device emitting a similar sound, or any unreasonable loud or harsh sound that is audible outside of the vehicle, and shall not cause the engine of the vehicle to shut off.
- G. The Department shall extend a person's ignition interlock period for six months, as provided in A.R.S. § 28-1461(E) for any set of three consecutive missed rolling retests that occur within an 18-minute time frame during a drive cycle.
- H. If during one drive cycle, a person who is at least 21 years of age, has two or more breath alcohol concentrations of 0.08 or more, the Department shall count this as one violation, and shall extend a person's ignition interlock period for six months.

- I. If during one drive cycle, a person who is under 21 years of age, has any breath alcohol concentration one or more times, the Department shall count this as one violation, and shall extend a person's ignition interlock period for six months.
- J. Except as provided in subsections (H) and (I), if during one drive cycle, a person has more than one violation as defined in R17-5-601, the Department shall extend a person's ignition interlock period for six months for each violation.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-616. Civil Penalties; Hearing**

- A. After notice and an opportunity for a hearing, the Director may impose a civil penalty pursuant to A.R.S. § 28-1465, against a manufacturer of a certified ignition interlock device for improper reporting to the Department of ignition interlock data, as defined in R17-5-601. The Director may impose and collect a civil penalty against a manufacturer of a certified ignition interlock device, who is responsible for an occurrence of improper reporting, as follows:
  1. \$100 for the first occurrence, but not to exceed \$1,000 per series of occurrences of improper reporting on a specific date;
  2. \$250 for the second occurrence, but not to exceed \$2,500 per series of occurrences of improper reporting on a specific date; and
  3. \$500 for the third or subsequent occurrence, but not to exceed \$5,000 per series of occurrences of improper reporting on a specific date.
- B. The Director, on finding that a manufacturer engaged in improper reporting, shall mail a notice to the manufacturer stating that civil penalties may be imposed for improper reporting. The notice shall:
  1. Specify the basis for the action; and
  2. State that the manufacturer may, within 15 days after receipt of the notice, file a written request for a hearing with the Department's Executive Hearing Office as prescribed in 17 A.A.C. 1, Article 5.
- C. A manufacturer who is aggrieved by an assessment, decision, or order of the Department under A.R.S. § 28-1465 and this Section may seek judicial review under A.R.S. Title 12, Chapter 7, Article 6.
- D. The manufacturer shall pay the civil penalty imposed under this Section to the Department no later than 30 days after the order is final.
- E. If the manufacturer fails to pay the civil penalty within 30 days after the order is final, the director may file an action in the superior court in the county in which the hearing is held to collect the civil penalty.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**R17-5-617. Cease and Desist**

- A. If the Director has reasonable cause to believe that a party to an IISP authorization agreement is violating any provision of state statute, administrative rule, or the authorization agreement, the Director will immediately issue and serve a cease and desist order by mail to the IISP's last known address.
- B. On receipt of the cease and desist order, the IISP shall immediately cease and desist from further engaging in any activity



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that is not authorized in state statute, administrative rule, or the agreement, and that is specified in the cease and desist order.

- C. On failure of the IISP to comply with the cease and desist order, the IISP may request a hearing with the Department's Executive Hearing Office under 17 A.A.C. 1, Article 5 within 15 days. On failure of the IISP to comply with the cease and desist order, the Director will immediately cancel the agreement with the IISP.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-618. Service Centers; Mobile Services**

- A. An IISP shall have at least one readily accessible service center in each county in this state that performs all ignition interlock services, including service, calibration, installation, inspection, and removal of a CIID by a technician who is trained and certified by the IISP for the specific service area.
- B. An IISP, subcontractor, agent, or an employee who operates a service center, or provides mobile services as an extended service provided by a service center on a temporary or emergency basis, shall meet the requirements in these rules before conducting CIID-related business in this state.
- C. A service center shall maintain sufficient staffing to provide an acceptable level of ignition interlock device services during all posted business hours.
- D. A technician that provides mobile services shall be stationed and employed at the IISP's service center and be certified in the ignition interlock service area the technician will provide.
- E. When a service center technician provides mobile services, an IISP shall ensure that the service center has another technician or employee available at the service center to provide ignition interlock device services.
- F. An IISP's service center shall:
1. Be located in a permanent, fixed-site facility that accommodates installing, inspecting, downloading, calibrating, monitoring, maintaining, servicing, and removing a CIID;
  2. Provide a designated waiting area for a person that is separate from the installation area;
  3. Ensure that a person does not witness installation of the CIID;
  4. Through the IISP, the IISP-certified technician or employee, provide the necessary training required by R17-5-609(D) for a person to operate a CIID;
  5. Ensure that a technician meets the necessary requirements in order to receive and maintain certification before a technician or an IISP conducts ignition interlock device business in this state; and
  6. Have the necessary equipment and tools to provide all ignition interlock services in a professional manner.
- G. A service center that provides mobile services shall:
1. Have the capability to provide all the ignition interlock services in subsection (F)(1);
  2. Meet the requirements in subsection (F)(3) through (F)(6);
  3. Have permission from the motor vehicle owner to provide mobile services; and
  4. Ensure that a technician provides business identification to a person requesting service prior to performing services, along with the service center certificate and the technician's training certificate.
- H. A service center that provides mobile services shall not operate from a tow truck.

- I. An IISP that operates a service center, shall ensure that an IISP-certified technician utilizes all of the following:
1. The analysis of a reference sample such as headspace gas from a mixture of water and alcohol, the results of which shall agree with the reference sample predicted value, or other methodologies approved by the Department. The preparatory documentation on the reference sample solution, such as a certificate of analysis, shall be made available to the Department on request.
  2. The set point value established under R17-5-601. All analytical results shall be expressed in grams of alcohol per 210 liters of breath (g/210L).
  3. The most current versions of manufacturer software and firmware to ensure continuous compliance under this Article and A.R.S. Title 28, Chapter 4, Article 5.
- J. An IISP shall ensure that a motor vehicle used to provide mobile services from a service center has current vehicle registration in this state and maintains the required mandatory insurance and financial responsibility coverage in A.R.S. § 28-4009.
- K. A technician shall ensure that a person who receives mobile services receives the same level of training and service as a person who receives services at a service center.
- L. The manufacturer shall ensure that a CIID electronically transmits the Summarized Reporting Record for a calibration check to the Department as provided in R17-5-610(D)(4).

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-619. Application; IISP Implementation Plan**

- A. An IISP that applies for authorization of an ignition interlock service provider contract under A.R.S. § 28-1468 shall submit all documents and meet all the requirements in the ignition interlock service provider authorization agreement; in Title 28, Chapter 5, Article 4, Arizona Revised Statutes; and these rules.
- B. In addition to this information, an IISP shall submit to the Department, with the application, a detailed implementation plan that outlines the steps and time frames necessary for the IISP to be fully operational. The implementation plan must include:
1. The IISP's plan for establishing a service center in every county in this state;
  2. The IISP's procedures for imposing progressive discipline on its employees, agents, or subcontractors who fail to comply with the requirements of Arizona statute; Department administrative rules; or the terms of the authorization agreement;
  3. A plan for transitioning ignition interlock services to another IISP that ensures continuous monitoring will occur if a participant decides to transition services to another IISP or if the IISP ceases conducting business or leaves this state;
  4. A means by which the IISP will provide all participant records and information or electronic access to the records and information to the ignition interlock device manufacturer in the event the IISP ceases conducting business or leaves this state. At the end or termination of an ignition interlock service authorization agreement, the manufacturer shall provide the Department with electronic access to all person's ignition interlock records for three years; and
  5. Documentation that the IISP is an authorized agent of the manufacturer and a point of contact for the manufacturer,

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including the IISP's telephone number and e-mail address.

- C. An IISP shall be approved by the Director through the application for authorization agreement process before offering ignition interlock services in the state.
- D. An IISP shall use this process to reapply to the Director for reauthorization of an ignition interlock service provider contract.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-620. Authorization Time Frame; Ignition Interlock Service Provider**

- A. The Director shall, within 10 days of the date of receipt of an application for authorization of an ignition interlock service provider contract, provide notice to the IISP that the application is either complete or incomplete.
  - 1. The date of receipt is the date the Director receives the application.
  - 2. If an application is incomplete, the dated notice shall specifically identify the required information that is missing.
- B. An applicant with an incomplete application shall provide all missing information to the Director within 15 days of the Director's notice.
  - 1. After receiving all of the required information, the Director shall notify the IISP that the application is complete.
  - 2. The Director may deny an IISP's application if the IISP fails to provide the required information within 15 days of the Director's notice.
- C. The Director shall render a decision on an application for authorization within 30 days of the date on the notice acknowledging receipt of a complete application, provided to the applicant under subsections (A) or (B).
- D. If the Director denies an application for authorization, the Director shall notify the IISP in writing within 20 days after the denial, and of the grounds for the denial in accordance with A.R.S. § 28-1468 (E).
- E. For the purposes of A.R.S. § 41-1073, the Department establishes the following time frames for the purpose of reviewing an application for authorization
  - 1. Administrative completeness review time frame: 10 days.
  - 2. Substantive review time frame: 30 days.
  - 3. Overall time frame: 40 days.
- F. The Director shall use this process for reapplication for authorization of an ignition interlock service provider contract.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-621. Service Center Application**

- A. On approval by the Director of an IISP's signed application for authorization to provide ignition interlock services, an IISP shall submit to the Department for approval a properly completed service center application for approval of the IISP's service centers.
- B. An IISP shall provide the following information to the Department:
  - 1. The service center name, which shall match the name on the service center;
  - 2. The business address of the established place of business of each service center or business location;
  - 3. The telephone number of each established place of business of each service center or business location;

- 4. The service center's legal status as a sole proprietorship, partnership, limited liability company, or a corporation;
- 5. The name of the sole proprietor, each partner, officer, director, manager, member, agent, or 20% or more stockholder;
- 6. The name and model number of each CIID the IISP plans to install;
- 7. An indication of any service centers that will provide mobile services;
- 8. Any applicable business licenses and the governmental entity; and
- 9. The following statements signed by the IISP:
  - a. A statement that all information provided on the application, including all information provided on any attachment to the application is complete, true, and correct;
  - b. A statement that the IISP agrees to indemnify and hold harmless from all liability the state of Arizona and any department, division, agency, officer, employee, or agent of the state of Arizona;
  - c. A statement that the IISP agrees to comply with all requirements in these rules; and
  - d. A statement that the IISP agrees to immediately notify the Department of any change to the information provided on the application form.
- C. The Department shall process an IISP's service center application only if the IISP meets all applicable application requirements.
- D. The Department shall, within 10 days of receiving a service center application, provide notice to the IISP that the application is either complete or incomplete.
  - 1. The date of receipt is the date the Department receives the application.
  - 2. If an application is incomplete, the notice shall specifically identify the required information that is missing.
- E. An IISP with an incomplete application shall provide all missing information to the Department within 15 days of the date on the Department's notice.
  - 1. After receiving all of the required information, the Department shall notify the IISP that the application is complete.
  - 2. The Department may deny approval of a service center if the IISP fails to provide the required information within 15 days of the date on the notice.
- F. The Department shall render a decision on a service center application within 30 days of the date indicated on the notice acknowledging receipt of a complete application provided to the IISP under subsections (D) or (E).
- G. For the purpose of A.R.S. § 41-1073, the Department establishes the following time frames for processing an application for approval of a service center:
  - 1. Administrative completeness review time frame: 10 days.
  - 2. Substantive review time frame: 30 days.
  - 3. Overall time frame: 40 days.
- H. If a service center is no longer authorized by a manufacturer to install its CIID, the IISP shall notify the Department within 24 hours.
- I. An IISP shall be the authorized representative of a specific manufacturer while the authorization agreement is in effect, for a service center to install the manufacturer's CIID.
- J. If an IISP, subcontractor, or agent opens or relocates a service center, or the service center is operated by another entity, an IISP, subcontractor, or agent shall submit a new service center application for approval.

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- K. An IISP shall use this process to reapply to the Department for a service center application.

**Historical Note**

New Section made by final exempt rulemaking at 24

A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

Amended by final rulemaking at 26 A.A.R. 1047, effective July 5, 2020 (Supp. 20-2).

**R17-5-622. Technician Application**

- A. On approval by the Department of an IISP's service center application, an IISP shall submit to the Department for approval, a properly completed technician application with the following information:
1. Name of the technician;
  2. The technician's date of birth;
  3. The technician's residence address;
  4. The technician's driver license number;
  5. Name of the service center where the technician is employed;
  6. Location of the service center where the technician is employed; and
  7. The following statements signed by the technician and the IISP:
    - a. A statement that all information provided on the application form, including all information provided on any attachment to the application form is complete, true, and correct;
    - b. A statement that the technician and the IISP agree to indemnify and hold harmless from all liability the state of Arizona and any department, division, agency, officer, employee, or agent of the state of Arizona;
    - c. A statement that the technician agrees to comply with all requirements in these rules; and
    - d. A statement that the IISP agrees to immediately notify the Department of any change to the information provided on the application form.
- B. The Department shall process a technician's application only if a technician meets all applicable application requirements.
- C. The Department shall, within 10 days of receiving a technician application, provide notice to the applicant that the application is either complete or incomplete.
1. The date of receipt is the date the Department receives the application.
  2. If an application is incomplete, the notice shall specifically identify the required information that is missing.
- D. An applicant with an incomplete application shall provide all missing information to the Department within 15 days of the date on the Department's notice.
1. After receiving all of the required information, the Department shall notify the applicant that the application is complete.
  2. The Department may deny approval of a technician application if the applicant fails to provide the required information within 15 days of the date on the notice.
- E. The Department shall render a decision on a technician application within 30 days of the date indicated on the notice acknowledging receipt of a complete application provided to the IISP under subsections (C) or (D).
- F. For the purpose of A.R.S. § 41-1073, the Department establishes the following time frames for processing an application for approval of a technician:
1. Administrative completeness review time frame: 10 days.
  2. Substantive review time frame: 30 days.

3. Overall time frame: 40 days.

- G. If an IISP and the IISP's technician are no longer authorized by a manufacturer to install its CIID, the IISP shall notify the Department within 24 hours.
- H. An IISP shall be the authorized representative of a specific manufacturer that has an authorization agreement in effect for a technician to service the manufacturer's CIID.
- I. An IISP shall submit a separate technician application when an IISP hires a new technician.
- J. After the Department approves a technician, the Department will assign to each technician, a unique technician identification number to identify each technician who installs, calibrates, inspects, or removes a CIID.
- K. An IISP shall use this process to reapply to the Department for a technician application.

**Historical Note**

New Section made by final exempt rulemaking at 24

A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-623. Termination of Authorization; Notification**

- A. If the Director terminates an IISP's authorization agreement, the Director shall notify each person with the manufacturer's CIID that the person has 30 days to obtain another IISP.
- B. Any IISP owner or principal whose agreement has been terminated as a result of the IISP's authorization being cancelled is not eligible to re-apply for authorization from the Department until 36 months after the date of termination.

**Historical Note**

New Section made by final exempt rulemaking at 24

A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**ARTICLE 7. IGNITION INTERLOCK DEVICE TECHNICIANS****R17-5-701. Definitions**

The definitions provided under A.R.S. §§ 28-101 and R17-5-601 apply to this Article unless the context otherwise requires.

**Historical Note**

New Section recodified from R17-4-801 at 7 A.A.R.

3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 2297, effective August 5, 2006 (Supp. 06-2). New Section made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-702. Records Check; Technician Qualifications; IISP Self-Certification of Technician**

- A. If the Director enters into an IISP's ignition interlock authorization agreement under A.R.S. § 28-1468, an IISP shall conduct an annual criminal records check and a certified driver's license record check on all employees, agents, or subcontractors listed on the IISP's application within 30 days prior to each individual's start date.
- B. An IISP shall self-certify and train a technician in the service area that the technician will provide.
- C. The qualifications for a technician are:
1. A technician shall be at least 18 years of age.
  2. A technician who is required to drive a motor vehicle on a highway in this state in the technician's capacity shall have a valid Arizona driver license as required by A.R.S. § 28-3151, unless exempted under A.R.S. § 28-3152.

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3. A technician shall have the necessary mechanical ability, training, and certification from the IISP required to perform installation, inspection, service, calibration, or removal of a CIID from a motor vehicle.

**D. A technician shall:**

1. Maintain the confidentiality of any personal information, driver license information, or ignition interlock data or reports relating to a person;
2. Ensure that a person does not observe the technician's actions relating to installation and removal of a CIID;
3. Comply with the ignition interlock rules in 17 A.A.C. 5, Articles 6 and 7, and Arizona Revised Statutes Title 28, Chapter 4, Article 5; and
4. Conduct installation, service, calibration, inspection, or removal of an ignition interlock device from a motor vehicle in accordance with industry standards.

**E. A technician is prohibited from using the global positioning system capabilities of a CIID to track the location of a person and shall not release location information gathered by the CIID.****Historical Note**

New Section recodified from R17-4-805 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 2297, effective August 5, 2006 (Supp. 06-2). New Section made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section repealed; new Section made by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-703. Repealed****Historical Note**

New Section recodified from R17-4-806 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 2297, effective August 5, 2006 (Supp. 06-2). Section R17-5-703 renumbered from R17-5-610 and amended by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section repealed by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**Exhibit A. Repealed****Historical Note**

Exhibit A renumbered from R17-5-610, Exhibit A, and repealed by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**Exhibit B. Repealed****Historical Note**

Exhibit B renumbered from R17-5-610, Exhibit B, and repealed by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4).

**R17-5-704. Repealed****Historical Note**

New Section recodified from R17-4-807 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 2297, effective August 5, 2006 (Supp. 06-2). New Section made by final

rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section repealed by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-705. Repealed****Historical Note**

New Section recodified from R17-4-808 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 2297, effective August 5, 2006 (Supp. 06-2). New Section made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section repealed by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-706. Calibration Check; Requirements**

- A.** An IISP-certified technician shall inspect, maintain, and check each CIID for calibration accuracy and operational performance before the device is placed into, or returned to service.
- B.** A person with a CIID installed on a motor vehicle is responsible for obtaining a calibration check of the CIID by the IISP's technician at the IISP's service center within every 77 to 90-day period after device installation, and every 77 to 90 days thereafter, during the person's ignition interlock period.
- C.** An IISP-certified technician shall perform a calibration check at the IISP's service center at least once every 90 days after device installation, and at least every 90 days thereafter.
- D.** The calibration check performed under R17-5-610 shall include an inspection of the device to verify that it is properly functioning in accordance with all of the following criteria:
  1. Accuracy standards as prescribed under R17-5-603;
    - a. The device shall be calibrated before placed into, or returned to service.
    - b. The calibration test shall consist of introducing to the device a known alcohol concentration from a reference sample device, the analysis of which indicates the device's agreement with the known concentration. The manufacturer's software shall be capable of performing, documenting, and reporting the result of this calibration test. The calibration test result shall verify the accuracy of the ignition interlock device according to the standards prescribed under R17-5-603; and
  2. Anticircumvention standards and operational features as prescribed under R17-5-603.
- E.** The calibration test referenced under subsection (D) shall be performed when the information uploaded from a device indicates that the device has experienced an interruption in service or was completely disconnected. Additionally, the complete device, including the camera and its connection to the vehicle, shall be examined for evidence of tampering while it is still attached to the vehicle. An IISP shall document or photograph any evidence of tampering or circumvention and submit the documentation to the Department as required by these rules and A.R.S. Title 28, Chapter 4, Article 5.
- F.** If calibration confirmation test results reveal that the device is not properly calibrated, the device shall be recalibrated to restore the accuracy standards prescribed under R17-5-603 before the device is returned to service.
- G.** At least once every 90 days, a technician shall perform a physical inspection of the ignition interlock device, including an

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anticircumvention check, while it is still attached to the vehicle.

- H. A technician shall perform a physical inspection of the ignition interlock device any time an early recall occurs.
- I. If at any time an individual device model fails to meet the provisions of this Section, the manufacturer, IISP, or IISP-certified technician, as appropriate, shall either:
  1. Repair, recalibrate, and retest the device model to ensure that it does meet all applicable standards; or
  2. Remove the device model from service.

**Historical Note**

New Section recodified from R17-4-501 at 7 A.A.R. 3483, effective July 20, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 2297, effective August 5, 2006 (Supp. 06-2). New Section made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-707. Repealed****Historical Note**

New Section made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section repealed by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**R17-5-708. Repealed****Historical Note**

New Section made by final rulemaking at 13 A.A.R. 3499, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 3132, effective April 1, 2015 (Supp. 14-4). Section repealed by final exempt rulemaking at 24 A.A.R. 1725, effective July 1, 2018 (Supp. 18-2).

**ARTICLE 8. MANDATORY INSURANCE AND FINANCIAL RESPONSIBILITY****R17-5-801. Definitions**

In addition to the definitions under A.R.S. §§ 28-101 and 28-4001, in this Chapter, unless otherwise specified:

*“Arizona Mandatory Insurance Reporting System Guide for Insurance Companies”* means the Department’s guide that is available on the agency’s website and provides technical information to a company about information transmission between the Department and the company.

*“Company”* means an insurance or indemnity company authorized to write motor vehicle liability coverage in Arizona.

*“Customer number”* means the system-generated, or other distinguishing number, assigned by the Department to each person conducting business with the Department, as prescribed in R17-5-805.

*“EDI”* means electronic data interchange, which is the transmission of data in a standardized format from one computer to another without the use of magnetic tape.

*“EDI reporting”* means the computer-to-computer transmission of data from a company to the Department.

*“Error return”* means the computer-to-computer transmission, from the Department to a company, of all data reporting errors received during EDI reporting.

*“FEIN”* means the federal employer identification number or federal tax identification number used to identify a business entity.

*“FTP”* means file transfer protocol, which is a common protocol used by the Department for exchanging files over any network that supports EDI reporting transmitted through the Internet or Intranet.

*“Information exchange”* means EDI reporting where a company or service provider transmits a report to the Department through a connection to a private information network.

*“Motor Vehicle Division”* means the Arizona Department of Transportation’s Motor Vehicle Division.

*“NAIC”* means the National Association of Insurance Commissioners.

*“Private information network”* means the value-added network used by a company or service provider to facilitate EDI transmissions to the Department and to provide other network services where fees are charged for the network connection based on the number of characters and messages transmitted.

*“Reportable activity”* means the information required to be transmitted to the Department under A.R.S. § 28-4148 and this Article.

*“Self-insurer”* means a person or entity that has met the qualifications, completed the application process, and received a certificate of self-insurance issued by the Department under R17-5-810.

*“Service provider”* means a person or entity that reports for an insurance company through a connection to a private information network or an FTP for EDI reporting.

*“SR22”* means a certification filed, by a company duly authorized to transact business in this state, as proof of financial responsibility for the future, which guarantees that the insured owner or operator has in effect at least the minimum motor vehicle liability insurance coverage required under A.R.S. Title 28, Chapter 9, Article 3.

*“SR26”* means a certification filed by a company duly authorized to transact business in this state, which notifies the Department that an insured owner or operator required to maintain proof of financial responsibility for the future, under A.R.S. Title 28, Chapter 9, Article 3, is no longer covered under a previously reported SR22.

*“Value-added network”* means a private network provider that is hired by a company to facilitate EDI or provide other network services.

*“X12”* means the American National Standards Institute, Accredited Standards Committee, uniform standards for the inter-industry electronic exchange of business transactions by EDI.

*“X12 (TS811)”* means X12 Transaction Set 811, Consolidated Service Invoice – Statement, version 3050, which is the specific set of EDI transactions developed for the insurance industry in the X12 standard format for automobile liability insurance reporting.

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**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-802. Insurance Company Electronic Reporting Requirement; Applicability**

- A. A company that provides motor vehicle liability insurance coverage for an Arizona vehicle shall electronically transmit to the Department all reportable activity under A.R.S. § 28-4148 and R17-5-803 using one of the authorized EDI reporting methods identified in the *Arizona Mandatory Insurance Reporting System Guide for Insurance Companies*. Each transmission shall include all of the applicable record matching criteria prescribed under R17-5-804 or R17-5-805.
- B. A company that issues 1,000 or more SR22 policies per calendar year shall electronically transmit to the Department all SR22 and SR26 activity using one of the Department-authorized EDI reporting methods identified in the *Arizona Mandatory Insurance Reporting System Guide for Insurance Companies*. Each transmission shall include all of the applicable record matching criteria prescribed under R17-5-804 or R17-5-805.
- C. The Department shall not accept or record an out-of-state motor vehicle liability insurance policy for a passenger vehicle, even if written by a company authorized to transact business in this state.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-803. Insurance Company Reportable Activity**

- A. A company shall transmit to the Department:
  1. All reportable activity, not previously reported, that was processed by the company seven or fewer days before each reporting date; or
  2. A statement of inactivity, if no reportable activity occurred by the reporting date.
- B. For the purpose of this Article, reportable activity shall include:
  1. A policy cancellation;
  2. A policy non-renewal;
  3. A new policy issuance;
  4. A commercial policy reissuance;
  5. A vehicle added to a policy;
  6. A vehicle deleted from a policy;
  7. A policy reinstatement; and
  8. All SR22 and SR26 filings by insurance companies issuing 1,000 or more SR22 policies per calendar year.
- C. Reportable activity does not include the addition or deletion of a vehicle to or from a non-vehicle-specific commercial policy.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-804. Record Matching Criteria for a Vehicle-specific Policy**

For each vehicle-specific policy transmitted to the Department, a company shall include all of the following information to assist with the matching of policies to Department customers:

1. The complete and valid vehicle identification number;
2. The policy number; and
3. The NAIC number of the reporting company.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-805. Record Matching Criteria for a Non-vehicle-specific Commercial Policy**

- A. For each non-vehicle-specific commercial policy transmitted to the Department, a company shall include all of the following information to assist with the matching of policies to Department customers:
  1. The Department customer number of the insured:
    - a. If a policy covers all vehicles registered in the name of a business or organization, the customer number is the FEIN of the business or organization, or a system-generated number; or
    - b. If a policy covers all vehicles registered in the name of a private individual, the customer number is the Arizona Driver License number or the non-operating identification license number of the private individual;
  2. The policy number; and
  3. The NAIC number of the responsible company.
- B. If the Department customer number required under subsection (A)(1) is not available to a company, the company may provide the complete and valid vehicle identification number of each vehicle covered under the policy in-lieu of the Department customer number.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-806. Department-authorized EDI Reporting Methods; Reporting Schedule**

- A. A company shall transmit to the Department all reportable activity listed in R17-5-803 using a Department-authorized EDI reporting method specified in the *Arizona Mandatory Insurance Reporting System Guide for Insurance Companies*.
- B. A company shall transmit all reportable activity to the Department at least once every seven days.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-807. X12 Data Format for Policy Receipt and Error Return**

- A. Reporting format. A company shall transmit to the Department all reportable activity using the format prescribed in the *Arizona Mandatory Insurance Reporting System Guide for Insurance Companies* provided by the Department.
- B. Error return format. The Department shall return to a company all reporting errors received during a transmission of reportable activity using the X12 error return format prescribed in the *Arizona Mandatory Insurance Reporting System Guide for Insurance Companies*.

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- C. The Department shall return to a company an acknowledgment that a transmission of reportable activity was received and processed using the format in the *Arizona Mandatory Insurance Reporting System Guide for Insurance Companies*.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-808. Insurance Company Reporting Errors; Resolution; Noncompliance****A. The Department shall:**

1. Return to a company, using the X12 error return format provided in R17-5-807(B), all reporting errors received during or after a transmission; and
2. Instruct the company to correct all reporting errors affecting the Department's processing of the required data.

- B. All companies reporting electronic policy information shall notify the Department prior to making changes to any reporting systems, or previously established policy reporting formats, that may affect the Department's ability to match and process the information received.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-809. Insurance Company Failure to Submit Required Data; Request for Hearing**

If a company fails to submit the data required under A.R.S. § 28-4148, and this Article, the Department shall:

1. Send to the company, a dated written notice, which:
  - a. Identifies the business week or reporting period in which the company did not submit the required information;
  - b. Instructs the company to submit the information for the identified business week or reporting period within seven days of the date of the notice;
  - c. Informs the company that a failure to respond to the Department's request within the allotted time-frame, shall result in a referral of the matter to the Arizona Department of Insurance, under A.R.S. § 20-237, which may result in a civil penalty for each violation of up to \$250 per day for each day the insurer is in violation of A.R.S. § 28-4148; and
  - d. Provides notice of the company's right to request a hearing with the Arizona Department of Insurance under A.R.S. § 20-237; and
2. Advise the Arizona Department of Insurance if the company fails to comply with the Department's written notice provided under this Section.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-810. Self-insurance as Alternate Proof of Financial Responsibility; Provisions; Applicability**

- A. Self-insurance applicant qualification. A person or entity may apply for self-insurance under this Section if the applicant:

1. Owns the minimum number of vehicles prescribed under A.R.S. § 28-4007(A) with current Arizona registration;
2. Demonstrates minimum assets of \$1 million on documentation required under subsections (C) and (D);
3. Meets any additional financial responsibility requirements under A.R.S. § 28-4033(A), according to the insured vehicle's weight and/or intended use; and
4. Provides a business office contact for the company with a current phone number and mailing information.

- B. A self-insurance applicant shall provide, on a self-insurance application form provided by the Department, the following information:

1. Applicant's name;
2. Business name, if applicable;
3. Mailing address, city, state, and ZIP code;
4. A selection of coverage type:
  - a. Public liability only; or
  - b. Public liability and property damage;
5. Number of vehicles in the applicant's fleet;
6. A selection list that describes the nature of the applicant's business;
7. A description of any hazardous materials transported by type, class, and weight;
8. A report of all accidents in the prior 39-month period before the application date;
9. The applicant's signature and official business title to certify that all information is true and correct; and
10. Acknowledgment by a notary public or by the signature of an authorized Department agent.

- C. Supplementary documentation. In addition to a completed self-insurance application form, the applicant shall submit a profit and loss statement certified by a Certified Public Accountant for the 12-month period before the application date. The profit and loss statement shall include one of the following:

1. A balance sheet; or
2. An annual financial report.

- D. On approval of an application, the Department shall issue a certificate of self-insurance that is continuously valid, but shall require the self-insurer to submit a 12-month update of supplementary documentation prescribed under subsection (C) on or before July 1 of each successive year.

- E. An initial self-insurance applicant or a self-insurer making an annual update shall submit documentation required under subsections (B) through (D) to the following address:

Motor Vehicle Division  
Financial Responsibility Unit  
P.O. Box 2100, Mail Drop 535M  
Phoenix, AZ 85001-2100

- F. A self-insurer shall keep a copy of the self-insurance certificate in each covered vehicle at all times.

- G. A self-insurer shall submit periodic, written notification updates to the Department of vehicles added or removed from self-insurance coverage. The written notification shall include the vehicle identification number of each vehicle.

- H. A self-insurer that terminates self-insurance shall provide new evidence of financial responsibility as required under A.R.S. § 28-4135 for each vehicle previously covered under a self-insurance certificate.

- I. In addition to the reasonable grounds prescribed under A.R.S. § 28-4007(C), the Department may cancel a self-insurance certificate under the following circumstances:

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1. A self-insurer fails to comply with provisions of the Department's annual update requirement under subsection (D), or
  2. A self-insurer no longer owns the covered business or fleet.
- J.** For the purpose of A.R.S. § 28-4007(C) and this Section, the Department shall conduct a self-insurance cancellation hearing according to the provisions prescribed under 17 A.A.C. 1, Article 5.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1). Section amended by final expedited rulemaking at 24 A.A.R. 279, effective January 12, 2018 (Supp. 18-1).

**R17-5-811. Certificate of Deposit as Alternate Proof of Financial Responsibility; Applicability**

For the purpose of A.R.S. §§ 28-4076(2) and 28-4084, a person depositing a \$40,000 certificate of deposit with the state treasurer as alternate proof of financial responsibility may apply the certificate to a maximum of 25 non-commercial vehicles registered in the person's name.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 858, effective March 6, 2007 (Supp. 07-1).

**ARTICLE 9. TRANSPORTATION NETWORK COMPANIES****R17-5-901. Definitions**

In addition to the definitions provided under A.R.S. § 28-9551, when applicable to a transportation network company, the following definitions apply to this Article unless otherwise specified:

"Applicant" means a person that meets the statutory requirements of a transportation network company as prescribed under A.R.S. Title 28, Chapter 30, Article 3.

"Designated point of contact" means a person employed by a transportation network company who has the authority to gather and provide records to the Department on request.

"Transportation network company permit" means a document issued by the Department to an applicant that meets the requirements prescribed under A.R.S. Title 28, Chapter 30, Article 3, as authorization to conduct transportation network services in this state.

"Violation" means a failure to maintain or make available to the Department any records the transportation network company is required to maintain and provide to the Department on request as provided under A.R.S. §§ 28-9554 through 28-9556.

**Historical Note**

New Section made by exempt rulemaking under Laws 2015, Ch. 235, § 14, at 21 A.A.R. 1825, effective August 21, 2015 (Supp. 15-3). Section repealed; new Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-902. Transportation Network Company Permit - Initial Application; Issuance; Fee**

- A.** An applicant for a transportation network company permit issued by the Department under A.R.S. § 28-9552, shall apply to the Department by:
1. Completing and submitting online the application form provided by the Department at [www.azdot.gov](http://www.azdot.gov);

2. Providing the full name and contact information of the applicant's agent for service of process in this state;
  3. Certifying that the transportation network company meets the requirements of A.R.S. Title 28, Chapter 30, Article 3;
  4. Filing a legible illustration of the applicant's trade dress; and
  5. Paying a \$1,000 application fee as provided under A.R.S. § 28-9552(A).
- B.** Upon receipt and acceptance of all required documents, fees, and certifications, the Department shall issue to an applicant a transportation network company permit.
- C.** The application fee paid to the Department under subsection (A) is refundable in full if the transportation network company permit application is:
1. Denied by the Department, or
  2. Withdrawn by the applicant before the Department issues a transportation network company permit.
- D.** A transportation network company permit issued by the Department under this Section expires three years after issuance and may be renewed as provided under R17-5-903.

**Historical Note**

New Section made by exempt rulemaking under Laws 2015, Ch. 235, § 14, at 21 A.A.R. 1825, effective August 21, 2015 (Supp. 15-3). Section repealed; new Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-903. Transportation Network Company Permit - Renewal Application; Issuance; Fee**

- A.** A transportation network company shall apply to the Department for renewal of a transportation network company permit issued by the Department under A.R.S. § 28-9552 and R17-5-902, no earlier than 90 days, and no later than 30 days, before the permit expires by:
1. Completing and submitting online the renewal application form provided by the Department at <https://secure.servicearizona.com>;
  2. Filing with the Department a legible illustration of the applicant's trade dress if different than the illustration already on file with the Department;
  3. Certifying that the transportation network company meets the requirements of A.R.S. Title 28, Chapter 30, Article 3; and
  4. Paying a \$1,000 renewal application fee as provided under A.R.S. § 28-9552(A).
- B.** Upon receipt and acceptance of all required documents, fees, and certifications, the Department shall issue to an applicant a transportation network company permit renewal.
- C.** A transportation network company permit renewal issued by the Department expires three years after the date the existing transportation network company permit expires.
- D.** The holder of an expired transportation network company permit may apply to the Department for a new transportation network company permit using the renewal application procedure provided under R17-5-903(A).

**Historical Note**

New Section made by exempt rulemaking under Laws 2015, Ch. 235, § 14, at 21 A.A.R. 1825, effective August 21, 2015 (Supp. 15-3). Section repealed; new Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-904. Transportation Network Company Permit or**



## TITLE 17. TRANSPORTATION

## CHAPTER 5. DEPARTMENT OF TRANSPORTATION - COMMERCIAL PROGRAMS

**Renewal - General Provisions**

- A. A transportation network company permit or renewal issued by the Department under this Article shall include an assigned number that remains effective until either withdrawn by the Department or until it expires.
- B. A transportation network company permit or renewal issued by the Department under this Article shall not be transferred or assigned, in whole or in part, to any person other than the person to whom the permit is issued, except upon a merger, change in control, or sale of substantially all of the transportation network company's assets to an entity that assumes the duties and obligations of the permit. The transportation network company shall notify the Department within 30 days of such a transfer or assignment, and the Department shall have 30 days beginning on such notification to nullify the transfer or assignment based on the criteria set forth in this Article. An initial public offering shall not be deemed to trigger a transfer or assignment under this Section.

**Historical Note**

New Section made by exempt rulemaking under Laws 2015, Ch. 235, § 14, at 21 A.A.R. 1825, effective August 21, 2015 (Supp. 15-3). Section repealed; new Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-905. Transportation Network Company - Record Review**

- A. The Department, after providing reasonable notice to a transportation network company, may review with or without cause all records a transportation network company is required to make available to the Department on request as provided under A.R.S. §§ 28-9554 through 28-9556.
- B. A transportation network company shall make all records described under subsection (A) available to the Department for review at an Arizona location.
- C. The Department shall conduct a record review during the transportation network company's normal business hours.
- D. The Department shall provide a copy of its review report to the transportation network company's designated point of contact. The report shall include the review results and indicate any violations found.

**Historical Note**

New Section made by exempt rulemaking under Laws 2015, Ch. 235, § 14, at 21 A.A.R. 1825, effective August 21, 2015 (Supp. 15-3). Section repealed; new Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-906. Transportation Network Company - Designated Point of Contact**

- A. A transportation network company shall provide to the Department the name and contact information of the transportation network company's designated point of contact in this state.
- B. A transportation network company shall notify the Department within 10 business days of making a change to the name or contact information of the transportation network company's designated point of contact in this state.

**Historical Note**

New Section made by exempt rulemaking under Laws 2015, Ch. 235, § 14, at 21 A.A.R. 1825, effective August 21, 2015 (Supp. 15-3). Section repealed; new Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**ARTICLE 10. VEHICLE FOR HIRE****R17-5-1001. Definitions**

In addition to the definitions in A.R.S. §§ 28-101 and 28-9501, the following terms apply to this Article unless otherwise specified:

"Appealable agency action" has the meaning prescribed in A.R.S. § 41-1092.

"Applicant" means a company that applies to the Department for a vehicle for hire company permit as prescribed under A.R.S. Title 28, Chapter 30, Article 1, and these rules.

"Application" means forms designated as an application and all documents and additional information the Department requires a vehicle for hire company applicant to submit to obtain a vehicle for hire company permit.

"Contested case" has the meaning prescribed in A.R.S. § 41-1001.

"Designated point of contact" means a person employed by a vehicle for hire company who has the authority to gather and provide records to the Department on request.

"Good standing" means that an applicant does not have:

Any outstanding civil penalties owed to the Department;

Any suspension, revocation, or cancellation of a vehicle for hire company permit issued by the Department;

Any delinquent fees, taxes, or unpaid balances owed to the Department; or

Any open complaints submitted to the Department regarding compliance with vehicle for hire statutes or rules.

"Government agency" means this state and any political subdivision of this state that receives and uses tax revenues.

"Handbook 44" means the U. S. Department of Commerce, National Institute of Standards and Technology (NIST) *Handbook 44, Specifications, Tolerances, and Other Technical Requirements for Weighing and Measuring Devices*, Section 5.54. Taximeters, revised as of 2016.

"NIST" means the National Institute of Standards and Technology of the U.S. Department of Commerce.

"Permittee" means the owner or responsible party in the vehicle for hire company that meets all permit requirements and holds a vehicle for hire company permit.

"Trade dress" means a removable and distinct logo, insignia or emblem attached to, or visible from the exterior of a taxi while providing vehicle for hire services as a taxi, and that includes the word "taxi" or "cab."

"Vehicle for hire company permit" means the permit required in A.R.S. § 28-9503 for a vehicle for hire company to operate in this state.

"Violation" means the failure of a vehicle for hire company to:

Provide to the Department any records the vehicle for hire company is required to maintain and provide on request, as provided in A.R.S. § 28-9507;

Follow these rules; or

Follow A.R.S. Title 28, Chapter 30, Articles 1 and 2.

## TITLE 17. TRANSPORTATION

## CHAPTER 5. DEPARTMENT OF TRANSPORTATION - COMMERCIAL PROGRAMS

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-1002. Incorporation by Reference**

The Department incorporates by reference the U. S. Department of Commerce, National Institute of Standards and Technology (NIST) *Handbook 44*, Specifications, Tolerances, and Other Technical Requirements for Weighing and Measuring Devices, Section 5.54. Taximeters, revised as of 2016, and no later amendments or editions. The incorporated material is available at [www.nist.gov/pml/pubs/hb44.cfm](http://www.nist.gov/pml/pubs/hb44.cfm). The incorporated material is on file with the Department at 206 S. 17th Ave., Phoenix, AZ.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-1003. Vehicle for Hire Company Permit; Good Standing; Handbook 44**

- A. An applicant to the Department for a vehicle for hire company permit shall be in good standing with the Department at the time the vehicle for hire company applies for or renews a vehicle for hire company permit.
- B. A vehicle for hire company that operates a vehicle for hire as a taxi shall have an operating taxi meter installed in each taxi by a person or company that uses *Handbook 44*.
- C. A vehicle for hire company operating a taxi shall maintain, and make available to the Department, records for the installation and calibration of each taxi meter for the duration of the three-year vehicle for hire company permit.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-1004. Vehicle for Hire Company Permit - Initial Application; Issuance; Fee**

- A. A vehicle for hire company shall apply to the Department for a vehicle for hire company permit by:
  1. Completing and submitting the application form to the Department that is located at: [www.azdot.gov](http://www.azdot.gov);
  2. Providing the full name and contact information of the vehicle for hire company's agent for service of process in this state;
  3. Submitting a clear illustration of the vehicle for hire company's trade dress, if operating as a taxi;
  4. Paying the application fee of \$24 per vehicle that is used as a taxi by the vehicle for hire company at the time of application, not to exceed a total of \$1,000 per applicant, as required by A.R.S. § 28-9503;
  5. Certifying that the vehicle for hire company meets all vehicle for hire company requirements in A.R.S. Title 28, Chapter 30, Article 1; and
  6. Stating the total number of vehicles for hire in the vehicle for hire company fleet at the time of application.
- B. A vehicle for hire company shall provide to the Department the name and contact information of the vehicle for hire company's designated point of contact in this state.
- C. After the Department receives and accepts a completed application, all certifications, and the application fee, if applicable, the Department shall issue to an applicant a vehicle for hire company permit.
- D. A vehicle for hire company permit issued by the Department expires three years after the date of issuance.
- E. A vehicle for hire company may apply to renew a vehicle for hire company permit as provided in R17-5-1005.

- F. A vehicle for hire company shall notify the Department within 10 business days of making a change to the name or contact information of the vehicle for hire company's designated point of contact in this state.
- G. A vehicle for hire company permit or renewal issued by the Department under this Article may be transferred to a person other than the person to whom the permit is issued, if ownership of the vehicle for hire company changes. The vehicle for hire company shall notify the Department within 30 days of such a transfer.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-1005. Vehicle for Hire Company Permit - Renewal Application; Issuance; Fee**

- A. A vehicle for hire company shall apply to the Department for renewal of an existing vehicle for hire company permit under A.R.S. § 28-9503, no earlier than 90 days and no later than 30 days before the three-year permit expires by:
  1. Completing and submitting the required information, all certifications, and the application fee, if applicable, to the Department at: <https://secure.servicearizona.com>;
  2. Submitting a clear illustration of the vehicle for hire company's trade dress, if operating as a taxi, and if different than the illustration already on file with the Department;
  3. Paying the renewal application fee of \$24 per vehicle that is used as a taxi at the time of permit renewal, not to exceed a total of \$1,000 per applicant, as required by A.R.S. § 28-9503; and
  4. Certifying that the vehicle for hire company meets all the vehicle for hire company requirements in A.R.S. Title 28, Chapter 30, Article 1.
- B. Upon receipt and acceptance of all required documents, fees, if applicable, and certifications, the Department shall issue to an applicant a vehicle for hire company permit renewal.
- C. A vehicle for hire company permit renewal issued by the Department expires three years after the existing vehicle for hire company permit expires.
- D. The holder of an expired vehicle for hire company permit may apply to the Department for a new vehicle for hire company permit using the renewal application procedure provided under R17-5-1005(A).

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-1006. Vehicle for Hire Company Permit or Renewal - General Provisions**

A vehicle for hire company permit issued by the Department shall include an assigned number that remains effective until either withdrawn by the Department or until the permit expires.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-1007. Vehicle for Hire Company; Record Review; Inspection**

- A. The Department, after providing reasonable notice to a company with a vehicle for hire company permit, may review, with or without cause, all records of a vehicle for hire company as prescribed in A.R.S. § 28-9507, at intervals determined by the Department.

## TITLE 17. TRANSPORTATION

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- B. A vehicle for hire company shall make all records described under subsection (A) available to the Department for review at an Arizona location.
- C. The Department shall conduct a record review during the vehicle for hire company's normal business hours.
- D. The Department may conduct a periodic, random inspection of a taxi meter and any vehicle for hire, or in response to a complaint by the public. An inspection may include an inspection of the taxi meter in a taxi and the signage required by A.R.S. § 28-9506.
- E. After the inspection, the Department shall provide a copy of the inspection report to the vehicle for hire company or the designated point of contact. The report shall include any deficiencies or violations indicated during the inspection.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

**R17-5-1008. Posting of Fares**

- A. When a livery vehicle provides local transportation at fares that are established in a contract with a government agency, the livery vehicle interior signage shall indicate that fares are

determined by contract with a government agency when providing those services.

- B. When a livery vehicle provides local transportation services at fares that are not established in a contract with a government agency, the livery vehicle interior signage shall post fares in accordance with A.R.S. § 28-9506(A)(2).

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

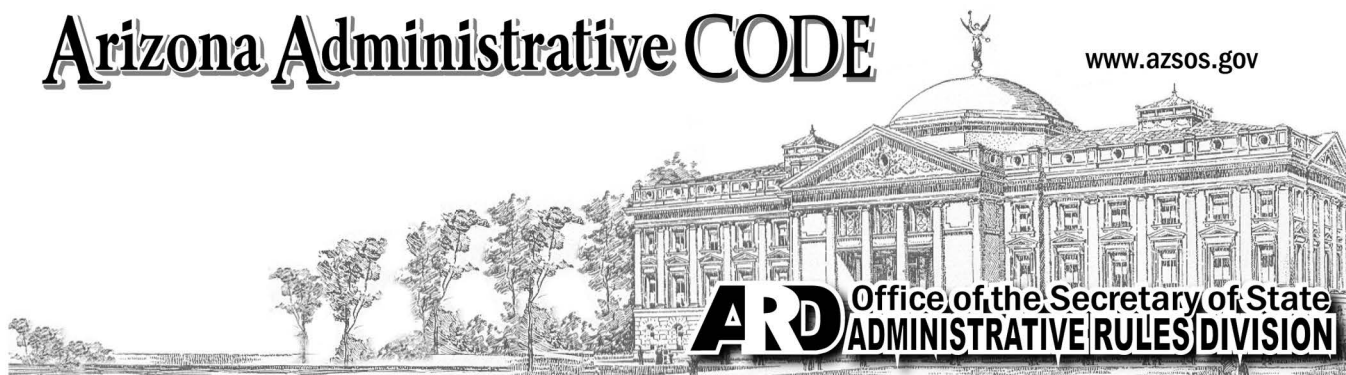
**R17-5-1009. Appealable Agency Actions; Rehearing; Judicial Review**

- A. A.R.S. Title 41, Chapter 6, Article 10 applies to all contested cases and all appealable agency actions of the Department under A.R.S. Title 28, Chapter 30, Article 2.
- B. A vehicle for hire company whose permit, renewal, or authority is denied has a right to a hearing, an opportunity for rehearing under A.R.S. Title 41, Chapter 6, Articles 6 and 10, and if the denial is upheld, judicial review under A.R.S. Title 12, Chapter 7, Article 6.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 223, effective March 6, 2017 (Supp. 17-1).

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## TITLE 18. ENVIRONMENTAL QUALITY

### CHAPTER 7. DEPARTMENT OF ENVIRONMENTAL QUALITY - REMEDIAL ACTION

#### 18 A.A.C. 7

#### Supplement Information

#### Supp. 25-2

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 09-1, 1-40 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### PERSONAL USE/COMMERCIAL USE

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

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## Administrative Rules Division

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## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 7. DEPARTMENT OF ENVIRONMENTAL QUALITY - REMEDIAL ACTION

## Supp. 25-2

*Editor's Note: The Office of the Secretary of State publishes all Code Chapters on white paper (01-4).*

*Editor's Note: The proposed summary action amending the heading of Chapter 7 was remanded by the Governor's Regulatory Review Council (August 4, 1999), which revoked the interim effectiveness of the change as of January 22, 1999. The heading of Chapter 7 before the proposed summary action has been restored (Supp. 99-3).*

*Editor's Note: Chapter 7 heading repealed; new heading adopted; both by summary action with an interim effective date of January 22, 1999; filed in the Office of the Secretary of State December 29, 1998 (Supp. 98-4).*

*Editor's Note: At the request of the Department of Environmental Quality, interim rules removed in Articles 1 & 2 (Supp. 97-3) by the emergency expiring were reinstated. The Department determined these emergency rules were in effect until permanent rules were adopted pursuant to Laws 1995, Ch. 232, § 5, and Laws 1996, Chapter 151, § 9. Under these Laws the Department was required to "adopt risk based remediation standards formally by rule pursuant to A.R.S. § 49-152(A) ... no later than August 1, 1997."; and the "interim standards adopted pursuant to A.R.S. § 49-152(A)(1)(a) and (b) ... as emergency rules shall remain in effect until the formally established rules are adopted." The interim rules have not been reprinted because permanent final rules have now been filed. Refer to Supp. 97-1 for interim emergency rules (Supp. 97-4).*

*Editor's Note: A Section of this Chapter was adopted under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 1997, Ch. 296, §§ 3(E) and (G), (10) and (11). Although exempt from certain provisions of the rulemaking process, the Department was required to submit notice of proposed rulemaking with the Secretary of State for publication in the Arizona Administrative Register and conduct a public hearing (Supp. 97-3).*

*Editor's Note: Some Sections of Chapter 7 were exempt from the rulemaking process (Laws 1995, Ch. 232, § 5). However the Department was required to provide a notice of hearing and public hearing before adoption of the emergency rules. The emergency rules were approved by the Attorney General (Supp. 96-1). Editor's note added to clarify exemptions of emergency adoptions (Supp. 97-1).*

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*Article 1, consisting of Section R18-7-110, expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4298, effective August 31, 2002 (Supp. 02-3).*

*The proposed summary action renumbering Section R18-7-110 to R18-7-101 was remanded by the Governor's Regulatory Review Council (August 4, 1999), which revoked the interim effectiveness of the changes as of January 22, 1999. The numbering of Article 1 before the proposed summary action has been restored (Supp. 99-3).*

*Article 1, consisting of Sections R18-7-101 thru R18-7-109 repealed; R18-7-110 renumbered to R18-7-101; both by summary action with an interim effective date of January 22, 1999; filed in the Office of the Secretary of State December 29, 1998 (Supp. 98-4).*

*Article 1 consisting of Sections R18-7-101 through R18-7-110 adopted as permanent rules effective December 22, 1987.*

*Article 1 consisting of Sections R18-7-101 through R18-7-110 adopted as an emergency effective September 17, 1987 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

*Article 1 consisting of Sections R18-7-101 through R18-7-110 adopted as an emergency effective June 17, 1987 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

*Article 1 consisting of Sections R9-20-102, R9-20-104 through R9-20-106 and R9-20-111 adopted as an emergency effective March 6, 1987 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

*Article 1 consisting of Sections R9-20-102, R9-20-104 through*

*R9-20-106 and R9-20-111 adopted as an emergency effective December 5, 1986 pursuant to A.R.S. § 41-1003, valid for only 90 days. Emergency expired.*

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*Article 2, consisting of Sections R18-7-201 through R18-7-209 and Appendices A through D, removed in Supp. 97-3 reinstated at the request of the Department. Refer to Supp. 97-1 for interim rules. Introduction stating the emergency expired has been removed for clarity (Supp. 97-4).*

*Article introduction revised below to clarify exemptions of emergency adoption (Supp. 97-1).*

*Article 2, consisting of Sections R18-7-201 through R18-7-209 and Appendices A through D, adopted by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995,*



## TITLE 18. ENVIRONMENTAL QUALITY

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## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 7. DEPARTMENT OF ENVIRONMENTAL QUALITY - REMEDIAL ACTION

**ARTICLE 1. EXPIRED**

*Article 1, consisting of Section R18-7-110, expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4298, effective August 31, 2002 (Supp. 02-3).*

**R18-7-101. Repealed****Historical Note**

Adopted as an emergency effective December 5, 1986, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 86-6). Emergency expired. Adopted, without change, as an emergency effective March 6, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Former Section R9-20-102 was renumbered as Section R18-7-101, amended and readopted as an emergency effective June 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-2). Emergency expired. Readopted without change as an emergency effective September 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-3). Emergency expired. Amended and adopted as a permanent rule effective December 22, 1987 (Supp. 87-4). R18-7-101 repealed; new Section renumbered from R18-7-110; both by summary action with an interim effective date of January 22, 1999; filed in the Office of the Secretary of State December 29, 1998 (Supp. 98-4). Summary renumbering action revoked; former numbering of Sections R18-7-101 and R18-7-110 restored effective January 22, 1999. Adopted summary rules filed August 10, 1999; interim effective date of January 22, 1999 now the permanent effective date (Supp. 99-3).

**R18-7-102. Repealed****Historical Note**

Adopted as an emergency effective December 5, 1986, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 86-6). Emergency expired. Amended and adopted as an emergency effective March 6, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Former Section R9-20-104 was renumbered as Section R18-7-102, amended and readopted as an emergency effective June 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-2). Emergency expired. Readopted without change as an emergency effective September 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-3). Emergency expired. Amended and adopted as a permanent rule effective December 22, 1987 (Supp. 87-4). R18-7-102 repealed by summary action with an interim effective date of January 22, 1999; filed in the Office of the Secretary of State December 29, 1998 (Supp. 98-4). Adopted summary rules filed August 10, 1999; interim effective date of January 22, 1999 now the permanent effective date (Supp. 99-3).

**R18-7-103. Repealed****Historical Note**

Adopted as an emergency effective June 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-2). Emergency expired. Readopted without change as an emergency effective September 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-3). Emergency expired. Amended and adopted as a permanent rule effective December 22, 1987 (Supp. 87-4). R18-7-103 repealed by summary action with an interim effective

date of January 22, 1999; filed in the Office of the Secretary of State December 29, 1998 (Supp. 98-4). Adopted summary rules filed August 10, 1999; interim effective date of January 22, 1999 now the permanent effective date (Supp. 99-3).

**R18-7-104. Repealed****Historical Note**

Adopted as an emergency effective June 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-2). Emergency expired. Readopted without change as an emergency effective September 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-3). Emergency expired. Amended and adopted as a permanent rule effective December 22, 1987 (Supp. 87-4). R18-7-104 repealed by summary action with an interim effective date of January 22, 1999; filed in the Office of the Secretary of State December 29, 1998 (Supp. 98-4). Adopted summary rules filed August 10, 1999; interim effective date of January 22, 1999 now the permanent effective date (Supp. 99-3).

**R18-7-105. Repealed****Historical Note**

Adopted as an emergency effective December 5, 1986, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 86-6). Emergency expired. Amended and adopted as an emergency effective March 6, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Former Section R9-20-105 was renumbered as Section R18-7-105, amended and readopted as an emergency effective June 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-2). Emergency expired. Readopted without change as an emergency effective September 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-3). Emergency expired. Amended and adopted as a permanent rule effective December 22, 1987 (Supp. 87-4). R18-7-105 repealed by summary action with an interim effective date of January 22, 1999; filed in the Office of the Secretary of State December 29, 1998 (Supp. 98-4). Adopted summary rules filed August 10, 1999; interim effective date of January 22, 1999 now the permanent effective date (Supp. 99-3).

**R18-7-106. Repealed****Historical Note**

Adopted as an emergency effective December 5, 1986, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 86-6). Emergency expired. Amended and adopted as an emergency effective March 6, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Former Section R9-20-106 was renumbered as Section R18-7-106, amended and readopted as an emergency effective June 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-2). Emergency expired. Readopted without change as an emergency effective September 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-3). Emergency expired. Amended and adopted as a permanent rule effective December 22, 1987 (Supp. 87-4). R18-7-106 repealed by summary action with an interim effective date of January 22, 1999; filed in the Office of the Secretary of State December 29, 1998 (Supp. 98-4).

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Adopted summary rules filed August 10, 1999; interim effective date of January 22, 1999 now the permanent effective date (Supp. 99-3).

**R18-7-107. Repealed****Historical Note**

Adopted as an emergency effective June 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-2). Emergency expired. Readopted without change as an emergency effective September 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-3). Emergency expired. Amended and adopted as a permanent rule effective December 22, 1987 (Supp. 87-4). R18-7-107 repealed by summary action with an interim effective date of January 22, 1999; filed in the Office of the Secretary of State December 29, 1998 (Supp. 98-4). Adopted summary rules filed August 10, 1999; interim effective date of January 22, 1999 now the permanent effective date (Supp. 99-3).

**R18-7-108. Repealed****Historical Note**

Adopted as an emergency effective June 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-2). Emergency expired. Readopted without change as an emergency effective September 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-3). Emergency expired. Amended and adopted as a permanent rule effective December 22, 1987 (Supp. 87-4). R18-7-108 repealed by summary action with an interim effective date of January 22, 1999; filed in the Office of the Secretary of State December 29, 1998 (Supp. 98-4). Adopted summary rules filed August 10, 1999; interim effective date of January 22, 1999 now the permanent effective date (Supp. 99-3).

*Editor's Note: Emergency amendment R18-7-109, removed in Supp. 97-3, was reinstated at the request of the Department. Refer to Supp. 97-1 for emergency rule. This Section was subsequently amended under the regular rulemaking process effective (Supp. 97-4). This Section was repealed by summary action (Supp. 98-4).*

**R18-7-109. Repealed****Historical Note**

Adopted as an emergency effective December 6, 1986, pursuant to A.R.S. § 41-1003 valid for only 90 days. Emergency expired. Amended and adopted as an emergency effective March 6, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-1). Emergency expired. Former Section R9-20-111 was renumbered as Section R18-7-109, amended and readopted as an emergency effective June 18, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-2). Emergency expired. Readopted without change as an emergency effective September 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-3). Emergency expired. Amended and adopted as a permanent rule effective December 22, 1987 (Supp. 87-4). Section amended by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995, Ch. 232, § 5; in effect until permanent rules are adopted and in place no later than August 1, 1997, pursuant to A.R.S. § 49-152 and Laws 1995, Ch. 232, § 5 (Supp. 96-1). Historical note revised to clarify exemptions of emergency adoption

(Supp. 97-1). Interim emergency amendment reinstated at the request of the Department (see Supp. 97-1); historical note from Supp. 97-3 stating emergency expired removed for clarity. Amendment adopted permanently effective December 4, 1997 (Supp. 97-4). R18-7-109 repealed by summary action with an interim effective date of January 22, 1999; filed in the Office of the Secretary of State December 29, 1998 (Supp. 98-4). Adopted summary rules filed August 10, 1999; interim effective date of January 22, 1999 now the permanent effective date (Supp. 99-3).

**R18-7-110. Expired****Historical Note**

Adopted as an emergency effective June 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-2). Emergency expired. Readopted without change as an emergency effective September 17, 1987, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 87-3). Emergency expired. Amended and adopted as a permanent rule effective December 22, 1987 (Supp. 87-4). R18-7-110 renumbered by summary action with an interim effective date of January 22, 1999; filed in the Office of the Secretary of State December 29, 1998 (Supp. 98-4). Summary renumbering action revoked; former numbering of Sections R18-7-101 and R18-7-110 restored effective January 22, 1999 (Supp. 99-3). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4298, effective August 31, 2002 (Supp. 02-3).

*Editor's Note: Emergency adopted Article 2 removed in Supp. 97-3, was reinstated at the request of the Department. Refer to Supp. 97-1 for emergency Sections. New Sections were subsequently adopted under the regular rulemaking process (Supp. 97-4).*

**ARTICLE 2. SOIL REMEDIATION STANDARDS****R18-7-201. Definitions**

In addition to the definitions provided in A.R.S. §§ 49-151 and 49-152, the following definitions apply in this Article:

1. "Aquifer Protection Permit Program" means the system of requirements prescribed in A.R.S. Title 49, Chapter 2, Article 3 and A.A.C. Title 18, Chapter 9, Articles 1 through 7.
2. "Background" means a concentration of a naturally occurring contaminant in soils.
3. "Carcinogen" or "carcinogenic" means the potential of a contaminant to cause cancer in humans as determined by lines of evidence in accordance with a narrative classification in "Guidelines for Carcinogen Risk Assessment", EPA/630/P-03/001F, March 2005, (and no future editions), which is incorporated by reference. "Guidelines for Carcinogen Risk Assessment" is available from ADEQ and at [https://www.epa.gov/sites/default/files/2013-09/documents/cancer\\_guidelines\\_final\\_3-25-05.pdf](https://www.epa.gov/sites/default/files/2013-09/documents/cancer_guidelines_final_3-25-05.pdf).
4. "Child care facility" means any permanent facility on a property or portion of property in which care or supervision is provided for children below the age of 18, unaccompanied by a parent or guardian, for periods of less than 24 hours per day. Child care facility does not include private homes or facilities that care for fewer than five children.
5. "Contact" means exposure to a contaminant through ingestion, inhalation, or dermal absorption.

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6. "Contaminant" means a substance regulated by the programs listed in R18-7-202(A) or R18-7-202(B) or defined in A.R.S. § 49-171(2).
7. "Department" means the Arizona Department of Environmental Quality.
8. "Deterministic risk assessment methodology" means a site-specific human health risk assessment, performed using a specific set of input variables, exposure assumptions, and toxicity criteria, represented by point estimates for each receptor evaluated, which results in a point estimate of risk.
9. "Declaration of Environmental Use Restriction" or "DEUR" means a restrictive covenant as described in A.R.S. § 49-152.
10. "Ecological community" means an assemblage of populations of different species within a specified location in space and time.
11. "Ecological receptor" means a specific ecological community, population, or individual organism, protected by federal or state laws and regulations, or a local population that provides an important natural or economic resource, function, and value.
12. "Ecological risk assessment" means a scientific evaluation of the probability of an adverse effect to ecological receptors from exposure to specific types and concentrations of contaminants. An ecological risk assessment contains four components: identification of potential contaminants; an exposure assessment; a toxicity assessment; and a risk characterization.
13. "Engineering control" means a remediation method, such as a barrier or cap, which is used to prevent or minimize exposure to contaminants, and includes technologies that reduce the mobility or migration of contaminants.
14. "Excess lifetime cancer risk" means the increased risk of developing cancer above the background cancer occurrence levels due to exposure to contaminants.
15. "Exposure" means contact between contaminants and organisms.
16. "Exposure pathway" means the course a contaminant takes from a source to an exposed organism. Each exposure pathway includes a source or release from a source, an exposure point, and an exposure route. If the exposure point differs from the source, transport/exposure media (that is, air, water) are also included.
17. "Exposure point" means a location of potential contact between a contaminant and an organism.
18. "Exposure route" means the way a contaminant comes into contact with an organism (that is, by ingestion, inhalation, or dermal contact).
19. "Groundwater" means water in an aquifer as defined in A.R.S. § 49-201(2).
20. "Hazard Index" means the sum of hazard quotients for multiple substances and/or multiple exposure pathways, or the sum of hazard quotients for chemicals acting by a similar mechanism and/or having the same target organ.
21. "Hazardous Waste Management Program" means the system of requirements prescribed in A.R.S. Title 49, Ch. 5, Article 2 and 18 A.A.C. 8, Article 2.
22. "Hazard quotient" means the value which quantifies non-carcinogenic risk for one chemical for one receptor population for one exposure pathway over a specified exposure period. The hazard quotient is equal to the ratio of a chemical-specific intake to the reference dose.
23. "Imminent and substantial endangerment to the public health or the environment" has the meaning found in A.R.S. § 49-282.02(C)(1).
24. "Institutional control" means a legal or administrative tool or action taken to reduce the potential for exposure to contaminants.
25. "Letter of Completion" means a Departmental statement that indicates whether the property in question has met the soil remediation standards in this Article.
26. "Migrate" or "migration" means the movement of contaminants from the point of release, emission, discharge, or spillage: through the soil profile; by volatilization from soil to air and subsequent dispersion to air; and by water, wind, or other mechanisms.
27. "Non-carcinogen" means a contaminant that has the potential upon exposure to an individual to cause adverse health effects other than cancer.
28. "Non-residential site-specific remediation level" means a level of contaminants remaining in soil after remediation that results in a cumulative excess lifetime cancer risk between  $1 \times 10^{-6}$  and  $1 \times 10^{-4}$  and a Hazard Index no greater than 1 based on non-residential exposure assumptions.
29. "Nuisance" means the activities or conditions that may be subject to A.R.S. § 49-141.
30. "Person" means any public or private corporation, company, partnership, firm, association, or society of persons, the federal government and any of its departments or agencies, this state or any of its agencies, departments, political subdivisions, counties, towns, municipal corporations, as well as a natural person.
31. "Population" means an aggregate of individuals of a species within a specified location in space and time.
32. "Probabilistic risk assessment methodology" means a site-specific human health risk assessment, performed using probability distributions of input variables and exposure assumptions that take into account the variability and uncertainty of these values, which results in a range or distribution of possible risk estimates.
33. "Reasonable Maximum Exposure" or "RME" means the highest human exposure case that is greater than the average, but is still within the range of possible exposures to humans at a site.
34. "Remediate" or "remediation" has the meaning found in A.R.S. § 49-151.
35. "Reference dose" means the toxicity factor expressed as a threshold level in units of (mg/kg-day) at which non-cancer effects are not expected to occur.
36. "Repository" means the Department's database, established under A.R.S. § 49-152(E), from which the public may view information pertaining to remediation projects.
37. "Residential site-specific remediation level" means a level of contaminants remaining in the soil after remediation that results in a cumulative excess lifetime cancer risk between  $1 \times 10^{-6}$  and  $1 \times 10^{-4}$  and a Hazard Index no greater than 1 based on residential exposure assumptions.
38. "Residential use" has the meaning found in A.R.S. § 49-151.
39. "School" means any public institution under the jurisdiction of the Arizona State Board of Education or the Arizona State Board for Charter Schools, or any non-public institution, established for the purposes of offering instruction to children attending any grade from preschool through grade 12.

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40. "Site-specific human health risk assessment" means a scientific evaluation of the probability of an adverse effect to human health from exposure to specific types and concentrations of contaminants. A site-specific human health risk assessment contains four components: identification of potential contaminants; an exposure assessment; a toxicity assessment; and a risk characterization.
41. "Soil" means all earthen materials, including moisture and pore space contained within earthen material, located between the land surface and groundwater including sediments and unconsolidated accumulations produced by the physical and chemical disintegration of rocks.
42. "Soil remediation level" or "SRL" means a pre-determined risk-based standard based upon the total contaminant concentration in soil, developed pursuant to A.R.S. § 49-152(A)(1) and listed in Appendix A.
43. "Solid Waste Management Program" means the system of requirements prescribed in A.R.S. Title 49, Ch. 4, and the rules adopted under those statutes.
44. "Special Waste Management Program" means the system of requirements prescribed in A.R.S. Title 49, Ch. 4, Article 9 and 18 A.A.C. 13, Articles 13 and 16.
45. "Underground Storage Tank Program" or "UST Program" means the system of requirements prescribed in A.R.S. Title 49, Ch. 6, Article 1 and 18 A.A.C. 12.
46. "Water Quality Assurance Revolving Fund" or "WQARF" means the system of requirements prescribed in A.R.S. Title 49, Ch. 2, Article 5 and 18 A.A.C. 16.

**Historical Note**

Adopted by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995, Ch. 232, § 5; in effect until permanent rules are adopted and in place no later than August 1, 1997, pursuant to A.R.S. § 49-152 and Laws 1995, Ch. 232, § 5 (Supp. 96-1). Historical note revised to clarify exemptions of emergency adoption (Supp. 97-1). Interim emergency amendment reinstated at the request of the Department (see Supp. 97-1); historical note from Supp. 97-3 stating emergency expired removed for clarity. Section R18-7-201 adopted permanently effective December 4, 1997, replacing emergency rule (Supp. 97-4). Amended by final rulemaking at 13 A.A.R. 971, effective May 5, 2007 (Supp. 07-1). Amended by final expedited rulemaking at 31 A.A.R. 1691 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-7-202. Applicability**

- A. This Article applies to a person legally required to conduct soil remediation by any of the following regulatory programs administered by the Department:
  1. The Aquifer Protection Permit Program.
  2. The Hazardous Waste Management Program.
  3. The Solid Waste Management Program.
  4. The Special Waste Management Program.
  5. The Underground Storage Tank Program.
  6. The Water Quality Assurance Revolving Fund.
  7. Any other program under A.R.S. Title 49 that regulates soil remediation.
- B. This Article also applies to a person who is not legally required to conduct soil remediation, but who chooses to do so under any program administered by the Department.
- C. The requirements of this Article apply in addition to any specific requirements of the programs described in subsections (A) or (B).

- D. This Article is limited to soil remediation.
- E. A person who is remediating a site shall comply with the numeric soil remediation standards identified in Appendix A.
- F. Nothing in this Article limits the Department's authority to establish more stringent soil remediation levels in response to:
  1. A nuisance.
  2. An imminent and substantial endangerment to the public health or the environment.
- G. This Article does not apply to persons remediating soil to numeric soil remediation levels specified in the following documents and entered into, issued, or approved before May 5, 2007:
  1. Orders of the Director;
  2. Orders of any Court;
  3. Work agreements approved by the Director pursuant to A.R.S. § 49-282.05;
  4. Closure plans approved by the Director pursuant to R18-8-265;
  5. Post-closure permits approved by the Director pursuant to R18-8-270;
  6. Records of Decision approved by the Director pursuant to R18-16-410;
  7. Records of Decision approved by the Director pursuant to R18-16-413; and
  8. Records of Decision approved by the Director pursuant to 40 CFR 300.430(f)(5).

**Historical Note**

Adopted by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995, Ch. 232, § 5; in effect until permanent rules are adopted and in place no later than August 1, 1997, pursuant to A.R.S. § 49-152 and Laws 1995, Ch. 232, § 5 (Supp. 96-1). Historical note revised to clarify exemptions of emergency adoption (Supp. 97-1). Interim emergency amendment reinstated at the request of the Department (see Supp. 97-1); historical note from Supp. 97-3 stating emergency expired removed for clarity. Section R18-7-202 adopted permanently effective December 4, 1997, replacing emergency rule (Supp. 97-4). Amended by final rulemaking at 13 A.A.R. 971, effective May 5, 2007 (Supp. 07-1). Amended by final expedited rulemaking at 31 A.A.R. 1691 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-7-203. Remediation Standards**

- A. A person subject to this Article shall remediate soil so that any concentration of contaminants remaining in the soil after remediation is less than or equal to one of the following:
  1. The background remediation standards prescribed in R18-7-204.
  2. The pre-determined remediation standards prescribed in R18-7-205.
  3. The site-specific remediation standards prescribed in R18-7-206.
- B. A person who conducts a soil remediation based on the standards in R18-7-205, R18-7-206, R18-7-207 shall remediate soil so that any concentration of contaminants remaining in the soil after remediation does not:
  1. Cause or threaten to cause a violation of Water Quality Standards prescribed in 18 A.A.C. 11. If the remediation level for a contaminant in the soil is not protective of aquifer water quality and surface water quality, the person shall remediate soil to an alternative soil remediation

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level that is protective of aquifer water quality and surface water quality.

2. Exhibit a hazardous waste characteristic of ignitability, corrosivity, or reactivity as defined in R18-8-261(A). If the remediation level for a contaminant in the soil results in leaving soils that exhibit a hazardous waste characteristic other than toxicity, the person shall remediate soil to an alternative soil remediation level such that the soil does not exhibit a hazardous waste characteristic other than toxicity.
  3. Cause or threaten to cause an adverse impact to ecological receptors. If the Department determines that the remediation level for a contaminant in soil may impact ecological receptors based on the existence of ecological receptors and complete exposure pathways, the person shall conduct an ecological risk assessment. If the ecological risk assessment indicates that any concentration of contaminants remaining in the soil after remediation causes or threatens to cause an adverse impact to ecological receptors, the person shall remediate soil to an alternative soil remediation level, derived from the ecological risk assessment, that is protective of ecological receptors.
- C. Soil vapor concentration may be used to estimate the total contaminant concentration in soil if the Department determines that the soil vapor concentration methodology will not be invalidated by the soil, hydrogeology, or other characteristics of the site.

**Historical Note**

Adopted by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995, Ch. 232, § 59; in effect until permanent rules are adopted and in place no later than August 1, 1997, pursuant to A.R.S. § 49-152 and Laws 1995, Ch. 232, § 5 (Supp. 96-1). Historical note revised to clarify exemptions of emergency adoption (Supp. 97-1). Interim emergency amendment reinstated at the request of the Department (see Supp. 97-1); historical note from Supp. 97-3 stating emergency expired removed for clarity. Section R18-7-203 adopted permanently effective December 4, 1997, replacing emergency rule (Supp. 97-4). Amended by final rulemaking at 13 A.A.R. 971, effective May 5, 2007 (Supp. 07-1).

**R18-7-204. Background Remediation Standards**

- A. A person may elect to remediate to a background concentration for a contaminant.
- B. A person who conducts a remediation to a background concentration for a contaminant shall establish the background concentration using all of the following factors:
  1. Site-specific historical information concerning land use.
  2. Site-specific sampling of soils unaffected by a release, but having characteristics similar to those of the soils affected by the release.
  3. Statistical analysis of background concentrations using the 95th percentile upper confidence limit.

**Historical Note**

Adopted by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995, Ch. 232, § 5; in effect until permanent rules are adopted and in place no later than August 1, 1997, pursuant to A.R.S. § 49-152 and Laws 1995, Ch. 232, § 5 (Supp. 96-1). Historical note revised to clarify exemptions of emergency adoption (Supp. 97-1). Interim emergency amendment reinstated at the request of the Department (see Supp. 97-1); historical note from Supp. 97-3 stating emergency expired removed

for clarity. Section R18-7-204 adopted permanently effective December 4, 1997, replacing emergency rule (Supp. 97-4). Amended by final rulemaking at 13 A.A.R. 971, effective May 5, 2007 (Supp. 07-1).

**R18-7-205. Pre-determined Remediation Standards**

- A. A person may elect to remediate to the residential or non-residential soil remediation levels (SRLs) in Appendix A.
- B. A person who conducts remediation pursuant to this Article shall remediate to the residential SRL on any property where there is residential use at the time remediation is completed.
- C. A pre-determined contaminant standard established by federal law or regulation may be used for polychlorinated biphenyl cleanups regulated pursuant to the Toxic Substances Control Act (TSCA) at 40 CFR 761.120 et seq., however, the Department has no regulatory authority to issue a Letter of Completion in TSCA-regulated cleanups.
- D. A person who elects to utilize a residential or non-residential SRL for the following known human carcinogens shall remediate to a  $1 \times 10^{-6}$  excess lifetime cancer risk: benzene, benzinidine, bis (chloromethyl) ether, chromium VI, diethylstilbestrol, direct black 38, direct blue 6, direct brown 95, nickel subsulfide, and vinyl chloride.
- E. Except as provided below, a person who elects to remediate to a residential SRL may utilize a  $1 \times 10^{-5}$  excess lifetime cancer risk for any carcinogen other than a known human carcinogen. If the current or currently intended future use of the contaminated site is a child care facility or school where children below the age of 18 are reasonably expected to be in frequent, repeated contact with the soil, the person conducting remediation shall remediate to a  $1 \times 10^{-6}$  excess lifetime cancer risk.
- F. For contaminants that exhibit both carcinogenic and non-carcinogenic effects, the numeric standard that is lower (more protective) shall apply.

**Historical Note**

Adopted by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995, Ch. 232, § 5; in effect until permanent rules are adopted and in place no later than August 1, 1997, pursuant to A.R.S. § 49-152 and Laws 1995, Ch. 232, § 5 (Supp. 96-1). Historical note revised to clarify exemptions of emergency adoption (Supp. 97-1). Interim emergency amendment reinstated at the request of the Department (see Supp. 97-1); historical note from Supp. 97-3 stating emergency expired removed for clarity. Section R18-7-205 adopted permanently effective December 4, 1997, replacing emergency rule (Supp. 97-4). Amended by final rulemaking at 13 A.A.R. 971, effective May 5, 2007 (Supp. 07-1). Amended by final expedited rulemaking at 31 A.A.R. 1691 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-7-206. Site-specific Remediation Standards**

- A. A person may elect to remediate to a residential or a non-residential site-specific remediation level derived from a site-specific human health risk assessment.
- B. A person who conducts a remediation to a residential or a non-residential site-specific remediation level shall use one of the following site-specific human health risk assessment methodologies:
  1. A deterministic methodology. If a deterministic methodology is used, reasonable maximum exposures shall be evaluated for future use scenarios.

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2. A probabilistic methodology. If a probabilistic methodology is used, it shall be no less protective than the 95th percentile upper bound estimate of the distribution.
  3. An alternative methodology commonly accepted in the scientific community. An alternative methodology is considered accepted in the scientific community if it is published in peer-reviewed literature, such as a professional journal or publication of standards of general circulation, and there is general consensus within the scientific community that the methodology is sound.
- C. A person who conducts a remediation to a site-specific remediation level shall remediate to the residential site-specific remediation level on any property where there is residential use at the time remediation is completed.
- D. A person conducting a remediation to a residential or a non-residential site-specific remediation level shall remediate the contaminants in soil to a Hazard Index no greater than 1 and a cumulative excess lifetime cancer risk from  $1 \times 10^{-6}$  to  $1 \times 10^{-4}$ . The following site-specific factors shall be evaluated when determining the cumulative excess lifetime cancer risk:
1. The presence of multiple contaminants.
  2. The existence of multiple pathways of exposure.
  3. The uncertainty of exposure.
  4. The sensitivity of the exposed population.
  5. Other program-related laws and regulations that may apply.

**Historical Note**

Adopted by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995, Ch. 232, § 5; in effect until permanent rules are adopted and in place no later than August 1, 1997, pursuant to A.R.S. § 49-152 and Laws 1995, Ch. 232, § 5 (Supp. 96-1). Historical note revised to clarify exemptions of emergency adoption (Supp. 97-1). Interim emergency amendment reinstated at the request of the Department (see Supp. 97-1); historical note from Supp. 97-3 stating emergency expired removed for clarity. Section R18-7-206 adopted permanently effective December 4, 1997, replacing emergency rule (Supp. 97-4). Amended by final rulemaking at 13 A.A.R. 971, effective May 5, 2007 (Supp. 07-1).

**R18-7-207. Site-specific Remediation Standards for Nitrates and Nitrites**

A person who conducts remediation of nitrates or nitrites shall remediate to a site-specific remediation level pursuant to R18-7-203(B)(1), (2), and (3).

**Historical Note**

Adopted by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995, Ch. 232, § 5; in effect until permanent rules are adopted and in place no later than August 1, 1997, pursuant to A.R.S. § 49-152 and Laws 1995, Ch. 232, § 5 (Supp. 96-1). Historical note revised to clarify exemptions of emergency adoption (Supp. 97-1). Interim emergency amendment reinstated at the request of the Department (see Supp. 97-1); historical note from Supp. 97-3 stating emergency expired removed for clarity. Section R18-7-207 adopted permanently effective December 4, 1997, replacing emergency rule (Supp. 97-4). Section repealed; new Section made by final rulemaking at 13 A.A.R. 971, effective May 5, 2007 (Supp. 07-1).

**R18-7-208. Declaration of Environmental Use Restriction (DEUR)**

A property owner who elects to leave contamination on a property that exceeds the applicable residential standard for the property under R18-7-205 or R18-7-206, or elects to use an institutional control or an engineering control to meet the requirements of R18-7-205, R18-7-206, or R18-7-207, shall record a DEUR pursuant to A.R.S. § 49-152 and comply with the related provisions of that statute and applicable rules.

**Historical Note**

Adopted by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995, Ch. 232, § 5; in effect until permanent rules are adopted and in place no later than August 1, 1997, pursuant to A.R.S. § 49-152 and Laws 1995, Ch. 232, § 5 (Supp. 96-1). Historical note revised to clarify exemptions of emergency adoption (Supp. 97-1). Interim emergency amendment reinstated at the request of the Department (see Supp. 97-1); historical note from Supp. 97-3 stating emergency expired removed for clarity. Section R18-7-208 adopted permanently effective December 4, 1997, replacing emergency rule (Supp. 97-4). Former R18-7-208 renumbered to R18-7-209; new R18-7-208 made by final rulemaking at 13 A.A.R. 971, effective May 5, 2007 (Supp. 07-1).

**R18-7-209. Letter of Completion or Alternative Closure Document**

- A. If a person requests a Letter of Completion or an alternative closure document, a person shall submit, at a minimum, the following information to the applicable Departmental program listed in R18-7-202(A) or described in R18-7-202(B):
1. A description of the actual activities, techniques, and technologies used to remediate soil at the site, including the legal mechanism in place to ensure that any institutional and engineering controls are maintained.
  2. Documentation that requirements prescribed in R18-7-203(A) and R18-7-203(B)(1) and (2) have been satisfied.
  3. If the Department determines pursuant to R18-7-203(B)(3) that an ecological risk assessment is required, documentation that the requirements prescribed in R18-7-203(B)(3) have been satisfied.
  4. Soil sampling analytical results that are representative of the area remediated, including documentation that the laboratory analysis of samples has been performed by a laboratory licensed by the Arizona Department of Health Services under A.R.S. § 36-495 et seq. and 9 A.A.C. 14, Article 6.
  5. A statement signed by the person conducting the remediation certifying the following: I certify under penalty of law that this document and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations.
- B. The applicable Departmental program described in R18-7-202(A) or R18-7-202(B) shall evaluate the information described in R18-7-209(A). The Department may request additional information, or if the Department verifies compliance with the soil remediation standards set forth under this Article and closure requirements of the applicable program or programs identified in R18-7-202(A) or described in R18-7-202(B), the Department shall issue a Letter of Completion, or an alternative closure document provided for by statute or rule

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that certifies the soil standards in this Article have been achieved.

- C. The applicable Departmental program described in R18-7-202(A) or R18-7-202(B) may revoke or amend any Letter of Completion or alternative closure document described in R18-7-209(B) if any of the information submitted pursuant to R18-7-208 or R18-7-209(A) is inaccurate or if any condition was unknown to the Department when the Department issued the Letter of Completion or alternative closure document.

**Historical Note**

Adopted by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995, Ch. 232, § 5; in effect until permanent rules are adopted and in place no later than August 1, 1997, pursuant to A.R.S. § 49-152 and Laws 1995, Ch. 232, § 5 (Supp. 96-1). Historical note revised to clarify exemptions of emergency adoption (Supp. 97-1). Interim emergency amendment reinstated at the request of the Department (see Supp. 97-1); historical note from Supp. 97-3 stating emergency expired removed for clarity. Section R18-7-208 adopted permanently effective December 4, 1997, replacing emergency rule (Supp. 97-4). Former R18-7-209 renumbered to R18-7-210; new R18-7-209 renumbered from R18-7-208 and amended by final rulemaking at 13 A.A.R. 971, effective May 5, 2007 (Supp. 07-1).

**R18-7-210. Notice of Remediation and Repository**

- A. A person conducting soil remediation shall submit a Notice of Remediation to the applicable Departmental program listed in R18-7-202(A) or R18-7-202(B) before beginning remediation. A person conducting a soil remediation to address an immediate and substantial endangerment to public health or the environment and who has notified the Department in accordance with notification requirements prescribed in A.R.S. § 49-284 is not required to submit a Notice of Remediation before beginning remediation. Any person who continues soil remediation after the immediate and substantial endangerment has been abated shall submit a Notice of Remediation. A Notice of Remediation shall include all of the following information:
1. The name and address of the real property owner;
  2. The name and address of the remediating party;
  3. A legal description and street address of the property;
  4. A list of each contaminant to be remediated;
  5. The background concentration, SRL, or site-specific remediation level selected to meet the remediation standards;

6. A description of the current and post-remediation property use as either residential or non-residential;
7. The rationale for the selection of residential or non-residential remediation; and
8. The proposed technologies for remediating the site.

- B. The Department shall maintain a repository available to the public for information regarding sites where soil is remediated. The Repository shall include a listing of sites for which a Notice of Remediation has been submitted or a Letter of Completion or alternative closure document has been issued.

1. For sites where a Notice of Remediation has been filed, the Repository shall contain the date the notice was filed and the information submitted as described in subsection (A).
2. For sites where a Letter of Completion or alternative closure document has been issued, the Repository shall contain the following:
  - a. The name and address of the real property owner;
  - b. The name and address of the remediating party;
  - c. A legal description and street address of the property;
  - d. A listing of each contaminant that was remediated;
  - e. The background concentration, SRL, or site-specific remediation level selected to meet the remediation standard;
  - f. A description whether the residential or non-residential standard was achieved;
  - g. A description of any engineering or institutional control used to remediate the site; and
  - h. The date when the Letter of Completion or alternative closure document was issued.

**Historical Note**

Adopted by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995, Ch. 232, § 5; in effect until permanent rules are adopted and in place no later than August 1, 1997, pursuant to A.R.S. § 49-152 and Laws 1995, Ch. 232, § 5 (Supp. 96-1). Historical note revised to clarify exemptions of emergency adoption (Supp. 97-1). Interim emergency amendment reinstated at the request of the Department (see Supp. 97-1); historical note from Supp. 97-3 stating emergency expired removed for clarity. Section R18-7-208 adopted permanently effective December 4, 1997, replacing emergency rule (Supp. 97-4). Section R18-7-210 renumbered from R18-7-209 and amended by final rulemaking at 13 A.A.R. 971, effective May 5, 2007 (Supp. 07-1).

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## Appendix A. Soil Remediation Levels (SRLs)

CONTAMINANT	CASRN	Class	Residential (mg/kg)			Non-residential (mg/kg)
			Carcinogen		Non-carcinogen	
			10 <sup>-6</sup> Risk	10 <sup>-5</sup> Risk		
Acephate	30560-19-1	ca, nc	63	630	240	2,000
Acetaldehyde	75-07-0	ca, nc	11	110	50	160
Acetochlor	34256-82-1	nc			1,200	12,000
Acetone	67-64-1	nc			14,000	54,000
Acetone cyanohydrin	75-86-5	nc			49	490
Acetonitrile	75-05-8	nc			420	1,800
Acrolein	107-02-8	nc			0.10	0.34
Acrylamide	79-06-1	ca, nc	0.12	1.2		3.8
Acrylic acid	79-10-7	nc			29,000	270,000
Acrylonitrile	107-13-1	ca, nc	0.21	2.1		4.9
Alachlor	15972-60-8	ca, nc	6.8	68		210
Alar	1596-84-5	nc			9,200	92,000
Aldicarb	116-06-3	nc			61	620
Aldicarb sulfone	1646-88-4	nc			61	620
Aldrin	309-00-2	ca, nc	0.032	0.32		1.0
Ally	74223-64-6	nc			15,000	150,000
Allyl alcohol	107-18-6	nc			310	3,100
Allyl chloride	107-05-1	nc			18	180
Aluminum	7429-90-5	nc			76,000	920,000
Aluminum phosphide	20859-73-8	nc			31	410
Amdro	67485-29-4	nc			18	180
Ametryn	834-12-8	nc			550	5,500
Aminodinitrotoluene	1321-12-6	nc			12	120
m-Aminophenol	591-27-5	nc			4,300	43,000
4-Aminopyridine	504-24-5	nc			1.2	12
Amitraz	33089-61-1	nc			150	1,500
Ammonium sulfamate	7773-06-0	nc			12,000	120,000
Aniline	62-53-3	ca, nc	96	960	430	3,000
Antimony and compounds	7440-36-0	nc			31	410
Apollo	74115-24-5	nc			790	8,000
Aramite	140-57-8	ca, nc	22	220		690
<b>Arsenic<sup>1</sup></b>	7440-38-2	ca, nc	10	10	10	10
Assure	76578-12-6	nc			550	5,500
Asulam	3337-71-1	nc			3,100	31,000
Atrazine	1912-24-9	ca, nc	2.5	25		78
Avermectin B1	71751-41-2	nc			24	250
Azobenzene	103-33-3	ca	5.0	50		160
Barium and compounds	7440-39-3	nc			15,000	170,000
Baygon	114-26-1	nc			240	2,500
Bayleton	43121-43-3	nc			1,800	18,000
Baythroid	68359-37-5	nc			1,500	15,000
Benefin	1861-40-1	nc			18,000	180,000
Benomyl	17804-35-2	nc			3,100	31,000
Bentazon	25057-89-0	nc			1,800	18,000
Benzaldehyde	100-52-7	nc			6,100	62,000
<b>Benzene</b>	71-43-2	ca, nc	0.65	NA		1.4
<b>Benzidine</b>	92-87-5	ca, nc	0.0024	NA		0.0075
Benzoic acid	65-85-0	nc			240,000	1,000,000 **
Benzotrichloride	98-07-7	ca	0.042	0.42		1.3
Benzyl alcohol	100-51-6	nc			18,000	180,000
Benzyl chloride	100-44-7	ca, nc	0.92	9.2		22
Beryllium and compounds	7440-41-7	ca, nc			150	1,900
Bidrin	141-66-2	nc			6.1	62



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CONTAMINANT	CASRN	Class	Residential (mg/kg)			Non-residential (mg/kg)
			Carcinogen		Non-carcinogen	
			10 <sup>-6</sup> Risk	10 <sup>-5</sup> Risk		
Biphenthrin (Talstar)	82657-04-3	nc			920	9,200
1,1-Biphenyl	92-52-4	nc			350 *	350 *
Bis(2-chloroethyl)ether	111-44-4	ca	0.23	2.3		5.8
Bis(2-chloroisopropyl)ether	39638-32-9	nc			790 *	790 *
<b>Bis(chloromethyl)ether</b>	542-88-1	ca	0.00020	NA		0.00043
Bis(2-chloro-1-methylethyl)ether	108-60-1	ca, nc	3.0	30		74
Bis(2-ethylhexyl)phthalate (DEHP)	117-81-7	ca, nc	39	390		1200
Bisphenol A	80-05-7	nc			3,100	31,000
Boron	7440-42-8	nc			16,000	200,000
Bromate	15541-45-4	ca, nc	0.78	7.8		25
Bromobenzene	108-86-1	nc			28	92
Bromodichloromethane	75-27-4	ca, nc	0.83	8.3		18
Bromoform (tribromomethane)	75-25-2	ca, nc	69	690		2,200
Bromomethane (methyl bromide)	74-83-9	nc			3.9	13
Bromophos	2104-96-3	nc			310	3,100
Bromoxynil	1689-84-5	nc			1,200	12,000
Bromoxynil octanoate	1689-99-2	nc			1,200	12,000
1,3-Butadiene	106-99-0	ca, nc	0.058	0.58		1.2
1-Butanol	71-36-3	nc			6,100	61,000
Butylate	2008-41-5	nc			3,100	31,000
n-Butylbenzene	104-51-8	nc			240 *	240 *
sec-Butylbenzene	135-98-8	nc			220 *	220 *
tert-Butylbenzene	98-06-6	nc			390 *	390 *
Butyl benzyl phthalate	85-68-7	nc			12,000	120,000
Butylphthalyl butylglycolate	85-70-1	nc			61,000	620,000
Cadmium and compounds	7440-43-9	ca, nc			39	510
Caprolactam	105-60-2	nc			31,000	310,000
Captafol	2425-06-1	ca, nc	64	640	120	1,200
Captan	133-06-2	ca, nc	160	1,600		4,900
Carbaryl	63-25-2	nc			6,100	62,000
Carbazole	86-74-8	ca	27	270		860
Carbofuran	1563-66-2	nc			310	3,100
Carbon disulfide	75-15-0	nc			360	720 *
Carbon tetrachloride	56-23-5	ca, nc	0.25	2.5	2.2	5.5
Carbosulfan	55285-14-8	nc			610	6,200
Carboxin	5234-68-4	nc			6,100	62,000
Chloral hydrate	302-17-0	nc			6,100	62,000
Chloramben	133-90-4	nc			920	9,200
Chloranil	118-75-2	ca	1.4	14		43
Chlordane	12789-03-6	ca, nc	1.9	19		65
Chlorimuron-ethyl	90982-32-4	nc			1,200	12,000
Chloroacetic acid	79-11-8	nc			120	1,200
2-Chloroacetophenone	532-27-4	nc			0.033	0.11
4-Chloroaniline	106-47-8	nc			240	2,500
Chlorobenzene	108-90-7	nc			150	530
Chlorobenzilate	510-15-6	ca, nc	2.0	20		64
p-Chlorobenzoic acid	74-11-3	nc			12,000	120,000
4-Chlorobenzotrifluoride	98-56-6	nc			1,200	12,000
2-Chloro-1,3-butadiene	126-99-8	nc			3.6	12
1-Chlorobutane	109-69-3	nc			480 *	480 *
1-Chloro-1,1-difluoroethane	75-68-3	nc			340 *	340 *
Chlorodifluoromethane	75-45-6	nc			340 *	340 *
Chloroethane	75-00-3	ca, nc	3.0	30		65
Chloroform	67-66-3	ca, nc	0.94	9.4		20

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CONTAMINANT	CASRN	Class	Residential (mg/kg)			Non-residential (mg/kg)
			Carcinogen		Non-carcinogen	
			10 <sup>-6</sup> Risk	10 <sup>-5</sup> Risk		
Chloromethane	74-87-3	nc			48	160
4-Chloro-2-methylaniline	95-69-2	ca	0.94	9.4		30
4-Chloro-2-methylaniline hydrochloride	3165-93-3	ca	1.2	12		37
beta-Chloronaphthalene	91-58-7	nc			110 *	110 *
o-Chloronitrobenzene	88-73-3	ca, nc			1.4	4.5
p-Chloronitrobenzene	100-00-5	ca, nc			10	37
2-Chlorophenol	95-57-8	nc			63	240
2-Chloropropane	75-29-6	nc			170	590
Chlorothalonil	1897-45-6	ca, nc	50	500		1600
o-Chlorotoluene	95-49-8	nc			160	510 *
Chlorpropham	101-21-3	nc			12,000	120,000
Chlorpyrifos	2921-88-2	nc			180	1,800
Chlorpyrifos-methyl	5598-13-0	nc			610	6,200
Chlorsulfuron	64902-72-3	nc			3,100	31,000
Chlorthiophos	60238-56-4	nc			49	490
Chromium III	16065-83-1	nc			120,000	1,000,000 **
<b>Chromium VI</b>	18540-29-9	ca, nc	30	NA		65
Cobalt	7440-48-4	ca, nc	900	9,000	1,400	13,000
Copper and compounds	7440-50-8	nc			3,100	41,000
Crotonaldehyde	123-73-9	ca	0.0053	0.053		0.11
Cumene (isopropylbenzene)	98-82-8	nc			92 *	92 *
Cyanazine	21725-46-2	ca, nc	0.65	6.5		21
Cyanide (free) <sup>2</sup>	57-12-5	nc			1,200	12,000
Cyanide (hydrogen) <sup>3</sup>	74-90-8	nc			11	35
Cyanogen	460-19-5	nc			130	430
Cyanogen bromide	506-68-3	nc			290	970
Cyanogen chloride	506-77-4	nc			160	540
Cyclohexane	110-82-7	nc			140 *	140 *
Cyclohexanone	108-94-1	nc			310,000	1,000,000 **
Cyclohexylamine	108-91-8	nc			12,000	120,000
Cyhalothrin/Karate	68085-85-8	nc			310	3,100
Cypermethrin	52315-07-8	nc			610	6,200
Cyromazine	66215-27-8	nc			460	4,600
Dacthal	1861-32-1	nc			610	6,200
Dalapon	75-99-0	nc			1,800	18,000
Danitol	39515-41-8	nc			1,500	15,000
DDD	72-54-8	ca	2.8	28		100
DDE	72-55-9	ca	2.0	20		70
DDT	50-29-3	ca, nc	2.0	20		70
Decabromodiphenyl ether	1163-19-5	nc			610	6,200
Demeton	8065-48-3	nc			2.4	25
Diallate	2303-16-4	ca	9.0	90		280
Diazinon	333-41-5	nc			55	550
Dibenzofuran	132-64-9	nc			140 *	140 *
1,4-Dibromobenzene	106-37-6	nc			610	6,200
Dibromochloromethane	124-48-1	ca, nc	1.1	11		26
1,2-Dibromo-3-chloropropane	96-12-8	ca, nc	0.53	5.3	1.5	6.5
1,2-Dibromoethane	106-93-4	ca, nc	0.029	0.29		0.63
Dibutyl phthalate	84-74-2	nc			6,100	62,000
Dicamba	1918-00-9	nc			1,800	18,000
1,2-Dichlorobenzene	95-50-1	nc			600 *	600 *
1,3-Dichlorobenzene	541-73-1	nc			530	600 *
1,4-Dichlorobenzene	106-46-7	ca, nc	3.5	35		79
3,3-Dichlorobenzidine	91-94-1	ca	1.2	12		38

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CONTAMINANT	CASRN	Class	Residential (mg/kg)			Non-residential (mg/kg)
			Carcinogen		Non-carcinogen	
			10 <sup>-6</sup> Risk	10 <sup>-5</sup> Risk		
4,4'-Dichlorobenzophenone	90-98-2	nc			1,800	18,000
1,4-Dichloro-2-butene	764-41-0	ca	0.0080	0.080		0.18
Dichlorodifluoromethane	75-71-8	nc			94	310
1,1-Dichloroethane	75-34-3	nc			510	1,700 *
1,2-Dichloroethane (DCA)	107-06-2	ca, nc	0.28	2.8		6.0
1,1-Dichloroethylene (DCE)	75-35-4	nc			120	410
1,2-Dichloroethylene (cis)	156-59-2	nc			43	150
1,2-Dichloroethylene (trans)	156-60-5	nc			69	230
2,4-Dichlorophenol	120-83-2	nc			180	1,800
4-(2,4-Dichlorophenoxy)butyric acid	94-82-6	nc			490	4,900
2,4-Dichlorophenoxyacetic Acid (2,4-D)	94-75-7	nc			690	7,700
1,2-Dichloropropane	78-87-5	ca, nc	0.34	3.4		7.4
1,3-Dichloropropane	142-28-9	nc			100	360
1,3-Dichloropropene	542-75-6	ca, nc	0.79	7.9		18
2,3-Dichloropropanol	616-23-9	nc			180	1,800
Dichlorvos	62-73-7	ca, nc	1.9	19		59
Dicofol	115-32-2	ca	1.2	12		39
Dicyclopentadiene	77-73-6	nc			0.54	1.8
Dieldrin	60-57-1	ca, nc	0.034	0.34		1.1
Diethylene glycol, monobutyl ether	112-34-5	nc			610	6,200
Diethylene glycol, monomethyl ether	111-90-0	nc			3,700	37,000
Diethylformamide	617-84-5	nc			24	250
Di(2-ethylhexyl)adipate	103-23-1	ca, nc	460	4,600		14,000
Diethyl phthalate	84-66-2	nc			49,000	490,000
Diethylstilbestrol	56-53-1	ca	0.00012	NA		0.0037
Difenzoquat (Avenge)	43222-48-6	nc			4,900	49,000
Di-flubenzuron	35367-38-5	nc			1,200	12,000
Diisononyl phthalate	28553-12-0	nc			1,200	12,000
Diisopropyl methylphosphonate	1445-75-6	nc			4,900	49,000
Dimethipin	55290-64-7	nc			1,200	12,000
Dimethoate	60-51-5	nc			12	120
3,3'-Dimethoxybenzidine	119-90-4	ca	39	390		1,200
Dimethylamine	124-40-3	nc			0.067	0.25
N-N-Dimethylaniline	121-69-7	nc			120	1,200
2,4-Dimethylaniline	95-68-1	ca	0.73	7.3		23
2,4-Dimethylaniline hydrochloride	21436-96-4	ca	0.94	9.4		30
3,3'-Dimethylbenzidine	119-93-7	ca	0.24	2.4		7.5
N,N-Dimethylformamide	68-12-2	nc			6,100	62,000
Dimethylphenethylamine	122-09-8	nc			61	620
2,4-Dimethylphenol	105-67-9	nc			1,200	12,000
2,6-Dimethylphenol	576-26-1	nc			37	370
3,4-Dimethylphenol	95-65-8	nc			61	620
Dimethyl phthalate	131-11-3	nc			610,000	1,000,000 **
Dimethyl terephthalate	120-61-6	nc			6,100	62,000
4,6-Dinitro-o-cyclohexyl phenol	131-89-5	nc			120	1,200
1,2-Dinitrobenzene	528-29-0	nc			6.1	62
1,3-Dinitrobenzene	99-65-0	nc			6.1	62
1,4-Dinitrobenzene	100-25-4	nc			6.1	62
2,4-Dinitrophenol	51-28-5	nc			120	1,200
Dinitrotoluene mixture	25321-14-6	ca	0.81	8.1		25
2,4-Dinitrotoluene	121-14-2	nc			120	1,200
2,6-Dinitrotoluene	606-20-2	nc			61	620
Dinoseb	88-85-7	nc			61	620
di-n-Octyl phthalate	117-84-0	nc			2,400	25,000

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 7. DEPARTMENT OF ENVIRONMENTAL QUALITY - REMEDIAL ACTION

CONTAMINANT	CASRN	Class	Residential (mg/kg)			Non-residential (mg/kg)
			Carcinogen		Non-carcinogen	
			10 <sup>-6</sup> Risk	10 <sup>-5</sup> Risk		
1,4-Dioxane	123-91-1	ca	50	500		1,600
Dioxin (2,3,7,8-TCDD)	1746-01-6	ca	0.0000045	0.000045		0.00016
Diphenamid	957-51-7	nc			1,800	18,000
Diphenylamine	122-39-4	nc			1,500	15,000
N,N-Diphenyl-1,4 benzenediamine (DPPD)	74-31-7	nc			18	180
1,2-Diphenylhydrazine	122-66-7	ca	0.68	6.8		22
Diphenyl sulfone	127-63-9	nc			180	1,800
Diquat	85-00-7	nc			130	1,400
Direct black 38	1937-37-7	ca	0.064	NA		0.20
Direct blue 6	2602-46-2	ca	0.068	NA		0.21
Direct brown 95	16071-86-6	ca	0.059	NA		0.19
Disulfoton	298-04-4	nc			2.4	25
1,4-Dithiane	505-29-3	nc			610	6,200
Diuron	330-54-1	nc			120	1,200
Dodine	2439-10-3	nc			240	2,500
Dysprosium	7429-91-6	nc			7,800	102,000
Endosulfan	115-29-7	nc			370	3,700
Endothall	145-73-3	nc			1,200	12,000
Endrin	72-20-8	nc			18	180
Epichlorohydrin	106-89-8	ca, nc			7.6	26
1,2-Epoxybutane	106-88-7	nc			350	3,500
EPTC (S-Ethyl dipropylthiocarbamate)	759-94-4	nc			1,500	15,000
Ethephon (2-chloroethyl phosphonic acid)	16672-87-0	nc			310	3,100
Ethion	563-12-2	nc			31	310
2-Ethoxyethanol	110-80-5	nc			24,000	250,000
2-Ethoxyethanol acetate	111-15-9	nc			18,000	180,000
Ethyl acetate	141-78-6	nc			19,000	37,000 *
Ethyl acrylate	140-88-5	ca	0.21	2.1		4.5
Ethylbenzene	100-41-4	nc			400 *	400 *
Ethyl chloride	75-00-3	ca, nc	3.0	30		65
Ethylene cyanohydrin	109-78-4	nc			18,000	180,000
Ethylene diamine	107-15-3	nc			5,500	55,000
Ethylene glycol	107-21-1	nc			120,000	1,000,000 **
Ethylene glycol, monobutyl ether	111-76-2	nc			31,000	310,000
Ethylene oxide	75-21-8	ca	0.14	1.4		3.4
Ethylene thiourea (ETU)	96-45-7	ca, nc			4.9	49
Ethyl ether	60-29-7	nc			1,800 *	1,800 *
Ethyl methacrylate	97-63-2	nc			140 *	140 *
Ethyl p-nitrophenyl phenylphosphorothioate	2104-64-5	nc			0.61	6.2
Ethylphthalyl ethyl glycolate	84-72-0	nc			180,000	1,000,000 **
Express	101200-48-0	nc			490	4,900
Fenamiphos	22224-92-6	nc			15	150
Fluometuron	2164-17-2	nc			790	8,000
Fluoride	16984-48-8	nc			3,700	37,000
Fluoridone	59756-60-4	nc			4,900	49,000
Flurprimidol	56425-91-3	nc			1,200	12,000
Flutolanil	66332-96-5	nc			3,700	37,000
Fluvalinate	69409-94-5	nc			610	6,200
Folpet	133-07-3	ca, nc	160	1,600		4,900
Fomesafen	72178-02-0	ca	2.9	29		91
Fonofos	944-22-9	nc			120	1,200
Formaldehyde	50-00-0	ca, nc			9,200	92,000
Formic Acid	64-18-6	nc			110,000	1,000,000 **
Fosetyl-al	39148-24-8	nc			180,000	1,000,000 **

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 7. DEPARTMENT OF ENVIRONMENTAL QUALITY - REMEDIAL ACTION

CONTAMINANT	CASRN	Class	Residential (mg/kg)			Non-residential (mg/kg)
			Carcinogen		Non-carcinogen	
			10 <sup>-6</sup> Risk	10 <sup>-5</sup> Risk		
Furan	110-00-9	nc			2.5	8.5
Furazolidone	67-45-8	ca	0.14	1.4		4.5
Furfural	98-01-1	nc			180	1,800
Furium	531-82-8	ca	0.011	0.11		0.34
Furmecyclox	60568-05-0	ca	18	180		570
Glufosinate-ammonium	77182-82-2	nc			24	250
Glycidaldehyde	765-34-4	nc			24	250
Glyphosate	1071-83-6	nc			6,100	62,000
Haloxypop-methyl	69806-40-2	nc			3.1	31
Harmony	79277-27-3	nc			790	8,003
Heptachlor	76-44-8	ca, nc	0.12	1.2		3.8
Heptachlor epoxide	1024-57-3	ca, nc	0.060	0.60		1.9
Hexabromobenzene	87-82-1	nc			120	1,200
Hexachlorobenzene	118-74-1	ca, nc	0.34	3.4		11
Hexachlorobutadiene	87-68-3	ca, nc	7.0	70	18	180
HCH (alpha)	319-84-6	ca, nc	0.10	1.0		3.6
HCH (beta)	319-85-7	ca, nc	0.36	3.6		13
HCH (gamma) Lindane	58-89-9	ca, nc	0.50	5.0		17
HCH-technical	608-73-1	ca	0.36	3.6		13
Hexachlorocyclopentadiene	77-47-4	nc			370	3,700
Hexachloroethane	67-72-1	ca, nc	39	390	61	620
Hexachlorophene	70-30-4	nc			18	180
Hexahydro-1,3,5-trinitro-1,3,5-triazine	121-82-4	ca, nc	5.0	50		160
1,6-Hexamethylene diisocyanate	822-06-0	nc			0.17	1.8
n-Hexane	110-54-3	nc			110 *	110 *
Hexazinone	51235-04-2	nc			2,020	20,000
Hydrazine, hydrazine sulfate	302-01-2	ca	0.18	1.8		5.7
Hydrazine, monomethyl	60-34-4	ca	0.18	1.8		5.7
Hydrazine, dimethyl	57-14-7	ca	0.18	1.8		5.7
p-Hydroquinone	123-31-9	ca, nc	9.8	98		310
Imazalil	35554-44-0	nc			790	8,000
Imazaquin	81335-37-7	nc			15,000	150,000
Iprodione	36734-19-7	nc			2,400	25,000
Isobutanol	78-83-1	nc			13,000	40,000 *
Isophorone	78-59-1	ca, nc	580	5,800		18,000
Isopropalin	33820-53-0	nc			920	9,200
Isopropyl methyl phosphonic acid	1832-54-8	nc			6,100	62,000
Isoxaben	82558-50-7	nc			3,100	31,000
Kepone	143-50-0	ca, nc	0.068	0.68		2.2
Lactofen	77501-63-4	nc			120	1,200
Lead	7439-92-1	ca, nc			400	800
Lead (tetraethyl)	78-00-2	nc			0.0061	0.062
Linuron	330-55-2	nc			120	1,200
Lithium	7439-93-2	nc			1,600	20,000
Londax	83055-99-6	nc			12,000	120,000
Malathion	121-75-5	nc			1,200	12,000
Maleic anhydride	108-31-6	nc			6,100	62,000
Maleic hydrazide	123-33-1	nc			1,700	2,400 *
Malononitrile	109-77-3	nc			6.1	62
Mancozeb	8018-01-7	nc			1,800	18,000
Maneb	12427-38-2	ca, nc	9.1	91		290
Manganese	7439-96-5	nc			3,300	32,000
Mephosfolan	950-10-7	nc			5.5	55
Mepiquat	24307-26-4	nc			1,800	18,000

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 7. DEPARTMENT OF ENVIRONMENTAL QUALITY - REMEDIAL ACTION

CONTAMINANT	CASRN	Class	Residential (mg/kg)			Non-residential (mg/kg)
			Carcinogen		Non-carcinogen	
			10 <sup>-6</sup> Risk	10 <sup>-5</sup> Risk		
2-Mercaptobenzothiazole	149-30-4	ca, nc	19	190		590
Mercury and compounds	7487-94-7	nc			23	310
Mercury (methyl)	22967-92-6	nc			6.1	62
Merphos	150-50-5	nc			1.8	18
Merphos oxide	78-48-8	nc			1.8	18
Metalaxyl	57837-19-1	nc			3,700	37,000
Methacrylonitrile	126-98-7	nc			2.1	8.4
Methamidophos	10265-92-6	nc			3.1	31
Methanol	67-56-1	nc			31,000	310,000
Methidathion	950-37-8	nc			61	620
Methomyl	16752-77-5	nc			44	150
Methoxychlor	72-43-5	nc			310	3,100
2-Methoxyethanol	109-86-4	nc			61	620
2-Methoxyethanol acetate	110-49-6	nc			120	1,200
2-Methoxy-5-nitroaniline	99-59-2	ca	12	120		370
Methyl acetate	79-20-9	nc			22,000	92,000
Methyl acrylate	96-33-3	nc			70	230
2-Methylaniline (o-toluidine)	95-53-4	ca	2.3	23		72
2-Methylaniline hydrochloride	636-21-5	ca	3.0	30		96
2-Methyl-4-chlorophenoxyacetic acid	94-74-6	nc			31	310
4-(2-Methyl-4-chlorophenoxy) butyric acid (MCPB)	94-81-5	nc			610	6,200
2-(2-Methyl-4-chlorophenoxy) propionic acid	93-65-2	nc			61	620
2-(2-Methyl-1,4-chlorophenoxy) propionic acid (MCPB)	16484-77-8	nc			61	620
Methylcyclohexane	108-87-2	nc			230 *	230 *
4,4'-Methylenebisbenzeneamine	101-77-9	ca	2.2	22		69
4,4'-Methylene bis(2-chloroaniline)	101-14-4	ca, nc	4.2	42		130
4,4'-Methylene bis(N,N'-dimethyl) aniline	101-61-1	ca	12	120		370
Methylene bromide	74-95-3	nc			67	230
Methylene chloride	75-09-2	ca, nc	9.3	93		210
4,4'-Methylenediphenyl diisocyanate	101-68-8	nc			10	110
Methyl ethyl ketone (MEK)	78-93-3	nc			23,000	34,000 *
Methyl isobutyl ketone (MIBK)	108-10-1	nc			5,300	17,000 *
Methyl mercaptan	74-93-1	nc			35	350
Methyl methacrylate	80-62-6	nc			2,200	2,700 *
2-Methyl-5-nitroaniline	99-55-8	ca	17	170		520
Methyl parathion	298-00-0	nc			15	150
2-Methylphenol	95-48-7	nc			3,100	31,000
3-Methylphenol	108-39-4	nc			3,100	31,000
4-Methylphenol	106-44-5	nc			310	3,100
Methyl phosphonic acid	993-13-5	nc			1,200	12,000
Methyl styrene (mixture)	25013-15-4	nc			130	540
Methyl styrene (alpha)	98-83-9	nc			680 *	680 *
Methyl tertbutyl ether (MTBE)	1634-04-4	ca, nc	32	320		710
Metolaclor (Dual)	51218-45-2	nc			9,200	92,000
Metribuzin	21087-64-9	nc			1,500	15,000
Mirex	2385-85-5	ca, nc	0.30	3.0		9.6
Molinate	2212-67-1	nc			120	1,200
Molybdenum	7439-98-7	nc			390	5,100
Monochloramine	10599-90-3	nc			6,100	62,000
Naled	300-76-5	nc			120	1,200
Napropamide	15299-99-7	nc			6,100	62,000
Nickel and compounds	7440-02-0	nc			1,600	20,000
Nickel subsulfide	12035-72-2	ca	5,200	NA		11,000
2-Nitroaniline	88-74-4	nc			180	1,800

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 7. DEPARTMENT OF ENVIRONMENTAL QUALITY - REMEDIAL ACTION

CONTAMINANT	CASRN	Class	Residential (mg/kg)			Non-residential (mg/kg)
			Carcinogen		Non-carcinogen	
			10 <sup>-6</sup> Risk	10 <sup>-5</sup> Risk		
3-Nitroaniline	99-09-2	ca, nc			18	180
4-Nitroaniline	100-01-6	ca, nc	26	260	180	820
Nitrobenzene	98-95-3	nc			20	100
Nitrofurantoin	67-20-9	nc			4,300	43,000
Nitrofurazone	59-87-0	ca	0.37	3.7		11
Nitroglycerin	55-63-0	ca	39	390		1,200
Nitroguanidine	556-88-7	nc			6,100	62,000
2-Nitropropane	79-46-9	ca, nc	0.0028	0.028		0.061
N-Nitrosodi-n-butylamine	924-16-3	ca	0.025	0.25		0.58
N-Nitrosodiethanolamine	1116-54-7	ca	0.20	2.0		6.2
N-Nitrosodiethylamine	55-18-5	ca	0.0037	0.037		0.11
N-Nitrosodimethylamine	62-75-9	ca, nc	0.011	0.11		0.34
N-Nitrosodiphenylamine	86-30-6	ca, nc	110	1,100		3,500
N-Nitroso di-n-propylamine	621-64-7	ca	0.078	0.78		2.5
N-Nitroso-N-methylethylamine	10595-95-6	ca	0.025	0.25		0.78
N-Nitrosopyrrolidine	930-55-2	ca	0.26	2.6		8.2
m-Nitrotoluene	99-08-1	nc			730	1,000 *
o-Nitrotoluene	88-72-2	ca, nc	0.93	9.3		22
p-Nitrotoluene	99-99-0	ca, nc	13	130		300
Norflurazon	27314-13-2	nc			2,400	25,000
NuStar	85509-19-9	nc			43	430
Octabromodiphenyl ether	32536-52-0	nc			180	1,800
Octahydro-1357-tetranitro-1357-tetrazocine (HMX)	2691-41-0	nc			3,100	31,000
Octamethylpyrophosphoramide	152-16-9	nc			120	1,200
Oryzalin	19044-88-3	nc			3,100	31,000
Oxadiazon	19666-30-9	nc			310	3,100
Oxamyl	23135-22-0	nc			1,500	15,000
Oxyfluorfen	42874-03-3	nc			180	1,800
Paclobutrazol	76738-62-0	nc			790	8,000
Paraquat	4685-14-7	nc			270	2,800
Parathion	56-38-2	nc			370	3,700
Pebulate	1114-71-2	nc			3,100	31,000
Pendimethalin	40487-42-1	nc			2,400	25,000
Pentabromo-6-chloro cyclohexane	87-84-3	ca	24	240		750
Pentabromodiphenyl ether	32534-81-9	nc			120	1,200
Pentachlorobenzene	608-93-5	nc			49	490
Pentachloronitrobenzene	82-68-8	ca, nc	2.1	21		66
Pentachlorophenol	87-86-5	ca, nc	3.2	32		90
Perchlorate	7601-90-3	nc			55	720
Permethrin	52645-53-1	nc			3,100	31,000
Phenmedipham	13684-63-4	nc			15,000	150,000
Phenol	108-95-2	nc			18,000	180,000
Phenothiazine	92-84-2	nc			120	1,200
m-Phenylenediamine	108-45-2	nc			370	3,700
o-Phenylenediamine	95-54-5	ca	12	120		370
p-Phenylenediamine	106-50-3	nc			12,000	120,000
Phenylmercuric acetate	62-38-4	nc			4.9	49
2-Phenylphenol	90-43-7	ca	280	2,800		8,900
Phorate	298-02-2	nc			12	120
Phosmet	732-11-6	nc			1,200	12,000
Phosphine	7803-51-2	nc			18	180
Phosphorus (white)	7723-14-0	nc			1.6	20
p-Phthalic acid	100-21-0	nc			61,000	620,000
Phthalic anhydride	85-44-9	nc			120,000	1,000,000 **

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 7. DEPARTMENT OF ENVIRONMENTAL QUALITY - REMEDIAL ACTION

CONTAMINANT	CASRN	Class	Residential (mg/kg)			Non-residential (mg/kg)
			Carcinogen		Non-carcinogen	
			10 <sup>-6</sup> Risk	10 <sup>-5</sup> Risk		
Picloram	1918-02-1	nc			4,300	43,000
Pirimiphos-methyl	29232-93-7	nc			610	6,200
Polybrominated biphenyls (PBBs)	NA	ca, nc	0.062	0.62	0.43	1.9
Polychlorinated biphenyls (PCBs), low-risk mixture <sup>4</sup>	12674-11-2	ca, nc			3.9	37
Polychlorinated biphenyls (PCBs), high-risk mixture <sup>5</sup>	11097-69-1	ca, nc	0.25	2.5	1.1	7.4
Polychlorinated terphenyls	61788-33-8	ca	0.12	1.2		3.8
Polynuclear aromatic hydrocarbons						
Acenaphthene	83-32-9	nc			3,700	29,000
Anthracene	120-12-7	nc			22,000	240,000
Benz[a]anthracene	56-55-3	ca	0.69	6.9		21
Benzo[b]fluoranthene	205-99-2	ca	0.69	6.9		21
Benzo[k]fluoranthene	207-08-9	ca	6.9	69		210
Benzo[a]pyrene	50-32-8	ca	0.069	0.69		2.1
Chrysene	218-01-9	ca	68	680		2,000
Dibenz[ah]anthracene	53-70-3	ca	0.069	0.69		2.1
Fluoranthene	206-44-0	nc			2,300	22,000
Fluorene	86-73-7	nc			2,700	26,000
Indeno[1,2,3-cd]pyrene	193-39-5	ca	0.69	6.9		21
Naphthalene	91-20-3	nc			56	190
Pyrene	129-00-0	nc			2,300	29,000
Prochloraz	67747-09-5	ca, nc	3.7	37		110
Profluralin	26399-36-0	nc			370	3,700
Prometon	1610-18-0	nc			920	9,200
Prometryn	7287-19-6	nc			240	2,500
Pronamide	23950-58-5	nc			4,600	46,000
Propachlor	1918-16-7	nc			790	8,000
Propanil	709-98-8	nc			310	3,100
Propargite	2312-35-8	nc			1,200	12,000
Propargyl alcohol	107-19-7	nc			120	1,200
Propazine	139-40-2	nc			1,200	12,000
Propham	122-42-9	nc			1,200	12,000
Propiconazole	60207-90-1	nc			790	8,000
n-Propylbenzene	103-65-1	nc			240 *	240 *
Propylene glycol	57-55-6	nc			30,000	290,000
Propylene glycol, monoethyl ether	52125-53-8	nc			43,000	430,000
Propylene glycol, monomethyl ether	107-98-2	nc			43,000	430,000
Propylene oxide	75-56-9	ca, nc	2.2	22		66
Pursuit	81335-77-5	nc			15,000	150,000
Pydrin	51630-58-1	nc			1,500	15,000
Pyridine	110-86-1	nc			61	620
Quinalphos	13593-03-8	nc			31	310
Quinoline	91-22-5	ca	0.18	1.8		5.7
RDX (Cyclonite)	121-82-4	ca, nc	5.0	50		160
Resmethrin	10453-86-8	nc			1,800	18,000
Ronnel	299-84-3	nc			3,100	31,000
Rotenone	83-79-4	nc			240	2,500
Savey	78587-05-0	nc			1,500	15,000
Selenious Acid	7783-00-8	nc			310	3,100
Selenium	7782-49-2	nc			390	5,100
Selenourea	630-10-4	nc			310	3,100
Sethoxydim	74051-80-2	nc			5,500	55,000
Silver and compounds	7440-22-4	nc			390	5,100
Simazine	122-34-9	ca, nc	4.6	46		140
Sodium azide	26628-22-8	nc			310	4,100



## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 7. DEPARTMENT OF ENVIRONMENTAL QUALITY - REMEDIAL ACTION

CONTAMINANT	CASRN	Class	Residential (mg/kg)			Non-residential (mg/kg)
			Carcinogen		Non-carcinogen	
			10 <sup>-6</sup> Risk	10 <sup>-5</sup> Risk		
Sodium diethyldithiocarbamate	148-18-5	ca, nc	2.0	20		64
Sodium fluoroacetate	62-74-8	nc			1.2	12
Sodium metavanadate	13718-26-8	nc			61	620
Strontium, stable	7440-24-6	nc			47,000	610,000
Strychnine	57-24-9	nc			18	180
Styrene	100-42-5	nc			1,500 *	1,500 *
1,1'-Sulfonylbis-(4-chlorobenzene)	80-07-9	nc			310	3,100
Systhane	88671-89-0	nc			1,500	15,000
Tebuthiuron	34014-18-1	nc			4,300	43,000
Temephos	3383-96-8	nc			1,200	12,000
Terbacil	5902-51-2	nc			790	8,000
Terbufos	13071-79-9	nc			1.5	15
Terbutryn	886-50-0	nc			61	620
1,2,4,5-Tetrachlorobenzene	95-94-3	nc			18	180
1,1,1,2-Tetrachloroethane	630-20-6	ca, nc	3.2	32		73
1,1,2,2-Tetrachloroethane	79-34-5	ca, nc	0.42	4.2		9.3
Tetrachloroethylene (PCE)	127-18-4	ca, nc	0.51	5.1		13
2,3,4,6-Tetrachlorophenol	58-90-2	nc			1,800	18,000
p,a,a,a-Tetrachlorotoluene	5216-25-1	ca	0.027	0.27		0.86
Tetrachlorovinphos	961-11-5	ca, nc	23	230		720
Tetraethyldithiopyrophosphate	3689-24-5	nc			31	310
Tetrahydrofuran	109-99-9	ca, nc	9.5	95		210
Thallium and compounds	7440-28-0	nc			5.2	67
Thiobencarb	28249-77-6	nc			610	6,200
Thiocyanate	NA	nc			3,100	31,000
Thiofanox	39196-18-4	nc			18	180
Thiophanate-methyl	23564-05-8	nc			4,900	49,000
Thiram	137-26-8	nc			310	3,100
Tin	7440-31-5	nc			47,000	610,000
Titanium	7440-32-6	nc			310,000	1,000,000 **
Toluene	108-88-3	nc			650 *	650 *
Toluene-2,4-diamine	95-80-7	ca	0.17	1.7		5.4
Toluene-2,5-diamine	95-70-5	nc			37,000	370,000
Toluene-2,6-diamine	823-40-5	nc			12,000	120,000
p-Toluidine	106-49-0	ca	2.9	29		91
Toxaphene	8001-35-2	ca	0.50	5.0		16
Tralomethrin	66841-25-6	nc			460	4,600
Triallate	2303-17-5	nc			790	8,000
Triasulfuron	82097-50-5	nc			610	6,200
1,2,4-Tribromobenzene	615-54-3	nc			310	3,100
Tributyl phosphate	126-73-8	ca, nc	60	600		1,900
Tributyltin oxide (TBTO)	56-35-9	nc			18	180
2,4,6-Trichloroaniline	634-93-5	ca	16	160		510
2,4,6-Trichloroaniline hydrochloride	33663-50-2	ca	19	190		590
1,2,4-Trichlorobenzene	120-82-1	nc			62	220
1,1,1-Trichloroethane	71-55-6	nc			1,200 *	1,200 *
1,1,2-Trichloroethane	79-00-5	ca, nc	0.74	7.4		16
Trichloroethylene (TCE)	79-01-6	ca, nc	3.0	30	17	65
Trichlorofluoromethane	75-69-4	nc			390	1,300
2,4,5-Trichlorophenol	95-95-4	nc			6,100	62,000
2,4,6-Trichlorophenol	88-06-2	ca, nc			6.1	62
2,4,5-Trichlorophenoxyacetic Acid	93-76-5	nc			610	6,200
2-(2,4,5-Trichlorophenoxy) propionic acid	93-72-1	nc			490	4,900
1,1,2-Trichloropropane	598-77-6	nc			15	51

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CONTAMINANT	CASRN	Class	Residential (mg/kg)			Non-residential (mg/kg)
			Carcinogen		Non-carcinogen	
			10 <sup>-6</sup> Risk	10 <sup>-5</sup> Risk		
1,2,3-Trichloropropane	96-18-4	ca, nc	0.0050	0.050		0.11
1,2,3-Trichloropropene	96-19-5	nc			0.71	2.3
1,1,2-Trichloro-1,2,2-trifluoroethane (Freon 113)	76-13-1	nc			5,600 *	5,600 *
Tridiphane	58138-08-2	nc			180	1,800
Triethylamine	121-44-8	nc			23	86
Trifluralin	1582-09-8	ca, nc	71	710	460	2,200
Trimellitic Anhydride (TMAN)	552-30-7	nc			8.6	86
1,2,4-Trimethylbenzene	95-63-6	nc			52	170
1,3,5-Trimethylbenzene	108-67-8	nc			21	70
Trimethyl phosphate	512-56-1	ca	15	150		470
1,3,5-Trinitrobenzene	99-35-4	nc			1,800	18,000
Trinitrophenylmethylnitramine	479-45-8	nc			610	6,200
2,4,6-Trinitrotoluene	118-96-7	ca, nc	18	180	31	310
Triphenylphosphine oxide	791-28-6	nc			1,200	12,000
Tris(2-chloroethyl) phosphate	115-96-8	ca, nc	39	390		1,200
Tris(2-ethylhexyl) phosphate	78-42-2	ca, nc	170	1,700		5,400
Uranium (chemical toxicity only)	7440-61-0	nc			16	200
Vanadium and compounds	7440-62-2	nc			78	1,000
Vernam	1929-77-7	nc			61	620
Vinclozolin	50471-44-8	nc			1,500	15,000
Vinyl acetate	108-05-4	nc			430	1,400
Vinyl bromide	593-60-2	ca, nc	0.19	1.9		4.2
Vinyl chloride	75-01-4	ca, nc	0.085	NA		0.75
Warfarin	81-81-2	nc			18	180
Xylenes	1330-20-7	nc			270	420 *
Zinc	7440-66-6	nc			23,000	310,000
Zinc phosphide	1314-84-7	nc			23	310
Zineb	12122-67-7	nc			3,100	31,000

NA indicates not applicable.

Class is the classification of the chemical. "ca" indicates carcinogenic effects; "nc" indicates non-carcinogenic effects. Chemicals that have both carcinogenic and non-carcinogenic effects are classified "ca, nc".

\* Indicates SRL is based on the chemical-specific saturation level in soil for volatile organic chemicals only.

\*\*Indicates SRL is based on a 100% saturation ceiling limit for non-volatile organic chemicals.

<sup>1</sup> Arsenic standards are not risk-based standards, but based on background.

<sup>2</sup> Cyanide (free): Free cyanide is a subset of total cyanides. If any ADHS approved method for total cyanide reports a concentration exceeding this standard, further analyses to differentiate free cyanide from other cyanide metal complexes is required.

<sup>3</sup> Cyanide (hydrogen): If the cyanide concentrations using any method exceed the hydrogen cyanide standard, then hydrogen cyanide vapor samples should be collected at the site.

<sup>4</sup> PCBs, low-risk mixture: Use if laboratory analysis confirms that the total PCB concentration consists of 0.5 percent or less of congeners that contain five or more chlorines and that no dioxin-like congeners are present.

<sup>5</sup> PCBs, high-risk mixture: Use if only total PCB concentration is reported by any ADHS licensed analytical method, or if laboratory analysis confirms that the total PCB concentration consists of more than 0.5 percent congeners that contain five or more chlorines or that dioxin-like congeners are present.

Bold indicates adequate evidence to classify the chemical as a known human carcinogen.

CASRN is the Chemical Abstract System Registry Number.

#### Historical Note

Adopted by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995, Ch. 232, § 5; in effect until permanent rules are adopted and in place no later than August 1, 1997, pursuant to A.R.S. § 49-152 and Laws 1995, Ch. 232, § 5 (Supp. 96-1). Historical note revised to clarify exemptions of emergency adoption (Supp. 97-1). Interim emergency appendix reinstated at the request of the Department; historical note from Supp. 97-3 stating emergency expired removed for clarity. Appendix A adopted permanently effective December 4, 1997, replacing emergency appendix (Supp. 97-4). Amended to correct measurement units in columns 5 and 6 from "mg/k" to "mg/kg" (Supp. 01-4). Former Appendix A renumbered to Appendix B; new

Appendix A made by final rulemaking at 13 A.A.R. 971, effective May 5, 2007 (Supp. 07-1).

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**Appendix B. Repealed****Historical Note**

Adopted by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995, Ch. 232, § 5; in effect until permanent rules are adopted and in place no later than August 1, 1997, pursuant to A.R.S. § 49-152 and Laws 1995, Ch. 232, § 5 (Supp. 96-1). Historical note revised to clarify exemptions of emergency adoption (Supp. 97-1). Interim emergency appendix reinstated at the request of the Department; historical note from Supp. 97-3 stating emergency expired removed for clarity.

Appendix B adopted permanently effective December 4, 1997, replacing emergency appendix (Supp. 97-4). Former Appendix B repealed; new Appendix B renumbered from Appendix A and amended by final rulemaking at 13 A.A.R. 971, effective May 5, 2007 (Supp. 07-1).

Repealed by final expedited rulemaking at 31 A.A.R. 1691 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**Appendix C. Repealed****Historical Note**

Adopted by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995, Ch. 232, § 5; in effect until permanent rules are adopted and in place no later than August 1, 1997, pursuant to A.R.S. § 49-152 and Laws 1995, Ch. 232, § 5 (Supp. 96-1). Historical note revised to clarify exemptions of emergency adoption (Supp. 97-1). Interim emergency appendix reinstated at the request of the Department; historical note from Supp. 97-3 stating emergency expired removed for clarity.

Appendix C adopted permanently effective December 4, 1997, replacing emergency appendix (Supp. 97-4).

Appendix C repealed by final rulemaking at 13 A.A.R. 971, effective May 5, 2007 (Supp. 07-1).

**Appendix D. Emergency Expired****Historical Note**

Adopted by emergency action effective March 29, 1996, pursuant to A.R.S. § 41-1026 and Laws 1995, Ch. 232, § 5; in effect until permanent rules are adopted and in place no later than August 1, 1997, pursuant to A.R.S. § 49-152 and Laws 1995, Ch. 232, § 5 (Supp. 96-1). Historical note revised to clarify exemptions of emergency adoption (Supp. 97-1). Historical note from Supp. 97-3 stating emergency expired removed for clarity; interim emergency rule reinstated at the request of the Department. Emergency expired effective December 4, 1997 (Supp. 97-4).

**ARTICLE 3. PROSPECTIVE PURCHASER AGREEMENT****R18-7-301. Prospective Purchaser Agreement Fee**

- A. An applicant for a prospective purchaser agreement with the Department under A.R.S. § 49-285.01 shall pay to the Department the fee prescribed in this Article. The Department shall not refund a fee once it accepts an application.
- B. An applicant for a prospective purchaser agreement shall pay a fee for each prospective purchaser agreement application submitted to the Department for review. The fee includes:
  1. An initial charge as prescribed in subsection (C);
  2. An hourly charge, if the conditions of subsection (D)(1) apply;

3. The publication costs for the legal notice as prescribed in subsection (F); and
  4. A charge, as prescribed in subsection (D)(2), if an applicant requests a settlement.
- C. An applicant shall pay an initial charge of \$2,500 for an application for a prospective purchaser agreement requiring minimal review for property within a site that is listed in the Water Quality Assurance Revolving Fund (WQARF) registry under A.R.S. § 49-287.01. For property that is not on the WQARF registry, an applicant shall pay an initial charge of \$3,600 for an application for a prospective purchaser agreement. The initial charge covers direct and indirect Department costs. An application for a prospective purchaser agreement requiring minimal review is one that requires 34 or fewer hours of review time for a site on the WQARF registry or 49 or fewer hours for a site not on the WQARF registry.
  - D. In addition to the initial charge described in subsection (C), the applicant shall pay the following charges, if applicable:
    1. An hourly charge for reviewing a prospective purchaser agreement that requires more than the hours for review covered by the initial charge in subsection (C). The additional charge is \$73 per hour for Department staff time and Assistant Attorney General time.
    2. A charge in the amount of \$2,000, to accompany a request for a settlement that includes immunity from contribution claims for existing contamination, if requested under A.R.S. § 49-285.01. If costs for the settlement exceed \$2,000, the remainder of the costs will be paid for through the terms of the settlement.
  - E. The applicant may agree in writing to pay charges that exceed the initial charge described in subsection (C). Unless the applicant has so agreed, when the Department believes that the costs associated with the prospective purchaser agreement have begun to exceed the initial charge, the Department shall stop work on the prospective purchaser agreement and notify the applicant in writing. The applicant shall notify the Department in writing, within 30 days of the Department's notification under this subsection, whether the applicant wishes the Department to continue work on the application and to incur additional costs. The Department shall terminate the application if the applicant does not provide written confirmation within 30 days that it wishes the Department to continue work on the application.
  - F. As provided in A.R.S. § 49-285.01(G) the Department shall publish a legal notice announcing an opportunity for public comment on the prospective purchaser agreement. The legal notice shall include:
    1. A general description of the contents of the agreement;
    2. The location where information regarding the agreement can be obtained;
    3. The name and address of the Department contact where comments may be sent; and
    4. The time and date that the comment period closes.
  - G. The initial charge described in subsection (C) is due when the applicant submits the prospective purchaser agreement application to the Department. The publication cost specified in subsection (B)(3), and any hourly charge described in subsection (D)(1), are due within 30 days of the date the invoice is sent by the Department. Fee charges are payable to the state of Arizona, and shall be paid in full before the Department executes a prospective purchaser agreement.

**Historical Note**

Adopted effective February 7, 1997; filed with the Office

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of the Secretary of State January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 12 A.A.R. 345, effective March 11, 2006 (Supp. 06-1). Amended by final expedited rulemaking at 31 A.A.R. 1691 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

*Editor's Note: The heading for the following Article was amended by exempt rulemaking at 7 A.A.R. 814, effective February 9, 2001 (Supp. 01-1).*

*Editor's Note: The following Article was originally adopted under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 1997, Ch. 296, §§ 3(E) & (G), 10 & 11. Although exempt from certain provisions of the rulemaking process, the Department was required to submit notice of proposed rulemaking with the Secretary of State for publication in the Arizona Administrative Register and conduct a public hearing (Supp. 97-3).*

**ARTICLE 4. REPEALED****R18-7-401. Repealed****Historical Note**

Adopted effective August 5, 1997, under an exemption from certain provisions of the Administrative Procedure Act pursuant to Laws 1997, Ch. 296, §§ 3(E) & (G), 10 & 11 (Supp. 97-3). Section R18-7-401 repealed; new Section R18-7-401 adopted effective October 21, 1998 (Supp. 98-4). Repealed by final rulemaking at 15 A.A.R. 232, effective March 7, 2009 (Supp. 09-1).

*Editor's Note: The rules in the following Article were adopted as interim rules under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 2000, Ch. 225, § 13. Although exempt from certain provisions of the rulemaking process, the Department is required to submit notice of proposed rulemaking with the Secretary of State for publication in the Arizona Administrative Register and conduct a public hearing (Supp. 01-1).*

**ARTICLE 5. VOLUNTARY REMEDIATION PROGRAM****R18-7-501. Definitions**

The following definitions shall apply in this Article, unless the context otherwise requires:

"Applicant" means a person who participates in the Voluntary Remediation Program. Participation in the Voluntary Remediation Program begins when the Department receives an application under A.R.S. § 49-173 and continues until any one of the following occurs:

The Department grants the applicant's request for a no further action determination.

The applicant provides the Department with notice of the applicant's intent to withdraw from the program.

The Department terminates the applicant's participation under A.R.S. § 49-178(B).

"Department" means the Arizona Department of Environmental Quality.

"Voluntary Remediation Program" means the program authorized under A.R.S. Title 49, Chapter 1, Article 5.

**Historical Note**

New Section adopted as interim rules, under an exemption from certain provisions of the Administrative Procedure Act pursuant to Laws 2000, Ch. 225, § 13, at 7 A.A.R. 814, effective February 9, 2001 (Supp. 01-1).

**R18-7-502. Application Fee**

- A. At the time of filing an application to participate in the Voluntary Remediation Program, the applicant shall pay a nonrefundable application fee in the amount of \$2,000.00.
- B. The application fee shall be in the form of a company check, cashier's check, certified check, or money order made payable to the Arizona Department of Environmental Quality.
- C. Except as provided in subsection (D), an application does not meet the requirements in A.R.S. § 49-173 unless accompanied by the application fee. The Department shall not review an application until the application fee is paid in full.
- D. At the request of an applicant that is a small business as defined under A.R.S. § 41-1001, the Department may review and approve an application upon receipt of a partial payment of the application fee in an amount approved by the Department and an agreement to pay the remainder of the fee in scheduled installments.
- E. An applicant that withdraws or is terminated from participation in the Voluntary Remediation Program may reapply to the program by submitting an application that meets the requirements of A.R.S. § 49-173, including payment of the application fee.

**Historical Note**

New Section adopted as interim rules, under an exemption from certain provisions of the Administrative Procedure Act pursuant to Laws 2000, Ch. 225, § 13, at 7 A.A.R. 814, effective February 9, 2001 (Supp. 01-1).

**R18-7-503. Deposit**

- A. At the time that an applicant submits a work plan under A.R.S. § 49-175 or a report under A.R.S. § 49-181, the applicant shall submit to the Department an initial deposit of \$4,000.00.
- B. The deposit shall be in the form of an Automated Clearing House ACH payment, a wire transfer, company check, cashier's check, certified check, or money order made payable to the Arizona Department of Environmental Quality.
- C. The Department shall begin review of the applicant's work plan or the report submitted under A.R.S. § 49-181 upon receipt of the initial deposit.
- D. Upon receipt of the initial deposit, the Department shall establish a site-specific deposit account identified by a unique account number. The Department shall charge all incurred reimbursable costs attributable to the applicant's site against the site-specific deposit account.
- E. If, at any time during the applicant's participation in the program, the balance in the site-specific deposit account falls below \$1,000.00 and the Department reasonably estimates that the reimbursable costs chargeable to the account will exceed the amount available in the account, the Department shall mail or fax a written request that the applicant submit an additional deposit in an amount not to exceed \$4,000.00. The Department may request any number of additional deposits, in amounts of \$4,000.00 or less, at any time that the conditions of this subsection are met.
- F. If any requested additional deposit is not received within 30 days after the Department mails or faxes the request in subsection (E) and the Department determines that the applicant's site specific account balance is insufficient to support continued program participation, the Department shall mail a written notice of deficiency under A.R.S. § 49-178 and shall notify the applicant that work on the site may be suspended until the additional deposit is received. If the Department does not receive the requested additional deposit within 60 days after the notice of deficiency is mailed or faxed and the applicant

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does not dispute the Department's determination that the site specific account balance is insufficient to support continued program participation, the Department may terminate the applicant's participation in the program. An applicant whose participation is terminated under this subsection may reapply to the program as provided in R18-7-502(E).

**Historical Note**

New Section adopted as interim rules, under an exemption from certain provisions of the Administrative Procedure Act pursuant to Laws 2000, Ch. 225, § 13, at 7 A.A.R. 814, effective February 9, 2001 (Supp. 01-1).

Amended by final expedited rulemaking at 31 A.A.R. 1691 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-7-504. Voluntary Remediation Program Reimbursement**

A. The applicant shall reimburse the Department, at an hourly reimbursement rate established under R18-7-505, for time spent by Voluntary Remediation Program staff on activities specifically related to the applicant's site, including the following:

1. Review of the application submitted under A.R.S. § 49-173, including review of any modifications requested by the Department or the applicant or additional information submitted by the applicant.
2. Review of the work plan submitted under A.R.S. § 49-175, including review of any modifications requested by the Department under A.R.S. § 49-177 or by the applicant or the Department under A.R.S. § 49-180.
3. Review of progress reports submitted as part of a work plan under A.R.S. § 49-175 or as requested by the Department under A.R.S. § 49-177 or A.R.S. § 49-180.
4. Consideration by the Department under A.R.S. § 49-176(D) of written comments submitted in response to a public notice providing an opportunity to comment or a public meeting.
5. Participation in public hearings required by the Department under A.R.S. § 49-176(D).
6. Site inspections under A.R.S. § 49-177 and site investigations under A.R.S. § 49-181, including time spent in travel to and from the site.
7. Review of the report and request for a no further action determination submitted under A.R.S. § 49-181, including review of any modifications requested by the applicant or the Department.
8. Time spent in reviewing a request submitted by an applicant under A.R.S. § 49-182 for approval of a remedial action under A.R.S. § 49-285.
9. Time spent in meetings or discussions requested by the applicant or the Department.

B. The applicant shall reimburse the Department for the site-specific costs of goods and services contracted by the Department including:

1. Reasonable and necessary attorneys' fees billed to the Department by the Attorney General for legal services, including legal fees billed for representation in regard to appeals or dispute resolution under A.R.S. § 49-185.
2. Costs incurred by the Department for work provided under a contract described in A.R.S. § 49-179(D)(1) or A.R.S. § 49-179(D)(2).
3. Reasonable and necessary travel costs incurred in the performance of activities described in subsections (A)(5),

(A)(6), or (A)(9) or performed at the request of the applicant.

4. Other reasonable site related expenses documented in writing by the Department.

**Historical Note**

New Section adopted as interim rules, under an exemption from certain provisions of the Administrative Procedure Act pursuant to Laws 2000, Ch. 225, § 13, at 7 A.A.R. 814, effective February 9, 2001 (Supp. 01-1).

**R18-7-505. Hourly Reimbursement Rate**

The hourly reimbursement rate is \$110.00 per hour.

**Historical Note**

New Section adopted as interim rules, under an exemption from certain provisions of the Administrative Procedure Act pursuant to Laws 2000, Ch. 225, § 13, at 7 A.A.R. 814, effective February 9, 2001 (Supp. 01-1).

**R18-7-506. Voluntary Remediation Program Accounting**

Within a reasonable time after the end of each calendar quarter, the Department shall mail or email each applicant a statement itemizing reimbursable costs charged against the site-specific deposit account and a summary of account activity during that quarter. The statement shall be in a form consistent with generally accepted accounting principles.

**Historical Note**

New Section adopted as interim rules, under an exemption from certain provisions of the Administrative Procedure Act pursuant to Laws 2000, Ch. 225, § 13, at 7 A.A.R. 814, effective February 9, 2001 (Supp. 01-1).

Amended by final expedited rulemaking at 31 A.A.R. 1691 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-7-507. Account Reconciliation**

A. Within a reasonable time after completion of the remediation work at the site, or after termination or withdrawal of the applicant from participation in the program, the Department shall prepare and mail or email to the applicant a final statement which shall include:

1. An itemization of site-specific reimbursable costs incurred by the Department but not previously reported in a quarterly statement.
2. The total amount of site-specific reimbursable costs incurred by the Department during the course of the project, including the costs reported in subsection (A)(1).
3. The total amount submitted as deposits by the applicant and applied by the Department to the applicant's site-specific deposit account during the course of the project, plus the amount paid by the applicant as an application fee.

B. If the final statement shows that the amounts submitted or paid during the course of the project are less than the Department's reimbursable costs, the applicant shall be responsible for and shall pay, within 30 days after receipt of the final statement, the difference between the costs incurred and the amounts submitted or paid.

C. If the final statement shows that the amounts submitted or paid during the course of the project are more than the Department's reimbursable costs and the Department's reimbursable costs exceed \$2,000.00, the Department shall return to the applicant, within a reasonable time period, the difference between the amounts submitted or paid and the costs incurred.

D. If the final statement shows that the amounts submitted or paid during the course of the project are more than the Depart-

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ment's reimbursable costs and the Department's reimbursable costs total \$2,000.00 or less, the Department shall retain the applicant's nonrefundable application fee of \$2,000.00 and shall return to the applicant the amount of any deposits submitted.

- E. The Department may withhold any program approval or no further action determination until the applicant has paid any amount due and payable under the final statement.

**Historical Note**

New Section adopted as interim rule, under an exemption from certain provisions of the Administrative Procedure Act pursuant to Laws 2000, Ch. 225, § 13, at 7 A.A.R. 814, effective February 9, 2001 (Supp. 01-1). Amended by final expedited rulemaking at 31 A.A.R. 1691 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**ARTICLE 6. DECLARATION OF ENVIRONMENTAL USE RESTRICTION FEE**

*Article 6, consisting of R18-7-601 through R18-7-606, made by exempt rulemaking at 10 A.A.R. 573, effective February 20, 2004 (Supp. 04-1).*

**R18-7-601. Definitions**

The following definitions shall apply in this Article, unless the context otherwise requires:

"APP mine sites" means mining facilities which are subject to the aquifer protection permit provisions of Arizona Revised Statutes Title 49, Chapter 2, Article 3.

"Department" means the Arizona Department of Environmental Quality.

"DEUR" means declaration of environmental use restriction, as described in A.R.S. §§ 49-152 and 49-158. It is an institutional control and a restrictive covenant that runs with and burdens the property, binds the owner and the owner's heirs, successors and assigns, and inures to the benefit of the Department and the state.

"Fee" means the fee authorized by A.R.S. §§ 49-152(K) and 49-158(G).

"Engineering control" has the meaning in A.R.S. § 49-151.

"Institutional control" has the meaning in A.R.S. § 49-151.

"Modification" means modification of a DEUR that continues to address the same spill or release, and the same contaminants, as in the original DEUR. No other changes are considered a modification of a DEUR, but would be the subject of a separate DEUR.

"One-time activities" includes reviewing and/or approving legal descriptions, control areas, contaminants, institutional or engineering controls, and draft DEUR documents.

"Ongoing activities" includes reviewing written reports, conducting site inspections, or otherwise verifying maintenance of institutional or engineering controls.

"Underground storage tanks" means those underground storage tanks defined and regulated under A.R.S. Title 49, Chapter 6, Article 1.

"WQARF sites" means sites that are listed on the site registry specified in A.R.S. § 49-287.01 and are the subject of remedial action pursuant to A.R.S. Title 49, Chapter 2, Article 5. A property that is within a registry site boundary, but does not involve a contaminant of concern identified for that registry site and is not the subject of remedial action pursuant to the

above Chapter 2, is not a WQARF site for the purpose of this Section.

**Historical Note**

New Section made by exempt rulemaking at 10 A.A.R. 573, effective February 20, 2004 (Supp. 04-1).

**R18-7-602. Applicability**

The provisions of this Article apply to properties where the owner has elected to use an institutional control and/or an engineering control to reduce the potential for exposure to contaminants on the property, or to leave contamination on the property that exceeds the applicable residential soil standard for the property. The owner of such property shall record, in each county where the property is located, a restrictive covenant labeled "declaration of environmental use restriction," that contains the information required by A.R.S. §§ 49-152 or 49-158, as approved by the Department. The owner shall submit the information on a form provided by the Department.

**Historical Note**

New Section made by exempt rulemaking at 10 A.A.R. 573, effective February 20, 2004 (Supp. 04-1).

**R18-7-603. Fee**

Except as provided in R18-7-605, before recording the DEUR or DEUR modification, property owners shall pay to the Department a fee as provided in R18-7-604 by company, cashier, or certified check, or money order, or other method approved by the Department.

**Historical Note**

New Section made by exempt rulemaking at 10 A.A.R. 573, effective February 20, 2004 (Supp. 04-1).

**R18-7-604. Fee Calculation**

- A. Property owners who use only an institutional control shall pay to the Department a fee that is the sum of the following:
  1. \$825, representing Department costs to perform one-time activities;
  2. An amount representing the costs of ongoing activities performed by the Department that is one of the following:
    - a. For properties contaminated only by a petroleum release from one or more underground storage tanks: \$110 multiplied by the number of years the Department projects the property will require ongoing activities, not to exceed 30 years; or
    - b. For all other properties: \$220 multiplied by the number of years the Department projects the property will require ongoing activities, not to exceed 30 years;
  3. \$770, representing Department costs to review and render a decision on a request to release a DEUR, and to record the release, pursuant to A.R.S. §§ 49-152(D) or 49-158(L);
  4. \$1,985 per site, representing the property owner's pro-rata share of Department costs to oversee and coordinate its DEUR-related activities; plus
  5. \$550 per site, representing the property owner's pro-rata share of Department costs to administer the repository under A.R.S. § 49-152(E).
- B. Property owners who use an engineering control without groundwater monitoring shall pay a fee to the Department that is the sum of the following:
  1. \$1,595, representing Department costs to perform one-time activities;
  2. \$660, representing Department costs of annual ongoing activities, multiplied by the number of years the Depart-

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 7. DEPARTMENT OF ENVIRONMENTAL QUALITY - REMEDIAL ACTION

ment projects the property will require ongoing activities, not to exceed 30 years;

3. \$1,320, representing Department costs to review and render a decision on a request to release a DEUR, and to record the release, pursuant to A.R.S. §§ 49-152(D) or 49-158(L);
  4. \$1,985 per site, representing the property owner's pro-rata share of Department costs to oversee and coordinate its DEUR-related activities; plus
  5. \$550 per site, representing the property owner's pro-rata share of Department costs to administer the repository under A.R.S. § 49-152(E).
- C. Property owners who use an engineering control with ground-water monitoring, and owners of WQARF sites and APP mine sites, shall pay to the Department a fee that is the sum of the following:
1. \$3,740, representing Department costs for performing one-time activities;
  2. A component of the fee to be determined on a case-by-case basis, at \$55 per hour, based on both:
    - a. The number of hours per year that the Department projects will be required for ongoing activities performed by the Department for the property, not to exceed 70 hours per year; and
    - b. The number of years that the Department projects the property will require ongoing activities, not to exceed 30 years;
  3. \$1,870, representing Department costs to review and render a decision on a request to release a DEUR, and to record the release, pursuant to A.R.S. §§ 49-152(D) or 49-158(L);
  4. \$1,985 per site, representing the property owner's pro-rata share of Department costs to oversee and coordinate its DEUR-related activities; plus
  5. \$550 per site, representing the property owner's pro-rata share of Department costs to administer the repository under A.R.S. § 49-152(E).

**Historical Note**

New Section made by exempt rulemaking at 10 A.A.R. 573, effective February 20, 2004 (Supp. 04-1).

**R18-7-605. Postponement of the Release Portion of the DEUR Fee**

Property owners may elect to postpone payment of the portion of the fee to release the DEUR, described in R18-7-604(A)(3), R18-7-604(B)(3), or R18-7-604(C)(3), on the condition that payment of the reasonable and necessary costs of releasing the DEUR is made with the request to the Department to release the DEUR from the property. Property owners electing to use this option acknowledge that the future amount of the release portion of the DEUR fee will be the amount established by this Article at the time the request for the release of the DEUR is filed with the Department, which may be greater than the amount described in R18-7-604(A)(3), R18-7-604(B)(3), or R18-7-604(C)(3) at the time the DEUR is recorded.

**Historical Note**

New Section made by exempt rulemaking at 10 A.A.R. 573, effective February 20, 2004 (Supp. 04-1).

**R18-7-606. DEUR Modification Fee**

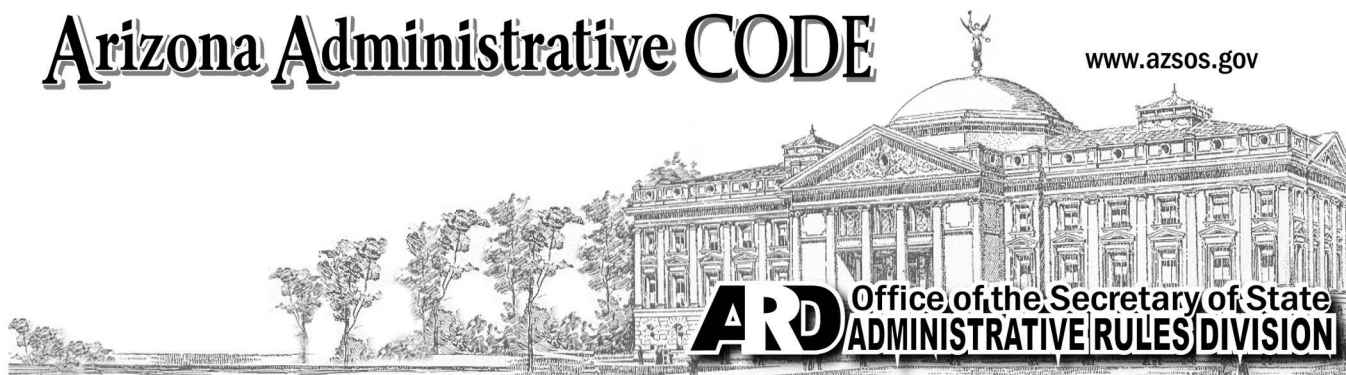
A property owner who wishes to request a modification to an existing DEUR pursuant to A.R.S. §§ 49-152(I)(2), 49-152(J)(2), 49-158(E), or 49-158(F) shall pay to the Department a fee, representing Department costs to review and render a decision on the request to modify the DEUR. The fee shall accompany the proposed modification, and shall be in the form of company, cashier, or certified check, or money order, or other method approved by the Department. The fee shall be the amount specified in R18-7-604(A)(3), R18-7-604(B)(3), or R18-7-604(C)(3), as appropriate for the category of site as described in R18-7-604(A), R18-7-604(B), or R18-7-604(C).

**Historical Note**

New Section made by exempt rulemaking at 10 A.A.R. 573, effective February 20, 2004 (Supp. 04-1).

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## TITLE 18. ENVIRONMENTAL QUALITY

### CHAPTER 9. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER POLLUTION CONTROL

#### 18 A.A.C. 9

#### Supplement Information

#### Supp. 25-2

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 25-1, 1-215 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

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

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

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

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## Administrative Rules Division

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## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 9. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER POLLUTION CONTROL

## Supp. 25-2

Authority: A.R.S. §§ 49-203(A)(2), 49-203(A)(6), 49-203(A)(9), 49-104(C)(1)

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*Article 6, consisting of Sections R18-9-601 through R18-9-603, repealed by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).*

*Article 6, consisting of Sections R18-9-601 through R18-9-603, adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1).*

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Editor's Note: The recodification at 7 A.A.R. 2522 described below erroneously moved Sections into 18 A.A.C. 9, Article 9. Those Sections were actually recodified to 18 A.A.C. 9, Article 10. See the Historical Notes for more information (Supp. 01-4).



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*Article 9, consisting of Sections R18-9-901 through R18-9-914 and Appendix A, recodified from 18 A.A.C. 13, Article 15 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2).*

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## CHAPTER 9. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER POLLUTION CONTROL

**ARTICLE 1. AQUIFER PROTECTION PERMITS - GENERAL PROVISIONS****R18-9-101. Definitions**

In addition to the definitions established in A.R.S. § 49-201, the following terms apply to Articles 1, 2, 3, and 4 of this Chapter:

1. "Aggregate" means a clean graded hard rock, volcanic rock, or gravel of uniform size, between 3/4 inch and 2 1/2 inches in diameter, offering 30 percent or more void space, washed or prepared to be free of fine materials that will impair absorption surface performance, and has a hardness value of three or greater on the Moh's Scale of Hardness (can scratch a copper penny).
2. "Alert level" means a value or criterion established in an individual permit that serves as an early warning indicating a potential violation of a permit condition related to BADCT or the discharge of a pollutant to groundwater.
3. "AQL" means an aquifer quality limit and is a permit limitation set for aquifer water quality measured at the point of compliance that either represents an Aquifer Water Quality Standard or, if an Aquifer Water Quality Standard for a pollutant is exceeded in an aquifer at the time of permit issuance or amendment to incorporate a new or adjusted aquifer water quality standard, represents the ambient or baseline water quality for that pollutant.
4. "Aquifer Protection Permit" means an individual or general permit issued under A.R.S. §§ 49-203, 49-241 through 49-252, and Articles 1, 2, and 3 of this Chapter.
5. "Aquifer Water Quality Standard" or "AWQS" or "AWQSS" means a standard or standards established under A.R.S. §§ 49-221 and 49-223.
6. "AZPDES" means the Arizona Pollutant Discharge Elimination System, which is the state program for issuing, modifying, revoking, reissuing, terminating, monitoring, and enforcing permits, and imposing and enforcing pretreatment and biosolids requirements under A.R.S. Title 49, Chapter 2, Article 3.1 and 18 A.A.C. 9, Articles 9 and 10.
7. "BADCT" means the best available demonstrated control technology, process, operating method, or other alternative to achieve the greatest degree of discharge reduction determined for a facility by the Director under A.R.S. § 49-243.
8. "Bedroom" means, for the purpose of determining design flow for an on-site wastewater treatment facility for a dwelling, any room that has:
  - a. A floor space of at least 70 square feet in area, excluding closets;
  - b. A ceiling height of at least 7 feet;
  - c. Electrical service and ventilation;
  - d. A closet or an area where a closet could be constructed;
  - e. At least one window capable of being opened and used for emergency egress; and
  - f. A method of entry and exit to the room that allows the room to be considered distinct from other rooms in the dwelling and to afford a level of privacy customarily expected for such a room.
9. "Book net worth" means the net difference between total assets and total liabilities.
10. "CCR" means coal combustion residuals which include fly ash, bottom ash, boiler slag, and flue gas desulfurization materials generated from burning coal for the purpose of generating electricity by electric utilities and independent power producers.
11. "CCR landfill" means an area of land or an excavation that receives CCR and which is not a municipal solid waste landfill, a surface impoundment, an underground injection well, a salt dome formation, a salt bed formation, an underground or surface coal mine, or a cave. A CCR landfill also includes sand and gravel pits and quarries that receive CCR, CCR piles, and any practice that does not meet the definition of beneficial use of CCR.
12. "CCR surface impoundment" means a natural topographic depression, man-made excavation, or diked area, which is designed to hold an accumulation of CCR and liquids, and the unit treats, stores, or disposes of CCR.
13. "CCR unit" means any CCR landfill which receives CCR, any CCR surface impoundment designed to hold an accumulation of CCR and liquids, and the unit treats, stores or disposes of CCR. CCR unit includes a lateral expansion of a CCR unit, or a combination of more than one of these units that receives CCR.
14. "Cesspool" means a pit, collection structure, or subsurface fluid distribution system, which may or may not be partially lined, that receives discharged sewage. A cesspool is not an on-site wastewater treatment facility, such as a septic tank, vault, or other structure permitted under Article 3 of this Chapter.
15. "Chamber technology" means a method for dispersing treated wastewater into soil from an on-site wastewater treatment facility by one or more manufactured leaching chambers with an open bottom and louvered, load-bearing sidewalls that substitute for an aggregate-filled trench described in R18-9-E302.
16. "CMOM Plan" means a Capacity, Management, Operations, and Maintenance Plan, which is a written plan that describes the activities a permittee will engage in and actions a permittee will take to ensure that the capacity of the sewage collection system, when unobstructed, is sufficient to convey the peak wet weather flow through each reach of sewer, and provides for the management, operation, and maintenance of the permittee's sewage collection system.
17. "Design capacity" means the volume of a containment feature at a discharging facility that accommodates all permitted flows and meets all Aquifer Protection Permit conditions, including allowances for appropriate peaking and safety factors to ensure sustained, reliable operation.
18. "Design flow" means the daily flow rate a facility is designed to accommodate on a sustained basis while satisfying all Aquifer Protection Permit discharge limitations and treatment and operational requirements. The design flow either incorporates or is used with appropriate peaking and safety factors to ensure sustained, reliable operation.
19. "Direct reuse site" means an area where reclaimed water is applied or impounded.
20. "Disposal works" means the system for disposing treated wastewater generated by the treatment works of a sewage treatment facility or on-site wastewater treatment facility, by surface or subsurface methods. Disposal works do not include systems for activities regulated under 18 A.A.C. 9, Article 7.
21. "Drywell" means a well which is a bored, drilled or driven shaft or hole whose depth is greater than its width and is designed and constructed specifically for the disposal of storm water. Drywells do not include class 1, class 2, class 3 or class 4 injection wells as defined by the

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- Federal Underground Injection Control Program (P.L. 93-523, part C), as amended. A.R.S. § 49-331(3).*
22. “Dwelling” means any building, structure, or improvement intended for residential use or related activity, including a house, an apartment unit, a condominium unit, a townhouse, or a mobile or manufactured home that has been constructed or will be constructed on real property.
  23. “Final permit determination” means a written notification to the applicant of the Director’s final decision whether to issue or deny an Individual Aquifer Protection Permit.
  24. “Gray water” means wastewater that has been collected separately from a sewage flow and that originates from a clothes washer or a bathroom tub, shower or sink but that does not include wastewater from a kitchen sink, dishwasher or toilet. A.R.S. § 49-201(20).
  25. “Groundwater Quality Protection Permit” means a permit issued by the Arizona Department of Health Services or the Department before September 27, 1989 that regulates the discharge of pollutants that may affect groundwater.
  26. “Homeowner’s association” means a nonprofit corporation or unincorporated association of owners created pursuant to a declaration to own and operate portions of a planned community and which has the power under the declaration to assess association members to pay the costs and expenses incurred in the performance of the association’s obligations under the declaration.
  27. “Injection well” means a well that receives a discharge through pressure injection or gravity flow.
  28. “Intermediate stockpile” means in-process material not intended for long-term storage that is in transit from one process to another at a mining site. Intermediate stockpile does not include metallic ore concentrate stockpiles or feedstocks not originating at the mining site.
  29. “Land treatment facility” means an operation designed to treat and improve the quality of waste, wastewater, or both, by placement wholly or in part on the land surface to perform part or all of the treatment. A land treatment facility includes a facility that performs biosolids drying, processing, or composting, but not land application performed in compliance with 18 A.A.C. 9, Article 10.
  30. “Mining site” means a site assigned one or more of the following primary Standard Industrial Classification Codes: 10, 12, 14, 32, and 33, and includes noncontiguous properties owned or operated by the same person and connected by a right-of-way controlled by that person to which the public is not allowed access.
  31. “New or adjusted aquifer water quality standard” or “New or adjusted AWQS” means a standard or standards established under A.R.S. §§ 49-221 and/or 49-223 after January 1, 2025, for the purposes of R18-9-A215. A “New or adjusted AWQS” becomes an established AWQS, pursuant to R18-9-101(5), for the purposes of an individual Aquifer Protection Permit when a determination is made by the Department on whether new or adjusted Alert Levels, Discharge Limits and/or AQLs are required pursuant to R18-9-A215(G).
  32. “Nitrogen Management Area” means an area designated by the Director for which the Director prescribes measures on an area-wide basis to control sources of nitrogen, including cumulative discharges from on-site wastewater treatment facilities, that threaten to cause or have caused an exceedance of the Aquifer Water Quality Standard for nitrate.
  33. “Notice of Disposal” means a document submitted to the Arizona Department of Health Services or the Department before September 27, 1989, giving notification of a pollutant discharge that may affect groundwater.
  34. “On-site wastewater treatment facility” means a conventional septic tank system or alternative system that is installed at a site to treat and dispose of wastewater of predominantly human origin that is generated at that site. A.R.S. § 49-201(29). An on-site wastewater treatment facility does not include a pre-fabricated, manufactured treatment works that typically uses an activated sludge unit process and has a design flow of 3000 gallons per day or more.
  35. “Operational life” means the designed or planned period during which a facility remains operational while being subject to permit conditions, including closure requirements. Operational life does not include post-closure activities.
  36. “Person” means an individual, employee, officer, managing body, trust, firm, joint stock company, consortium, public or private corporation, including a government corporation, partnership, association or state, a political subdivision of this state, a commission, the United States government or any federal facility, interstate body or other entity. A.R.S. § 49-201(33). For the purposes of permitting a sewage treatment facility under Article 2 of this Chapter, person does not include a homeowner’s association.
  37. “Pilot project” means a short-term, limited-scale test designed to gain information regarding site conditions, project feasibility, or application of a new technology.
  38. “Process solution” means a pregnant leach solution, barren solution, raffinate, or other solution uniquely associated with the mining or metals recovery process.
  39. “Residential soil remediation level” means the applicable predetermined standard established in 18 A.A.C. 7, Article 2, Appendix A.
  40. “Seasonal high water table” means the free surface representing the highest point of groundwater rise within an aquifer due to seasonal water table changes over the course of a year.
  41. “Setback” means a minimum horizontal distance maintained between a feature of a discharging facility and a potential point of impact.
  42. “Sewage” means untreated wastes from toilets, baths, sinks, lavatories, laundries, other plumbing fixtures, and waste pumped from septic tanks in places of human habitation, employment, or recreation. Sewage does not include gray water as defined in A.R.S. § 49-201(20), if the gray water is reused according to 18 A.A.C. 9, Article 7.
  43. “Sewage collection system” means a system of pipelines, conduits, manholes, pumping stations, force mains, and all other structures, devices, and appurtenances that collect, contain, and convey sewage from its sources to the entry of a sewage treatment facility or on-site wastewater treatment facility serving sources other than a single-family dwelling.
  44. “Sewage treatment facility” means a plant or system for sewage treatment and disposal, except for an on-site wastewater treatment facility, that consists of treatment works, disposal works and appurtenant pipelines, conduits, pumping stations, and related subsystems and devices. A sewage treatment facility does not include

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components of the sewage collection system or the reclaimed water distribution system.

45. "Surface impoundment" means a pit, pond, or lagoon with a surface dimension equal to or greater than its depth, and used for the storage, holding, settling, treatment, or discharge of liquid pollutants or pollutants containing free liquids.
46. "Tracer" means a substance, such as a dye or other chemical, used to change the characteristic of water or some other fluid to detect movement.
47. "Tracer study" means a test conducted using a tracer to measure the flow velocity, hydraulic conductivity, flow direction, hydrodynamic dispersion, partitioning coefficient, or other property of a hydrologic system.
48. "Treatment works" means a plant, device, unit process, or other works, regardless of ownership, used for treating, stabilizing, or holding municipal or domestic sewage in a sewage treatment facility or on-site wastewater treatment facility.
49. "Typical sewage" means sewage conveyed to an on-site wastewater treatment facility in which the total suspended solids (TSS) content does not exceed 430 mg/l, the five-day biochemical oxygen demand (BOD<sub>5</sub>) does not exceed 380 mg/l, the total nitrogen does not exceed 53 mg/l, and the content of oil and grease does not exceed 75 mg/l.
50. "Underground storage facility" means a constructed underground storage facility or a managed underground storage facility. A.R.S. § 45-802.01(21).
51. "Waters of the United States" means:
  - a. All waters that are currently used, were used in the past, or may be susceptible to use in interstate or foreign commerce, including all waters that are subject to the ebb and flow of the tide;
  - b. All interstate waters, including interstate wetlands;
  - c. All other waters such as intrastate lakes, rivers, streams (including intermittent streams), mudflats, sandflats, wetlands, sloughs, prairie potholes, wet meadows, playa lakes, or natural ponds the use, degradation, or destruction of which would affect or could affect interstate or foreign commerce including any waters:
    - i. That are or could be used by interstate or foreign travelers for recreational or other purposes;
    - ii. From which fish or shellfish are or could be taken and sold in interstate or foreign commerce; or
    - iii. That are used or could be used for industrial purposes by industries in interstate commerce;
  - d. All impoundments of waters defined as waters of the United States under this definition;
  - e. Tributaries of waters identified in subsections (a) through (d);
  - f. The territorial sea; and
  - g. Wetlands adjacent to waters (other than waters that are themselves wetlands) identified in subsections (a) through (f).

**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Amended by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final expedited rulemaking at

25 A.A.R. 3060, effective immediately September 23, 2019, pursuant to A.R.S. § 41-1027(H) (Supp. 19-3). Amended by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023 (Supp. 23-2). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1). Amended by final rulemaking at 31 A.A.R. 2167 (July 4, 2025), effective August 4, 2025 (Supp. 25-2).

**R18-9-102. Facilities to which Articles 1, 2, and 3 Do Not Apply**

Articles 1, 2, and 3 do not apply to:

1. A drywell used solely to receive storm runoff and located so that no use, storage, loading, or treating of hazardous substances occurs in the drainage area;
2. A direct pesticide application in the commercial production of plants and animals subject to the Federal Insecticide, Fungicide, and Rodenticide Act (P.L. 92-516; 86 Stat. 975; 7 United States Code 135 et seq., as amended), or A.R.S. §§ 49-301 through 49-309 and applicable rules, or A.R.S. Title 3, Chapter 2, Article 6 and applicable rules.

**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Amended by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-103. Class Exemptions**

Class exemptions. In addition to the classes or categories of facilities listed in A.R.S. § 49-250(B), the following classes or categories of facilities are exempt from the Aquifer Protection Permit requirements in Articles 1, 2, and 3 of this Chapter:

1. Facilities that treat, store, or dispose of hazardous waste and have been issued a permit or have interim status, under the Resource Conservation and Recovery Act (P.L. 94580; 90 Stat. 2796; 42 U.S.C. 6901 et seq., as amended), or have been issued a permit according to the hazardous waste management rules adopted under 18 A.A.C. 8, Article 2;
2. Underground storage tanks that contain a regulated substance as defined in A.R.S. § 49-1001;
3. Facilities for the disposal of solid waste, as defined in A.R.S. § 49-701.01, that are located in unincorporated areas and receive solid waste from four or fewer households;
4. Land application of biosolids in compliance with 18 A.A.C. 9, Articles 9 and 10;
5. CCR Units regulated by 40 CFR 257, Subpart D or by a permit in effect under a Department program approved by the United States Environmental Protection Agency in accordance with 42 U.S.C. § 6945(d)(1);
6. Underground Injection Control Class V injection wells regulated under an area or individual permit per 18 A.A.C. 9, Article 6, Part I.

**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Subsection 4 citation corrected to reflect recodification at 7 A.A.R. 2522 (Supp. 03-1). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final expedited rulemaking at 25 A.A.R. 3060, effective immediately September 23, 2019, pursuant to

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ant to A.R.S. § 41-1027(H) (Supp. 19-3). Amended by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

#### **R18-9-104. Transition from Notices of Disposal and Groundwater Quality Protection Permitted Facilities**

A person who owns, operates, or operated a facility on or after January 1, 1986 for which a Notice of Disposal was filed or a Groundwater Quality Protection Permit was issued shall, within 90 days from the date on the Director's notification, submit an application for an Aquifer Protection Permit or a closure plan as specified under A.R.S. § 49-252. The person shall obtain a permit for continued operation, closure of the facility, or clean closure approval. Failure to submit an application or closure plan as required terminates continuance of the Notice of Disposal or Groundwater Quality Protection Permit.

##### **Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Amended by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

#### **R18-9-105. Permit Continuance**

##### **A. Continuance.**

1. Groundwater Quality Protection Permits.
    - a. Subject to R18-9-104 and other provisions of this Section, a Groundwater Quality Protection Permit issued before September 27, 1989 is valid according to the terms of the permit until replaced by an Aquifer Protection Permit issued by the Department.
    - b. A person who owns or operates a facility to which a Groundwater Quality Protection Permit was issued is in compliance with Articles 1, 2, and 3 of this Chapter and A.R.S. Title 49, Chapter 2, Article 3, if the facility:
      - i. Meets the conditions of the Groundwater Quality Protection Permit; and
      - ii. Is not causing or contributing to the violation of any Aquifer Water Quality Standard at a point of compliance, determined by the criteria in A.R.S. § 49-244.
  2. Notice of Disposal. A person who owns or operates a facility for which a Notice of Disposal was filed before September 27, 1989 complies with Articles 1, 2, and 3 of this Chapter and A.R.S. Title 49, Chapter 2, Article 3 if the facility is not causing or contributing to the violation of an Aquifer Water Quality Standard at a point of compliance, determined by the criteria in A.R.S. § 49-244.
  3. Aquifer Protection Permit application submittal. A person who did not file a Notice of Disposal and does not possess a Groundwater Quality Protection Permit or an Aquifer Protection Permit for an existing facility, but submitted the information required in applicable rules before December 27, 1989, is in compliance with Articles 1, 2, and 3 of this Chapter only if the person submitted an Aquifer Protection Permit application to the Department before January 1, 2001.
- B. Applicability.** Subsection (A) applies until the Director:
1. Issues an Aquifer Protection Permit for the facility,
  2. Denies an Aquifer Protection Permit for the facility,
  3. Issues a letter of clean closure approval for the facility under A.R.S. § 49-252, or
  4. Determines that the person failed to submit an application under R18-9-104.

##### **Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Amended effective November 12, 1996 (Supp. 96-4). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

#### **R18-9-106. Determination of Applicability**

- A.** A person who engages or who intends to engage in an operation or an activity that may result in a discharge regulated under Articles 1, 2, and 3 of this Chapter may submit a request, on a form provided by the Department, that the Department determine the applicability of A.R.S. §§ 49-241 through 49-252 and Articles 1, 2, and 3 of this Chapter to the operation or activity.
- B.** A person requesting a determination of applicability shall provide the following information and the applicable fee under 18 A.A.C. 14:
1. The name and location of the operation or activity;
  2. The name of any person who is engaging or who proposes to engage in the operation or activity;
  3. A description of the operation or activity;
  4. A description of the volume, chemical composition, and characteristics of materials stored, handled, used, or disposed of in the operation or activity; and
  5. Any other information required by the Director to make the determination of applicability.
- C.** Within 45 days after receipt of a request for a determination of applicability, the Director shall notify in writing the person making the request that the operation or activity:
1. Is not subject to the requirements of A.R.S. §§ 49-241 through 49-252 and Articles 1, 2, and 3 of this Chapter because the operation or facility does not discharge as described under A.R.S. § 49-241;
  2. Is not subject to the requirements of A.R.S. §§ 49-241 through 49-252 and Articles 1, 2, and 3 of this Chapter because the operation or activity is exempted by A.R.S. § 49-250 or R18-9-103;
  3. Is eligible for a general permit under A.R.S. §§ 49-245.01, 49-245.02 or 49-247 or Article 3 of this Chapter, specifying the particular general permit that would apply if the person meets the conditions of the permit; or
  4. Is subject to the permit requirements of A.R.S. §§ 49-241 through 49-252 and Articles 1, 2, and 3 of this Chapter.
- D.** If, after issuing a determination of applicability under this Section, the Director concludes that the determination or the information relied upon for a determination is inaccurate, the Director may modify or withdraw its determination upon written notice to the person who requested the determination of applicability.
- E.** If the Director determines that an operation or activity is subject to the requirements of A.R.S. §§ 49-241 through 49-252, the person who owns or operates the discharging facility shall, within 90 days from receiving the Director's written notification, submit an application for an Aquifer Protection Permit or a closure plan.

##### **Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Amended by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

#### **R18-9-107. Consolidation of Aquifer Protection Permits**

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- A.** The Director may consolidate any number of individual permits or the coverage for any facility authorized to discharge under a general permit into a single individual permit, if:
1. The facilities are part of the same project or operation and are located in a contiguous geographic area, or
  2. The facilities are part of an area under the jurisdiction of a single political subdivision.
- B.** All applicable individual permit requirements established in Articles 1 and 2 of this Chapter apply to the consolidation of Aquifer Protection Permits.

**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-108. Public Notice**

- A.** Individual permits.
1. The Department shall provide the entities specified in subsection (A)(2), with monthly written notification, by regular mail or electronically, of the following:
    - a. Individual permit applications,
    - b. Temporary permit applications,
    - c. Preliminary and final decisions by the Director whether to issue or deny an individual or temporary permit,
    - d. Closure plans received under R18-9-A209(B),
    - e. Significant permit amendments and "other" permit amendments,
    - f. Permit revocations, and
    - g. Clean closure approvals.
  2. Entities.
    - a. Each county department of health, environmental services department, or comparable department;
    - b. A federal, state, local agency, or council of government, that may be affected by the permit action; and
    - c. A person who requested, in writing, notification of the activities described in subsection (A).
  3. The Department may post the information referenced in subsections (A)(1) and (2) on the Department web site: [www.azdeq.gov](http://www.azdeq.gov).
- B.** General permits. Public notice requirements do not apply.

**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-109. Public Participation**

- A.** Notice of Preliminary Decision.
1. The Department shall publish a Notice of Preliminary Decision regarding the issuance or denial of a significant permit amendment or a final permit determination in one or more newspapers of general circulation where the facility is located.
  2. The Department shall accept written comments from the public before a significant permit amendment or a final permit determination is made.
  3. The written public comment period begins on the publication date of the Notice of Preliminary Decision and extends for 30 calendar days.
- B.** Public hearing.

1. The Department shall provide notice and conduct a public hearing to address a Notice of Preliminary Decision regarding a significant permit amendment or final permit determination if:
    - a. Significant public interest in a public hearing exists, or
    - b. Significant issues or information has been brought to the attention of the Department that has not been considered previously in the permitting process.
  2. If, after publication of the Notice of Preliminary Decision, the Department determines that a public hearing is necessary, the Department shall schedule a public hearing and publish the Notice of Preliminary Decision at least once, in one or more newspapers of general circulation where the facility is located.
  3. The Department shall accept written public comment until the close of the hearing record as specified by the person presiding at the public hearing.
- C.** The Department shall respond in writing to all comments submitted during the formal public comment period.
- D.** At the same time the Department notifies a permittee of a significant permit amendment or an applicant of the final permit determination, the Department shall send, through regular mail or electronically, a notice of the amendment or determination and the summary of response to comments to any person who submitted comments or attended a public hearing on the significant permit amendment or final permit determination.
- E.** General permits. Public participation requirements do not apply.

**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-110. Inspections, Violations, and Enforcement**

- A.** The Department shall conduct an inspection of a permitted facility as specified under A.R.S. § 41-1009.
- B.** A person who owns or operates a facility contrary to a provision of Articles 1, 2, and 3 of this Chapter, violates a condition of an Aquifer Protection Permit, or violates a condition of a Groundwater Quality Protection Permit continued under R189105(A)(1) is subject to the enforcement actions established under A.R.S. Title 49, Chapter 2, Article 4.

**Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023 (Supp. 23-2).

**R18-9-111. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-112. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

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tive January 1, 2001 (Supp. 00-4).

**R18-9-113. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-114. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-115. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-116. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-117. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-118. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-119. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-120. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3).  
Repealed effective July 14, 1998 (Supp. 98-3).

**R18-9-121. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-122. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-123. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3).  
Repealed effective November 15, 1996 (Supp. 96-4).

**R18-9-124. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-125. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-126. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-127. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-128. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3).  
Repealed effective November 12, 1996 (Supp. 96-4).

**R18-9-129. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-130. Repealed****Historical Note**

Adopted effective September 27, 1989 (Supp. 89-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**Appendix I. Repealed****Historical Note**

Appendix I repealed by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**ARTICLE 2. AQUIFER PROTECTION PERMITS - INDIVIDUAL PERMITS****PART A. APPLICATION AND GENERAL PROVISIONS****R18-9-A201. Individual Permit Application**

- A.** An individual permit application covers one or more of the following categories:
1. Drywell,
  2. Industrial,
  3. Mining,
  4. Wastewater,
  5. Solid waste disposal, or
  6. Land treatment facility.
- B.** An applicant for an individual permit shall provide the Department with:

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1. The following information on an application form:
    - a. The name and mailing address of the applicant;
    - b. The name and mailing address of the owner of the facility;
    - c. The name and mailing address of the operator of the facility;
    - d. The legal description, including latitude and longitude, of the location of the facility;
    - e. The expected operational life of the facility; and
    - f. The permit number for any other federal or state environmental permit issued to the applicant for that facility or site.
  2. A copy of the certificate of disclosure required by A.R.S. § 49-109;
  3. Evidence that the facility complies with applicable municipal or county zoning ordinances, codes, and regulations;
  4. Two copies of the technical information required in R18-9-A202(A);
  5. Cost estimates for facility construction, operation, maintenance, closure, and post-closure as follows.
    - a. The applicant shall ensure that the cost estimates are derived by an engineer, controller, or accountant using competitive bids, construction plan take-off's, specifications, operating history for similar facilities, or other appropriate sources, as applicable.
    - b. The following cost estimates that are representative of regional fair market costs:
      - i. The cost of closure estimate under R18-9-A209(B)(2), consistent with the closure plan or strategy submitted under R18-9-A202(A)(10);
      - ii. The estimated cost of post-closure monitoring and maintenance under R18-9-A209(C), consistent with the post-closure plan or strategy submitted under R18-9-A202(A)(10); and
      - iii. For a sewage treatment facility or utility subject to Title 40 of the Arizona Revised Statutes, the operation and maintenance costs of those elements of the facility used to make the demonstration under A.R.S. § 49-243(B);
  6. For a sewage treatment facility:
    - a. Documentation that the sewage treatment facility or expansion conforms with the Certified Areawide Water Quality Management Plan and the Facility Plan, and
    - b. The additional information required in R18-9-B202 and R18-9-B203;
  7. Certification in writing that the information submitted in the application is true and accurate to the best of the applicant's knowledge; and
  8. The applicable fee established in 18 A.A.C. 14.
- C.** Special provision for an underground storage facility as defined in A.R.S. § 45-802.01(21). A person applying for an individual permit for an underground storage facility shall submit the information described in R18-9-A201 through R18-9-A203, except for the BADCT information specified in R18-9-A202(A)(5).
1. Upon receipt of the application, the Department shall process the application in coordination with the underground storage facility permit process administered by the Department of Water Resources.
  2. The Department shall advise the Department of Water Resources of each permit application received.
- D.** Pre-application conference. Upon request of the applicant, the Department shall schedule and hold a pre-application conference with the applicant to discuss any requirements in Articles 1 and 2 of this Chapter.
- E.** Draft permit. The Department shall provide the applicant with a draft of the individual permit before publication of the Notice of Preliminary Decision specified in R18-9-109.
- F.** Permit duration. Except for a temporary permit, an individual permit is valid for the operational life of the facility and any period during which the facility is subject to a post-closure plan under R18-9-A209(C).
- G.** Permit issuance or denial.
1. The Director shall issue an individual permit, based upon the information obtained by or made available to the Department, if the Director determines that the applicant will comply with A.R.S. §§ 49-241 through 49-252 and Articles 1 and 2 of this Chapter.
  2. The Director shall provide the applicant with written notification of the final decision to issue or deny the permit within the overall licensing time-frame requirements under 18 A.A.C. 1, Article 5, Table 10 and the following:
    - a. The applicant's right to appeal the final permit determination, including the number of days the applicant has to file a protest and the name and telephone number of the Department contact person who can answer questions regarding the appeals process;
    - b. If the permit is denied under R18-9-A213(B), the reason for the denial with reference to the statute or rule on which the denial is based; and
    - c. The applicant's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-A202. Technical Requirements**

- A.** Except as specified in R18-9-A201(C)(1), an applicant shall, as required under R18-9-A201(B)(4), submit the following technical information as attachments to the individual permit application:
1. A topographic map, or other appropriate map approved by the Department, of the facility location and contiguous land area showing the known use of adjacent properties, all known water well locations found within one-half mile of the facility, and a description of well construction details and well uses, if available;
  2. A facility site plan showing all known property lines, structures, water wells, injection wells, drywells and their uses, topography, and the location of points of discharge. The facility site plan shall include all known borings. If the Department determines that borings are numerous, the applicant shall satisfy this requirement with a narrative description of the number and location of the borings;
  3. The facility design documents indicating proposed or as-built design details and proposed or as-built configuration of basins, ponds, waste storage areas, drainage diversion features, or other engineered elements of the facility affecting discharge. When formal as-built plan submittals are not available, the applicant shall provide documentation sufficient to allow evaluation of those elements of

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- the facility affecting discharge, following the demonstration requirements of A.R.S. § 49-243(B). An applicant seeking an Aquifer Protection Permit for a sewage treatment facility satisfies the requirements of this subsection by submitting the documents required in R18-9-B202 and R18-9-B203;
4. A summary of the known past facility discharge activities and the proposed facility discharge activities indicating all of the following:
    - a. The chemical, biological, and physical characteristics of the discharge;
    - b. The rate, volume, and frequency of the discharge for each facility; and
    - c. The location of the discharge and a map outlining the pollutant management area described in A.R.S. § 49-244(1);
  5. A description of the BADCT employed in the facility, including:
    - a. A statement of the technology, processes, operating methods, or other alternatives proposed to meet the requirements of A.R.S. § 49-243(B), (G), or (P), as applicable. The statement shall describe:
      - i. The alternative discharge control measures considered;
      - ii. The technical and economic advantages and disadvantages of each alternative, and
      - iii. The justification for selection or rejection of each alternative;
    - b. An evaluation of each alternative discharge control technology relative to the amount of discharge reduction achievable, site-specific hydrologic and geologic characteristics, other environmental impacts, and water conservation or augmentation;
    - c. For a new facility, an industry-wide evaluation of the economic impact of implementation of each alternative discharge control technology;
    - d. For an existing facility, a statement reflecting the consideration of factors listed in A.R.S. § 49-243(B)(1)(a) through (h);
    - e. A sewage treatment facility meeting the BADCT requirements under Article 2, Part B of this Chapter satisfies the requirements under subsections (A)(5)(a) through (d).
  6. Proposed points of compliance for the facility based on A.R.S. § 49-244. An applicant shall demonstrate that:
    - a. The facility will not cause or contribute to a violation of an Aquifer Water Quality Standard at the proposed point of compliance; or
    - b. If an Aquifer Water Quality Standard for a pollutant is exceeded in an aquifer at the time of permit issuance, no additional degradation of the aquifer relative to that pollutant and determined at the proposed point of compliance will occur as a result of the discharge from the proposed facility. In this case, the applicant shall submit an Ambient Groundwater Monitoring Report that includes:
      - i. Data from eight or more rounds of ambient groundwater samples collected to represent groundwater quality at the proposed points of compliance, and
      - ii. An AQL proposal for each pollutant that exceeds an Aquifer Water Quality Standard;
  7. A contingency plan that meets the requirements of R18-9-A204;
  8. A hydrogeologic study that defines the discharge impact area for the expected duration of the facility. The Department may allow the applicant to submit an abbreviated hydrogeologic study or, if warranted, no hydrogeologic study, based upon the quantity and characteristics of the pollutants discharged, the methods of disposal, and the site conditions. The applicant may include information from a previous study of the affected area to meet a requirement of the hydrogeologic study, if the previous study accurately represents current hydrogeologic conditions.
    - a. The hydrogeologic study shall demonstrate:
      - i. That the facility will not cause or contribute to a violation of an Aquifer Water Quality Standard at the applicable point of compliance; or
      - ii. If an Aquifer Water Quality Standard for a pollutant is exceeded in an aquifer at the time of permit issuance, that no additional degradation of the aquifer relative to that pollutant and determined at the applicable point of compliance will occur as a result of the discharge from the proposed facility;
    - b. Based on the quantity and characteristics of pollutants discharged, methods of disposal, and site conditions, the Department may require the applicant to provide:
      - i. A description of the surface and subsurface geology, including a description of all borings;
      - ii. The location of any perennial, intermittent, or ephemeral surface water bodies;
      - iii. The characteristics of the aquifer and geologic units with limited permeability, including depth, hydraulic conductivity, and transmissivity;
      - iv. The rate, volume, and direction of surface water and groundwater flow, including hydrographs, if available, and equipotential maps;
      - v. The precise location or estimate of the location of the 100-year flood plain and an assessment of the 100-year flood surface flow and potential impacts on the facility;
      - vi. Documentation of the existing quality of the water in the aquifers underlying the site, including, where available, the method of analysis, quality assurance, and quality control procedures associated with the documentation;
      - vii. Documentation of the extent and degree of any known soil contamination at the site;
      - viii. An assessment of the potential of the discharge to cause the leaching of pollutants from surface soils or vadose materials;
      - ix. For an underground water storage facility, an assessment of the potential of the discharge to cause the leaching of pollutants from surface soils or vadose materials or cause the migration of contaminated groundwater;
      - x. Any changes in the water quality expected because of the discharge;
      - xi. A description of any expected changes in the elevation or flow directions of the groundwater expected to be caused by the facility;
      - xii. A map of the facility's discharge impact area; or



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xiii. The criteria and methodologies used to determine the discharge impact area.

9. A detailed proposal indicating the alert levels, discharge limitations, monitoring requirements, compliance schedules, and temporary cessation or plans that the applicant will use to satisfy the requirements of A.R.S. Title 49, Chapter 2, Article 3, and Articles 1 and 2 of this Chapter;
10. Closure and post-closure strategies or plans; and
11. Any other relevant information required by the Department to determine whether to issue a permit.

**B.** An applicant shall demonstrate the ability to maintain the technical capability necessary to carry out the terms of the individual permit, including a demonstration that a certified operator will operate the facility if a certified operator is required under 18 A.A.C. 5. The applicant shall make the demonstration by submitting the following information for each person principally responsible for designing, constructing, or operating the facility:

1. Pertinent licenses or certifications held by the person;
2. Professional training relevant to the design, construction, or operation of the facility; and
3. Work experience relevant to the design, construction, or operation of the facility.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-A203. Financial Requirements****A.** Definitions.

1. "Book net worth" means the net difference between total assets and total liabilities.
2. "Face amount" means the total amount the insurer is obligated to pay under the policy.
3. "Net working capital" means current assets minus current liabilities.
4. "Substantial business relationship" means a pattern of recent or ongoing business transactions to the extent that a guaranty contract issued incident to that relationship is valid and enforceable.
5. "Tangible net worth" means an owner or operator's book net worth, plus subordinated debts, less goodwill, patent rights, royalties, and assets and receivables due from affiliates or shareholders.

**B.** Financial demonstration. A person applying for an individual permit shall demonstrate financial capability to construct, operate, close, and ensure proper post-closure care of the facility in compliance with A.R.S. Title 49, Chapter 2, Article 3; Articles 1 and 2 of this Chapter; and the conditions of the individual permit. The applicant shall:

1. Submit a letter signed by the chief financial officer stating that the applicant is financially capable of meeting the costs described in R18-9-A201(B)(5);
2. For a state or federal agency, county, city, town, or other local governmental entity, submit a statement specifying the details of the financial arrangements used to meet the estimated closure and post-closure costs submitted under R18-9-A201(B)(5), including any other details that demonstrate how the applicant is financially capable of meeting the costs described in R18-9-A201(B)(5);
3. For other than a state or federal agency, county, city, town, or other local governmental entity, submit the information required for at least one of the financial

assurance mechanisms listed in subsection (C) that covers the closure and post-closure costs submitted under R18-9-A201(B)(5), including:

- a. The selected financial mechanism or mechanisms;
- b. The amount covered by each financial mechanism;
- c. The institution or company that is responsible for each financial mechanism used in the demonstration; and
- d. Any other details that demonstrate how the applicant is financially capable of meeting the costs described in R18-9-A201(B)(5); and

4. For a facility subject to R18-9-A201(B)(5)(b)(iii) and not owned by a state or federal agency, county, city, town, or other local governmental entity, submit evidence of financial arrangements to cover the operation and maintenance costs described in R18-9-A201(B)(5).

**C.** Financial assurance mechanisms. The applicant may use any of the following mechanisms to cover the financial assurance obligation under R18-9-A201(B)(5):

1. Financial test for self-assurance. If an applicant uses a financial test for self-assurance, the applicant shall not consolidate the financial statement with a parent or sibling company. The applicant shall make the demonstration in either subsection (C)(1)(a) or (b) and submit the information required in subsection (C)(1)(c):

- a. The applicant may demonstrate:
  - i. One of the following:
    - (1) A ratio of total liabilities to net worth less than 2.0 and a ratio of current assets to current liabilities greater than 1.5;
    - (2) A ratio of total liabilities to net worth less than 2.0 and a ratio of the sum of net annual income plus depreciation, depletion, and amortization to total liabilities greater than 0.1; or
    - (3) A ratio of the sum of net annual income plus depreciation, depletion, and amortization to total liabilities greater than 0.1 and a ratio of current assets to current liabilities greater than 1.5;
  - ii. The net working capital and tangible net worth of the applicant each are at least six times the closure cost estimate; and
  - iii. The applicant has assets in the U.S. of at least 90 percent of total assets or six times the closure and post-closure cost estimate; or
- b. The applicant may demonstrate:
  - i. The applicant's senior unsecured debt has a current investment-grade rating as issued by Moody's Investor Service, Inc.; Standard and Poor's Corporation; or Fitch Ratings;
  - ii. The tangible net worth of the applicant is at least six times the closure cost estimate; and
  - iii. The applicant has assets in the U.S. of at least 90 percent of total assets or six times the closure and post-closure cost estimate; and
- c. The applicant shall submit:
  - i. A letter signed by the applicant's chief financial officer that identifies the criterion specified in subsection (C)(1)(a) or (b) and used by the applicant to satisfy the financial assurance requirements of this Section, an explanation of how the applicant meets the criterion, and certification of the letter's accuracy, and

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- ii. A statement from an independent certified public accountant verifying that the demonstration submitted under subsection (C)(1)(c)(i) is accurate based on a review of the applicant's financial statements for the latest completed fiscal year or more recent financial data and no adjustment to the financial statement is necessary.
- 2. Performance surety bond. The applicant may use a performance surety bond if the following conditions are met:
  - a. The company providing the performance bond is listed as an acceptable surety on federal bonds in Circular 570 of the U.S. Department of the Treasury;
  - b. The bond provides for performance of all the covered items listed in R18-9-A201(B)(5) by the surety, or by payment into a standby trust fund of an amount equal to the penal amount if the permittee fails to perform the required activities;
  - c. The penal amount of the bond is at least equal to the amount of the cost estimate developed in R18-9-A201(B)(5) if the bond is the only method used to satisfy the requirements of this Section or a pro-rata amount if used with another financial assurance mechanism;
  - d. The surety bond names the Arizona Department of Environmental Quality as beneficiary;
  - e. The original surety bond is submitted to the Director;
  - f. Under the terms of the bond, the surety is liable on the bond obligation when the permittee fails to perform as guaranteed by the bond; and
  - g. The surety payments under the terms of the bond are deposited directly into the Standby Trust Fund.
- 3. Certificate of deposit. The applicant may use a certificate of deposit if the following conditions are met:
  - a. The applicant submits to the Director one or more certificates of deposit made payable to or assigned to the Department to cover the applicant's financial assurance obligation or a pro-rata amount if used with another financial assurance mechanism;
  - b. The certificate of deposit is insured by the Federal Deposit Insurance Corporation and is automatically renewable;
  - c. The bank assigns the certificate of deposit to the Arizona Department of Environmental Quality;
  - d. Only the Department has access to the certificate of deposit; and
  - e. Interest accrues to the permittee during the period the applicant gives the certificate as financial assurance, unless the interest is required to satisfy the requirements in R18-9-A201(B)(5).
- 4. Trust fund. The applicant may use a trust fund if the following conditions are met:
  - a. The trust fund names the Arizona Department of Environmental Quality as beneficiary, and
  - b. The trust is initially funded in an amount at least equal to:
    - i. The cost estimate of the closure plan or strategy submitted under R18-9-A201(B)(5),
    - ii. The amount specified in a compliance schedule approved in the permit, or
    - iii. A pro-rata amount if used with another financial assurance mechanism.
- 5. Letter of credit. The applicant may use a letter of credit if the following conditions are met:
  - a. The financial institution issuing the letter is regulated and examined by a federal or state agency;
  - b. The letter of credit is irrevocable and issued for at least one year in an amount equal to the cost estimate submitted under R18-9-A201(B)(5) or a pro-rata amount if used with another financial assurance mechanism. The letter of credit provides that the expiration date is automatically extended for a period of at least one year unless the issuing institution has canceled the letter of credit by sending notice of cancellation by certified mail to the permittee and to the Director 90 days in advance of cancellation or expiration. The permittee shall provide alternate financial assurance within 60 days of receiving the notice of expiration or cancellation;
  - c. The financial institution names the Arizona Department of Environmental Quality as beneficiary for the letter of credit; and
  - d. The letter is prepared by the financial institution and identifies the letter of credit issue date, expiration date, dollar sum of the credit, the name and address of the Department as the beneficiary, and the name and address of the applicant as the permittee.
- 6. Insurance policy. The applicant may use an insurance policy if the following conditions are met:
  - a. The insurance is effective before signature of the permit or substitution of insurance for other extant financial assurance instruments posted with the Director;
  - b. The insurer is authorized to transact the business of insurance in the state and has an AM BEST Rating of at least a B+ or the equivalent;
  - c. The permittee submits a copy of the insurance policy to the Department;
  - d. The insurance policy guarantees that funds are available to pay costs as submitted under R18-9-A201(B)(5) without a deductible. The policy also guarantees that once cleanup steps begin that the insurer will pay out funds to the Director or other entity designated by the Director up to an amount equal to the face amount of the policy;
  - e. The policy guarantees that while closure and post-closure activities are conducted the insurer will pay out funds to the Director or other entity designated by the Director up to an amount equal to the face amount of the policy;
  - f. The insurance policy is issued for a face amount at least equal to the current cost estimate submitted to the Director for performance of all items listed in R18-9-A201(B)(5) or a pro-rata amount if used with another financial assurance mechanism. Actual payments by the insurer will not change the face amount, although the insurer's future liability is reduced by the amount of the payments, during the policy period;
  - g. The insurance policy names the Arizona Department of Environmental Quality as additional insured;
  - h. The policy contains a provision allowing assignment of the policy to a successor permittee. The transfer of the policy is conditional upon consent of the insurer and the Department; and

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- i. The insurance policy provides that the insurer does not cancel, terminate, or fail to renew the policy except for failure to pay the premium. The automatic renewal of the policy, at a minimum, provides the insured with a renewal option at the face amount of the expiring policy. If the permittee fails to pay the premium, the insurer may cancel the policy by sending notice of cancellation by certified mail to the permittee and to the Director 90 days in advance of the cancellation. If the insurer cancels the policy, the permittee shall provide alternate financial assurance within 60 days of receiving the notice of cancellation.
- 7. Cash deposit. The applicant may use a cash deposit if the cash is deposited with the Department to cover the financial assurance obligation under R18-9-A201(B)(5).
- 8. Guarantees.
  - a. The applicant may use guarantees to cover the financial assurance obligation under R18-9-A201(B)(5) if the following conditions are met:
    - i. The applicant submits to the Department an affidavit certifying that the guarantee arrangement is valid under all applicable federal and state laws. If the applicant is a corporation, the applicant shall include a certified copy of the corporate resolution authorizing the corporation to enter into an agreement to guarantee the permittee's financial assurance obligation;
    - ii. The applicant submits to the Department documentation that explains the substantial business relationship between the guarantor and the permittee;
    - iii. The applicant demonstrates that the guarantor meets conditions of the financial mechanism listed in subsection (C)(1). For purposes of applying the criteria in subsection (C)(1) to a guarantor, substitute "guarantor" for the term "applicant" as used in subsection (C)(1);
    - iv. The guarantee is governed by and complies with state law;
    - v. The guarantee continues in full force until released by the Director or replaced by another financial assurance mechanism listed under subsection (C);
    - vi. The guarantee provides that, if the permittee fails to perform closure or post-closure care of a facility covered by the guarantee, the guarantor shall perform or pay a third party to perform closure or post-closure care, as required by the permit, or establish a fully funded trust fund as specified under subsection (C)(4) in the name of the owner or operator; and
    - vii. The guarantor names the Arizona Department of Environmental Quality as beneficiary of the guarantee.
  - b. Guarantee reporting. The guarantor shall notify or submit a report to the Department within 30 days of:
    - i. An increase in financial responsibility during the fiscal year that affects the guarantor's ability to meet the financial demonstration;
    - ii. Receiving an adverse auditor's notice, opinion, or qualification; or
    - iii. Receiving a Department notification requesting an update of the guarantor's financial condition.
- 9. An applicant may use a financial assurance mechanism not listed in subsection (C)(1) through (8) if approved by the Director.
  - D. Loss of coverage. If the Director believes that a permittee will lose financial capability under subsection (C), the permittee shall, within 30 days from the date of receipt of the Director's request, submit evidence that the financial demonstration under subsection (B) is being met or provide an alternative financial assurance mechanism.
  - E. Financial assurance mechanism substitution. A permittee may substitute one financial assurance mechanism for another if the substitution is approved by the Director through an amendment under subsection (F).
  - F. Permit amendment. The permittee shall apply for an amendment to the individual permit if the permittee changes a financial assurance mechanism or if the permittee's revision of the closure strategy results in an increase in the estimated cost under R18-9-A201(B)(5). If a permittee seeks to amend a permit under R18-9-A211(B), the permittee shall submit a financial capability demonstration for all facilities covered by the amended individual permit with the permit amendment request.
  - G. Previous financial demonstration. If an applicant shows that the financial assurance demonstration required under this Section is covered within a financial demonstration already made to a governmental agency and the Department has access to that information, the applicant is not required to resubmit the information. The applicant shall certify that the current financial condition is equal to or better than the condition reflected in the financial demonstration provided to the other governmental agency. This provision does not apply to a demonstration required under subsection (F).
  - H. Recordkeeping. A permittee shall maintain the financial capability for the duration of the permit and report as specified in the permit.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-A204. Contingency Plan**

- A. An individual permit shall specify a contingency plan that defines the actions to be taken if a discharge results in any of the following:
  - 1. A violation of an Aquifer Water Quality Standard or an AQL,
  - 2. A violation of a discharge limitation,
  - 3. A violation of any other permit condition,
  - 4. An alert level is exceeded, or
  - 5. An imminent and substantial endangerment to the public health or the environment.
- B. The contingency plan may include one or more of the following actions if a discharge results in any of the conditions described in subsection (A):
  - 1. Verification sampling;
  - 2. Notification to downstream or downgradient users who may be directly affected by the discharge;
  - 3. Further monitoring that may include increased frequency, additional constituents, or additional monitoring locations;

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4. Inspection, testing, operation, or maintenance of discharge control features at the facility;
  5. Evaluation of the effectiveness of discharge control technology at the facility that may include technology upgrades;
  6. Evaluation of pretreatment for sewage treatment facilities;
  7. Preparation of a hydrogeologic study to assess the extent of soil, surface water, or aquifer impact;
  8. Corrective action that includes any of the following measures:
    - a. Control of the source of an unauthorized discharge,
    - b. Soil cleanup,
    - c. Cleanup of affected surface waters,
    - d. Cleanup of affected parts of the aquifer, or
    - e. Mitigation measures to limit the impact of pollutants on existing uses of the aquifer.
- C.** A permittee shall not take a corrective action proposed under subsection (B)(8) unless the action is approved by the Department.
1. Emergency response provisions and corrective actions specifically identified in the contingency plan submitted with a permit application are subject to approval by the Department during the application review process.
  2. The permittee may propose to the Department a corrective action other than those already identified in the contingency plan if a discharge results in any of the conditions identified in subsection (A).
  3. The Department shall approve the proposed corrective action if the corrective action provides a plan and expedient time-frame to return the facility to compliance with the facility's permit conditions, A.R.S. Title 49, Chapter 2, and Articles 1 and 2 of this Chapter.
  4. The Director may incorporate corrective actions into an Aquifer Protection Permit.
- D.** A contingency plan shall contain emergency response provisions to address an imminent and substantial endangerment to public health or the environment including:
1. Twenty-four hour emergency response measures;
  2. The name of an emergency response coordinator responsible for implementing the contingency plan;
  3. Immediate notification to the Department regarding any emergency response measure taken;
  4. A list of people to contact, including names, addresses, and telephone numbers if an imminent and substantial endangerment to public health or the environment arises; and
  5. A general description of the procedures, personnel, and equipment proposed to mitigate unauthorized discharges.
- E.** A permittee may amend a contingency plan required by the Federal Water Pollution Control Act (P.L. 92-500; 86 Stat. 816; 33 U.S.C. 1251, et seq., as amended), or the Resource Conservation and Recovery Act of 1976 (P.L. 94-580; 90 Stat. 2796; 42 U.S.C. 6901 et seq., as amended), to meet the requirements of this Section and submit it to the Department for approval instead of a separate aquifer protection contingency plan.
- F.** A permittee shall maintain at least one copy of the contingency plan required by the individual permit at the location where day-to-day decisions regarding the operation of the facility are made. A permittee shall advise all employees responsible for the operation of the facility of the location of the contingency plan.
- G.** A permittee shall promptly revise the contingency plan upon any change to the information contained in the plan.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-A205. Alert Levels, Discharge Limitations, and AQLs**
- A.** Alert levels.
1. If the Department prescribes an alert level in an individual permit, the Department shall base the alert level on the site-specific conditions described by the applicant in the application submitted under R18-9-A201(A)(2) or other information available to the Department.
  2. The Department may specify an alert level based on a pollutant that indicates the potential appearance of another pollutant.
  3. The Department may specify the measurement of an alert level at a location appropriate for the discharge activity, considering the physical, chemical, and biological characteristics of the discharge, the particular treatment process, and the site-specific conditions.
- B.** Discharge limitations. If the Department prescribes discharge limitations in an individual permit, the Department shall base the discharge limitations on the considerations described in A.R.S. § 49-243.
- C.** AQLs. The Department may prescribe an AQL in an individual permit to ensure that the facility continues to meet the criteria under A.R.S. § 49-243(B)(2) or (3).
1. If the concentration of a pollutant in the aquifer does not exceed the Aquifer Water Quality Standard, the Department shall set the AQL at the Aquifer Water Quality Standard.
  2. If the concentration of a pollutant in the aquifer exceeds the Aquifer Water Quality Standard, the Department shall set the AQL higher than the Aquifer Water Quality Standard.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-A206. Monitoring Requirements**
- A.** Monitoring.
1. The Department shall determine whether monitoring is required to assure compliance with Aquifer Protection Permit conditions and with the applicable Aquifer Water Quality Standards established under A.R.S. §§ 49-221, 49-223, 49-241 through 49-244, and 49-250 through 49-252.
  2. If monitoring is required, the Director shall specify to the permittee:
    - a. The type and method of monitoring;
    - b. The frequency of monitoring;
    - c. Any requirements for the installation, use, or maintenance of monitoring equipment; and
    - d. The intervals at which the permittee reports the monitoring results to the Department.
- B.** Recordkeeping.
1. A permittee shall make a monitoring record for each sample taken as required by the individual permit consisting of all of the following:

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- a. The date, time, and exact place of a sampling and the name of each individual who performed the sampling;
  - b. The procedures used to collect the sample;
  - c. The date sample analysis was completed;
  - d. The name of each individual or laboratory performing the analysis;
  - e. The analytical techniques or methods used to perform the sampling and analysis;
  - f. The chain of custody records; and
  - g. Any field notes relating to the information described in subsections (B)(1)(a) through (f).
2. A permittee shall make a monitoring record for each measurement made, as required by the individual permit, consisting of all of the following:
    - a. The date, time, and exact place of the measurement and the name of each individual who performed the measurement;
    - b. The procedures used to make the measurement; and
    - c. Any field notes relating to the information described in subsections (B)(2)(a) and (b).
  3. A permittee shall maintain monitoring records for at least 10 years after the date of the sample or measurement, unless the Department specifies a shorter time period in the permit.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-A207. Reporting Requirements**

- A. A permittee shall notify the Department within five days after becoming aware of a violation of a permit condition or that an alert level was exceeded. The permittee shall inform the Department whether the contingency plan described in R18-9-A204 was implemented.
- B. In addition to the requirements in subsection (A), a permittee shall submit a written report to the Department within 30 days after the permittee becomes aware of a violation of a permit condition. The report shall contain:
  1. A description of the violation and its cause;
  2. The period of violation, including exact date and time, if known, and the anticipated time period the violation is expected to continue;
  3. Any action taken or planned to mitigate the effects of the violation or to eliminate or prevent recurrence of the violation;
  4. Any monitoring activity or other information that indicates that a pollutant is expected to cause a violation of an Aquifer Water Quality Standard; and
  5. Any malfunction or failure of a pollution control device or other equipment or process.
- C. A permittee shall notify the Department within five days after the occurrence of any of the following:
  1. The permittee's filing of bankruptcy, or
  2. The entry of any order or judgment not issued by the Director against the permittee for the enforcement of any federal or state environmental protection statute or rule.
- D. The Director shall specify the format for submitting results from monitoring conducted under R18-9-A206.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by

final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-A208. Compliance Schedule**

- A. A permittee shall follow the compliance schedule established in the individual permit.
  1. If a compliance schedule provides that an action is required more than one year after the date of permit issuance, the schedule shall establish interim requirements and dates for their achievement.
  2. If the time necessary for completion of an interim requirement is more than one year and is not readily divisible into stages for completion, the permit shall contain interim dates for submission of reports on progress toward completion of the interim requirements and shall indicate a projected completion date.
  3. Unless otherwise specified in the permit, within 30 days after the applicable date specified in a compliance schedule, a permittee shall submit to the Department a report documenting that the required action was taken within the time specified.
  4. After reviewing the compliance schedule activity the Director may amend the Aquifer Protection Permit, based on changed circumstances relating to the required action.
- B. The Department shall consider all of the following factors when setting the compliance schedule requirements:
  1. The character and impact of the discharge,
  2. The nature of construction or activity required by the permit,
  3. The number of persons affected or potentially affected by the discharge,
  4. The current state of treatment technology, and
  5. The age of the facility.
- C. For a new facility, the Department shall not defer to a compliance schedule any requirement necessary to satisfy the criteria under A.R.S. § 49-243(B).

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-A209. Temporary Cessation, Closure, Post-closure**

- A. Temporary cessation.
  1. A permittee shall notify the Department before a cessation of operations at the facility of at least 60 days duration.
  2. The permittee shall implement any condition specified in the individual permit for the temporary cessation.
  3. If the permit does not specify any temporary cessation condition, the permittee shall, prior to implementation, submit the proposed temporary cessation plan for Department approval.
- B. Closure.
  1. Before providing notice under subsection (B)(2), a person may request that the Director review a site investigation plan for a facility under subsection (B)(3)(a) or the results of a site investigation at a facility to determine compliance with this subsection and A.R.S. § 49-252.
  2. A person shall notify the Department of the person's intent to cease operations without resuming an activity for which the facility was designed or operated.
  3. The person shall submit a closure plan for Director approval within 90 days following the notification of intent to cease operations with the applicable fee estab-

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lished in 18 A.A.C. 14. A complete closure plan shall include:

- a. A site investigation plan that includes a summary of relevant site studies already conducted and a proposed scope of work for any additional site investigation necessary to identify:
    - i. The lateral and vertical extent of contamination in soils and groundwater, using applicable standards;
    - ii. The approximate quantity and chemical, biological, and physical characteristics of each waste, contaminated water, or contaminated soil proposed for removal from the facility;
    - iii. The approximate quantity and chemical, biological, and physical characteristics of each waste, contaminated water, or contaminated soil that will remain at the facility; and
    - iv. Information regarding site conditions related to pollutant fate and transport that may influence the scope of sampling necessary to characterize the site for closure;
  - b. A summary describing the results of a site investigation and any other information used to identify:
    - i. The lateral and vertical extent of soil and groundwater contamination, using applicable standards, and the analytical results that support the determination;
    - ii. The approximate quantity and chemical, biological, and physical characteristics of each material scheduled for removal;
    - iii. The destination of the materials and documentation that the destination is approved to accept the materials;
    - iv. The approximate quantity and chemical, biological, and physical characteristics of each material that remains at the facility; and
    - v. Any other relevant information the Department determines is necessary;
  - c. A closure design that identifies:
    - i. The method used, if any, to treat any material remaining at the facility;
    - ii. The method used to control the discharge of pollutants from the facility;
    - iii. Any limitation on future land or water uses created as a result of the facility's operations or closure activities and a Declaration of Environmental Use Restriction according to A.R.S. § 49-152, if necessary; and
    - iv. The methods used to secure the facility;
  - d. An estimate of the cost of closure;
  - e. A schedule for implementation of the closure plan and submission of a post-closure plan if clean closure is not achieved; and
  - f. For an implemented closure plan, a summary report of the results of site investigation performed during closure activities, including confirmation and verification sampling.
4. Within 60 days of receipt of a complete closure plan, the Department shall determine whether the closure plan achieves clean closure.
- a. If the implemented complete closure plan achieves clean closure, the Director shall:
    - i. If the facility is not covered by an Aquifer Protection Permit, send the person a letter of approval; or
    - ii. If the facility is covered by an Aquifer Protection Permit, send the person a Permit Release Notice issued under subsection (C)(2)(c).
  - b. If the implemented complete closure plan did not achieve clean closure, the person shall submit a post-closure plan under subsection (C) and the following documents within 90 days from the date on the Department's notice or as specified under A.R.S. § 49-252(E):
    - i. An application for an individual permit, or
    - ii. A request to amend a current individual permit to address closure activities and post-closure monitoring and maintenance at the facility.
- C. Post-closure. A person shall describe post-closure monitoring and maintenance activities in an application for a permit or an amendment to an individual permit and submit it to the Department for approval.
1. The application shall include:
    - a. The duration of post-closure care;
    - b. The monitoring procedures proposed by the permittee, including monitoring frequency, type, and location;
    - c. A description of the operating and maintenance procedures proposed for maintaining aquifer quality protection devices, such as liners, treatment systems, pump-back systems, surface water and stormwater management systems, and monitoring wells;
    - d. A schedule and description of physical inspections proposed at the facility following closure;
    - e. An estimate of the cost of post-closure maintenance and monitoring;
    - f. A description of limitations on future land or water uses, or both, at the facility site as a result of facility operations; and
    - g. The applicable fee established in 18 A.A.C. 14.
  2. The Director shall include the post-closure plan submitted under subsection (C)(1) in the individual permit or permit amendment.
    - a. The permittee shall provide the Department written notice that a closure plan or a post-closure plan was fully implemented within 30 calendar days of implementation of the plan. The notice shall include a summary report confirming the closure design and describing the results of sampling performed during closure activities and post-closure activities, if any, to demonstrate the level of cleanup achieved.
    - b. The Director may, upon receipt of the notice, inspect the facility to ensure that the closure plan has been fully implemented.
    - c. The Director shall issue a Permit Release Notice if the permittee satisfies all closure and post-closure requirements.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-A210. Temporary Individual Permit**

- A. A person may apply for a temporary individual permit for either of the following:

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1. A pilot project to develop data for an Aquifer Protection Permit application for the full-scale project, or
2. A facility with a discharge lasting no more than six months.
- B.** The applicant shall submit a preliminary application containing the information required in R18-9-A201(B)(1).
- C.** The Department shall, based on the preliminary application and in consultation with the applicant, determine and provide the applicant notice of any additional information in R18-9-A201(B) that is necessary to complete the application.
- D.** Public participation.
  1. If the Director issues a temporary individual permit, the Director shall postpone the public participation requirements under R18-9-109.
  2. The Director shall not postpone notification of the opportunity for public participation for more than 30 days from the date on the temporary individual permit.
  3. The Director may amend or revoke the temporary individual permit after consideration of public comments.
  4. The Director shall not issue a public notice or hold a public hearing if a temporary individual permit is renewed without change.
  5. The Director shall follow the public participation requirements under R18-9-109 when making a significant amendment to a temporary individual permit.
- E.** A temporary individual permit expires after one year unless it is renewed. The Director may renew a temporary individual permit no more than one time.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-A211. Permit Amendments**

- A.** The Director may amend an individual permit based upon a request or upon the Director's initiative.
  1. A permittee shall submit a request for permit amendment in writing on a form provided by the Department with the applicable fee established in 18 A.A.C. 14, explaining the facts and reasons justifying the request.
  2. The Department shall process amendment requests following the licensing time-frames established under 18 A.A.C. 1, Article 5, Table 10.
  3. An amended permit supersedes the previous permit upon the effective date of the amendment.
- B.** Significant permit amendment. The Director shall make a significant amendment to an individual permit if:
  1. Part or all of an existing facility becomes a new facility under A.R.S. § 49-201;
  2. A physical change in a permitted facility or a change in its method of operation results in:
    - a. An increase of 10 percent or more in the permitted volume of pollutants discharged, except a sewage treatment facility;
    - b. An increase in design flow of a sewage treatment facility as follows:

Permitted Design Flow	Increase in Design Flow
500,000 gallons per day or less	10%
Greater than 500,000 gallons per day but less than or equal to five million gallons per day	6%

- Greater than five million gallons per day but less than or equal to 50 million gallons per day 4%
- Greater than 50 million gallons per day 2%
- c.** Discharge of an additional pollutant not allowed by a facility's original individual permit. The Director may consider the addition of a pollutant with a chemical composition substantially similar to a pollutant the permit currently allows by making an "other" amendment to the individual permit as prescribed in subsection (D);
- d.** For any pollutant not addressed in a facility's individual permit, any increase that brings the level of the pollutant to within 80 percent or more of a numeric Aquifer Water Quality Standard at the point of compliance; or
- e.** An increase in the concentration in the discharge of a pollutant listed under A.R.S. § 49-243(I);
3. Based upon available information, the facility can no longer demonstrate that its discharge will comply with A.R.S. § 49-243(B)(2) or (3);
4. The permittee requests and the Department agrees to less stringent monitoring that reduces the frequency in monitoring or reporting or reduces the number of pollutants monitored, and the permittee demonstrates that the changes will not affect the permittee's ability to remain in compliance with Articles 1 and 2 of this Chapter;
5. It is necessary to change the designation of a point of compliance;
6. It is necessary to update BADCT for a facility that was issued an individual permit and was not constructed within five years of permit issuance;
7. The permittee requests and the Department agrees to less stringent discharge limitations when the permittee demonstrates that the changes will not affect the permittee's ability to remain in compliance with Articles 1 and 2 of this Chapter;
8. It is necessary to make an addition to or a substantial change in closure requirements or to provide for post-closure maintenance and monitoring; or
9. Material and substantial alterations or additions to a permitted facility, including a change in disposal method, justify a change in permit conditions.
- C.** Minor permit amendment. The Director shall make a minor amendment to an individual permit to:
  1. Correct a typographical error;
  2. Change nontechnical administrative information, excluding a permit transfer;
  3. Correct minor technical errors, such as errors in calculation, locational information, citations of law, and citations of construction specifications;
  4. Increase the frequency of monitoring or reporting, or to revise a laboratory method;
  5. Make a discharge limitation more stringent;
  6. Make a change in a recordkeeping retention requirement; or
  7. Insert calculated alert levels, AQLs, or other permit limits into a permit based on monitoring subsequent to permit issuance, if a requirement to establish the levels or limits and the method for calculation of the levels or limits was established in the original permit.
- D.** "Other" permit amendment.

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1. The Director may make an "other" amendment to an individual permit if the amendment is not a significant or minor permit amendment prescribed in this Section, based on an evaluation of the information relevant to the amendment.
2. Examples of an "other" amendment to an individual permit include:
  - a. A change in a construction requirement, treatment method, or operational practice, if the alteration complies with the requirements of Articles 1 and 2 of this Chapter and provides equal or better performance;
  - b. A change in an interim or final compliance date in a compliance schedule, if the Director determines just cause exists for changing the date;
  - c. A change in the permittee's financial assurance mechanism under R18-9-A203(C);
  - d. A permit transfer under R18-9-A212;
  - e. The replacement of monitoring equipment, including a well, if the replacement results in equal or greater monitoring effectiveness;
  - f. Any increase in the volume of pollutants discharged that is less than that described in subsection (B)(2)(a) or (b);
  - g. An adjustment of the permit to conform to rule or statutory provisions;
  - h. A calculation of an alert level, AQL, or other permit limit based on monitoring subsequent to permit issuance;
  - i. An addition of a point of compliance monitor well;
  - j. A combination of two or more permits at the same site as specified under R18-9-107;
  - k. An adjustment or incorporation of monitoring requirements to ensure Reclaimed Water Quality Standards developed under 18 A.A.C. 11, Article 3 are met; or
  - l. A change in a contingency plan resulting in equal or more efficient responsiveness.
- E. The public notice and public participation requirements of R18-9-108 and R18-9-109 apply to a significant amendment. The public notice requirements apply to an "other" amendment. A minor amendment does not require a public notice or public participation.
- F. The Director shall not amend or reissue a permit to allow use of a discharge control technology that provides a lesser degree of pollutant discharge reduction than the BADCT established in the individual Aquifer Protection Permit previously issued for a facility, unless:
  1. The industrial classification of the facility has changed so that a new assessment of BADCT is appropriate,
  2. The pollutant load has decreased or the pollutant composition has changed significantly to warrant a new assessment of the BADCT,
  3. The Director approves a corrective or contingency action that necessitates a change in the treatment technology, or
  4. The approved discharge control technology is not operating properly due to circumstances beyond the control of the owner or operator.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November

12, 2005 (05-3).

**R18-9-A212. Permit Transfer**

- A. The person subject to the continuance requirements under R18-9-105(A)(1), (2), or (3) shall notify the Department by certified mail within 15 days following a change of ownership. The notice shall include:
  1. The name of the person transferring the facility;
  2. The name of the new owner or operator;
  3. The name and location of the facility;
  4. The written agreement between the person transferring the facility and the new owner or operator indicating a specific date for transfer of all permit responsibility, coverage, and liability;
  5. A signed declaration by the new owner or operator that the new owner or operator has reviewed the permit and agrees to the terms of the permit, including fee obligations under A.R.S. § 49-242; and
  6. The applicable fee established in 18 A.A.C. 14.
- B. A permittee may request that the Department transfer an individual permit to a new owner or operator.
  1. The new owner or operator shall:
    - a. Notify the Department by certified mail within 15 days after the change of ownership and include a written agreement between the previous and new owner indicating a specific date for transfer of all permit responsibility, coverage, and liability;
    - b. Submit the applicable fee established in 18 A.A.C. 14;
    - c. Demonstrate the technical and financial capability necessary to fully carry out the terms of the permit according to R18-9-A202 and R18-9-A203;
    - d. Submit a signed statement that the new owner or operator has reviewed the permit and agrees to the terms of the permit; and
    - e. Provide the Department with a copy of the Certificate of Disclosure if required by A.R.S. § 49-109.
  2. If the Director amends the individual permit for the transfer, the new permittee is responsible for all conditions of the permit.
- C. A permittee shall comply with all permit conditions until the Director transfers the permit, regardless of whether the permittee has sold or disposed of the facility.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-A213. Permit Suspension, Revocation, Denial, or Termination**

- A. The Director may, after notice and opportunity for hearing, suspend or revoke an individual permit or a continuance under R18-9-105(A)(1), (2), or (3) for any of the following:
  1. A permittee failed to comply with any applicable provision of A.R.S. Title 49, Chapter 2, Article 3; Articles 1 and 2 of this Chapter; or any permit condition;
  2. A permittee misrepresented or omitted a fact, information, or data related to an Aquifer Protection Permit application or permit condition;
  3. The Director determines that a permitted activity is causing or will cause a violation of an Aquifer Water Quality Standard at a point of compliance;



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4. A permitted discharge is causing or will cause imminent and substantial endangerment to public health or the environment;
  5. A permittee failed to maintain the financial capability under R18-9-A203(B); or
  6. A permittee failed to construct a facility within five years of permit issuance and:
    - a. It is necessary to update BADCT for the facility, and
    - b. The Department has not issued an amended permit under R18-9-A211(B)(6).
- B.** The Director may deny an individual permit if the Director determines upon completion of the application process that the applicant has:
1. Failed or refused to correct a deficiency in the permit application;
  2. Failed to demonstrate that the facility and the operation will comply with the requirements of A.R.S. §§ 49-241 through 49-252 and Articles 1 and 2 of this Chapter. The Director shall base this determination on:
    - a. The information submitted in the Aquifer Protection Permit application,
    - b. Any information submitted to the Department following a public hearing, or
    - c. Any relevant information that is developed or acquired by the Department; or
  3. Provided false or misleading information.
- C.** The Director shall terminate an individual permit if each facility covered under the individual permit:
1. Has closed and the Director issued a Permit Release Notice under R18-9-A209(C)(2)(c) or A209(B)(4)(a)(ii) for the closed facility, or
  2. Is covered under another Aquifer Protection Permit.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).
- R18-9-A214. Requested Coverage Under a General Permit**
- A.** If a person who applied for or was issued an individual permit qualifies to operate a facility under a general permit established in Article 3 of this Chapter, the person may request that the individual permit be terminated and replaced by the general permit. The person shall submit the Notice of Intent to Discharge under R18-9-A301(B) with the appropriate fee established in 18 A.A.C. 14.
- B.** The individual permit is valid and enforceable with respect to a discharge from each facility until the Director determines that the discharge from each facility is covered under a general permit.
- C.** The owner or operator operating under a general permit shall comply with all applicable general permit requirements in Article 3 of this Chapter.
- Historical Note**
- New Section made by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-A215. New or Adjusted Aquifer Water Quality Standards**
- A.** Permit Amendment Schedule. Upon the effective date of a new or adjusted AWQS, the Director shall develop a schedule to amend issued individual permits to reflect the new or adjusted AWQS pursuant to R18-9-A211.
- B.** Permit Amendment Requirement. Persons holding issued individual permits as of the effective date of a new or adjusted AWQS shall submit an administratively complete application to amend their permit to reflect a new or adjusted AWQS in accordance with the amendment schedule described in subsection (A).
1. Notwithstanding the amendment schedule described in subsection (A) above, administratively complete applications shall be submitted to the Department no later than four years after a new or adjusted AWQS effective date.
  2. The requirement to submit an application to amend in subsection (B) is not applicable for pollutants with a new or adjusted AWQS that are within the scope of a demonstration submitted pursuant to subsection (H).
- C.** Baseline Monitoring. Persons with issued individual permits as of a new or adjusted AWQS effective date shall begin Baseline Monitoring, pursuant to subsection (E) below, for a new or adjusted AWQS within three months, unless:
1. The permit has no ongoing monitoring requirements,
  2. The permittee has not begun ongoing monitoring,
  3. The permittee has submitted a request for an alternative timeframe, duration or frequency pursuant to subsection (D) below, or
  4. The permittee has submitted a demonstration pursuant to subsection (H).
  5. For the purposes of this subsection, “ongoing monitoring” means permit-required monitoring at groundwater point of compliance, discharge or other monitoring locations subject to alert levels, discharge limitations or AQLs based on AWQSs pursuant to R18-9-A205.
- D.** Alternative Baseline Monitoring Timeframe, Duration and/or Frequency. Permittees subject to Baseline Monitoring may submit a request to conduct Baseline Monitoring under an alternative timeframe, monitoring duration and/or sampling frequency within three months of a new or adjusted AWQS effective date with reasonable cause for the request included therein.
- E.** Baseline Monitoring Requirements.
1. Baseline Monitoring shall occur at permit-required groundwater point of compliance, discharge or other monitoring locations subject to alert levels, discharge limitations or AQLs based on AWQSs pursuant to R18-9-A205.
  2. Subsection R18-9-A206(B) applies to Baseline Monitoring.
  3. Permittees that have collected relevant samples prior to the Baseline Monitoring period at permit-required groundwater point of compliance, discharge or other monitoring locations subject to alert levels, discharge limitations or AQLs based on AWQSs pursuant to R18-9-A205, may use that data to develop the Baseline Monitoring Report. Previously collected data may be used to shorten or eliminate a Baseline Monitoring period if all data components:
    - a. Are sampled pursuant to subsection (E)(4) below,
    - b. Are analyzed using industry standard quality assurance and quality control procedures,
    - c. Collectively, are representative of a complete data set per the applicable requirements of Baseline Monitoring, and
    - d. Collectively, meet other applicable requirements of Baseline Monitoring.

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4. Sampling for each pollutant with a new or adjusted AWQS shall be conducted using Arizona Department of Health Services-approved (ADHS) methods under A.A.C. R9-14-610, including methods on the ADHS Director Approved List, if available. If an ADHS-approved method does not exist, sampling shall be conducted using an appropriate EPA-approved method or a method specified by the ADEQ Director.
  5. Groundwater Monitoring. Permittees that are required to monitor groundwater shall conduct Baseline Monitoring for a new or adjusted AWQS at the point of compliance monitoring location or locations for eight quarters unless an alternative timeframe, duration or frequency is approved by the Department pursuant to subsection (D) above. The Director may lengthen the monitoring period if one or more of the following events occur:
    - a. A deviation from an operational practice or design authorized in the permit;
    - b. An exceedance of any discharge limitation;
    - c. An exceedance of a new or adjusted AWQS;
    - d. A significant trend in the monitoring data; or
    - e. Any other significant issue that affects the representativeness of Baseline Monitoring.
  6. Discharge Monitoring. Permittees that are required to monitor discharge or water quality shall conduct Baseline Monitoring for a new or adjusted AWQS at the discharge monitoring location or locations on a monthly frequency for one year unless an alternative timeframe, duration or frequency is approved by the Department pursuant to subsection (D) above. If a permittee conducting Discharge Baseline Monitoring collects a sample that is at or above a new or adjusted AWQS, the permittee shall notify ADEQ within five days of becoming aware. The Director may lengthen the monitoring period if one or more of the following events occur:
    - a. A deviation from an operational practice or design authorized in the permit;
    - b. An exceedance of any discharge limitation;
    - c. An exceedance of a new or adjusted AWQS;
    - d. A significant trend in the monitoring data; or
    - e. Any other significant issue that affects the representativeness of Baseline Monitoring.
- F. Baseline Monitoring Report.**
1. At the conclusion of Baseline Monitoring, or upon the compilation of a complete and representative data set pursuant to subsection (E)(3) above, permittees shall develop a Baseline Monitoring Report within three months of receipt of the last sample result.
  2. Permittees subject to both Groundwater and Discharge Baseline Monitoring may develop a combined, comprehensive Baseline Monitoring Report within three months of receipt of the last sample result.
  3. The report shall characterize the discharge and/or groundwater quality at the permit-required monitoring locations pursuant to subsections (C) and (E) of this Section.
  4. The report shall include:
    - a. The sampling results of discharge and/or groundwater monitoring for a pollutant with a new or adjusted AWQS,
    - b. A demonstration of the baseline concentration of a new or adjusted AWQS at permit-required groundwater point of compliance, discharge or other monitoring locations subject to alert levels, discharge limitations or AQLs based on AWQs pursuant to R18-9-A205,
    - c. Laboratory data from the entire Baseline Monitoring period, and
    - d. An Alert Level, Discharge Limitation and/or AQL proposal in accordance with R18-9-A205, as applicable, for each pollutant with a new or adjusted AWQS.
5. A permittee may include additional information in a Baseline Monitoring Report.
6. The permittee shall submit the monitoring data in a manner prescribed by the Director.
7. After review by the Department, additional information may be required.
- G. Report Review and Permit Amendment.** After the conclusion of Baseline Monitoring, a permittee shall submit an administratively complete application to amend their permit to reflect a new or adjusted AWQS in accordance with the amendment schedule described in subsection (A). The Baseline Monitoring Report shall be a component of the amendment application. Upon receipt, the Department shall review, process and determine whether a new or adjusted Alert Level, Discharge Limitation and/or AQL is required for a new or adjusted AWQS in accordance with R18-9-A205. Thereafter, the Department may incorporate, through a permit amendment, a new or adjusted Alert Level, Discharge Limitation and/or AQL for a new or adjusted AWQS in accordance with R18-9-A205.
- H. Unlikely to be Present in Discharge Demonstration.** A pollutant with a new or adjusted AWQS shall be removed from the scope of Baseline Monitoring upon a demonstration that the pollutant is not likely to be present in a facility's discharge. The Department may require a permittee to begin Baseline Monitoring for a pollutant with a new or adjusted AWQS after review of the demonstration if the Department has a reasonable basis to believe the pollutant is, or is likely to be, present in the facility's discharge. Demonstrations may include, but are not limited to:
1. A characterization of the facility's discharge in relation to the pollutant with a new or adjusted AWQS;
  2. Past monitoring and sampling data at the facility and the facility's site; or
  3. Process or other information demonstrating that the pollutant is not used or generated at the site or is otherwise not likely to be present in discharges at the site.
- I. Permits Without Monitoring.** The Department may require persons with issued individual permits as of the effective date of a new or adjusted AWQS without ongoing monitoring to reasonably characterize their discharge and/or groundwater quality in relation to a pollutant with a new or adjusted AWQS within a reasonable amount of time if the Department has a reasonable basis to believe a pollutant with a new or adjusted AWQS is, or is likely to be, present in the facility's discharge.
1. For the purposes of this subsection, "ongoing monitoring" means permit-required monitoring at groundwater point of compliance, discharge or other monitoring locations subject to alert levels, discharge limitations or AQLs based on AWQs pursuant to R18-9-A205.
  2. A requirement to reasonably characterize discharge and/or groundwater quality in relation to a pollutant with a new or adjusted AWQS does not apply upon the submission of a demonstration pursuant to subsection (H). The Department may require a permittee to reasonably characterize their discharge and/or groundwater quality in relation to a pollutant with a new or adjusted AWQS if, after review of a subsection (H) demonstration, the

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Department has a reasonable basis to believe the pollutant is, or is likely to be, present in the facility's discharge.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 2167 (July 4, 2025), effective August 4, 2025 (Supp. 25-2).

**PART B. BADCT FOR SEWAGE TREATMENT FACILITIES****R18-9-B201. General Considerations and Prohibitions**

- A.** Applicability. The requirements in this Article apply to all sewage treatment facilities, including expansions of existing sewage treatment facilities, that treat wastewater containing sewage, unless the discharge is authorized by a general permit under Article 3 of this Chapter.
- B.** The Director may specify alert levels, discharge limitations, design specifications, and operation and maintenance requirements in the permit that are based upon information provided by the applicant and that meet the requirements under A.R.S. § 49-243(B)(1).
- C.** The permittee shall ensure that a sewage treatment facility is operated by a person certified under 18 A.A.C. 5, Article 1, for the grade of the facility.
- D.** Operation and maintenance.
  1. The owner or operator shall maintain, at the sewage treatment facility, an operation and maintenance manual for the facility and shall update the manual as needed.
  2. The owner or operator shall use the operation and maintenance manual to guide facility operations to ensure compliance with the terms of the Aquifer Protection Permit and to prevent any environmental nuisance described under A.R.S. § 49-141(A).
  3. The Director may specify adherence to any operation or maintenance requirement as an Aquifer Protection Permit condition to ensure that the terms of the Aquifer Protection Permit are met.
  4. The owner or operator shall make the operation and maintenance manual available to the Department upon request.
- E.** A person shall not create or maintain a connection between any part of a sewage treatment facility and a potable water supply so that sewage or wastewater contaminates a potable or public water supply. A person may only create and maintain a connection between sewage treatment facilities, advanced water treatment facilities, and a potable water supply under an Advanced Water Purification permit issued pursuant to Article 8 of this Chapter.
- F.** A person shall not bypass or release sewage or partially treated sewage that has not completed the treatment process from a sewage treatment facility.
- G.** Reclaimed water dispensed to a direct reuse site from a sewage treatment facility is regulated under Reclaimed Water Quality Standards in 18 A.A.C. 11, Article 3.
- H.** The preparation, transport, or land application of any biosolids generated by a sewage treatment facility is regulated under 18 A.A.C. 9, Article 10.
- I.** The owner or operator of a sewage treatment facility that is a new facility or undergoing a major modification shall provide setbacks established in the following table. Setbacks are measured from the noise or odor-producing treatment and disposal components within the sewage treatment facility to the nearest property line of an adjacent dwelling, workplace, or private property. If an owner or operator cannot meet a setback for a facility undergoing a major modification that incorporates full noise, odor, and aesthetic controls, the owner or operator shall

not further encroach into setback distances existing before the major modification except as allowed in subsection (I)(2).

Sewage Treatment Facility Design Flow (gallons per day)	Minimum Setback Distance (feet)	
	No Noise, Odor, or Aesthetic Controls	Full Noise, Odor, and Aesthetic Controls
3000 to less than 24,000	250	25
24,000 to less than 100,000	350	50
100,000 to less than 500,000	500	100
500,000 to less than 1,000,000	750	250
1,000,000 or greater	1000	350

1. Full noise, odor, and aesthetic controls means that:
  - a. Noise due to the sewage treatment facility does not exceed 50 decibels at the facility property boundary on the A network of a sound level meter or a level established in a local noise ordinance,
  - b. All odor-producing components of the sewage treatment facility are fully enclosed,
  - c. Odor scrubbers or other odor-control devices are installed on all vents, and
  - d. Fencing aesthetically matched to the area surrounding the facility.
2. The owner or operator of a sewage treatment facility undergoing a major modification may decrease setbacks if:
  - a. Allowed by local ordinance; or
  - b. Setback waivers are obtained from affected property owners in which the property owner acknowledges awareness of the established setbacks, basic design of the sewage treatment facility, and the potential for noise and odor.
- J.** The owner or operator of a sewage treatment facility shall not operate the facility so that it emits an offensive odor on a persistent basis beyond the setback distances specified in subsection (I).

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-9-B202. Design Report**

- A.** A person applying for an individual permit shall submit a design report signed, dated, and sealed by an Arizona-registered professional engineer. The design report shall include the following information:
  1. Wastewater characterization, including quantity, quality, seasonality, and impact of increased flows as the facility reaches design flow;
  2. The proposed method of disposal, including solids management;
  3. A description of the treatment unit processes and containment structures, including diagrams and calculations that demonstrate that the design meets BADCT requirements and will achieve treatment levels specified in R18-9-B204 through R18-9-B206, as applicable, for all flow conditions indicated in subsection (A)(9). If soil aquifer treatment or other aspects of site conditions are used to meet BADCT requirements, the applicant shall document

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performance of the site in the design report or the hydro-geologic report;

4. A description of planned normal operation;
  5. A description of key maintenance activities and a description of contingency and emergency operation for the facility;
  6. A description of construction management controls;
  7. A description of the facility startup plan, including pre-operational testing, expected treated wastewater characteristics and monitoring requirements during startup, expected time-frame for meeting performance requirements specified in R18-9-B204, and any other special startup condition that may merit consideration in the individual permit;
  8. A site diagram depicting compliance with the setback requirements established in R18-9-B201(I) for the facility at design flow, and for each phase if the applicant proposes expansion of the facility in phases;
  9. The following flow information in gallons per day for the proposed sewage treatment facility. If the application proposes expansion of the facility in phases, the following flow information for each phase:
    - a. The design flow of the sewage treatment facility. The design flow is the average daily flow over a calendar year calculated as the sum of all influent flows to the facility based on Table 1, Unit Design Flows, unless a different basis for determining influent flows is approved by the Department;
    - b. The maximum day. The maximum day is the greatest daily total flow that occurs over a 24-hour period within an annual cycle of flow variations;
    - c. The maximum month. The maximum month is the average daily flow of the month with the greatest total flow within the annual cycle of flow variations;
    - d. The peak hour. The peak hour is the greatest total flow during one hour, expressed in gallons per day, within the annual cycle of flow variations;
    - e. The minimum day. The minimum day is the least daily total flow that occurs over a 24-hour period within the annual cycle of flow variations;
    - f. The minimum month. The minimum month is the average daily flow of the month with the least total flow within the annual cycle of flow variations; and
    - g. The minimum hour. The minimum hour is the least total flow during one hour, expressed in gallons per day, within the annual cycle of flow variations; and
  10. Specifications for pipe, standby power source, and water and sewer line separation.
- B.** The Department may inspect an applicant's facility without notice to ensure that construction conforms to the design report.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-B203. Engineering Plans and Specifications**

- A.** A person applying for an individual permit for a sewage treatment facility with a design flow under one million gallons per day, shall submit engineering plans and specifications to the Department. The Director may waive this requirement if the Director previously approved engineering plans and specifications submitted by the same owner or operator for a sewage

treatment facility with a design flow of more than one million gallons per day.

- B.** A person applying for an individual permit for a sewage treatment facility with a design flow of one million gallons per day or greater shall submit engineering plans and specifications if, upon review of the design report required in R18-9-B202, the Department finds that:
1. The design report fails to provide sufficient detail to determine adequacy of the proposed sewage treatment facility design;
  2. The described design is innovative and does not reflect treatment technologies generally accepted within the industry;
  3. The Department's calculations of removal efficiencies based on the design report show that the treatment facility cannot achieve treatment performance requirements;
  4. The design report does not demonstrate:
    - a. Protection from physical damage due to a 100-year flood,
    - b. Ability to continuously operate during a 25-year flood, or
    - c. Provision for a standby power source;
  5. The design report shows inconsistency in sizing or compatibility between two or more unit process components of the sewage treatment facility;
  6. The designer of the facility has:
    - a. Designed a sewage treatment facility of at least a similar size on less than three previous occasions,
    - b. Designed a sewage treatment facility that has been the subject of a Director enforcement action due to the facility design, or
    - c. Been found by the Board of Technical Registration to have violated a provision in A.R.S. Title 32, Chapter 1;
  7. The permittee seeks to expand its sewage treatment facility and the Department believes that the facility will require upgrades to the design not described and evaluated in the design report to meet the treatment performance requirements; or
  8. The construction does not conform to the design report if the sewage treatment facility has already been constructed.
- C.** The Department shall review engineering plans and specifications upon request by an applicant seeking a permit for a sewage treatment facility, regardless of its flow.
- D.** The Department may inspect an applicant's facility without notice to ensure that construction generally conforms to engineering plans and specifications, as applicable.
- E.** Before discharging under a permit, the permittee shall submit an Engineer's Certificate of Completion signed, dated, and sealed by an Arizona-registered professional engineer in a format approved by the Department, that confirms that the facility is constructed according to the Department-approved design report or plans and specifications, as applicable.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-B204. Treatment Performance Requirements for a New Facility**

- A.** Definition. "Week" means a seven-day period starting on Sunday and ending on the following Saturday.

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- B.** An owner or operator of a new sewage treatment facility shall ensure that the facility meets the following performance requirements upon release of the treated wastewater at the outfall:
1. Secondary treatment levels.
    - a. Five-day biochemical oxygen demand (BOD<sub>5</sub>) less than 30 mg/l (30-day average) and 45 mg/l (seven-day average), or carbonaceous biochemical oxygen demand (CBOD<sub>5</sub>) less than 25 mg/l (30-day average) or 40 mg/l (seven-day average);
    - b. Total suspended solids (TSS) less than 30 mg/l (30-day average) and 45 mg/l (seven-day average);
    - c. pH maintained between 6.0 and 9.0 standard units; and
    - d. A removal efficiency of 85 percent for BOD<sub>5</sub>, CBOD<sub>5</sub>, and TSS;
  2. Secondary treatment by waste stabilization ponds is not considered BADCT unless an applicant demonstrates to the Department that site-specific hydrologic and geologic characteristics and other environmental factors are sufficient to justify secondary treatment by waste stabilization ponds;
  3. Total nitrogen in the treated wastewater is less than 10 mg/l (five-month rolling geometric mean). If an applicant demonstrates, using appropriate monitoring that soil aquifer treatment will produce a total nitrogen concentration less than 10 mg/l in wastewater that percolates to groundwater, the Department may approve soil aquifer treatment for removal of total nitrogen as an alternative to meeting the performance requirement of 10 mg/l at the outfall;
  4. Pathogen removal.
    - a. For a sewage treatment facility with a design flow of less than 250,000 gallons per day at a site where the depth to the seasonally high groundwater table is greater than 20 feet and there is no karstic or fractured bedrock at the surface:
      - i. The concentration of fecal coliform organisms in four of the wastewater samples collected during the week is less than 200 cfu/100 ml or the concentration of *E. coli* bacteria in four of the wastewater samples collected during the week is less than 126 cfu/100 ml, based on a sampling frequency of seven daily samples per week;
      - ii. The single sample maximum concentration of fecal coliform organisms in a wastewater sample is not greater than 800 cfu/100 ml or the single sample maximum concentration of *E. coli* bacteria in a wastewater sample is not greater than 504 cfu/100 ml; and
      - iii. An owner or operator of a facility may request a reduction in the monitoring frequency required in subsection (B)(4)(a)(i) if equipment is installed to continuously monitor an alternative indicator parameter and the owner or operator demonstrates that the continuous monitoring will ensure reliable production of wastewater that meets the numeric concentration levels in subsections (B)(4)(a)(i) and (ii) at the discharge point;
    - b. For any other sewage treatment facility:
      - i. No fecal coliform organisms or no *E. coli* bacteria are detected in four of the wastewater samples collected during the week, based on a sampling frequency of seven daily samples per week;
      - ii. The single sample maximum concentration of fecal coliform organisms in a wastewater sample is not greater than 23 cfu/100 ml or the single sample maximum concentration of *E. coli* is not greater than 15 cfu/100 ml;
      - iii. An owner or operator may request a reduction in the monitoring frequency required in subsection (B)(4)(b)(i) if equipment is installed to continuously monitor an alternative indicator parameter and the owner or operator demonstrates that the continuous monitoring will ensure reliable production of wastewater that meets the numeric concentration levels in subsections (B)(4)(b)(i) or (ii) at the discharge point;
  5. Unless governed by A.R.S. § 49-243(I), the performance requirement for each constituent regulated under R18-11-406(B) through (E) is the numeric Aquifer Water Quality Standard;
  6. The performance requirement for a constituent regulated under A.R.S. § 49-243(I) is removal to the greatest extent practical regardless of cost.
    - a. An operator shall minimize trihalomethane compounds generated as disinfection byproducts using chlorination, dechlorination, ultraviolet, or ozone as the disinfection system or using a technology demonstrated to have equivalent or better performance for removing or preventing trihalomethane compounds.
    - b. For other pollutants regulated by A.R.S. § 49-243(I), an operator shall use one of the following methods to achieve industrial pretreatment:
      - i. Regulate industrial sources of influent to the sewage treatment facility by setting limits on pollutant concentrations, monitoring for pollutants, and enforcing the limits to reduce, eliminate, or alter the nature of a pollutant before release into a sewage collection system;
      - ii. Meet the pretreatment requirements of A.R.S. § 49-255.02; or
      - iii. For sewage treatment facilities without significant industrial input, conduct periodic monitoring to detect industrial discharge; and
  7. A maximum seepage rate less than 550 gallons per day per acre for all containment structures within the treatment works. A sewage treatment facility that consists solely of containment structures with no other form of discharge complies with Article 2 Part

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B by operating below the maximum 550 gallon per day per acre seepage rate.

- C. The Director shall incorporate treated wastewater discharge limitations and associated monitoring specified in this Section into the individual permit to ensure compliance with the BADCT requirements.
- D. An applicant shall formally request in writing and justify an alternative that allows less stringent performance than that established in this Section, based on the criteria specified in A.R.S. § 49-243(B)(1).
- E. If the request specified in subsection (D) involves treatment or disposal works that are a demonstration, experimental, or pilot project, the Director may issue an individual permit that places greater reliance on monitoring to ensure operational capability.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-B205. Treatment Performance Requirements for an Existing Facility**

For a sewage treatment facility that is an existing facility defined in A.R.S. § 49-201(18), the BADCT shall conform with the following:

1. The designer shall identify one or more design improvements that brings the facility closer to or within the treatment performance requirements specified in R18-9-B204, considering the factors listed in A.R.S. § 49-243(B)(1)(a) and (B)(1)(c) through (h);
2. The designer may eliminate from consideration alternatives identified in subsection (1) that are more expensive than the number of gallons of design flow times \$1.00 per gallon; and
3. The designer shall select a design that incorporates one or more of the considered alternatives by giving preference to measures that will provide the greatest improvement toward meeting the treatment performance requirements specified in R18-9-B204.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-9-B206. Treatment Performance Requirements for Expansion of a Facility**

For an expansion of a sewage treatment facility, the BADCT shall conform with the following:

1. New facility BADCT requirements in R18-9-B204 apply to the following expansions:
  - a. An increase in design flow by an amount equal to or greater than the increases specified in R18-9-A211(B)(2)(b); or
  - b. An addition of a physically separate process or major piece of production equipment, building, or structure that causes a separate discharge to the extent that the treatment performance requirements for the pollutants addressed in R18-9-B204 can practicably be achieved by the addition.
2. BADCT requirements for existing facilities established in R18-9-B205 apply to an expansion not covered under subsection (1).

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended to correct a manifest typographical error in subsection (1) (Supp. 01-1). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**ARTICLE 3. AQUIFER PROTECTION PERMITS - GENERAL PERMITS****PART A. GENERAL PROVISIONS****R18-9-A301. Discharging Under a General Permit**

- A. Discharging requirements.
  1. Type 1 General Permit. A person may discharge under a Type 1 General Permit without submitting a Notice of Intent to Discharge if the discharge is authorized by and meets:
    - a. The applicable requirements of Article 3, Part A of this Chapter; and
    - b. The specific terms of the Type 1 General Permit established in Article 3, Part B of this Chapter.
  2. Type 2 General Permit. A person may discharge under a Type 2 General Permit if:
    - a. The discharge is authorized by and meets the applicable requirements of Article 3, Part A of this Chapter and the specific terms of the Type 2 General Permit established in Article 3, Part C of this Chapter;
    - b. The person files a Notice of Intent to Discharge under subsection (B); and
    - c. The person submits the applicable fee established in 18 A.A.C. 14.
  3. Type 3 General Permit. A person may discharge under a Type 3 General Permit if:
    - a. The discharge is authorized by and meets the applicable requirements of Article 3, Part A of this Chapter and the specific terms of the Type 3 General Permit established in Article 3, Part D of this Chapter;
    - b. The person files a Notice of Intent to Discharge under subsection (B);
    - c. The person satisfies any deficiency requests from the Department regarding the administrative completeness review and substantive review and receives a written Discharge Authorization from the Director; and
    - d. The person submits the applicable fee established in 18 A.A.C. 14.
  4. Type 4 General Permit. A person may discharge under a Type 4 General Permit if:
    - a. The discharge is authorized by and meets the applicable requirements of Article 3, Part A of this Chapter and the specific terms of the Type 4 General Permit established in Article 3, Part E of this Chapter;
    - b. The person files a Notice of Intent to Discharge under subsection (B);
    - c. The person satisfies any deficiency requests from the Department regarding the administrative completeness review and substantive review, including any deficiency relating to the construction of the facility;
    - d. The person receives a written Discharge Authorization from the Director before the facility discharges; and

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- e. The person submits the applicable fee established in 18 A.A.C. 14 or according to A.R.S. §§ 49-107 and 49-112.
- B. Notice of Intent to Discharge.**
  - 1. A person seeking a Discharge Authorization under a general permit under subsections (A)(2), (3), or (4) shall submit, by certified mail, in person, or by another method approved by the Department, a Notice of Intent to Discharge on a form provided by the Department.
  - 2. The Notice of Intent to Discharge shall include:
    - a. The name, address, and telephone number of the applicant;
    - b. The name, address, and telephone number of a contact person familiar with the operation of the facility;
    - c. The name, position, address, and telephone number of the owner or operator of the facility who has overall responsibility for compliance with the permit;
    - d. The legal description of the discharge areas, including the latitude and longitude coordinates;
    - e. A narrative description of the facility or project, including expected dates of operation, rate, and volume of discharge;
    - f. The additional requirements, if any, specified in the general permit for which the authorization is being sought;
    - g. A listing of any other federal or state environmental permits issued for or needed by the facility, including any individual permit, Groundwater Quality Protection Permit, or Notice of Disposal that may have previously authorized the discharge; and
    - h. A signature on the Notice of Intent to Discharge certifying that the applicant agrees to comply with all applicable requirements of this Article, including specific terms of the general permit.
  - 3. Receipt of a completed Notice of Intent to Discharge by the Department begins the administrative completeness review for a Type 3 or Type 4 General Permit.
- C. Type 3 General Permit authorization review.**
  - 1. Inspection. The Department may inspect the facility to determine that the applicable terms of the general permit have been met.
  - 2. Discharge Authorization issuance.
    - a. If the Department determines, based on its review and an inspection, if conducted, that the facility conforms to the requirements of the general permit and the applicable requirements of this Article, the Director shall issue a Discharge Authorization.
    - b. The Discharge Authorization authorizes the person to discharge under terms of the general permit and applicable requirements of this Article.
  - 3. Discharge Authorization denial. If the Department determines, based on its review and an inspection, if conducted, that the facility does not conform to the requirements of the general permit or other applicable requirements of this Article, the Director shall notify the person of the decision not to issue the Discharge Authorization and the person shall not discharge under the general permit. The notification shall inform the person of:
    - a. The reason for the denial with reference to the statute or rule on which the denial is based;
    - b. The person's right to appeal the denial, including the number of days the applicant has to file a protest challenging the denial and the name and telephone number of the Department contact person who can answer questions regarding the appeals process; and
    - c. The person's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.
- D. Type 4 General Permit review.**
  - 1. Pre-construction phase and facility construction. A person shall not begin facility construction until the Director issues a Construction Authorization.
    - a. Inspection. The Department may inspect the facility site before construction to determine that the applicable terms of the general permit will be met.
    - b. Review. If the Department determines, based on an inspection or its review of design plans, specifications, or other required documents that the facility does not conform to the requirements of the general permit or other applicable requirements of this Article, the Department shall make a written request for additional information to determine whether the facility will meet the requirements of the general permit.
    - c. Construction Authorization. If the Department determines, based on the review described in subsection (D)(1)(b) and any additional information submitted in response to a written request, that the facility design conforms with the requirements of the general permit and other applicable requirements of this Article, the Director shall issue a Construction Authorization to the person seeking to discharge. A Construction Authorization for an on-site wastewater treatment facility shall contain:
      - i. The design flow of the facility,
      - ii. The characteristics of the wastewater sources contributing to the facility,
      - iii. The general permits that apply, and
      - iv. A list of the documents that are the basis for the authorization.
    - d. Construction Authorization denial. If the Department determines, based on the review described in subsection (D)(1)(b) and any additional information submitted in response to a written request, that the facility design does not conform to the requirements of the general permit or other applicable requirements of this Article, the Director shall notify the person of the decision not to issue a Construction Authorization. The notification shall include the information listed in subsections (D)(2)(d).
    - e. Construction.
      - i. A person shall complete construction within two years of receiving a Construction Authorization.
      - ii. Construction shall conform with the plans and documents approved by the Department in the Construction Authorization. A change in location, configuration, dimension, depth, material, or installation procedure does not require approval by the Department if the change continues to conform with the specific standard in this Article used as the basis for the original design.
      - iii. The person shall record all changes made during construction, including any changes approved under R18-9-A312(G) on the site plan as specified in R18-9-A309(C)(1) or on

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- documents as specified in R18-9-A309(C)(2) or R18-9-E301(E), as applicable.
- f. Completion of construction.
    - i. After completing construction of the facility, the person seeking to discharge shall submit any applicable documents specified in R18-9-A309(C) with the Request for Discharge Authorization form for an on-site wastewater treatment facility and the Engineer's Certificate of Completion specified in R18-9-E301(E) for a sewage collection system. Receipt of the documents by the Department initiates the post-construction review phase.
    - ii. If the Department does not receive the documentation specified in subsection (D)(1)(f)(i) by the end of the two-year construction period, the Notice of Intent to Discharge expires, and the person shall not continue construction or discharge.
    - iii. If the Notice of Intent to Discharge expires, the person shall submit a new Notice of Intent to Discharge under subsection (B) and the applicable fee under subsection (A)(4)(e) to begin or continue construction.
  2. Post-construction phase.
    - a. Inspection. The Department may inspect the facility before issuing a Discharge Authorization to determine whether:
      - i. The construction conforms with the design authorized by the Department under subsection (D)(1)(c) and any changes recorded on the site plan as specified in R18-9-A309(C)(1) or other documents as specified in R18-9-A309(C)(2), or R18-9-E301(E), as applicable; and
      - ii. Terms of the general permit and applicable terms of this Article are met.
    - b. Deficiencies. If the Department identifies deficiencies based on an inspection of the constructed facility or during the review of documents submitted with the request for the Discharge Authorization, the Director shall provide a written explanation of the deficiencies to the person.
    - c. Discharge Authorization issuance.
      - i. Upon satisfactory completion of construction and documents required under R18-9-A309(C)(1) R18-9-A309(C)(2), or R18-9-E301(E), as applicable, the Director shall issue a Discharge Authorization.
      - ii. The Discharge Authorization allows a person to discharge under terms of the general permit and applicable requirements of this Article and the stated terms of the Construction Authorization.
    - d. Discharge Authorization denial. If, after receiving evidence of correction submitted by the person seeking to discharge, the Department determines that the deficiencies are not satisfactorily corrected, the Director shall notify the person seeking to discharge of the Director's decision not to issue the Discharge Authorization and the person shall not discharge under the general permit. The notification shall inform the person of:
      - i. The reason for the denial with reference to the statute or rule on which the denial is based;
      - ii. The person's right to appeal the denial, including the number of days the applicant has to file a protest challenging the denial and the name and telephone number of the Department contact person who can answer questions regarding the appeals process; and
      - iii. The person's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-A302. Point of Compliance**

The point of compliance is the point at which compliance with Aquifer Water Quality Standards is determined.

1. Except as provided in this Section or as stated in a specific general permit, the applicable point of compliance at a facility operating under a general permit is a vertical plane downgradient of the facility that extends through the uppermost aquifers underlying that facility.
2. The point of compliance is the limit of the pollutant management area.
  - a. The pollutant management area is the horizontal plane of the area on which pollutants are or will be placed.
  - b. If a facility operating under a general permit is located within a larger pollutant management area established under an individual permit issued to the same person, the point of compliance is the applicable point of compliance established in the individual permit.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4).

**R18-9-A303. Renewal of a Discharge Authorization**

- A. Unless a Discharge Authorization under a general permit is transferred, revoked, or expired, a person may discharge under the general permit for the authorization period as specified by the permit type, including any closure activities required by a specific general permit.
- B. An authorization to discharge under a Type 1 or Type 4 General Permit is valid for the operational life of the facility.
- C. A permittee authorized under a Type 2 or Type 3 General Permit shall submit an application for renewal on a form provided by the Department with the applicable fee established in 18 A.A.C. 14 at least 30 days before the end of the renewal period.
  1. The following are the renewal periods for Type 2 and Type 3 General Permit Discharge Authorizations:
    - a. 2.01 General Permit, five years;
    - b. 2.02 General Permit, seven years;
    - c. 2.03 General Permit, two years;
    - d. 2.04 General Permit, five years;
    - e. 2.05 General Permit, five years;
    - f. 2.06 General Permit, five years; and
    - g. Type 3 General Permits, five years.
  2. The renewal period for coverage under a Type 2 General Permit begins on the date the Department receives the Notice of Intent to Discharge.



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3. The renewal period for coverage under a Type 3 General Permit begins on the date the Director issues the written Discharge Authorization.
- D. If the Discharge Authorization is not renewed within the renewal period specified in subsection (C)(1), the Discharge Authorization expires.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023 (Supp. 23-2).

**R18-9-A304. Notice of Transfer**

- A. Transfer of authorization under a Type 1 General Permit.
  1. A permittee transferring ownership of a facility covered by a Type 1.01 through 1.08, or 1.10 through 1.12 General Permit is not required to notify the Department of the transfer.
  2. A permittee transferring ownership of an on-site wastewater treatment facility operating under a Type 1.09 General Permit shall follow the requirements under R18-9-A316.
  3. A permittee transferring ownership of a sewage treatment facility operating under a Type 1.09 General Permit shall submit a Notice of Transfer to the Department by certified mail within 15 days after the date that ownership changes.
- B. Transfer of authorization under a Type 2, 3, or 4.01 General Permit.
  1. If a change of ownership occurs for a facility covered by a Type 2, 3, or 4.01 General Permit facility, the permittee shall provide a Notice of Transfer to the Department or to the health or environmental agency delegated by the Director to administer Type 4.01 General Permits, by certified mail within 15 days after the date that ownership changes. The Notice of Transfer, on a form approved by the Department, shall include:
    - a. Any information that has changed from the original Notice of Intent to Discharge,
    - b. Any other transfer requirements specified for the general permit, and
    - c. The applicable fee established in 18 A.A.C. 14.
  2. The Department may require a permittee covered by a Type 2, 3, or Type 4.01 General Permit to submit a new Notice of Intent to Discharge and to obtain a new authorization under R18-9-A301(A)(2), (3) and (4), as applicable, if the volume or characteristics of the discharge have changed from the original application.
- C. Transfer of a Type 4.02 through 4.23 General Permit. A permittee transferring ownership of an on-site wastewater treatment facility operating under one or more Type 4.02 through 4.23 General Permits shall follow the requirements under R18-9-A316.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-A305. Facility Expansion**

- A. A permittee may expand a facility covered by a Type 2 General Permit if, before the expansion, the permittee provides the Department with the following information by certified mail:
  1. An updated Notice of Intent to Discharge,
  2. A certification signed by the facility owner stating that the expansion continues to meet all the conditions of the applicable general permit, and
  3. The applicable fee established under 18 A.A.C. 14.
- B. A permittee may expand a facility covered by a Type 3 or Type 4 General Permit if the permittee submits a new Notice of Intent to Discharge and the Department issues a new Discharge Authorization.
  1. The person submitting the Notice of Intent to Discharge for the expansion may reference the previous Notice of Intent to Discharge if the previous information is identical, but shall provide full and detailed information for any changed items.
  2. The Notice of Intent to Discharge shall include:
    - a. Any applicable fee established under 18 A.A.C. 14, and
    - b. A certification signed by the facility owner stating that the expansion continues to meet all of the requirements relating to the applicable general permit.
  3. Upon receiving the Notice of Intent to Discharge, the Department shall follow the applicable review and authorization procedures described in R18-9-A301(A)(3) or (4).

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-A306. Closure**

- A. To satisfy the requirements under A.R.S. § 49-252, a permittee shall close a facility authorized to discharge under a general permit as follows:
  1. If the discharge is authorized under a Type 1.01 through 1.08, 1.10, 1.11, 2.05, 2.06, or 4.01 General Permit, closure notification is unnecessary and clean closure is met when:
    - a. The permittee removes material that may contribute to a continued discharge; and
    - b. The permittee eliminates, to the greatest degree practical, any reasonable probability of further discharge from the facility and of exceeding any Aquifer Water Quality Standard at the applicable point of compliance;
  2. For a discharge authorized under a Type 2.02, 3.02, 3.05 through 3.07, or 4.23 General Permit, the facility meets clean closure requirements if the permittee provides notice and submits sufficient information for the Department to determine that:
    - a. Any material that may contribute to a continued discharge is removed;
    - b. The permittee has eliminated to the greatest degree practicable any reasonable probability of further discharge from the facility and of exceeding any Aquifer Water Quality Standard at the applicable point of compliance; and
    - c. Closure requirements, if any, established in the general permit are met;

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3. If the discharge is authorized under a Type 1.12, 2.01, 2.03, 2.04, 3.01, 3.03, or 3.04 General Permit, the permittee shall comply with the closure requirements in the general permit;
  4. If the discharge is from an on-site wastewater treatment facility authorized under a Type 1.09 or 4.02 through 4.22 General Permit, the permittee shall comply with the closure requirements in R18-9-A309(D); and
  5. If the discharge is from a sewage treatment facility authorized under a Type 1.09 General Permit, the permittee shall comply with the closure requirements under subsection (A)(1).
- B.** For a facility operating under a general permit and located at a site where an individual area-wide permit has been issued, a permittee may defer some or all closure activities required by this subsection if the Director approves the deferral in writing. The permittee shall complete closure activities no later than the date that closure activities identified in the individual area-wide permit are performed.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-A307. Revocation of Coverage Under a General Permit**

- A.** After notice and opportunity for a hearing, the Director may revoke coverage under a general permit and require the permittee to obtain an individual permit for any of the following:
1. The permittee fails to comply with the terms of the general permit as described in this Article, or
  2. The discharge activity conducted under the terms of the general permit causes or contributes to the violation of an Aquifer Water Quality Standard at the applicable point of compliance.
- B.** The Director may revoke coverage under a general permit for any or all facilities within a specific geographic area, if, due to geologic or hydrologic conditions, the cumulative discharge of the facilities has violated or will violate an Aquifer Water Quality Standard established under A.R.S. §§ 49-221 and 49-223. Unless the public health or safety is jeopardized, the Director may allow continuation of a discharge until the Department:
1. Issues a single individual permit,
  2. Authorizes a discharge under another general permit, or
  3. Consolidates the discharges authorized under the general permits by following R18-9-107.
- C.** If an individual permit is issued to replace general permit coverage, the coverage under the general permit allowing the discharge is automatically revoked upon issuance of the individual permit and notification under subsection (E) is not required.
- D.** If the Director revokes coverage under a general permit, the facility shall not discharge unless allowed under subsection (B) or under an individual permit.
- E.** If coverage under the general permit is revoked under subsections (A) or (B), the Director shall notify the permittee by certified mail of the decision. The notification shall include:
1. A brief statement of the reason for the decision;
  2. The effective revocation date of the general permit coverage;

3. A statement of whether the discharge shall cease or whether the discharge may continue under the terms of revocation in subsection (B);
4. Whether the Director requires a person to obtain an individual permit, and if so:
  - a. An individual permit application form, and
  - b. Identification of a deadline between 90 and 180 days after receipt of the notification for filing the application;
5. The applicant's right to appeal the revocation, the number of days the applicant has to file an appeal, and the name and telephone number of the Department contact person who can answer questions regarding the appeals process; and
6. The applicant's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-A308. Repealed****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Repealed by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023 (Supp. 23-2).

**R18-9-A309. General Provisions for On-site Wastewater Treatment Facilities**

- A.** General requirements and prohibitions.
1. No person shall discharge sewage or wastewater that contains sewage from an on-site wastewater treatment facility except under an Aquifer Protection Permit issued by the Director.
  2. A person shall not install, allow to be installed, or maintain a connection between any part of an on-site wastewater treatment facility and a drinking water system or supply so that sewage or wastewater contaminates the drinking water.
  3. A person shall not bypass or release sewage or partially treated sewage that has not completed the treatment process from an on-site wastewater treatment facility.
  4. A person shall not use a cesspool for sewage disposal.
  5. A person constructing a new on-site wastewater treatment facility or replacing the treatment works or disposal works of an existing on-site wastewater treatment facility shall connect to a sewage collection system if either (a) or (b) apply:
    - a. One of the following applies:
      - i. A provision of a Nitrogen Management Area designation under R18-9-A317(C) requires connection;
      - ii. A county, municipal, or sanitary district ordinance requires connection; or
      - iii. The on-site wastewater treatment facility is located within an area identified for connection to a sewage collection system by a Certified Area-wide Water Quality Management Plan adopted under 18 A.A.C. 5 or a master plan adopted by a majority of the elected officials of

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- a board or council for a county, municipality, or sanitary district; or
- b. A sewer service line extension is available at the property boundary and both of the following apply:
    - i. The service connection fee is not more than \$6000 for a dwelling or \$10 times the daily design flow in gallons for a source other than a dwelling, and
    - ii. The cost of constructing the building sewer from the wastewater source to the service connection is not more than \$3000 for a dwelling or \$5 times the daily design flow in gallons for a source other than a dwelling.
  6. The Department shall prohibit installation of an on-site wastewater treatment facility if the installation will create an unsanitary condition or environmental nuisance or cause or contribute to a violation of an Aquifer Water Quality Standard.
  7. A person shall design and operate the permitted on-site wastewater treatment facility so that:
    - a. Flows to the facility consist of typical sewage and do not include any motor oil, gasoline, paint, varnish, solvent, pesticide, fertilizer, or other material not generally associated with toilet flushing, food preparation, laundry, or personal hygiene;
    - b. Flows to the facility from commercial operations do not contain hazardous wastes as defined under A.R.S. § 49921(5) or hazardous substances;
    - c. If the sewage contains a component of nonresidential flow such as food preparation, laundry service, or other source, the sewage is adequately pretreated by an interceptor that complies with R18-9-A315 or another device authorized by a general permit or approved by the Department under R18-9-A312(G);
    - d. Except as provided in subsection (A)(7)(c), a sewage flow that does not meet the numerical levels for typical sewage is adequately pretreated to meet the numerical levels before entry into an on-site wastewater treatment facility authorized by this Article;
    - e. Flow to the facility does not exceed the design flow specified in the Discharge Authorization;
    - f. The facility does not create an unsanitary condition or environmental nuisance, or cause or contribute to a violation of either a Aquifer Water Quality Standard or a Surface Water Quality Standard; and
    - g. Activities at the site do not adversely affect the operation of the facility.
  8. A person shall control the discharge of total nitrogen from an on-site wastewater treatment facility as follows:
    - a. For an on-site wastewater treatment facility operating under the 1.09 General Permit or proposed for construction in a Notice of Intent to Discharge under a Type 4 General Permit and the facility is located within a Nitrogen Management Area, the provisions of R18-9-A317(D) apply;
    - b. For an on-site wastewater treatment facility proposed for construction in a Notice of Intent to Discharge under R18-9-E323, the provisions of R18-9-E323(A)(4) apply;
    - c. For a subdivision proposed under 18 A.A.C. 5, Article 4, for which on-site wastewater treatment facilities are used for sewage disposal, the permittee shall demonstrate in the geological report required in R18-5-408(E)(1) that total nitrogen loading from the on-site wastewater treatment facilities to groundwater is controlled by providing one of the following:
      - i. For a subdivision platted for a single family dwelling on each lot, calculations that demonstrate that the number of lots within the subdivision does not exceed the number of acres contained within the boundaries of the subdivision;
      - ii. For a subdivision platted for dwellings that do not meet the criteria specified in subsection (A)(8)(c)(i), calculations that demonstrate that the nitrogen loading over the total area of the subdivision is not more than 0.088 pounds (39.9 grams) of total nitrogen per day per acre calculated at a horizontal plane immediately beneath the active treatment of the disposal fields, based on a total nitrogen contribution to raw sewage of 0.0333 pounds (15.0 grams) of total nitrogen per day per person; or
      - iii. An analysis by another means of demonstration showing that the nitrogen loading to the aquifer due to on-site wastewater treatment facilities within the subdivision does not cause or contribute to a violation of the Aquifer Water Quality Standard for nitrate at the applicable point of compliance.
  9. Repairs and Routine Work.
    - a. A Notice of Intent to Discharge is not required for repair or routine work that maintains a facility.
    - b. A Notice of Intent to Discharge is required for the following non-routine work or repairs:
      - i. Converting a facility from operation under gravity to one requiring a pump or other mechanical device for treatment or disposal;
      - ii. Modifying or replacing a treatment works or disposal works, as defined in R18-9-101; or
      - iii. Modifying a facility in any manner that is inconsistent with the originally approved design and installation of the facility.
    - c. A permittee shall comply with any local ordinance that provides independent permitting requirements for repair or routine work.
    - d. A person, as defined in R18-9-101, shall not modify the facility so as to create an unsanitary condition or environmental nuisance or cause or contribute to an exceedance of a water quality standard.
  10. Cumulative flows. When there is more than one on-site wastewater treatment facility on a property or on a site under common ownership or subject to a larger plan of sale or development, the Director shall determine whether an individual permit is required or whether the applicant qualifies for coverage to discharge under a general permit based on the sum of the design flows from the proposed installation and existing on-site wastewater treatment facilities on the property or site.
    - a. If the sum of the design flows is less than 3000 gallons per day, the Department will process the application under R18-9-E302 through R18-9-E322, as applicable.
    - b. If the sum of the design flows is equal to or more than 3000 gallons per day but less than 24,000 gallons per day, the Department will process the application under R18-9-E323.

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- c. If the sum of the design flows is equal to or more than 24,000 gallons per day, the project does not qualify for coverage under a Type 4 General Permit and the applicant shall submit an application for an individual permit under Article 2 of this Chapter.
- 11. The use of a gray water system does not change the design, capacity, or reserve area requirements for an on-site wastewater treatment facility regulated under R18-9-E302 through R18-9-E323. The design of an on-site facility shall ensure the on-site facility can treat and dispose of the combined black water and gray water flows generated at the site. Black water includes wastewater flows from a kitchen sink. Kitchen sink wastewater flows are not gray water. Kitchen sink wastewater flows are not gray water even if a holding tank receiving kitchen sink wastewater, such as a recreational vehicle holding tank, is labeled as holding gray water. Gray water, as defined in R18-9-101, may be utilized in accordance with Article 7 of this Chapter.
- 12. To obtain coverage under a Type 4 General Permit, an applicant must, in the following order:
  - a. Submit a Notice of Intent to Discharge according to requirements in R18-9-A301(B), R18-9-A309(B), and according to permit-specific requirements in Part E of Article 3,
  - b. Receive a Construction Authorization from the Director pursuant to R18-9-A301(D)(1)),
  - c. Submit a Request for Discharge Authorization according to requirements in R18-9-A301(D)(1)(f), R18-9-A309(C), and according to permit-specific requirements in Part E of Article 3, and
  - d. Receive a Discharge Authorization from the Director pursuant to R18-9-A301(D)(2) and R18-9-A309(C).
- B. Notice of Intent to Discharge under a Type 4 General Permit.** In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit the following information in a format approved by the Department:
  - 1. A site investigation report that summarizes the results of the site investigation conducted under R18-9-A310(B), including:
    - a. Results from any soil evaluation, percolation test, or seepage pit performance test;
    - b. Any surface limiting condition identified in R18-9-A310(C)(2); and
    - c. Any subsurface limiting condition identified in R18-9-A310(D)(2);
  - 2. A site plan that includes:
    - a. The parcel and lot number, if applicable, the property address or other appropriate legal description, the property size in acres, and the boundaries of the property;
    - b. A plan of the site drawn to scale, dimensioned, and with a north arrow that shows:
      - i. Proposed and existing on-site wastewater treatment facilities; dwellings and other buildings; driveways, swimming pools, tennis courts, wells, ponds, and any other paved, concrete, or water feature; down slopes and cut banks with a slope greater than 15 percent; retaining walls; and any other constructed feature that affects proper location, design, construction, or operation of the facility;
      - ii. Any feature less than 200 feet from the on-site wastewater treatment facility excavation and reserve area that constrains the location of the on-site wastewater treatment facility because of setback limitations specified in R18-9-A312(C);
      - iii. Topography, delineated with an appropriate contour interval, showing original and post-installation grades;
      - iv. Drainage patterns, and as applicable, drainage controls and erosion protection for the facility;
      - v. Location and identification of the treatment and disposal works and wastewater pipelines, the reserve disposal area, and location and identification of all sites of percolation testing and soil evaluation performed under R18-9-A310; and
      - vi. Location of any public sewer if 400 feet or less from the property line;
- 3. The design flow of the on-site wastewater treatment facility, consisting of gray water and black water flows, expressed in gallons per day based on Table 1, Unit Design Flows, the expected strength of the wastewater if the strength exceeds the levels for typical sewage, and:
  - a. For a single family dwelling, a list of the number of bedrooms and plumbing fixtures and corresponding unit flows used to calculate the design flow of the facility; and
  - b. For a dwelling other than for a single family, a list of each wastewater source and corresponding unit flows used to calculate the design flow of the facility;
- 4. A list of materials, components, and equipment for constructing the on-site wastewater treatment facility;
- 5. Drawings, reports, and other information that are clear, reproducible, and in a size and format specified by the Department;
- 6. If pretreatment is necessary for a facility to comply with the requirements of this Chapter, including R18-9-A309(A)(7), then a design report approved by the on-site wastewater treatment facility manufacturer or manufacturers that specifies component capacities, control settings, and supplemental installation and operation practices necessary to produce typical sewage numerical levels before entry into an on-site wastewater treatment facility; and
- 7. For a facility that includes treatment or disposal works permitted under R18-9-E303 through R18-9-E323:
  - a. Construction quality drawings that show the following:
    - i. Systems, subsystems, and key components, including manufacturer's name, model number, and associated construction notes and inspection milestones, as applicable;
    - ii. A title block, including facility owner, revision date, space for addition of the Department's application number, and page numbers;
    - iii. A plan and profile with the elevations of wastewater pipelines, and treatment and disposal components, including calculations justifying the absorption area, to allow Department verification of hydraulic and performance characteristics;
    - iv. Cross sections showing wastewater pipelines, construction details and elevations of treatment

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- and disposal components, original and finished grades of the land surface, seasonal high water table if less than 10 feet below the bottom of a disposal works or 60 feet below the bottom of a seepage pit, and a soil elevation evaluation to allow Department verification of installation design and performance; and
- b. A draft operation and maintenance manual for the on-site wastewater treatment facility consisting of the tasks and schedules for operating and maintaining performance over a 20-year operational life;
- C. Additional requirements for a Request for Discharge Authorization and for the issuance of a Discharge Authorization under a Type 4 General Permit.
1. If the entire on-site wastewater treatment facility, including treatment works and disposal works, will be permitted under R18-9-E302, the Director shall issue the Discharge Authorization if, as a part of the Request for Discharge Authorization:
    - a. The site plan accurately reflects the final location and configuration of the components of the treatment and disposal works, and
    - b. The applicant or the applicant's agent certifies on the Request for Discharge Authorization form that the septic tank passed the watertightness test required by R18-9-A314(5)(d).
  2. If the on-site wastewater treatment facility is proposed under R18-9-E303 through R18-9-E323, either separately or in any combination with each other or with R18-9-E302, the Director shall issue the Discharge Authorization if the following documents are submitted to the Department as part of the Request for Discharge Authorization:
    - a. As-built plans showing changes from construction quality drawings submitted under subsection (B)(6)(a);
    - b. A final list of equipment and materials showing changes from the list submitted under subsection (B)(4);
    - c. A final operation and maintenance manual for the on-site wastewater treatment facility consisting of the tasks and schedules for operating and maintaining performance over a 20-year operational life;
    - d. A certification that a service contract for ensuring that the facility is operated and maintained to meet the performance and other requirements of the applicable general permits exists for at least one year following the beginning of the operation of the on-site wastewater treatment facility, including the name of the service provider, if the on-site wastewater treatment facility is permitted under:
      - i. R18-9-E304;
      - ii. R18-9-E308 through R18-9-E315;
      - iii. R18-9-E316, if the facility includes a pump; or
      - iv. R18-9-E318 through R18-9-E322;
    - e. Other documents, if required by the separate general permits in 18 A.A.C. 9, Article 3, Part E;
    - f. A Certificate of Completion signed by the current engineer or designer of record assuring that installation of the facility conforms to the design approved under the Construction Authorization under R18-9-A301(D)(1)(c); and a regulatory representative, such as an inspector, may not act as an applicant's agent, nor authorize backfill before the current engineer or designer of record has verified proper installation of the system;
    - g. The name of the installation contractor and the Registrar of Contractor's license number issued to the installation contractor; and
    - h. A certification that any septic tank installed as a component of the on-site wastewater treatment facility passed the watertightness test required by R18-9-A314(5)(d).
  3. The Director shall specify in the Discharge Authorization:
    - a. The permitted design flow of the facility,
    - b. The characteristics of the wastewater sources contributing to the facility, and
    - c. A list of the documents submitted to and reviewed by the Department satisfying subsection (C)(2).
- D. Closure requirements. A person who permanently discontinues use of an on-site wastewater treatment facility or a cesspool, or is ordered by the Director to close an abandoned facility shall:
1. Remove all sewage from the facility and dispose of the sewage in a lawful manner;
  2. Disconnect and remove electrical and mechanical components;
  3. Remove or collapse the top of any tank or containment structure.
    - a. Punch a hole in the bottom of the tank or containment structure if the bottom is below the seasonal high groundwater table;
    - b. Fill the tank or containment structure or any cavity resulting from its removal with earth, sand, gravel, concrete, or other approved material; and
    - c. Regrade the surface to provide drainage away from the closed area;
  4. Cut and plug both ends of the abandoned sewer drain pipe between the building and the on-site wastewater treatment facility not more than 5 feet outside the building foundation if practical, or cut and plug as close to each end as possible; and
  5. Notify the Department within 30 days of closure.
- E. Proprietary and other reviewed products.
1. The Department shall maintain a list of proprietary and other reviewed products that may be used for on-site wastewater treatment facilities to comply with the requirements of this Article. The list shall include appropriate information on the applicability and limitations of each product.
  2. The list of proprietary and other reviewed products may include manufactured systems, subsystems, or components within the treatment works and disposal works if the products significantly contribute to the treatment performance of the system or provide the means to overcome site limitations. The Department will not list septic tanks, effluent filters or components that do not significantly affect treatment performance or provide the means to overcome site limitations.
  3. A person may request that the Department add a product to the list of proprietary and other reviewed products. The request may include a proposed reference design for review. The Department shall ensure that performance values in the list reflect the treatment performance for defined wastewater characteristics. The Department shall assess fees under 18 A.A.C. 14 for product review.

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- F. Recordkeeping. A permittee authorized to discharge under one or more Type 4 General Permits shall maintain the Discharge Authorization and associated documents for the life of the facility.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023 (Supp. 23-2).

**R18-9-A310. Site Investigation for Type 4 On-site Wastewater Treatment Facilities**

- A. Definition. For purposes of this Section, "clean water" means water free of colloidal material or additives that could affect chemical or physical properties if the water is used for percolation or seepage pit performance testing.
- B. Site investigation. An applicant shall ensure that an investigator qualified under subsection (H) conducts a site investigation consisting of a surface characterization under subsection (C) and a subsurface characterization under subsection (D). The applicant shall submit the results in a format prescribed by the Department. The site investigation shall provide sufficient data to:
1. Select appropriate primary and reserve disposal areas for an on-site wastewater treatment facility considering all surface and subsurface limiting conditions in subsections (C)(2) and (D)(2); and;
  2. Effectively design and install the selected facility to serve the anticipated development at the site, whether or not limiting conditions exist.
- C. Surface characterization.
1. Surface characterization method. The investigator shall characterize the surface of the site where an on-site wastewater treatment facility is proposed for installation using one of the following methods:
    - a. The "Standard Practice for Surface Site Characterization for On-site Septic Systems, D5879-95 (2003)," published by the American Society for Testing and Materials. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959; or
    - b. Another method of surface characterization that can, with accuracy and reliability, identify and delineate the surface limiting conditions specified in subsection (C)(2).
  2. Surface limiting conditions. The investigator shall determine whether, and if so, where any of the following surface limiting conditions exist:
    - a. The surface slope is greater than 15 percent at the intended location of the on-site wastewater treatment facility;
    - b. Minimum setback distances are not within the limits specified in R18-9-A312(C);
    - c. Surface drainage characteristics at the intended location of the on-site wastewater treatment facility will adversely affect the ability of the facility to function properly;
    - d. A 100-year flood hazard zone, as indicated on the applicable flood insurance rate map, is located within the property on which the on-site wastewater treatment facility will be installed, and the flood hazard zone may adversely affect the ability of the facility to function properly;
    - e. An outcropping of rock that cannot be excavated exists in the intended location of the on-site wastewater treatment facility or will impair the function of soil receiving the discharge; and
    - f. Fill material deposits exist in the intended location of the on-site wastewater treatment facility.
- D. Subsurface characterization.
1. Subsurface characterization method. The investigator shall characterize the subsurface of the site where an on-site wastewater treatment facility is proposed for installation using one or more of the following methods:
    - a. The following ASTM standard practice, which is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959: "Standard Practice for Subsurface Site Characterization of Test Pits for On-site Septic Systems, D5921-96(2003)e1 (2003)," published by the American Society for Testing and Materials;
    - b. Percolation testing as specified in subsection (F);
    - c. Seepage pit performance testing as specified in subsection (G); or
    - d. Another method of subsurface characterization, approved by the Department, that ensures compliance with water quality standards through proper system location, selection, design, installation, and operation.
  2. Subsurface limiting conditions. The investigator shall determine whether any of the following limiting conditions exist in the primary and reserve areas of the on-site wastewater treatment facility within a minimum of 12 feet of the land surface or to an impervious soil or rock layer if encountered at a shallower depth:
    - a. The soil absorption rate determined under R18-9-A312(D)(2) is:
      - i. More than 1.20 gallons per day per square foot, or
      - ii. Less than 0.20 gallons per day per square foot;
    - b. The vertical separation distance from the bottom of the lowest point of the disposal works to the seasonal high water table is less than the minimum vertical separation specified in R18-9-A312(E)(1);
    - c. Seasonal saturation occurs within surface soils that could affect the performance of the on-site wastewater treatment facility;
    - d. One of the following subsurface conditions that may cause or contribute to the surfacing of wastewater:
      - i. An impervious soil or rock layer,
      - ii. A zone of saturation that substantially limits downward percolation from the disposal works,
      - iii. Soil with more than 50 percent rock fragments;

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- e. One of the following subsurface conditions that promotes accelerated downward movement of insufficiently treated wastewater:
  - i. Fractures or joints in rock that are open, continuous, or interconnected;
  - ii. Karst voids or channels; or
  - iii. Highly permeable materials such as deposits of cobbles or boulders; or
- f. A subsurface condition that may convey wastewater to a water of the state and cause or contribute to an exceedance of a water quality standard established in 18 A.A.C. 11, Articles 1 and 4.
- 3. Applicability of subsurface characterization methods. The investigator shall:
  - a. For a seepage pit constructed under R18-9-E302, test seepage pit performance using the procedure specified in subsection (G);
  - b. For an on-site wastewater treatment facility other than a seepage pit, characterize soil by using the ASTM method specified in subsection (D)(1)(a) if any of the following site conditions exists:
    - i. The natural surface slope at the intended location of the on-site wastewater treatment facility is greater than 15 percent;
    - ii. Bedrock or similar consolidated rock formation that cannot be excavated with a shovel outcrops on the property or occurs less than 12 feet below the land surface;
    - iii. The native soil at the surface or encountered in a boring, trench, or hole consists of more than 35 percent rock fragments;
    - iv. The seasonal high water table occurs within 12 feet of the natural land surface as encountered in trenches or borings, or evidenced by well records or hydrologic reports;
    - v. Seasonal saturation at the natural land surface occurs as indicated by soil mottling, vegetation adapted to near-surface saturated soils, or springs, seeps, or surface water near enough to the intended location of the on-site wastewater treatment facility to have a connection with potential seasonal saturation at the land surface; or
    - vi. A percolation test yields results outside the limits specified in subsection (D)(2)(a) and (b).
  - c. Percolation testing. The investigator may perform percolation testing as specified in subsection (F):
    - i. To augment another method of subsurface characterization if useful to locate or design an on-site wastewater treatment facility, or
    - ii. As the sole method of subsurface characterization if a subsurface characterization by an ASTM method is not required under subsection (D)(3)(b).
- E. If an ASTM method is used for subsurface characterization, the investigator shall conduct subsurface characterization tests at the site to provide adequate, credible, and representative information to ensure proper location, selection, design, and installation of the on-site wastewater treatment facility. The investigator shall:
  - 1. Select at least two test locations in the primary area and one test location in the reserve area to conduct the tests;
  - 2. Perform the characterization at each test location at appropriate depths to:
    - a. Establish the wastewater absorption capacity of the soil under R18-9-A312(D), and
    - b. Aid in determining that a sufficient zone of unsaturated flow is provided below the disposal works to achieve necessary wastewater treatment; and
  - 3. Submit with the site investigation report:
    - a. A log of soil formations for each test location with information on soil type, texture, and classification; percentage of rock; structure; consistence; and mottles;
    - b. A determination of depth to groundwater below the land surface by test trenches or borings, published groundwater data, subdivision reports, or relevant well data; and
    - c. A determination of the water absorption characteristics of the soil, under R18-9-A312(D)(2)(b), sufficient to allow location and design of the on-site wastewater treatment facility.
- F. Percolation testing method for subsurface characterization.
  - 1. Planning and preparation. The investigator shall:
    - a. Select at least two locations in the primary area and at least one location in the reserve area for percolation testing, to provide adequate and credible information to ensure proper location, selection, design, and installation of a properly working on-site wastewater treatment facility;
    - b. Perform percolation testing at each location at intervals in the soil profile sufficient to:
      - i. Establish the wastewater absorption capability of the soil under R18-9-A312(D), and
      - ii. Aid in determining that a sufficient zone of unsaturated flow is provided below the disposal works to achieve necessary wastewater treatment. The investigator shall perform percolation tests at multiple depths if there is an indication of an obvious change in soil characteristics that affect the location, selection, design, installation, or disposal performance of the on-site wastewater treatment facility;
    - c. Excavate percolation test holes in undisturbed soil at least 12 inches deep with dimensions of 12 inches by 12 inches, if square, or a diameter of 15 inches, if round. The investigator shall not alter the structure of the soil during the excavation;
    - d. Place percolation test holes away from site or soil features that yield unrepresentative or misleading data pertaining to the location, selection, design, installation, or performance of the on-site wastewater treatment facility;
    - e. Scarify smeared soil surfaces within the percolation test holes and remove any loosened materials from the bottom of the hole; and
    - f. Use buckets with holes in the sides to support the sidewalls of the percolation test hole, if necessary. The investigator shall fill any voids between the walls of the hole and the bucket with pea gravel to reduce the impact of the enlarged hole.
  - 2. Presoaking procedure. The investigator shall:
    - a. Fill the percolation test hole with clean water to a depth of 12 inches above the bottom of the hole;
    - b. Observe the decline of the water level in the hole and record time in minutes for the water to completely drain away;

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- c. Repeat the steps specified in subsection (F)(2)(a) and (b) if the water drains away in less than 60 minutes.
    - i. If the water drains away the second time in less than 60 minutes, the investigator shall repeat the steps specified in subsections (F)(2)(a) and (b).
    - ii. If the water drains away a third time in less than 60 minutes, the investigator shall perform the percolation test by following subsection (F)(3); and
  - d. Add clean water to the hole after 60 minutes and maintain the water at a minimum depth of 9 inches for at least four more hours if it takes 60 minutes or longer for the water to drain away. The investigator shall protect the hole from precipitation and runoff, and perform the percolation test specified in subsection (F)(3) between 16 and 24 hours after presoaking.
3. Conducting the test. The investigator shall:
- a. Conduct the percolation test before soil hydraulic conditions established by the presoaking procedure substantially change. The investigator shall remove loose materials in the percolation test hole to ensure that the specified dimensions of the hole are maintained and the infiltration surfaces are undisturbed native soil;
  - b. Fill the test hole to a depth of six inches above the bottom with clean water;
  - c. Observe the decline of the water level in the test hole and record the time in minutes for the water level to fall exactly 1 inch from a fixed reference point. The investigator shall:
    - i. Immediately refill the hole with clean water to a depth of 6 inches above the bottom, and determine and record the time in minutes for the water level to fall exactly 1 inch,
    - ii. Refill the hole again with clean water to a depth of 6 inches above the bottom and determine and record the time in minutes for the water to fall exactly 1 inch, and
    - iii. Ensure that the method for measuring water level depth is accurate and does not significantly affect the percolation rate of the test hole;
  - d. If the percolation rate stabilizes for three consecutive measurements by varying no more than 10 percent, use the highest percolation rate value of the three measurements. If three consecutive measurements indicate that the percolation rate results are not stabilizing or the percolation rate is between 60 and 120 minutes per inch, the investigator shall use an alternate method based on a graphical solution of the test data to approximate the stabilized percolation rate;
  - e. Record the percolation rate results in minutes per inch; and
  - f. Submit the following information with the site investigation report:
    - i. A log of the soil formations encountered for all percolation tests including information on texture, structure, consistence, percentage of rock fragments, and mottles, if present;
    - ii. Whether and which test hole was reinforced with a bucket;
    - iii. The locations, depths, and bottom elevations of the percolation test holes on the site investigation map;
    - iv. A determination of depth to groundwater below the land surface by test trenches or borings, published groundwater data, subdivision reports, or relevant well data; and
    - v. A determination of the water absorption characteristics of the soil, under R18-9-A312(D)(2)(a), sufficient to allow location and design of the on-site wastewater treatment facility.
- G. Seepage pit performance testing method for subsurface characterization. The investigator shall test seepage pits described in R18-9-E302 as follows:
- 1. Planning and Preparation. The investigator shall:
    - a. Identify the disposal areas at the site and drill a test hole at least 18 inches in diameter to the depth of the proposed seepage pit, at least 30 feet deep, and
    - b. Scarify soil surfaces within the test hole and remove loosened materials from the bottom of the hole.
  - 2. Presoaking procedure. The investigator shall:
    - a. Fill the bottom 6 inches of the test hole with gravel, if necessary, to prevent scouring;
    - b. Fill the test hole with clean water up to 3 feet below the land surface;
    - c. Observe the decline of the water level in the hole and determine the time in hours and minutes for the water to completely drain away;
    - d. Repeat the procedure if the water drains away in less than four hours; If the water drains away the second time in less than four hours, the investigator shall conduct the seepage pit performance test by following subsection (G)(3);
    - e. Add water to the hole and maintain the water at a depth that leaves at least the top 3 feet of hole exposed to air for at least four more hours if the water drains away in four or more hours; and
    - f. Not remove the water from the hole before the seepage pit performance test if there is standing water in the hole after at least 16 hours of presoaking.
  - 3. Conducting the test. The investigator shall:
    - a. Fill the test hole with clean water up to 3 feet below land surface;
    - b. Observe the decline of the water level in the hole and determine and record the vertical distance to the water level from a fixed reference point every 10 minutes. The investigator shall ensure that the method for measuring water level depth is accurate and does not significantly affect the rate of fall of the water level in the test hole;
    - c. Measure the decline of the water level continually until three consecutive 10-minute measurements indicate that the infiltration rates are within 10 percent. If measurements indicate that infiltration is not approaching a steady rate or if the rate is close to a numerical limit specified in R18-9-A312(E)(1), the investigator shall use, an alternate method based on a graphical solution of the test data to approximate the final stabilized infiltration rate;
    - d. Percolation test rate. Calculate the stabilized infiltration rate for a seepage pit determined by the test hole



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procedure specified in subsection (G)(1)(a) using the formula  $P = (15 / DS) \times IS$  to determine an equivalent percolation test rate. Once "P" is determined, the investigator shall use R18-9-A312(D)(2)(a) to establish the design SAR for wastewater treated under R18-9-E302 and to calculate the required minimum sidewall area for the seepage pit using the equation specified in R18-9-E302(C)(5)(k).

- i. "P" is the percolation test rate (minutes per inch) tabulated in the first column of the table in R18-9-A312(D)(2)(a),
- ii. "DS" is the diameter of the seepage pit test hole in inches, and
- iii. "IS" is the seepage pit stabilized infiltration rate (minutes per inch) determined by the procedure specified in R18-9-A310(G)(3)(c);
- e. Submit the following information with the site investigation report:
  - i. The results of the seepage pit performance testing including data, calculations, and findings on a form provided by the Department;
  - ii. The log of the test hole indicating lithologic characteristics and points of change;
  - iii. The location of the test hole on the site investigation map;
  - iv. A determination of depth to groundwater below the land surface by borings, published groundwater data, subdivision reports, or relevant well data.
- f. Fill the test hole so that groundwater quality and public safety are not compromised if the seepage pit is drilled elsewhere or if a seepage pit cannot be sited at the location because of unfavorable test results.

**H. Qualifications.** An investigator shall not perform a site investigation under this Section unless the investigator has knowledge and competence in the subject area and is licensed in good standing or otherwise qualified in one of the following categories:

1. Arizona-registered professional engineer,
2. Arizona-registered geologist,
3. Arizona-registered sanitarian,
4. A certificate of training from a course recognized by the Department as sufficiently covering the information specified in this Section, or
5. Qualifies under another category designated in writing by the Department.

#### Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023 (Supp. 23-2).

#### R18-9-A311. Facility Selection for Type 4 On-site Wastewater Treatment Facilities

**A.** A person shall select, design, and install an on-site wastewater treatment facility that is appropriate for the site's geographic location, setback limitations, slope, topography, drainage and soil characteristics, wastewater infiltration capability, depth to the seasonal high water table, and any surface or subsurface limiting condition.

1. A person may use on-site treatment and disposal technologies covered by a Type 4 General Permit alone or in combination with another Type 4 General Permit to overcome site limitations.
2. An applicant may submit a single Notice of Intent to Discharge for an on-site wastewater treatment facility consisting of components or technologies covered by multiple general permits if the information submittal requirements of all the general permits are met.
3. The Director shall issue a single Construction Authorization under R18-9-A301(D)(1) and a single Discharge Authorization under R18-9-A301(D)(2) for an on-site wastewater treatment facility that consists of components or technologies covered by multiple general permits.
4. If either a septic tank or disposal method, or both, as identified in R18-9-E302, is appropriately used in combination with an alternative technology listed under R18-9-E303 through R18-9-E322, the applicant shall apply the design requirements specified in R18-9-E302, except that the specific requirements for R18-9-E303 through R18-9-E323, as applicable, supersede requirements in R18-9-E302 if the rules conflict. If additional modifications are necessary and appropriate to ensure adequate treatment, the applicant may request review under R18-9-A312(G) to allow the Department to approve the application.
- B.** A person may install a septic tank and disposal works system described in R18-9-E302 as the sole method of wastewater treatment and disposal at a site if the site investigation conducted under R18-9-A310 indicates that no limiting condition identified under R18-9-A310(C) or R18-9-A310(D) exists at the site.
  1. A person may install a seepage pit only in valley-fill sediments in a basin-and-range alluvial basin and only if the seepage pit performance test results meet the criteria specified in R18-9-A312(E).
  2. The person shall specify in the Notice of Intent to Discharge that no limiting conditions described in R18-9-A310(C) and (D) were identified at the site.
- C.** If any surface or subsurface limiting condition is identified in the site investigation report, an applicant may propose installation of a septic tank and disposal works system described in R18-9-E302 as the sole method of wastewater treatment and disposal at a facility only if:
  1. The applicant submits information under R18-9-A312(G) that describes:
    - a. How the design of the septic tank and disposal works system specified in R18-9-E302 was modified to overcome limiting conditions;
    - b. How the modified design meets the criteria of R18-9-A312(G)(3); and
    - c. A site-specific SAR under R18-9-A312(D)(2)(a) or (b), as applicable; and
  2. None of the following surface or subsurface limiting conditions are identified at the site:
    - a. An outcropping of rock that cannot be excavated or will impair the function of soil receiving the discharge exists in the intended location of the on-site wastewater treatment facility, as described in R18-9-A310(C)(2)(e);
    - b. The vertical separation distance from the bottom of the lowest point of the disposal works to the seasonal high water table is less than the minimum vertical separation distance, as described in R18-9-A310(D)(2)(b); or

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- c. A subsurface condition that promotes accelerated downward movement of insufficiently treated wastewater as described in R18-9-A310(D)(2)(e).
- D.** If a site can accommodate a septic tank and disposal works system described in R18-9-E302, the applicant shall not install a treatment works or disposal works described in R18-9-E303 through R18-9-E322 unless the applicant submits a statement to the Department with the Notice of Intent to Discharge acknowledging the following:
1. The applicant is aware that although a septic tank and disposal works system described in R18-9-E302 is appropriate for the site, the applicant desires to install a treatment works or disposal works authorized under R18-9-E303 through R18-9-E322; and
  2. The applicant is aware that a treatment works or disposal works authorized under R18-9-E303 through R18-9-E322 may result in higher capital, operation, and maintenance costs than a septic tank and disposal works system described in R18-9-E302.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023 (Supp. 23-2).
- R18-9-A312. Facility Design for Type 4 On-site Wastewater Treatment Facilities**
- A.** General design requirements. An applicant shall ensure that the person designing an on-site wastewater treatment facility:
1. Signs the design documents submitted as part of the Notice of Intent to Discharge to obtain a Construction Authorization, including plans, specifications, drawings, reports, and calculations; and
  2. Locates and designs the on-site wastewater treatment facility project using good design judgment and relies on appropriate design methods and calculations.
- B.** Design considerations and flow determination. An applicant shall ensure that the person designing the on-site wastewater treatment facility shall:
1. Design the facility to satisfy a 20-year operational life;
  2. Design the facility based on the provisions of one or more of the general permits in R18-9-E302 through R18-9-E322 for facilities with a design flow of less than 3000 gallons per day, and R18-9-E323 for facilities with a design flow of 3000 gallons per day to less than 24,000 gallons per day;
  3. Design the facility based on the facility's design flow and wastewater characteristics as specified in R18-9-A309(A)(7), (10) and (11) and R18-9-A309(B)(3);
4. For on-site wastewater treatment facilities permitted under R18-9-E303 through R18-9-E323, apply the following design requirements, as applicable:
    - a. Include the power source and power components in construction drawings if electricity or another type of power is necessary for facility operation;
    - b. If a hydraulic analysis is required under subsection (E), perform the analysis based on the location and dimensions of the bottom and sidewall surfaces of the disposal works that are identified in the design documentation;
    - c. Design components, piping, ports, seals, and appurtenances to withstand installation loads, internal and external operational loads, and buoyant forces. Design ports for resistance against movement, and cap or cover openings for protection from damage and entry by rodents, mosquitoes, flies, or other organisms capable of transporting a disease-causing organism;
    - d. Design tanks, liners, ports, seals, piping to and within the facility, and appurtenances for watertightness under all operational conditions;
    - e. Provide adequate storage capacity above high operating level to:
      - i. Accommodate a 24-hour power or pump outage, and
      - ii. Contain wastewater that is incompletely treated or cannot be released by the disposal works to the native soil;
    - f. If a fixed media process is used, provide in the construction drawings the media material, installation specification, media configuration, and wastewater loading rate of the media at the daily design flow;
    - g. Provide a fail-safe wastewater control or operational process, if required by the general permit to prevent discharge of inadequately treated wastewater; and
    - h. Reference design. If using a reference design on file with the Department, indicate the reference design within the information submitted with the Notice of Intent to Discharge.
- C.** Setbacks. The following setbacks apply unless the Department:
1. Specifies alternative setbacks under Article 3, Part E of this Chapter;
  2. Approves a different setback under the procedure specified in subsection (G); or
  3. Establishes a more stringent setback on a site- or area-specific basis to ensure compliance with water quality standards.

Features Requiring Setbacks	Setback For An On-Site Wastewater Treatment Facility, Including Reserve Area (In Feet)	Special Provisions
1. Building	10	Includes porches, decks (including pool decks), and steps (covered or uncovered), breezeways, roofed patios, carports, covered walks, and similar structures and appurtenances.

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2. Property line shared with any adjoining lot or parcel not served by a common drinking water system* or an existing water well	50	A person may reduce the setback to a minimum of 5 feet from the property line if: a. The owners of any affected undeveloped adjacent properties agree, as evidenced by an appropriately recorded document, to limit the location of any new well on their property to at least 100 feet from the proposed treatment works and primary and reserve disposal works; and b. The arrangements and documentation are approved by the Department.
3. All other property lines	5	None
4. Public or private water supply well	100	None
5. Perennial or intermittent stream	100	Measured horizontally from the high water line of the peak streamflow from a 10-year, 24-hour rainfall event.
6. Lake, reservoir, or canal	100	Measured horizontally from the high water line from a 10-year, 24-hour rainfall event at the lake or reservoir and measured horizontally from the edge of the canal.
7. Drinking water intake from a surface water source (includes an open water body, downslope spring or a well tapping stream-side saturated alluvium)	200	Measured horizontally from the on-site wastewater treatment facility to the structure or mechanism for withdrawing raw water such as a pipe inlet, grate, pump, intake or diversion box, spring box, well, or similar structure.
8. Wash or drainage easement with a drainage area of more than 20 acres	50	Measured horizontally from the nearest edge of the defined natural channel bank or drainage easement boundary. A person may reduce the setback to 25 feet if natural or constructed erosion protection is approved by the appropriate flood plain administrator.
9. Water main or branch water line	10	None
10. Domestic service water line (including domestic water holding tanks)	5	Measured horizontally between the water line and the wastewater pipe, except that the following are allowed: a. A water line may cross above a wastewater pipe if the crossing angle is between 45 and 90 degrees and the vertical separation distance is 1 foot or more. b. A water line may parallel a wastewater pipe with a horizontal separation distance of 1 foot to 5 feet if the bottom of the water line is 1 foot or more above the top of the wastewater pipe and is in a separate trench or on a bench in the same trench.

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11. Downslopes or cut banks greater than 15 percent, culverts, and ditches from:		
a. Treatment works components	10	Measured horizontally from the bottom of the treatment works component to the closest point of daylighting on the surface.
b. Trench, bed, chamber technology, or gravelless trench with:		Measured horizontally from the bottom of the lowest point of the disposal pipe or drip lines, as applicable, to the closest point of daylighting on the surface.
i. No limiting subsurface condition specified in R18-9-A310(D)(2),	20	
ii. A limiting subsurface condition.	50	
c. Subsurface drip lines.	3	Measured horizontally from the bottom of the lowest point of the disposal pipe or drip lines, as applicable, to the closest point of daylighting on the surface.
12. Driveway	5	Measured horizontally to the nearest edge of an on-site wastewater treatment facility excavation. A person may place a properly reinforced and protected wastewater treatment facility, except for disposal works, at any location relative to a driveway if access openings, risers, and covers carry the design load and are protected from inflow.
13. Swimming pool excavation	5	Except if soil loading or stability concerns indicate the need for a greater separation distance.
14. Easement (except drainage easement)	5	None
15. Earth fissures	100	None
* A "common drinking water system" means a system that currently serves or is under legal obligation to serve the property and may include a drinking water utility, a well-sharing agreement, or other viable water supply agreement.		

**D. Soil absorption rate (SAR) and disposal works sizing.**

1. An applicant shall determine the soil absorption area by dividing the design flow by the applicable soil absorption rate. If soil characterization and percolation test methods yield different SAR values or if multiple applications of the same approach yield different values, the designer of the disposal works shall use the lowest SAR value unless a higher SAR value is proposed and justified to the

Department's satisfaction in the Notice of Intent to Discharge.

2. The SAR used to calculate disposal works size for systems described in R18-9-E302 is as follows:
  - a. The SAR by percolation testing as described in R18-9-A310(F) or (G), as applicable, is determined as follows:

Percolation Rate from Percolation Test (minutes per inch)	SAR, Trench, Chamber, and Pit (gal/day/ft <sup>2</sup> )	SAR, Bed (gal/day/ft <sup>2</sup> )
Less than 1.00	A site-specific SAR is required	A site-specific SAR is required
1.00 to less than 3.00	1.20	0.93
3.00	1.10	0.73
4.00	1.00	0.67
5.00	0.90	0.60
7.00	0.75	0.50
10.0	0.63	0.42
15.0	0.50	0.33
20.0	0.44	0.29
25.0	0.40	0.27

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30.0	0.36	0.24
35.0	0.33	0.22
40.0	0.31	0.21
45.0	0.29	0.20
50.0	0.28	0.19
55.0	0.27	0.18
55.0+ to 60.0	0.25	0.17
60.0+ to 120	0.20	0.13
Greater than 120	A site-specific SAR is required	A site-specific SAR is required

- b. The SAR using the soil evaluation method described in R18-9-A310(E) is determined by answering the questions in the following table. The questions are read in sequence starting with "A." The first "yes" answer determines the SAR. A seepage pit is

required to determine percolation rate under the procedure described in R18-9-A310(G) and would only use this table to augment the percolation test results, if appropriate.

Sequence of Soil Characteristics Questions	SAR, Trench, Chamber, and Pit gal/day/ft <sup>2</sup>	SAR, Bed gal/day/ft <sup>2</sup>
A. Is the horizon gravelly coarse sand or coarser?	A site-specific SAR is required	A site-specific SAR is required
B. Is the structure of the horizon moderate or strongly platy?	A site-specific SAR is required	A site-specific SAR is required
C. Is the texture of the horizon sandy clay loam, clay loam, silty clay loam, or finer and the soil structure weak platy?	A site-specific SAR is required	A site-specific SAR is required
D. Is the moist consistence stronger than firm or any cemented class?	A site-specific SAR is required	A site-specific SAR is required
E. Is the texture sandy clay, clay, or silty clay of high clay content and the structure massive or weak?	A site-specific SAR is required	A site-specific SAR is required
F. Is the texture sandy clay loam, clay loam, silty clay loam, or silt loam and the structure massive?	A site-specific SAR is required	A site-specific SAR is required
G. Is the texture of the horizon loam or sandy loam and the structure massive?	0.20	0.13
H. Is the texture sandy clay, clay, or silty clay of low clay content and the structure moderate or strong?	0.20	0.13
I. Is the texture sandy clay loam, clay loam, or silty clay loam and the structure weak?	0.20	0.13
J. Is the texture sandy clay loam, clay loam, or silty clay loam and the structure moderate or strong?	0.40	0.27
K. Is the texture sandy loam, loam, or silty loam and the structure weak?	0.40	0.27
L. Is the texture sandy loam, loam, or silt loam and the structure moderate or strong?	0.60	0.40
M. Is the texture fine sand, very fine sand, loamy fine sand, or loamy very fine sand?	0.40	0.27
N. Is the texture loamy sand or sand?	0.80	0.53
O. Is the texture coarse sand?	1.20	A site-specific SAR is required

- c. If the percolation rate determined under R18-9-A310(F) or (G), whichever is applicable, is a value that lies between two consecutive percolation rate values listed in subsection (2)(a), the applicant must use the higher of the two listed percolation rates to obtain the most conservative SAR.

TSS and BOD<sub>5</sub> and is calculated using the following formula:

3. For an on-site wastewater treatment facility described in a general permit other than R18-9-E302, the SAR is dependent on the ability of the facility to reduce the level of

$$SAR_a = \left[ \left( \frac{11.39}{\sqrt[3]{TSS + BOD_5}} - 1.87 \right) SAR^{1.13} + 1 \right] SAR$$

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- a. "SAR<sub>a</sub>" is the adjusted soil absorption rate for disposal works design in gallons per day per square foot,
  - b. "TSS" is the total suspended solids in wastewater delivered to the disposal works in milligrams per liter,
  - c. "BOD<sub>5</sub>" is the five-day biochemical oxygen demand of wastewater delivered to the disposal works in milligrams per liter, and
  - d. "SAR" is the soil absorption rate for septic tank effluent determined by the subsurface characterization method described in R18-9-A310.
4. An applicant shall ensure that the facility is designed so that the area of the intended installation is large enough to allow for construction of the facility and for future replacement or repair and is at least as large as the following:
    - a. For a dwelling, a primary area for the disposal works sized according to subsection (D)(1) and a reserve area of 100 percent of the primary area, excluding the footprint of the treatment works. A reserve area is not required for a lot in a subdivision approved before 1974 if the lot conforms to its original approved configuration;
    - b. For other than a dwelling, a primary area for the disposal works sized according to subsection (D)(1) and a reserve area of 100 percent of the primary area, excluding the footprint of the treatment works.
  5. An applicant shall ensure that the subsurface disposal works is designed to achieve the design flow established in R18-9-A309(B)(3) through proper hydraulic function, including conditions of seasonally cold and wet weather.
- E. Vertical separation distances.**
1. Minimum vertical separation to the seasonal high water table for a disposal works described in R18-9-E302 receiving septic tank effluent. For a disposal works described in R18-9-E302 receiving septic tank effluent at a facility where the septic tank and disposal system described in R18-9-E302 is the sole method of treatment and disposal of wastewater, the minimum vertical separation distance between the lowest point in the disposal works and the seasonal high water table is dependent on the soil absorption rate and is determined as follows:

Soil Absorption Rate (gallons per day per square foot)			Minimum Vertical Separation Between The Bottom Of The Disposal Works And The Seasonal High Water Table (feet)	
Trench and Chamber	Bed	Seepage Pit	Trench, Chamber, and Bed	Seepage Pit
1.20+	0.93+	1.20+	Not allowed for septic tank effluent	Not Allowed
0.63+ to 1.20	0.42 to 0.93	0.63+ to 1.20	10	60
0.20 to 0.63	0.13 to 0.42	0.36 to 0.63	5	60
Less than 0.20	Less than 0.13	Less than 0.36	Not allowed for septic tank effluent	Not Allowed

2. Minimum vertical separation to the seasonal high water table for treatment and disposal works technologies described in R18-9-E303 through R18-9-E322. If the minimum vertical separation distance to the seasonal high water table for a disposal works receiving septic tank effluent specified in subsection (E)(1) is not met, the applicant shall comply with the following:
  - a. Employ one or more technologies described in R18-9-E303 through R18-9-E322 to achieve a reduced

concentration of harmful microorganisms, expressed as total coliform in colony forming units per 100 milliliters (cfu/100 ml) delivered to native soil at the bottom of the disposal works. The applicant shall use the following table to select works that achieve a reduced total coliform concentration corresponding to the available vertical separation distance between the bottom of the disposal works and the seasonal high water table:

Available Vertical Separation Distance Between the Bottom of The Disposal Works and the Seasonal High Water Table (feet)		Maximum Allowable Total Coliform Concentration, 95 <sup>th</sup> Percentile, Delivered to Natural Soil by the Disposal Works (Log <sub>10</sub> of coliform concentration in cfu per 100 milliliters)
For SAR*, 0.20 to 0.63	For SAR*, 0.63+ to 1.20	
5	10	8**
4	8	7
3.5	7	6
3	6	5
2.5	5	4
2	4	3
1.5	3	2
1	2	1
0	0	0***

\* Soil absorption rate from percolation testing or soil characterization, in gallons per square foot per day.

\*\* Nominal value for a standard septic tank and disposal field (10<sup>8</sup> colony forming units per 100 ml).

\*\*\* Nominally free of coliform bacteria.

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- b. Include a hydraulic analysis with the Notice of Intent to Discharge, based on the dimensions of the absorption surfaces specified in R18-9-A312(B)(4)(b), showing that the soil is sufficiently permeable to conduct wastewater downward and laterally without surfacing for the site conditions at the disposal works.
3. Vertical separation from a subsurface limiting condition described in R18-9-A310(D)(2)(d) that may cause or contribute to surfacing of wastewater. If a subsurface limiting condition described in R18-9-A310(D)(2)(d) exists at the location of the disposal works, the applicant shall ensure that the design for the on-site wastewater treatment facility meets one of the following:
  - a. A zone of acceptable native soil with the following characteristics exists between the bottom of the disposal works and the top of the subsurface limiting condition:
    - i. The zone of soil is at least 4 feet thick, and
    - ii. The zone of soil is sufficiently permeable to conduct wastewater released from the disposal works vertically downward and laterally without causing surfacing of the wastewater as documented by a hydraulic analysis submitted with the Notice of Intent to Discharge that is based on the dimensions of the absorption surfaces specified in R18-9-A312(B)(4)(b);
  - b. The subsurface limiting condition is thin enough to allow placement of a disposal works into acceptable native soil beneath the subsurface limiting condition if the following criteria are met:
    - i. The bottom of the subsurface limiting condition is not deeper than 10 feet below the land surface, and
    - ii. The vertical separation distance from the bottom of the disposal works to the seasonal high water table complies with subsection (E)(1) or (2), as applicable; or
  - c. If the disposal works is placed above the subsurface limiting condition and the depth to the subsurface limiting condition is less than 4 feet below the bottom of the disposal works, the design for the on-site wastewater treatment facility shall comply with all of the following:
    - i. Employ one or more technologies described in R18-9-E303 through R18-9-E322 to achieve a reduced concentration of harmful microorganisms, expressed as total coliform in colony forming units per 100 milliliters (cfu/100 ml), delivered to acceptable native soil at the bottom of the disposal works, as follows:

Available Vertical Separation Distance from the Bottom of the Disposal Works to the Subsurface Limiting Condition (feet)	Maximum Allowable Total Coliform Concentration, 95 <sup>th</sup> Percentile, Delivered to Acceptable Native Soil by the Disposal Works (Log <sub>10</sub> of coliform concentration in cfu per 100 milliliters)
3.5	7
3	6
2.5	5
2	4
1.5	0*
1	0*
0.5	0*
0	0*

\* Nominally free of coliform bacteria.

- ii. Include a hydraulic analysis with the Notice of Intent to Discharge, based on the location and dimensions of the absorption surfaces specified in R18-9-A312(B)(4)(b), showing that the soil is sufficiently permeable to conduct wastewater vertically downward and laterally without surfacing for the site conditions at the disposal works; and
  - iii. If a disinfection device under R18-9-E320 is proposed but is not used with surface disposal of wastewater under R18-9-E321 or "Category A" drip irrigation disposal under R18-9-E322, provide a justification with the Notice of Intent to Discharge stating why the selected type of disposal works is favored over disposal under R18-9-E321 or R18-9-E322.
  4. Vertical separation from a subsurface limiting condition described in R18-9-A310(D)(2)(e) that promotes accelerated downward movement of insufficiently treated wastewater. If a subsurface limiting condition described in R18-9-A310(D)(2)(e) exists at the location of the proposed disposal works, the applicant shall ensure that the design for the on-site wastewater treatment facility meets one of the following:
    - a. A zone of naturally occurring soil with the following characteristics exists between the bottom of the disposal works and the top of the subsurface limiting condition:
      - i. The zone of soil is at least 2 feet thick, and
      - ii. The SAR of the soil is not less than 0.20 gallons per day per square foot nor more than 1.20 gallons per day per square foot; or
    - b. The on-site wastewater treatment facility employs one or more technologies described in R18-9-E303 through R18-9-E322 that produces treated wastewater that meets a total coliform concentration of 1,000,000 (Log<sub>10</sub>6) colony forming units per 100 milliliters, 95th percentile.
- F. Materials and manufactured system components.

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1. Materials. An applicant shall use aggregate if no specification for disposal works material is provided in this Article.
  2. Manufactured components. If manufactured components are used, an applicant shall design, install, and operate the on-site wastewater treatment facility following the manufacturer's specifications. The applicant shall ensure that:
    - a. Treatment and containment components, mechanical equipment, instrumentation, and controls have monitoring, inspection, access and cleanout ports or covers, as appropriate, for monitoring and service;
    - b. Treatment and containment components, pipe, fittings, pumps, and related components and controls are durable, watertight, structurally sound, and capable of withstanding stress from installation and operational service; and
    - c. Distribution lines for disposal works are constructed of perforated high density polyethylene pipe, perforated ABS pipe, perforated PVC pipe, or other pipe material, if the pipe is suitable for wastewater disposal use and sufficient openings are available for distribution of the wastewater into the trench or bed area.
  3. Electronic components. When electronic components are used, the applicant shall ensure that:
    - a. The component connections are compliant with the electrical code encompassed in the local building codes applicable in the county in which the facility is installed, except as required for a pressure distribution system under R18-9-E304(D)(2)(e);
    - b. Instructions and a wiring diagram are mounted on the inside of a control panel cover;
    - c. The control panel is equipped with a multimode operation switch, red alarm light, buzzer, and reset button;
    - d. The multimode operation switch operates in the automatic position for normal system operation; and
    - e. An anomalous condition is indicated by a glowing alarm light and sounding buzzer. The continued glowing of the alarm light after pressing the reset button shall signal the need for maintenance or repair of the system at the earliest practical opportunity.
  4. If a conflict exists between this Article and the manufacturer's specifications, the requirements of this Article apply. Except for the requirements in subsection (D) and (E), which always apply, if the conflict voids a manufacturer's warranty, the applicant may submit a request under subsection (G) justifying use of the manufacturer's specifications.
- G.** Alternative design, setback, installation, or operational features. When an applicant submits a Notice of Intent to Discharge, the applicant may request that the Department review and approve a feature of improved or alternative technology, design, setback, installation, or operation that differs from a general permit requirement in this Article. Designs incorporating alternative features already approved in a current listing on the "proprietary and other reviewed product list" pursuant to R18-9-A309(E) do not need additional approval under this subsection for only those specific alternative features already approved in the proprietary products listing.
1. The applicant shall make the request for an improved or alternative feature of technology, design, setback, installation, or operation on a form provided by the Department and include:
    - a. A description of the requested change;
    - b. A citation to the applicable feature or technology, design, setback, installation, or operational requirement for which the change is being requested; and
    - c. Justification for the requested change, including any necessary supporting documentation.
  2. The applicant shall submit the appropriate fee specified under 18 A.A.C. 14 for each requested change. For purposes of calculating the fee, a requested change that is applied multiple times in a similar manner throughout the facility is considered a single request if submitted for concurrent review.
  3. The applicant shall provide sufficient information for the Department to determine that the change achieves equal or better performance compared with the general permit requirement, or addresses site or system conditions more satisfactorily than the requirements of this Article.
  4. The Department shall review and may approve the request for change.
  5. The Department shall deny the request for the change if the change will adversely affect other permittees or cause or contribute to a violation of an Aquifer Water Quality Standard.
  6. The Department shall deny the request for the change if the change:
    - a. Fails to achieve equal or better performance compared to the general permit requirement;
    - b. Fails to address site or system conditions more satisfactorily than the general permit requirement;
    - c. Is insufficiently justified based on the information provided in the submittal;
    - d. Requires excessive review time, research, or specialized expertise by the Department to act on the request; or
    - e. For any other justifiable cause.
  7. The Department may approve a reduced setback for a facility authorized to discharge under one or more of the general permits in R18-9-E302 through R18-9-E323, either separately or in combination, if the applicant additionally demonstrates at least one of the following:
    - a. The treatment performance is significantly better than that provided under R18-9-E302(B),
    - b. The wastewater loading rate is reduced, or
    - c. Surface or subsurface characteristics ensure that reduced setbacks are protective of human health or water quality.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended to correct a manifest typographical error in subsection (E)(1) (Supp. 01-1). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023 (Supp. 23-2).

**R18-9-A313. Facility Installation, Operation, and Maintenance for On-site Wastewater Treatment Facilities**

- A.** Facility installation. In addition to installation requirements in the general permit, the applicant shall ensure that the following tasks are performed, as applicable:
1. The facility is installed as described in design documents submitted with the Notice of Intent to Discharge;



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2. Components are installed on a firm foundation that supports the components and operating loads;
  3. The site is prepared to protect native soil beneath the soil absorption area and in adjacent areas from compaction, prevent smeared absorption surfaces, minimize disturbances from grubbing, and otherwise preclude damage to the disposal area that would impair performance;
  4. Components are protected from damage at the construction site and installed in conformance with the manufacturer's instructions if consistent with this Article;
  5. Treatment media are placed to achieve uniform density, prevent differential settling, produce a level inlet surface unless otherwise specified by the manufacturer, and avoid introduction of construction contaminants;
  6. Backfill is placed to prevent damage to geotextile, liners, tanks, and other components;
  7. Soil cover is shaped to shed rainfall away from the backfill areas and prevent ponding of runoff; and
  8. Anti-buoyancy measures are implemented during construction if temporary saturated backfill conditions are anticipated during construction.
- B. Operation and maintenance.** In addition to operation and maintenance requirements in the general permit or specified in the operation and maintenance manual, the permittee shall ensure that the following tasks are performed, as applicable:
1. Pump accumulated residues, inspect and clean wastewater treatment and distribution components, and manage residues to protect human health and the environment;
  2. Clean, backwash, or replace effluent filters according to the manufacturer's instructions, and manage residues to protect human health and the environment;
  3. Inspect and clean the effluent baffle screen and pump tank, and properly dispose of cleaning residue;
  4. Clean the dosing tank effluent screen, pump switches, and floats, and properly dispose of cleaning residue;
  5. Flush lateral lines and return flush water to the pretreatment headworks;
  6. Inspect, remove and replace, if necessary, and properly dispose of filter media;
  7. Rod pressurized wastewater delivery lines and secondary distribution lines (for dosing systems), and return cleaning water to the pretreatment headworks;
  8. Inspect and clean pump inlets and controls and return cleaning water to the pretreatment headworks;
  9. Implement corrective measures if anomalous ponding, dryness, noise, odor, or differential settling is observed;
  10. Inspect and monitor inspection and access ports, as applicable, to verify that operation is within expected limits for:
    - a. Influent wastewater quality;
    - b. The pressurized dosing system;
    - c. The aggregate infiltration bed and mound system;
    - d. Wastewater delivery and the engineered pad;
    - e. The pressurized delivery system, filter, underdrain, and native soil absorption system;
    - f. Saturation condition status in peat and other media; and
    - g. Treatment system components;
  11. Inspect tanks, liners, ports, seals, piping, and appurtenances for watertightness under all operational conditions;
  12. Manage vegetation in areas that contain components subject to physical impairment or damage due to root invasion or animals;
  13. Maintain drainage, berms, protective barriers, cover materials, and other features; and
  14. Maintain the usefulness of the reserve area to allow for repair or replacement of the on-site wastewater treatment facility.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-A314. Septic Tank Design, Manufacturing, and Installation for On-site Wastewater Treatment Facilities**

A person shall not install a septic tank in an on-site wastewater treatment facility unless the tank meets the following requirements:

1. The tank is:
  - a. Designed to produce a clarified effluent and provide adequate space for sludge and scum accumulations;
  - b. Watertight and constructed of solid durable materials not subject to excessive corrosion or decay;
  - c. Manufactured with at least two compartments unless two separate structures are placed in series. The tank is designed so that:
    - i. The inlet compartment of any septic tank not placed in series is nominally 67 percent to 75 percent of the total required capacity of the tank,
    - ii. Septic tanks placed in series are considered a unit and meet the same criteria as a single tank,
    - iii. The liquid depth of the septic tank is at least 42 inches, and
    - iv. A septic tank of 1000 gallon capacity is at least 8 feet long and the tank length of septic tanks of greater capacity is at least 2 times but not more than 3 times the width;
  - d. Manufactured with at least two access openings to the tank interior, each at least 20 inches in diameter. The tank is designed so that:
    - i. One access opening is located over the inlet end of the tank and one access opening is located over the outlet end;
    - ii. Whenever a first compartment exceeds 12 feet in length, another access opening is provided over the baffle wall; and
    - iii. Access openings and risers are constructed to ensure accessibility within 6 inches below finished grade;
  - e. Manufactured so that the sewage inlet and wastewater outlet openings are not smaller than the connecting sewer pipe. The tank is designed so that:
    - i. The vertical leg of round inlet and outlet fittings is at least 4 inches but not smaller than the connecting sewer pipe, and
    - ii. A baffle fitting has the equivalent cross-sectional area of the connecting sewer pipe and not less than a 4 inch horizontal dimension if measured at the inlet and outlet pipe inverts;
  - f. Manufactured so that the inlet and outlet pipe or baffle extends 4 inches above and at least 12 inches below the water surface when the tank is installed according to the manufacturer's instructions consistent with this Chapter. The invert of the inlet pipe is at least 2 inches above the invert of the outlet pipe;

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- g. Manufactured so that the inlet and outlet fittings or baffles and compartment partitions have a free vent area equal to the required cross-sectional area of the connected sewer pipe to provide free ventilation above the water surface from the disposal works or seepage pit through the septic tank, house sewer, and stack to the outer air;
  - h. Manufactured so that the open space extends at least 9 inches above the liquid level and the cover of the septic tank is at least 2 inches above the top of the inlet fitting vent opening;
  - i. Manufactured so that partitions or baffles between compartments are of solid durable material (wooden baffles are prohibited) and extend at least 4 inches above the liquid level. The open area of the baffle shall be between one and 2 times the open area of the inlet pipe or horizontal slot and located at the midpoint of the liquid level of the baffle. If a horizontal slot is used, the slot shall be no more than 6 inches in height;
  - j. Structurally designed to withstand all anticipated earth or other loads. The tank is designed so that:
    - i. All septic tank covers are capable of supporting an earth load of 300 pounds per square foot; and
    - ii. If the top of the tank is greater than 2 feet below finish grade, the septic tank and cover are capable of supporting an additional load of 150 pounds per square foot for each additional foot of cover;
  - k. Manufactured or installed so that the influent and effluent ends of the tank are clearly and permanently marked on the outside of the tank with the words "INLET" or "IN," and "OUTLET" or "OUT," above or to the right or left of the corresponding openings; and
  - l. Clearly and permanently marked with the manufacturer's name or registered trademark, or both, the month and year, or Julian date, of manufacture, the maximum recommended depth of earth cover in feet, and the design liquid capacity of the tank. The tank is manufactured to protect the markings from corrosion so that they remain permanent and readable for the operational life of the tank.
2. Materials used to construct or manufacture septic tanks.
- a. A septic tank cast-in-place at the site of use shall be protected from corrosion by coating the tank with a bituminous coating, by constructing the tank using a concrete mix that incorporates 15 percent to 18 percent fly ash, or by any other Department-approved means. The tank is designed so that:
    - i. The coating extends at least 4 inches below the wastewater line and covers all of the internal area above that point; and
    - ii. A septic tank cast-in-place complies with the "Building Code Requirements for Structural Concrete and Commentary ACI 318-02/318R-02 (2002)," and the "Code Requirements for Environmental Engineering Concrete Structures and Commentary, ACI 350/350R-01 (2001)," published by the American Concrete Institute. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material.
- Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington Street, Phoenix, AZ 85007 or may be obtained from American Concrete Institute, P.O. Box 9094, Farmington Hills, MI 48333-9094.
- b. A steel septic tank shall have a minimum wall thickness of No. 12 U.S. gauge steel and be protected from corrosion, internally and externally, by a bituminous coating or other Department-approved means.
  - c. A prefabricated concrete septic tank shall meet the "Standard Specification for Precast Concrete Septic Tanks, C1227-20," published by the American Society for Testing and Materials. This information is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington Street, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International West.
  - d. A septic tank manufactured using fiberglass or thermoplastic shall meet the requirements set forth in "Prefabricated Septic Tanks – IAPMO/ANSI Z1000-2019," published by the International Association of Plumbing and Mechanical Officials. This information is incorporated by reference, does not include any later amendments or editions of the incorporated material, and may be viewed at the Arizona Department of Environmental Quality, 1110 W. Washington Street, Phoenix, AZ 85007 or obtained from International Association of Plumbing and Mechanical Officials, 4755 E. Philadelphia Street, Ontario, CA 91761.
3. Conformance with design, materials, and manufacturing requirements.
- a. If any conflict exists between this Article and the information incorporated by reference in subsection (2), the requirements of this Article apply.
  - b. The Department may approve use of alternative construction materials under R18-9-A312(G). Tanks constructed of wood, block, or bare steel are prohibited.
  - c. The Department may inspect septic tanks at the site of manufacturing to verify compliance with subsections (1) and (2).
  - d. The septic tank sale documentation includes:
    - i. A certificate attesting that the septic tank conforms with the design, materials, and manufacturing requirements in subsections (1) and (2); and
    - ii. Instructions for handling and installing the septic tank.
4. The septic tank's daily design flow is determined as follows:
- a. For a single family dwelling:
    - i. The design liquid capacity of the septic tank and the septic tank's daily design flow are determined based on the number of bedrooms and fixture count as follows:

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Criteria for Septic Tank Size and Design Flow			
Number of Bedrooms	Fixture Count	Minimum Design Liquid Capacity (gallons)	Design Flow (gal/day)
1	7 or less	1000	150
	More than 7	1000	300
2	14 or less	1000	300
	More than 14	1000	450
3	21 or less	1000	450
	More than 21	1250	600
4	28 or less	1250	600
	More than 28	1500	750
5	35 or less	1500	750
	More than 35	2000	900
6	42 or less	2000	900
	More than 42	2500	1050
7	49 or less	2500	1050
	More than 49	3000	1200
8	56 or less	3000	1200
	More than 56	3000	1350

ii. Fixture count is determined as follows:

Residential Fixture Type	Fixture Units	Residential Fixture Type	Fixture Units
Bathtub	2	Sink, bar	1
Bidet	2	Sink, kitchen (including dishwasher)	2
Clothes washer	2	Sink, service	3
Dishwasher (Separate from kitchen)	2	Utility tub or sink	2
Lavatory, single	1	Water closet, 1.6 gallons per flush (gpf)	3
Lavatory, double in master bedroom	1	Water closet, >1.6 to 3.2 gpf	4
Shower, single stall	2	Water closet, greater than 3.2 gpf	6

- b. For other than a single family dwelling, the design liquid capacity of a septic tank in gallons is 2.1 times the daily design flow into the tank as determined from Table 1, Unit Design Flows. If the wastewater strength exceeds that of typical sewage, additional tank volume is required.
- c. A person may place two septic tanks in series to meet the septic tank design liquid capacity requirements if the capacity of the first tank is at least 67 percent of the total required tank capacity and the capacity of the second tank is at least 33 percent of the total required tank capacity.
5. The following requirements regarding new or replacement septic tank installation apply:
  - a. Permanent surface markers for locating the septic tank access openings are provided for maintenance;
  - b. A septic tank installed under concrete or pavement has the required access openings extended to grade;
  - c. A septic tank effluent filter is installed on the septic tank. The filter shall:
    - i. Prevent the passage of solids larger than 1/8 inch in diameter while under two feet of hydrostatic head; and
    - ii. Be constructed of materials that are resistant to corrosion and erosion, sized to accommodate hydraulic and organic loading, and removable for cleaning and maintenance; and
  - d. The septic tank is tested for watertightness after installation by the water test described in subsections (5)(d)(i) and (5)(d)(ii) and repaired or replaced, if necessary.
    - i. The septic tank is filled with clean water, as specified in R18-9-A310(A), to the invert of the outlet and the water left standing in the tank for 24 hours and:
      - (1) After 24 hours, the tank is refilled to the invert, if necessary;
      - (2) The initial water level and time is recorded; and
      - (3) After one hour, water level and time is recorded.
    - ii. The tank passes the water test if the water level does not drop over the one-hour period. Any visible leak of flowing water is considered a failure. A damp or wet spot that is not flowing is not considered a failure.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November

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12, 2005 (05-3). Amended by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023 (Supp. 23-2).

**R18-9-A315. Interceptor Design, Manufacturing, and Installation for On-site Wastewater Treatment Facilities**

- A.** Interceptor requirement. An applicant shall ensure that an interceptor as required by R18-9-A309(A)(7)(c) or necessary due to excessive amounts of grease, garbage, sand, or other wastes in the sewage is installed between the sewage source and the on-site wastewater treatment facility.
- B.** Interceptor design. An applicant shall ensure that:
  1. An interceptor has not less than two compartments with fittings designed for grease retention and capable of removing excessive amounts of grease, garbage, sand, or other similar wastes. An interceptor may not accept human excreta or toilet wastewater. Applicable structural and materials requirements prescribed in R18-9-A314 apply;
  2. Interceptors are located as close to the source as possible and are accessible for servicing. The applicant shall ensure that access openings for servicing are at grade level and gas-tight;
  3. The interceptor size for grease and garbage from non-residential kitchens is calculated using by the following equation: Interceptor Size (in gallons) =  $M \times F \times T \times S$ .
    - a. "M" is the number of meals per peak hour;
    - b. "F" is the applicable waste flow rate from Table 1, Unit Design Flows.
    - c. "T" is the estimated retention time:
      - i. Commercial kitchen waste, dishwasher or disposal: 2.5 hours; or
      - ii. Single service kitchen with utensil wash disposal: 1.5 hours;
    - d. "S" is the estimated storage factor:
      - i. Fully equipped commercial kitchen, 8-hour operation: 1.0;
      - ii. Fully equipped commercial kitchen, 16-hour operation: 2.0;
      - iii. Fully equipped commercial kitchen, 24-hour operation: 3.0; or
      - iv. Single service kitchen, 1.5;
  4. The interceptor size for silt and grease from laundries and laundromats is calculated using the following equation: Interceptor Size (in gallons) =  $M \times C \times F \times T \times S$ .
    - a. "M" is the number of machines;
    - b. "C" is the machine cycles per hour (assume 2);
    - c. "F" is the waste flow rate from Table 1, Unit Design Flows;
    - d. "T" is the estimated retention time (assume 2); and
    - e. "S" is the estimated storage factor (assume 1.5 that allows for rock filter).
- C.** The applicant may calculate the size of an interceptor using different factor values than those given in subsections (B)(3) and (4) based on the values justified by the applicant in the Notice of Intent to Discharge submitted to the Department for the on-site wastewater treatment facility.
- D.** The Department may require installation of a sampling box if the volume or characteristics of the waste will impair the performance of the on-site wastewater treatment facility.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November

12, 2005 (05-3). Amended by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023 (Supp. 23-2).

**R18-9-A316. Transfer of Ownership Inspection for On-site Wastewater Treatment Facilities**

- A.** Conforming with this Section satisfies the Notice of Transfer requirements under R18-9-A304.
- B.** Within six months before the date of property transfer, the person who is transferring a property served by an on-site wastewater treatment facility shall retain an inspector to perform a transfer of ownership inspection of the on-site wastewater treatment facility who meets the following qualifications:
  1. Possesses working knowledge of the type of facility and the inspection process;
  2. Holds a certificate of training from a course recognized by the Department as sufficiently covering the information specified in this Section by July 1, 2006; and
  3. Holds a license in one of the following categories:
    - a. An Arizona-registered engineer;
    - b. An Arizona-registered sanitarian;
    - c. An owner of a vehicle with a human excreta collection and transport license issued under 18 A.A.C. 13, Article 11 or an employee of the owner of the vehicle;
    - d. A contractor licensed by the Registrar of Contractors in one of the following categories:
      - i. Residential license B-4 or C-41;
      - ii. Commercial license A, A-12, or L-41; or
      - iii. Dual license KA or K-41;
    - e. A wastewater treatment plant operator certified under 18 A.A.C. 5, Article 1; or
    - f. A person qualifying under another category designated by the Department.
- C.** The inspector shall complete a Report of Inspection on a form approved by the Department, sign it, and provide it to the person transferring the property. The Report of Inspection shall:
  1. Address the physical and operational condition of the on-site wastewater treatment facility and describe observed deficiencies and repairs completed, if any;
  2. Indicate that each septic tank or other wastewater treatment container on the property was pumped or otherwise serviced to remove, to the maximum extent possible, solid, floating, and liquid waste accumulations, or that pumping or servicing was not performed for one of the following reasons:
    - a. A Discharge Authorization for the on-site wastewater treatment facility was issued and the facility was put into service within 12 months before the transfer of ownership inspection,
    - b. Pumping or servicing was not necessary at the time of the inspection based on the manufacturer's written operation and maintenance instructions, or
    - c. No accumulation of floating or settled waste was present in the septic tank or wastewater treatment container; and
  3. Indicate the date the inspection was performed.
- D.** Before the property is transferred, the person transferring the property shall provide to the person to whom the property is transferred:
  1. The completed Report of Inspection; and
  2. Documents in the person's possession relating to permitting, operation, and maintenance of the on-site wastewater treatment facility.

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- E. The person to whom the property is transferred shall complete a Notice of Transfer on a form approved by the Department and send the form with the applicable fee specified in 18 A.A.C. 14 within 15 calendar days after the property transfer to:
1. The Department for transfer of a property with an on-site wastewater treatment facility for which construction was completed before January 1, 2001; or
  2. The health or environmental agency delegated by the Director to administer the on-site wastewater treatment facility program for transfer of a property with an on-site wastewater treatment facility constructed on or after January 1, 2001.
- F. If the Department issued a Discharge Authorization for the on-site wastewater treatment facility but the facility was not put into service before the property transfer, an inspection of the facility is not required and the transferee shall complete the Notice of Transfer form as specified in subsection (E).
- G. Effective date.
1. The owner of an on-site wastewater treatment facility operating under a Type 4 General Permit shall comply with this Section by November 12, 2005.
  2. The owner of any on-site wastewater treatment facility other than a facility identified in subsection (G)(1) shall comply with this Section by July 1, 2006.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2002 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-A317. Nitrogen Management Area**
- A. The Director may designate a new Nitrogen Management Area to control groundwater pollution by sources of nitrogen regulated by Title 49, Chapter 2, Article 3 of the Arizona Revised Statutes and not covered under an individual permit, modify the boundaries or requirements of a Nitrogen Management Area, or rescind designation of a Nitrogen Management Area.
1. If existing conditions or trends in nitrogen loading to an aquifer will cause or contribute to an exceedance of the Aquifer Water Quality Standard for nitrate at a point or points of current or reasonably foreseeable use of the aquifer, the Director shall use the following criteria to determine whether to designate the area as a Nitrogen Management Area:
    - a. Population of the area;
    - b. The degree to which the area is unsewered;
    - c. Gross areal nitrogen loading, calculated as the amount of nitrogen discharged into the subsurface by use of on-site wastewater treatment facilities, divided by the land area under consideration for designation as a Nitrogen Management Area;
    - d. Population growth rate of area;
    - e. Existing contamination of groundwater by nitrogen species;
    - f. Existing and potential impact to groundwater by sources of nitrogen other than on-site wastewater treatment facilities;
    - g. Characteristics of the vadose zone and aquifer;
    - h. Location, number, and areal extent of existing and potential sources of nitrogen;
    - i. Location and characteristics of existing and potential drinking water supplies; and
    - j. Any other information relevant to determining the severity of actual or potential nitrogen impact on the aquifer.
  2. The Director may modify the boundaries or requirements of a Nitrogen Management Area or rescind designation of a Nitrogen Management Area based on:
    - a. A material change to one or more criterion specified in subsection (A)(1); or
    - b. The adoption by a local agency of a master plan to substantially sewer the area as soon as possible, but with a completion deadline within 10 years, unless a completion deadline of more than 10 years is approved by the Director.
- B. Preliminary designation, modification, or rescission.
1. The Director shall provide a report to the mayors and members of the Board of Supervisors of all towns, cities, and counties and the directors of all sanitary districts affected by the Department's proposed action to designate, modify, or rescind a Nitrogen Management Area as follows:
    - a. If the Department proposes to designate a Nitrogen Management Area, the Department shall provide a report discussing each criterion specified in subsection (A)(1).
    - b. If the Department proposes to modify the boundaries or requirements of a Nitrogen Management Area or rescind the designation of a Nitrogen Management Area, the Department shall provide a report discussing applicable criteria in subsections (A)(1) and (2).
  2. The town, city, county, or sanitary district receiving the Director's report may provide written comments to the Department within 120 days to dispute the factual information presented in the report and supply any information supporting the comments.
  3. The Director shall evaluate the comments and supporting information obtained under subsection (B)(2) and either designate, modify, or rescind the Nitrogen Management Area or withdraw the proposal.
- C. Final designation.
1. If the Director designates or modifies the Nitrogen Management Area, the Department shall:
    - a. Issue or modify the Nitrogen Management Area designation and any special provisions established for the area to control groundwater pollution by sources of nitrogen regulated by Title 49, Chapter 2, Article 3 of the Arizona Revised Statutes but not covered under an individual permit. The Department shall provide notice to the mayors and members of the Board of Supervisors of all towns, cities, and counties and the directors of all sanitary districts affected by the determination;
    - b. Maintain the designation and a map showing the boundaries of the Nitrogen Management Area at the Arizona Department of Environmental Quality, 1110 West Washington, Phoenix, Arizona 85007 and on the Department's web site at [www.azdeq.gov](http://www.azdeq.gov); and
    - c. Provide, upon request, a copy of the Nitrogen Management Area designation and a map of the area.
  2. If the Director withdraws the preliminary Nitrogen Management Area designation or rescinds the Nitrogen Management Area designation, the Director shall issue a determination stating the decision and post it on the Department's web site at [www.azdeq.gov](http://www.azdeq.gov).

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**D. Nitrogen Management Area requirements. Within a Nitrogen Management Area:**

1. The Department shall issue a Construction Authorization, under R18-9-A301(D)(1)(c), for an on-site wastewater treatment facility only if the applicant proposes, in the Notice of Intent to Discharge, to employ one or more of the technologies allowed under R18-9-E302 through R18-9-E322 that achieves a discharge level containing not more than 15 mg/l of total nitrogen.
2. An agricultural operation shall use the best control measure necessary to reduce nitrogen discharge when implementing the best management practices developed under 18 A.A.C. 9, Article 4. The Director may require the owner or operator to reassess the performance of the impoundment liner systems constructed under R18-9-403 before November 12, 2005.
3. A person shall comply with any special provision established for the Nitrogen Management Area, as applicable, for the person's facility.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**PART B. TYPE 1 GENERAL PERMITS****R18-9-B301. Type 1 General Permit**

- A.** A 1.01 General Permit allows any discharge of wash water from a sand and gravel operation, placer mining operation, or other similar activity, including construction, foundation, and underground dewatering, if only physical processes are employed and only hazardous substances at naturally occurring concentrations in the sand, gravel, or other rock material are present in the discharge.
- B.** A 1.02 General Permit allows any discharge from hydrostatic tests of a drinking water distribution system and pipelines not previously used, if all the following conditions are met:
  1. The quality of the water used for the test does not exceed an Aquifer Water Quality Standard or for non-drinking water pipelines, if reclaimed water is used, the reclaimed water meets Class A+ Reclaimed Water Quality Standards under A.A.C. R18-11-303 or Class B+ Reclaimed Water Quality Standards under A.A.C. R18-11-305;
  2. The discharge is not to a water of the United States, unless the discharge is under an AZPDES permit; and
  3. The test site is restored to its natural grade.
- C.** A 1.03 General Permit allows any discharge from hydrostatic tests of a pipeline, tank, or appurtenance previously used for transmission of fluid, other than those previously used for drinking water distribution systems, if all the following conditions are met:
  1. All liquid discharge is contained in an impoundment lined with flexible geomembrane. The liquid is evaporated or removed from the impoundment and taken to a treatment works or landfill authorized to accept the material within:
    - a. 60 days of the hydrostatic test if the liner is 10 mils, or
    - b. 180 days of the hydrostatic test if the liner is 30 mils or greater;
  2. The liner is placed over a layer, at least 3 inches thick, of well-sorted sand or finer grained material, or over an underliner that provides protection equal to or better than sand or finer grained material and the calculated seepage is less than 550 gallons per acre per day;
  3. The liner is removed and disposed of at an approved land-fill unless the liner can be reused at another test location without a reduction in integrity;
  4. The test site is restored to its natural grade; and
  5. If the test waters are removed using a method not specified in subsection (C)(1), including a discharge under an AZPDES permit, the test waters meet Aquifer Water Quality Standards and the specific method is approved by the Department before the discharge.
- D.** A 1.04 General Permit allows any discharge from a facility that, for water quality sampling, hydrologic parameter testing, well development, redevelopment, or potable water system maintenance and repair purposes, receives water, drilling fluids, or drill cuttings from a well if the discharge is to the same aquifer in approximately the same location from which the water supply was originally withdrawn, or the discharge is under an AZPDES permit.
- E.** A 1.05 General Permit allows a discharge to an injection well, surface impoundment, and leach line only if the discharge is filter backwash from a potable water treatment system, condensate from a refrigeration unit, overflows from an evaporative cooler, heat exchange system return water, or swimming pool filter backwash and the discharge is less than 1000 gallons per day. The 1.05 General Permit allows a discharge of those sources to a navigable water if the discharge is authorized by an AZPDES permit.
- F.** A 1.06 General Permit allows the burial of mining industry off-road motor vehicle waste tires at the mine site in a manner consistent with the cover requirements in R18-13-1203.
- G.** A 1.07 General Permit allows the operation of dockside facilities and watercraft if the following conditions are met:
  1. Docks that service watercraft equipped with toilets provide sanitary facilities at dockside for the disposal of sewage from watercraft toilets. No wastewater from sinks, showers, laundries, baths, or other plumbing fixtures at a dockside facility is discharged into waters of the state;
  2. Docks that service watercraft have conveniently located toilet facilities for men and women;
  3. No boat, houseboat, or other type of watercraft is equipped with a marine toilet constructed and operated to discharge sewage directly or indirectly into a water of the state, nor is any container of sewage placed, left, discharged, or caused to be placed, left, or discharged in or near any waters of the state by a person;
  4. Watercraft with marine toilets constructed to allow sewage to be discharged directly into waters of the state are locked and sealed to prevent usage. Chemical or other type marine toilets with approved storage containers are permitted if dockside disposal facilities are provided; and
  5. No bilge water or wastewater from sinks, showers, laundries, baths, or other plumbing fixtures on houseboats or other watercraft is discharged into waters of the state.
- H.** A 1.08 General Permit allows for any earth pit privy, fixed or transportable chemical toilet, incinerator toilet or privy, or pail or can-type privy if allowed by a county health or environmental department under A.R.S. Title 36 or a delegation agreement under A.R.S. § 49-107.
- I.** A 1.09 General Permit allows:
  1. The operation of:
    - a. A sewage treatment facility with flows less than 20,000 gallons per day and approved by the Department before January 1, 2001, and

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- b. An on-site wastewater treatment facility with flows less than 20,000 gallons per day operating before January 1, 2001;
  - 2. The person who owns or operates a facility under subsections (I)(1)(a) or (b) to operate the facility if the following conditions are met:
    - a. The discharge from the facility does not cause or contribute to a violation of a water quality standard;
    - b. The owner or operator does not expand the facility to accommodate flows above the design flow or 20,000 gallons per day, whichever is less;
    - c. The facility only treats typical sewage;
    - d. The facility does not treat flows from commercial operations using hazardous substances or creating hazardous wastes, as defined in A.R.S. § 49-921(5);
    - e. The discharge from the facility does not create any environmental nuisance condition listed in A.R.S. § 49-141; or
    - f. The owner or operator does not alter the treatment or disposal characteristics of the original facility, except as allowed under R18-9-A309(A)(9)(a).
- J. A 1.10 General Permit allows the operation of a sewage collection system installed before January 1, 2001 that serves downstream from the point where the daily design flow is 3000 gallons per day or that includes a manhole, force main, or lift station serving more than one dwelling regardless of flow, if:
  - 1. The system complies with the performance standards in R18-9-E301(B),
  - 2. No sewage is released from the sewage collection system to the land surface, and
  - 3. The system is not operating under the 2.05 General Permit.
- K. A 1.11 General Permit allows the operation of a sewage collection system that serves upstream from the point where the daily design flow is 3000 gallons per day to the building drains, or a single gravity sewer line conveying sewage from a building drain directly to an interceptor, lateral, or manhole, regardless of daily design flow, if all of the following are met:
  - 1. The system does not cause or contribute to an exceedance of a water quality standard established in 18 A.A.C. 11, Articles 1 and 4;
  - 2. No sewage is released from the sewage collection system to the land surface;
  - 3. No environmental nuisance condition listed in A.R.S. § 49-141 is created;
  - 4. The system does not include a manhole, force main, or lift station serving more than one dwelling;
  - 5. Applicable local administrative requirements for review and approval of design and construction are followed;
  - 6. The performance standards specified in R18-9-E301(B) are met using:
    - a. Local building and construction codes,
    - b. Relevant design and construction standards specified in R18-9-E301, and
    - c. Appropriate operation and maintenance;
  - 7. The system flows directly into one of the following downstream facilities:
    - a. An on-site wastewater treatment facility;
    - b. A sewage treatment facility operating under an individual permit; or
    - c. A sewage collection system operating under a 1.10, 2.05, or 4.01 General Permit; and
  - 8. The system is not operating under a 2.05 General Permit.
- L. A 1.12 General Permit allows the discharge of wastewater resulting from washing concrete from trucks, pumps, and ancillary equipment to an impoundment if the following conditions are met:
  - 1. The person holds an AZPDES Construction General Permit authorizing the concrete washout activities;
  - 2. The Stormwater Pollution Prevention Plan required by the Construction General Permit issued according to 18 A.A.C. 9, Article 9, Part C, for the construction activity addresses the concrete washout activities;
  - 3. The vegetation at the soil base of the impoundment is cleared, grubbed, and compacted to uniform density not less than 95 percent. If the impoundment is located above grade, the berms or dikes are compacted to a uniform density not less than 95 percent;
  - 4. If groundwater is less than 20 feet below land surface, the impoundment is lined with a synthetic liner at least 30 mils thick;
  - 5. The impoundment is located at least 50 feet from any storm drain inlet, open drainage facility, or watercourse and 100 feet from any water supply well;
  - 6. The impoundment is designed and operated to maintain adequate freeboard to prevent overflow or discharge of wastewater;
  - 7. The concrete washout wastewater from any wash pad is routed to the impoundment;
  - 8. The impoundment receives only concrete washout wastewater;
  - 9. The annual average daily flow of wastewater to the impoundment is less than 3000 gallons per day; and
  - 10. The following closure requirements are met.
    - a. The facility is closed by removing and appropriately disposing of any liquids remaining in the impoundment,
    - b. The area is graded to prevent ponding of water, and
    - c. Closure activities are completed before filing of the Notice of Termination under the AZPDES Construction General Permit.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**PART C. TYPE 2 GENERAL PERMITS****R18-9-C301. 2.01 General Permit: Drywells That Drain Areas Where Hazardous Substances Are Used, Stored, Loaded, or Treated**

- A. A 2.01 General Permit allows for a drywell that drains an area where hazardous substances are used, stored, loaded, or treated.
- B. Notice of Intent to Discharge. In addition to the requirements in R18-9-A301(B), an applicant shall submit:
  - 1. The Class V injection well inventory number for the drywell or documentation that inventory information was submitted to the Department;
  - 2. For a drywell constructed more than 90 days before submitting the Notice of Intent to Discharge to the Department, a certification signed, dated, and sealed by an Arizona-registered professional engineer or geologist that a site investigation has concluded that:
    - a. Analytical results from sampling the drywell settling chamber sediment for pollutants reasonably expected to be present do not exceed either the resi-

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- dential soil remediation levels or the groundwater protection levels;
- b. The settling chamber does not contain sediments that could be used to characterize and compare results to soil remediation levels and the chamber has not been cleaned out within the last six months;
  - c. Neither a soil remediation level nor groundwater protection level is exceeded in soil samples collected from a boring drilled within 5 feet of the drywell and sampled in 5-foot increments starting from 5 feet below ground surface and extending to 10 feet below the base of the drywell injection pipe; or
  - d. If coarse grained lithology prevents the collection of representative soil samples in a soil boring, a groundwater investigation demonstrates compliance with Aquifer Water Quality Standards in groundwater at the applicable point of compliance;
3. Design information to demonstrate that the requirements in subsection (C) are satisfied; and
  4. A copy of the Best Management Practices Plan described in subsection (D)(5).
- C. Design requirements.** An applicant shall:
1. Locate the drywell no closer than 100 feet from a water supply well and 20 feet from an underground storage tank;
  2. Clearly mark the drywell "Stormwater Only" on the surface grate or manhole cover;
  3. Locate the bottom of the drywell hole at least 10 feet above groundwater. If during drilling and well installation the drywell borehole encounters saturated conditions, the applicant shall backfill the borehole with cement grout to at least 10 feet above the elevation of saturated conditions before constructing the drywell in the borehole;
  4. Ensure that the drywell design or drainage area design includes a method to remove, intercept, or collect pollutants that may be present at the operation with the potential to reach the drywell. The applicant may include a flow control or pretreatment device, such as an interceptor, sump, or another device or structure designed to remove, intercept, or collect pollutants. The applicant may use flow control or pretreatment devices listed under R18-9-C304(D)(1) or (2) to satisfy the design requirements of this subsection;
  5. Record the accurate latitude and longitude of the drywell using a Global Positioning System device or site survey; and
  6. Develop and maintain a current site plan showing the location of the drywell, the latitude and longitude coordinates of the drywell, surface drainage patterns, the location of floor drains and French drains plumbed to the drywell, water supply wells, monitor wells, underground storage tanks, and chemical and waste usage, storage, loading, and treatment areas.
- D. Operational and maintenance requirements.**
1. A permittee shall operate the drywell only for the disposal of stormwater. The permittee shall not release industrial process waters or wastes in the drywell or drywell retention basin drainage area.
  2. The permittee shall implement a Best Management Practices Plan for operation of the drywell and control of pollutants in the drywell drainage area.
  3. The permittee shall keep the Best Management Practices Plan on-site or at the closest practical place of work and provide the plan to the Department upon request.
  4. The permittee may substitute any Spill Prevention Containment and Control Plan, facility response plan, or an AZPDES Stormwater Pollution Prevention Plan that meets the requirements of this subsection for a Best Management Practices Plan. If the permittee submits a substitute for the Best Management Practices Plan, the permittee shall identify the conditions within the substitute plan that satisfy the requirements of subsection (D).
  5. The Best Management Practices Plan shall include:
    - a. A site plan showing surface drainage patterns and the location of floor drains, water supply, monitor wells, underground storage tanks, and chemical and waste usage, storage, loading, and treatment areas. The site plan shall show surface grading details designed to prevent drainage and spills of hazardous substances from leaving the drainage area and entering the drywell;
    - b. A design plan showing details of drywell design and drainage design, including flow control or pretreatment devices, such as interceptors, sumps, and other devices and structures designed to remove, intercept, and collect any pollutant that may be present at the operation with the potential to reach the drywell;
    - c. Procedures to prevent and contain spills and minimize discharges to the drywell;
    - d. Operational practices that include routine inspection and maintenance of the drywell and associated pretreatment and flow-control devices, periodic inspection of waste storage facilities, and proper handling of hazardous substances to prevent discharges to the drywell. Routine inspection and maintenance shall include:
      - i. Replacing the adsorbent material in the skimmers, if installed, when the adsorbent capacity is reached;
      - ii. Maintaining valves and associated piping for a drywell injection and treatment system;
      - iii. Maintaining magnetic caps and mats, if installed;
      - iv. Removing sludge from the oil/water separator, if installed, and replacing the filtration or adsorption material to maintain treatment capacity;
      - v. Removing sediment from the catch basin inlet filters and retention basin to maintain required storage capacity; and
    - e. Procedures for periodic employee training on practices required by the Best Management Practices Plan specific to the drywell and prevention of unauthorized discharges.
  6. The permittee shall implement waste management practices to prohibit and prevent discharges, other than those exempted in A.R.S. § 49-250(B)(23), in the drywell drainage area, including:
    - a. Maintaining an up-to-date inventory of generated wastes and waste products;
    - b. Disposing or recycling all wastes or solvents through a company licensed to handle the material;
    - c. Where possible, collecting and storing waste in waste receptacles located outside the drywell drainage area. If the permittee collects and stores the



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waste within the drywell drainage area, the permittee shall collect and store the waste in properly designed receptacles; and

- d. Using a licensed waste hauler to transport waste off-site to a permitted waste disposal facility.

**E. Inspection.** A permittee shall:

1. Conduct an annual inspection of the drywell for sediment accumulation in the chambers and the flow-control and treatment systems, and remove sediment annually or when 25 percent of the effective capacity is filled, whichever comes first, to restore capacity and ensure that the drywell functions properly. The permittee shall characterize the sediments that are removed from the drywell after inspection and dispose of the sediments according to local, state, and federal requirements; and
2. If the stormwater fails to drain through the drywell within 36 hours, inspect the treatment system and piping to ensure that the treatment system is functioning properly, make repairs, and perform maintenance as needed to restore proper function.

**F. Recordkeeping.** A permittee shall maintain for at least 10 years, the following documents on-site or at the closest place of work and make the documents available to the Department upon request:

1. Documentation of drywell maintenance, inspections, employee training, and sampling activities;
2. A site plan showing the location of the drywell, the latitude and longitude coordinates of the drywell, surface drainage patterns and the location of floor drains or French drains that are plumbed to the drywell or are used to alter drainage patterns, the location of water supply wells, monitor wells, underground storage tanks, and places where hazardous substances are used, stored, or loaded;
3. A design plan showing details of drywell design and drainage design, including any flow control and pretreatment technologies;
4. An operations and maintenance manual that includes:
  - a. Procedures to prevent and contain spills and minimize any discharge to the drywell and a list of actions and methods proposed to prevent and contain hazardous substance spills or leaks;
  - b. Methods and procedures for inspection, operation, and maintenance activities;
  - c. Procedures for spill response; and
  - d. A description of the employee training program for drywell inspections, operations, maintenance, and waste management practices;
5. Drywell sediment waste characteristics and disposal manifest records for sediments removed during routine inspections and maintenance activities; and
6. Sampling plans, certified laboratory reports, and chain of custody forms for soil, sediment, and groundwater sampling associated with drywell site investigations.

**G. Spills.**

1. In the event of a spill, the permittee shall:
  - a. Notify the Department within 24 hours of any spill of hazardous or toxic substance that enters the drywell inlet;
  - b. Contain, clean up, and dispose of, according to local, state, and federal requirements, any spill or leak of a hazardous substance in the drywell drainage area and basin drainage area;

- c. If a pretreatment system is present, verify that treatment capacity has not been exceeded; and

- d. If the spill reaches the drywell injection pipe, drill a soil boring within 5 feet of the drywell inlet chamber and sample the soil in 5-foot increments from 5 feet below ground surface to a depth extending at least 10 feet below the base of the injection pipe to determine whether a soil remediation level or groundwater protection level has been exceeded in the subsurface. The permittee shall:
  - i. Submit the results to the Department within 60 days of the date of the spill; and
  - ii. Notify the Department if soil contamination at the facility, not related to the spill, is being addressed by an existing approved remedial action plan.

2. Based on the results of subsection (G)(1)(d), the Director may require the permittee to submit an application for clean closure or an individual Aquifer Protection Permit.

**H. Closure and decommissioning requirements.**

1. A permittee shall:

- a. Retain a drywell drilling contractor, licensed under 4 A.A.C. 9, to close the drywell;
- b. Remove sediments and any drainage component, such as standpipes and screens from the drywell's settling chamber and backfill the injection pipe with cement grout;
- c. Remove the settling chamber;
- d. Backfill the settling chamber excavation to the land surface with clean silt, clay, or engineered material. Materials containing hazardous substances are prohibited from use in backfilling the drywell; and
- e. Mechanically compact the backfill.

2. Within 30 days of closure and decommissioning, the permittee shall submit a written verification to the Department that all material that contributed to a discharge has been removed and any reasonable probability of further discharge from the facility and of exceeding any Aquifer Water Quality Standard at the applicable point of compliance has been eliminated to the greatest degree practical. The written verification shall specify:

- a. The reason for the closure;
- b. The Class V injection well inventory number;
- c. The general permit reference number;
- d. The materials and methods used to close the drywell;
- e. The name of the contractor who performed the closure;
- f. The completion date;
- g. Any sampling data;
- h. Sump construction details, if a sump was constructed to replace the abandoned drywell; and
- i. Any other information necessary to verify that closure has been achieved.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-9-C302. 2.02 General Permit: Intermediate Stockpiles at Mining Sites**

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- A. A 2.02 General Permit allows for intermediate stockpiles not qualifying as inert material under A.R.S. § 49-201(22) at a mining site.
- B. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge under R18-9-A301(B), an applicant shall submit the construction and operation specifications used to satisfy the requirements in subsection (C)(1).
- C. Design and operational requirements.
  - 1. An applicant shall design, construct, and operate the stockpile so that it does not impound water. An applicant may rely on stormwater run-on controls or facility design features, such as drains, or both.
  - 2. An applicant shall direct storm runoff contacting the stockpile to a mine pit or a facility covered by an individual or general permit.
  - 3. A permittee shall maintain any engineered feature of the facility in good working condition.
  - 4. A permittee shall visually inspect the facility at least quarterly and repair any defect as soon as practical.
  - 5. A permittee shall not add hazardous substances to the stockpiled material.
- D. Closure requirements. In addition to the closure requirements in R18-9-A306, the following apply:
  - 1. If an intermediate stockpile covered under a 2.02 General Permit is permanently closed, a permittee shall remove any remaining material, to the greatest extent practical, and regrade the area to prevent impoundment of water.
  - 2. The permittee shall submit a narrative description of closure measures to the Department within 30 days after closure.
- c. A description of the monitoring, including types of tests and frequency.
- C. Design and operational requirements. A permittee shall:
  - 1. Ensure that injection into a well inside the capture zone of an established passive containment system that meets the requirements of A.R.S. § 49-243(G) does not exceed the total depth of the influence of the hydrologic sink;
  - 2. Ensure that injection into a well outside the capture zone of an established passive containment system that meets the requirements of A.R.S. § 49-243(G) does not exceed rock fracture pressures during injection of the tracer;
  - 3. Not add a substance to a well that is not compatible with the well's construction;
  - 4. Ensure that a tracer is compatible with the construction materials at the impoundment if a tracer is placed or collected in an existing impoundment;
  - 5. For at least two years, monitor quarterly a well that is hydraulically downgradient of the test site for the tracer if a tracer is used outside the capture zone of an established passive containment system that meets the requirements of A.R.S. § 49-243(G) and less than 85 percent of the tracer is recovered. The permittee may adjust this period with the consent of the Department if the permittee shows that the hydraulic gradient causes the tracer to reach the monitoring point in a shorter or longer period of time;
  - 6. Ensure that a tracer does not leave the site in concentrations distinguishable from background water quality; and
  - 7. Monitor the amount of tracer used and recovered and submit a report summarizing the test and results to the Department within 30 calendar days of test completion.
- D. Recordkeeping. A permittee shall retain the following information at the site where the facility is located for at least three years after test completion and make it available to the Department upon request.
  - 1. Test protocols,
  - 2. Material Safety Data Sheet information,
  - 3. Recovery records, and
  - 4. A copy of the report submitted to the Department under subsection (C)(7).
- E. Closure requirements.
  - 1. If a tracer was used outside the capture zone of an established passive containment system that meets the requirements of A.R.S. § 49-243(G), a permittee shall account for any tracer not recovered through attenuation, modeling, or monitoring.
  - 2. The permittee shall achieve closure immediately following the test, or if the test area is within a pollutant management area defined in an individual permit, at the conclusion of operations.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-9-C303. 2.03 General Permit: Hydrologic Tracer Studies**

- A. A 2.03 General Permit allows for a discharge caused by the performance of tracer studies.
  - 1. The 2.03 General Permit does not authorize the use of any hazardous substance, radioactive material, or any substance identified in A.R.S. § 49-243(I) in a tracer study.
  - 2. A permittee shall complete a single tracer test within two years of the Notice of Intent to Discharge.
- B. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit:
  - 1. A narrative description of the tracer test including the type and amount of tracer used;
  - 2. A Material Safety Data Sheet for the tracer; and
  - 3. Unless the injection or distribution is within the capture zone of an established passive containment system meeting the requirements of A.R.S. § 49-243(G), the following information:
    - a. A narrative description of the impacts that may occur if a solution migrates outside the test area, including a list of downgradient users, if any;
    - b. The anticipated effects and expected concentrations, if possible to calculate; and

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-C304. 2.04 General Permit: Drywells that Drain Areas at Motor Fuel Dispensing Facilities Where Motor Fuels are Used, Stored, or Loaded**

- A. A 2.04 General Permit allows for a drywell that drains an area at a facility for dispensing motor fuel, as defined in A.A.C. R20-2-701(19), including a commercial gasoline station with an underground storage tank.

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1. A drywell at a motor fuel dispensing facility using hazardous substances is eligible for coverage under the 2.04 General Permit.
  2. A drywell at a vehicle maintenance facility owned or operated by a commercial enterprise or by a federal, state, county, or local government is not eligible for coverage under this general permit, unless the facility design ensures that only motor fuel dispensing areas will drain to the drywell. Areas where hazardous substances other than motor fuels are used, stored, or loaded, including service bays, are not covered under the 2.04 General Permit.
  3. Definition. For purposes of this Section, "hazardous substances" means substances that are components of commercially packaged automotive supplies, such as motor oil, antifreeze, and routine cleaning supplies such as those used for cleaning windshields, but not degreasers, engine cleaners, or similar products.
- B. Notice of Intent to Discharge.** In addition to the requirements in R18-9-A301(B), an applicant shall submit:
1. The Class V injection well inventory number for the drywell or documentation that inventory information was submitted to the Department;
  2. For a drywell constructed more than 90 days before submitting the Notice of Intent to Discharge to the Department, a certification signed, dated, and sealed by an Arizona-registered professional engineer or geologist that a site investigation concluded that:
    - a. Analytical results from sampling sediment from the drywell settling chamber sediment for pollutants reasonably expected to be present do not exceed either the residential soil remediation levels or the groundwater protection levels;
    - b. The settling chamber does not contain sediment that could be used to characterize and compare results to soil remediation levels and the chamber has not been cleaned out within the last six months;
    - c. Neither a soil remediation level nor groundwater protection level is exceeded in soil samples collected from a boring drilled within 5 feet of the drywell and sampled in 5 foot increments starting at a depth of 5 feet below ground surface and extending to a depth of 10 feet below the base of the drywell injection pipe; or
    - d. If coarse grained lithology prevents the collection of soil samples in a soil boring, a groundwater investigation demonstrates compliance with Aquifer Water Quality Standards in groundwater at the applicable point of compliance.
  3. Design information to demonstrate that the requirements in subsection (C) are satisfied.
- C. Design requirements.**
1. An applicant shall:
    - a. Include a flow control or pretreatment device identified in subsections (D)(1) or (2), or both, that removes, intercepts, or collects spilled motor fuel or hazardous substances before stormwater enters the drywell injection pipe;
    - b. Calculate the volume of runoff generated in the design storm event and anticipate the maximum potential contaminant release quantity to design the treatment and holding capacity of the drywell;
    - c. Follow local codes and regulations to meet retention periods for removing standing water;
  - d. Locate the drywell at least 100 feet from a water supply well and 20 feet from an underground storage tank;
  - e. Locate the bottom of the drywell injection pipe at least 10 feet above groundwater. If during drilling and well installation the drywell borehole encounters saturated conditions, the applicant shall backfill the borehole with cement grout to a level at least 10 feet above the elevation at which saturated conditions were encountered in the borehole before constructing the drywell in the borehole;
  - f. Record the accurate latitude and longitude of the drywell using a Global Positioning System device or site survey and record the location on the site plans;
  - g. Clearly mark the drywell "Stormwater Only" on the surface grate or manhole cover;
  - h. Develop and maintain a current site plan showing the location of the drywell, the latitude and longitude coordinates of the drywell, surface drainage patterns and the location of floor drains and French drains that are plumbed to the drywell or are used to alter drainage patterns, water supply wells, monitor wells, underground storage tanks, and chemical and waste usage, storage, loading, and treatment areas; and
  - i. Prepare design plans showing details of drywell design and drainage design, including one or a combination of pre-approved technologies described in subsections (D)(1) and (2) designed to remove, intercept, and collect any pollutant that may be present at the operation with the potential to reach the drywell.
2. For an existing drywell, an applicant that cannot meet the design requirements in subsections (C)(1)(d) and (e) shall provide the Department with the date of drywell construction, the depth of the drywell borehole and injection pipe, the distance from the drywell to the nearest water supply well and from the drywell to the underground storage tank, and the depth to the groundwater from the bottom of the drywell injection pipe.
- D. Flow control and pretreatment.** A permittee shall ensure that motor fuels and other hazardous substances are not discharged to the subsurface. A permittee may use any of the following flow control or pretreatment technologies:
1. Flow control. The permittee shall ensure that motor fuel and hazardous substance spills are removed before allowing stormwater to enter the drywell.
    - a. Normally closed manual or automatic valve. The permittee shall leave a normally closed valve in a closed position except when stormwater is allowed to enter the drywell;
    - b. Raised drywell inlet. The permittee shall:
      - i. Raise the drywell inlet at least six inches above the bottom of the retention basin or other storage structure, or install a six-inch asphalt or concrete raised barrier encircling the drywell inlet to provide a non-draining storage capacity within the retention basin or storage structure for complete containment of a spill; and
      - ii. Ensure that the storage capacity is at least 110 percent of the volume of the design storm event required by the local jurisdiction and the estimated volume of a potential motor fuel spill based on the facility's past incident reports or

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- incident reports for other facilities that are similar in design;
- c. Magnetic mat or cap. The permittee shall ensure that the drywell inlet is sealed with a mat or cap at all times, except after rainfall or a storm event when the mat or cap is temporarily removed to allow stormwater to enter the drywell; and that the mat or cap is always used with a retention basin or other type of storage;
  - d. Primary sump, interceptor, or settling chamber. The permittee may use a primary sump, interceptor, or settling chamber only in combination with another flow control or pre-treatment technology.
    - i. The permittee shall remove motor fuel or hazardous substances from the sump, interceptor, or chamber before allowing stormwater to enter the drywell.
    - ii. The permittee shall install a settling chamber or sump and allow the suspended solids to settle before stormwater flows into a drywell; install the drywell injection pipe in a separate chamber and connect the sump, interceptor, or chamber to the drywell inlet by piping and valving to allow the stormwater to enter the drywell.
    - iii. The permittee may install fuel hydrocarbon detection sensors in the sump, interceptor, or settling chamber that use flow control to prevent fuel from discharging into the drywell;
2. Pretreatment. The permittee shall prevent the bypass of motor fuels and hazardous substances from the pretreatment system to the drywell during periods of high flow.
    - a. Catch basin inlet filter. The permittee shall:
      - i. Install a catch basin inlet filter to fit inside a catchment drain to prevent motor fuels and hazardous substances from entering the drywell,
      - ii. Ensure that a motor fuel spill or a spill during a high rainfall does not bypass the system and directly release to the drywell injection pipe, and
      - iii. Combine the catch basin inlet filter with a flow control technology to prevent contaminated stormwater from entering the drywell injection pipe;
    - b. Combined settling chamber and an oil/water separator.
      - i. The permittee shall install a system that incorporates a catch basin inlet, a settling chamber, and an oil/water separator.
      - ii. The permittee may incorporate a self-sealing mechanism, such as fuel hydrocarbon detection sensors that activate a valve to cut off flow to the drywell inlet.
    - c. Combined settling chamber and oil/water separator, and filter/adsorption. The permittee shall:
      - i. Allow for adequate collection and treatment capacity for solid and liquid separation; and
      - ii. Allow a minimum treated outflow from the system to the drywell inlet of 20 gallons per minute. If a higher outflow rate is anticipated, the applicant shall design a larger collection system with storage capacity.
    - d. Passive skimmer.
      - i. If a passive skimmer is used, the permittee shall install sufficient hydrocarbon adsorbent materials, such as pads and socks, or suspend the materials on top of the static water level in a sump or other catchment to absorb the entire volume of expected or potential spill.
      - ii. The permittee may use a passive skimmer only in combination with another flow control or pre-treatment technology.
- E. Operation and maintenance. A permittee shall:
    1. Operate the drywell only for the subsurface disposal of stormwater;
    2. Remove or treat any motor fuel or hazardous substance spills;
    3. Replace the adsorbent material in skimmers, if installed; when the adsorbent capacity is reached;
    4. Maintain valves and associated piping;
    5. Maintain magnetic caps and mats, if installed;
    6. Remove sludge from the oil/water separator and replace the filtration or adsorption materials to maintain treatment capacity;
    7. Remove sediment from the catch basin inlet filters and retention basins to maintain required storage capacity;
    8. Remove accumulated sediment from the settling chamber annually or when 25 percent of the effective settling capacity is filled, whichever occurs first; and
    9. Provide new employee training within one month of hire and annual employee training on how to maintain and operate flow control and pretreatment technology used in the drywell.
  - F. Inspection. A permittee shall:
    1. Conduct an annual inspection of the drywell for sediment accumulation in the chambers and in the flow control and treatment systems to ensure that the drywell is functioning properly; and
    2. If the stormwater fails to drain through the drywell within 36 hours, inspect the treatment system and piping to ensure that it is functioning properly, make repairs, and perform maintenance as needed to restore proper function.
  - G. Recordkeeping. A permittee shall maintain, for at least 10 years, the following documents on-site or at the closest place of work and make the documents available to the Department upon request:
    1. Documentation of drywell maintenance, inspections, employee training, and sampling activities;
    2. A site plan showing the location of the drywell, the latitude and longitude coordinates of the drywell, surface drainage patterns and the location of floor drains or French drains that are plumbed to the drywell or are used to alter drainage patterns, water supply wells, monitor wells, underground storage tanks, and places where motor fuel and hazardous substances are used, stored, or loaded;
    3. A design plan showing details of drywell design and drainage design, including one or a combination of the pre-approved flow control and pretreatment technologies;
    4. An operations and maintenance manual that includes:
      - a. Procedures to prevent and contain spills and minimize any discharge to the drywell and a list of actions and specific methods proposed for motor fuel and hazardous substance spills or leaks;
      - b. Methods and procedures for inspection, operation, and maintenance activities;
      - c. Procedures for spill response; and

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- d. A description of the employee training program for drywell inspections, operations, and maintenance;
- 5. Drywell sediment waste characterization and disposal manifest records for sediments removed during routine inspections and maintenance activities; and
- 6. Sampling plans, certified laboratory reports, and chain of custody forms for soil, sediment, and groundwater sampling associated with drywell site investigations.

**H. Spills.**

- 1. In the event of a spill, a permittee shall:
  - a. Notify the Department within 24 hours of any spill of motor fuel or hazardous or toxic substances that enters into the drywell inlet;
  - b. Contain, clean up, and dispose of, according to local, state, and federal requirements, any spill or leak of motor fuel or hazardous substance in the drywell drainage area and basin drainage area;
  - c. If a pretreatment system is present, verify that treatment capacity has not been exceeded; and
  - d. If the spill reaches the injection pipe, drill a soil boring within 5 feet of the drywell inlet chamber and sample in 5-foot increments from 5 feet below ground surface to a depth extending at least 10 feet below the base of the injection pipe to determine whether a soil remediation level or groundwater protection level has been exceeded in the subsurface. The permittee shall:
    - i. Submit the results to the Department within 60 days of the date of the spill; and
    - ii. Notify the Department if soil contamination at the facility, not related to the spill, is being addressed by an existing approved remedial action plan.
- 2. The Director may, based on the results of subsection (H)(1)(d), require the permittee to submit an application for clean closure or an individual Aquifer Protection Permit.

**I. Closure and decommissioning requirements.**

- 1. A permittee shall:
  - a. Retain a drywell drilling contractor, licensed under 4 A.A.C. 9, to close the drywell;
  - b. Remove sediments and any drainage component, such as standpipes and screens from the drywell's settling chamber and backfill the injection pipe with cement grout;
  - c. Remove the settling chamber;
  - d. Backfill the settling chamber excavation to the land surface with clean silt, clay, or engineered material. A permittee shall not use materials containing hazardous substances in backfilling the drywell; and
  - e. Mechanically compact the backfill.
- 2. Within 30 days of closure and decommissioning, the permittee shall submit a written verification to the Department that all material that contributed to a discharge has been removed and any reasonable probability of further discharge from the facility and of exceeding any Aquifer Water Quality Standard at the applicable point of compliance has been eliminated to the greatest degree practical. The written verification shall specify:
  - a. The reason for the closure;
  - b. The Class V injection well inventory number or;
  - c. The general permit reference number;
  - d. The materials and methods used to close the drywell;

- e. The name of the contractor who performed the closure;
- f. The completion date;
- g. Any sampling data;
- h. Sump construction details, if a sump was constructed to replace the abandoned drywell; and
- i. Any other information necessary to verify that closure has been achieved.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 4096, effective September 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-9-C305. 2.05 General Permit: Capacity, Management, Operation, and Maintenance of a Sewage Collection System**

**A.** Definition. For purposes of this Section, "imminent and substantial threat to public health or the environment" means when:

- 1. The volume of a release is more than 2000 gallons; or
- 2. The volume of a release is more than 50 gallons but less than 2000 gallons and any one of the following apply:
  - a. The release entered onto a recognized public area and members of the public were present during the release or before the release was mitigated;
  - b. The release occurred on a public or private street and pedestrians were at risk of being splashed by vehicles during the release or before the release was mitigated;
  - c. The release entered a perennial stream, an intermittent stream during a time of flow, a waterbody other than an ephemeral stream, a normally dry detention or sedimentation basin, or a drywell;
  - d. The release occurred within an occupied building due to a condition in the permitted sewage collection system; or
  - e. The release occurred within 100 feet of a school or a public or private drinking water supply well.

**B.** A 2.05 General Permit allows a permittee to manage, operate, and maintain a sewage collection system under the terms of a CMOM Plan that complies with subsection (D). The Department considers a sewage collection system operating in compliance with an AZPDES permit that incorporates provisions for capacity, management, operation, and maintenance of the system to comply with the provisions of the 2.05 General Permit regardless of whether a Notice of Intent to Discharge for the system was submitted to the Department.

**C.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit:

- 1. The name and ownership of any downstream sewage collection system and sewage treatment facility that receives sewage from the applicant's sewage collection system;
- 2. A map of the service area for which general permit coverage is sought, showing streets and sewage service boundaries for the sewage collection system;
- 3. A statement indicating that the CMOM Plan is in effect and the principal officer or ranking elected official of the sewage collection system has approved the plan; and
- 4. A statement indicating whether a local ordinance requires an on-site wastewater treatment facility to hookup to the sewage collection system.

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**D. CMOM Plan.**

1. A permittee shall continuously implement a CMOM Plan for the sewage collection system under the permittee's ownership, management, or operational control. The CMOM Plan shall include information to comply with subsection (E)(1) and instructions on:
  - a. How to properly manage, operate, and maintain all parts of the sewage collection system that are owned or managed by the permittee or under the permittee's operational control, to meet the performance requirements in R18-9-E301(B);
  - b. How to maintain sufficient capacity to convey the base flows and peak wet weather flow of a 10-year, 24-hour storm event for all parts of the collection system owned or managed by the permittee or under the permittee's operational control;
  - c. All reasonable and prudent steps to minimize infiltration to the sewage collection system;
  - d. All reasonable and prudent steps to stop all releases from the collection system owned or managed by the permittee or under the permittee's operational control; and
  - e. The procedure for reporting releases described in subsection (F).
2. The permittee shall maintain and update the CMOM Plan for the duration of this general permit and make it available for Department and public review.
3. If the Department requests the CMOM Plan and upon review finds that the CMOM Plan is deficient, the Department shall:
  - a. Notify the permittee in writing of the specific deficiency and the reason for the deficiency, and
  - b. Establish a deadline of at least 60 days to allow the permittee to correct the deficiency and submit the amended provision to the Department for approval.

**E. Sewage release response determination. If the sewage collection system releases sewage, the Director shall consider any of the following factors in determining compliance:**

1. Sufficiency of the CMOM Plan.
  - a. The level of detail provided by the CMOM Plan is appropriate for the size, complexity, and age of the system;
  - b. The level of detail provided by the CMOM Plan is appropriate considering geographic, climatic, and hydrological factors that may influence the sewage collection system;
  - c. The CMOM Plan provides schedules for the periodic preventative maintenance of the sewage collection system, including cleaning of all reaches of the sewage collection system below a specified pipe diameter.
    - i. The CMOM Plan may allow inspection of sewer lines by Closed Circuit Television (CCTV) and postponement of cleaning to the next scheduled cleaning cycle if the CCTV inspection indicated that cleaning of a reach of the sewer is not needed.
    - ii. The CMOM Plan may specify inspection and cleaning schedules that differ according to pipe diameter or other characteristics of the sewer;
  - d. The CMOM Plan identifies components of the sewage collection system that have insufficient capacity to convey, when properly maintained, the peak wet weather flow of a 10-year, 24-hour storm event. For

those identified components, a capital improvement plan exists for achieving sufficient wet weather flow capacity within ten years of the effective date of permit coverage;

- e. The CMOM Plan includes an overflow emergency response plan appropriate to the size, complexity, and age of the sewage collection system considering geographic, climatic, and hydrological factors that may influence the system;
  - f. The CMOM Plan establishes a procedure to investigate and enforce against any commercial or industrial entity whose flows to the sewage collection system have caused or contributed to a release;
  - g. The CMOM Plan adequately addresses management of flows from upstream sewage collection systems not under the ownership, management, or operational control of the permittee; or
  - h. Any other factor necessary to determine if the CMOM Plan is sufficient;
2. Compliance with the CMOM Plan.
    - a. The permittee's response to releases as established in the overflow emergency response plan, including whether:
      - i. Maintenance staff responds to and arrive at the release within the time period specified in the plan;
      - ii. Maintenance staff follow all written procedures to remove the cause of the release;
      - iii. Maintenance staff contain, recover, clean up, disinfect, and otherwise mitigate the release of sewage; and
      - iv. Required notifications to the Department, public health agencies, drinking water suppliers, and the public are provided;
    - b. The permittee's activities and timeliness in:
      - i. Implementing specified periodic preventative maintenance measures;
      - ii. Implementing the capital improvement plan; and
      - iii. Investigating and enforcing against an upstream sewage collection system, not under the ownership and operational control of the permittee, if those systems are impediments to the proper management of flows in the permittee's sewage collection system; or
    - c. Any other factor necessary to determine CMOM Plan compliance;
  3. Compliance with the reporting requirements in subsection (F) and the public notice requirements in subsection (G); or
  4. The release substantially endangers public health or the environment.

**F. Reporting requirements.**

1. Sewage releases.
  - a. A permittee shall report to the Department, by telephone, facsimile, or on the applicable notification form on the Department's Internet web site, any release that is an imminent and substantial threat to public health or the environment as soon as practical, but no later than 24 hours of becoming aware of the release.
  - b. A permittee shall submit a report to the Department within five business days after becoming aware of a release that is an imminent and substantial threat to

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public health or the environment. The report shall include:

- i. The location of the release;
- ii. The sewage collection system component from which the release occurred;
- iii. The date and time the release began, was stopped, and when mitigation efforts were completed;
- iv. The estimated number of persons exposed to the release, the estimated volume of sewage released, the reason the release is considered an imminent and substantial threat to public health or the environment if the volume is 2000 gallons or less, and where the release flowed;
- v. The efforts made by the permittee to stop, contain, and clean up the released material;
- vi. The amount and type of disinfectant applied to mitigate any associated public health or environmental risk; and
- vii. The cause of the release or effort made to determine the cause and any effort made to help prevent a future reoccurrence.

2. Annual report. The permittee shall:

- a. Submit an annual report to the Department postmarked no later than March 1. The report shall:
  - i. Tabulate all releases of more than 50 gallons from the permitted sewage collection system;
  - ii. Provide the date of any release that is an imminent and substantial threat to public health or the environment; and
  - iii. For other reportable releases under subsection (F)(2)(a)(i), provide the information in subsection (F)(1)(b);
- b. Provide an amended map of the service area boundaries if, during the calendar year, any area was removed from the service area or if any area was added to the service area that the permittee wishes to include under the 2.05 General Permit and associated CMOM Plan.

G. Public notice. The permittee shall:

1. Post a notice, in a format approved by the Department, at any location where there were more than three reportable releases under subsection (F)(2)(a) from the sewage collection system during any 12-month period,
2. Include within the notice a warning that identified the releases or potential releases at the location and potential health hazards from any release,
3. Post the notice at a place where the public is likely to come in contact with the release, and
4. Maintain the postings until no releases from the location are reported for at least 12 months from the last release and the permittee followed all actions specified in the CMOM Plan to prevent releases at that location during the period.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-C306. 2.06 General Permit: Fish Hatchery Discharge to a Perennial Surface Water**

- A. A 2.06 General Permit allows a fish hatchery to discharge to a perennial surface water if Aquifer Water Quality Standards are met at the point of discharge and the fish hatchery is operating under a valid AZPDES permit.

- B. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall provide:

1. The applicable AZPDES permit number;
2. A description of the facility; and
3. A laboratory report characterizing the wastewater discharge, including the analytical results for all numeric Aquifer Water Quality Standards under R18-11-406.

- C. Design and operational requirements. An applicant shall:

1. Collect a representative sample of the discharge to demonstrate compliance with all numeric Aquifer Water Quality Standards and make the results available to the Department upon request, and
2. Maintain a record of the average and daily flow rates and make it available to the Department upon request.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**PART D. TYPE 3 GENERAL PERMITS**

**R18-9-D301. 3.01 General Permit: Lined Impoundments**

- A. A 3.01 General Permit allows a lined surface impoundment and a lined secondary containment structure. A permittee shall:

1. Ensure that inflow to the lined surface impoundment or lined secondary containment structure does not contain organic pollutants identified in A.R.S. § 49-243(I);
2. Ensure that inflow to the lined surface impoundment or lined secondary containment structure is from one or more of the following sources:
  - a. Evaporative cooler overflow, condensate from a refrigeration unit, or swimming pool filter backwash;
  - b. Wastewater that does not contain sewage, temporarily stored for short periods of time due to process upsets or rainfall events, provided the wastewater is promptly removed from the facility as required under subsection (D)(5). Facilities that continually contain wastewater as a normal function of facility operations are not covered under this general permit;
  - c. Stormwater runoff that is not permitted under A.R.S. § 49-245.01 because the facility does not receive solely stormwater or because the runoff is regulated but not considered stormwater under the Clean Water Act;
  - d. Emergency fire event water;
  - e. Wastewater from air pollution control devices at asphalt plants if the wastewater is routed through a sedimentation trap or sump and an oil/water separator before discharge;
  - f. Non-contact cooling tower blowdown and non-contact cooling water, except discharges from electric generating stations with more than 100 megawatts generating capacity;
  - g. Boiler blowdown;
  - h. Wastewater derived from a potable water treatment system, including clarification sludge, filtration backwash, lime and lime-softening sludge, ion exchange backwash, and reverse osmosis spent waste;
  - i. Wastewater from food washing;
  - j. Heat exchanger return water;
  - k. Wastewater from industrial laundries;

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- l. Hydrostatic test water from a pipeline, tank, or appurtenance previously used for transmission of fluid;
  - m. Wastewater treated through an oil/water separator before discharge; and
  - n. Cooling water or wastewater from food processing.
- B.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit:
1. A listing and description of all sources of inflow;
  2. A representative chemical analysis of each expected source of inflow. If a sample is not available before facility construction, a permittee shall provide the chemical analysis of each inflow to the Department within 60 days of each inflow to the facility;
  3. A narrative description of how the conditions of this general permit are satisfied. The narrative shall include a Quality Assurance/Quality Control program for liner installation, impoundment maintenance and repair, and impoundment operational procedures; and
  4. A contingency plan that specifies actions proposed in case of an accidental release from the facility, overtopping of the impoundment, breach of the berm, or unauthorized inflows into the impoundment or containment structure.
- C.** Design and installation requirements. An applicant shall:
1. Design and construct surface water controls to:
    - a. Ensure that the impoundment or secondary containment structure maintains, using design volume or mechanical systems, normal operating volumes, if any, and any inflow from the 100-year, 24-hour storm event. The facility shall maintain at least 2 feet of freeboard or an alternative level of freeboard that the applicant demonstrates is reasonable, considering the size of the impoundment and meteorologic and other site-specific factors; and
    - b. Direct any surface water run-on from the 100-year 24-hour storm event around the facility if not intended for capture by facility;
  2. Ensure that the facility design accommodates any significant geologic hazard, addressing static and seismic stability. The applicant shall document any design adjustments made for this reason in the Notice of Intent to Discharge;
  3. Ensure that site preparation includes, as appropriate, clearing the area of vegetation, grubbing, grading, and embankment and subgrade preparation. The applicant shall ensure that supporting surface slopes and foundation are stable and structurally sound; and
  4. Comply with the following impoundment lining requirements:
    - a. If a synthetic liner is used, ensure that the liner is at least a 30-mil geomembrane liner or a 60-mil liner if High Density Polyethylene, or an alternative, that the liner's calculated seepage rate is less than 550 gallons per acre per day, and:
      - i. Anchor the liner by securing it in an engineered anchor trench;
      - ii. Ensure that the liner is ultraviolet resistant if it is regularly exposed to sunlight; and
      - iii. Ensure that the liner is constructed of a material that is chemically compatible with the wastewater or impounded solution and is not affected by corrosion or degradation;
    - b. If a soil liner is used:
      - i. Ensure that it resists swelling, shrinkage, and cracking and that the liner's calculated seepage rate is less than 550 gallons per acre per day;
      - ii. Ensure that the soil is at least 1-foot thick and compacted to a uniform density of 95 percent to meet the "Standard Test Method for Laboratory Compaction Characteristics of Soil Using Standard Effect (12,400 ft-lbf/ft<sup>3</sup>), D698-00a1," (2000) published by the American Society for Testing and Materials. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959; and
      - iii. Upon installation, protect the soil liner to prevent desiccation; and
- D.** Operational requirements. A permittee shall:
1. Maintain sufficient freeboard to manage the 100-year, 24-hour storm event including at least 2 feet of freeboard under normal operating conditions. Management of the 100-year, 24-hour storm event may be through design, pumping, or a combination of both;
  2. Remove accumulated residues, sediments, debris, and vegetation to maintain the integrity of the liner and the design capacity of the impoundment;
  3. Perform and document a visual inspection for damage to the liner and for accumulation of residual material at least monthly. The operator shall conduct an inspection within 72 hours after the facility receives a significant volume of stormwater inflow;
  4. Repair damage to the liner by following the Quality Assurance/Quality Control Plan required under subsection (B)(3); and
  5. Remove all inflow from the impoundment as soon as practical, but no later than 60 days after a temporary event, for facilities designed to contain inflow only for temporary events, such as process upsets.
- E.** Recordkeeping. A permittee shall maintain at the site, the following information for at least 10 years and make it available to the Department upon request:
1. Construction drawings and as-built plans, if available;
  2. A log book or similar documentation to record inspection results, repair and maintenance activities, monitoring results, and facility closure;
  3. Capacity design criteria;
  4. A list of standard operating procedures;
  5. The construction Quality Assurance/Quality Control program documentation; and
  6. Records of any inflow into the impoundment other than those permitted by this Section.
- F.** Reporting requirements.



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1. If the liner leaks, as evidenced by a drop in water level not attributable to evaporation, or if the berm breaches or an impoundment is overtopped due to a catastrophic or other significant event, the permittee shall report the circumstance to the Department within five days of discovery and implement the contingency plan required in subsection (B)(4). The permittee shall submit a final report to the Department within 60 days of the event summarizing the circumstances of the problem and corrective actions taken.
  2. The permittee shall report unauthorized flows into the impoundment to the Department within five days of discovery and implement the contingency plan required in subsection (B)(4).
- G. Closure requirements.** The permittee shall notify the Department of the intent to close the facility permanently. Within 90 days following closure notification the permittee shall comply with the following requirements, as applicable:
1. Remove liquids and any solid residue on the liner and dispose appropriately;
  2. Inspect the liner for evidence of holes, tears, or defective seams that could have leaked;
  3. If evidence of leakage is discovered, remove the liner in the area of suspected leakage and sample potentially impacted soil. If soil remediation levels are exceeded, the permittee shall define the lateral and vertical extent of contamination and, within 60 days of the exceedance, notify the Department and submit an action plan for achieving clean closure for the Department's approval before implementing the plan;
  4. If there is no evidence of holes, tears, or defective seams that could have leaked:
    - a. Cover the liner in place or remove it for disposal or reuse if the impoundment is an excavated impoundment,
    - b. Remove and dispose of the liner elsewhere if the impoundment is bermed, and
    - c. Grade the facility to prevent the impoundment of water; and
  5. Notify the Department within 60 days following closure that the action plan was implemented and the closure is complete.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-D302. 3.02 General Permit: Process Water Discharges from Water Treatment Facilities**
- A.** A 3.02 General Permit allows filtration backwash and discharges obtained from sedimentation and coagulation in the water treatment process from facilities that treat water for industrial process or potable uses. The permittee shall ensure that:
1. Liquid fraction. The discharge meets:
    - a. All numeric Aquifer Water Quality Standards for inorganic chemicals, organic chemicals, and pesticides established in A.A.C. R18-11-406(B) through (D);
    - b. The discharge meets one of the following criteria for microbiological contaminants:
      - i. Either the concentration of fecal coliform organisms is not more than 2/100 ml or the concentration of *E. coli* bacteria is not more than 1/100 ml, or
      - ii. Either the concentration of fecal coliform organisms is less than 200/100 ml or the concentration of *E. coli* bacteria is less than 126/100 ml if the average daily flow processed by the water treatment facility is less than 250,000 gallons; and
  2. Solid Fraction. The solid material in the discharge qualifies as inert material, as defined in A.R.S. § 49-201(22).
- B. Notice of Intent to Discharge.** In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit:
1. A characterization of the discharge, including a representative chemical and biological analysis of expected discharges and all source waters; and
  2. The design capacity of any impoundment covered by this general permit.
- C. Impoundment design and siting requirements.** An applicant shall:
1. Ensure that the depth to the static groundwater table is greater than 20 feet;
  2. Not locate the area of discharge immediately above karstic or fractured bedrock, unless the discharge meets the microbial limits specified in subsection (A)(1)(b)(i);
  3. Maintain a minimum horizontal setback of 100 feet between the facility and any water supply well;
  4. Design and construct an impoundment to maintain, using design volume or mechanical systems, normal operating volumes and any inflow from the 100-year, 24-hour storm event. The applicant shall:
    - a. Divert any surface water run-on from the 100-year, 24-hour storm event around the facility if not intended for capture by facility design; and
    - b. Design the facility to maintain 2 feet of freeboard or an alternative level of freeboard that the applicant demonstrates is reasonable, considering meteorological factors, the size of the impoundment, and other site-specific factors; or
    - c. Discharge to surface water under the conditions of an AZPDES permit; and
  5. Manage off-site disposal of sludge according to A.R.S. Title 49, Chapter 4.
- D. Operational requirements.**
1. Inorganic chemical, organic chemical, and pesticide monitoring.
    - a. The permittee shall monitor any discharge annually to determine compliance with the requirements of subsection (A).
    - b. If the concentration of any pollutant exceeds the numeric Aquifer Water Quality Standard, the permittee shall submit a report to the Department with a proposal for mitigation and shall increase monitoring frequency for that pollutant to quarterly.
    - c. If, in the quarterly sampling, the condition in subsection (D)(1)(b) continues for two consecutive quarters, the permittee shall submit an application for an individual permit.
  2. Microbiological contaminant monitoring.
    - a. The permittee shall monitor any discharge annually to determine compliance with the requirements of subsection (A)(1)(b).
    - b. If the concentration of any pollutant exceeds the limits established in subsection (A)(1)(b), the permittee

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shall submit a report to the Department with a proposal for mitigation and increase monitoring frequency for that pollutant to monthly.

- c. If, in the monthly sampling, the condition in subsection (D)(2)(b) continues for three consecutive months, the permittee shall submit an application for an individual permit.
- E. Recordkeeping. A permittee shall maintain at the site, the following information, if applicable for the disposal method, for at least 10 years, and make it available to the Department upon request:
  - 1. Construction drawings and as-built plans, if available;
  - 2. A log book or similar documentation to record inspection results, repair and maintenance activities, monitoring results, and facility closure;
  - 3. Water quality data collected under subsection (D);
  - 4. Standard operating procedures; and
  - 5. Records of any discharge other than those identified under subsection (B).
- F. Reporting requirements. The permittee shall:
  - 1. Report unauthorized flows into the impoundment to the Department within five days of discovery, and
  - 2. Submit the report required in subsections (D)(1)(b) or (2)(b) within 30 days of receiving the analytical results.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-9-D303. 3.03 General Permit: Vehicle and Equipment Washes**

- A. A 3.03 General Permit allows a facility to discharge water from washing vehicle exteriors and vehicle equipment. The 3.03 General Permit does not authorize:
  - 1. Discharge water that typically results from the washing of vehicle engines unless the discharge is to a lined surface impoundment;
  - 2. Direct discharges of sanitary sewage, vehicle lubricating oils, antifreeze, gasoline, paints, varnishes, solvents, pesticides, or fertilizers;
  - 3. Discharges resulting from washing the interior of vessels used to transport fuel products or chemicals, or washing equipment contaminated with fuel products or chemicals; or
  - 4. Discharges resulting from washing the interior of vehicles used to transport mining concentrates that originate from the same mine site, unless the discharge is to a lined surface impoundment.
- B. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit a narrative description of the facility and a design of the disposal system and wash operations.
- C. Design, installation, and testing requirements. An applicant shall:
  - 1. Design and construct the wash pad:
    - a. To drain and route wash water to a sump or similar sediment-settling structure and an oil/water separator or a comparable pretreatment technology;
    - b. Of concrete or material chemically compatible with the wash water and its constituents; and
  - c. To support the maximum weight of the vehicle or equipment being washed with an appropriate safety factor;
  - 2. Not use unlined ditches or natural channels to convey wash water;
  - 3. Ensure that a surface impoundment meets the requirements in R18-9-D301(C)(1) through (3). The applicant shall ensure that berms or dikes at the impoundment can withstand wave action erosion and are compacted to a uniform density not less than 95 percent;
  - 4. Ensure that a surface impoundment required for wash water described in subsection (A)(1) meets the design and installation requirements in R18-9-D301(C);
  - 5. If wash water is received by an unlined surface impoundment or engineered subsurface disposal system, the applicant shall:
    - a. Ensure that the annual daily average flow is less than 3000 gallons per day;
    - b. Maintain a minimum horizontal setback of 100 feet between the impoundment or subsurface disposal system and any water supply well;
    - c. Ensure that the bottom of the surface impoundment or subsurface disposal system is at least 50 feet above the static groundwater level and the intervening material does not consist of karstic or fractured bedrock;
    - d. Ensure that the wash water receives primary treatment before discharge through, at a minimum, a sump or similar structure for settling sediments or solids and an oil/water separator or a comparable pretreatment technology designed to reduce oil and grease in the wastewater to 15 mg/l or less;
    - e. Withdraw the separated oil from the oil/water separator using equipment such as adjustable skimmers, automatic pump-out systems, or level sensing systems to signal manual pump-out; and
    - f. If a subsurface disposal system is used, design the system to prevent surfacing of the wash water.
- D. Operational requirements. The permittee shall:
  - 1. Inspect the oil/water separator before operation to ensure that there are no leaks and that the oil/water separator is in operable condition;
  - 2. Inspect the entire facility at least quarterly. The inspection shall, at a minimum, consist of a visual examination of the wash pad, the sump or similar structure, the oil/water separator, and all surface impoundments;
  - 3. Visually inspect each surface impoundment at least monthly, to ensure the volume of wash water is maintained within the design capacity and freeboard limitation;
  - 4. Repair damage to the integrity of the wash pad or impoundment liner as soon as practical;
  - 5. Maintain the oil/water separator to achieve the operational performance of the separator;
  - 6. Remove accumulated sediments in all surface impoundments to maintain design capacity; and
  - 7. Use best management practices to minimize the introduction of chemicals not typically associated with the wash operations. Only biodegradable surfactant or soaps are allowed. The permittee shall not use products that contain chemicals in concentrations likely to cause a violation of an Aquifer Water Quality Standard at the applicable point of compliance.
- E. Monitoring requirements.

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1. If wash water is discharged to an unlined surface impoundment or other area for subsurface disposal, the permittee shall monitor the wash water quarterly at the point of discharge for pH and for the presence of C<sub>10</sub> through C<sub>32</sub> hydrocarbons using a Department of Health Services certified method.
  2. If pH is not between 6.0 and 9.0 or the concentration of C<sub>10</sub> through C<sub>32</sub> hydrocarbons exceeds 50 mg/l, the permittee shall, within 30 days of the monitorings, submit a report to the Department with a proposal for mitigation and shall increase monitoring frequency to monthly.
  3. If the condition in subsection (E)(2) persists for three consecutive months, the permittee shall submit, within 90 days, an application for an individual permit.
- F. Recordkeeping.** A permittee shall maintain the following information for at least 10 years and make it available to the Department upon request:
1. Construction drawings and as-built plans, if available;
  2. A log book or similar documentation to record inspection results, repair and maintenance activities, monitoring results, and facility closure; and
  3. The Material Safety Data Sheets for the chemicals used in the wash operations and any required monitoring results.
- G. Closure requirements.** A permittee shall comply with the closure requirements specified in R18-9-D301(G) if a liner has been used. If no liner is used the permittee shall remove and appropriately dispose of any liquids and grade the facility to prevent impoundment of water.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-D304. 3.04 General Permit: Non-Stormwater Impoundments at Mining Sites**
- A.** A 3.04 General Permit allows discharges to lined surface impoundments, lined secondary containment structures, and associated lined conveyance systems at mining sites.
1. The following discharges are allowed under the 3.04 General Permit:
    - a. Seepage from tailing impoundments, unleached rock piles, or process areas;
    - b. Process solution temporarily stored for short periods of time due to process upsets or rainfall, provided the solution is promptly removed from the facility as required under subsection (D);
    - c. Stormwater runoff not permitted under A.R.S. § 49-245.01 because the facility does not receive solely stormwater or because the runoff is regulated but not considered stormwater under the Clean Water Act; and
    - d. Wash water specific to sand and gravel operations not covered by R18-9-B301(A).
  2. Facilities that continually contain process solution as a normal function of facility operations are not eligible for coverage under the 3.04 General Permit. If a normal process solution contains a pollutant regulated under A.R.S. § 49-243(I) the 3.04 General Permit does not apply if the pollutant will compromise the integrity of the liner.
- B.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit:
1. A description of the sources of inflow to the facility. An applicant shall include a representative chemical analysis of expected sources of inflow to the facility unless a sample is not available, before facility construction, in which case the applicant shall provide a chemical analysis of solution present in the facility to the Department within 90 days after the solution first enters the facility;
  2. Documentation demonstrating that the facility design and operation under subsections (C) and (D) have been reviewed by a mining engineer or an Arizona-registered professional engineer before submission to the Department; and
  3. A contingency plan that specifies actions proposed in case of an accidental release from the facility, overtopping of the impoundment, breach of the berm, or unauthorized inflows into the impoundment or containment structure.
- C. Design, construction, and installation requirements.** An applicant shall:
1. Design and construct the impoundment or secondary containment structure as specified under R18-9-D301(C)(1);
  2. Ensure that conveyance systems are capable of handling the peak flow from the 100-year storm;
  3. Construct the liner as specified in R18-9-D301(C)(4)(a);
  4. Develop and implement a Quality Assurance/Quality Control program that meets or exceeds the liner manufacturer's guidelines. The program shall address site and subgrade preparation, inspection procedures, field testing, laboratory testing, repair of seams during installation, and final inspection of the completed liner for functional integrity;
  5. If the facility is located in the 100-year flood plain, design the facility so it is protected from damage or flooding as a result of a 100-year, 24-hour storm event;
  6. Design and manage the facility so groundwater does not come into contact with the liner;
  7. Ensure that the facility design addresses any significant geologic hazard relating to static and seismic stability. The applicant shall document any design adjustments made for this reason in the Notice of Intent to Discharge;
  8. Ensure that the site preparation includes, as appropriate, clearing the area of vegetation, grubbing, grading, and embankment and subgrade preparation. The applicant shall ensure that supporting surface slopes and foundation are stable and structurally sound;
  9. Ensure that the liner is anchored by being secured in an engineered anchor trench. If regularly exposed to sunlight, the applicant shall ensure that the liner is ultraviolet resistant; and
  10. Use compacted clay subgrade in areas with shallow groundwater conditions.
- D. Operational requirements.** The permittee shall:
1. Maintain the freeboard required in subsection (C)(1) through design, pumping, or both;
  2. Remove accumulated residues, sediments, debris, and vegetation to maintain the integrity of the liner and the design capacity of the impoundment;
  3. Perform and document a visual inspection for cracks, tears, perforations and residual build-up at least monthly. The operator shall conduct and document an inspection after the facility receives significant volumes of stormwater inflow;
  4. Report cracks, tears, and perforations in the liner to the Department, and repair them as soon as practical, but no

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later than 60 days under normal operating conditions, after discovery of the crack, tear, or perforation;

5. For facilities that temporarily contain a process solution due to process upsets, remove the process solution from the facility as soon as practical, but no later than 60 days after cessation of the upset; and
  6. For facilities that temporarily contain a process solution due to rainfall, remove the process solution from the facility as soon as practical.
- E. Recordkeeping.** A permittee shall maintain the following information for at least 10 years and make it available to the Department upon request:
1. Construction drawings and as-built plans, if available;
  2. A log book or similar documentation to record inspection results, repair and maintenance activities, monitoring results and facility closure;
  3. Capacity design criteria;
  4. A list of standard operating procedures;
  5. The Quality Assurance/Quality Control program required under subsection (C)(4); and
  6. Records of any unauthorized flows into the impoundment.
- F. Reporting requirements.**
1. If the liner is breached, as evidenced by a drop in water level not attributable to evaporation, or if the impoundment breaches or is overtopped due to a catastrophic or other significant event, the permittee shall report the circumstance to the Department within five days of discovery and implement the contingency plan required in subsection (B)(3). The permittee shall submit a final report to the Department within 60 days of the event summarizing the circumstances of the problem and corrective actions taken.
  2. The permittee shall report unauthorized flows into the impoundment to the Department within five days of discovery and implement the contingency plan required in subsection (B)(3).
- G. Closure requirements.**
1. The permittee shall notify the Department of the intent to close the facility permanently.
  2. Within 90 days following closure notification the permittee shall comply with the following requirements, as applicable:
    - a. Remove liquids and any solid residue on the liner and dispose appropriately;
    - b. Inspect the liner for evidence of holes, tears, or defective seams that could have leaked;
    - c. If evidence of leakage is discovered, remove the liner in the area of suspected leakage and sample potentially impacted soil. If soil remediation levels are exceeded, the permittee shall, within 60 days notify the Department and submit an action plan for the Department's approval before implementing the plan;
    - d. If there is no evidence of holes, tears, or defective seams that could have leaked:
      - i. Cover the liner in place or remove it for disposal or reuse if the impoundment is an excavated impoundment,
      - ii. Remove and dispose of the liner elsewhere if the impoundment is bermed, and
      - iii. Grade the facility to prevent the impoundment of water; and

3. Notify the Department within 60 days following closure that the action plan has been implemented and the closure is complete.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-D305. 3.05 General Permit: Disposal Wetlands**

- A.** A 3.05 General Permit allows discharges of reclaimed water into constructed or natural wetlands, including waters of the United States, waters of the state, and riparian areas, for disposal. This general permit does not apply if the purpose of the wetlands is to provide treatment.
- B.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit the name and individual permit number of the facility providing the reclaimed water.
- C.** Design requirements. An applicant shall:
1. Ensure that the reclaimed water released into the wetland meets numeric and narrative Aquifer Water Quality Standards for all parameters except for coliform bacteria and is Class A+ reclaimed water. A+ reclaimed water is wastewater that has undergone secondary treatment established under R18-9-B204(B)(1), filtration, and meets a total nitrogen concentration under R18-9-B204(B)(3) and fecal coliform limits under R18-9-B204(B)(4);
  2. Maintain a minimum horizontal separation of 100 feet between any water supply well and the maximum wetted area of the wetland;
  3. Post signs at points of access and every 250 feet along the perimeter of the wetland stating, "CAUTION. THESE WETLANDS CONTAIN RECLAIMED WATER. DO NOT DRINK." The applicant shall ensure that the signs are in English and Spanish, or in English with inclusion of the international "do not drink" symbol; and
  4. Ensure that wetland siting is consistent with local zoning and land use requirements.
- D.** Operational requirements.
1. A permittee shall manage the wetland to minimize vector problems.
  2. The permittee shall submit to the Department and implement a Best Management Practices Plan for operation of the wetland. The Best Management Practices Plan shall include:
    - a. A site plan showing the wetland footprint, point of inflow, stormwater drainage, and placement of vegetation;
    - b. Management of flows into and through the wetland to minimize erosion and damage to vegetation;
    - c. Management of visitation and use of the wetlands by the public;
    - d. A management plan for vector control;
    - e. A plan or criteria for enhancing or supplementing of wetland vegetation; and
    - f. Management of shallow groundwater conditions on existing on-site wastewater treatment facilities.
  3. The permittee shall perform quarterly inspections to review bank integrity, erosion evidence, the condition of signage and vegetation, and correct any problem noted.

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- E. Recordkeeping. A permittee shall maintain the following information for at least 10 years and make it available to the Department upon request:
1. Construction drawings and as-built plans, if available; and
  2. A log book or similar documentation to record inspection results, repair and maintenance activities, monitoring results, and facility closure.
- F. Reporting requirements. The permittee shall, by January 30, provide the Department in writing with an annual assessment of the biological condition of the wetland, including the volume of inflow to the wetland in the past year.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-D306. 3.06 General Permit: Constructed Wetlands to Treat Acid Rock Drainage at Mining Sites**

- A. A 3.06 General Permit allows the operation of constructed wetlands that receive, with the intent to treat, acid rock drainage from a closed facility.
- B. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit a design, including information on the quality of the influent, the treatment process to be used, the expected quality of the wastewater, and the nutrients and other constituents that will indicate wetland performance.
- C. Design, construction, and installation. An applicant shall:
1. Ensure that:
    - a. Water released into the treatment wetland is compatible with construction materials and vegetation;
    - b. Water released from the treatment wetland:
      - i. Meets numeric Aquifer Water Quality Standards,
      - ii. Has a pH between 6.0 and 9.0, and
      - iii. Has a sulfate concentration less than 1000 mg/l; and
    - c. Water released from the treatment wetland complies with and is released under an individual permit and an AZPDES Permit, if required;
  2. Construct the treatment wetland with a liner, using a low-hydraulic conductivity synthetic liner, site-specific liner, or both, to achieve a calculated seepage rate of less than 550 gallons per acre per day. The applicant shall:
    - a. Ensure that, if a synthetic liner is used, such as geomembrane, the liner is underlain by at least 6 inches of prepared and compacted subgrade;
    - b. Anchor the liner along the perimeter of the treatment wetland; and
    - c. Manage the plants in the treatment wetland to prevent species with root penetration that impairs liner performance;
  3. Design the treatment wetland for optimum:
    - a. Sizing appropriate for the anticipated treatment,
    - b. Cell configuration,
    - c. Vegetative species composition, and
    - d. Berm configuration;
  4. Construct and locate the treatment wetland so that it:
    - a. Maintains physical integrity during a 100-year, 24-hour storm event; and
    - b. Operates properly during a 25-year, 24-hour storm event;
  5. Ensure that the bottom of the treatment wetland is at least 20 feet above the seasonal high groundwater table; and
  6. If public access to the treatment wetland is anticipated or encouraged, post signs at points of access and every 250 feet along the perimeter of the treatment wetland stating, "CAUTION. THESE WETLANDS CONTAIN MINE DRAINAGE WATER. DO NOT DRINK." The permittee shall ensure that the signs are in English and Spanish, or in English with inclusion of the international "do not drink" symbol.
- D. Operational requirements.
1. The permittee shall monitor the water leaving the treatment wetlands at least quarterly for the standards specified in subsection (C)(1)(b). Monitoring shall include nutrients or other constituents used as indicators of treatment wetland performance.
  2. The permittee shall submit to the Department and implement a Best Management Practices Plan for operation of the treatment wetland. The Best Management Practices Plan shall include:
    - a. A site plan showing the treatment wetland footprint, point of inflow, stormwater drainage, and placement of vegetation;
    - b. A contingency plan to address problems, including treatment performance, wash-out and vegetation die-off, and a plan to apply for an individual permit if the treatment wetland is unable to achieve the treatment standards in subsection (C)(1)(b) on a continued basis;
    - c. Management of flows into and through the treatment wetland to minimize erosion and damage to vegetation;
    - d. A description of the measures for restricting access to the treatment wetlands by the public;
    - e. A management plan for vector control; and
    - f. A plan or criteria for enhancing or supplementing treatment wetland vegetation.
  3. The permittee shall perform quarterly inspections to review the bank and liner integrity, erosion evidence, and the condition of signage and vegetation, and correct any problems noted.
- E. Recordkeeping. A permittee shall maintain the following information for at least 10 years and make it available to the Department upon request:
1. Construction drawings and as-built plans, if available; and
  2. A log book or similar documentation to record inspection results, repair and maintenance activities, monitoring results, and facility closure.
- F. Reporting requirements.
1. If preliminary laboratory results indicate that the quality of the water leaving the treatment wetlands does not meet the standards specified in subsection (C)(1)(b), the permittee may request that the laboratory re-analyze the sample before reporting the results to the Department. The permittee shall:
    - a. Conduct verification sampling within 15 days of receiving final laboratory results,
    - b. Conduct verification sampling only for parameters that are present in concentrations greater than the standards specified in subsection (C)(1)(b), and
    - c. Notify the Department in writing within five days of receiving final laboratory results.

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2. If the final laboratory result confirms that the quality of the water leaving the treatment wetlands does not meet the standards in subsection (C)(1)(b), the permittee shall implement the contingency plan required by subsection (D)(2)(b) and notify the Department that the plan is being implemented.
3. The permittee shall, by January 30, provide the Department in writing with an annual assessment of the biological condition of the treatment wetland, including the volume of inflow to the treatment wetland in the past year.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-D307. 3.07 General Permit: Tertiary Treatment Wetlands**

- A.** A 3.07 General Permit allows constructed wetlands that receive with the intent to treat, discharges of reclaimed water that meet the secondary treatment level requirements specified in R18-9-B204(B)(1).
- B.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit:
  1. The name and individual permit number of any facility that provides the reclaimed water to the treatment wetland;
  2. The name and individual permit number of any facility that receives water released from the treatment wetland;
  3. The design of the treatment wetland construction and management project, including information on the quality of the influent, the treatment process, and the expected quality of the wastewater;
  4. A Best Management Practices Plan that includes:
    - a. A site plan showing the treatment wetland footprint, point of inflow, stormwater drainage, and placement of vegetation;
    - b. A contingency plan to address any problem, including treatment performance, wash-out, and vegetation die-off;
    - c. A management plan for flows into and through the treatment wetland to minimize erosion and damage to vegetation;
    - d. A description of the measures for restricting access to the treatment wetlands by the public;
    - e. A management plan for vector control; and
    - f. A plan or criteria for enhancing or supplementing treatment wetland vegetation.
- C.** Design requirements. An applicant shall:
  1. Release water from the treatment wetland under an individual permit and an AZPDES permit, if required. The applicant shall release water from the treatment wetland only to a direct reuse site if the site is permitted to receive reclaimed water of the quality generated under the individual permit specified in subsection (B)(1);
  2. Construct and locate the treatment wetland so that it:
    - a. Maintains physical integrity during a 100-year, 24-hour storm event; and
    - b. Operates properly during a 25-year, 24-hour storm event;
  3. Ensure that the bottom of the treatment wetland is at least 20 feet above the seasonal high groundwater table;
  4. Maintain a minimum horizontal separation of 100 feet between a water supply well and the maximum wetted area of the treatment wetland;
  5. Maintain the setbacks specified in R18-9-B201(I) for no noise, odor, or aesthetic controls between the property boundary at the site and the maximum wetted area of the treatment wetland;
  6. Fence the treatment wetland area to prevent unauthorized access;
  7. Post signs at points of access stating "CAUTION. THESE WETLANDS CONTAIN RECLAIMED WATER, DO NOT DRINK." The applicant shall ensure that the signs are in English and Spanish, or in English with inclusion of the international "do not drink" symbol;
  8. Construct the treatment wetland with a liner using low hydraulic conductivity liner, site-specific liner, or both, to achieve a calculated seepage rate of less than 550 gallons per acre per day. The applicant shall:
    - a. Ensure that if a synthetic liner is used, such as geomembrane, the liner is underlain by at least 6 inches of prepared and compacted subgrade;
    - b. Anchor the liner along the perimeter of the treatment wetland; and
    - c. Manage the plants in the treatment wetland to prevent species with root penetration that impairs liner performance;
  9. Calculate the size and depth of the treatment wetland so that the rate of flow allows adequate treatment detention time. The applicant shall design the treatment wetland with at least two parallel treatment cells to allow for efficient system operation and maintenance;
  10. Ensure that the treatment wetland vegetation includes cat-tails, bulrush, common reed, or other species of plants with high pollutant treatment potential to achieve the intended water quality identified in subsection (B)(3); and
  11. Ensure that construction and operation of the treatment wetlands is consistent with local zoning and land use requirements.
- D.** Operational requirements. The permittee shall:
  1. Implement the Best Management Practices Plan approved under subsection (B);
  2. Monitor wastewater leaving the treatment wetland to ensure that discharge water quality meets the expected wastewater quality specified in subsection (B)(3). The permittee shall ensure that analyses of wastewater samples are conducted by a laboratory certified by the Department of Health Services, following the Department's Quality Assurance/Quality Control requirements;
  3. Follow the prescribed measures as required in the contingency plan under subsection (B)(4)(b) and submit a written report to the Department within five days if verification sampling demonstrates that an alert level or discharge limit is exceeded;
  4. Inspect the treatment wetlands at least quarterly for bank and liner integrity, erosion evidence, and condition of signage and vegetation, and correct any problem discovered; and
  5. Ensure that the treatment wetland is operated by a certified operator under 18 A.A.C. 5, Article 1.
- E.** Recordkeeping. A permittee shall maintain the following information for at least 10 years and make it available to the Department upon request:

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1. Construction drawings and as-built plans, if available; and
  2. A log book or similar documentation to record inspection results, repair and maintenance activities, monitoring results, and facility closure.
- F.** Reporting requirements. The permittee shall, by January 30, provide the Department in writing with an annual assessment of the biological condition of the treatment wetland including the volume of inflow to the treatment wetland in the past year.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**PART E. TYPE 4 GENERAL PERMITS****R18-9-E301. 4.01 General Permit: Sewage Collection Systems**

- A.** A 4.01 General Permit allows for construction and operation of a new sewage collection system or expansion of an existing sewage collection system involving new construction as follows:
1. A sewage collection system or portion of a sewage collection system that serves downstream from the point where the daily design flow is 3000 gallons per day based on Table 1, Unit Design Flows, except a gravity sewer line conveying sewage from a single building drain directly to an interceptor, collector sewer, lateral, or manhole regardless of daily design flow;
  2. A sewage collection system that includes a manhole; or
  3. A sewage collection system that includes a force main or lift station serving more than one dwelling.
- B.** Performance. An applicant shall design, construct, and operate a sewage collection system so that the sewage collection system:
1. Provides adequate wastewater flow capacity for the planned service area;
  2. Minimizes sedimentation, blockage, and erosion through maintenance of proper flow velocities throughout the system;
  3. Prevents releases of sewage to the land surface through appropriate sizing, capacities, and inflow and infiltration prevention measures throughout the system;
  4. Protects water quality through minimization of exfiltration losses from the system;
  5. Provides for adequate inspection, maintenance, testing, visibility, and accessibility;
  6. Maintains system structural integrity; and
  7. Minimizes septic conditions in the sewage collection system.
- C.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B), an applicant shall submit the following information:
1. A statement on a form approved by the Director, signed by the owner or operator of the sewage treatment facility that treats or processes the sewage from the proposed sewage collection system.
    - a. The statement shall affirm that the additional volume of wastewater delivered to the facility by the proposed sewage collection system will not cause any flow or effluent quality limits of the individual permit for the facility to be exceeded.
    - b. If the facility is classified as a groundwater protection permit facility under A.R.S. § 49-241.01(C), or if no flow or effluent limits are applicable, the statement shall affirm that the design flow of the facility will not be exceeded;
  2. If the proposed sewage collection system delivers wastewater to a downstream sewage collection system under different ownership or control, a statement on a form approved by the Director, signed by the owner or operator of the downstream sewage collection system, affirming that the downstream system can maintain the performance required by subsection (B) when receiving the increased flows;
  3. A general site plan showing the boundaries and key aspects of the project;
  4. Construction quality drawings that provide overall details of the site and the engineered works comprising the project including:
    - a. The plans and profiles for all sewer lines, manholes, force mains, depressed sewers, and lift stations with sufficient detail to allow Department verification of design and performance characteristics;
    - b. Relevant cross sections showing construction details and elevations of key components of the sewage collection system to allow Department verification of design and performance characteristics, including the slope of each gravity sewer segment stated as a percentage; and
    - c. Drainage features and controls, and erosion protection as applicable, for the components of the project; and
    - d. Horizontal and vertical location of utilities within the area affected by the sewer line construction;
  5. Documentation of design flows for significant components of the sewage collection system and the basis for calculating the design flows;
  6. Drawings, reports, and other information that are clear, reproducible, and in a size and format specified by the Department. The applicant may submit the drawings in a Department-approved electronic format; and
  7. Design documents, including plans, specifications, drawings, reports, and calculations that are signed, dated, and sealed by an Arizona-registered professional engineer. The designer shall use good engineering judgment by following engineering standards of practice, and rely on appropriate engineering methods, calculations, and guidance.
- D.** Design requirements.
1. General Provisions. An applicant shall design and construct a new sewage collection system or an expansion of an existing sewage collection system involving new construction, according to the requirements of this general permit. An applicant shall:
    - a. Base design flows for components of the system on unit flows specified in Table 1, Unit Design Flows.
    - b. Design gravity sewer lines and all other sewage collection system components, including, manholes, force mains, lift stations, depressed sewers, and appurtenant devices and structures to accommodate maximum sewage flows as follows:
      - i. Any point in a sewer main when flowing full can accommodate a peak wet weather flow calculated by multiplying the sum of the upstream sources of flow from Table 1, Unit Design Flows by a dry weather peaking factor based on upstream population, as tabulated below, and

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adding a wet weather infiltration and inflow rate based on either a percentage of peak dry weather flow or a gallons per acre rate of flow;

Upstream Population	Dry Weather Peaking Factor
100	3.62
200	3.14
300	2.90
400	2.74
500	2.64
600	2.56
700	2.50
800	2.46
900	2.42
1000	2.38
1001 to 10,000	$PF = (6.330 \times p^{-0.231}) + 1.094$
10,001 to 100,000	$PF = (6.177 \times p^{-0.233}) + 1.128$
More than 100,000	$PF = (4.500 \times p^{-0.174}) + 0.945$
PF = Dry Weather Peaking Factor p = Upstream Population	

- ii. For a lift station serving less than 600 single family dwelling units (d.u.), use either of the following methods to size the pumps for peak dry weather flow in gallons per minute and add an allowance for wet weather flow and infiltration:
  - (1) Peak dry weather flow =  $17 \text{ d.u.}^{0.42}$ , or
  - (2) Peak dry weather flow =  $11.2 (\text{population})^{0.42}$
- iii. If justified by the applicant, the Department may accept lower unit flow values in the served area due to significant use of low-flow fixtures, hydrographs of actual flows, or other factors;
- c. Use the "Uniform Standard Specifications for Public Works Construction" (revisions through 2004) and the "Uniform Standard Details for Public Works Construction" (revisions through 2004) published by the Maricopa Association of Governments, and the "Standard Specifications for Public Improvements," (2003 Edition), and "Standard Details for Public Improvements," (2003 Edition), published jointly by Pima County Wastewater Management and the City of Tucson, as the applicable design and construction criteria, unless the Department approves alternative design standards or specifications. An applicant in a county other than Maricopa and Pima shall use design and construction criteria from either the Maricopa Association of Governments or the Pima County Wastewater Management and the City of Tucson for the facility unless alternative criteria are designated by the Department.
  - i. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material.
  - ii. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the Maricopa Association of Governments, 302 N. 1st Avenue, Suite 300, Phoenix, Arizona 85003, or on the web at <http://www.mag.maricopa.gov/archive/Newpages/on-line.htm>; or from Pima County Wastewater Management, 201 N. Stone Avenue, Tucson, Arizona 85701-1207, or on the web at <http://www.pima.gov/www/stdtdet>;
- d. Ensure that sewage collection system components are separated from drinking water distribution system components as specified in 18 A.A.C. 5, Article 5;
- e. Ensure that sewage collection system components are separated from reclaimed water system components as specified in 18 A.A.C. 9, Article 6; and
- f. Request review and approval of an alternative to a design feature specified in this Section by following the requirements in R18-9-A312(G).
2. Gravity sewer lines. An applicant shall:
  - a. Ensure that any sewer line that runs between man-holes, if not straight, is of constant horizontal curvature with a radius of curvature not less than 200 feet;
  - b. Cover each sewer line with at least 3 feet of earth cover meeting the requirements of subsection (D)(2)(h). The applicant shall:
    - i. Include at least one note specifying this requirement in construction plans;
    - ii. If site-specific limitations prevent 3 feet of earth cover, provide the maximum cover attainable, construct the sewer line of ductile iron pipe or other design of equivalent or greater tensile and compressive strength, and note the change on the construction plans; and
    - iii. Ensure that the design of the pipe and joints can withstand crushing or shearing from any expected static and live load to protect the structural integrity of the pipe. Construction plans shall note locations requiring these measures;
  - c. If sewer lines cross or are constructed in floodways;
    - i. Place the lines at least 2 feet below the level of the 100-year storm scour depth and calculated 100-year bed degradation and construct the lines using ductile iron pipe or pipe with equivalent tensile strength, compressive strength, shear resistance, and scour protection.
    - ii. If it is not possible to maintain the 2 feet of clearance specified in subsection (D)(2)(c)(i), using the process described in R18-9-A312(G), provide a design that ensures that the sewer line will withstand any lateral and vertical load for the scour and bed degradation conditions specified in subsection (D)(2)(c)(i);
    - iii. Ensure that sewer lines constructed in a floodway extend at least 10 feet beyond the boundary of the 100-year storm scouring;
    - iv. If a sewer line is constructed in a floodway and is longer than the applicable maximum man-hole spacing distance in subsection (D)(3)(a), using the process described in R18-9-A312(G), provide a design that ensures the performance standards in subsection (B) are met; and
    - v. Note locations requiring these measures on the construction plans;
  - d. Ensure that each sewer line is 8 inches in diameter or larger except the first 400 feet of a dead end sewer



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- line with no potential for extension may be 6 inches in diameter if the design flow criteria specified in subsections (D)(1)(a) and (D)(1)(b) are met and the sewer line is installed with a slope sufficient to achieve a velocity of at least 3 feet per second when flowing full. If the line is extended, the applicant seeking the extension shall replace the entire length with larger pipe to accommodate the new design flow unless the applicant demonstrates with engineering calculations that using the existing 6-inch pipe will accommodate the design flow;
- e. Design sewer lines with at least the minimum slope calculated from Manning's Formula using a coefficient of roughness of 0.013 and a sewage velocity of 2 feet per second when flowing full.
    - i. An applicant may request a smaller minimum slope under R18-9-A312(G) if the smaller slope is justified by a quarterly program of inspections, flushings, and cleanings.
    - ii. If a smaller minimum slope is requested, the applicant shall not specify a slope that is less than 50 percent of that calculated from Manning's formula using a coefficient of roughness of 0.013 and a sewage velocity of 2 feet per second.
    - iii. The ratio of flow depth in the pipe to the diameter of the pipe shall not exceed 0.75 in peak dry weather flow conditions;
  - f. Design sewer lines to avoid a slope that creates a sewage velocity greater than 10 feet per second. The applicant shall construct any sewer line carrying a flow with a normal velocity of greater than 10 feet per second using ductile iron pipe or pipe with equivalent erosion resistance, and structurally reinforce the receiving manhole or sewer main;
  - g. Design and install sewer lines, connections, and fittings with materials that meet or exceed manufacturer's specifications consistent with this Chapter to:
    - i. Limit inflows, infiltration, and exfiltration;
    - ii. Resist corrosion in the ambient electrochemical environment;
    - iii. Withstand anticipated static and live loads; and
    - iv. Provide internal erosion protection;
  - h. Indicate trenching and bedding details applicable for each pipe material and size in the design plans. Unless the Department approved alternative design standards or specifications under subsection (D)(1)(c), the applicant shall place and bed the sewer lines in trenches following the specifications in "Trench Excavation, Backfilling, and Compaction" (Section 601) revised 2004, published by the Maricopa Association of Governments; and "Rigid Pipe Bedding for Sanitary Sewers" (WWM 104) revised July 2002, and "Flexible Pipe Bedding for Sanitary Sewers" (WWM 105) revised July 2002, published by Pima County Wastewater Management. This material is part of the material incorporated by reference in subsection (D)(1)(b).
  - i. Perform a deflection test of the total length of all sewer lines made of flexible materials to ensure that the installation meets or exceeds the manufacturer's recommendations and record the results;
  - j. Test each segment of the sewer line for leakage using the applicable method below and record the results:
    - i. "Standard Test Method for Installation of Acceptance of Plastic Gravity Sewer Lines Using Low-Pressure Air, F1417-92(1998)," published by the American Society for Testing and Materials;
    - ii. "Standard Practice for Testing Concrete Pipe Sewer Lines by Low-Pressure Air Test Method, C924-02 (2002)," published by the American Society for Testing and Materials;
    - iii. "Standard Test Method for Low-Pressure Air Test of Vitrified Clay Pipe Lines, C828-03 (2003)," published by the American Society for Testing and Materials;
    - iv. "Standard Test Method for Hydrostatic Infiltration Testing of Vitrified Clay Pipe Lines, C1091-03a (2003)," published by the American Society for Testing Materials;
    - v. "Standard Practice for Infiltration and Exfiltration Acceptance Testing of Installed Precast Concrete Pipe Sewer Lines, C969-02 (2002)," published by the American Society for Testing Material; or
    - vi. "Standard Practice for Underground Installation of Thermoplastic Pipe for Sewers and Other Gravity-Flow Applications, D2321-00 (2000)," published by the American Society for Testing Materials; or
    - vii. The material listed in subsections (D)(2)(j)(i) through (vi) is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959;
  - k. Test the total length of the sewer line for uniform slope by lamp lighting, remote camera or similar method approved by the Department, and record the results; and
  - l. Minimize the planting within the disturbed area of new sewage collection system construction of plant species having roots that are likely to reach and damage the sewer or impair the operation of the sewer or visual and vehicular access to any manhole.
3. Manholes.
    - a. An applicant shall install manholes at all grade changes, size changes, alignment changes, sewer intersections, and at any location necessary to comply with the following spacing requirements:
 

Sewer Pipe Diameter (inches)	Maximum Manhole Spacing (feet)
Less than 8	400
8 to less than 18	500
18 to less than 36	600
36 to less than 60	800
60 or greater	1300

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- b. The Department shall allow greater manhole spacing if the applicant follows the procedure provided in R18-9-A312(G) and provides documentation showing the operator possesses or has available specialized sewer cleaning equipment suitable for the increased spacing.
- c. The applicant shall ensure that manhole design is consistent with "Pre-cast Concrete Sewer Manhole" #420-1, revised January 1, 2004 and #420-2, revised January 1, 2001, "Offset Manhole for 8" – 30" Pipe" #421 (1998), and "Sewer Manhole and Cover Frame Adjustment" #422, revised January 1, 2001, published by the Maricopa Association of Governments; and "Manholes and Appurtenant Items" (WWM 201 through WWM 211, except WWM 204, 205, and 206), revised July 2002, published by Pima County Wastewater Management. This material is part of the material incorporated by reference in subsection (D)(1)(b).
- d. The applicant shall not locate manholes in areas subject to more than incidental runoff from rain falling in the immediate vicinity unless the manhole cover assembly is designed to restrict or eliminate storm-water inflow.
- e. The applicant shall test each manhole using one of the following test protocols:
  - i. Watertightness testing by filling the manhole with water. The applicant shall ensure that the drop in water level following presoaking does not exceed 0.0034 of total manhole volume per hour;
  - ii. Negative air pressure testing using the "Standard Test Method for Concrete Sewer Manholes by Negative Air Pressure (Vacuum) Test, C1244-02e1 (2002)," published by the American Society for Testing and Materials. This material is incorporated by reference, does not include any later amendments or editions of the incorporated material and may be viewed at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007, or obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959; or
  - iii. Holiday testing of a lined manhole constructed with uncoated rebar using the "High-Voltage Electrical Inspection of Pipeline Coatings, RP0274-2004 (2004)," published by the National Association of Corrosion Engineers (NACE International). This material is incorporated by reference as modified below, does not include any later amendments or editions of the incorporated material and may be viewed at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or obtained from NACE International, 1440 South Creek Drive, Houston, Texas 77084-4906. The following substitutions apply:
    - (1) Where the word "metal" is used in the standard, use the word "surface" instead; and
    - (2) Where the words "pipe" or "pipeline" are used, use the word "manhole" instead.
- f. The applicant shall perform manhole testing under subsection (D)(3)(e) after installation of the manhole cone or top riser to verify watertightness integrity of the manhole from the top of the cone or riser down.
  - i. Upon satisfactory test results, the applicant shall install the manhole ring and any spacers, complete the joints, and seal the manhole to a watertight condition.
  - ii. If the applicant can install the manhole cone or top riser, spacers, and ring to final grade without disturbance or adjustment by later construction, the applicant may perform the testing from the top of the manhole ring on down.
- g. The applicant shall locate a manhole to provide adequate visibility and vehicular maintenance accessibility following construction.
- 4. Force mains. An applicant may install a force main if it meets the following design, installation, and testing requirements. The applicant shall:
  - a. Design force mains to maintain a minimum flow velocity of 3 feet per second and a maximum flow velocity of 7 feet per second. The applicant may design for sustained periods of flow above 7 feet per second, if the applicant justifies the design using the process specified in R18-9-A312(G);
  - b. Ensure that force mains have the appropriate valves and controls required to prevent drainback to the lift station. If drainback is necessary during cold weather to prevent freezing, the control system may allow manual or automatic drainback;
  - c. Incorporate air release valves or other appropriate components in force mains at all high points along the line to eliminate air accumulation. If engineering calculations provided by the applicant demonstrate that air will not accumulate in a given high point under typical flow conditions, the Department shall waive the requirement for an air release valve;
  - d. Design restrained joints or thrust blocks on force mains to accommodate water hammer, surge control, and to prevent excessive movement of the force main. Submitted construction plans shall show restrained joint or thrust block locations and details;
  - e. If a force main is proposed to discharge directly to a sewage treatment facility without entering a flow equalization basin, include in the Notice of Intent to Discharge a statement from the owner or operator of the sewage treatment facility that the design is acceptable;
  - f. Design a force main to withstand a pressure of 50 pounds per square inch or more above the design working pressure for two hours and test upon completion to ensure no leakage;
  - g. Supply flow to a force main using a lift station that meets the requirements of subsection (D)(5); and
  - h. Ensure that force mains are designed to control odor.
- 5. Lift stations. An applicant shall:
  - a. Secure a lift station to prevent tampering and affix on its exterior, or on the nearest vertical object if the lift station is entirely below grade, at least one warning sign that includes the 24-hour emergency phone number of the owner or operator of the collection system;

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- b. Protect lift stations from physical damage from a 100-year flood event. An applicant shall not construct a lift station in a floodway;
  - c. Lift station wet well design.
    - i. Ensure that the minimum wet well volume in gallons is 1/4 of the product of the minimum pump cycle time, in minutes, and the total pump capacity, in gallons per minute;
    - ii. Protect the wet well against corrosion to provide at least a 20-year operational life;
    - iii. Ensure that wet well volume does not allow the sewage retention time to exceed 30 minutes unless the sewage is aerated, chemicals are added to prevent or eliminate hydrogen sulfide formation, or adequate ventilation is provided. Notwithstanding these measures, the applicant shall not allow the septic condition of the sewage to adversely affect downstream collection systems or sewage treatment facility performance;
    - iv. Ensure that excessively high or low levels of sewage in the wet well trigger an audible or visible alarm at the wet well site and at the system control center;
    - v. Ensure that a wet well designed to accommodate more than 5000 gallons per day has a horizontal cross-sectional area of at least 20 square feet; and
    - vi. Ensure that lift stations are designed to prevent odor from emanating beyond the lift station site;
  - d. Equip a lift station wet well with at least two pumps. The applicant shall ensure that:
    - i. The pumps are capable of passing a 2.5-inch sphere or are grinder pumps;
    - ii. The lift station is capable of operating at design flow with any one pump out of service; and
    - iii. Piping, valves, and controls are arranged to allow independent operation of each pump;
  - e. Not use suction pumps if the sewage lift is more than 15 feet. The applicant shall ensure that other types of pumps are self-priming and that pump water brake horsepower is at least 0.00025 times the product of the required discharge, in gallons per minute, and the required total dynamic head, in feet; and
  - f. For lift stations receiving an average flow of more than 10,000 gallons per day, include a standby power source and redundant wastewater level controls in the lift station design that will provide immediate service and remain available for 24 hours per day if the main power source or controls fail.
6. Depressed sewers. An applicant shall:
- a. Size the depressed sewer to attain a minimum velocity of 3 feet per second through all barrels of the depressed sewer when the flow equals or exceeds the design daily peak dry weather flow,
  - b. Design the depressed sewer to convey the sewage flow through at least two parallel pipes at least 6 inches in diameter,
  - c. Include an inlet and outlet structure at each end of the inverted sewer,
  - d. Design the depressed sewer so that the barrels are brought progressively into service as flow increases to its design value, and
  - e. Design the depressed sewer to minimize release of odors to the atmosphere.
- E. Additional Discharge Authorization requirements. An applicant shall:
- 1. Supply a signed, dated, and sealed Engineer's Certificate of Completion in a format approved by the Department that provides the following:
    - a. Confirmation that the project was completed in compliance with the requirements of this Chapter, as described in the plans and specifications corresponding to the Construction Authorization issued by the Director, or with changes that are reflected in as-built plans submitted with the Engineer's Certificate of Completion;
    - b. As-built plans, if required, that are properly identified and numbered; and
    - c. Satisfactory field test results from deflection, leakage, and uniform slope testing;
  - 2. Provide any other relevant information required by the Department to determine that the facility conforms to the terms of the 4.01 General Permit; and
  - 3. Provide a signed certification on a form approved by the Department that:
    - a. Confirms that an operation and maintenance manual exists for the sewage collection system;
    - b. Confirms that the operation and maintenance manual addresses components of operation and maintenance specified on the certification form;
    - c. Provides the 24-hour emergency number of the owner or operator of the sewage collection system; and
    - d. Provides an address where the operation and maintenance manual is maintained and confirms that the manual is available for inspection at that address by the Department on request.
- F. Operation and maintenance requirements. The permittee shall:
- 1. Operate the new sewage collection system or expansion of an existing sewage collection system involving new construction using the operation and maintenance manual certified by the owner or operator in subsection (E)(3), to meet the performance standards specified in subsection (B), unless the permittee is operating the sewage collection system under a CMOM Plan under the general permit established in R18-9-C305;
  - 2. Ensure that the sewage collection system is operated according to the operator certification requirements in 18 A.A.C. 5, Article 1; and
  - 3. For safety during operation and maintenance of lift station and other confined space components of the sewage collection system, follow all applicable state and federal confined space entry requirements.
- G. Recordkeeping. A person owning or operating a facility permitted under this Section shall maintain the documents listed in subsection (E) for the life of the facility and make them available to the Department upon request.
- H. Repairs.
- 1. A Notice of Intent to Discharge is not required for sewage collection system repairs. Repairs include work performed in response to deterioration or damage of existing structures, devices, and appurtenances with the intent to maintain or restore the system to its original design flow and operational characteristics. Repairs do not include changes in vertical or horizontal alignment.

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2. Components used in the repair shall meet the design, installation, and operational requirements of this Section.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-E302. 4.02 General Permit: Septic Tank with Disposal by Trench, Bed, Chamber Technology, or Seepage Pit, Less Than 3000 Gallons Per Day Design Flow**

- A. A 4.02 General Permit allows for the construction and operation of a system with less than 3000 gallons per day design flow consisting of a septic tank dispensing wastewater to an approved means of disposal described in this Section. Only gravity flow of wastewater from the septic tank to the disposal works is authorized by this general permit.

1. The standard septic tank and disposal works design specified in the 4.02 General Permit serves sites where no site limitations are identified by the site investigation conducted under R18-9-A310.
2. If site conditions allow, this general permit authorizes the discharge of wastewater from a septic tank meeting the requirements of R18-9-A314 to one of the following disposal works:
  - a. Trench,
  - b. Bed,
  - c. Chamber technology, or
  - d. Seepage pit.

- B. Performance. An applicant shall design a system consisting of a septic tank and one of the disposal works listed in subsection (A)(2) so that treated wastewater released to the native soil meets the following criteria:

1. TSS of 75 milligrams per liter, 30-day arithmetic mean;
2. BOD<sub>5</sub> of 150 milligrams per liter, 30-day arithmetic mean;
3. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean; and
4. Total coliform level of 100,000,000 (Log<sub>10</sub> 8) colony forming units per 100 milliliters, 95th percentile.

- C. Design and installation requirements.

1. General provisions. In addition to the applicable requirements in R18-9-A312, the applicant shall:
  - a. Ensure that the septic tank meets the requirements specified in R18-9-A314;
  - b. Before placing aggregate or disposal pipe in a prepared excavation, remove all smeared or compacted surfaces from trenches by raking to a depth of 1 inch and removing loose material. The applicant shall:
    - i. Place aggregate in the trench to the depth and grade specified in subsection (C)(2);
    - ii. Place the drain pipe on aggregate and cover it with aggregate to the minimum depth specified in subsection (C)(2); and
    - iii. Cover the aggregate with landscape filter material, geotextile, or similar porous material to prevent filling of voids with earth backfill;
  - c. Use a grade board stake placed in the trench to the depth of the aggregate if the disposal pipe is constructed of drain tile or flexible pipe that will not maintain alignment without continuous support;
  - d. Disposal pipe. If two or more disposal pipes are installed, install a distribution box approved by the Department of sufficient size to receive all lateral

lines and flows at the head of each disposal works and:

- i. Ensure that the inverts of all outlets are level and the invert of the inlet is at least 1 inch above the outlets;
  - ii. Design distribution boxes to ensure equal flow and install the boxes on a stable level surface such as a concrete slab or native or compacted soil; and
  - iii. Protect concrete distribution boxes from corrosion by coating them with an appropriate bituminous coating, constructing the boxes with concrete that has a 15 to 18 percent fly ash content, or by using other equivalent means;
- e. Construct all lateral pipes running from a distribution box to the disposal works with watertight joints and ensure that multiple disposal laterals, wherever practical, are of uniform length;
- f. Lay pipe connections between the septic tank and a distribution box on natural ground or compact fill and construct the pipe connections with watertight joints;
- g. Construct steps within distribution line trenches or beds, if necessary, to maintain a level disposal pipe on sloping ground. The applicant shall construct the lines between each horizontal section with watertight joints and install them on natural or unfilled ground; and
- h. Ensure that a disposal works consisting of trenches, beds, chamber technology, or seepage pits is not paved over or covered by concrete or any material that can reduce or inhibit possible evaporation of wastewater through the soil to the land surface or oxygen transport to the soil absorption surfaces.
2. Trenches.
- a. The applicant shall calculate the trench absorption area as the total of the trench bottom area and the sum of both trench sidewall areas to a maximum depth of 48 inches below the bottom of the disposal pipe.
  - b. The applicant shall ensure that trench bottoms and disposal pipe are level. The applicant shall calculate trench sizing from the soil absorption rate specified under R18-9-A312(D) and the design flow established in R18-9-A312(B).
  - c. The following design criteria for trenches apply:

Trenches	Minimum	Maximum
1. Number of trenches	1 (2 are recommended)	No Maximum
2. Length of trench <sup>1</sup>	----	100 feet
3. Bottom width of trench	12 inches	36 inches
4. Trench absorption area (sq. ft. of absorption area per linear foot of trench)	No Minimum	11 sq. ft.
5. Depth of cover over aggregate surrounding disposal pipe	9 inches	24 inches <sup>2</sup>

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6. Thickness of aggregate material over disposal pipe	2 inches	2 inches
7. Thickness of aggregate material under disposal pipe	12 inches	No Maximum
8. Slope of disposal pipe	Level	Level
9. Disposal pipe diameter	3 inches	4 inches
10. Spacing of trenches (measured between nearest sidewalls)	2 times effective depth <sup>3</sup> or five feet, whichever is greater	No Maximum

Notes:

- <sup>1</sup> If unequal trench lengths are used, proportional distribution of wastewater is required.
- <sup>2</sup> For more than 24 inches, Standard Dimensional Ratio 35 or equivalent strength pipe is required.
- <sup>3</sup> The effective depth is the distance between the bottom of the disposal pipe and the bottom of the trench bed.

- d. The applicant may substitute clean, durable, crushed, and washed recycled concrete for aggregate if noted in design documents and the trench absorption area calculation excludes the trench bottom.

3. Beds. An applicant shall:

- a. If a bed is installed, use the soil absorption rate specified in R18-9-A312(D) for "SAR, Bed. The applicant may, in computing the bed bottom absorption area, include the bed bottom and the perimeter sidewall area not more than 36 inches below the disposal pipe;
- b. Comply with the following design criteria for beds:

Gravity Beds	Minimum	Maximum
1. Number of disposal pipes	2	No Maximum
2. Length of bed	No Minimum	100 feet
3. Distance between disposal pipes	4 feet	6 feet
4. Spacing of beds measured between nearest sidewalls	2 times effective depth <sup>1</sup> or 5 feet, whichever is greater	No Maximum
5. Width of bed	10 feet	12 feet
6. Distance from disposal pipe to sidewall	3 feet	3 feet
7. Depth of cover over disposal pipe	9 inches	14 inches
8. Thickness of aggregate material under disposal pipe	12 inches	No Maximum
9. Thickness of aggregate material over disposal pipe	2 inches	2 inches

10. Slope of disposal pipe	Level	Level
11. Disposal pipe diameter	3 inches	4 inches

Note:

- <sup>1</sup> The effective depth is the distance between the bottom of the disposal pipe and the bottom of the bed.

4. Chamber technology. An applicant shall:

- a. Calculate an effective chamber absorption area to size the disposal works area and determine the number of chambers needed. The effective absorption area of each chamber is calculated as follows:  

$$A = (1.8 \times B \times L) + (2 \times V \times L)$$
  - i. "A" is the effective absorption area of each chamber;
  - ii. "B" is the exterior width of the bottom of the chamber;
  - iii. "V" is the vertical height of the louvered sidewall of the chamber; and
  - iv. "L" is the length of the chamber;
- b. Calculate the disposal works size and number of chambers from the effective absorption area of each chamber and the soil absorption rates specified in R18-9-A312(D);
- c. Ensure that the sidewall of the chamber provides at least 35 percent open area for sidewall credit and that the design and construction minimizes the movement of fines into the chamber area. The applicant shall not use filter fabric or geotextile against the sidewall openings.

5. Seepage pits. If allowed by R18-9-A311(B)(1), the applicant shall:

- a. Design a seepage pit to comply with R18-9-A312(E)(1) for minimum vertical separation distance;
- b. Ensure that multiple seepage pit installations are served through a distribution box approved by the Department or connected in series with a watertight connection laid on undisturbed or compacted soil. The applicant shall ensure that the outlet from the pit has a sanitary tee with the vertical leg extending at least 12 inches below the inlet;
- c. Ensure that each seepage pit is circular and has an excavated diameter of 4 to 6 feet. If multiple seepage pits are installed, ensure that the minimum spacing between seepage pit sidewalls is 12 feet or three times the diameter of the seepage pit, whichever is greater. The applicant may use the alternative design procedure specified in R18-9-A312(G) for a proposed seepage pit more than 6 feet in diameter;
- d. For a gravel filled seepage pit, backfill the entire pit with aggregate. The applicant shall ensure that each pit has a breather conductor pipe that consists of a perforated pipe at least 4 inches in diameter, placed vertically within the backfill of the pit. The pipe shall extend from the bottom of the pit to within 12 inches below ground level;
- e. For a lined, hollow seepage pit, lay a concrete liner or a liner of a different protective material in the pit on a firm foundation and fill excavation voids behind the liner with at least 9 inches of aggregate;

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- f. For the cover of a lined seepage pit, use an approved one or two piece reinforced concrete slab with a minimum compressive strength of 2500 pounds per square inch. The applicant shall ensure that the cover:
    - i. Is at least 5 inches thick and designed to support an earth load of at least 400 pounds per square foot;
    - ii. Has a 12-inch square or diameter minimum access hole with a plug or cap that is coated on the underside with an protective bituminous seal, constructed of concrete with 15 percent to 18 percent fly ash content, or made of other nonpermeable protective material; and
    - iii. Has a 4 inch or larger inspection pipe placed vertically not more than 6 inches below ground level;
  - g. Ensure that the top of the seepage pit cover is 4 to 18 inches below the surface of the ground;
  - h. Install a vented inlet fitting in every seepage pit to prevent flows into the seepage pit from damaging the sidewall. An applicant may use a 1/4 bend fitting placed through an opening in the top of the slab cover if a one or two piece concrete slab cover inlet is used;
  - i. Bore seepage pits five feet deeper than the proposed pit depth to verify underlying soil characteristics and backfill the five feet of overdrill with low permeability drill cuttings or other suitable material;
  - j. Backfill seepage pits that terminate in gravelly, coarse sand zones five feet above the beginning of the zone with low permeability drill cuttings or other suitable material;
  - k. Determine the minimum sidewall area for a seepage pit from the design flow and the soil absorption rate derived from the testing procedure described in R18-9-A310(G). The effective absorption surface for a seepage pit is the sidewall area only. The sidewall area is calculated using the following formula:  

$$A = 3.14 \times D \times H$$
    - i. "A" is the minimum sidewall area in square feet needed for the design flow and soil absorption rate for the installation,
    - ii. "D" is the diameter of the proposed seepage pit in feet,
    - iii. "H" is the vertical height in feet in the seepage pit through which wastewater infiltrates native soil. The applicant shall ensure that H is at least 10 feet for any seepage pit.
- D. Operation and maintenance.** The permittee shall follow the applicable operation and maintenance requirements in R18-9-A313.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-E303. 4.03 General Permit: Composting Toilet, Less Than 3000 Gallons Per Day Design Flow**
- A.** A 4.03 General Permit allows for the use of a composting toilet with less than 3000 gallons per day design flow.
1. Definition. For purposes of this Section, "composting toilet" means a manufactured turnkey or kit form treatment technology that receives human waste from a waterless toilet directly into an aerobic composting chamber where dehydration and biological activity reduce the waste volume and the content of nutrients and harmful microorganisms to an appropriate level for later disposal at the site or by other means.
  2. An applicant may use a composting toilet if:
    - a. Limited water availability prevents use of other types of on-site wastewater treatment facilities,
    - b. Environmental constraints prevent the discharge of wastewater or nutrients to a sensitive area,
    - c. Inadequate space prevents use of other systems,
    - d. Severe site limitations exist that make other forms of treatment or disposal unacceptable, or
    - e. The applicant desires maximum water conservation.
  3. A permittee may use a composting toilet only if:
    - a. Wastewater is managed as provided in this Section and, if gray water is separated and reused, the gray water reuse complies with 18 A.A.C. 9, Article 7; and
    - b. Soil conditions support subsurface disposal of all wastewater sources.
- B. Restrictions.**
1. A permittee shall ensure that no more than 50 persons per day use the composting toilet.
  2. A composting toilet shall only receive human excrement unless the manufacturer's specifications allow the deposit of kitchen or other wastes into the toilet.
- C. Performance.** An applicant shall ensure that:
1. The composting toilet provides containment to prevent the discharge of toilet contents to the native soil except leachate, which may drain to the wastewater disposal works described in subsection (F);
  2. The composting toilet limits access by vectors to the contained waste; and
  3. Wastewater is disposed into the subsurface to prevent any wastewater from surfacing.
- D. Notice of Intent to Discharge.** In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), the applicant shall submit the following information:
1. Composting toilet.
    - a. The name and address of the composting toilet system manufacturer;
    - b. A copy of the manufacturer's warranty, and the specifications for installation operation, and maintenance;
    - c. The product model number;
    - d. Composting rate, capacity, and waste accumulation volume calculations;
    - e. Documentation of listing by a national listing organization indicating that the composting toilet meets the stated manufacturer's specifications for loading, treatment performance, and operation, unless the composting toilet is listed under R18-9-A309(E) or is a component of a reference design approved by the Department;
    - f. The method of vector control;
    - g. The planned method and frequency for disposing the composted human excrement residue; and
    - h. The planned method for disposing of the drainage from the composting unit; and
  2. Wastewater.

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- a. The number of bedrooms in the dwelling or persons served on a daily basis, as applicable, and the corresponding design flow of the disposal works for the wastewater;
- b. The results from soil evaluation or percolation testing that adequately characterize the soils into which the wastewater will be dispersed and the locations of soil evaluation and percolation testing on the site plan; and
- c. The design for the disposal works in subsection (F), including the location of the interceptor, the location and configuration of the trench or bed used for wastewater dispersal, the location of connecting wastewater pipelines, and the location of the reserve area.

E. Design requirements for a composting toilet. An applicant shall ensure that:

1. The composting chamber is watertight, constructed of solid durable materials not subject to excessive corrosion or decay, and is constructed to exclude access by vectors;
2. The composting chamber has airtight seals to prevent odor or toxic gas from escaping into the building. The system may be vented to the outside;
3. The capacity of the chamber and rate of composting are calculated based on:
  - a. The lowest monthly average chamber temperature; or
  - b. The yearly average chamber temperature, if the composting toilet is designed to compost on a yearly cycle or longer; and
4. The composting system provides adequate storage of all waste produced during the months when the average temperature is below 55°F, unless a temperature control device is installed to increase the composting rate and reduce waste volume.

F. Design requirements for the disposal works.

1. Interceptor. An applicant shall ensure that the design complies with the following:
  - a. An interceptor may not accept human excreta or toilet wastewater;
  - b. Wastewater passes into an interceptor before it is conducted to the subsurface for dispersal;
  - c. The interceptor is designed to remove grease, oil, fibers, and solids to ensure long-term performance of the trench or bed used for subsurface dispersal;
  - d. The interceptor is covered to restrict access and eliminate habitat for mosquitoes and other vectors; and
  - e. Minimum interceptor size is based on design flow.
    - i. For a dwelling, the following apply:

No. of Bedrooms	Design Flow (gallons per day)	Minimum Interceptor Size (gallons)	
		Kitchen Wastewater Only (All gray water sources are collected and reused)	Combined Non-Toilet Wastewater (Gray water is not separated and reused)
1 (7 fixture units or less)	90	42	200
1-2 (greater than 7 fixture units)	180	84	400
3	270	125	600

4	330	150	700
5	380	175	800
6	420	200	900
7	460	225	1000

- ii. For other than a dwelling, minimum interceptor size in gallons is 2.1 times the design flow from Table 1, Unit Design Flows.

2. Dispersal of wastewater. An applicant shall ensure that the design complies with the following:

- a. A trench or bed is used to disperse the wastewater into the subsurface;
  - b. Sizing of the trench or bed is based on the design flow as determined in subsection (F)(1)(e), including all black and gray water, and an SAR determined under R18-9-A312(D);
  - c. The minimum vertical separation from the bottom of the trench or bed to a limiting subsurface condition is at least 5 feet; and
  - d. Other aspects of trench or bed design follow R18-9-E302, as applicable.
3. Setback distances. Setback distances are no less than 1/4 of the setback distances specified in R18-9-A312(C), but not less than 5 feet, except the setback distance from wells is 100 feet.

G. Operation and maintenance requirements. A permittee shall:

1. Composting toilet.
  - a. Provide adequate mixing, ventilation, temperature control, moisture, and bulk to reduce fire hazard and prevent anaerobic conditions;
  - b. Follow manufacturer's specifications for addition of any organic bulking agent to control liquid drainage, promote aeration, or provide additional carbon;
  - c. Follow the manufacturer's specifications for operation and maintenance regarding movement of material within the composting chamber;
  - d. If batch system containers are mounted on a carousel, place a new container in the toilet area if the previous one is full;
  - e. Ensure that only human waste, paper approved for septic tank use, and the amount of bulking material required for proper maintenance is introduced to the composting chamber. The permittee shall remove all other materials or trash. If allowed by the manufacturer's specifications the permittee may add, other nonliquid compostable food preparation residues to the toilet;
  - f. Ensure that any liquid end product is:
    - i. Sprayed back onto the composting waste material;
    - ii. Removed by a person who licensed a vehicle under 18 A.A.C. 13, Article 11; or
    - iii. Is drained to the interceptor described in subsection (F);
  - g. Remove and dispose of composted waste as necessary, using a person who licensed a vehicle under 18 A.A.C. 13, Article 11 if the waste is not placed in a disposal area for burial or used on-site as mulch;
  - h. Before ending use for an extended period take measures to ensure that moisture is maintained to sustain bacterial activity and free liquids in the chamber do not freeze; and
  - i. After an extended period of non-use, empty the composting chamber of solid end product and

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- inspect all mechanical components to verify that the mechanical components are operating as designed;
- 2. Wastewater Disposal Works.
  - a. Ensure that the interceptor is maintained regularly according to manufacturer's instructions to prevent grease and solid wastes from impairing performance of the trench or bed used for dispersal of wastewater, and
  - b. Protect the area of the trench or bed from soil compaction or other activity that will impair dispersal performance.

**H. Reference design.**

- 1. An applicant may use a composting toilet that achieves the performance requirements in subsection (C) by following a reference design on file with the Department.
- 2. The applicant shall file a form provided by the Department for supplemental information about the proposed system with the applicant's submittal of the Notice of Intent to Discharge.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023 (Supp. 23-2).

**R18-9-E304. 4.04 General Permit: Pressure Distribution System, Less Than 3000 Gallons Per Day Design Flow**

- A.** A 4.04 General Permit allows for the use of a pressurized distribution of wastewater system with a design flow less than 3000 gallons per day that treats wastewater to a level equal to or better than that specified in R18-9-E302(B).
  - 1. Definition. For purposes of this Section, a "pressure distribution system" means a tank, pump, controls, and piping that conducts wastewater under pressure in controlled amounts and intervals to a bed or trench or other means of distribution authorized by a general permit for an on-site wastewater treatment facility.
  - 2. An applicant may use a pressure distribution system if a gravity flow system is unsuitable, inadequate, unfeasible, or cost prohibitive because of site limitations or other conditions, or if needed to optimally distribute wastewater.
- B.** Performance. An applicant shall ensure that a pressure distribution system:
  - 1. Disperses wastewater so that:
    - a. Loading rates are optimized for the intended purpose, and
    - b. The wastewater is delivered under pressure and evenly distributed within the disposal works, and
  - 2. Prevents ponding on the land surface.
- C.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), the applicant shall submit:
  - 1. A copy of operation, maintenance, and warranty materials for the principal components; and
  - 2. A copy of dosing specifications, including pump curves, dispersing component details, and float control settings.
- D.** Design requirements.
  - 1. Pumps. An applicant shall ensure that pumps used in the on-site wastewater treatment facility:
    - a. Are rated for wastewater service by the manufacturer and certified by Underwriters Laboratories;

- b. Achieve the minimum design flow rate and total dynamic head requirements for the particular site; and
- c. Incorporate a quick disconnect using compression-type unions for pressure connections. The applicant shall ensure that:
  - i. Quick-disconnects are accessible in the pressure piping, and
  - ii. A pump has adequate lift attachments for removal and replacement of the pump and switch assembly without entering the dosing tank or process chamber.

**2. Switches, controls, alarms, timers, and electrical components. An applicant shall ensure that:**

- a. Switches and controls accommodate the minimum and maximum dose capacities of the distribution network design. The applicant shall not use pressure diaphragm level control switches;
- b. Fail-safe controls that can be tested in the field are used to prevent discharge of inadequately treated wastewater. The applicant shall include counters or flow meters if critical to control functions, such as timed dosing;
- c. Control panels and alarms:
  - i. Are either mounted in an exterior location visible from the structure served, mounted in a conspicuous location on the side of the structure served, or mounted in a conspicuous location adjacent to the structure served,
  - ii. Provide manual pump switch and alarm test features, and
  - iii. Include written instructions covering standard operation and alarm events;
- d. Audible and visible alarms are used for all critical control functions, such as pump failures, treatment failures, and excess flows. The applicant shall ensure that:
  - i. The visual portion of the signal is conspicuous from a distance 50 feet from the system and its appurtenances;
  - ii. The audible portion of the signal is between 70 and 75 db at 5 feet and is discernible from a distance of 50 feet from the system and its appurtenances;
  - iii. Alarms, test features, and controls are on a non-dedicated electrical circuit separate from the dedicated circuit for the pump with constant visual confirmation that the circuit is electrically active; and
  - iv. The alarm is clearly audible and visible inside the structure served;
- e. All electrical wiring complies with the National Electrical Code, 2005 Edition, published by the National Fire Protection Association. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101. The applicant shall ensure that:



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- i. Connections are made using National Electrical Manufacturers Association (NEMA) 4x junction boxes certified by Underwriters Laboratories; and
  - ii. All controls are in NEMA 3r, 4, or 4x enclosures for outdoor use.
3. Dosing tanks and wastewater distribution components.
    - a. An applicant shall:
      - i. Design dosing tanks to withstand anticipated internal and external loads under full and empty conditions, and design concrete tanks to meet the "Standard Specification for Precast Concrete Water and Wastewater Structures, C913-02 (2002)," published by the American Society for Testing and Materials. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959;
      - ii. Design dosing tanks to be easily accessible and have secured covers;
      - iii. Install risers to provide access to the inlet and outlet of the tank and to service internal components;
      - iv. Ensure that the volume of the dosing tank accommodates bottom depth below maximum drawdown, maximum design dose, including any drainback, volume to high water alarm, and a reserve volume above the high water alarm level that is not less than the daily design flow volume. If the tank is time dosed, the applicant shall ensure that the combined surge capacity and reserve volume above the high water alarm is not less than the daily design flow volume;
      - v. Ensure that dosing tanks are watertight and anti-buoyant;
      - vi. Design the wastewater distribution components to withstand system pumping pressures;
      - vii. Design the wastewater distribution system to allow air to purge from the system;
      - viii. Design pressure piping to minimize freezing during cold weather;
      - ix. Ensure that the end of each wastewater distribution line is accessible for maintenance;
      - x. Ensure that orifices emit the design discharge rate uniformly throughout the wastewater distribution system; and
      - xi. Design orifices using orifice shields to provide proper distribution of wastewater to the receiving medium.
    - b. An applicant may use a septic tank second compartment or a second septic tank in series as a dosing tank if all dosing tank requirements of this Section are met and a screened vault is used instead of the septic tank effluent filter.
  4. Design SAR. If the site conditions of the property for the on-site wastewater treatment facility do not require pressure distribution, but an applicant chooses to use pressure distribution, the applicant shall use a design SAR for the absorption surfaces in the disposal works that is not more than 1.10 times the adjusted SAR determined in R18-9-A312(D).
- E. Additional Discharge Authorization requirements. An applicant shall obtain copies of instructions for the critical controls of the system from the person who installed the pressure distribution system. The applicant shall submit one copy of the instructions with the information required in subsection (C).
  - F. Operation and maintenance requirements. In addition to the applicable requirements specified in R18-9-A313(B), a permittee shall ensure that:
    1. The operation and maintenance manual for the on-site wastewater treatment facility that supplies the wastewater to the pressure distribution system specifies inspection and maintenance needed for the following items:
      - a. Sludge level in the bottom of the treatment and dosing tanks,
      - b. Watertightness,
      - c. Condition of electrical and mechanical components, and
      - d. Piping and other components functioning within design limits;
    2. All critical control functions are specified in the operation and maintenance manual for testing to demonstrate compliance with design specifications, including:
      - a. Alarms, test features, and controls;
      - b. Float switch level settings;
      - c. Dose rate, volume, and frequency, if applicable;
      - d. Distal pressure or squirt height, if applicable; and
      - e. Voltage test on pumps, motors, and controls, as applicable;
    3. The finished grade is observed and maintained for proper surface drainage. The applicant shall observe the levelness of the tank for differential settling. If there is settling, the applicant shall grade the facility to maintain surface drainage.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023 (Supp. 23-2).

**R18-9-E305. 4.05 General Permit: Gravelless Trench, Less Than 3000 Gallons Per Day Design Flow**

- A. A 4.05 General Permit allows for the use of a gravelless trench with less than 3000 gallons per day design flow receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
  1. Definition. For purposes of this Section, a "gravelless trench" means a disposal technology characterized by installation of a proprietary pipe and geocomposite or other substitute media into native soil instead of the distribution pipe and aggregate fill used in a trench allowed in R18-9-E302.
  2. A permittee may use a gravelless trench if suitable gravel or volcanic rock aggregate is unavailable, excessively expensive, or if adverse site conditions make movement of gravel difficult, damaging, or time consuming.
- B. Performance. An applicant shall design a gravelless trench so that treated wastewater released to the native soil meets the following criteria:

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1. TSS of 75 milligrams per liter, 30-day arithmetic mean;
  2. BOD<sub>5</sub> of 150 milligrams per liter, 30-day arithmetic mean;
  3. Total nitrogen (as nitrogen) of 53 milligrams per liter, 5-month arithmetic mean; and
  4. Total coliform level of 100,000,000 (Log<sub>10</sub> 8) colony forming units per 100 milliliters, 95th percentile.
- C.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit the following:
1. The soil absorption area that would be required if a conventional disposal trench filled with aggregate was used at the site,
  2. The configuration and size of the proposed gravelless disposal works, and
  3. The manufacturer's installation instructions and warranty of performance for absorbing wastewater into the native soil.
- D.** Design requirements. In addition to the applicable requirements in R18-9-A312, an applicant shall:
1. Ensure that the top of the gravelless disposal pipe or similar disposal mechanism is at least 6 inches below the surface of the native soil and 12 to 36 inches below finished grade if approved fill is placed on top of the installation;
  2. Calculate the infiltration surface as follows:
    - a. For 8-inch diameter pipe, 2 square feet of absorption area is allowed per linear foot;
    - b. For 10-inch diameter pipe, 3 square feet of absorption area is allowed per linear foot;
    - c. For bundles of two pipes of the same diameter, the absorption area is calculated as 1.67 times the absorption area of one pipe; and
    - d. For bundles of three pipes of the same diameter, the absorption area is calculated as 2.00 times the absorption area of one pipe;
  3. Use a pressure distribution system meeting the requirements of R18-9-E304 in medium sand, coarse sand, and coarser soils; and
  4. Construct the drainfield of material that will not decay, deteriorate, or leach chemicals or byproducts if exposed to sewage or the subsurface soil environment.
- E.** Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall:
1. Install the gravelless pipe material according to manufacturer's instructions if the instructions are consistent with this Chapter,
  2. Ensure that the installed disposal system can withstand the physical disturbance of backfilling and the load of any soil cover above natural grade placed over the installation, and
  3. Shape any backfill and soil cover in the area of installation to prevent settlement and ponding of rainfall for the life of the disposal works.
- F.** Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313(B), the permittee shall inspect the finished grade in the vicinity of the gravelless disposal works for maintenance of proper drainage and protection from damaging loads.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November

12, 2005 (05-3).

**R18-9-E306. 4.06 General Permit: Natural Seal Evapotranspiration Bed, Less Than 3000 Gallons Per Day Design Flow**

- A.** A 4.06 General Permit allows for the use of a natural seal evapotranspiration bed with less than 3000 gallons per day design flow receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
1. Definition. For purposes of this Section, a "natural seal evapotranspiration bed" means a disposal technology characterized by a bed of sand or other media with an internal wastewater distribution system, contained on the bottom and sidewalls by an engineered liner consisting of natural soil and clay materials.
  2. An applicant may use a natural seal evapotranspiration bed if site conditions restrict soil infiltration or require reduction of the volume of wastewater discharged to the native soil underlying the natural seal liner.
- B.** Restrictions. Unless a person provides design documentation to show that a natural seal evapotranspiration bed will properly function, the person shall not install this technology if:
1. Average minimum temperature in any month is 20° F or less,
  2. Over 1/3 of the average annual precipitation falls in a 30-day period, or
  3. Design flow exceeds net evaporation.
- C.** Performance. An applicant shall ensure that a natural seal evapotranspiration bed:
1. Minimizes discharge to the native soil through the natural seal liner,
  2. Maximizes wastewater disposed to the atmosphere by evapotranspiration, and
  3. Prevents ponding of wastewater on the bed surface and maintains an interval of unsaturated media directly beneath the bed surface.
- D.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:
1. Capillary rise potential test results for the media used to fill the evapotranspiration bed, unless sand meeting a D<sub>50</sub> of 0.1 millimeter (50 percent by weight of grains equal to or smaller than 0.1 millimeter) is used; and
  2. Water mass balance calculations used to size the evapotranspiration bed.
- E.** Design requirements. An applicant shall:
1. Ensure that the evapotranspiration bed is from 18 to 36 inches deep and shall calculate the bed design based on the capillary rise of the bed media, following the "Standard Test Method for Capillary-Moisture Relationships for Coarse- and Medium-Textured Soils by Porous-Plate Apparatus, D2325-68 (2000)," incorporated by reference in R18-9-E307(E), and the anticipated maximum frost depth;
  2. Ensure the media is sand or other durable material;
  3. Base design area calculations on a water mass balance for the winter months and the design seepage rate;
  4. Ensure that the natural seal liner is a durable, low-hydraulic conductivity liner and is accompanied by the liner performance specification and calculations for bottom and sidewall seepage rate;
  5. If a surfacing layer is used, use topsoil, dark cinders, decomposed granite, or similar landscaping material placed to a maximum depth of 2 inches and ensure that:
    - a. If topsoil is used as a surfacing layer for growth of landscape plants:

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- i. The topsoil is a fertile, friable soil obtained from well-drained arable land;
- ii. The topsoil is free of nut grass, refuse, roots, heavy clay, clods, noxious weeds, or any other material toxic to plant growth;
- iii. The pH of the topsoil is between 5.5 and 8.0;
- iv. The plasticity index of the topsoil is between 3 and 15; and
- v. The topsoil contains approximately 1-1/2 percent organic matter, by dry weight, either natural or added;
- b. If landscaping material other than topsoil is used as a surfacing layer, the material meets the following gradation:

Sieve Size	Percent Passing
1"	100
1/2"	95-100
No. 4	90-100
No. 10	70-100
No. 200	15-70

6. Use shallow-rooted, non-invasive, salt- and drought-tolerant evergreens if vegetation is planted on the evapotranspiration bed;
7. Install at least two observation ports to determine the level of the liquid surface of wastewater within the evapotranspiration bed;
8. Design the bed to pump out the saturated zone if accumulated salts or a similar condition impairs bed performance; and
9. Instead of the minimum vertical separation required under R18-9-A312(E), ensure that the minimum vertical separation from the bottom of the natural seal evapotranspiration bed liner to the seasonal high water table is at least 12 inches.
- F. Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall ensure that:
  1. The liner covers the bottom and all sidewalls of the bed and is installed on a stable base according to the manufacturer's installation specifications;
  2. If the inlet pipe passes through the liner, the joint is tightly sealed to minimize leakage during the operational life of the facility;
  3. The liner is leak tested under the supervision of an Arizona-registered professional engineer to confirm the design leakage rate; and
  4. A 2- to 4-inch layer of 1/2- to 1-inch gravel or crushed stone is placed around the distribution pipes within the bed. The applicant shall ensure that the filter cloth is placed on top of the gravel or crushed stone to prevent sand from settling into the gravel or crushed stone.
- G. Additional Discharge Authorization requirements. An applicant shall submit the satisfactory results of the leakage test required under subsection (F)(3) to the Department before the Department issues the Discharge Authorization.
- H. Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313(B), the permittee shall:
  1. Not allow irrigation of an evapotranspiration bed, and
  2. Protect the bed from vehicle loads and other damaging activities.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R.

235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-E307. 4.07 General Permit: Lined Evapotranspiration Bed, Less Than 3000 Gallons Per Day Design Flow**

- A. A 4.07 General Permit allows for the use of a lined evapotranspiration bed receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
  1. Definition. For purposes of this Section, a "lined evapotranspiration bed" means a disposal technology characterized by a bed of sand or other media with an internal wastewater distribution system contained on the bottom and sidewalls by an impervious synthetic liner.
  2. An applicant may use a lined evapotranspiration bed if site conditions restrict soil infiltration or require reduction or elimination of the volume of wastewater or nitrogen load discharged to the native soil.
  3. Provision of a reserve area is not required for a lined evapotranspiration bed.
- B. Restrictions. Unless a person provides design documentation to show that a lined evapotranspiration bed will properly function, the person shall not install this technology if:
  1. Average minimum temperature in any month is 20° F or less,
  2. Over 1/3 of average annual precipitation falls in a 30-day period, or
  3. Design flow exceeds net evaporation.
- C. Performance. An applicant shall ensure that a lined evapotranspiration bed:
  1. Prevents discharge to the native soil by a synthetic liner,
  2. Attains full disposal of wastewater to the atmosphere by evapotranspiration, and
  3. Prevents ponding of wastewater on the bed surface and maintains an interval of unsaturated media directly beneath the bed surface.
- D. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:
  1. Capillary rise potential test results for the media used to fill the evapotranspiration bed, unless sand meeting a D<sub>50</sub> of 0.1 millimeter (50 percent by weight of grains equal to or smaller than 0.1 millimeter in size) is used; and
  2. Water mass balance calculations used to size the evapotranspiration bed.
- E. Design requirements. In addition to the applicable requirements in R18-9-A312, an applicant shall:
  1. Ensure that the evapotranspiration bed is from 18 to 36 inches deep and calculate the bed design on the basis of the capillary rise of the bed media, according to the "Standard Test Method for Capillary-Moisture Relationships for Coarse- and Medium-Textured Soils by Porous-Plate Apparatus, D2325-68 (2003)," published by the American Society for Testing and Materials and the anticipated maximum frost depth. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959;
  2. Ensure the media is sand or other durable material;

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3. Base design area calculations on a water mass balance for the winter months;
4. Ensure that the evapotranspiration bed liner is a durable, low hydraulic conductivity synthetic liner that has a calculated bottom area and sidewall seepage rate of less than 550 gallons per acre per day;
5. If a surfacing layer is used, use topsoil, dark cinders, decomposed granite, or similar landscaping material placed to a maximum depth of 2 inches. The applicant shall ensure that:

- a. If topsoil is used as a surfacing layer for growth of landscape plants:
  - i. The topsoil is a fertile, friable soil obtained from well-drained arable land;
  - ii. The topsoil is free of nut grass, refuse, roots, heavy clay, clods, noxious weeds, or any other material toxic to plant growth;
  - iii. The pH of the topsoil is between 5.5 and 8.0;
  - iv. The plasticity index of the topsoil is between 3 and 15; and
  - v. The topsoil contains approximately 1 1/2 percent organic matter, by dry weight, either natural or added;
- b. If another landscaping material is used as a surfacing layer, the material meets the following gradation:

Sieve Size	Percent Passing
1"	100
1/2"	95-100
No. 4	90-100
No. 10	70-100
No. 200	15-70

6. Use shallow-rooted, non-invasive, salt and drought tolerant evergreens if vegetation is planted on the evapotranspiration bed;
  7. Install at least two observation ports to allow determination of the depth to the liquid surface of wastewater within the evapotranspiration bed;
  8. Design the bed to pump out the saturated zone if accumulated salts or a similar condition impairs bed performance; and
  9. Instead of the minimum vertical separation required under R18-9-A312(E), ensure that the minimum vertical separation from the bottom of the evapotranspiration bed liner to the surface of the seasonal high water table or impervious layer or formation is at least 12 inches.
- F.** Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall ensure that:
1. All liner seams are factory fabricated or field welded according to manufacturer's specifications. The applicant shall ensure that:
  2. The liner covers the bottom and all sidewalls of the bed and is cushioned on the top and bottom with layers of sand at least 2 inches thick or other puncture-protective material;
  3. If the inlet pipe passes through the liner, the joint is tightly sealed to minimize leakage during the operational life of the facility;
  4. The liner is leak tested under the supervision of an Arizona-registered professional engineer; and
  5. A 2- to 4-inch layer of one-half to 1-inch gravel or crushed stone is placed around the distribution pipes within the bed. The applicant shall place filter cloth on

top of the gravel or crushed stone to prevent sand from settling into the crushed stone or gravel.

- G.** Additional Discharge Authorization requirements. An applicant shall submit the liner test results sealed by an Arizona-registered professional engineer to the Department for issuance of the Discharge Authorization.
- H.** Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313(B), the permittee shall:
1. Not allow irrigation of an evapotranspiration bed; and
  2. Protect the bed from vehicle loads and other damaging activities.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-E308. 4.08 General Permit: Wisconsin Mound, Less Than 3000 Gallons Per Day Design Flow**

- A.** A 4.08 General Permit allows for the use of a Wisconsin mound with a design flow of less than 3000 gallons per day receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
1. Definition. For purposes of this Section, a "Wisconsin mound" means a disposal technology characterized by:
    - a. An above-grade bed system that blends with the land surface into which is dispensed pressure dosed wastewater from a septic tank or other upstream treatment device,
    - b. Dispersal of wastewater under unsaturated flow conditions through the engineered media system contained in the mound, and
    - c. Wastewater treated by passage through the mound before percolation into the native soil below the mound.
  2. An applicant may use a Wisconsin mound if:
    - a. The native soil has excessively high or low permeability,
    - b. There is little native soil overlying fractured or excessively permeable rock, or
    - c. A reduction in minimum vertical separation is desired.
- B.** Performance. An applicant shall design a Wisconsin mound so that treated wastewater released to the native soil meets the following criteria:
1. Performance Category A.
    - a. TSS of 20 milligrams per liter, 30-day arithmetic mean;
    - b. BOD<sub>5</sub> of 20 milligrams per liter, 30-day arithmetic mean;
    - c. Total nitrogen (as nitrogen) of 53 milligrams per liter, 5-month arithmetic mean; and
    - d. Total coliform level of 1000 (Log<sub>10</sub> 3.0) colony forming units per 100 milliliters, 95th percentile; or
  2. Performance Category B.
    - a. TSS of 30 milligrams per liter, 30-day arithmetic mean;
    - b. BOD<sub>5</sub> of 30 milligrams per liter, 30-day arithmetic mean;
    - c. Total nitrogen (as nitrogen) of 53 milligrams per liter, 5-month arithmetic mean; and
    - d. Total coliform level of 300,000 (Log<sub>10</sub> 5.5) colony forming units per 100 milliliters, 95th percentile.

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- C. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:
1. Specifications for the internal wastewater distribution system media proposed for use in the Wisconsin mound;
  2. Two scaled or dimensioned cross sections of the mound (one of the shortest basal area footprint dimension and one of the lengthwise dimension); and
  3. Design calculations following the "Wisconsin Mound Soil Absorption System: Siting, Design, and Construction Manual," published by the University of Wisconsin – Madison, January 1990 Edition (the Wisconsin Mound Manual). This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the University of Wisconsin – Madison, SSWMP, 1525 Observatory Drive, Room 345, Madison, WI 53706.
- D. Design requirements. In addition to the applicable requirements in R18-9-A312, an applicant shall ensure that:
1. Pressure dosed wastewater is delivered into the Wisconsin mound through a pressurized line and secondary distribution lines into an engineered aggregate infiltration bed, or equivalent system, in conformance with R18-9-E304 and the Wisconsin Mound Manual. The applicant shall ensure that the aggregate is washed;
  2. Wastewater is applied to the inlet surface of the mound media at not more than 1.0 gallon per day per square foot of mound bed inlet surface if the mound bed media conforms with the "Standard Specification for Concrete Aggregates, C33-03 (2003)," published by the American Society for Testing and Materials and the Wisconsin Mound Manual, except if cinder sand is used that is the appropriate grade with not more than 5 percent passing a #200 screen. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959. The applicant shall:
    - a. For cinder sand, ensure that the rate is not more than 0.8 gallons per day per square foot of mound bed inlet surface; and
    - b. Wash the media used for the mound bed;
  3. The aggregate infiltration bed and mound bed is capped by coarser textured soil, such as sand, sandy loam, or silt loam. An applicant shall not use silty clay, clay loam, or clays;
  4. The cap material is covered by topsoil, following the procedure in the Wisconsin Mound Manual, and the topsoil is capable of supporting vegetation, is not clay, and is graded to drain;
  5. The top and bottom surfaces of the aggregate infiltration bed are level and do not exceed 10 feet in width and that:
    - a. The minimum depth of the aggregate infiltration bed is 9 inches, or
    - b. Synthetic filter fabric permeable to water and air and capable of supporting the cap and topsoil load is placed on the top surface of the aggregate infiltration bed;
  6. The minimum depth of mound bed media is:
    - a. Performance Category A, 24 inches; or
    - b. Performance Category B, 12 inches;
  7. The maximum allowable side slope of the mound bed, cap material, and topsoil is not more than one vertical to three horizontal;
  8. Ports for inspection and monitoring are provided to verify performance, including verification of unsaturated flow within the aggregate infiltration bed. The applicant shall:
    - a. Install a vertical PVC pipe and cap with a minimum diameter of 4 inches as an inspection port at the end of the disposal line, and
    - b. Install the pipe with a physical restraint to maintain pipe position;
  9. The main pressurized line and secondary distribution lines for the aggregate infiltration bed are equipped at appropriate locations with cleanouts to grade;
  10. The following requirements and the setbacks specified in R18-9-A312(C) are observed:
    - a. Increase setbacks for the following downslope features at least 30 feet from the toe of the mound system:
      - i. Property line,
      - ii. Driveway,
      - iii. Building,
      - iv. Ditch or interceptor drain, or
      - v. Any other feature that impedes water movement away from the mound; and
    - b. Ensure that no upslope natural feature or improvement channels surface water or groundwater to the mound area;
  11. The portion of the basal area of native soil below the mound conforms to the Wisconsin Mound Manual. The applicant shall:
    - a. Calculate the absorption of wastewater into the native soil for only the effective basal area;
    - b. Apply the soil absorption rate specified in R18-9-A312(D). The applicant may increase allowable loading rate to the mound bed inlet surface up to 1.6 times if the wastewater dispersed to the mound is pretreated to reduce the sum of TSS and BOD<sub>5</sub> to 60 mg/l or less. The applicant may increase the soil absorption rate to not more than 0.20 gallons per day per square foot of basal area if the following slowly permeable soils underlie the mound:
      - i. Sandy clay loam, clay loam, silty clay loam, or finer with weak platy structure; or
      - ii. Sandy clay loam, clay loam, silty clay loam, or silt loam with massive structure;
  12. The slope of the native soil at the basal area does not exceed 25 percent, and a slope stability analysis is performed whenever the basal area or site slope within 50 horizontal feet from the mound system footprint exceeds 15 percent.
- E. Installation. An applicant shall:
1. Prepare native soil for construction of a Wisconsin mound system. The applicant shall:
    - a. Mow vegetation and cut down trees in the vicinity of the basal area site to within 2 inches of the surface;
    - b. Leave in place boulders and tree stumps and other herbaceous material that would excessively alter the soil structure if removed after mowing and cutting;

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- c. Plow native soil serving as the basal area footprint along the contours to 7- to 8- inch depth;
    - d. Not substitute rototilling for plowing; and
    - e. Begin mound construction immediately after plowing;
  - 2. Place each layer of the bed system to prevent differential settling and promote uniform density; and
  - 3. Use the Wisconsin Mound Manual to guide any other detail of installation. The applicant may vary installation procedures and criteria depending on mound design but shall use installation procedures and criteria that are at least equivalent to those in the Wisconsin Mound Manual.
- F. Operation and maintenance requirements.** In addition to the applicable requirements specified in R18-9-A313(B), the permittee shall:
- 1. If an existing mound system shows evidence of overload or hydraulic failure, conduct the following sequence of evaluations:
    - a. Verify the actual loading and performance of the pretreatment system.
    - b. Verify the watertightness of the pretreatment and dosing tanks;
    - c. Determine the dosing rates and dosing intervals to the aggregate infiltration bed and compare it with the original design to evaluate the presence or absence of saturated conditions in the aggregate infiltration bed;
    - d. If the above steps in subsections (F)(1)(a) through (c) do not indicate an anomalous condition, evaluate the site and recalculation of the disposal capability to determine if mound lengthening is feasible;
    - e. Determine if site modifications are possible including changing surface drainage patterns at upgrade locations and lowering the groundwater level by installing interceptor drains to reduce native soil saturation at shallow levels; and
    - f. Determine if the basal area can be increased, consistent with R18-9-A309(A)(9)(b)(iv);
  - 2. Prepare servicing and waste disposal procedures and task schedules necessary for clearing the main pressurized wastewater line and secondary distribution lines, septic tank effluent filter, pump intake, and controls.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-E309. 4.09 General Permit: Engineered Pad System, Less Than 3000 Gallons Per Day Design Flow**
- A.** A 4.09 General Permit allows for the use of an engineered pad system receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
- 1. Definition. For purposes of this Section, an “engineered pad system” means a treatment and disposal technology characterized by:
    - a. The delivery of pretreated wastewater by gravity or pressure distribution to the engineered pad and sand bed assembly, followed by dispersal of the wastewater into the native soil; and
    - b. Wastewater movement through the engineered pad and sand bed assembly by gravity under unsaturated flow conditions to provide additional passive biological treatment.
  - 2. The applicant may use an engineered pad system if:
    - a. The native soil is excessively permeable,
    - b. There is little native soil overlying fractured or excessively permeable rock, or
    - c. The available area is limited for installing a disposal works authorized by R18-9-E302.
- B. Performance.** An applicant shall ensure that:
- 1. The engineered pad system is designed so that the treated wastewater released to the native soil meets the following criteria:
    - a. TSS of 50 milligrams per liter, 30-day arithmetic mean;
    - b. BOD<sub>5</sub> of 50 milligrams per liter, 30-day arithmetic mean;
    - c. Total nitrogen (as nitrogen) of 53 milligrams per liter, 5-month arithmetic mean; and
    - d. Total coliform level of 1,000,000 (Log<sub>10</sub> 6) colony forming units per 100 milliliters, 95th percentile; or
  - 2. The engineered pad system is designed to meet any other performance, loading rate, and configuration criteria specified in the reviewed product list maintained by the Department as required under R18-9-A309(E).
- C. Notice of Intent to Discharge.** In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit design materials and construction specifications for the engineered pad system.
- D. Design requirements.** In addition to the applicable requirements in R18-9-A312, an applicant shall ensure that:
- 1. Gravity and pressurized wastewater delivery is from a septic tank or intermediate watertight chamber equipped with a pump and controls. The applicant shall ensure that:
    - a. Delivered wastewater is distributed onto the top of the engineered pad system and achieves even distribution by good engineering practice, and
    - b. The dosing rate for pressurized wastewater delivery is at least four doses per day and no more than 24 doses per day;
  - 2. The sand bed consists of mineral sand washed to conform to the “Standard Specification for Concrete Aggregates, C33-03 (2003),” which is incorporated by reference in R18-9-E308(D)(2), unless the performance testing and design specifications of the engineered pad manufacturer justify a substitute specification. The applicant shall ensure that:
    - a. The sand bed design provides for the placement of at least 6 inches of sand bed material below and along the perimeter of each pad, and
    - b. The contact surface between the bottom of the sand bed and the native soil is level;
  - 3. The spacing between adjacent two-pad-wide rows is at least two times the distance between the bottom of the distribution pipe and the bottom of the sand bed or 5 feet, whichever is greater;
  - 4. The wastewater distribution system installed on the top of the engineered pad system is covered with a breathable geotextile material and the breathable geotextile material is covered with at least 10 inches of backfill.
    - a. The applicant shall ensure that rocks and cobbles are removed from backfill cover and grade the backfill for drainage.

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- b. The applicant may place the engineered pad system above grade, partially bury it, or fully bury it depending on site and service circumstances;
  - 5. The engineered pad system is constructed with durable materials and capable of withstanding stress from installation and operational service; and
  - 6. At least two inspection ports are installed in the engineered pad system to confirm unsaturated wastewater treatment conditions at diagnostic locations.
  - E. Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall place sand media to obtain a uniform density of 1.3 to 1.4 grams per cubic centimeter.
  - F. Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313(B), an applicant shall inspect the backfill cover for physical damage or erosion and promptly repair the cover, if necessary.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended to correct a manifest typographical error in subsection (B)(2) (Supp. 01-1). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-E310. 4.10 General Permit: Intermittent Sand Filter, Less Than 3000 Gallons Per Day Design Flow**
- A. A 4.10 General Permit allows for the use of an intermittent sand filter receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
    - 1. Definition. For purposes of this Section, an "intermittent sand filter" means a treatment technology characterized by:
      - a. The pressurized delivery of pretreated wastewater to an engineered sand bed in a containment vessel equipped with an underdrain system or designed as a bottomless filter;
      - b. Delivered wastewater dispersed throughout the sand media by periodic doses from the delivery pump to maintain unsaturated flow conditions in the bed; and
      - c. Wastewater that is treated during passage through the media, collected by a bed underdrain chamber, and removed by pump or gravity to the disposal works, or wastewater that percolates downward directly into the native soil as part of a bottomless filter design.
    - 2. An applicant may use an intermittent sand filter if:
      - a. The native soil is excessively permeable,
      - b. There is little native soil overlying fractured or excessively permeable rock, or
      - c. The applicant desires a reduction in setback distances or minimum vertical separation.
  - B. Performance. An applicant shall ensure that:
    - 1. An intermittent sand filter with underdrain system is designed so that it produces treated wastewater that meets the following criteria:
      - a. TSS of 10 milligrams per liter, 30-day arithmetic mean;
      - b. BOD<sub>5</sub> of 10 milligrams per liter, 30-day arithmetic mean;
      - c. Total nitrogen (as nitrogen) of 40 milligrams per liter, 5-month arithmetic mean; and
      - d. Total coliform level or 1000 (Log<sub>10</sub> 3) colony forming units per 100 milliliters, 95th percentile; or
    - 2. An intermittent sand filter with a bottomless filter is designed so that it produces treated wastewater released to the native soil that meets the following criteria:
      - a. TSS of 20 milligrams per liter, 30-day arithmetic mean;
      - b. BOD<sub>5</sub> of 20 milligrams per liter, 30-day arithmetic mean;
      - c. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean; and
      - d. Total coliform level of 100,000 (Log<sub>10</sub> 5 colony forming units per 100 milliliters, 95th percentile).
  - C. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit specifications for the media proposed for use in the intermittent sand filter.
  - D. Design requirements. In addition to the applicable requirements in R18-9-A312, an applicant shall ensure that:
    - 1. Pressurized wastewater delivery is from the septic tank or separate watertight chamber with a pump sized and controlled to deliver the pretreated wastewater to the top of the intermittent sand filter. The applicant shall ensure that the dosing rate is at least 4 doses per day and not more than 24 doses per day;
    - 2. The pressurized wastewater delivery system provides even distribution in the sand filter through good engineering practice. The applicant shall:
      - a. Specify all necessary controls, pipes, valves, orifices, filter cover materials, gravel, or other distribution media, and monitoring and servicing components in the design documents; and
      - b. Ensure that the cover and topsoil is 6 to 12 inches in depth and graded to drain;
    - 3. The sand filter containment vessel is watertight, structurally sound, durable, and capable of withstanding stress from installation and operational service. The applicant may place the intermittent sand filter above grade, partially buried, or fully buried depending on site and service circumstances;
    - 4. Media used in the intermittent sand filter is mineral sand and that the media is washed and conforms to "Standard Specification for Concrete Aggregates, C33-03," which is incorporated by reference in R18-9-E308(D)(2);
    - 5. The sand media depth is a minimum of 24 inches with the top and bottom surfaces level and the maximum wastewater loading rate is 1.0 gallons per day per square foot of inlet surface at the rated daily design flow;
    - 6. The underdrain system:
      - a. Is within the containment vessel;
      - b. Supports the filter media and all overlying loads from the unsupported construction above the top surface of the sand media;
      - c. Has sufficient void volume above the normal high level of the intermittent sand filter effluent to prevent saturation of the bottom of the sand media by a 24-hour power outage or pump malfunction; and
      - d. Includes necessary monitoring, inspection, and servicing features;
    - 7. Inspection ports are installed in the distribution media and in the underdrain;
    - 8. The bottomless filter is designed similar to the underdrain system, except that the sand media is positioned on top of the native soil absorption surface. The applicant shall ensure that companion modifications are made that eliminate the containment vessel bottom and underdrain and

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relocate the underdrain inspection port to ensure reliable indication of the presence or absence of water saturation in the sand media;

9. The native soil absorption system is designed to ensure that the linear loading rate does not exceed site disposal capability; and
  10. The bottomless sand filter discharge rate per unit area to the native soil does not exceed the adjusted soil absorption rate for the quality of wastewater specified in subsection (B)(2).
- E. Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall place the containment vessel, underdrain system, filter media, and pressurized wastewater distribution system in an excavation with adequate foundation and each layer installed to prevent differential settling and promote a uniform density throughout of 1.3 to 1.4 grams per cubic centimeter within the sand media.
- F. Operation and maintenance requirements. The applicant shall follow the applicable requirements in R18-9-A313(B).

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-E311. 4.11 General Permit: Peat Filter, Less Than 3000 Gallons Per Day Design Flow**

- A. A 4.11 General Permit allows for the use of a peat filter receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
1. Definition. For purposes of this Section, a "peat filter" means a disposal technology characterized by:
    - a. The dosed delivery of treated wastewater to the peat bed, which can be a manufactured module or a disposal bed excavated in native soil and filled with compacted peat;
    - b. Wastewater passing through the peat that is further treated by removal of positively charged molecules, filtering, and biological activity before entry into native soil; and
    - c. If the peat filter system is constructed as a disposal bed filled with compacted peat, wastewater that is absorbed into native soil at the bottom and sides of the bed.
  2. An applicant may configure a modular system if a portion of the wastewater that has passed through the peat filter is recirculated back to the pump chamber.
  3. An applicant may use a peat filter system if:
    - a. The native soil is excessively permeable,
    - b. There is little native soil overlying fractured or excessively permeable rock,
    - c. A reduction in setback distances or minimum vertical separation is desired, or
    - d. Cold weather inhibits performance of other treatment or disposal technologies.
- B. Performance. An applicant shall ensure that a peat filter is designed so that it produces treated wastewater that meets the following criteria:
1. TSS of 15 milligrams per liter, 30-day arithmetic mean;
  2. BOD<sub>5</sub> of 15 milligrams per liter, 30-day arithmetic mean;
  3. Total nitrogen (as nitrogen) of 53 milligrams per liter, 5-month arithmetic mean; and
  4. Total coliform level of 100,000 (Log<sub>10</sub> 5) colony forming units per 100 milliliters, 95th percentile.

- C. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:

1. Specifications for the peat media proposed for use in the peat filter or provided in the peat module, including:
  - a. Porosity;
  - b. Degree of humification;
  - c. pH;
  - d. Particle size distribution;
  - e. Moisture content;
  - f. A statement of whether the peat is air dried, and whether the peat is from sphagnum moss or bog cotton; and
  - g. A description of the degree of decomposition;
2. Specifications for installing the peat media; and
3. If a peat module is used:
  - a. The name and address of the manufacturer,
  - b. The model number, and
  - c. A copy of the manufacturer's warranty.

- D. Design requirements.

1. If a pump tank is used to dose the peat module or bed, an applicant shall:
  - a. Ensure that the pump tank is sized to contain the dose volume and a reserve volume above the high water alarm that will contain the volume of daily design flow; and
  - b. Use a control panel with a programmable timer to dose at the applicable loading rate.
2. Peat module system. In addition to the applicable requirements in R18-9-A312, the applicant shall:
  - a. Size the gravel bed supporting the peat filter modules to allow it to act as a disposal works and ensure that the bed is level, long, and narrow, and installed on contour to optimize lateral movement away from the disposal area;
  - b. For modules designed to allow wastewater flow through the peat filter and base material into underlying native soil, size the base on which the modules rest to accommodate the soil absorption rate of the native soil;
  - c. Place fill over the module so that it conforms to the manufacturer's specification. If the fill is planted, the applicant shall use only grass or shallow rooted plants; and
  - d. Ensure that the peat media depth is at least 24 inches, the peat is installed with the top and bottom surfaces level, and the maximum wastewater loading rate is 5.5 gallons per day per square foot of inlet surface at the rated daily design flow, unless the Department approves a different wastewater loading rate under R18-9-A309(E).
3. Peat filter bed system. In addition to the applicable requirements in R18-9-A312, the applicant shall ensure that:
  - a. The bed is filled with peat derived from sphagnum moss and compacted according to the installation specification;
  - b. The maximum wastewater loading rate is 1 gallon per day per square foot of inlet surface at the rated daily design flow;
  - c. At least 24 inches of installed peat underlies the distribution piping and 10 to 14 inches of installed peat overlies the piping;



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- d. The cover material over the peat filter bed is slightly mounded to promote runoff of rainfall. The applicant shall not place additional fill over the peat; and
  - e. The peat is air dried, with a porosity greater than 90 percent, and a particle size distribution of 92 to 100 percent passing a No. 4 sieve and less than 8 percent passing a No. 30 sieve.
- E. Installation requirements.** In addition to the applicable requirements in R18-9-A313(A), the applicant shall:
- 1. Peat module system.
    - a. Compact the bottom of all excavations for the filter modules, pump, aerator, and other components to provide adequate foundation, slope the bottom toward the discharge to minimize ponding, and ensure that the bottom is flat, and free of debris, rocks, and sharp objects. If the excavation is uneven or rocky, the applicant shall use a bed of sand or pea gravel to create an even, smooth surface;
    - b. Place the peat filter modules on a level, 6-inch deep gravel bed;
    - c. Place backfill around the modules and grade the backfill to divert surface water away from the modules;
    - d. Not place objects on or move objects over the system area that might damage the module containers or restrict airflow to the modules;
    - e. Cover gaps between modules to prevent damage to the system;
    - f. Fit each system with at least one sampling port that allows collection of wastewater at the exit from the final treatment module;
    - g. Provide the modules and other components with anti-buoyancy devices to ensure stability in the event of flooding or high water table conditions; and
    - h. Provide a mechanism for draining the filter module inlet line; or
  - 2. Peat filter bed system.
    - a. Scarify the bottom and sides of the leaching bed excavation to remove any smeared surfaces, and:
      - i. Unless directed by an installation specification consistent with this Chapter, place peat media in the excavation in 6-inch lifts; and
      - ii. Compact each lift before the next lift is added. The applicant shall take care to avoid compaction of the underlying native soil;
    - b. Lay distribution pipe in trenches cut in the compacted peat, and
      - i. Ensure that at least 3 inches of aggregate underlie the pipe to reduce clogging of holes or scouring of the peat surrounding the pipe, and
      - ii. Place peat on top of and around the sides of the pipes.
- F. Operation and maintenance requirements.** In addition to the applicable requirements in R18-9-A313(B), the permittee shall inspect the finished grade over the peat filter for proper drainage, protection from damaging loads, and root invasion of the wastewater distribution system and perform maintenance as needed.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November

12, 2005 (05-3).

**R18-9-E312. 4.12 General Permit: Textile Filter, Less Than 3000 Gallons Per Day Design Flow**

- A. A 4.12 General Permit** allows for the use of a textile filter receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
- 1. **Definition.** For purposes of this Section, a "textile filter" means a disposal technology characterized by:
    - a. The flow of wastewater into a packed bed filter in a containment structure or structures. The packed bed filter uses a textile filter medium with high porosity and surface area; and
    - b. The textile filter medium provides further treatment by removing suspended material from the wastewater by physical straining, and reducing nutrients by microbial action.
  - 2. An applicant may use a textile filter in conjunction with a two-compartment septic tank or a two-tank system if the second compartment or tank is used as a recirculation and blending tank. The applicant shall divert a portion of the wastewater flow from the textile filter back into the second tank for further treatment.
  - 3. An applicant may use a textile filter if:
    - a. Nitrogen reduction is desired,
    - b. The native soil is excessively permeable,
    - c. There is little native soil overlying fractured or excessively permeable rock, or
    - d. A reduction in setback distances or minimum vertical separation is desired.
- B. Performance.** An applicant shall ensure that a textile filter is designed so that it produces treated wastewater that meets the following criteria:
- 1. TSS of 15 milligrams per liter, 30-day arithmetic mean;
  - 2. BOD<sub>5</sub> of 15 milligrams per liter, 30-day arithmetic mean;
  - 3. Total nitrogen (as nitrogen) of 30 milligrams per liter, five-month arithmetic mean, or 15 milligrams, five-month arithmetic mean per liter if documented under subsection (C)(4); and
  - 4. Total coliform level of 100,000 (Log<sub>10</sub> 5) colony forming units per 100 milliliters, 95th percentile.
- C. Notice of Intent to Discharge.** In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:
- 1. The name and address of the filter manufacturer;
  - 2. The filter model number;
  - 3. A copy of the manufacturer's filter warranty;
  - 4. If the system is for nitrogen reduction to 15 milligrams per liter, five-month arithmetic mean, specifications on the nitrogen reduction performance of the filter system and corroborating third-party test data;
  - 5. The manufacturer's operation and maintenance recommendations to achieve a 20-year operational life; and
  - 6. If a pump or aerator is required for proper operation, the pump or aerator model number and a copy of the manufacturer's warranty.
- D. Design requirements.** In addition to the applicable requirements in R18-9-A312, an applicant shall ensure that:
- 1. The textile medium has a porosity of greater than 80 percent;
  - 2. The wastewater is delivered to the textile filter by gravity flow or a pump;
  - 3. If a pump is used to dose the textile filter, the pump and appurtenances meet following criteria:

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- a. The textile media loading rate and wastewater recirculation rate are based on calculations that conform with performance data listed in the reviewed product list maintained by the Department as required under R18-9-A309(E),
  - b. The tank and recirculation components are sized to contain the dose volume and a reserve volume above the high water level alarm that will contain the volume of daily design flow, and
  - c. A control panel with a programmable timer is used to dose the textile media at the applicable loading rate and wastewater recirculation rate.
- E.** Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall:
- 1. Before placing the filter modules, slope the bottom of the excavation for the modules toward the discharge point to minimize ponding;
  - 2. Ensure that the bottom of all excavations for the filter modules, pump, aerator, or other components is level and free of debris, rocks, and sharp objects. If the excavation is uneven or rocky, the applicant shall use a bed of sand or pea gravel to create an even, smooth surface;
  - 3. Provide the modules and other components with anti-buoyancy devices to ensure they remain in place in the event of high water table conditions; and
  - 4. Provide a mechanism for draining the filter module inlet line.
- F.** Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313, the permittee shall not flush corrosives or other materials known to damage the textile material into any drain that transmits wastewater to the on-site wastewater treatment facility.
- e. An engineered sampling assembly is installed at the midpoint of the disposal line run and at the base of the composite bed during construction to monitor system performance.
  - 2. An applicant may use a separated wastewater streams, denitrifying system where total nitrogen reduction is required under this Article before release to the native soil.
- B.** Performance. An applicant shall ensure that a separated wastewater streams, denitrifying system is designed so that the treated wastewater released to the native soil meets the following criteria:
- 1. TSS of 30 milligrams per liter, 30-day arithmetic mean;
  - 2. BOD<sub>5</sub> of 30 milligrams per liter, 30-day arithmetic mean;
  - 3. Total nitrogen (as nitrogen) of 30 milligrams per liter, five-month arithmetic mean; and
  - 4. Total coliform level of 1,000,000 (Log<sub>10</sub> 6) colony forming units per 100 milliliters, 95th percentile.
- C.** Notice of Intent to Discharge. The applicant shall comply with the Notice of Intent to Discharge requirements in R18-9-A301(B) and R18-9-A309(B).
- D.** Design, installation, operation, and maintenance requirements. The applicant shall comply with the applicable design, installation, operation, and maintenance requirements in R18-9-A312, R18-9-A313(A), and R18-9-A313(B).
- E.** Reference design.
- 1. An applicant may use a separated wastewater streams, denitrifying system achieving the performance requirements specified in subsection (B) by following a reference design on file with the Department.
  - 2. The applicant shall file a form provided by the Department for supplemental information about the proposed system with the applicant's submittal of the Notice of Intent to Discharge.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-E313. 4.13 General Permit: Denitrifying System Using Separated Wastewater Streams, Less Than 3000 Gallons Per Day Design Flow**

- A.** A 4.13 General Permit allows for the use of a separated wastewater streams, denitrifying system for a dwelling.
- 1. Definition. For purposes of this Section a "denitrifying system using wastewater streams" means a gravity flow treatment and disposal system for a dwelling that requires separate plumbing drains for conducting dishwasher, kitchen sink, and toilet flush water to wastewater treatment tank "A" and all other wastewater to a wastewater treatment tank "B."
    - a. Treated wastewater from tanks "A" and "B" is delivered to an engineered composite disposal bed system that includes an upper distribution pipe to deliver treated wastewater from tank "A" to a columnar celled, sand-filled bed.
    - b. The wastewater drains downward into a sand bed, then into a pea gravel bed with an internal distribution pipe system that delivers the treated wastewater from tank "B."
    - c. The entire composite bed is constructed within an excavation about 6 feet deep.
    - d. The system operates under gravity flow from tanks "A" and "B."

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-E314. 4.14 General Permit: Sewage Vault, Less Than 3000 Gallons Per Day Design Flow**

- A.** A 4.14 General Permit allows for the use of a sewage vault that receives sewage.
- 1. An applicant may use a sewage vault if a severe site or operational constraint prevents installation of a conventional septic tank and disposal works or any other on-site wastewater treatment facility allowed under this Article; or
  - 2. An applicant may install a sewage vault as a temporary measure if connection to a sewer or installation of another on-site wastewater treatment facility occurs within two years of the connection or installation.
- B.** Performance. An applicant shall:
- 1. Not allow a discharge from a sewage vault to the native soil or land surface, and
  - 2. Pump and dispose of vault contents at a sewage treatment facility or other sewage disposal mechanism allowed by law.
- C.** Notice of Intent to Discharge. The applicant shall comply with the Notice of Intent to Discharge requirements in R18-9-A301(B) and R18-9-A309(B), except that a site investigation under R18-9-A309(B)(1) is not required if the reason for using a sewage vault is an operational constraint that exists irrespec-

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tive of the results of a site investigation conducted under R18-9-A310(B).

**D.** Design requirements. In addition to the requirements in R18-9-A312, an applicant shall:

1. Install a sewage vault with a capacity that is at least 10 times the daily design flow determined by R18-9-A314(4)(a)(i),
2. Use design elements to prevent the buoyancy of the vault if installed in an area where a high groundwater table may impinge on the vault,
3. Test the sewage vault for leakage using the procedure under R18-9-A314(5)(d). The tank passes the water test if the water level does not drop over a 24-hour period,
4. Install an alarm or signal on the vault to indicate when 85 percent of the vault capacity is reached, and
5. Contract with a person who licensed a vehicle under 18 A.A.C. 13, Article 11 to pump out the vault on a schedule specified within the contract to ensure that the vault is pumped before full.

**E.** Installation, operation, and maintenance requirements. The applicant shall comply with the applicable installation, operation, and maintenance requirements in R18-9-A313(A) and (B).

**F.** Reference design.

1. An applicant may use a sewage vault that achieves the performance requirements in subsection (B) by following a reference design on file with the Department.
2. The applicant shall file a form provided by the Department for supplemental information about the proposed storage vault with the applicant's submittal of the Notice of Intent to Discharge.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023 (Supp. 23-2).

**R18-9-E315. 4.15 General Permit: Aerobic System Less Than 3000 Gallons Per Day Design Flow**

**A.** A 4.15 General Permit allows for the construction and use of an aerobic system that uses aeration for treatment.

1. Definition. For purposes of this Section, an "aerobic system" means a treatment unit consisting of components that:
  - a. Mechanically introduce oxygen to wastewater,
  - b. Typically provide clarification of the wastewater after aeration, and
  - c. Convey the treated wastewater by pressure or gravity distribution to the disposal works.
2. An applicant may use an aerobic system if:
  - a. Enhanced biological processing is needed to treat wastewater with high organic content,
  - b. A soil or site condition is not adequate for installation of a standard septic tank and disposal works under R18-9-E302,
  - c. A highly treated wastewater amenable to disinfection is needed, or
  - d. Nitrogen removal from the wastewater is needed and removal performance of the system is documented according to subsection (C)(6).

**B.** Performance.

1. An applicant shall ensure that the aerobic system is designed so that the treated wastewater released to the native soil meets the following criteria:
  - a. TSS of 30 milligrams per liter, 30-day arithmetic mean;
  - b. BOD<sub>5</sub> of 30 milligrams per liter, 30-day arithmetic mean;
  - c. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean, or as low as 15 milligrams, five-month arithmetic mean per liter if documented under subsection (C)(6); and
  - d. Total coliform level of 300,000 (Log<sub>10</sub> 5.5) colony forming units per 100 milliliters, 95th percentile.
2. An applicant may use an aerobic system that meets the following less stringent performance criteria if the aerobic technology is listed by the Department under R18-9-A309(E) and the Department bases its review and listing on the technology being less costly and simpler to operate when compared to other aerobic technologies:
  - a. TSS of 60 milligrams per liter, 30-day arithmetic mean;
  - b. BOD<sub>5</sub> of 60 milligrams per liter, 30-day arithmetic mean;
  - c. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean, or as low as 15 milligrams, five month arithmetic mean per liter, if documented under subsection (C)(6); and
  - d. Total coliform level of 1,000,000 (Log<sub>10</sub> 7) colony forming units per 100 milliliters, 95th percentile.

**C.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:

1. The name and address of the aerobic system manufacturer;
2. The model number of the aerobic system;
3. Evidence of performance specified in subsection (B)(1) or (B)(2), as applicable;
4. A list of pretreatment components needed to meet performance requirements;
5. A copy of the manufacturer's warranty and operation and maintenance recommendations to achieve performance over a 20-year operational life; and
6. If the aerobic system will be used for nitrogen removal from the wastewater, either:
  - a. Evidence of a valid product listing under R18-9-E309(E) indicating nitrogen removal performance, or
  - b. Specifications and third party test data corroborating nitrogen reduction to the intended level.

**D.** Design requirements. In addition to the applicable requirements in R18-9-A312, an applicant shall ensure that:

1. The wastewater is delivered to the aerobic treatment unit by gravity flow either directly or by a lift pump;
2. An interceptor or other pretreatment device is incorporated if necessary to meet the performance criteria specified in subsection (B)(1) or (2), or if recommended by the manufacturer for pretreatment if a garbage disposal appliance is used;
3. A clarifier is provided after aeration for any treatment technology that achieves performance that is equal to or better than the performance criteria specified in subsection (B)(1); and
4. Ports for inspection and monitoring are provided to verify performance.

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- E. Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall ensure that:
  1. The installation of the aerobic treatment components conforms to manufacturer's specifications that do not conflict with Articles 1 and 3 of this Chapter and to the design documents specified in the Construction Authorization issued under R18-9-A301(D)(1)(c); and
  2. Excavation and foundation work, and backfill placement is performed to prevent differential settling and adverse drainage conditions.
- F. Operation and maintenance requirements. The permittee shall:
  1. Follow the applicable requirements in R18-9-A313(B), and
  2. Ensure that filters are cleaned and replaced as necessary.
- G. Reference design.
  1. An applicant may use an aerobic system that achieves the applicable performance requirements by following a reference design on file with the Department.
  2. An applicant using a reference design shall submit, with the Notice of Intent to Discharge, supplemental information specific to the proposed installation on a form approved by the Department.
- D. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:
  1. The name and address of the filter manufacturer;
  2. The filter model number;
  3. The manufacturer's requirements for pretreated wastewater supplied to the nitrate-reactive media filter;
  4. The manufacturer's specifications for design, installation, and operation for the nitrate-reactive media filter system and appurtenances;
  5. The manufacturer's warranty for the nitrate-reactive media filter system and appurtenances;
  6. The manufacturer's operation and maintenance recommendations to achieve a 20-year operational life for the nitrate-reactive media filter system and appurtenances; and
  7. The manufacturer name and model number for all appurtenances that significantly contribute to achieving the performance required in subsection (C).
- E. Design requirements. In addition to the applicable design requirements specified in R18-9-A312, an applicant shall ensure that:
  1. The nitrate-reactive media filter and appurtenances conform with manufacturer's specifications,
  2. The loading rate of pretreated wastewater to the nitrate-reactive media inlet surface meets the manufacturer's specification and does not exceed 5.00 gallons per day per square foot of media inlet surface area, and
  3. The bed packed with nitrate reactive media is at least 24 inches thick.
- F. Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall ensure that:
  1. The nitrate-reactive media filter and appurtenances are installed according to manufacturer's specifications to achieve proper wastewater treatment, hydraulic performance, and operational life; and
  2. Anti-buoyancy devices are installed when high water table or extreme soil saturation conditions are likely during operational life of the facility.
- G. Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313(B) and the manufacturer's specifications for the nitrite-reactive media filter, the permittee shall not dispose of corrosives or other materials that are known to damage the nitrate-reactive media filter system into the on-site wastewater treatment facility.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-E316. 4.16 General Permit: Nitrate-Reactive Media Filter, Less Than 3000 Gallons Per Day Design Flow**

- A. A 4.16 General Permit allows for the construction and use of a nitrate-reactive media filter receiving pretreated wastewater.
  1. Definition. "Nitrate-reactive media filter" means a treatment technology characterized by:
    - a. The application of pretreated, nitrified wastewater to a packed bed filter in a containment structure. A packed bed filter consists of nitrate-reactive media that receives pretreated wastewater under appropriate design and operational conditions, and
    - b. The ability of the nitrate-reactive filter to further treat the nitrified wastewater by removing total nitrogen by chemical and physical processes.
  2. An applicant shall use a nitrate-reactive media filter with a treatment or disposal works to pretreat and dispose of the wastewater.
  3. An applicant may use a nitrate-reactive media filter if nitrogen reduction is required under this Article.
- B. Restrictions. The applicant shall not use any product to supply pretreated wastewater to the nitrate-reactive media filter unless:
  1. The product meets the pretreatment requirements for the filter based on product performance information in the product listing, and
  2. The product is listed by the Department as a reviewed product under R18-9-A309(E).
- C. Performance. An applicant shall ensure that a nitrate-reactive media filter is designed so that it produces treated wastewater that does not exceed the following criteria:
  1. TSS of 30 milligrams per liter, 30-day arithmetic mean;
  2. BOD<sub>5</sub> of 30 milligrams per liter, 30-day arithmetic mean;
  3. Total nitrogen (as nitrogen) of 10 milligrams per liter, five-month arithmetic mean; and
  4. Total coliform level of 1,000,000 (Log<sub>10</sub> 6) colony forming units per 100 milliliters, 95th percentile.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (Supp. 05-3).

**R18-9-E317. 4.17 General Permit: Cap System, Less Than 3000 Gallons Per Day Design Flow**

- A. A 4.17 General Permit allows for the use of a cap fill cover over a conventional trench disposal works receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
  1. Definition. For purposes of this Section, a "cap system" means a disposal technology characterized by:
    - a. A soil cap, consisting of engineered fill placed over a trench that is not as deep as a trench allowed by R18-9-E302; and
    - b. A design that compensates for reduced trench depth by maintaining and enhancing the infiltration of

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wastewater into native soil through the trench side-walls.

2. An applicant may use a cap system if:
  - a. There is little native soil overlying fractured or excessively permeable rock, or
  - b. A high water table does not allow the minimum vertical separation to be met by a system authorized by R18-9-E302.

**B. Performance.** An applicant shall ensure that the design soil absorption rate and vertical separation complies with this Chapter for a trench, based on the following performance, unless additional pretreatment is provided:

1. TSS of 75 milligrams per liter, 30-day arithmetic mean;
2. BOD<sub>5</sub> of 150 milligrams per liter, 30-day arithmetic mean;
3. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean; and
4. Total coliform level of 100,000,000 (Log<sub>10</sub> 8) colony forming units per 100 milliliters, 95th percentile.

**C. Notice of Intent to Discharge.** In addition to the Notice of Intent to Discharge requirements in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit specifications for the proposed cap fill material.

**D. Design requirements.** In addition to the applicable requirements in R18-9-A312, an applicant shall ensure that:

1. The soil texture from the natural grade to the depth of the layer or the water table that limits the soil for unsaturated wastewater flow is no finer than silty clay loam;
2. Cap fill material used is free of debris, stones, frozen clods, or ice, and is the same as or one soil group finer than that of the disposal site material, except that the applicant shall not use fill material finer than clay loam as an additive;
3. Trench construction.
  - a. The trench bottom is at least 12 inches below the bottom of the disposal pipe and not more than 24 inches below the natural grade, and the trench bottom and disposal pipe are level;
  - b. The aggregate cover over the disposal pipe is 2 inches thick and the top of the aggregate cover is level and not more than 9 inches above the natural grade;
  - c. The cap fill cover above the top of the aggregate cover is at least 9 inches but not more than 18 inches thick. The applicant shall ensure that:
    - i. The cap surface is protected to prevent erosion and sloped to route surface drainage around the ends of the trench; and
    - ii. If the top of the aggregate is at or below the original ground surface, the cap surface has side slopes not more than one vertical to three horizontal; or
    - iii. If the top of the aggregate is above the original ground surface, the horizontal extent of the finished fill edges is at least 10 feet beyond the nearest trench sidewall or endwall;
  - d. The criteria for trench length, bottom width and spacing, and disposal pipe size is the same as that for the trench system prescribed in R18-9-E302;
  - e. Permeable geotextile fabric is placed on the aggregate top, trench end, and sidewalls extending above natural grade;
  - f. The native soil within the disposal site and the adjacent downgradient area to a 50-foot horizontal dis-

tance does not exceed a 12 percent slope if the top of the aggregate cover extends above the natural grade at any location along the trench length. The applicant shall ensure that the slope within the disposal site and the adjacent downgradient area to a 50-foot horizontal distance does not exceed 20 percent if the top of the aggregate cover does not extend above the natural grade;

- g. The fill material is compacted to a density of 90 percent of the native soil if the invert elevation of the disposal pipe is at or above the natural grade at any location along the trench length;
- h. At least one observation port is installed to the bottom of each cap fill trench;
- i. The effective absorption area for each trench is the sum of the trench bottom area and the sidewall area. The height of the sidewall used for calculating the sidewall area is the vertical distance between the trench bottom and the lowest point of the natural land surface along the trench length; and
- j. If the applicant uses correction factors for soil absorption rate under R18-9-A312(D)(3) and minimum vertical separation under R18-9-A312(E), additional wastewater pretreatment is provided.

**E. Installation requirements.** In addition to the applicable requirements in R18-9-A313(A), an applicant shall prepare the disposal site when high soil moisture is not present and equipment operations do not create platy soil conditions. The applicant shall:

1. Plow or scarify the fill area to disrupt the vegetative mat while avoiding smearing,
2. Construct trenches as specified in subsection (D)(3),
3. Scarify the site and apply part of the cap fill to the fill area and blend the fill with the scarified native soil within the contact layers, and
4. Follow the construction design specified in the Construction Authorization issued under R18-9-A301(D)(1)(c).

**F. Operation and maintenance requirements.** In addition to the applicable requirements in R18-9-A313(B), the permittee shall inspect and repair the cap fill and other surface features as needed to ensure proper disposal function, proper drainage of surface water, and prevention of damaging loads on the cap.

#### Historical Note

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

#### R18-9-E318. 4.18 General Permit: Constructed Wetland, Less Than 3000 Gallons Per Day Design Flow

**A.** A 4.18 General Permit allows for the use of a constructed wetland receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).

1. Definition. "Constructed wetland" means a treatment technology characterized by a lined excavation, filled with a medium for growing plants and planted with marsh vegetation. The treated wastewater flows horizontally through the medium in contact with the aquatic plants.
  - a. As the wastewater flows through the wetland system, additional treatment is provided by filtering, settling, volatilization, and evapotranspiration.
  - b. The wetland system allows microorganisms to break down organic material and plants to take up nutrients and other pollutants.

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- c. The wastewater treated by a wetland system is discharged to a subsurface soil disposal system.
  2. An applicant may use a constructed wetland if further wastewater treatment is needed before disposal.
  - B. Performance.** An applicant shall ensure that a constructed wetland is designed so that it produces treated wastewater that meets the following criteria:
    1. TSS of 20 milligrams per liter, 30-day arithmetic mean;
    2. BOD<sub>5</sub> of 20 milligrams per liter, 30-day arithmetic mean;
    3. Total nitrogen (as nitrogen) of 45 milligrams per liter, five-month arithmetic mean; and
    4. Total coliform level of 100,000 (Log<sub>10</sub> 5) colony forming units per 100 milliliters, 95th percentile.
  - C. Notice of Intent to Discharge.** The applicant shall comply with the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B).
  - D. Design, installation, operation, and maintenance requirements.** The permittee shall comply with the applicable design, installation, operation, and maintenance requirements in R18-9-A312, R18-9-A313(A), and R18-9-A313(B).
  - E. Reference design.**
    1. An applicant may use a constructed wetland that achieves the performance requirements in subsection (B) by following a reference design on file with the Department.
    2. The applicant shall file a form provided by the Department for supplemental information about the proposed constructed wetland with the applicant's submittal of the Notice of Intent to Discharge.
- Historical Note**
- New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).
- R18-9-E319. 4.19 General Permit: Sand-Lined Trench, Less Than 3000 Gallons Per Day Design Flow**
- A. 4.19 General Permit** allows for the use of a sand-lined trench receiving wastewater treated to a level equal to or better than that specified in R18-9-E302(B).
    1. **Definition.** For purposes of this Section, a "sand-lined trench" means a disposal technology characterized by:
      - a. Engineered placement of sand or equivalently graded glass in trenches excavated in native soil,
      - b. Wastewater dispersed throughout the media by pressure distribution technology as specified in R18-9-E304 using a timer-controlled pump in periodic uniform doses that maintain unsaturated flow conditions, and
      - c. Wastewater treated during travel through the media and absorbed into the native soil at the bottom of the trench.
    2. An applicant may use a sand-lined trench if:
      - a. The native soil is excessively permeable,
      - b. There is little native soil overlying fractured or excessively permeable rock, or
      - c. Reduction in setback distances, or minimum vertical separation is desired.
  - B. Performance.** An applicant shall ensure that a sand-lined trench is designed so that treated wastewater released to the native soil meets the following criteria:
    1. TSS of 20 milligrams per liter, 30-day arithmetic mean;
    2. BOD<sub>5</sub> of 20 milligrams per liter, 30-day arithmetic mean;
    3. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean; and
    4. Total coliform level of 100,000 (Log<sub>10</sub> 5) colony forming units per 100 milliliters, 95th percentile.
  - C. Notice of Intent to Discharge.** In addition to the Notice of Intent to Discharge requirements in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit specifications for the proposed media in the trench.
  - D. Design requirements.** In addition to the applicable requirements in R18-9-A312, an applicant shall ensure that:
    1. The media used in the trench is mineral sand, crushed glass, or cinder sand and that:
      - a. The media conforms to "Standard Specifications for Concrete Aggregates, C33-03," which is incorporated by reference in R18-9-E308(D)(2), "Standard Test Method for Materials Finer than 75-µm (No. 200) Sieve in Mineral Aggregates by Washing, C117-04 (2004)," published by the American Society for Testing and Materials, or an equivalent method approved by the Department. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959; and
      - b. Sieve analysis complies with the "Standard Test Method for Materials Finer than 75-µm (No. 200) Sieve in Mineral Aggregates by Washing, C11704," which is incorporated by reference in subsection (D)(1)(a), or an equivalent method approved by the Department;
    2. Trenches.
      - a. Distribution pipes are capped on the end;
      - b. The spacing between trenches is at least two times the distance between the bottom of the distribution pipe and the bottom of the trench or 5 feet, whichever is greater;
      - c. The inlet filter media surface, wastewater distribution pipe, and bottom of the trench are level and the maximum effluent loading rate is not more than 1.0 gallon per day per square foot of sand media inlet surface;
      - d. The depth of sand below the gravel layer containing the distribution system is at least 24 inches;
      - e. The gravel layer containing the distribution system is 5 to 12 inches thick, at least 36 inches wide, and level;
      - f. Permeable geotextile fabric is placed at the base of and along the sides of the gravel layer, as necessary. The applicant shall ensure that:
        - i. Geotextile fabric is placed on top of the gravel layer, and
        - ii. Any cover soil placed on top of the geotextile fabric is capable of maintaining vegetative growth while allowing passage of air;
      - g. At least one observation port is installed to the bottom of each sand lined trench;
      - h. If the trench is installed in excessively permeable soil or rock, at least 1 foot of loamy sand is placed in the trench below the filter media. The minimum vertical separation distance is measured from the bottom of the loamy sand; and

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- i. The trench design is based on the design flow, native soil absorption area at the trench bottom, minimum vertical separation below the trench bottom, design effluent infiltration rate at the top of the sand fill, and the adjusted soil absorption rate for the final effluent quality; and
3. The dosing system consists of a timer-controlled pump, electrical components, and distribution network and that:
  - a. Orifice spacing on the distribution piping does not exceed 4 square feet of media infiltrative surface area per orifice, and
  - b. The dosing rate is at least four doses per day and not more than 24 doses per day.
- E. Installation requirements. In addition to the applicable requirements in R18-9-A313(A), an applicant shall ensure that the filter media is placed in the trench to prevent differential settling and promote a uniform density throughout of 1.3 to 1.4 grams per cubic centimeter.
- F. Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313(B), the permittee shall ensure that:
  1. The septic tank filter and pump tank are inspected and cleaned;
  2. The dosing tank pump screen, pump switches, and floats are cleaned yearly and any residue is disposed of lawfully; and
  3. Lateral lines are flushed and the liquid waste discharged into the treatment system headworks.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-E320. 4.20 General Permit: Disinfection Devices, Less Than 3000 Gallons Per Day Design Flow**

- A. A 4.20 General Permit allows for the use of a disinfection device to reduce the level of harmful organisms in wastewater, provided the wastewater is pretreated to equal or better than

the performance criteria in R18-9-E315(B)(1)(a). An applicant may use a disinfection device if:

1. The disinfection device kills the microorganisms by exposing the wastewater to heat, ultraviolet radiation, or a chemical disinfectant.
  2. Some means of disinfection is required before discharge.
  3. A reduction in harmful microorganisms, as represented by the total coliform level, is needed for surface or near surface disposal of the wastewater or reduction of the minimum vertical separation distance specified in R18-9-A312(E) is desired.
- B. Restrictions.
    1. Unless the disinfection device is designed to operate without electricity, an applicant shall not install the device if electricity is not permanently available at the site.
    2. The 4.20 General Permit does not authorize a disinfection device that releases chemical disinfectants or disinfection byproducts harmful to plants or wildlife in the discharge area or causes a violation of an Aquifer Water Quality Standard.
  - C. Performance. An applicant shall ensure that:
    1. A fail-safe wastewater control or operational process is incorporated to prevent a release of inadequately treated wastewater;
    2. The performance of a disinfection device meets the level of disinfection needed for the type of disposal and produces effluent that:
      - a. Is nominally free of coliform bacteria;
      - b. Is clear and odorless, and
      - c. Has a dissolved oxygen content of at least 6 milligrams per liter;
  - D. Design requirements. An applicant shall ensure that an on-site wastewater treatment facility with a disposal works designed to discharge to the land surface includes disinfection technology that conforms with the following requirements:
    1. Chlorine disinfection.
      - a. Available chlorine is maintained as indicated in the following table:

pH of Wastewater (s.u.)	Required Concentration of Available Chlorine in Wastewater (mg/L)	
	Wastewater to the Disinfection Device Meets a TSS of 30 mg/L and BOD5 of 30 mg/L	Wastewater to the Disinfection Device Meets a TSS of 20 mg/L and BOD5 of 20 mg/L
6	15 – 30	6 – 10
7	20 – 35	10 – 20
8	30 – 45	20 – 35

- b. The minimum chlorine contact time is 15 minutes for wastewater at 70°F and 30 minutes for wastewater at 50°F, based on a flow equal to four times the daily design flow;
  2. Contact chambers are watertight and made of plastic, fiberglass, or other durable material and are configured to prevent short-circuiting; and
  3. For a device that disinfects by another method other than chlorine disinfection, dose and contact time are determined to reliably produce treated wastewater that is nominally free of coliform bacteria, based on a flow equal to four times the daily design flow.
- E. Operation and maintenance. A permittee shall ensure that:
    1. If the disinfection device relies on the addition of chemicals for disinfection, the device is operated to minimize the discharge of disinfection chemicals while achieving the required level of disinfection; and
    2. The disinfection device is inspected and maintained at least once every three months by a qualified person.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023

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(Supp. 23-2).

**R18-9-E321. 4.21 General Permit: Surface Disposal, Less Than 3000 Gallons Per Day Design Flow**

- A.** A 4.21 General Permit allows for surface application of treated wastewater that is nominally free of coliform bacteria produced by the treatment works of an on-site wastewater treatment facility.
- B.** Performance. An applicant shall ensure that the treated wastewater distributed for surface application meets the following criteria:
1. TSS of 30 milligrams per liter, 30-day arithmetic mean;
  2. BOD<sub>5</sub> of 30 milligrams per liter, 30-day arithmetic mean;
  3. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean;
  4. Is nominally free of total coliform bacteria as indicated by a total coliform level of Log<sub>10</sub> 0 colony forming units per 100 milliliters, 95th percentile.
- C.** Restrictions. The applicant shall not install the disposal works if weather records indicate that:
1. Average minimum temperature in any month is 20°F or less, or
  2. Over 1/3 of the average annual precipitation falls in a 30-day period.
- D.** Design requirements. An applicant shall ensure that:
1. The land surface application rate does not exceed the lowest application rate as determined under R18-9-A312(D) minus no greater than 50 percent of the evapotranspiration that may occur during the month with the least evapotranspiration in any soil zone within the top 5 feet of soil;
  2. The design incorporates sprinklers, bubbler heads, or other dispersal components that optimize wastewater loading rates and prevent ponding on the land surface;
  3. The design specifies containment berms:
    - a. Compacted to a minimum of 95 percent Proctor;
    - b. Designed to contain the runoff of the 10-year, 24-hour storm event in addition to the daily design flow; and
    - c. Designed to remain intact in the event of a more severe rainfall event; and
  4. The design incorporates placement of signage on hose bibs, human ingress points to the surface disposal area, and at intervals around the perimeter of the surface disposal area to provide notification of use of treated wastewater and a warning against ingestion.
- E.** Installation requirements. An applicant shall ensure that installation of the wastewater dispersal components conforms to manufacturer's specifications that do not conflict with this Article and to the design documents specified in the Construction Authorization issued under R18-9-A301(D)(1)(c).
- F.** Operation and maintenance. In addition to the requirements specified in R18-9-A313(B), the permittee shall operate and maintain the surface disposal works to:
1. Prevent treated wastewater from coming into contact with drinking fountains, water coolers, or eating areas;
  2. Contain all treated wastewater within the bermed area; and
  3. Ensure that hose bibs discharging treated wastewater are secured to prevent use by the public.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Section repealed; new Section made by final rulemaking at 11

A.A.R. 4544, effective November 12, 2005 (Supp. 05-3).

**R18-9-E322. 4.22 General Permit: Subsurface Drip Irrigation Disposal, Less Than 3000 Gallons Per Day Design Flow**

- A.** A 4.22 General Permit allows for the construction and use of a subsurface drip irrigation disposal works that receives high quality wastewater from an on-site wastewater treatment facility to dispense the wastewater to an irrigation system that is buried at a shallow depth in native soil. A 4.22 General Permit includes a pressure distribution system under R18-9-E304.
1. The subsurface drip irrigation disposal works is designed to disperse the treated wastewater into the soil under unsaturated conditions by pressure distribution and timed dosing. The applicant shall ensure that the pressure distribution system meets the requirements specified in R18-9-E304, and the Department shall consider whether the requirements of R18-9-E304 are met when processing the application under R18-9-A301(B).
  2. A subsurface drip irrigation disposal works reduces the downward percolation of wastewater by enhancing evapotranspiration to the atmosphere.
  3. An applicant may use a subsurface drip irrigation disposal works to overcome site constraints, such as high groundwater, shallow soils, slowly permeable soils, or highly permeable soils, or if water conservation is needed.
  4. The subsurface drip irrigation disposal works includes pipe, pressurization and dosing components, controls, and appurtenances to reliably deliver treated wastewater to driplines using supply and return manifold lines.
- B.** Performance. An applicant shall ensure that:
1. Treated wastewater that meets the following criteria is delivered to a subsurface drip irrigation disposal works:
    - a. Performance Category A.
      - i. TSS of 20 milligrams per liter, 30-day arithmetic mean;
      - ii. BOD<sub>5</sub> of 20 milligrams per liter, 30-day arithmetic mean;
      - iii. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean; and
      - iv. Total coliform level of one colony forming unit per 100 milliliters, 95th percentile; or
    - b. Performance Category B.
      - i. TSS of 30 milligrams per liter, 30-day arithmetic mean;
      - ii. BOD<sub>5</sub> of 30 milligrams per liter, 30-day arithmetic mean;
      - iii. Total nitrogen (as nitrogen) of 53 milligrams per liter, five-month arithmetic mean; and
      - iv. Total coliform level of 300,000 (Log<sub>10</sub> 5.5) colony forming units per 100 milliliters, 95th percentile; and
  2. The subsurface drip irrigation works is designed to meet the following performance criteria:
    - a. Prevention of ponding on the land surface, and
    - b. Incorporation of a fail-safe wastewater control or operational process to prevent inadequately treated wastewater from being discharged.
- C.** Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements in R18-9-A301(B), R18-9-A309(B), and R18-9-E304, the applicant shall submit:
1. Documentation of the pretreatment method proposed to achieve the wastewater criteria specified in subsection (B)(1), such as the type of pretreatment system and the manufacturer's warranty;



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2. Initial filter and drip irrigation flushing settings;
  3. Site evapotranspiration calculations if used to reduce the size of the disposal works; and
  4. If supplemental irrigation water is introduced to the subsurface drip irrigation disposal works, an identification of the cross-connection controls, backflow controls, and supplemental water sources.
- D. Design requirements.** In addition to the applicable design requirements specified in R18-9-A312, an applicant shall ensure that:
1. The design requirements of R18-9-E304 are followed, except that:
    - a. The requirement for quick disconnects in R18-9-E304(D)(1)(c) is not applicable, and
    - b. The applicant may provide the reserve volume specified in R18-9-E304(D)(3)(a)(iv) in an oversized treatment tank or a supplemental storage tank;
  2. Drip irrigation components and appurtenances are properly placed.
    - a. Performance category A subsurface drip irrigation disposal works. The applicant shall ensure that:
      - i. Driplines and emitters are placed to prevent ponding on the land surface, and
      - ii. Cover material and placement depth follow manufacturer's requirements to prevent physical damage or ultraviolet degradation of components and appurtenances; or
    - b. Performance category B subsurface drip irrigation disposal works. The applicant shall ensure that:
      - i. Driplines and emitters are placed at least 6 inches below the surface of the native soil;
      - ii. A cover of soil or engineered fill is placed on the surface of the native soil to achieve a total emitter burial depth of at least 12 inches;
      - iii. Cover material and placement depth follow manufacturer's requirements to prevent physical damage or ultraviolet degradation of components and appurtenances; and
      - iv. The drip irrigation disposal works is not used for irrigating food crops;
  3. Wastewater is filtered upstream of the dripline emitters to remove particles 100 microns in size and larger;
  4. A pressure regulator is provided to limit the pressure of wastewater in the drip irrigation disposal works;
  5. Wastewater pipe meets the approved pressure rating in "Standard Specification for Poly (Vinyl Chloride) (PVC) Plastic Pipe, Schedules 40, 80, and 120, D1785-04a (2004)," or "Standard Specification for Chlorinated Poly (Vinyl Chloride) (CPVC) Plastic Pipe, Schedules 40 and 80, F441/F441M-02 (2002)," published by the American Society for Testing and Materials. This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the American Society for Testing and Materials International, 100 Barr Harbor Drive, West Conshohocken, PA 19428-2959;
  6. The system design flushes the subsurface drip irrigation disposal works components with wastewater at a minimum velocity of 2 feet per second, unless the manufacturer's manual and warranty specify another flushing practice. The applicant shall ensure that piping and appurtenances allow the wastewater to be pumped in a line flushing mode of operation with discharge returned to the treatment system headworks;
  7. Air vacuum release valves are installed to prevent water and soil drawback into the emitters;
  8. Driplines.
    - a. Driplines are placed from 12 to 24 inches apart unless other configurations are allowed by the manufacturer's specifications;
    - b. Dripline installation and design requirements, including the allowable deflection, follow manufacturer's requirements;
    - c. The maximum length of a single dripline follows manufacturer's specifications to provide even distribution;
    - d. The dripline incorporates a herbicide to prevent root intrusion for at least 10 years;
    - e. The dripline incorporates a bactericide to reduce bacterial slime buildup;
    - f. Disinfection does not reduce the life of the bactericide or herbicide in the dripline;
    - g. Any return flow from a drip irrigation disposal works to the treatment works does not impair the treatment performance; and
    - h. When dripline installation is under subsection (E)(1)(b) or (c), backfill consists of the excavated soil or similar soil obtained from the site that is screened for removal of debris and rock larger than 1/2-inch;
  9. Emitters.
    - a. Emitters are spaced no more than 2 feet apart, and
    - b. Emitters are designed to discharge from 0.5 to 1.5 gallons per hour;
  10. A suitable backflow prevention system is installed if supplemental water for irrigation is introduced to the pumping system. The applicant shall not introduce supplemental water to the treatment works;
  11. The drip irrigation disposal works is installed in soils classified as:
    - a. Sandy clay loam, clay loam, silty clay loam, or finer with weak platy structure or in soil with a percolation rate from 45 to 120 minutes per inch;
    - b. Sandy clay loam, clay loam, silty clay loam, or silt loam with massive structure or in soil with a percolation rate from 31 to 120 minutes per inch; and
    - c. Other soils if an appropriate site-specific SAR is determined;
  12. The minimum vertical separation distances are 1/2 of those specified in R18-9-A312(E)(2) if the design evapotranspiration rate during the wettest 30-day period of the year is 50 percent or more of design flow, except that the applicant shall not use a minimum vertical separation distance less than 1 foot;
  13. In areas where freezing occurs, the irrigation system is protected as recommended by the manufacturer;
  14. If drip irrigation components are used for a disposal works using a shaded trench constructed in native soil, the following requirements are met:
    - a. The trench is between 12 and 24 inches wide;
    - b. The trench bottom is between 12 and 30 inches below the original grade of native soil and level to within 2 inches per 100 feet of length;
    - c. Two driplines are positioned in the bottom of the trench, not more than 4 inches from each sidewall;

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- d. The trench with the positioned driplines is filled to a depth of 6 to 10 inches with decomposed granite or C-33 sand or a mixture of both, with mixture composition, if applicable, and placement specified on the construction drawing;
  - e. A minimum of 8 inches of backfill is placed over the decomposed granite or C-33 sand fill to an elevation of 1 to 3 inches above the native soil finished grade;
  - f. Observation ports are placed at both ends of each shaded trench to confirm the saturated wastewater level during operation; and
  - g. A separation distance of 24 inches or more is maintained between the nearest sidewall of an adjacent trench; and
15. The soil absorption area used for design of a drip irrigation works is calculated using:
- a. For a design that uses the shaded trench method described in subsection (D)(14), the bottom and sidewall area of the shaded trench not more than 4 square feet per linear foot of trench; or
  - b. For all other designs, the number of emitters times an area for each emitter where the emitter area is a square centered on each emitter with the side dimension equal to the emitter separation distance selected by the designer in accordance with R18-9-E322(D)(9)(a), excluding all areas of overlap of adjacent squares.
- E. Installation requirements. In addition to the applicable requirements in R18-9-A313(A) and R18-9-E304, the applicant shall ensure that:
- 1. The dripline is installed by:
    - a. A plow mechanism that cuts a furrow, dispenses pipe, and covers the dripline in one operation;
    - b. A trencher that digs a trench 4 inches wide or less;
    - c. Digging the trench with hand tools to minimize trench width and disruption to the native soil; or
    - d. Without trenching, removing surface vegetation, scarifying the soil parallel with the contours of the land surface, placing the pipe grid, and covering with fill material, unless prohibited in subsection (D)(2)(b)(ii);
  - 2. Drip irrigation pipe is stored to preserve the herbicidal and bactericidal characteristics of the pipe;
  - 3. Pipe deflection conforms to the manufacturer's requirements and installation is completed without kinking to prevent flow restriction;
  - 4. A shaded trench drip irrigation disposal works is installed as specified in the design documents used for the Construction Authorization; and
  - 5. The pressure piping and electrical equipment are installed according to the Construction Authorization in R18-9-A301(D)(1)(c) and any local building codes.
- F. Operation and maintenance requirements. In addition to the applicable requirements in R18-9-A313(B) and R18-9-E304, the permittee shall:
- 1. Test any fail-safe wastewater control or operational process quarterly to ensure proper operation to prevent discharge of inadequately treated wastewater, and
  - 2. Maintain the herbicidal and bacteriological capability of the drip irrigation disposal works.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November

12, 2005 (05-3).

**R18-9-E323. 4.23 General Permit: 3000 to less than 24,000 Gallons Per Day Design Flow**

A. A 4.23 General Permit allows for the construction and use of an on-site wastewater treatment facility with a design flow from 3000 gallons per day to less than 24,000 gallons per day or more than one on-site wastewater treatment facility on a property or on adjacent properties under common ownership with a combined design flow from 3000 to less than 24,000 gallons per day if all of the following apply:

- 1. Except as specified in subsection (A)(3), the treatment and disposal works consists of technologies or designs that would otherwise be covered under other general permits, but are either sized larger to accommodate increased flows or, will be located at a site that cumulatively accommodates flows between 3000 gallons per day to less than 24,000 gallons per day;
- 2. The on-site wastewater treatment facility complies with all applicable requirements of Articles 1, 2, and 3 of this Chapter;
- 3. The facility is not a system or a technology that would otherwise be covered by one of the following general permits available for a design flow of less than 3000 gallons per day:
  - a. An aerobic system as described in R18-9-E315;
  - b. A disinfection device described in R18-9-E320, except that an ultraviolet radiation disinfection device is allowed; or
  - c. A seepage pit or pits described in R18-9-E302; and
- 4. The discharge of total nitrogen to groundwater is controlled.
  - a. An applicant shall:
    - i. Demonstrate that the nitrogen loading calculated over the property served by the on-site wastewater treatment facility, including streets, common areas, and other non-contributing areas, is not more than 0.088 pounds (39.9 grams) of total nitrogen per day per acre calculated at a horizontal plane immediately beneath the zone of active treatment of the on-site wastewater treatment facility including its disposal field; or
    - ii. Justify a nitrogen loading that is equally protective of aquifer water quality as the nitrogen loading specified in subsection (A)(4)(a)(i) based on site-specific hydrogeological or other factors.
  - b. For purposes of the demonstration in subsection (A)(4)(a)(i), the applicant may assume that 0.0333 pounds (15.0 grams) of total nitrogen per day per person is contributed to raw sewage and may determine the nitrogen concentration in the treated wastewater at a horizontal plane immediately beneath the zone of active treatment of the on-site wastewater treatment facility including its disposal field.

B. Notice of Intent to Discharge. In addition to the Notice of Intent to Discharge requirements specified in R18-9-A301(B) and R18-9-A309(B), an applicant shall submit:

- 1. A performance assurance plan consisting of tasks, schedules, and estimated annual costs for operating, maintaining, and monitoring performance over a 20-year operational life;

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2. Design documents and the performance assurance plan, signed, dated, and sealed by an Arizona-registered professional engineer;
  3. Any documentation submitted under the alternative design procedure in R18-9-A312(G) that pertains to achievement of better performance levels than those specified in the general permit for the corresponding facility with a design flow of less than 3000 gallons per day, or for any other alternative design, construction, or operational change proposed by the applicant; and
  4. A demonstration of total nitrogen discharge control specified in subsection (A)(4).
- C.** Design requirements. The applicant shall comply with the applicable requirements in R18-9-A312 and the applicable general permits for the treatment works and disposal works used in the design of the on-site wastewater treatment facility.
- D.** Installation requirements. The applicant shall comply with the applicable requirements in R18-9-A313(A) and the applicable general permits for the treatment works and disposal works used in the design of the on-site wastewater treatment facility.
- E.** Operation and maintenance requirements. The applicant shall comply with the applicable requirements in R18-9-A313(B) and the applicable general permits for the treatment works and disposal works used in the design of the on-site wastewater treatment facility.
- F.** Additional Discharge Authorization requirements. In addition to any other requirements, the applicant shall submit the following information before the Discharge Authorization is issued.
1. A signed, dated, and sealed Engineer's Certificate of Completion in a format approved by the Department affirming that:
    - a. The project was completed in compliance with the requirements of this Section and as described in the plans and specifications, or
    - b. Any changes are reflected in as-built plans submitted with the Engineer's Certificate of Completion.
  2. The name of the service provider or certified operator that is responsible for implementing the performance assurance plan.
- G.** Reporting requirement. The permittee shall provide the Department with the following information on the anniversary date of the Discharge Authorization:
1. A form signed by the certified operator or service provider that:
    - a. Provides any data or documentation required by the performance assurance plan,
    - b. Certifies compliance with the requirements of the performance assurance plan, and
    - c. Describes any additions to the facility during the year that increased flows and certifies that the flow did not exceed 24,000 gallons per day during any day; and
  2. Any applicable fee required by 18 A.A.C. 14.
- H.** Facility expansion. If an expansion of an on-site wastewater treatment facility or site operating under this Section involves the installation of a separate on-site wastewater treatment facility on the property with a design flow of less than 3000 gallons per day, the applicant shall submit the applicable Notice of Intent to Discharge and fee required under 18 A.A.C. 14 for the separate on-site wastewater treatment facility in order to add the facility to the existing site operating under this Section.
1. The applicant shall indicate in the Notice of Intent to Discharge the Department's file number and the issuance date of the Discharge Authorization previously issued by the Director under this Section for the property.
  2. Upon satisfactory review, the Director shall reissue the Discharge Authorization for this Section, with the new issuance date and updated information reflecting the expansion.
  3. If the expansion causes the accumulative design flow from on-site wastewater treatment facilities on the property to equal or exceed 24,000 gallons per day, the Director shall not reissue the Discharge Authorization, but shall require the applicant to submit an application for an individual permit addressing all proposed and operating facilities on the property.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023 (Supp. 23-2).

**Table 1. Unit Design Flows**

Wastewater Source (Add together all wastewater source line items applicable to the facility per applicable unit.)	Applicable Unit	Sewage Design Flow per Applicable Unit, Gallons Per Day
Airport For each passenger (average daily number), add For each employee, add	Passenger (average daily number) Employee	4 15
Auto Wash	Facility	Per manufacturer, if consistent with this Chapter
Bar/Lounge	Seat	30
Barber Shop	Chair	35
Beauty Parlor	Chair	100
Bowling Alley (snack bar only)	Lane	75
Camp Day camp, no cooking facilities Campground, overnight, flush toilets Campground, overnight, flush toilets and shower Campground, luxury Camp, youth, summer, or seasonal	Camping unit Camping unit Camping unit Person Person	30 75 150 100-150 50

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Church Without kitchen With kitchen	Person (maximum attendance) Person (maximum attendance)	5 7
Country Club	Resident Member Nonresident Member	100 10
Dance Hall	Patron	5
Dental Office	Chair	500
Dog Kennel	Animal, maximum occupancy	15
Dwelling For determining design flow for sewage treatment facilities under R18-9-B202(A)(9)(a) and sewage collection systems under R18-9-E301(D) and R18-9-B301(K), excluding peaking factor.	Person	80
Dwelling For on-site wastewater treatment facilities per R18-9-E302 through R18-9-E323: Apartment Building 1 bedroom 2 bedroom 3 bedroom 4 bedroom  Seasonal or Summer Dwelling (with recorded seasonal occupancy restriction)  Single Family Dwellings (for both conventional and alternative systems)  Other than Single Family Dwelling, the greater flow value based on: Bedroom count 1-2 bedrooms Each bedroom over 2 Fixture count	Apartment Apartment Apartment Apartment  Resident  see R18-9-A314(4)(a)  Bedroom Bedroom Fixture unit	200 300 400 500  100  see R18-9-A314(4)(a)  300 150 25
Fire Station	Employee	45
Hospital All flows Kitchen waste only Laundry waste only	Bed Bed Bed	250 25 40
Hotel/motel (assuming outsourced linen laundry service) Without kitchen With kitchen	Bed (2 person) Bed (2 person)	50 60
Industrial facility Without showers With showers Cafeteria, add	Employee Employee Employee	25 35 5
Institutions Resident Nursing home Rest home	Person Person Person	75 125 125
Laundry Self service Commercial	Wash cycle Washing machine	50 Per manufacturer, if consistent with this Chapter
Office Building	Employee	20
Park (temporary use) Picnic, with showers, flush toilets Picnic, with flush toilets only Recreational vehicle, no water or sewer connections Recreational vehicle, with water and sewer connections Mobile home/Trailer	Parking space Parking space Vehicle space Vehicle space Space	40 20 75 100 250

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Restaurant/Cafeteria		
For each employee, add	Employee	20
With toilet, add	Customer	7
Kitchen waste – full plated service, add	Meal	6
Kitchen waste – disposable service, add	Meal	2
Garbage disposal, add	Meal	1
Cocktail lounge, add	Customer	2
Restroom, public	Toilet	200
School		
Staff and office	Person	20
Elementary, add	Student	15
Middle and High, add	Student	20
with gym & showers, add	Student	5
with cafeteria, add	Student	3
Boarding, total flow	Person	100
Service Station with toilets	First bay	1000
	Each additional bay	500
Shopping Center, no food or laundry	Square foot of retail space	0.1
Store		
For each employee, add	Employee	20
Public restroom, add	Square foot of retail space	0.1
Swimming Pool, Public	Person	10
Theater		
Indoor	Seat	5
Drive-in	Car space	10

Note: Unit flow rates published in standard texts, literature sources, or relevant area or regional studies are considered by the Department, if appropriate to the project.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 235, effective January 1, 2001 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3). Amended by final rulemaking at 29 A.A.R. 1023 (May 12, 2023), effective June 19, 2023 (Supp. 23-2).

**ARTICLE 4. NITROGEN MANAGEMENT GENERAL PERMITS****R18-9-401. Definitions**

In addition to the definitions established in A.R.S. §§ 49-101 and 49-201 and A.A.C. R18-9-101, the following terms apply to this Article:

1. “Application of nitrogen fertilizer” means any use of a substance containing nitrogen for the commercial production of a crop or plant. The commercial production of a crop or plant includes commercial sod farms and nurseries.
2. “Contact stormwater” means stormwater that comes in contact with animals or animal wastes within a concentrated animal feeding operation.
3. “Crop or plant needs” means the amount of water and nitrogen required to meet the physiological demands of a crop or plant to achieve a defined yield.
4. “Crop or plant uptake” means the amount of water and nitrogen that can be physiologically absorbed by the roots and vegetative parts of a crop or plant following the application of water.
5. “Impoundment” means any structure, other than a tank or a sump, designed and maintained to contain liquids. A structure that stores or impounds only non-contact stormwater is not an impoundment under this Article.
6. “Liner” or “lining system” means any natural, amendment, or synthetic material used to reduce seepage of impounded liquids into a vadose zone or aquifer.
7. “NRCS guidelines” means the United States Department of Agriculture, Natural Resources Conservation Service,

National Engineering Handbook, Part 651 Agricultural Waste Management Field Handbook, Chapter 10, 651.1080, Appendix 10D – Geotechnical, Design, and Construction Guideline (November 1997). This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 W. Washington, Phoenix, AZ 85007 or may be obtained from the United States Department of Agriculture, Natural Resources Conservation Service at <ftp://ftp.wcc.nrcs.usda.gov/downloads/wastemgmt/AWMFH/awmfh-chap10-app10d.pdf>.

**Historical Note**

Adopted effective January 4, 1991 (Supp. 91-1). Section R18-9-401 renumbered from R18-9-201 and amended by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-402. Nitrogen Management General Permits: Nitrogen Fertilizers**

An owner or operator may apply a nitrogen fertilizer under this general permit without submitting a notice to the Director, if the owner or operator complies with the following best management practices:

1. Limit application of the fertilizer so that it meets projected crop or plant needs;
2. Time application of the fertilizer to coincide to maximum crop or plant uptake;

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3. Apply the fertilizer by a method designed to deliver nitrogen to the area of maximum crop or plant uptake;
4. Manage and time application of irrigation water to minimize nitrogen loss by leaching and runoff; and
5. Use tillage practices that maximize water and nitrogen uptake by a crop or plant.

**Historical Note**

Adopted effective January 4, 1991 (Supp. 91-1). Section R18-9-402 renumbered from R18-9-202 and amended by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-403. Nitrogen Management General Permits: Concentrated Animal Feeding Operations**

**A.** An owner or operator may discharge from a concentrated animal feeding operation without submitting a notice to the Director, if the owner or operator complies with the following best management practices:

1. Harvest, stockpile, and dispose of animal manure from a concentrated animal feeding operation to minimize discharge of any nitrogen pollutant by leaching and runoff;
2. Control and dispose of nitrogen-contaminated water resulting from an activity associated with a concentrated animal feeding operation, up to a 25-year, 24-hour storm event equivalent, to minimize the discharge of any nitrogen pollutant;
3. Following the requirements in subsection (B), construct and maintain a lining for an impoundment, used to contain process wastewater or contact stormwater from a concentrated animal feeding operation to minimize the discharge of any nitrogen pollutant; and
4. Close a facility in a manner that will minimize the discharge of any nitrogen pollutant. If a liner was used in an impoundment:
  - a. Remove liquids and any solid residue on the liner and dispose appropriately;
  - b. Inspect any synthetic liner for evidence of holes, tears, or defective seams that could have leaked. If evidence of leakage is discovered:
    - i. Remove the liner in the area of suspected leakage;
    - ii. Sample potentially impacted soil, and
    - iii. Properly dispose of impacted soil or restore to background nitrogen levels;
  - c. Cover the liner in place or remove it for disposal or reuse if the impoundment is an excavated impoundment;
  - d. Remove and dispose of the liner elsewhere if the impoundment is bermed;
  - e. Grade the facility to prevent the impoundment of water; and
  - f. Notify the Department within 60 days following closure.

**B.** Lining requirements for concentrated animal feeding operation impoundments.

1. New impoundments. The owner or operator shall:
  - a. Follow the NRCS guidelines for any newly constructed impoundment or an impoundment first used after November 12, 2005, and
  - b. Use a coefficient of permeability of  $1 \times 10^{-7}$  centimeters per second or less as acceptable liner performance. The owner or operator may include up to 1 order of magnitude reduction in permeability from

manure sealing in impoundments that hold wastes having manure as a significant component.

2. Impoundments already in use.
  - a. The owner or operator shall maintain the existing seal for any impoundment first used before November 12, 2005.
  - b. If any of the following conditions exist at a concentrated animal feeding operation, the Director shall send a notice requiring the owner or operator to reassess the performance of the lining system:
    - i. The concentrated animal feeding operation is located within a Nitrogen Management Area designated under R18-9-A317; or
    - ii. Existing conditions or trends in nitrogen loading to an aquifer will cause or contribute to an exceedance of an Aquifer Water Quality Standard for a nitrogen pollutant at the point of compliance determined under A.R.S. § 49-244, based on the following information:
      - (1) Existing contamination of groundwater by nitrogen species;
      - (2) Existing and potential impact to groundwater by sources of nitrogen other than the concentrated animal feeding operation;
      - (3) Characteristics of the soil surface, vadose zone, and aquifer;
      - (4) Depth to groundwater;
      - (5) The estimated operational life of the impoundment;
      - (6) Location and characteristics of existing and potential drinking water supplies;
      - (7) Construction material and design of existing impoundment structure; and
      - (8) Any other information relevant to determining the severity of actual or potential nitrogen impact on the aquifer.
  - c. The owner or operator shall, within 90 days of the Director's notice, submit either:
    - i. A report to the Department demonstrating consistency with NRCS guidelines and the acceptable liner performance criteria established in subsection (B)(1)(b); or
    - ii. Plans and a schedule to upgrade the liner for the impoundment to meet the NRCS guidelines and the acceptable liner performance criteria in subsection (B)(1)(b). The Director may provide additional time for the submittal of the plans and a schedule for upgrade, if the owner or operator demonstrates that technical or financial assistance to develop the plans is needed.
  - d. Preliminary decision.
    - i. Within 90 days from the date of receipt, the Director shall review the report or the plans submitted under subsection (B)(2)(c) and provide to the owner or operator a preliminary decision on the submittal.
    - ii. The owner or operator may, within 30 days of the preliminary decision, submit written comments and supporting information to the Director on the preliminary decision.
    - iii. The Director shall evaluate any comments on the preliminary decision and supporting information and, within 90 days of receipt of the

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- comments and information, make a final decision.
- e. Final decision.
    - i. If the Director determines that the owner or operator has demonstrated that the lining system meets NRCS guidelines and the acceptable performance criteria in subsection (B)(1)(b), no additional action is necessary.
    - ii. If the Director approves the plans and schedules under subsection (B)(2)(c)(ii), the owner or operator shall implement the plans within the time-frame specified in the approved schedule.
    - iii. If the Director determines that the owner or operator failed to demonstrate that the lining system meets NRCS guidelines and the acceptable performance criteria in subsection (B)(1)(b) or that the schedule to upgrade the lining is not acceptable, the owner or operator shall upgrade the lining system within a time-frame specified by the Director.
    - iv. The owner or operator may appeal the Director's decision under A.R.S. Title 41, Chapter 6, Article 10.
  3. Notification requirement. The owner or operator of any lined impoundment shall either:
    - a. Notify the Department of the type of liner that was used to line each impoundment by February 19 of each year following either:
      - i. The first use of an impoundment not used before November 12, 2005; or
      - ii. Completion of a liner upgrade required under this Section for an impoundment used before November 12, 2005; or
    - b. Include the information required in subsections (B)(3)(a)(i) and (ii) in the next annual report submitted for the AZPDES Concentrated Animal Feeding Operation General Permit, issued under 18 A.A.C. 9, Article 9, Part C.

**Historical Note**

Adopted effective January 4, 1991 (Supp. 91-1). Section R18-9-403 renumbered from R18-9-203 and amended by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4). Amended by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**R18-9-404. Revocation of Coverage under a Nitrogen Management General Permit**

- A. The Director may revoke coverage under a nitrogen management general permit and require the permittee to obtain an individual permit under 18 A.A.C. 9, Article 2, if the Director determines that the permittee failed to comply with the best management practices under R18-9-403.
- B. Notification.
  1. If coverage under the nitrogen management general permit is revoked under subsection (A), the Director shall notify the permittee by certified mail of the decision according to the notification and hearing procedures in A.R.S. Title 41, Chapter 6, Article 10. The notification shall include:
    - a. A brief statement of the reason for the decision,
    - b. The effective revocation date of the general permit coverage, and

- c. A statement of whether the discharge shall cease immediately or whether the discharge may continue until the individual permit is issued, and
2. If the Director requires a person to obtain an individual permit, the notification shall include:
  - a. An individual permit application form, and
  - b. A deadline between 90 and 180 days after receipt of the notification for filing the application.
- C. When the Director issues an individual permit to an owner or operator of a facility covered under a nitrogen management general permit, the coverage under the nitrogen management general permit is superseded by the individual permit allowing the discharge.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4544, effective November 12, 2005 (05-3).

**ARTICLE 5. GRAZING BEST MANAGEMENT PRACTICES****R18-9-501. Surface Water Quality General Grazing Permit**

- A. A person who engages in livestock grazing and applies any of the following voluntary best management practices to maintain soil cover and prevent accelerated erosion, nitrogen discharges, and bacterial impacts to surface water greater than the natural background amount is issued a Surface Water Quality General Grazing Permit:
  1. Manages the location, timing, and intensity of grazing activities to help achieve Surface Water Quality Standards;
  2. Installs rangeland improvements, such as fences, water developments, trails, and corrals to help achieve Surface Water Quality Standards;
  3. Implements land treatments to help achieve Surface Water Quality Standards;
  4. Implements supplemental feeding, salting, and parasite control measures to help achieve Surface Water Quality Standards.
- B. The person to whom a permit is issued shall make the following information available to the Department, at the person's place of business, within 10 business days of Department notice:
  1. The name and address of the person grazing livestock, and
  2. The best management practices selected for livestock grazing.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 1768, effective April 5, 2001 (Supp. 01-2).

**ARTICLE 6. UNDERGROUND INJECTION CONTROL****R18-9-601. Repealed****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section repealed by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-602. Repealed****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section repealed by final rulemaking at 23 A.A.R. 3091, effective

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January 1, 2018 (Supp. 17-4).

**R18-9-603. Repealed****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section repealed by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**PART A. GENERAL PROVISIONS****R18-9-A601. Definitions**

The following terms apply to this Article:

1. "Abandoned well" means a well whose use has been permanently discontinued or which is in a state of disrepair such that it cannot be used for its intended purpose or for observation purposes.
2. "Administrator" means the Administrator of the United States Environmental Protection Agency (EPA), or an authorized representative.
3. "Application" means the ADEQ prescribed method, such as a form, for applying for a permit, including any additions, revisions or modifications thereof.
4. "Appropriate Act and regulations" means the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act (RCRA); or Safe Drinking Water Act (SDWA), whichever is applicable; and applicable regulations promulgated under those statutes.
5. "Aquifer" means a geological formation, group of formations, or part of a formation that is capable of yielding a significant amount of water to a well or spring.
6. "Area of review" means the area surrounding an injection well described according to the criteria set forth in R18-9-B612 or in the case of an area permit, the project area plus a circumscribing area the width of which is either 1/4 of a mile or a number calculated according to the criteria set forth in R18-9-B612.
7. "Arizona UIC Memorandum of Agreement" means the agreement between the Administrator and the Director that coordinates EPA and ADEQ activities, responsibilities, and programs under the Arizona UIC Program.
8. "Arizona UIC Program" means the UIC program administered by the Director and approved by EPA according to 42 U.S.C. § 300h-1.
9. "Casing" means a pipe or tubing of appropriate material, of varying diameter and weight, lowered into a borehole during or after drilling to support the sides of the hole and prevent the walls from caving; to prevent loss of drilling mud into porous ground; or to prevent water, gas, or other fluid from entering or leaving the hole.
10. "Catastrophic collapse" means the sudden and utter failure of overlying strata caused by removal of underlying materials.
11. "Cementing" means the operation whereby a cement slurry is pumped into a drilled hole and/or forced behind the casing.
12. "Cesspool" means a drywell that receives untreated sanitary waste containing human excreta, and which sometimes has an open bottom and/or perforated sides.
13. "Confining zone" means a geological formation, group of formations, or parts of a formation that is capable of limiting fluid movement above an injection zone.
14. "Contaminant" means any physical, chemical, biological, or radiological substance or matter in water.
15. "Conventional mine" means an open pit or underground excavation for the production of minerals.
16. "Director" means the Director of the Arizona Department of Environmental Quality or the Director's designee.
17. "Disposal well" means a well that is used for the disposal of waste into a subsurface stratum.
18. "Draft permit" means a document prepared under R18-9-C618 indicating the Director's tentative decision to issue, renew, modify, revoke and reissue, or terminate a permit. A notice of intent to terminate a permit, and a notice of intent to deny a permit, as discussed in R18-9-C631 are types of draft permits. A denial of a request for modification, revocation and reissuance, or termination, of a permit is not a draft permit, except as discussed in R18-9-C631(B).
19. "Drilling mud" means a heavy suspension used in drilling an injection well, introduced down the drill pipe and through the drill bit.
20. "Drywell" means a well, other than an improved sinkhole or subsurface fluid distribution system, completed above the water table so that its bottom and sides are typically dry except when receiving fluids.
21. "Effective date of the Arizona UIC Program" means the date that the Arizona UIC Program is approved or established by the Administrator.
22. "Emergency permit" means a UIC permit issued in accordance with R18-9-C625.
23. "Environmental Protection Agency" or "EPA" means the United States Environmental Protection Agency.
24. "Exempted aquifer" means an aquifer or its portion that meets the criteria in the definition of underground source of drinking water (USDW) but has been exempted according to the procedures in R18-9-A605.
25. "Existing injection well" means an injection well other than a new injection well.
26. "Experimental technology" means a technology which has not been proven feasible under the conditions in which it is being tested.
27. "Facility" or "activity" means any UIC injection well subject to regulation under this Article.
28. "Fault" means a surface or zone of rock fracture along which there has been displacement.
29. "Final permit decision" means the Director's decision to issue, renew, modify, revoke and reissue, deny or terminate a permit as described in R18-9-C627.
30. "Flow rate" means the volume per time unit given the flow of gases or other fluid substance which emerges from an orifice, pump, turbine, or passes along a conduit or channel.
31. "Fluid" means any material or substance which flows or moves whether in a semisolid, liquid, sludge, gas, or any other form or state.
32. "Formation" means a body of consolidated or unconsolidated rock characterized by a degree of lithologic homogeneity which is prevailing, but not necessarily, tabular and is mappable on the earth's surface or traceable in the subsurface.
33. "Formation fluid" means fluid present in a formation under natural conditions as opposed to introduced fluids, such as drilling mud.
34. "Generator" means any person, by site location, whose act or process produces hazardous waste identified or listed in A.A.C. Title 18, Chapter 8 (Hazardous Waste Management).



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35. "Geologic sequestration" means the long-term containment of a gaseous, liquid, or supercritical carbon dioxide stream in subsurface geologic formations. This term does not apply to carbon dioxide capture or transport.
36. "Ground water" means water below the land surface in a zone of saturation.
37. "Hazardous waste" means a hazardous waste as defined in A.R.S. § 49-921.
38. "Improved sinkhole" means a naturally occurring karst depression or other natural crevice found in volcanic terrain and other geologic settings which have been modified by man for the purpose of directing and emplacing fluids into the subsurface.
39. "Indian lands" means Indian country as defined in 18 U.S.C. 1151.
40. "Indian Tribe" means any Indian Tribe having a Federally recognized governing body carrying out substantial governmental duties and powers over a defined area.
41. "Injection well" means a well into which fluids are being injected.
42. "Injection zone" means a geological formation group of formations, or part of a formation receiving fluids through a well.
43. "Lithology" means the description of rocks on the basis of their physical and chemical characteristics.
44. "Major facility" means any UIC facility or activity classified as such by the Administrator in conjunction with the Director.
45. "New injection wells" means an injection well which began injection after the effective date of the Arizona UIC Program.
46. "Owner" or "operator" means the owner or operator of any facility or activity subject to regulation under the Arizona UIC program.
47. "Packer" means a device lowered into a well to produce a fluid-tight seal.
48. "Permit" means an authorization issued by the Director pursuant to this Article. 'Permit' includes an area permit under R18-9-C624 and an emergency permit under R18-9-C625. 'Permit' does not include UIC authorization by rule or any permit which has not yet been subject to a final permit decision, such as a 'draft permit.'
49. "Person" means an individual, employee, officer, managing body, trust, firm, joint-stock company, consortium, public or private corporation, Partnership, association or state, a political subdivision of this state, a commission, the United States government or any federal facility, interstate body, Tribal agency, or other entity.
50. "Plugging" means the act or process of stopping the flow of water, oil or gas into or out of a formation through a borehole or well penetrating that formation.
51. "Plugging record" means a systematic listing of permanent or temporary abandonment of water, oil, gas, test, exploration and waste injection wells, and may contain a well log, description of amounts and types of plugging material used, the method employed for plugging, a description of formations which are sealed and a graphic log of the well showing formation location, formation thickness, and location of plugging structures.
52. "Pressure" means the total load or force per unit area acting on a surface.
53. "Project" means a group of wells in a single operation.
54. "Radioactive Waste" means any waste which contains radioactive material in concentrations which exceed those listed in 10 CFR part 20, appendix B, table II column 2.
55. "RCRA" means the Solid Waste Disposal Act as amended by the Resource Conservation and Recovery Act of 1976 (Pub. L. 94-580, as amended by Pub. L. 95-609, Pub. L. 96-510, 42 U.S.C. 6901 et seq.).
56. "Sanitary waste" means liquid or solid wastes originating solely from humans and human activities, such as wastes collected from toilets, showers, wash basins, sinks used for cleaning domestic areas, sinks used for food preparation, clothes washing operations, and sinks or washing machines where food and beverage serving dishes, glasses, and utensils are cleaned. Sources of these wastes may include single or multiple residences, hotels and motels, restaurants, bunkhouses, schools, ranger stations, crew quarters, guard stations, campgrounds, picnic grounds, day-use recreation areas, other commercial facilities, and industrial facilities provided the waste is not mixed with industrial waste.
57. "Schedule of compliance" means a schedule of remedial measures included in a permit including an enforceable sequence of interim requirements leading to compliance with this Article.
58. "SDWA" or "Safe Drinking Water Act" means the Safe Drinking Water Act (Pub. L. 93-523, as amended; 42 U.S.C. 300f et seq.).
59. "Septic system" means a well that is used to emplace sanitary waste below the surface and is typically comprised of a septic tank and subsurface fluid distribution system or disposal system.
60. "Site" means the land or water area where any facility or activity is physically located or conducted, including adjacent land used in connection with the facility or activity.
61. "Stratum" means a single sedimentary bed or layer, or series of layers that consists of generally the same kind of rock material regardless of thickness. The plural of stratum is strata.
62. "Subsidence" means the lowering of the natural land surface in response to earth movements; lowering fluid pressures; removal of underlying support material by mining or solution of solids, either artificially or from natural causes; compaction due to wetting; oxidation of organic matter in soils; or added load on the land surface.
63. "Subsurface fluid distribution system" means an assemblage of perforated pipes, drain tiles, or other similar mechanisms intended to distribute fluids below the surface of the ground.
64. "Surface casing" means the first string of well casing to be installed in the well.
65. "Total dissolved solids" or "TDS" means the total dissolved (filterable) solids as determined by use of the method specified in A.A.C. R9-14-610 or R9-14-611.
66. "Transferee" means the owner or operator receiving ownership and/or operational control of the well.
67. "Transferor" means the owner or operator transferring ownership and/or operational control of the well.
68. "Underground injection" means a well injection; which excludes the underground injection of natural gas for purposes of storage and the underground injection of fluids or propping agents (other than diesel fuels) pursuant to hydraulic fracturing operations related to oil, gas, or geothermal production activities.

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69. "Underground Injection Control" or "UIC" means the Underground Injection Control program under Part C of the Safe Drinking Water Act, including the Arizona UIC Program.
70. "USDW," "USDWs," or "Underground source of drinking water" means an aquifer or aquifers or its portion that:
  - a. Supplies any public water system; or
  - b. Contains a sufficient quantity of ground water to supply a public water system; and
    - i. Currently supplies drinking water for human consumption; or
    - ii. Contains fewer than 10,000 mg/l total dissolved solids; and
  - c. Is not an exempted aquifer.
71. "Well" means a bored, drilled, or driven shaft whose depth is greater than the largest surface dimension; or a dug hole whose depth is greater than the largest surface dimension; or, an improved sinkhole; or a subsurface fluid distribution system.
72. "Well injection" means the subsurface emplacement of fluids through a well.
73. "Well plug" means a watertight and gastight seal installed in a borehole or well to prevent movement of fluids.
74. "Well monitoring" means the measurement, by on-site instruments or laboratory methods, of the quality of water in a well.
75. "Well stimulation" means several processes used to clean the well bore, enlarge channels and increase pore space in the interval to be injected thus making it possible for wastewater to move more readily into the formation and includes surging, jetting, blasting, acidizing, or hydraulic fracturing.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-A602. Applicability**

- A. This Article becomes effective upon the date of the Environmental Protection Agency's approval of the Arizona UIC Program. Upon that date, the Department shall, under A.R.S. Title 49, Chapter 2, Articles 3.3, 4 and Article 6 of this Chapter, administer and enforce any permit which has been previously authorized or issued in this state under the Federal UIC program.
- B. This Article and 40 CFR Part 145, Subpart C provide the minimum requirements of the State of Arizona's Underground Injection Control (UIC) program under A.R.S. Title 49, Chapter 2, Article 3.3 (Underground Injection Control Permit Program) and pursuant to Part C of the Safe Drinking Water Act (SDWA) (Pub. L. 93-523, as amended; 42 U.S.C. 300h et seq.).
- C. Underground injection is prohibited in lands under the jurisdiction of the State of Arizona unless:
  1. Authorized by permit or rule under this Article in accordance with 42 U.S.C. 300h et seq., or
  2. Authorized by OGCC pursuant to regulations approved by EPA.
- D. Any injection activity authorized by permit or rule under this Article shall prohibit the movement of fluid containing any contaminant into underground sources of drinking water (USDWs), where the presence of that contaminant may cause a violation of this Article or may adversely affect the health of persons.

- E. Injection wells regulated under this Article are categorized into six classes based on characteristics of the injection well activity. Owners or operators of injection wells regulated under all six classes must be authorized by permit (all classes) or rule (Class V only if no permit is required) pursuant to the requirements of this Article.
- F. Specific inclusions. The following wells are included among those types of injection activities which are covered by the UIC regulations in this Article. (This list is not intended to be exclusive but is for clarification only.)
  1. Any injection well located on a drilling platform inside the State's territorial waters.
  2. Any dug hole or well that is deeper than its largest surface dimension, where the principal function of the hole is emplacement of fluids.
  3. Any well used by generators of hazardous waste, or by owners or operators of hazardous waste management facilities, to dispose of fluids containing hazardous waste. This includes the disposal of hazardous waste into what would otherwise be septic systems and cesspools, regardless of their capacity.
  4. Any septic tank, cesspool, or other well used by a multiple dwelling, or community, or other large system for the injection of wastes.
- G. Specific exclusions. The following are not covered by these regulations:
  1. Septic systems or similar waste disposal systems if such systems:
    - a. Are used solely for the disposal of sanitary waste, and
    - b. Have a design capacity of less than 3,000 gallons per day.
  2. Injection wells used for injection of hydrocarbons which are of pipeline quality and are gases at standard temperature and pressure for the purpose of storage.
  3. Any dug hole, drilled hole, or bored shaft which is not used for the subsurface emplacement of fluids.
  4. Injection wells authorized by OGCC pursuant to regulations approved by EPA, in accordance with 42 U.S.C. 300h et seq.
- H. Safe Drinking Water Act exemptions. The following activities are exempt from the Arizona UIC Program:
  1. The underground injection of natural gas for purposes of storage.
  2. The underground injection of fluids or propping agents (other than diesel fuels) pursuant to hydraulic fracturing operations related to oil, gas, or geothermal production activities.
- I. The Director may identify aquifers and portions of aquifers which are actual or potential sources of drinking water, to assist in carrying out the Director's duty pursuant to this Article. Any aquifer meeting the criteria under R18-9-A601(70) shall be protected as an USDW, even if it has not been explicitly identified pursuant to this Section.
- J. The Director may also designate aquifers or portions of aquifers as exempt from the program using the criteria in R18-9-A605 and R18-9-A606, subject to EPA approval. Any aquifer or portion thereof within the State that has previously been designated exempt by EPA pursuant to 40 CFR § 144.7 shall be part of the Arizona UIC program upon the effective date of the Arizona UIC program.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022

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(Supp. 22-3).

**R18-9-A603. Confidentiality of Information**

- A.** In accordance with A.R.S. § 49-205, any information submitted to the Director pursuant to these regulations may be claimed as confidential by the submitter. Any such claim must be asserted at the time of submission in the manner prescribed on the application form or instructions or, in the case of other submissions, by stamping the words "confidential business information" on each page containing such information. If no claim is made at the time of submission, the Director may make the information available to the public without further notice. If a claim is asserted, the information will be treated in accordance with the procedures in A.R.S. § 49-205 (Availability of information to the public).
- B.** Claims of confidentiality for the following information will be denied:
1. The name and address of any permit applicant or permittee.
  2. Information which deals with the existence, absence, or level of contaminants in drinking water.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-A604. Classification of Wells**

- A.** Class I wells are:
1. Wells used by generators of hazardous waste or owners or operators of hazardous waste management facilities to inject hazardous waste beneath the lowermost formation that contains, within one-quarter mile of the well bore, an USDW.
  2. Other industrial and municipal disposal wells which inject fluids beneath the lowermost formation that contains, within one-quarter mile of the well bore, an USDW.
  3. Radioactive waste disposal wells which inject fluids beneath the lowermost formation that contains, within one-quarter mile of the well bore, an USDW.
- B.** Class II wells are injection wells that inject fluids:
1. That are brought to the surface in connection with natural gas storage operations, or conventional oil or natural gas production and may be commingled with waste waters from gas plants which are an integral part of production operations, unless those waters are classified as a hazardous waste at the time of injection.
  2. For enhanced recovery of oil or natural gas.
  3. For storage of hydrocarbons which are liquid at standard temperatures and pressure.
- C.** Class III wells are injection wells used for the extraction of minerals, including:
1. Sulfur mining by the Frasch process.
  2. In-situ production of uranium or other metals from those ore bodies not conventionally mined. Solution mining of conventional mines such as stopes leaching is included in Class V.
  3. Solution mining of salts or potash.
- D.** Class IV wells are injection wells that either:
1. Inject hazardous or radioactive wastes into or above a formation with an USDW located within one-quarter mile of the well bore, or
  2. Inject hazardous wastes and cannot be classified under subsection (A)(1), or (D)(1) (e.g., wells used to dispose of hazardous wastes into or above a formation which contains an aquifer which has been previously exempted or exempted pursuant to R18-9-A606).
- E.** Class V wells are injection wells not included in Class I, II, III, IV, or VI.
1. Class V wells include but are not limited to:
    - a. Air conditioning return flow wells used to return to the supply aquifer the water used for heating or cooling in a heat pump.
    - b. Cesspools including multiple dwelling, community or regional cesspools, or other devices that receive wastes which have an open bottom and sometimes have perforated sides. The UIC requirements do not apply to single family residential cesspools nor to non-residential cesspools which receive solely sanitary wastes and have the capacity to serve fewer than 20 persons a day.
    - c. Cooling water return flow wells used to inject water previously used for cooling.
    - d. Drainage wells used to drain surface fluid, primarily storm runoff, into a subsurface formation.
    - e. Dry wells used for the injection of wastes into a subsurface formation.
    - f. Recharge wells used to replenish the water in an aquifer.
    - g. Salt water intrusion barrier wells used to inject water into a fresh water aquifer to prevent the intrusion of salt water into the fresh water.
    - h. Sand backfill and other backfill wells used to inject a mixture of water and sand, mill tailings or other solids into mined out portions of subsurface mines, except for radioactive wastes.
    - i. Septic system wells used to inject the waste or effluent from a multiple dwelling, business establishment, community or regional business establishment septic tank.
    - j. Subsidence control wells, other than those used in oil or natural gas production, that inject fluids into a non-oil or gas producing zone to reduce or eliminate subsidence associated with freshwater overdraft.
    - k. Injection wells associated with the recovery of geothermal energy for heating, aquaculture, and production of electric power.
    - l. Wells used for solution mining of conventional mines such as stopes leaching.
    - m. Wells used to inject spent brine into the same formation from which it was withdrawn after extraction of halogens or their salts.
    - n. Injection wells used in experimental technologies.
    - o. Injection wells used for in situ recovery of lignite, coal, tar sands, and oil shale.
  2. Class V wells do not include single-family residential septic system wells or non-residential septic system wells used solely for the disposal of sanitary waste with a design capacity of less than 3,000 gallons per day.
- F.** Class VI wells are:
1. Not experimental in nature that are used for geologic sequestration of carbon dioxide beneath the lowermost formation containing a USDW;
  2. Wells used for geologic sequestration of carbon dioxide that have been granted a waiver of the injection depth requirements pursuant to requirements at R18-9-J670; or
  3. Wells used for geologic sequestration of carbon dioxide that have received an expansion to the areal extent of an existing Class II enhanced oil recovery or enhanced gas

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recovery aquifer exemption pursuant to R18-9-A605 of this Chapter and R18-9-A604.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-A605. Identification of Underground Sources of Drinking Water and Exempt Aquifers**

- A.** The Director may identify, by narrative description, illustration, maps, or other means, and shall protect as USDWs, all aquifers and parts of aquifers that meet the definition of USDW in R18-9-A601(70) except to the extent there is an applicable aquifer exemption under subsection (B) or an expansion to the areal extent of an existing Class II enhanced oil recovery or enhanced gas recovery aquifer exemption for the exclusive purpose of Class VI injection for geologic sequestration under subsection (D). Other than EPA-approved aquifer exemption expansions that meet the criteria set forth in R18-9-A606(4), new aquifer exemptions shall not be issued for Class VI injection wells. Even if an aquifer has not been specifically identified by the Director, it is an USDW if it meets the definition in R18-9-A601(70).
- B.** Aquifer exemptions procedure:
1. The Director may identify, by narrative description, illustrations, maps, or other means, and describe in geographic and/or geometric terms, such as vertical and lateral limits and gradient, that are clear and definite, all aquifers or parts thereof that the Director proposes to designate as exempted aquifers using the criteria in R18-9-A606.
  2. No designation of an exempted aquifer submitted as part of Arizona's UIC program shall be final until approved by EPA as part of the Arizona UIC Program. No designation of an expansion to the areal extent of a Class II enhanced oil recovery or enhanced gas recovery aquifer exemption for the exclusive purpose of Class VI injection for geologic sequestration shall be final until approved by the EPA as a substantial revision of the Arizona UIC Program in accordance with 40 CFR 145.32.
  3. Subsequent to the program approval or promulgation, the Director may, after notice and opportunity for public hearing, identify additional exempted aquifers.
  4. Exemption of aquifers identified:
    - a. Under R18-9-A606(2) shall be treated as a program revision under 40 CFR 145.32;
    - b. Under R18-9-A606(3) shall become final if the Director submits the exemption in writing to the Administrator and the Administrator has not disapproved the designation within 45 days.
- C.** Additional aquifer exemption requirements:
1. For Class III wells, the Director shall require an applicant for a permit which necessitates an aquifer exemption under R18-9-A606(2)(a) to furnish the data necessary to demonstrate that the aquifer is expected to be mineral or hydrocarbon producing. Information contained in the mining plan for the proposed project, such as a map and general description of the mining zone, general information on the mineralogy and geochemistry of the mining zone, analysis of the amenability of the mining zone to the proposed mining method, and a time-table of planned development of the mining zone shall be considered by the Director in addition to the information required by R18-9-C616(D).
  2. For Class II wells, a demonstration of commercial producibility shall be made as follows:
    - a. For a Class II well to be used for enhanced oil recovery processes in a field or project containing aquifers from which hydrocarbons were previously produced, commercial producibility shall be presumed by the Director upon a demonstration by the applicant of historical production having occurred in the project area or field.
    - b. For Class II wells not located in a field or project containing aquifers from which hydrocarbons were previously produced, information such as logs, core data, formation description, formation depth, formation thickness and formation parameters such as permeability and porosity shall be considered by the Director, to the extent such information is available.
- D.** Owners or operators of Class II enhanced oil recovery or enhanced gas recovery wells may request that the Director approve an expansion to the areal extent of an aquifer exemption already in place for a Class II enhanced oil recovery or enhanced gas recovery well for the exclusive purpose of Class VI injection for geologic sequestration. Such requests must be treated as a substantial program revision to the Arizona UIC program under 40 CFR 145.32 and will not be final until approved by EPA.
1. The owner or operator of a Class II enhanced oil recovery or enhanced gas recovery well that requests an expansion of the areal extent of an existing aquifer exemption for the exclusive purpose of Class VI injection for geologic sequestration must define, by narrative description, illustrations, maps or other means, and describe in geographic and/or geometric terms, such as vertical and lateral limits and gradient, that are clear and definite, all aquifers or parts thereof that are requested to be designated as exempted using the criteria in R18-9-A606.
  2. In evaluating a request to expand the areal extent of an aquifer exemption of a Class II enhanced oil recovery or enhanced gas recovery well for the purpose of Class VI injection, the Director must determine that the request meets the criteria for exemptions in R18-9-A606. In making the determination, the Director shall consider:
    - a. Current and potential future use of the USDWs to be exempted as drinking water resources;
    - b. The predicted extent of the injected carbon dioxide plume, and any mobilized fluids that may result in degradation of water quality, over the lifetime of the geologic sequestration project, as informed by computational modeling performed pursuant to R18-9-J659(C)(1), in order to ensure that the proposed injection operation will not at any time endanger USDWs including non-exempted portions of the injection formation;
    - c. Whether the areal extent of the expanded aquifer exemption is of sufficient size to account for any possible revisions to the computational model during reevaluation of the area of review, pursuant to R18-9-J659(E); and
    - d. Any information submitted to support a waiver request made by the owner or operator under R18-9-J670 if appropriate.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022

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(Supp. 22-3).

**R18-9-A606. Criteria for Exempted Aquifers**

An aquifer or a portion thereof which meets the criteria for an “USDW” in R18-9-A601(70) may be determined under R18-9-A605 to be an “exempted aquifer” for Class I-V wells if it meets the criteria in subsections (A)(1) through (A)(3). Class VI wells must meet the criteria under subsection (A)(4).

1. It does not currently serve as a source of drinking water; and
2. It cannot now and will not in the future serve as a source of drinking water because:
  - a. It is mineral hydrocarbon or geothermal energy producing, or can be demonstrated by a permit applicant as part of a permit application for a Class II or Class III operation to contain minerals or hydrocarbons that considering their quantity and location are expected to be commercially producible;
  - b. It is situated at a depth or location which makes recovery of water for drinking water purposes economically or technically impractical;
  - c. It is so contaminated that it would be economically or technologically impractical to render that water fit for human consumption; or
  - d. It is located over a Class III well mining area subject to subsidence or catastrophic collapse; or
3. The total dissolved solids content of the ground water is more than 3,000 and less than 10,000 mg/l and it is not reasonably expected to supply a public water system.
4. The areal extent of an aquifer exemption for a Class II enhanced oil recovery or enhanced gas recovery well may be expanded for the exclusive purpose of Class VI injection for geologic sequestration under R18-9-A605(D) if it meets the following criteria:
  - a. It does not currently serve as a source of drinking water; and
  - b. The total dissolved solids content of the ground water is more than 3,000 mg/l and less than 10,000 mg/l; and
  - c. It is not reasonably expected to supply a public water system.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**PART B. GENERAL PROGRAM REQUIREMENTS****R18-9-B607. Prohibition of Unauthorized Injection**

Any underground injection, except into a well authorized by rule or authorized by permit under the Arizona UIC program, is prohibited. The construction of any well required to have a permit is prohibited until the permit has been issued.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-B608. Prohibition of Movement of Fluid into Underground Sources of Drinking Water**

A. No owner or operator shall construct, operate, maintain, convert, plug, abandon, or conduct any other injection activity in a manner that allows the movement of fluid containing any contaminant into USDWs, if the presence of that contaminant may cause a violation of any primary drinking water regulation

under this Article, as shown in Table 1, or may otherwise adversely affect the health of persons. The applicant for a permit shall have the burden of showing that the requirements of this subsection are met.

- B. For Class I, II, III, and VI wells, if any water quality monitoring of an USDW indicates the movement of any contaminant into the USDW, except as authorized under this Article, the Director shall prescribe such additional requirements for construction, corrective action, operation, monitoring, or reporting (including closure of the injection well) as are necessary to prevent such movement. In the case of wells authorized by permit, these additional requirements shall be imposed by modifying the permit in accordance with R18-9-C632 or the permit may be terminated under R18-9-C634 if cause exists, or appropriate enforcement action may be taken if the permit has been violated. In the case of Class V wells authorized by rule see R18-9-I650 through R18-9-I655 in Part I of this Article.
- C. For Class V wells, if at any time the Director learns that a Class V well may cause a violation of primary drinking water regulations under this Article, they shall:
  1. Require the injector to obtain an individual permit;
  2. Order the injector to take such actions (including, where required, closure of the injection well) as may be necessary to prevent the violation; or
  3. Take enforcement action.
- D. Whenever the Director learns that a Class V well may be otherwise adversely affecting the health of persons, they may prescribe such actions as may be necessary to prevent the adverse effect, including any action authorized under subsection (C).
- E. Notwithstanding any other provision of this Section, the Director may take emergency action upon receipt of information that a contaminant which is present in or likely to enter a public water system or USDW may present an imminent and substantial endangerment to the health of persons.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-B609. Prohibition of Hazardous Waste Injection and Class IV Wells****A. Hazardous Waste Injection.**

1. The following are prohibited, except as provided in subsection (B)(3):
  - a. The construction of any well for the purpose of hazardous waste injection.
  - b. The operation of any well for the purpose of hazardous waste injection.
2. The owner or operator of a well for the purpose of hazardous waste injection shall close the well in accordance with this subsection.
3. The owner or operator of a well for the purpose of hazardous waste injection shall comply with the following requirements regarding closure of the well.
  - a. Prior to abandoning any well for the purpose of hazardous waste injection, the owner or operator shall plug or otherwise close the well in a manner acceptable to the Director.
  - b. The owner or operator of a well for the purpose of hazardous waste injection must notify the Director of intent to abandon the well at least 30 days prior to abandonment.

**B. Class IV.**

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1. The following are prohibited, except as provided in subsection (B)(3):
  - a. The construction of any Class IV well.
  - b. The operation or maintenance of any Class IV well.
2. The owner or operator of a Class IV well shall comply with the requirements of R18-9-H649 regarding closure of Class IV wells.
3. Wells used to inject contaminated groundwater that has been treated and is being reinjected into the same formation that it was drawn are not prohibited by this Section if such injection is approved by the Administrator or the Director pursuant to subsections (B)(3)(a), (b) or (c):
  - a. Provisions for cleanup of releases under CERCLA, or
  - b. The requirements and provisions under RCRA, or
  - c. The requirements and provisions under other applicable state laws for corrective and remedial action.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-B610. Waiver of Requirement by Director**

- A. When injection does not occur into, through, or above an USDW, the Director may authorize a well or project with less stringent requirements for area of review, construction, mechanical integrity, operation, monitoring, and reporting than required under this Article or R18-9-D636 to the extent that reduction in requirements will not result in an increased risk of movement of fluids into an USDW.
- B. When injection occurs through or above an USDW, but the radius of endangering influence when computed under R18-9-B612(A) is smaller or equal to the radius of the well, the Director may authorize a well or project with less stringent requirements for operation, monitoring, and reporting than required under R18-9-D636 to the extent that a reduction in requirements will not result in an increased risk of movement of fluids into an USDW.
- C. When reducing requirements under this Section, the Director shall prepare a fact sheet under R18-9-C619 explaining the reasons for the action.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-B611. Records**

The Director may require, by written notice on a selective well-by-well basis, an owner or operator of an injection well to establish and maintain records, make reports, conduct monitoring, and provide other information as is deemed necessary to determine whether the owner or operator has acted or is acting in compliance with this Article and Part C of the SDWA or its implementing regulations.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-B612. Area of Review**

- A. The area of review for each injection well or each field, project or area of the State shall be determined according to this Section. The Director may solicit input from the owners or operators of injection wells within the State as to which method is most appropriate for each geographic area or field.

- B. Where the area of review is determined according to the zone of endangering influence:

1. The zone of endangering influence shall be:
  - a. In the case of application or applications for well permit or permits under R18-9-C616 that area the radius of which is the lateral distance in which the pressures in the injection zone may cause the migration of the injection and/or formation fluid into an USDW; or
  - b. In the case of an application for an area permit under R18-9-C624, the project area plus a circumscribing area the width of which is the lateral distance from the perimeter of the project area, in which the pressures in the injection zone may cause the migration of the injection and/or formation fluid into an USDW.
2. Computation of the zone of endangering influence may be based upon the parameters listed in the following equation and should be calculated for an injection time period equal to the expected life of the injection well or pattern. The following modified Theis equation illustrates one form which the mathematical model may take.

$$r = \left( \frac{2.25KHt}{S10^x} \right)^{1/2}$$

where:

$$X = \frac{4\pi KH(h_w - h_{bo} \times S_p G_b)}{2.3Q}$$

r = Radius of endangering influence from injection well (length)

K = Hydraulic conductivity of the injection zone (length/time)

H = Thickness of the injection zone (length)

t = Time of injection (time)

S = Storage coefficient (dimensionless)

Q = Injection rate (volume/time)

$h_{bo}$  = Observed original hydrostatic head of injection zone (length) measured from the base of the lowermost USDW

$h_w$  = Hydrostatic head of USDW (length) measured from the base of the lowest USDW

$S_p G_b$  = Specific gravity of fluid in the injection zone (dimensionless)

$\pi = 3.142$  (dimensionless)

- b. The equation in subsection (B)(2)(a) is based on the following assumptions:
  1. The injection zone is homogeneous and isotropic;
  2. The injection zone has infinite area extent;
  3. The injection well penetrates the entire thickness of the injection zone;
  4. The well diameter is infinitesimal compared to "r" when injection time is longer than a few minutes; and
  5. The emplacement of fluid into the injection zone creates instantaneous increase in pressure.
- C. Where Fixed Radius is used, the following shall apply:
  1. In the case of application of applications for well permit or permits under R18-9-C616 a fixed radius around the well of not less than one-quarter mile may be used.

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2. In the case of an application for an area permit under R18-9-C624, a fixed radius width of not less than one-quarter mile for circumscribing area may be used.
  3. In determining the fixed radius, the following factors shall be taken into consideration: Chemistry of injected and formation fluids; hydrogeology; population and ground-water use and dependence; and historical practices in the area.
- D.** If the area of review is determined by a mathematical model according to subsection (B), the permissible radius is the result of such calculation even if it is less than one-fourth mile.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-B613. Mechanical Integrity**

- A.** An injection well has mechanical integrity if:
1. There is no significant leak in the casing, tubing or packer; and
  2. There is no significant fluid movement into an USDW through vertical channels adjacent to the injection well bore.
- B.** One of the following methods must be used to evaluate the absence of significant leaks under subsection (A)(1):
1. Following an initial pressure test, monitoring of the tubing-casing annulus pressure with sufficient frequency to be representative, as determined by the Director, while maintaining an annulus pressure different from atmospheric pressure measured at the surface;
  2. Pressure test with liquid or gas; or
  3. Records of monitoring showing the absence of significant changes in the relationship between injection pressure and injection flow rate for the following Class II enhanced recovery wells:
    - a. Existing wells completed without a packer provided that a pressure test has been performed and the data is available and provided further that one pressure test shall be performed at a time when the well is shut down and if the running of such a test will not cause further loss of significant amounts of oil or gas; or
    - b. Existing wells constructed without a long string casing, but with surface casing which terminates at the base of fresh water provided that local geological and hydrological features allow such construction and provided further that the annular space shall be visually inspected. For these wells, the Director shall prescribe a monitoring program which will verify the absence of significant fluid movement from the injection zone into an USDW.
- C.** One of the following methods must be used to determine the absence of significant fluid movement under subsection (A)(2):
1. The results of a temperature or noise log;
  2. For Class II only, cementing records demonstrating the presence of adequate cement to prevent such migration;
  3. For Class III wells where the nature of the casing precludes the use of the logging techniques prescribed at subsection (C)(1), cementing records demonstrating the presence of adequate cement to prevent such migration; or
  4. For Class III wells where the Director elects to rely on cementing records to demonstrate the absence of signifi-

cant fluid movement, the monitoring program prescribed by R18-9-G647(B) shall be designed to verify the absence of significant fluid movement.

- D.** The Director may allow the use of a test to demonstrate mechanical integrity other than those listed in subsections (B) and (C)(2) with the written approval of the Administrator.
- E.** In conducting and evaluating the tests enumerated in this Section or others to be allowed by the Director, the owner or operator and the Director shall apply methods and standards generally accepted in the industry. When the owner or operator reports the results of mechanical integrity tests to the Director, they shall include a description of the test or tests and the method or methods used. In making the evaluation, the Director shall review monitoring and other test data submitted since the previous evaluation.
- F.** The Director may require additional or alternative tests if the results presented by the owner or operator under subsection (E) are not satisfactory to the Director to demonstrate that there is no movement of fluid into or between USDWs resulting from the injection activity.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-B614. Plugging and Abandoning Class I, II, III, IV, and V Wells**

- A.** Requirements for Class I, II and III wells.
1. Prior to abandoning Class I, II and III wells, the well shall be plugged with cement in a manner which will not allow the movement of fluids either into or between USDWs. The Director may allow Class III wells to use other plugging materials if the Director is satisfied that such materials will prevent movement of fluids into or between USDWs.
  2. Placement of the cement plugs shall be accomplished by one of the following:
    - a. The Balance method;
    - b. The Dump Bailer method;
    - c. The Two-Plug method; or
    - d. An alternative method approved by the Director, which will reliably provide a comparable level of protection to USDWs.
  3. The well to be abandoned shall be in a state of static equilibrium with the mud weight equalized top to bottom, either by circulating the mud in the well at least once or by a comparable method prescribed by the Director, prior to the placement of the cement plug or plugs.
  4. The plugging and abandonment plan required under R18-9-D635(15) and R18-9-D636(A)(5) shall, in the case of a Class III project which underlies or is in an aquifer which has been exempted under R18-9-A606, also demonstrate adequate protection of USDWs. The Director shall prescribe aquifer cleanup and monitoring where it is deemed necessary and feasible to insure adequate protection of USDWs.
- B.** Requirements for Class IV wells. Prior to abandoning a Class IV well, the owner or operator shall close the well in accordance with R18-9-H649.
- C.** Requirements for Class V wells.
1. Prior to abandoning a Class V well, the owner or operator shall close the well in a manner that prevents the movement of fluid containing any contaminant into an USDW, if the presence of that contaminant may cause a violation

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of any primary drinking water regulation under Table 1 of this Article or may otherwise adversely affect the health of persons.

2. The owner or operator shall dispose of or otherwise manage any soil, gravel, sludge, liquids, or other materials removed from or adjacent to the well in accordance with all applicable Federal, State, and local regulations and requirements.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-B615. Transitioning from Class II to Class VI Injection Well**

- A. Owners and operators that are injecting carbon dioxide for the primary purpose of long-term storage into an oil and gas reservoir must apply for and obtain a Class VI geologic sequestration permit when there is an increased risk to the USDWs compared to Class II operations. In determining if there is an increased risk to USDWs, the owner or operator must consider the factors specified in subsection (B).
- B. The Director shall determine when there is an increased risk to USDWs compared to Class II operations and a Class VI permit is required. In order to make this determination the Director shall consider the following:
  1. Increase in reservoir pressure within the injection zone or zones;
  2. Increase in carbon dioxide injection rates;
  3. Decrease in reservoir production rates;
  4. Distance between the injection zone or zones and USDWs;
  5. Suitability of the Class II area of review delineation;
  6. Quality of abandoned well plugs within the area of review;
  7. The owner's or operator's plan for recovery of carbon dioxide at the cessation of injection;
  8. The source and properties of injected carbon dioxide; and
  9. Any additional site-specific factors as determined by the Director.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**PART C. AUTHORIZATION BY PERMIT FOR UNDERGROUND INJECTION****R18-9-C616. Individual Permits; Application for Individual Permits**

- A. Unless an underground injection well is authorized by rule under R18-9-I650, all injection activities including construction of an injection well are prohibited until the owner or operator is authorized by permit. Authorization by rule for a well or project that has submitted a permit application terminates for the well or project upon the effective date of the permit. Procedures for applications, issuance, and administration of emergency permits are found exclusively under R18-9-C625.
- B. When a facility or activity is owned by one person but is operated by another person, it is the operator's duty to obtain a permit.
- C. Any person who performs or proposes an underground injection for which a permit is or will be required shall submit an application to the Director in accordance with the Arizona UIC program as follows:
  1. For existing wells, as expeditiously as practicable.
  2. For new injection wells, except new wells authorized by an existing area permit under R18-9-C624(C), at a reasonable time before construction is expected to begin.

- D. All applicants for Class I, II, III, and V permits shall provide the following information to the Director, using the application form provided by the Director. Applicants for Class VI permits shall follow the criteria provided in R18-9-J657.
  1. Activities conducted by the applicant which require a permit;
  2. Name, mailing address, and location of the facility for which the application is submitted;
  3. Up to four NAICS codes which best reflect the principal products or services provided by the facility;
  4. The operator's name, address, telephone number, ownership status, and status as Federal, State, private, public, or other entity;
  5. A listing of all state and federal environmental permits or construction approvals received or applied for and other relevant environmental permits;
  6. A topographic map (or other map if a topographic map is unavailable) extending one mile beyond the property boundaries of the source depicting the facility and each of its intake and discharge structures; each of its hazardous waste treatment, storage, or disposal facilities; each well where fluids from the facility are injected underground; and those wells, springs, and other surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within a quarter mile of the facility property boundary;
  7. A brief description of the nature of the business;
  8. A plugging and abandonment plan that meets the requirements of R18-9-B614 and is acceptable to the Director;
  9. A listing of any historic property or potential historic property as defined by R12-8-301.
- E. Applicants shall keep records of all data used to complete permit applications and any supplemental information submitted under this Section for a period of at least three years from the date the application is signed.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-C617. Signatories**

- A. All permit applications, except those submitted for Class II wells, shall be signed as follows:
  1. For a corporation: by a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means:
    - a. A president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation; or
    - b. The manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
  2. For a Partnership or sole proprietorship: by a general Partner or the proprietor, respectively; or



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3. For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. For purposes of this Section, a principal executive officer of a Federal agency includes:
  - a. The chief executive officer of the agency; or
  - b. A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.
- B. All reports required by permits, other information requested by the Director, and all permit applications submitted for Class II wells under R18-9-C616 shall be signed by a person described in subsection (A), or by a duly authorized representative of that person. A person is a duly authorized representative only if:
  1. The authorization is made in writing by a person described in subsection (A);
  2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, or position of equivalent responsibility; and
  3. The written authorization is submitted to the Director.
- C. If an authorization under subsection (B) is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of subsection (B) must be submitted to the Director prior to or together with any reports, information, or applications to be signed by an authorized representative.
- D. Any person signing a document under subsection (A) or (B) shall make the following certification: *I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-C618. Draft Permits**

- A. Once an application is complete, the Director shall tentatively decide whether to prepare a draft permit or to deny the application.
- B. If the Director tentatively decides to deny the permit application, they shall issue a notice of intent to deny. A notice of intent to deny the permit application is a type of draft permit which follows the same procedures as any draft permit prepared under this Section. If the Director's final decision is that the tentative decision to deny the permit application was incorrect, they shall withdraw the notice of intent to deny and proceed to prepare a draft permit under subsection (D).
- C. If the Director decides to prepare a draft permit, it shall contain the following information, to the extent applicable:
  1. All conditions under R18-9-D635;
  2. All compliance schedules under R18-9-D637;
  3. All monitoring requirements under R18-9-D638; and
  4. Permit conditions under R18-9-D636.

- D. All draft permits prepared under this Section shall be accompanied by a brief summary of the basis for the draft permit conditions or the intent to deny, including references to applicable statutory or regulatory provisions and a fact sheet pursuant to R18-9-C619. The Director shall provide the applicant with the draft permit and the fact sheet and allow reasonable time for informal comment by the applicant prior to publicly noticing the draft permit and fact sheet. The Director shall give notice of opportunity for a public hearing and public comment, issue a final permit decision, and respond to comments.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-C619. Fact Sheet**

- A. A fact sheet shall be prepared for every draft permit for a UIC facility or activity. The fact sheet shall briefly set forth the principal facts and the significant factual, legal, methodological, and policy questions considered in preparing the draft permit. The Director shall send the fact sheet to the applicant and, on request, to any other person.
- B. The fact sheet shall include, when applicable:
  1. A brief description of the type of facility or activity that is the subject of the draft permit.
  2. The type and quantity of wastes, fluids, or pollutants that are proposed to be or are being injected.
  3. A brief summary of the basis for the draft permit conditions including references to applicable statutory or regulatory provisions and appropriate supporting references to the administrative record.
  4. Reasons why any requested variance or alternatives to required standards do or do not appear justified.
  5. A description of the procedures for reaching a final decision on the draft permit, including:
    - a. The beginning and ending dates of the comment period under R18-9-C620 and the address where comments will be received;
    - b. Procedures for requesting a hearing and the nature of that hearing; and
    - c. Any other procedures by which the public may Participate in the final decision.
  6. The name and telephone number of a person to contact for additional information.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-C620. Public Notice of Permit Actions and Public Comment Period**

- A. The Director shall give public notice that the following actions have occurred:
  1. A draft permit that has been prepared under R18-9-C618, and
  2. A hearing has been scheduled under R18-9-C622.
- B. Public notices may describe more than one permit or permit action.
- C. Public notice of the preparation of a draft permit required under subsection (A):
  1. Shall allow at least 30 days for public comment; and
  2. Shall be given at least 30 days before the hearing date.
- D. Public notice of activities described in subsection (A) shall be given by the following methods:

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1. Delivery of a copy of the notice to:
    - a. The applicant;
    - b. Any affected federal, state, tribal, or local agency, or council of government;
    - c. Federal and state agencies with jurisdiction over fish, shellfish, and wildlife resources, and the State Historic Preservation Office;
    - d. Any person who requested, in writing, notification of the activity;
    - e. Any persons on a contact list developed from past permit proceedings and public outreach; and
    - f. State and local oil and gas regulatory agencies and State agencies regulating mineral exploration and recovery and all agencies that oversee injection wells in the State for Classes I and VI injection well UIC permits.
  2. For Major Facilities only, newspaper publication in accordance with A.A.C. R18-1-401(A)(1).
- E.** All public notices issued under this Part shall contain the following information:
1. Name and address of the Department;
  2. Name and address of the permittee or permit applicant and, if different, of the facility or activity regulated by the permit;
  3. A brief description of the business conducted at the facility or activity described in the permit application or the draft permit;
  4. Name, address, and telephone number of a person from whom interested persons may obtain further information, including copies of the draft permit or draft general permit, as the case may be, fact sheet, and the application;
  5. A brief description of the comment procedures, the time and place of any hearing, including a statement of procedures to request a hearing, unless a hearing has already been scheduled, and other procedures that the public may use to participate in the final permit decision; and
  6. Any additional information considered necessary to the permit decision.
- F.** In addition to the general public notice described in subsection (E), the public notice of hearing under R18-9-C622 shall contain the following information:
1. Reference to the date of previous public notices relating to the permit;
  2. Date, time, and place of the hearing; and
  3. A brief description of the nature and purpose of the hearing, including the applicable rules and procedures.
- G.** In addition to the general public notice described in subsection (E), the Director shall deliver a copy of the fact sheet, permit application, and draft permit to all persons identified in subsections (D)(1)(a), (b), and (c).

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-9-C621. Public Comments and Requests for Public Hearings**

During the public comment period provided under R18-9-C620, any interested person may submit written comments on the draft permit and may request a public hearing, if no hearing has already been scheduled. A request for a public hearing shall be in writing and shall state the nature of the issues proposed to be raised in the

hearing. All comments shall be considered in making the final decision and shall be answered as provided in R18-9-C623.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-C622. Public Hearings**

- A.** The Director shall hold a public hearing whenever they find, on the basis of a request, a significant degree of public interest in a draft permit or permits.
- B.** The Director may also hold a public hearing at their discretion such as when a hearing might clarify one or more issues involved in the permit decision. The Director may designate a presiding officer if a hearing is held.
- C.** Public notice of the hearing shall be given as specified in R18-9-C620.
- D.** Any person may submit oral or written statements and data concerning the draft permit. Reasonable limits may be set upon the time allowed for oral statements, and the submission of statements in writing may be required. The public comment period under R18-9-C620 shall automatically be extended to the close of any public hearing under this Section. The hearing officer may also extend the comment period by so stating at the hearing.
- E.** An audio recording or written transcript of the hearing shall be made available to the public upon request.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-C623. Response to Comments**

- A.** At the time that any final permit is issued under R18-9-C627, the Director shall issue a response to comments. This response shall:
  1. Specify which provisions, if any, of the draft permit have been changed in the final permit decision, and the reasons for the change; and
  2. Briefly describe and respond to all significant comments on the draft permit raised during the public comment period, or during any hearing.
- B.** The response to comments shall be available to the public.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-C624. Area Permits**

- A.** The Director may issue a permit on an area basis, rather than for each well individually, provided that the permit is for injection wells:
  1. Described and identified by location in permit application or applications if they are existing wells, except that the Director may accept a single description of wells with substantially the same characteristics;
  2. Within the same well field, facility site, reservoir, project, or similar unit located in Arizona;
  3. Operated by a single owner or operator;
  4. Used to inject fluids other than hazardous waste; and
  5. Other than Class VI wells.
- B.** Area permits shall specify:
  1. The area within which underground injections are authorized; and

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2. The requirements for construction, monitoring, reporting, operation, and abandonment, for all wells authorized by the permit.
- C. The area permit may authorize the permittee to construct and operate, convert, or plug and abandon wells within the permit area provided:
  1. The permittee notifies the Director at such time as the permit requires;
  2. The additional well satisfies the criteria in subsection (A) and meets the requirements specified in the permit under subsection (B); and
  3. The cumulative effects of drilling and operation of additional injection wells are considered by the Director during evaluation of the area permit application and are acceptable to the Director.
- D. If the Director determines any well that is constructed pursuant to subsection (C) does not satisfy any of the requirements of subsections (C)(1) and (2) the Director may modify the permit under R18-9-C632, terminate under R18-9-C634, or take enforcement action. If the Director determines that cumulative effects are unacceptable, the permit may be modified under R18-9-C632.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-C625. Emergency Permits**

- A. Notwithstanding any other provision of this Article, the Director may temporarily permit a specific underground injection if:
  1. An imminent and substantial endangerment to the health of persons will result unless a temporary emergency permit is granted; or
  2. A substantial and irretrievable loss of oil or gas resources will occur unless a temporary emergency permit is granted to a Class II well; and
    - a. Timely application for a permit could not practically have been made; and
    - b. The injection will not result in the movement of fluids into USDWs; or
  3. A substantial delay in production of oil or gas resources will occur unless a temporary emergency permit is granted to a new Class II well and the temporary authorization will not result in the movement of fluids into an USDW.
- B. Requirements for issuance.
  1. Any temporary permit under subsection (A)(1) shall be for no longer term than required to prevent the hazard.
  2. Any temporary permit under subsection (A)(2) shall be for no longer than 90 days, except that if a permit application has been submitted prior to the expiration of the 90-day period, the Director may extend the temporary permit until final action on the application.
  3. Any temporary permit under subsection (A)(3) shall be issued only after a complete permit application has been submitted and shall be effective until final action on the application.
  4. Notice of any temporary permit under this Section shall be published in accordance with R18-9-C621 within 10 days of the issuance of the permit.
  5. The temporary permit under this Section may be either oral or written. If oral, it must be followed within five calendar days by a written temporary emergency permit.

6. The Director shall condition the temporary permit in any manner they determine is necessary to ensure that the injection will not result in the movement of fluids into an USDW.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-C626. Effect of a Permit**

- A. Except for Class II and III wells, compliance with a permit during its term constitutes compliance, for purposes of enforcement, with this Article and Part C of the SDWA. However, a permit may be modified, revoked and reissued, or terminated during its term for cause as set forth in R18-9-C632 and R18-9-C634.
- B. The issuance of a permit does not convey any property rights of any sort, or any exclusive privilege.
- C. The issuance of a permit does not authorize any injury to persons or property or invasion of other private rights, or any infringement of State or local law or regulations.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-C627. Final Permit Decision and Notification**

- A. Issuance of a final permit decision by the Director shall be accompanied by the permit and an updated fact sheet per R18-9-C619, if applicable, and a notification to the applicant and each person who has submitted written comments or requested notice of the final permit decision. The notice and hearing procedures are subject to either A.R.S. Title 41, Chapter 6, Article 10, or A.R.S. Title 49, Chapter 2, Article 7.
- B. The notice shall include:
  1. If applicable, the reasons for the denial, revocation or termination, including reference to the statutes or rules on which the decision is based.
  2. A description of the party's right to request a hearing and a reference to the procedures for appealing the final permit decision, including the number of days within which an appeal may be filed and the name and telephone number of the Department contact person who can answer questions regarding the appeals process.
  3. A reference to the applicant's right to request an informal settlement conference under A.R.S. § 41-1092.06.
- C. If the final permit decision is based on a determination by the Director that the applicable criteria under R18-9-A606 are not satisfied, then that determination may be included as part of the appeal.
- D. The final permit decision shall take effect 30 days after its issuance in accordance with the notification requirements of subsection A unless stayed pursuant to A.R.S. Title 41, Chapter 6, Article 10, or A.R.S. Title 49, Chapter 2, Article 7.
- E. If, under this Article, the issuance, modification, or revocation and reissuance of a permit necessitates a new aquifer exemption or enlargement of a previously approved aquifer exemption, then the issuance, modification, or revocation and reissuance of the permit is appealable, but shall not become effective unless the new aquifer exemption or enlargement of the previously approved aquifer exemption has been approved by the Administrator.
- F. If, under this Article, the issuance, modification, or revocation and reissuance of a permit necessitates an injection depth

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waiver pursuant to R18-9-J670 of this Article then the issuance, modification, or revocation and reissuance of the permit is appealable, but shall not become effective until the Director is in receipt of written concurrence from the Administrator.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-C628. Permit Duration**

- A. Permits for Class I and Class V wells shall be effective for a fixed term not to exceed 10 years. UIC permits for Class II and III wells shall be issued for a period up to the operating life of the facility. UIC permits for Class VI wells shall be issued for the operating life of the facility and the post-injection site care period. The Director shall review each issued Class II, III, and VI well UIC permit at least once every five years to determine whether it should be modified, revoked and reissued, terminated, or a minor modification made as provided in R18-9-C632.
- B. Except as provided in R18-9-C629, the term of a permit shall not be extended by modification beyond the maximum duration specified in this Section.
- C. The Director may issue any permit for a duration that is less than the full allowable term under this Section.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-C629. Continuation of Expiring Permits**

- A. The conditions of an expiring permit continue in force under A.R.S. § 41-1092.11(A) until the effective date of a new permit if:
  - 1. The permittee has submitted a timely application that is a complete application for a new permit; and
  - 2. The Director, through no fault of the permittee, does not issue a new permit with an effective date on or before the expiration date of the prior permit.
- B. Permits continued under this Section remain fully effective and enforceable.
- C. When the permittee is not in compliance with the conditions of the expiring or expired permits the Director may choose to do any or all of the following:
  - 1. Initiate enforcement action based upon the permit that has been continued;
  - 2. Issue a notice of intent to deny the new permit. If the permit is denied, the owner or operator would then be required to cease the activities authorized by the continued permit or be subject to enforcement action for operating without a permit;
  - 3. Issue a new permit under this Article with appropriate conditions; or
  - 4. Take other action as authorized under this Article.
- D. Upon the effective date of EPA's approval of Arizona's UIC program, the Department shall administer any permit authorized or issued under the EPA UIC program in the state of Arizona, excluding Indian lands. The Director may continue expired or expiring EPA-issued UIC permits until the effective date of a new state-issued UIC permit.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022

(Supp. 22-3).

**R18-9-C630. Permit Transfer**

- A. Except as provided in subsection (B), a permit may be transferred by the permittee to a new owner or operator only if the permit has been modified or revoked and reissued under R18-9-C632(F)(2), or a minor modification made under R18-9-C633(4), to identify the new permittee and incorporate such other requirements as may be necessary under this Article the Safe Drinking Water Act.
- B. As an alternative to transfers under subsection (A), any UIC permit for a well not injecting hazardous waste or injecting carbon dioxide for geological sequestration may be automatically transferred to a new permittee if:
  - 1. The current permittee notifies the Director at least 30 days in advance of the proposed transfer date referred to in subsection (B)(2);
  - 2. The notice includes a written agreement between the existing and new permittees containing a specific date for transfer or permit responsibility, coverage, and liability between them, and the notice demonstrates that the financial responsibility requirements of R18-9-D636(A)(6) will be met by the new permittee; and
  - 3. The Director does not notify the existing permittee and the proposed new permittee of the Director's intent to modify or revoke and reissue the permit. A modification under this Section may also be a minor modification under R18-9-C633. If this notice is not received, the transfer is effective on the date specified in the agreement mentioned in subsection (B)(2).

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-C631. Modification; Revocation and Reissuance; or Termination of Permits**

- A. Permits may only be modified or revoked and reissued pursuant to R18-9-C632 or terminated pursuant to R18-9-C634 either at the request of any interested person, including the permittee, or upon the Director's initiative. All requests shall be made in writing and shall contain facts or reasons supporting the request.
- B. If the Director decides a request to modify, revoke and reissue, or terminate is not justified, they shall send the requestor a brief written response giving a reason for the decision. Denial of a request to terminate does not require a notice of intent to deny. Denial of a request for modification or revocation and reissuance requires a notice of intent to deny only when the request is made by the permittee, the scope of the request has not previously been requested and denied and the request is not for a minor modification. A notice of intent to deny is a type of draft permit which shall follow the same procedures as any draft permit prepared pursuant to R18-9-C618.
- C. If the Director preliminarily decides to modify or revoke and reissue a permit under R18-9-C632, they shall prepare a draft permit under R18-9-C618 incorporating the proposed changes and notify the permittee in writing of the reason for the preliminary decision to modify or revoke and reissue a permit with reference to the statute or rule on which the decision is based. The Director may request additional information and, in the case of a modified permit, may require the submission of an updated application. The Director shall require the submission of a new application in the case of revoked and reissued permits.

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- D. In a permit modification under this Section, only those conditions to be modified shall be reopened when a new draft permit is prepared. All other aspects of the existing permit shall remain in effect for the duration of the unmodified permit. When a permit is revoked and reissued under this Section, the entire permit is reopened just as if the permit had expired and was being reissued. During any modification or revocation and reissuance proceeding the permittee shall comply with all conditions of the existing permit until a new final permit is issued.
- E. Minor modifications pursuant to R18-9-C633 are not subject to the requirements of this Section.
- F. If the Director preliminarily decides to terminate under R18-9-C634(A)(1), (2) or (3), the Director shall issue a notice of intent to terminate that identifies the reason for the preliminary decision to terminate with reference to the statute or rule on which the decision is based. A notice of intent to terminate is not required when a permittee requests termination under R18-9-C634(A)(4). A notice of intent to terminate is a type of draft permit which shall follow the same procedures as any draft permit prepared pursuant to R18-9-C618.
- 3. The standards or regulations on which the permit was based have been changed by promulgation of new regulations or by judicial decision after the permit was issued. Permits other than those for Class II, Class III or Class VI wells may be modified during their permit terms for this cause only as follows:
  - a. For promulgation of amended standards or regulations, when:
    - i. The permit condition requested to be modified was based on a regulation promulgated under this Article;
    - ii. ADEQ has revised, withdrawn, or modified that portion of the regulation on which the permit condition was based; and
    - iii. A permittee requests modification in accordance with R18-9-C631 within 90 days after *Arizona Administrative Register* notice of the ADEQ action on which the request is based.
  - b. For judicial decisions, a court of competent jurisdiction has remanded and stayed ADEQ promulgated regulations if the remand and stay concern that portion of the regulations on which the permit condition was based and a request is filed by the permittee in accordance with R18-9-C631 within 90 days of judicial remand.
- 4. The Director determines if good cause exists for modification of a compliance schedule. Good cause includes unforeseen circumstances, like a strike, a flood, a materials shortage or other events over which the permittee has little or no control and for which there is no reasonably available remedy. See also R18-9-C633 (minor modifications).
- 5. Additionally, for Class VI wells, whenever the Director determines that permit changes are necessary based on:
  - a. Area of review reevaluations under R18-9-J659(E)(1);
  - b. Any amendments to the testing and monitoring plan under R18-9-J665(10);
  - c. Any amendments to the injection well plugging plan under R18-9-J667(C);
  - d. Any amendments to the post-injection site care and site closure plan under R18-9-J668(A)(3);
  - e. Any amendments to the emergency and remedial response plan under R18-9-J669(D); or
  - f. A review of monitoring and/or testing results conducted in accordance with permit requirements.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-C632. Modification; Revocation and Reissuance of Permits**

- A. When the Director receives any information (for example, inspects the facility, receives information submitted by the permittee as required in the permit, receives a request for modification or revocation and reissuance under R18-9-C631, or conducts a review of the permit file) they may determine whether or not one or more of the causes listed in subsections (E) and (F) for modification or revocation and reissuance or both exist.
- B. If cause exists, the Director may modify or revoke and reissue the permit accordingly, subject to the limitations of subsection (G), and may request an updated application if necessary.
- C. If cause does not exist under this Section or R18-9-C633, the Director shall not modify or revoke and reissue the permit.
- D. If a permit modification satisfies the criteria in R18-9-C633 for "minor modifications" the permit may be modified without a draft permit or public review. Otherwise, a draft permit must be prepared and other procedures under this Article must be followed.
- E. For Class II, Class III or Class VI wells the following may be causes for revocation and reissuance as well as modification; and for all other wells the following may be cause for revocation or reissuance as well as modification when the permittee requests or agrees:
  - 1. There are material and substantial alterations or additions to the permitted facility or activity which occurred after permit issuance which justify the application of permit conditions that are different or absent in the existing permit.
  - 2. Permits other than for Class II and III wells may be modified during their terms for this cause only if the information was not available at the time of permit issuance, other than revised regulations, guidance, or test methods, and would have justified the application of different permit conditions at the time of issuance. For UIC area permits under R18-9-C624, this cause shall include any information indicating that cumulative effects on the environment are unacceptable.
- F. The following are causes to modify or, alternatively, revoke and reissue a permit:
  - 1. Cause exists for termination under R18-9-C634, and the Director determines that modification or revocation and reissuance is appropriate.
  - 2. The Director has received notification of a proposed transfer of the permit. A permit also may be modified to reflect a transfer after the effective date of an automatic transfer under R18-9-C630(B) but will not be revoked and reissued after the effective date of the transfer except upon the request of the new permittee.
  - 3. A determination that the waste being injected is a hazardous waste as defined in A.R.S. § 49-921 either because the definition has been revised, or because a previous determination has been changed.
- G. Suitability of the facility location will not be considered at the time of permit modification or revocation and reissuance unless new information or standards indicate that a threat to

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human health or the environment exists which was unknown at the time of permit issuance.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-C633. Minor Modifications of Permits**

Upon the consent of the permittee, the Director may modify a permit to make the corrections or allowances for changes in the permitted activity listed in this Section, without following the procedures of this Article. Any permit modification not processed as a minor modification under this Section must be made for cause and with a draft permit and public notice as required by R18-9-C632. Minor modifications may only:

1. Correct typographical errors;
2. Require more frequent monitoring or reporting by the permittee;
3. Change an interim compliance date in a schedule of compliance, provided the new date is not more than 120 days after the date specified in the existing permit and does not interfere with attainment of the final compliance date requirement;
4. Allow for a change in ownership or operational control of a facility where the Director determines that no other change in the permit is necessary, provided that a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittees has been submitted to the Director;
5. Change quantities or types of fluids injected which are within the capacity of the facility as permitted and, in the judgment of the Director, would not interfere with the operation of the facility or its ability to meet conditions described in the permit and would not change its classification;
6. Change construction requirements approved by the Director pursuant to R18-9-D636(A)(1), provided that any such alteration shall comply with the requirements of this Article;
7. Amend a plugging and abandonment plan that has been updated under R18-9-D636(A)(5); or
8. Amend a Class VI injection well testing and monitoring plan, plugging plan, post-injection site care and site closure plan, or emergency and remedial response plan where the modifications merely clarify or correct the plan, as determined by the Director.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-C634. Termination of Permits**

- A.** The Director may terminate a permit during its term, or deny a permit renewal application for the following causes:
1. Noncompliance by the permittee with any condition of the permit;
  2. The permittee's failure in the application or during the permit issuance process to disclose fully all relevant facts, or the permittee's misrepresentation of any relevant facts at any time; or
  3. A determination that the permitted activity endangers human health or the environment and can only be regu-

lated to acceptable levels by permit modification or termination; or

4. The permittee has requested termination of their permit due to the completion of the terms and conditions therein, including proper abandonment or plugging pursuant to R18-9-B614.
- B.** The Director shall follow the applicable procedures as required under R18-9-C631(F) in terminating any permit under this Section.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**PART D. PERMIT CONDITIONS FOR UNDERGROUND INJECTION****R18-9-D635. Conditions Applicable to All Permits**

The following conditions apply to all UIC permits. All conditions applicable to all permits shall be incorporated into the permits issued under this Article, either expressly or referenced by specific citation. If incorporated by reference, a specific citation to this Section must be given in the permit.

1. The permittee must comply with all conditions of any permit issued under this Article. Any permit noncompliance constitutes a violation of this Article and is grounds for enforcement action; for permit modification, revocation and reissuance, or termination; or for denial of a permit renewal application unless otherwise authorized in an emergency permit under R18-9-C625.
2. If the permittee wishes to continue any activity regulated by permit under this Article after the expiration date of this permit, the permittee must apply for and obtain a new permit.
3. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.
4. The permittee shall take all reasonable steps to minimize or correct any adverse impact on the environment resulting from noncompliance with this permit.
5. The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control, and related appurtenances, that are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance includes effective performance, adequate funding, adequate operator staffing and training, and adequate laboratory and process controls, including appropriate quality assurance procedures. This provision requires the operation of back-up or auxiliary facilities or similar systems only when necessary to achieve compliance with the conditions of the permit.
6. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.
7. This permit does not convey property rights of any sort, or any exclusive privilege.
8. The permittee shall furnish to the Director, within a time specified, any information which the Director may request to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit, or to

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- determine compliance with this permit. The permittee shall also furnish to the Director, upon request, copies of records required to be kept by this permit.
9. The permittee shall allow the Director, or an authorized representative, upon the presentation of credentials and other documents as may be required by law, to:
    - a. Enter upon the permittee's premises where a regulated facility or activity is located or conducted, or where records must be kept under the conditions of this permit;
    - b. Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit;
    - c. Inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit; and
    - d. Sample or monitor at reasonable times, for the purposes of assuring permit compliance or as otherwise authorized by this Article or the SDWA, any substances or parameters at any location.
  10. Monitoring and records.
    - a. Samples and measurements taken for the purpose of monitoring shall be representative of the monitored activity.
    - b. The permittee shall retain records of all monitoring information, including the following:
      - i. Calibration and maintenance records and all original strip-chart recordings for continuous monitoring instrumentation, copies of all reports required by this permit, and records of all data used to complete the application for this permit, for a period of at least three years from the date of the sample, measurement, report, or application. This period may be extended by request of the Director at any time; and
      - ii. The nature and composition of all injected fluids until three years after the completion of any plugging and abandonment procedures specified under R18-9-D636(A)(5), or under this Article as appropriate. The Director may require the owner or operator to deliver the records to the Director at the conclusion of the retention period.
    - c. Records of monitoring information shall include:
      - i. The date, exact place, and time of sampling or measurements;
      - ii. The individual or individuals who performed the sampling or measurements;
      - iii. The date or dates analyses were performed;
      - iv. The individual or individuals who performed the analyses;
      - v. The analytical techniques or methods used; and
      - vi. The results of such analyses.
    - d. Owners or operators of Class VI wells shall retain records as specified in Part J of this Article, including R18-9-J659(G), R18-9-J666(6), R18-9-J667(D), R18-9-J668(F), and R18-9-J668(H).
  11. All applications, reports, or information submitted to the Director shall be signed and certified as required under R18-9-C617.
  12. Reporting requirements.
    - a. The permittee shall give notice to the Director as soon as possible of any planned physical alterations or additions to the permitted facility.
    - b. The permittee shall give advance notice to the Director of any planned changes in the permitted facility or activity that may result in noncompliance with permit requirements.
    - c. This permit is not transferable to any person except after notice to the Director. The Director may require modification or revocation and reissuance of the permit to change the name of the permittee and incorporate such other requirements as may be necessary under this Article.
    - d. Monitoring results shall be reported at the intervals specified in this permit.
    - e. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule of this permit shall be submitted no later than 30 days following each schedule date.
    - f. The permittee shall report any noncompliance that may endanger health or the environment within 24 hours, including:
      - i. Any monitoring or other information that indicates any contaminant may cause an endangerment to a USDW; or
      - ii. Any noncompliance with a permit condition or malfunction of the injection system that may cause fluid migration into or between USDWs. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause, the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance.
    - g. The permittee shall report all instances of noncompliance not reported under subsections (A)(12)(a), (d), (e), and (f), at the time monitoring reports are submitted. The reports shall contain the information listed in subsection (A)(12)(f).
    - h. Where the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Director, it shall promptly submit such facts or information.
  13. Except for all new wells authorized by an area permit under R18-9-C624(C), a new injection well may not commence injection until construction is complete; and:
    - a. The permittee has submitted notice of completion of construction to the Director; and
    - b. Either of the following apply:
      - i. The Director has inspected or otherwise reviewed the new injection well and finds it is in compliance with the conditions of the permit; or
      - ii. The permittee has not received notice from the Director of the intent to inspect or otherwise

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review the new injection well within 13 days of the date of the notice under subsection (A)(13)(a), in which case prior inspection or review is waived and the permittee may commence injection. The Director shall include in the notice a reasonable time period in which the well shall be inspected.

14. The permittee shall notify the Director at such times as the permit requires before conversion or abandonment of the well or in the case of area permits before closure of the project.
15. A Class I, II, or III permit shall include, and a Class V permit may include, conditions that meet the requirements of R18-9-B614 to ensure that plugging and abandonment of the well will not allow the movement of fluids into or between USDWs. Where the plan meets the requirements of R18-9-B614, the Director shall incorporate the plan into the permit as a permit condition. Where the Director's review of an application indicates that the permittee's plan is inadequate, the Director may require the applicant to revise the plan, prescribe conditions meeting the requirements of this subsection, or deny the permit. A Class VI permit shall include conditions that meet the requirements set forth in R18-9-J667. Where the plan meets the requirements of R18-9-J667, the Director shall incorporate it into the permit as a permit condition. For purposes of this subsection, temporary or intermittent cessation of injection operations is not abandonment.
16. Within 60 days after plugging a well or at the time of the next quarterly report, whichever is less, the owner or operator shall submit a report to the Director. If the quarterly report is due less than 15 days before completion of plugging, then the report shall be submitted within 60 days. The report shall be certified as accurate by the person who performed the plugging operation. Such report shall consist of either:
  - a. A statement that the well was plugged in accordance with the plan previously submitted to the Director; or
  - b. Where actual plugging differed from the plan previously submitted, an updated version of the plan on the form supplied by the Director, specifying the differences.
17. Duty to establish and maintain mechanical integrity.
  - a. The owner or operator of a Class I, II, III or VI well permitted under this Article shall establish mechanical integrity prior to commencing injection or on a schedule determined by the Director. Thereafter the owner or operator of Class I, II, and III wells must maintain mechanical integrity as defined in R18-9-B613 and the owner or operator of Class VI wells must maintain mechanical integrity as defined in R18-9-J664.
  - b. When the Director determines that a Class I, II, III or VI well lacks mechanical integrity pursuant to R18-9-B613 or R18-9-J664 for Class VI, written notice of the determination will be given to the owner or operator. Unless the Director requires immediate cessation, the owner or operator shall cease injection into the well within 48 hours of receipt of the Director's determination. The Director may allow plugging of the well pursuant to the requirements of R18-9-B614 or require the permittee to perform such additional construction, operation, monitoring,

reporting, and corrective action as is necessary to prevent the movement of fluid into or between USDWs caused by the lack of mechanical integrity. The owner or operator may resume injection upon written notification from the Director that the owner or operator has demonstrated mechanical integrity pursuant to R18-9-B613.

- c. The Director may allow the owner or operator of a well that lacks mechanical integrity pursuant to R18-9-B613(A)(1) to continue or resume injection, if the owner or operator has made a satisfactory demonstration that there is no movement of fluid into or between USDWs.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-9-D636. Establishing Permit Conditions**

- A. In addition to conditions required in R18-9-D635, the Director shall establish conditions, as required on a case-by-case basis under R18-9-C628 (Permit Duration), R18-9-D637 (Schedules of Compliance), and R18-9-D638 (Requirements for Recording and Reporting Monitoring Results). Permits for owners or operators of Class VI injection wells shall include conditions meeting the requirements of Part J of this Article. Permits for other wells shall contain the following requirements, when applicable.
  1. Construction requirements as set forth in this Article. Existing wells shall achieve compliance with such requirements according to a compliance schedule established as a permit condition. The owner or operator of a proposed new injection well shall submit plans for testing, drilling, and construction as part of the permit application. Except as authorized by an area permit, no construction may commence until a permit has been issued containing construction requirements. New wells shall be in compliance with these requirements prior to commencing injection operations. Changes in construction plans during construction may be approved by the Director as minor modifications as defined under R18-9-C633. No such changes may be physically incorporated into construction of the well prior to approval of the modification by the Director.
  2. Corrective action as set forth in R18-9-D639 and R18-9-J659.
  3. Operation requirements as set forth in this Article; the permit shall establish any maximum injection volumes and/or pressures necessary to assure that fractures are not initiated in the confining zone, that injected fluids do not migrate into any USDW, that formation fluids are not displaced into any USDW, and to assure compliance with the operating requirements under this Article.
  4. Monitoring and reporting requirements as set forth in this Article. The permittee shall be required to identify types of tests and methods used to generate the monitoring data. Monitoring of the nature of injected fluids shall comply with an analytical method prescribed in A.A.C. R9-14-610, or an alternative analytical method approved under A.A.C. R9-14-610(C), or as approved by the Director. A test result from a sample taken to determine compliance with a national primary drinking water standard is



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valid only if the sample is analyzed by a laboratory that is licensed by the Arizona Department of Health Services, an out-of-state laboratory licensed under A.R.S. § 36-495.14, or a laboratory exempted under A.R.S. § 36-495.02, for the analysis performed.

5. After a cessation of operations for two years the owner or operator shall plug and abandon the well in accordance with the plan unless they:
    - a. Provide notice to the Director; and
    - b. Describe actions or procedures, satisfactory to the Director, that the owner or operator will take to ensure that the well will not endanger USDWs during the period of temporary abandonment. These actions and procedures shall include compliance with the technical requirements applicable to active injection wells unless waived by the Director.
  6. Financial responsibility.
    - a. The permittee, including the transferor of a permit, is required to demonstrate and maintain financial responsibility and resources to close, plug, and abandon the underground injection operation in a manner prescribed by the Director until:
      - i. The well has been plugged and abandoned in accordance with an approved plugging and abandonment plan pursuant to R18-9-D635(15), R18-9-B614, and R18-9-J667, and submitted a plugging and abandonment report pursuant to R18-9-D635(16); or
      - ii. The well has been converted in compliance with the requirements of R18-9-D635(14); or
      - iii. The transferor of a permit has received notice from the Director that the owner or operator receiving transfer of the permit, the new permittee, has demonstrated financial responsibility for the well.
    - b. The permittee shall show evidence of such financial responsibility to the Director by the submission of a surety bond, or other adequate assurance, such as a financial statement or other materials acceptable to the Director. For Class VI wells, the permittee shall show evidence of such financial responsibility to the Director by the submission of a qualifying instrument, such as a financial statement or other materials acceptable to the Director. The owner or operator of a Class VI well must comply with the financial responsibility requirements set forth in R18-9-J660.
  7. A permit for any Class I, II, III or VI well or injection project that lacks mechanical integrity shall include, and for any Class V well may include, a condition prohibiting injection operations until the permittee shows to the satisfaction of the Director under R18-9-B613 or R18-9-J664 for Class VI, that the well has mechanical integrity.
  8. The Director shall impose on a case-by-case basis such additional conditions as are necessary to prevent the migration of fluids into USDWs.
- B.** In addition to conditions required in all permits, the Director shall establish conditions in permits as required on a case-by-case basis, to provide for and assure compliance with all applicable requirements of this Article. Applicable requirements include, but are not limited to:
1. State statutory or regulatory requirements in effect prior to final administrative disposition of a permit; or

2. Any requirement in effect prior to the modification or revocation and reissuance of a permit, to the extent allowed under R18-9-C632.

- C.** New or reissued permits, and to the extent allowed under R18-9-C632 modified or revoked and reissued permits, shall incorporate each of the applicable requirements referenced in this Section.
- D.** All permit conditions shall be incorporated either expressly or by reference. If incorporated by reference, a specific citation to the applicable regulations or requirements must be given in the permit.
- E.** Permits shall provide language on duration, expiration and termination.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-D637. Compliance Schedule**

- A.** A permit may, when appropriate, specify a schedule for compliance with this Article.
  1. Any compliance schedules shall require compliance as soon as possible, and in no case later than three years after the effective date of the permit.
  2. Except as provided in subsection (B)(1)(b), if a permit establishes a compliance schedule that exceeds one year from the date of permit issuance, the schedule shall set forth interim requirements and the dates for their achievement.
    - a. The time between interim dates shall not exceed one year.
    - b. If the time necessary for completion of any interim requirement is more than one year and is not readily divisible into stages for completion, the permit shall specify interim dates for the submission of reports of progress toward completion of the interim requirements and indicate a projected completion date.
  3. The permit shall be written to require that if subsection (A)(1) is applicable, progress reports be submitted no later than 30 days following each interim date and the final date of compliance.
- B.** A permit applicant or permittee may cease conducting regulated activities at a given time by plugging and abandonment rather than continue to operate and meet permit requirements as follows:
  1. If the permittee decides to cease conducting regulated activities at a given time within the term of a permit which has already been issued:
    - a. The permit may be modified to contain a new or additional schedule leading to timely cessation of activities; or
    - b. The permittee shall cease conducting permitted activities before noncompliance with any interim or final compliance schedule requirement already specified in the permit.
  2. If the decision to cease conducting regulated activities is made before issuance of a permit whose term will include the termination date, the permit shall contain a schedule leading to termination that will ensure timely compliance with the applicable requirements.
  3. If the permittee is undecided whether to cease conducting regulated activities, the Director may issue or modify a permit to contain two schedules as follows:

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- a. Both schedules shall contain an identical interim deadline requiring a final decision on whether to cease conducting regulated activities no later than a date that ensures sufficient time to comply with applicable requirements in a timely manner if the decision is to continue conducting regulated activities;
  - b. One schedule shall lead to timely compliance with applicable requirements;
  - c. The second schedule shall lead to cessation of the regulated activities by a date that ensures timely compliance with applicable requirements; and
  - d. Each permit containing two schedules shall include a requirement that after the permittee has made a final decision under subsection (B)(3)(a) it shall follow the schedule leading to compliance if the decision is to continue conducting the regulated activities, and follow the schedule leading to termination if the decision is to cease conducting regulated activities.
4. The applicant's or permittee's decision to cease conducting regulated activities shall be evidenced by a firm public commitment satisfactory to the Director, such as a resolution of the board of Directors of a corporation.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-D638. Requirements for Recording and Reporting Monitoring Results**

All permits shall specify:

1. Requirements concerning the proper use, maintenance, and installation, when appropriate, of monitoring equipment or methods, including biological monitoring methods when appropriate;
2. Required monitoring including type, intervals, and frequency sufficient to yield data that are representative of the monitored activity including when appropriate, continuous monitoring; and
3. Applicable reporting requirements based upon the impact of the regulated activity and as specified under this Article. Reporting shall be no less frequent than specified in the above rules.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-D639. Corrective Action**

- A. Applicants for Class I, II, or III injection well permits shall identify the location of all known wells within the injection well's area of review that penetrates the injection zone, or in the case of Class II wells operating over the fracture pressure of the injection formation, all known wells within the area of review penetrating formations affected by the increase in pressure. For such wells that are improperly sealed, completed, or abandoned, the applicant shall also submit a plan consisting of such steps or modifications as are necessary to prevent movement of fluid into USDWs. Where the plan is adequate, the Director shall incorporate it into the permit as a condition. Where the Director's review of an application indicates that the permittee's plan is inadequate, the Director shall require the applicant to revise the plan, prescribe a plan for corrective

action as a condition of the permit under subsection (B) through (E), or deny the application. The Director may disregard the provisions of R18-9-B612 and this Section when reviewing an application to permit an existing Class II well.

- B. Any permit issued for an existing injection well, other than Class II wells, requiring corrective action shall include a compliance schedule requiring any corrective action accepted or prescribed under subsection (A) to be completed as soon as possible.
- C. No owner or operator of a new injection well may begin injection until all required corrective action has been taken.
- D. The Director may require as a permit condition that injection pressure be so limited that pressure in the injection zone does not exceed hydrostatic pressure at the site of any improperly completed or abandoned well within the area of review. This pressure limitation shall satisfy the corrective action requirement. Alternatively, such injection pressure limitation can be part of a compliance schedule and last until all other required corrective action has been taken.
- E. When setting corrective action requirements for Class III wells, the Director shall consider the overall effect of the project on the hydraulic gradient in potentially affected USDWs, and the corresponding changes in potentiometric surface or surfaces and flow direction or directions rather than the discrete effect of each well. If a decision is made that corrective action is not necessary based on the determinations above, the monitoring program required in R18-9-G647(B) shall be designed to verify the validity of such determinations.
- F. In determining the adequacy of corrective action proposed by the applicant under this Section and in determining the additional steps needed to prevent fluid movement into USDWs, the following criteria and factors shall be considered by the Director:
  1. Nature and volume of injected fluid;
  2. Nature of native fluids or by-products of injection;
  3. Potentially affected population;
  4. Geology;
  5. Hydrology;
  6. History of the injection operation;
  7. Completion and plugging records;
  8. Abandonment procedures in effect at the time the well was abandoned; and
  9. Hydraulic connections with USDWs.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

## PART E. CLASS I INJECTION WELL REQUIREMENTS

**R18-9-E640. Class I; Construction Requirements**

- A. All Class I wells shall be sited in such a fashion that they inject into a formation which is beneath the lowermost formation containing, within one-quarter mile of the well bore, an USDW.
- B. All Class I wells shall be cased and cemented to prevent the movement of fluids into or between USDWs. The casing and cement used in the construction of each newly drilled well shall be designed for the life expectancy of the well. In determining and specifying casing and cementing requirements, the following factors shall be considered:
  1. Depth to the injection zone;
  2. Injection pressure, external pressure, internal pressure, and axial loading;
  3. Hole size;

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4. Size and grade of all casing strings, such as wall thickness, diameter, nominal weight, length, joint Specification, and construction material;
  5. Corrosiveness of injected fluid, formation fluids, and temperatures;
  6. Lithology of injection and confining intervals; and
  7. Type or grade of cement.
- C.** All Class I injection wells, except those municipal wells injecting non-corrosive wastes, shall inject fluids through tubing with a packer set immediately above the injection zone, or tubing with an approved fluid seal as an alternative. The tubing, packer, and fluid seal shall be designed for the expected service.
1. The use of other alternatives to a packer may be allowed with the written approval of the Director. To obtain approval, the operator shall submit a written request to the Director, which shall set forth the proposed alternative and all technical data supporting its use. The Director shall approve the request if the alternative method will reliably provide a comparable level of protection to USDWs. The Director may approve an alternative method solely for an individual well or for general use.
  2. In determining and specifying requirements for tubing, packer, or alternatives the following factors shall be considered:
    - a. Depth of setting;
    - b. Characteristics of injection fluid such as chemical content, corrosiveness, and density;
    - c. Injection pressure;
    - d. Annular pressure;
    - e. Rate, temperature and volume of injected fluid; and
    - f. Size of casing.
- D.** Appropriate logs and other tests shall be conducted during the drilling and construction of new Class I wells. A descriptive report interpreting the results of such logs and tests shall be prepared by a knowledgeable log analyst and submitted to the Director. At a minimum, such logs and tests shall include:
1. Deviation checks on all holes constructed by first drilling a pilot hole, and then enlarging the pilot hole by reaming or another method. Such checks shall be at sufficiently frequent intervals to assure that vertical avenues for fluid migration in the form of diverging holes are not created during drilling.
  2. Such other logs and tests as may be needed after taking into account the availability of similar data in the area of the drilling site, the construction plan, and the need for additional information that may arise from time to time as the construction of the well progresses. In determining which logs and tests shall be required, the following logs shall be considered for use in the following situations:
    - a. For surface casing intended to protect USDWs:
      - i. Resistivity, spontaneous potential, and caliper logs before the casing is installed; and
      - ii. A cement bond, temperature, or density log after the casing is set and cemented.
    - b. For intermediate and long strings of casing intended to facilitate injection:
      - i. Resistivity, spontaneous potential, porosity, and gamma ray logs before the casing is installed;
      - ii. Fracture finder logs; and
      - iii. A cement bond, temperature, or density log after the casing is set and cemented.
- E.** At a minimum, the following information concerning the injection formation shall be determined or calculated for new Class I wells:
1. Fluid pressure;
  2. Temperature;
  3. Fracture pressure;
  4. Other physical and chemical characteristics of the injection matrix; and
  5. Physical and chemical characteristics of the formation fluids.
- Historical Note**  
New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).
- R18-9-E641. Class I; Operating, Monitoring, and Reporting Requirements**
- A.** Operating requirements shall, at a minimum, specify that:
1. Except during stimulation injection pressure at the well-head shall not exceed a maximum which shall be calculated so as to assure that the pressure in the injection zone during injection does not initiate new fractures or propagate existing fractures in the injection zone. In no case shall injection pressure initiate fractures in the confining zone or cause the movement of injection or formation fluids into an USDW.
  2. Injection between the outermost casing protecting USDWs and the well bore is prohibited.
  3. Unless an alternative to a packer has been approved under R18-9-E640(C), the annulus between the tubing and the long string of casings shall be filled with a fluid approved by the Director and a pressure, also approved by the Director, shall be maintained on the annulus.
- B.** Monitoring requirements shall, at a minimum, include:
1. The analysis of the injected fluids with sufficient frequency to yield representative data of their characteristics;
  2. Installation and use of continuous recording devices to monitor injection pressure, flow rate and volume, and the pressure on the annulus between the tubing and the long string of casing;
  3. A demonstration of mechanical integrity pursuant to R18-9-B613 at least once every five years during the life of the well; and
  4. The type, number and location of wells within the area of review to be used to monitor any migration of fluids into and pressure in the USDWs, the parameters to be measured and the frequency of monitoring.
- C.** Reporting requirements shall, at a minimum, include:
1. Quarterly reports to the Director on:
    - a. The physical, chemical and other relevant characteristics of injection fluids;
    - b. Monthly average, maximum and minimum values for injection pressure, flow rate and volume, and annular pressure; and
    - c. The results of monitoring prescribed under subsection (B)(4).
  2. Reporting the results, with the first quarterly report after the completion, of:
    - a. Periodic tests of mechanical integrity;
    - b. Any other test of the injection well conducted by the permittee if required by the Director; and
    - c. Any well work over.
- D.** Ambient monitoring.

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1. Based on a site-specific assessment of the potential for fluid movement from the well or injection zone and on the potential value of monitoring wells to detect such movement, the Director shall require the owner or operator to develop a monitoring program. At a minimum, the Director shall require monitoring of the pressure buildup in the injection zone annually, including at a minimum, a shut down of the well for a time sufficient to conduct a valid observation of the pressure fall-off curve.
2. When prescribing a monitoring system the Director may also require:
  - a. Continuous monitoring for pressure changes in the first aquifer overlying the confining zone. When such a well is installed, the owner or operator shall, on a quarterly basis, sample the aquifer and analyze for constituents specified by the Director;
  - b. The use of indirect, geophysical techniques to determine the position of the waste front, the water quality in a formation designated by the Director, or to provide other site specific data;
  - c. Periodic monitoring of the ground water quality in the first aquifer overlying the injection zone;
  - d. Periodic monitoring of the ground water quality in the lowermost USDW; and
  - e. Any additional monitoring necessary to determine whether fluids are moving into or between USDWs.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-E642. Class I; Information to be Considered by the Director**

- A. This Section sets forth the information which must be considered by the Director in authorizing Class I wells.
  1. For an existing or converted new Class I well the Director may rely on the existing permit file for those items of information listed in subsections (B), (C) and (D) which are current and accurate in the file.
  2. For a newly drilled Class I well, the Director shall require the submission of all the information listed in subsections (B), (C) and (D) which are current and accurate in the file.
  3. For both existing and new Class I wells certain maps, cross sections, tabulations of wells within the area of review and other data may be included in the application by reference provided they are current, readily available to the Director and sufficiently identified to be retrieved.
- B. Prior to the issuance of a permit for an existing Class I well to operate or the construction or conversion of a new Class I well the Director shall consider the following:
  1. Information required in R18-9-C616;
  2. A map showing the injection well or wells for which a permit is sought and the applicable area of review. Within the area of review, the map must show the number, or name, and location of all producing wells, injection wells, abandoned wells, dry holes, surface bodies of water, springs, mines, quarries, water wells and other pertinent surface features including residences and roads. The map should also show faults, if known or suspected. Only information of public record is required to be included on this map;
  3. A tabulation of data on all wells within the area of review which penetrate into the proposed injection zone. Such

- data shall include a description of each well's type, construction, date drilled, location, depth, record of plugging and/or completion, and any additional information the Director may require;
  4. Maps and cross sections indicating the general vertical and lateral limits of all USDWs within the area of review, their position relative to the injection formation and the direction of water movement, where known, in each USDW which may be affected by the proposed injection;
  5. Maps and cross sections detailing the geologic structure of the local area;
  6. Generalized maps and cross sections illustrating the regional geologic setting;
  7. Proposed operating data:
    - a. Average and maximum daily rate and volume of the fluid to be injected;
    - b. Average and maximum injection pressure; and
    - c. Source and an analysis of the chemical, physical, radiological and biological characteristics of injection fluids;
  8. Proposed formation testing program to obtain an analysis of the chemical, physical and radiological characteristics of and other information on the receiving formation;
  9. Proposed stimulation program;
  10. Proposed injection procedure;
  11. Schematic or other appropriate drawings of the surface and subsurface construction details of the well.
  12. Contingency plans to cope with all shut-ins or well failures so as to prevent migration of fluids into any USDW;
  13. Plans, including maps, for meeting the monitoring requirements in R18-9-E641(B);
  14. For wells within the area of review which penetrate the injection zone but are not properly completed or plugged, the corrective action proposed to be taken under R18-9-D639;
  15. Construction procedures including a cementing and casing program, logging procedures, deviation checks, and a drilling, testing, and coring program; and
  16. A certificate that the applicant has assured, through a performance bond or other appropriate means, the resources necessary to close, plug or abandon the well as required by R18-9-D636(A)(6).
- C. Prior to granting approval for the operation of a Class I well the Director shall consider the following information:
    1. All available logging and testing program data on the well;
    2. A demonstration of mechanical integrity pursuant to R18-9-B613;
    3. The anticipated maximum pressure and flow rate at which the permittee will operate;
    4. The results of the formation testing program;
    5. The actual injection procedure;
    6. The compatibility of injected waste with fluids in the injection zone and minerals in both the injection zone and the confining zone; and
    7. The status of corrective action on defective wells in the area of review.
  - D. Prior to granting approval for the plugging and abandonment of a Class I well the Director shall consider the following information:
    1. The type and number of plugs to be used;
    2. The placement of each plug including the elevation of the top and bottom;
    3. The type and grade and quantity of cement to be used;

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4. The method for placement of the plugs; and
5. The procedure to be used to meet the requirements of R18-9-B614(C).

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**PART F. CLASS II INJECTION WELL REQUIREMENTS****R18-9-F643. Class II; Construction Requirements**

- A.** All new Class II wells shall be sited in such a fashion that they inject into a formation which is separated from any USDW by a confining zone that is free of known open faults or fractures within the area of review.
- B.** All Class II injection wells:
  1. Shall be cased and cemented to prevent movement of fluids into or between USDWs. The casing and cement used in the construction of each newly drilled well shall be designed for the life expectancy of the well. In determining and specifying casing and cementing requirements, the following factors shall be considered:
    - a. Depth to the injection zone;
    - b. Depth to the bottom of all USDWs; and
    - c. Estimated maximum and average injection pressures.
  2. In addition the Director may consider information on:
    - a. Nature of formation fluids;
    - b. Lithology of injection and confining zones;
    - c. External pressure, internal pressure, and axial loading;
    - d. Hole size;
    - e. Size and grade of all casing strings; and
    - f. Class of cement.
- C.** The requirements in subsection (B) need not apply to existing or newly converted Class II wells located in existing fields if:
  1. Regulatory controls for casing and cementing existed for those wells at the time of drilling and those wells are in compliance with those controls; and
  2. Well injection will not result in the movement of fluids into an USDW so as to create a significant risk to the health of persons.
- D.** The requirements in subsection (B) need not apply to newly drilled wells in existing fields if:
  1. They meet the requirements of the State for casing and cementing applicable to that field at the time of submission of the State program to the Administrator; and
  2. Well injection will not result in the movement of fluids into an USDW so as to create a significant risk to the health of persons.
- E.** Appropriate logs and other tests shall be conducted during the drilling and construction of new Class II wells. A descriptive report interpreting the results of that portion of those logs and tests which specifically relate to (1) an USDW and the confining zone adjacent to it, and (2) the injection and adjacent formations shall be prepared by a knowledgeable log analyst and submitted to the Director. At a minimum, these logs and tests shall include:
  1. Deviation checks on all holes constructed by first drilling a pilot hole and then enlarging the pilot hole, by reaming or another method. Such checks shall be at sufficiently frequent intervals to assure that vertical avenues for fluid movement in the form of diverging holes are not created during drilling.

2. Such other logs and tests as may be needed after taking into account the availability of similar data in the area of the drilling site, the construction plan, and the need for additional information that may arise from time to time as the construction of the well progresses. In determining which logs and tests shall be required the following shall be considered by the Director in setting logging and testing requirements:

- a. For surface casing intended to protect USDWs in areas where the lithology has not been determined:
  - i. Electric and caliper logs before casing is installed; and
  - ii. A cement bond, temperature, or density log after the casing is set and cemented.
- b. For intermediate and long strings of casing intended to facilitate injection:
  - i. Electric, porosity and gamma ray logs before the casing is installed;
  - ii. Fracture finder logs; and
  - iii. A cement bond, temperature, or density log after the casing is set and cemented.

- F.** At a minimum, the following information concerning the injection formation shall be determined or calculated for new Class II wells or projects:
  1. Fluid pressure;
  2. Estimated fracture pressure; and
  3. Physical and chemical characteristics of the injection zone.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-F644. Class II; Operating, Monitoring, and Reporting Requirements**

- A.** Operating requirements shall, at a minimum, specify that:
  1. Injection pressure at the wellhead shall not exceed a maximum which shall be calculated so as to assure that the pressure during injection does not initiate new fractures or propagate existing fractures in the confining zone adjacent to the USDWs. In no case shall injection pressure cause the movement of injection or formation fluids into an USDW.
  2. Injection between the outermost casing protecting USDWs and the well bore shall be prohibited.
- B.** Monitoring requirements shall, at a minimum, include:
  1. Monitoring of the nature of injected fluids at time intervals sufficiently frequent to yield data representative of their characteristics;
  2. Observation of injection pressure, flow rate, and cumulative volume at least with the following frequencies:
    - a. Weekly for produced fluid disposal operations;
    - b. Monthly for enhanced recovery operations;
    - c. Daily during the injection of liquid hydrocarbons and injection for withdrawal of stored hydrocarbons; and
    - d. Daily during the injection phase of cyclic steam operations; and
    - e. Record one observation of injection pressure, flow rate and cumulative volume at reasonable intervals no greater than 30 days;
  3. A demonstration of mechanical integrity pursuant to R18-9-B613 at least once every five years during the life of the injection well;

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4. Maintenance of the results of all monitoring until the next permit review; and
  5. Hydrocarbon storage and enhanced recovery may be monitored on a field or project basis rather than on an individual well basis by manifold monitoring. Manifold monitoring may be used in cases of facilities consisting of more than one injection well, operating with a common manifold. Separate monitoring systems for each well are not required provided the owner/operator demonstrates that manifold monitoring is comparable to individual well monitoring.
- C. Reporting requirements.
1. Reporting requirements shall at a minimum include an annual report to the Director summarizing the results of monitoring required under subsection (B). Such summary shall include monthly records of injected fluids, and any major changes in characteristics or sources of injected fluid. Previously submitted information may be included by reference.
  2. Owners or operators of hydrocarbon storage and enhanced recovery projects may report on a field or project basis rather than an individual well basis where manifold monitoring is used.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-F645. Class II; Information to be Considered by the Director**

- A. This Section sets forth the information which must be considered by the Director in authorizing Class II wells. Certain maps, cross sections, tabulations of wells within the area of review, and other data may be included in the application by reference provided they are current, readily available to the Director and sufficiently identified to be retrieved.
- B. Prior to the issuance of a permit for an existing Class II well to operate or the construction or conversion of a new Class II well the Director shall consider the following:
1. Information required in R18-9-C616.
  2. A map showing the injection well or project area for which a permit is sought and the applicable area of review. Within the area of review, the map must show the number or name and location of all existing producing wells, injection wells, abandoned wells, dry holes, and water wells. The map may also show surface bodies of waters, mines (surface and subsurface), quarries and other pertinent surface features including residences and roads, and faults if known or suspected. Only information of public record and pertinent information known to the applicant is required to be included on this map. This requirement does not apply to existing Class II wells.
  3. A tabulation of data reasonably available from public records or otherwise known to the applicant on all wells within the area of review included on the map required under subsection (B)(2) which penetrate the proposed injection zone or, in the case of Class II wells operating over the fracture pressure of the injection formation, all known wells within the area of review which penetrate formations affected by the increase in pressure. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of plugging and completion, and any additional information the Director may require. In cases where the information would be

repetitive and the wells are of similar age, type, and construction the Director may elect to only require data on a representative number of wells. This requirement does not apply to existing Class II wells.

4. Proposed operating data:
    - a. Average and maximum daily rate and volume of fluids to be injected;
    - b. Average and maximum injection pressure; and
    - c. Source and an appropriate analysis of the chemical and physical characteristics of the injection fluid.
  5. Appropriate geological data on the injection zone and confining zone including lithologic description, geological name, thickness and depth.
  6. Geologic name and depth to bottom of all USDWs which may be affected by the injection.
  7. Schematic or other appropriate drawings of the surface and subsurface construction details of the well.
  8. In the case of new injection wells the corrective action proposed to be taken by the applicant under R18-9-D639.
  9. A certificate that the applicant has assured through a performance bond or other appropriate means, the resources necessary to close, plug or abandon the well as required by R18-9-D636(A)(6).
- C. In addition the Director may consider the following:
1. Proposed formation testing program to obtain the information required by R18-9-F643(F);
  2. Proposed stimulation program;
  3. Proposed injection procedure;
  4. Proposed contingency plans, if any, to cope with well failures so as to prevent migration of contaminating fluids into an USDW;
  5. Plans for meeting the monitoring requirements of R18-9-F644(B).
- D. Prior to granting approval for the operation of a Class II well the Director shall consider the following information:
1. All available logging and testing program data on the well;
  2. A demonstration of mechanical integrity pursuant to R18-9-B613;
  3. The anticipated maximum pressure and flow rate at which the permittee will operate;
  4. The results of the formation testing program;
  5. The actual injection procedure; and
  6. For new wells the status of corrective action on defective wells in the area of review.
- E. Prior to granting approval for the plugging and abandonment of a Class II well the Director shall consider the following information:
1. The type, and number of plugs to be used;
  2. The placement of each plug including the elevation of top and bottom;
  3. The type, grade, and quantity of cement to be used;
  4. The method of placement of the plugs; and
  5. The procedure to be used to meet the requirements of R18-9-B614(A).

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3). Amended by final expedited rulemaking at  
31 A.A.R. 989 (March 28, 2025), with an immediate  
effective date of March 7, 2025 (Supp. 25-1).

**PART G. CLASS III INJECTION WELL REQUIREMENTS****R18-9-G646. Class III; Construction Requirements**

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- A.** All new Class III wells shall be cased and cemented to prevent the migration of fluids into or between USDWs. The Director may waive the cementing requirement for new wells in existing projects or portions of existing projects where they have substantial evidence that no contamination of USDWs would result. The casing and cement used in the construction of each newly drilled well shall be designed for the life expectancy of the well. In determining and specifying casing and cementing requirements, the following factors shall be considered:
1. Depth to the injection zone;
  2. Injection pressure, external pressure, internal pressure, axial loading, etc.;
  3. Hole size;
  4. Size and grade of all casing strings, such as wall thickness, diameter, nominal weight, length, joint specification, and construction material;
  5. Corrosiveness of injected fluids and formation fluids;
  6. Lithology of injection and confining zones; and
  7. Type and grade of cement.
- B.** Appropriate logs and other tests shall be conducted during the drilling and construction of new Class III wells. A descriptive report interpreting the results of such logs and tests shall be prepared by a knowledgeable log analyst and submitted to the Director. The logs and tests appropriate to each type of Class III well shall be determined based on the intended function, depth, construction and other characteristics of the well, availability of similar data in the area of the drilling site and the need for additional information that may arise from time to time as the construction of the well progresses. Deviation checks shall be conducted on all holes where pilot holes and reaming are used, unless the hole will be cased and cemented by circulating cement to the surface. Where deviation checks are necessary they shall be conducted at sufficiently frequent intervals to assure that vertical avenues for fluid migration in the form of diverging holes are not created during drilling.
- C.** Where the injection zone is a formation which is naturally water-bearing the following information concerning the injection zone shall be determined or calculated for new Class III wells or projects:
1. Fluid pressure;
  2. Fracture pressure; and
  3. Physical and chemical characteristics of the formation fluids.
- D.** Where the injection formation is not a water-bearing formation, the information in subsection (C)(2) must be submitted.
- E.** Where injection is into a formation which contains water with less than 10,000 mg/l TDS monitoring wells shall be completed into the injection zone and into any USDWs above the injection zone which could be affected by the mining operation. These wells shall be located in such a fashion as to detect any excursion of injection fluids, process by-products, or formation fluids outside the mining area or zone. If the operation may be affected by subsidence or catastrophic collapse the monitoring wells shall be located so that they will not be physically affected.
- F.** Where injection is into a formation which does not contain water with less than 10,000 mg/l TDS, no monitoring wells are necessary in the injection stratum.
- G.** Where the injection wells penetrate an USDW in an area subject to subsidence or catastrophic collapse an adequate number of monitoring wells shall be completed into the USDW to detect any movement of injected fluids, process by-products or formation fluids into the USDW. The monitoring wells shall be located outside the physical influence of the subsidence or catastrophic collapse.
- H.** In determining the number, location, construction and frequency of monitoring of the monitoring wells the following criteria shall be considered:
1. The population relying on the USDW affected or potentially affected by the injection operation;
  2. The proximity of the injection operation to points of withdrawal of drinking water;
  3. The local geology and hydrology;
  4. The operating pressures and whether a negative pressure gradient is being maintained;
  5. The nature and volume of the injected fluid, the formation water, and the process by-products; and
  6. The injection well density.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-G647. Class III; Operating, Monitoring, and Reporting Requirements**

- A.** Operating requirements prescribed shall, at a minimum, specify that:
1. Except during well stimulation, injection pressure at the wellhead shall be calculated so as to assure that the pressure in the injection zone during injection does not initiate new fractures or propagate existing fractures in the injection zone. In no case, shall injection pressure initiate fractures in the confining zone or cause the migration of injection or formation fluids into an USDW.
  2. Injection between the outermost casing protecting USDWs and the well bore is prohibited.
- B.** Monitoring requirements shall, at a minimum, specify:
1. Monitoring of the nature of injected fluids with sufficient frequency to yield representative data on its characteristics. Whenever the injection fluid is modified to the extent that the analysis required by R18-9-G648(B)(7)(c) is incorrect or incomplete, a new analysis as required by R18-9-G648(B)(7)(c) shall be provided to the Director.
  2. Monitoring of injection pressure and either flow rate or volume semi-monthly, or metering and daily recording of injected and produced fluid volumes as appropriate.
  3. Demonstration of mechanical integrity pursuant to R18-9-B613 at least once every five years during the life of the well for salt solution mining.
  4. Monitoring of the fluid level in the injection zone semi-monthly, where appropriate and monitoring of the parameters chosen to measure water quality in the monitoring wells required by R18-9-G646(E), semi-monthly.
  5. Quarterly monitoring of wells required by R18-9-G646(G).
  6. All Class III wells may be monitored on a field or project basis rather than an individual well basis by manifold monitoring. Manifold monitoring may be used in cases of facilities consisting of more than one injection well, operating with a common manifold. Separate monitoring systems for each well are not required provided the owner/operator demonstrates that manifold monitoring is comparable to individual well monitoring.
- C.** Reporting requirements shall, at a minimum, include:
1. Quarterly reporting to the Director on required monitoring;

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2. Results of mechanical integrity and any other periodic test required by the Director reported with the first regular quarterly report after the completion of the test; and
3. Monitoring may be reported on a project or field basis rather than individual well basis where manifold monitoring is used.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-G648. Class III; Information to be Considered by the Director**

- A. This Section sets forth the information which must be considered by the Director in authorizing Class III wells. Certain maps, cross sections, tabulations of wells within the area of review, and other data may be included in the application by reference provided they are current, readily available to the Director and sufficiently identified to be retrieved.
- B. Prior to the issuance of a permit for an existing Class III well or area to operate or the construction of a new Class III well the Director shall consider the following:
  1. Information required in R18-9-C616;
  2. A map showing the injection well or project area for which a permit is sought and the applicable area of review. Within the area of review, the map must show the number or name and location of all existing producing wells, injection wells, abandoned wells, dry holes, public water systems and water wells. The map may also show surface bodies of waters, mines (surface and subsurface) quarries and other pertinent surface features including residences and roads, and faults if known or suspected. Only information of public record and pertinent information known to the applicant is required to be included on this map;
  3. A tabulation of data reasonably available from public records or otherwise known to the applicant on wells within the area of review included on the map required under subsection (B)(2) which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of plugging and completion, and any additional information the Director may require. In cases where the information would be repetitive and the wells are of similar age, type, and construction the Director may elect to only require data on a representative number of wells;
  4. Maps and cross sections indicating the vertical limits of all USDWs within the area of review, their position relative to the injection formation, and the direction of water movement, where known, in every USDW which may be affected by the proposed injection;
  5. Maps and cross sections detailing the geologic structure of the local area;
  6. Generalized map and cross sections illustrating the regional geologic setting;
  7. Proposed operating data:
    - a. Average and maximum daily rate and volume of fluid to be injected;
    - b. Average and maximum injection pressure; and
    - c. Qualitative analysis and ranges in concentrations of all constituents of injected fluids. If the information is confidential pursuant to R18-9-A603 an applicant may, in lieu of the ranges in concentrations, choose

to submit maximum concentrations which shall not be exceeded. In such a case the applicant shall retain records of the undisclosed concentrations and provide them upon request to the Director as part of any enforcement investigation.

8. Proposed formation testing program to obtain the information required by R18-9-G646(C);
  9. Proposed stimulation program;
  10. Proposed injection procedure;
  11. Schematic or other appropriate drawings of the surface and subsurface construction details of the well;
  12. Plans (including maps) for meeting the monitoring requirements of R18-9-G647(B);
  13. Expected changes in pressure, native fluid displacement, direction of movement of injection fluid;
  14. Contingency plans to cope with all shut-ins or well failures so as to prevent the migration of contaminating fluids into USDWs;
  15. A certificate that the applicant has assured, through a performance bond, or other appropriate means, the resources necessary to close, plug, or abandon the well as required by R18-9-D636(A)(5); and
  16. The corrective action proposed to be taken under R18-9-D639.
- C. Prior to granting approval for the operation of a Class III well the Director shall consider the following information:
    1. All available logging and testing data on the well;
    2. A satisfactory demonstration of mechanical integrity for all new wells and for all existing salt solution wells pursuant to R18-9-B613;
    3. The anticipated maximum pressure and flow rate at which the permittee will operate;
    4. The results of the formation testing program;
    5. The actual injection procedures; and
    6. The status of corrective action on defective wells in the area of review.
  - D. Prior to granting approval for the plugging and abandonment of a Class III well the Director shall consider the following information:
    1. The type and number of plugs to be used;
    2. The placement of each plug including the elevation of the top and bottom;
    3. The type, grade and quantity of cement to be used;
    4. The method of placement of the plugs; and
    5. The procedure to be used to meet the requirements of R18-9-B614(A).

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

## PART H. CLASS IV INJECTION WELL REQUIREMENTS

**R18-9-H649. Class IV; Closure Requirements and Remediation**

- A. Closure.
  1. Prior to abandoning any Class IV well, the owner or operator shall plug or otherwise close the well in a manner acceptable to the Director.
  2. The owner or operator of a Class IV well must notify the Director of intent to abandon the well at least 30 days prior to abandonment.
- B. Remediation. Injection wells used to inject contaminated groundwater that has been treated and is being injected into the same formation from which it was drawn are authorized by



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rule for the life of the well if such subsurface emplacement of fluids is approved by the Administrator or the Director pursuant to subsections (B)(1), (2) or (3):

1. Provisions for cleanup of releases under CERCLA, or
2. The requirements and provisions under RCRA, or
3. The requirements and provisions under other applicable state laws for corrective and remedial action.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**PART I. CLASS V INJECTION WELL REQUIREMENTS****R18-9-I650. Class V; General Requirements**

A. The following requirements apply to Class V Wells authorized by rule:

1. A Class V Injection well is authorized by rule subject to the conditions under this Section.
2. Well authorization under this Section expires upon the effective date of a permit issued pursuant to R18-9-I651, R18-9-C616, R18-9-C624, R18-9-C625, or upon proper closure of the well.
3. An owner or operator of a well that is authorized by rule pursuant to this Section is prohibited from injecting into the well:
  - a. Upon the effective date of an applicable permit denial;
  - b. Upon failure to submit a permit application in a timely manner pursuant to R18-9-I651 or R18-9-C616;
  - c. Upon failure to submit inventory information in a timely manner pursuant to R18-9-I652; or
  - d. Upon failure to comply with a request for information in a timely manner pursuant to R18-9-I653.
4. Submission of the following is required in order to transfer ownership of a well that is authorized by rule pursuant to this Section:
  - a. An inventory, and
  - b. Class V authorized by rule transfer fee pursuant to R18-14-111(A)(3).

B. The following requirements apply for all Class V Wells:

1. With certain exceptions listed in subsection (B)(2), Class V injection activity is "authorized by rule," meaning owners and operators must comply with all the requirements of this Article but do not have to get an individual permit. Well authorization expires once the injection well has been properly closed.
2. A Class V well requires a permit and shall no longer be authorized by rule upon any of the following:
  - a. Failure to comply with the prohibition of movement standard in R18-9-B608(A).
  - b. The Director specifically requires a Class V permit for the well to operate pursuant to R18-9-I651. In which case rule authorization expires upon the effective date of the permit issued, or you are prohibited from injecting into your well upon:
    - i. Failure to submit a permit application in a timely manner as specified in a notice from the Director; or
    - ii. Upon the effective date of permit denial.
  - c. Failure to submit inventory information as required under R18-9-I652.

d. Failure to comply with the Director's request for additional information under R18-9-I653 in a timely manner.

3. Prior to abandoning a Class V well, the owner or operator shall meet the plugging requirements in R18-9-B614(C).
4. In limited cases, the Director may authorize the conversion (reclassification) of a motor vehicle waste disposal well to another type of Class V well. Motor vehicle wells may only be converted if: all motor vehicle fluids are segregated by physical barriers and are not allowed to enter the well; and, injection of motor vehicle waste is unlikely based on a facility's compliance history and records showing proper waste disposal. The use of a semi-permanent plug as the means to segregate waste is not sufficient to convert a motor vehicle waste disposal well to another type of Class V well.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-9-I651. Class V; Requiring a Permit**

A. The Director may require the owner or operator of any Class V injection well authorized by rule under this Article to apply for and obtain an individual or area UIC permit. Cases where individual or area UIC permits may be required include:

1. The injection well is not in compliance with any requirement under this Article or A.R.S. Title 49, Chapter 2, Article 3.3;
2. The injection well is not or no longer is within the category of wells and types of well operations authorized in the rule; or
3. The protection of USDWs requires that the injection operation be regulated by requirements, such as for corrective action, monitoring and reporting, or operation, which are not contained in the rule.

B. If an individual or area UIC permit is required, the Director shall notify the discharger in writing of the decision. The notice shall include:

1. A brief statement of the reasons for the decision,
2. An application form,
3. A statement setting a deadline to file the application,
4. A statement that on the effective date of issuance or denial of the individual or area UIC permit, coverage by rule will automatically terminate.
5. The applicant's right to appeal the individual permit requirement under A.R.S. § 49-323 and the name and telephone number of the Department contact person who can answer questions regarding the appeals process.

C. An owner or operator of a well authorized by rule may request to be excluded from the coverage of this Section by applying for an individual or area UIC permit. The owner or operator shall submit an application under R18-9-C616 with reasons supporting the request to the Director. The Director may grant any such requests.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-I652. Class V; Inventory Requirements for Class V Wells Authorized by Rule**

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- A. The owner or operator of an injection well authorized by rule under R18-9-I650 shall submit inventory information to the Director. Such an owner or operator is prohibited from injecting into the well upon failure to submit inventory information for the well within the timeframe specified in subsection (D).
- B. As part of the inventory, the Director shall require and the owner/operator shall provide at least the following information:
  - 1. Facility name and location;
  - 2. Name and address of legal contact;
  - 3. Ownership of facility;
  - 4. Nature and type of injection well; and
  - 5. Operating status of injection well.
- C. Upon approval of the Arizona UIC Program, the Director shall notify all known owners or operators of injection wells of their duty to submit inventory information in the manner specified by the Director.
- D. The owner or operator of an injection well shall submit inventory information no later than one year after the effective date of the Arizona UIC program. The Director need not require inventory information from any facility with interim status under RCRA.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-I653. Class V; Requiring Other Information**

- A. In addition to the inventory requirements under R18-9-I652, the Director may require the owner or operator of any well authorized by rule under this Article to submit information as deemed necessary by the Director to determine whether a well may be endangering an USDW in violation of R18-9-B608 of this Part.
- B. Such information requirements may include, but are not limited to:
  - 1. Performance of ground-water monitoring and the periodic submission of reports of such monitoring;
  - 2. An analysis of injected fluids, including periodic submission of such analyses; and
  - 3. A description of the geologic strata through and into which injection is taking place.
- C. Any request for information under this Section shall be made in writing, and include a brief statement of the reasons for requiring the information. An owner and operator shall submit the information within the time period or time periods provided in the notice.
- D. An owner or operator of an injection well authorized by rule under this Part is prohibited from injecting into the well upon failure of the owner or operator to comply with a request for information within the time period or time periods specified by the Director pursuant to subsection (C). An owner or operator of a well prohibited from injection under this Section shall not resume injection except under a permit issued pursuant to R18-9-I651; R18-9-C616, R18-9-C624, or R18-9-C625.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-I654. Class V; Prohibition of Class V Cesspools and Motor Vehicle Waste Disposal Wells**

The construction and operation of cesspools and motor vehicle waste disposal wells are prohibited.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-I655. Class V; Prohibition of Non-Experimental Class V Wells for Geologic Sequestration**

The construction, operation or maintenance of any non-experimental Class V geologic sequestration well is prohibited.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

## PART J. CLASS VI INJECTION WELL REQUIREMENTS

**R18-9-J656. Class VI; Applicability**

- A. This Part establishes criteria and standards for underground injection control programs to regulate any Class VI carbon dioxide geologic sequestration injection wells.
- B. This Part applies to any well used to inject carbon dioxide specifically for the purpose of geologic sequestration.
- C. This Part also applies to owners or operators of permit- or rule-authorized Class V experimental carbon dioxide injection projects who seek to apply for Class VI geologic sequestration permit for their well or wells. Owners or operators seeking to convert existing Class I, Class II, or Class V experimental wells to Class VI geologic sequestration wells must demonstrate to the Director that the wells were engineered and constructed to meet the requirements of R18-9-J661 and ensure protection of USDWs, in lieu of requirements at R18-9-J661 and R18-9-J662. A converted well must still meet all other requirements under Part F of this Article.
- D. The following definitions apply to this Part and govern for Class VI wells to the extent that these definitions conflict with those in R18-9-A601:
  - 1. "Area of review" means the region surrounding the geologic sequestration project where USDWs may be endangered by the injection activity. The area of review is delineated using computational modeling that accounts for the physical and chemical properties of all phases of the injected carbon dioxide stream and displaced fluids, and is based on available site characterization, monitoring, and operational data as set forth in R18-9-J659.
  - 2. "Carbon dioxide plume" means the extent underground, in three dimensions, of an injected carbon dioxide stream.
  - 3. "Carbon dioxide stream" means carbon dioxide that has been captured from an emission source, plus incidental associated substances derived from the source materials and the capture process, and any substances added to the stream to enable or improve the injection process. This Part does not apply to any carbon dioxide stream that meets the definition of a hazardous waste under A.R.S. § 49-921.
  - 4. "Confining zone" means a geologic formation, group of formations, or part of a formation stratigraphically overlying the injection zone or zones that acts as barrier to fluid movement. For Class VI wells operating under an injection depth waiver, confining zone means a geologic formation, group of formations, or part of a formation stratigraphically overlying and underlying the injection zone or zones.
  - 5. "Corrective action" means the use of Director-approved methods to ensure that wells within the area of review do

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not serve as conduits for the movement of fluids into USDWs.

6. "Geologic sequestration" means the long-term containment of a gaseous, liquid, or supercritical carbon dioxide stream in subsurface geologic formations. This term does not apply to carbon dioxide capture or transport.
7. "Geologic sequestration project" means an injection well or wells used to emplace a carbon dioxide stream beneath the lowermost formation containing a USDW; or, wells used for geologic sequestration of carbon dioxide that have been granted a waiver of the injection depth requirements pursuant to requirements at R18-9-J670; or, wells used for geologic sequestration of carbon dioxide that have received an expansion to the areal extent of an existing Class II enhanced oil recovery or enhanced gas recovery aquifer exemption pursuant to R18-9-A605 and R18-9-A606. It includes the subsurface three-dimensional extent of the carbon dioxide plume, associated area of elevated pressure, and displaced fluids, as well as the surface area above that delineated region.
8. "Injection zone" means a geologic formation, group of formations, or part of a formation that is of sufficient areal extent, thickness, porosity, and permeability to receive carbon dioxide through a well or wells associated with a geologic sequestration project.
9. "Post-injection site care" means appropriate monitoring and other actions, including corrective action, needed following cessation of injection to ensure that USDWs are not endangered, as required under R18-9-J668.
10. "Pressure front" means the zone of elevated pressure that is created by the injection of carbon dioxide into the subsurface. For the purposes of this Part, the pressure front of a carbon dioxide plume refers to a zone where there is a pressure differential sufficient to cause the movement of injected fluids or formation fluids into a USDW.
11. "Site closure" means the point/time, as determined by the Director following the requirements under R18-9-J668, at which the owner or operator of a geologic sequestration site is released from post-injection site care responsibilities.
12. "Transmissive fault" or "fracture" means a fault or fracture that has sufficient permeability and vertical extent to allow fluids to move between formations.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-J657. Class VI; Required Permit Information**

- A. This Section sets forth the information which must be considered by the Director in authorizing Class VI wells. For converted Class I, Class II, or Class V experimental wells, certain maps, cross sections, tabulations of wells within the area of review and other data may be included in the application by reference provided they are current, readily available to the Director, and sufficiently identified to be retrieved.
- B. Prior to the issuance of a permit for the construction of a new Class VI well or the conversion of an existing Class I, Class II, or Class V well to a Class VI well, the owner or operator shall submit, pursuant to R18-9-J666, and the Director shall consider the following:
  1. Information required in R18-9-C616(D)(1) through (9);
  2. A map showing the injection well for which a permit is sought and the applicable area of review consistent with

R18-9-J659. Within the area of review, the map must show the number or name, and location of all injection wells, producing wells, abandoned wells, plugged wells or dry holes, deep stratigraphic boreholes, State- or EPA-approved subsurface cleanup sites, surface bodies of water, springs, mines (surface and subsurface), quarries, water wells, other pertinent surface features including structures intended for human occupancy, State, Tribal, and Territory boundaries, and roads. The map should also show faults, if known or suspected. Only information of public record is required to be included on this map;

3. Information on the geologic structure and hydrogeologic properties of the proposed storage site and overlying formations, including:
  - a. Maps and cross sections of the area of review;
  - b. The location, orientation, and properties of known or suspected faults and fractures that may transect the confining zone or zones in the area of review and a determination that they would not interfere with containment;
  - c. Data on the depth, areal extent, thickness, mineralogy, porosity, permeability, and capillary pressure of the injection and confining zone or zones; including geology/facies changes based on field data which may include geologic cores, outcrop data, seismic surveys, well logs, and names and lithologic descriptions;
  - d. Geomechanical information on fractures, stress, ductility, rock strength, and in situ fluid pressures within the confining zone or zones;
  - e. Information on the seismic history including the presence and depth of seismic sources and a determination that the seismicity would not interfere with containment; and
  - f. Geologic and topographic maps and cross sections illustrating regional geology, hydrogeology, and the geologic structure of the local area.
4. A tabulation of all wells within the area of review which penetrate the injection or confining zone or zones. Such data must include a description of each well's type, construction, date drilled, location, depth, record of plugging and/or completion, and any additional information the Director may require;
5. Maps and stratigraphic cross sections indicating the general vertical and lateral limits of all USDWs, water wells and springs within the area of review, their positions relative to the injection zone or zones, and the direction of water movement, where known;
6. Baseline geochemical data on subsurface formations, including all USDWs in the area of review;
7. Proposed operating data for the proposed geologic sequestration site:
  - a. Average and maximum daily rate and volume and/or mass and total anticipated volume and/or mass of the carbon dioxide stream;
  - b. Average and maximum injection pressure;
  - c. The source or sources of the carbon dioxide stream; and
  - d. An analysis of the chemical and physical characteristics of the carbon dioxide stream.
8. Proposed pre-operational formation testing program to obtain an analysis of the chemical and physical characteristics of the injection zone or zones and confining zone or zones and that meets the requirements at R18-9-J662;

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9. Proposed stimulation program, a description of stimulation fluids to be used and a determination that stimulation will not interfere with containment;
  10. Proposed procedure to outline steps necessary to conduct injection operation;
  11. Schematics or other appropriate drawings of the surface and subsurface construction details of the well;
  12. Injection well construction procedures that meet the requirements of R18-9-J661;
  13. Proposed area of review and corrective action plan that meets the requirements under R18-9-J659;
  14. A demonstration, satisfactory to the Director, that the applicant has met the financial responsibility requirements under R18-9-J660;
  15. Proposed testing and monitoring plan required by R18-9-J665;
  16. Proposed injection well plugging plan required by R18-9-J667(B);
  17. Proposed post-injection site care and site closure plan required by R18-9-J668(A);
  18. At the Director's discretion, a demonstration of an alternative post-injection site care timeframe required by R18-9-J668(C);
  19. Proposed emergency and remedial response plan required by R18-9-J669;
  20. A list of contacts, submitted to the Director, for those States, Tribes, and Territories identified to be within the area of review of the Class VI project based on information provided in subsection (B)(2);
  21. A listing of any historic property or potential historic property as defined by R12-8-301; and
  22. Any other information requested by the Director.
- C.** The Director shall notify, in writing, any States, Tribes, or Territories within the area of review of the Class VI project based on information provided in subsections (B)(2) and (B)(20) of the permit application.
- D.** Prior to granting approval for the operation of a Class VI well, the Director shall consider the following information:
1. The final area of review based on modeling, using data obtained during logging and testing of the well and the formation as required by subsections (D)(2), (3), (4), (6), (7), and (10);
  2. Any relevant updates, based on data obtained during logging and testing of the well and the formation as required by subsections (D)(3), (4), (6), (7), and (10), to the information on the geologic structure and hydrogeologic properties of the proposed storage site and overlying formations, submitted to satisfy the requirements of subsection (B)(3);
  3. Information on the compatibility of the carbon dioxide stream with fluids in the injection zone or zones and minerals in both the injection and the confining zone or zones, based on the results of the formation testing program, and with the materials used to construct the well;
  4. The results of the formation testing program required at subsection (B)(8);
  5. Final injection well construction procedures that meet the requirements of R18-9-J661;
  6. The status of corrective action on wells in the area of review;
  7. All available logging and testing program data on the well required by R18-9-J662;
  8. A demonstration of mechanical integrity pursuant to R18-9-J664;
9. Any updates to the proposed area of review and corrective action plan, testing and monitoring plan, injection well plugging plan, post-injection site care and site closure plan, or the emergency and remedial response plan submitted under subsection (B), which are necessary to address new information collected during logging and testing of the well and the formation as required by all subsections of this Section, and any updates to the alternative post-injection site care timeframe demonstration submitted under subsection (B), which are necessary to address new information collected during the logging and testing of the well and the formation as required by this Section; and
  10. Any other information requested by the Director.
- E.** Owners or operators seeking a waiver of the requirement to inject below the lowermost USDW must also refer to R18-9-J670 and submit a supplemental report, as required at R18-9-J670. The supplemental report is not part of the permit application.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-J658. Class VI; Minimum Criteria for Siting**

- A.** Owners or operators of Class VI wells must demonstrate to the satisfaction of the Director that the wells will be sited in areas with a suitable geologic system. The owners or operators must demonstrate that the geologic system comprises:
1. An injection zone or zones of sufficient areal extent, thickness, porosity, and permeability to receive the total anticipated volume of the carbon dioxide stream.
  2. Confining zone or zones free of transmissive faults or fractures and of sufficient areal extent and integrity to contain the injected carbon dioxide stream and displaced formation fluids and allow injection at proposed maximum pressures and volumes without initiating or propagating fractures in the confining zone or zones.
- B.** The Director may require owners or operators of Class VI wells to identify and characterize additional zones that will impede vertical fluid movement, are free of faults and fractures that may interfere with containment, allow for pressure dissipation, and provide additional opportunities for monitoring, mitigation, and remediation.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-J659. Class VI; Area of Review and Corrective Action**

- A.** The area of review is the region surrounding the geologic sequestration project where USDWs may be endangered by the injection activity. The area of review is delineated using computational modeling that accounts for the physical and chemical properties of all phases of the injected carbon dioxide stream and is based on available site characterization, monitoring, and operational data.
- B.** The owner or operator of a Class VI well must prepare, maintain, and comply with a plan to delineate the area of review for a proposed geologic sequestration project, periodically reevaluate the delineation, and perform corrective action that meets the requirements of this Section and is acceptable to the Director. The requirement to maintain and implement an approved

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plan is directly enforceable regardless of whether the requirement is a condition of the permit. As a part of the permit application for approval by the Director, the owner or operator must submit an area of review and corrective action plan that includes the following information:

1. The method for delineating the area of review that meets the requirements of subsection (C), including the model to be used, assumptions that will be made, and the site characterization data on which the model will be based.
2. A description of:
  - a. The minimum fixed frequency, not to exceed five years, at which the owner or operator proposes to reevaluate the area of review;
  - b. The monitoring and operational conditions that would warrant a reevaluation of the area of review prior to the next scheduled reevaluation as determined by the minimum fixed frequency established in subsection (B)(2)(a);
  - c. How monitoring and operational data will be used to inform an area of review reevaluation; and
  - d. How corrective action will be conducted to meet the requirements of subsection (D), including what corrective action will be performed prior to injection and what, if any, portions of the area of review will have corrective action addressed on a phased basis and how the phasing will be determined; how corrective action will be adjusted if there are changes in the area of review; and how site access will be guaranteed for future corrective action.
- C. Owners or operators of Class VI wells must perform the following actions to delineate the area of review and identify all wells that require corrective action:
  1. Predict, using existing site characterization, monitoring and operational data, and computational modeling, the projected lateral and vertical migration of the carbon dioxide plume and formation fluids in the subsurface from the commencement of injection activities until the plume movement ceases, until pressure differentials sufficient to cause the movement of injected fluids or formation fluids into a USDW are no longer present, or until the end of a fixed time period as determined by the Director. The model must:
    - a. Be based on detailed geologic data collected to characterize the injection zone zones, confining zone or zones and any additional zones; and anticipated operating data, including injection pressures, rates, and total volumes over the proposed life of the geologic sequestration project;
    - b. Take into account any geologic heterogeneities, other discontinuities, data quality, and their possible impact on model predictions; and
    - c. Consider potential migration through faults, fractures, and artificial penetrations.
  2. Using methods approved by the Director, identify all penetrations, including active and abandoned wells and underground mines, in the area of review that may penetrate the confining zone or zones. Provide a description of each well's type, construction, date drilled, location, depth, record of plugging and/or completion, and any additional information the Director may require; and
  3. Determine which abandoned wells in the area of review have been plugged in a manner that prevents the movement of carbon dioxide or other fluids that may endanger USDWs, including use of materials compatible with the carbon dioxide stream.
- D. Owners or operators of Class VI wells must perform corrective action on all wells in the area of review that are determined to need corrective action, using methods designed to prevent the movement of fluid into or between USDWs, including use of materials compatible with the carbon dioxide stream, where appropriate.
- E. At the minimum fixed frequency, not to exceed five years, as specified in the area of review and corrective action plan, or when monitoring and operational conditions warrant, owners or operators must:
  1. Reevaluate the area of review in the same manner specified in subsection (C)(1);
  2. Identify all wells in the reevaluated area of review that require corrective action in the same manner specified in subsection (C);
  3. Perform corrective action on wells requiring corrective action in the reevaluated area of review in the same manner specified in subsection (C); and
  4. Submit an amended area of review and corrective action plan or demonstrate to the Director through monitoring data and modeling results that no amendment to the area of review and corrective action plan is needed. Any amendments to the area of review and corrective action plan must be approved by the Director, must be incorporated into the permit, and are subject to the permit modification requirements under R18-9-C632 or R18-9-C633, as appropriate.
- F. The emergency and remedial response plan and the demonstration of financial responsibility must account for the area of review delineated as specified in subsection (C)(1) or the most recently evaluated area of review delineated under subsection (E), regardless of whether or not corrective action in the area of review is phased.
- G. All modeling inputs and data used to support area of review reevaluations under subsection (E) shall be retained for 10 years.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-J660. Class VI; Financial Responsibility**

- A. The owner or operator must demonstrate and maintain financial responsibility as determined by the Director that meets the following conditions:
  1. The financial responsibility instrument or instruments used must be from the following list of qualifying instruments:
    - a. Trust Funds;
    - b. Surety Bonds;
    - c. Letter of Credit;
    - d. Insurance;
    - e. Self Insurance (i.e., Financial Test and Corporate Guarantee);
    - f. Escrow Account;
    - g. Any other instrument or instruments satisfactory to the Director.
  2. The qualifying instrument or instruments must be sufficient to cover the cost of:
    - a. Corrective action under R18-9-J659;
    - b. Injection well plugging under R18-9-J667;

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- c. Post injection site care and site closure under R18-9-J668; and
  - d. Emergency and remedial response under R18-9-J669.
- 3. The financial responsibility instrument or instruments must be sufficient to address endangerment of USDWs.
- 4. The qualifying financial responsibility instrument or instruments must comprise protective conditions of coverage.
  - a. Protective conditions of coverage must include at a minimum cancellation, renewal, and continuation provisions, specifications on when the provider becomes liable following a notice of cancellation if there is a failure to renew with a new qualifying financial instrument, and requirements for the provider to meet a minimum rating, minimum capitalization, and ability to pass the bond rating when applicable.
    - i. Cancellation – for purposes of this Part, an owner or operator must provide that their financial mechanism may not cancel, terminate or fail to renew except for failure to pay such financial instrument. If there is a failure to pay the financial instrument, the financial institution may elect to cancel, terminate, or fail to renew the instrument by sending notice by certified mail to the owner or operator and the Director. The cancellation must not be final for 120 days after receipt of cancellation notice. The owner or operator must provide an alternate financial responsibility demonstration within 60 days of notice of cancellation, and if an alternate financial responsibility demonstration is not acceptable (or possible), any funds from the instrument being cancelled must be released within 60 days of notification by the Director.
    - ii. Renewal – for purposes of this Part, owners or operators must renew all financial instruments, if an instrument expires, for the entire term of the geologic sequestration project. The instrument may be automatically renewed as long as the owner or operator has the option of renewal at the face amount of the expiring instrument. The automatic renewal of the instrument must, at a minimum, provide the holder with the option of renewal at the face amount of the expiring financial instrument.
    - iii. Cancellation, termination, or failure to renew may not occur and the financial instrument will remain in full force and effect in the event that on or before the date of expiration: The Director deems the facility abandoned; or the permit is terminated or revoked or a new permit is denied; or closure is ordered by the Director or a U.S. district court or other court of competent jurisdiction; or the owner or operator is named as debtor in a voluntary or involuntary proceeding under Title 11 (Bankruptcy), U.S. Code; or the amount due is paid.
- 5. The qualifying financial responsibility instrument or instruments must be approved by the Director.
  - a. The Director shall consider and approve the financial responsibility demonstration for all the phases of the geologic sequestration project prior to issue a Class VI permit under R18-9-J657.
- b. The owner or operator must provide any updated information related to their financial responsibility instrument or instruments on an annual basis and if there are any changes, the Director must evaluate, within a reasonable time, the financial responsibility demonstration to confirm that the instrument or instruments used remain adequate for use. The owner or operator must maintain financial responsibility requirements regardless of the status of the Director's review of the financial responsibility demonstration.
- c. The Director may disapprove the use of a financial instrument if they determine that it is not sufficient to meet the requirements of this Section.
- 6. The owner or operator may demonstrate financial responsibility by using one or multiple qualifying financial instruments for specific phases of the geologic sequestration project.
  - a. In the event that the owner or operator combines more than one instrument for a specific geologic sequestration phase such combination must be limited to instruments that are not based on financial strength or performance, for example trust funds, surety bonds guaranteeing payment into a trust fund, letters of credit, escrow account, and insurance. In this case, it is the combination of mechanisms, rather than the single mechanism, which must provide financial responsibility for an amount at least equal to the current cost estimate.
  - b. When using a third-party instrument to demonstrate financial responsibility, the owner or operator must provide a proof that the third-party providers either have passed financial strength requirements based on credit ratings; or has met a minimum rating, minimum capitalization, and ability to pass the bond rating when applicable.
  - c. An owner or operator using certain types of third-party instruments must establish a standby trust to enable ADEQ to be party to the financial responsibility agreement without ADEQ being the beneficiary of any funds. The standby trust fund must be used along with other financial responsibility instruments (e.g., surety bonds, letters of credit, or escrow accounts) to provide a location to place funds if needed.
  - d. An owner or operator may deposit money to an escrow account to cover financial responsibility requirements; this account must segregate funds sufficient to cover estimated costs for Class VI (geologic sequestration) financial responsibility from other accounts and uses.
  - e. An owner or operator or its guarantor may use self insurance to demonstrate financial responsibility for geologic sequestration projects. In order to satisfy this requirement the owner or operator must meet a Tangible Net Worth of an amount approved by the Director, have a Net working capital and tangible net worth each at least six times the sum of the current well plugging, post injection site care and site closure cost, have assets located in the United States amounting to at least 90 percent of total assets or at least six times the sum of the current well plugging,

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post injection site care and site closure cost, and must submit a report of its bond rating and financial information annually. In addition the owner or operator must either: Have a bond rating test of AAA, AA, A, or BBB as issued by Standard & Poor's or Aaa, Aa, A, or Baa as issued by Moody's; or meet all of the following five financial ratio thresholds: A ratio of total liabilities to net worth less than 2.0; a ratio of current assets to current liabilities greater than 1.5; a ratio of the sum of net income plus depreciation, depletion, and amortization to total liabilities greater than 0.1; A ratio of current assets minus current liabilities to total assets greater than -0.1; and a net profit (revenues minus expenses) greater than 0.

- f. An owner or operator who is not able to meet corporate financial test criteria may arrange a corporate guarantee by demonstrating that its corporate parent meets the financial test requirements on its behalf. The parent's demonstration that it meets the financial test requirement is insufficient if it has not also guaranteed to fulfill the obligations for the owner or operator.
  - g. An owner or operator may obtain an insurance policy to cover the estimated costs of geologic sequestration activities requiring financial responsibility. This insurance policy must be obtained from a third party provider.
- B.** The requirement to maintain adequate financial responsibility and resources is directly enforceable regardless of whether the requirement is a condition of the permit.
1. The owner or operator must maintain financial responsibility and resources until:
    - a. The Director receives and approves the completed post-injection site care and site closure plan; and
    - b. The Director approves site closure.
  2. The owner or operator may be released from a financial instrument in the following circumstances:
    - a. The owner or operator has completed the phase of the geologic sequestration project for which the financial instrument was required and has fulfilled all its financial obligations as determined by the Director, including obtaining financial responsibility for the next phase of the geologic sequestration project, if required; or
    - b. The owner or operator has submitted a replacement financial instrument and received written approval from the Director accepting the new financial instrument and releasing the owner or operator from the previous financial instrument.
- C.** The owner or operator must have a detailed written estimate, in current dollars, of the cost of performing corrective action on wells in the area of review, plugging the injection well or wells, post-injection site care and site closure, and emergency and remedial response.
1. The cost estimate must be performed for each phase separately and must be based on the costs to the regulatory agency of hiring a third party to perform the required activities. A third party is a party who is not within the corporate structure of the owner or operator.
  2. During the active life of the geologic sequestration project, the owner or operator must adjust the cost estimate for inflation within 60 days prior to the anniversary date of the establishment of the financial instrument or instru-

ments used to comply with subsection (A) and provide this adjustment to the Director. The owner or operator must also provide to the Director written updates of adjustments to the cost estimate within 60 days of any amendments to the area of review and corrective action plan as required under R18-9-J659, the injection well plugging plan under R18-9-J667, the post-injection site care and site closure plan as required under R18-9-J668, and the emergency and remedial response plan as required under R18-9-J669.

3. The Director must approve any decrease or increase to the initial cost estimate. During the active life of the geologic sequestration project, the owner or operator must revise the cost estimate no later than 60 days after the Director has approved the request to modify the area of review and corrective action plan as required under R18-9-J659, the injection well plugging plan under R18-9-J667, the post-injection site care and site closure plan as required under R18-9-J668, and the emergency and response plan as required under R18-9-J669, if the change in the plan increases the cost. If the change to the plans decreases the cost, any withdrawal of funds must be approved by the Director. Any decrease to the value of the financial assurance instrument must first be approved by the Director. The revised cost estimate must be adjusted for inflation as specified at subsection (C)(2).
  4. Whenever the current cost estimate increases to an amount greater than the face amount of a financial instrument currently in use, the owner or operator, within 60 days after the increase, must either cause the face amount to be increased to an amount at least equal to the current cost estimate and submit evidence of such increase to the Director, or obtain other financial responsibility instruments to cover the increase. Whenever the current cost estimate decreases, the face amount of the financial assurance instrument may be reduced to the amount of the current cost estimate only after the owner or operator has received written approval from the Director.
- D.** The owner or operator must notify the Director by certified mail of adverse financial conditions such as bankruptcy that may affect the ability to carry out injection well plugging and post-injection site care and site closure.
1. In the event that the owner or operator or the third party provider of a financial responsibility instrument is going through a bankruptcy, the owner or operator must notify the Director by certified mail of the commencement of a voluntary or involuntary proceeding under Title 11 (Bankruptcy), U.S. Code, naming the owner or operator as debtor, within 10 days after commencement of the proceeding.
  2. A guarantor of a corporate guarantee must make such a notification to the Director if they are named as debtor, as required under the terms of the corporate guarantee.
  3. An owner or operator who fulfills the requirements of subsection (A) by obtaining a trust fund, surety bond, letter of credit, escrow account, or insurance policy will be deemed to be without the required financial assurance in the event of bankruptcy of the trustee or issuing institution, or a suspension or revocation of the authority of the trustee institution to act as trustee of the institution issuing the trust fund, surety bond, letter of credit, escrow account, or insurance policy. The owner or operator must establish other financial assurance within 60 days after such an event.

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- E. The owner or operator must provide an adjustment of the cost estimate to the Director within 60 days of notification by the Director, if the Director determines during the annual evaluation of the qualifying financial responsibility instrument or instruments that the most recent demonstration is no longer adequate to cover the cost of corrective action as required under R18-9-J659, injection well plugging under R18-9-J667, post-injection site care and site closure as required under R18-9-J668, and emergency and remedial response as required under R18-9-J669.
- F. The Director must approve the use and length of pay-in-periods for trust funds or escrow accounts.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-J661. Class VI; Injection Well Construction Requirements**

- A. The owner or operator must ensure that all Class VI wells are constructed and completed to:
  1. Prevent the movement of fluids into or between USDWs or into any unauthorized zones;
  2. Permit the use of appropriate testing devices and work-over tools; and
  3. Permit continuous monitoring of the annulus space between the injection tubing and long string casing.
- B. Casing and Cementing of Class VI Wells.
  1. Casing and cement or other materials used in the construction of each Class VI well must have sufficient structural strength and be designed for the life of the geologic sequestration project. All well materials must be compatible with fluids with which the materials may be expected to come into contact and must meet or exceed standards developed for such materials by the American Petroleum Institute, ASTM International, or comparable standards acceptable to the Director. The casing and cementing program must be designed to prevent the movement of fluids into or between USDWs. In order to allow the Director to determine and specify casing and cementing requirements, the owner or operator must provide the following information:
    - a. Depth to the injection zone or zones;
    - b. Injection pressure, external pressure, internal pressure, and axial loading;
    - c. Hole size;
    - d. Size and grade of all casing strings (wall thickness, external diameter, nominal weight, length, joint specification, and construction material);
    - e. Corrosiveness of the carbon dioxide stream and formation fluids;
    - f. Down-hole temperatures;
    - g. Lithology of injection and confining zone or zones;
    - h. Type or grade of cement and cement additives; and
    - i. Quantity, chemical composition, and temperature of the carbon dioxide stream.
  2. Surface casing must extend through the base of the lowermost USDW and be cemented to the surface through the use of a single or multiple strings of casing and cement.
  3. At least one long string casing, using a sufficient number of centralizers, must extend to the injection zone and must be cemented by circulating cement to the surface in one or more stages.

4. Circulation of cement may be accomplished by staging. The Director may approve an alternative method of cementing in cases where the cement cannot be recirculated to the surface, provided the owner or operator can demonstrate by using logs that the cement does not allow fluid movement behind the well bore.
5. Cement and cement additives must be compatible with the carbon dioxide stream and formation fluids and of sufficient quality and quantity to maintain integrity over the design life of the geologic sequestration project. The integrity and location of the cement shall be verified using technology capable of evaluating cement quality radially and identifying the location of channels to ensure that USDWs are not endangered.

**C. Tubing and packer.**

1. Tubing and packer materials used in the construction of each Class VI well must be compatible with fluids with which the materials may be expected to come into contact and must meet or exceed standards developed for such materials by the American Petroleum Institute, ASTM International, or comparable standards acceptable to the Director.
2. All owners or operators of Class VI wells must inject fluids through tubing with a packer set at a depth opposite a cemented interval at the location approved by the Director.
3. In order for the Director to determine and specify requirements for tubing and packer, the owner or operator must submit the following information:
  - a. Depth of setting;
  - b. Characteristics of the carbon dioxide stream (chemical content, corrosiveness, temperature, and density) and formation fluids;
  - c. Maximum proposed injection pressure;
  - d. Maximum proposed annular pressure;
  - e. Proposed injection rate (intermittent or continuous) and volume and/or mass of the carbon dioxide stream;
  - f. Size of tubing and casing; and
  - g. Tubing tensile, burst, and collapse strengths.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-J662. Class VI; Logging, Sampling, and Testing Prior to Well Operation**

- A. During the drilling and construction of a Class VI injection well, the owner or operator must run appropriate logs, surveys and tests to determine or verify the depth, thickness, porosity, permeability, and lithology of, and the salinity of any formation fluids in all relevant geologic formations to ensure conformance with the injection well construction requirements under R18-9-J661 and to establish accurate baseline data against which future measurements may be compared. The owner or operator must submit to the Director a descriptive report prepared by a knowledgeable log analyst that includes an interpretation of the results of such logs and tests. At a minimum, such logs and tests must include:
  1. Deviation checks during drilling on all holes constructed by drilling a pilot hole which is enlarged by reaming or another method. Such checks must be at sufficiently frequent intervals to determine the location of the borehole and to ensure that vertical avenues for fluid movement in



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the form of diverging holes are not created during drilling; and

2. Before and upon installation of the surface casing:
    - a. Resistivity, spontaneous potential, and caliper logs before the casing is installed; and
    - b. A cement bond and variable density log to evaluate cement quality radially, and a temperature log after the casing is set and cemented.
  3. Before and upon installation of the long string casing:
    - a. Resistivity, spontaneous potential, porosity, caliper, gamma ray, fracture finder logs, and any other logs the Director requires for the given geology before the casing is installed; and
    - b. A cement bond and variable density log, and a temperature log after the casing is set and cemented.
  4. A series of tests designed to demonstrate the internal and external mechanical integrity of injection wells, which may include:
    - a. A pressure test with liquid or gas;
    - b. A tracer survey such as oxygen-activation logging;
    - c. A temperature or noise log;
    - d. A casing inspection log; and
  5. Any alternative methods that provide equivalent or better information and that are required by and/or approved of by the Director.
- B.** The owner or operator must take whole cores or sidewall cores of the injection zone and confining system and formation fluid samples from the injection zone or zones, and must submit to the Director a detailed report prepared by a log analyst that includes: Well log analyses (including well logs), core analyses, and formation fluid sample information. The Director may accept information on cores from nearby wells if the owner or operator can demonstrate that core retrieval is not possible and that such cores are representative of conditions at the well. The Director may require the owner or operator to core other formations in the borehole.
- C.** The owner or operator must record the fluid temperature, pH, conductivity, reservoir pressure, and static fluid level of the injection zone or zones.
- D.** At a minimum, the owner or operator must determine or calculate the following information concerning the injection and confining zone or zones:
1. Fracture pressure;
  2. Other physical and chemical characteristics of the injection and confining zone or zones; and
  3. Physical and chemical characteristics of the formation fluids in the injection zone or zones.
- E.** Upon completion, but prior to operation, the owner or operator must conduct the following tests to verify hydrogeologic characteristics of the injection zone or zones:
1. A pressure fall-off test; and,
  2. A pump test; or
  3. Injectivity tests.
- F.** The owner or operator must provide the Director with the opportunity to witness all logging and testing by this Part. The owner or operator must submit a schedule of such activities to the Director 30 days prior to conducting the first test and submit any changes to the schedule 30 days prior to the next scheduled test.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022

(Supp. 22-3).

**R18-9-J663. Class VI; Injection Well Operating Requirements**

- A.** Except during stimulation, the owner or operator must ensure that injection pressure does not exceed 90 percent of the fracture pressure of the injection zone or zones so as to ensure that the injection does not initiate new fractures or propagate existing fractures in the injection zone or zones. In no case may injection pressure initiate fractures in the confining zone or zones or cause the movement of injection or formation fluids that endangers a USDW. Pursuant to requirements at R18-9-J657(B)(9), all stimulation programs must be approved by the Director as part of the permit application and incorporated into the permit.
- B.** Injection between the outermost casing protecting USDWs and the well bore is prohibited.
- C.** The owner or operator must fill the annulus between the tubing and the long string casing with a non-corrosive fluid approved by the Director. The owner or operator must maintain on the annulus a pressure that exceeds the operating injection pressure, unless the Director determines that such requirement might harm the integrity of the well or endanger USDWs.
- D.** Other than during periods of well workover (maintenance) approved by the Director in which the sealed tubing-casing annulus is disassembled for maintenance or corrective procedures, the owner or operator must maintain mechanical integrity of the injection well at all times.
- E.** The owner or operator must install and use:
1. Continuous recording devices to monitor: The injection pressure; the rate, volume and/or mass, and temperature of the carbon dioxide stream; and the pressure on the annulus between the tubing and the long string casing and annulus fluid volume; and
  2. Alarms and automatic surface shut-off systems or, at the discretion of the Director, down-hole shut-off systems for onshore wells or, other mechanical devices that provide equivalent protection.
- F.** If a shutdown (such as down-hole or at the surface) is triggered or a loss of mechanical integrity is discovered, the owner or operator must immediately investigate and identify as expeditiously as possible the cause of the shutoff. If, upon such investigation, the well appears to be lacking mechanical integrity, or if monitoring required under subsection (E) otherwise indicates that the well may be lacking mechanical integrity, the owner or operator must:
1. Immediately cease injection;
  2. Take all steps reasonably necessary to determine whether there may have been a release of the injected carbon dioxide stream or formation fluids into any unauthorized zone;
  3. Notify the Director within 24 hours;
  4. Restore and demonstrate mechanical integrity to the satisfaction of the Director prior to resuming injection; and
  5. Notify the Director when injection can be expected to resume.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-J664. Class VI; Mechanical Integrity**

- A.** A Class VI well has mechanical integrity if:
1. There is no significant leak in the casing, tubing, or packer; and

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2. There is no significant fluid movement into a USDW through channels adjacent to the injection well bore.
  - B. To evaluate the absence of significant leaks under subsection (A)(1), owners or operators must, following an initial annulus pressure test, continuously monitor injection pressure, rate, injected volumes; pressure on the annulus between tubing and long-string casing; and annulus fluid volume as specified in R18-9-J663;
  - C. At least once per year, the owner or operator must use one of the following methods to determine the absence of significant fluid movement under subsection (A)(2):
    1. An approved tracer survey such as an oxygen-activation log; or
    2. A temperature or noise log.
  - D. If required by the Director, at a frequency specified in the testing and monitoring plan required at R18-9-J665, the owner or operator must run a casing inspection log to determine the presence or absence of corrosion in the long-string casing.
  - E. The Director may require any other test to evaluate mechanical integrity under subsections (A)(1) or (2). Also, the Director may allow the use of a test to demonstrate mechanical integrity other than those listed above with the written approval of the Administrator. To obtain approval for a new mechanical integrity test, the Director must submit a written request to the Administrator setting forth the proposed test and all technical data supporting its use.
  - F. In conducting and evaluating the tests enumerated in this Section or others to be allowed by the Director, the owner or operator and the Director must apply methods and standards generally accepted in the industry. When the owner or operator reports the results of mechanical integrity tests to the Director, they shall include a description of the test or tests and the method or methods used. In making his or her evaluation, the Director must review monitoring and other test data submitted since the previous evaluation.
  - G. The Director may require additional or alternative tests if the results presented by the owner or operator under subsections (A) through (F) are not satisfactory to the Director to demonstrate that there is no significant leak in the casing, tubing, or packer, or to demonstrate that there is no significant movement of fluid into a USDW resulting from the injection activity as stated in subsections (A)(1) and (2).
- Historical Note**
- New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).
- R18-9-J665. Class VI; Testing and Monitoring Requirements**
- The owner or operator of a Class VI well must prepare, maintain, and comply with a testing and monitoring plan to verify that the geologic sequestration project is operating as permitted and is not endangering USDWs. The requirement to maintain and implement an approved plan is directly enforceable regardless of whether the requirement is a condition of the permit. The testing and monitoring plan must be submitted with the permit application, for Director approval, and must include a description of how the owner or operator will meet the requirements of this Section, including accessing sites for all necessary monitoring and testing during the life of the project. Testing and monitoring associated with geologic sequestration projects must, at a minimum, include:
1. Analysis of the carbon dioxide stream with sufficient frequency to yield data representative of its chemical and physical characteristics;
  2. Installation and use, except during well workovers as defined in R18-9-J663, of continuous recording devices to monitor injection pressure, rate, and volume; the pressure on the annulus between the tubing and the long string casing; and the annulus fluid volume added;
  3. Corrosion monitoring of the well materials for loss of mass, thickness, cracking, pitting, and other signs of corrosion, which must be performed on a quarterly basis to ensure that the well components meet the minimum standards for material strength and performance set forth in R18-9-J661, by:
    - a. Analyzing coupons of the well construction materials placed in contact with the carbon dioxide stream; or
    - b. Routing the carbon dioxide stream through a loop constructed with the material used in the well and inspecting the materials in the loop; or
    - c. Using an alternative method approved by the Director;
  4. Periodic monitoring of the ground water quality and geochemical changes above the confining zone or zones that may be a result of carbon dioxide movement through the confining zone or zones or additional identified zones including:
    - a. The location and number of monitoring wells based on specific information about the geologic sequestration project, including injection rate and volume, geology, the presence of artificial penetrations, and other factors; and
    - b. The monitoring frequency and spatial distribution of monitoring wells based on baseline geochemical data that has been collected under R18-9-J657 and on any modeling results in the area of review evaluation required by R18-9-J659(C).
  5. A demonstration of external mechanical integrity pursuant to R18-9-J664(C) at least once per year until the injection well is plugged; and, if required by the Director, a casing inspection log pursuant to requirements under R18-9-J664(D) at a frequency established in the testing and monitoring plan;
  6. A pressure fall-off test at least once every five years unless more frequent testing is required by the Director based on site-specific information;
  7. Testing and monitoring to track the extent of the carbon dioxide plume and the presence or absence of elevated pressure (e.g., the pressure front) by using:
    - a. Direct methods in the injection zone or zones; and,
    - b. Indirect methods (e.g., seismic, electrical, gravity, or electromagnetic surveys and/or down-hole carbon dioxide detection tools), unless the Director determines, based on site-specific geology, that such methods are not appropriate;
  8. The Director may require surface air monitoring and/or soil gas monitoring to detect movement of carbon dioxide that could endanger a USDW.
    - a. Design of Class VI surface air and/or soil gas monitoring must be based on potential risks to USDWs within the area of review;
    - b. The monitoring frequency and spatial distribution of surface air monitoring and/or soil gas monitoring must be decided using baseline data, and the monitoring plan must describe how the proposed monitoring will yield useful information on the area of

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- review delineation and/or compliance with standards under R18-9-B608;
- c. If an owner or operator demonstrates that monitoring employed under 40 CFR §§ 98.440 to 98.449 (Clean Air Act, 42 U.S.C. 7401 et seq.) accomplishes the goals of subsections (A)(8)(a) and (b), and meets the requirements pursuant to R18-9-J666(3)(e), a Director that requires surface air/soil gas monitoring must approve the use of monitoring employed under 40 CFR §§ 98.440 to 98.449. Compliance with 40 CFR §§ 98.440 to 98.449 pursuant to this provision is considered a condition of the Class VI permit;
  9. Any additional monitoring, as required by the Director, necessary to support, upgrade, and improve computational modeling of the area of review evaluation required under R18-9-J659(C) and to determine compliance with standards under R18-9-B608;
  10. The owner or operator shall periodically review the testing and monitoring plan to incorporate monitoring data collected under this Part, operational data collected under R18-9-J663, and the most recent area of review reevaluation performed under R18-9-J659(E). In no case shall the owner or operator review the testing and monitoring plan less often than once every five years. Based on this review, the owner or operator shall submit an amended testing and monitoring plan or demonstrate to the Director that no amendment to the testing and monitoring plan is needed. Any amendments to the testing and monitoring plan must be approved by the Director, must be incorporated into the permit, and are subject to the permit modification requirements under R18-9-C632 or R18-9-C633, as appropriate. Amended plans or demonstrations shall be submitted to the Director as follows:
    - a. Within one year of an area of review reevaluation;
    - b. Following any significant changes to the facility, such as addition of monitoring wells or newly permitted injection wells within the area of review, on a schedule determined by the Director; or
    - c. When required by the Director.
  11. A quality assurance and surveillance plan for all testing and monitoring requirements.
    - e. The monthly volume and/or mass of the carbon dioxide stream injected over the reporting period and the volume injected cumulatively over the life of the project;
    - f. Monthly annulus fluid volume added; and
    - g. The results of monitoring prescribed under R18-9-J665.
  2. Report, within 30 days, the results of:
    - a. Periodic tests of mechanical integrity;
    - b. Any well workover; and,
    - c. Any other test of the injection well conducted by the permittee if required by the Director.
  3. Report, within 24 hours:
    - a. Any evidence that the injected carbon dioxide stream or associated pressure front may cause an endangerment to a USDW;
    - b. Any noncompliance with a permit condition, or malfunction of the injection system, which may cause fluid migration into or between USDWs;
    - c. Any triggering of a shut-off system (i.e., down-hole or at the surface);
    - d. Any failure to maintain mechanical integrity; or
    - e. Pursuant to compliance with the requirement at R18-9-J665(8) for surface air/soil gas monitoring or other monitoring technologies, if required by the Director, any release of carbon dioxide to the atmosphere or biosphere.
  4. Owners or operators must notify the Director in writing 30 days in advance of:
    - a. Any planned well workover;
    - b. Any planned stimulation activities, other than stimulation for formation testing conducted under R18-9-J657; and
    - c. Any other planned test of the injection well conducted by the permittee.
  5. Owners or operators must submit all required reports, submittals, and notifications under Part J of this Article to EPA in an electronic format approved by EPA.
  6. Records shall be retained by the owner or operator as follows:
    - a. All data collected under R18-9-J657 for Class VI permit applications shall be retained throughout the life of the geologic sequestration project and for 10 years following site closure.
    - b. Data on the nature and composition of all injected fluids collected pursuant to R18-9-J665(1) shall be retained until 10 years after site closure. The Director may require the owner or operator to deliver the records to the Director at the conclusion of the retention period.
    - c. Monitoring data collected pursuant to R18-9-J665(2) through (9) shall be retained for 10 years after it is collected.
    - d. Well plugging reports, post-injection site care data, including, if appropriate, data and information used to develop the demonstration of the alternative post-injection site care timeframe, and the site closure report collected pursuant to requirements at R18-9-J668(F) and (H) shall be retained for 10 years following site closure.
    - e. The Director has authority to require the owner or operator to retain any records required in this Part for longer than 10 years after site closure.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**R18-9-J666. Class VI; Reporting Requirements**

The owner or operator must provide at a minimum, the following reports to the Director, and as specified in subsection (5) to EPA, for each permitted Class VI well:

1. Semi-annual reports containing:
  - a. Any changes to the physical, chemical, and other relevant characteristics of the carbon dioxide stream from the proposed operating data;
  - b. Monthly average, maximum, and minimum values for injection pressure, flow rate and volume, and annular pressure;
  - c. A description of any event that exceeds operating parameters for annulus pressure or injection pressure specified in the permit;
  - d. A description of any event which triggers a shut-off device required pursuant to R18-9-J663(E) and the response taken;

**Historical Note**

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New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-J667. Class VI; Injection Well Plugging**

- A.** Prior to the well plugging, the owner or operator must flush each Class VI injection well with a buffer fluid, determine bottomhole reservoir pressure, and perform a final external mechanical integrity test.
- B.** The owner or operator of a Class VI well must prepare, maintain, and comply with a plan that is acceptable to the Director. The requirement to maintain and implement an approved plan is directly enforceable regardless of whether the requirement is a condition of the permit. The well plugging plan must be submitted as part of the permit application and must include the following information:
  1. Appropriate tests or measures for determining bottomhole reservoir pressure;
  2. Appropriate testing methods to ensure external mechanical integrity as specified in R18-9-J664;
  3. The type and number of plugs to be used;
  4. The placement of each plug, including the elevation of the top and bottom of each plug;
  5. The type, grade, and quantity of material to be used in plugging. The material must be compatible with the carbon dioxide stream; and
  6. The method of placement of the plugs.
- C.** The owner or operator must notify the Director in writing pursuant to R18-9-J666(5), at least 60 days before plugging of a well. At this time, if any changes have been made to the original well plugging plan, the owner or operator must also provide the revised well plugging plan. The Director may allow for a shorter notice period. Any amendments to the injection well plugging plan must be approved by the Director, must be incorporated into the permit, and are subject to the permit modification requirements at R18-9-C632 or R18-9-C633, as appropriate.
- D.** Within 60 days after plugging, the owner or operator must submit, pursuant to R18-9-J666(5), a plugging report to the Director. The report must be certified as accurate by the owner or operator and by the person who performed the plugging operation, if other than the owner or operator. The owner or operator shall retain the well plugging report for 10 years following site closure.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-J668. Class VI; Post-Injection Site Care and Site Closure**

- A.** The owner or operator of a Class VI well must prepare, maintain, and comply with a plan for post-injection site care and site closure that meets the requirements of subsection (A)(2) and is acceptable to the Director. The requirement to maintain and implement an approved plan is directly enforceable regardless of whether the requirement is a condition of the permit.
  1. The owner or operator must submit the post-injection site care and site closure plan as a part of the permit application to be approved by the Director.
  2. The post-injection site care and site closure plan must include the following information:
    - a. The pressure differential between pre-injection and predicted post-injection pressures in the injection zone or zones;
    - b. The predicted position of the carbon dioxide plume and associated pressure front at site closure as demonstrated in the area of review evaluation required under R18-9-J659(C)(1);
    - c. A description of post-injection monitoring location, methods, and proposed frequency;
    - d. A proposed schedule for submitting post-injection site care monitoring results to the Director pursuant to R18-9-J666(5); and
    - e. The duration of the post-injection site care timeframe and, if approved by the Director, the demonstration of the alternative post-injection site care timeframe that ensures non-endangerment of USDWs.
- B.** Upon cessation of injection, owners or operators of Class VI wells must either submit an amended post-injection site care and site closure plan or demonstrate to the Director through monitoring data and modeling results that no amendment to the plan is needed. Any amendments to the post-injection site care and site closure plan must be approved by the Director, be incorporated into the permit, and are subject to the permit modification requirements at R18-9-C632 or R18-9-C633, as appropriate.
- C.** At any time during the life of the geologic sequestration project, the owner or operator may modify and resubmit the post-injection site care and site closure plan for the Director's approval within 30 days of such change.
- D.** The owner or operator shall monitor the site following the cessation of injection to show the position of the carbon dioxide plume and pressure front and demonstrate that USDWs are not being endangered.
  1. Following the cessation of injection, the owner or operator shall continue to conduct monitoring as specified in the Director-approved post-injection site care and site closure plan for at least 50 years or for the duration of the alternative timeframe approved by the Director pursuant to requirements in subsection (C), unless they make a demonstration under subsection (B)(2). The monitoring must continue until the geologic sequestration project no longer poses an endangerment to USDWs and the demonstration under subsection (B)(2) is submitted and approved by the Director.
  2. If the owner or operator can demonstrate to the satisfaction of the Director before 50 years or prior to the end of the approved alternative timeframe based on monitoring and other site-specific data, that the geologic sequestration project no longer poses an endangerment to USDWs, the Director may approve an amendment to the post-injection site care and site closure plan to reduce the frequency of monitoring or may authorize site closure before the end of the 50-year period or prior to the end of the approved alternative timeframe, where they have substantial evidence that the geologic sequestration project no longer poses a risk of endangerment to USDWs.
  3. Prior to authorization for site closure, the owner or operator must submit to the Director for review and approval a demonstration, based on monitoring and other site-specific data, that no additional monitoring is needed to ensure that the geologic sequestration project does not pose an endangerment to USDWs.

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4. If the demonstration in subsection (B)(3) cannot be made at the end of the 50-year period or at the end of the approved alternative timeframe, or if the Director does not approve the demonstration, the owner or operator must submit to the Director a plan to continue post-injection site care until a demonstration can be made and approved by the Director.
- C. At the Director's discretion, the Director may approve, in consultation with EPA, an alternative post-injection site care timeframe other than the 50-year default, if an owner or operator can demonstrate during the permitting process that an alternative post-injection site care timeframe is appropriate and ensures non-endangerment of USDWs. The demonstration must be based on significant, site-specific data and information including all data and information collected pursuant to R18-9-J657 or R18-9-J658, and must contain substantial evidence that the geologic sequestration project will no longer pose a risk of endangerment to USDWs at the end of the alternative post-injection site care timeframe.
  1. A demonstration of an alternative post-injection site care timeframe must include consideration and documentation of:
    - a. The results of computational modeling performed pursuant to delineation of the area of review under R18-9-J659;
    - b. The predicted timeframe for pressure decline within the injection zone, and any other zones, such that formation fluids may not be forced into any USDWs; and/or the timeframe for pressure decline to pre-injection pressures;
    - c. The predicted rate of carbon dioxide plume migration within the injection zone, and the predicted timeframe for the cessation of migration;
    - d. A description of the site-specific processes that will result in carbon dioxide trapping including immobilization by capillary trapping, dissolution, and mineralization at the site;
    - e. The predicted rate of carbon dioxide trapping in the immobile capillary phase, dissolved phase, and/or mineral phase;
    - f. The results of laboratory analyses, research studies, and/or field or site-specific studies to verify the information required in subsection (C)(1)(d) and (C)(1)(e);
    - g. A characterization of the confining zone or zones including a demonstration that it is free of transmissive faults, fractures, and micro-fractures and of appropriate thickness, permeability, and integrity to impede fluid movement, such as carbon dioxide and formation fluids;
    - h. The presence of potential conduits for fluid movement including planned injection wells and project monitoring wells associated with the proposed geologic sequestration project or any other projects in proximity to the predicted modeled, final extent of the carbon dioxide plume and area of elevated pressure;
    - i. A description of the well construction and an assessment of the quality of plugs of all abandoned wells within the area of review;
    - j. The distance between the injection zone and the nearest USDWs above and/or below the injection zone; and
    - k. Any additional site-specific factors required by the Director.
  2. Information submitted to support the demonstration in subsection (C)(1) must meet the following criteria:
    - a. All analyses and tests performed to support the demonstration must be accurate, reproducible, and performed in accordance with the established quality assurance standards;
    - b. Estimation techniques must be appropriate and EPA-certified test protocols must be used where available;
    - c. Predictive models must be appropriate and tailored to the site conditions, composition of the carbon dioxide stream and injection and site conditions over the life of the geologic sequestration project;
    - d. Predictive models must be calibrated using existing information where sufficient data are available;
    - e. Reasonably conservative values and modeling assumptions must be used and disclosed to the Director whenever values are estimated on the basis of known, historical information instead of site-specific measurements;
    - f. An analysis must be performed to identify and assess aspects of the alternative post-injection site care timeframe demonstration that contribute significantly to uncertainty. The owner or operator must conduct sensitivity analyses to determine the effect that significant uncertainty may contribute to the modeling demonstration;
    - g. An approved quality assurance and quality control plan must address all aspects of the demonstration; and
    - h. Any additional criteria required by the Director.
- D. The owner or operator must notify the Director in writing at least 120 days before site closure. At this time, if any changes have been made to the original post-injection site care and site closure plan, the owner or operator must also provide the revised plan. The Director may allow for a shorter notice period.
- E. After the Director has authorized site closure, the owner or operator must plug all monitoring wells in a manner which will not allow movement of injection or formation fluids that endangers a USDW.
- F. The owner or operator must submit a site closure report to the Director within 90 days of site closure, which must thereafter be retained at a location designated by the Director for 10 years. The report must include:
  1. Documentation of appropriate injection and monitoring well plugging as specified in R18-9-J667 and subsection (E). The owner or operator must provide a copy of a survey plat which has been submitted to the local zoning authority designated by the Director. The plat must indicate the location of the injection well relative to permanently surveyed benchmarks. The owner or operator must also submit a copy of the plat to the Administrator of EPA Region 9;
  2. Documentation of appropriate notification and information to such State, local and Tribal authorities that have authority over drilling activities to enable such State, local, and Tribal authorities to impose appropriate conditions on subsequent drilling activities that may penetrate the injection and confining zone or zones; and
  3. Records reflecting the nature, composition, and volume of the carbon dioxide stream.

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- G.** Each owner or operator of a Class VI injection well must record a notation on the deed to the facility property or any other document that is normally examined during Title search that will in perpetuity provide any potential purchaser of the property the following information:
1. The fact that land has been used to sequester carbon dioxide;
  2. The name of the State agency, local authority, and/or Tribe with which the survey plat was filed, as well as the address of the Environmental Protection Agency Regional Office to which it was submitted; and
  3. The volume of fluid injected, the injection zone or zones into which it was injected, and the period over which injection occurred.
- H.** The owner or operator must retain for 10 years following site closure, records collected during the post-injection site care period. The owner or operator must deliver the records to the Director at the conclusion of the retention period, and the records must thereafter be retained at a location designated by the Director for that purpose.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-J669. Class VI; Emergency and Remedial Response**

- A.** As part of the permit application, the owner or operator must provide the Director with an emergency and remedial response plan that describes actions the owner or operator must take to address movement of the injection or formation fluids that may cause an endangerment to a USDW during construction, operation, and post-injection site care periods. The requirement to maintain and implement an approved plan is directly enforceable regardless of whether the requirement is a condition of the permit.
- B.** If the owner or operator obtains evidence that the injected carbon dioxide stream and associated pressure front may cause an endangerment to a USDW, the owner or operator must:
1. Immediately cease injection;
  2. Take all steps reasonably necessary to identify and characterize any release;
  3. Notify the Director within 24 hours; and
  4. Implement the emergency and remedial response plan approved by the Director.
- C.** The Director may allow the operator to resume injection prior to remediation if the owner or operator demonstrates that the injection operation will not endanger USDWs.
- D.** The owner or operator shall periodically review the emergency and remedial response plan developed under subsection (A). In no case shall the owner or operator review the emergency and remedial response plan less often than once every five years. Based on this review, the owner or operator shall submit an amended emergency and remedial response plan or demonstrate to the Director that no amendment to the emergency and remedial response plan is needed. Any amendments to the emergency and remedial response plan must be approved by the Director, must be incorporated into the permit, and are subject to the permit modification requirements at R18-9-C632 or R18-9-C633, as appropriate. Amended plans or demonstrations shall be submitted to the Director as follows:
1. Within one year of an area of review reevaluation;
  2. Following any significant changes to the facility, such as addition of injection or monitoring wells, on a schedule determined by the Director; or

3. When required by the Director.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1903 (August 5, 2022), effective September 6, 2022  
(Supp. 22-3).

**R18-9-J670. Class VI; Injection Depth Waiver Requirements**

- A.** This Section sets forth information which an owner or operator seeking a waiver of the Class VI injection depth requirements must submit to the Director; information the Director must consider in consultation with all affected Public Water System Supervision Directors; the procedure for Director-- Administrator communication and waiver issuance; and the additional requirements that apply to owners or operators of Class VI wells granted a waiver of the injection depth requirements.
- B.** In seeking a waiver of the requirement to inject below the lowest USDW, the owner or operator must submit a supplemental report concurrent with permit application. The supplemental report must include the following:
1. A demonstration that the injection zone or zones is/are laterally continuous, is not a USDW, and is not hydraulically connected to USDWs; does not outcrop; has adequate injectivity, volume, and sufficient porosity to safely contain the injected carbon dioxide and formation fluids; and has appropriate geochemistry.
  2. A demonstration that the injection zone or zones is/are bounded by laterally continuous, impermeable confining units above and below the injection zone or zones adequate to prevent fluid movement and pressure buildup outside of the injection zone or zones; and that the confining unit or units is/are free of transmissive faults and fractures. The report shall further characterize the regional fracture properties and contain a demonstration that such fractures will not interfere with injection, serve as conduits, or endanger USDWs.
  3. A demonstration, using computational modeling, that USDWs above and below the injection zone will not be endangered as a result of fluid movement. This modeling should be conducted in conjunction with the area of review determination, as described in R18-9-J659, and is subject to requirements, as described in R18-9-J659(C), and periodic reevaluation, as described in R18-9-J659(E).
  4. A demonstration that well design and construction, in conjunction with the waiver, will ensure isolation of the injectate in lieu of requirements at R18-9-J661(A)(1) and will meet well construction requirements in subsection (G).
  5. A description of how the monitoring and testing and any additional plans will be tailored to the geologic sequestration project to ensure protection of USDWs above and below the injection zone or zones, if a waiver is granted.
  6. Information on the location of all the public water supplies affected, reasonably likely to be affected, or served by USDWs in the area of review.
  7. Any other information requested by the Director to inform the Administrator's decision to issue a waiver.
- C.** To inform the Administrator's decision on whether to grant a waiver of the injection depth requirements at R18-9-A604 and R18-9-J661(A)(1), the Director must submit, to the Administrator, documentation of the following:
1. An evaluation of the following information as it relates to siting, construction, and operation of a geologic sequestration project with a waiver:

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- a. The integrity of the upper and lower confining units;
  - b. The suitability of the injection zone or zones, such as lateral continuity, lack of transmissive faults and fractures, knowledge of current or planned artificial penetrations into the injection zone or zones, or formations below the injection zone;
  - c. The potential capacity of the geologic formation or formations to sequester carbon dioxide, accounting for the availability of alternative injection sites;
  - d. All other site characterization data, the proposed emergency and remedial response plan, and a demonstration of financial responsibility;
  - e. Community needs, demands, and supply from drinking water resources;
  - f. Planned needs, potential and/or future use of USDWs and non-USDWs in the area;
  - g. Planned or permitted water, hydrocarbon, or mineral resource exploitation potential of the proposed injection formation or formations and other formations both above and below the injection zone to determine if there are any plans to drill through the formation to access resources in or beneath the proposed injection zone or zones/formation or formations;
  - h. The proposed plan for securing alternative resources or treating USDW formation waters in the event of contamination related to the Class VI injection activity; and,
  - i. Any other applicable considerations or information requested by the Director.
2. Consultation with the Public Water System Supervision Directors of all States and Tribes having jurisdiction over lands within the area of review of a well for which a waiver is sought.
  3. Any written waiver-related information submitted by the Public Water System Supervision Director or Directors to the (UIC) Director.
- D.** Pursuant to requirements at R18-9-C620 and concurrent with the Class VI permit application notice process, the Director shall give public notice that a waiver application has been submitted. The notice shall clearly state:
1. The depth of the proposed injection zone or zones;
  2. The location of the injection well or wells;
  3. The name and depth of all USDWs within the area of review;
  4. A map of the area of review;
  5. The names of any public water supplies affected, reasonably likely to be affected, or served by USDWs in the area of review; and,
  6. The results of UIC-Public Water System Supervision consultation required under subsection (C)(2).
- E.** Following public notice, the Director shall provide all information received through the waiver application process to the Administrator. Based on the information provided, the Administrator shall provide written concurrence or non-concurrence regarding waiver issuance.
1. If the Administrator determines that additional information is required to support a decision, the Director shall provide the information. At the Administrator's discretion, they may require that public notice of the new information be initiated.
  2. In no case shall a Director of a State-approved program issue a waiver without receipt of written concurrence from the Administrator.
- F.** If a waiver is issued, within 30 days of waiver issuance, EPA shall post the following information on the Office of Water's Web site:
1. The depth of the proposed injection zone or zones;
  2. The location of the injection well or wells;
  3. The name and depth of all USDWs within the area of review;
  4. A map of the area of review;
  5. The names of any public water supplies affected, reasonably likely to be affected, or served by USDWs in the area of review; and
  6. The date of waiver issuance.
- G.** Upon receipt of a waiver of the requirement to inject below the lowermost USDW for geologic sequestration, the owner or operator of the Class VI well must comply with:
1. All requirements at R18-9-J659, R18-9-J660, R18-9-J662, R18-9-J663, R18-9-J664, R18-9-J666, R18-9-J667, and R18-9-J669;
  2. All requirements at R18-9-J661 with the following modified requirements:
    - a. The owner or operator must ensure that Class VI wells with a waiver are constructed and completed to prevent movement of fluids into any unauthorized zones including USDWs, in lieu of requirements at R18-9-J661(A)(1).
    - b. The casing and cementing program must be designed to prevent the movement of fluids into any unauthorized zones including USDWs in lieu of requirements at R18-9-J661(B)(1).
    - c. The surface casing must extend through the base of the nearest USDW directly above the injection zone and be cemented to the surface; or, at the Director's discretion, another formation above the injection zone and below the nearest USDW above the injection zone.
  3. All requirements at R18-9-J665 with the following modified requirements:
    - a. The owner or operator shall monitor the groundwater quality, geochemical changes, and pressure in the first USDWs immediately above and below the injection zone or zones; and in any other formations at the discretion of the Director.
    - b. Testing and monitoring to track the extent of the carbon dioxide plume and the presence or absence of elevated pressure by using direct methods to monitor for pressure changes in the injection zone or zones; and, indirect methods (such as seismic, electrical, gravity, or electromagnetic surveys and/or down-hole carbon dioxide detection tools), unless the Director determines, based on site-specific geology, that such methods are not appropriate.
  4. All requirements at R18-9-J668 with the following, modified post-injection site care monitoring requirements:
    - a. The owner or operator shall monitor the groundwater quality, geochemical changes and pressure in the first USDWs immediately above and below the injection zone; and in any other formations at the discretion of the Director.
    - b. Testing and monitoring to track the extent of the carbon dioxide plume and the presence or absence of elevated pressure by using direct methods in the injection zone or zones; and indirect methods, unless the Director determines based on site-specific geology, that such methods are not appropriate.

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5. Any additional requirements requested by the Director designed to ensure protection of USDWs above and below the injection zone or zones.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
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(Supp. 22-3).

**Table 1. Applicable Standards National Primary Drinking Water Regulations**

Contaminant	MCL <sup>1</sup> (mg/L) <sup>2</sup>
Alachlor	0.002
Alpha/photon emitters	15 picocuries per Liter (pCi/L)
Antimony	0.006
Arsenic	0.010
Asbestos (fibers>10 micrometers)	7 million fibers per Liter (MFL)
Atrazine	0.003
Barium	2
Benzene	0.005
Benzo(a)pyrene (PAHs)	0.0002
Beryllium	0.004
Beta photon emitters	4 millirems per year
Bromate	0.010
Cadmium	0.005
Carbofuran	0.04
Carbon tetrachloride	0.005
Chlordane	0.002
Chlorite	1.0
Chlorobenzene	0.1
Chromium (total)	0.1
Cyanide (as free cyanided)	0.2
2,4-D	0.07
Dalapon	0.2
1,2-Dibromo-3-chloropropane (DBCP)	0.0002
o-Dichlorobenzene	0.6
p-Dichlorobenzene	0.075
1,2-Dichloroethane	0.005
1,1-Dichloroethylene	0.007
Cis-1,2-Dichloroethylene	0.07
Trans-1,2-Dichloroethylene	0.1
Dichloromethane	0.005
1,2-Dichloropropane	0.005
Di(2-ethylhexyl) adipate	0.4
DI(2-ethylhexyl) phthalate	0.006
Dinoseb	0.007
Dioxin (2,3,7,8-TCDD)	0.00000003
Diquat	0.02
Endothall	0.1
Endrin	0.002
Ethylbenzene	0.7

Ethylene dibromide	0.00005
Fecal coliform and <i>E.coli</i>	MCL <sup>3</sup>
Fluoride	4.0
Glyphosate	0.7
Haloacetic acids (HAA5)	0.060
Heptachlor	0.0004
Heptachlor epoxide	0.0002
Hexachlorobenzene	0.001
Hexachlorocyclopentadiene	0.05
Lindane	0.0002
Mercury (inorganic)	0.002
Methoxychlor	0.04
Nitrate (measured as Nitrogen)	10
Nitrite (measured as Nitrogen)	1
Oxamyl (Vydate)	0.2
Pentachlorophenol	0.001
Picloram	0.5
Polychlorinated biphenyls (PCBs)	0.0005
Radium 226 and Radium 228 (combined)	5 pCi/L
Selenium	0.05
Simazine	0.004
Styrene	0.1
Tetrachloroethylene	0.005
Thallium	0.002
Toluene	1
Total Coliforms	5.0 percent <sup>4</sup>
Total Trihalomethanes (TTHMs)	0.080
Toxaphene	0.003
2,4,5-TP (Silvex)	0.05
1,2,4-Trichlorobenzene	0.07
1,1,1-Trichloroethane	0.2
1,1,2-Trichloroethane	0.005
Trichloroethylene	0.005
Uranium	30µg/L
Vinyl chloride	0.002
Xylenes (total)	10

**NOTES**

<sup>1</sup> Maximum Contaminant Level (MCL) – The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to MCLGs as feasible using the best available treatment technology and taking cost into consideration. MCLs are enforceable standards.

<sup>2</sup> Units are in milligrams per liter (mg/L) unless otherwise noted. Milligrams per liter are equivalent to parts per million (ppm).

<sup>3</sup> A routine sample that is fecal coliform-positive or *E. coli*-positive triggers repeat samples-if any repeat sample is total coliform-positive, the system has an acute MCL violation. A routine sample that is total coliform-positive, and fecal coliform-negative or *E. coli*-negative triggers repeat samples – if any repeat sample is fecal coli-



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form-positive or E. coli-positive, the system has an acute MCL violation. See also Total Coliforms.

<sup>4</sup> No more than 5.0 percent samples total coliform-positive in a month. (For water systems that collect fewer than 40 routine samples per month, no more than one sample can be total coliform-positive per month.) Every sample that has total coliform must be analyzed for either fecal coliforms or E. coli. If two consecutive TC-positive samples, and one is also positive for E. coli or fecal coliforms, system has an acute MCL violation.

**Historical Note**

New Table 1, under Article 6, Part J made by final rulemaking at 28 A.A.R. 1903 (August 5, 2022), effective September 6, 2022 (Supp. 22-3).

**ARTICLE 7. USE OF RECYCLED WATER****R18-9-701. Renumbered****Historical Note**

Former Section R9-20-401 repealed, new Section R9-20-401 adopted effective May 24, 1985 (Supp. 85-3). Former Section R9-20-401 renumbered without change as Section R18-9-701 (Supp. 87-3). Amended by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-701 renumbered to R18-9-A701 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-702. Renumbered****Historical Note**

Former Section R9-20-402 repealed, new Section R9-20-402 adopted effective May 24, 1985 (Supp. 85-3). Former Section R9-20-402 renumbered without change as Section R18-9-702 (Supp. 87-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-702 renumbered to R18-9-A702 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-703. Renumbered****Historical Note**

Former Section R9-20-403 repealed, new Section R9-20-403 adopted effective May 24, 1985 (Supp. 85-3). Former Section R9-20-403 renumbered without change as Section R18-9-703 (Supp. 87-3). Editorial change to labels in subsection (c)(8) (Supp. 89-4). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-703 renumbered to R18-9-B701 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-704. Renumbered****Historical Note**

Former Section R9-20-404 repealed, new Section R9-20-404 adopted effective May 24, 1985 (Supp. 85-3). Former Section R9-20-404 renumbered without change as Section R18-9-704 (Supp. 87-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-704 amended by final rulemaking at 22 A.A.R. 1696, effective August 12, 2016 (Supp. 16-2). Section R18-9-704 and Table 1 renumbered to R18-9-B702 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018

(Supp. 17-4).

**R18-9-705. Renumbered****Historical Note**

Former Section R9-20-405 repealed, new Section R9-20-405 adopted effective May 24, 1985 (Supp. 85-3). Former Section R9-20-405 renumbered without change as Section R18-9-705 (Supp. 87-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-705 renumbered to R18-9-A703 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-706. Renumbered****Historical Note**

Former Section R9-20-406 repealed, new Section R9-20-406 adopted effective May 24, 1985 (Supp. 85-3). Former Section R9-20-406 renumbered without change as Section R18-9-706 (Supp. 87-3). Amended effective December 1, 1988 (Supp. 88-4). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-706 renumbered to R18-9-B703 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-707. Renumbered****Historical Note**

Former Section R9-20-407 repealed, new Section R9-30-407 adopted effective May 24, 1985 (Supp. 85-3). Former Section R9-20-407 renumbered without change as Section R18-9-707 (Supp. 87-3). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-707 renumbered to R18-9-C701 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-708. Renumbered****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-708 renumbered to R18-9-A704 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-709. Renumbered****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-709 renumbered to R18-9-A705 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-710. Renumbered****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-710 renumbered to R18-9-A706 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-711. Renumbered****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section

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R18-9-711 renumbered to R18-9-D701 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-712. Renumbered****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-712 renumbered to R18-9-B704 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-713. Renumbered****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-713 renumbered to R18-9-B705 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-714. Renumbered****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-714 renumbered to R18-9-B706 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-715. Renumbered****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-715 renumbered to R18-9-B707 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-716. Renumbered****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-716 renumbered to R18-9-B708 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-717. Renumbered****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-717 renumbered to R18-9-B709 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-718. Renumbered****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section R18-9-718 renumbered to R18-9-B710 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-719. Renumbered****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section

R18-9-719 renumbered to R18-9-D702 by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-720. Repealed****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 758, effective January 16, 2001 (Supp. 01-1). Section repealed by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

## PART A. GENERAL PROVISIONS

**R18-9-A701. Definitions**

1. "Direct reuse" means the beneficial use of reclaimed water for a purpose allowed by this Article. The following is not a direct reuse of reclaimed water:
  - a. The use of water subsequent to its discharge under the conditions of a National or Arizona Pollutant Discharge Elimination System permit;
  - b. The use of water subsequent to discharge under the conditions of an Aquifer Protection Permit issued under 18 A.A.C. 9, Articles 1 through 3;
  - c. The use of industrial wastewater, reclaimed water, or both, in a workplace subject to a federal program that protects workers from workplace exposures.
2. "Direct reuse site" means an area permitted for the application or impoundment of reclaimed water. An impoundment operated for disposal under an Aquifer Protection Permit is not a direct reuse site.
3. "End user" means a person who directly reuses reclaimed water meeting the standards for Classes A+, A, B+, B, and C, established under 18 A.A.C. 11, Article 3.
4. "*Gray water*" means wastewater that has been collected separately from a sewage flow and that originates from a clothes washer or a bathroom tub, shower or sink but that does not include wastewater from a kitchen sink, dishwasher or toilet. A.R.S. § 49-201(20).
5. "Industrial wastewater" means wastewater generated from an industrial process.
6. "Irrigation" means the beneficial use of water or reclaimed water, or both, for growing crops, turf, or silviculture, or for landscaping.
7. "Open access" means access to reclaimed water by the general public is uncontrolled.
8. "Open water conveyance" means any constructed open waterway, including canals and laterals, that transports reclaimed water from a sewage treatment facility to a reclaimed water blending facility or from a sewage treatment facility or reclaimed water blending facility to the point of land application or end use. An open water conveyance does not include waters of the United States.
9. "Pipeline conveyance" means any system of pipelines that transports reclaimed water from a sewage treatment facility to a reclaimed water blending facility or from a sewage treatment facility or reclaimed water blending facility to the point of land application or end use.
10. "*Reclaimed water*" means water that has been treated or processed by a wastewater treatment plant or an on-site wastewater treatment facility. A.R.S. § 49-201(41).
11. "Reclaimed water agent" means a person who holds a permit to distribute reclaimed water to more than one end user.
12. "Reclaimed water blending facility" means an installation or method of operation that receives reclaimed water

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from a sewage treatment facility or other reclaimed water blending facility classified to produce Class C or better reclaimed water and blends it with other water so that the produced water may be used for a higher-class purpose listed in 18 A.A.C. 11, Article 3, Table A.

13. "Recycled water" means a processed water that originated as a waste or discarded water, including reclaimed water and gray water, for which the Department has designated water quality specifications to allow the water to be used as a supply.
14. "Restricted access" means that access to reclaimed water by the general public is controlled.
15. "Sewage Treatment Facility" means a sewage treatment facility as defined in 18 A.A.C. 9, Article 1.

**Historical Note**

New Section R18-9-A701 renumbered from R18-9-701 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025; amended by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp. 25-1).

**R18-9-A702. Applicability and Standards for Recycled Water**

- A. This Article applies to:
  1. An owner or operator of a sewage treatment facility that generates reclaimed water for direct reuse,
  2. An owner or operator of a reclaimed water blending facility,
  3. A reclaimed water agent,
  4. An end user of reclaimed water,
  5. A person who uses recycled water regulated under this Article,
  6. A person who directly reuses reclaimed water from a sewage treatment facility combined with industrial wastewater or combined with water from an industrial wastewater treatment facility, and
  7. A person who directly reuses reclaimed water from an industrial wastewater treatment facility in the production or processing of a crop or substance that may be used as human or animal food.
- B. Reclaimed water classes A+, A, B+, B, and C specified in this Article shall meet the standards established in 18 A.A.C. 11, Article 3.
- C. Nothing in this Article exempts the disposal of reclaimed water from the Aquifer Protection Permit requirements under A.R.S. Title 49, Chapter 2, Articles 1, 2, and 3.

**Historical Note**

New Section R18-9-A702 renumbered from R18-9-702 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-A703. Recycled Water Individual Permit Application**

- A. To apply for a Recycled Water Individual Permit, a person shall provide the Department with:
  1. The applicable permit fee specified under 18 A.A.C. 14; and
  2. The following information on a form provided by the Department:
    - a. The name, e-mail address, telephone number, and mailing address of the owner or operator of the facility or, if applicable, the reclaimed water agent;

- b. The latitude and longitude coordinates; township range, and section; site address, if applicable; and a map showing the facility or site location;
- c. Any other federal or state environmental permits issued to the applicant;
- d. Source of recycled water to be used;
- e. The applicant may propose for approval, and the Department may issue, a single permit that includes more than one type of recycled water allowed by this article, including for multiple classes of reclaimed water, if the applicant demonstrates the waters will be treated appropriately for the end use;
- f. The applicant may propose, and the Department may permit, the inclusion of kitchen sink and dishwasher wastewater with gray water under a Recycled Water Individual Permit, if the applicant demonstrates such waters will be treated appropriately for the end use;
- g. Estimated volume of recycled water to be used on an annual basis;
- h. Class of reclaimed water to be directly reused, if applicable;
- i. Description of the use activity;
- j. Any treatment measures utilized to meet or maintain reclaimed water quality standards or otherwise ensure the quality of the recycled water is fit for the intended use; and
- k. The applicant's certification that the information submitted in the application is true and accurate to the best of the applicant's knowledge.

**B. Public participation.**

1. Notice of Preliminary Decision.
  - a. The Department shall publish the Notice of Preliminary Decision regarding the issuance or denial of a final permit determination on the Department's website.
  - b. The Department shall accept written comments from the public before a Recycled Water Individual Permit is issued or denied.
  - c. The written public comment period begins on the publication date of the Notice of Preliminary Decision and extends for 30 calendar days.
2. After publishing the notice specified in subsection (B)(1)(a), the Department shall hold a public hearing to address the Notice of Preliminary Decision if the Department determines that:
  - a. Significant public interest in a public hearing exists, or
  - b. Significant issues or information have been brought to the attention of the Department that are relevant to the permitting decision and have not been considered previously in the permitting process.
3. If the Department determines a public hearing is necessary and a public hearing has not already been noticed under subsection (B)(1)(a), the Department shall schedule a public hearing and republish the Notice of Preliminary Decision and notice of the public hearing on the Department's website.
4. The Department shall accept written public comment until the close of the hearing record as specified by the person presiding at the public hearing.

**C. Final permit issuance or denial.**

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1. The Department may deny a Recycled Water Individual Permit if the Department determines upon completion of the application process the applicant has:
  - a. Failed or refused to correct a deficiency in the permit application;
  - b. Failed to demonstrate the facility and the operation will protect public health and water quality. This determination shall be based on:
    - i. The information submitted in the permit application,
    - ii. Any information submitted to the Department as written public comment or following a public hearing; or
    - iii. Any information relevant to the demonstration developed or acquired by the Department, or
  - c. Provided false or misleading information.
2. If the Department denies a Recycled Water Individual Permit the Department shall provide the applicant with written notification explaining the following:
  - a. The reasons for the denial with references to the statutes or rules on which the denial is based.
  - b. The applicant's right to appeal the denial, including the number of days the applicant has to file a notice of appeal, and the name and telephone number of the Department contact person who can answer questions regarding the appeals process.
  - c. The applicant's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.
- ii. The name, address, and telephone number of the contact person;
- iii. The source, estimated volume, and, if applicable, class of recycled water to be used;
- iv. The latitude and longitude coordinates of the approximate center point of the use site;
- v. The description of the use activity; and
- vi. The applicant's certification that the applicant agrees to comply with all requirements of this Article, including specific terms of the applicable Recycled Water General Permit.
- c. For a Type 2 Recycled Water General Permit for Direct Reuse of Reclaimed Water, the Notice of Intent to Use Recycled Water must include the description of the direct reuse activity, including a description of acreage and the type of vegetation to be irrigated, if applicable to the type of direct reuse activity.
3. The Department shall notify the applicant that the Department received the Notice of Intent to Use Recycled Water and that the applicant is authorized to use the recycled water according to Type 2 permit conditions.
- C. Type 3 Recycled Water General Permit for Reclaimed Water and Type 3 Recycled Water General Permit for Gray Water. A person shall not operate under a Type 3 Recycled Water General Permit until the Department issues a written Recycled Water Authorization.
  1. Application submittal. The applicant shall submit, either by mail, in person at the Department, or by another method approved by the Department:
    - a. The Notice of Intent to Use Recycled Water on a form provided by the Department containing the information specified in the applicable Type 3 Recycled Water General Permit under this Article, and
    - b. The applicable fee established in 18 A.A.C. 14.
  2. Issuance of Recycled Water Authorization. If, after reviewing the Notice of Intent to Use Recycled Water, the Department determines the direct reuse conforms with the conditions of a Type 3 Recycled Water General Permit and all other applicable requirements of this Article, the Department shall issue the Recycled Water Authorization.
  3. Denial of Recycled Water Authorization.
    - a. If the Department determines on the basis of its review or an inspection the use does not conform to the conditions of the applicable Type 3 Recycled Water General Permit or other applicable requirements of this Article, the Department shall notify the applicant of its decision not to issue the Recycled Water Authorization.
    - b. The applicant may appeal the decision not to issue a Recycled Water Authorization under A.R.S. §§ 41-1092 through 41-1092.12.

**Historical Note**

New Section R18-9-A703 renumbered from R18-9-705 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-A704. Recycled Water General Permit**

- A. Type 1 Recycled Water General Permit for Gray Water. A person may use recycled water without notice to the Department if the use:
  1. Is specifically authorized by and meets the requirements of this Article, and
  2. Complies with the requirements of the Type 1 Recycled Water General Permit under this Article.
- B. Type 2 Recycled Water General Permit for Reclaimed Water.
  1. A person may use recycled water under a Type 2 Recycled Water General Permit if:
    - a. The use is authorized by and meets the requirements of this Article;
    - b. The use meets all the conditions of the applicable Type 2 Recycled Water General Permit under this Article;
    - c. The person files a Notice of Intent to Use Recycled Water under subsection (B)(2); and
    - d. The person submits the applicable fee established in 18 A.A.C. 14.
  2. Notice of Intent to Use Recycled Water.
    - a. A person shall submit, by mail, in person, or by another method approved by the Department, the Notice of Intent to Use Recycled Water on a form provided by the Department.
    - b. The Notice of Intent to Use Recycled Water shall include:
      - i. The name, address, e-mail address, and telephone number of the applicant;

**Historical Note**

New Section R18-9-A704 renumbered from R18-9-708 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-A705. Recycled Water Permit Term, Information Changes, and Renewal**

- A. A recycled water general permit is valid as follows:
  1. A Type 1 Recycled Water General Permit is valid as long as the conditions of the general permit and the requirements of this Article are met. No renewal is required.

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2. A Type 2 Recycled Water General Permit is valid for five years from the date the Department receives the Notice of Intent to Use Recycled Water;
  3. A Type 3 Recycled Water General Permit is valid for five years from the date the Recycled Water Authorization is issued.
- B.** If any change in the following information occurs, a permittee operating under any individual, or Type 2 or Type 3 recycled water general permit shall update the Department with such changes at least once annually by January 31:
1. Permittee,
  2. Ownership,
  3. Contact person,
  4. Phone number, address, email address, or telephone number, or any combination of any of the above, for permittee or contact person,
  5. Name of the use site,
  6. For a Type 2 Recycled Water General Permit for Direct Reuse of Class A + or B + Reclaimed Water remaining under the same ownership:
    - a. Expansion of the reuse area,
    - b. Addition of another allowable use if it is located within the same property boundary as the boundary identified in the Notice of Intent to Use Recycled Water submitted to the Department.
  7. An increase in Class A, B, or C reclaimed water use of more than ten percent but less than twenty percent above the volume of reclaimed water currently permitted for use at the reuse site, if applicable.
- C.** To renew any Type 2 or Type 3 Recycled Water General Permit, a permittee must submit a Notice of Renewal at least 30 days before the permit expires and include the applicable fee established in 18 A.A.C. 14. A permittee may update or change any information as described in subsection (B) in a Notice of Renewal.
- D.** For changes not described in subsections (B) or (C), the permittee must submit a new Notice of Intent to Use Recycled Water or a Recycled Water Individual Permit application, as applicable.

**Historical Note**

New Section R18-9-A705 renumbered from R18-9-709 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-A706. Recycled Water Permit Revocation**

- A.** After notice and opportunity for a hearing, the Director may revoke coverage under a Recycled Water General Permit and require the permittee to obtain an individual permit in order to operate for any of the following:
1. The permittee failed to comply with any applicable provision of A.R.S. Title 49, Chapter 2; Article 7 of this Chapter; or any permit condition;
  2. The permittee misrepresented or omitted a fact, information, or data related to an application or permit condition;
  3. The Director determines a permitted activity is causing or will cause a violation of a water quality standard established under A.R.S. § 49-221;
  4. A permitted activity is causing or will cause imminent and substantial endangerment to public health or the environment.
- B.** The Director may revoke coverage under a general permit for any or all facilities within a specific geographic area, if, due to geologic or hydrologic conditions, the cumulative effect of the facilities subject to the Recycled Water General Permit has

violated or will violate a water quality standard established under A.R.S. § 49-221.

- C.** If an individual permit is issued to replace general permit coverage, the coverage under the general permit is automatically revoked upon issuance of the individual permit.
- D.** The Director may, after notice and opportunity for hearing, suspend or revoke a Recycled Water Individual Permit for any of the reasons listed in subsections (A)(1) through (A)(4) of this Section.

**Historical Note**

New Section R18-9-A706 renumbered from R18-9-710 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-A707. Recycled Water Permit Transition**

The terms and conditions of Type 2, Type 3, and individual reclaimed water permits issued before January 1, 2018, including permits issued for gray water, shall remain in effect according to the language of this Article effective as of the date the permit was issued.

**Historical Note**

New Section R18-9-A707 made by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

## PART B. RECLAIMED WATER

**R18-9-B701. Transition of Aquifer Protection Permits and Permits for the Reuse of Reclaimed Wastewater**

- A.** A person may directly reuse reclaimed water under an individual Aquifer Protection Permit or a Permit for the Reuse of Reclaimed Wastewater issued by the Department before January 1, 2001 if the person meets the conditions of the permit and the permit does not expire.
- B.** A person meeting the requirements of subsection (A) may apply for a new reclaimed water permit under this Article.
1. To obtain a reclaimed water permit, a person shall submit a Recycled Water Individual Permit application, required under R18-9-A703(A), or a Notice of Intent to Use Recycled Water, required under R18-9-A704(B)(2) or R18-9-A704(B)(3), to the Department at least 120 days before the current permit expires.
  2. The Department shall continue the terms of the individual Aquifer Protection Permit or the Permit for the Reuse of Reclaimed Wastewater beyond the stated date of expiration if:
    - a. The permitted direct reuse is of a continuing nature; and
    - b. The permittee submits a timely and complete application for a new permit.
- C.** Sewage treatment facility generating reclaimed water.
1. At the request of a permittee holding an individual Aquifer Protection Permit, the Department shall amend an individual Aquifer Protection Permit if the permittee adequately demonstrates that the applicable quality of reclaimed water produced for direct reuse is achieved. The Department shall review:
    - a. The information in the individual Aquifer Protection Permit, any applicable supporting documentation, and the water quality test results from the previous two years to determine the classification of reclaimed water generated by the sewage treatment facility; and
    - b. The available water quality data if the sewage treatment facility has operated for less than two years.

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2. The Department shall issue an amended individual Aquifer Protection Permit under procedures specified under 18 A.A.C. 9, Article 2 containing:
  - a. Identification of the class of reclaimed water generated by the facility;
  - b. Requirements for monitoring reclaimed water quality and flow at a frequency appropriate to demonstrate compliance with this Article and 18 A.A.C. 11, Article 3;
  - c. Requirements for quarterly reporting of the following data to the Department, any reclaimed water agent who has contracted for delivery of reclaimed water from the facility, and any end user who has not waived interest in receiving this information:
    - i. Water quality test results demonstrating reclaimed water produced by the facility meets the applicable standards for the class of water identified in subsection (C)(2)(a), and
    - ii. The total volume of reclaimed water generated for direct reuse.
  - d. Provision for cessation of delivery, if necessary, and storage or disposal if reclaimed water cannot be delivered for direct reuse.
2. Providing water for human consumption from a reclaimed water source, except as permitted under Article 8 of this Chapter.
3. Providing or using reclaimed water for any of the following activities:
  - a. Direct reuse for swimming, wind surfing, water skiing, or other full-immersion water activity with a potential of ingestion; or
  - b. Direct reuse for evaporative cooling or misting.
4. Misapplying reclaimed water for any of the following reasons:
  - a. Application of a stated class of reclaimed water of lesser quality than allowed by this Article for the type of direct reuse application;
  - b. Application of reclaimed water to any area other than a direct reuse site; or
  - c. Allowing runoff of reclaimed water or reclaimed water mixed with stormwater from a direct reuse site, except for:
    - i. Agricultural return flow directed onto an adjacent field or returned to an open water conveyance; or
    - ii. A discharge authorized by an individual or general NPDES or AZPDES permit.

**Historical Note**

New Section R18-9-B701 renumbered from R18-9-703 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-B702. General Requirements for Reclaimed Water**

- A. Sewage treatment facility. A sewage treatment facility owner or operator shall provide reclaimed water for direct reuse only as authorized under an individual Aquifer Protection Permit.
- B. Additional treatment. If an owner or operator of a facility accepts reclaimed water and provides additional treatment for a higher quality direct reuse, the facility is considered a sewage treatment facility and shall provide reclaimed water for direct reuse only as authorized under an individual Aquifer Protection Permit.
- C. Reclaimed water blending facility. An owner or operator of a reclaimed water blending facility shall conduct blending operations only as authorized under a Recycled Water Individual Permit or a Type 3 Recycled Water General Permit for a Reclaimed Water Blending Facility.
- D. Reclaimed water agent. A person shall operate as a reclaimed water agent only as authorized under a Recycled Water Individual Permit or a Type 3 Recycled Water General Permit for a Reclaimed Water Agent.
- E. End user. A person shall not directly reuse reclaimed water unless permitted under this Article.
- F. Irrigating with reclaimed water. A permittee applying reclaimed water for an irrigation use allowed in 18 A.A.C. 11, Article 3, Table A shall:
  1. Use application methods that reasonably preclude human contact with reclaimed water;
  2. Prevent reclaimed water from standing on open access areas during normal periods of use; and
  3. Prevent reclaimed water from coming into contact with drinking fountains, water coolers, or eating areas.
- G. Hose bibbs. A permittee directly reusing reclaimed water shall secure hose bibbs discharging reclaimed water to prevent use by the public.
- H. Prohibited activities.
  1. Irrigating with untreated sewage;
- I. Signage and Notification. A permittee shall place and maintain signage at locations and provide applicable notification as specified in Table 1 so the public is informed reclaimed water is in use and no one should drink from the system.
- J. Pipeline Conveyances of Reclaimed Water.
  1. Applicability. Any person constructing a pipeline conveyance, whether new or a replacement of an existing pipeline, shall meet the requirements of this subsection.
  2. A person shall design and construct a pipeline conveyance system using good engineering judgment following standards of practice.
  3. A person shall construct a pipeline conveyance so that:
    - a. Reclaimed water does not find its way into, or otherwise contaminate, a potable water system;
    - b. System structural integrity is maintained; and
    - c. The capability for inspection, maintenance, and testing is maintained.
  4. A person shall construct a pipeline conveyance and all appurtenances conducting reclaimed water to withstand a static pressure of at least 50 pounds per square inch greater than the design working pressure without leakage as determined in R18-9-E301(D)(2)(j).
  5. A person shall provide a pipeline conveyance with thrust blocks or restrained joints where needed to prevent excessive movement of the pipeline.
  6. The following requirements for minimum separation distance apply. A person shall:
    - a. Locate a pipeline conveyance no closer than 50 feet from a drinking water well unless the pipeline conveyance is constructed as specified under subsection (J)(6)(c);
    - b. Locate a pipeline conveyance no closer than two feet vertically nor six feet horizontally from a potable water pipeline unless the pipeline conveyance is constructed as specified under subsection (J)(6)(c);
    - c. Construct a pipeline conveyance that does not meet the minimum separation distances specified in subsections (J)(6)(a) and (J)(6)(b) by encasing the pipeline conveyance in at least six inches of concrete or using mechanical joint ductile iron pipe or other

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materials of equivalent or greater tensile and compressive strength at least 10 feet beyond any point on the pipeline conveyance within the specified minimum separation distance; and

- d. If a reclaimed water system is supplemented with water from a potable water system, separate the potable water system from the pipeline conveyance by an air gap.

7. A person shall:

- a. For a pipeline conveyance, eight inches in diameter or less, use pipe marked on opposite sides in English: "CAUTION: RECLAIMED WATER, DO NOT DRINK" in intervals of three feet or less and colored purple or wrapped with durable purple tape.
- b. For a mechanical appurtenance to a pipeline conveyance, ensure the mechanical appurtenance is colored purple or legibly marked to identify it as part of the reclaimed water distribution system and distinguish it from systems for potable water distribution and sewage collection.

K. Open Water Conveyances of Reclaimed Water.

1. This subsection applies to an open water conveyance, regardless of the date of construction.
2. A person shall maintain an open water conveyance to prevent release of reclaimed water except as allowed under federal and state regulations. The maintenance program

shall include periodic inspections and follow-up corrective measures to ensure the integrity of conveyance banks and capacity of the conveyance to safely carry operational flows.

3. Signage for Class B+, B, and C Reclaimed Water. A person shall:

- a. Ensure signs state: "CAUTION: RECLAIMED WATER, DO NOT DRINK," and display the international "do not drink" symbol;
- b. Place signs at all points of ingress and, if the open water conveyance is operated with open access, at least every 1/4-mile along the length of the open water conveyance or other interval as approved in writing by the Department; and
- c. Ensure signs are visible and legible from both sides of the open water conveyance.

**Historical Note**

New Section R18-9-B702 renumbered from R18-9-704 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018; clerical error to subsections corrected at (J)(6)(a), (b), and (c) as published at 23 A.A.R. 3091 (Supp. 17-4). Amended by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp. 25-1).

**Table 1. Signage and Notification Requirements for Direct Reuse Sites**

Reclaimed Water Class	Hose Bibbs	Residential Irrigation	Schoolground Irrigation	Other Open Access Irrigation	Restricted Access Irrigation	Mobile Reclaimed Water Dispersal
A+, A	Each bibb at valve	Front yard, or all entrances to a subdivision if the signage is supplemented by written yearly notification to individual homeowners by the homeowner's association.	On premises visible to staff and students	None	None	On dispersal equipment and visible to the public
B+, B	Each bibb at valve	Direct Reuse Not Allowed	Direct Reuse Not Allowed	Direct Reuse Not Allowed	1. Ingress points; 2. At reasonably spaced intervals of not more than 1/4 mile at the reuse site or along the open water conveyance, unless access to vehicular and pedestrian traffic is secured; and 3. If applicable, notice on golf score cards	On dispersal equipment and visible to the public
C	Each bibb at valve	Direct Reuse Not Allowed	Direct Reuse Not Allowed	Direct Reuse Not Allowed	1. Ingress points; 2. At reasonably spaced intervals of not more than 1/4 mile at the reuse site or along the open water conveyance, unless access to vehicular and pedestrian traffic is secured; and 3. If applicable, notice on golf score cards	On dispersal equipment and visible to the public

Note: All impoundments with open access including lakes, ponds, ornamental fountains, waterfalls, and other water features shall be posted with signs regardless of the class of reclaimed water.

**Historical Note**

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New Section R18-9-B702, Table 1 renumbered from R18-9-704, Table 1 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-B703. General Provisions for Recycled Water Individual Permit for Reclaimed Water**

- A.** A Recycled Water Individual Permit for Reclaimed Water is obtained under R18-9-A703. A Recycled Water Individual Permit for Reclaimed Water:
1. Is valid for five years;
  2. Must be updated as prescribed by R18-9-A705; and
  3. Continues, pending the issuance of a new permit, with the same terms following its expiration if the following are met:
    - a. The permittee submits an application for a new permit at least 60 days before the expiration of the existing permit; and
    - b. The permitted activity is of a continuing nature.
- B.** A Recycled Water Individual Permit for Reclaimed Water shall contain, if applicable:
1. The class of reclaimed water to be applied for direct reuse or the alternative water quality criteria appropriate for a direct reuse type not listed in 18 A.A.C. 11, Article 3, Table A that ADEQ may allow under R18-11-309;
  2. Specific types of direct reuse and any limitations on reuse;
  3. Requirements for monitoring reclaimed water quality and flow to demonstrate compliance with this Article and 18 A.A.C. 11, Article 3;
  4. Requirements for reporting the following data to demonstrate compliance with this Article and 18 A.A.C. 11, Article 3:
    - a. Water quality test results demonstrating the reclaimed water meets the applicable standards for the class of water or the alternative water quality criteria identified in subsection (B)(1), and
    - b. The total volume of reclaimed water generated for direct reuse.
  5. Requirements for maintaining records of all monitoring information and monitoring activities include:
    - a. The date, description of sampling location, and time of sampling or measurement;
    - b. The name of the person who performed the sampling or measurement;
    - c. The date the analyses were performed;
    - d. The name of the person who performed the analyses;
    - e. The analytical techniques or methods used;
    - f. The results of the analyses; and
    - g. Documentation of sampling technique, sample preservation, and transportation, including chain-of-custody forms.
  6. Requirements to retain all monitoring activity records and results, including all data for continuous monitoring instrumentation, and calibration and maintenance records for five years from the date of sampling or analysis. The Director shall extend the five-year retention period:
    - a. During the course of an unresolved litigation regarding compliance with the permit conditions, or
    - b. For any other justifiable cause.
  7. A requirement to allow all end users access to the records of physical, chemical, and biological quality of the reclaimed water.
  8. Signage or other notification requirements appropriate to the use; and
  9. Closure requirements, if applicable.

**Historical Note**

New Section R18-9-B703 renumbered from R18-9-706 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-B704. Type 2 Recycled Water General Permit for Direct Reuse of Class A+ Reclaimed Water**

- A.** A Type 2 Recycled Water General Permit for Direct Reuse of Class A+ Reclaimed Water allows any direct reuse application of reclaimed water listed in 18 A.A.C. 11, Article 3, Table A, if the conditions in this Article are met.
- B.** Record maintenance. A permittee shall maintain records for five years describing the direct reuse site and the total amount of reclaimed water used annually for the permitted direct reuse activity. The records shall be made available to the Department upon request.
- C.** A permittee shall post signs or provide notification or both as specified in R18-9-B702(I).
- D.** No lining is required for an impoundment storing Class A+ reclaimed water.

**Historical Note**

New Section R18-9-B704 renumbered from R18-9-712 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-B705. Type 2 Recycled Water General Permit for Direct Reuse of Class A Reclaimed Water**

- A.** A Type 2 Recycled Water General Permit for the Direct Reuse of Class A Reclaimed Water allows any direct reuse application of reclaimed water listed in 18 A.A.C. 11, Article 3, Table A, if the conditions in this Article are met.
- B.** Records and reporting. A permittee shall:
1. Maintain records containing the following information for five years, and make them available to the Department upon request:
    - a. The direct reuse site,
    - b. The volume of reclaimed water applied monthly for each category of direct reuse activity listed in 18 A.A.C. 11, Article 3, Table A,
    - c. The total nitrogen concentration of the reclaimed water applied, and
    - d. The acreage and type of vegetation to which the reclaimed water is applied.
  2. Report annually to the Department on or before the anniversary date of the Notice of Intent to Use Recycled Water:
    - a. The volume of reclaimed water received,
    - b. The type of reclaimed water application, and
    - c. If used for irrigation, the vegetation and acreage irrigated.
- C.** Nitrogen management. A permittee shall ensure:
1. Impoundments storing reclaimed water allowed by the general permit are lined using a low-hydraulic conductivity artificial or site-specific liner material achieving a calculated discharge rate less than 550 gallons per acre per day; and
  2. The application rates of the reclaimed water are based on one of the following:
    - a. If assigned, the water allotment specified by the Arizona Department of Water Resources;
    - b. A water balance that considers consumptive use of water by the crop, turf, or landscape vegetation; or



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- c. An alternative method approved by the Department.
- D. In addition to the Notice of Intent to Use Recycled Water specified in R18-9-A704(B)(2), the applicant shall provide a list of impoundments, water depth, freeboard, and the liner characteristics and the method chosen from the list in subsection (C)(2).
- E. The permittee shall post signs or provide notification, or both, as specified in R18-9-B702(I).

**Historical Note**

New Section R18-9-B705 renumbered from R18-9-713 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-B706. Type 2 Recycled Water General Permit for Direct Reuse of Class B+ Reclaimed Water**

- A. A Type 2 Recycled Water General Permit for Direct Reuse of Class B+ Reclaimed Water allows any direct reuse application of Class B and Class C reclaimed water listed in 18 A.A.C. 11, Article 3, Table A, if the conditions in this Article are met.
- B. A permittee shall comply with the record maintenance and posting requirements established under R18-9-B704 and make records available to the Department upon request.
- C. No lining is required for an impoundment storing Class B+ reclaimed water.

**Historical Note**

New Section R18-9-B706 renumbered from R18-9-714 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-B707. Type 2 Recycled Water General Permit for Direct Reuse of Class B Reclaimed Water**

- A. A Type 2 Recycled Water General Permit for the Direct Reuse of Class B Reclaimed Water allows the direct reuse application of Class B and Class C reclaimed water listed in 18 A.A.C. 11, Article 3, Table A, if conditions in this Article are met.
- B. A permittee shall comply with the requirements established under R18-9-B705(B), (C), (D), and (E).

**Historical Note**

New Section R18-9-B707 renumbered from R18-9-715 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-B708. Type 2 Recycled Water General Permit for Direct Reuse of Class C Reclaimed Water**

- A. A Type 2 Recycled Water General Permit for the Direct Reuse of Class C Reclaimed Water allows the direct reuse application of Class C reclaimed water listed in 18 A.A.C. 11, Article 3, Table A, if conditions in this Article are met.
- B. A permittee shall comply with the requirements established under R18-9-B705(B), (C), (D), and (E).

**Historical Note**

New Section R18-9-B708 renumbered from R18-9-716 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-B709. Type 3 Recycled Water General Permit for a Reclaimed Water Blending Facility**

- A. Permit conditions.
  - 1. A Type 3 Recycled Water General Permit for a Reclaimed Water Blending Facility allows the blending of reclaimed water with other water, if the conditions in this Article are met.

- 2. Blending reclaimed water with industrial wastewater or with reclaimed water from an industrial wastewater treatment plant is not authorized by this general permit.
- B. A person shall file with the Department a Notice of Intent to Operate a reclaimed water blending facility on a form provided by the Department. The Notice of Intent to Operate shall include:
  - 1. The name, address, e-mail address, and telephone number of the applicant;
  - 2. The name, address, e-mail address, and telephone number of a contact person;
  - 3. The source and volume of reclaimed water to be blended;
  - 4. The class of reclaimed water to be blended;
  - 5. The source, volume, and quality of other water to be blended;
  - 6. The latitude and longitude coordinates of the blending facility;
  - 7. A description of the reclaimed water blending facility, including a demonstration the proposed blending methodology will meet the standards established in 18 A.A.C. 11, Article 3 for the class of reclaimed water the facility will produce;
  - 8. The applicant's certification that the applicant agrees to comply with the requirements of this Article, 18 A.A.C. 11, Article 3, and the terms of this recycled water general permit; and
  - 9. The applicable permit fee specified under 18 A.A.C. 14.
- C. A person shall not operate a reclaimed water blending facility until the Department issues a written Recycled Water Authorization under R18-9-A704(C).
- D. A permittee shall monitor:
  - 1. The blended water quality for total nitrogen and fecal coliform at frequencies specified by the class of reclaimed water in 18 A.A.C. 11, Article 3.
    - a. If the concentration in the blended water of either total nitrogen or fecal coliform, as applicable, exceeds the limits for the applicable reclaimed water class established in 18 A.A.C. 11, Article 3, within 30 days of the exceedance, the permittee shall submit a plan to the Department to change the blending process or to otherwise correct the deficiency. The permittee shall also double the monitoring frequency for the next four months.
    - b. If another exceedance occurs within the interval of increased monitoring, the permittee shall submit an application within 45 days for a Recycled Water Individual Permit for Reclaimed Water.
  - 2. The volume of reclaimed water, the volume of the other water, and the total volume of blended water delivered for direct reuse on a monthly basis.
- E. The permittee shall report the results of the monitoring under subsection (D) to the Department by January 31, for the immediately preceding calendar year, and shall make this information available to the end users.

**Historical Note**

New Section R18-9-B709 renumbered from R18-9-717 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-B710. Type 3 Recycled Water General Permit for a Reclaimed Water Agent**

- A. A Type 3 Recycled Water General Permit for a Reclaimed Water Agent allows a person to operate as a Reclaimed Water Agent if the conditions of this Article are met, and the follow-

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ing conditions are met for the class of reclaimed water delivered by the Reclaimed Water Agent:

1. Signage and notification requirements specified under R18-9-B702(I), as applicable;
  2. Impoundment liner requirements specified under R18-9-B704(D), R18-9-B705(C), R18-9-B706(C), R18-9-B707(B) or R18-9-B708(B), as applicable; and
  3. Nitrogen management requirements specified under R18-9-B705(C), R18-9-B707(B), and R18-9-B708(B), as applicable.
- B.** A person holding a Type 3 Recycled Water Permit for a Reclaimed Water Agent:
1. Is responsible for the direct reuse of reclaimed water by more than one end user instead of direct reuse by the end users under separate Type 2 Recycled Water General Permits, and
  2. Shall maintain a contractual agreement with each end user stipulating any end user responsibilities for the requirements specified under subsection (A).
- C.** A person shall file with the Department a Notice of Intent to Operate as a reclaimed water agent. The Notice of Intent to Operate shall include:
1. The name, address, e-mail address, and telephone number of the applicant;
  2. The name, address, e-mail address, and telephone number of a contact person;
  3. The following information for each end user to be supplied reclaimed water by the applicant:
    - a. The name, address, e-mail address, and telephone number of the end user;
    - b. A system map showing the locations of the direct reuse sites and the latitude and longitude coordinates of each site; and
    - c. A description of each direct reuse activity, including the type of vegetation, acreage, and annual volume of reclaimed water to be used, unless Class A+ or Class B+ reclaimed water is delivered.
  4. The source, class, and annual volume of reclaimed water to be delivered by the applicant;
  5. A description of the contractual arrangement between the applicant and each end user, including any end user responsibilities for the requirements specified under subsection (A); and
  6. The applicable permit fee specified under 18 A.A.C. 14.
- D.** A proposed reclaimed water agent shall not distribute reclaimed water to end users until the Department issues a written Recycled Water Authorization under R18-9-A704(C).
- E.** A reclaimed water agent shall record and annually report the following information to the Department by January 31, for the immediately preceding year:
1. The total volume of reclaimed water delivered by the reclaimed water agent;
  2. The volume of reclaimed water delivered to each end user for Class A, Class B, and Class C reclaimed water; and
  3. Any change in the information submitted under subsection (C).

**Historical Note**

New Section R18-9-B710 renumbered from R18-9-718 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**PART C. RECYCLED INDUSTRIAL WASTEWATER****R18-9-C701. Recycled Water Individual Permit for Industrial Wastewater That Is Reused**

- A.** The following activities are prohibited unless a Recycled Water Individual Permit is obtained under R18-9-A703:
1. Use of reclaimed water from a sewage treatment facility that is combined with industrial wastewater or water from an industrial wastewater treatment facility.
  2. Use of reclaimed water from an industrial wastewater treatment facility for production or processing of a crop or substance that may be used as human or animal food.
- B.** In addition to the requirements in R18-9-A703(A), an application for a Recycled Water Individual Permit shall include:
1. Each source of the industrial wastewater with Standard Industrial Code or North American Industry Classification System Code, and the projected rates and volumes from each source;
  2. The chemical, biological, and physical characteristics of the industrial wastewater from each source; and
  3. If reclaimed water will be used in the processing of any crop or substance that may be used as human or animal food, the information regarding food safety and any potential adverse health effects of this direct reuse.

**Historical Note**

New Section R18-9-C701 renumbered from R18-9-707 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**PART D. GRAY WATER****R18-9-D701. Type 1 Recycled Water General Permit for Gray Water**

- A.** A Type 1 Recycled Water General Permit for Gray Water allows private residential use of gray water for a flow of less than 400 gallons per day if all the following conditions are met:
1. Gray water originating from the residence is used and contained within the property boundary for household gardening, composting, or landscape watering;
  2. Human contact with gray water and soil watered by gray water is avoided;
  3. Surface application of gray water is not used for watering of food plants, except for trees and shrubs which have an edible portion that does not come into contact with the gray water;
  4. The gray water does not contain hazardous chemicals derived from activities such as cleaning car parts, washing greasy or oily rags, or disposing of waste solutions from hobbyist or home occupational activities;
  5. The gray water does not contain water used to wash diapers or similarly soiled or infectious garments;
  6. The application of gray water is managed to minimize standing water on the surface by using measures such as avoiding overwatering, distributing the gray water beneath a mulch or other cover, and using best practices to improve soil condition and increase filtration;
  7. If blockage, backup, or overload of the system occurs, gray water distribution shall cease until the deficiency is corrected. The gray water system may include components to reduce blockage and backup and be operated using best practices to extend system lifetime;
  8. Gray water surge tanks, if any, are covered to restrict access and to eliminate habitat for mosquitoes or other vectors, and holding time is minimized to avoid development of anaerobic conditions and odors;
  9. The gray water system is sited outside of a floodway;
  10. The gray water system is operated to maintain a minimum vertical separation distance of at least five feet from

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the point of gray water application to the top of the seasonally high groundwater table;

11. For a residence using an on-site wastewater treatment facility for black water treatment and disposal, the use of a gray water system does not change the design, capacity, or reserve area requirements for the on-site wastewater treatment facility at the residence, and ensures the facility can handle the combined black water and gray water flow;
12. Any pressure piping used in a gray water system that may be susceptible to cross connection with a potable water system clearly indicates the piping does not carry potable water; and
13. Surface application of gray water is only by flood or drip distribution methods. Flood distribution methods may include containment by horticultural mulch basins and swales.

**B. Prohibitions.** The following are prohibited:

1. Gray water use for purposes other than watering and composting, and
2. Application of gray water by a spray method.

**Historical Note**

New Section R18-9-D701 renumbered from R18-9-711 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**R18-9-D702. Type 3 Recycled Water General Permit for Gray Water**

- A.** A Type 3 Recycled Water General Permit for Gray Water allows for the use of gray water for landscape irrigation and composting if:
  1. The general permit described in R18-9-D701 does not apply,
  2. The flow is not more than 3000 gallons per day, and
  3. The gray water system satisfies the notification, design, and installation requirements specified in subsections (B) and (C).
- B.** A person shall file a Notice of Intent to Operate a Gray Water System with the Department on a form provided by the Department. The Notice of Intent to Operate shall include:
  1. The name, address, e-mail address, and telephone number of the applicant;
  2. The latitude and longitude coordinates;
  3. A description of the sources of gray water and calculations demonstrating the flow is not more than 3000 gallons per day;
  4. Design plans for the gray water system;
  5. The applicant's certification that the applicant agrees to comply with the requirements of this Article and the terms of this Recycled Water General Permit for Gray Water; and
  6. The applicable permit fee specified under 18 A.A.C. 14.
- C.** The following requirements apply to the design, installation, and operation of a gray water system allowed under this Recycled Water General Permit for Gray Water:
  1. Human contact with gray water and soil irrigated by gray water is avoided;
  2. Gray water is not applied to an exposed surface but into a bed or trench of permeable material, through piping installed below the soil surface, or by similar means. Spray irrigation of gray water is not allowed. The application of gray water shall not result in standing water on the surface.

3. The design shall ensure gray water is used and contained within the property boundary for landscape irrigation or composting;
  4. Gray water is not used for irrigation of food plants, except for trees and shrubs which have an edible portion that does not come into contact with the gray water;
  5. The gray water may contain water from drinking fountains but does not contain hazardous chemicals derived from industrial, hobbyist, or similar activities at the site;
  6. Gray water does not contain water used to wash diapers or similarly soiled or infectious garments;
  7. The gray water system is constructed so if blockage, plugging, or backup of the system occurs, gray water can be directed into the sewage collection system or on-site wastewater treatment and disposal system, as applicable;
  8. Gray water surge tanks, if any, are covered to restrict access and to eliminate habitat for mosquitoes or other vectors, and holding time is minimized to avoid development of anaerobic conditions and odors;
  9. The gray water system is sited outside of a floodway;
  10. The gray water system is operated to maintain a minimum vertical separation distance of at least five feet from the point of gray water application to the top of the seasonally high groundwater table;
  11. If an on-site wastewater treatment facility is used for black water treatment and disposal, the use of a gray water system does not change the design, capacity, or reserve area requirements for the on-site wastewater treatment facility so the facility may handle the combined black water and gray water flow; and
  12. Any piping used in a gray water system susceptible to cross connection with a potable water system clearly indicates the piping does not carry potable water.
- D.** The applicant shall not operate the gray water system until the Department issues a written Recycled Water Authorization under R18-9-A704(C).
  - E.** The Department may issue a Recycled Water Authorization that differs from the requirements specified in subsection (C) if the system provides equivalent performance and protection of human health and water quality.
  - F.** In the Recycled Water Authorization, the Department may require a permittee to report data or information for any of the conditions in this Section if the Department deems the reporting necessary to protect human health or water quality or both.

**Historical Note**

New Section R18-9-D702 renumbered from R18-9-719 and amended by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4).

**PART E. REPEALED**

**R18-9-E701. Repealed**

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 3091, effective January 1, 2018 (Supp. 17-4). Repealed by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025.

**ARTICLE 8. ADVANCED WATER PURIFICATION**

**R18-9-801. Repealed**

**Historical Note**

Corrected A.R.S. reference (Supp. 77-3). Former Section R9-8-311 renumbered without change as Section R18-9-801 (Supp. 87-3). Amended effective December 1, 1988

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(Supp. 88-4). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-802. Repealed****Historical Note**

Amended by adding subsections (N) through (R) effective June 8, 1981 (Supp. 81-3). Former Section R9-8-312 renumbered without change as Section R18-9-802 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-803. Repealed****Historical Note**

Amended effective April 18, 1979 (Supp. 79-2). Amended by adding subsection (E) effective October 2, 1986 (Supp. 86-5). Former Section R9-8-313 renumbered without change as Section R18-9-803 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-804. Repealed****Historical Note**

Amended effective April 18, 1979 (Supp. 79-2). Amended effective February 20, 1980 (Supp. 80-1). Amended by adding subsections (I) and (J) effective June 8, 1981 (Supp. 81-3). Amended subsections (A), (F) and (H) effective October 2, 1986 (Supp. 86-5). Former Section R9-8-314 renumbered without change as Section R18-9-804 (Supp. 87-3). Amended effective July 25, 1990 (Supp. 90-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-805. Repealed****Historical Note**

Adopted effective April 18, 1979 (Supp. 79-2). Amended effective October 2, 1986 (Supp. 86-5). Former Section R9-8-315 renumbered without change as Section R18-9-805 (Supp. 87-3). Amended effective July 25, 1990 (Supp. 90-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-806. Repealed****Historical Note**

Adopted effective October 2, 1986 (Supp. 86-5). Former Section R9-8-317 renumbered without change as Section R18-9-806 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-807. Repealed****Historical Note**

Former Section R9-8-321 renumbered without change as Section R18-9-807 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-808. Repealed****Historical Note**

Former Section R9-8-323 renumbered without change as Section R18-9-808 (Supp. 87-3). Amended effective July 25, 1990 (Supp. 90-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

00-4).

**R18-9-809. Repealed****Historical Note**

Former Section R9-8-324 renumbered without change as Section R18-9-809 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-810. Repealed****Historical Note**

Former Section R9-8-325 renumbered without change as Section R18-9-810 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-811. Repealed****Historical Note**

Former Section R9-8-326 repealed, new Section R9-8-326 adopted effective October 2, 1986 (Supp. 86-5). Former Section R9-8-326 renumbered without change as Section R18-9-811 (Supp. 87-3). First entry in Historical Note corrected to reflect Section numbers at time of rule repeal and adoption by changing R18-9-326 to R9-8-326 (Supp. 96-4). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-812. Repealed****Historical Note**

Former Section R9-8-327 renumbered without change as Section R18-9-812 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-813. Repealed****Historical Note**

Amended effective April 18, 1979 (Supp. 79-2). Former Section R9-8-329 renumbered without change as Section R18-9-813 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-814. Repealed****Historical Note**

Former Section R9-8-331 renumbered without change as Section R18-9-814 (Supp. 87-3). Amended effective October 19, 1989 (Supp. 89-4). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-815. Repealed****Historical Note**

Former Section R9-8-332 renumbered without change as Section R18-9-815 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-816. Repealed****Historical Note**

Former Section R9-8-351 renumbered without change as Section R18-9-816 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

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2000 (Supp. 00-4).

**R18-9-817. Repealed****Historical Note**

Former Section R9-8-352 renumbered without change as Section R18-9-817 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-818. Repealed****Historical Note**

Former Section R9-8-353 renumbered without change as Section R18-9-818 (Supp. 87-3). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

**R18-9-819. Repealed****Historical Note**

Former Section R9-8-361 renumbered without change as Section R18-9-819 (Supp. 87-3). Amended effective December 1, 1988 (Supp. 88-4). Section repealed by final rulemaking at 7 A.A.R. 235, effective December 8, 2000 (Supp. 00-4).

## PART A. GENERAL PROVISIONS

**R18-9-A801. Definitions**

In addition to the definitions in A.R.S. § 49-201, the following terms apply to this Article:

1. "Action level" means a value or criterion established in an Advanced Water Purification (AWP) permit at a critical control point that, when exceeded, triggers a required response or action to prevent a potentially hazardous event and will involve actions or responses such as additional monitoring, treatment adjustments, public notification or other corrective responses or actions.
2. "Acute exposure threats" means the increased imminent risk of adverse health effects, including infectious diseases and toxic effects from short-term exposures to contaminants in water which triggers public notice pursuant to A.A.C. R18-4-119, which incorporates 40 CFR § 141.201 by reference.
3. "ADEQ" or "Department" means Arizona Department of Environmental Quality.
4. "Advanced Oxidation Process" or "AOP" means a set of chemical treatment processes whereby oxidation of organic contaminants occurs on a molecular level through reactions with hydroxyl radicals or similarly aggressive radical oxidant species.
5. "Advanced treated water" means water produced by an advanced water treatment facility (AWTF) and can be from one or more AWTFs.
6. "Advanced Water Purification" or "AWP" means the treatment or processing of treated wastewater to advanced treated water standards for the purpose of delivery to a drinking water treatment facility or a drinking water distribution system.
7. "Advanced Water Purification Responsible Agency" or "AWPRA" means the applicant or permittee, comprising one or more AWPRA Partners, responsible for compliance with the requirements of the AWP program for a particular AWP project and formed pursuant to R18-9-B805. An AWPRA must be a "person" under A.R.S. § 49-201(33).
8. "Advanced Water Purification Responsible Agency Partner" or "AWPRA Partner" means any entity that collects or provides treated wastewater to the AWP project, performs wastewater source control or treatment pursuant to this Article, or utilizes AWP project water as a source for delivery to a drinking water distribution system.
9. "Advanced Water Purification project" or "AWP project" means all facilities related to the advanced treatment of treated wastewater to drinking water standards operating under an AWP permit or demonstration permit.
10. "AWP project treatment train" means a treatment train designed to meet the requirements contained in this Article. In addition to the advanced water treatment facility (AWTF), portions of the water reclamation facility or drinking water treatment facility can be part of an AWP project treatment train.
11. "AWPRA facility" or "facility" means a drinking water treatment facility, advanced water treatment facility (AWTF), collection system, or wastewater treatment plant involved in the production of advanced treated water or finished water under this Article.
12. "Advanced Water Treatment Facility" or "AWTF" means a facility where treated wastewater is treated pursuant to the requirements of this Article.
13. "Alert level" means a value or criterion established in an AWP permit at a critical control point that, when exceeded, alerts an operator that a potential problem may require a response.
14. "Amendment" means a change to the permit language resulting from a modification event.
15. "Aquifer Protection Permit" or "APP" means an individual permit or a general permit issued under A.R.S. §§ 49-203, 49-241 through 49-252, and Articles 1, 2, and 3 of this Chapter.
16. "AWP" means Advanced Water Purification (See R18-9-A801(6)).
17. "Barrier" means a measure (technical, operational or managerial) implemented to control microbial or chemical constituents in advanced treated water.
18. "Best Management Practices" or "Best Practices" means a set of principles, guidelines and standards that an AWPRA follows to ensure high levels of quality, safety, efficiency and reliability. The principles, guidelines and standards in an AWP guidance document constitute Best Management Practice or Best Practice.
19. "Bioassay" means tests performed using live cell cultures or mixtures of cellular components in which the potency of a chemical or water concentrate is tested based on its effect on a measurable constituent, such as inhibition or the induction of a response (including carcinogenicity and mutagenicity). Bioassays can be used to measure synergistic, additive, and antagonistic interactions between compounds that may be present in a mixture.
20. "Blending" means the mixing of advanced treated water with another water source that will result in raw water augmentation or treated water augmentation directly to the distribution system. Blending does not apply to an Engineered Storage Buffer where storage of only advanced treated water takes place.
21. "Challenge test" means a study comparing a pathogen, surrogate parameter, or indicator compound concentration between the influent and effluent of a treatment process to determine the removal capacity of the treatment process. The concentration in the influent must be high

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- enough to ensure that a measurable concentration is detected in the effluent (i.e., filtrate detection limit).
22. "Chemical" means any substance, used in or produced by a reaction involving changes to atoms or molecules, that has a defined composition and which is either naturally occurring or manufactured.
  23. "Chemical peak" means an abnormal increase in the level of a chemical that represents a potential human health hazard that is the result of intentional or unintentional illicit discharges of chemicals to the sewershed. Chemical peaks are different from normal facility variation in water quality.
  24. "Compliance schedule" means a list of required items assigned by the Department to the Permittee to be completed in the AWP permit.
  25. "Constituent of Concern" means a potentially harmful or difficult to treat substance that could cause treatment interference, pass-through, or a violation of a treatment technique requirement, action level or Maximum Contaminant Level in the advanced treated water or finished water. Constituents of concern include Tiers 1, 2, and 3 chemicals.
  26. "Constituent" means any physical, chemical, biological, or radiological substance or matter found in water and/or wastewater.
  27. "Continuous online analyzers" means a monitoring sensor or device that monitors continuously or in real time (intervals of 15 minutes or less) and is positioned directly in the process flow or sample line to measure treatment performance.
  28. "Critical Control Point" means a point in the treatment train that is specifically designed to reduce, prevent, or eliminate process failure, and for which controls exist to ensure the proper performance of that process, verified via monitoring.
  29. "Demonstration permit" means an AWP permit that does not include distribution of finished water to drinking water consumers.
  30. "Department" means the Arizona Department of Environmental Quality.
  31. "Direct integrity test" means a physical test applied to a membrane unit in order to identify and isolate integrity breaches, such as leaks that could result in contamination of the filtrate.
  32. "Director" means the Director of the Arizona Department of Environmental Quality.
  33. "Disinfection treatment process" means a treatment process that either physically or chemically eliminates or inactivates pathogenic microorganisms.
  34. "Distribution" means the act of delivering finished water through a network of pipes or other constructed conveyances from a facility to a consumer for human consumption.
  35. "Distribution system" means the infrastructure used to carry out distribution.
  36. "Draft permit" means a preliminary draft of a permit upon which the Director has not yet made a final permit determination.
  37. "Drinking Water Treatment Facility" means a water treatment facility that is designed and operated to meet the requirements of the Safe Drinking Water Act.
  38. "Engineered Storage Buffer" means a storage facility used to provide retention time before advanced treated water is introduced into a drinking water treatment facility or distribution system.
  39. "Enhanced Source Control" means a program that enables the AWPRA to prevent constituents of concern, including target chemicals, from negatively impacting the AWTF, or the water it produces, by controlling them at their source.
  40. "Exceedance" means an increase in the concentration of a constituent of concern beyond an established level such as an MCL, alert level, or action level.
  41. "Excursion" means a deviation from established water quality boundaries for a process or at any point in a treatment train.
  42. "Failure" means a condition in which an excursion or loss of performance occurs in one or more of the unit processes that results in a treatment train to not meet a performance metric or deviate from an approved operational range for parameters, necessitating a shutdown of a specific train or the entire plant for compliance.
  43. "Failure Response Time" means the maximum possible time from when a failure occurs in the treatment system to when the quality of the final product water is no longer affected by the failure. Failure response time is calculated as a sum of the sampling interval, sample turnaround time and system reaction time, with overall failure response time based on the treatment process with the highest individual failure response time.
  44. "Filtration treatment process" means a treatment process that physically separates a constituent of concern from water.
  45. "Finished water" or "finished drinking water" means water produced by an AWTF, or a drinking water treatment facility, and which is introduced into a distribution system or served for human consumption without additional treatment, except for measures required to uphold water quality within the distribution system.
  46. "Full scale" means the complete implementation and operation of an AWP system that is designed to treat treated wastewater to advanced treated water or finished water standards and to meet the finished water demand of the community.
  47. "Good engineering practice" means a set of principles, guidelines, and standards that engineers follow to ensure their work meets high levels of quality, safety, efficiency and reliability. The principles, guidelines, and standards in an ADEQ-issued AWP guidance document constitute good engineering practice.
  48. "Health Advisory" or "HA" means an estimate of acceptable levels for a chemical substance in drinking water based on health effects information that is:
    - a. Published by EPA;
    - b. Established in credible peer-reviewed literature or state or Federal databases;
    - c. Established by the Department; or
    - d. Established by another state's drinking water program as a "notification level".
  49. "Impactful non-domestic dischargers" means a non-domestic discharger that has been determined by the AWPRA to discharge in such a way that will or does significantly impact the AWPRA's treatment processes and may or does significantly impact public health. Such determinations are made through a significant impact analysis pursuant to R18-9-E824(C).

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50. "Indicator compound" or "Indicator" or "Performance Based Indicator" means a chemical found in treated wastewater that serves as a representative substance for a particular group of trace organic compounds, embodying their physical, chemical, and biodegradation properties.
51. "Initial Source Water Characterization" or "ISWC" means baseline monitoring of chemicals and pathogens performed on the treated wastewater effluent of a Water Reclamation Facility pursuant to R18-9-C814.
52. "Interference" means a discharge which alone, or in conjunction with a discharge or discharges from other sources, both:
- Inhibits or disrupts the Water Reclamation Facility or the Advanced Water Treatment Facility, and
  - Is the cause of a violation of any requirement of the AWP permit.
53. "Local limit" means a set of specific, local, relevant, and enforceable limits, control measures, and best management practices established to protect AWPRA Facilities from pass-through or interference that could result in a threat to public health.
54. "Log reduction value" means the measure of a treatment train's or a treatment process's ability to remove or inactivate microorganisms such as bacteria, protozoa and viruses. A log reduction value is the log reduction validated or credited for a treatment process or treatment train.
55. "Log reduction" means the logarithm base 10 of the ratio of the levels of a pathogenic organism or other contaminant before and after treatment or a reduction in the concentration of a contaminant or microorganism by a factor of 10. One log reduction corresponds to a 90-percent reduction from the original concentration.
56. "Maximum Contaminant Level" or "MCL" has the same meaning set forth in Title 18, Chapter 4, Article 1.
57. "Modification" means a change or changes to the treatment train or operations or any other component that will result in a change in the water quality of any process, unit of operation or to the advanced treated water or finished water.
58. "Municipal wastewater" means wastewater that contains predominantly domestic waste and may include commercial and industrial waste.
59. "Non-domestic sources" means both industrial and commercial sources.
60. "National Pretreatment Program" or "NPP" means the federal program referred to by this name under the Clean Water Act that is meant to protect infrastructure and receiving waters to a fishable and swimmable standard. The NPP is designed to reduce conventional and toxic pollutant levels discharged by industries and other non-domestic wastewater sources into municipal sewer systems and into the environment. The National Pretreatment Program's implementing regulations are found at Title 40 of the Code of Federal Regulations, Parts 122, 123, 124, and 403 and chapter I, subchapter N.
61. "National Pretreatment Program AWPRA" or "NPP AWPRA" means an AWPRA subject to R18-9-C813(B).
62. "Non-National Pretreatment Program AWPRA" or "Non-NPP AWPRA" means an AWPRA subject to R18-9-C813(C).
63. "Off-specification water" or "off-spec water" means water that has a quality that does not meet standards such as drinking water MCLs or other AWP programmatic requirements such as standards associated with surrogates or indicators.
64. "Operational barrier" means a barrier in the form of measures, including operations and monitoring plans, failure and response plans, as well as operator training and certification.
65. "Operational parameter" means a measurable property used to characterize or partially characterize the operation of a treatment process and must confirm the treatment barriers are intact to ensure the process is meeting the water quality and pathogen/chemical removal goals.
66. "Original drinking water" means drinking water that was being distributed prior to the introduction of advanced treated water or finished water.
67. "Oxidized wastewater" means wastewater that is treated to a level beyond simple removal of floating and suspended solids and meets the secondary treatment levels as described in R18-9-B204(B)(1).
68. "Ozone with biologically active filtration" or "Ozone/BAC" means an ozonation process immediately followed by biologically activated carbon.
69. "Pass-through" means the occurrence of a constituent of concern exiting Water Reclamation Facilities or Advanced Water Treatment Facilities in quantities or concentrations that have a significant potential to have serious adverse public health effects or to cause a violation of a treatment technique requirement, an action level or an MCL in the advanced treated water or finished water.
70. "Pathogen" means a microorganism such as bacteria, virus, or protozoa that can cause human illness.
71. "Pilot Study" or "Pilot train" or "Pilot" means a preliminary study and treatment train, of any scale representative to the full-scale facility, which is conducted to evaluate the feasibility, duration, cost, adverse events, and to improve upon the study design prior to performance of a full-scale project.
72. "Potentially impactful non-domestic discharger" means a non-domestic discharger that has been determined by the AWPRA to pose a potential to adversely impact treatment processes or the public health or which otherwise must be identified and tracked by the AWPRA pursuant to R18-9-E824(B)(4).
73. "Product water" means water exiting a specific treatment process or a combination of treatment processes.
74. "Public water system" has the same definition as the one incorporated by reference at A.A.C. R18-4-103 (40 CFR 141.2).
75. "Quantitative Polymerase Chain Reaction" or "qPCR" means a PCR-based technique that couples amplification of a target DNA sequence with quantification of the concentration of that DNA species in the reaction.
76. "Raw wastewater" means wastewater that is entering a Water Reclamation Facility via a sewage collection system and which has not undergone any centralized treatment. For the purposes of pathogen log removal, raw wastewater means wastewater prior to any point in a wastewater treatment process that may be credited for disinfection.
77. "Raw water augmentation" means introducing advanced treated water into the raw water supply upstream of a drinking water treatment facility.
78. "Real time monitoring" or "online monitoring" means treatment performance monitoring using instruments directly in the process flow or sample line that occurs

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- continuously or semi-continuously in intervals of 15 minutes or less.
79. "Recalcitrant Total Organic Carbon" or "rTOC" means the Total Organic Carbon (TOC) found in finished water, which once used or consumed becomes wastewater. rTOC is unlike anthropogenic TOC present in wastewater because it may not be effectively eliminated by the Water Reclamation Facility, which leaves it as a constituent of the TOC in the treated wastewater.
  80. "Redundancy" means the use of multiple treatment barriers to attenuate the same type of constituent, so that if one barrier fails, performs inadequately, or is taken offline for maintenance, the overall system will still perform effectively, reducing risk.
  81. "Reference Dose" or "RfD" means an estimate (with uncertainty spanning perhaps an order of magnitude) of a daily oral exposure to the human population (including sensitive subgroups) that is likely to be without an appreciable risk of deleterious effects during a lifetime.
  82. "Reference pathogens" means Enteric viruses (specifically norovirus), *Giardia lamblia* cysts, and *Cryptosporidium* oocysts.
  83. "Reliability" means the ability of a treatment process or treatment train to consistently achieve the desired degree of treatment, based on its inherent redundancy, robustness, and resilience.
  84. "Resilience" means the ability of a treatment train to adapt successfully and restore performance rapidly when failure occurs.
  85. "Robustness" means the ability of an AWP system to address a broad variety of constituents and changes in the concentrations of the constituents in the source water and resist a failure.
  86. "Safe Drinking Water Act" means the Safe Drinking Water Act (Pub. L. 93-523, as amended; 42 U.S.C. 300f et seq.).
  87. "SCADA" or "SCADA System" means Supervisory Control and Data Acquisition system.
  88. "Secondary treatment" means treated wastewater that meets the following treatment levels:
    - a. Five-day biochemical oxygen demand (BOD5) less than 30 mg/l (30-day average) and 45 mg/l (seven-day average), or carbonaceous biochemical oxygen demand (CBOD5) less than 25 mg/l (30-day average) or 40 mg/l (seven-day average);
    - b. Total suspended solids (TSS) less than 30 mg/l (30-day average) and 45 mg/l (seven-day average);
    - c. pH maintained between 6.0 and 9.0 standard units; and
    - d. A removal efficiency of 85 percent for BOD5, CBOD5, and TSS.
  89. "Source water" means water that is characterized for chemical constituents and pathogens based on which treatment or source control is designed.
  90. "Surrogate parameter" or "Surrogate" means a measurable chemical or physical property, microorganism, or chemical that has been demonstrated to provide a direct correlation with the concentration of an indicator compound or pathogen; that may be used to monitor the efficacy of constituent reduction by a treatment process; and/or that provides an indication of a treatment process failure.
  91. "Target chemical" means any unregulated chemical causing a potential human health concern that may be present in the treated wastewater.
  92. "Tier 1 chemicals" means contaminants regulated as Primary Drinking Water Maximum Contaminant Levels (MCLs) under 40 CFR Part 141 of the Safe Drinking Water Act, as incorporated by reference in R18-4-102, including MCLs and treatment techniques.
  93. "Tier 2 chemicals" means AWP-specific contaminants pursuant to R18-9-E826 that are not regulated in the Safe Drinking Water Act, but may be present in treated wastewater and may pose human health concerns.
  94. "Tier 3 chemicals" means Performance Based Indicators that are used to monitor the performance of AWP treatment trains.
  95. "Total Organic Carbon" or "TOC" means the amount of organic carbon in a sample.
  96. "Trace Organic Compounds" or "TOCs" means a category of compounds such as pharmaceuticals, personal care products, and hormones.
  97. "Treated wastewater" means any water or wastewater source of predominantly municipal origin coming from a Water Reclamation Facility and going to an Advanced Water Treatment Facility that has undergone treated wastewater characterization for either enhanced wastewater treatment or secondary wastewater treatment. For the purposes of the AWP program, treated wastewater originates from a Water Reclamation Facility that has liquid stream treatment processes that, at a minimum, are designed and operated to produce oxidized wastewater that achieves a defined source water quality for the purpose of additional treatment by an Advanced Water Treatment Facility.
  98. "Treated water augmentation" means finished drinking water from an AWTF, permitted as a drinking water treatment facility, which is directly introduced into a distribution system for human consumption.
  99. "Treatment barrier" means a barrier in constant operation, such as a physical barrier, that can be credited with treatment performance.
  100. "Treatment interference" or "interference" means a discharge from a non-domestic source which, alone or in conjunction with a discharge or discharges from other sources, inhibits or disrupts the AWPRA's treatment processes or operations and has significant potential for adverse public health consequences or significant potential to cause a violation of an action level, treatment technique or an MCL in advanced treated water or finished water.
  101. "Treatment mechanism" means a physical, chemical, or biological action within each treatment process that reduces the concentration of a pathogen or a chemical contaminant.
  102. "Treatment process" means a sequence of physical, chemical, or biological procedures applied to municipal wastewater or treated wastewater to remove pathogens and/or chemical constituents.
  103. "Treatment technique" means a required process intended to reduce the level of a contaminant in water and/or drinking water.
  104. "Treatment train" means a grouping of physical, chemical, and biological treatment technologies or processes that conditions or treats water to achieve a specific water quality goal.



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105. "Upset" means unintentional and temporary noncompliance with a performance metric resulting in an excursion or loss of performance in one or more of the unit processes.
106. "Water Reclamation Facility" or "Wastewater Treatment Plant" means an arrangement of devices and structures for collecting, treating, neutralizing, stabilizing, or disposing of domestic wastewater, industrial wastes, and biosolids. For the purposes of the AWP program, a wastewater treatment plant does not include industrial wastewater treatment plants or complexes whose primary function is the treatment of industrial wastes.
107. "10-4 cancer risk" means the concentration of a chemical in drinking water corresponding to an excess estimated lifetime cancer risk of 1 in 10,000.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-A802. Program Review; Incorporation by Reference; Quality Assurance/Quality Control Methodologies**

- A. The Department shall review the AWP program upon any significant update to the incorporated by reference material in the rule, any significant update to Tier 2 health advisory values, any emerging scientific developments impacting AWP treatment mechanisms, or otherwise at the Director's discretion.
  1. During its review, the Department shall assess the program rules and components for adequacy against currently available data and best available science.
  2. As a result of its review, the Department shall determine whether any rule should be amended or repealed, and whether any material incorporated by reference should be updated.
- B. The following materials are incorporated by reference and applicable in this Article unless specifically stated otherwise. The materials include no future editions or amendments, and are on file with the Department and as indicated below:
  1. Standard Methods for the Examination of Water and Wastewater, Section 5710 B, "Trihalomethane Formation Potential (THMFP)", 24th edition, 2023, available at <https://www.standardmethods.org>.
  2. Standard Methods for the Examination of Water and Wastewater, Section 5710 C, "Simulated Distribution System Trihalomethanes (SDS-THM)", 24th edition, 2023, available at <https://www.standardmethods.org>.
  3. Standard Methods for the Examination of Water and Wastewater, Part 1000, "Analytical and Data Quality Systems", 24th edition, 2023, available at <https://www.standardmethods.org>.
  4. Standard Methods for the Examination of Water and Wastewater, Section 7020, "Quality System", 24th edition, 2023, available at <https://www.standardmethods.org>.
  5. Standard Methods for the Examination of Water and Wastewater, Section 8020, "Quality Assurance and Quality Control in Laboratory Toxicity Tests", 24th edition, 2023, available at <https://www.standardmethods.org>.
  6. Standard Methods for the Examination of Water and Wastewater, Section 9020, "Quality Assurance/Quality Control", 24th edition, 2023, available at <https://www.standardmethods.org>.
  7. ASTM International, Designation D4194-23, "Standard Test Methods for Operating Characteristics of Reverse

Osmosis and Nanofiltration Devices", February 16, 2023, available at <https://www.astm.org>.

8. Federal Register, 87 FR 68066, "Contaminant Candidate List 5 - Exhibit 1b - Unregulated DBPs in the DBP Group on CCL 5", available at <https://www.federalregister.gov>.
9. 2018 Edition of the Drinking Water Standards and Health Advisories, U.S. EPA, available at <https://www.epa.gov>.
10. Method 1623.1: Cryptosporidium and Giardia in Water by Filtration/IMS/FA, published January 2012, available at <https://www.nepis.epa.gov>.
11. Method 1615: Measurement of Enterovirus and Norovirus Occurrence in Water by Culture and RT-qPCR, published 2014, available at <https://cfpub.epa.gov>.
12. 40 CFR 261.21, "Characteristic of ignitability", published July 7, 2020, available at <https://www.ecfr.gov>.
13. "Considerations for Direct Potable Reuse Downstream of the Groundwater Recharge Advanced Water Treatment Facility", Brian Pecson, Shane Trussell, Elise Chen, Anya Kaufmann, and Rhodes Trussell, 2020.
- C. Data collection, analysis, sampling, monitoring, reporting, and other related data quality assurance and quality control methodologies in this Article shall be conducted in accordance with the following applicable procedures in Standard Methods for the Examination of Water and Wastewater, 24th edition, 2023, available at [standardmethods.org](https://www.standardmethods.org):
  1. Part 1000, "Analytical and Data Quality Systems";
  2. Section 7020, "Quality Control for Wastewater Samples";
  3. Section 8020, "Quality Assurance and Quality Control in Laboratory Toxicity Tests"; and
  4. Section 9020, "Interlaboratory Quality Control Guidelines".

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-A803. Applicability of the Safe Drinking Water Act**

- A. For the purposes of the Safe Drinking Water Act, treated wastewater is presumptively considered surface water. Nothing in this Section exempts a facility from applicable Safe Drinking Water Act requirements in 18 A.A.C. 4.
- B. An AWTF that treats treated wastewater to advanced treated water standards for raw water augmentation may, at the Director's discretion, be considered part of a public water system for the purposes of compliance with the Safe Drinking Water Act and all applicable requirements of Title 18 of the Arizona Administrative Code.
- C. An AWTF that treats treated wastewater to finished water standards for human consumption and distribution through pipes or other constructed conveyances is, or is part of, a public water system for the purposes of compliance with the Safe Drinking Water Act and all applicable requirements of Title 18 of the Arizona Administrative Code.
- D. If the AWTF is considered a public water system under either subsections (B) or (C):
  1. Permitting processes of this Article supersede the public water system permitting requirements in 18 A.A.C. 5, Article 5, where they conflict, and
  2. Design requirements of this Article supersede the public water system design requirements in 18 A.A.C. 5, Article 5, where they conflict.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of

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March 4, 2025 (Supp 25-1).

## PART B. GENERAL PROGRAM REQUIREMENTS

**R18-9-B804. Advanced Water Purification Operator Certification**

**A. Definitions.** In addition to the definitions for this Article, the following terms apply to this Section:

1. "Advanced Water Purification Responsible Agency administrator" or "AWPRA administrator" means an individual appointed or authorized to exercise managerial control over a designated AWP project.
2. "Advanced Water Purification certified operator" or "AWP operator" means an individual who has passed the AWP validated examination, meets the advanced water treatment qualifying experience requirements and holds a current certificate, issued by the Department, in either:
  - a. The field of drinking water treatment with at least a Grade 3 or Grade 4 drinking water treatment certification; or
  - b. The field of wastewater treatment with at least a Grade 3 or Grade 4 wastewater treatment certification.
3. "Advanced water treatment qualifying experience" means at least one year of hands-on experience in the operation of a minimum of three advanced water treatment processes, all within a single advanced water treatment train.
4. "AWP validated examination" means an examination that is approved by the Department after being reviewed to ensure that the examination is based on the knowledge, skills, and abilities needed to operate an AWTF.
5. "Direct responsible charge" means an AWP operator who has overall responsibility for the day-to-day, hands-on operation of an AWTF.
6. "Direct responsible charge proxy" or "proxy" means an AWP shift operator who is designated by, and acts on behalf of, the operator in direct responsible charge when the operator in direct responsible charge is not onsite.
7. "AWPRA facility" or "facility" means a drinking water treatment facility, AWTF, collection system, or wastewater treatment plant involved in the production of advanced treated water.
8. "Onsite" means physically present at any AWPRA facility where a critical control point is operated and any AWPRA facility assigned treatment credits.
9. "Professional development hour" means one hour of participation in an organized educational activity related to engineering, biological or chemical sciences, a closely related technical or scientific discipline, or operations management.
10. "Qualifying experience" means experience, skill, or knowledge obtained through employment that is applicable to the technical or operational control of all or part of a facility (A.A.C. R18-5-101).
11. "Shift operator" means an AWP operator who is in direct charge of the operation of a treatment facility for a specified period of the day and must be present at the site during the duration of the shift.
12. "Shift" means an eight-hour period of time in one day.

**B. Applicability.** The rules in this subsection apply to owners and operators of AWPRA facilities in Arizona.

**C. Certification Committee.**

1. Upon the effective date of this Section the Director shall establish a certification committee which may, at the

Department's request, make recommendations and provide the Department with technical advice and assistance related to the AWP operator certification.

2. The AWP operator certification committee shall consist of eleven members, appointed by the Director as follows:
  - a. An employee of the Department who shall serve as the executive secretary and who is responsible for maintaining records of all meetings,
  - b. A currently employed operator with both Grade 4 water treatment certification and AWP operator certification,
  - c. A currently employed operator with both Grade 3 water treatment certification and AWP operator certification,
  - d. A currently employed operator with both Grade 4 wastewater treatment certification and AWP operator certification,
  - e. A currently employed operator with both Grade 3 wastewater treatment certification and AWP operator certification,
  - f. A currently employed wastewater collection system operator with Grade 4 certification,
  - g. A currently employed water distribution system operator with Grade 4 certification,
  - h. A faculty member teaching environmental engineering in the water or wastewater fields at an Arizona university or community college,
  - i. A professional engineer, registered and residing in Arizona, engaged in consulting in the field of environmental engineering,
  - j. An elected or appointed municipal official,
  - k. A representative of a wastewater treatment facility with a design flow of greater than 5 million gallons per day (MGD) and which participates in the National Pretreatment Program, and
  - l. A representative of a wastewater treatment facility with a design flow of less than 5 MGD, which is not a participant in the National Pretreatment Program.
3. The certification committee shall meet at least twice a year. At the first meeting of each calendar year, the certification committee shall select, from among its members, a chairperson and other officers as necessary.
4. A certification committee member shall serve a term of three years.
5. A certification committee member may be reappointed, but a member shall not serve more than three consecutive terms.
6. A meeting quorum consists of the chairperson or the chairperson's designated representative, the executive secretary or the executive secretary's designated representative, and three other members of the committee.
7. In the event of a vacancy caused by death, resignation, or removal for cause, the Director shall appoint a successor for the unexpired term.

**D. General Requirements.**

1. An AWPRA shall ensure all of the following:
  - a. All facilities receiving treatment credit pursuant to R18-9-E828 are operated by AWP operators,
  - b. All facilities receiving treatment credit pursuant to R18-9-E828 have a full-time operator in direct responsible charge onsite for at least two full shifts per day,
  - c. All facilities receiving treatment credit pursuant to R18-9-E828 have an operator in direct responsible

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charge, or their proxy, onsite at all times during operation,

- d. When any facilities receiving treatment credit pursuant to R18-9-E828 is operated by a direct responsible charge proxy, an operator in direct responsible charge must be reasonably available to provide immediate direction telephonically, if necessary,
  - e. An AWP operator makes all decisions about operational process control or system integrity regarding water quality or water quantity that affects public health,
  - f. An AWPRA administrator who is not an AWP operator may make a planning decision regarding water quality or water quantity if the decision is not a direct operational process control or system integrity decision that affects public health,
  - g. All critical control points at any facility receiving treatment credit pursuant to R18-9-E828 are operated by an AWP operator, and
  - h. The names of all current AWP operators are reported to the Department as a component of the Operations Plan submitted pursuant to R18-9-F836.
2. During the application period, or at any point thereafter, an AWPRA may submit a request to waive the requirement in subsection (1)(b) if an operations plan, or amended operations plan, submitted to ADEQ pursuant to R18-9-F836 demonstrates that alternative oversight by an operator in direct responsible charge nevertheless achieves an equivalent degree of operational oversight and treatment reliability.
  3. If ADEQ grants the waiver request in subsection (D)(2), the operator in direct responsible charge is not required to be onsite for at least two full shifts per day, but shall be able to monitor operations over the facility onsite within the period specified in the operations plan.
  4. If the owner of a facility replaces an AWP operator in direct responsible charge with another AWP operator, the facility owner shall notify the Department in writing within 10 days of the replacement.
  5. An AWP operator shall notify the Department in writing within 10 days of the date the AWP operator either ceases to operate a facility or commences operation of another facility.
  6. An AWP operator shall operate each facility in compliance with applicable state and federal law.

**E. Certification.**

1. The Department shall issue an AWP operator certificate to an applicant if the applicant:
  - a. Meets the experience requirements in subsection (K) for the applicable class and grade as outlined in this Section,
  - b. Passes a written advanced water treatment examination, and
  - c. Has not had an operator's certificate revoked in Arizona or permanently revoked in another jurisdiction.
2. To apply for AWP operator certification, an applicant shall submit to the Department the following information, as applicable, on a form approved by the Director:
  - a. The applicant's full name, Social Security number, and operator number or numbers,
  - b. The applicant's current mailing address, home and work telephone numbers and email address,
  - c. The applicant's place of employment, including the facility identification number,

- d. The class and grade of the facility where the applicant is employed,
- e. Proof of successful completion of the advanced water treatment examination and other applicable certificates, and
- f. Documentation of the applicant's experience required under this Section.

**F. Examination.**

1. The Department shall provide examinations for certification of AWP operators. The Department may contract with third party examiners for administration of examinations. The Department shall ensure that a list of approved examiners is available upon request.
2. The Department shall validate all examinations before administration. Each examination shall include topics such as advanced treatment technologies, system maintenance, regulatory protocols, safety, mathematics, and general system management.
3. The examiner shall grade the examination and make the results available to the applicant and the Department within seven days of the date of the examination.
4. An applicant shall not be admitted to an examination without a valid picture I.D.
5. An individual must achieve a score of at least seventy percent on the examination in order to attain a passing grade.
6. For applicants with a Grade 3 or Grade 4 wastewater treatment operator certification, the examination shall include an additional component which tests knowledge equivalent to the Grade 3 drinking water treatment operator examination.

**G. Certificate Renewal.**

1. If the Department renews a certificate, the certificate is renewed for a three-year period, unless the AWP operator requests a shorter renewal term in writing.
2. An AWP operator may renew their certificate without retaking the exam in accordance with the following:
  - a. Prior to the end of their certificate period by submitting a renewal form; or
  - b. Following the expiration of the certification period, if the AWP operator submits a completed renewal form to the Department within 90 days of the expiration date.
3. To renew a certificate, an AWP operator shall complete and submit to the Department an AWP operator certificate renewal, on a form approved by the Director.
4. An AWP operator shall provide the following documentation to the Department, upon request, if necessary to verify:
  - a. Completion of at least 30 professional development hours accumulated during the certification period, of which at least 10 professional development hours directly relate to the specific job functions of the AWP operator, and
  - b. Verification, in writing, by the AWP operator's supervisor, or the entity that provides the education or training, of the AWP operator's completion of each professional development hour.
5. An AWP operator shall maintain documentation of completion of professional development hours for a minimum of five years.
6. As an alternative to the requirements of subsection (G)(2), an AWP operator may renew a certificate by taking and passing an AWP operator examination.

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**H. Certificate Expiration.**

1. A certification is valid for three years and shall expire on the expiration date, which is the end of the certification period.
2. An expired certification may be reinstated if the renewal is submitted within 90 days of expiration date, in accordance with subsection (G)(2)(b).
3. A person with an expired certificate shall re-apply in accordance with subsections (F) and (G) in order to be certified as an AWP operator.
4. An AWP operator certificate is considered expired if the supporting certificate has been denied, expired, suspended, or revoked.

**I. AWP Operator Certificate Denial, Suspension, Probation, and Revocation.**

1. The Department may deny, suspend, or revoke an AWP operator certificate, and may place an AWP operator on probation.
2. The Department shall deny a certificate if the application is deficient, the applicant fails to obtain a passing score on the examination, or upon any other determination that the applicant has not met the requirements.
3. The Department may revoke or suspend a certificate, or place an AWP operator on probation, if the Department determines that the AWP operator:
  - a. Operates a facility in a manner that violates federal or state law;
  - b. Negligently operates a facility or negligently supervises the operation of a facility;
  - c. Fails to comply with a Department order or court order;
  - d. Obtains, or attempts to obtain, a certificate by fraud, deceit, or misrepresentation;
  - e. Engages in fraud, deceit, or misrepresentation in the operation or supervision of a facility;
  - f. Knowingly or negligently prepares a false or fraudulent report or record regarding the operation or supervision of a facility;
  - g. Endangers the public health, safety, or welfare;
  - h. Fails to comply with the terms or conditions of probation or suspension; or
  - i. Fails to cooperate with an investigation by the Department including failing or refusing to provide information required by this Section.
4. The action the Department takes under subsection (I)(3) may be made at the Department's discretion upon an examination of the individual facts and circumstances, the number of findings the Department makes under subsection (I)(3), and upon consideration of other factors, such as but not limited to, additional aggravating circumstances not considered under subsection (I)(3).
5. In performing any action under this subsection, the Department shall comply with the requirements in A.R.S. Title 41, Chapter 6, Article 10 and A.A.C. Title 18, Chapter 1, Article 2.

**J. Reciprocity.** The Department shall issue a certificate to an applicant who holds a valid certificate from another jurisdiction, if the applicant:

1. Passes a written, validated AWP operator examination in Arizona or in another jurisdiction that administers an AWP examination that is substantially equivalent to the examination in Arizona and validated by the Department, and

2. Submits written evidence of the experience required under subsection (K).

**K. Experience.**

1. The Department shall consider the following criteria to determine whether an applicant has the qualifying experience required for AWP operator certification:
  - a. The type of operator certification held by the applicant, and
  - b. Years of qualifying experience as a certified operator for a specific grade of facility.
2. An applicant shall provide evidence of certification as one of the following:
  - a. A Grade 3 drinking water operator;
  - b. A Grade 4 drinking water operator;
  - c. A Grade 3 wastewater operator; or
  - d. A Grade 4 wastewater operator.
3. An applicant shall provide evidence of qualifying experience in the applicable facility class.
4. An applicant shall meet the following requirements for admission to an AWP operator certification examination:
  - a. A Grade 3 drinking water operator shall have at least two years' experience operating a Grade 3 drinking water treatment facility.
  - b. A Grade 4 drinking water operator shall have at least one year of experience operating a Grade 4 drinking water treatment facility.
  - c. A Grade 3 wastewater operator shall have at least two years' experience operating a Grade 3 wastewater treatment facility.
  - d. A Grade 4 wastewater operator shall have at least two years' experience operating a Grade 3 or Grade 4 wastewater treatment facility.
5. An applicant that meets the requirements and has passed the advanced water treatment examination shall be certified in accordance with the following:
  - a. An applicant with Grade 3 drinking water treatment certification with at least one year of advanced water treatment qualifying experience shall receive certification as AWP shift operator.
  - b. An applicant with Grade 4 drinking water treatment certification with at least one year of advanced water treatment qualifying experience shall receive certification as AWP operator in direct responsible charge.
  - c. An applicant with Grade 3 wastewater treatment certification with at least one year of advanced water treatment qualifying experience shall receive certification as AWP shift operator.
  - d. An applicant with Grade 4 wastewater treatment certification with at least one year of advanced water treatment qualifying experience shall receive certification as AWP shift operator.
6. Advanced water treatment qualifying experience may be obtained through any of the following:
  - a. Operating a pilot facility;
  - b. Operating an AWP demonstration facility that is not distributing finished water for human consumption;
  - c. Experiential reciprocity pursuant to subsection (J);
  - d. An apprenticeship under an AWP operator on-site at an AWP facility including a pilot facility, demonstration facility, or AWTF; or
  - e. Other experience approved by the Department.
7. Experience working at an AWTF shall count towards qualified experience at a Grade 4 drinking water plant.

**L. Class and Grade Requirements.**

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1. Drinking Water Treatment and Distribution Systems.
    - a. The Department shall classify a drinking water treatment facility receiving AWP treatment credits under R18-9-E828 as an AWTF.
    - b. The Department shall grade water distribution system AWPRA partners pursuant to A.A.C. R18-5-115(B).
  2. Wastewater Treatment and Collection Systems.
    - a. A wastewater treatment facility receiving AWP treatment credits under R18-9-E828 shall be operated by an AWP operator and an operator certified at the appropriate grade, and no grade lower, for the class of the facility pursuant to Chapter 5, Article 1 of this Title. These operation requirements may be met by the same operator.
    - b. Wastewater collection systems that collect and convey wastewater to a wastewater treatment facility that is ultimately used as a treated wastewater supply to an AWTF shall be classified pursuant to R18-5-114 of this Title.
    - c. For a multi-facility system, the Department shall grade each facility in accordance with this subsection.
- M. Transition.**
1. Beginning two years from the effective date of the AWP programmatic rules in A.A.C. Title 18, Chapter 9, Article 8, all facilities receiving treatment credit pursuant to R18-9-E828 shall be operated by AWP operators certified in accordance with this Section.
  2. During the two-year transition period, all AWTFs shall be operated by a Grade 4 certified drinking water operator who has completed appropriate training, approved by the Department.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-B805. Advanced Water Purification Responsible Agency Formation; Joint Plan**

- A.** An AWPRA shall be the entity responsible for complying with the requirements of this Article.
1. Only one AWPRA shall be designated for an AWP project.
  2. An AWPRA must be a person under A.R.S. § 49-201(33).
- B.** Joint Plan. An AWPRA shall develop a Joint Plan describing all partner coordination procedures, including but not limited to, the following:
1. Partner Details.
    - a. Identification of each partner associated with the AWP project throughout the project's expected operational life,
    - b. A description of the roles and responsibilities of each partner, including designation of a lead partner responsible for fulfilling the requirements under the communication plan established in accordance with subsection (B)(4), and
    - c. The legal authority of each partner to fulfill its roles and responsibilities.
  2. Procedures to ensure that the AWPRA will have knowledge of the current treatment and water quality monitoring status of any water reclamation facility delivering treated wastewater as a source to the AWP project,

3. Procedures to ensure the enhanced source control program complies with the requirements in this Article, pursuant to R18-9-E824,
  4. A communication plan ensuring the timely dissemination of information regarding both treated wastewater and advanced treated water or finished water quality status and monitoring among all partners,
  5. Procedures to provide access to the AWPRA and all partner facilities, operations, and records for inspection at any time by the Department,
  6. Procedures to execute cross-connection control requirements, pursuant to Chapter 4, Article 2 and R18-9-F832 of this Article,
  7. Procedures to execute corrosion control requirements, pursuant to Chapter 4, Article 1 and R18-9-F832,
  8. Procedures to notify partners and the Department of treatment failure incidents and all corresponding corrective actions taken,
  9. A plan outlining all enforcement and corrective actions taken should a partner fail to meet the requirements of this Article or violate the Joint Plan, and
  10. Procedures to address changes to the AWPRA partners, including the addition of new partners and the removal of existing partners, in accordance with the requirements of the AWP program.
- C.** The AWPRA and all partners shall sign the Joint Plan.
- D.** The Joint Plan shall include copies of all necessary agreements executed to facilitate the operation of the AWP project, including but not limited to, copies of permits, memorandums of understanding, joint powers agreements, or intergovernmental agreements.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-B806. General Requirements**

- A.** Delivery of advanced treated water or distribution of finished water is prohibited unless delivery or distribution approval is explicitly given to the AWPRA, either:
1. Through issuance of the AWP permit, if full-scale certification was completed and approved as part of the application; or
  2. After satisfaction of the compliance schedule requirements pursuant to R18-9-C816(E).
- B.** Construction materials used at the AWTF, including materials used at AWPRA partner facilities, except for water reclamation facilities, that collect, treat, store, or distribute water for human consumption through pipes or other constructed conveyances, shall be lead-free as prescribed in A.R.S. § 49-353(B). This subsection shall not apply to leaded joints necessary for the repair of cast iron pipes.
- C.** Treated wastewater used to supply an AWP project shall be municipal wastewater in origin.
- D.** Confidentiality of Information. In accordance with A.R.S. § 49-205, any information submitted to the Director pursuant to this Article may be claimed as confidential by the submitter. Any such claim must be asserted at the time of submission in the manner prescribed on the application form or instructions or, in the case of other submissions, by stamping the words "confidential business information" on each page containing such information. If no claim is made at the time of submission, the Director may make the information available to the public without further notice. If a claim is asserted, the infor-

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mation will be treated in accordance with the procedures in A.R.S. § 49-205.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-B807. Inspections, Violations, and Enforcement**

- A. The Department shall conduct inspections of a permitted AWPRA facility as specified under A.R.S. § 41-1009 and according to sanitary survey requirements in A.A.C. Title 18, Chapter 4, if applicable.
- B. Any person who violates a provision of Article 8 of this Chapter, applicable provisions in Chapters 4 and 5 of this Chapter, or a condition of an AWP permit or AWP demonstration permit is subject to the applicable enforcement actions established under A.R.S. Title 49.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-B808. Recordkeeping**

- A. The AWPRA shall collect and retain the following information for at least ten years:
  - 1. Copies of laboratory analyses and chain of custody forms,
  - 2. The results of all analyses of chemicals and pathogens, including laboratory data, and
  - 3. Copies of all plans and technical components prepared and submitted to the Department under the AWP permit application.
- B. For the records described in subsections (A)(1) through (A)(3), a responsible agent of the AWPRA shall sign the following certification statement "I certify, under penalty of law, that the activities conducted pursuant to the requirements of Title 18, Chapter 9, Article 8 have been made under my direction and supervision and under a system designed to ensure that qualified personnel properly gather and evaluate the information to determine whether the applicable requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-B809. Construction and Compliance with Plans**

- A. An AWPRA shall conform to all proposed plans and specifications when constructing any part of their pilot facility such that the facility accurately reflects the proposal as recorded.
  - 1. Prior to issuance of an AWP permit or demonstration permit and when the pilot facility is the same as the proposed full-scale facility, any change in a proposed design that will affect advanced treated water or finished water quality, capacity, flow, or performance, shall be documented by the AWPRA applicant and submitted to the Department for review and approval in the form of revised plans and specifications, record drawings and a written statement regarding the reasons for the change.
  - 2. The record drawings shall be drafted pursuant to R18-9-B810.

- B. An AWPRA shall conform to all approved plans and specifications when constructing any part of their full-scale facility.

- 1. Following issuance of an AWP permit, any change in an approved design that will affect advanced treated water or finished water quality, capacity, flow, or performance, shall be submitted by the AWPRA to the Department for review and approval through a permit amendment.
- 2. Upon a change to an approved design, the AWPRA shall notify the Department and shall not proceed with any construction related to the design change without written approval from the Department, except in cases of emergency in which the AWPRA must act promptly to respond to an immediate and significant threat to human health and approval from the Department would unduly delay or prevent the AWPRA from addressing the threat. In instances of emergency, the AWPRA shall at the first available and safe moment, but not exceeding 30 days after the emergency:
  - a. Notify the Department of the emergency,
  - b. Detail the change made from the approved design, and
  - c. Describe all response methods utilized during the emergency to protect advanced treated water quality.
- 3. An AWPRA's failure to notify and obtain the Department's approval of a change in an approved design is subject to enforcement as a permit violation pursuant to R18-9-B807.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-B810. Record Drawings**

- A. An Arizona-registered professional engineer shall clearly and accurately record or mark, on a complete set of working project drawings, each deviation from the original plan, and a written summary of each deviation which shall include, but is not limited to:
  - 1. A description of the deviation,
  - 2. The reason for the deviation, and
  - 3. The projected impact the deviation will have on advanced treated water quality. If an impact is identified, the description shall be accompanied by an explanation on how the AWPRA will address the impact to maintain compliance with advanced treated water quality standards.
- B. The set of marked drawings and written summary of deviations becomes the record drawings, reflecting the project as actually built.
- C. The professional engineer registered in Arizona shall sign, date, and place their engineer's seal on each sheet of the record drawings and written summary of deviations and submit them to the Department as part of the permit application. The record drawings shall be accompanied by an engineer's certificate of completion, signed by the professional engineer.
- D. Quality control testing results and calculations shall be submitted with the engineer's certificate of completion together with field notes and the name of the individual witnessing the tests.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-B811. Outreach; Public Communications Plan**

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- A. An AWPRA applicant/permittee shall develop a Public Communications Plan for the purpose of providing drinking water consumers in the service area with education, awareness, and transparency related to the AWP project.
- B. Public Communications Plan. The Plan shall include, but is not limited to, the following:
  1. Consumer Notification.
    - a. An AWPRA applicant shall notify all drinking water consumers of its intention to apply for an AWP permit for treatment and delivery of advanced treated water or distribution of finished water as a drinking water source.
    - b. An AWPRA applicant/permittee shall maintain communication with the consumers throughout all major program phases, including planning, application, operations, and post-operations.
    - c. Throughout the planning phase, the AWPRA applicant shall:
      - i. Communicate to the public through the use of a local, publicly-accessible repository in which the AWPRA posts information about the AWP project, contains a forum for public question and comment, and a place for responses. Such a repository shall be active at the time the AWPRA applicant submits an AWP project permit application to the Department, and shall be maintained for the lifetime of the project,
      - ii. Provide at least one notification by mail or by another Department-approved method to all of its consumers prior to a public meeting related to the AWP project,
      - iii. Schedule and hold at least one public meeting during the planning stage of the AWP project,
      - iv. Communicate to the public through at least one additional Department-approved method in accordance with subsection (B)(2), and
      - v. Provide all relevant information in all appropriate languages, as necessary, and provide contact information to the public on how a consumer may obtain translated written communications or request language assistance for written and oral communications.
    - d. During the application phase, the AWPRA applicant shall schedule and hold at least one public meeting no less than six months prior to distributing finished water from the AWP project.
  2. Acceptable Methods of Communication. Department-approved methods of communication include the following:
    - a. Coverage through a local news outlet (e.g. television, newspaper, social media);
    - b. Community event or events (e.g. setting up table/booth);
    - c. Local school or schools and school events;
    - d. Providing opt-in email or text notifications to customers;
    - e. Consumer confidence reports, water bill inserts, or other mail notification;
    - f. Neighborhood association meeting or meetings and civic organizations; or
    - g. Other methods may be accepted at the Director's discretion.
  3. Community Engagement.
    - a. An AWPRA applicant shall involve local government or governments throughout the AWP project phases, as necessary.
    - b. An AWPRA applicant shall develop a list of all relevant stakeholders and interest-holders that they intend to communicate with. Such a list shall, at a minimum, include local health authorities and medical professionals, and may additionally include:
      - i. City/town councils and boards;
      - ii. Local elected officials;
      - iii. Community organizations that represent disproportionately impacted communities;
      - iv. Local environmental groups;
      - v. Industry groups; or
      - vi. Schools/school boards.
    - c. An AWPRA applicant may conduct surveys, focus groups, or other means of collecting local information for the purpose of demonstrating community perception and opinion of the prospective AWP project introduction, and throughout all succeeding project phases.
  4. Certification.
    - a. An AWPRA applicant shall certify the Plan meets the minimum requirements in this Section.
    - b. The certified Plan shall include details demonstrating compliance with the requirements of this Section, including, but not limited to:
      - i. Access to the publicly-accessible repository, such as a web address,
      - ii. Description of the methodology selected for communication,
      - iii. The numbers of mailers sent to the public,
      - iv. The number of government entities and other leaders engaged with,
      - v. A description of the public meetings held including dates, times, and methods of notice, and
      - vi. A description of any outreach conducted in other languages.
    - c. An AWPRA applicant shall submit a draft Plan as a component of the AWP permit application pursuant to R18-9-C816.
    - d. After being issued the AWP permit, and at least 30 days prior to distributing advanced treated water or delivering finished water, an AWPRA shall submit a certified final Plan to the Department pursuant to the compliance schedule set forth in their AWP permit.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**PART C. PRE-PERMIT AND PERMIT REQUIREMENTS****R18-9-C812. Pre-Application Conference; Project Advisory Committee**

- A. Upon request of the AWPRA applicant, the Department shall schedule and hold pre-application conference or conferences with the AWPRA applicant to discuss the requirements of this Article.
- B. The Department may assemble a project advisory committee for the purpose of providing project-specific technical consultation to the Department throughout the application process.

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1. The project advisory committee may be composed of appropriate experts selected by the Department to assist in review as necessary.
2. Experts may include, but are not limited to, toxicologists, State of Arizona licensed engineers, epidemiologists, microbiologists, chemists, and utility representatives.
3. Project advisory committee recommendations are advisory only.
4. Reviews by the project advisory committee shall be conducted within the applicable Licensing Time Frames in Chapter 1, Article 5 of this Title.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-C813. Applicant Pathways Depending on National Pretreatment Program Applicability**

- A. An AWPRA applicant shall submit the application components in the order and format set forth in this Section, in addition to the order and format prescribed by the applicable rules within this Article.
- B. National Pretreatment Program AWPRA. An AWPRA with all water reclamation facility partner or partners subject to the National Pretreatment Program may elect to either:
  1. Submit the Initial Source Water Characterization Plan and the Pilot Study Plan to the Department for review and comment prior to the AWP permit application in the order and format set forth in R18-9-C814 and R18-9-C815; or
  2. Submit the Initial Source Water Characterization Report and Piloting Report to the Department for approval as components of the AWP permit application pursuant to R18-9-C816.
- C. Non-National Pretreatment Program AWPRA. An AWPRA with at least one water reclamation facility partner not subject to the National Pretreatment Program shall, throughout the pre-application period and in the order and format set forth in R18-9-C814 and R18-9-C815:
  1. Submit the Initial Source Water Characterization Plan and the Pilot Study Plan to the Department for review and comment, and
  2. Submit the Initial Source Water Characterization Report and Pilot Report to the Department for approval pursuant to R18-9-C816.
- D. An AWPRA applicant that builds a pilot facility to full-scale and develops a Hybrid Pilot and Full-Scale Verification Plan, shall follow the submission requirements pursuant to R18-9-C815(A)(1)(c) and R18-9-F835(A)(1)(c) in lieu of the submission requirements in subsections (B) and (C).

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-C814. Initial Source Water Characterization**

- A. An AWPRA applicant shall develop an Initial Source Water Characterization Plan and shall conduct initial monitoring of any treated wastewater proposed to be used as a source for an AWTF.
- B. Initial Source Water Characterization Plan. An initial source water characterization monitoring plan, or Initial Source Water Characterization Plan, shall be developed and followed when conducting initial monitoring in accordance with this Section.

1. A Non-National Pretreatment Program AWPRA applicant shall submit the Initial Source Water Characterization Plan to the Department for review and comment prior to conducting initial source water monitoring under this Section. Along with the Initial Source Water Characterization Plan, the AWPRA applicant shall submit the following additional preliminary components to the Department for review and comment:
  - a. A draft Enhanced Source Control Plan prepared pursuant to R18-9-E824,
  - b. A draft technical, managerial, and financial, or Technical, Managerial, and Financial Capacity Plan, prepared pursuant to R18-9-F833,
  - c. A proposed pilot train designed pursuant to R18-9-C815, and
  - d. A draft Public Communications Plan prepared pursuant to R18-9-B811.
2. A National Pretreatment Program AWPRA applicant may submit the Initial Source Water Characterization Plan to the Department for review and comment prior to conducting initial source water monitoring under this Section, or otherwise shall submit the Initial Source Water Characterization Plan and Report to the Department as a component of the AWP permit application prepared pursuant to R18-9-C816. An AWPRA applicant that elects to submit the Initial Source Water Characterization Plan to the Department for review and comment prior to conducting initial source water monitoring under this Section may also elect whether or not to submit the additional preliminary components listed in subsection (B)(1) to the Department for contemporaneous review and comment.
- C. Monitoring. An AWPRA applicant shall conduct initial source water monitoring at all water reclamation facilities delivering treated wastewater as a source to an AWTF as applicable under R18-9-A802(C).
  1. Monitoring shall be conducted at a location before any treatment process that will be used for a treatment credit in the AWP project and before the point of diversion to the AWTF.
  2. Chemical Monitoring.
    - a. The AWPRA applicant shall collect a minimum of twelve monthly composite samples representative of seasonal variability.
    - b. If there is wide variability in a chemical concentration, meaning the coefficient of variation is greater than fifty percent, the AWPRA applicant shall reasonably increase the sampling interval in order to evidence this variability.
    - c. The AWPRA applicant shall sample for the following chemicals, excluding those identified on the projected chemical treatment list developed in R18-9-E826:
      - i. Tier 1 chemicals,
      - ii. Tier 2 chemicals pursuant R18-9-E826(D), and
      - iii. Any projected Tier 3 chemicals.
  3. Pathogen Monitoring.
    - a. The AWPRA applicant shall utilize reference pathogens to monitor pathogen treatment within the AWP project and establish log reduction requirements consistent with either a standard log reduction approach or a site-specific log reduction approach pursuant to R18-9-E828.
    - b. Standard Log Reduction. If the AWPRA applicant selects the standard log reduction approach to patho-



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gen control, no initial pathogen monitoring is required as part of initial source water characterization.

- c. **Site-Specific Log Reduction.** If the AWPRA applicant selects the site-specific log reduction approach to pathogen control, the AWPRA applicant shall perform initial pathogen monitoring as part of initial source water characterization by following the prescribed sampling protocol pursuant to R18-9-E828(C).
- D.** In addition to the requirements of this Section, initial source water monitoring under an Initial Source Water Characterization Plan shall be conducted using good engineering practices. Methods for initial source water monitoring shall be approved if the AWPRA applicant can demonstrate that the methods are sufficiently detailed and robust for the purpose of characterizing the treated wastewater used as a source for an AWTF in such a manner that informs the proposed pilot and full-scale treatment train design and serves as an accurate representation of the collection system.
  - 1. ADEQ shall develop and make available guidance on conducting initial source water monitoring under an Initial Source Water Characterization Plan.
  - 2. An Initial Source Water Characterization Plan developed in a manner consistent with the criteria contained in an applicable ADEQ guidance document shall be considered to have been conducted using good engineering practices.
- E.** **Report.** An Initial Source Water Characterization Report shall be finalized within three years of the commencement of initial source water monitoring or at the Director's discretion. The Initial Source Water Characterization Report shall be prepared pursuant to R18-9-A802(C) and shall include, but is not limited to, the following:
  - 1. The date, time, frequency and exact place of sampling,
  - 2. The name of each individual who performed the sampling,
  - 3. The procedures used to collect the samples,
  - 4. The dates the sample analyses were completed,
  - 5. The name of each individual or laboratory performing sample analysis,
  - 6. The analytical techniques or methods used to perform the sampling and analysis,
  - 7. The chain of custody records,
  - 8. Any field notes relating to the information described under this subsection,
  - 9. The sampling results which account for seasonal variability,
  - 10. Corresponding laboratory data for all samples, and
  - 11. A copy of the Initial Source Water Characterization Plan developed in subsection (B).
- F.** **Report Submission.**
  - 1. A Non-National Pretreatment Program AWPRA applicant shall submit the Initial Source Water Characterization Report in subsection (E) to the Department for review and comment as a component of the Pilot Study Plan prepared pursuant to R18-9-C815. Additionally, a Non-National Pretreatment Program AWPRA applicant shall submit the Initial Source Water Characterization Report as a component of the AWP permit application prepared pursuant to R18-9-C816.
  - 2. A National Pretreatment Program AWPRA applicant, if electing to submit a Pilot Study Plan to the Department for review and comment, may include the Initial Source Water Characterization Report in subsection (E) as a

component, or otherwise shall submit the Initial Source Water Characterization Report as a component of the AWP permit application prepared pursuant to R18-9-C816.

- G.** The Department shall consider an AWPRA applicant's conformance with the initial source water characterization requirements in this Article as a component of the AWP permit application. The Director shall deny an AWP permit application if a determination is made that, under the Initial Source Water Characterization Plan, monitoring was improperly conducted or is otherwise insufficient to achieve the objectives of chemical and pathogen characterization, or if the Initial Source Water Characterization Report is incomplete or otherwise insufficient to demonstrate compliance with the Plan.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-C815. Pilot Study**

- A.** An AWPRA applicant shall develop a Pilot Study Plan and conduct piloting on a pilot treatment train.
  - 1. If an AWPRA builds a pilot facility to full-scale, the AWPRA applicant may, instead, opt to conduct piloting and full-scale verification simultaneously. If the AWPRA pursues this option, the AWPRA shall:
    - a. Consult with the Department, and
    - b. Develop and submit a Hybrid Pilot and Full-Scale Verification Plan to the Department for review and comment prior to conducting piloting and full scale verification under this Section, R18-9-F835 and other requirements which are previously determined through consultation with the Department, and
    - c. For the purposes of the permit application pursuant to R18-9-C816, submit the Hybrid Pilot and Full-Scale Verification Plan and a Hybrid Pilot and Full-Scale Verification Report in lieu of the submission requirements at R18-9-C816(A)(2)(g) and (h).
  - 2. An operator of a pilot facility may be credited with advanced water treatment qualifying experience under R18-9-B804.
- B.** **Pilot Study Plan.** A Pilot Study Plan shall be followed when constructing the pilot treatment train and piloting in accordance with this Section.
  - 1. A Non-National Pretreatment Program AWPRA applicant shall submit the Pilot Study Plan to the Department for review and comment prior to conducting piloting under this Section.
  - 2. A National Pretreatment Program AWPRA applicant may submit the Pilot Study Plan to the Department for review and comment prior to conducting piloting under this Section, an approach recommended by the Department, or otherwise shall submit the Pilot Study Plan to the Department as a component of the AWP permit application prepared pursuant to R18-9-C816.
  - 3. The Plan shall include, but is not limited to, the following:
    - a. The pilot study objectives,
    - b. A description of the proposed pilot treatment train,
    - c. The design criteria for each treatment component pursuant to R18-9-F832,
    - d. A design report and drawing,
    - e. An explanation of the pilot train's representation of the scale and the performance of the proposed full-

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- scale AWTF and the selected treatment components therein,
- f. A time period for which the pilot study will be conducted of no less than one year of continuous operation,
  - g. A monitoring plan which shall include, but is not limited to, the following:
    - i. The proposed monitoring, instrumentation, and any additional requirements pursuant to R18-9-A802(C),
    - ii. The proposed chemical critical control points designated pursuant to R18-9-E827(D),
    - iii. The proposed pathogen critical control points designated pursuant to R18-9-E828(D), and
    - iv. An advanced treated water sampling plan, and
  - h. The proposed Tier 3 chemical list and associated critical control points prepared pursuant to R18-9-E827,
  - i. The projected chemical treatment list prepared pursuant to R18-9-E826(F), and
  - j. A TOC Characterization Plan of all original drinking water sources, pursuant to the Trace Organics Removal Procedure under R18-9-F834(C)(1), if the AWPRA selects the Site-Specific TOC Management Approach.
4. The Initial Source Water Characterization Report prepared pursuant to R18-9-C814(E) shall be submitted as follows:
    - a. A Non-National Pretreatment Program AWPRA applicant shall submit the Initial Source Water Characterization Report as a component of the Pilot Study Plan, and
    - b. A National Pretreatment Program AWPRA applicant may submit the Initial Source Water Characterization Report as a component of the Pilot Study Plan, or otherwise shall submit the Initial Source Water Characterization Report as a component of the AWP permit application prepared pursuant to R18-9-C816.
  5. The pilot treatment train shall be selected from, and optimized in accordance with, the projected chemical treatment list developed pursuant to R18-9-E826(F) and pathogen log reduction values established pursuant to R18-9-E828.
  6. If a Pilot Study Plan includes the discharge of effluent and the facility is subject to the APP program, an APP application for permit coverage shall be submitted and effective before pilot train operation.
- C. Piloting.**
1. Pathogen and chemical removal shall be demonstrated during the pilot study by conducting sampling in accordance with the established monitoring plan developed in subsection (B)(3)(g).
  2. Sampling shall be conducted at a minimum of two locations, the influent and effluent of the pilot treatment train, in accordance with the proposed critical control points.
- D. Report.** At the conclusion of piloting a Pilot Study Report shall be prepared and submitted to the Department as a component of the AWP permit application pursuant to R18-9-C816. The Pilot Study Report shall include, but is not limited to, the following:
1. A demonstration of the effectiveness, reliability, and consistency of the treatment components in achieving pathogen and chemical removal, as well as TOC management in accordance with the Pilot Study Plan under subsection (B),
  2. A list of water reclamation facility operational parameters and ranges that produced the AWTF treated wastewater influent water quality.
- E.** The Department shall consider an AWPRA applicant's conformance with the pilot study requirements in this Article as a component of the AWP permit application. The Director shall deny an AWP permit application if a determination is made that, under the Pilot Study Plan, piloting was improperly conducted or is otherwise insufficient to achieve the objectives of the pilot study, or if the Pilot Study Report is incomplete or otherwise insufficient to demonstrate compliance with the Pilot Study Plan.
- F.** In addition to the requirements of this Section, the pilot study shall be conducted using good engineering practices. Methods for conducting the pilot study shall be approved if the AWPRA applicant can demonstrate that the methods sufficiently and consistently verify the performance of the chosen treatment components, provide the opportunity to evaluate the effectiveness of different types of treatment components, and inform the design of the full-scale AWP treatment train.
1. ADEQ shall develop and make available guidance on conducting an AWP pilot study.
  2. An AWP pilot study conducted in a manner consistent with the criteria contained in an applicable ADEQ guidance document shall be considered to have been conducted using good engineering practices.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-C816. Permit Application**

- A.** An AWPRA applicant for an AWP permit shall provide the Department with the following information on an application form prescribed by the Director:
1. Application: Administrative Requirements.
    - a. The names and mailing addresses of all AWPRA partners,
    - b. The names and mailing addresses of the representative of the AWPRA and owners and operators of all AWPRA partner facilities,
    - c. The legal description, including latitude and longitude, of the location of all AWPRA partner facilities,
    - d. The expected operational life of the AWPRA partner facilities,
    - e. The permit number for any other federal or state environmental permit issued to any AWPRA partner for that facility or site,
    - f. A copy of the AWPRA's Joint Plan and corresponding agreements pursuant to R18-9-B805,
    - g. A copy of the certificate of disclosure required by A.R.S. § 49-109,
    - h. Evidence that the AWTF complies with applicable municipal or county zoning ordinances, codes, and regulations,
    - i. Certification in writing that the information submitted in the application is true and accurate to the best of the AWPRA applicant's knowledge, and
    - j. All applicable fees established in 18 A.A.C. 14.
  2. Application: Technical Requirements.
    - a. Detailed completed or prospective construction plans of the site, presented in legible form and of

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- sufficient scale and detail to establish construction requirements and to facilitate effective review,
- b. Record drawings pursuant to R18-9-B810,
  - c. Complete specifications to supplement the completed or prospective construction plans in subsection (A)(2)(a), including vendor data demonstrating validation information,
  - d. A design report which:
    - i. Describes the completed or prospective construction and the basis of design,
    - ii. Provides design data and other pertinent information that defines the work, and
    - iii. Establishes the adequacy of the design to meet the system demand and comply with the requirements of this Article, and
  - e. A Full-Scale Verification Plan, including data demonstrating scaling feasibility, prepared pursuant to R18-9-F835,
  - f. A draft Operations Plan prepared pursuant to R18-9-F836,
  - g. The Pilot Study Plan and Report prepared pursuant to R18-9-C815, if applicable under R18-9-C815(A)(1),
  - h. The Full-Scale Verification Report prepared pursuant to R18-9-F835, if applicable under R18-9-C835(A)(1),
  - i. A list of construction material used pursuant to R18-9-B806,
  - j. A demonstration of technical, managerial, and financial capacity pursuant to R18-9-F833,
  - k. An initial Enhanced Source Control Plan pursuant to the program developed in R18-9-E824,
  - l. The Initial Source Water Characterization Plan and Initial Source Water Characterization Report prepared pursuant to R18-9-C814,
  - m. A demonstration of compliance with all minimum design requirements pursuant to R18-9-F832,
  - n. The proposed pathogen and chemical action levels for ongoing monitoring pursuant to R18-9-A802(C),
  - o. The draft Public Communications Plan pursuant to R18-9-B811,
  - p. A Tier 2 analysis pursuant to R18-9-E826,
  - q. A Tier 3 Chemical list, associated critical control points and explanation pursuant to R18-9-E827,
  - r. Evidence of an APP authorizing any discharge from an AWTF that occurred, occurs or will occur during piloting, full-scale verification, operation or otherwise,
  - s. Demonstration that the AWPRA meets applicable A.A.C. Title 18, Chapter 4 and Chapter 5 requirements, and
  - t. Any other relevant information required by the Department to determine whether to issue a permit.
- B. Draft Permit.** The Department shall provide the AWPRA applicant with a draft of the AWP permit prior to publication of the Notice of Preliminary Decision pursuant to R18-9-D820.
- C. Permit Issuance or Denial.** The following requirements apply in addition to the requirements in R18-9-D823:
1. The Director shall issue an AWP permit, based upon the information obtained by or made available to the Department, if the Director determines that the AWPRA applicant is in compliance with this Article, and the applicable requirements in Chapter 4, Articles 1 and 2, and Chapter 5, Article 5.
  2. The Director shall provide the AWPRA applicant with written notification of the final determination to issue or deny the permit within the overall licensing time-frame requirements under 18 A.A.C. 1, Article 5, Table 10 and the following:
    - a. The AWPRA applicant's right to appeal the final permit determination, including the number of days the applicant has to file a protest and the name and telephone number of the Department contact person who can answer questions regarding the appeals process,
    - b. If the AWP permit is denied under R18-9-D823, the reason for the denial with reference to the statute or rule on which the denial is based, and
    - c. The AWPRA applicant's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.
- D.** The Department shall only approve an AWP permit for an AWPRA applicant when all AWPRA partners are in compliance with this Chapter and applicable Chapter 4 and Chapter 5 requirements, or are making satisfactory progress towards compliance under a schedule previously approved by the Department.
- E. Post-Permit Issuance Compliance Schedule.**
1. The technical components listed in subsection (E)(2) are not required as part of the application in subsections (A) and (B) but are required prior to delivery of advanced treated water or distribution of finished water,
  2. The following technical components shall be submitted in the time and manner set forth in a compliance schedule which shall be established by the Department under the AWP permit:
    - a. The final design documents including as-built construction and configuration reports of all engineered elements of the facility prepared pursuant to R18-9-B810 and any document changes from what was proposed in the pre-construction application requirements.
    - b. An Operations Plan prepared pursuant to R18-9-F836, including, but not limited to, a list of operators who are certified by the Department appropriately for all facilities within an AWP project, including any finished water distribution systems,
    - c. The Full-Scale Verification Report prepared pursuant to R18-9-F835,
    - d. A vulnerability assessment prepared pursuant to R18-9-F837,
    - e. Compliance with approved plans pursuant to R18-9-B809,
    - f. The final Public Communications Plan pursuant to R18-9-B811,
    - g. The final Enhanced Source Control Plan pursuant to the program developed in R18-9-E824,
    - h. An engineer's certificate of completion of the final inspection of the AWTF, signed, dated, and sealed by an Arizona-registered professional engineer in a format approved by the Department, and
    - i. Any other relevant information required by the Department.
  3. Compliance schedule items under subsection (E)(2) may require a permit amendment.

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- F. If a compliance schedule is included as part of an AWP permit, delivery of advanced treated water or distribution of finished water is prohibited until all delivery or distribution-critical post-permit compliance schedule items pursuant to subsection (E) are met and any associated permit amendments are in effect.
- G. All design plans, specifications, and design reports submitted under this Section shall be signed, dated, and sealed by an Arizona-registered professional engineer. The Arizona-registered professional engineer shall demonstrate the following information to the Department for each person principally responsible for designing the facility:
  1. Pertinent licenses or certifications held by the person,
  2. Professional training relevant to the design of an AWTF, water reclamation facility, or drinking water treatment facility,
  3. Work experience relevant to the design of AWTF, water reclamation facilities, or drinking water treatment facilities, and
  4. A verification letter from an independent party certifying the performance of a manufacturer's equipment or a product that the professional engineer is relying upon for treatment credits, along with the information required under subsections (G)(1), (2), and (3), for the independent party certifying the product.
- D. All design plans, specifications, and design reports submitted under this Section shall be signed, dated, and sealed by an Arizona-registered professional engineer. The Arizona-registered professional engineer shall make the following demonstration to the Department for each person principally responsible for designing the facility:
  1. Pertinent licenses or certifications held by the person,
  2. Professional training relevant to the design of an AWTF, water reclamation facility, or drinking water treatment facility, and
  3. Work experience relevant to the design of AWTF, water reclamation facilities, or drinking water treatment facilities.
- E. Demonstration AWTFs shall only be built to pilot or full-scale.
- F. Bench scale demonstration AWTFs are prohibited.
- G. An operator of an AWP demonstration facility may be credited with advanced water treatment qualifying experience under R18-9-B804.
- H. The public notice and public participation requirements in R18-9-D819 and R18-9-D820 apply to demonstration permits issued under this Section.
- I. The permit suspension, revocation, denial, and termination requirements in R18-9-D823 apply to demonstration permits issued under this Section.
- J. The permit term and permit renewal requirements in R18-9-D822 apply to demonstration permits issued under this Section.
- K. All design plans, specifications, and design reports submitted under this Section shall be signed, dated, and sealed by an Arizona-registered professional engineer. The Arizona-registered professional engineer shall demonstrate the following information to the Department for each person principally responsible for designing the facility:
  1. Pertinent licenses or certifications held by the person,
  2. Professional training relevant to the design of an AWTF, water reclamation facility, or drinking water treatment facility,
  3. Work experience relevant to the design of AWTF, water reclamation facilities, or drinking water treatment facilities, and
  4. A verification letter from an independent party certifying the performance of a manufacturer's equipment or a product that the professional engineer is relying upon for treatment credits, along with the information required under subsections (K)(1), (2), and (3), for the independent party certifying the product.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-C817. Demonstration Permit**

- A. An AWPRA may apply for an AWP demonstration permit for the purpose of showcasing the AWTF for public outreach, finished water tasting, and other related non-distribution purposes.
- B. Introduction of advanced treated water into a drinking water distribution system for human consumption is prohibited under an AWP demonstration permit.
- C. Demonstration Permit Application.
  1. An AWPRA applying for an AWP demonstration permit shall comply with all requirements of this Article, and all application requirements pursuant to R18-9-C816, excluding the requirement to demonstrate full-scale verification.
    - a. The piloting requirements in R18-9-C815 may be abbreviated at the Director's discretion, but may not be of a period of less than six months.
    - b. If an applicant reports significant failures at a critical control point during abbreviated piloting, the Director may require other measures.
  2. The AWPRA applicant applying for an AWP demonstration permit shall submit a preliminary application containing the information required in subsection (C)(1) to the Department on an application form prescribed by the Director.
  3. The Department shall, based on the preliminary application and in consultation with the AWPRA applicant, provide the AWPRA applicant notice of any additional information that is necessary to complete the application.
  4. An AWP operator shall operate the demonstration facility if the facility is utilized for the purpose of showcasing the AWTF for public outreach, finished water tasting, and other related non-distribution purposes.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-C818. Compliance Schedule**

- A. An AWPRA shall follow the compliance schedule established in the AWP permit.
  1. If a compliance schedule provides that an action is required more than one year after the date of permit issuance, the schedule shall establish interim requirements and dates for their achievement.
  2. If the time necessary for completion of an interim requirement is more than one year and is not readily divisible into stages for completion, the permit shall contain interim dates for submission of reports on progress toward completion of the interim requirements and shall indicate a projected completion date.

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3. An AWPRA shall submit to the Department a compliance schedule item report documenting that the required action was taken within the time period specified in the compliance schedule of the AWP permit.
  4. After reviewing the compliance schedule activity, the Director may amend the AWP permit, based on changed circumstances relating to the required action.
- B.** Distribution of advanced treated water is prohibited until the Department approves all compliance schedule items established under the AWP permit pursuant to R18-9-C816(E).
- C.** The Department shall consider all of the following factors when setting any additional compliance schedule requirements not prescribed under R18-9-C816(E):
1. The impact on advanced treated water quality,
  2. The impact on drinking water customers,
  3. The requirements for permit amendment, and
  4. Any other factors determined at the Director's discretion.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**PART D. GENERAL PERMIT REQUIREMENTS****R18-9-D819. Public Notice**

- A.** AWP Permits.
1. The Department shall provide the entities specified in subsection (A)(2) with monthly written notification, by regular mail or electronically, upon the occurrence of any of the following:
    - a. Receipt of AWP permit or demonstration permit applications;
    - b. Preliminary and final determinations by the Director related to issuance or denial of an AWP permit or demonstration permit;
    - c. Issuance of significant permit amendments;
    - d. A determination made by the Director to revoke a permit; or
    - e. Issuance of a permit renewal.
  2. Entities.
    - a. Each county department of health, environmental service department, or comparable department,
    - b. A federal, state, local agency, or council of government, that may be affected by the permit action, and
    - c. A person who requested, in writing, notification of the activities described in subsection (A)(1).
- B.** The Department shall additionally post the information referenced in subsections (A)(1) and (2) on the Department website: [www.azdeq.gov](http://www.azdeq.gov).

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-D820. Public Participation**

- A.** Notice of Preliminary Decision.
1. The Department shall publish a notice of preliminary decision regarding the issuance or denial of a significant amendment or a final permit determination related to an AWP project on its website.
    - a. Along with the public notice, the Department shall provide a copy of the draft permit along with a fact sheet for the AWP project.
    - b. The AWPRA applicant or permittee of the AWP project shall publish the notice of preliminary deci-

sion regarding the issuance or denial of a significant amendment or a final permit determination in a mailer sent to all drinking water customers within their service area.

2. The Department shall accept written comments from the public before a significant amendment or a final permit determination is made. Written public comment is limited to the scope of the issuance or denial of a significant amendment or a final permit determination under subsection (A)(1).
  3. The written public comment period begins on the publication date of the notice of preliminary decision and extends for a minimum of 30 days.
- B.** Public hearing.
1. The Department shall provide, at minimum, a 30-day notice and shall conduct a public hearing to address a notice of preliminary decision regarding a significant amendment or final permit determination if:
    - a. Significant public interest in a public hearing exists; or
    - b. Significant issues or information has been brought to the attention of the Department that have not been considered previously in the permitting process.
  2. If, after publication of the notice of preliminary decision, the Department determines that a public hearing is necessary, the Department shall schedule a public hearing and publish notice of the public hearing on its website and the AWPRA applicant or permittee of the AWP project shall publish the notice of public hearing in a mailer sent to all drinking water customers within their service area.
  3. The Department shall accept written public comment until the close of the hearing record.
- C.** The Department shall respond in writing to all comments submitted during the public comment period.
- D.** The Department shall notify an AWPRA applicant or permittee of a significant amendment or final permit determination through regular or electronic mail.
1. Simultaneously, and in the same manner, the Department shall provide a notice of the amendment or determination along with the summary of response to comments to any person who submitted comments or attended a public hearing on the significant amendment or final permit determination.
  2. The AWPRA applicant or permittee of the AWP project shall publish the final determination regarding the issuance or denial of a significant amendment or a final permit determination in a mailer sent to all drinking water customers within their service area.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-D821. Permit Amendments**

- A.** The Director may amend an AWP permit based upon a request or upon the Director's initiative.
1. A permittee shall submit a request for permit amendment in writing on a form prescribed by the Director with the applicable fee established in A.A.C. Title 18, Chapter 14, explaining the facts and reasons justifying the request.
  2. The Department shall process amendment requests following the licensing time-frames established under A.A.C. Title 18, Chapter 1, Article 5, Table 10.

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3. An amended permit supersedes the previous permit upon the effective date of the amendment.
- B. Significant Amendment.**
1. Significant AWP permit amendments may include, but are not limited to:
    - a. Changes to the enhanced source control program that will result in a change in the water quality of any unit of operation or the advanced treated water,
    - b. Any modification to the facility that will result in a change in the water quality of any unit of operation or the advanced treated water,
    - c. Any change to the critical control points,
    - d. Reductions to monitoring,
    - e. Changes to any approved blending plans,
    - f. Significant source water quality changes that will result in a change in the water quality of any unit of operation or the advanced treated water,
    - g. The addition or removal of an AWPRA partner from the AWPRA, and
    - h. Authorization to deliver advanced treated water or distribute finished water following completion of post-permit compliance schedule items.
  2. An AWPRA shall submit, along with the detailed permit amendment request in subsection (A)(1), an explanation of the proposed modifications as well as the safeguards that the AWTF will implement to ensure that the quality of the water served will not be adversely affected by any modification.
- C. Minor Amendment.** Minor AWP permit amendments may include, but are not limited to:
1. Correcting typographical errors,
  2. Changing non-technical administrative information,
  3. Correcting minor technical errors, such as locational information and citations of law,
  4. Increasing the frequency of monitoring or reporting,
  5. Making changes in a recordkeeping retention requirement, and
  6. Changes to the treatment train, monitoring equipment, or any other component that is not a replacement of, or substantially similar to the approved components, but will not result in a change in the advanced treated water.
- D. The public notice and public participation requirements in R18-9-D819 and R18-9-D820 apply to a significant amendment. A minor amendment does not require public notice or public participation.**
- Historical Note**
- New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).
- R18-9-D822. Permit Term; Permit Renewal**
- A.** An AWP permit and demonstration permit are valid for five years from the date the permit is issued pursuant to R18-9-C816.
- B.** An AWPRA authorized under an AWP permit or demonstration permit shall submit an application for renewal on a form prescribed by the Director with the applicable fee established in A.A.C. Title 18, Chapter 14 at least 180 calendar days before the end of the permit term.
1. If an administratively complete application for renewal of an AWP permit or demonstration permit is not received by the Department prior to the end of the permit term, the AWP permit or demonstration permit expires.
  2. If an administratively complete application for renewal of an AWP permit or demonstration permit is received by the Department prior to the end of the permit term, the AWP permit or demonstration permit term extends until a renewal determination is made.
- C.** The AWPRA shall demonstrate the following requirements to the Department in a renewal application submitted on a form prescribed by the Director:
1. Continued compliance throughout the most recent AWP permit term, or otherwise documentation of data related to any excursion from approved advanced treated water quality parameters,
    - a. Excursions shall be monitored at all AWP project components including, but not limited to:
      - i. The treatment process at the AWTF,
      - ii. The treatment process at the WRF,
      - iii. The collection system, and
      - iv. Any non-domestic discharger regulated under the enhanced source control program, and
    - b. If excursions are detected, the AWPRA shall demonstrate evidence of corrective actions taken in response to the excursion and data confirming that those corrective actions did not impact advanced treated water quality.
  2. Facility design documents and as-built construction and configuration reports of all engineered elements of the facility which accurately represent the most current facility, pursuant to R18-9-B810, along with documentation of any compliance challenges with the approved facility design within the most recent AWP permit term,
  3. Any proposed modification to an operation, treatment process, treatment configuration, or water quality parameter from the facility design most recently approved under an AWP permit shall result in preparation and submission of the applicable, following documents to the Department:
    - a. Detailed construction plans of the site and work to be done, presented in legible form and of sufficient scale, to establish construction requirements to facilitate effective review,
    - b. Complete specifications to supplement the construction plans in subsection (C)(3)(a), including vendor data demonstrating validation information,
    - c. A design plan that describes the proposed construction and basis of design, provides design data and other pertinent information that defines the work to be done, and establishes the adequacy of the design to meet the system demand and the requirements of this Article,
    - d. A certificate of completion of a final inspection of the AWTF signed, dated, and sealed by an Arizona-registered professional engineer in a format approved by the Department,
    - e. A Pilot Study Plan and report prepared pursuant to R18-9-C815,
    - f. A list of construction material used pursuant to R18-9-B806, and
  4. An updated Operations Plan, prepared pursuant to R18-9-F836, and revised, as necessary, which includes, but is not limited to:
    - a. An updated list of operators who are certified by the Department appropriately for all facilities within an AWP project, including any finished water distribution systems, and

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- b. Documentation of any periods of operator absence within the most recent AWP permit term, and
- 5. An updated vulnerability assessment, prepared pursuant to R18-9-F837, along with documentation of any compliance challenges with the vulnerability mitigation approach previously adopted within the most recent AWP permit term,
- 6. An updated Public Communications Plan, prepared pursuant to R18-9-B811, along with documentation of any changes to the AWPRA's service area during the most recent AWP permit term that affected plan implementation,
- 7. An updated Enhanced Source Control Plan, prepared pursuant to the program developed in R18-9-E824, with documentation of any changes to the Plan within the most recent AWP permit term,
- 8. An updated technical, managerial, and financial demonstration, prepared pursuant to R18-9-F833, with documentation of any changes made to the previously approved demonstration in effect during the most recent AWP permit term,
- 9. Documentation of source water characterization in compliance with the approach under initial source water characterization pursuant to R18-9-C814, as applicable if changes to the watershed occur which impact the source water characterization report in effect during the most recent AWP permit term,
- 10. A renewed demonstration of compliance with all minimum design requirements pursuant to R18-9-F832, and
- 11. An updated Monitoring Plan, prepared pursuant to R18-9-E829, including the proposed pathogen and chemical action levels.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-D823. Permit Suspension, Revocation, Denial, or Termination**

- A. The Director may, after notice and opportunity for hearing, suspend or revoke an AWP permit or demonstration permit upon a determination of any of the following:
  - 1. The AWPRA failed to comply with any applicable provision of this Title or any permit condition;
  - 2. The AWPRA misrepresented or omitted a fact, information, or data related to an AWP permit application or permit condition;
  - 3. A permitted activity is causing or will cause a violation of the Safe Drinking Water Act or any requirement of this Article at the entry point to a distribution system for delivery to drinking water consumers;
  - 4. A permitted AWP facility is causing or will cause imminent and substantial endangerment to public health or the environment;
  - 5. The AWPRA failed to maintain the financial capability pursuant to R18-9-F833; or
  - 6. The AWPRA failed to construct a facility within five years of permit issuance.
- B. The Director may deny an AWP permit or demonstration permit upon a determination that the AWPRA applicant has:
  - 1. Failed or refused to correct a deficiency in the permit application;
  - 2. Failed to demonstrate that the facility and the operation will comply with the requirements of this Article and all

applicable requirements in Chapter 4 and Chapter 5 of this Title. The Director shall base this determination on:

- a. The information submitted in the AWP permit application;
- b. Any information submitted to the Department following a public hearing; or
- c. Any relevant information that is developed or acquired by the Department; or
- 3. Provided false or misleading information.
- C. The Director may terminate an AWP permit or AWP demonstration permit if the AWP project covered under the permit:
  - 1. Is in substantial non-compliance with this Article or the Safe Drinking Water Act such that the continued operation of the facility presents a risk to public health or public safety that cannot be sufficiently abated or addressed through other enforcement mechanisms available to the Department under this Article;
  - 2. Is determined to have provided false information to the Department, or certified false or misleading reports;
  - 3. Is abandoned or no longer actively distributing or producing water under an AWP permit or demonstration permit; or
  - 4. At the permit holder's request upon prior notification to the Department.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**PART E. CONSTITUENT CONTROL, MONITORING, AND REPORTING****R18-9-E824. Enhanced Source Control**

- A. Treated wastewater used to supply an AWP project shall originate from a water reclamation facility that has local authority to implement an enhanced source control program, including authority for oversight, enforcement, and inspection.
- B. An AWPRA applicant shall develop, and an AWPRA permittee shall maintain, a locally authorized enhanced source control program which shall:
  - 1. Operate pursuant to specific legal authority enforceable in State or local courts, including the ability to file civil and/or criminal complaints for program violations,
  - 2. Identify, control, or eliminate constituents of concern discharged into the collection systems through the use of constituents of concern control methods including local ordinances and local limits,
  - 3. Include a summary of local limits and other discharge control methods,
  - 4. Include a list of potentially impactful non-domestic dischargers in the service area,
    - a. A potentially impactful non-domestic discharger is a source that meets one or more of the following:
      - i. The source is subject to the National Pretreatment Program pretreatment standards;
      - ii. The source may adversely affect the AWWTF operation including pass-through or interference;
      - iii. The source has a potential to have serious adverse effects on public health;
      - iv. The source has a potential to prevent the AWPRA from achieving requisite treatment standards for any contaminant regulated under this Article;

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- v. The source has a potential to cause a violation of a Tier 1 standard; or
- vi. The source has otherwise been designated as potentially impactful by the water reclamation facility.
- b. The potentially impactful non-domestic discharger list shall be:
  - i. Utilized to generate a list of impactful non-domestic dischargers, subject to additional control measures, in accordance with subsection (C),
  - ii. Reported to ADEQ every year through the annual report prepared pursuant to R18-9-E831,
  - iii. Continuously updated with newly introduced chemicals or new potentially impactful non-domestic dischargers, or as a result of any other event that causes a change within the collection systems impacting the advanced treated water quality,
  - iv. Verified through open and ongoing communication, as well as routine site visits with the identified potentially impactful non-domestic discharger. Verification may include inquiry into chemical use, potential discharges, and any potential or planned changes in operation that could impact the advanced treated water quality, and
  - v. Accompanied by collection system investigations to identify sources of Tier 1 or Tier 2 chemical peaks that have a significant impact on advanced treated water quality. These investigations shall occur at all necessary sewer lines, manholes, force mains, lift stations, and other collection system components.
- 5. Include a map of the collection system components, which shall be submitted to the Department and shall include locations of the potentially impactful non-domestic discharges in the collection system,
- 6. Include a list of all water reclamation facilities in the collection system that provide treated wastewater to the AWPRA as a source under the AWP program along with a description or map of their respective boundaries,
- 7. Include activities that protect the water reclamation facility or facilities and AWTF or AWTFs from pass-through or interference from constituents of concern which may include, but are not limited to, the creation of additional local limits or addressing routine monitoring activities,
- 8. Include a pollutant reduction and elimination plan that addresses both non-domestic and domestic dischargers with the goal of mitigating or eliminating constituents of concern prior to entry into the collection system. The plan shall include, at a minimum, the following:
  - a. A determination of whether targeted outreach is necessary. If necessary, targeted outreach shall include the development of targeted outreach programs for non-domestic dischargers determined to be impactful in accordance with subsection (C)(2),
  - b. Education and encouragement of non-domestic dischargers determined to not be impactful in accordance with subsection (C)(2) to participate in pollution prevention programs or environmental stewardship programs that reduce or eliminate the discharge of constituents of concern into the collection system, including the requirement to consider alternatives to constituent of concern usage,
  - c. A public outreach program for domestic dischargers, and
  - d. Notification and public hearings on the AWP program and significant program developments,
- 9. Include a septage hauler control program that tracks and monitors loads and includes a load sampling program which shall retain all load sampling results for a minimum of five years,
- 10. Implement a program to receive early warning for the purpose of attaining advanced notice of an incoming constituents of concern peak. An early warning system shall include, at a minimum, the following:
  - a. Online monitoring instrumentation that evaluate data in real time located either in the influent to the water reclamation facility, in the collection system, or at the discharging entity that measures constituents of concern or surrogate parameter or parameters and that indicates potential treatment interference, pass-through, or a violation of an AWP action level,
  - b. A process for notification to the AWPRA of any discharge that can potentially result in the release of contaminants above local limits established pursuant to subsection (B)(3),
  - c. Cooperation with local county public health departments, as necessary, to track constituents of concern peaks from disease outbreaks or other impactful health events,
  - d. A response plan developed pursuant to subsection (B)(12),
  - e. A plan for routine calibration of early warning system equipment with the goal of reliable performance,
  - f. A plan for rapid response and addressing of equipment failure, and
  - g. Other early warning measures required by the Department, which are necessary to protect the operations of the AWPRA project treatment or prevent contamination of the advanced treated water, based on a review of application components submitted to the Department for review, and on the availability of such measures,
- 11. Be audited at least every five years by an independent party to assess the effectiveness of the enhanced source control program in controlling the discharge of contaminants,
- 12. Include a clear and comprehensive response plan to address constituents of concern exceedances. The response plan shall be created in partnership with all relevant AWPRA partners. The plan shall include, at a minimum, the following:
  - a. A procedure for addressing constituents of concern peaks with the potential to impact advanced treated water quality,
  - b. An investigation and identification of the exceedance source, or if no source is identified, the initiation of a collection system sampling program,
  - c. The designation of the leading facility responsible for communication with the AWPRA partners,
  - d. A procedure for when and how to notify the Department upon a constituent of concern exceedance,
  - e. A procedure for the bypass and/or shutdown of the AWTF, if necessary,



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- f. An effective training program ensuring the understanding of the response plan by the responsible personnel,
  - g. A review of the operation and calibration records for online meters and any relevant analytical methods upon the detection of a constituent of concern exceedance, and
  - h. Submission of a memorandum of understanding or other contractual agreement between all entities necessary to effectuate the response plan, and
13. Prohibit the discharge of any of the following to the water reclamation facility:
- a. Pollutants which create a fire or explosion hazard, including, but not limited to, waste streams with a closed cup flashpoint of less than 140 degrees Fahrenheit or 60 degrees Centigrade using the test methods specified in 40 CFR Part 261.21,
  - b. Pollutants which will cause corrosive structural damage including discharges with a pH lower than 5.0, unless the treatment works are designed to accommodate such discharges,
  - c. Solid or viscous pollutants in amounts which will cause obstruction to the flow resulting in interference,
  - d. Any pollutant, including oxygen demanding pollutants (biochemical oxygen demand, etc.) released in a discharge at a flow rate and/or pollutant concentration which will cause Interference,
  - e. Heat in amounts which will inhibit biological activity resulting in interference including heat in such quantities that the temperature at the water reclamation facility exceeds 40 °C (104 °F), unless the approval authority, upon request of the water reclamation facility, approves alternate temperature limits,
  - f. Petroleum oil, non-biodegradable cutting oil, or products of mineral oil origin in amounts that will cause interference or pass-through,
  - g. Pollutants which result in the presence of toxic gas, vapors, or fumes in a quantity that may cause acute worker health and safety problems, and
  - h. Any trucked or hauled pollutants, except at discharge points designated by the water reclamation facility, and
14. Include local authority for the AWPRA to take the following actions to determine compliance of a potentially impactful non-domestic discharger with a local ordinance:
- a. Receive and analyze all self-monitoring reports and notices submitted by potentially impactful non-domestic dischargers,
  - b. Randomly sample and analyze effluent from potentially impactful non-domestic dischargers and conduct surveillance and inspection activities needed to identify, independent of any information supplied by such users, occasional or continuing noncompliance with any local limit or requirement, and
  - c. Investigate instances of noncompliance with any enhanced source control ordinance when notice of any actual or probable noncompliance has been received by the AWPRA, and
15. Report all program elements in this subsection to the Department annually, pursuant to R18-9-E831, and
16. Include any other relevant information required by the Department.
- C. Impactful Non-Domestic Dischargers List.**
- 1. From the potentially impactful non-domestic dischargers list developed in subsection (B)(4), the AWPRA applicant shall develop a list of impactful non-domestic dischargers by conducting a significant impact analysis for each potentially impactful non-domestic discharger that considers, but is not limited to, the following factors:
    - a. Average wastewater discharged into the collection system,
    - b. Dilution of discharge within the collection system,
    - c. The nature of the discharge and its constituents,
    - d. The ability of downstream treatment processes to address the discharge, and
    - e. The effect the discharge will have on treatment processes and advanced treated water.
  - 2. The AWPRA permittee shall subject the identified impactful non-domestic dischargers in the collection system to additional control measures including, but not limited to:
    - a. Locally established discharge limits,
    - b. Locally established monitoring, and
    - c. Targeted outreach.
  - 3. The list shall be reported to ADEQ every year through the annual report prepared pursuant to R18-9-E831.
- D.** In addition to the requirements of this Section, an enhanced source control program shall be developed, conducted, and maintained using good engineering practices. Methods for developing, conducting, and maintaining an enhanced source control program shall be approved if the AWPRA applicant can demonstrate that the methods are sufficiently detailed and robust for the purpose of enhanced source control, pursuant to this Article.
- 1. ADEQ shall develop and make available guidance on developing, conducting, and maintaining an enhanced source control program.
  - 2. An enhanced source control program developed, conducted, and maintained in a manner consistent with the criteria contained in an applicable ADEQ guidance document shall be considered to have been conducted using good engineering practices.
- E.** An AWPRA shall form and maintain a source control committee that includes representatives from:
- 1. Each AWPRA partner that is part of the AWPRA's enhanced source control program, including each AWPRA partner that supplies treated wastewater to the AWP project or that owns and/or operates a water reclamation facility that provides treatment, and
  - 2. Key non-domestic dischargers and others that discharge to the collection system chemicals that may pose a risk to public health.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-E825. Tier 1 Chemical Control; Maximum Contaminant Levels**

For the purposes of this Article, Tier 1 chemicals are the chemical contaminants that have "Primary Drinking Water Standards" under 40 CFR Part 141 as incorporated by reference in R18-4-102, including those with Safe Drinking Water Act-required Maximum Contaminant Levels or Treatment Techniques.

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**Historical Note**

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**R18-9-E826. Tier 2 Chemical Control; Advanced Water Purification-Specific Chemicals**

- A.** An AWPRA shall conduct a Tier 2 analysis under this Section in order to determine Tier 2 chemicals, propose alert and action levels for Tier 2 chemicals at the AWTF, and to identify the chemical controls necessary to be implemented by the AWPRA in the following manner:
1. An AWPRA applicant shall conduct the analysis as a required technical component of their permit application for an AWP permit or an AWP demonstration permit, pursuant to R18-9-C816 and R18-9-C817, respectively.
  2. Once permitted, an AWPRA shall conduct a new Tier 2 analysis under this Section:
    - a. If the AWPRA is aware of, becomes aware of, or should reasonably be aware of:
      - i. The identification of additional potentially impactful non-domestic dischargers pursuant to R18-9-E824(B)(4); or
      - ii. Significant volumetric adjustments to an AWPRA water reclamation facility's total daily volume of treated wastewater that are likely to impact the expected concentration of any chemical pursuant to subsection (D); or
    - b. If changes to any component of the permitted AWP project occur that will result in an exceedance of an action level; or
    - c. At a minimum, every five years as a component of a permit renewal application pursuant to R18-9-D822.
- B.** Non-Domestic Dischargers List. The AWPRA applicant shall list all non-domestic dischargers in the collection system that are a direct or indirect source to an AWPRA water reclamation facility.
- C.** Chemical Inventory List. The AWPRA applicant shall generate a list of chemicals that are used, stored, or discharged by all non-domestic dischargers in the list from subsection (B). The AWPRA applicant shall add chemicals used at the water reclamation facility and the AWTF to the chemical inventory list.
- D.** Tier 2 Analysis. The AWPRA applicant shall conduct the following analysis for each chemical identified in the Chemical Inventory List in subsection (C):
1. Calculate the projected daily load for each chemical in the inventory list generated in subsection (C) for each non-domestic discharger in the list generated in subsection (B) as follows: Mass loading of contaminant (lb/day) = Flow (MGD) x Maximum Concentration (mg/L) x 8.34 (for unit conversion);
  2. Calculate the projected total daily load of each chemical in the inventory list generated in subsection (C) for all non-domestic dischargers in the list generated in subsection (B), cumulatively, as follows: Total Contaminant Load (lb/day) =  $\sum$  Mass loading (lb/day) for all dischargers;
  3. Calculate the projected daily concentration of each chemical in the chemical inventory list in the treated wastewater by comparing the collection system's projected total daily load from subsection (D)(2) for each chemical in the chemical inventory list against the total influent flow

of treated wastewater at the headworks of the proposed AWTF using the following formula:

$$\text{Expected concentration (mg/L)} = \frac{\text{Total Contaminant Load } \left(\frac{\text{lb}}{\text{day}}\right)}{\text{Total Influent Flow (MGD)} \times 8.34}$$

4. For chemicals with one or more of the corresponding health advisory values in subsections (a)(i) through (v) established in the "2018 Edition of the Drinking Water Standards and Health Advisories Tables":
  - a. Compare the projected daily concentration of each applicable chemical calculated in subsection (D)(3) with the lowest health advisory value, from the following available values:
    - i. One-day (mg/L),
    - ii. Ten-day (mg/L),
    - iii. DWEL (mg/L),
    - iv. Life-time (mg/L),
    - v. mg/L at 10-4 Cancer Risk.
  - b. If the projected daily concentration exceeds the health advisory value, the chemical shall be a Tier 2 chemical.
5. For chemicals that do not have an established health advisory pursuant to subsection (D)(4) but do have a drinking water health advisory notification level or equivalent from a state drinking water program that was developed using a method that ADEQ approves and lists under subsection (a), below:
  - a. Compare the projected daily concentration of each applicable chemical calculated in subsection (D)(3) with the following corresponding state drinking water health advisory notification level or equivalent: Trimethylbenzene (1,2,4-) (CAS No. 95-63-6): 0.33 mg/L.
  - b. If the projected daily concentration exceeds the health advisory notification level, the chemical shall be a Tier 2 chemical.
6. For chemicals that do not have an established health advisory pursuant to subsection (D)(4), nor a notification level in another state's drinking water program pursuant to subsection (D)(5):
  - a. Compare the projected daily concentration of each applicable chemical calculated in subsection (D)(3) with the corresponding Departmental health advisory value listed:
    - i. Benz[a]anthracene (CAS No. 56-55-3): 0.06 mg/L,
    - ii. Benzo[b]fluoranthene (CAS No. 205-99-2): 0.06 mg/L,
    - iii. Benzo[g,h,i]perylene (CAS No. 191-24-2): 0.00001 mg/L,
    - iv. Benzo[k]fluoranthene (CAS No. 205-99-2): 0.005 mg/L,
    - v. Chrysene (CAS No. 218-01-9): 6 mg/L,
    - vi. Dimethyl phthalate (CAS No. 131-11-3): 0.001 mg/L,
    - vii. Indeno[1,2,3,-c,d]pyrene (CAS No. 193-39-5): 0.06 mg/L,
    - viii. Phenanthrene (CAS No. 85-01-8): 0.0002 mg/L.
  - b. If the projected daily concentration exceeds the Departmental health advisory value, the chemical shall be a Tier 2 chemical for ongoing monitoring purposes pursuant to R18-9-E829, but shall be

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- exempt from all compliance requirements under R18-9-E829(D) and the Projected Chemical Treatment List in subsection (F).
7. For chemicals that do not have an established health advisory pursuant to subsection (D)(4), nor a notification level in another state's drinking water program pursuant to subsection (D)(5), nor a Departmental health advisory value pursuant to subsection (D)(6), but do have a Reference Dose (RfD) or Cancer Slope Factor (CSF) in credible peer-reviewed literature or state or Federal databases:
    - a. Consult with the Department and/or the Project Advisory Committee to determine a health advisory value.
    - b. Compare the projected daily concentration of each applicable chemical calculated in subsection (D)(3) with the corresponding health advisory determined in subsection (D)(7)(a).
    - c. If the projected daily concentration exceeds the health advisory determined in subsection (D)(7)(a), the chemical shall be a Tier 2 chemical.
  8. For chemicals that do not have an established health advisory pursuant to subsection (D)(4), nor a notification level in another state's drinking water program pursuant to subsection (D)(5), nor a Departmental health advisory value pursuant to subsection (D)(6), nor a health advisory determined pursuant to subsection (D)(7):
    - a. An AWPRA applicant shall consult with the Department and/or the Project Advisory Committee to determine the health risk of the chemical through reasonably appropriate bioanalytical studies and/or bioassays.
    - b. If the health risk in subsection (D)(8)(a) is determined to be significant, the chemical shall be a Tier 2 chemical.
    - c. If the bioanalytical studies and/or bioassays conducted in subsection (D)(8)(a) are indeterminate, the chemical shall be removed through measures adopted by the AWPRA in its enhanced source control program pursuant to R18-9-E824.
  9. Action and Alert Levels. An AWPRA applicant shall calculate and submit to the Department an action level and an alert level for each Tier 2 chemical.
    - a. The action level for the Tier 2 chemicals established under subsection (D)(4) shall be set at the same value as the lowest applicable health advisory value in the "2018 Edition of the Drinking Water Standards and Health Advisories Tables":
      - i. One-day (mg/L),
      - ii. Ten-day (mg/L),
      - iii. DWEL (mg/L),
      - iv. Life-time (mg/L),
      - v. mg/L at 10-4 Cancer Risk.
    - b. The action level for the Tier 2 chemicals established under subsection (D)(5) shall be set at the same value as the corresponding health advisory notification level in subsection (D)(5)(a).
    - c. The action level for the Tier 2 chemicals established under subsection (D)(7) shall be set at the same value as the corresponding health advisory determined in subsection (D)(7)(a).
    - d. The action level for the Tier 2 chemicals established under subsection (D)(8) shall be set at a value that is reasonably protective of human health, reasonably utilizing the results of the bioanalytical studies or bioassays.
    - e. The alert level shall be set reasonably below the action level.
  - E. Pass-Through or Interference Chemical List. The AWPRA applicant shall analyze the chemical inventory list in subsection (C) in order to identify chemicals that are known to or expected to pass-through or interfere with AWTF treatment processes. The AWPRA applicant shall generate a list to be used in subsection (F).
  - F. Projected Chemical Treatment List. Based on the Tier 1 MCLs, the Tier 2 chemicals identified in subsection (D)(4), (5), (7) and (8), and the pass-through or interference chemical list generated in subsection (E), the AWPRA applicant shall select an optimized pilot and full-scale AWTF treatment train and compile a list of chemicals that are projected to be treated by the selected treatment train.
    1. During the pilot study, pursuant to R18-9-C815, the AWPRA applicant shall demonstrate chemical control of all chemicals on the Projected Chemical Treatment List through treatment at the pilot treatment train.
    2. All chemicals that are not able to be controlled through treatment at the pilot or full-scale AWTF shall be controlled through measures adopted by the AWPRA in its enhanced source control program pursuant to R18-9-E824. The selected control measures shall be submitted to the Department along with the Enhanced Source Control Plan pursuant to R18-9-C816 and R18-9-C817.
  - G. An AWPRA shall maintain the lists of chemicals identified under subsections (C) and (E) and, if a new Tier 2 analysis conducted under subsection (D) results in a modification to any component of the AWP project, the AWPRA shall request an amendment to their AWP permit pursuant to R18-9-D821.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R.  
1069 (April 4, 2025), with an immediate effective date of  
March 4, 2025 (Supp 25-1).

**R18-9-E827. Tier 3 Chemical Control; Performance-Based Indicators**

- A. An AWPRA applicant shall identify Tier 3 chemicals for the purpose of monitoring the efficacy of reduction by a treatment component at the pilot and full-scale treatment trains or to provide an indication of a process's failure.
- B. Tier 3 chemicals are composed of performance-based indicators which the AWPRA applicant shall select based on the requirements of this Section.
  1. The AWPRA applicant shall monitor each performance-based indicator and demonstrate chemical removal for all selected treatment components in the treatment train.
  2. Performance based indicators may be grouped under a surrogate such that the AWPRA applicant may monitor removal of that surrogate in place of performance-based indicators if the following requirements are met:
    - a. All performance-based indicators in the group share similar properties such that removal of the surrogate is adequately representative of every performance-based indicator in that group, and
    - b. The AWPRA applicant demonstrates that the surrogate is directly correlated to the concentration of a performance-based indicator.
- C. Performance based indicators. Each performance-based indicator shall be selected from pre-existing chemicals identified in the treated wastewater either through the Initial Source

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Water Characterization report pursuant to R18-9-C814(E) or shall otherwise be introduced by the AWPRA applicant.

1. Pre-Existing. Performance based indicators selected from pre-existing chemicals identified in the treated wastewater shall be selected in accordance with, but not limited to, the following criteria:
    - a. Concentration. To demonstrate adequate percentage of removal, a performance-based indicator shall have a median concentration at least five times greater than its method reporting limit, measured as the detection ratio.
    - b. Prevalence. To adequately reflect treatment efficacy, the performance-based indicator shall have a consistent detection frequency of greater than 80% in the treated wastewater.
    - c. Measurability. Measurements demonstrating concentration and prevalence pursuant to subsections (C)(1)(a) and (b) shall be made in accordance with established and appropriate analytical methods that are sufficiently precise and sensitive.
    - d. Specificity. The performance-based indicator shall be removable by the targeted treatment process(es) it is intended to monitor and shall meet the prevalence and concentration criteria at the influent of the targeted treatment process pursuant to subsections (C)(1)(a) and (b).
    - e. Sensitivity. The performance-based indicator shall be sufficiently sensitive such that the targeted treatment process achieves at least 75% removal when functioning as designed.
    - f. Diversity. For all performance-based indicators selected from pre-existing chemicals, the AWPRA applicant shall demonstrate the following:
      - i. Each chemical treatment process is monitored by at least one performance-based indicator, and
      - ii. The treatment train as a whole is monitored by at least one performance-based indicator which is partially removed by each treatment process, but only removed to at least 75% if all treatment processes are functioning as intended.
  2. Introduced. If no pre-existing chemicals are relevant as a performance-based indicator for a specific treatment process, the AWPRA applicant shall introduce a performance-based indicator for the purpose of testing the selected treatment process for requisite chemical removal in compliance with this Section. For each introduced performance-based indicator an AWPRA applicant shall:
    - a. Reasonably demonstrate the selected treatment process performance, and
    - b. Include an established procedure for introduction into the treatment train.
- D. Critical Control Points.** For each performance-based indicator, the AWPRA applicant shall designate critical control points where monitoring will occur in the pilot treatment train to indicate individual process performance. The AWPRA applicant may propose critical control points at only the treatment train influent and effluent points if all performance-based indicators are demonstrated to be sufficiently recalcitrant to upstream and downstream processes.
- E. An AWPRA applicant shall include an initial Tier 3 chemical list along with proposed critical control points as a component of the Pilot Study Plan prepared pursuant to R18-9-C815.**
- F. In addition to the requirements of this Section, the Tier 3 chemical list compilation and monitoring shall be conducted using good engineering practices. Other methods for generating, designing, and conducting Tier 3 chemicals and monitoring shall be approved if the AWPRA applicant can demonstrate that the alternative methods are sufficiently detailed and robust for the purpose of monitoring the efficacy of reduction by a treatment process at the pilot or full-scale treatment train, or providing an indication of process failure.**
1. ADEQ shall develop and make available guidance on Tier 3 chemical list compilation and monitoring.
  2. A Tier 3 chemical list compiled and monitored in a manner consistent with the criteria contained in an applicable ADEQ guidance document shall be considered to have been conducted using good engineering practices.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-E828. Pathogen Control**

- A.** The AWP project shall be designed and constructed to achieve pathogen reduction by following the prescribed methods to determine log reduction values for enteric viruses, *Giardia lamblia* cysts, and *Cryptosporidium* oocysts, also referred to collectively as reference pathogens, as outlined in either subsection (B) or (C).
- B.** Standard Log Reduction. An AWPRA applicant choosing the standard log reduction approach shall design the AWP project to achieve the following cumulative validated treatment values from raw wastewater to finished water:
1. 13 log reduction for enteric viruses,
  2. 10 log reduction for *Giardia lamblia* cysts, and
  3. 10 log reduction for *Cryptosporidium* oocysts.
- C.** Site-Specific Log Reduction. An AWPRA applicant choosing a site-specific log reduction approach shall design the AWP project based on cumulative validated treatment values determined through reference pathogen monitoring pursuant to R18-9-C814(C)(3)(c) and the following:
1. Site-specific pathogen monitoring for the reference pathogens shall be conducted over a period of at least 24 months and shall include, at a minimum:
    - a. One month of initial composite sampling consistent with the following requirements:
      - i. One sample taken daily, and
      - ii. The samples obtained in subsection (C)(1)(a)(i) shall be used, at the end of the first month, to identify the day of the week that yields the highest pathogen density.
    - b. At least 23 months of pathogen monitoring consistent with the following requirements:
      - i. One sample taken per month at the same day of the week throughout the sampling period as established in subsection (C)(1)(a), and
      - ii. The sample obtained in subsection (C)(1)(b)(i) shall be taken consistently during the same week each month.
  2. Any missed sample collected under subsections (C)(1)(a) or (b) shall result in an extension of the sampling period by another week or month as appropriate pursuant to R18-9-A802(C), and cannot be replaced with a sample from a different day,
  3. Sampling shall occur at a location in the water reclamation facility treatment train before the first disinfection

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treatment process and before treated wastewater transfer-  
ence to the AWTF,

4. Sample results below method reporting limit shall be reported at the method reporting limit of the analytical instrument for characterization calculations and be flagged as such,
  5. Non-detects from laboratory analysis must be demonstrated with a large sample volume analysis,
  6. An AWPRA applicant shall have a cumulative validated treatment of not less than 8 log for enteric viruses, 6 log for *Giardia lamblia* cysts, and 5.5 log for *Cryptosporidium* oocysts even if non-detects are demonstrated by the sampling program,
  7. The highest sample concentration for each reference pathogen shall be used to calculate the required log removal targets,
  8. Norovirus shall be used as the representative enteric virus for baseline virus enumeration.
    - a. The AWPRA applicant shall utilize either qPCR or culture methods for analysis,
    - b. All corresponding recovery-corrected data shall be documented for review, and
    - c. The results shall be documented for review with accompanying quality assurance and quality control, and
  9. Laboratory analysis of samples collected pursuant to this Section shall follow EPA qPCR or Culture Methods 1623.1, "Cryptosporidium and Giardia in Water by Filtration/IMS/FA" and 1615 "Measurement of Enterovirus and Norovirus Occurrence in Water by Culture and RT-qPCR" for *Giardia lamblia* cysts, *Cryptosporidium* oocysts and Norovirus. In addition, laboratories using these methods are required to follow general requirements and recommendations for quality assurance and quality control procedures in Section 9020, "Quality Assurance/Quality Control" of the Standard Methods For The Examination of Water and Wastewater, 24th Edition.
- D. Critical Control Points.** For each reference pathogen, the AWPRA applicant shall designate critical control points where monitoring will occur in the pilot plant and the full-scale plant in order to assess individual process performance.
1. Critical control point designation shall be accompanied by a comprehensive plan for monitoring and reporting, including, but not limited to, the following elements:
    - a. Type of monitoring (i.e. online monitoring, continuous monitoring, grab samples, etc.),
    - b. Frequency of monitoring (i.e. 15-minute, hourly, daily, weekly, etc.),
    - c. Instantaneous flow rate and flow totalizing capability for the purpose of calculating residence times and responses,
    - d. Demonstrated operational parameters confirming the treatment barriers are intact such as to ensure the process is meeting the water quality parameters and pathogen removal goals, and
    - e. A list of the identified action levels and alert limits, accompanied by the corresponding responses for all critical control points, pursuant to R18-9-F836.
  2. Critical control point monitoring shall occur at all validated treatment process locations.
  3. The AWPRA applicant shall document the critical control point methods and the following elements as components of the Operations Plan prepared pursuant to R18-9-F836:
    - a. All delay times from the pathogen sampling time, instrument analysis time, operator response time, as well as anticipated time to respond to a failure, and
    - b. Automated shutdown procedures based on pathogen critical control point failure, along with a description of shutdown sequences, procedures, and timing.
- E.** In addition to the requirements of this Section, the pathogen monitoring shall be designed and conducted using good engineering practices. Methods for designing and conducting pathogen monitoring shall be approved if the AWPRA applicant can demonstrate they are sufficiently detailed and robust for the purpose of characterizing pathogens in a treated wastewater source.
1. ADEQ shall develop and make available guidance on designing and conducting pathogen monitoring.
  2. Pathogen monitoring designed and conducted in a manner consistent with the criteria contained in an applicable ADEQ guidance document shall be considered to have been conducted using good engineering practices.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-E829. Ongoing Monitoring Requirements**

- A.** The AWPRA shall perform ongoing monitoring in compliance with the requirements of this Section, and shall:
1. Assure compliance with both pathogen control log reduction targets and chemical control limits for Tier 1, Tier 2, and Tier 3 at the AWTF treated wastewater influent and the advanced treated water effluent,
  2. Assure continued process performance at critical control points,
  3. Perform sampling on the advanced treated water prior to delivery pursuant to this Section, and
  4. Perform additional sampling as necessary on the finished water prior to distribution pursuant to the requirements of the Safe Drinking Water Act.
- B.** Pathogen Control Monitoring. An AWPRA shall monitor in a manner proposed by the AWPRA and approved by the Director pursuant to R18-9-E828(D).
- C.** Tier 1 Chemical Control Monitoring.
1. The AWPRA shall monitor for all Tier 1 chemicals at a quarterly interval, except for Nitrite and Nitrate as Nitrogen and TOC, which shall be monitored pursuant to subsection (F) and R18-9-F834, respectively.
  2. The AWPRA shall conduct Tier 1 monitoring at two locations relative to the AWTF:
    - a. The treated wastewater, and
    - b. The advanced treated water.
  3. Violations of Tier 1 chemicals, except for TOC and Nitrogen, are the corresponding Safe Drinking Water Act-MCL values in the advanced treated water.
  4. Nothing in this Section exempts the AWPRA from applicable Safe Drinking Water Act monitoring requirements.
- D.** Tier 2 Chemical Control Monitoring.
1. The AWPRA shall monitor for all Tier 2 chemicals monthly.
  2. The AWPRA shall conduct Tier 2 monitoring at two locations relative to the AWTF:
    - a. The treated wastewater, and
    - b. The advanced treated water.
  3. Compliance monitoring for Tier 2 chemicals occurs at the advanced treated water.

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4. If a monitoring result for a Tier 2 chemical indicates an exceedance of an action level, the AWPRA shall collect a confirmation sample within 24 hours of the exceedance.
5. A Tier 2 action level is violated when the average of the initial sample and the confirmation sample exceeds the action level. Upon a violation, an AWPRA shall notify the Department and conduct any required response procedures pursuant to reporting under R18-9-E830, the Operations Plan under R18-9-F836 and subsections (D)(6) through (D)(9).
6. Basic Response Procedure. Upon a violation as described in subsection (D)(5), and with the goal of reducing the concentration of the exceeded chemical to a level below the action level, the AWPRA shall:
  - a. Increase the monitoring frequency of the chemical to weekly, and
  - b. Initiate an investigation of the source of the chemical, the cause of the elevated result, and the efficacy of the treatment process(es).
7. An AWPRA shall conduct the corresponding advanced response procedure in subsection (D)(8) if either of the following two results occur:
  - a. A Tier 2 chemical with a non-cancer toxicological endpoint has a violation value of 10 times the action level; or
  - b. A Tier 2 chemical considered to pose a cancer risk (corresponding to a lifetime cancer risk of  $1 \times 10^{-4}$ ) has a violation value of 100 times the action level.
8. Advanced Response Procedure.
  - a. Under subsection (D)(7)(a), an AWPRA shall:
    - i. Notify ADEQ within 24 hours of the notification of the result, and
    - ii. Report the detection in the applicable public water system's annual consumer confidence report.
  - b. Under subsection (D)(7)(b), an AWPRA shall:
    - i. Cease delivery of advanced treated water immediately,
    - ii. Notify ADEQ within 24 hours of the notification of the result,
    - iii. Provide public notification if advanced treated water with those exceedances was distributed (if diverted, public notice is not required),
    - iv. Report the result in the applicable public water system's annual consumer confidence report,
    - v. Upon returning the advanced treated water to distribution, utilize treatment or blending to meet the chemical's action level, and
    - vi. Propose corrective actions, such as rectifying changes to the treatment and operations of the AWTF, or installing new control measures for the treated wastewater source.
9. Reduced Monitoring Frequency Criteria. ADEQ may allow a decrease in the Tier 2 sampling frequency from monthly to quarterly, based on a review of the most recent two years of monthly analytical results showing that a chemical has not been detected.
  - a. The monitoring frequency may be decreased from quarterly to annually following ADEQ approval, based on a review of the most recent three years of quarterly analytical results showing the chemical has not been detected.
  - b. The monitoring frequency may be reverted to prior intervals at the Department's discretion.
- E. Tier 3 Chemical Control Monitoring. The AWPRA shall monitor for all Tier 3 chemicals at the designated critical control points in the manner and timeframes proposed by AWPRA and approved by the Director pursuant to R18-9-E827 and R18-9-F836.
- F. Ammonia and Nitrite and Nitrate as Nitrogen.
  1. The AWPRA shall monitor for Ammonia and Nitrite and Nitrate as Nitrogen using continuous online analyzers.
  2. The AWPRA shall conduct Ammonia, Nitrite and Nitrate monitoring at two locations relative to the AWTF:
    - a. The treated wastewater influent, and
    - b. The advanced treated water effluent.
  3. The AWPRA shall demonstrate that all Ammonia has been removed at the advanced treated water effluent.
  4. The AWPRA shall operate the facility in such a manner that:
    - a. Nitrite measured as nitrogen does not exceed 1 mg/L at the advanced treated water location daily on an absolute basis, and
    - b. Nitrate measured as nitrogen does not exceed 10 mg/L at the advanced treated water location daily on an absolute basis.
  5. Any exceedance of 1 mg/L of nitrite and 10 mg/L of nitrate on an absolute basis, measured as Nitrogen daily, requires a public notification pursuant to A.A.C. R18-4-119.
- G. Total Organic Carbon Monitoring. The AWPRA shall follow all TOC monitoring requirements established pursuant to R18-9-F834.
- H. Water Reclamation Facility Operational Parameters.
  1. The AWPRA applicant shall provide a list of water reclamation facility operational parameters and ranges that produced the AWTF treated wastewater influent water quality as components of:
    - a. The Pilot Study Plan pursuant to R18-9-C815, and
    - b. The AWP permit application pursuant to R18-9-C816.
  2. At the water reclamation facility, the AWPRA shall monitor for the parameters identified in subsection (F) of this Section and process control parameters.
  3. Any significant change in the operational parameters or their ranges must be approved through a permit amendment pursuant to R18-9-D821. For the purposes of this subsection, "significant change" means any operational change that will result in a change to the treated wastewater.
- I. In addition to the requirements of this Section, ongoing monitoring shall be developed, proposed and conducted using best practices, proper sampling procedures, and reliable equipment. Similar monitoring program components shall be approved if the AWPRA can demonstrate that the method is sufficiently detailed and robust for the purpose of AWP ongoing monitoring pursuant to this Article.
  1. ADEQ shall develop and make available guidance on AWP ongoing monitoring.
  2. AWP ongoing monitoring conducted in a manner consistent with the criteria contained in an applicable ADEQ guidance document shall be considered to have been conducted using best practices.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of

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March 4, 2025 (Supp 25-1).

**R18-9-E830. Reporting Requirements**

- A.** An AWPRA shall conduct reporting pursuant to the applicable general reporting requirements throughout this Article and the specific reporting requirements in this Section. The AWPRA shall submit reports to the Department, on a form prescribed by the Director and pursuant to relevant specifications in the permit, through an AWP online portal on the Department's website.
- B. Pathogen Reporting.**
1. An AWPRA shall report ongoing pathogen monitoring results monthly.
  2. An ongoing pathogen monitoring report shall include, but is not limited to, the following:
    - a. A summary of the overall treatment train pathogen log reduction value performance,
    - b. A summary of the individual treatment process performance monitoring data,
    - c. The date, duration, and cause of each occurrence of log reduction value performance below the selected reference pathogen approach log reduction values in either R18-9-E828(B) or (C),
    - d. A summary of excursions of operational parameters outside the Department approved operating envelope,
    - e. Submission of calibration records for instruments that monitor pathogen critical control points quarterly,
    - f. Dates and descriptions of major equipment and process failures and corrective actions, along with data confirming that the corrective actions did not impact the approved product water quality,
    - g. A summary of any water quality complaints and reports of gastrointestinal illness received from customers,
    - h. A summary of activities of the wastewater source control program to control pathogens, and
    - i. Investigation or incident reports regarding cross-connection.
  3. An AWPRA shall report other applicable pathogen monitoring requirements in the time and manner set forth in the AWP permit and R18-9-E828.
- C. Tier 1 Reporting.**
1. An AWPRA shall report ongoing Tier 1 chemical monitoring results quarterly.
  2. An ongoing Tier 1 Chemical report shall include, but is not limited to, the following:
    - a. A summary of the overall treatment train chemical control performance,
    - b. A summary of chemicals detected as a result of monitoring conducted pursuant to R18-9-E829,
    - c. Investigation or incident reports regarding cross-connection,
    - d. A summary of activities of the wastewater source control program to control chemicals,
    - e. Dates and descriptions of any major equipment and process failures and corrective actions, along with data confirming that the corrective actions did not impact the approved product water quality, and
    - f. A summary of individual treatment process performance monitoring data.
  3. An AWPRA shall report other applicable Tier 1 chemical monitoring requirements in the time and manner set forth in the AWP permit and R18-9-E829.
- D. Tier 2 Reporting.**
1. An AWPRA shall report Tier 2 chemical monitoring results monthly.
  2. An ongoing Tier 2 chemical report shall include, but is not limited to, the following:
    - a. A summary of overall treatment train chemical control performance,
    - b. A summary of chemicals detected as a result of monitoring conducted pursuant to R18-9-E829,
    - c. Investigation or incident reports regarding cross-connection,
    - d. A summary of enhanced source control activities,
    - e. Dates and descriptions of major equipment and process failures and corrective actions, along with data confirming that the corrective actions did not impact the approved product water quality, and
    - f. A summary of individual treatment process performance monitoring data.
  3. An AWPRA shall report other applicable Tier 2 chemical monitoring requirements in the time and manner set forth in the AWP permit and R18-9-E826.
- E. Tier 3 Reporting.** An AWPRA shall report Tier 3 chemical monitoring results in the time and manner set forth in the AWP permit and R18-9-E827.
- F. Ammonia and Nitrite and Nitrate as Nitrogen Reporting.**
1. An AWPRA shall report Ammonia and Nitrite and Nitrate as Nitrogen chemical monitoring results quarterly.
  2. An ongoing Ammonia and Nitrite and Nitrate as Nitrogen report shall include, but is not limited to, the following:
    - a. A summary of overall treatment train nitrogen species control performance,
    - b. A summary of nitrogen species detected as a result of monitoring conducted pursuant to R18-9-E829,
    - c. Investigation or incident reports regarding cross-connection,
    - d. Dates and descriptions of major equipment and process failures and corrective actions, along with data confirming that the corrective actions did not impact the approved product water quality, and
    - e. A summary of individual treatment process performance monitoring data.
- G. TOC Reporting.** An AWPRA shall report TOC monitoring results quarterly in accordance with the selected TOC management approach pursuant to R18-9-F834.
- H. Water Reclamation Facility Operational Parameters Reporting.** An AWPRA shall report the water reclamation facility operational parameter monitoring results monthly pursuant to R18-9-F832.
- Nothing in this Section exempts the AWPRA from applicable Safe Drinking Water Act reporting requirements.**

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-E831. Annual Report**

- A.** An AWPRA shall submit an annual report to the Department, postmarked no later than March 30th.
- B.** The report shall include the following information from the previous calendar year:
1. A summary of the compliance status of the AWP permit and/or demonstration permit including:
    - a. A list of violation or violations,

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- b. Any off-spec water diversions, shutdowns, or corrective action or actions taken along with data confirming that the corrective actions did not impact the approved product water quality,
  - c. Required sampling and monitoring activities at critical control points, and
  - d. All other related AWP permit or regulation compliance items.
2. Any expected change or changes in quantity and quality of the treated wastewater,
  3. A summary of any operational or technical challenges in meeting advanced treated water quality standards,
  4. Any expected treatment changes and the impact on subsequent unit processes in the treatment train and the advanced treated water,
  5. A verification of all required maintenance performed at each critical control point and any other process equipment, including evidence of instrumentation calibration,
  6. Enhanced source control components, pursuant to R18-9-E824, including:
    - a. A summary of all sampling activities conducted at the AWPRA facilities,
    - b. A summary of any event resulting in upset, interference, or pass-through at any AWPRA facility,
    - c. A report documenting a review of established local limits along with any subsequent updates or changes by the AWPRA,
    - d. An update of the potentially impactful non-domestic discharger list and the impactful non-domestic discharger lists,
    - e. A description of any challenges under the enhanced source control program, and any proposed program changes,
    - f. A list of impactful non-domestic dischargers in non-compliance and any corrective actions taken, along with data confirming that the corrective actions did not impact the approved product water quality,
    - g. All outreach activities conducted,
    - h. All completed staff training related to enhanced source control, the National Pretreatment Program, or operation or maintenance of an AWPRA facility,
    - i. A list of any corrective or enforcement actions taken by the AWPRA against an AWPRA partner, and
    - j. A list of events identified through the early warning system and the actions taken to mitigate those events, and
  7. The AWWF's TOC management annual approach. This includes, if applicable, the results of the annual site-specific TOC approach, including the lower value of the two site-specific procedures, and the reestablished alert and action levels pursuant to R18-9-F834, and
  8. Any other information necessary to assist the Department in assessing challenges to program implementation.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**PART F. TECHNICAL AND OPERATIONAL REQUIREMENTS**

**R18-9-F832. Minimum Design Requirements**

- A.** An AWPRA shall meet the minimum design criteria in this Section in designing and constructing a pilot treatment train and a full-scale treatment train under an AWP project.

**B. Pathogen Control.**

1. Under an AWP project, treated wastewater shall receive continuous pathogen treatment prior to delivery or distribution.
2. Pathogen log reduction credits will only be assigned for treatment barriers.
3. A treatment train shall contain at least one validated filtration treatment process and one validated disinfection treatment process targeting each of the three reference pathogens.
4. Each treatment process shall be credited with a minimum validated pathogen log reduction of 0.5 log reduction value.
5. Each treatment process shall not be credited with more than 6 validated pathogen log reduction credits.
6. Each treatment process may receive pathogen log reduction credits for one or more pathogens.
7. The treatment train, cumulatively, shall meet or exceed either the standard or site-specific log reduction targets for each reference pathogen pursuant to R18-9-E828.
8. An AWPRA shall maintain a pathogen monitoring strategy, which includes approved performance monitoring for surrogates, in order to receive log reduction values for a treatment process.
9. Each treatment process used to meet the requirements in this Section shall have the pathogen log reduction values validated for each reference pathogen.
  - a. An AWPRA may use a validation study or a previously-approved validation study report, in accordance with the protocol elements in subsection (B)(10).
  - b. A validation study protocol shall be prepared by a licensed Arizona engineer with experience in drinking water or wastewater treatment, specifically in evaluating pathogen control in public water supplies.
10. The validation study protocol shall:
  - a. Identify the treatment mechanism(s) of pathogen reduction by each treatment process,
  - b. Identify the pathogen(s) being addressed by the treatment process, or appropriate surrogate(s) for the pathogen(s), that are used in the validation study, which shall be the one(s) most resistant to the treatment mechanism(s),
  - c. Ensure that the pathogen(s) or surrogate(s) for the pathogen(s) are present in the test water in concentrations sufficient to demonstrate a pathogen log reduction,
  - d. Identify the factors that influence the pathogen reduction efficiency for the treatment mechanism(s) and includes at least:
    - i. Feed water characteristics such as temperature and pH,
    - ii. Hydraulic loading,
    - iii. Deterioration of components, and
    - iv. Integrity failure, and
  - e. Identify the surrogate and/or operational parameters that can be measured continuously and that will correlate with the reduction of the pathogen(s) or surrogate(s) for the pathogen(s),
  - f. Identify the validation methodology to demonstrate the pathogen log removal capability of the treatment process, which shall involve a challenge test to quantify the reduction of the target pathogen or



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appropriate surrogate while concurrently monitoring the operational parameters to determine an operating envelope,

- g. Describe the method to collect and analyze data to formulate evidence-based conclusions,
  - h. Describe the method to determine the alert and action levels and the operational monitoring and control strategy,
  - i. Describe the method to be used to calculate the log reduction value for the treatment process for each pathogen such that the validated log reduction value shall not exceed that achieved by 95 percent of the challenge test results when the treatment process is operating in compliance with the alert and action levels, and
  - j. Identify the circumstances that would require a re-validation or additional on-site validation.
11. The treatment train shall be continuously operated to achieve the log reduction value targets using validated treatment log reduction values and must conform to the Operations Plan pursuant to R18-9-F836.
  12. The treatment train shall include UV disinfection with a dose of at least 300 mJ per cm<sup>2</sup>.
  13. The SCADA system shall identify process failure to meet the alert and action levels and shall automatically discontinue the delivery of water to any distribution system if the treatment train does not meet the minimum design log reduction value target.
  14. Treatment processes that are credited with pathogen log reductions must be continuously tracked with a SCADA system utilizing online monitoring for surrogates and/or operational parameters.
  15. The treatment train shall be operated continuously in accordance with the Operations Plan pursuant to R18-9-F836 to achieve either the standard or site-specific pathogen reduction approaches pursuant to R18-9-E828.
  16. Blending is not eligible to receive pathogen log reduction credit, nor validated treatment log reduction values.

**C. Chemical Control.**

1. Under an AWP project, treated wastewater shall receive continuous chemical treatment prior to delivery or distribution.
2. All treatment trains shall have at least three diverse and separate treatment processes, including, but not limited to:
  - a. An AOP that meets the requirements set forth in subsection (D)(4), and
  - b. A physical separation process.
3. Ozone/BAC processes shall be designed to provide no less than 1.0 log reduction of each of the following indicators: formaldehyde, acetone, carbamazepine, and sulfamethoxazole.
  - a. The ozonation process shall be designed to provide a ratio of the applied ozone dose to the design feed water TOC concentration greater than 1.0. Alternative design ratios may be used if reduction of 1.0 log for the indicators carbamazepine, and sulfamethoxazole is demonstrated during the pilot as part of the design of the ozonation process.
  - b. BAC shall be designed with an empty bed contact time of at least 15 minutes. Alternative times may be used if reduction of 1.0 log for the indicators formaldehyde and acetone is demonstrated during pilot scale as part of the design of the ozonation process.

- c. Both Ozone and the BAC processes must be individually validated at full-scale with the same level of removal for the four indicators listed in this subsection.
  - d. At full-scale, the ozone/BAC process shall continually be monitored and recorded using surrogate and/or operational parameters with alert and action levels as approved under the Operations Plan, pursuant to R18-9-F836.
4. Each reverse osmosis membrane selected shall meet the criteria set forth in ASTM International, Designation D4194-23, "Standard Test Methods for Operating Characteristics of Reverse Osmosis and Nanofiltration Devices",
    - a. For a reverse osmosis treatment process, an AWPRA shall propose the following elements in a plan submitted to the Department for approval in the permit application pursuant to R18-9-C816(A)(2)(d):
      - i. Ongoing performance monitoring using at least one surrogate and/or operational parameter that is capable of being monitored and recorded continuously, and
      - ii. Alarms indicating when the integrity of the reverse osmosis membrane has been compromised.
    - b. The proposal shall identify:
      - i. The chemical control point,
      - ii. The surrogate(s) and/or operational parameter(s), and
      - iii. The alert and action levels for the surrogate(s) and/or operational parameter(s) that indicate when the integrity has been compromised.
  5. During full-scale operation of a reverse osmosis treatment process, the AWPRA shall:
    - a. Continuously monitor and record the surrogate and/or operational parameter(s) that indicate when the integrity of the process has been compromised, and
    - b. Record when the alert and action levels established are exceeded pursuant to R18-9-F836.

**D. Other Requirements.**

1. TOC Removal. An AWPRA shall select, achieve, and maintain an up-to-date TOC limit in the advanced treated water, along with the associated alert and action levels, pursuant to R18-9-F834(B) or (C).
2. Corrosion Control. An AWPRA shall establish corrosion control provisions in the design and operation of the AWTF in accordance with, but not limited to, the following requirements:
  - a. Within six months of the introduction of advanced treated water as a new water source, or following any treatment changes at the AWTF affecting advanced treated water quality, an AWPRA shall control lead and copper pursuant to the requirements of A.A.C. R18-4-111,
  - b. An AWPRA shall evaluate any anticipated corrosivity effects through corrosivity tests or evaluations which shall include, but are not limited to:
    - i. Developing an understanding of factors affecting internal corrosion,
    - ii. Determining the extent and magnitude of corrosion,
    - iii. Assessing corrosion control alternatives,
    - iv. Selecting a corrosion control strategy,
    - v. Implementing a corrosion control program,

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- vi. Monitoring the effectiveness of the corrosion control program, and
  - vii. Optimizing the control program, if necessary, and
  - c. The Department may require an AWPRA to conduct additional corrosivity-related water quality monitoring,
  - d. In addition to the requirements of this Section, corrosion control shall be conducted using good engineering practices. Methods for corrosion control shall be approved if the AWPRA can demonstrate that the measures meet or exceed the criteria in this subsection.
    - i. ADEQ shall develop and make available guidance on conducting corrosion control.
    - ii. Corrosion control conducted in a manner consistent with the criteria contained in an applicable ADEQ guidance document shall be considered to have been conducted using good engineering practices.
  - 3. Nitrogen Management. An AWPRA shall choose one of the following three denitrification approaches:
    - a. Water Reclamation Facility Approach. An AWPRA applicant reliably denitrifying at the water reclamation facility(s) shall include at least two critical control points to monitor ammonia, nitrate and nitrite:
      - i. A critical control point at a designated, off-spec diversion point which is monitored using continuous online analyzers, and
      - ii. A critical control point for monitoring the advanced treated water in order to verify compliance with the Nitrite and Nitrate as Nitrogen Tier 1 MCL pursuant to R18-9-E829.
    - b. AWTF Approach. An AWPRA applicant removing nitrogen species at the AWTF shall demonstrate nitrogen removal to the Nitrite and Nitrate as Nitrogen Tier 1 MCL pursuant to R18-9-E829 through an AWTF treatment process configuration, and shall include multiple critical control points:
      - i. A critical control point for monitoring ammonia, nitrite, and nitrate at the treated wastewater influent in order to assess the ongoing treatability within the treatment train,
      - ii. A critical control point located at each treatment barrier in the design responsible for the removal of ammonia (if applicable), nitrite, and nitrate, and
      - iii. A critical control point for monitoring the advanced treated water in order to verify compliance with the Nitrite and Nitrate as Nitrogen Tier 1 MCL pursuant to R18-9-E829.
    - c. Alternative Approach. An AWPRA applicant shall demonstrate a design approach that effectively and reliably removes nitrogen species for the purposes of treatment train viability and water quality compliance with applicable MCLs.
  - 4. AOP Treatment Process. An AWPRA applicant shall include an AOP treatment process in their pilot and full-scale treatment trains. Demonstration of AOP performance shall be achieved through one of the following two methods:
    - a. 1,4-Dioxane Indicator. AOP shall be validated to demonstrate that AOP can reliably achieve no less than 0.5 log reduction of the 1,4-dioxane indicator.
- If 1,4-dioxane is used as the AOP performance benchmark, it shall be monitored as a Tier 3 performance based indicator with an associated action level pursuant to R18-9-E827; or
- b. Alternative Compound Indicator. An AWPRA applicant may propose an alternative compound to 1,4-dioxane for AOP performance if the following criteria are met:
    - i. Alternative indicators shall demonstrate resistance to elimination through other treatment methods, including biological degradation, adsorption processes, Reverse Osmosis/Nanofiltration, and conventional oxidation techniques such as hypochlorite, chloramines, permanganate, or chlorine dioxide (e.g., 1,4-Dioxane),
    - ii. Each pilot study should involve spiking and measuring indicator compound removal. Spiking 1,4-Dioxane (i.e., reference compound) and calculating removal percentages to compare with other widely accepted compounds,
    - iii. In pilot testing, the final concentration of any indicator compound (post-AOP treatment) should exceed the minimum reporting limit,
    - iv. Operating conditions and critical monitoring parameter ranges from pilot testing shall be reported for Departmental verification and setting of monitoring parameter ranges,
    - v. An AWPRA applicant must identify AWTF-specific AOP challenges, such as the scavenging of hydroxyl radicals by carbonates, bicarbonates, nitrites, nitrate, bromides, Natural Organic Matter (NOM), pH and UV light absorption,
    - vi. If comprehensive pilot testing is not conducted (e.g., shorter timelines or limited scope), an AOP treatment process shall be demonstrated to achieve at least 0.5 log removal of 1,4-dioxane,
    - vii. Any process sequence proposed must be validated with a rigorous study, and
    - viii. Correlation with other trace organics that were considered in the study, "Considerations for Direct Potable Reuse Downstream of the Groundwater Recharge Advanced Water Treatment Facility", along with a demonstration of an equivalent removal value for each of the trace organics.
  - 5. AOP Validation Study Report. An AWPRA shall compile an AOP Validation Study Report which identifies:
    - a. The critical control points and/or surrogate(s) and/or operational parameter(s), and
    - b. Alert and action levels for the surrogate(s) and/or operational parameter(s) that indicate whether the minimum 0.5 log 1,4-dioxane reduction design criterion is being met.
  - 6. At least one surrogate and/or operational parameter shall be capable of being monitored and recorded continuously and have associated alarms that indicate when the AOP is not operating as designed.
  - 7. Failure Response Time. An AWPRA applicant must provide detailed design calculations identifying failure response time and specific means used to address failure response time.

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- a. Factors include, but are not limited to:
    - i. Level and redundancy of online instrumentation,
    - ii. Sophistication and speed of automated alarm responses, and
    - iii. Availability of operators and their response time.
  - b. Mitigation measures include, but are not limited to, engineered storage buffers which, when used, must be sized adequately to hold off-spec water for a time period no shorter than the failure response time.
  - c. If an AWPRA applicant proposes a treatment train configuration that is not followed by an engineered storage buffer, the following is required:
    - i. Appropriate process control for water quality assurance,
    - ii. Managerial control for demand is present,
    - iii. An operational barrier for pathogen control and chemical peaks attenuation.
  - d. If an engineered storage buffer is proposed, an AWPRA applicant shall justify the volume selected and account for short circuiting.
8. A treatment process configuration shall be designed to meet the Tier 1 limits utilizing, as a source, either:
- a. The Tier 1 chemicals and concentrations pursuant to R18-9-C814(C)(2); or
  - b. The treated wastewater.
9. Cross-Connection. An AWPRA applicant shall develop, and the AWPRA permittee shall implement, cross-connection control measures which include, but are not limited to:
- a. Cross-connection evaluations during design, construction, and operation of the AWTF,
  - b. Cross-connection control surveys, initially within one year of commencing full-scale operation, and ongoing annually thereafter,
  - c. Reporting of any cross-connection incidents identified during the cross-connection control surveys to the Department in the manner prescribed by the AWP permit, along with a detailed summary of the nature and cause of the problem, the resulting corrective actions taken, and data confirming that those corrective actions will not impact advanced treated water, and
  - d. A plan describing how the SCADA system communicates and interoperates with the SCADA systems of all AWPRA facilities in the AWP project.
10. Method Detection Limit. When there is no reliable analytical method that is technically feasible to measure a contaminant at an established health advisory concentration pursuant to R18-9-E826(D), the health advisory value shall be set at the lowest Method Detection Limit of the corresponding and most sensitive EPA-approved method.
- E. An AWPRA shall meet the following minimum design criteria in designing and operating a full-scale water reclamation facility that delivers treated wastewater to an AWTF:
- 1. An AWPRA water reclamation facility shall have secondary treatment that utilizes oxidation processes that remove biodegradable organic matter and suspended solids,
  - 2. An AWPRA water reclamation facility shall meet discharge limit requirements for:
    - a. Biological Oxygen Demand (BOD),
    - b. Total Suspended Solids (TSS), and
    - c. pH pursuant to subsection (B)(1) of R18-9-B204, and
  - 3. An AWPRA water reclamation facility shall meet a minimum solids retention time (SRT) of 15 days. A reduction in SRT may be requested and approved by the Department if wastewater characterization demonstrates that over all seasons (represented by 12 monthly values) the proposed SRT is consistent with nitrogen reduction and COCs.
  - 4. An AWPRA water reclamation facility shall meet the requirements for Total Nitrogen (TN) in the APP program. The TN requirements in R18-9-B204 shall be followed in order to discharge any treated wastewater or treated off-spec wastewater which cannot be supplied to the AWTF,
  - 5. An AWPRA water reclamation facility shall be operated to produce treated wastewater of consistent quality in accordance with approved engineering design reports and the water reclamation facility operations plan. The AWPRA shall provide to the water reclamation facility a list of operational parameters, such pH, SRT, Hydraulic retention time (HRT), Dissolved Oxygen (DO), BOD, cBOD and others for the water reclamation facility.
- F. In addition to the requirements of this Section, treatment process configurations shall be designed using good engineering practices. Treatment process configurations shall be approved if the AWPRA applicant can demonstrate that the treatment process configuration meets or exceeds the minimum design criteria in this Section.
- 1. ADEQ shall develop and make available guidance on designing treatment process configurations.
  - 2. Treatment process configurations designed in a manner consistent with the criteria contained in an applicable ADEQ guidance document shall be considered to have been conducted using good engineering practices.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-F833. Technical, Managerial, and Financial Demonstration**

- A. An AWPRA applicant shall submit the following to the Department as a demonstration of technical, managerial, and financial capacity:
- 1. Technical Capacity. An AWPRA applicant's technical demonstration shall include, but is not limited to:
    - a. A demonstration of the availability of an existing water source or contingency plans for an alternative source in the event of AWTF failure,
    - b. Comprehensive technical and engineering specifications for the AWTF, including, but not limited to, the following:
      - i. Design and treatment capacity,
      - ii. Demonstration of sufficient AWP source water quantity and quality,
      - iii. Demonstration of technical capability to implement an enhanced source control program,
      - iv. Information on storage and distribution processes,
      - v. A cross-connection control plan,
      - vi. A corrosion control plan, and

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- vii. Manufacturer specifications showing the life span of AWTF components, and
    - c. An ongoing monitoring plan, including, but not limited to, the following:
      - i. Online compliance monitoring for critical control points, and
      - ii. Performance monitoring and compliance monitoring for advanced treated water, and
    - d. A demonstration of the ability to respond to emergency situations including water quality excursions,
    - e. Documentation that the AWTF will be operated by a certified AWP operator pursuant to R18-9-B804, and
    - f. An operations plan, pursuant to R18-9-F836, including, but not limited to:
      - i. Maintenance requirements per the manufacturer's specification, and
      - ii. Repair and replacement protocols.
  - 2. Managerial Capacity. An AWPRA applicant's managerial demonstration shall include, but is not limited to:
    - a. Documentation of ownership, management, and organization information, including, but not limited to:
      - i. An organizational chart, and
      - ii. Job descriptions and responsibilities, and
    - b. Information or copies of contractual agreements between AWPRA partners or any other entity associated with an AWP Project, including but not limited to:
      - i. Sewer collection systems,
      - ii. Water Reclamation Facilities,
      - iii. Source water conveyance systems,
      - iv. Advanced Water Treatment Facilities,
      - v. Water distribution systems,
      - vi. Blending Facilities,
      - vii. Sale prices of source water,
      - viii. Quality of source water,
      - ix. Duration of agreement, and
      - x. Compliance and reporting responsibilities, and
    - c. Documentation of groundwater or surface water discharge permits or recycled water permits addressing potential discharges from an AWTF in contingency situations, including, but not limited to, off-spec water disposal,
    - d. Operational information, including, but not limited to:
      - i. Certified operator credentials,
      - ii. The number of available operators,
      - iii. A training plan for staff,
      - iv. Technical competency,
      - v. Technical knowledge and implementation, and
      - vi. An Operations Plan, pursuant to R18-9-F836, and
    - e. An outline of tools and procedures employed in the management of the facility, including, but not limited to:
      - i. An asset management and maintenance plan, and
      - ii. A computerized maintenance management system.
  - 3. Financial Capacity. An AWPRA applicant's financial demonstration shall include, but is not limited to:
    - a. Projecting the capital cost of the project,
    - b. Identifying ongoing cost, including, but not limited to:
      - i. Operation and maintenance costs,
      - ii. Capital replacement costs,
      - iii. Energy costs,
      - iv. Personnel costs, and
      - v. 20-year lifecycle cost of equipment, and
    - c. A five-year financial projection, including, but not limited to, planning and management of continuous funding sources to cover the costs of the AWP project,
    - d. Performing financial audits and bond rating, and
    - e. Performing rate studies or assessment of impact fees.
- B.** In addition to the requirements of this Section, technical, managerial, and financial capacity shall be demonstrated using best practices. Similar technical, managerial, and financial demonstration approaches shall be approved if the Department determines that the alternate technical, managerial, and financial demonstration meets or exceeds the technical, managerial, and financial criteria listed above.
- 1. ADEQ shall develop and make available guidance on developing a technical, managerial, and financial demonstration.
  - 2. A technical, managerial, and financial demonstration developed in a manner consistent with the criteria contained in an applicable ADEQ guidance document shall be considered to have been conducted using best practices.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-F834. Total Organic Carbon Management**

- A.** An AWPRA shall select, achieve, and maintain an up-to-date TOC limit in the advanced treated water using one of the two approaches described in subsections (B) and (C).
  - 1. Upon AWTF operation, an AWPRA may switch between the two approaches each calendar year.
  - 2. The TOC management annual approach shall be reported as part of the annual report pursuant to R18-9-E831.
- B.** Standard Approach or Limit.
  - 1. An AWTF shall not exceed 2 mg/L of TOC in the advanced treated water.
  - 2. The AWPRA shall monitor TOC using continuous online analyzers in the advanced treated water.
- C.** Site-Specific Approach or Limit. An AWPRA shall perform the two procedures described in subsections (C)(1) and (2). The site-specific TOC limit shall be the lower of the two preliminary TOC values obtained from these procedures.
  - 1. Trace Organics Removal Procedure. The AWPRA shall submit a plan to characterize the TOC of all original drinking water sources that feed the collection system(s) that are used by the AWTF as a treated wastewater source. This plan shall be submitted for approval by the Department as part of the Pilot Study Plan pursuant to R18-9-C815(B)(3) and (D) and again in the permit application as part of the R18-9-C816(A)(2)(d) submittals.
    - a. Original Drinking Water TOC Characterization requires, but is not limited to, the following:
      - i. Use of Departmentally approved TOC sampling locations,
      - ii. Sampling for a minimum of one year,

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- iii. Sampling at weekly intervals,
    - iv. Calculation of the TOC at the 50th percentile (median), 75th percentile, and 95th percentile,
    - v. Establishment of a TOC alert level at the 75th percentile, and
    - vi. Establishment of the TOC action level at  $1.5 \times$  95th percentile.
  - b. Upon the characterization of TOC in the original drinking water and approval from the Department, an AWPRA shall monitor for TOC in the advanced treated water using continuous online analyzers.
  - c. For the purposes of this subsection, the preliminary TOC value in mg/L for the Trace Organics Removal Procedure is the action level established in subsection (C)(1)(a)(vi).
2. Disinfection Byproducts Precursor Reduction Procedure.
- a. Method 5710 C: "Simulated Distribution System Trihalomethanes (SDS - THM)"
    - i. The AWPRA shall apply 5710 C Method "Simulated Distribution System Trihalomethanes (SDS - THM)" to the advanced treated water in order to determine the total trihalomethane (THM) concentration.
    - ii. Testing and sampling shall be conducted monthly for one year.
    - iii. The AWPRA shall simultaneously sample for TOC in mg/L in the advanced treated water monthly for one year.
    - iv. If the average THM concentration is below the corresponding MCL for THM pursuant to R18-9-E825, the average TOC value from subsection (C)(2)(a)(iii) is the Method 5710C TOC value for the purposes of comparison in subsection (C)(2)(d).
    - v. If the average THM concentration is at or above the corresponding THM MCL pursuant to R18-9-E825, the AWPRA may not use the average TOC value from subsection (C)(2)(a)(iii) as the Method 5710C TOC value. The AWPRA may adjust components of their operation and repeat the steps in subsection (C)(2)(a) until an average THM concentration in the advanced treated water is below the corresponding THM MCL pursuant to R18-9-E825.
  - b. The AWPRA shall submit the following information on the conditions at the time Method 5710 C from subsection (C)(2)(a) was conducted to the Department as part of the Pilot Study Report pursuant to R18-9-C815(D) and again in the permit application as part of the R18-9-C816(A)(2)(d) submittals:
    - i. Temperature,
    - ii. pH,
    - iii. Disinfectant dose,
    - iv. Residual and reaction time within the distribution system, and
    - v. Other standard conditions as described in Section 5710 B "Trihalomethane Formation Potential (THMFP)".
  - c. CCL5 - Disinfectant Byproducts Sampling Method.
    - i. The AWPRA shall sample for the following disinfection byproducts in the advanced treated water, Formaldehyde (CAS No. 50-00-0) and N-Nitrosodimethylamine (NDMA) (CAS No. 65-75-9), which are the only disinfection byproducts that exist in both EPA's "Contaminant Candidate List 5 - Exhibit 1b - Unregulated DBPs in the DBP Group on CCL 5" and EPA's "2018 Edition of the Drinking Water Standards and Health Advisories Tables".
    - ii. Sampling shall be conducted monthly for one year.
    - iii. The AWPRA shall simultaneously sample for TOC in mg/L in the advanced treated water monthly for one year.
    - iv. If the average sampling result for any one DBP is below the corresponding health advisory in EPA's "2018 Edition of the Drinking Water Standards and Health Advisories Tables", the average TOC value from subsection (C)(2)(c)(iii) is the CCL5 DBP TOC value for the purposes of comparison in subsection (C)(2)(d).
    - v. If the average sampling result for any one DBP is at or above the corresponding health advisory in EPA's "2018 Edition of the Drinking Water Standards and Health Advisories Tables", the AWPRA may not use the average TOC value from subsection (C)(2)(c)(iii) as the CCL5 DBP TOC value. The AWPRA may adjust components of their operation and repeat the steps in subsection (C)(2)(c) until the average sampling results from any one DBP is below the corresponding health advisory in EPA's "2018 Edition of the Drinking Water Standards and Health Advisories Tables".
  - d. The lower of the two resultant TOC values in mg/L derived from the methods described in subsections (C)(2)(a) and (C)(2)(c) is the preliminary TOC value for the Disinfection Byproducts Precursor Reduction Procedure.
3. AWPRA's Site-Specific TOC Approach or Limit. The lower of the two preliminary TOC values in mg/L derived from the two procedures in (C)(1) and (2) is the AWPRA's site-specific TOC limit.
4. Once a site-specific TOC approach or limit is ascertained, an AWPRA shall establish a TOC action level and alert level based on that approach or limit, using the lower of the two values derived from subsections (C)(1) and (2). Upon the exceedance of a TOC action level, the AWPRA shall conduct one of the following two actions within 72 hours of becoming aware of the exceedance:
- a. Stop conveying advanced treated water, investigate, identify, and correct the issue; or
  - b. Correct the issue with confirmation that advanced treated water TOC does not exceed the action level, and identify the issue.
5. Frequency of Site-Specific Procedures. AWPRA's reselecting the site-specific TOC approach to begin a new calendar year shall repeat the two procedures in subsections (C)(1) and (2) in order to reestablish an up-to-date TOC action level and TOC alert level.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-F835. Full Scale Verification**

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- A.** An AWPRA applicant shall conduct Full-Scale Verification of the AWTF. The AWPRA applicant shall develop a Full-Scale Verification Plan for submission to the Department and shall perform full-scale verification testing of the AWTF in compliance with the Plan.
1. If an AWPRA builds a pilot facility to full-scale, the AWPRA applicant may, instead, opt to conduct piloting and full-scale verification simultaneously. If the AWPRA pursues this option, the AWPRA shall:
    - a. Consult with the Department, and
    - b. Develop and submit a Hybrid Pilot and Full-Scale Verification Plan to the Department for review and comment prior to conducting piloting and full scale verification under this Section, R18-9-C815, and other requirements which are previously determined through consultation with the Department, and
    - c. For the purposes of the permit application pursuant to R18-9-C816, submit the Hybrid Pilot and Full-Scale Verification Plan and a Hybrid Pilot and Full-Scale Verification Report in lieu of the submission requirements at R18-9-C816(A)(2)(g) and (h).
  2. An AWPRA applicant shall provide evidence of an APP authorizing any discharge from an AWTF that occurred, occurs or will occur during piloting, full-scale verification, operation or otherwise.
- B.** Full-Scale Verification Plan. A Full-Scale Verification Testing Plan shall be developed and shall include, but is not limited to, the following requirements:
1. Detailed Testing Plan. The AWPRA applicant shall outline the verification testing procedure for each process within the AWTF, including, but not limited to:
    - a. Treatment technologies and processes,
    - b. Continuous online analyzers,
    - c. Critical control points,
    - d. Alarm systems, and
    - e. Data recording instruments.
  2. Monitoring Plan. The AWPRA applicant shall develop a Monitoring Plan pursuant to R18-9-E829.
  3. Alarm System and Shutdown Testing Plan. The AWPRA applicant shall develop a plan to test and verify the functionality of all alarms, shutdown mechanisms, and processes proposed to be utilized in the Operations Plan developed pursuant to R18-9-F836.
  4. Advanced Treated Water Diversion Plan. The AWPRA applicant shall develop a plan to obtain all necessary permits and approvals from the Department or other authorities for the purpose of diverting advanced treated water during the full-scale verification testing period.
- C.** Testing. Full-scale verification testing shall be conducted in accordance with the Plan established in subsection (B) as well as the requirements in this subsection:
1. The minimum testing period for AWPRA's conducting full-scale verification shall be one year,
  2. An AWPRA shall, throughout the testing period, divert all advanced treated water in a manner approved by the Department pursuant to the AWP permit,
  3. Before testing occurs, an AWPRA applicant shall confirm with the Department that any water reclamation facility providing treated wastewater to the AWTF has been issued an amendment to their APP(s) for provision of treated wastewater to an AWTF, and shall confirm that copies of the amended permit(s) are recorded in the AWPRA's Joint Plan pursuant to R18-9-B805.
- D.** Report. At the conclusion of the full-scale verification testing period, the AWPRA shall prepare and submit, in accordance with the compliance schedule established in the AWP permit, a final Full-Scale Verification Report to the Department for approval. The Report shall, at a minimum, include all information related to full-scale verification testing performed pursuant to this Section, such as, but not limited to, the following components:
1. The date, time, frequency and exact place of sampling,
  2. The name of each individual who performed the sampling,
  3. The procedures used to collect the samples,
  4. The dates the sample analyses were completed,
  5. The name of each individual or laboratory performing sample analysis,
  6. The analytical techniques or methods used to perform the sampling and analysis,
  7. The chain of custody records,
  8. Any field notes relating to the information described under this subsection,
  9. The sampling results, and
  10. Corresponding laboratory data for all samples.
- E.** An AWPRA shall not distribute advanced treated water to consumers until Departmental authorization is obtained.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-F836. Operations Plan**

- A.** An AWPRA shall develop an Operations Plan in accordance with the compliance schedule established in the AWP permit which shall be followed throughout operation of the AWTF.
- B.** The Operations Plan shall include, but is not limited to, the following criteria:
1. A description of the operation of each treatment process and standard operating procedure,
  2. Process schematics showing pathogen and chemical removal critical control points, alarms, and online analyzers, including all requirements pursuant to R18-9-E828(D),
  3. A list of established alert levels and action levels at each critical control point,
  4. A description of all inspection and maintenance protocols, schedules and other requirements for treatment process equipment,
  5. A description of the ongoing monitoring requirements pursuant to R18-9-E829 and the reporting requirements pursuant to R18-9-E830,
  6. The development of an emergency operations and response plan to identify and address upsets, failures, or emergency situations arising in the treatment train in an AWPRA facility that is responsible for producing advanced treated water. The emergency operations and response plan shall include, but is not limited to, the following requirements:
    - a. Identification of upset conditions or emergency situations triggering a response under this subsection, including, but not limited to:
      - i. Failure of critical control points,
      - ii. Diversion of off-spec water,
      - iii. Loss of source water to the AWTF,
      - iv. Any exceedances of the alert levels and action levels, and

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- v. Failures which constitute an acute exposure threat, including failure to meet pathogen log reduction values pursuant to R18-9-E828, and failure to meet Nitrite and Nitrate as Nitrogen MCLs pursuant to R18-9-E829,
- b. A decision-making procedure and the development of an off-spec water response to divert AWP process water or advanced treated water as a result of any treatment process failure or water quality deviation,
- c. Any failure to achieve the minimum target log reduction must be documented and a summary of the causes and corrective action must be reported to the Department, and
  - i. The AWPRA shall take immediate action to discontinue the delivery of advanced treated water to the distribution system.
  - ii. The AWPRA shall notify the Department and any public water system that is receiving the AWP project water within 60 minutes.
- d. Development of a timely response procedure in the event that advanced treated water violates a requirement of this Article, including, but not limited to:
  - i. Identification and investigation of the points of failure within the treatment train and at the AWTF,
  - ii. A procedure to resolve identified failures,
  - iii. Clear specifications regarding the time required for response to failures or exceedances, and
  - iv. A procedure for the utilization of automated systems equipped with triggers and alarms, as necessary,
  - v. Consideration of alternative water sources, as necessary, to ensure delivery of a continuous water supply, and
  - vi. Compliance with all applicable public notice requirements of the Safe Drinking Water Act, and
- e. Development of a shutdown plan establishing shutdown and post-shutdown protocols, including, but not limited to:
  - i. A procedure for draining piping and tanks, as necessary, to prevent freezing or the accumulation of stagnant non-compliant water, and
  - ii. A procedure for managing post-shutdown conditions, and
- 7. A description of staffing requirements at the AWTF including, but not limited to, the following criteria:
  - a. The roles and responsibilities of all staff,
  - b. The status of, and requirements for, certified operators,
  - c. A description of the annual training and continuous education requirements for all staff, and
  - d. A description of any provisions for training new personnel, and
- 8. A description of the SCADA system utilized at the AWTF along with, but not limited to, the following additional SCADA requirements:
  - a. A description of how the system will assist the AWTF in achieving compliance, when necessary,
  - b. A description of how the SCADA system will communicate and interoperate with the SCADA systems of all AWPRA facilities that provide treatment pursuant to this Article,
  - c. Information on how the system acquires and utilizes monitoring data to inform operators, identify failures at critical control points, and respond to failures,
  - d. A procedure for testing the system,
  - e. A protocol/procedure to secure and protect the SCADA system from unauthorized access and cyberattack, and
  - f. Establishment of a SCADA system testing schedule, and
- 9. A description of the communication procedures between the AWPRA and all relevant treatment plant operators for situations including, but not limited to:
  - a. Normal operations, and
  - b. Upset conditions and emergency response protocols.
- C. In addition to the requirements of this Section, an Operations Plan shall be developed using good engineering practices and best management practices. Similar Operations Plan criteria shall be approved if the AWPRA applicant can demonstrate that the Operations Plan components meet or exceed the criteria listed above.
  - 1. ADEQ shall develop and make available guidance on developing an AWP Operations Plan.
  - 2. An AWP Operations Plan developed in a manner consistent with the criteria contained in an applicable ADEQ guidance document shall be considered to have been conducted using good engineering practices.
- D. An AWPRA shall submit the Operations Plan to the Department for approval as a compliance schedule item under the AWP permit.
- E. An AWPRA shall update the Operations Plan as necessary following any modifications to the treatment process that affect the operational procedures of the AWTF. The updated Operations Plan shall be submitted to the Department for approval as a component of a permit amendment application.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**R18-9-F837. Vulnerability Assessment**

- A. An AWPRA shall conduct a vulnerability assessment for the AWP project for the purpose of identifying areas and processes with a potential to be vulnerable to attack, sabotage, or disruption.
- B. The AWPRA shall consider and assess all potential hazards associated with contaminants in the municipal wastewater source.
- C. The AWPRA shall develop an emergency response plan for identified hazards the AWP project may face.
- D. The SCADA systems of all AWPRA facilities included in the AWP project that provide treatment pursuant to this Article shall be designed and operated such that they are secured and protected, both physically and electronically, from unauthorized access and cyberattack.
- E. The AWPRA shall periodically review the vulnerability assessment along with the permit renewal pursuant to R18-9-D822, at a minimum, or at the Director's discretion. A vulnerability assessment update shall include the identification of any new hazards and the corresponding risk management controls the AWPRA will establish.
- F. In addition to the requirements of this Section, a vulnerability assessment shall be conducted using Best Management Practices. Methods for conducting the vulnerability assessment

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shall be approved if the AWPRA applicant can demonstrate that the method is sufficiently detailed and robust for the purpose of conducting a protective vulnerability assessment.

1. ADEQ shall develop and make available guidance on conducting an AWP vulnerability assessment.
2. An AWP vulnerability assessment conducted in a manner consistent with the criteria contained in an applicable ADEQ guidance document shall be considered to have been conducted using good engineering practices.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1069 (April 4, 2025), with an immediate effective date of March 4, 2025 (Supp 25-1).

**ARTICLE 9. ARIZONA POLLUTANT DISCHARGE ELIMINATION SYSTEM**

*Editor's Note: The recodification at 7 A.A.R. 2522 described below erroneously moved Sections into 18 A.A.C. 9, Article 9. Those Sections were actually recodified to 18 A.A.C. 9, Article 10. See the Historical Notes for more information (Supp. 01-4).*

*Article 9, consisting of Sections R18-9-901 through R18-9-914 and Appendix A, recodified from 18 A.A.C. 13, Article 15 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2).*

**PART A. GENERAL REQUIREMENTS****R18-9-A901. Definitions**

In addition to the definitions in A.R.S. § 49-201 and 49-255, the following terms apply to this Article:

1. "Animal confinement area" means any part of an animal feeding operation where animals are restricted or confined including open lots, housed lots, feedlots, confinement houses, stall barns, free stall barns, milkrooms, milking centers, cowyards, barnyards, medication pens, walkers, animal walkways, and stables.
2. "Animal feeding operation" means a lot or facility (other than an aquatic animal production facility) where the following conditions are met:
  - a. Animals (other than aquatic animals) have been, are, or will be stabled or confined and fed or maintained for a total of 45 days or more in any 12-month period, and
  - b. Crops, vegetation, forage growth, or post-harvest residues are not sustained in the normal growing season over any portion of the lot or facility.
3. "Aquaculture project" means a defined managed water area that uses discharges of pollutants into that designated project area for the maintenance or production of harvestable freshwater plants or animals. For purposes of this definition, "designated project area" means the portion or portions of the navigable waters within which the permittee or permit applicant plans to confine the cultivated species using a method or plan of operation, including physical confinement, that on the basis of reliable scientific evidence, is expected to ensure that specific individual organisms comprising an aquaculture crop will enjoy increased growth attributable to the discharge of pollutants, and be harvested within a defined geographic area.
4. "Border area" means 100 kilometers north and south of the Arizona-Sonora, Mexico border.
5. "Bypass" means the intentional diversion of waste streams from any portion of a treatment facility.
6. "CAFO" means any large concentrated animal feeding operation, medium concentrated animal feeding operation, or animal feeding operation designated under R18-9-D901.
7. "Concentrated aquatic animal production facility" means a hatchery, fish farm, or other facility that contains, grows, or holds aquatic animals in either of the following categories:
  - a. Cold-water aquatic animals. Cold-water fish species or other cold-water aquatic animals (including the Salmonidae family of fish) in a pond, raceway, or other similar structure that discharges at least 30 days per year, but does not include:
    - i. A facility that produces less than 9,090 harvest weight kilograms (approximately 20,000 pounds) of aquatic animals per year; and
    - ii. A facility that feeds the aquatic animals less than 2,272 kilograms (approximately 5,000 pounds) of food during the calendar month of maximum feeding.
  - b. Warm-water aquatic animals. Warm-water fish species or other warm-water aquatic animals (including the Ameiuridae, Centrarchidae, and Cyprinidae families of fish) in a pond, raceway, or other similar structure that discharges at least 30 days per year, but does not include:
    - i. A closed pond that discharges only during periods of excess runoff; or
    - ii. A facility that produces less than 45,454 harvest weight kilograms (approximately 100,000 pounds) of aquatic animals per year.
8. "Daily discharge" means the discharge of a pollutant measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the daily discharge is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurement, the daily discharge is calculated as the average measurement of the pollutant over the day.
9. "Discharge of a pollutant" means any addition of any pollutant or combination of pollutants to a navigable water from any point source.
  - a. The term includes the addition of any pollutant into a navigable water from:
    - i. A treatment works treating domestic sewage;
    - ii. Surface runoff that is collected or channeled by man;
    - iii. A discharge through a pipe, sewer, or other conveyance owned by a state, municipality, or other person that does not lead to a treatment works; and
    - iv. A discharge through a pipe, sewer, or other conveyance, leading into a privately owned treatment works.
  - b. The term does not include an addition of a pollutant by any industrial user as defined in A.R.S. § 49-255(4).
10. "Draft permit" means a document indicating the Director's tentative decision to issue, deny, modify, revoke and reissue, terminate, or reissue a permit.
  - a. A notice of intent to terminate a permit is a type of draft permit unless the entire discharge is permanently terminated by elimination of the flow or by connection to a POTW, but not by land application or disposal into a well.



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- b. A notice of intent to deny a permit is a type of draft permit.
- c. A proposed permit or a denial of a request for modification, revocation and reissuance, or termination of a permit, are not draft permits.
- 11. "EPA" means the U.S. Environmental Protection Agency.
- 12. "General permit" means an AZPDES permit issued under 18 A.A.C. 9, Article 9, authorizing a category of discharges within a geographical area.
- 13. "Individual permit" means an AZPDES permit for a single point source, a single facility, or a municipal separate storm sewer system.
- 14. "Land application area," for purposes of Article 9, Part D, means land under the control of an animal feeding operation owner or operator, whether it is owned, rented, or leased, to which manure, litter, or process wastewater from the production area is or may be applied.
- 15. "Large concentrated animal feeding operation" means an animal feeding operation that stables or confines at least the number of animals specified in any of the following categories:
  - a. 700 mature dairy cows, whether milked or dry;
  - b. 1,000 veal calves;
  - c. 1,000 cattle other than mature dairy cows or veal calves. Cattle includes heifers, steers, bulls, and cow and calf pairs;
  - d. 2,500 swine each weighing 55 pounds or more;
  - e. 10,000 swine each weighing less than 55 pounds;
  - f. 500 horses;
  - g. 10,000 sheep or lambs;
  - h. 55,000 turkeys;
  - i. 30,000 laying hens or broilers, if the animal feeding operation uses a liquid manure handling system;
  - j. 125,000 chickens (other than laying hens), if the animal feeding operation uses other than a liquid manure handling system;
  - k. 82,000 laying hens, if the animal feeding operation uses other than a liquid manure handling system;
  - l. 30,000 ducks, if the animal feeding operation uses other than a liquid manure handling system; or
  - m. 5,000 ducks, if the animal feeding operation uses a liquid manure handling system.
- 16. "Large municipal separate storm sewer system" means a municipal separate storm sewer that is either:
  - a. Located in an incorporated area with a population of 250,000 or more as determined by the 1990 Decennial Census by the Bureau of the Census;
  - b. Located in a county with an unincorporated urbanized area with a population of 250,000 or more, according to the 1990 Decennial Census by the Bureau of Census, but not a municipal separate storm sewer that is located in an incorporated place, township, or town within the county; or
  - c. Owned or operated by a municipality other than those described in subsections (16)(a) and (16)(b) and that are designated by the Director under R18-9-A902(D)(2) as part of the large municipal separate storm sewer system.
- 17. "Manure" means any waste or material mixed with waste from an animal including manure, bedding, compost and raw materials, or other materials commingled with manure or set aside for disposal.
- 18. "Manure storage area" means any part of an animal feeding operation where manure is stored or retained including lagoons, run-off ponds, storage sheds, stockpiles, under-house or pit storages, liquid impoundments, static piles, and composting piles.
- 19. "Medium concentrated animal feeding operation" means an animal feeding operation in which:
  - a. The type and number of animals that it stables or confines falls within any of the following ranges:
    - i. 200 to 699 mature dairy cows, whether milked or dry;
    - ii. 300 to 999 veal calves;
    - iii. 300 to 999 cattle other than mature dairy cows or veal calves. Cattle includes heifers, steers, bulls, and cow and calf pairs;
    - iv. 750 to 2,499 swine each weighing 55 pounds or more;
    - v. 3,000 to 9,999 swine each weighing less than 55 pounds;
    - vi. 150 to 499 horses;
    - vii. 3,000 to 9,999 sheep or lambs;
    - viii. 16,500 to 54,999 turkeys;
    - ix. 9,000 to 29,999 laying hens or broilers, if the animal feeding operation uses a liquid manure handling system;
    - x. 37,500 to 124,999 chickens (other than laying hens), if the animal feeding operation uses other than a liquid manure handling system;
    - xi. 25,000 to 81,999 laying hens, if the animal feeding operation uses other than a liquid manure handling system;
    - xii. 10,000 to 29,999 ducks, if the animal feeding operation uses other than a liquid manure handling system; or
    - xiii. 1,500 to 4,999 ducks, if the animal feeding operation uses a liquid manure handling system; and
  - b. Either one of the following conditions are met:
    - i. Pollutants are discharged into a navigable water through a man-made ditch, flushing system, or other similar man-made device; or
    - ii. Pollutants are discharged directly into a navigable water that originates outside of and passes over, across, or through the animal feeding operation or otherwise comes into direct contact with the animals confined in the operation.
- 20. "Medium municipal separate storm sewer system" means a municipal separate storm sewer that is either:
  - a. Located in an incorporated area with a population of 100,000 or more but less than 250,000, as determined by the 1990 Decennial Census by the Bureau of the Census; or
  - b. Located in a county with an unincorporated urbanized area with a population of 100,000 or more but less than 250,000 as determined by the 1990 Decennial Census by the Bureau of the Census; or
  - c. Owned or operated by a municipality other than those described in subsections (20)(a) and (20)(b) and that are designated by the Director under R18-9-A902(D)(2) as part of the medium municipal separate storm sewer system.
- 21. "MS4" means municipal separate storm sewer system.
- 22. "Municipal separate storm sewer" means a conveyance or system of conveyances (including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, manmade channels, and storm drains):

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- a. Owned or operated by a state, city, town county, district, association, or other public body (created by or pursuant to state law) having jurisdiction over disposal of sewage, industrial wastes, stormwater, or other wastes, including special districts under state law such as a sewer district, flood control district or drainage district, or similar entity, or a designated and approved management agency under section 208 of the Clean Water Act (33 U.S.C. 1288) that discharges to waters of the United States;
  - b. Designed or used for collecting or conveying stormwater;
  - c. That is not a combined sewer; and
  - d. That is not part of a POTW.
23. "Municipal separate storm sewer system" means all separate storm sewers defined as "large," "medium," or "small" municipal separate storm sewer systems or any municipal separate storm sewers on a system-wide or jurisdiction-wide basis as determined by the Director under R18-9-C902(A)(1)(g)(i) through (iv).
24. "New discharger" includes an industrial user and means any building, structure, facility, or installation:
- a. From which there is or may be a discharge of pollutants;
  - b. That did not commence the discharge of pollutants at a particular site before August 13, 1979;
  - c. That is not a new source; and
  - d. That has never received a finally effective NPDES or AZPDES permit for discharges at that site.
25. "New source" means any building, structure, facility, or installation from which there is or may be a discharge of pollutants, the construction of which commenced:
- a. After the promulgation of standards of performance under section 306 of the Clean Water Act (33 U.S.C. 1316) that are applicable to the source, or
  - b. After the proposal of standards of performance in accordance with section 306 of the Clean Water Act (33 U.S.C. 1316) that are applicable to the source, but only if the standards are promulgated under section 306 (33 U.S.C. 1316) within 120 days of their proposal.
26. "NPDES" means the National Pollutant Discharge Elimination System, which is the national program for issuing, modifying, revoking, reissuing, terminating, monitoring, and enforcing permits, and imposing and enforcing pretreatment and biosolids requirements under sections 307 (33 U.S.C. 1317), 318 (33 U.S.C. 1328), 402 (33 U.S.C. 1342), and 405 (33 U.S.C. 1345) of the Clean Water Act.
27. "Pollutant" means dredged spoil, solid waste, incinerator residue, filter backwash, sewage, garbage, sewage sludge, munitions, chemical wastes, biological materials, radioactive materials (except those regulated under the Atomic Energy Act of 1954, as amended (42 U.S.C. 2014 et seq.)), heat, wrecked or discarded equipment, rock, sand, cellar dirt, and industrial, municipal, and agricultural waste discharged into water. It does not mean:
- a. Sewage from vessels; or
  - b. Water, gas, or other material that is injected into a well to facilitate production of oil or gas, or water derived in association with oil and gas production and disposed of in a well, if the well used either to facilitate production or for disposal purposes is approved by authority of this state, and if the state determines that the injection or disposal will not result in the degradation of ground or surface water resources. (40 CFR 122.2)
28. "POTW" means a publicly owned treatment works.
29. "Process wastewater," for purposes of Article 9, Part D, means any water that comes into contact with a raw material, product, or byproduct including manure, litter, feed, milk, eggs, or bedding and water directly or indirectly used in the operation of an animal feeding operation for any or all of the following:
- a. Spillage or overflow from animal or poultry watering systems;
  - b. Washing, cleaning, or flushing pens, barns, manure pits, or other animal feeding operation facilities;
  - c. Direct contact swimming, washing, or spray cooling of animals; or
  - d. Dust control.
30. "Proposed permit" means an AZPDES permit prepared after the close of the public comment period (including EPA review), and any applicable public hearing and administrative appeal, but before final issuance by the Director. A proposed permit is not a draft permit.
31. "Pretreatment" means the reduction of the amount of pollutants, the elimination of pollutants, or the alteration of the nature of pollutant properties in wastewater before or instead of discharging or otherwise introducing the pollutants into a POTW.
32. "Production area," for purposes of Article 9, Part D, means the animal confinement area, manure storage area, raw materials storage area, and waste containment areas. Production area includes any egg washing or egg processing facility and any area used in the storage, handling, treatment, or disposal of animal mortalities.
33. "Raw materials storage area" means the part of an animal feeding operation where raw materials are stored including feed silos, silage bunkers, and bedding materials.
34. "Silviculture point source" means any discernible, confined, and discrete conveyance related to rock crushing, gravel washing, log sorting, or log storage facilities that are operated in connection with silvicultural activities and from which pollutants are discharged into navigable waters. The term does not include nonpoint source silvicultural activities such as nursery operations, site preparation, reforestation and subsequent cultural treatment, thinning, prescribed burning, pest and fire control, harvesting operations, surface drainage, or road construction and maintenance from which there is natural runoff. For purposes of this definition:
- a. "Log sorting and log storage facilities" means facilities whose discharge results from the holding of unprocessed wood, for example, logs or round wood with or without bark held in self-contained bodies of water or stored on land if water is applied intentionally on the logs.
  - b. "Rock crushing and gravel washing facilities" mean facilities that process crushed and broken stone, gravel, and riprap.
35. "Small municipal separate storm sewer system" means a separate storm sewer that is:
- a. Owned or operated by the United States, a state, city, town, county, district, association, or other public body (created by or pursuant to state law) having jurisdiction over disposal of sewage, industrial wastes, storm water, or other wastes, including special districts under state law such as a sewer district,

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flood control district or drainage district, or similar entity, an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under section 208 of the Clean Water Act (33 U.S.C. 1288) that discharge to navigable waters.

- b. Not defined as a “large” or “medium” municipal separate storm sewer system or designated under R18-9-A902(D)(2).
  - c. Similar to municipal separate storm sewer systems such as systems at military bases, large hospital or prison complexes, universities, and highways and other thoroughfares. The term does not include a separate storm sewer in a very discrete area such as an individual building.
36. “Stormwater” means stormwater runoff, snow melt runoff, and surface runoff and drainage.
37. “Treatment works treating domestic sewage” means a POTW or any other sewage sludge or waste water treatment device or system, regardless of ownership (including federal facilities), used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated for the disposal of sewage sludge. This definition does not include septic tanks or similar devices. For purposes of this definition, “domestic sewage” includes waste and wastewater from humans or household operations that are discharged to or otherwise enter a treatment works.
38. “Waste containment area” means any part of an animal feeding operation where waste is stored or contained including settling basins and areas within berms and diversions that separate uncontaminated stormwater.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

**R18-9-A902. AZPDES Permit Transition, Applicability, and Exclusions**

- A.** Upon the effective date of EPA approval of the AZPDES program, the Department shall, under A.R.S. Title 49, Chapter 2, Article 3.1 and Articles 9 and 10 of this Chapter, administer any permit authorized or issued under the NPDES program, including an expired permit that EPA has continued in effect under 40 CFR 122.6.
- 1. The Director shall give a notice to all Arizona NPDES permittees, except NPDES permittees located on and discharging in Indian Country, and shall publish a notice in one or more newspapers of general circulation in the state. The notice shall contain:
    - a. The name and address of the Department;
    - b. The name of each individual permitted facility and its permit number;
    - c. The title of each general permit administered by the Department;
    - d. The name and address of the contact person, to which the permittee will submit notification and monitoring reports; and
    - e. The name, address, and telephone number of a person from whom an interested person may obtain further information about the transition.
  - 2. The Department shall provide the following entities with a copy of the notice:
    - a. Each county department of health, environmental services, or comparable department;
    - b. Each Arizona council of government, tribal government, the states of Utah, Nevada, New Mexico, and California, and EPA Region 9;
    - c. Any person who requested, in writing, notification of the activity;
    - d. The Mexican Secretaria de Medio Ambiente y Recursos Naturales; and
    - e. The United States Section of the International Boundary and Water Commission.

- 3. If a timely application for a NPDES permit is submitted to EPA before approval of the AZPDES program, the applicant may continue the process with EPA or request the Department to act on the application. In either case, the Department shall issue the permit.
- 4. The terms and conditions under which the permit was issued remain the same until the permit is modified.

**B.** Article 9 of this Chapter applies to any “discharge of a pollutant.” Examples of categories that result in a “discharge of a pollutant” and may require an AZPDES permit include:

- 1. CAFOs;
- 2. Concentrated aquatic animal production facilities;
- 3. Case-by-case designation of concentrated aquatic animal production facilities;
  - a. The Director may designate any warm- or cold-water aquatic animal production facility as a concentrated aquatic animal production facility upon determining that it is a significant contributor of pollution to navigable waters. The Director shall consider the following factors when making this determination:
    - i. The location and quality of the receiving waters of the United States;
    - ii. The holding, feeding, and production capacities of the facility;
    - iii. The quantity and nature of the pollutants reaching navigable waters; and
    - iv. Any other relevant factor;
  - b. A permit application is not required from a concentrated aquatic animal production facility designated under subsection (B)(3)(a) until the Director conducts an onsite inspection of the facility and determines that the facility should and could be regulated under the AZPDES permit program;
- 4. Aquaculture projects;
- 5. Manufacturing, commercial, mining, and silviculture point sources;
- 6. POTWs;
- 7. New sources and new dischargers;
- 8. Stormwater discharges:
  - a. Associated with industrial activity as defined under 40 CFR 122.26(b)(14), incorporated by reference in R18-9-A905(A)(1)(d). The Department shall not consider a discharge to be a discharge associated with industrial activity if the discharge is composed entirely of stormwater and meets the conditions of no exposure as defined under 40 CFR 122.26(g), incorporated by reference in R18-9-A905(A)(1)(d);
  - b. From a large, medium, or small MS4;
  - c. From a construction activity, including clearing, grading, and excavation, that results in the disturbance of:
    - i. Equal to or greater than one acre or;

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- ii. Less than one acre of total land area that is part of a larger common plan of development or sale if the larger common plan will ultimately disturb equal to or greater than one acre; but
  - iii. Not including routine maintenance that is performed to maintain the original line and grade, hydraulic capacity, or original purpose of the facility;
  - d. Any discharge that the Director determines contributes to a violation of a water quality standard or is a significant contributor of pollutants to a navigable water, which may include a discharge from a conveyance or system of conveyances (including roads with drainage systems and municipal streets) used for collecting and conveying stormwater runoff or a system of discharges from municipal separate storm sewers.
- C. Articles 9 and 10 of this Chapter apply to the following biosolids categories and may require an AZPDES permit:
  - 1. Treatment works treating domestic sewage that would not otherwise require an AZPDES permit; and
  - 2. Using, applying, generating, marketing, transporting, and disposing of biosolids.
- D. Director designation of MS4s.
  - 1. The Director may designate and require any small MS4 located outside of an urbanized area to obtain an AZPDES stormwater permit. The Director shall base this designation on whether a stormwater discharge results in or has the potential to result in an exceedance of a water quality standard, including impairment of a designated use, or another significant water quality impact, including a habitat or biological impact.
    - a. When deciding whether to designate a small MS4, the Director shall consider the following criteria:
      - i. Discharges to sensitive waters,
      - ii. Areas with high growth or growth potential,
      - iii. Areas with a high population density,
      - iv. Areas that are contiguous to an urbanized area,
      - v. Small MS4s that cause a significant contribution of pollutants to a navigable water,
      - vi. Small MS4s that do not have effective programs to protect water quality, and
      - vii. Any other relevant criteria.
    - b. The same requirements for small MS4s designated under 40 CFR 122.32(a)(1) apply to permits for designated MS4s not waived under R18-9-B901(A)(3).
  - 2. The Director may designate an MS4 as part of a large or medium system due to the interrelationship between the discharges from a designated storm sewer and the discharges from a municipal separate storm sewer described under R18-9-A901(16)(a) and (b), or R18-9-A901(20)(a) or (b), as applicable. In making this determination, the Director shall consider the following factors:
    - a. Physical interconnections between the municipal separate storm sewers;
    - b. The location of discharges from the designated municipal separate storm sewer relative to discharges from municipal separate storm sewers described in R18-9-A901(16)(a) and R18-9-A901(20)(a);
    - c. The quantity and nature of pollutants discharged to a navigable water;
    - d. The nature of the receiving waters; and
    - e. Any other relevant factor.
- 3. The Director shall designate a small MS4 that is physically interconnected with a MS4 that is regulated by the AZPDES program if the small MS4 substantially contributes to the pollutant loading of the regulated MS4.
- E. Petitions. The Director may, upon a petition, designate as a large, medium or small MS4, a municipal separate storm sewer located within the boundaries of a region defined by a stormwater management regional authority based on a jurisdictional, watershed, or other appropriate basis that includes one or more of the systems described in R18-9-A901(16), R18-9-A901(20) or R18-9-A901(35), as applicable.
- F. Phase-ins.
  - 1. The Director may phase-in permit coverage for a small MS4 serving a jurisdiction with a population of less than 10,000 if a phasing schedule is developed and implemented for approximately 20 percent annually of all small MS4s that qualify for the phased-in coverage.
    - a. If the phasing schedule is not yet approved for permit coverage, the Director shall, by December 9, 2002, determine whether to issue an AZPDES permit or allow a waiver under R18-9-B901(A)(3) for each eligible MS4.
    - b. All regulated MS4s shall have coverage under an AZPDES permit no later than March 8, 2007.
  - 2. The Director may provide a waiver under R18-9-B901(A)(3) for any municipal separate storm sewage system operating under a phase-in plan.
- G. Exclusions. The following discharges do not require an AZPDES permit:
  - 1. Discharge of dredged or fill material into a navigable water that is regulated under section 404 of the Clean Water Act (33 U.S.C. 1344);
  - 2. The introduction of sewage, industrial wastes, or other pollutants into POTWs by indirect dischargers. Plans or agreements to switch to this method of disposal in the future do not relieve dischargers of the obligation to have and comply with a permit until all discharges of pollutants to a navigable water are eliminated. This exclusion does not apply to the introduction of pollutants to privately owned treatment works or to other discharges through a pipe, sewer, or other conveyance owned by the state, a municipality, or other party not leading to treatment works;
  - 3. Any discharge in compliance with the instructions of an on-scene coordinator under 40 CFR 300, The National Oil and Hazardous Substances Pollution Contingency Plan; or 33 CFR 153.10(e), Control of Pollution by Oil and Hazardous Substances, Discharge Removal;
  - 4. Any introduction of pollutants from a nonpoint source agricultural or silvicultural activity, including stormwater runoff from an orchard, cultivated crop, pasture, rangeland, and forest land, but not discharges from a concentrated animal feeding operation, concentrated aquatic animal production facility, silvicultural point source, or to an aquaculture project;
  - 5. Return flows from irrigated agriculture;
  - 6. Discharges into a privately owned treatment works, except as the Director requires under 40 CFR 122.44(m), which is incorporated by reference in R18-9-A905(A)(3)(d);
  - 7. Discharges from conveyances for stormwater runoff from mining operations or oil and gas exploration, production, processing or treatment operations, or transmission facilities, composed entirely of flows from conveyances or

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systems of conveyances, including pipes, conduits, ditches, and channels, used for collecting and conveying precipitation runoff and that are not contaminated by contact with or that has not come into contact with, any overburden, raw material, intermediate products, finished product, byproduct, or waste product located on the site of the operations.

**H. Conditional no exposure exclusion.**

1. Discharges composed entirely of stormwater are not considered stormwater discharges associated with an industrial activity if there is no exposure, and the discharger satisfies the conditions under 40 CFR 122.26(g), which is incorporated by reference in R18-9-A905(A)(1)(d).
2. For purposes of this subsection:
  - a. "No exposure" means that all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and runoff.
  - b. "Industrial materials or activities" include material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products.
  - c. "Material-handling activities" include storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product, or waste product.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 2704, effective June 5, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-9-A903. Prohibitions**

- A.** The Director shall not issue a permit for a discharge to a WOTUS:
  1. If the conditions of the permit do not provide for compliance with the applicable requirements of A.R.S. Title 49, Chapter 2, Article 3.1; 18 A.A.C. 9, Articles 9 and 10; and the Clean Water Act;
  2. Before resolution of an EPA objection to a draft or proposed permit under R18-9-A908(C);
  3. If the imposition of conditions cannot ensure compliance with the applicable water quality requirements from Arizona or an affected state or tribe, or a federally promulgated water quality standard under 40 CFR 131.31;
  4. If in the judgment of the Secretary of the U.S. Army, acting through the Chief of Engineers, the discharge will substantially impair anchorage and navigation in or on any navigable water;
  5. For the discharge of any radiological, chemical, or biological warfare agent, or high-level radioactive waste;
  6. For any discharge inconsistent with a plan or plan amendment approved under section 208(b) of the Clean Water Act (33 U.S.C. 1288); and
  7. To a new source or a new discharger if the discharge from its construction or operation will cause or contribute to the violation of a water quality standard. The owner or operator of a new source or new discharger proposing to discharge into a water segment that does not meet water quality standards or is not expected to meet those stan-

dards even after the application of the effluent limitations required under R18-9-A905(A)(8), and for which the Department has performed a wasteload allocation for the proposed discharge, shall demonstrate before the close of the public comment period that:

- a. There are sufficient remaining wasteload allocations to allow for the discharge, and
- b. The existing dischargers into the segment are subject to schedules of compliance designed to bring the segment into compliance with water quality standards.

**B.** The Director shall not issue a permit for a discharge to a non-WOTUS protected surface water:

1. If the permit or the conditions of the permit violate the restrictions listed in A.R.S. § 49-255.04; and
2. If the conditions of the permit do not provide for compliance with 18 A.A.C. 11, Article 2 and the applicable requirements of 18 A.A.C. 9, Article 9.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 2704, effective June 5, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 296 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-9-A904. Effect of a Permit**

- A.** Except for a standard or prohibition imposed under section 307 of the Clean Water Act (33 U.S.C. 1317) for a toxic pollutant that is injurious to human health and standards for sewage sludge use or disposal under Article 10 of this Chapter, compliance with an AZPDES permit during its term constitutes compliance, for purposes of enforcement, with Article 9 of this Chapter. However, the Director may modify, revoke and reissue, suspend, or terminate a permit during its term for cause under R18-9-B906.
- B.** The issuance of a permit does not convey any property rights or exclusive privilege to the permittee.
- C.** The issuance of a permit does not authorize any injury to a person or property or invasion of other private rights, or any infringement of federal, state, or local law, or regulations.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-9-A905. AZPDES Program Standards**

- A.** Except for subsection (A)(11), the following 40 CFR sections and appendices, amended as of April 15, 2023, as they apply to the NPDES program, are incorporated by reference, do not include any later amendments or editions of the incorporated matter, and are on file with the Department:
  1. General program requirements.
    - a. 40 CFR 122.7;
    - b. 40 CFR 122.21, except 40 CFR 122.21(a) through (e) and (l);
    - c. 40 CFR 122.22;
    - d. 40 CFR 122.26, except 40 CFR 122.26(c)(2), and 40 CFR 122.26(e)(2);
    - e. 40 CFR 122.29;
    - f. 40 CFR 122.32;
    - g. 40 CFR 122.33;

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- h. 40 CFR 122.34;
- i. 40 CFR 122.35;
- j. 40 CFR 122.62(a) and (b).
- 2. Procedures for Decision making.
  - a. 40 CFR 124.8, except 40 CFR 124.8(b)(3); and
  - b. 40 CFR 124.56.
- 3. Permit requirements and conditions.
  - a. 40 CFR 122.41, except 40 CFR 122.41(a)(2) and (a)(3);
  - b. 40 CFR 122.42;
  - c. 40 CFR 122.43;
  - d. 40 CFR 122.44;
  - e. 40 CFR 122.45;
  - f. 40 CFR 122.47;
  - g. 40 CFR 122.48; and
  - h. 40 CFR 122.50.
- 4. Criteria and standards for the national pollutant discharge elimination system. 40 CFR 125, subparts A, B, D, H, and I.
- 5. Toxic pollutant effluent standards. 40 CFR 129.
- 6. Secondary treatment regulation. 40 CFR 133.
- 7. Guidelines for establishing test procedures for the analysis of pollutants, 40 CFR 136.
- 8. Effluent guidelines and standards.
  - a. General provisions, 40 CFR 401; and
  - b. General pretreatment regulations for existing and new sources of pollution, 40 CFR 403 and Appendices A, D, E, and G.
- 9. Effluent limitations guidelines. 40 CFR 405 through 40 CFR 471.
- 10. Standards for the use or disposal of sewage sludge. 40 CFR 503, Subpart C.
- 11. The following substitutions apply to the material in subsections (A)(1) through (A)(10):
  - a. Substitute the term AZPDES for any reference to NPDES;
  - b. Except for 40 CFR 122.21(f) through (q), substitute R18-9-B901 (individual permit), and R18-9-C901 (general permit), for any reference to 40 CFR 122.21;
  - c. Substitute Articles 9 and 10 of this Chapter for any reference to 40 CFR 122;
  - d. Substitute R18-9-C901 for any reference to 40 CFR 122.28;
  - e. Substitute R18-9-B901 (individual permit), and R18-9-C901 (general permit), for any reference to 40 CFR 122 subpart B;
  - f. Substitute Articles 9 and 10 of this Chapter for any reference to 40 CFR 123;
  - g. Substitute Articles 9 and 10 of this Chapter for any reference to 40 CFR 124;
  - h. Substitute R18-9-1006 for any reference to 40 CFR 503.32; and
  - i. Substitute R18-9-1010 for any reference to 40 CFR 503.33.
- B. A person shall analyze a pollutant using a test procedure for the pollutant specified by the Director in an AZPDES permit. If the Director does not specify a test procedure for a pollutant in an AZPDES permit, a person shall analyze the pollutant using:
  - 1. A test procedure listed in 40 CFR 136, which is incorporated by reference in subsection (A)(7);
  - 2. An alternate test procedure approved by the EPA as provided in 40 CFR 136;

- 3. A test procedure listed in 40 CFR 136, with modifications allowed by the EPA and approved as a method alteration by the Arizona Department of Health Services under A.A.C. R9-14-610(B); or
- 4. If a test procedure for a pollutant is not available under subsection (B)(1) through (B)(3), a test procedure listed in A.A.C. R9-14-612 or approved under A.A.C. R9-14-610(C).

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 2704, effective June 5, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4). Amended by final expedited rulemaking at 30 A.A.R. 28 (January 5, 2024), with an immediate effective date of December 15, 2023 (Supp. 23-4).

**R18-9-A906. General Pretreatment Regulations for Existing and New Sources of Pollution**

- A. The reduction or alteration of a pollutant may be obtained by physical, chemical, or biological processes, process changes, or by other means, except as prohibited under 40 CFR 403.6(d), which is incorporated by reference in R18-9-A905(A)(8)(b). Appropriate pretreatment technology includes control equipment, such as equalization tanks or facilities, for protection against surges or slug loading that might interfere with or otherwise be incompatible with the POTW. However, if wastewater from a regulated process is mixed in an equalization facility with unregulated wastewater or with wastewater from another regulated process, the effluent from the equalization facility shall meet an adjusted pretreatment limit calculated under 40 CFR 403.6(e), which is incorporated by reference in R18-9-A905(A)(8)(b).
- B. Pretreatment applies to:
  - 1. Pollutants from non-domestic sources covered by pretreatment standards that are indirectly discharged, transported by truck or rail, or otherwise introduced into POTWs;
  - 2. POTWs that receive wastewater from sources subject to national pretreatment standards; and
  - 3. Any new or existing source subject to national pretreatment standards.
- C. National pretreatment standards do not apply to sources that discharge to a sewer that is not connected to a POTW.
- D. For purposes of this Section the terms "National Pretreatment Standard" and "Pretreatment Standard" mean any regulation containing pollutant discharge limits promulgated by EPA under section 307(b) and (c) of the Clean Water Act (33 U.S.C. 1317), which applies to Industrial Users. This term includes prohibitive discharge limits established under 40 CFR 403.5.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

**R18-9-A907. Public Notice Requirements**

- A. Individual permits.
  - 1. The Director shall publish a notice that a draft individual permit has been prepared, or a permit application has been tentatively denied, and may publish all notices of these activities in one or more newspapers of general circulation where the facility is located, or to the Department's website. If the Department publishes notice of a draft individual permit on the website, it shall addition-

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ally post on the website the draft permit and fact sheet for the duration of the public comment period. The notice shall contain:

- a. The name and address of the Department;
  - b. The name and address of the permittee or permit applicant and if different, the name of the facility or activity regulated by the permit;
  - c. A brief description of the business conducted at the facility or activity described in the permit application;
  - d. The name, address, and telephone number of a person from whom an interested person may obtain further information, including copies of the draft permit, fact sheet, and application;
  - e. A brief description of the comment procedures, the time and place of any hearing, including a statement of procedures to request a hearing (unless a hearing has already been scheduled), and any other procedure by which the public may participate in the final permit decision;
  - f. A general description of the location of each existing or proposed discharge point and the name of the receiving water;
  - g. For sources subject to section 316(a) of the Clean Water Act, a statement that the thermal component of the discharge is subject to effluent limitations under the Clean Water Act, section 301 (33 U.S.C. 1311) or 306 (33 U.S.C. 1316) and a brief description, including a quantitative statement, of the thermal effluent limitations proposed under section 301 (33 U.S.C. 1311) or 306 (33 U.S.C. 1316);
  - h. Requirements applicable to cooling water intake structures at new facilities subject to 40 CFR 125, subpart I; and
  - i. Any additional information considered necessary to the permit decision.
2. The Department shall provide the applicant with a copy of the draft individual permit.
  3. Copy of the notice. The Department shall provide the following entities with a copy of the notice:
    - a. The applicant or permittee;
    - b. Any user identified in the permit application of a privately owned treatment works;
    - c. Any affected federal, state, tribal, or local agency, or council of government;
    - d. Federal and state agencies with jurisdiction over fish, shellfish, and wildlife resources, the Arizona Historic Preservation Office, and the U.S. Army Corps of Engineers;
    - e. Each applicable county department of health, environmental services, or comparable department;
    - f. Any person who requested, in writing, notification of the activity; and
    - g. The Secretaria de Medio Ambiente y Recursos Naturales and the United States Section of the International Boundary and Water Commission, if the Department is aware the effluent discharge is expected to reach Sonora, Mexico, either through surface water or groundwater.
  - B. General permits.** If the Director considers issuing a general permit applicable to a category of discharge under R18-9-C901, the Director shall publish a general notice of the draft permit. The Director shall publish a notice that a draft individual permit has been prepared, or a permit application has been

tentatively denied, and may publish all notices of these activities in one or more newspapers of general circulation where the facility is located, or to the Department's website. If the Department publishes notice of a draft individual permit on the website, it shall additionally post on the website the draft permit and fact sheet for the duration of the public comment period. The notice shall contain:

1. The name and address of the Department,
2. The name of the person to contact regarding the permit,
3. The general permit category,
4. A brief description of the proposed general permit,
5. A map or description of the permit area,
6. The website or any other location where the proposed general permit may be obtained, and
7. The ending date for public comment.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-9-A908. Public Participation, EPA Review, EPA Hearing**

- A. Public comment period.**
  1. The Director shall accept written comments from any interested person before a decision is made on any notice published under R18-9-A907(A) or (B).
  2. The public comment period begins on the publication date of the notice and extends for 30 calendar days.
  3. The Director may extend the comment period to provide commenters a reasonable opportunity to participate in the decision-making process.
  4. If any data, information, or arguments submitted during the public comment period appear to raise substantial new questions concerning a permit, the Director may reopen or extend the comment period to provide interested persons an opportunity to comment on the information or arguments submitted. Comments filed during a reopened comment period are limited to the substantial new questions that caused its reopening.
    - a. Corps of Engineers.
      - i. If the District Engineer advises the Director that denying the permit or imposing specified conditions upon a permit is necessary to avoid any substantial impairment of anchorage or navigation, then the Director shall deny the permit or include the specified conditions in the permit.
      - ii. A person shall use the applicable procedures of the Corps of Engineers Review and not the procedures under this Article to appeal the denial of a permit or conditions specified by the District Engineer.
      - iii. If the conditions are stayed by a court of competent jurisdiction or by applicable procedures of the Corps of Engineers, those conditions are considered stayed in the AZPDES permit for the duration of that stay.
    - b. If an agency with jurisdiction over fish, wildlife, or public health advises the Director in writing that the imposition of specified conditions upon the permit is necessary to avoid substantial impairment of fish,

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shellfish, or wildlife resource, the Director may include the specified conditions in the permit to the extent they are determined necessary to carry out the provisions of the Clean Water Act.

**B. Public hearing.**

1. The Director shall provide notice and conduct a public hearing to address a draft permit or denial regarding a final decision if:
  - a. Significant public interest in a public hearing exists, or
  - b. Significant issues or information have been brought to the attention of the Director during the comment period that was not considered previously in the permitting process.
2. If, after publication of the notice under R18-9-A907, the Director determines that a public hearing is necessary, the Director shall schedule a public hearing and publish notice of the public hearing at least once, in one or more newspapers of general circulation where the facility is located. The notice for public hearing shall contain:
  - a. The date, time, and place of the hearing;
  - b. Reference to the date of a previous public notice relating to the proposed decision, if any; and
  - c. A brief description of the nature and purpose of the hearing, including reference to the applicable laws and rules.
3. The Department shall accept written public comment until the close of the hearing or until a later date specified by the person presiding at the public hearing.

**C. EPA review of draft and proposed permits.**

1. Individual permits.
  - a. The Department shall send a copy of the draft permit to EPA.
  - b. If EPA objects to the draft permit within 30 days from the date of receipt of the draft permit, the EPA comment period is extended to 90 days from the date of receipt of the draft permit and the substantive review time-frame is suspended until EPA makes a final determination.
  - c. If, based on public comments, the Department revises the draft permit, the Department shall send EPA a copy of the proposed permit. If EPA objects to the proposed permit within 30 days from the date of receipt of the proposed permit, the EPA comment period is extended to 90 days from the date of receipt of the proposed permit and the substantive review time-frame is suspended until EPA makes a final determination.
  - d. If EPA withdraws its objection to the draft or proposed permit or does not submit specific objections within 90 days, the Director shall issue the permit.
2. General permits. The Director shall send a copy of the draft permit to EPA and comply with the following review procedure for EPA comments:
  - a. If EPA objects to the draft permit within 90 days from receipt of the draft permit, the Department shall not issue the permit until the objection is resolved;
  - b. If, based on public comments, the Department revises the draft permit, the Department shall send EPA a copy of the proposed permit. If EPA objects to the proposed permit within 90 days from receipt of the proposed permit, the Department shall not issue the permit until the objection is resolved;

- c. If EPA withdraws its objection to the draft or proposed permit or does not submit specific objections within 90 days, the Director shall issue the permit.

**D. EPA hearing.** Within 90 days of receipt by the Director of a specific objection by EPA, the Director or any interested person may request that EPA hold a public hearing on the objection.

1. If following the public hearing EPA withdraws the objection, the Director shall issue the permit.
2. If a public hearing is not held, and EPA reaffirms the original objection, or modifies the terms of the objection, and the Director does not resubmit a permit revised to meet the EPA objection within 90 days of receipt of the objection, EPA may issue the permit for one term. Following the completion of the permit term, authority to issue the permit reverts to the Department.
3. If a public hearing is held and EPA does not withdraw an objection or modify the terms of the objection, and the Director does not resubmit a permit revised to meet the EPA objection within 30 days of notification of the EPA objection, EPA may issue the permit for one permit term. Following the completion of the permit term, authority to issue the permit reverts to the Department.
4. If EPA issues the permit instead of the Director, the Department shall close the application file.

**E. Final permit determination.**

1. Individual permits. At the same time the Department notifies a permittee or an applicant of the final individual permit determination, the Department shall send, through regular mail, a notice of the determination to any person who submitted comments or attended a public hearing on the final individual permit determination. The Department shall:
  - a. Specify the provisions, if any, of the draft individual permit that have been changed in the final individual permit determination, and the reasons for the change; and
  - b. Briefly describe and respond to all significant comments on the draft individual permit or the permit application raised during the public comment period, or during any hearing.
2. General permits. The Director shall publish a general notice of the final permit determination in the *Arizona Administrative Register*. The notice shall:
  - a. Specify the provisions, if any, of the draft general permit that have been changed in the final general permit determination, and the reasons for the change;
  - b. Briefly describe and respond to all significant comments on the draft general permit raised during the public comment period, or during any hearing; and
  - c. Specify where a copy of the final general permit may be obtained.
3. The Department shall make the response to comments available to the public.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

**R18-9-A909. Petitions**

- A.** Any person may submit a petition to the Director requesting:
  1. The issuance of a general permit;



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2. An individual permit covering any discharge into an MS4 under 40 CFR 122.26(f), which is incorporated by reference in R18-9-A905(A)(1)(d); or
  3. An individual permit under R18-9-C902(B)(1).
- B.** The petition shall contain:
1. The name, address, and telephone number of the petitioner;
  2. The location of the facility;
  3. The exact nature of the petition, and
  4. Evidence of the validity of the petition.
- C.** The Department shall provide the permittee with a copy of the petition.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

**PART B. INDIVIDUAL PERMITS****R18-9-B901. Individual Permit Application**

- A.** Time to apply.
1. Any person who owns or operates a facility covered by R18-9-A902(B) or R18-9-A902(C), shall apply for an AZPDES individual permit at least 180 days before the date of the discharge or a later date if granted by the Director, unless the person:
    - a. Is exempt under R18-9-A902(G);
    - b. Is covered by a general permit under Article 9, Part C of this Chapter; or
    - c. Is a user of a privately owned treatment works, unless the Director requires a permit under 40 CFR 122.44(m).
  2. Construction. Any person who proposes a construction activity under R18-9-A902(B)(9)(c) or R18-9-A902(B)(9)(d) and wishes coverage under an individual permit, shall apply for the individual permit at least 90 days before the date on which construction is to commence.
  3. Waivers.
    - a. Unless the Director grants a waiver under 40 CFR 122.32, a person operating a small MS4 is regulated under the AZPDES program.
    - b. The Director shall review any waiver granted under subsection (A)(3)(a) at least every five years to determine whether any of the information required for granting the waiver has changed.
- B.** Application. An individual permit applicant shall submit the following information on an application obtained from the Department. The Director may require more than one application from a facility depending on the number and types of discharges or outfalls.
1. Discharges, other than stormwater.
    - a. The information required under 40 CFR 122.21(f) through (k);
    - b. The signature of the certifying official required under 40 CFR 122.22;
    - c. The name and telephone number of the operator, if the operator is not the applicant; and
    - d. Whether the facility is located in the border area, and, if so:
      - i. A description of the area into which the effluent discharges from the facility may flow, and
      - ii. A statement explaining whether the effluent discharged is expected to cross the Arizona-Sonora, Mexico border.

2. Stormwater. In addition to the information required in subsection (B)(1)(c) and (B)(1)(d):
    - a. For stormwater discharges associated with industrial activity, the application requirements under 40 CFR 122.26(c)(1);
    - b. For large and medium MS4s, the application requirements under 40 CFR 122.26(d);
    - c. For small MS4s:
      - i. A stormwater management program under 40 CFR 122.34, and
      - ii. The application requirements under 40 CFR 122.33.
- C.** Consolidation of permit applications.
1. The Director may consolidate two or more permit applications for any facility or activity that requires a permit under Articles 9 and 10 of this Chapter.
  2. Whenever a facility or activity requires an additional permit under Articles 9 and 10 of this Chapter, the Director may coordinate the expiration date of the new permit with the expiration date of an existing permit so that all permits expire simultaneously. The Department may then consolidate the processing of the subsequent applications for renewal permits.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final expedited rulemaking at 30 A.A.R. 28 (January 5, 2024), with an immediate effective date of December 15, 2023 (Supp. 23-4).

**R18-9-B902. Requested Coverage Under a General Permit**

An owner or operator may request that an individual permit be revoked, if a source is excluded from a general permit solely because it already has an individual permit.

1. The Director shall grant the request for revocation of an individual permit upon determining that the permittee otherwise qualifies for coverage under a general permit.
2. Upon revocation of the individual permit, the general permit applies to the source.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

**R18-9-B903. Individual Permit Issuance or Denial**

- A.** Once the application is complete, the Director shall tentatively decide whether to prepare a draft permit or to deny the application.
- B.** Permit issuance. If, based upon the information obtained by or available to the Department under R18-9-A907, R18-9-A908, and R18-9-B901, the Director determines that an applicant complies with A.R.S. Title 49, Chapter 2, Article 3.1 and Articles 9 and 10 of this Chapter, the Director shall issue a permit that is effective as prescribed in A.R.S. 49-255.01(H).
- C.** Permit denial.
1. If the Director decides to deny the permit application, the Director shall provide the applicant with a written notice of intent to deny the permit application. The written notification shall include:
    - a. The reason for the denial with reference to the statute or rule on which the denial is based;
    - b. The applicant's right to appeal the denial with the Water Quality Appeals Board under A.R.S. § 49-323, the number of days the applicant has to file a protest challenging the denial, and the name and

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telephone number of the Department contact person who can answer questions regarding the appeals process; and

- c. The applicant's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.
2. The Director shall provide an opportunity for public comment under R18-9-A907 and R18-9-A908 on a denial.
3. The decision of the Director to deny the permit application takes effect 30 days after the decision is served on the applicant, unless the applicant files an appeal under A.R.S. 49-255.01(H)(1).

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

**R18-9-B904. Individual Permit Duration, Reissuance, and Continuation**

- A. Permit duration.
  1. An AZPDES individual permit is effective for a fixed term of not more than five years. The Director may issue a permit for a duration that is less than the full allowable term.
  2. If the Director does not reissue a permit within the period specified in the permit, the permit expires, unless it is continued under subsection (C).
  3. If a permittee of a large or medium MS4 allows a permit to expire by failing to reapply within the time period specified in subsection (B), the permittee shall submit a new application under R18-9-B901 and follow the application requirements under 40 CFR 122.26(d), which is incorporated by reference in R18-9-A905(A)(1)(d).
- B. Permit reissuance.
  1. A permittee shall reapply for an individual permit at least 180 days before the permit expiration date.
  2. Unless otherwise specified in the permit, an annual report submitted 180 days before the permit expiration date satisfies the reapplication requirement for an MS4 permit. The annual report shall contain:
    - a. The name, address, and telephone number of the MS4;
    - b. The name, address, and telephone number of the contact person;
    - c. The status of compliance with permit conditions, including an assessment of the appropriateness of the selected best management practices and progress toward achieving the selected measurable goals for each minimum measure;
    - d. The results of any information collected and analyzed, including monitoring data, if any;
    - e. A summary of the stormwater activities planned for the next reporting cycle;
    - f. A change in any identified best management practices or measurable goals for any minimum measure; and
    - g. Notice of relying on another governmental entity to satisfy some of the permit obligations.
- C. Continuation. An AZPDES individual permit may continue beyond its expiration date if:
  1. The permittee has submitted a complete application for an AZPDES individual permit at least 180 days before the expiration date of the existing permit and the permitted activity is of a continuing nature; and

2. The Department is unable, through no fault of the permittee, to issue an AZPDES individual permit on or before the expiration date of the existing permit.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final expedited rulemaking at 30 A.A.R. 28 (January 5, 2024), with an immediate effective date of December 15, 2023 (Supp. 23-4).

**R18-9-B905. Individual Permit Transfer**

- A. A permittee may request the Director to transfer an individual permit to a new permittee. The Director may modify, or revoke and reissue the permit to identify the new permittee, or make a minor modification to identify the new permittee.
- B. Automatic transfer. The Director may automatically transfer an individual permit to a new permittee if:
  1. The current permittee notifies the Director by certified mail at least 30 days in advance of the proposed transfer date and includes a written agreement between the existing and new permittee containing a specific date for transfer of permit responsibility, coverage, and liability between them; and
  2. The Director does not notify the existing permittee and the proposed new permittee of the Director's intent to modify, or revoke and reissue the permit. A modification under this subsection may include a minor modification specified in R18-9-B906(B).

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

**R18-9-B906. Modification, Revocation and Reissuance, and Termination of Individual Permits**

- A. Permit modification, revocation and reissuance.
  1. The Director may modify, or revoke and reissue an individual permit for any of the following reasons:
    - a. The Director receives a written request from an interested person;
    - b. The Director receives information, such as when inspecting a facility;
    - c. The Director receives a written request to modify, or revoke and reissue a permit from a permittee as required in the individual permit; or
    - d. After review of a permit file, the Director determines one or more of the causes listed under 40 CFR 122.62(a) or (b) exists.
      - i. If the Director decides a written request is not justified under 40 CFR 122.62 or subsection (B), the Director shall send the requester a brief written response giving a reason for the decision.
      - ii. The denial of a request for modification, or revocation and reissuance is not subject to public notice, comment, or hearing under R18-9-A907 and R18-9-A908(A) and (B).
  2. If the Director tentatively decides to modify, or revoke and reissue an individual permit, the Director shall prepare a draft permit incorporating the proposed changes. The Director may request additional information and, in the case of a modified permit, may require the submission of an updated application.

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- a. Modified individual permit. The Director shall reopen only the modified conditions when preparing a new draft permit and process the modifications.
  - b. Revoked and reissued individual permit.
    - i. The permittee shall submit a new application.
    - ii. The Director shall reopen the entire permit just as if the permit had expired and was being reissued.
  3. During any modification, or revocation and reissuance proceeding, the permittee shall comply with all conditions of the existing permit until a new final permit is issued.
- B. Minor modifications.**
1. Upon consent of the permittee, the Director may make any of the following modifications to an individual permit:
    - a. Correct typographical errors;
    - b. Update a permit condition that changed as a result of updating an Arizona water quality standard;
    - c. Require more frequent monitoring or reporting by the permittee;
    - d. Change an interim compliance date in a schedule of compliance, provided the new date is not more than 120 days after the date specified in the existing permit and does not interfere with attainment of the final compliance date requirement;
    - e. Allow for a change in ownership or operational control of a facility, if no other change in the permit is necessary, provided that a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittees has been submitted to the Director;
    - f. Change the construction schedule for a new source discharger. The change shall not affect a discharger's obligation to have all pollution control equipment installed and in operation before the discharge;
    - g. Delete a point source outfall if the discharge from that outfall is terminated and does not result in a discharge of pollutants from other outfalls except under permit limits;
    - h. Incorporate conditions of a POTW pretreatment program approved under 40 CFR 403.11 and 40 CFR 403.18, which is incorporated by reference in R18-9-A905(A)(8) as enforceable conditions of the permit, and
      - i. Annex an area by a municipality.
  2. Any modification processed under subsection (B)(1) is not subject to the public notice provision under R18-9-A907 or public participation procedures under R18-9-A908.
- C. Permit termination.**
1. The Director may terminate an individual permit during its term or deny reissuance of a permit for any of the following causes:
    - a. The permittee's failure to comply with any condition of the permit;
    - b. The permittee's failure in the application or during the permit issuance process to disclose fully all relevant facts, or the permittee's misrepresentation of any relevant fact;
    - c. The Director determined that the permitted activity endangers human health or the environment and can only be regulated to acceptable levels by permit modification or termination; or
    - d. A change occurs in any condition that requires either a temporary or permanent reduction or elimination of any discharge, sludge use, or disposal practice controlled by the permit, for example, a plant closure or termination of discharge by connection to a POTW.
  2. If the Director terminates a permit during its term or denies a permit renewal application for any cause listed in subsection (C)(1), the Director shall issue a Notice of Intent to Terminate, except when the entire discharge is terminated.
    - a. Unless the permittee objects to the termination notice within 30 days after the notice is sent, the termination is final at the end of the 30 days.
    - b. If the permittee objects to the termination notice, the permittee shall respond in writing to the Director within 30 days after the notice is sent.
    - c. Expedited permit termination. If a permittee requests an expedited permit termination procedure, the permittee shall certify that the permittee is not subject to any pending state or federal enforcement actions, including citizen suits brought under state or federal law.
    - d. The denial of a request for termination is not subject to public notice, comment, or hearing under R18-9-A907 and R18-9-A908(A) and (B).

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final expedited rulemaking at 30 A.A.R. 28 (January 5, 2024), with an immediate effective date of December 15, 2023 (Supp. 23-4).

**R18-9-B907. Individual Permit Variances**

- A.** The Director may grant or deny a request for any of the following variances:
1. An extension under section 301(i) of the Clean Water Act (33 U.S.C. 1311) based on a delay in completion of a POTW;
  2. After consultation with EPA, an extension under section 301(k) of the Clean Water Act (33 U.S.C. 1311) based on the use of innovative technology;
  3. A variance under section 316(a) of the Clean Water Act (33 U.S.C. 1326) for thermal pollution, or
  4. A variance under R18-11-122 for a water quality standard.
- B.** The Director may deny, forward to EPA with a written concurrence, or submit to EPA without recommendation a completed request for:
1. A variance based on the economic capability of the applicant under section 301(c) of the Clean Water Act (33 U.S.C. 1311); or
  2. A variance based on water quality related effluent limitations under 302(b)(2) (33 U.S.C. 1312) of the Clean Water Act.
- C.** The Director may deny or forward to EPA with a written concurrence a completed request for:
1. A variance based on the presence of fundamentally different factors from those on which an effluent limitations guideline is based; and
  2. A variance based upon water quality factors under section 301(g) of the Clean Water Act (33 U.S.C. 1311).

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- D. If the Department approves a variance under subsection (A) or if EPA approves a variance under subsection (B) or (C), the Director shall prepare a draft permit incorporating the variance. Any public notice of a draft permit for which a variance or modification has been approved or denied shall identify the applicable procedures for appealing the decision.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

**PART C. GENERAL PERMITS****R18-9-C901. General Permit Issuance**

- A. The Director may issue a general permit to cover one or more categories of discharges, sludge use, or disposal practices, or facilities within a geographic area corresponding to existing geographic or political boundaries, if the sources within a covered category of discharges are either:
1. Stormwater point sources; or
  2. One or more categories of point sources other than stormwater point sources, or one or more categories of treatment works treating domestic sewage, if the sources, or treatment works treating domestic sewage, within each category all:
    - a. Involve the same or substantially similar types of operations;
    - b. Discharge the same types of wastes or engage in the same types of sludge use or disposal practices;
    - c. Require the same effluent limitations, operating conditions, or standards for sludge use or disposal;
    - d. Require the same or similar monitoring; and
    - e. Are more appropriately controlled under a general permit than under an individual permit.
- B. Any person seeking coverage under a general permit issued under subsection (A) shall submit a Notice of Intent on a form provided by the Department within the time-frame specified in the general permit unless exempted under the general permit as provided in subsection (C)(2). The person shall not discharge before the time specified in the general permit unless the discharge is authorized by another permit.
- C. Exemption from filing a Notice of Intent.
1. The following dischargers are not exempt from submitting a Notice of Intent:
    - a. A discharge from a POTW;
    - b. A combined sewer overflow;
    - c. A MS4;
    - d. A primary industrial facility;
    - e. A stormwater discharge associated with industrial activity;
    - f. A CAFO;
    - g. A treatment works treating domestic sewage; and
    - h. A stormwater discharge associated with construction activity.
  2. For dischargers not listed in subsection (C)(1), the Director may consider a Notice of Intent inappropriate for the discharge and authorize the discharge under a general permit without a Notice of Intent. In making this finding, the Director shall consider:
    - a. The type of discharge,
    - b. The expected nature of the discharge,
    - c. The potential for toxic and conventional pollutants in the discharge,
    - d. The expected volume of the discharge,
    - e. Other means of identifying the discharges covered by the permit, and

- f. The estimated number of discharges covered by the permit.

3. The Director shall provide reasons for not requiring a Notice of Intent for a general permit in the public notice.

- D. Notice of Intent. The Director shall specify the contents of the Notice of Intent in the general permit and the applicant shall submit information sufficient to establish coverage under the general permit, including, at a minimum:

1. The name, position, address, and telephone number of the owner of the facility;
2. The name, position, address, and telephone number of the operator of the facility, if different from subsection (D)(1);
3. The name and address of the facility;
4. The type and location of the discharge;
5. The receiving streams;
6. The latitude and longitude of the facility;
7. For a CAFO, the information specified in 40 CFR 122.21(i)(1) and a topographic map;
8. The signature of the certifying official required under 40 CFR 122.22; and
9. Any other information necessary to determine eligibility for the AZPDES general permit.

- E. The general permit shall contain:

1. The expiration date; and
2. The appropriate permit requirements, permit conditions, and best management practices, and measurable goals for MS4 general permits, under R18-9-A905(A)(1), R18-9-A905(A)(2), and R18-9-A905(A)(3) and determined by the Director as necessary and appropriate for the protection of navigable waters.

- F. The Department shall inform a permittee if EPA requests the permittee's Notice of Intent, unless EPA requests that the permittee not be notified.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

**R18-9-C902. Required and Requested Coverage Under an Individual Permit**

- A. Individual permit requirements.

1. The Director may require a person authorized by a general permit to apply for and obtain an individual permit for any of the following cases:
  - a. A discharger or treatment works treating domestic sewage is not in compliance with the conditions of the general permit;
  - b. A change occurs in the availability of demonstrated technology or practices for the control or abatement of pollutants applicable to the point source or treatment works treating domestic sewage;
  - c. Effluent limitation guidelines are promulgated for point sources covered by the general permit;
  - d. An Arizona Water Quality Management Plan containing requirements applicable to the point sources is approved;
  - e. Circumstances change after the time of the request to be covered so that the discharger is no longer appropriately controlled under the general permit, or either a temporary or permanent reduction or elimination of the authorized discharge is necessary;

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- f. Standards for sewage sludge use or disposal are promulgated for the sludge use and disposal practices covered by the general permit; or
- g. If the Director determines that the discharge is a significant contributor of pollutants. When making this determination, the Director shall consider:
  - i. The location of the discharge with respect to navigable waters,
  - ii. The size of the discharge,
  - iii. The quantity and nature of the pollutants discharged to navigable waters, and
  - iv. Any other relevant factor.
- 2. If an individual permit is required, the Director shall notify the discharger in writing of the decision. The notice shall include:
  - a. A brief statement of the reasons for the decision,
  - b. An application form,
  - c. A statement setting a deadline to file the application,
  - d. A statement that on the effective date of issuance or denial of the individual permit, coverage under the general permit will automatically terminate,
  - e. The applicant's right to appeal the individual permit requirement with the Water Quality Appeals Board under A.R.S. § 49-323, the number of days the applicant has to file a protest challenging the individual permit requirement, and the name and telephone number of the Department contact person who can answer questions regarding the appeals process; and
  - f. The applicant's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.
- 3. The discharger shall apply for a permit within 90 days of receipt of the notice, unless the Director grants a later date. In no case shall the deadline be more than 180 days after the date of the notice.
- 4. If the permittee fails to submit the individual permit application within the time period established in subsection (A)(3), the applicability of the general permit to the permittee is automatically terminated at the end of the day specified by the Director for application submittal.
- 5. Coverage under the general permit shall continue until an individual permit is issued unless the permit coverage is terminated under subsection (A)(4).

**B. Individual permit request.**

- 1. An owner or operator authorized by a general permit may request an exclusion from coverage of a general permit by applying for an individual permit.
  - a. The owner or operator shall submit an individual permit application under R18-9-B901(B) and include the reasons supporting the request no later than 90 days after publication of the general permit.
  - b. The Director shall grant the request if the reasons cited by the owner or operator are adequate to support the request.
- 2. If an individual permit is issued to an owner or operator otherwise subject to a general permit, the applicability of the general permit to the discharge is automatically terminated on the effective date of the individual permit.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

**R18-9-C903. General Permit Duration, Reissuance, and****Continuation****A. General permit duration.**

- 1. An AZPDES general permit is effective for a fixed term of not more than five years. The Director may issue a permit for a duration that is less than the full allowable term.
- 2. If the Director does not reissue a general permit before the expiration date, the current general permit will be administratively continued and remain in force and effect until the general permit is reissued.

**B. Continued coverage. Any permittee granted permit coverage before the expiration date automatically remains covered by the continued permit until the earlier of:**

- 1. Reissuance or replacement of the permit, at which time the permittee shall comply with the Notice of Intent conditions of the new permit to maintain authorization to discharge; or
- 2. The date the permittee has submitted a Notice of Termination; or
- 3. The date the Director has issued an individual permit for the discharge; or
- 4. The date the Director has issued a formal permit decision not to reissue the general permit, at which time the permittee shall seek coverage under an alternative general permit or an individual permit.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

**R18-9-C904. Change of Ownership or Operator Under a General Permit**

If a change of ownership or operator occurs for a facility operating under a general permit:

- 1. Permitted owner or operator. The permittee shall provide the Department with a Notice of Termination by certified mail within 30 days after the new owner or operator assumes responsibility for the facility.
  - a. The Notice of Termination shall include all requirements for termination specified in the general permit for which the Notice of Termination is submitted.
  - b. A permittee shall comply with the permit conditions specified in the general permit for which the Notice of Termination is submitted until the Notice of Termination is received by the Department.
- 2. New owner or operator.
  - a. The new owner or operator shall complete and file a Notice of Intent with the Department within the time period specified in the general permit before taking over operational control of, or initiation of activities at, the facility.
  - b. If the previous permittee was required to implement a stormwater pollution prevention plan, the new owner shall develop a new stormwater pollution prevention plan, or may modify, certify, and implement the old stormwater pollution prevention plan if the old stormwater pollution prevention plan complies with the requirements of the current general permit.
  - c. The permittee shall provide the Department with a Notice of Termination if a permitted facility ceases operation, ceases to discharge, or changes operator status. In the case of a construction site, the permittee shall submit a Notice of Termination to the Department when:

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- i. The facility ceases construction operations and the discharge is no longer associated with construction or construction-related activities,
- ii. The construction is complete and final site stabilization is achieved, or
- iii. The operator's status changes.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

**R18-9-C905. General Permit Modification and Revocation and Reissuance**

- A. The Director may modify or revoke a general permit issued under R18-9-A907(B), R18-9-A908, and R18-9-C901 if one or more of the causes listed under 40 CFR 122.62(a) or (b) exists.
- B. The Director shall follow the procedures specified in R18-9-A907(B) and R18-9-A908 to modify or revoke and reissue a general permit.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

**PART D. ANIMAL FEEDING OPERATIONS AND CONCENTRATED ANIMAL FEEDING OPERATIONS****R18-9-D901. CAFO Designations**

- A. Two or more animal feeding operations under common ownership are considered a single animal feeding operation if they adjoin each other or if they use a common area or system for the disposal of wastes.
- B. The Director shall designate an animal feeding operation as a CAFO if the animal feeding operation significantly contributes a pollutant to a navigable water. The Director shall consider the following factors when making this determination:
  - 1. The size of the animal feeding operation and the amount of wastes reaching a navigable water;
  - 2. The location of the animal feeding operation relative to a navigable water;
  - 3. The means of conveyance of animal wastes and process wastewaters into a navigable water;
  - 4. The slope, vegetation, rainfall, and any other factor affecting the likelihood or frequency of discharge of animal wastes and process wastewaters into a navigable water; and
  - 5. Any other relevant factor.
- C. The Director shall conduct an onsite inspection of the animal feeding operation before the making a designation under subsection (B).
- D. The Director shall not designate an animal feeding operation having less than the number of animals established in R18-9-A901(19)(a) as a CAFO unless a pollutant is discharged:
  - 1. Into a navigable water through a manmade ditch, flushing system, or other similar manmade device; or
  - 2. Directly into a navigable water that originates outside of and passes over, across, or through the animal feeding operation or otherwise comes into direct contact with the animals confined in the operation.
- E. If the Director makes a designation under subsection (B), the Director shall notify the owner or operator of the operation, in writing, of the designation.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5564,

effective February 2, 2004 (Supp. 03-4).

**R18-9-D902. AZPDES Permit Coverage Requirements**

- A. Any person who owns or operates a CAFO, except as provided in subsections (B) and (C), shall submit an application for an individual permit under R18-9-B901(B) or seek coverage under a general permit under R18-9-C901(B) within the applicable deadline specified in R18-9-D904(A).
- B. If a person who owns or operates a large CAFO receives a no potential to discharge determination under R18-9-D903, coverage under an AZPDES permit described in this Part is not required.
- C. The discharge of manure, litter, or process wastewater to a navigable water from a CAFO as a result of the application of manure, litter, or process wastewater by the CAFO to land areas under its control is subject to AZPDES permit requirements, except where it is an agricultural stormwater discharge as provided in section 502(14) of the Clean Water Act (33 U.S.C. 1362(14)). For purposes of this Section, an "agricultural stormwater discharge" means a precipitation-related discharge of manure, litter, or process wastewater from land areas under the control of a CAFO when the person who owns or operates the CAFO has applied the manure, litter, or process wastewater according to site-specific nutrient management practices to ensure appropriate agricultural use of the nutrients in the manure, litter, or process wastewater, as specified under 40 CFR 122.42(c)(1)(vi) through (ix).

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

**R18-9-D903. No Potential To Discharge Determinations for Large CAFOs**

- A. For purposes of this Section, "no potential to discharge" means that there is no potential for any CAFO manure, litter, or process wastewater to enter into a navigable water under any circumstance or climatic condition.
- B. Any person who owns or operates a large CAFO and has not had a discharge within the previous five years may request a no potential to discharge determination by submitting to the Department:
  - 1. The information specified in 40 CFR 122.21(f) and 40 CFR 122.21(i)(1)(i) through (ix) on a form obtained from the Department, by the applicable date specified in R18-9-D904(A); and
  - 2. Any additional information requested by the Director to supplement the request or requested through an onsite inspection of the CAFO.
- C. Process for making a no potential to discharge determination.
  - 1. Upon receiving a request under subsection (B), the Director shall consider:
    - a. The potential for discharges from both the production area and any land application area, and
    - b. Any record of prior discharges by the CAFO.
  - 2. The Director shall issue a public notice that includes:
    - a. A statement that a no potential to discharge request has been received;
    - b. A fact sheet, when applicable;
    - c. A brief description of the type of facility or activity that is the subject of the no potential to discharge determination;
    - d. A brief summary of the factual basis, upon which the request is based, for granting the no potential to discharge determination; and

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- e. A description of the procedures for reaching a final decision on the no potential to discharge determination.
- 3. The Director shall base the decision to grant a no potential to discharge determination on the administrative record, which includes all information submitted in support of a no potential to discharge determination and any other supporting data gathered by the Director.
- 4. The Director shall notify the owner or operator of the large CAFO of the final determination within 90 days of receiving the request.
- D. If the Director determines that the operation has the potential to discharge, the person who owns or operates the CAFO shall seek coverage under an AZPDES permit within 30 days after the determination of potential to discharge.
- E. A no potential to discharge determination does not relieve the CAFO from the consequences of a discharge. An unpermitted CAFO discharging a pollutant into a navigable water is in violation of the Clean Water Act even if the Director issues a no potential to discharge determination for the facility. If the Director issues a determination of no potential to discharge to a CAFO facility but the owner or operator anticipates a change in circumstances that could create the potential for a discharge, the owner or operator shall contact the Director and apply for and obtain permit authorization before the change of circumstances.
- F. When the Director issues a determination of no potential to discharge, the Director retains the authority to subsequently require AZPDES permit coverage if:
  - 1. Circumstances at the facility change;
  - 2. New information becomes available; or
  - 3. The Director determines, through other means, that the CAFO has a potential to discharge.
- d. 90 days after the operation is defined as a CAFO, whichever is later, to apply for or seek permit coverage;
- d. An owner or operator of an animal feeding operation that operated before April 14, 2003 who constructs additional facilities on or after February 2, 2004, resulting in the operation being defined as a CAFO that is a new source, shall apply for or seek permit coverage at least 180 days before the new source portion of the CAFO commences operation. If the calculated 180-day deadline occurs before February 2, 2004 and the operation is not subject to this Article before February 2, 2004, the owner or operator shall apply for or seek permit coverage no later than March 3, 2004.
- 2. Permit coverage deadline for an animal feeding operation operating on or after April 14, 2003. An owner or operator who started construction of a CAFO on or after April 14, 2003, including a CAFO subject to the effluent limitations guidelines in 40 CFR 412, shall apply for or seek permit coverage at least 180 days before the CAFO commences operation. If the calculated 180-day deadline occurs before February 2, 2004 and the operation is not subject to this Article before February 2, 2004, the owner or operator shall apply for or seek permit coverage no later than March 3, 2004.
- 3. Permit coverage deadline for a designated CAFO. Any person who owns or operates a CAFO designated under R18-9-D901(B) shall apply for or seek permit coverage no later than 90 days after receiving a designation notice.
- B. Unless specified under R18-9-D903(E) and (F), the Director shall not require permit coverage for a CAFO that the Director determines under R18-9-D903 to have no potential to discharge. If circumstances change at a CAFO that has a no potential to discharge determination and the CAFO now has a potential to discharge, the person who owns or operates the CAFO shall notify the Director within 30 days after the change in circumstances and apply for or seek coverage under an AZPDES permit.
- C. Duty to maintain permit coverage.
  - 1. The permittee shall:
    - a. If covered by an individual AZPDES permit, submit an application to renew the permit no later than 180 days before the expiration of the permit under R18-9-B904(B); or
    - b. If covered by a general AZPDES permit, comply with R18-9-C903(B).
  - 2. Continued permit coverage or reapplication for a permit is not required if:
    - a. The facility ceases operation or is no longer a CAFO; and
    - b. The permittee demonstrates to the Director that there is no potential for a discharge of remaining manure, litter, or associated process wastewater (other than agricultural stormwater from land application areas) that was generated while the operation was a CAFO.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

**R18-9-D904. AZPDES Permit Coverage Deadlines**

- A. Any person who owns or operates a CAFO shall apply for or seek coverage under an AZPDES permit and shall comply with all applicable AZPDES requirements, including the duty to maintain permit coverage under subsection (C).
  - 1. Permit coverage deadline for an animal feeding operation operating before April 14, 2003.
    - a. An owner or operator of an animal feeding operation that operated before April 14, 2003 and was defined as a CAFO before February 2, 2004 shall apply for or seek permit coverage or maintain permit coverage and comply with the conditions of the applicable AZPDES permit;
    - b. An owner or operator of an animal feeding operation that operated before April 14, 2003 and was not defined as a CAFO until February 2, 2004 shall apply for or seek permit coverage by a date specified by the Director, but no later than February 13, 2006;
    - c. An owner or operator of an animal feeding operation that operated before April 14, 2003 who changes the operation on or after February 2, 2004, resulting in the operation being defined as a CAFO, shall apply for or seek permit coverage as soon as possible, but no later than 90 days after the operational change. If the operational change will not make the operation a CAFO as defined before February 2, 2004, the owner or operator may take until April 13, 2006 or

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

**R18-9-D905. Closure Requirements**

- A. Closure.
  - 1. A person who owns or operates a CAFO shall notify the Department of the person's intent to cease operations

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without resuming an activity for which the facility was designed or operated.

2. A person who owns or operates a CAFO shall submit a closure plan to the Department for approval 90 days before ceasing operation. The closure plan shall describe:
  - a. For operations that met the “no potential to discharge” under R18-9-D903, facility-related information based on the Notice of Termination form for the applicable general permit;
  - b. The approximate quantity of manure, process wastewater, and other materials and contaminants to be removed from the facility;
  - c. The destination of the materials to be removed from the facility and documentation that the destination is approved to accept the materials;
  - d. The method to treat any material remaining at the facility;
  - e. The method to control the discharge of pollutants from the facility;
  - f. Any limitations on future land or water use created as a result of the facility’s operations or closure activities;
  - g. A schedule for implementing the closure plan; and
  - h. Any other relevant information the Department determines necessary.

- B. The owner or operator shall provide the Department with written notice that a closure plan has been fully implemented within 30 calendar days of completion and before redevelopment.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5564, effective February 2, 2004 (Supp. 03-4).

**ARTICLE 10. ARIZONA POLLUTANT DISCHARGE  
ELIMINATION SYSTEM - DISPOSAL, USE, AND  
TRANSPORTATION OF BIOSOLIDS**

**R18-9-1001. Definitions**

In addition to the definitions in A.R.S. § 49-255 and R18-9-A901, the following terms apply to this Article:

1. “Aerobic digestion” means the biochemical decomposition of organic matter in biosolids into carbon dioxide and water by microorganisms in the presence of air.
2. “Agronomic rate” means the whole biosolids application rate on a dry-weight basis that meets the following conditions:
  - a. The amount of nitrogen needed by existing vegetation or a planned or actual crop has been provided, and
  - b. The amount of nitrogen that passes below the root zone of the crop or vegetation is minimized.
3. “Anaerobic digestion” means the biochemical decomposition of organic matter in biosolids into methane gas and carbon dioxide by microorganisms in the absence of air.
4. “Annual biosolids application rate” means the maximum amount of biosolids (dry-weight basis) that can be applied to an acre or hectare of land during a 365-day period.
5. “Annual pollutant loading rate” means the maximum amount of a pollutant that can be applied to an acre or hectare of land during a 365-day period.
6. “Applicator” means a person who arranges for and controls the site-specific land application of biosolids in Arizona.
7. “Biosolids” means sewage sludge, including exceptional quality biosolids, that is placed on, or applied to the land to use the beneficial properties of the material as a soil amendment, conditioner, or fertilizer. Biosolids do not include any of the following:
  - a. Sludge determined to be hazardous under A.R.S. Title 49, Chapter 5, Article 2 and 40 CFR 261;
  - b. Sludge with a concentration of polychlorinated biphenyls (PCBs) equal to or greater than 50 milligrams per kilogram of total solids (dry-weight basis);
  - c. Grit (for example, sand, gravel, cinders, or other materials with a high specific gravity) or screenings generated during preliminary treatment of domestic sewage by a treatment works;
  - d. Sludge generated during the treatment of either surface water or groundwater used for drinking water;
  - e. Sludge generated at an industrial facility during the treatment of industrial wastewater, including industrial wastewater combined with domestic sewage;
  - f. Commercial septage, industrial septage, or domestic septage combined with commercial or industrial septage; or
  - g. Special wastes as defined and controlled under A.R.S. Title 49, Chapter 4, Article 9.
8. “Bulk biosolids” means biosolids that are transported and land-applied in a manner other than in a bag or other container holding biosolids of 1.102 short tons or 1 metric ton or less.
9. “Class I sludge management facility” means any POTW identified under 40 CFR 403.8(a) as being required to have an approved pretreatment program (including a POTW for which the Department assumes local program responsibilities under 40 CFR 403.10(e)) and any other treatment works treating domestic sewage classified as a Class I sludge management facility by the regional administrator in conjunction with the Director or by the Director because of the potential for its sludge use or disposal practices to adversely affect public health or the environment.
10. “Clean water act” means the federal water pollution control act amendments of 1972, as amended (P.L. 92-500; 86 Stat. 816; 33 United States Code sections 1251 through 1376). A.R.S. 49-201(6).
11. “Coarse fragments” means rock particles in the gravel-size range or larger.
12. “Coarse or medium sands” means a soil mixture of which more than 50% of the sand fraction is retained on a No. 40 (0.425 mm) sieve.
13. “Cumulative pollutant loading rate” means the maximum amount of a pollutant applied to a land application site.
14. “Domestic septage” means the liquid or solid material removed from a septic tank, cesspool, portable toilet, marine sanitation device, or similar system or device that receives only domestic sewage. Domestic septage does not include commercial or industrial wastewater or restaurant grease-trap wastes.
15. “Domestic sewage” means waste or wastewater from humans or household operations that is discharged to a publicly or privately owned treatment works. Domestic sewage also includes commercial and industrial wastewaters that are discharged into a publicly-owned or privately-owned treatment works if the industrial or commercial wastewater combines with human excreta.



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- and other household and nonindustrial wastewaters before treatment.
16. "Dry-weight basis" means the weight of biosolids calculated after the material has been dried at 105° C until reaching a constant mass.
  17. "Exceptional quality biosolids" means biosolids certified under R18-9-1013(A)(6) as meeting the pollutant concentrations in R18-9-1005 Table 2, Class A pathogen reduction in R18-9-1006, and one of the vector attraction reduction requirements in subsections R18-9-1010(A)(1) through R18-9-1010(A)(8).
  18. "Feed crops" means crops produced for animal consumption.
  19. "Fiber crops" means crops grown for their physical characteristics. Fiber crops, including flax and cotton, are not produced for human or animal consumption.
  20. "Food crops" means crops produced for human consumption.
  21. "Gravel" means soil predominantly composed of rock particles that will pass through a 3-inch (75 mm) sieve and be retained on a No. 4 (4.75 mm) sieve.
  22. "Industrial wastewater" means wastewater that is generated in a commercial or industrial process.
  23. "Land application," "apply biosolids," or "biosolids applied to the land" means spraying or spreading biosolids on the surface of the land, injecting biosolids below the land's surface, or incorporating biosolids into the soil to amend, condition, or fertilize the soil.
  24. "Monthly average" means the arithmetic mean of all measurements taken during a calendar month.
  25. "Municipality" means a city, town, county, district, association, or other public body, including an intergovernmental agency of two or more of the foregoing entities created by or under state law. The term includes special districts such as a water district, sewer district, sanitary district, utility district, drainage district, or similar entity that has as one of its principal responsibilities, the treatment, transport, use, or disposal of biosolids.
  26. "*WOTUS*" means the waters of the United States as defined by section 502(7) of the clean water act (33 United States Code section 1362(7)). A.R.S. § 49-201(53).
  27. "Other container" means a bucket, bin, box, carton, trailer, pickup truck bed, or a tanker vehicle or an open or closed receptacle with a load capacity of 1.102 short tons or one metric ton or less.
  28. "Pathogen" means a disease-causing organism.
  29. "*Person*" means an individual, employee, officer, managing body, trust, firm, joint stock company, consortium, public or private corporation, including a government corporation, partnership, association or state, a political subdivision of this state, a commission, the United States government or a federal facility, interstate body or other entity. A.R.S. § 49-201(33).
  30. "Person who prepares biosolids" means a person who generates biosolids during the treatment of domestic sewage in a treatment works, packages biosolids, or derives a new product from biosolids either through processing or by combining it with another material, including blending several biosolids together.
  31. "pH" means the logarithm of the reciprocal of the hydrogen ion concentration.
  32. "Pollutant" means an organic substance, an inorganic substance, a combination of organic and inorganic substances, or a pathogenic organism that, after release into the environment and upon exposure, ingestion, inhalation, or assimilation into an organism, either directly from the environment or indirectly by ingestion through the food chain, could cause death, disease, behavioral abnormalities, cancer, genetic mutations, physiological malfunctions (including malfunction in reproduction), or physical deformities in either organisms or reproduced offspring.
  33. "Pollutant limit" means:
    - a. A numerical value that describes the quantity of a pollutant allowed in a unit of biosolids such as milligrams per kilogram of total solids,
    - b. The quantity of a pollutant that can be applied to a unit area of land such as kilograms per hectare, or
    - c. The volume of biosolids that can be applied to a unit area of land such as gallons per acre.
  34. "Privately owned treatment works" means a device or system owned by a non-governmental entity used to treat, recycle, or reclaim, either domestic sewage or a combination of domestic sewage and industrial waste that is generated off-site.
  35. "Public contact site" means a park, sports field, cemetery, golf course, plant nursery, or other land with a high potential for public exposure to biosolids.
  36. "Reclamation" means the use of biosolids to restore or repair construction sites, active or closed mining sites, landfill caps, or other drastically disturbed land.
  37. "Responsible official" means a principal corporate officer, general partner, proprietor, or, in the case of a municipality, a principal executive official or any duly authorized agent.
  38. "Runoff" means rainwater, leachate, or other liquid that drains over any part of a land surface and runs off of the land surface.
  39. "Sand" means soil that contains more than 85% grains in the size range that will pass through a No. 4 (4.75 mm) sieve and be retained on a No. 200 (0.075 mm) sieve.
  40. "Sewage sludge":
    - (a) Means solid, semisolid or liquid residue that is generated during the treatment of domestic sewage in a treatment works.
    - (b) Includes domestic septage, scum or solids that are removed in primary, secondary or advanced wastewater treatment processes, and any material derived from sewage sludge.
    - (c) Does not include ash that is generated during the firing of sewage sludge in a sewage sludge incinerator or grit and screenings that are generated during preliminary treatment of domestic sewage in a treatment works. A.R.S. § 49-255(6)
  41. "Sewage sludge unit" means land on which only sewage sludge is placed for final disposal. This does not include land on which sewage sludge is either stored or treated. Land does not include navigable waters.
  42. "Specific oxygen uptake rate (SOUR)" means the mass of oxygen consumed per unit time per unit mass of total solids (dry-weight basis) in biosolids.
  43. "Store biosolids" or "storage of biosolids" means the temporary holding or placement of biosolids on land before land application.
  44. "Surface disposal site" means an area of land that contains one or more active sewage sludge units.

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45. "Ton" means a net weight of 2000 pounds and is known as a short ton.
46. "Total solids" means the biosolids material that remains when sewage sludge is dried at 103° C to 105° C.
47. "Treatment of biosolids" means the thickening, stabilization, dewatering, and other preparation of biosolids for land application. Storage is not a treatment of biosolids.
48. "Unstabilized solids" means the organic matter in biosolids that has not been treated or reduced through an aerobic or anaerobic process.
49. "Vectors" means rodents, flies, mosquitoes, or other organisms capable of transporting pathogens.
50. "Volatile solids" means the amount of total solids lost when biosolids are combusted at 550° C in the presence of excess air.
51. "Wetlands" means those areas that are inundated or saturated by surface water or groundwater at a frequency and duration to support, and do under normal circumstances support, a prevalence of vegetation typically adapted for life in saturated soil conditions. Wetlands generally include swamps, marshes, bogs, cienegas, tinajas, and similar areas.

**Historical Note**

New Section recodified from R18-13-1502 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4). Amended by final expedited rulemaking at 31 A.A.R. 989 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-9-1002. Applicability and Prohibitions**

- A. This Article applies to:
  1. Any person who:
    - a. Prepares biosolids for land application or disposal in a sewage sludge unit or in an incinerator,
    - b. Transports biosolids for land application or incineration, or disposal in a sewage sludge unit,
    - c. Applies biosolids to the land,
    - d. Owns or operates a sewage sludge unit,
    - e. Owns or leases land to which biosolids are applied, or
    - f. Owns or operates an incinerator that fires sewage sludge,
  2. Biosolids applied to the land or placed on a surface disposal site,
  3. Land where biosolids are applied, and
  4. A surface disposal site.
- B. The land application of biosolids in a manner consistent with this Article is exempt from the requirements of the aquifer protection program established under A.R.S. Title 49, Chapter 2, Article 3 and 18 A.A.C. 9, Articles 1, 2, and 3.
- C. Except as provided in subsection (D), the land application of biosolids in a manner that is not consistent with Articles 9 and 10 of this Chapter is prohibited.
- D. The Department may permit the land application of biosolids in a manner that differs from the requirements in R18-9-1007 and R18-9-1008 if the land application is permitted under the aquifer protection permit program established under A.R.S. Title 49, Chapter 2, Article 3, and 18 A.A.C. 9, Articles 1, 2, and 3.
- E. Surface disposal site.

1. Any person who prepares biosolids that are placed in a sewage sludge unit, or places biosolids in a sewage sludge unit, or who owns or operates a biosolids surface disposal site shall comply with 40 CFR 503, Subpart C, which is incorporated by reference in R18-9-A905(A)(9), and
    - a. The pathogen reduction requirements in R18-9-1006, and
    - b. The vector attraction reduction requirements in R18-9-1010.
  2. In addition to the requirements under subsection (E)(1), any person who owns or operates a biosolids surface disposal site shall apply for, and obtain, a permit under 18 A.A.C. 9, Articles 1 and 2.
- F. A person shall not apply bulk biosolids to the land or place bulk biosolids in a surface disposal site or fire sewage sludge in a sewage sludge incinerator if the biosolids are likely to adversely affect a threatened or endangered species as listed under section 4 of the Endangered Species Act (16 U.S.C. 1533), or its designated critical habitat as defined in 16 U.S.C. 1532.
- G. A person incinerating biosolids shall comply with the requirements set out in 40 CFR Part 503, Subpart E, July 1, 2013 edition, which is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 West Washington Street, Phoenix, Arizona 85007 or may be obtained from the U.S. General Printing office at <http://www.gpo.gov/fdsys/browse/collectionCfr.action?collection-Code=CFR>.

**Historical Note**

New Section recodified from R18-13-1501 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4). Amended by final rulemaking at 21 A.A.R. 751, effective July 4, 2015 (Supp. 15-2).

**R18-9-1003. General Requirements**

- A. A person shall not use or transport biosolids, apply biosolids to land, or place biosolids on a surface disposal site in Arizona, except as established in this Article.
- B. The management practices in R18-9-1007 and R18-9-1008 do not apply if biosolids are exceptional quality biosolids.
- C. The applicator shall obtain, submit to the Department, and maintain the information required to comply with the requirements of this Article.
- D. The applicator shall not receive bulk biosolids without prior written confirmation of the filing of a "Request for Registration" under R18-9-1004.
- E. The land owner or lessee of land on which bulk biosolids, that are not exceptional quality biosolids, have been applied shall notify any subsequent land owner and lessee of all previous land applications of biosolids and shall disclose any site restrictions listed in R18-9-1009 that are in effect at the time the property is transferred.
- F. A person who prepares biosolids shall ensure that the applicable requirements in this Article are met when the biosolids are applied to the land or placed on a surface disposal site.
- G. If necessary to protect public health and the environment from any adverse effect of a pollutant in the biosolids, the Department may impose, on a case-by-case basis, requirements for

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the use or disposal of biosolids, including exceptional quality biosolids, in addition to, or more stringent than, the requirements in this Article. The Department shall notify the preparer, applier, or land owner of these requirements by letter and include the justification for the requirements and the length of time or applicability for the requirements.

**Historical Note**

New Section recodified from R18-13-1503 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

**R18-9-1004. Applicator Registration, Bulk Biosolids**

- A. Any person intending to land-apply bulk biosolids in Arizona shall submit, on a form provided by the Department, a completed "Request for Registration."
- B. An applicator shall not engage in land application of bulk biosolids, unless the applicator has obtained a prior written acknowledgment of the Request for Registration or a supplemental request from the Department.
- C. The Request for Registration for all biosolids, except exceptional quality biosolids, shall include:
  1. The name, address, and telephone number of the applicator and any agent of the applicator;
  2. The name and telephone number of a primary contact person who has specific knowledge of the land application activities of the applicator;
  3. Whether the applicator holds a NPDES or AZPDES permit, and, if so, the permit number;
  4. The identity of the person, if different from the applicator, including the NPDES or AZPDES permit number, who will prepare the biosolids for land application; and
  5. The following information, unless the information is already on file at the Department as part of an approved land application plan, for each site on which application is anticipated to take place:
    - a. The name, mailing address, and telephone number of the land owner and lessee, if any;
    - b. The physical location of the site by county;
    - c. The legal description of the site, including township, range, and section, or latitude and longitude at the center of each site;
    - d. The number of acres or hectares at each site to be used;
    - e. Except for sites described in R18-9-1005(D)(2)(c), background concentrations of the pollutants listed in Table 4 of R18-9-1005 from representative soil samples;
    - f. The location of any portion of the site having a slope greater than 6%; and
    - g. Public notice. Proof of placement of a public notice announcing the potential use of the site for the application of biosolids when a site has not previously received biosolids, or when a site has not been used for land application for at least three consecutive years.
      - i. The notice shall appear at least once each week for at least two consecutive weeks in the largest newspaper in general circulation in the area in which the site is located.
      - ii. If a site is not used for land application for at least three consecutive years, the applicator shall renote the site following the process

described in subsection (C)(5)(g)(i) before its reuse.

- D. The Request for Registration for exceptional quality biosolids shall include the information in subsections (C)(1) through (C)(4).
- E. A responsible official of the applicator shall sign the Request for Registration.
- F. The Department shall mail a written acknowledgment of a Request for Registration or supplemental request, within 15 business days of receipt of the request.
- G. An applicator wishing to use a site that has not been identified in a Request for Registration shall file a supplemental request with the Department before using the new site. Public notice requirements under R18-9-1004(C)(5)(g) apply.

**Historical Note**

New Section recodified from R18-13-1504 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

**R18-9-1005. Pollutant Concentrations**

- A. A person shall not apply biosolids with pollutant concentrations that exceed any of the ceiling concentrations established in Table 1.
- B. A person shall not apply biosolids sold or given away in a bag or other container that are not exceptional quality biosolids to a site if any annual pollutant loading rate in Table 3 will be exceeded. A person shall determine annual application rates using the methodology established in Appendix A.
- C. A person shall not apply bulk biosolids to a lawn or garden unless the biosolids are exceptional quality biosolids.
- D. Unless using exceptional quality biosolids, a person shall not apply bulk biosolids to a site when:
  1. The pollutant concentrations exceed the levels in Table 2, or
  2. Any cumulative pollutant loading rate in Table 4 will be exceeded. A person shall determine compliance with the site cumulative pollutant loading rates using the following:
    - a. By identifying all known biosolids application events and information relevant to a site since September 13, 1979.
    - b. By calculating the existing cumulative level of the pollutants established in Table 4 using actual analytical data from the application events or if actual analytical data from application events before April 1996 are not available, background concentrations determined by taking representative soil samples of the site, if it is known that the site received biosolids before April 1996.
    - c. Background soil tests are not required for those sites that have not received biosolids before April 23, 1996.

**Table 1. Ceiling Concentrations**

Pollutant	Ceiling concentrations (milligrams per kilogram) <sup>(1)</sup>
Arsenic	75.0
Cadmium	85.0
Chromium	3000.0
Copper	4300.0
Lead	840.0

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Mercury	57.0
Molybdenum	75.0
Nickel	420.0
Selenium	100.0
Zinc	7500.0

(1) Dry-weight basis.

**Table 2. Monthly Average Pollutant Concentrations**

Pollutant	Concentration limits (milligrams per kilogram) <sup>(1)</sup>
Arsenic	41.0
Cadmium	39.0
Copper	1500.0
Lead	300.0
Mercury	17.0
Nickel	420.0
Selenium	100.0
Zinc	2800.0

(1) Dry-weight basis.

**Table 3. Annual Pollutant Loading Rates**

Pollutant	Annual pollutant loading rates (in kilograms per hectare)
Arsenic	2.0
Cadmium	1.9
Copper	75.0
Lead	15.0
Mercury	0.85
Nickel	21.0
Selenium	5.0
Zinc	140.0

**Table 4. Cumulative Pollutant Loading Rates**

Pollutant	Cumulative pollutant loading rates (in kilograms per hectare)
Arsenic	41.0
Cadmium	39.0
Copper	1500.0
Lead	300.0
Mercury	17.0
Nickel	420.0
Selenium	100.0
Zinc	2800.0

**Historical Note**

New Section recodified from R18-13-1505 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

**R18-9-1006. Class A and Class B Pathogen Reduction Requirements**

- A. An applicator shall ensure that all biosolids applied to land meet Class A or Class B pathogen reduction requirements at the time the biosolids are:
1. Placed on an active sewage sludge unit unless the biosolids are covered with soil or other material at the end of each operating day, or
  2. Land applied.
- B. Biosolids that are sold or given away in a bag or other container for land application, or that are applied on a lawn or home garden, shall meet the Class A pathogen reduction requirements established in subsection (D).
- C. Land on which biosolids with Class B pathogen reduction requirements are applied is subject to the use restrictions established in R18-9-1009.
- D. Biosolids satisfy the Class A pathogen reduction requirements when the density of fecal coliform is less than 1000 Most Probable Number per gram of total solids (dry-weight basis), or the density of *Salmonella sp.* bacteria is less than three Most Probable Number per four grams of total solids (dry-weight basis), and any one of the following alternative pathogen treatment options is used:

1. Alternative 1. The pathogen treatment process meets one of the following time and temperature requirements:
  - a. When the percent solids of the biosolids are seven percent or greater, the temperature of the biosolids shall be held at 50° C or higher for at least 20 minutes. The temperature and time period is determined using the equation in subsection (D)(1)(b), except when small particles of the biosolids are heated by either warmed gases or an immiscible liquid;
  - b. When the percent solids of the biosolids are seven percent or greater, and small particles of the biosolids are heated by either warmed gases or an immiscible liquid, a temperature of 50° C or higher shall be held for 15 seconds or longer. The temperature and time period is determined using the following equation:

$$D = \frac{131,700,000}{10^{[0.1400t]}}$$

D = time in days, and

t = temperature in degrees Celsius;

- c. When the percent solids of the biosolids are less than seven percent, the temperature of the biosolids is 50° C or higher and the time period is 30 minutes or longer. The temperature and time period shall be determined using the following equation:

$$D = \frac{50,070,000}{10^{[0.1400t]}}$$

D = time in days, and

t = temperature in degrees Celsius; or

- d. When the percent solids of the biosolids are less than seven percent, and the time of heating is at least 15 seconds, but less than 30 minutes, the time and temperature is determined using the following equation:

$$D = \frac{131,700,000}{10^{[0.1400t]}}$$

D = time in days, and

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t = temperature in degrees Celsius.

2. Alternative 2. The pathogen treatment process meets all the following parameters:
    - a. The pH of the quantity of biosolids treated is raised to 12 or higher and held at least 72 hours;
    - b. During the period that the pH is above 12, the temperature of the biosolids is held above 52° C for at least 12 hours; and
    - c. At the end of the 72-hour period during which the pH is above 12, the biosolids are air dried to achieve a percent solids in the biosolids greater than 50%.
  3. Alternative 3. The following conditions are met:
    - a. The biosolids, before pathogen treatment and until the next monitoring event, have an enteric virus density less than one plaque-forming unit for four grams of total solids (dry-weight basis);
    - b. The biosolids, before pathogen treatment and until the next monitoring event, have a viable helminth ova density less than one for four grams of total solids (dry-weight basis); and
    - c. Once the density requirements in subsections (D)(3)(a) and (D)(3)(b) are consistently met after pathogen treatment and the values and ranges of the pathogen treatment process used are documented, the biosolids continue to be Class A with respect to enteric viruses and viable helminth ova when the values for the pathogen treatment process operating parameters are consistent with the previously documented values or ranges of values.
  4. Alternative 4. The following requirements are met at the time the biosolids are used or disposed or at the time the biosolids are prepared for sale or given away in a bag or other container for application to the land:
    - a. The biosolids have an enteric virus density less than one plaque-forming unit for four grams of total solids (dry-weight basis), and
    - b. The biosolids have a viable helminth ova density less than one for four grams of total solids (dry-weight basis).
  5. Alternative 5. Composting.
    - a. Use either the within-vessel or the static-aerated-pile composting method, maintaining the temperature of the biosolids at 55° C or higher for three days; or
    - b. Use the windrow composting method, maintaining the temperature of the biosolids at 55° C or higher for at least 15 days. The windrow shall be turned at least five times when the compost is maintained at 55° C or higher.
  6. Alternative 6. Heat drying. The biosolids are dried by direct or indirect contact with hot gases to reduce the moisture content to 10% or lower by weight. During the process:
    - a. The temperature of the sewage sludge particles shall exceed 80° C, or
    - b. The wet bulb temperature of the gas as the biosolids leave the dryer shall exceed 80° C.
  7. Alternative 7. Heat treatment. The quantity of liquid biosolids treated are heated to a temperature of 180° C or higher for at least 30 minutes.
  8. Alternative 8. Thermophilic aerobic digestion. Liquid biosolids are agitated with air or oxygen to maintain aerobic conditions and the mean cell residence time of the biosolids is 10 days at 55° to 60° C.
  9. Alternative 9. Beta ray irradiation. Biosolids are irradiated with beta rays from an accelerator at dosages of at least 1.0 megarad at room temperature (approximately 20° C).
  10. Alternative 10. Gamma ray irradiation. Biosolids are irradiated with gamma rays from certain isotopes, such as <sup>60</sup>Cobalt and <sup>137</sup>Cesium at dosages of at least 1.0 megarad at room temperature (approximately 20° C).
  11. Alternative 11. Pasteurization. The temperature of the biosolids is maintained at 70° C or higher for at least 30 minutes.
  12. Alternative 12. The Director shall approve another process if the process is equivalent to a Process to Further Reduce Pathogens specified in subsections (D)(5) through (D)(11), as determined by the EPA Pathogen Equivalency Committee.
- E.** Biosolids satisfy the Class B pathogen reduction requirements when the biosolids meet any one of the following options:
1. Alternative 1. The geometric mean of the density of fecal coliform in seven representative samples is less than either 2,000,000 Most Probable Number per gram of total solids (dry-weight basis), or 2,000,000 colony forming units per gram of total solids (dry-weight basis);
  2. Alternative 2. Air drying. The biosolids are dried on sand beds or paved or unpaved basins for at least three months. During at least two of the three months, the ambient average daily temperature is above 0° C;
  3. Alternative 3. Lime stabilization. Sufficient lime is added to the biosolids to raise the pH of the biosolids to 12 after at least two hours of contact;
  4. Alternative 4. Aerobic digestion. The biosolids are agitated with air or oxygen to maintain aerobic conditions for a specific mean cell residence time at a specific temperature between 40 days at 20° C and 60 days at 15° C;
  5. Alternative 5. Anaerobic digestion. The biosolids are treated in the absence of air for a specific mean cell residence time at a specific temperature between 15 days at 35° C to 55° C and 60 days at 20° C;
  6. Alternative 6. Composting. Using the within-vessel, static-aerated-pile or windrow composting methods, the temperature of the biosolids is raised to 40° C or higher for five consecutive days. For at least four hours during the five days, the temperature in the compost pile exceeds 55° C; or
  7. Alternative 7. The Director shall approve another process if it is equivalent to a Process to Significantly Reduce Pathogens specified in subsections (E)(2) through (E)(6), as determined by the EPA Pathogen Equivalency Committee.

#### Historical Note

New Section recodified from R18-13-1506 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

#### R18-9-1007. Management Practices and General Requirements

- A.** An applicator of bulk biosolids that are not exceptional quality biosolids shall comply with the following management practices at each land application site, except a site where bulk biosolids are applied for reclamation. The applicator shall not:
1. Apply bulk biosolids to soil with a pH less than 6.5 at the time of the application, unless the biosolids are treated

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- under one of the procedures in subsections R18-9-1006(D)(2), R18-9-1006(E)(3), or R18-9-1010(A)(6), or the soil and biosolids mixture has a pH of 6.5 or higher immediately after land application;
2. Apply bulk biosolids to land with slopes greater than 6%, unless the site is operating under an AZPDES permit or a permit issued under section 402 of the Clean Water Act (33 U.S.C. 1342);
  3. Apply bulk biosolids to land under the following conditions:
    - a. Bulk biosolids with Class A pathogen reduction. If the depth to groundwater is five feet (1.52 meters) or less;
    - b. Bulk biosolids with Class B pathogen reduction.
      - i. If the depth to groundwater is 10 feet (3.04 meters) or less; or
      - ii. To gravel, coarse or medium sands, or sands with less than 15% coarse fragments, if the depth to groundwater is 40 feet (12.2 meters) or less from the point of application of biosolids;
  4. Apply bulk biosolids to land that is 32.8 feet (10 meters) or less from navigable waters;
  5. Store or apply bulk biosolids closer than 1000 feet (305 meters) from a public or semi-public drinking water supply well or no closer than 250 feet (76.2 meters) from any other water well;
  6. Store or apply bulk biosolids within 25 feet (7.62 meters) of a public right-of-way or private property line unless the applicator receives permission to apply bulk biosolids from the land owner or lessee of the adjoining property;
  7. Apply bulk biosolids at an application rate greater than the agronomic rate of the vegetation or crop grown on the site;
  8. Apply domestic septage or any other bulk biosolids with less than 10% solids at a rate that exceeds the annual application rate, calculated in gallons per acre for a 365-day period by dividing the amount of nitrogen needed by the crop or vegetation grown on the land, in pounds per acre per 365-day period, by 0.0026;
  9. Apply bulk biosolids to land that is flooded, frozen, or snow-covered, so that the bulk biosolids enter a wetland or other navigable waters, except as provided in an AZPDES permit or a permit issued under section 402 of the Clean Water Act (33 U.S.C. 1342);
  10. Apply any additional bulk biosolids before a crop is grown on the site if the site has received biosolids containing nitrogen at the equivalent of the agronomic rate appropriate for that crop;
  11. Exceed the irrigation needs of the crop of an application site;
  12. To minimize odors, apply bulk biosolids within 1000 feet (305 meters) of a dwelling unless the biosolids are injected or incorporated into the soil within 10 hours of being applied; or
  13. Store bulk biosolids within 1000 feet (305 meters) of a dwelling unless the applicator obtains permission from the dwelling owner or lessee to store the biosolids at a shorter distance from the dwelling. If the dwelling owner or lessee changes, the applicator shall obtain permission from the new dwelling owner or lessee to continue to store the bulk biosolids within 1000 feet of the dwelling or move the biosolids to a location at least 1000 feet from the dwelling.
- B.** If biosolids are placed in a bag or other container, the person who prepares the biosolids shall distribute a label or information sheet to the person receiving the material. This label or information sheet shall, at a minimum, contain the following information:
1. The identity and address of the person who prepared the biosolids;
  2. Instructions on the proper use of the material, including agronomic rates and an annual application rate that ensures that the annual pollutant rates established in R18-9-1005 are not exceeded; and
  3. A statement that application of biosolids to the land shall not exceed application rates described in the instructions on the label or information sheet.

**Historical Note**

New Section recodified from R18-13-1507 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

**R18-9-1008. Management Practices, Application of Biosolids to Reclamation Sites**

- A.** An applicator of bulk biosolids that are not exceptional quality biosolids shall comply with the following management practices at each land application site where the bulk biosolids are applied for reclamation. The applicator shall not:
1. Apply bulk biosolids unless the soil and biosolids mixture has a pH of 5.0 or higher immediately after land application;
  2. Apply bulk biosolids to land with slopes greater than 6% unless:
    - a. The site is operating under an AZPDES permit or a permit issued under section 402 (33 U.S.C. 1342) or 404 (33 U.S.C. 1344) of the Clean Water Act;
    - b. The site is reclaimed as specified under A.R.S. Title 27, Chapter 5, and controls are in place to prevent runoff from leaving the application area; or
    - c. Runoff from the site does not reach navigable waters;
  3. Apply bulk biosolids to land under the following conditions:
    - a. Bulk biosolids with Class A pathogen reduction. To land if the depth to groundwater is 5 feet (1.52 meters) or less;
    - b. Bulk biosolids with Class B pathogen reduction.
      - i. To land if the depth to groundwater is 10 feet (3.04 meters) or less; and
      - ii. To gravel, coarse or medium sands, or sands with less than 15% coarse fragments if the depth to groundwater is 40 feet (12.2 meters) or less from the point of application of biosolids;
  4. Apply bulk biosolids to land that is 32.8 feet (10 meters) or less from navigable waters;
  5. Store or apply bulk biosolids closer than 1000 feet (305 meters) from a public or semi-public drinking water supply well, unless the applicator justifies and the Department approves a shorter distance, or apply bulk biosolids closer than 250 feet (76.2 meters) from any other water well;
  6. Store or apply bulk biosolids within 1000 feet (305 meters) of a public right-of-way or private property line unless the applicator receives permission to apply bulk

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biosolids from the land owner or lessee of the adjoining property;

7. Exceed a total of 150 dry tons per acre to any portion of a reclamation site if bulk biosolids are applied;
8. Apply bulk biosolids with less than 10% solids;
9. Apply bulk biosolids to land that is flooded, frozen, or snow-covered so that the bulk biosolids enter a wetland or other navigable waters, except as provided in an AZP-DES permit or a permit issued under section 402 (33 U.S.C. 1342) or 404 (33 U.S.C. 1344) of the Clean Water Act;
10. Apply more water than necessary to control dust and establish vegetation; and
11. Apply bulk biosolids within 1000 feet (305 meters) of a dwelling unless the biosolids are injected or incorporated into the soil within 10 hours of being applied.
12. Store bulk biosolids within 1000 feet (305 meters) of a dwelling unless the applicator obtains permission from the dwelling owner or lessee to store the biosolids at a shorter distance from the dwelling. If the dwelling owner or lessee changes, the applicator shall obtain permission from the new dwelling owner or lessee to continue to store the bulk biosolids within 1000 feet of the dwelling or move the biosolids to a location at least 1000 feet from the dwelling.

- B.** The requirements of R18-9-1007(B) apply if biosolids placed in a bag or other container are used to reclaim a site.

**Historical Note**

New Section recodified from R18-13-1508 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Former Section R18-9-1008 renumbered to R18-9-1009; new Section R18-9-1008 made by final rulemaking at 7 A.A.R.

5879, effective December 7, 2001 (Supp. 01-4).

Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

**R18-9-1009. Site Restrictions**

- A.** The following site restrictions apply to land where biosolids, which do not meet the Class A pathogen reduction requirements established in R18-9-1006, are land-applied.
1. A person shall not:
    - a. Harvest food crop parts that touch the biosolids, or biosolids and soil mixture, but otherwise grow above the land's surface for 14 months following application;
    - b. Harvest food crop parts growing in or below the land's surface for 20 months following application if the biosolids remain unincorporated on the land's surface for four months or more;
    - c. Harvest food crop parts growing in or below the land's surface for 38 months following application if the biosolids remain on the land's surface for less than four months before incorporation;
    - d. Harvest food, feed, and fiber crops for 30 days after application;
    - e. Graze animals on the land for 30 days after application; or
    - f. Harvest turf to be used at a public contact site or private residence for one year after application.
  2. A person shall restrict public access to:
    - a. Public contact sites for one year after application, and
    - b. Land with a low potential for public exposure for 30 days after application.

- B.** If the vector attraction reduction requirement is met using the method:

1. In R18-9-1010(C)(1) or R18-9-1010(C)(2), the requirements of subsection (A) apply to domestic septage applied to agricultural land, forests, or reclamation sites; or
2. In R18-9-1010(C)(3), the requirements of subsection (A)(1)(a) through (A)(1)(d) apply to domestic septage applied to agricultural land, forests, or reclamation sites.

- C.** Once application is completed at a site, the applicator shall, in writing, provide the land owner and lessee with the following information:

1. The cumulative pollutant loading at the site if it is greater than or equal to 90% of the available site capacity established in Table 4 of R18-9-1005;
2. Any restriction established in this Section that applies to the property and the nature of the restriction; and
3. The signature of a responsible official of the applicator on this document that includes the following statement: "I certify under penalty of law, that the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for false representations, including fines and imprisonment."

- D.** The land owner or lessee shall provide each applicator with a signature indicating receipt of the site restriction statement.

**Historical Note**

New Section recodified from R18-13-1509 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Former Section R18-9-1009 renumbered to R18-9-1010; new Section R18-9-1009 renumbered from R18-9-1008 and amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

**R18-9-1010. Vector Attraction Reduction**

- A.** Except as provided in subsection (B), an applicator or person who prepares biosolids shall use one of the following vector attraction reduction procedures if biosolids are land-applied:
1. Reducing the mass of volatile solids by a minimum of 38% using the calculation procedures established in "Environmental Regulations and Technology -- Control of Pathogens and Vector Attraction in Sewage Sludge," EPA/625/R-92-013, published by the U.S. Environmental Protection Agency, Cincinnati, Ohio 45268, 1999 edition. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department and the Office of the Secretary of State;
  2. If the 38% volatile solids reduction cannot be met for anaerobically digested biosolids the reduction can be met by digesting a portion of the previously digested material anaerobically in a laboratory in a bench-scale unit for 40 additional days at a temperature between 30° C and 37° C. Vector attraction reduction is achieved if, at the end of the 40 days, the volatile solids in the material at the beginning of the period are reduced by less than 17%;
  3. If the 38% volatile solids reduction cannot be met for aerobically digested biosolids, the reduction can be met by digesting a portion of the previously digested material, which has a percent solids of 2% or less, aerobically in a laboratory in a bench-scale unit for 30 additional days at 20° C. Vector attraction reduction is achieved if, at the end of the 30 days, the volatile solids in the material at the beginning of the period are reduced by less than 15%;

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4. Treat the biosolids in an aerobic process during which the specific oxygen uptake rate (SOUR) is equal to or less than 1.5 milligrams of oxygen per hour per gram of total solids (dry-weight basis) at 20° C;
  5. Treat the biosolids in an aerobic process for 14 days or longer, during which the temperature of the biosolids is higher than 40° C and the average temperature of the biosolids is higher than 45° C;
  6. Raising the pH of the biosolids to 12 or higher by alkali addition and, without the addition of more alkali, remain at 12 or higher for two hours and at 11.5 or higher for an additional 22 hours;
  7. The percent solids of the biosolids that do not contain unstabilized solids generated in a primary wastewater treatment process is equal to or greater than 75% based on the moisture content and total solids before mixing with other materials;
  8. The percent solids of the biosolids containing unstabilized solids generated in a primary wastewater treatment process are equal to or greater than 90% based on the moisture content and total solids before mixing with other materials;
  9. Injecting the biosolids below the surface of the land so that no significant amount of biosolids is present on the land surface one hour after injection. If the biosolids meet Class A pathogen reduction, injection shall occur within eight hours after being discharged from a Class A pathogen treatment process; or
  10. Incorporating the biosolids into the soil within six hours after application. If the biosolids meet Class A pathogen reduction, application shall occur within eight hours after being discharged from a Class A pathogen treatment process.
- B.** Biosolids that are sold or given away in a bag or other container, or are applied to a lawn or home garden, shall meet one of the vector attraction reduction alternatives established in subsections (A)(1) through (A)(8).
- C.** For domestic septage, vector attraction reduction is met by one of the following methods:
1. By injecting as specified in subsection (A)(9);
  2. By incorporating as specified in subsection (A)(10); or
  3. By raising the pH of the domestic septage to 12 or higher through the addition of alkali and, without the addition of more alkali, holding the pH at 12 or higher for at least 30 minutes.

**Historical Note**

New Section recodified from R18-13-1510 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Former Section R18-9-1010 renumbered to R18-9-1011; new Section R18-9-1010 renumbered from R18-9-1009 and amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

**R18-9-1011. Transportation**

- A.** A transporter of bulk biosolids into and within Arizona shall use covered trucks, trailers, rail-cars, or other vehicles that are leakproof.
- B.** A transporter of bulk biosolids in liquid or semisolid form, including domestic septage, into and within Arizona shall comply with the requirements in A.A.C. R18-13-310. A transporter of bulk biosolids in solid form into and within Arizona shall comply with the requirements in A.A.C. R18-13-310.
- C.** A transporter of biosolids shall clean any truck, trailer, rail-car, or other vehicle used to transport biosolids to prevent odors or

insect breeding. A transporter shall clean any tank vessel used to transport commercial or industrial septage or restaurant grease-trap wastes, that is also used to haul domestic septage, before loading the domestic septage to ensure that mixing of wastes does not occur.

- D.** If bulk biosolids are spilled while being transported, the transporter shall:
1. Immediately pick up any spillage, including any visibly discolored soil, unless otherwise determined by the Department on a case-by-case basis;
  2. Within 24 hours after the spill, notify the Department of the spill and submit written notification of the spill within seven days. The written notification shall include the location of the spill, the reason it occurred, the amount of biosolids spilled, and the steps taken to clean up the spill.

**Historical Note**

New Section recodified from R18-13-1511 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Former Section R18-9-1011 renumbered to R18-9-1012; new Section R18-9-1011 renumbered from R18-9-1010 and amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4). A.C.C. citation corrected in subsection (B) at the request of the Department; Office file number M16-185 (Supp. 16-3).

**R18-9-1012. Self-monitoring**

- A.** Except as provided in subsection (B) the person who prepares the biosolids shall conduct self-monitoring events at the frequency listed in Table 5 for the pollutants listed in R18-9-1005, the pathogen reduction in R18-9-1006 and the vector attraction reduction requirements in R18-9-1010.

**Table 5. Frequency of Self-monitoring**

Amount of biosolids prepared (tons/metric tons per 365-day period <sup>(1)</sup> )	Frequency
Greater than zero but less than 319.6/290	Once per year
Equal to or greater than 319.6/290 but less than 1,653/1,500	Once per quarter (Four times per year)
Equal to or greater than 1,653/1,500 but less than 16,530/15,000	Once per 60 days (Six times per year)
Equal to or greater than 16,530/15,000	Once per month (12 times per year)

<sup>(1)</sup> The amount of biosolids prepared in a calendar year (dry-weight basis).

- B.** If biosolids are stockpiled or lagooned, the person shall sample the biosolids for pathogen and vector attraction reduction before land application. A person shall sample in a manner that is representative of the entire stockpile or lagoon.
- C.** A person who prepares biosolids shall submit additional or more frequent biosolids samples, collected and analyzed during the reporting period, to the Department with the regularly-scheduled data required in subsection (A).
- D.** The Department may order the person who prepares biosolids or the applicator to collect and analyze additional samples to measure pollutants of concern other than those established in Table 1 of R18-9-1005.
- E.** The applicator, person who prepares biosolids, or a person collecting samples for the applicator or preparer for analysis shall obtain the samples in a manner that does not compromise the integrity of the sample, sample method, or sampling instru-



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ment and shall be representative of the quality of the biosolids being applied during the reporting period.

- F. A person responsible for sampling the biosolids shall track biosolids samples using a chain-of-custody procedure that documents each person in control of the sample from the time it was collected through the time of analysis.
- G. The person who prepares biosolids or the applicator shall ensure that the biosolids samples are analyzed as specified by the analytical methods established in 40 CFR 503.8, July 1, 2001 edition, or by the wastewater sample methods and solid, liquid, and hazardous waste sample methods established in A.A.C. R9-14-612 and R9-14-613. The person who prepares the biosolids or the applicator shall ensure that the biosolids analyses are performed at a laboratory operating in compliance with A.R.S. § 36-495 et seq. The information in 40 CFR 503.8 is incorporated by reference, does not include any later amendments or editions of the incorporated matter and is on file with the Department and the Office of the Secretary of State.
- H. The person who prepares the biosolids or the applicator shall monitor pathogen and vector attraction reduction treatment operating parameters, such as time and temperature, shall be monitored on a continual basis.
- I. An applicator shall conduct and record monitoring of each site for the management practices established in R18-9-1007 and R18-9-1008.
- J. A person shall maintain, as specified in R18-9-1013, and report to the Department as specified in R18-9-1014, all compliance measurements, including the analysis of pollutant concentrations.

**Historical Note**

New Section recodified from R18-13-1512 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Former Section R18-9-1012 renumbered to R18-9-1013; new Section R18-9-1012 renumbered from R18-9-1011 and amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4).

**R18-9-1013. Recordkeeping**

- A. A person who prepares biosolids shall collect and retain the following information for at least five years:
  1. The date, time, and method used for each sampling activity and the identity of the person collecting the sample;
  2. The date, time, and method used for each sample analysis and the identity of the person conducting the analysis;
  3. The results of all analyses of pollutants regulated under R18-9-1005 and organic and ammonium nitrogen to comply with R18-9-1007(A)(7);
  4. The results of all pathogen density analyses and applicable descriptions of the methods used for pathogen treatment in R18-9-1006;
  5. A description of the methods used, if any, and the operating values and ranges observed in any pre-land application, vector attraction reduction activities required in R18-9-1010(A); and
  6. For the records described in subsections (A)(1) through (A)(5), the following certification statement signed by a responsible official of the person who prepares the biosolids:

"I certify, under penalty of law, that the pollutant analyses and the description of pathogen treatment and vector attraction reduction activities have been made under my direction and supervision and under a system designed to ensure that qualified personnel properly gather and evaluate the information used to

determine whether the applicable biosolids requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."

- B. An applicator of bulk biosolids, except exceptional quality biosolids, shall collect the following information for each land application site, and, except as indicated in subsection (B)(6), shall retain this information for at least five years:
  1. The location of each site, by either street address or latitude and longitude;
  2. The number of acres or hectares;
  3. The date and time the biosolids were applied;
  4. The amount of biosolids (in dry metric tons);
  5. The biosolids loading rates for domestic septage and other biosolids with less than 10 percent solids in tons or kilograms of biosolids per acre or hectare and in gallons per acre and the biosolids loading rates for other biosolids in tons or kilograms of biosolids per acre or hectare;
  6. The cumulative pollutant levels of each regulated pollutant (in tons or kilograms per acre or hectare). The applicator shall retain these records permanently;
  7. The results of all pathogen density analyses and applicable descriptions of the methods used for pathogen treatment in R18-9-1006;
  8. A description of the activities and measures used to ensure compliance with the management practices in R18-9-1007 and R18-9-1008, including information regarding the amount of nitrogen required for the crop grown on each site;
  9. If vector attraction reduction was not met by the person who prepares the biosolids, a description of the vector attraction reduction activities used by the applicator to ensure compliance with the requirements in R18-9-1010;
  10. A description of any applicable site restriction imposed by in R18-9-1009 if biosolids with Class B pathogen reduction have been applied and documentation that the applicator has notified the land owner and lessee of these restrictions;
  11. For the records described in subsections (B)(1) through (B)(8), the following certification statement signed by a responsible official of the applicator of the biosolids:
 

"I certify, under penalty of law, that the information and descriptions, have been made under my direction and supervision and under a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine whether the applicable biosolids requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."
  12. The information in subsections (A)(1) through (A)(6) if the person who prepares the biosolids is not located in this state.
- C. All records required for retention under this Section are subject to periodic inspection and copying by the Department.
- D. If there is unresolved litigation, including enforcement, concerning the activities documented by the records required in this Section, the period of record retention shall be extended pending final resolution of the litigation.

**Historical Note**

New Section recodified from R18-13-1513 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Former Section R18-9-1013 renumbered to R18-9-1014; new Section R18-9-1013 renumbered from R18-9-1012 and

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 9. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER POLLUTION CONTROL

amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

**R18-9-1014. Reporting**

- A. A person who prepares biosolids for application shall provide the applicator with the necessary information to comply with this Article including the concentration of pollutants listed in R18-9-1005 and the concentration of nitrogen in the biosolids.
- B. A transporter shall report spills to the Department under R18-9-1011(D).
- C. A bulk applicator of biosolids other than exceptional quality biosolids shall provide the land owner and lessee of land application sites with information on the concentrations of the pollutants listed in R18-9-1005 and loading rates of biosolids applied to that site, and any applicable site restrictions under R18-9-1009.
- D. A bulk applicator of biosolids other than exceptional quality biosolids shall report to the Department if 90% or more of any cumulative pollutant loading rate has been used at a site.
- E. On or before February 19 of each year, any person land-applying bulk biosolids that are not exceptional quality biosolids shall, by letter or on a form provided by the Department, report to the Department the following applicable information for the previous calendar year:
  1. The actual sites used; and
  2. For each site used, the following information:
    - a. The amount of biosolids applied (in tons or kilograms per acre or hectare);
    - b. The application loading rates (in tons or kilograms per acre or hectare, and gallons per acre for domestic septage);
    - c. The concentrations of the pollutants listed in R18-9-1005 (in milligrams per kilogram of biosolids on a dry-weight basis);
    - d. The pathogen treatment methodologies used during the year and the results; and
    - e. The vector attraction reduction methodologies used during the year and the results.
- F. On or before February 19 of each year, a person preparing biosolids in a Class I Sludge Management Facility, POTW with a design flow rate equal to or greater than one million gallons per day, or POTW that serves 10,000 people or more, that are applied to land, shall, by letter or on a form provided by the Department, report to the Department all the following applicable information regarding their activities during the previous calendar year:
  1. The amount of biosolids received if the preparer purchased or received the biosolids from another preparer or source;
  2. The amount of biosolids produced (tons or kilograms);
  3. The amount of biosolids distributed;
  4. The concentrations of the pollutants listed in R18-9-1005 (in milligrams per kilogram of biosolids on a dry-weight basis);
  5. The pathogen treatment methodologies used during the year, including the results; and
  6. The vector attraction reduction methodologies used during the year, including the results.
- G. All annual self-monitoring reports shall contain the following certification statement signed by a responsible official:
 

"I certify, under penalty of law, that the information and descriptions, have been made under my direction and supervision and under a system designed to ensure that

qualified personnel properly gather and evaluate the information used to determine whether the applicable biosolids requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."

**Historical Note**

New Section recodified from R18-13-1514 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Former Section R18-9-1014 renumbered to R18-9-1015; new Section R18-9-1014 renumbered from R18-9-1013 and amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 4923, effective January 5, 2003 (Supp. 02-4).

**R18-9-1015. Inspection**

A person subject to this Article shall allow, during reasonable times, a representative of the Department to enter property subject to this Article, to:

1. Inspect all biosolids pathogen and vector treatment facilities, transportation vehicles, incinerators that fire sewage sludge, and land application sites to determine compliance with this Article;
2. Inspect and copy records prepared in accordance with this Article; and
3. Sample biosolids quality.

**Historical Note**

Renumbered from R18-9-1014 and amended by final rulemaking at 7 A.A.R. 5879, effective December 7, 2001 (Supp. 01-4). Amended by final rulemaking at 21 A.A.R. 751, effective July 4, 2015 (Supp. 15-2).

**Appendix A. Procedures to Determine Annual Biosolids Application Rates**

The following procedure determines the annual biosolids application rate (ABAR) that ensures that the annual pollutant loading rates in Table 3 of R18-9-1005 are not exceeded.

1. The relationship between the annual pollutant loading rate (APLR) for a pollutant and the ABAR is shown in the following equation.

$$APLR = C \times ABAR \times 0.001$$

APLR = Annual pollutant loading rate in kilograms of biosolids, per hectare, per 365-day period;  
 C = Pollutant concentration in milligrams, per kilogram of total solids (dry-weight basis);  
 ABAR = Annual biosolids application rate in metric tons, per hectare, per 365-day period (dry-weight basis); and  
 0.001 = A conversion factor.  
 metric ton = 1.102 short tons  
 hectare = 2.471 acres

2. The ABAR is calculated using the following procedure:
  - a. Analyze a biosolids sample to determine a concentration for each of the pollutants listed in Table 3 of R18-9-1005; and
  - b. Using each of the pollutant concentrations from subsection (2)(a) and the APLRs from Table 3 of R18-9-1005, calculate a separate ABAR for each pollutant using the following equation:

$$ABAR = \frac{APLR}{C \times 0.001}$$

- c. The ABAR for biosolids is the lowest value calculated in under subsection (2)(b) for any pollutant.

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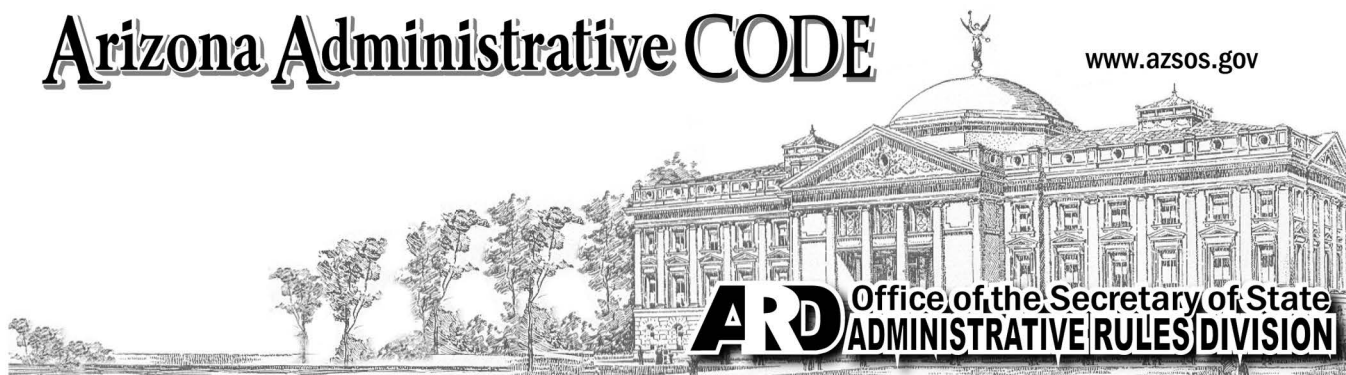
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**Historical Note**

New Appendix recodified from 18 A.A.C. 13, Article 15  
at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2).

Amended by final rulemaking at 7 A.A.R. 5879, effective  
December 7, 2001 (Supp. 01-4).

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**18 A.A.C. 11**

**Supplement Information**  
**Supp. 25-2**

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 25-1, 1-97 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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

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Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

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Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

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

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## Administrative Rules Division

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## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

Authority: A.R.S. §§49-202(A), 49-203(A)(1)

## Supp. 25-2

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**ARTICLE 1. WATER QUALITY STANDARDS FOR SURFACE WATERS**

*Tables in Article 1, Appendix A have been updated and now include historical notes (Supp. 16-4).*

*Article 1, consisting of Appendices A through C, repealed April 24, 1996 (Supp. 96-2).*

*Article 1, consisting of Section R18-11-103, reserved effective April 24, 1996 (Supp. 96-2).*

*Article 1, consisting of Sections R18-11-105 and R18-11-106, and Appendices A and B, adopted April 24, 1996 (Supp. 96-2).*

*Article 1, consisting of Sections R18-11-101 and R18-11-102, R18-11-104, R18-11-107 through R18-11-109, R18-11-111 through R18-11-113, R18-11-115, R18-11-117 and R18-11-118, R18-11-120 and R18-11-121, amended effective April 24, 1996 (Supp. 96-2).*

*Article 1, consisting of Sections R18-11-101 through R18-11-121 and Appendices A through C, adopted effective February 18, 1992 (Supp. 92-1).*

*Article 1, consisting of Section R18-11-101, repealed effective February 18, 1992 (Supp. 92-1).*

*Article 1 consisting of Section R9-21-101 renumbered as Article 1, Section R18-11-101 (Supp. 87-3).*

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*Article 2, consisting of Sections R18-11-201 through R18-11-205, adopted effective February 18, 1992 (Supp. 92-1).*

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*Article 2, consisting of Sections R18-11-201 through R18-11-214 and Appendices A and B, repealed effective February 18, 1992 (Supp. 92-1).*

*Article 2 consisting of Sections R9-21-201 through R9-21-214 and Appendices A and B renumbered as Article 2, Sections R18-11-201 through R18-11-214 and Appendices A and B (Supp. 87-3).*

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*Article 3, consisting of Sections R18-11-301 through R18-11-309 and Table A, adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).*

*Article 3 heading repealed effective April 24, 1996 (Supp. 96-2).*

*Article 3, consisting of Sections R18-11-301 through R18-11-304 repealed effective February 18, 1992 (Supp. 92-1).*

*Article 3 consisting of Sections R9-21-301 through R9-21-304 renumbered as Article 3, Sections R18-11-301 through R18-11-304 (Supp. 87-3).*

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*New Article 5 consisting of Sections R18-11-501 through R18-11-504 and Section R18-11-506 adopted effective October 22, 1987.*

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*Article 6, consisting of Sections R18-11-601 through R18-11-606, made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).*

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**ARTICLE 1. WATER QUALITY STANDARDS FOR SURFACE WATERS****R18-11-101. Definitions**

The following terms apply to this Article:

1. "Acute toxicity" means toxicity involving a stimulus severe enough to induce a rapid response. In aquatic toxicity tests, an effect observed in 96 hours or less is considered acute.
2. "Agricultural irrigation (AgI)" means the use of a surface water for crop irrigation.
3. "Agricultural livestock watering (AgL)" means the use of a surface water as a water supply for consumption by livestock.
4. "Annual mean" is the arithmetic mean of monthly values determined over a consecutive 12-month period, provided that monthly values are determined for at least three months. A monthly value is the arithmetic mean of all values determined in a calendar month.
5. "Aquatic and wildlife (cold water) (A&Wc)" means the use of a surface water by animals, plants, or other cold-water organisms, generally occurring at an elevation greater than 5000 feet, for habitation, growth, or propagation.
6. "Aquatic and wildlife (effluent-dependent water) (A&Wedw)" means the use of an effluent-dependent water by animals, plants, or other organisms for habitation, growth, or propagation.
7. "Aquatic and wildlife (ephemeral) (A&We)" means the use of an ephemeral water by animals, plants, or other organisms, excluding fish, for habitation, growth, or propagation.
8. "Aquatic and wildlife (warm water) (A&Ww)" means the use of a surface water by animals, plants, or other warm-water organisms, generally occurring at an elevation less than 5000 feet, for habitation, growth, or propagation.
9. "Arizona Pollutant Discharge Elimination System (AZPDES)" means the point source discharge permitting program established under A.R.S. § 49-255, et seq., and 18 A.A.C. 9, Article 9.
10. "Assimilative capacity" means the difference between the baseline water quality concentration for a pollutant and the most stringent applicable water quality criterion for that pollutant.
11. "Clean Water Act" means the Federal Water Pollution Control Act [33 U.S.C. 1251 to 1387].
12. "Complete Mixing" means the location at which concentration of a pollutant across a transect of a surface water differs by less than five percent.
13. "Criteria" means elements of water quality standards that are expressed as pollutant concentrations, levels, or narrative statements representing a water quality that supports a designated use.
14. "Critical flow conditions of the discharge" means the hydrologically based discharge flow averages that the director uses to calculate and implement applicable water quality criteria to a mixing zone's receiving water as follows:
  - a. For acute aquatic water quality standard criteria, the discharge flow critical condition is represented by the maximum one-day average flow analyzed over a reasonably representative timeframe.
  - b. For chronic aquatic water quality standard criteria, the discharge flow critical flow condition is represented by the maximum monthly average flow analyzed over a reasonably representative timeframe.
- c. For human health based water quality standard criteria, the discharge flow critical condition is the longterm arithmetic mean flow, averaged over several years so as to simulate long-term exposure.
15. "Critical flow conditions of the receiving water" means the hydrologically based receiving water low flow averages that the director uses to calculate and implement applicable water quality criteria:
  - a. For acute aquatic water quality standard criteria, the receiving water critical condition is represented as the lowest one-day average flow event expected to occur once every ten years, on average (1Q10).
  - b. For chronic aquatic water quality standard criteria, the receiving water critical flow condition is represented as the lowest seven-consecutive-day average flow expected to occur once every 10 years, on average (7Q10), or
  - c. For human health based water quality standard criteria, in order to simulate long-term exposure, the receiving water critical flow condition is the harmonic mean flow.
16. "Deep lake" means a lake or reservoir with an average depth of more than 6 meters.
17. "Designated use" means a use specified in Appendix B of this Article for a surface water.
18. "Domestic water source (DWS)" means the use of a surface water as a source of potable water. Treatment of a surface water may be necessary to yield a finished water suitable for human consumption.
19. "Effluent-dependent water (EDW)" means a surface water or portion of a surface water, that consists of a point source discharge without which the surface water would be ephemeral. An effluent-dependent water may be perennial or intermittent depending on the volume and frequency of the point source discharge of treated wastewater.
20. "Ephemeral water" means a surface water or portion of surface water that flows or pools only in direct response to precipitation.
21. "Existing use" means a use attained in the waterbody on or after November 28, 1975, whether or not it is included in the water quality standards.
22. "Fish consumption (FC)" means the use of a surface water by humans for harvesting aquatic organisms for consumption. Harvestable aquatic organisms include, but are not limited to, fish, clams, turtles, crayfish, and frogs.
23. "Full-body contact (FBC)" means the use of a surface water for swimming or other recreational activity that causes the human body to come into direct contact with the water to the point of complete submergence. The use is such that ingestion of the water is likely and sensitive body organs, such as the eyes, ears, or nose, may be exposed to direct contact with the water.
24. "Geometric mean" means the  $n$ th root of the product of  $n$  items or values. The geometric mean is calculated using the following formula:
 
$$GM_Y = \sqrt[n]{(Y_1)(Y_2)(Y_3) \dots (Y_n)}$$
25. "Hardness" means the sum of the calcium and magnesium concentrations, expressed as calcium carbonate (CaCO<sub>3</sub>) in milligrams per liter.

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26. "Igneous lake" means a lake located in volcanic, basaltic, or granite geology and soils.
27. "Intermittent water" means a surface water or portion of surface water that flows continuously during certain times of the year and more than in direct response to precipitation, such as when it receives water from a spring, elevated groundwater table or another surface source, such as melting snowpack.
28. "Mixing zone" means an area or volume of a surface water that is contiguous to a point source discharge where dilution of the discharge takes place.
29. "Oil" means petroleum in any form, including crude oil, gasoline, fuel oil, diesel oil, lubricating oil, or sludge.
30. "Outstanding Arizona water (OAW)" means a surface water that is classified as an outstanding state resource water by the Director under R18-11-112.
31. "Partial-body contact (PBC)" means the recreational use of a surface water that may cause the human body to come into direct contact with the water, but normally not to the point of complete submergence (for example, wading or boating). The use is such that ingestion of the water is not likely and sensitive body organs, such as the eyes, ears, or nose, will not normally be exposed to direct contact with the water.
32. "Perennial water" means a surface water or portion of surface water that flows continuously throughout the year.
33. "Pollutant" means fluids, contaminants, toxic wastes, toxic pollutants, dredged spoil, solid waste, substances and chemicals, pesticides, herbicides, fertilizers and other agricultural chemicals, incinerator residue, sewage, garbage, sewage sludge, munitions, petroleum products, chemical wastes, biological materials, radioactive materials, heat, wrecked or discarded equipment, rock, sand, cellar dirt, and mining, industrial, municipal, and agricultural wastes or any other liquid, solid, gaseous, or hazardous substance A.R.S. § 49-201(35).
34. "Pollutant Minimization Program" means a structured set of activities to improve processes and pollutant controls that will prevent and reduce pollutant loadings.
35. "Practical quantitation limit" means the lowest level of quantitative measurement that can be reliably achieved during a routine laboratory operation.
36. "Reference condition" means a set of abiotic physical stream habitat, water quality, and site selection criteria established by the Director that describe the typical characteristics of stream sites in a region that are least disturbed by environmental stressors. Reference biological assemblages of macroinvertebrates and algae are collected from these reference condition streams for calculating the Arizona Indexes of Biological Integrity thresholds.
37. "Regional Administrator" means the Regional Administrator of Region IX of the U.S. Environmental Protection Agency.
38. "Regulated discharge" means a point-source discharge regulated under an AZPDES permit, a discharge regulated by a § 404 permit, and any discharge authorized by a federal permit or license that is subject to state water quality certification under § 401 of the Clean Water Act.
39. "Riffle habitat" means a stream segment where moderate water velocity and substrate roughness produce moderately turbulent conditions that break the surface tension of the water and may produce breaking wavelets that turn the surface water into white water.
40. "Run habitat" means a stream segment where there is moderate water velocity that does not break the surface tension of the water and does not produce breaking wavelets that turn the surface water into white water.
41. "Sedimentary lake" means a lake or reservoir in sedimentary or karst geology and soils.
42. "Shallow lake" means a lake or reservoir, excluding an urban lake, with a smaller, flatter morphology and an average depth of less than 3 meters and a maximum depth of less than 4 meters.
43. "Significant degradation" means:
  - a. The consumption of 20 percent or more of the available assimilative capacity for a pollutant of concern at critical flow conditions, or
  - b. Any consumption of assimilative capacity beyond the cumulative cap of 50 percent of assimilative capacity.
44. "Surface water" means "WOTUS" as defined in A.R.S. § 49-201(53).
45. "Total nitrogen" means the sum of the concentrations of ammonia (NH<sub>3</sub>), ammonium ion (NH<sub>4</sub><sup>+</sup>), nitrite (NO<sub>2</sub>), and nitrate (NO<sub>3</sub>), and dissolved and particulate organic nitrogen expressed as elemental nitrogen.
46. "Total phosphorus" means all of the phosphorus present in a sample, regardless of form, as measured by a persulfate digestion procedure.
47. "Toxic" means a pollutant or combination of pollutants, that after discharge and upon exposure, ingestion, inhalation, or assimilation into an organism, either directly from the environment or indirectly by ingestion through food chains, may cause death, disease, behavioral abnormalities, cancer, genetic mutations, physiological malfunctions (including malfunctions in reproduction), or physical deformations in the organism or its offspring.
48. "Urban lake" means a manmade lake within an urban landscape.
49. "Use attainability analysis" means a structured scientific assessment of the factors affecting the attainment of a designated use including physical, chemical, biological, and economic factors.
50. "Variance" means a time-limited designated use and criterion for a specific pollutant or pollutants or water quality parameter or parameters that reflect the highest attainable condition during the term of the variance.
51. "Wadable" means a surface water can be safely crossed on foot and sampled without a boat.
52. "Wastewater" does not mean:
  - a. Stormwater,
  - b. Discharges authorized under a De Minimis General Permit, or
  - c. Other allowable non-stormwater discharges permitted under a Construction General Permit or Multi-sector General Permit, or Stormwater discharges from a municipal separate storm sewer system (MS4) containing incidental amounts of non-stormwater that the MS4 is not required to prohibit.
53. "Wetland" means an area that is inundated or saturated by surface or groundwater at a frequency and duration sufficient to support, and that under normal circumstances does support, a prevalence of vegetation typically adapted for life in saturated soil conditions. A wetland

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includes a swamp, marsh, bog, cienega, tinaja, and similar areas.

54. "Zone of initial dilution" means a small area in the immediate vicinity of an outfall structure in which turbulence is high and causes rapid mixing with the surrounding water.

**Historical Note**

Former Section R9-21-101 repealed, new Section R9-21-101 adopted effective January 29, 1980 (Supp. 80-1). Amended effective April 17, 1984 (Supp. 84-2). Amended effective January 7, 1985 (Supp. 85-1). Amended by adding subsection (C) effective August 12, 1986 (Supp. 86-4). Former Section R9-21-101 renumbered without change as Section R18-11-101 (Supp. 87-3). Former Section R18-11-101 repealed, new Section R18-11-101 adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Deleted first definition to R18-11-101(32) "Navigable Water", previously printed in error (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3). Amended by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4). Amended by final expedited rulemaking at 31 A.A.R. 1008 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-11-102. Applicability**

- A. The water quality standards prescribed in this Article apply to surface waters.
- B. The water quality standards prescribed in this Article do not apply to the following:
1. A waste treatment system, including an impoundment, pond, lagoon, or constructed wetland that is a part of the waste treatment system;
  2. A man-made surface impoundment and any associated ditch and conveyance used in the extraction, beneficiation, or processing of metallic ores that is not a surface water or is located in an area that once was a surface water but is no longer a surface water because it has been and remains legally converted, including:
    - a. A pit,
    - b. Pregnant leach solution pond,
    - c. Raffinate pond,
    - d. Tailing impoundment,
    - e. Decant pond,
    - f. Pond or a sump in a mine pit associated with dewatering activity,
    - g. Pond holding water that has come into contact with a process or product and that is being held for recycling,
    - h. Spill or upset catchment pond, or
    - i. A pond used for onsite remediation;
  3. A man-made cooling pond that is neither created in a surface water nor results from the impoundment of a surface water; or
  4. A surface water located on tribal lands.

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective

March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

**R18-11-103. Repealed****Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1). Repealed effective April 24, 1996 (Supp. 96-2).

**R18-11-104. Designated Uses**

- A. The Director shall adopt or remove a designated use or subcategory of a designated use by rule.
- B. Designated uses of a surface water may include full-body contact, partial-body contact, domestic water source, fish consumption, aquatic and wildlife (cold water), aquatic and wildlife (warm water), aquatic and wildlife (ephemeral), aquatic and wildlife (effluent-dependent water), agricultural irrigation, and agricultural livestock watering. The designated uses for specific surface waters are listed in Appendix B of this Article.
- C. Numeric water quality criteria to maintain and protect water quality for the designated uses are prescribed in Appendix A, R18-11-109, R18-11-110, and R18-11-112. Narrative water quality standards to protect all surface waters are prescribed in R18-11-108.
- D. If a surface water has more than one designated use listed in Appendix B, the most stringent water quality criterion applies.
- E. The Director shall revise the designated uses of a surface water if water quality improvements result in a level of water quality that permits a use that is not currently listed as a designated use in Appendix B.
- F. In designating uses of a surface water and in establishing water quality criteria to protect the designated uses, the Director shall take into consideration the applicable water quality standards for downstream surface waters and shall ensure that the water quality standards that are established for an upstream surface water also provide for the attainment and maintenance of the water quality standards of downstream surface waters.
- G. A use attainability analysis shall be conducted prior to removal of a designated use or adoption of a subcategory of a designated use that requires less stringent water quality criteria.
- H. The Director may remove a designated use or adopt a subcategory of a designated use that requires less stringent water quality criteria, provided the designated use is not an existing use and it is demonstrated through a use attainability analysis that attaining the designated use is not feasible for any of the following reasons:
1. A naturally-occurring pollutant concentration prevents the attainment of the use;
  2. A natural, ephemeral, intermittent, or low-flow condition or water level prevents the attainment of the use;
  3. A human-caused condition or source of pollution prevents the attainment of the use and cannot be remedied or would cause more environmental damage to correct than to leave in place;
  4. A dam, diversion, or other type of hydrologic modification precludes the attainment of the use, and it is not feasible to restore the surface water to its original condition or to operate the modification in a way that would result in attainment of the use;
  5. A physical condition related to the natural features of the surface water, such as the lack of a proper substrate, cover, flow, depth, pools, riffles, and the like, unrelated to water quality, precludes attainment of an aquatic life designated use; or

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6. Controls more stringent than those required by § 301 (b) and § 306 of the Clean Water Act [33 U.S.C. § 1311 and § 1316] are necessary to attain the use and implementation of the controls would result in substantial and widespread economic and social impact.

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1).

Amended effective April 24, 1996 (Supp. 96-2).

Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1).

**R18-11-105. Tributaries; Designated Uses**

The following water quality standards apply to a surface water that is not listed in Appendix B but that is a tributary to a listed surface water.

1. The aquatic and wildlife (ephemeral) and partial-body contact standards apply to an unlisted tributary that is an ephemeral water.
2. The aquatic and wildlife (cold water), full-body contact, and fish consumption standards apply to an unlisted tributary that is a perennial or intermittent surface water and is above 5000 feet in elevation.
3. The aquatic and wildlife (warm water), full-body contact, and fish consumption standards apply to an unlisted tributary that is a perennial or intermittent surface water and is below 5000 feet in elevation.

**Historical Note**

Adopted effective April 24, 1996 (Supp. 96-2). Section heading amended per instructions of the Department of Environmental Quality, August 9, 1996 (Supp. 96-3).

Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1).

**R18-11-106. Net Ecological Benefit**

- A. The Director may, by rule, modify a water quality standard on the ground that there is a net ecological benefit associated with the discharge of effluent to support or create a riparian and aquatic habitat in an area where water resources are limited. The Director may modify a water quality standard for a pollutant if it is demonstrated that:

1. The discharge of effluent creates or supports an ecologically valuable aquatic, wetland, or riparian ecosystem in an area where these resources are limited;
2. The ecological benefits associated with the discharge of effluent under a modified water quality standard exceed the environmental costs associated with the elimination of the discharge of effluent;
3. The cost of treatment to achieve compliance with a water quality standard is so high that it is more cost effective to eliminate the discharge of effluent to the surface water. The discharger shall demonstrate that it is feasible to eliminate the discharge of effluent that creates or supports the ecologically valuable aquatic, wetland, or riparian ecosystem;
4. The discharge of effluent to the surface water will not cause or contribute to a violation of a water quality standard that has been established for a downstream surface water;
5. All practicable point source discharge control programs, including local pretreatment, waste minimization, and source reduction programs are implemented; and
6. The discharge of effluent does not produce or contribute to the concentration of a pollutant in the tissues of aquatic

organisms or wildlife that is likely to be harmful to humans or wildlife through food chain concentration.

- B. The Director shall not modify a water quality criterion for a pollutant to be less stringent than a technology-based effluent limitation that applies to the discharge of that effluent. The discharge of effluent shall, at a minimum, comply with applicable technology-based effluent limitations.

**Historical Note**

Adopted effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

**R18-11-107. Antidegradation**

- A. The Director shall, using R18-11-107.01 and this Section, determine whether there is degradation of water quality in a surface water on a pollutant-by-pollutant basis.
- B. Tier 1: The level of water quality necessary to support an existing use shall be maintained and protected. No degradation of existing water quality is permitted in a surface water where the existing water quality does not meet the applicable water quality standards.
- C. Tier 2: Where existing water quality in a surface water is better than the applicable water quality standard the existing water quality shall be maintained and protected. The Director may allow degradation of existing water quality in the surface water, if the Director makes all of the following findings:
  1. The water quality necessary for existing uses is fully protected and water quality is not lowered to a level that does not comply with applicable water quality standards,
  2. The highest statutory and regulatory requirements for new and existing point sources are achieved,
  3. All cost-effective and reasonable best management practices for nonpoint source pollution control are implemented, and
  4. Allowing lower water quality is necessary to accommodate important economic or social development in the area where the surface water is located.
- D. Tier 3: Existing water quality shall be maintained and protected in a surface water that is classified as an OAW under R18-11-112. Degradation of an OAW under subsection (C) is prohibited.
- E. The Director shall implement this Section in a manner consistent with § 316 of the Clean Water Act [33 U.S.C. 1326] if a potential water quality impairment associated with a thermal discharge is involved.

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1).

Amended effective April 24, 1996 (Supp. 96-2).

Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

**R18-11-107.01. Antidegradation Criteria**

- A. Tier 1 antidegradation protection.
  1. Tier 1 antidegradation protection applies to the following surface waters:
    - a. A surface water listed on the 303(d) list for the pollutant that resulted in the listing,
    - b. An effluent dependent water,
    - c. An ephemeral water,
    - d. An intermittent water, and
    - e. A canal listed in Appendix B.

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2. A regulated discharge shall not cause a violation of a surface water quality standard or a wasteload allocation in a total maximum daily load approved by EPA.
3. Except as provided in subsections (E) and (F), Tier 1 antidegradation review requirements are satisfied for a point-source discharge regulated under an individual AZPDES permit to an ephemeral water, effluent dependent water, intermittent water, or a canal listed in Appendix B, if water quality-based effluent limitations designed to achieve compliance with applicable surface water quality standards are established in the permit and technology-based requirements of the Clean Water Act for the point source discharge are met.

**B. Tier 2 antidegradation protection.**

1. Tier 2 antidegradation protection applies to a perennial water with existing water quality that is better than applicable water quality standards. A perennial water that is not listed in subsection (A)(1) nor classified as an OAW under A.A.C. R18-9-112(G) has Tier 2 antidegradation protection for all pollutants of concern.
2. A regulated discharge that meets the following criteria, at critical flow conditions, does not cause significant degradation:
  - a. The regulated discharge consumes less than 20 percent of the available assimilative capacity for each pollutant of concern, and
  - b. At least 50 percent of the assimilative capacity for each pollutant of concern remains available in the surface water for each pollutant of concern.
3. Antidegradation review. Any person proposing a new or expanded regulated discharge under an individual AZPDES permit that may cause significant degradation shall provide ADEQ with the following information:
  - a. Baseline characterization. A person seeking authorization to discharge under an individual AZPDES permit to a perennial water shall provide baseline water quality data on pollutants of concern where no data exists or there are insufficient data to characterize baseline water quality and to determine available assimilative capacity. A discharger shall characterize baseline water quality at a location upstream of the proposed discharge location;
  - b. Alternative analysis.
    - i. The person seeking authorization for the discharge shall prepare and submit a written analysis of alternatives to the discharge. The analysis shall provide information on all reasonable, cost-effective, less-degrading or non-degrading discharge alternatives. Alternatives may include wastewater treatment process changes or upgrades, pollution prevention measures, source reduction, water reclamation, alternative discharge locations, groundwater recharge, land application or treatment, local pretreatment programs, improved operation and maintenance of existing systems, seasonal or controlled discharge to avoid critical flow conditions, and zero discharge;
    - ii. The alternatives analysis shall include cost information on base pollution control measures associated with the regulated discharge and cost information for each alternative;
    - iii. The person shall implement the alternative that is cost-effective and reasonable, results in the

least degradation, and is approved by the Director. An alternative is cost-effective and reasonable if treatment costs associated with the alternative are less than a 10 percent increase above the cost of base pollution control measures;

- iv. For purposes of this subsection, "base pollution control measures" are water pollution control measures required to meet technology-based requirements of the Clean Water Act and water quality-based effluent limits designed to achieve compliance with applicable water quality standards; and

- c. Social and economic justification. The person shall demonstrate to the Director that significant degradation is necessary to accommodate important economic or social development in the local area. The person seeking authorization for the discharge shall prepare a written social and economic justification that includes a description of the following:
  - i. The geographic area where significant degradation of existing water quality will occur;
  - ii. The current baseline social and economic conditions in the local area;
  - iii. The net positive social and economic effects of development associated with the regulated discharge and allowing significant degradation;
  - iv. The negative social, environmental, and economic effects of allowing significant degradation of existing water quality; and
  - v. Alternatives to the regulated discharge that do not significantly degrade water quality yet may yield comparable social and economic benefits.

4. For purposes of this Section, the term "pollutant of concern" means a pollutant with either a numeric or narrative water quality standard.
5. Public participation. The Director shall provide public notice and an opportunity to comment on an antidegradation review under subsection (B)(3) and shall provide an opportunity for a public hearing under A.A.C. R18-9-A908(B).

**C. Tier 3 antidegradation protection.**

1. Tier 3 antidegradation protection applies only to an OAW listed in R18-11-112(G).
2. A new or expanded point-source discharge directly to an OAW is prohibited.
3. A person seeking authorization for a regulated discharge to a tributary to, or upstream of, an OAW shall demonstrate in a permit application or in other documentation submitted to ADEQ that the regulated discharge will not degrade existing water quality in the downstream OAW.
4. A discharge regulated under a § 404 permit that may affect existing water quality of an OAW requires a determination by the Director to ensure that existing water quality is maintained and protected and any water quality impacts are temporary. Temporary water quality impacts are those impacts that occur for a period of six months or less and are not regularly occurring. The form of such a determination shall be as follows:
  - a. For Corps-issued § 404 permits, an individual § 401 water quality certification.
  - b. For Director-issued § 404 permits, a § 404 permit action, wherein the Director shall conduct a water quality evaluation as a part of the state's require-

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ments for issuing § 404 permits and in accordance with this Section.

**D.** Antidegradation review of a § 404 permit shall be conducted as follows:

1. For a Corps-issued § 404 permit. The Director shall conduct the antidegradation review of any discharge authorized under a nationwide or regional § 404 permit as part of the § 401 water quality certification prior to issuance of the nationwide or regional permit. The Director shall conduct the antidegradation review of an individual § 404 permit if the discharge may degrade existing water quality in an OAW or a water listed on the 303(d) List of impaired waters. For regulated discharges that may degrade water quality in an OAW or a water that is on the 303(d) List of impaired waters, the Director shall conduct the antidegradation review as part of the § 401 water quality certification process.
2. For a Director-issued § 404 permit. The Director shall conduct the antidegradation review of any discharge authorized under a general § 404 permit as a part of its determination whether to issue a general permit in accordance with state requirements for issuing a § 404 general permit and with this Section. The Director shall conduct the antidegradation review of an individual § 404 permit as part of the § 404 permit action in accordance with state requirements for issuing a § 404 permit and in accordance with this Section.

**E.** Antidegradation review of an AZPDES stormwater permit. An individual stormwater permit for a municipal separate storm sewer system (MS4) meets antidegradation requirements if the permittee complies with the permit, including developing a stormwater management plan containing controls that reduce the level of pollutants in stormwater discharges to the maximum extent practicable.

**F.** Antidegradation review of a general permit. The Director shall conduct the antidegradation review of a regulated discharge authorized by a general permit at the time the general permit is issued or renewed. A person seeking authorization to discharge under a general permit is not required to undergo an individual antidegradation review at the time the Notice of Intent is submitted unless the discharge may degrade existing water quality in an OAW or a water listed on the 303(d) List of impaired waters.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

**R18-11-108. Narrative Water Quality Standards**

**A.** A surface water shall not contain pollutants in amounts or combinations that:

1. Settle to form bottom deposits that inhibit or prohibit the habitation, growth, or propagation of aquatic life;
2. Cause objectionable odor in the area in which the surface water is located;
3. Cause off-taste or odor in drinking water;
4. Cause off-flavor in aquatic organisms;
5. Are toxic to humans, animals, plants, or other organisms;
6. Cause the growth of algae or aquatic plants that inhibit or prohibit the habitation, growth, or propagation of other aquatic life or that impair recreational uses;

7. Cause or contribute to a violation of an aquifer water quality standard prescribed in R18-11-405 or R18-11-406; or
8. Change the color of the surface water from natural background levels of color.

**B.** A surface water shall not contain oil, grease, or any other pollutant that floats as debris, foam, or scum; or that causes a film or iridescent appearance on the surface of the water; or that causes a deposit on a shoreline, bank, or aquatic vegetation. The discharge of lubricating oil or gasoline associated with the normal operation of a recreational watercraft is not a violation of this narrative standard.

**C.** A surface water shall not contain a discharge of suspended solids in quantities or concentrations that interfere with the treatment processes at the nearest downstream potable water treatment plant or substantially increase the cost of handling solids produced at the nearest downstream potable water treatment plant.

**D.** A surface water shall not contain solid waste such as refuse, rubbish, demolition or construction debris, trash, garbage, motor vehicles, appliances, or tires.

**E.** A wadeable, perennial stream shall support and maintain a community of organisms having a taxa richness, species composition, tolerance, and functional organization comparable to that of a stream with reference conditions in Arizona.

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1).

Amended effective April 24, 1996 (Supp. 96-2).

Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

**R18-11-108.01. Narrative Biological Criteria for Wadeable, Perennial Streams**

**A.** The narrative biological criteria in this Section apply to a wadeable, perennial stream with either an aquatic and wildlife (cold water) or an aquatic and wildlife (warm water) designated use.

**B.** The biological standard in R18-11-108(E) is met when a bioassessment result, as measured by the Arizona Index of Biological Integrity (IBI), for cold or warm water is:

1. Greater than or equal to the 25th percentile of reference condition, or
2. Greater than the 10th percentile of reference condition and less than the 25th percentile of reference condition and a verification bioassessment result is greater than or equal to the 25th percentile of reference condition.

**C.** Arizona Index of Biological Integrity (IBI) scores:

Bioassessment Result	Index of Biological Integrity Scores	
	A&Wc	A&Ww
Greater than or equal to the 25th percentile of reference condition	≥52	≥50
Greater than the 10th and less than the 25th percentile of reference condition	46 - 51	40 - 49

**Historical Note**

New Section made by final rulemaking at 14 A.A.R.

4708, effective January 31, 2009 (Supp. 08-4).

**R18-11-108.02. Narrative Bottom Deposit Criteria for Wadeable, Perennial Streams**

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- A.** The narrative bottom deposit criteria in this Section apply to Wadeable, perennial streams with an aquatic and wildlife (cold water) or an aquatic and wildlife (warm water) designated use.
- B.** The narrative water quality standard for bottom deposits at R18-11-108(A)(1) is met when:
1. The percentage of fine sediments in the riffle habitats of a wadeable, perennial stream with an A&Wc designated use, as determined by a riffle pebble count, is less than or equal to 30 percent.
  2. The percentage of fine sediments in all stream habitats of a wadeable, perennial stream with an A&Ww designated use, as determined by a reach level pebble count, is equal to or less than 50 percent.
- Historical Note**  
New Section made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).
- R18-11-108.03. Narrative Nutrient Criteria for Lakes and Reservoirs**
- A.** The narrative nutrient criteria in this Section apply to those lakes and reservoirs categorized in Appendix B.
- B.** The narrative water quality standard for nutrients at R18-11-108(A)(6) is met when, based on a minimum of two lake sample events conducted during the peak season based on lake productivity, the results show an average chlorophyll-*a* value below the applicable threshold for designated use and lake and reservoir category in subsection (D).
1. The mean chlorophyll-*a* concentration is less than the lower value in the target range chlorophyll-*a* for the lake and reservoir category, or
  2. The mean chlorophyll-*a* concentration is within the target range for the lake and reservoir category and:
- a. The mean blue green algae count is at or below 20,000 per milliliter, and
  - b. The blue green algae count is less than 50 percent of the total algae count, and
  - c. There is no evidence of nutrient-related impairments such as:
    - i. An exceedance of dissolved oxygen or pH standards;
    - ii. A fish kill coincident with a dissolved oxygen or pH exceedance;
    - iii. A fish kill or other aquatic organism mortality coincident with algal toxicity;
    - iv. Secchi depth is less than the lower value prescribed for the lake and reservoir category;
    - v. A nuisance algal bloom is present in the limnetic portion of the lake or reservoir; or
    - vi. The concentration of total phosphorous, total nitrogen, or total Kjeldahl nitrogen (TKN) is greater than the upper value in the range prescribed for the lake and reservoir category; or
  3. For a shallow lake. In addition to meeting the mean chlorophyll-*a* concentrations in subsections (B)(1) or (2), submerged aquatic vegetation covers 50 percent or less of the lake bottom and there is less than a 5 mg/L swing in diel-dissolved oxygen concentration measured within the photic zone.
- C.** The following threshold ranges apply during the peak season for lake productivity:
1. Warm water lakes peak season, April – October;
  2. Cold water lakes peak season, May – September.
- D.** The following table lists the numeric targets for lakes and reservoirs.

NUMERIC TARGETS FOR LAKES AND RESERVOIRS										
Designated Use	Lake Category	Chl- <i>a</i> (µg/L)	Secchi Depth (m)	Total Phosphorus (µg/L)	Total Nitrogen (mg/L)	Total Kjeldahl Nitrogen (TKN) (mg/L)	Blue-Green Algae (per ml)	Blue-Green Algae (% of total count)	Dissolved Oxygen (mg/L)	pH (SU)
FBC and PBC	Deep	10-15	1.5-2.5	70-90	1.2-1.4	1.0-1.1	20,000			6.5-9.0
	Shallow	10-15	1.5-2.0	70-90	1.2-1.4	1.0-1.1				
	Igneous	20-30	0.5-1.0	100-125	1.5-1.7	1.2-1.4				
	Sedimentary	20-30	1.5-2.0	100-125	1.5-1.7	1.2-1.4				
	Urban	20-30	0.5-1.0	100-125	1.5-1.7	1.2-1.4				
A&Wc	All	5-15	1.5-2.0	50-90	1.0-1.4	0.7-1.1		<50	7 (top m)	6.5-9.0
A&Ww	All (except urban lakes)	25-40	0.8-1.0	115-140	1.6-1.8	1.3-1.6			6 (top m)	
	Urban	30-50	0.7-1.0	125-160	1.7-1.9	1.4-1.7				
A&Wedw	All	30-50	0.7-1.0	125-160	1.7-1.9	1.4-1.7				6.5-9.0
DWS	All	10-20	0.5-1.5	70-100	1.2-1.5	1.0-1.2	20,000			5.0-9.0

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

**R18-11-109. Numeric Water Quality Standards**

- A.** *E. coli* bacteria. The following water quality standards for *Escherichia coli* (*E. coli*) are expressed in colony forming units per 100 milliliters of water (cfu / 100 ml) or as a Most Probable Number (MPN):

<i>E. coli</i>	FBC	PBC
Geometric mean (minimum of four samples in 30 days)	126	126
Statistical threshold value	410	576

- B.** pH. The following water quality standards for pH are expressed in standard units:

pH	DWS	FBC, PBC, A&W <sup>1</sup>	AgI	AgL
Maximum	9.0	9.0	9.0	9.0
Minimum	5.0	6.5	4.5	6.5

**Footnotes:**

1. "1" Includes A&Wc, A&Ww, A&Wedw, and A&We.



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- C. The maximum allowable increase in ambient water temperature, due to a thermal discharge is as follows:

A&Ww	A&Wedw	A&Wc
3.0° C	3.0° C	1.0° C

- D. Suspended sediment concentration.

1. The following water quality standards for suspended sediment concentration, expressed in milligrams per liter (mg/L), are expressed as a median value determined from a minimum of four samples collected at least seven days apart:

A&Wc	A&Ww
25	80

2. The Director shall not use the results of a suspended sediment concentration sample collected during or within 48 hours after a local storm event to determine the median value.

- E. Dissolved oxygen. A surface water meets the water quality standard for dissolved oxygen when either:

1. The percent saturation of dissolved oxygen is equal to or greater than 90 percent, or
2. The single sample minimum concentration for the designated use, as expressed in milligrams per liter (mg/L) is as follows:

Designated Use	Single sample minimum concentration in mg/L
A&Ww	6.0
A&Wc	7.0
A&W edw for a sample taken from three hours after sunrise to sunset	3.0
A&W edw for a sample taken from sunset to three hours after sunrise	1.0

The single sample minimum concentration is the same for the designated use in a lake, but the sample must be taken from a depth no greater than one meter.

- F. Nutrient criteria. The following are water quality standards for total phosphorus and total nitrogen (expressed in milligrams per liter (mg/L)) that apply to the surface waters listed below. A minimum of 10 samples, each taken at least 10 days apart in a consecutive 12-month period, are required to determine a 90th percentile. Not more than 10 percent of the samples may exceed the 90th percentile value listed below. The Director will apply these water quality standards for total phosphorus and total nitrogen to the surface waters listed below, and to their perennial tributaries, if listed. The Director may also apply these total phosphorus and total nitrogen standards to any source discharging to any tributary (ephemeral, intermittent, effluent dependent water, or perennial) of the surface waters listed below, if necessary to protect nutrient water quality in the listed surface water, based on the volume, frequency, magnitude and duration of the discharge, and distance to the downstream surface water listed below:

1. Verde River and its perennial tributaries from the Verde headwaters to Bartlett Lake:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.10	0.30	1.00
Total nitrogen	1.00	1.50	3.00

2. Black River, Tonto Creek and their perennial tributaries for any segments that are not located on tribal lands:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
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Total phosphorus	0.10	0.20	0.80
Total nitrogen	0.50	1.00	2.00

3. Salt River and its perennial tributaries above Roosevelt Lake for any segments that are not located on tribal lands:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.12	0.30	1.00
Total nitrogen	0.60	1.20	2.00

4. Salt River below Stewart Mountain Dam to its confluence with the Verde River:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.05	—	0.20
Total nitrogen	0.60	—	3.00

5. Little Colorado River and its perennial tributaries upstream from:

- a. The headwaters to River Reservoir,
- b. South Fork of Little Colorado River at 34°00'49"/109°24'18" to above South Fork Campground at 34°04'49"/109°24'18", and
- c. The headwaters of Water Canyon Creek to the Apache-Sitgreaves National Forest boundary:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.08	0.10	0.75
Total nitrogen	0.60	0.75	1.10

6. From the Little Colorado River and State Route 260 at 34°06'39"/109°18'55" to Lyman Lake:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.20	0.30	0.75
Total nitrogen	0.70	1.20	1.50

7. Colorado River at the Northern International Boundary near Morelos Dam:

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	—	0.33	—
Total nitrogen	—	2.50	—

8. Oak Creek from its headwaters at 35°01'30"/111°44'12" to its confluence with the Verde River and the West Fork of Oak Creek from its headwaters at 35°02'44"/111°54'48" to its confluence with Oak Creek.

Surface Water	Annual Mean	90th Percentile	Single Sample Maximum
Total phosphorus	0.1	0.25	0.30
Total nitrogen	1.00	1.50	2.50

9. No discharge of wastewater to Show Low Creek or its perennial tributaries upstream of and including Fools Hollow Lake shall exceed 0.16 mg/L total phosphates as P.

10. No discharge of wastewater to the San Francisco River or its perennial tributaries upstream of Luna Lake Dam shall exceed 1.0 mg/L total phosphates as P.

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1).

Amended effective April 24, 1996 (Supp. 96-2).

Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp.

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08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

**R18-11-110. Salinity Standards for the Colorado River**

- A. The flow-weighted average annual salinity in the lower main stem of the Colorado River shall not exceed the following criteria:

Location	Total Dissolved Solids
Below Hoover Dam	723 mg/L
Below Parker Dam	747 mg/L
At Imperial Dam	879 mg/L

- B. The plan of implementation contained in the "2014 Review, Water Quality Standards for Salinity, Colorado River System," approved October 2014, is incorporated by reference to preserve the basin-wide approach to salinity control developed by the Colorado River Basin Salinity Control Forum and to ensure compliance with the numeric criteria for salinity in subsection (A). This material does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 West Washington Street, Phoenix, Arizona 85007 or may be obtained from the Colorado River Basin Salinity Control Forum, 106 West 500 South, Suite 101, Bountiful, Utah 84010-6232 or at <http://www.coloradoriversalinity.org/>.

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1).  
Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

**R18-11-111. Analytical Methods**

- A. A person conducting an analysis of a sample taken to determine compliance with a water quality standard shall use an analytical method prescribed in A.A.C. R9-14-610, 40 CFR 136.3, or an alternative analytical method approved under A.A.C. R9-14-610(C).
- B. A test result from a sample taken to determine compliance with a water quality standard is valid only if the sample is analyzed by a laboratory that is licensed by the Arizona Department of Health Services, an out-of-state laboratory licensed under A.R.S. § 36-495.14, or a laboratory exempted under A.R.S. § 36-495.02, for the analysis performed.

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1).  
Amended effective April 24, 1996 (Supp. 96-2).  
Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

**R18-11-112. Outstanding Arizona Waters**

- A. The Director shall classify a surface water as an outstanding Arizona water (OAW) by rule.
- B. The Director may adopt, under R18-11-115, a site-specific standard to maintain and protect existing water quality in an OAW.
- C. Any person may nominate a surface water for classification as an OAW by filing a nomination with the Director. The nomination shall include:
1. A map and a description of the surface water;

2. A written statement in support of the nomination, including specific reference to the applicable criteria for an OAW classification prescribed in subsection (D);
  3. Supporting evidence demonstrating that the criteria prescribed in subsection (D) are met; and
  4. Available water quality data relevant to establishing the baseline water quality of the proposed OAW.
- D. The Director may classify a surface water as an OAW based upon the following criteria:
1. The surface water is a perennial or intermittent water;
  2. The surface water is in a free-flowing condition. For purposes of this subsection, "in a free-flowing condition" means that a surface water does not have an impoundment, diversion, channelization, rip-rapping or other bank armor, or another hydrological modification within the reach nominated for an OAW classification;
  3. The surface water has good water quality. For purposes of this subsection, "good water quality" means that the surface water has water quality that meets or is better than applicable surface water quality standards. A surface water that is listed as impaired under R18-11-604(E) is ineligible for OAW classification; and
  4. The surface water meets one or both of the following conditions:
    - a. The surface water is of exceptional recreational or ecological significance because of its unique attributes, such as the geology, flora and fauna, water quality, aesthetic value, or the wilderness characteristic of the surface water;
    - b. An endangered or threatened species is associated with the surface water and the existing water quality is essential to the species' maintenance and propagation or the surface water provides critical habitat for the threatened or endangered species. An endangered or threatened species is identified in "Endangered and Threatened Wildlife," 50 CFR 17.11 (revised 2005), and "Endangered and Threatened Plants," 50 CFR 17.12 (revised 2005). This material is incorporated by reference and does not include any later amendments or editions of the incorporated material. Copies of the incorporated material are available for inspection at the Arizona Department of Environmental Quality, 1110 West Washington Street, Phoenix, Arizona 85007 or may be obtained from the National Archives and Records Administration at <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html#page1>.
- E. The Director shall hold at least one public meeting in the local area of a surface water that is nominated for classification as an OAW to solicit public comment on the nomination.
- F. The Director shall consider the following factors when deciding whether to classify a surface water as an OAW:
1. Whether there is the ability to manage the surface water and its watershed to maintain and protect existing water quality;
  2. The social and economic impact of Tier 3 antidegradation protection;
  3. The public comments in support of, or in opposition to, an OAW classification;
  4. The timing of the nomination relative to the triennial review of surface water quality standards;
  5. The consistency of an OAW classification with applicable water quality management plans; and

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6. Whether the nominated surface water is located within a national or state park, national monument, national recreation area, wilderness area, riparian conservation area, area of critical environmental concern, or it has another special use designation (for example, Wild and Scenic River).
- G.** The following surface waters are classified as OAWs:
1. The West Fork of the Little Colorado River, from its headwaters to Government Springs (approximately 9.1 river miles);
  2. Oak Creek, from its headwaters to its confluence with the Verde River (approximately 50.3 river miles);
  3. West Fork of Oak Creek, from its headwaters to its confluence with Oak Creek (approximately 15.8 river miles);
  4. Peeples Canyon Creek, from its headwaters to its confluence with the Santa Maria River (approximately 8.1 river miles);
  5. Burro Creek, from its headwaters to its confluence with Boulder Creek (approximately 29.5 miles);
  6. Francis Creek, from its headwaters to its confluence with Burro Creek (approximately 22.9 river miles);
  7. Bonita Creek, from its boundary of the San Carlos Indian Reservation to its confluence with the Gila River (approximately 14.7 river miles);
  8. Cienega Creek, from its confluence with Gardner Canyon to the USGS gaging station (#09484600) (approximately 28.3 river miles);
  9. Aravaipa Creek, from its confluence with Stowe Gulch to the downstream boundary of the Aravaipa Canyon Wilderness Area (approximately 15.5 river miles);
  10. Cave Creek, from its headwaters to the Coronado National Forest boundary (approximately 10.4 river miles);
  11. South Fork of Cave Creek, from its headwaters to its confluence with Cave Creek (approximately 8.6 river miles);
  12. Buchman Canyon Creek, from its headwaters to its confluence with unnamed tributary at 32°24'31"/110°32'08" (approximately 9.8 river miles);
  13. Lee Valley Creek, from its headwaters to Lee Valley Reservoir (approximately 1.6 river miles);
  14. Bear Wallow Creek, from its headwaters to the boundary of the San Carlos Indian Reservation (approximately 4.25 river miles);
  15. North Fork of Bear Wallow Creek, from its headwaters to its confluence with Bear Wallow Creek (approximately 3.8 river miles);
  16. South Fork of Bear Wallow Creek, from its headwaters to its confluence with Bear Wallow Creek (approximately 3.8 river miles);
  17. Snake Creek, from its headwaters to its confluence with the Black River (approximately 6.2 river miles);
  18. Hay Creek, from its headwaters to its confluence with the West Fork of the Black River (approximately 5.5 river miles);
  19. Stinky Creek, from the White Mountain Apache Indian Reservation boundary to its confluence with the West Fork of the Black River (approximately 3.0 river miles);
  20. KP Creek, from its headwaters to its confluence with the Blue River (approximately 12.7 river miles);
  21. Davidson Canyon, from the unnamed spring at 31°59'00"/110°38'49" to its confluence with Cienega Creek; and
  22. Fossil Creek, from its headwaters at the confluence of Sandrocks and Calf Pen Canyons above Fossil Springs to its confluence with the Verde River (approximately 17.2 river miles).
- Historical Note**
- Adopted effective February 18, 1992 (Supp. 92-1).  
Amended effective April 24, 1996 (Supp. 96-2). Added "water quality standards" to R18-11-112, previously omitted in error (Supp. 96-3). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).
- R18-11-113. Effluent-Dependent Waters**
- A.** The Director shall classify a surface water as an effluent-dependent water by rule.
  - B.** The Director may adopt, under R18-11-115, a site-specific water quality standard for an effluent-dependent water.
  - C.** Any person may submit a petition for rule adoption requesting that the Director classify a surface water as an effluent-dependent water. The petition shall include:
    1. A map and a description of the surface water;
    2. Information that demonstrates that the surface water consists of a point source discharge of wastewater; and
    3. Information that demonstrates that, without a point source discharge of a wastewater, the receiving water is an ephemeral water.
  - D.** The Director shall use the water quality standards that apply to an effluent-dependent water to derive water quality-based effluent limits for a point source discharge of wastewater to an ephemeral water.
  - E.** The Director may use aquatic and wildlife (edw) acute standards only to derive water quality based effluent limits for a sporadic, infrequent, or emergency point source discharge to an ephemeral water or to an effluent-dependent water. The Director shall consider the following factors when deciding whether to apply A&Wedw (acute) standards:
    1. The amount, frequency, and duration of the discharge;
    2. The length of time water may be present in the receiving water;
    3. The distance to a downstream water with aquatic and wildlife chronic standards; and
    4. The likelihood of chronic exposure to pollutants.
  - F.** The Director may establish alternative water quality-based effluent limits in an AZPDES permit based on seasonal differences in the discharge.
- Historical Note**
- Adopted effective February 18, 1992 (Supp. 92-1).  
Amended effective December 18, 1992 (Supp. 92-4).  
Amended effective April 24, 1996 (Supp. 96-2).  
Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).
- R18-11-114. Mixing Zones**
- A.** The Director may establish a mixing zone for a point source discharge to a surface water as a condition of an individual AZPDES permit on a pollutant-by-pollutant basis. A mixing zone is prohibited in an ephemeral water or where there is no water for dilution, or as prohibited pursuant to subsection (H).
  - B.** The owner or operator of a point source seeking the establishment of a mixing zone shall submit a request to the Director

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for a mixing zone as part of an application for an AZPDES permit. The request shall include:

1. An identification of the pollutant for which the mixing zone is requested;
  2. A proposed outfall design;
  3. A definition of the boundary of the proposed mixing zone. For purposes of this subsection, the boundary of a mixing zone is where complete mixing occurs; and
  4. A complete and detailed description of the existing physical, biological, and chemical conditions of the receiving water and the predicted impact of the proposed mixing zone on those conditions. The description shall also address the factors listed in subsection (D) that the Director must consider when deciding to grant or deny a request and shall address the mixing zone requirements in subsection (H).
- C.** The Director shall consider the following factors when deciding whether to grant or deny a request for a mixing zone:
1. The assimilative capacity of the receiving water;
  2. The likelihood of adverse human health effects;
  3. The location of drinking water plant intakes and public swimming areas;
  4. The predicted exposure of biota and the likelihood that resident biota will be adversely affected;
  5. Bioaccumulation;
  6. Whether there will be acute toxicity in the mixing zone, and, if so, the size of the zone of initial dilution;
  7. The known or predicted safe exposure levels for the pollutant for which the mixing zone is requested;
  8. The size of the mixing zone;
  9. The location of the mixing zone relative to biologically sensitive areas in the surface water;
  10. The concentration gradient of the pollutant within the mixing zone;
  11. Sediment deposition;
  12. The potential for attracting aquatic life to the mixing zone; and
  13. The cumulative impacts of other mixing zones and other discharges to the surface water.
- D.** Director determination.
1. The Director shall deny a request to establish a mixing zone if a water quality standard will be violated outside the boundaries of the proposed mixing zone.
  2. If the Director approves the request to establish a mixing zone, the Director shall establish the mixing zone as a condition of an AZPDES permit. The Director shall include any mixing zone condition in the AZPDES permit that is necessary to protect human health and the designated uses of the surface water.
- E.** Any person who is adversely affected by the Director's decision to grant or deny a request for a mixing zone may appeal the decision under A.R.S. § 49-321 et seq. and A.R.S. § 41-1092 et seq.
- F.** The Director shall reevaluate a mixing zone upon issuance, reissuance, or modification of the AZPDES permit for the point source or a modification of the outfall structure.
- G.** Mixing zone requirements.
1. A mixing zone shall be as small as practicable in that it shall not extend beyond the point in the waterbody at which complete mixing occurs under the critical flow conditions of the discharge and of the receiving water.
  2. The total horizontal area allocated to all mixing zones on a lake shall not exceed 10 percent of the surface area of the lake.
  3. Adjacent mixing zones in a lake shall not overlap or be located closer together than the greatest horizontal dimension of the largest mixing zone.
  4. The design of any discharge outfall shall maximize initial dilution of the wastewater in a surface water.
  5. The size of the zone of initial dilution in a mixing zone shall prevent lethality to organisms passing through the zone of initial dilution. The mixing zone shall prevent acute toxicity and lethality to organisms passing through the mixing zone.
- H.** The Director shall not establish a mixing zone in an AZPDES permit for the following persistent, bioaccumulative pollutants:
1. Chlordane,
  2. DDT and its metabolites (DDD and DDE),
  3. Dieldrin,
  4. Dioxin,
  5. Endrin,
  6. Endrin aldehyde,
  7. Heptachlor,
  8. Heptachlor epoxide,
  9. Lindane,
  10. Mercury,
  11. Polychlorinated biphenyls (PCBs), and
  12. Toxaphene.

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1).

Amended effective April 24, 1996 (Supp. 96-2).

Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

**R18-11-115. Site-Specific Standards**

- A.** The Director shall adopt a site-specific standard by rule.
- B.** The Director may adopt a site-specific standard based upon a request or upon the Director's initiative for any of the following reasons:
1. Local physical, chemical, or hydrological conditions of a surface water such as pH, hardness, fate and transport, or temperature alters the biological availability or toxicity of a pollutant;
  2. The sensitivity of resident aquatic organisms that occur in a surface water to a pollutant differs from the sensitivity of the species used to derive the numeric water quality standards to protect aquatic life in Appendix A;
  3. Resident aquatic organisms that occur in a surface water represent a narrower mix of species than those in the dataset used by ADEQ to derive numeric water quality standards to protect aquatic life in Appendix A;
  4. The natural background concentration of a pollutant is greater than the numeric water quality standard to protect aquatic life prescribed in Appendix A. "Natural background" means the concentration of a pollutant in a surface water due only to non-anthropogenic sources; or
  5. Other factors or combination of factors that upon review by the Director warrant changing a numeric water quality standard for a surface water.
- C.** Site-specific standard by request. To request that the Director adopt a site-specific standard, a person must conduct a study to support the development of a site-specific standard using a scientifically-defensible procedure.

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1. Before conducting the study, a person shall submit a study outline to the Director for approval that contains the following elements:
  - a. Identifies the pollutant;
  - b. Describes the reach's boundaries;
  - c. Uses one of the following procedures, as defined by the most recent EPA guidance documents:
    - i. The recalculation procedure,
    - ii. The water effects ratio for metals,
    - iii. The streamlined water effects ratio, or
    - iv. The Biotic ligand model.
  - d. Demonstrates that all designated uses are protected.
2. Alternatively, a study outline submitted for the Director's approval must contain the following elements:
  - a. Identifies the pollutant;
  - b. Describes the reach's boundaries;
  - c. Describes the hydrologic regime of the waterbody;
  - d. Describes the scientifically-defensible procedure, which can include relevant aquatic life studies, ecological studies, laboratory tests, biological translators, fate and transport models, and risk analyses;
  - e. Describes and compares the taxonomic composition, distribution and density of the aquatic biota within the reach to a reference reach and describes the basis of any major taxonomic differences;
  - f. Describes the pollutant's effect on the affected species or appropriate surrogate species and on the other designated uses listed for the reach;
  - g. Demonstrates that all designated uses are protected; and
  - h. A person seeking to develop a site-specific standard based on natural background may use statistical or modeling approaches to determine natural background concentration. Modeling approaches include Better Assessment Science Integrating Source and Nonpoint Sources (Basins), Hydrologic Simulation Program-Fortran (HSPF), and Hydrologic Engineering Center (HEC) programs developed by the U.S. Army Corps of Engineers.

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Section repealed by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). New Section made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

**R18-11-116. Resource Management Agencies**

Nothing in this Article prohibits fisheries management activities by the Arizona Game and Fish Department or the U.S. Fish and Wildlife Service. This Article does not exempt fish hatcheries from AZPDES permit requirements.

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

**R18-11-117. Canals and Urban Park Lakes**

A. Nothing in this Article prevents the routine physical or mechanical maintenance of canals, drains, and the urban lakes identified in Appendix B. Physical or mechanical maintenance

includes dewatering, lining, dredging, and the physical, biological, or chemical control of weeds and algae. Increases in turbidity that result from physical or mechanical maintenance activities are permitted in canals, drains, and the urban lakes identified in Appendix B.

- B. The discharge of lubricating oil associated with the start-up of well pumps that discharge to canals is not a violation of R18-11-108(B).

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

**R18-11-118. Dams and Flood Control Structures**

Increases in turbidity that result from the routine physical or mechanical maintenance of a dam or flood control structure are not violations of this Article. Nothing in this Article requires the release of water from a dam or a flood control structure.

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

**R18-11-119. Natural background**

Where the concentration of a pollutant exceeds a water quality standard and the exceedance is not caused by human activity but is due solely to naturally-occurring conditions, the exceedance shall not be considered a violation of the water quality standard.

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1).

**R18-11-120. Enforcement of Non-permitted Discharges**

- A. The Department may establish a numeric water quality standard at a concentration that is below the practical quantitation limit. Therefore, in enforcement actions pursuant to subsection (B), the water quality standard is enforceable at the practical quantitation limit.
- B. Except for chronic aquatic and wildlife criteria, for non-permitted discharge violations, the Department shall determine compliance with numeric water quality standard criteria from the analytical result of a single sample, unless additional samples are required under this article. For chronic aquatic and wildlife criteria, compliance for non-permitted discharge violations shall be determined from the geometric mean of the analytical results of the last four samples taken at least 24 hours apart. For the purposes of this Section, a "non-permitted discharge violation" does not include a discharge regulated under an AZPDES permit.

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1). Amended effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

**R18-11-121. Schedules of Compliance**

A compliance schedule in an AZPDES permit shall require the permittee to comply with a discharge limitation based upon a new or revised water quality standard as soon as possible to achieve com-

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pliance. The permittee shall demonstrate that all requirements under § 301(b) and § 306 of the Clean Water Act [33 U.S.C. 1311(b) and 1316] are achieved and that the point source cannot comply with a discharge limitation based upon the new or revised water quality standard through the application of existing water pollution control technology, operational changes, or source reduction. In establishing a compliance schedule, the Director shall consider:

1. How much time the permittee has already had to meet any effluent limitations under a prior permit;
2. The extent to which the permittee has made good faith efforts to comply with the effluent limitations and other requirements in a prior permit;
3. Whether treatment facilities, operations, or measures must be modified to meet the effluent limitations;
4. How long any necessary modifications would take to implement; and
5. Whether the permittee would be expected to use the same treatment facilities, operations or other measures to meet the effluent limitations as it would have used to meet the effluent limitations in a prior permit.

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1).

Amended effective April 24, 1996 (Supp. 96-2).

Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

**R18-11-122. Variances**

- A. Upon request, the Director may establish, by rule, a discharger-specific or water segment(s)-specific variance from a water quality standard if requirements pursuant to this Section are met.
- B. A person who requests a variance must demonstrate all of the following information:
  1. Identification of the specific pollutant and water quality standard for which a variance is sought.
  2. Identification of the receiving surface water segment or segments to which the variance would apply.
  3. A detailed discussion of the need for the variance, including the reasons why compliance with the water quality standard cannot be achieved over the term of the proposed variance, and any other useful information or analysis to evaluate attainability.
  4. A detailed discussion of the discharge control technologies that are available for achieving compliance with the water quality standard for which a variance is sought.
  5. Documentation that more advanced treatment technology than applicable technology-based effluent limitations is necessary to achieve compliance with the water quality standard for which a variance is sought.
  6. A detailed description of proposed interim discharge limitations and pollutant control activities that represent the highest level of treatment achievable by a point source discharger or dischargers during the term of the variance.
  7. Documentation that the proposed term is only as long as necessary to achieve the highest attainable condition.
  8. Documentation that is appropriate to the type of use to which the variance would apply as follows:
    - a. For a water quality standard variance to a use specified in Clean Water Act § 101(a)(2), documentation must include demonstration of at least one of the following factors that preclude attainment of the use during the term of the variance:
      - i. Naturally occurring pollutant concentrations prevent attainment of the use;
      - ii. Natural, ephemeral, intermittent or low flow conditions or water levels prevent the attainment of the use, unless these conditions may be compensated for by the discharge of sufficient volume of effluent discharges without violating state water conservation requirements to enable uses to be met;
      - iii. That human-caused conditions or sources of pollution prevent the attainment of the water quality standard for which the variance is sought and either (1) it is not possible to remedy the conditions or sources of pollution or (2) remedying the human-caused conditions would cause more environmental damage to correct than to leave in place;
      - iv. Dams, diversions or other types of hydrologic modifications preclude the attainment of the use, and it is not feasible to restore the water body to its original condition or to operate such modification in a way that would result in the attainment of the use;
      - v. Physical conditions related to the natural features of the water body, such as the lack of a proper substrate, cover, flow, depth, pools, riffles, and the like, unrelated to water quality, preclude attainment of aquatic life protection uses;
      - vi. That installation and operation of each of the available discharge technologies more advanced than those required to comply with technology-based effluent limitations to achieve compliance with the water quality standard would result in substantial and widespread economic and social impact; or
      - vii. Actions necessary to facilitate lake, wetland, or stream restoration through dam removal or other significant reconfiguration activities preclude attainment of the designated use and criterion while the actions are being implemented.
    - b. For a water quality standard variance to a use other than those uses specified in Clean Water Act § 101(a)(2), documentation must justify how consideration and value of the water subject to the use appropriately supports the variance and term. A demonstration consistent with (B)(8)(a) of this Section may be used to satisfy this requirement.
9. For a waterbody segment(s)-specific variance, the following information is required before the Director may issue a variance, in addition to all other required documentation pursuant to this Section:
  - a. Identification and documentation of any cost-effective and reasonable best management practices for nonpoint source controls related to the pollutant(s) or water quality parameter(s) and water body or waterbody segment(s) specified in the variance that could be implemented to make progress towards attaining the underlying designated use and criterion; and
  - b. If any variance pursuant to subsection (B)(9)(a) previously applied to the water body or waterbody seg-

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ment(s), documentation must also demonstrate whether and to what extent best management practices for nonpoint source controls were implemented to address the pollutant(s) or water quality parameter(s) subject to the water quality variance and the water quality progress achieved.

10. For a discharger-specific variance, the following information is required before the Director may issue a variance, in addition to all other required documentation pursuant to this Section:
  - a. Identification of the permittee subject to the variance;
  - b. For an existing point source discharge, a detailed description of the existing discharge control technologies that are used to achieve compliance with applicable water quality standards. For a new point source discharge, a detailed description of the proposed discharge control technologies that will be used to achieve compliance with applicable water quality standards; and
  - c. Documentation that the existing or proposed discharge control technologies will comply with applicable technology-based effluent limitations.
- C. The Director shall consider the following factors when deciding whether to grant or deny a variance request:
  1. Bioaccumulation,
  2. The predicted exposure of biota and the likelihood that resident biota will be adversely affected,
  3. The known or predicted safe exposure levels for the pollutant for which the variance is requested, and
  4. The likelihood of adverse human health effects.
- D. The variance shall represent the highest attainable condition of the water body or water body segment applicable throughout the term of the variance.
- E. A variance shall not result in any lowering of the currently attained ambient water quality, unless the variance is necessary for restoration activities, consistent with subsection (B)(8)(a)(vii). The Director must specify the highest attainable condition of the water body or waterbody segment as a quantifiable expression of one of the following:
  1. The highest attainable interim criterion,
  2. The interim effluent condition that reflects the greatest pollutant reduction achievable; or
  3. If no additional feasible pollutant control technology can be identified, the interim criterion or interim effluent condition that reflects the greatest pollutant reduction achievable with the pollutant control technologies installed at the time of the issuance of the variance, and the adoption and implementation of a Pollutant Minimization Program.
- F. A variance shall not modify the underlying designated use and criterion. A variance is only a time limited exception to the underlying standard. For discharge-specific variances, other point source dischargers to the surface water that are not granted a variance shall still meet all applicable water quality standards.
- G. Point source discharges shall meet all other applicable water quality standards for which a variance is not granted.
- H. The Director may not grant a variance for a point source discharge to an OAW listed in R18-11-112(G).
- I. Each variance established by the Director is subject to review and approval by the Regional Administrator.
- J. The term of the water quality variance may only be as long as necessary to achieve the highest attainable condition and must be consistent with the supporting documentation in subsection (E). The variance term runs from the approval of the variance by the Regional Administrator.
- K. The Director shall reevaluate, in its triennial review, whether each variance continues to represent the highest attainable condition. Comment on the variance shall be considered regarding whether the variance continues to represent the highest attainable condition. If the Director determines that the requirements of the variance do not represent the highest attainable condition, then the Director shall modify or repeal the variance in its triennial review rulemaking.
- L. If the variance is modified by rulemaking, the requirements of the variance shall represent the highest attainable condition at the time of initial adoption of the variance, or the highest attainable condition identified during the current reevaluation, whichever is more stringent.
- M. Upon expiration of a variance, point source dischargers shall comply with the water quality standard.
- N. The following are discharger-specific variances adopted by the Director:
- O. The following are water body and waterbody segment-specific variances adopted by the Director:

**Historical Note**

Adopted effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

**R18-11-123. Discharge Prohibitions**

- A. The discharge of wastewater to the following surface waters is prohibited:
  1. Sabino Canyon Creek;
  2. Vekol Wash, upstream of the Ak-Chin Indian Reservation; and
  3. Smith Wash, upstream of the Ak-Chin Indian Reservation.
- B. The discharge to Lake Powell of human body wastes and the wastes from toilets and other receptacles intended to receive or retain wastes from a vessel is prohibited.

**Historical Note**

Adopted effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4).

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## Appendix A. Numeric Water Quality Standards

Table 1. Water Quality Criteria By Designated Use (see f) Footnotes

Parameter	CAS NUMBER	DWS (µg/L)	FC (µg/L)	FBC (µg/L)	PBC (µg/L)	A&Wc Acute (µg/L)	A&Wc Chronic (µg/L)	A&Ww Acute (µg/L)	A&Ww Chronic (µg/L)	A&Wedw Acute (µg/L)	A&Wedw Chronic (µg/L)	A&We Acute (µg/L)	AgI (µg/L)	AgL (µg/L)
Acenaphthene	83329	420	198	56,000	56,000	850	550	850	550	850	550			
Acrolein	107028	3.5	1.9	467	467	3	3	3	3	3	3			
Acrylonitrile	107131	0.06	0.2	3	37,333	3,800	250	3,800	250	3,800	250			
Alachlor	15972608	2		9,333	9,333	2,500	170	2,500	170	2,500	170			
Aldrin	309002	0.002	0.00005	0.08	28	3		3		3		4.5	0.003	See (b)
Alpha Particles (Gross) Radioactivity		15 pCi/L See (h)												
Ammonia	7664417					See (e) & Tables 11 (present) & 14 (absent)	See (e) & Tables 13 (present) & 17 (absent)	See (e) & Tables 12 (present) & 15 (absent)	See (e) & Tables 13 (present) & 16 (absent)	See (e) & Table 15 (absent)	See (e) & Table 16 (absent)			
Anthracene	120127	2,100	74	280,000	280,000									
Antimony	7440360	6 T	640 T	747 T	747 T	88 D	30 D	88 D	30 D	1,000 D	600 D			
Arsenic	7440382	10 T	80 T	30 T	280 T	340 D	150 D	340 D	150 D	340 D	150 D	440 D	2,000 T	200 T
Asbestos	1332214	See (a)												
Atrazine	1912249	3		32,667	32,667									
Barium	7440393	2,000 T		98,000 T	98,000 T									
Benz(a)anthracene	56553	0.005	0.02	0.2	0.2									
Benzene	71432	5	140	93	3,733	2,700	180	2,700	180	8,800	560			
Benzo(b)fluoranthene	205992	0.005	0.02	1.9	1.9									
Benzidine	92875	0.0002	0.0002	0.01	2,800	1,300	89	1,300	89	1,300	89	10,000	0.01	0.01
Benzo(a)pyrene	50328	0.2	0.02	0.2	0.2									
Benzo(k)fluoranthene	207089	0.005	0.02	1.9	1.9									
Beryllium	7440417	4 T	84 T	1,867 T	1,867 T	65 D	5.3 D	65 D	5.3 D	65 D	5.3 D			
Beta particles and photon emitters		4 millirems / year See (i)												
Bis(2-chloroethyl) ether	111444	0.03	0.5	1	1	120,000	6,700	120,000	6,700	120,000	6,700			
Bis(2-chloroisopropyl) ether	108601	280	3,441	37,333	37,333									
Boron	7440428	1,400 T		186,667 T	186,667 T								1,000 T	
Bromodichloromethane	75274	TTHM See (g)	17	TTHM	18,667									
4-Bromophenyl phenyl ether	101553					180	14	180	14	180	14			
Bromoform	75252	TTHM See (g)	133	180	18,667	15,000	10,000	15,000	10,000	15,000	10,000			
Bromomethane	74839	9.8	299	1,307	1,307	5,500	360	5,500	360	5,500	360			
Butyl benzyl phthalate	85687	1,400	386	186,667	186,667	1,700	130	1,700	130	1,700	130			
Cadmium	7440439	5 T	84 T	700 T	700 T	See (d) & Table 2	See (d) & Table 3	See (d) & Table 2	See (d) & Table 3	See (d) & Table 2	See (d) & Table 3	See (d) & Table 2	50	50
Carbaryl	63252					2.1	2.1	2.1	2.1	2.1	2.1	2.1		
Carbofuran	1563662	40		4,667	4,667	650	50	650	50	650	50			
Carbon tetrachloride	56235	5	2	11	980	18,000	1,100	18,000	1,100	18,000	1,100			
Chlordane	57749	2	0.0008	4	467	2.4	0.004	2.4	0.2	2.4	0.2	3.2		
Chlorine (total residual)	7782505	4,000		4,000	4,000	19	11	19	11	19	11			
Chlorobenzene	108907	100	1,553	18,667	18,667	3,800	260	3,800	260	3,800	260			
2-Chloroethyl vinyl ether	110758					180,000	9,800	180,000	9,800	180,000	9,800			
Chloroform	67663	TTHM See (g)	470	230	9,333	14,000	900	14,000	900	14,000	900			
p-Chloro-m-cresol	59507					15	4.7	15	4.7	15	4.7	48,000		
Chloromethane	74873					270,000	15,000	270,000	15,000	270,000	15,000			
beta-Chloronaphthalene	91587	560	1267 317	74,667	74,667									
2-Chlorophenol	95578	35	30	4,667	4,667	2,200	150	2,200	150	2,200	150			
Chloropyrifos	2921882	21		2,800	2,800	0.08	0.04	0.08	0.04	0.08	0.04			
Chromium III	16065831		75,000 T	1,400,000 T	1,400,000 T	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4		
Chromium VI	18540299	21 T	150 T	2,800 T	2,800 T	16 D	11 D	16 D	11 D	16 D	11 D	34 D		
Chromium (Total)	7440473	100 T											1,000	1,000
Chrysene	218019	0.005	0.02	19	19									
Copper	7440508	1,300 T		1,300 T	1,300 T	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	5,000 T	500 T
Cyanide (as free cyanide)	57125	200 T	16,000 T	18,667 T	18,667 T	22 T	5.2 T	41 T	9.7 T	41 T	9.7 T	84 T		200 T
Dalapon	75990	200	8,000	28,000	28,000									
DDT and its breakdown products	50293	0.1	0.0002	4	467	1.1	0.001	1.1	0.001	1.1	0.001	1.1	0.001	0.001
Demeton	8065483						0.1		0.1		0.1			
Diazinon	333415					0.17	0.17	0.17	0.17	0.17	0.17	0.17		
Dibenz (ah) anthracene	53703	0.005	0.02	1.9	1.9									
Dibromochloromethane	124481	TTHM See (g)	13	TTHM	18,667									
1,2-Dibromo-3-chloropropane	96128	0.2		2,800	2,800									
1,2-Dibromoethane	106934	0.05		8,400	8,400									
Dibutyl phthalate	84742	700	899	93,333	93,333	470	35	470	35	470	35	1,100		
1,2-Dichlorobenzene	95501	600	205	84,000	84,000	790	300	1,200	470	1,200	470	5,900		
1,3-Dichlorobenzene	541731					2,500	970	2,500	970	2,500	970			
1,4-Dichlorobenzene	106467	75	5755	373,333	373,333	560	210	2,000	780	2,000	780	6,500		
3,3'-Dichlorobenzidine	91941	0.08	0.03	3	3									
1,2-Dichloroethane	107062	5	37	15	186,667	59,000	41,000	59,000	41,000	59,000	41,000			



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1,1-Dichloroethylene	75354	7	7,143	46,667	46,667	15,000	950	15,000	950	15,000	950			
1,2-cis-Dichloroethylene	156592	70		70	70									
1,2-trans-Dichloroethylene	156605	100	10,127	18,667	18,667	68,000	3,900	68,000	3,900	68,000	3,900			
Dichloromethane	75092	5	593	190	56,000	97,000	5,500	97,000	5,500	97,000	5,500			
2,4-Dichlorophenol	120832	21	59	2,800	2,800	1,000	88	1,000	88	1,000	88			
2,4-Dichlorophenoxyacetic acid (2,4-D)	94757	70		9,333	9,333									
1,2-Dichloropropane	78875	5	17,518	84,000	84,000	26,000	9,200	26,000	9,200	26,000	9,200			
1,3-Dichloropropene	542756	0.7	42	420	28,000	3,000	1,100	3,000	1,100	3,000	1,100			
Dieldrin	60571	0.002	0.00005	0.09	47	0.2	0.06	0.2	0.06	0.2	0.06	4	0.003	See (b)
Diethyl phthalate	84662	5,600	8,767	746,667	746,667	26,000	1,600	26,000	1,600	26,000	1,600			
Di (2-ethylhexyl) adipate	103231	400		560,000	560,000									
Di (2-ethylhexyl) phthalate	117817	6	3	100	18,667	400	360	400	360	400	360	3,100		
2,4-Dimethylphenol	105679	140	171	18,667	18,667	1,000	310	1,000	310	1,000	310	150,000		
Dimethyl phthalate	131113					17,000	1,000	17,000	1,000	17,000	1,000			
4,6-Dinitro-o-cresol	534521	28	582	3,733	3,733	310	24	310	24	310	24			
2,4-Dinitrophenol	51285	14	1,067	1,867	1,867	110	9.2	110	9.2	110	9.2			
2,4-Dinitrotoluene	121142	14	421	1,867	1,867	14,000	860	14,000	860	14,000	860			
2,6-Dinitrotoluene	606202	0.05		2	3,733									
Di-n-octyl phthalate	117840	2,800		373,333	373,333									
Dinoseb	88857	7		933	933									
1,2-Diphenylhydrazine	122667	0.04	0.2	1.8	1.8	130	11	130	11	130	11			
Diquat	85007	20		2,053	2,053									
Endosulfan sulfate	1031078	42	18	5,600	5,600	0.2	0.06	0.2	0.06	0.2	0.06	3		
Endosulfan (Total)	115297	42	18	5,600	5,600	0.2	0.06	0.2	0.06	0.2	0.06	3		
Endothal	145733	100		18,667	18,667									
Endrin	72208	2	0.06	280	280	0.09	0.04	0.09	0.04	0.09	0.04	0.7	0.004	0.004
Endrin aldehyde	7421934					0.09	0.04	0.09	0.04	0.09	0.04	0.7		
Ethylbenzene	100414	700	2,133	93,333	93,333	23,000	1,400	23,000	1,400	23,000	1,400			
Fluoranthene	206440	280	28	37,333	37,333	2,000	1,600	2,000	1,600	2,000	1,600			
Fluorene	86737	280	1,067	37,333	37,333									
Fluoride	7782414	4,000		140,000	140,000									
Glyphosate	1071836	700	266,667	93,333	93,333									
Guthion	86500					0.01		0.01		0.01				
Heptachlor	76448	0.4	0.00008	0.4	467	0.5	0.004	0.5	0.004	0.6	0.01	0.9		
Heptachlor epoxide	1024573	0.2	0.00004	0.2	12	0.5	0.004	0.5	0.004	0.6	0.01	0.9		
Hexachlorobenzene	118741	1	0.0003	1	747	6	3.7	6	3.7	6	3.7			
Hexachlorobutadiene	87683	0.4	18	18	187	45	8.2	45	8.2	45	8.2			
Hexachlorocyclohexane alpha	319846	0.006	0.005	0.22	7,467	1,600	130	1,600	130	1,600	130	1,600		
Hexachlorocyclohexane beta	319857	0.02	0.02	0.78	560	1,600	130	1,600	130	1,600	130	1,600		
Hexachlorocyclohexane delta	319868					1,600	130	1,600	130	1,600	130	1,600		
Hexachlorocyclohexane gamma (lindane)	58899	0.2	1.8	280	280	1	0.08	1	0.28	1	0.61	11		
Hexachlorocyclopentadiene	77474	50	580	9,800	9,800	3.5	0.3	3.5	0.3	3.5	0.3			
Hexachloroethane	67721	2.5	3.3	100	933	490	350	490	350	490	350	850		
Hydrogen sulfide	7783064					2 See (c)		2 See (c)		2 See (c)				
Indeno (1,2,3-cd) pyrene	193395	0.05	0.49	1.9	1.9									
Iron	7439896					1,000 D		1,000 D		1,000 D				
Isophorone	78591	37	961	1,500	186,667	59,000	43,000	59,000	43,000	59,000	43,000			
Lead	7439921	15 T		15 T	15 T	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	10,000 T	100 T
Malathion	121755	140		18,667	18,667		0.1		0.1		0.1			
Manganese	7439965	980		130,667	130,667								10,000	
Mercury	7439976	2 T		280 T	280 T	2.4 D	0.01 D	2.4 D	0.01 D	2.4 D	0.01 D	5 D		10 T
Methoxychlor	72435	40		4,667	4,667		0.03		0.03		0.03			
Methylmercury	22967926		0.3 mg/ kg											
Mirex	2385855	1		187	187		0.001		0.001		0.001			
Naphthalene	91203	140	1,524	18,667	18,667	1,100	210	3,200	580	3,200	580			
Nickel	7440020	140 T	4,600 T	28,000 T	28,000 T	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7		
Nitrate	14797558	10,000		3,733,333	3,733,333									
Nitrite	14797650	1,000		233,333	233,333									
Nitrate + Nitrite		10,000												
Nitrobenzene	98953	3.5	138	467	467	1,300	850	1,300	850	1,300	850			
p-Nitrophenol	100027					4,100	3,000	4,100	3,000	4,100	3,000			
N-nitrosodimethylamine	62759	0.001	3	0.03	0.03									
N-Nitrosodiphenylamine	86306	7.1	6	290	290	2,900	200	2,900	200	2,900	200			
N-nitrosodi-n-propylamine	621647	0.005	0.5	0.2	88,667									
Nonylphenol	104405					28	6.6	28	6.6	28	6.6	28		
Oxamyl	23135220	200		23,333	23,333									
Parathion	56382					0.07	0.01	0.07	0.01	0.07	0.01			
Paraquat	1910425	32		4,200	4,200	100	54	100	54	100	54			
Pentachlorophenol	87865	1	1,000	12	28,000	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10		
Permethrin	52645531	350		46,667	46,667	0.3	0.2	0.3	0.2	0.3	0.2			
Phenanthrene	85018					30	6.3	30	6.3	30	6.3			
Phenol	108952	2,100	37	280,000	280,000	5,100	730	7,000	1,000	7,000	1,000	180,000		
Picloram	1918021	500	2,710	65,333	65,333									

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Polychlorinatedbiphenyls (PCBs)	1336363	0.5	0.00006	19	19	2	0.01	2	0.02	2	0.02	11	0.001	0.001
Pyrene	129000	210	800	28,000	28,000									
Radium 226 + Radium 228		5 pCi/L												
Selenium	7782492	50 T	667 T	4,667 T	4,667 T		2 T		2 T		2 T	33 T	20 T	50 T
Silver	7440224	35 T	8,000 T	4,667 T	4,667 T	See (d) & Table 8		See (d) & Table 8		See (d) & Table 8		See (d) & Table 8		
Simazine	112349	4		4,667	4,667									
Strontium	7440246	8 pCi/L												
Styrene	100425	100		186,667	186,667	5,600	370	5,600	370	5,600	370			
Sulfides												100		
2,3,7,8-Tetrachlorod-ibenzo-p-dioxin (2,3,7,8-TCDD)	1746016	0.00003	5x10-9	0.00003	0.0009	0.01	0.005	0.01	0.005	0.01	0.005	0.1		
1,1,2,2-Tetrachloroethane	79345	0.2	4	7	56,000	4,700	3,200	4,700	3,200	4,700	3,200			
Tetrachloroethylene	127184	5	261	9,333	9,333	2,600	280	6,500	680	6,500	680	15,000		
Thallium	7440280	2 T	7.2 T	75 T	75 T	700 D	150 D	700 D	150 D	700 D	150 D			
Toluene	108883	1,000	201,000	280,000	280,000	8,700	180	8,700	180	8,700	180			
Toxaphene	8001352	3	0.0003	1.3	933	0.7	0.0002	0.7	0.0002	0.7	0.0002	11	0.005	0.005
Tributyltin						0.5	0.07	0.5	0.07	0.5	0.07			
1,2,4-Trichlorobenzene	120821	70	70	9,333	9,333	750	130	1,700	300	1,700	300			
1,1,1-Trichloroethane	71556	200	428,571	1,866,667	1,866,667	2,600	1,600	2,600	1,600	2,600	1,600		1,000	
1,1,2-Trichloroethane	79005	5	16	25	3,733	18,000	12,000	18,000	12,000	18,000	12,000			
Trichloroethylene	79016	5	29	280,000	280	20,000	1,300	20,000	1,300	20,000	1,300			
2,4,6-Trichlorophenol	88062	3.2	2	130	130	160	25	160	25	160	25	3,000		
2,4,5-Trichlorophenoxy propionic acid (2,4,5-TP)	93721	50		7,467	7,467									
Trihalomethanes (T)		80												
Tritium	10028178	20,000 pCi/L												
Uranium	7440611	30 D		2,800	2,800									
Vinyl chloride	75014	2	5	2	2,800									
Xylenes (T)	1330207	10,000		186,667	186,667									
Zinc	7440666	2,100 T	5,106 T	280,000 T	280,000 T	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	10,000 T	25,000 T

## Footnotes

- a. The asbestos standard is 7 million fibers (longer than 10 micrometers) per liter.
- b. The aldrin/dieldrin standard is exceeded when the sum of the two compounds exceeds 0.003 µg/L.
- c. In lakes, the acute criteria for hydrogen sulfide apply only to water samples taken from the epilimnion, or the upper layer of a lake or reservoir.
- d. Hardness, expressed as mg/L CaCO<sub>3</sub>, is determined according to the following criteria:
  - i. If the receiving water body has an A&Wc or A&Ww designated use, then hardness is based on the hardness of the receiving water body from a sample taken at the same time that the sample for the metal is taken, except that the hardness may not exceed 400 mg/L CaCO<sub>3</sub>.
  - ii. If the receiving water has an A&Wedw or A&We designated use, then the hardness is based on the hardness of the effluent from a sample taken at the same time that the sample for the metal is taken, except that the hardness may not exceed 400 mg/L CaCO<sub>3</sub>.
  - iii. The mathematical equations for the hardness-dependent parameter represent the water quality standards. Examples of criteria for the hardness-dependent parameters have been calculated and are presented in separate tables at the end of Appendix A for the convenience of the user.
- e. pH is determined according to the following criteria:
  - i. If the receiving water has an A&Wc or A&Ww designated use, then pH is based on the pH of the receiving water body from a sample taken at the same time that the sample for pentachlorophenol or ammonia is taken.
  - ii. If the receiving water body has an A&Wedw or A&We designated use, then the pH is based on the pH of the effluent from a sample taken at the same time that the sample for pentachlorophenol or ammonia is taken.
  - iii. The mathematical equations for ammonia represent the water quality standards. Examples of criteria for ammonia have been calculated and are presented in separate tables at the end of Appendix A for the convenience of the user.
- f. Table 1 abbreviations.
  - i. µg/L = micrograms per liter,
  - ii. mg/kg = milligrams per kilogram,
  - iii. pCi/L = picocuries per liter,
  - iv. D = dissolved,
  - v. T = total recoverable,
  - vi. TTHM indicates that the chemical is a trihalomethane.
- g. The total trihalomethane (TTHM) standard is exceeded when the sum of these four compounds exceeds 80 µg/L, as a rolling annual average.
- h. The concentration of gross alpha particle activity includes radium-226, but excludes radon and uranium.
- i. The average annual concentration of beta particle activity and photon emitters from manmade radionuclides shall not produce an annual dose equivalent to the total body or any internal organ greater than four millirems per year.
- j. The mathematical equations for the pH-dependent parameters represent the water quality standards. Examples of criteria for the pH-dependent parameters have been calculated and are presented in separate tables at the end of Appendix A for the convenience of the user.
- k. Abbreviations for the mathematical equations are as follows:  
 e = the base of the natural logarithm and is a mathematical constant equal to 2.71828  
 LN = is the natural logarithm  
 CMC = Criterion Maximum Concentration (acute)  
 CCC = Criterion Continuous Concentration (chronic)

## Historical Note

Appendix A repealed; new Appendix A, Table 1 adopted effective April 24, 1996 (Supp. 96-2). Appendix A, Table 1 amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 1 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 1 repealed; new Appendix A, Table 1 made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 1 amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3). Amended by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

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**Table 2. Acute Water Quality Standards for Dissolved Cadmium**

Aquatic and Wildlife coldwater		Aquatic and Wildlife warm water, and edw		Aquatic and Wildlife ephemeral	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	0.40	20	2.1	20	4.9
100	1.8	100	9.4	100	22
400	6.5	400	34	400	80
$e(0.9789*LN(Hardness)-3.866)*(1.136672-LN(Hardness)*0.041838)$		$e(0.9789*LN(Hardness)-2.208)*(1.136672-LN(Hardness)*0.041838)$		$e(0.9789*LN(Hardness)-1.363)*(1.136672-LN(Hardness)*0.041838)$	

**Historical Note**

Appendix A repealed; new Appendix A, Table 2 adopted effective April 24, 1996 (Supp. 96-2). Appendix A, Table 2 amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 2 amended to correct references to footnotes (Supp. 02-4). Appendix A, Table 2 footnotes amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 2 repealed; new Appendix A, Table 2 made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 2 repealed; new Table 2 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

**Table 3. Chronic Water Quality Standards for Dissolved Cadmium**

Aquatic and Wildlife coldwater, warmwater, and edw	
Hard. mg/L	Std. µg/L
20	0.21
100	0.72
400	2.0
$e(0.7977*LN(Hardness)-3.909)*(1.101672-LN(Hardness)*0.041838)$	

**Historical Note**

Appendix A, Table 3 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 3 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 3 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 3 repealed; new Table 3 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

**Table 4. Water Quality Standards for Dissolved Chromium III**

Acute Aquatic and Wildlife coldwater, warmwater and edw		Chronic Aquatic and Wildlife coldwater, warmwater and edw		Acute Aquatic and Wildlife ephemeral	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	152	20	19.8	20	512
100	570	100	74.1	100	1,912
400	1,773	400	231	400	5,950
$e(0.819*LN(Hardness)+3.7256)*(0.316)$		$e(0.819*LN(Hardness)+0.6848)*(0.86)$		$e(0.819*LN(Hardness)+4.9361)*(0.316)$	

**Historical Note**

Appendix A, Table 4 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 4 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 4 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 4 repealed; new Table 4 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

**Table 5. Water Quality Standards for Dissolved Copper**

Acute Aquatic and Wildlife coldwater, warmwater and edw		Chronic Aquatic and Wildlife coldwater, warmwater and edw		Acute Aquatic and Wildlife ephemeral	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	2.9	20	2.3	20	5.1
100	13	100	9.0	100	23
400	50	400	29	400	86
$e(0.9422*LN(Hardness)-1.702)*(0.96)$		$e(0.8545*LN(Hardness)-1.702)*(0.96)$		$e(0.9422*LN(Hardness)-1.1514)*(0.96)$	

**Historical Note**

Appendix A, Table 5 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 5 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 5 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 5 repealed; new Table 5 made by final

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rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

**Table 6. Water Quality Standards for Dissolved Lead**

Acute Aquatic and Wildlife coldwater, warmwater and edw		Chronic Aquatic and Wildlife coldwater, warmwater and edw		Acute Aquatic and Wildlife ephemeral	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	10.8	20	0.42	20	22.8
100	64.6	100	2.5	100	136.3
400	281	400	10.9	400	592.7
$e(1.273*LN(Hardness)-1.46)*(1.46203-(LN(Hardness))*(0.145712))$		$e(1.273*LN(Hardness)-4.705)*(1.46203-(LN(Hardness))*(0.145712))$		$e(1.273*(LN(Hardness))-0.7131)*(1.46203-(LN(Hardness))*(0.145712))$	

**Historical Note**

Appendix A, Table 6 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 6 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 6 renumbered to Table 9; new Table 6 made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 6 repealed; new Table 6 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

**Table 7. Water Quality Standards for Dissolved Nickel**

Acute Aquatic and Wildlife coldwater, warmwater and edw		Chronic Aquatic and Wildlife coldwater, warmwater and edw		Acute Aquatic and Wildlife ephemeral	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	120.0	20	13.3	20	1066
100	468	100	52.0	100	4158
400	1513	400	168	400	13436
$e(0.846*LN(Hardness)+2.255)*(0.998)$		$e(0.846*LN(Hardness)+0.0584)*(0.997)$		$e(0.846*LN(Hardness)+4.4389)*(0.998)$	

**Historical Note**

Appendix A, Table 7 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 7 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 7 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 7 repealed; new Table 7 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

**Table 8. Water Quality Standards for Dissolved Silver**

Acute Aquatic and Wildlife coldwater, warmwater, edw, and ephemeral	
Hard. mg/L	Std. µg/L
20	0.20
100	3.2
400	34.9
$e(1.72*LN(Hardness)-6.59)*(0.85)$	

**Historical Note**

Appendix A, Table 8 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 8 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 8 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 8 repealed; new Table 8 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

**Table 9. Water Quality Standards for Dissolved Zinc**

Acute and Chronic Aquatic and Wildlife coldwater, warmwater and edw		Acute Aquatic and Wildlife ephemeral	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	30.0	20	284
100	117	100	1112
400	379	400	3599
$e(0.8473*LN(Hardness)+0.884)*(0.978)$		$e(0.8473*LN(Hardness)+3.1342)*(0.978)$	

**Historical Note**

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Appendix A, Table 9 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 9 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 9 renumbered to Table 11; new Table 9 renumbered from Table 6 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 9 repealed; new Table 9 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

**Table 10. Water Quality Standards for Pentachlorophenol**

Acute Aquatic and Wildlife coldwater, warmwater and edw			Chronic Aquatic and Wildlife coldwater, warmwater and edw			Acute Aquatic and Wildlife ephemeral	
pH	µg/L		pH	µg/L		pH	µg/L
3	0.16		3	0.1		3	0.66
6	3.3		6	2.1		6	13.5
9	67.7		9	42.7		9	274
$c(1.005^{*(pH-4.83)})$			$c(1.005^{*(pH-5.29)})$			$c(1.005^{*(pH-3.4306)})$	

**Historical Note**

Appendix A, Table 10 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 10 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 10 renumbered to Table 12; new Table 10 renumbered from Table 11 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 10 repealed; new Table 10 made by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

**Table 11. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Coldwater, Unionid Mussels Present**

For the aquatic and wildlife coldwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

pH	Temperature (°C)																
	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	33	33	32	29	27	25	23	21	19	18	16	15	14	13	12	11	9.9
6.6	31	31	30	28	26	24	22	20	18	17	16	14	13	12	11	10	9.5
6.7	30	30	29	27	24	22	21	19	18	16	15	14	13	12	11	9.8	9
6.8	28	28	27	25	23	21	20	18	17	15	14	13	12	11	10	9.2	8.5
6.9	26	26	25	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	7.9
7	24	24	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	8	7.3
7.1	22	22	21	20	18	17	15	14	13	12	11	10	9.3	8.5	7.9	7.2	6.7
7.2	20	20	19	18	16	15	14	13	12	11	9.8	9.1	8.3	7.7	7.1	6.5	6
7.3	18	18	17	16	14	13	12	11	10	9.5	8.7	8	7.4	6.8	6.3	5.8	5.3
7.4	15	15	15	14	13	12	11	9.8	9	8.3	7.7	7	6.5	6	5.5	5.1	4.7
7.5	13	13	13	12	11	10	9.2	8.5	7.8	7.2	6.6	6.1	5.6	5.2	4.8	4.4	4
7.6	11	11	11	10	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5
7.7	9.6	9.6	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5	3.2	3
7.8	8.1	8.1	7.9	7.2	6.7	6.1	5.6	5.2	4.8	4.4	4	3.7	3.4	3.2	2.9	2.7	2.5
7.9	6.8	6.8	6.6	6	5.6	5.1	4.7	4.3	4	3.7	3.4	3.1	2.9	2.6	2.4	2.2	2.1
8	5.6	5.6	5.4	5	4.6	4.2	3.9	3.6	3.3	3	2.8	2.6	2.4	2.2	2	1.9	1.7
8.1	4.6	4.6	4.5	4.1	3.8	3.5	3.2	3	2.7	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4
8.2	3.8	3.8	3.7	3.5	3.1	2.9	2.7	2.4	2.3	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2
8.3	3.1	3.1	3.1	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.4	1.3	1.2	1.1	1	0.96
8.4	2.6	2.6	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79
8.5	2.1	2.1	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2	1.1	0.98	0.9	0.83	0.77	0.71	0.65
8.6	1.8	1.8	1.7	1.6	1.5	1.3	1.2	1.1	1	0.96	0.88	0.81	0.75	0.69	0.63	0.59	0.54
8.7	1.5	1.5	1.4	1.3	1.2	1.1	1	0.94	0.87	0.8	0.74	0.68	0.62	0.57	0.53	0.49	0.45
8.8	1.2	1.2	1.2	1.1	1	0.93	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37
8.9	1	1	1	0.93	0.85	0.79	0.72	0.67	0.61	0.56	0.52	0.48	0.44	0.4	0.37	0.34	0.32
9	0.88	0.88	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37	0.34	0.32	0.29	0.27

$$MIN\left(\frac{0.275}{1+10^{7.204-pH}}+\frac{39.0}{1+10^{pH-7.204}}\right)\cdot\left(0.7249\times\left(\frac{0.0114}{1+10^{7.204-pH}}+\frac{1.6181}{1+10^{pH-7.204}}\right)\times\left(23.12\times10^{0.096\times(20-T)}\right)\right)$$

**Historical Note**

Appendix A, Table 11 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 11 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 11 renumbered to Table

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10; new Table 11 renumbered from Table 9 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 11 repealed; new Table 11 renumbered from Table 25 and amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix A, Table 11 repealed; new Appendix A, Table 11 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

**Table 12. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Warmwater, Unionid Mussels Present**

For the aquatic and wildlife warmwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

pH	Temperature (°C)																				
	0-10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	51	48	44	41	37	34	32	29	27	25	23	21	19	18	16	15	14	13	12	11	9.9
6.6	49	46	42	39	36	33	30	28	26	24	22	20	18	17	16	14	13	12	11	10	9.5
6.7	46	44	40	37	34	31	29	27	24	22	21	19	18	16	15	14	13	12	11	9.8	9
6.8	44	41	38	35	32	30	27	25	23	21	20	18	17	15	14	13	12	11	10	9.2	8.5
6.9	41	38	35	32	30	28	25	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	7.9
7	38	35	33	30	28	25	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	7.9	7.3
7.1	34	32	30	27	25	23	21	20	18	17	15	14	13	12	11	10	9.3	8.5	7.9	7.2	6.7
7.2	31	29	27	25	23	21	19	18	16	15	14	13	12	11	9.8	9.1	8.3	7.7	7.1	6.5	6
7.3	27	26	24	22	20	18	17	16	14	13	12	11	10	9.5	8.7	8	7.4	6.8	6.3	5.8	5.3
7.4	24	22	21	19	18	16	15	14	13	12	11	9.8	9	8.3	7.7	7	6.5	6	5.5	5.1	4.7
7.5	21	19	18	17	15	14	13	12	11	10	9.2	8.5	7.8	7.2	6.6	6.1	5.6	5.2	4.8	4.4	4
7.6	18	17	15	14	13	12	11	10	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5
7.7	15	14	13	12	11	10	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5	3.2	2.9
7.8	13	12	11	10	9.3	8.5	7.9	7.2	6.7	6.1	5.6	5.2	4.8	4.4	4	3.7	3.4	3.2	2.9	2.7	2.5
7.9	11	9.9	9.1	8.4	7.7	7.1	6.6	6	5.6	5.1	4.7	4.3	4	3.7	3.4	3.1	2.9	2.6	2.4	2.2	2.1
8	8.8	8.2	7.6	7	6.4	5.9	5.4	5	4.6	4.2	3.9	3.6	3.3	3	2.8	2.6	2.4	2.2	2	1.9	1.7
8.1	7.2	6.8	6.3	5.8	5.3	4.9	4.5	4.1	3.8	3.5	3.2	3	2.7	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4
8.2	6	5.6	5.2	4.8	4.4	4	3.7	3.4	3.1	2.9	2.7	2.4	2.3	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2
8.3	4.9	4.6	4.3	3.9	3.6	3.3	3.1	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.4	1.3	1.2	1.1	1	0.96
8.4	4.1	3.8	3.5	3.2	3	2.7	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79
8.5	3.3	3.1	2.9	2.7	2.4	2.3	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2	1.1	0.98	0.9	0.83	0.77	0.71	0.65
8.6	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.5	1.3	1.2	1.1	1	0.96	0.88	0.81	0.75	0.69	0.63	0.58	0.54
8.7	2.3	2.2	2	1.8	1.7	1.6	1.4	1.3	1.2	1.1	1	0.94	0.87	0.8	0.74	0.68	0.62	0.57	0.53	0.49	0.45
8.8	1.9	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37
8.9	1.6	1.5	1.4	1.3	1.2	1.1	1	0.93	0.85	0.79	0.72	0.67	0.61	0.56	0.52	0.48	0.44	0.4	0.37	0.34	0.32
9	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37	0.34	0.32	0.29	0.27
$0.7249 \times \left( \frac{0.0114}{1 + 10^{7.204 - \text{pH}}} + \frac{1.6181}{1 + 10^{\text{pH} - 7.204}} \right) \times \text{MIN}(51.93, 23.12 \times 10^{0.036 \times (20 - T)})$																					

**Historical Note**

Appendix A, Table 12 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 12 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 12 renumbered to Table 18; new Table 12 renumbered from Table 10 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 12 repealed; new Table 12 renumbered from Table 26 and amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix A, Table 11 repealed; new Appendix A, Table 11 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3). Appendix A, Table 12 repealed; new Appendix A, Table 12 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

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**Table 13. Chronic Criteria for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife coldwater and warmwater, Unionid Mussels Present**

For the aquatic and wildlife cold and warm water uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

	Temperature (°C)																													
pH	0-7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
6.5	4.9	4.6	4.3	4.1	3.8	3.6	3.3	3.1	2.9	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.6	1.5	1.5	1.4	1.3	1.2	1.1						
6.6	4.8	4.5	4.3	4	3.8	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1						
6.7	4.8	4.5	4.2	3.9	3.7	3.5	3.2	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1						
6.8	4.6	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1						
6.9	4.5	4.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1						
7	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	0.99						
7.1	4.2	3.9	3.7	3.5	3.2	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95						
7.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.96	0.9						
7.3	3.8	3.5	3.3	3.1	2.9	2.7	2.6	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.97	0.91	0.85						
7.4	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.96	0.9	0.85	0.79						
7.5	3.2	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.83	0.78	0.73						
7.6	2.9	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.6	1.5	1.4	1.4	1.3	1.2	1.1	1.1	0.98	0.92	0.86	0.81	0.76	0.71	0.67						
7.7	2.6	2.4	2.3	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.94	0.88	0.83	0.78	0.73	0.68	0.64	0.6						
7.8	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.84	0.79	0.74	0.69	0.65	0.61	0.57	0.53						
7.9	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.84	0.79	0.74	0.69	0.65	0.61	0.57	0.53	0.5	0.47						
8	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.94	0.88	0.83	0.78	0.73	0.68	0.64	0.6	0.56	0.53	0.5	0.44	0.44	0.41						
8.1	1.5	1.5	1.4	1.3	1.2	1.1	1.1	0.99	0.92	0.87	0.81	0.76	0.71	0.67	0.63	0.59	0.55	0.52	0.49	0.46	0.43	0.4	0.38	0.35						
8.2	1.3	1.2	1.2	1.1	1	0.96	0.9	0.84	0.79	0.74	0.7	0.65	0.61	0.57	0.54	0.5	0.47	0.44	0.42	0.39	0.37	0.34	0.32	0.3						
8.3	1.1	1.1	0.99	0.93	0.87	0.82	0.76	0.72	0.67	0.63	0.59	0.55	0.52	0.49	0.46	0.43	0.4	0.38	0.35	0.33	0.31	0.29	0.27	0.26						
8.4	0.95	0.89	0.84	0.79	0.74	0.69	0.65	0.61	0.57	0.53	0.5	0.47	0.44	0.41	0.39	0.36	0.34	0.32	0.3	0.28	0.26	0.25	0.23	0.22						
8.5	0.8	0.75	0.71	0.67	0.62	0.58	0.55	0.51	0.48	0.45	0.42	0.4	0.37	0.35	0.33	0.31	0.29	0.27	0.25	0.24	0.22	0.21	0.2	0.18						
8.6	0.68	0.64	0.6	0.56	0.53	0.49	0.46	0.43	0.41	0.38	0.36	0.33	0.31	0.29	0.28	0.26	0.24	0.23	0.21	0.2	0.19	0.18	0.16	0.15						
8.7	0.57	0.54	0.51	0.47	0.44	0.42	0.39	0.37	0.34	0.32	0.3	0.28	0.27	0.25	0.23	0.22	0.21	0.19	0.18	0.17	0.16	0.15	0.14	0.13						
8.8	0.49	0.46	0.43	0.4	0.38	0.35	0.33	0.31	0.29	0.27	0.26	0.24	0.23	0.21	0.2	0.19	0.17	0.16	0.15	0.14	0.13	0.13	0.12	0.11						
8.9	0.42	0.39	0.37	0.34	0.32	0.3	0.28	0.27	0.25	0.23	0.22	0.21	0.19	0.18	0.17	0.16	0.15	0.14	0.13	0.12	0.12	0.11	0.1	0.09						
9	0.36	0.34	0.32	0.3	0.28	0.26	0.24	0.23	0.21	0.2	0.19	0.18	0.17	0.16	0.15	0.14	0.13	0.12	0.11	0.11	0.1	0.09	0.09	0.08						
$0.8876 \times \left( \frac{0.0278}{1 + 10^{7.688 - pH}} + \frac{1.1994}{1 + 10^{pH - 7.688}} \right) \times (2.126 \times 10^{0.028 \times (20 - MAX(T, 7))})$																														

**Historical Note**

Appendix A, Table 13 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 13 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 13 renumbered to Table 15; new Table 13 renumbered from Table 14 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 13 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). New Appendix A, Table 13 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

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**Table 14. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Coldwater, Unionid Mussels Absent**

For the aquatic and wildlife coldwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

pH	Temperature (°C)																
	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	33	33	33	33	33	33	33	33	33	33	33	33	33	33	31	29	27
6.6	31	31	31	31	31	31	31	31	31	31	31	31	31	31	30	28	26
6.7	30	30	30	30	30	30	30	30	30	30	30	30	30	30	29	26	24
6.8	28	28	28	28	28	28	28	28	28	28	28	28	28	28	27	25	23
6.9	26	26	26	26	26	26	26	26	26	26	26	26	26	26	25	23	21
7	24	24	24	24	24	24	24	24	24	24	24	24	24	24	23	21	20
7.1	22	22	22	22	22	22	22	22	22	22	22	22	22	22	21	19	18
7.2	20	20	20	20	20	20	20	20	20	20	20	20	20	20	19	17	16
7.3	18	18	18	18	18	18	18	18	18	18	18	18	18	18	17	16	14
7.4	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	14	13
7.5	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	12	11
7.6	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	10	9.3
7.7	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.3	8.6	7.9
7.8	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	7.8	7.2	6.6
7.9	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.5	6	5.5
8	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.4	5	4.6
8.1	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.5	4.1	3.8
8.2	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.7	3.4	3.1
8.3	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3	2.8	2.6
8.4	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.5	2.3	2.1
8.5	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	1.9	1.8
8.6	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.7	1.6	1.4
8.7	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.4	1.3	1.2
8.8	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.1	1
8.9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0.92	0.85
9	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.85	0.78	0.72
$MIN\left(\left(\frac{0.275}{1 + 10^{7.204 - pH}} + \frac{39.0}{1 + 10^{pH - 7.204}}\right), \left(0.7249 \times \left(\frac{0.0114}{1 + 10^{7.204 - pH}} + \frac{1.6181}{1 + 10^{pH - 7.204}}\right) \times (62.15 \times 10^{0.036 \times (20 - T)})\right)\right)$																	

**Historical Note**

Appendix A, Table 14 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 14 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 14 renumbered to Table 13; new Table 14 renumbered from Table 15 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 14 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). New Appendix A, Table 14 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).



## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

**Table 15. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Warmwater and Effluent Dependent, Unionid Mussels Absent**

For the aquatic and wildlife warmwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment. For the aquatic and wildlife effluent dependent uses, unionids will be assumed to be absent.

pH	Temperature (°C)																
	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	51	51	51	51	51	51	51	51	51	48	44	40	37	34	31	29	27
6.6	49	49	49	49	49	49	49	49	49	46	42	39	36	33	30	28	26
6.7	46	46	46	46	46	46	46	46	46	43	40	37	34	31	29	26	24
6.8	44	44	44	44	44	44	44	44	44	41	38	35	32	29	27	25	23
6.9	41	41	41	41	41	41	41	41	41	38	35	32	30	27	25	23	21
7	38	38	38	38	38	38	38	38	38	35	32	30	27	25	23	21	20
7.1	34	34	34	34	34	34	34	34	34	32	29	27	25	23	21	19	18
7.2	31	31	31	31	31	31	31	31	31	29	26	24	22	21	19	17	16
7.3	27	27	27	27	27	27	27	27	27	26	23	22	20	18	17	16	14
7.4	24	24	24	24	24	24	24	24	24	22	21	19	17	16	15	14	13
7.5	21	21	21	21	21	21	21	21	21	19	18	16	15	14	13	12	11
7.6	18	18	18	18	18	18	18	18	18	17	15	14	13	12	11	10	9.3
7.7	15	15	15	15	15	15	15	15	15	14	13	12	11	10	9.3	8.6	7.9
7.8	13	13	13	13	13	13	13	13	13	12	11	10	9.2	8.5	7.8	7.2	6.6
7.9	11	11	11	11	11	11	11	11	11	9.9	9.1	8.4	7.7	7.1	6.5	6	5.5
8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.2	7.5	6.9	6.4	5.9	5.4	5	4.6
8.1	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	6.8	6.2	5.7	5.3	4.9	4.5	4.1	3.8
8.2	6	6	6	6	6	6	6	6	6	5.6	5.1	4.7	4.4	4	3.7	3.4	3.1
8.3	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.6	4.2	3.9	3.6	3.3	3	2.8	2.6
8.4	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	3.8	3.4	3.2	3	2.7	2.5	2.3	2.1
8.5	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.1	2.9	2.6	2.4	2.2	2.1	1.9	1.8
8.6	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.4
8.7	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.2	2	1.8	1.7	1.5	1.4	1.3	1.2
8.8	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1
8.9	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.5	1.4	1.3	1.2	1.1	1	0.92	0.85
9	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.2	1.1	1	0.93	0.85	0.78	0.72
$0.7249 \times \left( \frac{0.0114}{1 + 10^{7.204 - pH}} + \frac{1.6181}{1 + 10^{pH - 7.204}} \right) \times MIN \left( 51.93, (62.15 \times 10^{0.036 \times (20 - T)}) \right)$																	

**Historical Note**

Appendix A, Table 15 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 15 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 15 renumbered to Table 14; new Table 15 renumbered from Table 13 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 15 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). New Appendix A, Table 14 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

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## CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

**Table 16. Chronic Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Warmwater and Effluent Dependent, Unionid Mussels Absent**

For the aquatic and wildlife warmwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment. For the aquatic and wildlife effluent dependent uses, unionids will be assumed to be absent.

pH	Temperature (°C)																							
	0-7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	19	17	16	15	14	13	13	12	11	10	9.7	9.1	8.5	8	7.5	7	6.6	6.2	5.8	5.4	5.1	4.8	4.5	4.2
6.6	18	17	16	15	14	13	12	12	11	10	9.6	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.4	5	4.7	4.4	4.1
6.7	18	17	16	15	14	13	12	11	11	10	9.4	8.8	8.3	7.7	7.3	6.8	6.4	6	5.6	5.3	4.9	4.6	4.3	4.1
6.8	17	16	15	14	14	13	12	11	10	9.8	9.2	8.6	8.1	7.6	7.1	6.7	6.2	5.8	5.5	5.1	4.8	4.5	4.2	4
6.9	17	16	15	14	13	12	12	11	10	9.5	8.9	8.4	7.8	7.4	6.9	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9
7	16	15	14	14	13	12	11	10	9.8	9.2	8.6	8.1	7.6	7.1	6.7	6.2	5.9	5.5	5.1	4.8	4.5	4.2	4	3.7
7.1	16	15	14	13	12	11	11	10	9.4	8.8	8.3	7.7	7.3	6.8	6.4	6	5.6	5.3	4.9	4.6	4.3	4.1	3.8	3.6
7.2	15	14	13	12	12	11	10	9.5	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9	3.6	3.4
7.3	14	13	12	12	11	10	9.6	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.4	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2
7.4	13	12	12	11	10	9.5	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2	3
7.5	12	11	11	10	9.4	8.8	8.2	7.7	7.2	6.8	6.4	6	5.6	5.2	4.9	4.6	4.3	4.1	3.8	3.6	3.3	3.1	2.9	2.8
7.6	11	10	10	9.1	8.5	8	7.5	7	6.6	6.2	5.8	5.4	5.1	4.8	4.5	4.2	3.9	3.7	3.5	3.2	3	2.9	2.7	2.5
7.7	9.9	9.3	8.7	8.1	7.7	7.2	6.8	6.3	5.9	5.6	5.2	4.9	4.6	4.3	4	3.8	3.5	3.3	3.1	2.9	2.7	2.6	2.4	2.3
7.8	8.8	8.3	7.8	7.3	6.8	6.4	6	5.6	5.3	5	4.6	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2
7.9	7.8	7.3	6.8	6.4	6	5.6	5.3	5	4.6	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8
8	6.8	6.3	6	5.6	5.2	4.9	4.6	4.3	4	3.8	3.6	3.3	3.1	2.9	2.7	2.6	2.4	2.3	2.1	2	1.9	1.7	1.6	1.5
8.1	5.8	5.5	5.1	4.8	4.5	4.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3
8.2	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2	3	2.8	2.6	2.5	2.3	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1
8.3	4.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.96
8.4	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	0.99	0.92	0.87	0.81
8.5	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.83	0.78	0.73	0.69
8.6	2.6	2.4	2.2	2.1	2	1.9	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.97	0.91	0.85	0.8	0.75	0.7	0.66	0.62	0.58
8.7	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.93	0.88	0.82	0.77	0.72	0.68	0.63	0.6	0.56	0.52	0.49
8.8	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.96	0.9	0.85	0.79	0.74	0.7	0.65	0.61	0.58	0.54	0.51	0.47	0.44	0.42
8.9	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.94	0.88	0.82	0.77	0.72	0.68	0.64	0.6	0.56	0.52	0.49	0.46	0.43	0.4	0.38	0.36
9	1.4	1.3	1.2	1.1	1	0.98	0.92	0.86	0.81	0.76	0.71	0.66	0.62	0.58	0.55	0.51	0.48	0.45	0.42	0.4	0.37	0.35	0.33	0.31

$$0.9405 \times \left( \frac{0.0278}{1 + 10^{7.688 - \text{pH}}} + \frac{1.1994}{1 + 10^{\text{pH} - 7.688}} \right) \times (7.547 \times 10^{0.028 \times (20 - \text{MAX}(7,7))})$$

**Historical Note**

Appendix A, Table 16 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 16 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 16 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 16 repealed by final rulemaking at 22

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A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix A, Table 16 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

**Table 17. Chronic Criteria for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife coldwater, Unionid Mussels Absent**  
For the aquatic and wildlife coldwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

pH	Temperature (°C)																
	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7	6.6	6.2	5.8	5.4	5.1	4.8	4.5	4.2
6.6	7.2	7.2	7.2	7.2	7.2	7.2	7.2	7.2	6.9	6.5	6.1	5.7	5.4	5	4.7	4.4	4.1
6.7	7.1	7.1	7.1	7.1	7.1	7.1	7.1	7.1	6.8	6.4	6	5.6	5.3	4.9	4.6	4.3	4.1
6.8	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.6	6.2	5.8	5.5	5.1	4.8	4.5	4.2	4
6.9	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9
7	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.2	5.8	5.5	5.1	4.8	4.5	4.2	4	3.7
7.1	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6	5.6	5.3	4.9	4.6	4.3	4.1	3.8	3.6
7.2	5.9	5.9	5.9	5.9	5.9	5.9	5.9	5.9	5.7	5.3	5	4.7	4.4	4.1	3.9	3.6	3.4
7.3	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.4	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2
7.4	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2	3
7.5	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.6	4.3	4.1	3.8	3.6	3.3	3.1	2.9	2.8
7.6	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.2	3.9	3.7	3.5	3.2	3	2.9	2.7	2.5
7.7	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.8	3.5	3.3	3.1	2.9	2.7	2.6	2.4	2.3
7.8	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2
7.9	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8
8	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.6	2.4	2.3	2.1	2	1.9	1.7	1.6	1.5
8.1	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3
8.2	2	2	2	2	2	2	2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1
8.3	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.96
8.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.2	1.1	1.1	0.99	0.93	0.87	0.81
8.5	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.1	1	0.95	0.89	0.83	0.78	0.73	0.69
8.6	1	1	1	1	1	1	1	1	0.97	0.91	0.85	0.8	0.75	0.7	0.66	0.62	0.58
8.7	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.82	0.77	0.72	0.68	0.64	0.6	0.56	0.52	0.49
8.8	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.7	0.65	0.61	0.58	0.54	0.51	0.47	0.44	0.42
8.9	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.6	0.56	0.52	0.49	0.46	0.43	0.41	0.38	0.36
9	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.51	0.48	0.45	0.42	0.4	0.37	0.35	0.33	0.31
$0.9405 \times \left( \frac{0.0278}{1 + 10^{7.688 - pH}} + \frac{1.1994}{1 + 10^{pH - 7.688}} \right) \times \text{MIN} \left( 6.920, (7.547 \times 10^{0.028 \times (20 - T)}) \right)$																	

**Historical Note**

Appendix A, Table 17 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 17 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 17 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 17 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix A, Table 16 made by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

**Table 18. Repealed**

**Historical Note**

Appendix A, Table 18 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 18 amended by final rulemaking at 9

A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 18 repealed; new Table 18 renumbered from Table 12 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 18 repealed by final rulemaking at 22 A.A.R.

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2328, effective August 2, 2016 (Supp. 16-4).

2016 (Supp. 16-4).

**Table 19. Repealed****Historical Note**

Appendix A, Table 19 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 19 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 19 renumbered to Table 21; new Table 19 made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 19 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

**Table 20. Repealed****Historical Note**

Appendix A, Table 20 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 20 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 20 amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 20 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

**Table 21. Repealed****Historical Note**

Appendix A, Table 21 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 21 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 21 renumbered to Table 22; new Table 21 renumbered from Table 19 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 21 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

**Table 22. Repealed****Historical Note**

Appendix A, Table 22 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 22 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 22 renumbered to Table 23; new Table 22 renumbered from Table 21 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 22 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2,

**Table 23. Repealed****Historical Note**

Appendix A, Table 23 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 23 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 23 renumbered to Table 24; new Table 23 renumbered from Table 22 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 23 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

**Table 24. Repealed****Historical Note**

Appendix A, Table 24 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 24 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 24 renumbered to Table 25; new Table 24 renumbered from Table 23 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 24 repealed by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

**Table 25. Renumbered****Historical Note**

Appendix A, Table 25 adopted by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Appendix A, Table 25 amended by final rulemaking at 9 A.A.R. 716, effective April 8, 2003 (Supp. 03-1). Appendix A, Table 25 renumbered to Table 26; new Table 25 renumbered from Table 24 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 25 renumbered to Table 11 by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

**Table 26. Renumbered****Historical Note**

Appendix A, Table 26 renumbered from Table 25 and amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Appendix A, Table 26 renumbered to Table 12 by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4).

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**Appendix B. Surface Waters and Designated Uses**

(Coordinates are from the North American Datum of 1983 (NAD83). All latitudes in Arizona are north and all longitudes are west, but the negative signs are not included in the Appendix B table. Some web-based mapping systems require a negative sign before the longitude values to indicate it is a west longitude.)

**Watersheds:**

BW = Bill Williams

CG = Colorado – Grand Canyon

CL = Colorado – Lower Gila

LC = Little Colorado

MG = Middle Gila

SC = Santa Cruz – Rio Magdalena – Rio Sonoyta

SP = San Pedro – Willcox Playa – Rio Yaqui

SR = Salt River

UG = Upper Gila

VR = Verde River

**Other Abbreviations:**

WWTP = Wastewater Treatment Plant

Km = kilometers

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Lake Category	Aquatic and Wildlife				Human Health				Agricultural	
				A&Wc	A&Ww	A&We	A&Wedw	FBC	PBC	DWS	FC	AgI	AgL
BW	Alamo Lake	34°14'06"/113°35'00"	Deep		A&Ww			FBC			FC		AgL
BW	Big Sandy River	Headwaters to Alamo Lake			A&Ww			FBC			FC		AgL
BW	Bill Williams River	Alamo Lake to confluence with Colorado River			A&Ww			FBC			FC		AgL
BW	Blue Tank	34°40'14"/112°58'17"			A&Ww			FBC			FC		AgL
BW	Boulder Creek	Headwaters to confluence with unnamed tributary at 34°41'13"/113°03'37"		A&Wc				FBC			FC		AgL
BW	Boulder Creek	Below confluence with unnamed tributary to confluence with Burro Creek			A&Ww			FBC			FC		AgL
BW	Burro Creek (OAW)	Headwaters to confluence with Boulder Creek			A&Ww			FBC			FC		AgL
BW	Burro Creek	Below confluence with Boulder Creek to confluence with Big Sandy River			A&Ww			FBC			FC		AgL
BW	Carter Tank	34°52'27"/112°57'31"			A&Ww			FBC			FC		AgL
BW	Conger Creek	Headwaters to confluence with unnamed tributary at 34°45'15"/113°05'46"		A&Wc				FBC			FC		AgL
BW	Conger Creek	Below confluence with unnamed tributary to confluence with Burro Creek			A&Ww			FBC			FC		AgL
BW	Copper Basin Wash	Headwaters to confluence with unnamed tributary at 34°28'12"/112°35'33"		A&Wc				FBC			FC		AgL
BW	Copper Basin Wash	Below confluence with unnamed tributary to confluence with Skull Valley Wash				A&We			PBC				AgL
BW	Cottonwood Canyon	Headwaters to Bear Trap Spring		A&Wc				FBC			FC		AgL
BW	Cottonwood Canyon	Below Bear Trap Spring to confluence at Sycamore Creek			A&Ww			FBC			FC		AgL
BW	Date Creek	Headwaters to confluence with Santa Maria River			A&Ww			FBC			FC		AgL
BW	Francis Creek (OAW)	Headwaters to confluence with Burro Creek			A&Ww			FBC		DWS	FC	AgI	AgL
BW	Kirkland Creek	Headwaters to confluence with Santa Maria River			A&Ww			FBC			FC	AgI	AgL
BW	Knight Creek	Headwaters to confluence with Big Sandy River			A&Ww			FBC			FC		AgL
BW	Peoples Canyon (OAW)	Headwaters to confluence with Santa Maria River			A&Ww			FBC			FC		AgL
BW	Red Lake	35°12'18"/113°03'57"	Sedimentary		A&Ww			FBC			FC		AgL
BW	Santa Maria River	Headwaters to Alamo Lake			A&Ww			FBC			FC	AgI	AgL
BW	Trout Creek	Headwaters to confluence with unnamed tributary at 35°06'47"/113°13'01"		A&Wc				FBC			FC		AgL
BW	Trout Creek	Below confluence with unnamed tributary to confluence with Knight Creek			A&Ww			FBC			FC		AgL
CG	Agate Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Beaver Dam Wash	Headwaters to confluence with the Virgin River			A&Ww			FBC			FC		AgL
CG	Big Springs Tank	36°36'08"/112°21'01"		A&Wc				FBC			FC		AgL
CG	Boucher Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Bright Angel Creek	Headwaters to confluence with Roaring Springs Creek		A&Wc				FBC			FC		
CG	Bright Angel Creek	Below Roaring Spring Springs Creek to confluence with Colorado River			A&Ww			FBC			FC		
CG	Bright Angel Wash	Headwaters to Grand Canyon National Park South Rim WWTP outfall at 36°02'59"/112°09'02"				A&We			PBC				
CG	Bright Angel Wash (EDW)	Grand Canyon National Park South Rim WWTP outfall to Coconino Wash					A&Wedw		PBC				AgL
CG	Bulrush Canyon Wash	Headwaters to confluence with Kanab Creek				A&We			PBC				
CG	Catacraft Creek	Headwaters to Santa Fe Reservoir		A&Wc				FBC		DWS	FC	AgI	AgL
CG	Catacraft Creek	Santa Fe Reservoir to City of Williams WWTP outfall at 35°14'40"/112°11'18"		A&Wc				FBC			FC	AgI	AgL
CG	Catacraft Creek (EDW)	City of Williams WWTP outfall to 1 km downstream					A&Wedw		PBC				
CG	Catacraft Creek	Red Lake Wash to Havasupai Indian Reservation boundary				A&We			PBC				AgL
CG	Catacraft Lake	35°15'04"/112°12'58"	Igneous	A&Wc				FBC		DWS	FC		AgL
CG	Chuar Creek	Headwaters to confluence with unnamed tributary at 36°11'35"/111°52'20"		A&Wc				FBC			FC		
CG	Chuar Creek	Below unnamed tributary to confluence with the Colorado River			A&Ww			FBC			FC		

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CG	City Reservoir	35°13'57"/112°11'25"	Igneous	A&Wc				FBC		DWS	FC		
CG	Clear Creek	Headwaters to confluence with unnamed tributary at 36°07'33"/112°00'03"		A&Wc				FBC			FC		
CG	Clear Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	Coconino Wash (EDW)	South Grand Canyon Sanitary District Tusayan WRF outfall at 35°58'39"/112°08'25" to 1 km downstream					A&Wedw		PBC				
CG	Colorado River	Lake Powell to Lake Mead		A&Wc				FBC		DWS	FC	AgI	AgL
CG	Crystal Creek	Headwaters to confluence with unnamed tributary at 36°13'41"/112°11'49"		A&Wc				FBC			FC		
CG	Crystal Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	Deer Creek	Headwaters to confluence with unnamed tributary at 36°26'15"/112°28'20"		A&Wc				FBC			FC		
CG	Deer Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	Detrital Wash	Headwaters to Lake Mead				A&We			PBC				
CG	Dogtown Reservoir	35°12'40"/112°07'54"	Igneous	A&Wc				FBC		DWS	FC	AgI	AgL
CG	Dragon Creek	Headwaters to confluence with Milk Creek		A&Wc				FBC			FC		
CG	Dragon Creek	Below confluence with Milk Creek to confluence with Crystal Creek			A&Ww			FBC			FC		
CG	Garden Creek	Headwaters to confluence with Pipe Creek			A&Ww			FBC			FC		
CG	Gonzalez Lake	35°15'26"/112°12'09"	Shallow		A&Ww			FBC			FC	AgI	AgL
CG	Grand Wash	Headwaters to Colorado River				A&We			PBC				
CG	Grapevine Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Grapevine Wash	Headwaters to Colorado River				A&We			PBC				
CG	Hakatai Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Hance Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Havas Creek	From the Havasupai Indian Reservation boundary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Hermit Creek	Headwaters to Hermit Pack Trail crossing at 36°03'38"/112°14'00"		A&Wc				FBC			FC		
CG	Hermit Creek	Below Hermit Pack Trail crossing to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Horn Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Hualapai Wash	Headwaters to Lake Mead				A&We			PBC				
CG	Jacob Lake	36°42'27"/112°13'50"	Sedimentary	A&Wc				FBC			FC		
CG	Kaibab Lake	35°17'04"/112°09'32"	Igneous	A&Wc				FBC		DWS	FC	AgI	AgL
CG	Kanab Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC		DWS	FC		AgL
CG	Kwagunt Creek	Headwaters to confluence with unnamed tributary at 36°13'37"/111°54'50"		A&Wc				FBC			FC		
CG	Kwagunt Creek	Below confluence with unnamed tributary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Lake Mead	36°06'18"/114°26'33"	Deep	A&Wc				FBC		DWS	FC	AgI	AgL
CG	Lake Powell	36°59'53"/111°08'17"	Deep	A&Wc				FBC		DWS	FC	AgI	AgL
CG	Lonetree Canyon Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Matkatamiba Creek	Below Havasupai Indian Reservation boundary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Monument Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Nankoweap Creek	Headwaters to confluence with unnamed tributary at 36°15'29"/111°57'26"		A&Wc				FBC			FC		
CG	Nankoweap Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	National Canyon Creek	Headwaters to Hualapai Indian Reservation boundary at 36°15'15"/112°52'34"			A&Ww			FBC			FC		
CG	North Canyon Creek	Headwaters to confluence with unnamed tributary at 36°33'58"/111°55'41"		A&Wc				FBC			FC		
CG	North Canyon Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	Olo Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Parashant Canyon	Headwaters to confluence with unnamed tributary at 36°21'02"/113°27'56"		A&Wc				FBC			FC		
CG	Parashant Canyon	Below confluence with unnamed tributary to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Paria River	Utah border to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Phantom Creek	Headwaters to confluence with unnamed tributary at 36°09'29"/112°08'13"		A&Wc				FBC			FC		
CG	Phantom Creek	Below confluence with unnamed tributary to confluence with Bright Angel Creek			A&Ww			FBC			FC		
CG	Pipe Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Red Canyon Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Roaring Springs	36°11'45"/112°02'06"		A&Wc				FBC		DWS	FC		
CG	Roaring Springs Creek	Headwaters to confluence with Bright Angel Creek		A&Wc				FBC			FC		
CG	Royal Arch Creek	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Ruby Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Russell Tank	35°52'21"/111°52'45"		A&Wc				FBC			FC		AgL
CG	Saddle Canyon Creek	Headwaters to confluence with unnamed tributary at 36°21'36"/112°22'43"		A&Wc				FBC			FC		
CG	Saddle Canyon Creek	Below confluence with unnamed tributary to confluence with Colorado River			A&Ww			FBC			FC		
CG	Santa Fe Reservoir	35°14'31"/112°11'10"	Igneous	A&Wc				FBC		DWS	FC		
CG	Sapphire Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Serpentine Canyon	Headwaters to confluence with the Colorado River			A&Ww			FBC			FC		
CG	Shinumo Creek	Headwaters to confluence with unnamed tributary at 36°18'18"/112°18'07"		A&Wc				FBC			FC		

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CG	Shinumo Creek	Below confluence with unnamed tributary to confluence with the Colorado River		A&Ww		FBC		FC		
CG	Short Creek	Headwaters to confluence with Fort Pearce Wash			A&We		PBC			
CG	Slate Creek	Headwaters to confluence with the Colorado River		A&Ww		FBC		FC		
CG	Spring Canyon Creek	Headwaters to confluence with the Colorado River		A&Ww		FBC		FC		
CG	Stone Creek	Headwaters to confluence with the Colorado River		A&Ww		FBC		FC		
CG	Tapeats Creek	Headwaters to confluence with the Colorado River		A&Wc		FBC		FC		
CG	Thunder River	Headwaters to confluence with Tapeats Creek		A&Wc		FBC		FC		
CG	Trail Canyon Creek	Headwaters to confluence with the Colorado River		A&Ww		FBC		FC		
CG	Transept Canyon	Headwaters to Grand Canyon National Park North Rim WWTP outfall at 36°12'20"/112°03'35"			A&We		PBC			
CG	Transept Canyon (EDW)	Grand Canyon National Park North Rim WWTP outfall to 1 km downstream				A&Wedw	PBC			
CG	Transept Canyon	From 1 km downstream of the Grand Canyon National Park North Rim WWTP outfall to confluence with Bright Angel Creek			A&We		PBC			
CG	Travertine Canyon Creek	Headwaters to confluence with the Colorado River		A&Ww		FBC		FC		
CG	Turquoise Canyon	Headwaters to confluence with the Colorado River		A&Ww		FBC		FC		
CG	Unkar Creek	Below confluence with unnamed tributary at 36°07'54"/111°54'06" to confluence with Colorado River		A&Ww		FBC		FC		
CG	Unnamed Wash (EDW)	Grand Canyon National Park Desert View WWTP outfall at 36°02'06"/111°49'13" to confluence with Cedar Canyon				A&Wedw	PBC			
CG	Unnamed Wash (EDW)	Valle Airpark WRF outfall at 35°38'34"/112°09'22" to confluence with Spring Valley Wash				A&Wedw	PBC			
CG	Vasey's Paradise	A spring at 36°29'52"/111°51'26"		A&Wc		FBC		FC		
CG	Virgin River	Headwaters to confluence with the Colorado River		A&Ww		FBC		FC	AgI	AgL
CG	Vishnu Creek	Headwaters to confluence with the Colorado River		A&Ww		FBC		FC		
CG	Warm Springs Creek	Headwaters to confluence with the Colorado River		A&Ww		FBC		FC		
CG	West Cataract Creek	Headwaters to confluence with Cataract Creek		A&Wc		FBC		FC		AgL
CG	White Creek	Headwaters to confluence with unnamed tributary at 36°18'45"/112°21'03"		A&Wc		FBC		FC		
CG	White Creek	Below confluence with unnamed tributary to confluence with the Colorado River		A&Ww		FBC		FC		
CL	A10 Backwater	33°31'45"/114°33'19"	Shallow	A&Ww		FBC		FC		
CL	A7 Backwater	33°34'27"/114°32'04"	Shallow	A&Ww		FBC		FC		
CL	Adobe Lake	33°02'36"/114°39'26"	Shallow	A&Ww		FBC		FC		
CL	Cibola Lake	33°14'01"/114°40'31"	Shallow	A&Ww		FBC		FC		
CL	Clear Lake	33°01'59"/114°31'19"	Shallow	A&Ww		FBC		FC		
CL	Columbus Wash	Headwaters to confluence with the Gila River			A&We		PBC			
CL	Colorado River	Lake Mead to Topock Marsh		A&Wc		FBC		DWS	FC	AgI
CL	Colorado River	Topock Marsh to Morelos Dam		A&Ww		FBC		DWS	FC	AgI
CL	Gila River	Painted Rock Dam to confluence with the Colorado River		A&Ww		FBC			FC	AgI
CL	Holy Moses Wash	Headwaters to City of Kingman Downtown WWTP outfall at 35°10'33"/114°03'46"			A&We		PBC			
CL	Holy Moses Wash (EDW)	City of Kingman Downtown WWTP outfall to 3 km downstream				A&Wedw	PBC			
CL	Holy Moses Wash	From 3 km downstream of City of Kingman Downtown WWTP outfall to confluence with Sawmill Wash			A&We		PBC			
CL	Hunter's Hole Backwater	32°31'13"/114°48'07"	Shallow	A&Ww		FBC			FC	AgL
CL	Imperial Reservoir	32°53'02"/114°27'54"	Shallow	A&Ww		FBC		DWS	FC	AgI
CL	Island Lake	33°01'44"/114°36'42"	Shallow	A&Ww		FBC			FC	
CL	Laguna Reservoir	32°51'35"/114°28'29"	Shallow	A&Ww		FBC		DWS	FC	AgI
CL	Lake Havasu	34°35'18"/114°25'47"	Deep	A&Ww		FBC		DWS	FC	AgI
CL	Lake Mohave	35°26'58"/114°38'30"	Deep	A&Wc		FBC		DWS	FC	AgI
CL	Martinez Lake	32°58'49"/114°28'09"	Shallow	A&Ww		FBC			FC	AgI
CL	Mittry Lake	32°49'17"/114°27'54"	Shallow	A&Ww		FBC			FC	
CL	Mohave Wash	Headwaters to Lower Colorado River			A&We		PBC			
CL	Nortons Lake	33°02'30"/114°37'59"	Shallow	A&Ww		FBC			FC	
CL	Painted Rock (Borrow Pit) Lake	33°04'55"/113°01'17"	Sedimentary	A&Ww		FBC			FC	AgI
CL	Pretty Water Lake	33°19'51"/114°42'19"	Shallow	A&Ww		FBC			FC	
CL	Quigley Pond	32°43'40"/113°57'44"	Shallow	A&Ww		FBC			FC	
CL	Redondo Lake	32°44'32"/114°29'03"	Shallow	A&Ww		FBC			FC	
CL	Sacramento Wash	Headwaters to Topock Marsh			A&We		PBC			
CL	Sawmill Canyon	Headwaters to abandoned gaging station at 35°09'45"/113°57'56"		A&Ww		FBC			FC	AgL
CL	Sawmill Canyon	Below abandoned gaging station to confluence with Holy Moses Wash			A&We		PBC			AgL
CL	Topock Marsh	34°43'27"/114°28'59"	Shallow	A&Ww		FBC		DWS	FC	AgI
CL	Tyson Wash (EDW)	Town of Quartzsite WWTP outfall at 33°42'39"/114°13'10" to 1 km downstream				A&Wedw	PBC			
CL	Wellton Canal	Wellton-Mohawk Irrigation District						DWS	AgI	AgL
CL	Yuma Area Canals	Above municipal water treatment plant intakes						DWS	AgI	AgL
CL	Yuma Area Canals	Below municipal water treatment plant intakes and all drains							AgI	AgL
LC	Als Lake	35°02'10"/111°25'17"	Igneous	A&Ww		FBC			FC	AgL
LC	Ashurst Lake	35°01'06"/111°24'18"	Igneous	A&Wc		FBC			FC	AgI
LC	Atcheson Reservoir	33°59'59"/109°20'43"	Igneous	A&Ww		FBC			FC	AgI
LC	Auger Creek	Headwaters to confluence with Nutrioso Creek		A&Wc		FBC			FC	AgL
LC	Barbershop Canyon Creek	Headwaters to confluence with East Clear Creek		A&Wc		FBC			FC	AgL
LC	Bear Canyon Creek	Headwaters to confluence with General Springs Canyon		A&Wc		FBC			FC	AgL
LC	Bear Canyon Creek	Headwaters to confluence with Willow Creek		A&Wc		FBC			FC	AgL
LC	Bear Canyon Lake	34°24'00"/111°00'06"	Sedimentary	A&Wc		FBC			FC	AgI

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LC	Becker Lake	34°09'11"/109°18'23"	Shallow	A&Wc			FBC		FC		AgL
LC	Billy Creek	Headwaters to confluence with Show Low Creek		A&Wc			FBC		FC		AgL
LC	Black Canyon	Headwaters to confluence with Chevelon Creek		A&Wc			FBC		FC	AgL	AgL
LC	Black Canyon Lake	34°20'32"/110°40'13"	Sedimentary	A&Wc			FBC		DWS	FC	AgL
LC	Bow and Arrow Wash	Headwaters to confluence with Rio de Flag			A&We			PBC			
LC	Buck Springs Canyon Creek	Headwaters to confluence with Leonard Canyon Creek		A&Wc			FBC		FC		AgL
LC	Bunch Reservoir	34°02'20"/109°26'48"	Igneous	A&Wc			FBC		FC	AgL	AgL
LC	Carnero Lake	34°06'57"/109°31'42"	Shallow	A&Wc			FBC		FC		AgL
LC	Chevelon Canyon Lake	34°29'18"/110°49'30"	Sedimentary	A&Wc			FBC		FC	AgL	AgL
LC	Chevelon Creek	Headwaters to confluence with the Little Colorado River		A&Wc			FBC		FC	AgL	AgL
LC	Chevelon Creek, West Fork	Headwaters to confluence with Chevelon Creek		A&Wc			FBC		FC		AgL
LC	Chilson Tank	34°51'43"/111°22'54"	Igneous		A&Ww		FBC		FC		AgL
LC	Clear Creek	Headwaters to confluence with the Little Colorado River		A&Wc			FBC		DWS	FC	AgL
LC	Clear Creek Reservoir	34°57'09"/110°39'14"	Shallow	A&Wc			FBC		DWS	FC	AgL
LC	Coconino Reservoir	35°00'05"/111°24'10"	Igneous	A&Wc			FBC			FC	AgL
LC	Colter Creek	Headwaters to confluence with Nutrioso Creek		A&Wc			FBC			FC	AgL
LC	Colter Reservoir	33°56'39"/109°28'53"	Shallow	A&Wc			FBC			FC	AgL
LC	Concho Creek	Headwaters to confluence with Carrizo Wash		A&Wc			FBC			FC	AgL
LC	Concho Lake	34°26'37"/109°37'40"	Shallow	A&Wc			FBC			FC	AgL
LC	Cow Lake	34°53'14"/111°18'51"	Igneous		A&Ww		FBC			FC	AgL
LC	Coyote Creek	Headwaters to confluence with the Little Colorado River		A&Wc			FBC			FC	AgL
LC	Cragin Reservoir (formerly Blue Ridge Reservoir)	34°32'40"/111°11'33"	Deep	A&Wc			FBC			FC	AgL
LC	Crisis Lake (Snake Tank #2)	34°47'51"/111°17'32"			A&Ww		FBC			FC	AgL
LC	Dane Canyon Creek	Headwaters to confluence with Barbershop Canyon Creek		A&Wc			FBC			FC	AgL
LC	Daves Tank	34°44'22"/111°17'15"			A&Ww		FBC			FC	AgL
LC	Deep Lake	35°03'34"/111°25'00"	Igneous		A&Ww		FBC			FC	AgL
LC	Ducksnest Lake	34°59'14"/111°23'57"			A&Ww		FBC			FC	AgL
LC	East Clear Creek	Headwaters to confluence with Clear Creek		A&Wc			FBC			FC	AgL
LC	Ellis Wilbank Reservoir	34°05'25"/109°28'25"	Igneous		A&Ww		FBC			FC	AgL
LC	Estates at Pine Canyon lakes (EDW)	35°09'32"/111°38'26"	EDW			A&Wedw		PBC			
LC	Fish Creek	Headwaters to confluence with the Little Colorado River		A&Wc			FBC			FC	AgL
LC	Fool's Hollow Lake	34°16'30"/110°03'43"	Igneous	A&Wc			FBC			FC	AgL
LC	General Springs Canyon Creek	Headwaters to confluence with East Clear Creek		A&Wc			FBC			FC	AgL
LC	Geneva Reservoir	34°01'45"/109°31'46"	Igneous		A&Ww		FBC			FC	AgL
LC	Hall Creek	Headwaters to confluence with the Little Colorado River		A&Wc			FBC			FC	AgL
LC	Hart Canyon Creek	Headwaters to confluence with Willow Creek		A&Wc			FBC			FC	AgL
LC	Hay Lake	34°00'11"/109°25'57"	Igneous	A&Wc			FBC			FC	AgL
LC	Hog Wallow Lake	33°58'57"/109°25'39"	Igneous	A&Wc			FBC			FC	AgL
LC	Horse Lake	35°03'55"/111°27'50"			A&Ww		FBC			FC	AgL
LC	Hulsey Creek	Headwaters to confluence with Nutrioso Creek		A&Wc			FBC			FC	AgL
LC	Hulsey Lake	33°55'58"/109°09'40"	Sedimentary	A&Wc			FBC			FC	AgL
LC	Indian Lake	35°00'39"/111°22'41"			A&Ww		FBC			FC	AgL
LC	Jacks Canyon Creek	Headwaters to confluence with the Little Colorado River		A&Wc			FBC			FC	AgL
LC	Jarvis Lake	33°58'59"/109°12'36"	Sedimentary		A&Ww		FBC			FC	AgL
LC	Kinnikinick Lake	34°53'53"/111°18'18"	Igneous	A&Wc			FBC			FC	AgL
LC	Knoll Lake	34°25'38"/111°05'13"	Sedimentary	A&Wc			FBC			FC	AgL
LC	Lake Humphreys (EDW)	35°11'51"/111°35'19"	EDW			A&Wedw		PBC			
LC	Lake Mary, Lower	35°06'21"/111°34'38"	Igneous	A&Wc			FBC		DWS	FC	AgL
LC	Lake Mary, Upper	35°03'23"/111°28'34"	Igneous	A&Wc			FBC		DWS	FC	AgL
LC	Lake of the Woods	34°09'40"/109°58'47"	Igneous	A&Wc			FBC			FC	AgL
LC	Lee Valley Creek (OAW)	Headwaters to Lee Valley Reservoir		A&Wc			FBC			FC	
LC	Lee Valley Creek	From Lee Valley Reservoir to confluence with the East Fork of the Little Colorado River		A&Wc			FBC			FC	AgL
LC	Lee Valley Reservoir	33°56'29"/109°30'04"	Igneous	A&Wc			FBC			FC	AgL
LC	Leonard Canyon Creek	Headwaters to confluence with Clear Creek		A&Wc			FBC			FC	AgL
LC	Leonard Canyon Creek, East Fork	Headwaters to confluence with Leonard Canyon Creek		A&Wc			FBC			FC	AgL
LC	Leonard Canyon Creek, Middle Fork	Headwaters to confluence with Leonard Canyon, West Fork		A&Wc			FBC			FC	AgL
LC	Leonard Canyon Creek, West Fork	Headwaters to confluence with Leonard Canyon, East Fork		A&Wc			FBC			FC	AgL
LC	Lily Creek	Headwaters to confluence with Coyote Creek		A&Wc			FBC			FC	AgL
LC	Little Colorado River	Headwaters to Lyman Reservoir		A&Wc			FBC			FC	AgL
LC	Little Colorado River	Below Lyman Reservoir to confluence with the Puerco River		A&Wc			FBC		DWS	FC	AgL
LC	Little Colorado River	Below Puerco River confluence to the Colorado River, excluding segments on Native American Lands			A&Ww		FBC		DWS	FC	AgL
LC	Little Colorado River, East Fork	Headwaters to confluence with the Little Colorado River		A&Wc			FBC			FC	AgL
LC	Little Colorado River, South Fork	Headwaters to confluence with the Little Colorado River		A&Wc			FBC			FC	AgL
LC	Little Colorado River, West Fork (OAW)	Headwaters to Government Springs		A&Wc			FBC			FC	



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LC	Little Colorado River, West Fork	Below Government Springs to confluence with the Little Colorado River		A&Wc				FBC			FC		AgL
LC	Little George Reservoir	34°00'37"/109°19'15"	Igneous		A&Ww			FBC			FC	AgL	AgL
LC	Little Mormon Lake	34°17'00"/109°58'06"	Igneous		A&Ww			FBC			FC	AgL	AgL
LC	Long Lake, Lower	34°47'16"/111°12'40"	Igneous	A&Wc				FBC			FC	AgL	AgL
LC	Long Lake, Upper	35°00'08"/111°21'23"	Igneous	A&Wc				FBC			FC		AgL
LC	Long Tom Tank	34°20'35"/110°49'22"		A&Wc				FBC			FC		AgL
LC	Lower Walnut Canyon Lake (EDW)	35°12'04"/111°34'07"	EDW				A&Wedw		PBC				
LC	Lyman Reservoir	34°21'21"/109°21'35"	Deep	A&Wc				FBC			FC	AgL	AgL
LC	Mamie Creek	Headwaters to confluence with Coyote Creek		A&Wc				FBC			FC		AgL
LC	Marshall Lake	35°07'18"/111°32'07"	Igneous	A&Wc				FBC			FC		AgL
LC	McKay Reservoir	34°01'27"/109°13'48"		A&Wc				FBC			FC	AgL	AgL
LC	Meritt Draw Creek	Headwaters to confluence with Barbershop Canyon Creek		A&Wc				FBC			FC		AgL
LC	Mexican Hay Lake	34°01'58"/109°21'25"	Igneous	A&Wc				FBC			FC	AgL	AgL
LC	Milk Creek	Headwaters to confluence with Hulsey Creek		A&Wc				FBC			FC		AgL
LC	Miller Canyon Creek	Headwaters to confluence with East Clear Creek		A&Wc				FBC			FC		AgL
LC	Miller Canyon Creek, East Fork	Headwaters to confluence with Miller Canyon Creek		A&Wc				FBC			FC		AgL
LC	Morton Lake	34°53'37"/111°17'41"	Igneous	A&Wc				FBC			FC		AgL
LC	Mud Lake	34°55'19"/111°21'29"	Shallow		A&Ww			FBC			FC		AgL
LC	Ned Lake (EDW)	34°17'17"/110°03'22"	EDW				A&Wedw		PBC				
LC	Nelson Reservoir	34°02'52"/109°11'19"	Sedimentary	A&Wc				FBC			FC	AgL	AgL
LC	Norton Reservoir	34°03'57"/109°31'27"	Igneous		A&Ww			FBC			FC		AgL
LC	Nutrisio Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgL	AgL
LC	Paddy Creek	Headwaters to confluence with Nutrisio Creek		A&Wc				FBC			FC		AgL
LC	Pierce Seep	34°23'39"/110°31'17"		A&Wc					PBC				
LC	Pine Tank	34°46'49"/111°17'21"	Igneous		A&Ww			FBC			FC		AgL
LC	Pintail Lake (EDW)	34°18'05"/110°01'21"	EDW				A&Wedw		PBC				
LC	Porter Creek	Headwaters to confluence with Show Low Creek		A&Wc				FBC			FC		AgL
LC	Puerco River	Headwaters to confluence with the Little Colorado River			A&Ww			FBC		DWS	FC	AgL	AgL
LC	Puerco River (EDW)	Sanders Unified School District WWTP outfall at 35°12'52"/109°19'40" to 0.5 km downstream					A&Wedw		PBC				
LC	Rainbow Lake	34°09'00"/109°59'09"	Shallow	A&Wc				FBC			FC	AgL	AgL
LC	Reagan Reservoir	34°02'09"/109°08'41"	Igneous		A&Ww			FBC			FC		AgL
LC	Rio de Flag	Headwaters to City of Flagstaff WWTP outfall at 35°12'21"/111°39'17"				A&We			PBC				
LC	Rio de Flag (EDW)	From City of Flagstaff WWTP outfall to the confluence with San Francisco Wash					A&Wedw		PBC				
LC	River Reservoir	34°02'01"/109°26'07"	Igneous	A&Wc				FBC			FC	AgL	AgL
LC	Rogers Reservoir	33°56'30"/109°16'20"	Igneous		A&Ww			FBC			FC		AgL
LC	Rudd Creek	Headwaters to confluence with Nutrisio Creek		A&Wc				FBC			FC		AgL
LC	Russel Reservoir	33°59'29"/109°20'01"	Igneous		A&Ww			FBC			FC	AgL	AgL
LC	San Salvador Reservoir	33°58'51"/109°19'55"	Igneous	A&Wc				FBC			FC	AgL	AgL
LC	Scott Reservoir	34°10'31"/109°57'31"	Igneous	A&Wc				FBC			FC	AgL	AgL
LC	Show Low Creek	Headwaters to confluence with Silver Creek		A&Wc				FBC			FC	AgL	AgL
LC	Show Low Lake	34°11'36"/110°00'12"	Igneous	A&Wc				FBC			FC	AgL	AgL
LC	Silver Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgL	AgL
LC	Slade Reservoir	33°59'41"/109°20'26"	Igneous		A&Ww			FBC			FC	AgL	AgL
LC	Soldiers Annex Lake	34°47'15"/111°13'51"	Igneous	A&Wc				FBC			FC	AgL	AgL
LC	Soldiers Lake	34°47'47"/111°14'04"	Igneous	A&Wc				FBC			FC	AgL	AgL
LC	Spaulding Tank	34°30'17"/111°02'06"			A&Ww			FBC			FC		AgL
LC	St Johns Reservoir (Little Reservoir)	34°29'10"/109°22'06"	Igneous		A&Ww			FBC			FC	AgL	AgL
LC	Telephone Lake (EDW)	34°17'35"/110°02'42"	EDW				A&Wedw		PBC				
LC	Tremaine Lake	34°46'02"/111°13'51"	Igneous	A&Wc				FBC			FC		AgL
LC	Tunnel Reservoir	34°01'53"/109°26'34"	Igneous	A&Wc				FBC			FC	AgL	AgL
LC	Turkey Draw (EDW)	High Country Pines II WWTP outfall at 33°25'35"/110°38'13" to confluence with Black Canyon Creek					A&Wedw		PBC				
LC	Unnamed Wash (EDW)	Bison Ranch WWTP outfall at 34°23'31"/110°31'29" to Pierce Seep					A&Wedw		PBC				
LC	Walnut Creek	Headwaters to confluence with Billy Creek		A&Wc				FBC			FC		AgL
LC	Water Canyon Creek	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC		AgL
LC	Whale Lake (EDW)	35°11'13"/111°35'21"	EDW				A&Wedw		PBC				
LC	Whipple Lake	34°16'49"/109°58'29"	Igneous		A&Ww			FBC			FC		AgL
LC	White Mountain Lake	34°21'57"/109°59'21"	Igneous	A&Wc				FBC			FC	AgL	AgL
LC	White Mountain Reservoir	34°00'12"/109°30'39"	Igneous	A&Wc				FBC			FC	AgL	AgL
LC	Willow Creek	Headwaters to confluence with Clear Creek		A&Wc				FBC			FC		AgL
LC	Willow Springs Canyon Creek	Headwaters to confluence with Chevelon Creek		A&Wc				FBC			FC		AgL
LC	Willow Springs Lake	34°18'13"/110°52'16"	Sedimentary	A&Wc				FBC			FC	AgL	AgL
LC	Woodland Reservoir	34°07'35"/109°57'01"	Igneous	A&Wc				FBC			FC	AgL	AgL
LC	Woods Canyon Creek	Headwaters to confluence with Chevelon Creek		A&Wc				FBC			FC		AgL
LC	Woods Canyon Lake	34°20'09"/110°56'45"	Sedimentary	A&Wc				FBC			FC	AgL	AgL
LC	Zuni River	Headwaters to confluence with the Little Colorado River		A&Wc				FBC			FC	AgL	AgL
MG	Agua Fria River	Headwaters to confluence with unnamed tributary at 34°35'14"/112°16'18"				A&We			PBC				AgL
MG	Agua Fria River (EDW)	Below confluence with unnamed tributary to State Route 169					A&Wedw		PBC				AgL
MG	Agua Fria River	From State Route 169 to Lake Pleasant			A&Ww			FBC		DWS	FC	AgL	AgL

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MG	Agua Fria River	Below Lake Pleasant to the City of El Mirage WWTP at 33°34'20"/112°18'32"			A&We		PBC			AgL
MG	Agua Fria River (EDW)	From City of El Mirage WWTP outfall to 2 km downstream				A&Wedw	PBC			
MG	Agua Fria River	Below 2 km downstream of the City of El Mirage WWTP to City of Avondale WWTP outfall at 33°23'55"/112°21'16"			A&We		PBC			
MG	Agua Fria River	From City of Avondale WWTP outfall to confluence with Gila River				A&Wedw	PBC			
MG	Andorra Wash	Headwaters to confluence with Cave Creek Wash			A&We		PBC			
MG	Antelope Creek	Headwaters to confluence with Martinez Creek			A&Ww		FBC		FC	AgL
MG	Arlington Canal	From Gila River at 33°20'54"/112°35'39" to Gila River at 33°13'44"/112°46'15"								AgL
MG	Ash Creek	Headwaters to confluence with Tex Canyon		A&Wc			FBC		FC	AgL
MG	Ash Creek	Below confluence with Tex Canyon to confluence with Agua Fria River			A&Ww		FBC		FC	AgL
MG	Beehive Tank	32°52'37"/111°02'20"			A&Ww		FBC		FC	AgL
MG	Big Bug Creek	Headwaters to confluence with Eugene Gulch		A&Wc			FBC		FC	AgL
MG	Big Bug Creek	Below confluence with Eugene Gulch to confluence with Agua Fria River			A&Ww		FBC		FC	AgL
MG	Black Canyon Creek	Headwaters to confluence with the Agua Fria River			A&Ww		FBC		FC	AgL
MG	Blind Indian Creek	Headwaters to confluence with the Hassayampa River			A&Ww		FBC		FC	AgL
MG	Cave Creek	Headwaters to the Cave Creek Dam			A&Ww		FBC		FC	AgL
MG	Cave Creek	Cave Creek Dam to the Arizona Canal				A&We	PBC			
MG	Centennial Wash	Headwaters to confluence with the Gila River at 33°16'32"/112°48'08"				A&We	PBC			AgL
MG	Centennial Wash Ponds	33°54'52"/113°23'47"			A&Ww		FBC		FC	AgL
MG	Chaparral Park Lake	Hayden Road & Chaparral Road, Scottsdale at 33°30'40"/111°54'27"	Urban		A&Ww		PBC		FC	AgL
MG	Devils Canyon	Headwaters to confluence with Mineral Creek			A&Ww		FBC		FC	AgL
MG	East Maricopa Floodway	From Brown and Greenfield Rds to the Gila River Indian Reservation Boundary			A&We		PBS			AgL
MG	Eldorado Park Lake	Miller Road & Oak Street, Tempe at 33°28'25"/111°54'53"	Urban		A&Ww		PBC		FC	
MG	Fain Lake	Town of Prescott Valley Park Lake 34°34'29"/112°21'06"	Urban		A&Ww		PBC		FC	
MG	French Gulch	Headwaters to confluence with Hassayampa River			A&Ww		PBC			AgL
MG	Galena Gulch	Headwaters to confluence with the Agua Fria River				A&We	PBC			AgL
MG	Galloway Wash (EDW)	Town of Cave Creek WWTP outfall at 33°50'15"/111°57'35" to confluence with Cave Creek				A&Wedw	PBC			
MG	Gila River	San Carlos Indian Reservation boundary to the Ashurst-Hayden Dam			A&Ww		FBC		FC	AgL
MG	Gila River	Ashurst-Hayden Dam to the Town of Florence WWTP outfall at 33°02'20"/111°24'19"				A&We	PBC			AgL
MG	Gila River (EDW)	Town of Florence WWTP outfall to Felix Road					A&Wedw	PBC		
MG	Gila River	Felix Road to the Gila River Indian Reservation boundary				A&We	PBC			AgL
MG	Gila River (EDW)	From the confluence with the Salt River to Gillespie Dam					A&Wedw	PBC	FC	AgL
MG	Gila River	Gillespie Dam to confluence with Painted Rock Dam			A&Ww		FBC		FC	AgL
MG	Groom Creek	Headwaters to confluence with the Hassayampa River		A&Wc			FBC		DWS	FC
MG	Hassayampa Lake	34°25'45"/112°25'33"	Igneous	A&Wc			FBC		DWS	FC
MG	Hassayampa River	Headwaters to confluence with unnamed tributary at 34°26'09"/112°30'32"		A&Wc			FBC		FC	AgL
MG	Hassayampa River	Below confluence with unnamed tributary to confluence with unnamed tributary at 33°51'52"/112°39'56"			A&Ww		FBC		FC	AgL
MG	Hassayampa River	Below unnamed tributary to the Buckeye Irrigation Company Canal				A&We	PBC			AgL
MG	Hassayampa River	Below Buckeye Irrigation Company canal to the Gila River			A&Ww		FBC		FC	AgL
MG	Horse Thief Lake	34°09'42"/112°17'57"	Igneous	A&Wc			FBC		DWS	FC
MG	Indian Bend Wash	Headwaters to confluence with the Salt River				A&We	PBC			
MG	Indian Bend Wash Lakes	Scottsdale at 33°30'32"/111°54'24"	Urban				PBC		FC	
MG	Indian School Park Lake	Indian School Road & Hayden Road, Scottsdale at 33°29'39"/111°54'37"	Urban		A&Ww		PBC		FC	
MG	Kiwanis Park Lake	6000 South Mill Avenue, Tempe at 33°22'27"/111°56'22"	Urban		A&Ww		PBC		FC	AgL
MG	Lake Pleasant	33°53'46"/112°16'29"	Deep		A&Ww		FBC		DWS	FC
MG	Lake Pleasant, Lower	33°50'32"/112°16'03"			A&Ww		FBC		FC	AgL
MG	Lion Canyon	Headwaters to confluence with Weaver Creek			A&Ww		FBC		FC	AgL
MG	Little Ash Creek	Headwaters to confluence with Ash Creek at			A&Ww		FBC		FC	AgL
MG	Lynx Creek	Headwaters to confluence with unnamed tributary at 34°34'29"/112°21'07"		A&Wc			FBC		FC	AgL
MG	Lynx Creek	Below confluence with unnamed tributary at 34°34'29"/112°21'07" to confluence with Agua Fria River			A&Ww		FBC		FC	AgL
MG	Lynx Lake	34°31'07"/112°23'07"	Deep	A&Wc			FBC		DWS	FC
MG	Martinez Canyon	Headwaters to confluence with Box Canyon			A&Ww		FBC		FC	AgL
MG	Martinez Creek	Headwaters to confluence with the Hassayampa River			A&Ww		FBC		FC	AgL
MG	McKellips Park Lake	Miller Road & McKellips Road, Scottsdale at 33°27'14"/111°54'49"	Urban		A&Ww			PBC	FC	AgL
MG	McMicken Wash (EDW)	City of Peoria Jomax WWTP outfall at 33°43'31"/112°20'15" to confluence with Agua Fria River					A&Wedw	PBC		
MG	Mineral Creek	Headwaters to 33°12'34"/110°59'58"			A&Ww		FBC		FC	AgL
MG	Mineral Creek (diversion tunnel and lined channel)	33°12'24"/110°59'58" to 33°07'56"/110°58'34"					PBC			
MG	Mineral Creek	End of diversion channel to confluence with Gila River			A&Ww		FBC		FC	AgL
MG	Minnehaha Creek	Headwaters to confluence with the Hassayampa River			A&Ww		FBC		FC	AgL
MG	New River	Headwaters to Interstate 17 at 33°54'19.5"/112°08'46"			A&Ww		FBC		FC	AgL
MG	New River	Below Interstate 17 to confluence with Agua Fria River				A&We	PBC			AgL
MG	Painted Rock Reservoir	33°04'23"/113°00'38"	Sedimentary		A&Ww		FBC		FC	AgL
MG	Papago Park Ponds	Galvin Parkway, Phoenix at 33°27'15"/111°56'45"	Urban		A&Ww		PBC		FC	
MG	Papago Park South Pond	Curry Road, Tempe 33°26'22"/111°55'55"	Urban		A&Ww		PBC		FC	
MG	Perry Mesa Tank	34°11'03"/112°02'01"			A&Ww		FBC		FC	AgL

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MG	Phoenix Area Canals	Granite Reef Dam to all municipal WTP intakes								DWS		AgI	AgL
MG	Phoenix Area Canals	Below municipal WTP intakes and all other locations										AgI	AgL
MG	Picacho Reservoir	32°51'10"/111°28'25"	Shallow		A&Ww			FBC				FC	AgI
MG	Poland Creek	Headwaters to confluence with Lorena Gulch		A&Wc				FBC				FC	AgL
MG	Poland Creek	Below confluence with Lorena Gulch to confluence with Black Canyon Creek			A&Ww			FBC				FC	AgL
MG	Queen Creek	Headwaters to the Town of Superior WWTP outfall at 33°16'33"/111°07'44"			A&Ww				PBC			FC	AgL
MG	Queen Creek (EDW)	Below Town of Superior WWTP outfall to confluence with Potts Canyon					A&Wedw		PBC				
MG	Queen Creek	Below Potts Canyon to Whitlow Dam			A&Ww			FBC				FC	AgL
MG	Queen Creek	Below Whitlow Dam to confluence with Gila River				A&We			PBC				
MG	Salt River	Verde River to 2 km below Granite Reef Dam			A&Ww			FBC		DWS		FC	AgI
MG	Salt River	2 km below Granite Reef Dam to City of Mesa NW WRF outfall at 33°26'22"/111°53'14"				A&We			PBC				
MG	Salt River (EDW)	City of Mesa NW WRF outfall to Tempe Town Lake					A&Wedw		PBC				
MG	Salt River	Below Tempe Town Lake to Interstate 10 bridge				A&We			PBC				
MG	Salt River	Below Interstate 10 bridge to the City of Phoenix 23rd Avenue WWTP outfall at 33°24'44"/112°07'59"			A&Ww				PBC			FC	
MG	Salt River (EDW)	From City of Phoenix 23rd Avenue WWTP outfall to confluence with Gila River					A&Wedw		PBC			FC	AgI
MG	Siphon Draw (EDW)	Superstition Mountains CFD WWTP outfall at 33°21'40"/111°33'30" to 6 km downstream					A&Wedw		PBC				
MG	Sycamore Creek	Headwaters to confluence with Tank Canyon		A&Wc				FBC				FC	AgL
MG	Sycamore Creek	Below confluence with Tank Canyon to confluence with Agua Fria River			A&Ww			FBC				FC	AgL
MG	Tempe Town Lake	At Mill Avenue Bridge at 33°26'00"/111°56'26"	Urban		A&Ww			FBC				FC	
MG	The Lake Tank	32°54'14"/111°04'15"			A&Ww			FBC				FC	AgL
MG	Tule Creek	Headwaters to confluence with the Agua Fria River			A&Ww			FBC				FC	AgL
MG	Turkey Creek	Headwaters to confluence with unnamed tributary at 34°19'28"/112°21'33"		A&Wc				FBC				FC	AgI
MG	Turkey Creek	Below confluence with unnamed tributary to confluence with Poland Creek			A&Ww			FBC				FC	AgI
MG	Unnamed Wash (EDW)	Gila Bend WWTP outfall to confluence with the Gila River					A&Wedw		PBC				
MG	Unnamed Wash (EDW)	Luke Air Force Base WWTP outfall at 33°32'21"/112°19'15" to confluence with the Agua Fria River					A&Wedw		PBC				
MG	Unnamed Wash (EDW)	North Florence WWTP outfall at 33°03'50"/111°23'13" to confluence with Gila River					A&Wedw		PBC				
MG	Unnamed Wash (EDW)	Town of Prescott Valley WWTP outfall at 34°35'16"/112°16'18" to confluence with the Agua Fria River					A&Wedw		PBC				
MG	Unnamed Wash (EDW)	Town of Cave Creek WRF outfall at 33°48'02"/111°59'22" to confluence with Cave Creek					A&Wedw		PBC				
MG	Wagner Wash (EDW)	City of Buckeye Festival Ranch WRF outfall at 33°39'14"/112°40'18" to 2 km downstream					A&Wedw		PBC				
MG	Walnut Canyon Creek	Headwaters to confluence with the Gila River			A&Ww			FBC				FC	AgL
MG	Weaver Creek	Headwaters to confluence with Antelope Creek, tributary to Martinez Creek			A&Ww			FBC				FC	AgL
MG	White Canyon Creek	Headwaters to confluence with Walnut Canyon Creek			A&Ww			FBC				FC	AgL
MG	Yavapai Lake (EDW)	Town of Prescott Valley WWTP outfall 002 at 34°36'07"/112°18'48" to Navajo Wash	EDW				A&Wedw		PBC				
SC	Agua Caliente Lake	12325 East Roger Road, Tucson 32°16'51"/110°43'52"	Urban		A&Ww				PBC			FC	
SC	Agua Caliente Wash	Headwaters to confluence with Soldier Trail			A&Ww			FBC				FC	AgL
SC	Agua Caliente Wash	Below Soldier Trail to confluence with Tanque Verde Creek				A&We			PBC				AgL
SC	Aguirre Wash	From the Tohono O'odham Indian Reservation boundary to 32°28'38"/111°46'51"				A&We			PBC				
SC	Alambre Wash	Headwaters to confluence with Brawley Wash				A&We			PBC				
SC	Alamo Wash	Headwaters to confluence with Rillito Creek				A&We			PBC				
SC	Altar Wash	Headwaters to confluence with Brawley Wash				A&We			PBC				
SC	Alum Gulch	Headwaters to 31°28'20"/110°43'51"				A&We			PBC				AgL
SC	Alum Gulch	From 31°28'20"/110°43'51" to 31°29'17"/110°44'25"			A&Ww			FBC				FC	AgL
SC	Alum Gulch	Below 31°29'17"/110°44'25" to confluence with Sonoita Creek				A&We			PBC				AgL
SC	Arivaca Creek	Headwaters to confluence with Altar Wash			A&Ww			FBC				FC	AgL
SC	Arivaca Lake	31°31'52"/111°15'06"	Igneous		A&Ww			FBC				FC	AgI
SC	Atterbury Wash	Headwaters to confluence with Pantano Wash				A&We			PBC				AgL
SC	Bear Grass Tank	31°33'01"/111°11'03"			A&Ww			FBC				FC	AgL
SC	Big Wash	Headwaters to confluence with Cañada del Oro				A&We			PBC				
SC	Black Wash (EDW)	Pima County WMD Avra Valley WWTP outfall at 32°09'58"/111°11'17" to confluence with Brawley Wash					A&Wedw		PBC				
SC	Bog Hole Tank	31°28'36"/110°37'09"			A&Ww			FBC				FC	AgL
SC	Brawley Wash	Headwaters to confluence with Los Robles Wash				A&We			PBC				
SC	California Gulch	Headwaters To U.S./Mexico border			A&Ww			FBC				FC	AgL
SC	Cañada del Oro	Headwaters to State Route 77			A&Ww			FBC				FC	AgI
SC	Cañada del Oro	Below State Route 77 to confluence with the Santa Cruz River				A&We			PBC				AgL
SC	Cienega Creek	Headwaters to confluence with Gardner Canyon			A&Ww			FBC				FC	AgL
SC	Cienega Creek (OAW)	From confluence with Gardner Canyon to USGS gaging station (#09484600)			A&Ww			FBC				FC	AgL
SC	Davidson Canyon	Headwaters to unnamed spring at 31°59'00"/110°38'49"				A&We			PBC				AgL
SC	Davidson Canyon (OAW)	From unnamed Spring to confluence with unnamed tributary at 31°59'09"/110°38'44"			A&Ww			FBC				FC	AgL
SC	Davidson Canyon (OAW)	Below confluence with unnamed tributary to unnamed spring at 32°00'40"/110°38'36"				A&We			PBC				AgL

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SC	Davidson Canyon (OAW)	From unnamed spring to confluence with Cienega Creek			A&Ww			FBC			FC		AgL
SC	Empire Gulch	Headwaters to unnamed spring at 31°47'18"/110°38'17"				A&We			PBC				
SC	Empire Gulch	From 31°47'18"/110°38'17" to 31°47'03"/110°37'35"			A&Ww			FBC			FC		
SC	Empire Gulch	From 31°47'03"/110°37'35" to 31°47'05"/110°36'58"				A&We			PBC				AgL
SC	Empire Gulch	From 31°47'05"/110°36'58" to confluence with Cienega Creek			A&Ww			FBC			FC		
SC	Flux Canyon	Headwaters to confluence with Alum Gulch				A&We			PBC				AgL
SC	Gardner Canyon Creek	Headwaters to confluence with Sawmill Canyon			A&Wc			FBC			FC		
SC	Gardner Canyon Creek	Below Sawmill Canyon to confluence with Cienega Creek			A&Ww			FBC			FC		
SC	Greene Wash	Santa Cruz River to the Tohono O'odham Indian Reservation boundary				A&We			PBC				
SC	Greene Wash	Tohono O'odham Indian Reservation boundary to confluence with Santa Rosa Wash at 32°53'52"/111°56'48"				A&We			PBC				
SC	Harshaw Creek	Headwaters to confluence with Sonoita Creek at				A&We			PBC				AgL
SC	Hit Tank	32°43'57"/111°03'18"			A&Ww			FBC			FC		AgL
SC	Holden Canyon Creek	Headwaters to U.S./Mexico border			A&Ww			FBC			FC		
SC	Huachuca Tank	31°21'11"/110°30'18"			A&Ww			FBC			FC		AgL
SC	Julian Wash	Headwaters to confluence with the Santa Cruz River				A&We			PBC				
SC	Kennedy Lake	Mission Road & Ajo Road, Tucson at 32°10'49"/111°00'27"	Urban		A&Ww				PBC		FC		
SC	Lakeside Lake	8300 East Stella Road, Tucson at 32°11'11"/110°49'00"	Urban		A&Ww				PBC		FC		
SC	Lemmon Canyon Creek	Headwaters to confluence with unnamed tributary at 32°23'48"/110°47'49"			A&Wc			FBC			FC		
SC	Lemmon Canyon Creek	Below unnamed tributary at 32°23'48"/110°47'49" to confluence with Sabino Canyon Creek			A&Ww			FBC			FC		
SC	Los Robles Wash	Headwaters to confluence with the Santa Cruz River				A&We			PBC				
SC	Madera Canyon Creek	Headwaters to confluence with unnamed tributary at 31°43'42"/110°52'51"			A&Wc			FBC			FC		AgL
SC	Madera Canyon Creek	Below unnamed tributary at 31°43'42"/110°52'51" to confluence with the Santa Cruz River			A&Ww			FBC			FC		AgL
SC	Mattie Canyon	Headwaters to confluence with Cienega Creek			A&Ww			FBC			FC		AgL
SC	Nogales Wash	Headwaters to confluence with Potrero Creek			A&Ww				PBC		FC		
SC	Oak Tree Canyon	Headwaters to confluence with Cienega Creek				A&We			PBC				
SC	Palisade Canyon	Headwaters to confluence with unnamed tributary at 32°22'33"/110°45'31"			A&Wc			FBC			FC		
SC	Palisade Canyon	Below 32°22'33"/110°45'31" to unnamed tributary of Sabino Canyon			A&Ww			FBC			FC		
SC	Pantano Wash	Headwaters to confluence with Tanque Verde Creek				A&We			PBC				
SC	Parker Canyon Creek	Headwaters to confluence with unnamed tributary at 31°24'17"/110°28'47"	A&Wc					FBC			FC		
SC	Parker Canyon Creek	Below unnamed tributary to U.S./Mexico border			A&Ww			FBC			FC		
SC	Parker Canyon Lake	31°25'35"/110°27'15"	Deep	A&Wc				FBC			FC	AgL	AgL
SC	Patagonia Lake	31°29'56"/110°50'49"	Deep		A&Ww			FBC			FC	AgL	AgL
SC	Peña Blanca Lake	31°24'15"/111°05'12"	Igneous		A&Ww			FBC			FC	AgL	AgL
SC	Potrero Creek	Headwaters to Interstate 19				A&We			PBC				AgL
SC	Potrero Creek	Below Interstate 19 to confluence with Santa Cruz River			A&Ww			FBC			FC		AgL
SC	Puertocito Wash	Headwaters to confluence with Altar Wash				A&We			PBC				
SC	Quitobaquito Spring	(Pond and Springs) 31°56'39"/113°01'06"			A&Ww			FBC			FC		AgL
SC	Redrock Canyon Creek	Headwaters to confluence with Harshaw Creek			A&Ww			FBC			FC		
SC	Rillito Creek	Headwaters to confluence with the Santa Cruz River				A&We			PBC				AgL
SC	Romero Canyon Creek	Headwaters to confluence with unnamed tributary at 32°24'29"/110°50'39"			A&Wc			FBC			FC		
SC	Romero Canyon Creek	Below unnamed tributary to confluence with Sutherland Wash			A&Ww			FBC			FC		
SC	Rose Canyon Creek	Headwaters to confluence with Sycamore Canyon			A&Wc			FBC			FC		
SC	Rose Canyon Lake	32°23'13"/110°42'38"	Igneous	A&Wc				FBC			FC		AgL
SC	Ruby Lakes	31°26'29"/111°14'22"	Igneous		A&Ww			FBC			FC		AgL
SC	Sabino Canyon	Headwaters to 32°23'20"/110°47'06"			A&Wc			FBC		DWS	FC	AgL	
SC	Sabino Canyon	Below 32°23'20"/110°47'06" to confluence with Tanque Verde River			A&Ww			FBC		DWS	FC	AgL	
SC	Salero Ranch Tank	31°35'43"/110°53'25"			A&Ww			FBC			FC		AgL
SC	Santa Cruz River	Headwaters to the at U.S./Mexico border			A&Ww			FBC			FC	AgL	AgL
SC	Santa Cruz River	U.S./Mexico border to the Nogales International WWTP outfall at 31°27'25"/110°58'04"			A&Ww			FBC		DWS	FC	AgL	AgL
SC	Santa Cruz River (EDW)	Nogales International WWTP outfall to the Tubac Bridge				A&Wedw			PBC				AgL
SC	Santa Cruz River	Tubac Bridge to Agua Nueva WRF outfall at 32°17'04"/111°01'45"				A&We			PBC				AgL
SC	Santa Cruz River (EDW)	Agua Nueva WRF outfall to Baumgartner Road				A&Wedw			PBC				
SC	Santa Cruz River, West Branch	Headwaters to the confluence with Santa Cruz River				A&We			PBC				AgL
SC	Santa Cruz River	Baumgartner Road to the Ak Chin Indian Reservation boundary				A&We			PBC				AgL
SC	Santa Cruz Wash, North Branch	Headwaters to City of Casa Grande WRF outfall at 32°54'57"/111°47'13"				A&We			PBC				
SC	Santa Cruz Wash, North Branch (EDW)	City of Casa Grande WRF outfall to 1 km downstream				A&Wedw			PBC				
SC	Santa Rosa Wash	Below Tohono O'odham Indian Reservation to the Ak Chin Indian Reservation				A&We			PBC				
SC	Santa Rosa Wash (EDW)	Palo Verde Utilities CO-WRF outfall at 33°04'20"/112°01'47" to the Chin Indian Reservation				A&Wedw			PBC				
SC	Soldier Tank	32°25'34"/110°44'43"			A&Wc			FBC			FC		AgL
SC	Sonoita Creek	Headwaters to the Town of Patagonia WWTP outfall at 31°32'25"/110°45'31"				A&We			PBC				AgL
SC	Sonoita Creek (EDW)	Town of Patagonia WWTP outfall to permanent groundwater upwelling point approximately 1600 feet downstream of outfall				A&Wedw			PBC				AgL

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SC	Sonoita Creek	Below 1600 feet downstream of Town of Patagonia WWTP outfall groundwater upwelling point to confluence with the Santa Cruz River		A&Ww		FBC		FC	AgL	AgL
SC	Split Tank	31°28'11"/111°05'12"		A&Ww		FBC		FC		AgL
SC	Sutherland Wash	Headwaters to confluence with Cañada del Oro		A&Ww		FBC		FC		
SC	Sycamore Canyon	Headwaters to 32°21'60" / 110°44'48"	A&Wc			FBC		FC		
SC	Sycamore Canyon	From 32°21'60" / 110°44'48" to Sycamore Reservoir		A&Ww		FBC		FC		
SC	Sycamore Canyon	Headwaters to the U.S./Mexico border		A&Ww		FBC		FC		AgL
SC	Sycamore Reservoir	32°20'57"/110°47'38"	A&Wc			FBC		FC		AgL
SC	Tanque Verde Creek	Headwaters to Houghton Road		A&Ww		FBC		FC		AgL
SC	Tanque Verde Creek	Below Houghton Road to confluence with Rillito Creek			A&We		PBC			AgL
SC	Three R Canyon	Headwaters to Unnamed Trib to Three R Canyon at 31°28'26"/110°46'04"			A&We		PBC			AgL
SC	Three R Canyon	From 31°28'26"/110°46'04" to 31°28'28"/110°47'15" (Cox Gulch)		A&Ww		FBC		FC		AgL
SC	Three R Canyon	From (Cox Gulch) 31°28'28"/110°47'15" to confluence with Sonoita Creek			A&We		PBC			AgL
SC	Tinaja Wash	Headwaters to confluence with the Santa Cruz River			A&We		PBC			AgL
SC	Unnamed Wash (EDW)	Oracle Sanitary District WWTP outfall at 32°36'54"/110°48'02" to 5 km downstream			A&Wedw		PBC			
SC	Unnamed Wash (EDW)	Arizona City Sanitary District WWTP outfall at 32°45'43"/111°44'24" to confluence with Santa Cruz Wash			A&Wedw		PBC			
SC	Unnamed Wash (EDW)	Saddlebrook WWTP outfall at 32°32'00"/110°53'01" to confluence with Cañada del Oro			A&Wedw		PBC			
SC	Vekol Wash	Headwater to Santa Cruz Wash: Those reaches not located on the Ak-Chin, Tohono O'odham and Gila River Indian Reservations			A&We		PBC			
SC	Wakefield Canyon	Headwaters to confluence with unnamed tributary at 31°52'48"/110°26'27"	A&Wc			FBC		FC		AgL
SC	Wakefield Canyon	Below confluence with unnamed tributary to confluence with Cienega Creek			A&Ww		FBC		FC	AgL
SC	Wild Burro Canyon	Headwaters to confluence with unnamed tributary at 32°27'43"/111°05'47"			A&Ww		FBC		FC	AgL
SC	Wild Burro Canyon	Below confluence with unnamed tributary to confluence with Santa Cruz River			A&We		PBC			AgL
SP	Abbot Canyon	Headwaters to confluence with Whitewater Draw		A&Ww		FBC		FC		AgL
SP	Aravaipa Creek	Headwaters to confluence with Stowe Gulch		A&Ww		FBC		FC		AgL
SP	Aravaipa Creek (OAW)	Stowe Gulch to downstream boundary of Aravaipa Canyon Wilderness Area		A&Ww		FBC		FC		AgL
SP	Aravaipa Creek	Below downstream boundary of Aravaipa Canyon Wilderness Area to confluence with the San Pedro River		A&Ww		FBC		FC		AgL
SP	Ash Creek	Headwaters to 31°50'28"/109°40'04"		A&Ww		FBC		FC	AgL	AgL
SP	Babocomari River	Headwaters to confluence with the San Pedro River		A&Ww		FBC		FC		AgL
SP	Bass Canyon Creek	Headwaters to confluence with unnamed tributary at 32°26'06"/110°13'22"	A&Wc			FBC		FC		AgL
SP	Bass Canyon Creek	Below confluence with unnamed tributary to confluence with Hot Springs Canyon Creek		A&Ww		FBC		FC		AgL
SP	Bass Canyon Tank	32°24'00"/110°13'00"		A&Ww		FBC		FC		AgL
SP	Bear Creek	Headwaters to U.S./Mexico border		A&Ww		FBC		FC		AgL
SP	Blacktail Pond	Fort Huachuca Military Reservation at 31°31'04"/110°24'47", headwater lake in Blacktail Canyon		A&Ww		FBC		FC		
SP	Black Draw	Headwaters to the U.S./Mexico border		A&Ww		FBC		FC		AgL
SP	Booger Canyon	Headwaters to confluence with Aravaipa Creek		A&Ww		FBC		FC		AgL
SP	Buck Canyon	Headwaters to confluence with Buck Creek Tank		A&Ww		FBC		FC		AgL
SP	Buck Canyon	Below Buck Creek Tank to confluence with Dry Creek			A&We		PBC			AgL
SP	Buehman Canyon Creek (OAW)	Headwaters to confluence with unnamed tributary at 32°24'54"/110°32'10"		A&Ww		FBC		FC		AgL
SP	Buehman Canyon Creek	Below confluence with unnamed tributary to confluence with San Pedro River		A&Ww		FBC		FC		AgL
SP	Bullock Canyon	Headwaters to confluence with Buehman Canyon		A&Ww		FBC		FC		AgL
SP	Carr Canyon Creek	Headwaters to confluence with unnamed tributary at 31°27'01"/110°15'48"	A&Wc			FBC		FC		AgL
SP	Carr Canyon Creek	Below confluence with unnamed tributary to confluence with the San Pedro River		A&Ww		FBC		FC		AgL
SP	Copper Creek	Headwaters to confluence with Prospect Canyon		A&Ww		FBC		FC		AgL
SP	Copper Creek	Below confluence with Prospect Canyon to confluence with the San Pedro River			A&We		PBC			AgL
SP	Deer Creek	Headwaters to confluence with unnamed tributary at 32°59'57"/110°20'11"	A&Wc			FBC		FC		AgL
SP	Deer Creek	Below confluence with unnamed tributary to confluence with Aravaipa Creek		A&Ww		FBC		FC		AgL
SP	Dixie Canyon	Headwaters to confluence with Mexican Canyon		A&Ww		FBC		FC		AgL
SP	Double R Canyon Creek	Headwaters to confluence with Bass Canyon		A&Ww		FBC		FC		
SP	Dry Canyon	Headwaters to confluence with Whitewater draw		A&Ww		FBC		FC		AgL
SP	East Gravel Pit Pond	Fort Huachuca Military Reservation at 31°30'54"/110°19'44"	Sedimentary	A&Ww		FBC		FC		
SP	Espiritu Canyon Creek	Headwaters to confluence with Soza Wash		A&Ww		FBC		FC		AgL
SP	Fournmile Creek	Headwaters to confluence with Aravaipa Creek		A&Ww		FBC		FC		AgL
SP	Fournmile Canyon, Left Prong	Headwaters to confluence with unnamed tributary at 32°43'15"/110°23'46"	A&Wc			FBC		FC		AgL
SP	Fournmile Canyon, Left Prong	Below confluence with unnamed tributary to confluence with Fournmile Canyon Creek		A&Ww		FBC		FC		AgL
SP	Fournmile Canyon, Right Prong	Headwaters to confluence with Fournmile Canyon		A&Ww		FBC		FC		AgL
SP	Gadwell Canyon	Headwaters to confluence with Whitewater Draw		A&Ww		FBC		FC		AgL
SP	Garden Canyon Creek	Headwaters to confluence with unnamed tributary at 31°29'01"/110°19'44"	A&Wc			FBC	DWS	FC	AgL	

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SP	Garden Canyon Creek	Below confluence with unnamed tributary to confluence with the San Pedro River		A&Ww		FBC		DWS	FC	AgI	
SP	Glance Creek	Headwaters to confluence with Whitewater Draw		A&Ww		FBC			FC		AgL
SP	Gold Gulch	Headwaters to U.S./Mexico border		A&Ww		FBC			FC		AgL
SP	Gravel Pit Pond	Fort Huachuca Military Reservation at 31°30'52"/ 110°19'49"	Sedimentary	A&Ww		FBC			FC		
SP	Greenbush Draw	From U.S./Mexico border to confluence with San Pedro River			A&We		PBC				
SP	Hidden Pond	Fort Huachuca Military Reservation at 32°30'30"/ 109°22'17"		A&Ww		FBC			FC		
SP	Horse Camp Canyon	Headwaters to confluence with Aravaipa Creek		A&Ww		FBC			FC		AgL
SP	Hot Springs Canyon Creek	Headwaters to confluence with the San Pedro River		A&Ww		FBC			FC		AgL
SP	Johnson Canyon	Headwaters to Whitewater Draw at 31°32'46"/ 109°43'32"		A&Ww		FBC			FC		AgL
SP	Leslie Canyon Creek	Headwaters to confluence with Whitewater Draw		A&Ww		FBC			FC		AgL
SP	Lower Garden Canyon Pond	Fort Huachuca Military Reservation at 31°29'39"/ 110°18'34"		A&Ww		FBC			FC		
SP	Mexican Canyon	Headwaters to confluence with Dixie Canyon		A&Ww		FBC			FC		AgL
SP	Miller Canyon	Headwaters to Broken Arrow Ranch Road at 31°25'35"/110°15'04"	A&Wc			FBC		DWS	FC		AgL
SP	Miller Canyon	Below Broken Arrow Ranch Road to confluence with the San Pedro River		A&Ww		FBC		DWS	FC		AgL
SP	Mountain View Golf Course Pond	Fort Huachuca Military Reservation at 31°32'14"/ 110°18'52"	Sedimentary	A&Ww			PBC		FC		
SP	Mule Gulch	Headwaters to the Lavender Pit at 31°26'11"/ 109°54'02"		A&Ww			PBC		FC		
SP	Mule Gulch	The Lavender Pit to the Highway 80 bridge at 31°26'30"/109°49'28"			A&We		PBC				AgL
SP	Mule Gulch	Below the Highway 80 bridge to confluence with Whitewater Draw			A&We		PBC				AgL
SP	Oak Grove Canyon	Headwaters to confluence with Turkey Creek		A&Ww		FBC			FC		AgL
SP	Officers Club Pond	Fort Huachuca Military Reservation at 31°32'51"/ 110°21'37"	Sedimentary	A&Ww			PBC		FC		
SP	Paige Canyon Creek	Headwaters to confluence with the San Pedro River		A&Ww		FBC			FC		AgL
SP	Parsons Canyon Creek	Headwaters to confluence with Aravaipa Creek		A&Ww		FBC			FC		AgL
SP	Ramsey Canyon Creek	Headwaters to Forest Service Road #110 at 31°27'44"/110°17'30"	A&Wc			FBC			FC	AgI	AgL
SP	Ramsey Canyon Creek	Below Forest Service Road #110 to confluence with Carr Wash		A&Ww		FBC			FC	AgI	AgL
SP	Rattlesnake Creek	Headwaters to confluence with Brush Canyon	A&Wc			FBC			FC		AgL
SP	Rattlesnake Creek	Below confluence with Brush Canyon to confluence with Aravaipa Creek		A&Ww		FBC			FC		AgL
SP	Redfield Canyon	Headwaters to confluence with unnamed tributary at 32°33'40"/ 110°18'42"	A&Wc			FBC			FC		AgL
SP	Redfield Canyon	Below confluence with unnamed tributary to confluence with the San Pedro River		A&Ww		FBC			FC		AgL
SP	Rucker Canyon	Headwaters to confluence with Whitewater Draw		A&Wc		FBC			FC		AgL
SP	Rucker Canyon Lake	31°46'46"/109°18'30"	Shallow	A&Wc		FBC			FC		AgL
SP	San Pedro River	U.S./ Mexico Border to Buehman Canyon		A&Ww		FBC			FC	AgI	AgL
SP	San Pedro River	From Buehman canyon to confluence with the Gila River		A&Ww		FBC			FC		AgL
SP	Soto Canyon	Headwaters to confluence with Dixie Canyon		A&Ww		FBC			FC		AgL
SP	Swamp Springs Canyon	Headwaters to confluence with Redfield Canyon		A&Ww		FBC			FC		AgL
SP	Sycamore Pond I	Fort Huachuca Military Reservation at 31°35'12"/ 110°26'11"	Sedimentary	A&Ww		FBC			FC		
SP	Sycamore Pond II	Fort Huachuca Military Reservation at 31°34'39"/ 110°26'10"	Sedimentary	A&Ww		FBC			FC		
SP	Turkey Creek	Headwaters to confluence with Aravaipa Creek		A&Ww		FBC			FC		AgL
SP	Unnamed Wash (EDW)	Mt. Lemmon WWTP outfall at 32°26'51"/110°45'08" to 0.25 km downstream			A&Wedw		PBC				
SP	Virgus Canyon	Headwaters to confluence with Aravaipa Creek		A&Ww		FBC			FC		AgL
SP	Walnut Gulch	Headwaters to Tombstone WWTP outfall at 31°43'47"/110°04'06"			A&We		PBC				
SP	Walnut Gulch (EDW)	Tombstone WWTP outfall to the confluence with Tombstone Wash			A&Wedw		PBC				
SP	Walnut Gulch	Tombstone Wash to confluence with San Pedro River			A&We		PBC				
SP	Whitewater Draw	Headwaters to confluence with unnamed tributary at 31°20'36"/ 109°43'48"			A&We		PBC				AgL
SP	Whitewater Draw	Below confluence with unnamed tributary to U.S./ Mexico border		A&Ww		FBC			FC		AgL
SP	Woodcutters Pond	Fort Huachuca Military Reservation at 31°30'09"/ 110°20'12"	Igneous	A&Ww		FBC			FC		
SR	Akre Lake	33°37'01"/109°20'40"		A&Wc		FBC			FC	AgI	AgL
SR	Apache Lake	33°37'23"/111°12'26"	Deep	A&Ww		FBC		DWS	FC	AgI	AgL
SR	Barnhard Creek	Headwaters to confluence with unnamed tributary at 34°05'37/ 111°26'40"		A&Wc		FBC			FC		AgL
SR	Barnhardt Creek	Below confluence with unnamed tributary to confluence with Rye Creek		A&Ww		FBC			FC		AgL
SR	Basin Lake	33°55'00"/109°26'09"	Igneous	A&Ww		FBC			FC		AgL
SR	Bear Creek	Headwaters to confluence with the Black River		A&Wc		FBC			FC	AgI	AgL
SR	Bear Wallow Creek (OAW)	Headwaters to confluence with the Black River		A&Wc		FBC			FC		AgL
SR	Bear Wallow Creek, North Fork (OAW)	Headwaters to confluence with Bear Wallow Creek		A&Wc		FBC			FC		AgL
SR	Bear Wallow Creek, South Fork (OAW)	Headwaters to confluence with Bear Wallow Creek		A&Wc		FBC			FC		AgL
SR	Beaver Creek	Headwaters to confluence with Black River		A&Wc		FBC			FC	AgI	AgL
SR	Big Lake	33°52'36"/109°25'33"	Igneous	A&Wc		FBC		DWS	FC	AgI	AgL
SR	Black River	Headwaters to confluence with Salt River		A&Wc		FBC		DWS	FC	AgI	AgL
SR	Black River, East Fork	From 33°51'19"/109°18'54" to confluence with the Black River		A&Wc		FBC		DWS	FC	AgI	AgL
SR	Black River, North Fork of East Fork	Headwaters to confluence with Boneyard Creek		A&Wc		FBC		DWS	FC	AgI	AgL
SR	Black River, West Fork	Headwaters to confluence with the Black River		A&Wc		FBC		DWS	FC	AgI	AgL
SR	Bloody Tanks Wash	Headwaters to Schultz Ranch Road			A&We		PBC				AgL
SR	Bloody Tanks Wash	Schultz Ranch Road to confluence with Miami Wash			A&We		PBC				
SR	Boggy Creek	Headwaters to confluence with Centerfire Creek		A&Wc		FBC			FC	AgI	AgL
SR	Boneyard Creek	Headwaters to confluence with Black River, East Fork		A&Wc		FBC			FC	AgI	AgL
SR	Boulder Creek	Headwaters to confluence with LaBarge Creek		A&Ww		FBC			FC		
SR	Campaign Creek	Headwaters to Roosevelt Lake		A&Ww		FBC			FC		AgL

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SR	Canyon Creek	Headwaters to the White Mountain Apache Reservation boundary		A&Wc				FBC		DWS	FC	AgI	AgL
SR	Canyon Lake	33°32'44"/111°26'19"	Deep		A&Ww			FBC		DWS	FC	AgI	AgL
SR	Centerfire Creek	Headwaters to confluence with the Black River		A&Wc				FBC			FC	AgI	AgL
SR	Chambers Draw Creek	Headwaters to confluence with the North Fork of the East Fork of Black River		A&Wc				FBC			FC		AgL
SR	Cherry Creek	Headwaters to confluence with unnamed tributary at 34°05'09"/110°56'07"		A&Wc				FBC			FC	AgI	AgL
SR	Cherry Creek	Below unnamed tributary to confluence with the Salt River			A&Ww			FBC			FC	AgI	AgL
SR	Christopher Creek	Headwaters to confluence with Tonto Creek		A&Wc				FBC			FC	AgI	AgL
SR	Cold Spring Canyon Creek	Headwaters to confluence with unnamed tributary at 33°49'50"/110°52'58"		A&Wc				FBC			FC		AgL
SR	Cold Spring Canyon Creek	Below confluence with unnamed tributary to confluence with Cherry Creek			A&Ww			FBC			FC		AgL
SR	Conklin Creek	Headwaters to confluence with the Black River		A&Wc				FBC			FC	AgI	AgL
SR	Coon Creek	Headwaters to confluence with unnamed tributary at 33°46'41"/110°54'26"		A&Wc				FBC			FC		AgL
SR	Coon Creek	Below confluence with unnamed tributary to confluence with Salt River			A&Ww			FBC			FC		AgL
SR	Corduroy Creek	Headwaters to confluence with Fish Creek		A&Wc				FBC			FC	AgI	AgL
SR	Coyote Creek	Headwaters to confluence with the Black River, East Fork		A&Wc				FBC			FC	AgI	AgL
SR	Crescent Lake	33°54'38"/109°25'18"	Shallow	A&Wc				FBC			FC	AgI	AgL
SR	Deer Creek	Headwaters to confluence with the Black River, East Fork		A&Wc				FBC			FC		AgL
SR	Del Shay Creek	Headwaters to confluence with Gun Creek			A&Ww			FBC			FC		AgL
SR	Devils Chasm Creek	Headwaters to confluence with unnamed tributary at 33°48'46"/110°52'35"		A&Wc				FBC			FC		AgL
SR	Devils Chasm Creek	Below confluence with unnamed tributary to confluence with Cherry Creek			A&Ww			FBC			FC		AgL
SR	Dipping Vat Reservoir	33°55'47"/109°25'31"	Igneous		A&Ww			FBC			FC		AgL
SR	Double Cienega Creek	Headwaters to confluence with Fish Creek		A&Wc				FBC			FC		AgL
SR	Fish Creek	Headwaters to confluence with the Black River		A&Wc				FBC			FC	AgI	AgL
SR	Fish Creek	Headwaters to confluence with the Salt River			A&Ww			FBC			FC		
SR	Gold Creek	Headwaters to confluence with unnamed tributary at 33°59'47"/111°25'10"		A&Wc				FBC			FC		AgL
SR	Gold Creek	Below confluence with unnamed tributary to confluence with Tonto Creek			A&Ww			FBC			FC		AgL
SR	Gordon Canyon Creek	Headwaters to confluence with Hog Canyon		A&Wc				FBC			FC		AgL
SR	Gordon Canyon Creek	Below confluence with Hog Canyon to confluence with Haigler Creek			A&Ww			FBC			FC		AgL
SR	Greenback Creek	Headwaters to confluence with Tonto Creek			A&Ww			FBC			FC		AgL
SR	Haigler Creek	Headwaters to confluence with unnamed tributary at 34°12'23"/111°00'15"		A&Wc				FBC			FC	AgI	AgL
SR	Haigler Creek	Below confluence with unnamed tributary to confluence with Tonto Creek			A&Ww			FBC			FC	AgI	AgL
SR	Hannagan Creek	Headwaters to confluence with Beaver Creek		A&Wc				FBC			FC		AgL
SR	Hay Creek (OAW)	Headwaters to confluence with the Black River, West Fork		A&Wc				FBC			FC		AgL
SR	Horne Creek	Headwaters to confluence with the Black River, West Fork		A&Wc				FBC			FC		AgL
SR	Horse Creek	Headwaters to confluence with the Black River, West Fork		A&Wc				FBC			FC		AgL
SR	Horse Camp Creek	Headwaters to confluence with unnamed tributary at 33°54'00"/110°50'07"		A&Wc				FBC			FC		AgL
SR	Horse Camp Creek	Below confluence with unnamed tributary to confluence with Cherry Creek			A&Ww			FBC			FC		AgL
SR	Horton Creek	Headwaters to confluence with Tonto Creek		A&Wc				FBC			FC	AgI	AgL
SR	Houston Creek	Headwaters to confluence with Tonto Creek			A&Ww			FBC			FC		AgL
SR	Hunter Creek	Headwaters to confluence with Christopher Creek		A&Wc				FBC			FC		AgL
SR	LaBarge Creek	Headwaters to Canyon Lake			A&Ww			FBC			FC		
SR	Lake Sierra Blanca	33°52'25"/109°16'05"		A&Wc				FBC			FC	AgI	AgL
SR	Miami Wash	Headwaters to confluence with Pinal Creek				A&We			PBC				
SR	Mule Creek	Headwaters to confluence with Canyon Creek		A&Wc				FBC		DWS	FC	AgI	AgL
SR	Open Draw Creek	Headwaters to confluence with the East Fork of Black River		A&Wc				FBC			FC		AgL
SR	P B Creek	Headwaters to Forest Service Road #203 at 33°57'08"/110°56'12"		A&Wc				FBC			FC		AgL
SR	P B Creek	Below Forest Service Road #203 to Cherry Creek			A&Ww			FBC			FC		AgL
SR	Pinal Creek	Headwaters to confluence with unnamed EDW wash (Globe WWTP) at 33°25'29"/110°48'20"				A&We			PBC				AgL
SR	Pinal Creek (EDW)	Confluence with unnamed EDW wash (Globe WWTP) to 33°26'55"/110°49'25"					A&Wedw		PBC				
SR	Pinal Creek	From 33°26'55"/110°49'25" to Lower Pinal Creek water treatment plant outfall #001 at 33°31'04"/110°51'55"				A&We			PBC				AgL
SR	Pinal Creek	From Lower Pinal Creek WTP outfall # to See Ranch Crossing at 33°32'25"/110°52'28"					A&Wedw		PBC				
SR	Pinal Creek	From See Ranch Crossing to confluence with unnamed tributary at 33°35'28"/110°54'31"			A&Ww			FBC					
SR	Pinal Creek	From unnamed tributary to confluence with Salt River			A&Ww			FBC			FC		
SR	Pine Creek	Headwaters to confluence with the Salt River			A&Ww			FBC			FC		
SR	Pinto Creek	Headwaters to confluence with unnamed tributary at 33°19'27"/110°54'58"		A&Wc				FBC			FC	AgI	AgL
SR	Pinto Creek	Below confluence with unnamed tributary to Roosevelt Lake			A&Ww			FBC			FC	AgI	AgL
SR	Pole Corral Lake	33°30'38"/110°00'15"	Igneous		A&Ww			FBC			FC	AgI	AgL
SR	Pueblo Canyon Creek	Headwaters to confluence with unnamed tributary at 33°50'23"/110°51'37"		A&Wc				FBC			FC		AgL
SR	Pueblo Canyon Creek	Below confluence with unnamed tributary to confluence with Cherry Creek			A&Ww			FBC			FC		AgL
SR	Reevis Creek	Headwaters to confluence with Pine Creek			A&Ww			FBC			FC		
SR	Reservation Creek	Headwaters to confluence with the Black River		A&Wc				FBC			FC		AgL
SR	Reynolds Creek	Headwaters to confluence with Workman Creek		A&Wc				FBC			FC		AgL

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SR	Roosevelt Lake	33°52'17"/111°00'17"	Deep		A&Ww		FBC		DWS	FC	AgI	AgL
SR	Russell Gulch	From Headwaters to confluence with Miami Wash			A&We			PBC				
SR	Rye Creek	Headwaters to confluence with Tonto Creek			A&Ww		FBC			FC		AgL
SR	Saguaro Lake	33°33'44"/111°30'55"	Deep		A&Ww		FBC		DWS	FC	AgI	AgL
SR	Salome Creek	Headwaters to confluence with the Salt River			A&Ww		FBC			FC	AgI	AgL
SR	Salt House Lake	33°57'04"/109°20'11"	Igneous		A&Ww		FBC			FC		AgL
SR	Salt River	White Mountain Apache Reservation Boundary at 33°48'52"/110°31'33" to Roosevelt Lake			A&Ww		FBC			FC		AgL
SR	Salt River	Theodore Roosevelt Dam to 2 km below Granite Reef Dam			A&Ww		FBC		DWS	FC	AgI	AgL
SR	Slate Creek	Headwaters to confluence with Tonto Creek			A&Ww		FBC			FC		AgL
SR	Snake Creek (OAW)	Headwaters to confluence with the Black River		A&Wc			FBC			FC		AgL
SR	Spring Creek	Headwaters to confluence with Tonto Creek			A&Ww		FBC			FC		AgL
SR	Stinky Creek (OAW)	Headwaters to confluence with the Black River, West Fork		A&Wc			FBC			FC		AgL
SR	Thomas Creek	Headwaters to confluence with Beaver Creek		A&Wc			FBC			FC		AgL
SR	Thompson Creek	Headwaters to confluence with the West Fork of the Black River		A&Wc			FBC			FC		AgL
SR	Tonto Creek	Headwaters to confluence with unnamed tributary at 34°18'11"/111°04'18"		A&Wc			FBC			FC	AgI	AgL
SR	Tonto Creek	Below confluence with unnamed tributary to Roosevelt Lake			A&Ww		FBC			FC	AgI	AgL
SR	Turkey Creek	Headwaters to confluence with Rock Creek		A&Wc			FBC			FC		
SR	Wildcat Creek	Headwaters to confluence with Centerfire Creek		A&Wc			FBC			FC		AgL
SR	Willow Creek	Headwaters to confluence with Beaver Creek		A&Wc			FBC			FC		AgL
SR	Workman Creek	Headwaters to confluence with Reynolds Creek		A&Wc			FBC			FC	AgI	AgL
SR	Workman Creek	Below confluence with Reynolds Creek to confluence with Salome Creek			A&Ww		FBC			FC	AgI	AgL
UG	Apache Creek	Headwaters to confluence with the Gila River			A&Ww		FBC			FC		AgL
UG	Ash Creek	Headwaters to confluence with unnamed tributary at 32°46'15"/109°51'45"		A&Wc			FBC			FC		AgL
UG	Ash Creek	Below confluence with unnamed tributary to confluence with the Gila River			A&Ww		FBC			FC		AgL
UG	Bennett Wash	Headwaters to the Gila River			A&We			PBC				
UG	Bitter Creek	Headwaters to confluence with the Gila River			A&Ww		FBC			FC		
UG	Blue River	Headwaters to confluence with Strayhorse Creek at 33°29'02"/109°12'14"		A&Wc			FBC			FC	AgI	AgL
UG	Blue River	Below confluence with Strayhorse Creek to confluence with San Francisco River			A&Ww		FBC			FC	AgI	AgL
UG	Bonita Creek (OAW)	San Carlos Indian Reservation boundary to confluence with the Gila River			A&Ww		FBC		DWS	FC		AgL
UG	Buckelew Creek	Headwaters to confluence with Castle Creek		A&Wc			FBC			FC		AgL
UG	Campbell Blue Creek	Headwaters to confluence with the Blue River		A&Wc			FBC			FC		AgL
UG	Castle Creek	Headwaters to confluence with Campbell Blue Creek		A&Wc			FBC			FC		AgL
UG	Cave Creek (OAW)	Headwaters to confluence with South Fork Cave Creek		A&Wc			FBC			FC	AgI	AgL
UG	Cave Creek (OAW)	Below confluence with South Fork Cave Creek to Coronado National Forest boundary			A&Ww		FBC			FC	AgI	AgL
UG	Cave Creek	Below Coronado National Forest boundary to New Mexico border			A&Ww		FBC			FC	AgI	AgL
UG	Cave Creek, South Fork	Headwaters to confluence with Cave Creek		A&Wc			FBC			FC	AgI	AgL
UG	Chase Creek	Headwaters to the Phelps-Dodge Morenci Mine			A&Ww		FBC			FC		AgL
UG	Chase Creek	Below the Phelps-Dodge Morenci Mine to confluence with San Francisco River			A&We			PBC		FC		
UG	Chitty Canyon Creek	Headwaters to confluence with Salt House Creek		A&Wc			FBC			FC		AgL
UG	Cima Creek	Headwaters to confluence with Cave Creek		A&Wc			FBC			FC		AgL
UG	Cluff Reservoir #1	32°48'55"/109°50'46"	Sedimentary		A&Ww		FBC			FC	AgI	AgL
UG	Cluff Reservoir #3	32°48'21"/109°51'46"	Sedimentary		A&Ww		FBC			FC	AgI	AgL
UG	Coleman Creek	Headwaters to confluence with Campbell Blue Creek		A&Wc			FBC			FC		AgL
UG	Dankworth Lake	32°43'13"/109°42'17"	Sedimentary		A&Wc		FBC			FC		
UG	Deadman Canyon Creek	Headwaters to confluence with unnamed tributary at 32°43'50"/109°49'03"		A&Wc			FBC		DWS	FC		AgL
UG	Deadman Canyon Creek	Below confluence with unnamed tributary to confluence with Graveyard Wash			A&Ww		FBC		DWS	FC		AgL
UG	Eagle Creek	Headwaters to confluence with unnamed tributary at 33°22'32"/109°29'43"		A&Wc			FBC		DWS	FC	AgI	AgL
UG	Eagle Creek	Below confluence with unnamed tributary to confluence with the Gila River			A&Ww		FBC		DWS	FC	AgI	AgL
UG	East Eagle Creek	Headwaters to confluence with Eagle Creek		A&Wc			FBC			FC		AgL
UG	East Turkey Creek	Headwaters to confluence with unnamed tributary at 31°58'22"/109°12'20"		A&Wc			FBC			FC		AgL
UG	East Turkey Creek	Below confluence with unnamed tributary to terminus near San Simon River			A&Ww		FBC			FC		AgL
UG	East Whitetail	Headwaters to terminus near San Simon River			A&Ww		FBC			FC		AgL
UG	Emigrant Canyon	Headwaters to terminus near San Simon River			A&Ww		FBC			FC		AgL
UG	Evans Pond #1	32°49'19"/109°51'12"	Sedimentary		A&Ww		FBC			FC	AgI	AgL
UG	Evans Pond #2	32°49'14"/109°51'09"	Sedimentary		A&Ww		FBC			FC	AgI	AgL
UG	Fishhook Creek	Headwaters to confluence with the Blue River		A&Wc			FBC			FC		AgL
UG	Foot Creek	Headwaters to confluence with the Blue River		A&Wc			FBC			FC		AgL
UG	Frye Canyon Creek	Headwaters to Frye Mesa Reservoir		A&Wc			FBC		DWS	FC		AgL
UG	Frye Canyon Creek	Frye Mesa reservoir to terminus at Highline Canal.			A&Ww		FBC			FC		AgL
UG	Frye Mesa Reservoir	32°45'14"/109°50'02"	Igneous	A&Wc			FBC		DWS	FC		AgL
UG	Gibson Creek	Headwaters to confluence with Marjilda Creek		A&Wc			FBC			FC		AgL
UG	Gila River	New Mexico border to the San Carlos Indian Reservation boundary			A&Ww		FBC			FC	AgI	AgL
UG	Grant Creek	Headwaters to confluence with the Blue River		A&Wc			FBC			FC		AgL
UG	Judd Lake	33°51'15"/109°09'35"	Sedimentary	A&Wc			FBC			FC		
UG	K P Creek (OAW)	Headwaters to confluence with the Blue River		A&Wc			FBC			FC		AgL



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UG	Lanphier Canyon Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		AgL
UG	Little Blue Creek	Headwaters to confluence with Dutch Blue Creek		A&Wc				FBC			FC		AgL
UG	Little Blue Creek	Below confluence with Dutch Blue Creek to confluence with Blue Creek			A&Ww			FBC			FC		AgL
UG	Little Creek	Headwaters to confluence with the San Francisco River		A&Wc				FBC			FC		
UG	Georges Tank	33°51'24"/109°08'30"	Sedimentary	A&Wc				FBC			FC		AgL
UG	Luna Lake	33°49'50"/109°05'06"	Sedimentary	A&Wc				FBC			FC		AgL
UG	Marjilda Creek	Headwaters to confluence with Gibson Creek		A&Wc				FBC			FC		AgL
UG	Marjilda Creek	Below confluence with Gibson Creek to confluence with Stockton Wash			A&Ww			FBC			FC	AgL	AgL
UG	Markham Creek	Headwaters to confluence with the Gila River			A&Ww			FBC			FC		AgL
UG	Pigeon Creek	Headwaters to confluence with the Blue River			A&Ww			FBC			FC		AgL
UG	Raspberry Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		
UG	Roper Lake	32°45'23"/109°42'14"	Sedimentary		A&Ww			FBC			FC		
UG	San Francisco River	Headwaters to the New Mexico border		A&Wc				FBC			FC	AgL	AgL
UG	San Francisco River	New Mexico border to confluence with the Gila River			A&Ww			FBC			FC	AgL	AgL
UG	San Simon River	Headwaters to confluence with the Gila River				A&We			PBC				AgL
UG	Sheep Tank	32°46'14"/109°48'09"	Sedimentary		A&Ww			FBC			FC		AgL
UG	Smith Pond	32°49'15"/109°50'36"	Sedimentary		A&Ww			FBC			FC		
UG	Squaw Creek	Headwaters to confluence with Thomas Creek		A&Wc				FBC			FC		AgL
UG	Stone Creek	Headwaters to confluence with the San Francisco River		A&Wc				FBC			FC	AgL	AgL
UG	Strayhorse Creek	Headwaters to confluence with the Blue River		A&Wc				FBC			FC		
UG	Thomas Creek	Headwaters to confluence with Rousensock Creek		A&Wc				FBC			FC		AgL
UG	Thomas Creek	Below confluence with Rousensock Creek to confluence with Blue River			A&Ww			FBC			FC		AgL
UG	Tinny Pond	33°47'49"/109°04'27"	Sedimentary		A&Ww			FBC			FC		AgL
UG	Turkey Creek	Headwaters to confluence with Campbell Blue Creek		A&Wc				FBC			FC		AgL
VR	American Gulch	Headwaters to the Northern Gila County Sanitary District WWTP outfall at 34°14'02"/111°22'14"			A&Ww			FBC			FC	AgL	AgL
VR	American Gulch (EDW)	Below Northern Gila County Sanitary District WWTP outfall to confluence with the East Verde River					A&Wedw		PBC				
VR	Apache Creek	Headwaters to confluence with Walnut Creek			A&Ww			FBC			FC		AgL
VR	Ashbrook Wash	Headwaters to the Fort McDowell Indian Reservation boundary				A&We			PBC				
VR	Aspen Creek	Headwaters to confluence with Granite Creek			A&Ww			FBC			FC		
VR	Bar Cross Tank	35°00'41"/112°05'39"			A&Ww			FBC			FC		AgL
VR	Barrata Tank	35°02'43"/112°24'21"			A&Ww			FBC			FC		AgL
VR	Bartlett Lake	33°49'52"/111°37'44"	Deep		A&Ww			FBC		DWS	FC	AgL	AgL
VR	Beaver Creek	Headwaters to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Big Chino Wash	Headwaters to confluence with Sullivan Lake				A&We			PBC				AgL
VR	Bitter Creek	Headwaters to the Jerome WWTP outfall at 34°45'12"/112°06'24"				A&We			PBC				AgL
VR	Bitter Creek (EDW)	Jerome WWTP outfall to the Yavapai Apache Indian Reservation boundary					A&Wedw		PBC				AgL
VR	Bitter Creek	Below the Yavapai Apache Indian Reservation boundary to confluence with the Verde River			A&Ww			FBC			FC	AgL	AgL
VR	Black Canyon Creek	Headwaters to confluence with unnamed tributary at 34°39'20"/112°05'06"			A&Wc			FBC			FC		AgL
VR	Black Canyon Creek	Below confluence with unnamed tributary to confluence with the Verde River				A&Ww		FBC			FC		AgL
VR	Bonita Creek	Headwaters to confluence with Ellison Creek			A&Wc			FBC		DWS	FC		
VR	Bray Creek	Headwaters to confluence with Webber Creek			A&Wc			FBC			FC		AgL
VR	Camp Creek	Headwaters to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Cereus Wash	Headwaters to the Fort McDowell Indian Reservation boundary				A&We			PBC				
VR	Chase Creek	Headwaters to confluence with the East Verde River			A&Wc			FBC		DWS	FC		
VR	Clover Creek	Headwaters to confluence with Headwaters of West Clear Creek			A&Wc			FBC			FC		AgL
VR	Coffee Creek	Headwaters to confluence with Spring Creek			A&Ww			FBC			FC		AgL
VR	Colony Wash	Headwaters to the Fort McDowell Indian Reservation boundary				A&We			PBC				
VR	Dead Horse Lake	34°45'08"/112°00'42"	Shallow		A&Ww			FBC			FC		
VR	Deadman Creek	Headwaters to Horseshoe Reservoir			A&Ww			FBC			FC		AgL
VR	Del Monte Gulch	Headwaters to confluence with City of Cottonwood WWTP outfall 002 at 34°43'57"/112°02'46"				A&We			PBC				
VR	Del Monte Gulch (EDW)	City of Cottonwood WWTP outfall 002 at 34°43'57"/112°02'46" to confluence with Verde River					A&Wedw		PBC				
VR	Del Rio Dam Lake	34°48'55"/112°28'03"	Sedimentary		A&Ww			FBC			FC		AgL
VR	Dry Beaver Creek	Headwaters to confluence with Beaver Creek			A&Ww			FBC			FC	AgL	AgL
VR	Dry Creek (EDW)	Sedona Ventures WWTP outfall at 34°50'02"/111°52'17" to 34°48'12"/111°52'48"					A&Wedw		PBC				
VR	Dude Creek	Headwaters to confluence with the East Verde River			A&Wc			FBC			FC	AgL	AgL
VR	East Verde River	Headwaters to confluence with Ellison Creek			A&Wc			FBC		DWS	FC	AgL	AgL
VR	East Verde River	Below confluence with Ellison Creek to confluence with the Verde River			A&Ww			FBC		DWS	FC	AgL	AgL
VR	Ellison Creek	Headwaters to confluence with the East Verde River			A&Wc			FBC			FC		AgL
VR	Fossil Creek (OAW)	Headwaters to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Fossil Springs (OAW)	34°25'24"/111°34'27"			A&Ww			FBC		DWS	FC		
VR	Foxboro Lake	34°53'42"/111°39'55"			A&Ww			FBC			FC		AgL
VR	Fry Lake	35°03'45"/111°48'04"			A&Ww			FBC			FC		AgL
VR	Gap Creek	Headwaters to confluence with Government Spring			A&Wc			FBC			FC		AgL
VR	Gap Creek	Below Government Spring to confluence with the Verde River			A&Ww			FBC			FC		AgL
VR	Garrett Tank	35°18'57"/112°42'20"			A&Ww			FBC			FC		AgL
VR	Goldwater Lake, Lower	34°29'56"/112°27'17"	Sedimentary	A&Wc				FBC		DWS	FC		
VR	Goldwater Lake, Upper	34°29'52"/112°26'59"	Igneous	A&Wc				FBC		DWS	FC		
VR	Granite Basin Lake	34°37'01"/112°32'58"	Igneous	A&Wc				FBC			FC	AgL	AgL

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VR	Granite Creek	Headwaters to Watson Lake		A&Wc			FBC		FC	AgL	AgL
VR	Granite Creek	Below Watson Lake to confluence with the Verde River			A&Ww		FBC		FC	AgL	AgL
VR	Green Valley Lake (EDW)	34°13'54"/111°20'45"	Urban			A&Wedw		PBC	FC		
VR	Heifer Tank	35°20'27"/112°32'59"			A&Ww		FBC		FC		AgL
VR	Hells Canyon Tank	35°04'59"/112°24'07"	Igneous		A&Ww		FBC		FC		AgL
VR	Homestead Tank	35°21'24"/112°41'36"	Igneous		A&Ww		FBC		FC		AgL
VR	Horse Park Tank	34°58'15"/111°36'32"			A&Ww		FBC		FC		AgL
VR	Horseshoe Reservoir	34°00'25"/111°43'36"	Sedimentary		A&Ww		FBC		FC	AgL	AgL
VR	Houston Creek	Headwaters to confluence with the Verde River			A&Ww		FBC		FC		AgL
VR	Huffer Tank	34°27'46"/111°23'11"			A&Ww		FBC		FC		AgL
VR	J.D. Dam Lake	35°04'02"/112°01'48"	Shallow	A&Wc			FBC		FC	AgL	AgL
VR	Jacks Canyon	Headwaters to Big Park WWTP outfall at 34°45'46"/111°45'51"			A&We			PBC			
VR	Jacks Canyon (EDW)	Below Big Park WWTP outfall to confluence with Dry Beaver Creek				A&Wedw		PBC			
VR	Lime Creek	Headwaters to Horseshoe Reservoir			A&Ww		FBC		FC		AgL
VR	Masonry Number 2 Reservoir	35°13'32"/112°24'10"		A&Wc			FBC		FC	AgL	AgL
VR	McLellan Reservoir	35°13'09"/112°17'06"	Igneous		A&Ww		FBC		FC	AgL	AgL
VR	Meath Dam Tank	35°07'52"/112°27'35"			A&Ww		FBC		FC		AgL
VR	Mulican Place Tank	34°44'16"/111°36'10"	Igneous		A&Ww		FBC		FC		AgL
VR	Oak Creek (OAW)	Headwaters to confluence with unnamed tributary at 34°59'15"/111°44'47"		A&Wc			FBC	DWS	FC	AgL	AgL
VR	Oak Creek (OAW)	Below confluence with unnamed tributary to confluence with Verde River			A&Ww		FBC	DWS	FC	AgL	AgL
VR	Oak Creek, West Fork (OAW)	Headwaters to confluence with Oak Creek		A&Wc			FBC		FC		AgL
VR	Odell Lake	34°56'5"/111°37'53"	Igneous	A&Wc			FBC		FC		
VR	Peck's Lake	34°46'51"/112°02'01"	Shallow		A&Ww		FBC		FC	AgL	AgL
VR	Perkins Tank	35°06'42"/112°04'12"	Shallow	A&Wc			FBC		FC		AgL
VR	Pine Creek	Headwaters to confluence with unnamed tributary at 34°21'51"/111°26'49"		A&Wc			FBC	DWS	FC	AgL	AgL
VR	Pine Creek	Below confluence with unnamed tributary to confluence with East Verde River			A&Ww		FBC	DWS	FC	AgL	AgL
VR	Red Creek	Headwaters to confluence with the Verde River			A&Ww		FBC		FC		AgL
VR	Reservoir #1	35°13'5"/111°50'09"	Igneous		A&Ww		FBC		FC		
VR	Reservoir #2	35°13'17"/111°50'39"	Igneous		A&Ww		FBC		FC		
VR	Roundtree Canyon Creek	Headwaters to confluence with Tangle Creek			A&Ww		FBC		FC		AgL
VR	Scholz Lake	35°11'53"/112°00'37"	Igneous	A&Wc			FBC		FC		AgL
VR	Spring Creek	Headwaters to confluence with unnamed tributary at 34°57'23"/111°57'21"		A&Wc			FBC		FC	AgL	AgL
VR	Spring Creek	Below confluence with unnamed tributary to confluence with Oak Creek			A&Ww		FBC		FC	AgL	AgL
VR	Steel Dam Lake	35°13'36"/112°24'54"	Igneous	A&Wc			FBC		FC		AgL
VR	Stehr Lake	34°22'01"/111°40'02"	Sedimentary		A&Ww		FBC		FC		AgL
VR	Stoneman Lake	34°46'47"/111°31'14"	Shallow	A&Wc			FBC		FC	AgL	AgL
VR	Sullivan Lake	34°51'42"/112°27'51"			A&Ww		FBC		FC	AgL	AgL
VR	Sycamore Creek	Headwaters to confluence with unnamed tributary at 35°03'41"/111°57'31"		A&Wc			FBC		FC	AgL	AgL
VR	Sycamore Creek	Below confluence with unnamed tributary to confluence with Verde River			A&Ww		FBC		FC	AgL	AgL
VR	Sycamore Creek	Headwaters to confluence with Verde River at 33°37'55"/111°39'58"			A&Ww		FBC		FC	AgL	AgL
VR	Sycamore Creek	Headwaters to confluence with Fort McDowell Indian Reservation boundary at 33°39'19.8"/111°37'42.7"			A&Ww		FBC		FC		AgL
VR	Tangle Creek	Headwaters to confluence with Verde River			A&Ww		FBC		FC	AgL	AgL
VR	Trinity Tank	35°27'44"/112°48'01"			A&Ww		FBC		FC		AgL
VR	Unnamed Wash	Flagstaff Meadows WWTP outfall at 35°13'59"/111°48'35" to Volunteer Wash				A&Wedw		PBC			
VR	Verde River	From headwaters at confluence of Chino Wash and Granite Creek to Bartlett Lake Dam			A&Ww		FBC		FC	AgL	AgL
VR	Verde River	Below Bartlett Lake Dam to Salt River			A&Ww		FBC	DWS	FC	AgL	AgL
VR	Walnut Creek	Headwaters to confluence with Big Chino Wash			A&Ww		FBC		FC		AgL
VR	Watson Lake	34°34'58"/112°25'26"	Igneous		A&Ww		FBC		FC	AgL	AgL
VR	Webber Creek	Headwaters to confluence with the East Verde River		A&Wc			FBC		FC		AgL
VR	West Clear Creek	Headwaters to confluence with Meadow Canyon		A&Wc			FBC		FC		AgL
VR	West Clear Creek	Below confluence with Meadow Canyon to confluence with the Verde River			A&Ww		FBC		FC	AgL	AgL
VR	Wet Beaver Creek	Headwaters to unnamed springs at 34°41'17"/111°34'34"		A&Wc			FBC		FC	AgL	AgL
VR	Wet Beaver Creek	Below unnamed springs to confluence with Dry Beaver Creek			A&Ww		FBC		FC	AgL	AgL
VR	Whitehorse Lake	35°06'59"/112°00'48"	Igneous	A&Wc			FBC	DWS	FC	AgL	AgL
VR	Williamson Valley Wash	Headwaters to confluence with Mint Wash			A&We			PBC			AgL
VR	Williamson Valley Wash	From confluence of Mint Wash to 10.5 km downstream			A&Ww		FBC		FC		AgL
VR	Williamson Valley Wash	From 10.5 km downstream of Mint Wash confluence to confluence with Big Chino Wash			A&We			PBC			AgL
VR	Williscraft Tank	35°11'22"/112°35'40"			A&Ww		FBC		FC		AgL
VR	Willow Creek	Above Willow Creek Reservoir		A&Wc			FBC		FC		AgL
VR	Willow Creek	Below Willow Creek Reservoir to confluence with Granite Creek			A&Ww		FBC		FC		AgL
VR	Willow Creek Reservoir	34°36'17"/112°26'19"	Shallow		A&Ww		FBC		FC	AgL	AgL
VR	Willow Valley Lake	34°41'08"/111°20'02"	Sedimentary		A&Ww		FBC		FC		AgL

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**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1). Appendix B repealed, new Appendix B adopted effective April 24, 1996 (Supp. 96-2). Amended by final rulemaking at 8 A.A.R. 1264, effective March 8, 2002 (Supp. 02-1). Amended by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix B amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3). Appendix B amended by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**Appendix C. Site-Specific Standards**

Watershed	Surface Water	Surface Water Description & Location	Parameter	Site-Specific Criterion
LC	Rio de Flag (EDW)	Flagstaff WWTP outfall to the confluence with San Francisco Wash	Copper (D)	36 µg/L (A&Wedw)
CL	Yuma East Wetlands	From inlet culvert from Colorado River into restored channel to Ocean Bridge	Selenium (T)	2.2 µg/L (A&Ww chronic)
			Total residual chlorine	33 µg/L (A&Ww acute)
				20 µg/L (A&Ww chronic)
SR	Pinto Creek	From confluence of Ellis Ranch tributary at 33°19'26.7"/110°54'57.5" to the confluence of West Fork of Pinto Creek at 33°27'32.3"/111°00'19.7"	Copper (D)	34 µg/L (A&Ww acute for hardness values below 268 mg/L)
				34 µg/L (A&Ww chronic)

**Historical Note**

Adopted effective February 18, 1992 (Supp. 92-1). Appendix C repealed effective April 24, 1996 (Supp. 96-2). New Appendix C made by final rulemaking at 14 A.A.R. 4708, effective January 31, 2009 (Supp. 08-4). Amended by final rulemaking at 22 A.A.R. 2328, effective August 2, 2016 (Supp. 16-4). Appendix C amended by final rulemaking at 25 A.A.R. 2515, effective November 9, 2019 (Supp. 19-3).

**ARTICLE 2. WATER QUALITY STANDARDS FOR NON-WOTUS PROTECTED SURFACE WATERS****R18-11-201. Definitions**

The following terms apply to this Article:

1. "Acute toxicity" means toxicity involving a stimulus severe enough to induce a rapid response. In aquatic toxicity tests, an effect observed in 96 hours or less is considered acute.
2. "Agricultural irrigation AZ (AgI AZ)" means the use of a non-WOTUS protected surface water for crop irrigation.
3. "Agricultural livestock watering AZ (AgL AZ)" means the use of a non-WOTUS protected surface water as a water supply for consumption by livestock.
4. "Aquatic and wildlife AZ (cold water) (A&Wc AZ)" means the use of a non-WOTUS protected surface water by animals, plants, or other cold-water organisms, generally occurring at an elevation greater than 5000 feet, for habitation, growth, or propagation.
5. "Aquatic and wildlife AZ (warm water) (A&Ww AZ)" means the use of a non-WOTUS protected surface water by animals, plants, or other warm-water organisms, generally occurring at an elevation less than 5000 feet, for habitation, growth, or propagation.
6. "Assimilative capacity" means the difference between the baseline water quality concentration for a pollutant and the most stringent applicable water quality criterion for that pollutant.
7. "Complete Mixing" means the location at which concentration of a pollutant across a transect of a surface water differs by less than five percent.
8. "Criteria" means elements of water quality standards expressed as pollutant concentrations, levels, or narrative statements representing a water quality that supports a designated use.
9. "Critical flow conditions of the discharge" means the hydrologically based discharge flow averages that the director uses to calculate and implement applicable water quality criteria to a mixing zone's receiving water as follows:
  - a. For acute aquatic water quality standard criteria, the discharge flow critical condition is represented by the maximum one-day average flow analyzed over a reasonably representative timeframe.
  - b. For chronic aquatic water quality standard criteria, the discharge flow critical flow condition is represented by the maximum monthly average flow analyzed over a reasonably representative timeframe.
  - c. For human health-based water quality standard criteria, the discharge flow critical condition is the long-term arithmetic mean flow, averaged over several years so as to simulate long-term exposure.
10. "Critical flow conditions of the receiving water" means the hydrologically based receiving water low flow averages that the director uses to calculate and implement applicable water quality criteria:
  - a. For acute aquatic water quality standard criteria, the receiving water critical condition is represented as the lowest one-day average flow event expected to occur once every ten years, on average (1Q10).
  - b. For chronic aquatic water quality standard criteria, the receiving water critical flow condition is represented as the lowest seven-consecutive-day average flow expected to occur once every 10 years, on average (7Q10), or
  - c. For human health-based water quality standard criteria, in order to simulate long-term exposure, the receiving water critical flow condition is the harmonic mean flow.

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11. "Designated use" means a use specified on the Protected Surface Waters List for a non-WOTUS protected surface water.
12. "Domestic water source AZ (DWS AZ)" means the use of a non-WOTUS protected surface water as a source of potable water. Treatment of a surface water may be necessary to yield a finished water suitable for human consumption.
13. "Fish consumption AZ (FC AZ)" means the use of a non-WOTUS protected surface water by humans for harvesting aquatic organisms for consumption. Harvestable aquatic organisms include, but are not limited to, fish, clams, turtles, crayfish, and frogs.
14. "Full-body contact AZ (FBC AZ)" means the use of a non-WOTUS protected surface water for swimming or other recreational activity that causes the human body to come into direct contact with the water to the point of complete submergence. The use is such that ingestion of the water is likely, and sensitive body organs, such as the eyes, ears, or nose, may be exposed to direct contact with the water.
15. "Geometric mean" means the  $n$ th root of the product of  $n$  items or values. The geometric mean is calculated using the following formula:
 
$$GM_y = \sqrt[n]{(Y_1)(Y_2)(Y_3)(Y_n)}$$
16. "Hardness" means the sum of the calcium and magnesium concentrations, expressed as calcium carbonate (CaCO<sub>3</sub>) in milligrams per liter.
17. "Mixing zone" means an area or volume of a surface water that is contiguous to a point source discharge where dilution of the discharge takes place.
18. "Non-WOTUS protected surface water" means a protected surface water designated in Table A of R18-11-216 or added to the PSWL by an emergency action authorized by A.R.S. § 49-221(G)(7) that is not a WOTUS.
19. "Oil" means petroleum in any form, including crude oil, gasoline, fuel oil, diesel oil, lubricating oil, or sludge.
20. "Partial-body contact AZ (PBC AZ)" means the recreational use of a non-WOTUS protected surface water that may cause the human body to come into direct contact with the water, but normally not to the point of complete submergence (for example, wading or boating). The use is such that ingestion of the water is not likely and, sensitive body organs, such as the eyes, ears, or nose, will not normally be exposed to direct contact with the water.
21. "Pollutant" means fluids, contaminants, toxic wastes, toxic pollutants, dredged spoil, solid waste, substances and chemicals, pesticides, herbicides, fertilizers and other agricultural chemicals, incinerator residue, sewage, garbage, sewage sludge, munitions, petroleum products, chemical wastes, biological materials, radioactive materials, heat, wrecked or discarded equipment, rock, sand, cellar dirt, and mining, industrial, municipal, and agricultural wastes or any other liquid, solid, gaseous, or hazardous substance.
22. "Practical quantitation limit" means the lowest level of quantitative measurement that can be reliably achieved during a routine laboratory operation.
23. "Recharge Project" means a facility necessary or convenient to obtain, divert, withdraw, transport, exchange, deliver, treat, or store water to infiltrate or reintroduce that water into the ground.
24. "Toxic" means a pollutant or combination of pollutants, that after discharge and upon exposure, ingestion, inhalation, or assimilation into an organism, either directly from the environment or indirectly by ingestion through food chains, may cause death, disease, behavioral abnormalities, cancer, genetic mutations, physiological malfunctions (including malfunctions in reproduction), or physical deformations in the organism or its offspring.
25. "Urban lake" means a manmade lake within an urban landscape.
26. "Wastewater" does not mean:
  - a. Stormwater,
  - b. Discharges authorized under the De Minimus General Permit,
  - c. Other allowable non-stormwater discharges permitted under the Construction General Permit or the Multi-sector General Permit, or
  - d. Stormwater discharges from a municipal storm sewer system (MS4) containing incidental amounts of non-stormwater that the MS4 is not required to prohibit.
27. "Wetland" means, for the purposes of non-WOTUS protected surface waters, an area that is inundated or saturated by surface or groundwater at a frequency and duration sufficient to support, and that under normal circumstances does support, a prevalence of vegetation typically adapted for life in saturated soil conditions.
28. "WOTUS" means waters of the state that are also navigable waters as defined by Section 502(7) of the Clean Water Act.
29. "WOTUS protected surface water" means a protected surface water that is a WOTUS.
30. "Zone of initial dilution" means a small area in the immediate vicinity of an outfall structure in which turbulence is high and causes rapid mixing with the surrounding water.

**Historical Note**

Amended effective January 29, 1980 (Supp. 80-1).  
 Amended subsection A. effective April 17, 1984 (Supp. 84-2). Former Section R9-21-201 repealed, former Section R9-21-203 renumbered as Section R9-21-201 and amended effective January 7, 1985 (Supp. 85-1).  
 Amended effective August 12, 1986 (Supp. 86-4). Former Section R9-21-201 renumbered without change as Section R18-11-201 (Supp. 87-3). Amended effective December 1, 1988 (Supp. 88-4). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-202. Applicability**

- A. The water quality standards prescribed in this Article apply to non-WOTUS protected surface waters.
- B. The water quality standards prescribed in this Article do not apply to the following:
  1. A waste treatment system, including an impoundment, pond, lagoon, or constructed wetland that is part of the waste treatment system;
  2. A man-made surface impoundment and any associated ditch and conveyance used in the extraction, beneficiation, or processing of metallic ores including:
    - a. A pit,
    - b. Pregnant leach solution pond
    - c. Raffinate pond,
    - d. Tailing impoundment,

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- e. Decant pond,
  - f. Pond of sump in a mine put associated with dewatering activity,
  - g. Pond holding water that has come into contact with a process or product that is being held for recycling,
  - h. Spill or catchment pond, or
  - i. A pond used for onsite remediation
3. A man-made cooling pond that is neither created in a surface water nor results from the impoundment of a surface water; or
  4. A surface water located on tribal lands.
  5. WOTUS Protected Surface Waters.

**Historical Note**

Former Section R9-21-202 repealed, former Section R9-21-102 renumbered as Section R9-21-202 and amended effective January 7, 1985 (Supp. 85-1). Amended subsections (B), (D), and (E) effective August 12, 1986 (Supp. 86-4). Former Section R9-21-202 renumbered without change as Section R18-11-202 (Supp. 87-3). Section repealed, new Section adopted effective February 18, 1992 (Supp. 92-1). Section repealed effective April 24, 1996 (Supp. 96-2). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-203. Designated Uses for Non-WOTUS Protected Surface Waters**

- A. The designated uses for specific non-WOTUS protected surface waters are listed in the Protected Surface Waters List in this article. The designated uses that may be assigned to a non-WOTUS protected surface water are:
  1. Full-body contact AZ,
  2. Partial-body contact AZ,
  3. Domestic water source AZ,
  4. Fish consumption AZ,
  5. Aquatic and wildlife AZ (cold water),
  6. Aquatic and wildlife AZ (warm water),
  7. Agricultural irrigation AZ, and
  8. Agricultural livestock watering AZ.
- B. Numeric water quality criteria to maintain and protect water quality for the designated uses assigned to non-WOTUS protected surface waters are prescribed in R18-11-215. Narrative water quality standards to protect non-WOTUS protected surface waters are prescribed in R18-11-214.
- C. If a non-WOTUS protected surface water has more than one designated use listed in the Protected Surface Waters List, the most stringent water quality criterion applies.
- D. The Director shall revise the designated uses of a non-WOTUS protected surface water if water quality improvements result in a level of water quality that permits a use that is not currently listed as a designated use in the Protected Surface Waters List.
- E. The Director may remove a designated use or adopt a subcategory of a designated use that requires less stringent water quality criteria through a rulemaking action for any of the following reasons:
  1. A naturally-occurring pollutant concentration prevents the attainment of the use;
  2. A human-caused condition or source of pollution prevents the attainment of the use and cannot be remedied or would cause more environmental damage to correct than to leave in place;
  3. A dam, diversion, or other type of hydrologic modification precludes the attainment of the use, and it is not fea-

- sible to restore the non-WOTUS protected surface water to its original condition or to operate the modification in a way that would result in attainment of the use;
4. A physical condition related to the natural features of the surface water, such as the lack of a proper substrate, cover, flow, depth, pools, riffles, and the like, unrelated to water quality, precludes attainment of an aquatic life designated use.

**Historical Note**

Amended effective January 29, 1980 (Supp. 80-1). Amended subsection (B) by adding paragraphs (27) and (28) effective October 14, 1981 (Supp. 81-5). Former Section R9-21-203 renumbered as Section R9-21-201, former Section R9-21-204 renumbered as Section R9-21-203 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-203 renumbered and amended as Section R9-21-204, new Section R9-21-203 adopted effective August 12, 1986 (Supp. 86-4). Former Section R9-21-203 renumbered without change as Section R18-11-203 (Supp. 87-3). Amended subsection (B) effective December 1, 1988 (Supp. 88-4). Section repealed, new Section adopted effective February 18, 1992 (Supp. 92-1). Section repealed effective April 24, 1996 (Supp. 96-2). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-204. Interim, Presumptive Designated Uses**

The following water quality standards apply to a non-WOTUS protected surface water that is not listed on the Protected Surface Waters List but is added on an emergency basis pursuant to A.R.S. § 49-221(G)(7):

1. The aquatic and wildlife AZ (cold water use applies to a non-WOTUS protected surface water above 5000 feet in elevation;
2. The aquatic and wildlife AZ (warm water) applies to a non-WOTUS protected surface water below 5000 feet in elevation;
3. The full-body contact AZ use applies to a non-WOTUS protected surface water if the Director makes a determination that the non-WOTUS protected surface water is used by humans for swimming or other recreational activity that causes the human body to come into direct contact with the water to the point of complete submergence. The use is such that ingestion of the water is likely and sensitive body organs, such as the eyes, ears, or nose, may be exposed to direct contact with the water.
4. The partial-body contact AZ use applies to a non-WOTUS protected surface water if the Director makes a determination that the non-WOTUS protected surface water is used by humans in a way that may cause the human body to come into direct contact with the water, but normally not to the point of complete submergence (for example, wading or boating). The use is such that ingestion of the water is not likely and sensitive body organs, such as the eyes, ears, or nose, will not normally be exposed to direct contact with the water.
5. The fish consumption AZ use applies to a non-WOTUS protected surface water if the Director makes a determination that the non-WOTUS protected surface water is used by humans for harvesting aquatic organisms for consumption. Harvestable aquatic organisms include, but are not limited to, fish, clams, turtles, crayfish, and frogs.

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6. The domestic water source AZ use applies to a non-WOTUS protected surface water if the Director makes a determination that the non-WOTUS protected surface water is used by humans as a source of potable water.
7. The agricultural irrigation AZ use applies to a non-WOTUS protected surface water if the Director makes a determination that the non-WOTUS protected surface water is used for crop irrigation.
8. The agricultural livestock watering AZ use applies to any non-WOTUS protected surface water if the Director makes a determination that the non-WOTUS protected surface water is used as a water supply for consumption by livestock.

**Historical Note**

Former Section R9-21-204 renumbered and amended as Section R9-21-207, former Section R9-21-206 renumbered and amended as Section R9-21-204 effective January 29, 1980 (Supp. 80-1). Former Section R9-21-204 renumbered as Section R9-21-203, former Section R9-21-205 renumbered as Section R9-21-204 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-204 renumbered and amended as Section R9-21-205, former Section R9-21-203 renumbered and amended as Section R9-21-204 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-204 renumbered without change as Section R18-11-204 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-205. Analytical Methods**

- A. A person conducting an analysis of a sample taken to determine compliance with a water quality standard shall use an analytical method prescribed in A.A.C. R9-14-610 or an alternative method approved under A.A.C. R9-14-610(C).
- B. A test result from a sample taken to determine compliance with a water quality standard is valid only if the sample is analyzed by a laboratory that is licensed by the Arizona Department of Health Services, an out-of-state laboratory licensed under A.R.S. § 36-495.14, or a laboratory exempted under A.R.S. § 36-495.02, for the analysis performed.

**Historical Note**

Former Section R9-21-205 repealed, new Section R9-21-205 adopted effective January 29, 1980 (Supp. 80-1). Former Section R9-21-205 renumbered as Section R9-21-204, former Section R9-21-206 renumbered as Section R9-21-205 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-205 renumbered and amended as Section R9-21-206, former Section R9-21-204 renumbered and amended as Section R9-21-205 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-205 renumbered without change as Section R18-11-205 (Supp. 87-3). Section repealed, new Section adopted effective February 18, 1992 (Supp. 92-1). Section repealed April 24, 1996 (Supp. 96-2). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-206. Mixing Zones**

- A. The Director may establish a mixing zone for a point source discharge to a non-WOTUS protected surface water as a condition of an individual AZPDES permit on a pollutant-by-pollutant basis.

A mixing zone is prohibited where there is no water for dilution, or as prohibited pursuant to subsection (H).

- B. The owner or operator of a point source seeking the establishment of a mixing zone shall submit a request to the Director for a mixing zone as part of an application for an AZPDES permit. The request shall include:
  1. An identification of the pollutant for which the mixing zone is requested;
  2. A proposed outfall design;
  3. A definition of the boundary of the proposed mixing zone. For purposes of this subsection, the boundary of a mixing zone is where complete mixing occurs; and
  4. A complete and detailed description of the existing physical, biological, and chemical conditions of the receiving water and the predicted impact of the proposed mixing zone on those conditions. The description shall also address the factors listed in subsection (D) that the Director must consider when deciding to grant or deny a request and shall address the mixing zone requirements in subsection (H).
- C. The Director shall consider the following factors when deciding whether to grant or deny a request for a mixing zone:
  1. The assimilative capacity of the receiving water;
  2. The likelihood of adverse human health effects;
  3. The location of drinking water plant intakes and public swimming areas;
  4. The predicted exposure of biota and the likelihood that resident biota will be adversely affected;
  5. Bioaccumulation;
  6. Whether there will be acute toxicity in the mixing zone, and, if so, the size of the zone of initial dilution;
  7. The known or predicted safe exposure levels for the pollutant for which the mixing zone is requested;
  8. The size of the mixing zone;
  9. The location of the mixing zone relative to biologically sensitive areas in the surface water;
  10. The concentration gradient of the pollutant within the mixing zone;
  11. Sediment deposition;
  12. The potential for attracting aquatic life to the mixing zone; and
  13. The cumulative impacts of other mixing zones and other discharges to the surface water.
- D. Director determination.
  1. The Director shall deny a request to establish a mixing zone if an applicable water quality standard will be violated outside the boundaries of the proposed mixing zone.
  2. If the Director approves the request to establish a mixing zone, the Director shall establish the mixing zone as a condition of an AZPDES permit. The Director shall include any mixing zone condition in the AZPDES permit that is necessary to protect human health and the designated uses of the surface water.
- E. Any person who is adversely affected by the Director's decision to grant or deny a request for a mixing zone may appeal the decision under A.R.S. § 49-321 et seq. and A.R.S. § 41-1092 et seq.
- F. The Director shall reevaluate a mixing zone upon issuance, reissuance, or modification of the AZPDES permit for the point source or a modification of the outfall structure.
- G. Mixing zone requirements.
  1. A mixing zone shall be as small as practicable in that it shall not extend beyond the point in the waterbody at

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which complete mixing occurs under the critical flow conditions of the discharge and of the receiving water.

2. The total horizontal area allocated to all mixing zones on a lake shall not exceed 10 percent of the surface area of the lake.
3. Adjacent mixing zones in a lake shall not overlap or be located closer together than the greatest horizontal dimension of the largest mixing zone.
4. The design of any discharge outfall shall maximize initial dilution of the wastewater in a surface water.
5. The size of the zone of initial dilution in a mixing zone shall prevent lethality to organisms passing through the zone of initial dilution. The mixing zone shall prevent acute toxicity and lethality to organisms passing through the mixing zone.

**H.** The Director shall not establish a mixing zone in an AZPDES permit for the following persistent, bioaccumulative pollutants:

1. Chlordane,
2. DDT and its metabolites (DDD and DDE),
3. Dieldrin,
4. Dioxin,
5. Endrin,
6. Endrin aldehyde,
7. Heptachlor,
8. Heptachlor epoxide,
9. Lindane,
10. Mercury,
11. Polychlorinated biphenyls (PCBs), and
12. Toxaphene.

**Historical Note**

Former Section R9-21-206 renumbered and amended as Section R9-21-204, new Section R9-21-206 adopted effective January 29, 1980 (Supp. 80-1). Amended by adding subsection (B) effective October 14, 1981 (Supp. 81-5). Amended subsection (B) and Table 1 effective January 29, 1982 (Supp. 82-1). Amended subsection (B) and Table 1 effective August 13, 1982 (Supp. 82-4). Former Section R9-21-206 renumbered as Section R9-21-205, former Section R9-21-207 renumbered as Section R9-21-206 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-206 renumbered and amended as Section R9-21-207, former Section R9-21-205 renumbered and amended as Section R9-21-206 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-206 renumbered without change as Section R18-11-206 (Supp. 87-3). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-207. Natural Background**

Where the concentration of a pollutant exceeds a water quality standard and the exceedance is caused solely by naturally occurring conditions, the exceedance shall not be considered a violation of the water quality standard.

**Historical Note**

Former Section R9-21-207 repealed, former Section R9-21-204 renumbered and amended as Section R9-21-207 effective January 29, 1980 (Supp. 80-1). Former Section R9-21-207 renumbered as Section R9-21-206, former Section R9-21-208 renumbered as Section R9-21-207 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-207 renumbered without change as Section R9-21-208, former Section R9-21-206 renum-

bered and amended as Section R9-21-207 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-207 renumbered without change as Section R18-11-207 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-208. Schedules of Compliance**

A compliance schedule in an AZPDES permit shall require the permittee to comply with a discharge limitation based upon a new or revised water quality standard as soon as possible to achieve compliance. The permittee shall demonstrate that the point source cannot comply with a discharge limitation based upon the new or revised water quality standard through the application of existing water pollution control technology, operational changes, or source reduction. In establishing a compliance schedule, the Director shall consider:

1. How much time the permittee has already had to meet any effluent limitations under a prior permit;
2. The extent to which the permittee has made good faith efforts to comply with the effluent limitations and other requirements in a prior permit;
3. Whether treatment facilities, operations, or measures must be modified to meet the effluent limitations;
4. How long any necessary modifications would take to implement; and
5. Whether the permittee would be expected to use the same treatment facilities, operations or other measures to meet the effluent limitations as it would have used to meet the effluent limitations in a prior permit.

**Historical Note**

Former Section R9-21-208 repealed, new Section R9-21-208 adopted effective January 29, 1980 (Supp. 80-1). Former Section R9-21-208 renumbered as Section R9-21-207, Appendices 1 through 9 amended as Appendix A (now shown following R9-21-213), former Section R9-21-209 renumbered as R9-21-208 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-208 renumbered and amended as Section R9-21-209, former Section R9-21-207 renumbered without change as Section R9-21-208 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-208 renumbered without change as Section R18-11-208 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-209. Variances**

- A.** Upon request, the Director may establish, by rule, a discharger-specific or water segment-specific or water segments-specific variance from a water quality standard if requirements pursuant to this Section are met.
- B.** A person who requests a variance must demonstrate all of the following information:
  1. Identification of the specific pollutant and water quality standard for which a variance is sought.
  2. Identification of the receiving surface water segment or segments to which the variance would apply.
  3. A detailed discussion of the need for the variance, including the reasons why compliance with the water quality standard cannot be achieved over the term of the proposed variance, and any other useful information or analysis to evaluate attainability.

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4. A detailed description of proposed interim discharge limitations and pollutant control activities that represent the highest level of treatment achievable by a point source discharger or dischargers during the term of the variance.
  5. Documentation that the proposed term is only as long as necessary to achieve compliance with applicable water quality standards.
  6. Documentation that is appropriate to the type of designated use to which the variance would apply as follows. For a water quality standard variance documentation must include a demonstration of at least one of the following factors that preclude attainment of the use during the term of the variance:
    - a. Naturally occurring pollutant concentrations prevent attainment of the use;
    - b. Natural, ephemeral, intermittent or low flow conditions or water levels prevent the attainment of the use, unless these conditions may be compensated for by the discharge of sufficient volume of effluent discharges without violating state water conservation requirements to enable uses to be met;
    - c. That human-caused conditions or sources of pollution prevent the attainment of the water quality standard for which the variance is sought and either (1) it is not possible to remedy the conditions or sources of pollution or (2) remedying the human-caused conditions would cause more environmental damage to correct than to leave in place;
    - d. Dams, diversions or other types of hydrologic modifications preclude the attainment of the use, and it is not feasible to restore the water body to its original condition or to operate such modification in a way that would result in the attainment of the use;
    - e. Physical conditions related to the natural features of the water body, such as the lack of a proper substrate, cover, flow, depth, pools, riffles, and the like, unrelated to water quality, preclude attainment of aquatic life protection uses;
    - f. Actions necessary to facilitate lake, wetland, or stream restoration through dam removal or other significant reconfiguration activities preclude attainment of the designated use and criterion while the actions are being implemented.
  7. For a waterbody segment-specific or segments-specific variance, the following information is required before the Director may issue a variance, in addition to all other required documentation pursuant to this Section:
    - a. Identification and documentation of any cost-effective and reasonable best management practices for nonpoint source controls related to the pollutant or pollutants or water quality parameter or parameters and water body or waterbody segment or segments specified in the variance that could be implemented to make progress towards attaining the underlying designated use and criterion; and
    - b. If any variance pursuant to subsection (B)(7)(a) previously applied to the water body or waterbody segment or segments, documentation must also demonstrate whether and to what extent best management practices for nonpoint source controls were implemented to address the pollutant or pollutants or water quality parameter or parameters subject to the water quality variance and the water quality progress achieved.
  8. For a discharger-specific variance, the following information is required before the Director may issue a variance, in addition to all other required documentation pursuant to this Section: Identification of the permittee subject to the variance.
- C. The Director shall consider the following factors when deciding whether to grant or deny a variance request:
    1. Bioaccumulation,
    2. The predicted exposure of biota and the likelihood that resident biota will be adversely affected,
    3. The known or predicted safe exposure levels for the pollutant for which the variance is requested, and
    4. The likelihood of adverse human health effects.
  - D. The variance shall represent the highest attainable condition of the water body or water body segment applicable throughout the term of the variance.
  - E. A variance shall not result in any lowering of the currently attained ambient water quality, unless the variance is necessary for restoration activities, consistent with subsection (B)(6)(a)(vi). The Director must specify the highest attainable condition of the water body or waterbody segment as a quantifiable expression of one of the following:
    1. The highest attainable interim criterion,
    2. The interim effluent condition that reflects the greatest pollutant reduction achievable.
  - F. A variance shall not modify the underlying designated use and criterion. A variance is only a time limited exception to the underlying standard. For discharge-specific variances, other point source dischargers to the surface water that are not granted a variance shall still meet all applicable water quality standards.
  - G. Point source discharges shall meet all other applicable water quality standards for which a variance is not granted.
  - H. The term of the water quality variance may only be as long as necessary to achieve the highest attainable condition and must be consistent with the supporting documentation in subsection (E).
  - I. The Director shall periodically, but not more than every five years, reevaluate whether each variance continues to represent the highest attainable condition. Comment on the variance shall be considered regarding whether the variance continues to represent the highest attainable condition during each rulemaking for this Article. If the Director determines that the requirements of the variance do not represent the highest attainable condition, then the Director shall modify or repeal the variance during the rulemaking.
  - J. If the variance is modified by rulemaking, the requirements of the variance shall represent the highest attainable condition at the time of initial adoption of the variance, or the highest attainable condition identified during the current reevaluation, whichever is more stringent.
  - K. Upon expiration of a variance, point source dischargers shall comply with the water quality standard.

**Historical Note**

Former Section R9-21-209 renumbered and amended as Section R9-21-210, new Section R9-21-209 adopted effective January 29, 1980 (Supp. 80-1). Former Section R9-21-209 renumbered as Section R9-21-208, Tables I and II amended as Appendix B (now shown following R9-21-213 and Appendix A), former Section R9-21-210 renumbered as Section R9-21-209 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-209 renumbered and amended as Section R9-21-210, former Section R9-21-208 renumbered and amended as Section



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R9-21-209 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-209 renumbered without change as Section R18-11-209 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-210. Site Specific Standards**

- A. The Director shall adopt a site-specific standard by rule.
- B. The Director may adopt a site-specific standard based upon a request or upon the Director's initiative for any of the following reasons:
  1. Local physical, chemical, or hydrological conditions of a non-WOTUS protected surface water such as pH, hardness, fate and transport, or temperature alters the biological availability or toxicity of a pollutant;
  2. The sensitivity of resident aquatic organisms that occur in a non-WOTUS protected surface water to a pollutant differs from the sensitivity of the species used to derive the numeric water quality standards to protect aquatic life in R18-11-215;
  3. Resident aquatic organisms that occur in a non-WOTUS protected surface water represent a narrower mix of species than those in the dataset used by ADEQ to derive numeric water quality standards to protect aquatic life in R18-11-215;
  4. The natural background concentration of a pollutant is greater than the numeric water quality standard to protect aquatic life prescribed in R18-11-215. "Natural background" means the concentration of a pollutant in a non-WOTUS protected surface water due only to non-anthropogenic sources; or
  5. Other factors or combination of factors that upon review by the Director warrant changing a numeric water quality standard for a non-WOTUS protected surface water.
- C. Site-specific standard by request. To request that the Director adopt a site-specific standard, a person must conduct a study to support the development of a site-specific standard using a scientifically defensible procedure. Before conducting the study, a person shall submit a study outline to the Director for approval that contains the following elements:
  1. Identifies the pollutant;
  2. Describes the reach's boundaries;
  3. Describes the hydrologic regime of the waterbody;
  4. Describes the scientifically defensible procedure, which can include relevant aquatic life studies, ecological studies, laboratory tests, biological translators, fate and transport models, and risk analyses;
  5. Describes and compares the taxonomic composition, distribution and density of the aquatic biota within the reach to a reference reach and describes the basis of any major taxonomic differences;
  6. Describes the pollutant's effect on the affected species or appropriate surrogate species and on the other designated uses listed for the reach;
  7. Demonstrates that all designated uses are protected; and
  8. A person seeking to develop a site-specific standard based on natural background may use statistical or modeling approaches to determine natural background concentration.

**Historical Note**

Former Section R9-21-210 renumbered and amended as Section R9-21-211, former Section R9-21-209 renumbered and amended as Section R9-21-210 effective January 29, 1980 (Supp. 80-1). Amended subsection (A) effective April 17, 1984 (Supp. 84-2). Former Section R9-21-210 renumbered as Section R9-21-209, former Section R9-21-211 renumbered as Section R9-21-210 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-210 renumbered and amended as Section R9-21-211, former Section R9-21-209 renumbered and amended as Section R9-21-210 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-210 renumbered without change as Section R18-11-210 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

ary 29, 1980 (Supp. 80-1). Amended subsection (A) effective April 17, 1984 (Supp. 84-2). Former Section R9-21-210 renumbered as Section R9-21-209, former Section R9-21-211 renumbered as Section R9-21-210 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-210 renumbered and amended as Section R9-21-211, former Section R9-21-209 renumbered and amended as Section R9-21-210 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-210 renumbered without change as Section R18-11-210 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-211. Enforcement of Non-permitted Discharges to Non-WOTUS Protected Surface Waters**

- A. The Department may establish a numeric water quality standard at a concentration that is below the practical quantitation limit. Therefore, in enforcement actions pursuant to subsection (B), the water quality standard is enforceable at the practical quantitation limit.
- B. Except for chronic aquatic and wildlife criteria, for non-permitted discharge violations, the Department shall determine compliance with numeric water quality standard criteria from the analytical result of a single sample, unless additional samples are required under this article. For chronic aquatic and wildlife criteria, compliance for non-permitted discharge violations shall be determined from the geometric mean of the analytical results of the last four samples taken at least 24 hours apart. For the purposes of this Section, a "non-permitted discharge violation" does not include a discharge regulated under an AZPDES permit.

**Historical Note**

Former Section R9-21-210 renumbered and amended as Section R9-21-211 effective January 29, 1980 (Supp. 80-1). Amended subsections (D), (G) three (I), and added (J) effective October 14, 1981 (Supp. 81-5). Former Section R9-21-211 renumbered as Section R9-21-210, former Section R9-21-212 renumbered as Section R9-21-211 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-211 renumbered and amended as Section R9-21-212, former Section R9-21-210 renumbered and amended as Section R9-21-211 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-211 renumbered without change as Section R18-11-211 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-212. Statements of Intent and Limitations on the Reach of Article 2**

- A. Nothing in this Article prohibits fisheries management activities by the Arizona Game and Fish Department or the U.S. Fish and Wildlife Service. This Article does not exempt fish hatcheries from AZPDES permit requirements.
- B. Nothing in this Article prevents the routine physical or mechanical maintenance of canals, drains, and the urban lakes identified as non-WOTUS protected surface waters on the Protected Surface Waters List. Physical or mechanical maintenance includes dewatering, lining, dredging, and the physical, biological, or chemical control of weeds and algae. Increases in turbidity that result from physical or mechanical maintenance

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nance activities are permitted in canals, drains, and the urban lakes identified on the Protected Surface Waters List.

- C. Increases in turbidity that result from the routine physical or mechanical maintenance of a dam or flood control structure are not violations of this Article.
- D. Nothing in this Article requires the release of water from a dam or a flood control structure.

**Historical Note**

Adopted effective January 29, 1980 (Supp. 80-1). Former Section R9-21-212 renumbered as Section R9-21-211, former Section R9-21-213 renumbered as Section R9-21-212 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-212 repealed, former Section R9-21-211 renumbered and amended as Section R9-21-212 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-212 renumbered without change as Section R18-11-212 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-213. Procedures for Determining Economic, Social, and Environmental Cost and Benefits**

- A. The Director shall perform an economic, social, and environmental cost and benefits analysis that shows the benefits outweigh the costs before conducting any of the following rulemaking actions:
  1. Adopting a water quality standard that applies to non-WOTUS protected surface waters at a particular level or for a particular water category of non-WOTUS protected surface waters;
  2. Adding a non-WOTUS protected surface water to the Protected Surface Waters List when the conditions of A.R.S. § 49-221(G)(4) apply; or
  3. Removing a non-WOTUS protected surface water from the Protected Surface Waters List when the conditions of A.R.S. § 49-221(G)(6) apply.
- B. The economic, social, and environmental cost and benefit analysis must include:
  1. A justification of the valuation methodology used to quantify the costs or benefits of the rulemaking action;
  2. A reference to any study relevant to the economic, social, and environmental cost and benefit analysis that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of the costs and benefits of the rulemaking action;
  3. A description of any data on which an economic, social, and environmental cost and benefits analysis is based and an explanation of how the data was obtained and why the data is acceptable data.
  4. A description of the probable impact of the rulemaking on any existing AZPDES permits that are impacted by the rulemaking action;
  5. A description of the probable amount of additional AZPDES permits that will be required for known and ongoing point-source discharges after the rulemaking is completed that otherwise would not have been required if the Director did not undertake the rulemaking action; and
  6. The administrative and other costs to ADEQ associated with the proposed rulemaking.
- C. The Director shall publish a copy of the economic, social, and environmental cost and benefits analysis to the agency website prior to filing any rulemaking materials during any of the rulemaking actions listed in subsection (A) of this rule.

- D. If for any reason enough data is not reasonably available to comply with the requirements of subsection (B) of this section, the agency shall explain the limitations of the data and the methods that were employed in the attempt to obtain the data and shall characterize the probable impacts in qualitative terms.
- E. The Director is not required to prepare the economic, social, and environmental cost and benefits analysis required by this rule when:
  1. Adding or removing a WOTUS-protected surface water from the Protected Surface Waters List; or
  2. Adding a water to the Protected Surface Waters List on an emergency basis pursuant to A.R.S. § 49-221(G)(7).

**Historical Note**

Adopted effective January 29, 1980 (Supp. 80-1). Amended effective April 17, 1984 (Supp. 84-2). Former Section R9-21-213 renumbered as Section R9-21-212, former Section R9-21-103 renumbered as Section R9-21-213 and amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-213 renumbered without change as Section R9-21-214, new Section R9-21-213 adopted effective August 12, 1986 (Supp. 86-4). Former Section R9-21-213 renumbered without change as Section R18-11-213 (Supp. 87-3). Amended effective December 1, 1988 (Supp. 88-4). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-214. Narrative Water Quality Standards for Non-WOTUS Protected Surface Waters**

- A. A non-WOTUS protected surface water shall not contain pollutants in amounts or combinations that:
  1. Settle to form bottom deposits that inhibit or prohibit the habitation, growth, or propagation of aquatic life;
  2. Cause objectionable odor in the area in which the non-WOTUS protected surface water is located;
  3. Cause off-taste or odor in drinking water;
  4. Cause off-flavor in aquatic organisms;
  5. Are toxic to humans, animals, plants, or other organisms;
  6. Cause the growth of algae or aquatic plants that inhibit or prohibit the habitation, growth, or propagation of other aquatic life or that impair recreational uses;
  7. Cause or contribute to a violation of an aquifer water quality standard prescribed in R18-11-405 or R18-11-406; or
  8. Change the color of the non-WOTUS protected surface water from natural background levels of color.
- B. A non-WOTUS protected surface water shall not contain oil, grease, or any other pollutant that floats as debris, foam, or scum; or that causes a film or iridescent appearance on the surface of the water; or that causes a deposit on a shoreline, bank, or aquatic vegetation. The discharge of lubricating oil or gasoline associated with the normal operation of a recreational watercraft is not a violation of this narrative standard
- C. A non-WOTUS protected surface water shall not contain a discharge of suspended solids in quantities or concentrations that interfere with the treatment processes at the nearest downstream potable water treatment plant or substantially increase the cost of handling solids produced at the nearest downstream potable water treatment plant.

**Historical Note**

Former Section R9-21-213 renumbered without change

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as Section R9-21-214 effective August 12, 1986 (Supp. 86-4). Former Section R9-21-214 renumbered without change as Section R18-11-214 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-215. Numeric Water Quality Standards for Non-WOTUS Protected Surface Waters**

- A. *E. coli* bacteria. The following water quality standards for *Escherichia coli* (*E. coli*) are expressed in colony-forming units per 100 milliliters of water (cfu / 100 ml) or as a Most Probable Number (MPN):

<i>E. coli</i>	FBC AZ	PBC AZ
Geometric mean (minimum of four samples in 30 days)	126	126
Statistical threshold value	410	576

- B. pH. The following water quality standards for non-WOTUS protected surface waters pH are expressed in standard units:

pH	DWS AZ	FBC AZ, PBC AZ, A&Ww AZ, A&Wc AZ	AgI AZ	AgL AZ
Maximum	9.0	9.0	9.0	9.0
Minimum	5.0	6.5	4.5	6.5

- C. The maximum allowable increase in ambient water temperature, due to a thermal discharge is as follows:

A&Ww AZ	A&Wc AZ
3.0° C	1.0° C

- D. Suspended sediment concentration.

1. The following water quality standards for suspended sediment concentration, expressed in milligrams per liter

(mg/L), are expressed as a median value determined from a minimum of four samples collected at least seven days apart:

2. The Director shall not use the results of a suspended sediment concentration sample collected during or within 48 hours after a local storm event to determine the median value.

A&Wc AZ	A&Ww AZ
25	80

- E. Dissolved oxygen. A non-WOTUS protected surface water meets the water quality standard for dissolved oxygen when either:

- The percent saturation of dissolved oxygen is equal to or greater than 90 percent, or
- The single sample minimum concentration for the designated use, as expressed in milligrams per liter (mg/L) is as follows:

Designated Use	Single sample minimum concentration in mg/L
A&Ww AZ	6.0
A&Wc AZ	7.0

The single sample minimum concentration is the same for the designated use in a lake, but the sample must be taken from a depth no greater than one meter.

- F. Tables 1 through 17 prescribe water quality criteria for individual pollutants by designated use.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**Table 1. Water Quality Criteria by Designated Use (see footnote)**

Parameter	CAS NUMBER	DWS AZ (µg/L)	FC AZ (µg/L)	FBC AZ (µg/L)	PBC AZ (µg/L)	A&Wc AZ Acute (µg/L)	A&Wc AZ Chronic (µg/L)	A&Ww AZ Acute (µg/L)	A&Ww AZ Chronic (µg/L)	AgI AZ (µg/L)	AgL AZ (µg/L)
Acenaphthene	83329	420	198	56,000	56,000	850	550	850	550		
Acrolein	107028	3.5	1.9	467	467	3	3	3	3		
Acrylonitrile	107131	0.06	0.2	3	37,333	3,800	250	3,800	250		
Alachlor	15972608	2		9,333	9,333	2,500	170	2,500	170		
Aldrin	309002	0.002	0.00005	0.08	28	3		3		0.003	See (b)
Alpha Particles (Gross) Radioactivity		15 pCi/L See (h)									
Ammonia	7664417					See (e) & Tables 11 (present) & 14 (absent)	See (e) & Tables 13 (present) & 17 (absent)	See (e) & Tables 12 (present) & 15 (absent)	See (e) & Tables 13 (present) & 16 (absent)		
Anthracene	120127	2,100	74	280,000	280,000						
Antimony	7440360	6 T	640 T	747 T	747 T	88 D	30 D	88 D	30 D		
Arsenic	7440382	10 T	80 T	30 T	280 T	340 D	150 D	340 D	150 D	2,000 T	200 T
Asbestos	1332214	See (a)									
Atrazine	1912249	3		32,667	32,667						
Barium	7440393	2,000 T		98,000 T	98,000 T						
Benz(a)anthracene	56553	0.005	0.02	0.2	0.2						
Benzene	71432	5	140	93	3,733	2,700	180	2,700	180		
Benzo(b)fluoranthene Benzo(a)fluoranthene	205992	0.005	0.02	1.9	1.9						
Benzo(a)pyrene	50328	0.002	0.002	0.01	2,800	1,300	89	1,300	89	0.01	0.01
Benzo(k)fluoranthene	207089	0.005	0.02	1.9	1.9						
Beryllium	7440417	4 T	84 T	1,867 T	1,867 T	65 D	5.3 D	65 D	5.3 D		
Beta particles and photon emitters		4 millirems / year See (i)									
Bis(2-chloroethyl) ether	111444	0.03	0.5	1	1	120,000	6,700	120,000	6,700		
Bis(2-chloroisopropyl) ether	108601	280	3,441	37,333	37,333						
Boron	7440428	1,400 T		186,667 T	186,667 T					1,000 T	
Bromodichloromethane	75274	TTHM See (g)	17	TTHM	18,667						
4-Bromophenyl phenyl ether	101553					180	14	180	14		
Bromoform	75252	TTHM See (g)	133	180	18,667	15,000	10,000	15,000	10,000		
Bromomethane	74839	9.8	299	1,307	1,307	5,500	360	5,500	360		
Butyl benzyl phthalate	85687	1,400	386	186,667	186,667	1,700	130	1,700	130		
Cadmium	7440439	5 T	84 T	700 T	700 T	See (d) & Table 2	See (d) & Table 3	See (d) & Table 2	See (d) & Table 3	50	50
Carbaryl	63252					2.1	2.1	2.1	2.1		

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Carbofuran	1563662	40		4,667	4,667	650	50	650	50		
Carbon tetrachloride	56235	5	2	11	980	18,000	1,100	18,000	1,100		
Chlordane	57749	2	0.0008	4	467	2.4	0.004	2.4	0.2		
Chlorine (total residual)	7782505	4,000		4000	4000	19	11	19	11		
Chlorobenzene	108907	100	1,553	18,667	18,667	3,800	260	3,800	260		
2-Chloroethyl vinyl ether	110758					180,000	9,800	180,000	9,800		
Chloroform	67663	TTHM See (g)	470	230	9,333	14,000	900	14,000	900		
p-Chloro-m-cresol	59507					15	4.7	15	4.7		
Chloromethane	74873					270,000	15,000	270,000	15,000		
beta-Chloronaphthalene	91587	560	317	74,667	74,667						
2-Chlorophenol	95578	35	30	4,667	4,667	2,200	150	2,200	150		
Chloropyrifos	2921882	21		2,800	2,800	0.08	0.04	0.08	0.04		
Chromium III	16065831		75,000 T	1,400,000 T	1,400,000 T	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4	See (d) & Table 4		
Chromium VI	18540299	21 T	150 T	2,800 T	2,800 T	16 D	11 D	16 D	11 D		
Chromium (Total)	7440473	100 T								1,000	1,000
Chrysene	218019	0.005	0.02	19	19						
Copper	7440508	1,300 T		1,300 T	1,300 T	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	See (d) & Table 5	5,000 T	500 T
Cyanide (as free cyanide)	57125	200 T	16,000 T	18,667 T	18,667 T	22 T	5.2 T	41 T	9.7 T		200 T
Dalapon	75990	200	8,000	28,000	28,000						
DDT and its breakdown products	50293	0.1	0.0002	14	467	1.1	0.001	1.1	0.001	0.001	0.001
Demeton	8065483						0.1		0.1		
Diazinon	333415					0.17	0.17	0.17	0.17		
Dibenz (ah) anthracene	53703	0.005	0.02	1.9	1.9						
Dibromochloromethane	124481	TTHM See (g)	13	TTHM	18,667						
1,2-Dibromo-3-chloropropane	96128	0.2		2,800	2,800						
1,2-Dibromoethane	106934	0.05		8,400	8,400						
Dibutyl phthalate	84742	700	899	93,333	93,333	470	35	470	35		
1,2-Dichlorobenzene	95501	600	205	84,000	84,000	790	300	1,200	470		
1,3-Dichlorobenzene	541731					2,500	970	2,500	970		
1,4-Dichlorobenzene	106467	75	5755	373,333	373,333	560	210	2,000	780		
3,3'-Dichlorobenzidine	91941	0.08	0.03	3	3						
1,2-Dichloroethane	107062	5	37	15	186,667	59,000	41,000	59,000	41,000		
1,1-Dichloroethylene	75354	7	7,143	46,667	46,667	15,000	950	15,000	950		
1,2-cis-Dichloroethylene	156592	70		70	70						
1,2-trans-Dichloroethylene	156605	100	10,127	18,667	18,667	68,000	3,900	68,000	3,900		
Dichloromethane	75092	5	593	190	56,000	97,000	5,500	97,000	5,500		
2,4-Dichlorophenol	120832	21	59	2,800	2,800	1,000	88	1,000	88		
2,4-Dichlorophenoxyacetic acid (2,4-D)	94757	70		9,333	9,333						
1,2-Dichloropropane	78875	5	17,518	84,000	84,000	26,000	9,200	26,000	9,200		
1,3-Dichloropropene	542756	0.7	42	420	28,000	3,000	1,100	3,000	1,100		
Dieldrin	60571	0.002	0.00005	0.09	47	0.2	0.06	0.2	0.06	0.003	See (b)
Diethyl phthalate	84662	5,600	8,767	746,667	746,667	26,000	1,600	26,000	1,600		
Di (2-ethylhexyl) adipate	103231	400		560,000	560,000						
Di (2-ethylhexyl) phthalate	117817	6	3	100	18,667	400	360	400	360		
2,4-Dimethylphenol	105679	140	171	18,667	18,667	1,000	310	1,000	310		
Dimethyl phthalate	131113					17,000	1,000	17,000	1,000		
4,6-Dinitro-o-cresol	534521	28	582	3,733	3,733	310	24	310	24		
2,4-Dinitrophenol	51285	14	1,067	1,867	1,867	110	9.2	110	9.2		
2,4-Dinitrotoluene	121142	14	421	1,867	1,867	14,000	860	14,000	860		
2,6-Dinitrotoluene	606202	0.05		2	3,733						
Di-n-octyl phthalate	117840	2,800		373,333	373,333						
Dinoseb	88857	7		933	933						
1,2-Diphenylhydrazine	122667	0.04	0.2	1.8	1.8	130	11	130	11		
Diquat	85007	20		2,053	2,053						
Endosulfan sulfate	1031078	42	18	5,600	5,600	0.2	0.06	0.2	0.06		
Endosulfan (Total)	115297	42	18	5,600	5,600	0.2	0.06	0.2	0.06		
Endothall	145733	100		18,667	18,667						
Endrin	72208	2	0.06	280	280	0.09	0.04	0.09	0.04	0.004	0.004
Endrin aldehyde	7421934	2				0.09	0.04	0.09	0.04		
Ethylbenzene	100414	700	2,133	93,333	93,333	23,000	1,400	23,000	1,400		
Fluoranthene	206440	280	28	37,333	37,333	2,000	1,600	2,000	1,600		
Fluorene	86737	280	1,067	37,333	37,333						
Fluoride	7782414	4,000		140,000	140,000						
Glyphosate	1071836	700	266,667	93,333	93,333						
Guthion	86500						0.01		0.01		
Heptachlor	76448	0.4	0.00008	0.4	467	0.5	0.004	0.5	0.004		
Heptachlor epoxide	1024573	0.2	0.00004	0.2	12	0.5	0.004	0.5	0.004		
Hexachlorobenzene	118741	1	0.0003	1	747	6	3.7	6	3.7		
Hexachlorobutadiene	87683	0.4	18	18	187	45	8.2	45	8.2		
Hexachlorocyclohexane alpha	319846	0.006	0.005	0.22	7,467	1,600	130	1,600	130		
Hexachlorocyclohexane beta	319857	0.02	0.02	0.78	560	1,600	130	1,600	130		
Hexachlorocyclohexane delta	319868					1,600	130	1,600	130		
Hexachlorocyclohexane gamma (lindane)	58899	0.2	1.8	280	280	1	0.08	1	0.28		
Hexachlorocyclopentadiene	77474	50	580	9,800	9,800	3.5	0.3	3.5	0.3		
Hexachloroethane	67721	2.5	3.3	100	933	490	350	490	350		
Hydrogen sulfide	7783064						2 See (c)		2 See (c)		
Indeno (1,2,3-cd) pyrene	193395	0.05	0.49	1.9	1.9						

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Iron	7439896						1,000 D		1,000 D		
Isophorone	78591	37	961	1,500	186,667	59,000	43,000	59,000	43,000		
Lead	7439921	15 T		15 T	15 T	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	See (d) & Table 6	10,000 T	100 T
Malathion	121755	140		18,667	18,667		0.1		0.1		
Manganese	7439965	980		130,667	130,667					10,000	
Mercury	7439976	2 T		280 T	280 T	2.4 D	0.01 D	2.4 D	0.01 D		10 T
Methoxychlor	72435	40		4,667	4,667		0.03		0.03		
Methylmercury	22967926		0.3 mg/l kg								
Mirex	2385855	1		187	187		0.001		0.001		
Naphthalene	91203	140	1,524	18,667	18,667	1,100	210	3,200	580		
Nickel	7440020	140 T	4,600 T	28,000 T	28,000 T	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7	See (d) & Table 7		
Nitrate	14797558	10,000		3,733,333	3,733,333						
Nitrite	14797650	1,000		233,333	233,333						
Nitrate + Nitrite		10,000									
Nitrobenzene	98953	3.5	138	467	467	1,300	850	1,300	850		
p-Nitrophenol	100027					4,100	3,000	4,100	3,000		
N-nitrosodimethylamine	62759	0.001	3	0.03	0.03						
N-Nitrosodiphenylamine	86306	7.1	6	290	290	2,900	200	2,900	200		
N-nitrosodi-n-propylamine	621647	0.005	0.5	0.2	88,667						
Nonylphenol	104405					28	6.6	28	6.6		
Oxamyl	23135220	200		23,333	23,333						
Parathion	56382					0.07	0.01	0.07	0.01		
Paraquat	1910425	32		4,200	4,200	100	54	100	54		
Pentachlorophenol	87865	1	1,000	12	28,000	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10	See (e), (j) & Table 10		
Permethrin	52645531	350		46,667	46,667		0.3	0.3	0.3		
Phenanthrene	85018					30	6.3	30	6.3		
Phenol	108952	2,100	37	280,000	280,000	5,100	730	7,000	1,000		
Picloram	1918021	500	2,710	65,333	65,333						
Polychlorinatedbiphenyls (PCBs)	1336363	0.5	0.00006	2 19	19	2	0.01	2	0.02	0.001	0.001
Pyrene	129000	210	800	28,000	28,000						
Radium 226 + Radium 228		5 pCi/L									
Selenium	7782492	50 T	667 T	4,667 T	4,667 T		2 T		2 T	20 T	50 T
Silver	7440224	35 T	8,000 T	4,667 T	4,667 T	See (d) & Table 8		See (d) & Table 8			
Simazine	112349	4		4,667	4,667						
Strontium	7440246	8 pCi/L									
Styrene	100425	100		186,667	186,667	5,600	370	5,600	370		
Sulfides											
2,3,7,8-Tetrachlorod-ibenzo-p-dioxin (2,3,7,8-TCDD)	1746016	0.00003	5x10-9	0.00003	0.0009	0.01	0.005	0.01	0.005		
1,1,2,2-Tetrachloroethane	79345	0.2	4	7	56,000	4,700	3,200	4,700	3,200		
Tetrachloroethylene	127184	5	261	9,333	9,333	2,600	280	6,500	680		
Thallium	7440280	2 T	7.2 T	75 T	75 T	700 D	150 D	700 D	150 D		
Toluene	108883	1,000	201,000	280,000	280,000	8,700	180	8,700	180		
Toxaphene	8001352	3	0.0003	1.3	933	0.7	0.0002	0.7	0.0002	0.005	0.005
Tributyltin						0.5	0.07	0.5	0.07		
1,2,4-Trichlorobenzene	120821	70	70	9,333	9,333	750	130	1,700	300		
1,1,1-Trichloroethane	71556	200	428,571	1,866,667	1,866,667	2,600	1,600	2,600	1,600	1,000	
1,1,2-Trichloroethane	79005	5	16	25	3,733	18,000	12,000	18,000	12,000		
Trichloroethylene	79016	5	29	280,000	280	20,000	1,300	20,000	1,300		
2,4,6-Trichlorophenol	88062	3.2	2	130	130	160	25	160	25		
2,4,5-Trichlorophenoxy propionic acid (2,4,5-TP)	93721	50		7,467	7,467						
Trihalomethanes (T)		80									
Tritium	10028178	20,000 pCi/L									
Uranium	7440611	30 D		2,800	2,800						
Vinyl chloride	75014	2	5	2	2,800						
Xylenes (T)	1330207	10,000		186,667	186,667						
Zinc	7440666	2,100 T	5,106 T	280,000 T	280,000 T	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	See (d) & Table 9	10,000 T	25,000 T

## Historical Note

Table 1 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**Table 2. Acute Water Quality Standards for Dissolved Cadmium**

Aquatic and Wildlife Coldwater AZ		Aquatic and Wildlife Warm Water AZ	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	0.40	20	2.1
100	1.8	100	9.4
400	6.5	400	34
e(0.9789*LN(Hardness)-3.866)*(1.136672-LN(Hardness))*0.041838)		e(0.9789*LN(Hardness)-2.208)*(1.136672-LN(Hardness))*0.041838)	

## Historical Note

Table 2 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

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**Table 3. Chronic Water Quality Standards for Dissolved Cadmium**

Aquatic and Wildlife Coldwater AZ and Warmwater AZ	
Hard. mg/L	Std. µg/L
20	0.21
100	0.72
400	2.0
$e(0.7977 \cdot \text{LN}(\text{Hardness}) - 3.909) \cdot (1.101672 - \text{LN}(\text{Hardness})) \cdot 0.041838$	

**Historical Note**

Table 3 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**Table 4. Water Quality Standards for Dissolved Chromium III**

Acute Aquatic and Wildlife Coldwater AZ and Warmwater AZ		Chronic Aquatic and Wildlife Coldwater AZ and Warmwater AZ	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	152	20	19.8
100	570	100	74.1
400	1,773	400	231
$e(0.819 \cdot \text{LN}(\text{Hardness}) + 3.7256) \cdot (0.316)$		$e(0.819 \cdot \text{LN}(\text{Hardness}) + 0.6848) \cdot (0.86)$	

**Historical Note**

Table 4 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**Table 5. Water Quality Standards for Dissolved Copper**

Acute Aquatic and Wildlife Coldwater AZ and Warmwater AZ		Chronic Aquatic and Wildlife Coldwater AZ and Warmwater AZ	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	2.9	20	2.3
100	13	100	9.0
400	50	400	29
$e(0.9422 \cdot \text{LN}(\text{Hardness}) - 1.702) \cdot (0.96)$		$e(0.8545 \cdot \text{LN}(\text{Hardness}) - 1.702) \cdot (0.96)$	

**Historical Note**

Table 5 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**Table 6. Water Quality Standards for Dissolved Lead**

Acute Aquatic and Wildlife Coldwater AZ and Warmwater AZ		Chronic Aquatic and Wildlife Coldwater AZ and Warmwater AZ	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	10.8	20	0.42
100	64.6	100	2.5
400	281	400	10.9
$e(1.273 \cdot \text{LN}(\text{Hardness}) - 1.46) \cdot (1.46203 - (\text{LN}(\text{Hardness})) \cdot (0.145712))$		$e(1.273 \cdot \text{LN}(\text{Hardness}) - 4.705) \cdot (1.46203 - (\text{LN}(\text{Hardness})) \cdot (0.145712))$	

**Historical Note**

Table 6 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**Table 7. Water Quality Standards for Dissolved Nickel**

Acute Aquatic and Wildlife Coldwater AZ and Warmwater AZ		Chronic Aquatic and Wildlife Coldwater AZ and Warmwater AZ	
Hard. mg/L	Std. µg/L	Hard. mg/L	Std. µg/L
20	120.0	20	13.3
100	468	100	52.0
400	1513	400	168
$e(0.846 \cdot \text{LN}(\text{Hardness}) + 2.255) \cdot (0.998)$		$e(0.846 \cdot \text{LN}(\text{Hardness}) + 0.0584) \cdot (0.997)$	

**Historical Note**

Table 7 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**Table 8. Water Quality Standards for Dissolved Silver**

Acute Aquatic and Wildlife Coldwater AZ and Warmwater AZ	
Hard. mg/L	Std. µg/L
20	0.20
100	3.2
400	34.9

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$$e(1.72*LN(Hardness)-6.59)*(0.85)$$

**Historical Note**

Table 8 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**Table 9. Water Quality Standards for Dissolved Zinc**

Hard. mg/L	Std. µg/L
20	30.0
100	117
400	379
$e(0.8473*LN(Hardness)+0.884)*(0.978)$	

**Historical Note**

Table 9 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**Table 10. Water Quality Standards for Pentachlorophenol**

Acute Aquatic and Wildlife Coldwater AZ and Warmwater AZ		Chronic Aquatic and Wildlife Coldwater AZ and Warmwater AZ	
pH	µg/L	pH	µg/L
3	0.16	3	0.1
6	3.3	6	2.1
9	67.7	9	42.7
$e(1.005*(pH)-4.83)$		$e(1.005*(pH)-5.29)$	

**Historical Note**

Table 10 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**Table 11. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Coldwater AZ, Unionid Mussels Present**  
For the Aquatic and Wildlife Coldwater AZ uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

pH	Temperature (°C)																
	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	33	33	32	29	27	25	23	21	19	18	16	15	14	13	12	11	9.9
6.6	31	31	30	28	26	24	22	20	18	17	16	14	13	12	11	10	9.5
6.7	30	30	29	27	24	22	21	19	18	16	15	14	13	12	11	9.8	9
6.8	28	28	27	25	23	21	20	18	17	15	14	13	12	11	10	9.2	8.5
6.9	26	26	25	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	7.9
7	24	24	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	8	7.3
7.1	22	22	21	20	18	17	15	14	13	12	11	10	9.3	8.5	7.9	7.2	6.7
7.2	20	20	19	18	16	15	14	13	12	11	9.8	9.1	8.3	7.7	7.1	6.5	6
7.3	18	18	17	16	14	13	12	11	10	9.5	8.7	8	7.4	6.8	6.3	5.8	5.3
7.4	15	15	15	14	13	12	11	9.8	9	8.3	7.7	7	6.5	6	5.5	5.1	4.7
7.5	13	13	13	12	11	10	9.2	8.5	7.8	7.2	6.6	6.1	5.6	5.2	4.8	4.4	4
7.6	11	11	11	10	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5
7.7	9.6	9.6	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5	3.2	3
7.8	8.1	8.1	7.9	7.2	6.7	6.1	5.6	5.2	4.8	4.4	4	3.7	3.4	3.2	2.9	2.7	2.5
7.9	6.8	6.8	6.6	6	5.6	5.1	4.7	4.3	4	3.7	3.4	3.1	2.9	2.6	2.4	2.2	2.1
8	5.6	5.6	5.4	5	4.6	4.2	3.9	3.6	3.3	3	2.8	2.6	2.4	2.2	2	1.9	1.7
8.1	4.6	4.6	4.5	4.1	3.8	3.5	3.2	3	2.7	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4
8.2	3.8	3.8	3.7	3.5	3.1	2.9	2.7	2.4	2.3	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2
8.3	3.1	3.1	3.1	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.4	1.3	1.2	1.1	1	0.96
8.4	2.6	2.6	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79
8.5	2.1	2.1	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2	1.1	0.98	0.9	0.83	0.77	0.71	0.65
8.6	1.8	1.8	1.7	1.6	1.5	1.3	1.2	1.1	1	0.96	0.88	0.81	0.75	0.69	0.63	0.59	0.54
8.7	1.5	1.5	1.4	1.3	1.2	1.1	1	0.94	0.87	0.8	0.74	0.68	0.62	0.57	0.53	0.49	0.45
8.8	1.2	1.2	1.2	1.1	1	0.93	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37
8.9	1	1	1	0.93	0.85	0.79	0.72	0.67	0.61	0.56	0.52	0.48	0.44	0.4	0.37	0.34	0.32
9	0.88	0.88	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37	0.34	0.32	0.29	0.27

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$$\text{MIN}\left(\left(\frac{0.275}{1 + 10^{7.204 - \text{pH}}} + \frac{39.0}{1 + 10^{\text{pH} - 7.204}}\right), \left(0.7249 \times \left(\frac{0.0114}{1 + 10^{7.204 - \text{pH}}} + \frac{1.6181}{1 + 10^{\text{pH} - 7.204}}\right) \times (23.12 \times 10^{0.026 \times (20 - T)})\right)\right)$$

**Historical Note**

Table 11 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).



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**Table 12. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Warmwater AZ, Unionid Mussels Present**

For the Aquatic and Wildlife Warmwater AZ uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

pH	Temperature (°C)																				
	0-10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	51	48	44	41	37	34	32	29	27	25	23	21	19	18	16	15	14	13	12	11	9.9
6.6	49	46	42	39	36	33	30	28	26	24	22	20	18	17	16	14	13	12	11	10	9.5
6.7	46	44	40	37	34	31	29	27	24	22	21	19	18	16	15	14	13	12	11	9.8	9
6.8	44	41	38	35	32	30	27	25	23	21	20	18	17	15	14	13	12	11	10	9.2	8.5
6.9	41	38	35	32	30	28	25	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	7.9
7	38	35	33	30	28	25	23	21	20	18	17	15	14	13	12	11	10	9.4	8.6	7.9	7.3
7.1	34	32	30	27	25	23	21	20	18	17	15	14	13	12	11	10	9.3	8.5	7.9	7.2	6.7
7.2	31	29	27	25	23	21	19	18	16	15	14	13	12	11	9.8	9.1	8.3	7.7	7.1	6.5	6
7.3	27	26	24	22	20	18	17	16	14	13	12	11	10	9.5	8.7	8	7.4	6.8	6.3	5.8	5.3
7.4	24	22	21	19	18	16	15	14	13	12	11	9.8	9	8.3	7.7	7	6.5	6	5.5	5.1	4.7
7.5	21	19	18	17	15	14	13	12	11	10	9.2	8.5	7.8	7.2	6.6	6.1	5.6	5.2	4.8	4.4	4
7.6	18	17	15	14	13	12	11	10	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5
7.7	15	14	13	12	11	10	9.3	8.6	7.9	7.3	6.7	6.2	5.7	5.2	4.8	4.4	4.1	3.8	3.5	3.2	2.9
7.8	13	12	11	10	9.3	8.5	7.9	7.2	6.7	6.1	5.6	5.2	4.8	4.4	4	3.7	3.4	3.2	2.9	2.7	2.5
7.9	11	9.9	9.1	8.4	7.7	7.1	6.6	6	5.6	5.1	4.7	4.3	4	3.7	3.4	3.1	2.9	2.6	2.4	2.2	2.1
8	8.8	8.2	7.6	7	6.4	5.9	5.4	5	4.6	4.2	3.9	3.6	3.3	3	2.8	2.6	2.4	2.2	2	1.9	1.7
8.1	7.2	6.8	6.3	5.8	5.3	4.9	4.5	4.1	3.8	3.5	3.2	3	2.7	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4
8.2	6	5.6	5.2	4.8	4.4	4	3.7	3.4	3.1	2.9	2.7	2.4	2.3	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2
8.3	4.9	4.6	4.3	3.9	3.6	3.3	3.1	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.4	1.3	1.2	1.1	1	0.96
8.4	4.1	3.8	3.5	3.2	3	2.7	2.5	2.3	2.1	2	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79
8.5	3.3	3.1	2.9	2.7	2.4	2.3	2.1	1.9	1.8	1.6	1.5	1.4	1.3	1.2	1.1	0.98	0.9	0.83	0.77	0.71	0.65
8.6	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.5	1.3	1.2	1.1	1	0.96	0.88	0.81	0.75	0.69	0.63	0.58	0.54
8.7	2.3	2.2	2	1.8	1.7	1.6	1.4	1.3	1.2	1.1	1	0.94	0.87	0.8	0.74	0.68	0.62	0.57	0.53	0.49	0.45
8.8	1.9	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37
8.9	1.6	1.5	1.4	1.3	1.2	1.1	1	0.93	0.85	0.79	0.72	0.67	0.61	0.56	0.52	0.48	0.44	0.4	0.37	0.34	0.32
9	1.4	1.3	1.2	1.1	1	0.93	0.86	0.79	0.73	0.67	0.62	0.57	0.52	0.48	0.44	0.41	0.37	0.34	0.32	0.29	0.27
<div><div>0.7249 × (</div><div><div>0.0114</div><div>1 + 10<sup>7.204 - pH</sup></div></div><div>+</div><div><div>1.6181</div><div>1 + 10<sup>pH - 7.204</sup></div></div><div>) × MIN(51.93, 23.12 × 10<sup>0.036 × (20 - T)</sup>)</div></div>																					

**Historical Note**

Table 12 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

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**Table 13. Chronic Criteria for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Coldwater AZ and Warmwater AZ, Unionid Mussels Present**

For the Aquatic and Wildlife Coldwater and Warmwater AZ uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

pH	Temperature (°C)																													
	0-7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
6.5	4.9	4.6	4.3	4.1	3.8	3.6	3.3	3.1	2.9	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.6	1.5	1.5	1.4	1.3	1.2	1.1						
6.6	4.8	4.5	4.3	4	3.8	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1						
6.7	4.8	4.5	4.2	3.9	3.7	3.5	3.2	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1						
6.8	4.6	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1						
6.9	4.5	4.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1						
7	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	0.99						
7.1	4.2	3.9	3.7	3.5	3.2	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95						
7.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.96	0.9						
7.3	3.8	3.5	3.3	3.1	2.9	2.7	2.6	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.97	0.91	0.85						
7.4	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.96	0.9	0.85	0.79						
7.5	3.2	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.83	0.78	0.73						
7.6	2.9	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.6	1.5	1.4	1.4	1.3	1.2	1.1	1.1	0.98	0.92	0.86	0.81	0.76	0.71	0.67						
7.7	2.6	2.4	2.3	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.94	0.88	0.83	0.78	0.73	0.68	0.64	0.6						
7.8	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.84	0.79	0.74	0.69	0.65	0.61	0.57	0.53						
7.9	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.84	0.79	0.74	0.69	0.65	0.61	0.57	0.53	0.5	0.47						
8	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.94	0.88	0.83	0.78	0.73	0.68	0.64	0.6	0.56	0.53	0.5	0.44	0.44	0.41						
8.1	1.5	1.5	1.4	1.3	1.2	1.1	1.1	0.99	0.92	0.87	0.81	0.76	0.71	0.67	0.63	0.59	0.55	0.52	0.49	0.46	0.43	0.4	0.38	0.35						
8.2	1.3	1.2	1.2	1.1	1	0.96	0.9	0.84	0.79	0.74	0.7	0.65	0.61	0.57	0.54	0.5	0.47	0.44	0.42	0.39	0.37	0.34	0.32	0.3						
8.3	1.1	1.1	0.99	0.93	0.87	0.82	0.76	0.72	0.67	0.63	0.59	0.55	0.52	0.49	0.46	0.43	0.4	0.38	0.35	0.33	0.31	0.29	0.27	0.26						
8.4	0.95	0.89	0.84	0.79	0.74	0.69	0.65	0.61	0.57	0.53	0.5	0.47	0.44	0.41	0.39	0.36	0.34	0.32	0.3	0.28	0.26	0.25	0.23	0.22						
8.5	0.8	0.75	0.71	0.67	0.62	0.58	0.55	0.51	0.48	0.45	0.42	0.4	0.37	0.35	0.33	0.31	0.29	0.27	0.25	0.24	0.22	0.21	0.2	0.18						
8.6	0.68	0.64	0.6	0.56	0.53	0.49	0.46	0.43	0.41	0.38	0.36	0.33	0.31	0.29	0.28	0.26	0.24	0.23	0.21	0.2	0.19	0.18	0.16	0.15						
8.7	0.57	0.54	0.51	0.47	0.44	0.42	0.39	0.37	0.34	0.32	0.3	0.28	0.27	0.25	0.23	0.22	0.21	0.19	0.18	0.17	0.16	0.15	0.14	0.13						
8.8	0.49	0.46	0.43	0.4	0.38	0.35	0.33	0.31	0.29	0.27	0.26	0.24	0.23	0.21	0.2	0.19	0.17	0.16	0.15	0.14	0.13	0.13	0.12	0.11						
8.9	0.42	0.39	0.37	0.34	0.32	0.3	0.28	0.27	0.25	0.23	0.22	0.21	0.19	0.18	0.17	0.16	0.15	0.14	0.13	0.12	0.12	0.11	0.1	0.09						
9	0.36	0.34	0.32	0.3	0.28	0.26	0.24	0.23	0.21	0.2	0.19	0.18	0.17	0.16	0.15	0.14	0.13	0.12	0.11	0.11	0.1	0.09	0.09	0.08						
<div>0.8876 × (0.0278 / (1 + 10<sup>7.688 - pH</sup>) + 1.1994 / (1 + 10<sup>pH - 7.688</sup>)) × (2.126 × 10<sup>0.028 × (20 - MAX(T,7))</sup>)</div>																														

**Historical Note**

Table 13 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

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**Table 14. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Coldwater AZ, Unionid Mussels Absent**

For the Aquatic and Wildlife Coldwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

pH	Temperature (°C)																
	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	33	33	33	33	33	33	33	33	33	33	33	33	33	33	31	29	27
6.6	31	31	31	31	31	31	31	31	31	31	31	31	31	31	30	28	26
6.7	30	30	30	30	30	30	30	30	30	30	30	30	30	30	29	26	24
6.8	28	28	28	28	28	28	28	28	28	28	28	28	28	28	27	25	23
6.9	26	26	26	26	26	26	26	26	26	26	26	26	26	26	25	23	21
7	24	24	24	24	24	24	24	24	24	24	24	24	24	24	23	21	20
7.1	22	22	22	22	22	22	22	22	22	22	22	22	22	22	21	19	18
7.2	20	20	20	20	20	20	20	20	20	20	20	20	20	20	19	17	16
7.3	18	18	18	18	18	18	18	18	18	18	18	18	18	18	17	16	14
7.4	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	14	13
7.5	13	13	13	13	13	13	13	13	13	13	13	13	13	13	13	12	11
7.6	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	10	9.3
7.7	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.3	8.6	7.9
7.8	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	8.1	7.8	7.2	6.6
7.9	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.5	6	5.5
8	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.4	5	4.6
8.1	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.5	4.1	3.8
8.2	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.8	3.7	3.4	3.1
8.3	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3.2	3	2.8	2.6
8.4	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.5	2.3	2.1
8.5	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	1.9	1.8
8.6	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.7	1.6	1.4
8.7	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.4	1.3	1.2
8.8	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.1	1
8.9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0.92	0.85
9	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.88	0.85	0.78	0.72
$MIN\left(\left(\frac{0.275}{1 + 10^{7.204 - pH}} + \frac{39.0}{1 + 10^{pH - 7.204}}\right), \left(0.7249 \times \left(\frac{0.0114}{1 + 10^{7.204 - pH}} + \frac{1.6181}{1 + 10^{pH - 7.204}}\right) \times (62.15 \times 10^{0.036 \times (20 - T)})\right)\right)$																	

**Historical Note**

Table 14 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

**Table 15. Acute Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Warmwater AZ Uses, Unionid Mussels Absent**

For the Aquatic and Wildlife Warmwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment. For the aquatic and wildlife effluent dependent uses, unionids will be assumed to be absent.

pH	Temperature (°C)																
	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	51	51	51	51	51	51	51	51	51	48	44	40	37	34	31	29	27
6.6	49	49	49	49	49	49	49	49	49	46	42	39	36	33	30	28	26
6.7	46	46	46	46	46	46	46	46	46	43	40	37	34	31	29	26	24
6.8	44	44	44	44	44	44	44	44	44	41	38	35	32	29	27	25	23
6.9	41	41	41	41	41	41	41	41	41	38	35	32	30	27	25	23	21
7	38	38	38	38	38	38	38	38	38	35	32	30	27	25	23	21	20
7.1	34	34	34	34	34	34	34	34	34	32	29	27	25	23	21	19	18
7.2	31	31	31	31	31	31	31	31	31	29	26	24	22	21	19	17	16
7.3	27	27	27	27	27	27	27	27	27	26	23	22	20	18	17	16	14
7.4	24	24	24	24	24	24	24	24	24	22	21	19	17	16	15	14	13
7.5	21	21	21	21	21	21	21	21	21	19	18	16	15	14	13	12	11
7.6	18	18	18	18	18	18	18	18	18	17	15	14	13	12	11	10	9.3
7.7	15	15	15	15	15	15	15	15	15	14	13	12	11	10	9.3	8.6	7.9
7.8	13	13	13	13	13	13	13	13	13	12	11	10	9.2	8.5	7.8	7.2	6.6
7.9	11	11	11	11	11	11	11	11	11	9.9	9.1	8.4	7.7	7.1	6.5	6	5.5
8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.8	8.2	7.5	6.9	6.4	5.9	5.4	5	4.6
8.1	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	6.8	6.2	5.7	5.3	4.9	4.5	4.1	3.8
8.2	6	6	6	6	6	6	6	6	6	5.6	5.1	4.7	4.4	4	3.7	3.4	3.1
8.3	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.6	4.2	3.9	3.6	3.3	3	2.8	2.6
8.4	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	4.1	3.8	3.4	3.2	3	2.7	2.5	2.3	2.1
8.5	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.1	2.9	2.6	2.4	2.2	2.1	1.9	1.8
8.6	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.6	2.4	2.2	2	1.9	1.7	1.6	1.4
8.7	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.2	2	1.8	1.7	1.5	1.4	1.3	1.2
8.8	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.8	1.7	1.5	1.4	1.3	1.2	1.1	1
8.9	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.5	1.4	1.3	1.2	1.1	1	0.92	0.85
9	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.2	1.1	1	0.93	0.85	0.78	0.72
$0.7249 \times \left( \frac{0.0114}{1 + 10^{7.204 - pH}} + \frac{1.6181}{1 + 10^{pH - 7.204}} \right) \times MIN \left( 51.93, (62.15 \times 10^{0.036 \times (20 - T)}) \right)$																	

**Historical Note**

Table 15 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

TITLE 18. ENVIRONMENTAL QUALITY

CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

**Table 16. Chronic Standards for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Warmwater AZ, Unionid Mussels Absent**

For the Aquatic and Wildlife Warmwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment. For the aquatic and wildlife effluent dependent uses, unionids will be assumed to be absent.

pH	Temperature (°C)																													
	0-7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
6.5	19	17	16	15	14	13	13	12	11	10	9.7	9.1	8.5	8	7.5	7	6.6	6.2	5.8	5.4	5.1	4.8	4.5	4.2						
6.6	18	17	16	15	14	13	12	12	11	10	9.6	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.4	5	4.7	4.4	4.1						
6.7	18	17	16	15	14	13	12	11	11	10	9.4	8.8	8.3	7.7	7.3	6.8	6.4	6	5.6	5.3	4.9	4.6	4.3	4.1						
6.8	17	16	15	14	14	13	12	11	10	9.8	9.2	8.6	8.1	7.6	7.1	6.7	6.2	5.8	5.5	5.1	4.8	4.5	4.2	4						
6.9	17	16	15	14	13	12	12	11	10	9.5	8.9	8.4	7.8	7.4	6.9	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9						
7	16	15	14	14	13	12	11	10	9.8	9.2	8.6	8.1	7.6	7.1	6.7	6.2	5.9	5.5	5.1	4.8	4.5	4.2	4	3.7						
7.1	16	15	14	13	12	11	11	10	9.4	8.8	8.3	7.7	7.3	6.8	6.4	6	5.6	5.3	4.9	4.6	4.3	4.1	3.8	3.6						
7.2	15	14	13	12	12	11	10	9.5	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9	3.6	3.4						
7.3	14	13	12	12	11	10	9.6	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.4	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2						
7.4	13	12	12	11	10	9.5	9	8.4	7.9	7.4	6.9	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2	3						
7.5	12	11	11	10	9.4	8.8	8.2	7.7	7.2	6.8	6.4	6	5.6	5.2	4.9	4.6	4.3	4.1	3.8	3.6	3.3	3.1	2.9	2.8						
7.6	11	10	10	9.1	8.5	8	7.5	7	6.6	6.2	5.8	5.4	5.1	4.8	4.5	4.2	3.9	3.7	3.5	3.2	3	2.9	2.7	2.5						
7.7	9.9	9.3	8.7	8.1	7.7	7.2	6.8	6.3	5.9	5.6	5.2	4.9	4.6	4.3	4	3.8	3.5	3.3	3.1	2.9	2.7	2.6	2.4	2.3						
7.8	8.8	8.3	7.8	7.3	6.8	6.4	6	5.6	5.3	5	4.6	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2						
7.9	7.8	7.3	6.8	6.4	6	5.6	5.3	5	4.6	4.4	4.1	3.8	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8						
8	6.8	6.3	6	5.6	5.2	4.9	4.6	4.3	4	3.8	3.6	3.3	3.1	2.9	2.7	2.6	2.4	2.3	2.1	2	1.9	1.7	1.6	1.5						
8.1	5.8	5.5	5.1	4.8	4.5	4.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3						
8.2	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2	3	2.8	2.6	2.5	2.3	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1						
8.3	4.2	4	3.7	3.5	3.3	3.1	2.9	2.7	2.5	2.4	2.2	2.1	2	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.96						
8.4	3.6	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	0.99	0.92	0.87	0.81						
8.5	3	2.8	2.7	2.5	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.95	0.89	0.83	0.78	0.73	0.69						
8.6	2.6	2.4	2.2	2.1	2	1.9	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.97	0.91	0.85	0.8	0.75	0.7	0.66	0.62	0.58						
8.7	2.2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.93	0.88	0.82	0.77	0.72	0.68	0.63	0.6	0.56	0.52	0.49						
8.8	1.8	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.1	1	0.96	0.9	0.85	0.79	0.74	0.7	0.65	0.61	0.58	0.54	0.51	0.47	0.44	0.42						
8.9	1.6	1.5	1.4	1.3	1.2	1.1	1.1	1	0.94	0.88	0.82	0.77	0.72	0.68	0.64	0.6	0.56	0.52	0.49	0.46	0.43	0.4	0.38	0.36						
9	1.4	1.3	1.2	1.1	1	0.98	0.92	0.86	0.81	0.76	0.71	0.66	0.62	0.58	0.55	0.51	0.48	0.45	0.42	0.4	0.37	0.35	0.33	0.31						
$0.9405 \times \left( \frac{0.0278}{1 + 10^{7.688 - pH}} + \frac{1.1994}{1 + 10^{pH - 7.688}} \right) \times (7.547 \times 10^{0.028 \times (20 - \text{MAX}(7,7))})$																														

**Historical Note**

Table 16 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

**Table 17. Chronic Criteria for Total Ammonia (in mg/L, as N) for Aquatic and Wildlife Coldwater AZ, Unionid Mussels Absent**

For the Aquatic and Wildlife Coldwater uses, unionids will be assumed to be present unless a study is performed demonstrating that they are absent and there is no historic evidence of their presence, or hydrologic modification has altered the flow regime in a way that would prevent their reestablishment.

pH	Temperature (°C)																
	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
6.5	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7.3	7	6.6	6.2	5.8	5.4	5.1	4.8	4.5	4.2
6.6	7.2	7.2	7.2	7.2	7.2	7.2	7.2	7.2	6.9	6.5	6.1	5.7	5.4	5	4.7	4.4	4.1
6.7	7.1	7.1	7.1	7.1	7.1	7.1	7.1	7.1	6.8	6.4	6	5.6	5.3	4.9	4.6	4.3	4.1
6.8	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.6	6.2	5.8	5.5	5.1	4.8	4.5	4.2	4
6.9	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.5	6.1	5.7	5.3	5	4.7	4.4	4.1	3.9
7	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.5	6.2	5.8	5.5	5.1	4.8	4.5	4.2	4	3.7
7.1	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6.2	6	5.6	5.3	4.9	4.6	4.3	4.1	3.8	3.6
7.2	5.9	5.9	5.9	5.9	5.9	5.9	5.9	5.9	5.7	5.3	5	4.7	4.4	4.1	3.9	3.6	3.4
7.3	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.6	5.4	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2
7.4	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5	4.7	4.4	4.1	3.9	3.6	3.4	3.2	3
7.5	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.6	4.3	4.1	3.8	3.6	3.3	3.1	2.9	2.8
7.6	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.2	3.9	3.7	3.5	3.2	3	2.9	2.7	2.5
7.7	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.9	3.8	3.5	3.3	3.1	2.9	2.7	2.6	2.4	2.3
7.8	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.4	3.2	3	2.8	2.6	2.4	2.3	2.1	2
7.9	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3	2.8	2.6	2.4	2.3	2.1	2	1.9	1.8
8	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.7	2.6	2.4	2.3	2.1	2	1.9	1.7	1.6	1.5
8.1	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.3	2.2	2.1	1.9	1.8	1.7	1.6	1.5	1.4	1.3
8.2	2	2	2	2	2	2	2	2	1.9	1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1
8.3	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.7	1.6	1.5	1.4	1.3	1.2	1.2	1.1	1	0.96
8.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.2	1.1	1.1	0.99	0.93	0.87	0.81
8.5	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.1	1	0.95	0.89	0.83	0.78	0.73	0.69
8.6	1	1	1	1	1	1	1	1	0.97	0.91	0.85	0.8	0.75	0.7	0.66	0.62	0.58
8.7	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.82	0.77	0.72	0.68	0.64	0.6	0.56	0.52	0.49
8.8	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.7	0.65	0.61	0.58	0.54	0.51	0.47	0.44	0.42
8.9	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.62	0.6	0.56	0.52	0.49	0.46	0.43	0.41	0.38	0.36
9	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.54	0.51	0.48	0.45	0.42	0.4	0.37	0.35	0.33	0.31
$0.9405 \times \left( \frac{0.0278}{1 + 10^{7.688 - \text{pH}}} + \frac{1.1994}{1 + 10^{\text{pH} - 7.688}} \right) \times \text{MIN} \left( 6.920, (7.547 \times 10^{0.028 \times (20 - T)}) \right)$																	

**Historical Note**

Table 17 made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-216. The Protected Surface Waters List**

Tables A through C prescribe the protected surface waters list.

**Historical Note**

Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

**Table A. Non-WOTUS Protected Surface Waters and Designated Uses**

Watershed	Surface Waters	Segment Description and Location (Latitude and Longitudes are in NAD 83)	Aquatic and Wildlife		Human Health			Agricultural	
			A&Wc AZ	A&Ww AZ	FBC AZ	PBC AZ	DWS AZ	FC AZ	AgL AZ
CG	Cottonwood Creek	Headwaters to confluence with unnamed tributary at 35°20'46"/113°35'31"	A&Wc AZ		FBC AZ			FC AZ	AgL AZ
CG	Cottonwood Creek	Below confluence with unnamed tributary to confluence with Truxton Wash		A&Ww AZ	FBC AZ			FC AZ	AgL AZ
CG	Wright Canyon Creek	Headwaters to confluence with unnamed tributary at 35°20'48"/113°30'40"	A&Wc AZ		FBC AZ			FC AZ	AgL AZ
CG	Wright Canyon Creek	Below confluence with unnamed tributary to confluence with Truxton Wash		A&Ww AZ	FBC AZ			FC AZ	AgL AZ
LC	Boot Lake	34°58'54"/111°20'11"	A&Wc AZ		FBC AZ			FC AZ	AgL AZ
LC	Little Ortega Lake	34°22'47"/109°40'06"	A&Wc AZ		FBC AZ			FC AZ	
LC	Mormon Lake	34°56'38"/111°27'25"	A&Wc AZ		FBC AZ		DWS AZ	FC AZ	AgL AZ
LC	Potato Lake	35°03'15"/111°24'13"	A&Wc AZ		FBC AZ			FC AZ	AgL AZ
LC	Pratt Lake	34°01'32"/109°04'18"	A&Wc AZ		FBC AZ			FC AZ	
LC	Sponseller Lake	34°14'09"/109°50'45"	A&Wc AZ		FBC AZ			FC AZ	AgL AZ
LC	Vail Lake	35°05'23"/111°30'46"	A&Wc AZ		FBC AZ			FC AZ	AgL AZ
LC	Water Canyon Reservoir	34°03'38"/109°26'20"		A&Ww AZ	FBC AZ			FC AZ	AgL AZ
MG	Bonsall Park Lake	59th Avenue & Bethany Home Road at 33°31'24"/112°11'08"		A&Ww AZ		PBC AZ		FC AZ	
MG	Canal Park Lake	College Avenue & Curry Road, Tempe at 33°26'54"/111°56'19"		A&Ww AZ		PBC AZ		FC AZ	
SP	Big Creek	Headwaters to confluence with Pitchfork Canyon Wash	A&Wc AZ		FBC AZ			FC AZ	AgL AZ
SP	Goudy Canyon Wash	Headwaters to confluence with Grant Creek	A&Wc AZ		FBC AZ			FC AZ	
SP	Grant Creek	Headwaters to confluence with unnamed tributary at 32°38'10"/109°56'37"		A&Ww AZ	FBC AZ		DWS AZ	FC AZ	
SP	Grant Creek	Below confluence with unnamed tributary to terminus near Willcox Playa		A&Ww AZ	FBC AZ			FC AZ	
SP	High Creek	Headwaters to confluence with unnamed tributary at 32°33'08"/110°14'42"	A&Wc AZ		FBC AZ			FC AZ	AgL AZ
SP	High Creek	Below confluence with unnamed tributary to terminus near Willcox Playa	A&Wc AZ		FBC AZ			FC AZ	AgL AZ
SP	Pinery Creek	Headwaters to State Highway 181	A&Wc AZ		FBC AZ		DWS AZ	FC AZ	AgL AZ
SP	Pinery Creek	Below State Highway 181 to terminus near Willcox Playa		A&Ww AZ	FBC AZ		DWS AZ	FC AZ	AgL AZ
SP	Post Creek	Headwaters to confluence with Grant Creek	A&Wc AZ		FBC AZ			FC AZ	AgL AZ
SP	Riggs Flat Lake	32°42'28"/109°57'53"	A&Wc AZ		FBC AZ			FC AZ	AgL AZ
SP	Rock Creek	Headwaters to confluence with Turkey Creek			FBC AZ			FC AZ	AgL AZ
SP	Soldier Creek	Headwaters to confluence with Post Creek at 32°40'50"/109°54'41"	A&Wc AZ		FBC AZ			FC AZ	AgL AZ
SP	Snow Flat Lake	32°39'10"/109°51'54"	A&Wc AZ		FBC AZ			FC AZ	AgL AZ
SP	Stronghold Canyon East	Headwaters to 31°55'9.28"/109°57'53.24"	A&Wc AZ			PBC AZ			
SP	Stronghold Canyon East	31°55'9.28"/109°57'53.24" to confluence with Carlink Canyon		A&Ww AZ		PBC AZ			
SP	Turkey Creek	Headwaters to confluence with Rock Creek	A&Wc AZ		FBC AZ			FC AZ	AgL AZ
SP	Turkey Creek	Below confluence with Rock Creek to terminus near Willcox Playa		A&Ww AZ	FBC AZ			FC AZ	AgL AZ
UG	Ward Canyon	Headwaters to confluence with Turkey Creek	A&Wc AZ		FBC AZ			FC AZ	AgL AZ
VR	Moonshine Creek	Headwaters to confluence with Post Creek	A&Wc AZ		FBC AZ			FC AZ	AgL AZ

**Historical Note**

Table A made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

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**Table B. WOTUS Protected Surface Waters**

The waters listed in this table have been tentatively identified by ADEQ as WOTUS, under the law governing on 8/26/2022. Notwithstanding its inclusion on the list below, the status of a particular water in this table can be contested by a person in an enforcement or permit proceeding, a challenge to an identification as an impaired water, or a challenge to a proposed TMDL for an impaired water. Any changes to Table B will be made through formal rulemaking.

The waters on this list have their designated uses assigned by Title 18, Chapter 11, Article 1. Coordinates are from the North American Datum of 1983 (NAD83). All latitudes in Arizona are north and all longitudes are west, but the negative signs are not included in the WOTUS Protected Surface Waters Table. Some web-based mapping systems require a negative sign before the longitude values to indicate it is a west longitude.

**Watersheds:**

BW = Bill Williams  
 CG = Colorado – Grand Canyon  
 CL = Colorado – Lower Gila  
 LC = Little Colorado  
 MG = Middle Gila  
 SC = Santa Cruz – Rio Magdalena – Rio Sonoyta  
 SP = San Pedro – Willcox Playa – Rio Yaqui  
 SR = Salt River  
 UG = Upper Gila  
 VR = Verde River

**Other Abbreviations:**

WWTP = Wastewater Treatment Plant  
 Km = kilometers

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
BW	Big Sandy River	Headwaters to Alamo Lake
BW	Boulder Creek	Below confluence with unnamed tributary to confluence with Burro Creek
BW	Burro Creek	Below confluence with Boulder Creek to confluence with Big Sandy River
BW	Burro Creek (OAW)	Headwaters to confluence with Boulder Creek
BW	Francis Creek (OAW)	Headwaters to confluence with Burro Creek
BW	Kirkland Creek	Headwaters to confluence with Santa Maria River
BW	Trout Creek	Below confluence with unnamed tributary to confluence with Knight Creek
CG	Beaver Dam Wash	Headwaters to confluence with the Virgin River
CG	Bright Angel Creek	Headwaters to confluence with Roaring Springs Creek
CG	Bright Angel Creek	Below Roaring Spring Springs Creek to confluence with Colorado River
CG	Colorado River	Lake Powell to Lake Mead
CG	Crystal Creek	Below confluence with unnamed tributary to confluence with Colorado River
CG	Deer Creek	Below confluence with unnamed tributary to confluence with Colorado River
CG	Garden Creek	Headwaters to confluence with Pipe Creek
CG	Havasupai Creek	From the Havasupai Indian Reservation boundary to confluence with the Colorado River
CG	Hermit Creek	Below Hermit Pack Trail crossing to confluence with the Colorado River
CG	Kanab Creek	Headwaters to confluence with the Colorado River
CG	Lake Mead	36°06'18"/114°26'33"
CG	Lake Powell	36°59'53"/111°08'17"
CG	Nankoweap Creek	Below confluence with unnamed tributary to confluence with Colorado River
CG	Paria River	Utah border to confluence with the Colorado River
CG	Phantom Creek	Below confluence with unnamed tributary to confluence with Bright Angel Creek
CG	Pipe Creek	Headwaters to confluence with the Colorado River
CG	Shinumo Creek	Below confluence with unnamed tributary to confluence with the Colorado River
CG	Short Creek	Headwaters to confluence with Fort Pearce Wash
CG	Tapeats Creek	Headwaters to confluence with the Colorado River
CG	Thunder River	Headwaters to confluence with Tapeats Creek
CG	Vasey's Paradise	A spring at 36°29'52"/111°51'26"
CG	Virgin River	Headwaters to confluence with the Colorado River
CG	White Creek	Headwaters to confluence with unnamed tributary at 36°18'45"/112°21'03"
CG	White Creek	Below confluence with unnamed tributary to confluence with the Colorado River
CL	A10 Backwater	33°31'45"/114°33'19"
CL	A7 Backwater	33°34'27"/114°32'04"
CL	Adobe Lake	33°02'36"/114°39'26"
CL	Cibola Lake	33°14'01"/114°40'31"
CL	Clear Lake	33°01'59"/114°31'19"
CL	Colorado River	Lake Mead to Topock Marsh
CL	Colorado River	Topock Marsh to Morelos Dam
CL	Gila River	Painted Rock Dam to confluence with the Colorado River
CL	Hunter's Hole Backwater	32°31'13"/114°48'07"
CL	Imperial Reservoir	32°53'02"/114°27'54"
CL	Island Lake	33°01'44"/114°36'42"
CL	Laguna Reservoir	32°51'35"/114°28'29"
CL	Lake Havasu	34°35'18"/114°25'47"
CL	Lake Mohave	35°26'58"/114°38'30"
CL	Martinez Lake	32°58'49"/114°28'09"
CL	Mittry Lake	32°49'17"/114°27'54"
CL	Nortons Lake	33°02'30"/114°37'59"
CL	Pretty Water Lake	33°19'51"/114°42'19"



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CL	Topock Marsh	34°43'27"/114°28'59"
LC	Auger Creek	Headwaters to confluence with Nutrioso Creek
LC	Chevelon Canyon	Headwaters to confluence with the Little Colorado River
LC	Chevelon Canyon Lake	34°29'18"/110°49'30"
LC	Clear Creek	Headwaters to confluence with the Little Colorado River
LC	Clear Creek Reservoir	34°57'09"/110°39'14"
LC	Colter Creek	Headwaters to confluence with Nutrioso Creek
LC	Colter Reservoir	33°56'39"/109°28'53"
LC	Coyote Creek	Headwaters to confluence with the Little Colorado River
LC	Cragin Reservoir (formerly Blue Ridge Reservoir)	34°32'40"/111°11'33"
LC	East Clear Creek	Headwaters to confluence with Clear Creek
LC	Ellis Wiltbank Reservoir	34°05'25"/109°28'25"
LC	Fool's Hollow Lake	34°16'30"/110°03'43"
LC	Lee Valley Creek	From Lee Valley Reservoir to confluence with the East Fork of the Little Colorado River
LC	Lily Creek	Headwaters to confluence with Coyote Creek
LC	Little Colorado River	Headwaters to Lyman Reservoir
LC	Little Colorado River	Below Lyman Reservoir to confluence with the Puerco River
LC	Little Colorado River	Below Puerco River confluence to the Colorado River, excluding segments on Native American Lands
LC	Little Colorado River, East Fork	Headwaters to confluence with the Little Colorado River
LC	Little Colorado River, South Fork	Headwaters to confluence with the Little Colorado River
LC	Little Colorado River, West Fork	Below Government Springs to confluence with the Little Colorado River
LC	Lyman Reservoir	34°21'21"/109°21'35"
LC	Mamie Creek	Headwaters to confluence with Coyote Creek
LC	Morrison Creek	Headwaters to Mamie Creek @ 33°59'24.45"/109°03'51.94
LC	Nutrioso Creek	Headwaters to confluence with the Little Colorado River
LC	Porter Creek	Headwaters to confluence with Show Low Creek
LC	Riggs Creek	Headwaters to Nutrioso Creek
LC	Rio de Flag	Headwaters to City of Flagstaff WWTP outfall at 35°12'21"/111°39'17"
LC	Rudd Creek	Headwaters to confluence with Nutrioso Creek
LC	Rosey Creek	Headwaters to 34°02'28.72"/109°27'24.3"
LC	Scott Reservoir	34°10'31"/109°57'31"
LC	Show Low Creek	Headwaters to confluence with Silver Creek
LC	Show Low Lake	34°11'36"/110°00'12"
LC	Silver Creek	Headwaters to confluence with the Little Colorado River
LC	White Mountain Lake	34°21'57"/109°59'21"
LC	Willow Creek	Headwaters to confluence with Clear Creek
LC	Zuni River	Headwaters to confluence with the Little Colorado River
MG	Agua Fria River	From State Route 169 to Lake Pleasant
MG	Ash Creek	Headwaters to confluence with Tex Canyon
MG	East Maricopa Floodway	From Brown and Greenfield Rds to the Gila River Indian Reservation Boundary
MG	Fain Lake	Town of Prescott Valley Park Lake 34°34'29"/112°21'06"
MG	Gila River	San Carlos Indian Reservation boundary to the Ashurst-Hayden Dam
MG	Gila River (EDW)	From the confluence with the Salt River to Gillespie Dam
MG	Hassayampa Lake	34°25'45"/112°25'33"
MG	Hassayampa River	Below unnamed tributary to the Buckeye Irrigation Company Canal
MG	Hassayampa River	Headwaters to confluence with unnamed tributary at 34°26'09"/112°30'32"
MG	Lake Pleasant	33°53'46"/112°16'29"
MG	Little Ash Creek	Headwaters to confluence with Ash Creek at 34°20'45.74"/112°4'17.26"
MG	Little Sycamore Creek	Headwaters to Sycamore Creek @ 34°21'39.13"/111°58'49.98"
MG	Mineral Creek (diversion tunnel and lined channel)	33°12'24"/110°59'58" to 33°07'56"/110°58'34"
MG	Papago Park South Pond	Curry Road, Tempe 33°26'22"/111°55'55"
MG	Salt River	Verde River to 2 km below Granite Reef Dam
MG	Seven Springs Wash	Headwaters to Unnamed trib @ 33°57'58.66"/111°51'52.07"
MG	Tempe Town Lake	At Mill Avenue Bridge at 33°26'00"/111°56'26"
MG	Turkey Creek	Headwaters to confluence with unnamed tributary at 34°19'28"/112°21'33"
SC	Alum Gulch	Below 31°29'17"/110°44'25" to confluence with Sonoita Creek
SC	California Gulch	Headwaters To U.S./Mexico border
SC	Cienega Creek (OAW)	From confluence with Gardner Canyon to USGS gaging station (#09484600)
SC	Cox Gulch	Headwaters to Three R Canyon @ 31°28'28.03"/110°47'14.65"
SC	Holden Canyon Creek	Headwaters to U.S./Mexico border
SC	Julian Wash	Headwaters to confluence with the Santa Cruz River
SC	Nogales Wash	Headwaters to confluence with Potrero Creek
SC	Parker Canyon Creek	Below unnamed tributary to U.S./Mexico border
SC	Rillito Creek	Headwaters to confluence with the Santa Cruz River
SC	Romero Canyon Creek	Below unnamed tributary to confluence with Sutherland Wash
SC	Santa Cruz River	Headwaters to the at U.S./Mexico border
SC	Santa Cruz River	U.S./Mexico border to the Nogales International WWTP outfall at 31°27'25"/110°58'04"
SC	Santa Cruz River	Tubac Bridge to Agua Nueva WRF outfall at 32°17'04"/111°01'45"
SC	Santa Cruz River (EDW)	Agua Nueva WRF outfall to Baumgartner Road
SC	Sonoita Creek	Headwaters to the Town of Patagonia WWTP outfall at 31°32'25"/110°45'31"
SC	Sonoita Creek (EDW)	Town of Patagonia WWTP outfall to permanent groundwater upwelling point approximately 1600 feet downstream of outfall
SC	Sycamore Canyon	Headwaters to the U.S./Mexico border
SP	Aravaipa Creek	Below downstream boundary of Aravaipa Canyon Wilderness Area to confluence with the San Pedro River
SP	Aravaipa Creek (OAW)	Stowe Gulch to downstream boundary of Aravaipa Canyon Wilderness Area
SP	Bass Canyon Creek	Below confluence with unnamed tributary to confluence with Hot Springs Canyon Creek
SP	Bear Creek	Headwaters to U.S./Mexico border
SP	Black Draw	Headwaters to the U.S./Mexico border
SP	Carr Canyon Creek	Headwaters to confluence with unnamed tributary at 31°27'01"/110°15'48"
SP	Gold Gulch	Headwaters to U.S./Mexico border
SP	Ramsey Canyon Creek	Below Forest Service Road #110 to confluence with Carr Wash

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SP	San Pedro River	U.S. / Mexico Border to Buehman Canyon
SP	San Pedro River	From Buehman canyon to confluence with the Gila River
SP	Whitewater Draw	Headwaters to confluence with unnamed tributary at 31°20'36"/109°43'48"
SP	Whitewater Draw	Below confluence with unnamed tributary to U.S. / Mexico border
SR	Ackre Lake	33°37'01"/109°20'40"
SR	Apache Lake	33°37'23"/111°12'26"
SR	Bear Wallow Creek (OAW)	Headwaters to confluence with the Black River
SR	Beaver Creek	Headwaters to confluence with Black River
SR	Black River	Headwaters to confluence with Salt River
SR	Black River, East Fork	From 33°51'19"/109°18'54" to confluence with the Black River
SR	Black River, North Fork of East Fork	Headwaters to confluence with Boneyard Creek
SR	Black River, West Fork	Headwaters to confluence with the Black River
SR	Boggy Creek	Headwaters to confluence with Centerfire Creek
SR	Boneyard Creek	Headwaters to confluence with Black River, East Fork
SR	Canyon Lake	33°32'44"/111°26'19"
SR	Cherry Creek	Below unnamed tributary to confluence with the Salt River
SR	Conklin Creek	Headwaters to confluence with the Black River
SR	Corduoy Creek	Headwaters to confluence with Fish Creek
SR	Devils Chasm Creek	Below confluence with unnamed tributary to confluence with Cherry Creek
SR	Dipping Vat Reservoir	33°55'47"/109°25'31"
SR	Fish Creek	Headwaters to confluence with the Black River
SR	Haigler Creek	Headwaters to confluence with unnamed tributary at 34°12'23"/111°00'15"
SR	Haigler Creek	Below confluence with unnamed tributary to confluence with Tonto Creek
SR	Hannagan Creek	Headwaters to confluence with Beaver Creek
SR	Hay Creek (OAW)	Headwaters to confluence with the Black River, West Fork
SR	Horton Creek	Headwaters to confluence with Tonto Creek
SR	P B Creek	Below Forest Service Road #203 to Cherry Creek
SR	Pinal Creek	From Lower Pinal Creek WTP outfall # to See Ranch Crossing at 33°32'25"/110°52'28"
SR	Pinal Creek	From unnamed tributary to confluence with Salt River
SR	Pinto Creek	Headwaters to confluence with unnamed tributary at 33°19'27"/110°54'58"
SR	Roosevelt Lake	33°52'17"/111°00'17"
SR	Rye Creek	Headwaters to confluence with Tonto Creek
SR	Saguaro Lake	33°33'44"/111°30'55"
SR	Salt River	White Mountain Apache Reservation Boundary at 33°48'52"/110°31'33" to Roosevelt Lake
SR	Salt River	Theodore Roosevelt Dam to 2 km below Granite Reef Dam
SR	Thompson Creek	Headwaters to confluence with the West Fork of the Black River
SR	Tonto Creek	Headwaters to confluence with unnamed tributary at 34°18'11"/111°04'18"
SR	Tonto Creek	Below confluence with unnamed tributary to Roosevelt Lake
SR	Willow Creek	Headwaters to confluence with Beaver Creek
SR	Workman Creek	Below confluence with Reynolds Creek to confluence with Salome Creek
UG	Apache Creek	Headwaters to confluence with the Gila River
UG	Bitter Creek	Headwaters to confluence with the Gila River
UG	Blue River	Headwaters to confluence with Strayhorse Creek at 33°29'02"/109°12'14"
UG	Blue River	Below confluence with Strayhorse Creek to confluence with San Francisco River
UG	Bob Thomas Creek	Headwaters to Stone Creek 33°51'93"/109°42'52"
UG	Bonita Creek (OAW)	San Carlos Indian Reservation boundary to confluence with the Gila River
UG	Campbell Blue Creek	Headwaters to confluence with the Blue River
UG	Cave Creek (OAW)	Headwaters to confluence with South Fork Cave Creek
UG	Cave Creek (OAW)	Below confluence with South Fork Cave Creek to Coronado National Forest boundary
UG	Cave Creek, South Fork	Headwaters to confluence with Cave Creek
UG	Deadman Canyon Creek	Headwaters to confluence with unnamed tributary at 32°43'50"/109°49'03"
UG	Eagle Creek	Below confluence with unnamed tributary to confluence with the Gila River
UG	Gila River	New Mexico border to the San Carlos Indian Reservation boundary
UG	Grant Creek	Headwaters to confluence with the Blue River
UG	Judd Lake	33°51'15"/109°09'35"
UG	K P Creek (OAW)	Headwaters to confluence with the Blue River
UG	Little Blue Creek	Below confluence with Dutch Blue Creek to confluence with Blue Creek
UG	Luna Lake	33°49'50"/109°05'06"
UG	North Fork Cave Creek	Headwaters to Cave Creek @ 31°52'56.63"/109°12'19.75"
UG	Raspberry Creek	Headwaters to confluence with the Blue River
UG	San Francisco River	Headwaters to the New Mexico border
UG	San Francisco River	New Mexico border to confluence with the Gila River
UG	San Simon River	Headwaters to confluence with the Gila River
UG	Stone Creek	Headwaters to confluence with the San Francisco River
UG	Thomas Creek	Below confluence with Rousensock Creek to confluence with Blue River
UG	Turkey Creek	Headwaters to confluence with Campbell Blue Creek
VR	Bartlett Lake	33°49'52"/111°37'44"
VR	Beaver Creek	Headwaters to confluence with the Verde River
VR	Bitter Creek	Headwaters to the Jerome WWTP outfall at 34°45'12"/112°06'24"
VR	Bitter Creek	Below the Yavapai Apache Indian Reservation boundary to confluence with the Verde River
VR	Dead Horse Lake	34°45'08"/112°00'42"
VR	East Verde River	Headwaters to confluence with Ellison Creek
VR	East Verde River	Below confluence with Ellison Creek to confluence with the Verde River
VR	Fossil Creek (OAW)	Headwaters to confluence with the Verde River
VR	Fossil Springs (OAW)	34°25'24"/111°34'27"
VR	Horseshoe Reservoir	34°00'25"/111°43'36"
VR	Oak Creek (OAW)	Headwaters to confluence with unnamed tributary at 34°59'15"/111°44'47"
VR	Oak Creek (OAW)	Below confluence with unnamed tributary to confluence with Verde River
VR	Spring Creek	Below confluence with unnamed tributary to confluence with Oak Creek
VR	Sullivan Lake	34°51'42"/112°27'51"

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VR	Sycamore Creek	Headwaters to confluence with unnamed tributary at 35°03'41"/111°57'31"
VR	Sycamore Creek	Headwaters to confluence with Verde River at 33°37'55"/111°39'58"
VR	Verde River	From headwaters at confluence of Chino Wash and Granite Creek to Bartlett Lake Dam
VR	Verde River	Below Bartlett Lake Dam to Salt River
VR	West Clear Creek	Headwaters to confluence with Meadow Canyon
VR	West Clear Creek	Below confluence with Meadow Canyon to confluence with the Verde River
VR	Wet Beaver Creek	Below unnamed springs to confluence with Dry Beaver Creek
VR	Willow Creek Reservoir	34°36'17"/112°26'19"

**Historical Note**

Table B made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

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## CHAPTER 11. DEPARTMENT OF ENVIRONMENTAL QUALITY - WATER QUALITY STANDARDS

**Table C. Historically Regulated as WOTUS and in Need of Confirmation**

The waters listed in this table have historically been and will continue to be regulated as WOTUS unless ADEQ makes a determination that they are non-WOTUS. Notwithstanding its inclusion on the list below, the status of a particular water in this table can be contested by a person in an enforcement or permit proceeding, a challenge to an identification as an impaired water, or a challenge to a proposed TMDL for an impaired water. Any changes to Table C will be made through formal rulemaking.

The waters on this list have their designated uses assigned by Title 18, Chapter 11, Article 1. Coordinates are from the North American Datum of 1983 (NAD83). All latitudes in Arizona are north and all longitudes are west, but the negative signs are not included in the Historically Regulated as WOTUS and in Need of Confirmation Table. Some web-based mapping systems require a negative sign before the longitude values to indicate it is a west longitude.

**Watersheds:**

BW = Bill Williams  
 CG = Colorado – Grand Canyon  
 CL = Colorado – Lower Gila  
 LC = Little Colorado  
 MG = Middle Gila  
 SC = Santa Cruz – Rio Magdalena – Rio Sonoyta  
 SP = San Pedro – Willcox Playa – Rio Yaqui  
 SR = Salt River  
 UG = Upper Gila  
 VR = Verde River

**Other Abbreviations:**

WWTP = Wastewater Treatment Plant  
 Km = kilometers

Watershed	Surface Water	Segment Description and Location (Latitude and Longitudes are in NAD 83)
BW	Alamo Lake	34°14'06"/113°35'00"
BW	Bill Williams River	Alamo Lake to confluence with Colorado River
BW	Blue Tank	34°40'14"/112°58'17"
BW	Boulder Creek	Headwaters to confluence with unnamed tributary at 34°41'13"/113°03'37"
BW	Burro Creek	Below confluence with Boulder Creek to confluence with Big Sandy River
BW	Burro Creek (OAW)	Headwaters to confluence with Boulder Creek
BW	Carter Tank	34°52'27"/112°57'31"
BW	Conger Creek	Headwaters to confluence with unnamed tributary at 34°45'15"/113°05'46"
BW	Conger Creek	Below confluence with unnamed tributary to confluence with Burro Creek
BW	Copper Basin Wash	Headwaters to confluence with unnamed tributary at 34°28'12"/112°35'33"
BW	Copper Basin Wash	Below confluence with unnamed tributary to confluence with Skull Valley Wash
BW	Cottonwood Canyon	Headwaters to Bear Trap Spring
BW	Cottonwood Canyon	Below Bear Trap Spring to confluence at Sycamore Creek
BW	Date Creek	Headwaters to confluence with Santa Maria River
BW	Knight Creek	Headwaters to confluence with Big Sandy River
BW	Peoples Canyon (OAW)	Headwaters to confluence with Santa Maria River
BW	Red Lake	35°12'18"/113°03'57"
BW	Santa Maria River	Headwaters to Alamo Lake
BW	Trout Creek	Headwaters to confluence with unnamed tributary at 35°06'47"/113°13'01"
CG	Agate Canyon	Headwaters to confluence with the Colorado River
CG	Big Springs Tank	36°36'08"/112°21'01"
CG	Boucher Creek	Headwaters to confluence with the Colorado River
CG	Bright Angel Wash	Headwaters to Grand Canyon National Park South Rim WWTP outfall at 36°02'59"/112°09'02"
CG	Bright Angel Wash (EDW)	Grand Canyon National Park South Rim WWTP outfall to Coconino Wash
CG	Bulrush Canyon Wash	Headwaters to confluence with Kanab Creek
CG	Cataract Creek	Headwaters to Santa Fe Reservoir
CG	Cataract Creek	Santa Fe Reservoir to City of Williams WWTP outfall at 35°14'40"/112°11'18"
CG	Cataract Creek	Red Lake Wash to Havasupai Indian Reservation boundary
CG	Cataract Creek (EDW)	City of Williams WWTP outfall to 1 km downstream
CG	Cataract Lake	35°15'04"/112°12'58"
CG	Chuar Creek	Headwaters to confluence with unnamed tributary at 36°11'35"/111°52'20"
CG	Chuar Creek	Below unnamed tributary to confluence with the Colorado River
CG	City Reservoir	35°13'57"/112°11'25"
CG	Clear Creek	Headwaters to confluence with unnamed tributary at 36°07'33"/112°00'03"
CG	Clear Creek	Below confluence with unnamed tributary to confluence with Colorado River
CG	Coconino Wash (EDW)	South Grand Canyon Sanitary District Tusayan WRF outfall at 35°58'39"/112°08'25" to 1 km downstream
CG	Crystal Creek	Headwaters to confluence with unnamed tributary at 36°13'41"/112°11'49"
CG	Deer Creek	Headwaters to confluence with unnamed tributary at 36°26'15"/112°28'20"
CG	Detrital Wash	Headwaters to Lake Mead
CG	Dogtown Reservoir	35°12'40"/112°07'54"
CG	Dragon Creek	Headwaters to confluence with Milk Creek
CG	Dragon Creek	Below confluence with Milk Creek to confluence with Crystal Creek
CG	Gonzalez Lake	35°15'26"/112°12'09"
CG	Grand Wash	Headwaters to Colorado River
CG	Grapevine Creek	Headwaters to confluence with the Colorado River
CG	Grapevine Wash	Headwaters to Colorado River
CG	Hakatai Canyon	Headwaters to confluence with the Colorado River
CG	Hance Creek	Headwaters to confluence with the Colorado River
CG	Hermit Creek	Headwaters to Hermit Pack Trail crossing at 36°03'38"/112°14'00"

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CG	Horn Creek	Headwaters to confluence with the Colorado River
CG	Hualapai Wash	Headwaters to Lake Mead
CG	Jacob Lake	36°42'27"/112°13'50"
CG	Kaibab Lake	35°17'04"/112°09'32"
CG	Kwagunt Creek	Headwaters to confluence with unnamed tributary at 36°13'37"/111°54'50"
CG	Kwagunt Creek	Below confluence with unnamed tributary to confluence with the Colorado River
CG	Lonetree Canyon Creek	Headwaters to confluence with the Colorado River
CG	Matkatamiba Creek	Below Havasupai Indian Reservation boundary to confluence with the Colorado River
CG	Monument Creek	Headwaters to confluence with the Colorado River
CG	Nankoweap Creek	Below confluence with unnamed tributary to confluence with Colorado River
CG	National Canyon Creek	Headwaters to Hualapai Indian Reservation boundary at 36°15'15"/112°52'34"
CG	North Canyon Creek	Headwaters to confluence with unnamed tributary at 36°33'58"/111°55'41"
CG	North Canyon Creek	Below confluence with unnamed tributary to confluence with Colorado River
CG	Olo Canyon	Headwaters to confluence with the Colorado River
CG	Parashant Canyon	Headwaters to confluence with unnamed tributary at 36°21'02"/113°27'56"
CG	Parashant Canyon	Below confluence with unnamed tributary to confluence with the Colorado River
CG	Phantom Creek	Headwaters to confluence with unnamed tributary at 36°09'29"/112°08'13"
CG	Red Canyon Creek	Headwaters to confluence with the Colorado River
CG	Roaring Springs	36°11'45"/112°02'06"
CG	Roaring Springs Creek	Headwaters to confluence with Bright Angel Creek
CG	Royal Arch Creek	Headwaters to confluence with the Colorado River
CG	Ruby Canyon	Headwaters to confluence with the Colorado River
CG	Russell Tank	35°52'21"/111°52'45"
CG	Saddle Canyon Creek	Headwaters to confluence with unnamed tributary at 36°21'36"/112°22'43"
CG	Saddle Canyon Creek	Below confluence with unnamed tributary to confluence with Colorado River
CG	Santa Fe Reservoir	35°14'31"/112°11'10"
CG	Sapphire Canyon	Headwaters to confluence with the Colorado River
CG	Serpentine Canyon	Headwaters to confluence with the Colorado River
CG	Shinumo Creek	Headwaters to confluence with unnamed tributary at 36°18'18"/112°18'07"
CG	Slate Creek	Headwaters to confluence with the Colorado River
CG	Spring Canyon Creek	Headwaters to confluence with the Colorado River
CG	Trail Canyon Creek	Headwaters to confluence with the Colorado River
CG	Transept Canyon	Headwaters to Grand Canyon National Park North Rim WWTP outfall at 36°12'20"/112°03'35"
CG	Transept Canyon	From 1 km downstream of the Grand Canyon National Park North Rim WWTP outfall to confluence with Bright Angel Creek
CG	Transept Canyon (EDW)	Grand Canyon National Park North Rim WWTP outfall to 1 km downstream
CG	Travertine Canyon Creek	Headwaters to confluence with the Colorado River
CG	Turquoise Canyon	Headwaters to confluence with the Colorado River
CG	Unkar Creek	Below confluence with unnamed tributary at 36°07'54"/111°54'06" to confluence with Colorado River
CG	Unnamed Wash to Cedar Canyon (EDW)	Grand Canyon National Park Desert View WWTP outfall at 36°02'06"/111°49'13" to confluence with Cedar Canyon
CG	Unnamed Wash to Spring Valley Wash (EDW)	Valle Airpark WRF outfall at 35°38'34"/112°09'22" to confluence with Spring Valley Wash
CG	Vishnu Creek	Headwaters to confluence with the Colorado River
CG	Warm Springs Creek	Headwaters to confluence with the Colorado River
CG	West Cataract Creek	Headwaters to confluence with Cataract Creek
CL	Columbus Wash	Headwaters to confluence with the Gila River
CL	Holy Moses Wash	Headwaters to City of Kingman Downtown WWTP outfall at 35°10'33"/114°03'46"
CL	Holy Moses Wash	From 3 km downstream of City of Kingman Downtown WWTP outfall to confluence with Sawmill Wash
CL	Holy Moses Wash (EDW)	City of Kingman Downtown WWTP outfall to 3 km downstream
CL	Mohave Wash	Headwaters to Lower Colorado River
CL	Painted Rock (Borrow Pit) Lake	33°04'55"/113°01'17"
CL	Quigley Pond	32°43'40"/113°57'44"
CL	Redondo Lake	32°44'32"/114°29'03"
CL	Sacramento Wash	Headwaters to Topock Marsh
CL	Sawmill Canyon	Headwaters to abandoned gaging station at 35°09'45"/113°57'56"
CL	Sawmill Canyon	Below abandoned gaging station to confluence with Holy Moses Wash
CL	Tyson Wash (EDW)	Town of Quartzsite WWTP outfall at 33°42'39"/114°13'10" to 1 km downstream
CL	Wellton Canal	Wellton-Mohawk Irrigation District
CL	Yuma Area Canals	Above municipal water treatment plant intakes
CL	Yuma Area Canals	Below municipal water treatment plant intakes and all drains
LC	Als Lake	35°02'10"/111°25'17"
LC	Ashurst Lake	35°01'06"/111°24'18"
LC	Atcheson Reservoir	33°59'59"/109°20'43"
LC	Barbershop Canyon Creek	Headwaters to confluence with East Clear Creek
LC	Bear Canyon Creek	Headwaters to confluence with General Springs Canyon
LC	Bear Canyon Creek	Headwaters to confluence with Willow Creek
LC	Bear Canyon Lake	34°24'00"/111°00'06"
LC	Becker Lake	34°09'11"/109°18'23"
LC	Billy Creek	Headwaters to confluence with Show Low Creek
LC	Black Canyon	Headwaters to confluence with Chevelon Creek
LC	Bow and Arrow Wash	Headwaters to confluence with Rio de Flag
LC	Buck Springs Canyon Creek	Headwaters to confluence with Leonard Canyon Creek
LC	Bunch Reservoir	34°02'20"/109°26'48"
LC	Camero Lake	34°06'57"/109°31'42"
LC	Chevelon Creek, West Fork	Headwaters to confluence with Chevelon Creek
LC	Chilson Tank	34°51'43"/111°22'54"
LC	Coconino Reservoir	35°00'05"/111°24'10"
LC	Colter Creek	Headwaters to confluence with Nutrioso Creek
LC	Concho Creek	Headwaters to confluence with Carrizo Wash
LC	Concho Lake	34°26'37"/109°37'40"
LC	Cow Lake	34°53'14"/111°18'51"
LC	Crisis Lake (Snake Tank #2)	34°47'51"/111°17'32"

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LC	Dane Canyon Creek	Headwaters to confluence with Barbershop Canyon Creek
LC	Daves Tank	34°44'22"/111°17'15"
LC	Deep Lake	35°03'34"/111°25'00"
LC	Ducksnest Lake	34°59'14"/111°23'57"
LC	Estates at Pine Canyon lakes (EDW)	35°09'32"/111°38'26"
LC	Fish Creek	Headwaters to confluence with the Little Colorado River
LC	General Springs Canyon Creek	Headwaters to confluence with East Clear Creek
LC	Geneva Reservoir	34°01'45"/109°31'46"
LC	Hall Creek	Headwaters to confluence with the Little Colorado River
LC	Hart Canyon Creek	Headwaters to confluence with Willow Creek
LC	Hay Lake	34°00'11"/109°25'57"
LC	Hog Wallow Lake	33°58'57"/109°25'39"
LC	Horse Lake	35°03'55"/111°27'50"
LC	Hulsey Creek	Headwaters to confluence with Nutrioso Creek
LC	Hulsey Lake	33°55'58"/109°09'40"
LC	Humphrey Lake (EDW)	35°11'51"/111°35'19"
LC	Indian Lake	35°00'39"/111°22'41"
LC	Jacks Canyon	Headwaters to confluence with the Little Colorado River
LC	Jarvis Lake	33°58'59"/109°12'36"
LC	Kinnikinnick Lake	34°53'53"/111°18'18"
LC	Knoll Lake	34°25'38"/111°05'13"
LC	Lake Mary, Lower	35°06'21"/111°34'38"
LC	Lake Mary, Upper	35°03'23"/111°28'34"
LC	Lake of the Woods	34°09'40"/109°58'47"
LC	Lee Valley Creek (OAW)	Headwaters to Lee Valley Reservoir
LC	Lee Valley Reservoir	33°56'29"/109°30'04"
LC	Leonard Canyon Creek	Headwaters to confluence with Clear Creek
LC	Leonard Canyon Creek, East Fork	Headwaters to confluence with Leonard Canyon Creek
LC	Leonard Canyon Creek, Middle Fork	Headwaters to confluence with Leonard Canyon, West Fork
LC	Leonard Canyon Creek, West Fork	Headwaters to confluence with Leonard Canyon, East Fork
LC	Leroux Wash, tributary to Little Colorado River	From City of Holbrook-Painted Mesa WRF outfall at 34° 54' 30", -110° 11' 36" to Little Colorado River. The outfall discharges into Leroux Wash. All reaches of the Little Colorado River between the outfall to the Colorado River are perennial or intermittent.
LC	Little Colorado River, West Fork (OAW)	Headwaters to Government Springs
LC	Little George Reservoir	34°00'37"/109°19'15"
LC	Little Mormon Lake	34°17'00"/109°58'06"
LC	Long Lake, Lower	34°47'16"/111°12'40"
LC	Long Lake, Upper	35°00'08"/111°21'23"
LC	Long Tom Tank	34°20'35"/110°49'22"
LC	Lower Walnut Canyon Lake (EDW)	35°12'04"/111°34'07"
LC	Marshall Lake	35°07'18"/111°32'07"
LC	McKay Reservoir	34°01'27"/109°13'48"
LC	Merritt Draw Creek	Headwaters to confluence with Barbershop Canyon Creek
LC	Mexican Hay Lake	34°01'58"/109°21'25"
LC	Milk Creek	Headwaters to confluence with Hulsey Creek
LC	Miller Canyon Creek	Headwaters to confluence with East Clear Creek
LC	Miller Canyon Creek, East Fork	Headwaters to confluence with Miller Canyon Creek
LC	Morton Lake	34°53'37"/111°17'41"
LC	Mud Lake	34°55'19"/111°21'29"
LC	Ned Lake (EDW)	34°17'17"/110°03'22"
LC	Norton Reservoir	34°03'57"/109°31'27"
LC	Paddy Creek	Headwaters to confluence with Nutrioso Creek
LC	Pierce Seep	34°23'39"/110°31'17"
LC	Pine Tank	34°46'49"/111°17'21"
LC	Pintail Lake (EDW)	34°18'05"/110°01'21"
LC	Puerco River	Headwaters to confluence with the Little Colorado River
LC	Puerco River (EDW)	Sanders Unified School District WWTP outfall at 35°12'52"/109°19'40" to 0.5 km downstream
LC	Rainbow Lake	34°09'00"/109°59'09"
LC	Reagan Reservoir	34°02'09"/109°08'41"
LC	Rio de Flag (EDW)	From City of Flagstaff WWTP outfall to the confluence with San Francisco Wash
LC	River Reservoir	34°02'01"/109°26'07"
LC	Rogers Reservoir	33°56'30"/109°16'20"
LC	Russel Reservoir	33°59'29"/109°20'01"
LC	San Salvador Reservoir	33°58'51"/109°19'55"
LC	Slade Reservoir	33°59'41"/109°20'26"
LC	Soldiers Annex Lake	34°47'15"/111°13'51"
LC	Soldiers Lake	34°47'47"/111°14'04"
LC	Spaulding Tank	34°30'17"/111°02'06"
LC	St Johns Reservoir (Little Reservoir)	34°29'10"/109°22'06"
LC	Telephone Lake (EDW)	34°17'35"/110°02'42"
LC	Tremaine Lake	34°46'02"/111°13'51"
LC	Tunnel Reservoir	34°01'53"/109°26'34"
LC	Turkey Draw (EDW)	High Country Pines II WWTP outfall at 33°25'35"/110°38'13" to confluence with Black Canyon Creek
LC	Unnamed Wash to Pierce Wash (EDW)	Bison Ranch WWTP outfall at 34°23'31"/110°31'29" to Pierce Seep
LC	Unnamed wash, tributary to Rio de Flag River (Bow and Arrow Wash)	Treated municipal wastewater is piped from the Rio de Flag WWTP through a city-wide reuse system to the main effluent storage pond that is in an unnamed wash.
LC	Walnut Creek	Headwaters to confluence with Billy Creek
LC	Water Canyon Creek	Headwaters to confluence with the Little Colorado River
LC	Whale Lake (EDW)	35°11'13"/111°35'21"
LC	Whipple Lake	34°16'49"/109°58'29"
LC	White Mountain Reservoir	34°00'12"/109°30'39"
LC	Willow Creek	Headwaters to confluence with Clear Creek

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LC	Willow Springs Canyon Creek	Headwaters to confluence with Chevelon Creek
LC	Willow Springs Lake	34°18'13"/110°52'16"
LC	Woodland Reservoir	34°07'35"/109°57'01"
LC	Woods Canyon Creek	Headwaters to confluence with Chevelon Creek
LC	Woods Canyon Lake	34°20'09"/110°56'45"
MG	Agua Fria River	Headwaters to confluence with unnamed tributary at 34°35'14"/112°16'18"
MG	Agua Fria River	Below Lake Pleasant to the City of El Mirage WWTP at 33°34'20"/112°18'32"
MG	Agua Fria River	Below 2 km downstream of the City of El Mirage WWTP to City of Avondale WWTP outfall at 33°23'55"/112°21'16"
MG	Agua Fria River	From City of Avondale WWTP outfall to confluence with Gila River
MG	Agua Fria River (EDW)	Below confluence with unnamed tributary to State Route 169
MG	Agua Fria River (EDW)	From City of El Mirage WWTP outfall to 2 km downstream
MG	Andorra Wash	Headwaters to confluence with Cave Creek Wash
MG	Antelope Creek	Headwaters to confluence with Martinez Creek
MG	Arlington Canal	From Gila River at 33°20'54"/112°35'39" to Gila River at 33°13'44"/112°46'15"
MG	Arnett Creek	Headwaters to Queen Creek @ 33°16'43.24"/111°10'12.49"
MG	Ash Creek	Headwaters to confluence with Tex Canyon
MG	Beehive Tank	32°52'37"/111°02'20"
MG	Big Bug Creek	Headwaters to confluence with Eugene Gulch
MG	Big Bug Creek	Below confluence with Eugene Gulch to confluence with Agua Fria River
MG	Black Canyon Creek	Headwaters to confluence with the Agua Fria River
MG	Blind Indian Creek	Headwaters to confluence with the Hassayampa River
MG	Cash Gulch	Headwaters to Jersey Gulch @ 34°25'31.39"/112°25'30.96"
MG	Cave Creek	Headwaters to the Cave Creek Dam
MG	Cave Creek	Cave Creek Dam to the Arizona Canal
MG	Centennial Wash	Headwaters to confluence with the Gila River at 33°16'32"/112°48'08"
MG	Centennial Wash Ponds	33°54'52"/113°23'47"
MG	Chaparral Park Lake	Hayden Road & Chaparral Road, Scottsdale at 33°30'40"/111°54'27"
MG	Corgett Wash	From Corgett Wash WRF outfall at 33°21'42", -112°27'05" to Gila River. The discharge point is 0.5 miles from the ephemeral conveyance Corgett Wash. The Gila River is then 1.5 miles downstream from Corgett Wash.
MG	Devils Canyon	Headwaters to confluence with Mineral Creek
MG	Eldorado Park Lake	Miller Road & Oak Street, Tempe at 33°28'25"/111°54'53"
MG	Eugene Gulch	Headwaters to Big Bug Creek @ 34°27'11.51"/112°18'30.95"
MG	French Gulch	Headwaters to confluence with Hassayampa River
MG	Galena Gulch	Headwaters to confluence with the Agua Fria River
MG	Galloway Wash (EDW)	Town of Cave Creek WWTP outfall at 33°50'15"/111°57'35" to confluence with Cave Creek
MG	Gila River	Ashurst-Hayden Dam to the Town of Florence WWTP outfall at 33°02'20"/111°24'19"
MG	Gila River	Felix Road to the Gila River Indian Reservation boundary
MG	Gila River	Gillespie Dam to confluence with Painted Rock Dam
MG	Gila River (EDW)	Town of Florence WWTP outfall to Felix Road
MG	Groom Creek	Headwaters to confluence with the Hassayampa River
MG	Hassayampa River	Below confluence with unnamed tributary to confluence with unnamed tributary at 33°51'52"/112°39'56".
MG	Hassayampa River	Below Buckeye Irrigation Company canal to the Gila River
MG	Hassayampa River	From City of Buckeye-Palo Verde Road WWTP outfall at 33° 23' 54.3", -112° 40' 33.7" to Buckeye Canal
MG	Horsethief Lake	34°09'42"/112°17'57"
MG	Indian Bend Wash	Headwaters to confluence with the Salt River
MG	Indian Bend Wash Lakes	Scottsdale at 33°30'32"/111°54'24"
MG	Indian School Park Lake	Indian School Road & Hayden Road, Scottsdale at 33°29'39"/111°54'37"
MG	Jersey Gulch	Headwaters to Hassayampa River @ 34°25'40.16"/112°25'45.64"
MG	Kiwanis Park Lake	6000 South Mill Avenue, Tempe at 33°22'27"/111°56'22"
MG	Lake Pleasant, Lower	33°50'32"/112°16'03"
MG	Lion Canyon	Headwaters to confluence with Weaver Creek
MG	Lynx Creek	Headwaters to confluence with unnamed tributary at 34°34'29"/112°21'07"
MG	Lynx Creek	Below confluence with unnamed tributary at 34°34'29"/112°21'07" to confluence with Agua Fria River
MG	Lynx Lake	34°31'07"/112°23'07"
MG	Martinez Canyon	Headwaters to confluence with Box Canyon
MG	Martinez Creek	Headwaters to confluence with the Hassayampa River
MG	McKellips Park Lake	Miller Road & McKellips Road, Scottsdale at 33°27'14"/111°54'49"
MG	McMicken Wash (EDW)	City of Peoria Jomax WWTP outfall at 33°43'31"/112°20'15" to confluence with Agua Fria River
MG	Mineral Creek	Headwaters to 33°12'34"/110°59'58"
MG	Mineral Creek	End of diversion channel to confluence with Gila River
MG	Minnehaha Creek	Headwaters to confluence with the Hassayampa River
MG	Money Metals Trib	Headwaters to Unnamed Trib (UB1)
MG	New River	Headwaters to Interstate 17 at 33°54'19.5"/112°08'46"
MG	New River	Below Interstate 17 to confluence with Agua Fria River
MG	Painted Rock Reservoir	33°04'23"/113°00'38"
MG	Papago Park Ponds	Galvin Parkway, Phoenix at 33°27'15"/111°56'45"
MG	Perry Mesa Tank	34°11'03"/112°02'01"
MG	Phoenix Area Canals	Granite Reef Dam to all municipal WTP intakes
MG	Phoenix Area Canals	Below municipal WTP intakes and all other locations
MG	Picacho Reservoir	32°51'10"/111°28'25"
MG	Poland Creek	Headwaters to confluence with Lorena Gulch
MG	Poland Creek	Below confluence with Lorena Gulch to confluence with Black Canyon Creek
MG	Queen Creek	Headwaters to the Town of Superior WWTP outfall at 33°16'33"/111°07'44"
MG	Queen Creek	Below Potts Canyon to 'Whitlow Dam
MG	Queen Creek	Below Whitlow Dam to confluence with Gila River
MG	Queen Creek (EDW)	Below Town of Superior WWTP outfall to confluence with Potts Canyon
MG	Salt River	2 km below Granite Reef Dam to City of Mesa NW WRF outfall at 33°26'22"/111°53'14"
MG	Salt River	Below Tempe Town Lake to Interstate 10 bridge
MG	Salt River	Below Interstate 10 bridge to the City of Phoenix 23rd Avenue WWTP outfall at 33°24'44"/112°07'59"
MG	Salt River (EDW)	City of Mesa NW WRF outfall to Tempe Town Lake
MG	Salt River (EDW)	From City of Phoenix 23rd Avenue WWTP outfall to confluence with Gila River

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MG	Siphon Draw (EDW)	Superstition Mountains CFD WWTP outfall at 33°21'40"/111°33'30" to 6 km downstream
MG	Sycamore Creek	Headwaters to confluence with Tank Canyon
MG	Sycamore Creek	Below confluence with Tank Canyon to confluence with Agua Fria River
MG	The Lake Tank	32°54'14"/111°04'15"
MG	Tule Creek	Headwaters to confluence with the Agua Fria River
MG	Turkey Creek	Below confluence with unnamed tributary to confluence with Poland Creek
MG	Unnamed Trib (UQ2) to Queen Creek	Headwaters to Queen Creek @ 33°18'26.15"/111°04'19.3"
MG	Unnamed Trib (UQ3) to Queen Creek	Headwaters to Queen Creek @ 33°18'33.75"/111°04'02.61"
MG	Unnamed Trib to Big Bug Creek (UB1)	Headwaters to Big Bug Creek @ 34°25'38.86"/112°22'29.32"
MG	Unnamed Trib to Eugene Gulch	Headwaters to Eugene Gulch @ 34°27'34.6"/112°20'24.53"
MG	Unnamed Trib to Lynx Creek	Headwaters to Superior Mining Div. Outfall @ Lynx Creek @ 34°27'10.57"/112°23'14.22"
MG	Unnamed tributary to Deadman's Wash	From EPCOR Water Anthem Water Campus WWTP outfall at 33° 50' 47.9", -112° 08' 25.6" to Deadman's Wash
MG	Unnamed tributary to Gila River (EDW)	Gila Bend WWTP outfall to confluence with the Gila River
MG	Unnamed tributary to Gila River (EDW)	North Florence WWTP outfall at 33°03'50"/ 111°23'13" to confluence with Gila River
MG	Unnamed tributary to the Agua Fria River	From Softwinds WWTP outfall at 34° 32' 43", -112° 14' 21" to the Agua Fria River. Discharges to Agua Fria which is a jurisdictional tributary to Lake Pleasant (TNW)
MG	Unnamed tributary to Winters Wash	From Balterra WWTP outfall at 33° 29' 45", -112° 55' 10" to Winters Wash
MG	Unnamed Wash (EDW)	Luke Air Force Base WWTP outfall at 33°32'21"/112°19'15" to confluence with the Agua Fria River
MG	Unnamed Wash (EDW)	Town of Prescott Valley WWTP outfall at 34°35'16"/ 112°16'18" to confluence with the Agua Fria River
MG	Unnamed Wash (EDW)	Town of Cave Creek WRF outfall at 33°48'02"/ 111°59'22" to confluence with Cave Creek
MG	Unnamed wash, tributary to Black Canyon Creek	From Black Canyon Ranch RV Resort WWTP outfall to Agua Fria River.
MG	Unnamed wash, tributary to Queen Creek	Queen Creek, AZ15050100-013B is closest WBID to outfall coordinates
MG	Unnamed wash, tributary to Waterman Wash	The Rainbow Valley outfall discharges to an unnamed wash to Waterman wash to the Gila River.
MG	Wagner Wash (EDW)	City of Buckeye Festival Ranch WRF outfall at 33°39'14"/112°40'18" to 2 km downstream
MG	Walnut Canyon Creek	Headwaters to confluence with the Gila River
MG	Weaver Creek	Headwaters to confluence with Antelope Creek, tributary to Martinez Creek
MG	White Canyon	Headwaters to confluence with Walnut Canyon Creek
MG	Yavapai Lake (EDW)	Town of Prescott Valley WWTP outfall 002 at 34°36'07"/112°18'48" to Navajo Wash
SC	Agua Caliente Lake	12325 East Roger Road, Tucson 32°16'51"/ 110°43'52"
SC	Agua Caliente Wash	Headwaters to confluence with Soldier Trail
SC	Agua Caliente Wash	Below Soldier Trail to confluence with Tanque Verde Creek
SC	Aguirre Wash	From the Tohono O'odham Indian Reservation boundary to 32°28'38"/111°46'51"
SC	Alambre Wash	Headwaters to confluence with Brawley Wash
SC	Alamo Wash	Headwaters to confluence with Rillito Creek
SC	Altar Wash	Headwaters to confluence with Brawley Wash
SC	Alum Gulch	Headwaters to 31°28'20"/110°43'51"
SC	Alum Gulch	From 31°28'20"/110°43'51" to 31°29'17"/110°44'25"
SC	Arivaca Creek	Headwaters to confluence with Altar Wash
SC	Arivaca Lake	31°31'52"/111°15'06"
SC	Atterbury Wash	Headwaters to confluence with Pantano Wash
SC	Bear Grass Tank	31°33'01"/111°11'03"
SC	Big Wash	Headwaters to confluence with Cañada del Oro
SC	Black Wash (EDW)	Pima County WWMMD Avra Valley WWTP outfall at 32°09'58"/111°11'17" to confluence with Brawley Wash
SC	Bog Hole Tank	31°28'36"/110°37'09"
SC	Brawley Wash	Headwaters to confluence with Los Robles Wash
SC	Cañada del Oro	Headwaters to State Route 77
SC	Cañada del Oro	Below State Route 77 to confluence with the Santa Cruz River
SC	Cienega Creek	Headwaters to confluence with Gardner Canyon
SC	Davidson Canyon	Headwaters to unnamed spring at 31°59'00"/ 110°38'49"
SC	Davidson Canyon (OAW)	From unnamed Spring to confluence with unnamed tributary at 31°59'09"/110°38'44"
SC	Davidson Canyon (OAW)	Below confluence with unnamed tributary to unnamed spring at 32°00'40"/110°38'36"
SC	Davidson Canyon (OAW)	From unnamed spring to confluence with Cienega Creek
SC	Empire Gulch	Headwaters to unnamed spring at 31°47'18"/ 110°38'17"
SC	Empire Gulch	From 31°47'18"/110°38'17" to 31°47'03"/110°37'35"
SC	Empire Gulch	From 31°47'03"/110°37'35" to 31°47'05"/ 110°36'58"
SC	Empire Gulch	From 31°47'05"/110°36'58" to confluence with Cienega Creek
SC	Flux Canyon	Headwaters to confluence with Alum Gulch
SC	Gardner Canyon Creek	Headwaters to confluence with Sawmill Canyon
SC	Gardner Canyon Creek	Below Sawmill Canyon to confluence with Cienega Creek
SC	Greene Wash	Santa Cruz River to the Tohono O'odham Indian Reservation boundary
SC	Greene Wash	Tohono O'odham Indian Reservation boundary to confluence with Santa Rosa Wash at 32°53'52"/ 111°56'48"
SC	Harshaw Creek	Headwaters to confluence with Sonoita Creek at
SC	Hit Tank	32°43'57"/111°03'18"
SC	Holden Canyon Creek	Headwaters to U.S./Mexico border
SC	Huachuca Tank	31°21'11"/110°30'18"
SC	Humboldt Canyon	Headwaters to Alum Gulch @ 31°28'25.84"/110°44'01.57"
SC	Julian Wash	Headwaters to confluence with the Santa Cruz River
SC	Kennedy Lake	Mission Road & Ajo Road, Tucson at 32°10'49'/ 111°00'27"
SC	Lakeside Lake	8300 East Stella Road, Tucson at 32°11'11'/ 110°49'00"
SC	Lemmon Canyon Creek	Headwaters to confluence with unnamed tributary at 32°23'48"/110°47'49"
SC	Lemmon Canyon Creek	Below unnamed tributary at 32°23'48"/110°47'49" to confluence with Sabino Canyon Creek
SC	Los Robles Wash	Headwaters to confluence with the Santa Cruz River
SC	Madera Canyon Creek	Headwaters to confluence with unnamed tributary at 31°43'42"/110°52'51"
SC	Madera Canyon Creek	Below unnamed tributary at 31°43'42"/110°52'51" to confluence with the Santa Cruz River
SC	Mattie Canyon	Headwaters to confluence with Cienega Creek
SC	Oak Tree Canyon	Headwaters to confluence with Cienega Creek
SC	Palisade Canyon	Headwaters to confluence with unnamed tributary at 32°22'33"/110°45'31"
SC	Palisade Canyon	Below 32°22'33"/110°45'31" to unnamed tributary of Sabino Canyon
SC	Pantano Wash	Headwaters to confluence with Tanque Verde Creek
SC	Parker Canyon Creek	Headwaters to confluence with unnamed tributary at 31°24'17"/110°28'47"
SC	Parker Canyon Lake	31°25'35"/110°27'15"



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SC	Patagonia Lake	31°29'56"/110°50'49"
SC	Peña Blanca Lake	31°24'15"/111°05'12"
SC	Potrero Creek	Headwaters to Interstate 19
SC	Potrero Creek	Below Interstate 19 to confluence with Santa Cruz River
SC	Puertocito Wash	Headwaters to confluence with Altar Wash
SC	Quitobaquito Spring	(Pond and Springs) 31°56'39"/113°01'06"
SC	Redrock Canyon Creek	Headwaters to confluence with Harshaw Creek
SC	Rillito Creek	Headwaters to confluence with the Santa Cruz River
SC	Romero Canyon Creek	Headwaters to confluence with unnamed tributary at 32°24'29"/110°50'39"
SC	Rose Canyon Creek	Headwaters to confluence with Sycamore Canyon
SC	Rose Canyon Lake	32°23'13"/110°42'38"
SC	Ruby Lakes	31°26'29"/111°14'22"
SC	Sabino Creek	Headwaters to 32°23'20"/110°47'06"
SC	Sabino Creek	Below 32°23'20"/110°47'06" to confluence with Tanque Verde River
SC	Salero Ranch Tank	31°35'43"/110°53'25"
SC	Santa Cruz River	Headwaters to the at U.S./Mexico border
SC	Santa Cruz River	Baumgartner Road to the Ak Chin Indian Reservation boundary
SC	Santa Cruz River (EDW)	Nogales International WWTP outfall to the Tubac Bridge
SC	Santa Cruz River, West Branch	Headwaters to the confluence with Santa Cruz River
SC	Santa Cruz Wash, North Branch	Headwaters to City of Casa Grande WRF outfall at 32°54'57"/111°47'13"
SC	Santa Cruz Wash, North Branch (EDW)	City of Casa Grande WRF outfall to 1 km downstream
SC	Santa Rosa Wash	Below Tohono O'odham Indian Reservation to the Ak Chin Indian Reservation
SC	Santa Rosa Wash (EDW)	Palo Verde Utilities CO-WRF outfall at 33°04'20"/112°01'47" to the Chin Indian Reservation
SC	Soldier Tank	32°25'34"/110°44'43"
SC	Sonoita Creek	Headwaters to the Town of Patagonia WWTP outfall at 31°32'25"/110°45'31"
SC	Sonoita Creek	Below 1600 feet downstream of Town of Patagonia WWTP outfall groundwater upwelling point to confluence with the Santa Cruz River
SC	Split Tank	31°28'11"/111°05'12"
SC	Sutherland Wash	Headwaters to confluence with Cañada del Oro
SC	Sycamore Canyon	Headwaters to 32°21'60" / 110°44'48"
SC	Sycamore Canyon	From 32°21'60" / 110°44'48" to Sycamore Reservoir
SC	Sycamore Reservoir	32°20'57"/110°47'38"
SC	Tanque Verde Creek	Headwaters to Houghton Road
SC	Tanque Verde Creek	Below Houghton Road to confluence with Rillito Creek
SC	Three R Canyon	Headwaters to Unnamed Trib to Three R Canyon at 31°28'26"/110°46'04"
SC	Three R Canyon	From 31°28'26"/110°46'04" to 31°28'28"/110°47'15" (Cox Gulch)
SC	Three R Canyon	From (Cox Gulch) 31°28'28"/110°47'15" to confluence with Sonoita Creek
SC	Tinaja Wash	Headwaters to confluence with the Santa Cruz River
SC	Unnamed Trib (Endless Mine Tributary) to Harshaw Creek	Headwaters to Harshaw Creek @ 31°26'12.3"/110°43'27.26"
SC	Unnamed Trib (UA2) to Alum Gulch	Headwaters to Alum Gulch @ 31°28'49.67"/110°44'12.86"
SC	Unnamed Trib to Cox Gulch	Headwaters to Cox Gulch @ 31°27'53.86"/110°46'51.29"
SC	Unnamed Trib to Three R Canyon	Headwaters to Three R Canyon @ 31°28'25.82"/110°46'04.11"
SC	Unnamed Wash to Canada Del Oro (EDW)	Oracle Sanitary District WWTP outfall at 32°36'54"/110°48'02" to 5 km downstream
SC	Unnamed Wash to Canada del Oro (EDW)	Saddlebrook WWTP outfall at 32°32'00"/110°53'01" to confluence with Cañada del Oro
SC	Unnamed Wash to Santa Cruz Wash (EDW)	Arizona City Sanitary District WWTP outfall at 32°45'43"/111°44'24" to confluence with Santa Cruz Wash
SC	Vekol Wash	Headwater to Santa Cruz Wash: Those reaches not located on the Ak-Chin, Tohono O'odham and Gila River Indian Reservations
SC	Wakefield Canyon	Headwaters to confluence with unnamed tributary at 31°52'48"/110°26'27"
SC	Wakefield Canyon	Below confluence with unnamed tributary to confluence with Cienega Creek
SC	Wild Burro Canyon	Headwaters to confluence with unnamed tributary at 32°27'43"/111°05'47"
SC	Wild Burro Canyon	Below confluence with unnamed tributary to confluence with Santa Cruz River
SP	Abbot Canyon	Headwaters to confluence with Whitewater Draw
SP	Aravaipa Creek	Headwaters to confluence with Stowe Gulch
SP	Ash Creek	Headwaters to 31°50'28"/109°40'04"
SP	Babocomari River	Headwaters to confluence with the San Pedro River
SP	Bass Canyon Creek	Headwaters to confluence with unnamed tributary at 32°26'06"/110°13'22"
SP	Bass Canyon Tank	32°24'00"/110°13'00"
SP	Blacktail Pond	Fort Huachuca Military Reservation at 31°31'04"/110°24'47", headwater lake in Blacktail Canyon
SP	Booger Canyon	Headwaters to confluence with Aravaipa Creek
SP	Brewery Gulch	Headwaters to Mule Gulch @ 31°26'27.88"/109°54'48.1"
SP	Buck Canyon	Headwaters to confluence with Buck Creek Tank
SP	Buck Canyon	Below Buck Creek Tank to confluence with Dry Creek
SP	Buehman Canyon Creek	Below confluence with unnamed tributary to confluence with San Pedro River
SP	Buehman Canyon Creek (OAW)	Headwaters to confluence with unnamed tributary at 32°24'54"/110°32'10"
SP	Bullock Canyon	Headwaters to confluence with Buehman Canyon
SP	Carr Canyon Creek	Below confluence with unnamed tributary to confluence with the San Pedro River
SP	Copper Creek	Headwaters to confluence with Prospect Canyon
SP	Copper Creek	Below confluence with Prospect Canyon to confluence with the San Pedro River
SP	Curry Draw	Headwaters to San Pedro River
SP	Deer Creek	Headwaters to confluence with unnamed tributary at 32°59'57"/110°20'11"
SP	Deer Creek	Below confluence with unnamed tributary to confluence with Aravaipa Creek
SP	Dixie Canyon	Headwaters to confluence with Mexican Canyon
SP	Double R Canyon Creek	Headwaters to confluence with Bass Canyon
SP	Dry Canyon	Headwaters to confluence with Whitewater draw
SP	East Gravel Pit Pond	Fort Huachuca Military Reservation at 31°30'54"/110°19'44"
SP	Espiritu Canyon Creek	Headwaters to confluence with Soza Wash
SP	Fournmile Canyon Creek	Headwaters to confluence with Aravaipa Creek
SP	Fournmile Canyon, Left Prong	Headwaters to confluence with unnamed tributary at 32°43'15"/110°23'46"
SP	Fournmile Canyon, Left Prong	Below confluence with unnamed tributary to confluence with Fournmile Canyon Creek
SP	Fournmile Canyon, Right Prong	Headwaters to confluence with Fournmile Canyon
SP	Gadwell Canyon	Headwaters to confluence with Whitewater Draw
SP	Garden Canyon Creek	Headwaters to confluence with unnamed tributary at 31°29'01"/110°19'44"

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SP	Garden Canyon Creek	Below confluence with unnamed tributary to confluence with the San Pedro River
SP	Glance Creek	Headwaters to confluence with Whitewater Draw
SP	Gravel Pit Pond	Fort Huachuca Military Reservation at 31°30'52"/ 110°19'49"
SP	Greenbush Draw	From U.S./Mexico border to confluence with San Pedro River
SP	Greenbush Draw	From City of Bisbee San Jose WWTP outfall at 31° 20' 35.4", -109° 56' 10.2" to San Pedro River. The City of Bisbee San Jose WWTP outfall discharges to Greenbush Draw.
SP	Hidden Pond	Fort Huachuca Military Reservation at 32°30'30"/ 109°22'17"
SP	Horse Camp Canyon	Headwaters to confluence with Aravaipa Creek
SP	Hot Springs Canyon	Headwaters to confluence with the San Pedro River
SP	Johnson Canyon	Headwaters to Whitewater Draw at 31°32'46"/ 109°43'32"
SP	Leslie Creek	Headwaters to confluence with Whitewater Draw
SP	Lower Garden Canyon Pond	Fort Huachuca Military Reservation at 31°29'39"/ 110°18'34"
SP	Mexican Canyon	Headwaters to confluence with Dixie Canyon
SP	Miller Canyon	Headwaters to Broken Arrow Ranch Road at 31°25'35"/110°15'04"
SP	Miller Canyon	Below Broken Arrow Ranch Road to confluence with the San Pedro River
SP	Montezuma Creek	Headwaters to Mexico Border @ 31°20'01.87"/110°13'40.97"
SP	Mountain View Golf Course Pond	Fort Huachuca Military Reservation at 31°32'14"/ 110°18'52"
SP	Mule Gulch	Headwaters to the Lavender Pit at 31°26'11"/ 109°54'02"
SP	Mule Gulch	The Lavender Pit to the Highway 80 bridge at 31°26'30"/109°49'28"
SP	Mule Gulch	Below the Highway 80 bridge to confluence with Whitewater Draw
SP	Oak Grove Canyon	Headwaters to confluence with Turkey Creek
SP	Officers Club Pond	Fort Huachuca Military Reservation at 31°32'51"/ 110°21'37"
SP	Paige Canyon Creek	Headwaters to confluence with the San Pedro River
SP	Parsons Canyon	Headwaters to confluence with Aravaipa Creek
SP	Ramsey Canyon Creek	Headwaters to Forest Service Road #110 at 31°27'44"/110°17'30"
SP	Rattlesnake Creek	Headwaters to confluence with Brush Canyon
SP	Rattlesnake Creek	Below confluence with Brush Canyon to confluence with Aravaipa Creek
SP	Redfield Canyon	Headwaters to confluence with unnamed tributary at 32°33'40"/110°18'42"
SP	Redfield Canyon	Below confluence with unnamed tributary to confluence with the San Pedro River
SP	Rucker Canyon	Headwaters to confluence with Whitewater Draw
SP	Rucker Canyon Lake	31°46'46"/109°18'30"
SP	Solo Canyon	Headwaters to confluence with Dixie Canyon
SP	Swamp Springs Canyon Creek	Headwaters to confluence with Redfield Canyon
SP	Sycamore Pond I	Fort Huachuca Military Reservation at 31°35'12"/ 110°26'11"
SP	Sycamore Pond II	Fort Huachuca Military Reservation at 31°34'39"/ 110°26'10"
SP	Turkey Creek	Headwaters to confluence with Aravaipa Creek
SP	Unnamed Wash Mt. Lemmon (EDW)	Mt. Lemmon WWTP outfall at 32°26'51"/110°45'08" to 0.25 km downstream
SP	Virgus Canyon	Headwaters to confluence with Aravaipa Creek
SP	Walnut Gulch	Headwaters to Tombstone WWTP outfall at 31°43'47"/110°04'06"
SP	Walnut Gulch	Tombstone Wash to confluence with San Pedro River
SP	Walnut Gulch (EDW)	Tombstone WWTP outfall to the confluence with Tombstone Wash
SP	Woodcutters Pond	Fort Huachuca Military Reservation at 31°30'09"/ 110°20'12"
SR	Barnhard Creek	Headwaters to confluence with unnamed tributary at 34°05'37"/111°26'40"
SR	Barnhardt Creek	Below confluence with unnamed tributary to confluence with Rye Creek
SR	Basin Lake	33°55'00"/109°26'09"
SR	Bear Creek	Headwaters to confluence with the Black River
SR	Bear Wallow Creek, North Fork (OAW)	Headwaters to confluence with the Bear Wallow Creek
SR	Bear Wallow Creek, South Fork (OAW)	Headwaters to confluence with the Bear Wallow Creek
SR	Big Lake	33°52'36"/109°25'33"
SR	Bloody Tanks Wash	Headwaters to Schultze Ranch Road
SR	Bloody Tanks Wash	Schultze Ranch Road to confluence with Miami Wash
SR	Boulder Creek	Headwaters to confluence with LaBarge Creek
SR	Campaign Creek	Headwaters to Roosevelt Lake
SR	Canyon Creek	Headwaters to the White Mountain Apache Reservation boundary
SR	Centerfire Creek	Headwaters to confluence with the Black River
SR	Chambers Draw Creek	Headwaters to confluence with the North Fork of the East Fork of Black River
SR	Cherry Creek	Headwaters to confluence with unnamed tributary at 34°05'09"/110°56'07"
SR	Christopher Creek	Headwaters to confluence with Tonto Creek
SR	Cold Spring Canyon Creek	Headwaters to confluence with unnamed tributary at 33°49'50"/110°52'58"
SR	Cold Spring Canyon Creek	Below confluence with unnamed tributary to confluence with Cherry Creek
SR	Coon Creek	Headwaters to confluence with unnamed tributary at 33°46'41"/110°54'26"
SR	Coon Creek	Below confluence with unnamed tributary to confluence with Salt River
SR	Coyote Creek	Headwaters to confluence with the Black River, East Fork
SR	Deer Creek (D2E)	Headwaters to confluence with the Black River, East Fork
SR	Del Shay Creek	Headwaters to confluence with Gun Creek
SR	Devils Chasm Creek	Headwaters to confluence with unnamed tributary at 33°48'46"/110°52'35"
SR	Dipping Vat Reservoir	33°55'47"/109°25'31"
SR	Double Cienega Creek	Headwaters to confluence with Fish Creek
SR	Fish Creek	Headwaters to confluence with the Salt River
SR	Five Point Mountain Tributary	Headwaters to Pinto Creek @ 33°22'25.93"/110°58'14"
SR	Gibson Mine Tributary	Headwaters to Pinto Creek @ 33°20'48.99"/110°56'42.31"
SR	Gold Creek	Headwaters to confluence with unnamed tributary at 33°59'47"/111°25'10"
SR	Gold Creek	Below confluence with unnamed tributary to confluence with Tonto Creek
SR	Gordon Canyon Creek	Headwaters to confluence with Hog Canyon
SR	Gordon Canyon Creek	Below confluence with Hog Canyon to confluence with Haigler Creek
SR	Greenback Creek	Headwaters to confluence with Tonto Creek
SR	Home Creek	Headwaters to confluence with the Black River, West Fork
SR	Horse Camp Creek	Headwaters to confluence with unnamed tributary at 33°54'00"/110°50'07"
SR	Horse Camp Creek	Below confluence with unnamed tributary to confluence with Cherry Creek
SR	Houston Creek	Headwaters to confluence with Tonto Creek
SR	Hunter Creek	Headwaters to confluence with Christopher Creek

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SR	LaBarge Creek	Headwaters to Canyon Lake
SR	Lake Sierra Blanca	33°52'25"/109°16'05"
SR	Miami Wash	Headwaters to confluence with Pinal Creek
SR	Mule Creek	Headwaters to confluence with Canyon Creek
SR	Open Draw Creek	Headwaters to confluence with the East Fork of Black River
SR	P B Creek	Headwaters to Forest Service Road #203 at 33°57'08"/110°56'12"
SR	Pinal Creek	Headwaters to confluence with unnamed EDW wash (Globe WWTP) at 33°25'29"/110°48'20"
SR	Pinal Creek	From 33°26'55"/110°49'25" to Lower Pinal Creek water treatment plant outfall #001 at 33°31'04"/110°51'55"
SR	Pinal Creek	From See Ranch Crossing to confluence with unnamed tributary at 33°35'28"/110°54'31"
SR	Pinal Creek (EDW)	Confluence with unnamed EDW wash (Globe WWTP) to 33°25'29"/110°48'20"
SR	Pine Creek	Headwaters to confluence with the Salt River
SR	Pinto Creek	Below confluence with unnamed tributary to Roosevelt Lake
SR	Pole Corral Lake	33°30'38"/110°00'15"
SR	Pueblo Canyon Creek	Headwaters to confluence with unnamed tributary at 33°50'23"/110°51'37"
SR	Pueblo Canyon Creek	Below confluence with unnamed tributary to confluence with Cherry Creek
SR	Reevis Creek	Headwaters to confluence with Pine Creek
SR	Reservation Creek	Headwaters to confluence with the Black River
SR	Reynolds Creek	Headwaters to confluence with Workman Creek
SR	Russell Gulch	From Headwaters to confluence with Miami Wash
SR	Salome Creek	Headwaters to confluence with the Salt River
SR	Salt House Lake	33°57'04"/109°20'11"
SR	Slate Creek	Headwaters to confluence with Tonto Creek
SR	Snake Creek (OAW)	Headwaters to confluence with the Black River
SR	Spring Creek	Headwaters to confluence with Tonto Creek
SR	Stinky Creek (OAW)	Headwaters to confluence with the Black River, West Fork
SR	Thomas Creek	Headwaters to confluence with Beaver Creek
SR	Thompson Creek	Headwaters to confluence with the West Fork of the Black River
SR	Turkey Creek	Headwaters to confluence with Rock Creek
SR	Unnamed trib to Black River North Fork East Fork	Headwaters to Black River NF of EF
SR	Wildcat Creek	Headwaters to confluence with Centerfire Creek
SR	Workman Creek	Below confluence with Reynolds Creek to confluence with Salome Creek
UG	Ash Creek	Headwaters to confluence with unnamed tributary at 32°46'15"/109°51'45"
UG	Ash Creek	Below confluence with unnamed tributary to confluence with the Gila River
UG	Bennett Wash	Headwaters to the Gila River
UG	Bucklew Creek	Headwaters to confluence with Castle Creek
UG	Castle Creek	Headwaters to confluence with Campbell Blue Creek
UG	Cave Creek	Below Coronado National Forest boundary to New Mexico border
UG	Chase Creek	Headwaters to the Phelps-Dodge Morenci Mine
UG	Chase Creek	Below the Phelps-Dodge Morenci Mine to confluence with San Francisco River
UG	Chitty Canyon Creek	Headwaters to confluence with Salt House Creek
UG	Cima Creek	Headwaters to confluence with Cave Creek
UG	Cluff Reservoir #1	32°48'55"/109°50'46"
UG	Cluff Reservoir #3	32°48'21"/109°51'46"
UG	Coleman Creek	Headwaters to confluence with Campbell Blue Creek
UG	Dankworth Lake	32°43'13"/109°42'17"
UG	Deadman Canyon Creek	Below confluence with unnamed tributary to confluence with Graveyard Wash
UG	Eagle Creek	Headwaters to confluence with unnamed tributary at 33°22'32"/109°29'43"
UG	East Eagle Creek	Headwaters to confluence with Eagle Creek
UG	East Turkey Creek	Headwaters to confluence with unnamed tributary at 31°58'22"/109°12'20"
UG	East Turkey Creek	Below confluence with unnamed tributary to terminus near San Simon River
UG	East Whitetail	Headwaters to terminus near San Simon River
UG	Emigrant Canyon	Headwaters to terminus near San Simon River
UG	Evans Pond #1	32°49'19"/109°51'12"
UG	Evans Pond #2	32°49'14"/109°51'09"
UG	Fishhook Creek	Headwaters to confluence with the Blue River
UG	Foot Creek	Headwaters to confluence with the Blue River
UG	Frye Canyon Creek	Headwaters to Frye Mesa Reservoir
UG	Frye Canyon Creek	Frye Mesa reservoir to terminus at Highline Canal.
UG	Frye Mesa Reservoir	32°45'14"/109°50'02"
UG	Georges Tank	33°51'24"/109°08'30"
UG	Gibson Creek	Headwaters to confluence with Marijilda Creek
UG	Lanphier Canyon	Headwaters to confluence with the Blue River
UG	Little Blue Creek	Headwaters to confluence with Dutch Blue Creek
UG	Little Creek	Headwaters to confluence with the San Francisco River
UG	Marijilda Creek	Headwaters to confluence with Gibson Creek
UG	Marijilda Creek	Below confluence with Gibson Creek to confluence with Stockton Wash
UG	Markham Creek	Headwaters to confluence with the Gila River
UG	Pigeon Creek	Headwaters to confluence with the Blue River
UG	Roper Lake	32°45'23"/109°42'14"
UG	Sheep Tank	32°46'14"/109°48'09"
UG	Smith Pond	32°49'15"/109°50'36"
UG	Squaw Creek	Headwaters to confluence with Thomas Creek
UG	Stone Creek	Headwaters to confluence with the San Francisco River
UG	Strayhorse Creek	Headwaters to confluence with the Blue River
UG	Thomas Creek	Headwaters to confluence with Rousensock Creek
UG	Tinny Pond	33°47'49"/109°04'27"
VR	American Gulch	Headwaters to the Northern Gila County Sanitary District WWTP outfall at 34°14'02"/111°22'14"
VR	American Gulch (EDW)	Below Northern Gila County Sanitary District WWTP outfall to confluence with the East Verde River
VR	Apache Creek	Headwaters to confluence with Walnut Creek
VR	Ashbrook Wash	Headwaters to the Fort McDowell Indian Reservation boundary

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VR	Aspen Creek	Headwaters to confluence with Granite Creek
VR	Banning Creek	Headwaters to Granite Creek @ 34°31'01.02"/112°28'37.63"
VR	Bar Cross Tank	35°00'41"/112°05'39"
VR	Barrata Tank	35°02'43"/112°24'21"
VR	Big Chino Wash	Headwaters to confluence with Sullivan Lake
VR	Bitter Creek	Headwaters to the Jerome WWTP outfall at 34°45'12"/112°06'24"
VR	Bitter Creek (EDW)	Jerome WWTP outfall to the Yavapai Apache Indian Reservation boundary
VR	Black Canyon Creek	Headwaters to confluence with unnamed tributary at 34°39'20"/112°05'06"
VR	Black Canyon Creek	Below confluence with unnamed tributary to confluence with the Verde River
VR	Bonita Creek	Headwaters to confluence with Ellison Creek
VR	Bray Creek	Headwaters to confluence with Webber Creek
VR	Butte Creek	Headwaters to Miller Creek @ 34°32'49.03"/112°28'29.3"
VR	Camp Creek	Headwaters to confluence with Verde River
VR	Cereus Wash	Headwaters to the Fort McDowell Indian Reservation boundary
VR	Chase Creek	Headwaters to confluence with the East Verde River
VR	Clover Creek	Headwaters to confluence with Headwaters of West Clear Creek
VR	Coffee Creek	Headwaters to confluence with Spring Creek
VR	Colony Wash	Headwaters to the Fort McDowell Indian Reservation boundary
VR	Deadman Creek	Headwaters to Horseshoe Reservoir
VR	Del Monte Gulch	Headwaters to confluence with City of Cottonwood WWTP outfall 002 at 34°43'57"/112°02'46"
VR	Del Monte Gulch (EDW)	City of Cottonwood WWTP outfall 002 at 34°43'57"/112°02'46" to confluence with Verde River
VR	Del Rio Dam Lake	34°48'55"/112°28'03"
VR	Dry Beaver Creek	Headwaters to confluence with Beaver Creek
VR	Dry Creek (EDW)	Sedona Ventures WWTP outfall at 34°50'42"/111°52'26" to 34°50'02"/111°52'17"
VR	Dude Creek	Headwaters to confluence with the East Verde River
VR	Ellison Creek	Headwaters to confluence with the East Verde River
VR	Foxboro Lake	34°53'42"/111°39'55"
VR	Fry Lake	35°03'45"/111°48'04"
VR	Gap Creek	Headwaters to confluence with Government Spring
VR	Gap Creek	Below Government Spring to confluence with the Verde River
VR	Garrett Tank	35°18'57"/112°42'20"
VR	Goldwater Lake, Lower	34°29'56"/112°27'17"
VR	Goldwater Lake, Upper	34°29'52"/112°26'59"
VR	Government Canyon	Headwaters to Granite Creek @ 34°33'29.49"/112°26'53.18"
VR	Granite Basin Lake	34°37'01"/112°32'58"
VR	Granite Creek	Headwaters to Watson Lake
VR	Granite Creek	Below Watson Lake to confluence with the Verde River
VR	Green Valley Lake (EDW)	34°13'54"/111°20'45"
VR	Heifer Tank	35°20'27"/112°32'59"
VR	Hells Canyon Tank	35°04'59"/112°24'07"
VR	Homestead Tank	35°21'24"/112°41'36"
VR	Horse Park Tank	34°58'15"/111°36'32"
VR	Houston Creek	Headwaters to confluence with the Verde River
VR	Huffer Tank	34°27'46"/111°23'11"
VR	J.D. Dam Lake	35°04'02"/112°01'48"
VR	Jacks Canyon	Headwaters to Big Park WWTP outfall at 34°45'46"/111°45'51"
VR	Jacks Canyon (EDW)	Below Big Park WWTP outfall to confluence with Dry Beaver Creek
VR	Lime Creek	Headwaters to Horseshoe Reservoir
VR	Mail Creek	Headwaters to East Verde River @ 34°25'03.88"/111°15'49.6"
VR	Manzanita Creek	Headwaters to Granite Creek @ 34°31'31.19"/112°28'44.34"
VR	Masonry Number 2 Reservoir	35°13'32"/112°24'10"
VR	McLellan Reservoir	35°13'09"/112°17'06"
VR	Meath Dam Tank	35°07'52"/112°27'35"
VR	Miller Creek	Headwaters to Granite Creek @ 34°32'48.55"/112°28'12.96"
VR	Mullican Place Tank	34°44'16"/111°36'10"
VR	Munds Creek (EDW), Tributary to Oak Creek	From Pinewood Sanitary District Kay S. Blackman WWTP outfall at 34°56'09", -111°38'35" to Oak Creek.
VR	North Fork Miller	Headwaters to Miller Creek
VR	North Granite Creek	Headwaters to Granite Creek @ 34°33'04.33"/112°27'50.45"
VR	Oak Creek, West Fork (OAW)	Headwaters to confluence with Oak Creek
VR	Odell Lake	34°56'5"/111°37'53"
VR	Peck's Lake	34°46'51"/112°02'01"
VR	Perkins Tank	35°06'42"/112°04'12"
VR	Pine Creek	Headwaters to confluence with unnamed tributary at 34°21'51"/111°26'49"
VR	Pine Creek	Below confluence with unnamed tributary to confluence with East Verde River
VR	Red Creek	Headwaters to confluence with the Verde River
VR	Reservoir #1	35°13'5"/111°50'09"
VR	Reservoir #2	35°13'17"/111°50'39"
VR	Roundtree Canyon Creek	Headwaters to confluence with Tangle Creek
VR	Scholze Lake	35°11'53"/112°00'37"
VR	Slaughterhouse Gulch	Headwaters to Yavapai Res. Boundary
VR	Spring Creek	Headwaters to confluence with unnamed tributary at 34°57'23"/111°57'21"
VR	Steel Dam Lake	35°13'36"/112°24'54"
VR	Stehr Lake	34°22'01"/111°40'02"
VR	Stoneman Lake	34°46'47"/111°31'14"
VR	Sycamore Creek	Below confluence with unnamed tributary to confluence with Verde River
VR	Sycamore Creek	Headwaters to confluence with Verde River at 34°04'42"/111°42'14"
VR	Tangle Creek	Headwaters to confluence with Verde River
VR	Trinity Tank	35°27'44"/112°48'01"
VR	Unnamed Trib to Granite Creek (UGC)	Headwaters to Yavapai Prescott Reservation Boundary
VR	Unnamed Trib to UGC (UGG)	Headwaters to Unnamed Trib to Granite Creek (UGC)

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VR	Unnamed Wash	Flagstaff Meadows WWTP outfall at 35°13'53.54"/ 111°48'40.32" to Volunteer Wash
VR	Walnut Creek	Headwaters to confluence with Big Chino Wash
VR	Watson Lake	34°34'58"/112°25'26"
VR	Webber Creek	Headwaters to confluence with the East Verde River
VR	Wet Beaver Creek	Headwaters to unnamed springs at 34°41'17"/ 111°34'34"
VR	Whitehorse Lake	35°06'59"/112°00'48"
VR	Williamson Valley Wash	Headwaters to confluence with Mint Wash
VR	Williamson Valley Wash	From confluence of Mint Wash to 10.5 km downstream
VR	Williamson Valley Wash	From 10.5 km downstream of Mint Wash confluence to confluence with Big Chino Wash
VR	Williscraft Tank	35°11'22"/112°35'40"
VR	Willow Creek	Above Willow Creek Reservoir
VR	Willow Valley Lake	34°41'08"/111°20'02"

**Historical Note**

Table C made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**R18-11-217. Best Management Practices for non-WOTUS Protected Surface Waters**

- A.** The BMPs described in this rule are intended to ensure that activities within the ordinary high-water mark of perennial or intermittent non-WOTUS protected surface waters, or within the bed and bank of other waters that materially impact (i.e., are within 1/4 mile upstream of) non-WOTUS protected surface waters, do not violate applicable surface water quality standards in the non-WOTUS protected surface waters. For purposes of this Section, the activities described in the prior sentence will be referred to as "regulated activities." Depending on the regulated activities conducted, not all of the BMPs described below may be applicable to a particular project. The owner or operator is responsible to consider the BMPs outlined below and to implement those necessary to ensure that the regulated activities will not violate applicable surface water quality standards in the non-WOTUS protected surface water.
- B.** The BMPs described below are not applicable to any activities that are addressed under an individual or general AZPDES permit that are otherwise regulated under A.R.S. Title 49.
- C.** Erosion and sedimentation control BMPs:
- When flow is present in any non-WOTUS protected surface waters within a project area, flow shall not be altered except to prevent erosion or pollution of any non-WOTUS protected surface waters.
  - Any disturbance within the ordinary high-water mark of non-WOTUS protected surface waters or within the bed and banks of other waters, that is not intended to be permanently altered, shall be stabilized as soon as practicable to prevent erosion and sedimentation.
  - When flow in any non-WOTUS protected surface water is sufficient to erode, carry, or deposit material, regulated activities shall cease until:
    - The flow decreases below the point where sediment movement ceases; or
    - Control measures have been undertaken, i.e., equipment and material easily transported by flow are protected within non-erodible barriers or moved outside the flow area.
  - Silt laden or turbid water resulting from regulated activities should be managed in a manner to reduce sediment load prior to discharging.
  - No washing or dewatering of fill material should occur within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface waters. Other than the replacement of native fill or material used to support vegetation rooting or growth, fill placed within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface water must resist washout
- whether such resistance is derived via particle size limits, presence of a binder, vegetation, or other armoring.
- D.** Pollutant management BMPs:
- If regulated activities are likely to violate applicable surface water quality standards in a perennial or intermittent non-WOTUS protected surface water, operations shall cease until the problem is resolved or until control measures have been implemented.
  - Construction material and/or fill (other than native fill or that necessary to support revegetation) placed within surface waters as a result of regulated activities shall not include pollutants in concentrations that will violate applicable surface water quality standards in a perennial or intermittent non-WOTUS protected surface water.
- E.** Construction phase BMPs:
- Equipment staging and storage areas or fuel, oil, and other petroleum products storage and solid waste containment should not be located within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface water.
  - Any equipment maintenance, washing, or fueling shall not be done within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface waters with the following exception: Equipment too large or unwieldy to be readily moved, such as large cranes, may be fueled and serviced in non-WOTUS protected surface waters (but outside of standing or flowing water) provided material specifically manufactured and sold as spill containment is in place during fueling/servicing.
  - All equipment shall be inspected for leaks, all leaks shall be repaired, and all repaired equipment shall be cleaned to remove any fuel or other fluid residue prior to use within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface waters.
  - Washout of concrete handling equipment shall not take place within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface waters.
- F.** Post-construction BMPs:
- Upon completion of regulated activities, areas within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface waters shall be promptly cleared of all forms, piling, construction residues, equipment, debris, or other obstructions.
  - If fully, partially, or occasionally submerged structures are constructed of cast-in-place concrete instead of pre-cast concrete, steps will be taken using sheet piling or temporary dams to prevent contact between water (instream and runoff) and the concrete until it cures and until any curing agents have evaporated or are no longer a pollutant threat.

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3. Any permanent water crossings within the ordinary high-water mark of any perennial or intermittent in a non-WOTUS protected surface water (other than fords) shall not be equipped with gutters, drains, scuppers, or other conveyances that allow untreated runoff (due to events equal to or lesser in magnitude than the design event for the crossing structure) to directly enter a non-WOTUS protected surface water if such runoff can be directed to a local stormwater drainage, containment, and/or treatment system.
  4. Debris shall be cleared as needed from culverts, ditches, dips, and other drainage structures within the ordinary high-water mark of any perennial or intermittent non-WOTUS protected surface water to prevent clogging or conditions that may lead to a washout.
  5. Temporary structures constructed or imported materials shall be removed no later than upon completion of the regulated activities.
  6. Temporary structures constructed of native materials, if they provide an obstacle to flow or can contribute to or cause erosion, or cause changes in sediment load, shall be removed no later than upon completion of the regulated activities.
- G. Design consideration BMPs:**
1. All temporary structures constructed of imported materials and all permanent structures, including but not limited to, access roadways, culvert crossings, staging areas, material stockpiles, berms, dikes, and pads, shall be constructed so as to accommodate overtopping and resist washout by streamflow.
  2. Any temporary crossing, other than fords on native material, shall be constructed in such a manner so as to provide armoring of the stream channel. Materials used to provide this armoring shall not include anything easily transportable by flow. Examples of acceptable materials include steel plates, untreated wooden planks, pre-cast concrete planks or blocks. Examples of unacceptable materials include clay, silt, sand, and gravel finer than cobble (roughly fist-sized). The armoring shall, via mass, anchoring systems, or a combination of the two, resist washout.
- H. Notification.** The owner or operator of any regulated activities shall, five days prior to initiation of the regulated activities, submit a notice to ADEQ on a form that includes basic information including the GPS location, the waterbody ID of the nearest non-WOTUS protected surface water, general description of planned activities, types of BMPs to be employed during the project, and phone number and email for a contact person. Work may proceed after five calendar days have passed since the owner/operator provided notification to ADEQ unless ADEQ responds in writing to the contact person for the owner/operator.
- I. Exclusions:** The BMPs and notification requirements in this Section shall not apply to:
1. Activities that are already regulated under A.R.S. Title 49.
  2. Discharges to a non-WOTUS protected surface water incidental to a recharge project.
  3. Established or ongoing farming, ranching and silviculture activities such as plowing, seeding, cultivating, minor drainage or harvesting for the production of food, fiber or forest products or upland soil and water conservation practices.
  4. Maintenance but not construction of drainage ditches.

5. Construction and maintenance of irrigation ditches.
6. Maintenance of structures as dams, dikes, and levees.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 302 (January 27, 2023), effective February 20, 2023 (Supp. 22-4).

**Appendix A. Repealed****Historical Note**

Former Section R9-21-208, Appendices 1 through 9 renumbered and amended as new Appendix A adopted effective January 7, 1985 (Supp. 85-1). Amended effective August 12, 1986 (Supp. 86-4). Appendix repealed effective February 18, 1992 (Supp. 92-1).

**Appendix B. Repealed****Historical Note**

Former R9-21-209, Table 1 and Table 2 renumbered and amended as Appendix B adopted effective January 7, 1985 (Supp. 85-1). Amended effective August 12, 1986 (Supp. 86-4). Appendix repealed effective February 18, 1992 (Supp. 92-1).

**ARTICLE 3. RECLAIMED WATER QUALITY STANDARDS****R18-11-301. Definitions**

The terms in this Article have the following meanings:

"Direct reuse" has the meaning prescribed in A.A.C. R18-9-A701(2).

"Disinfection" means a treatment process that uses oxidants, ultraviolet light, or other agents to kill or inactivate pathogenic organisms in wastewater.

"Filtration" means a treatment process that removes particulate matter from wastewater by passage through porous media.

"Gray water" means wastewater, collected separately from a sewage flow, that originates from a clothes washer, bathtub, shower, or sink, but it does not include wastewater from a kitchen sink, dishwasher, or a toilet.

"Industrial wastewater" means wastewater generated from an industrial process.

"Landscape impoundment" means a manmade lake, pond, or impoundment of reclaimed water where swimming, wading, boating, fishing, and other water-based recreational activities are prohibited. A landscape impoundment is created for storage, landscaping, or for aesthetic purposes only.

"NTU" means nephelometric turbidity unit.

"On-site wastewater treatment facility" has the meaning prescribed in A.R.S. § 49-201(29).

"Open access" means that access to reclaimed water by the general public is uncontrolled.

"Reclaimed water" has the meaning prescribed in A.R.S. § 49-201(41).

"Recreational impoundment" means a manmade lake, pond, or impoundment of reclaimed water where boating or fishing is an intended use of the impoundment. Swimming and other full-body recreation activities (for example, water-skiing) are prohibited in a recreational impoundment.

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“Restricted access” means that access to reclaimed water by the general public is controlled.

“Secondary treatment” means a biological treatment process that achieves the minimum level of effluent quality defined by the federal secondary treatment regulation at 40 CFR § 133.102.

“Sewage” means untreated wastes from toilets, baths, sinks, lavatories, laundries, and other plumbing fixtures in places of human habitation, employment, or recreation.

**Historical Note**

Adopted effective July 9, 1981 (Supp. 81-4). Former Section R9-21-301 renumbered without change as Section R18-11-301 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1). Amended by final expedited rulemaking at 31 A.A.R. 1008 (March 28, 2025), with an immediate effective date of March 7, 2025 (Supp. 25-1).

**R18-11-302. Applicability**

This Article applies to the direct reuse of reclaimed water, except for:

1. The direct reuse of gray water, or
2. The direct reuse of reclaimed water from an onsite wastewater treatment facility regulated by a general Aquifer Protection Permit under 18 A.A.C. 9, Article 3.

**Historical Note**

Adopted effective June 8, 1981 (Supp. 81-3). Amended effective January 7, 1985 (Supp. 85-1). Former Section R9-21-302 renumbered without change as Section R18-11-302 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

**R18-11-303. Class A+ Reclaimed Water**

- A. Class A+ reclaimed water is wastewater that has undergone secondary treatment, filtration, nitrogen removal treatment, and disinfection. Chemical feed facilities to add coagulants or polymers are required to ensure that filtered effluent before disinfection complies with the 24-hour average turbidity criterion prescribed in subsection (B)(1). Chemical feed facilities may remain idle if the 24-hour average turbidity criterion in (B)(1) is achieved without chemical addition.
- B. An owner of a facility shall ensure that:
  1. The turbidity of Class A+ reclaimed water at a point in the wastewater treatment process after filtration and immediately before disinfection complies with the following:
    - a. The 24-hour average turbidity of filtered effluent is two NTUs or less, and
    - b. The turbidity of filtered effluent does not exceed five NTUs at any time.
  2. Class A+ reclaimed water meets the following criteria after disinfection treatment and before discharge to a reclaimed water distribution system:
    - a. There are no detectable fecal coliform organisms in four of the last seven daily reclaimed water samples taken, and
    - b. The single sample maximum concentration of fecal coliform organisms in a reclaimed water sample is less than 23 / 100 ml.

- c. If alternative treatment processes or alternative turbidity criteria are used, or reclaimed water is blended with other water to produce Class A+ reclaimed water under subsection (C), there are no detectable enteric virus in four of the last seven monthly reclaimed water samples taken.
3. The 5-sample geometric mean concentration of total nitrogen in a reclaimed water sample is less than 10 mg / L.
- C. An owner of a facility may use alternative treatment methods other than those required by subsection (A), or comply with alternative turbidity criteria other than those required by subsection (B)(1), or blend reclaimed water with other water to produce Class A+ reclaimed water provided the owner demonstrates through pilot plant testing, existing water quality data, or other means that the alternative treatment methods, alternative turbidity criteria, or blending reliably produces a reclaimed water that meets the disinfection criteria in subsection (B)(2) and the total nitrogen criteria in subsection (B)(3) before discharge to a reclaimed water distribution system.
- D. Class A+ reclaimed water is not required for any type of direct reuse. A person may use Class A+ reclaimed water for any type of direct reuse listed in Table A.

**Historical Note**

Adopted effective January 7, 1985 (Supp. 85-1). Amended effective August 12, 1986 (Supp. 86-4). Former Section R9-21-303 renumbered without change as Section R18-11-303 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

**R18-11-304. Class A Reclaimed Water**

- A. Class A reclaimed water is wastewater that has undergone secondary treatment, filtration, and disinfection. Chemical feed facilities to add coagulants or polymers are required to ensure that filtered effluent before disinfection complies with the 24-hour average turbidity criterion prescribed in subsection (B)(1). Chemical feed facilities may remain idle if the 24-hour average turbidity criterion in subsection (B)(1) is achieved without chemical addition.
- B. An owner of a facility shall ensure that:
  1. The turbidity of Class A reclaimed water at a point in the wastewater treatment process after filtration and immediately before disinfection complies with the following:
    - a. The 24-hour average turbidity of filtered effluent is two NTUs or less, and
    - b. The turbidity of filtered effluent does not exceed five NTUs at any time.
  2. Class A reclaimed water meets the following criteria after disinfection treatment and before discharge to a reclaimed water distribution system:
    - a. There are no detectable fecal coliform organisms in four of the last seven daily reclaimed water samples taken, and
    - b. The single sample maximum concentration of fecal coliform organisms in a reclaimed water sample is less than 23 / 100 ml.
    - c. If alternative treatment processes or alternative turbidity criteria are used, or reclaimed water is blended with other water to produce Class A reclaimed water under subsection (C), there are no detectable enteric virus in four of the last seven monthly reclaimed water samples taken.

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- C. An owner of a facility may use alternative treatment methods other than those required by subsection (A), or comply with alternative turbidity criteria other than those required by subsection (B)(1), or blend reclaimed water with other water to produce Class A reclaimed water provided the owner demonstrates through pilot plant testing, existing water quality data, or other means that the alternative treatment methods, alternative turbidity criteria, or blending reliably produces a reclaimed water that meets the disinfection criteria in subsection (B)(2) before discharge to a reclaimed water distribution system.
- D. A person shall use Class A reclaimed water for a type of direct reuse listed as Class A in Table A. A person may use Class A reclaimed water for a type of direct reuse listed as Class B or Class C in Table A.

**Historical Note**

Adopted effective January 7, 1985 (Supp. 85-1).  
Amended effective August 12, 1986 (Supp. 86-4). Former Section R9-21-304 renumbered without change as Section R18-11-304 (Supp. 87-3). Section repealed effective February 18, 1992 (Supp. 92-1). New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

**R18-11-305. Class B+ Reclaimed Water**

- A. Class B+ reclaimed water is wastewater that has undergone secondary treatment, nitrogen removal treatment, and disinfection.
- B. An owner of a facility shall ensure that:
1. Class B+ reclaimed water meets the following criteria after disinfection treatment and before discharge to a reclaimed water distribution system:
    - a. The concentration of fecal coliform organisms in four of the last seven daily reclaimed water samples is less than 200 / 100 ml.
    - b. The single sample maximum concentration of fecal coliform organisms in a reclaimed water sample is less than 800 / 100 ml.
  2. The 5-sample geometric mean concentration of total nitrogen in a reclaimed water sample is less than 10 mg / L.
- C. Class B+ reclaimed water is not required for a type of direct reuse. A person may use Class B+ reclaimed water for a type of direct reuse listed as Class B or Class C in Table A. A person shall not use Class B+ reclaimed water for a type of direct reuse listed as Class A in Table A.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

**R18-11-306. Class B Reclaimed Water**

- A. Class B reclaimed water is wastewater that has undergone secondary treatment and disinfection.
- B. An owner of a facility shall ensure that Class B reclaimed water meets the following criteria after disinfection treatment and before discharge to a reclaimed water distribution system:
1. The concentration of fecal coliform organisms in four of the last seven daily reclaimed water samples is less than 200 / 100 ml.
  2. The single sample maximum concentration of fecal coliform organisms in a reclaimed water sample is less than 800 / 100 ml.
- C. A person shall use a minimum of Class B reclaimed water for a type of direct reuse listed as Class B in Table A. A person

may use Class B reclaimed water for a type of direct reuse listed as Class C in Table A. A person shall not use Class B reclaimed water for a type of direct reuse listed as Class A in Table A.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

**R18-11-307. Class C Reclaimed Water**

- A. Class C reclaimed water is wastewater that has undergone secondary treatment in a series of wastewater stabilization ponds, including aeration, with or without disinfection.
- B. The owner of a facility shall ensure that:
1. The total retention time of Class C reclaimed water in wastewater stabilization ponds is at least 20 days.
  2. Class C reclaimed water meets the following criteria after treatment and before discharge to a reclaimed water distribution system:
    - a. The concentration of fecal coliform organisms in four of the last seven reclaimed water samples taken is less than 1000 / 100 ml.
    - b. The single sample maximum concentration of fecal coliform organisms in a reclaimed water sample is less than 4000 / 100 ml.
- C. A person shall use a minimum of Class C reclaimed water for a type of direct reuse listed as Class C in Table A. A person shall not use Class C reclaimed water for a type of direct reuse listed as Class A or Class B in Table A.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

**R18-11-308. Industrial Reuse**

- A. The reclaimed water quality requirements for the following direct reuse applications are industry-specific and shall be determined by the Department on a case-by-case basis in a reclaimed water permit issued by the Department under 18 A.A.C. 9, Article 7:
1. Direct reuse of industrial wastewater containing sewage.
  2. Direct reuse of industrial wastewater for the production or processing of any crop used as human or animal food.
- B. The Department shall use best professional judgment to determine the reclaimed water quality requirements needed to protect public health and the environment for a type of direct reuse specified in subsection (A).

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

**R18-11-309. Reclaimed Water Quality Standards for an Unlisted Type of Direct Reuse**

- A. The Department may prescribe in an individual reclaimed water permit issued under 18 A.A.C. 9, Article 7, reclaimed water quality requirements for a type of direct reuse not listed in Table A. Before permitting a direct reuse of reclaimed water not listed in Table A, the Department shall, using its best professional judgment, determine and require compliance with reclaimed water quality requirements needed to protect public health and the environment.
- B. Department may determine that Class A+, A, B+, B, or C reclaimed water is appropriate for a new type of direct reuse.
- C. The Department shall consider the following factors when prescribing reclaimed water quality requirements for a new type of direct reuse:



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1. The risk to public health;
2. The degree of public access to the site where the reclaimed water is reused and human exposure to the reclaimed water;
3. The level of treatment necessary to ensure that the reclaimed water is aesthetically acceptable;
4. The level of treatment necessary to prevent nuisance conditions;
5. Specific water quality requirements for the intended type of direct reuse;
6. The means of application of the reclaimed water;
7. The degree of treatment necessary to avoid a violation of surface water quality standards or aquifer water quality standards;
8. The potential for improper or unintended use of the reclaimed water;
9. The reuse guidelines, criteria, or standards adopted or recommended by the U.S. Environmental Protection Agency or other federal or state agencies that apply to the new type of direct reuse; and
10. Similar wastewater reclamation experience of reclaimed water providers in the United States.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

**Table A. Minimum Reclaimed Water Quality Requirements for Direct Reuse**

Type of Direct Reuse	Minimum Class of Reclaimed Water Required
Irrigation of food crops	A
Recreational impoundments	A
Residential landscape irrigation	A
Schoolground landscape irrigation	A
Open access landscape irrigation	A
Toilet and urinal flushing	A
Fire protection systems	A
Spray irrigation of an orchard or vineyard	A
Commercial closed loop air conditioning systems	A
Vehicle and equipment washing (does not include self-service vehicle washes)	A
Snowmaking	A
Surface irrigation of an orchard or vineyard	B
Golf course irrigation	B
Restricted access landscape irrigation	B
Landscape impoundment	B
Dust control	B
Soil compaction and similar construction activities	B
Pasture for milking animals	B
Livestock watering (dairy animals)	B
Concrete and cement mixing	B
Materials washing and sieving	B
Street cleaning	B
Pasture for non-dairy animals	C
Livestock watering (non-dairy animals)	C
Irrigation of sod farms	C
Irrigation of fiber, seed, forage, and similar crops	C
Silviculture	C

Note: Nothing in this Article prevents a wastewater treatment plant from using a higher quality reclaimed water for a type of direct reuse than the minimum class of reclaimed water listed in Table A. For example, a wastewater treatment plant may provide Class A reclaimed water for a type of direct reuse where Class B or Class C reclaimed water is acceptable.

**Historical Note**

New Table adopted by final rulemaking at 7 A.A.R. 870, effective January 22, 2001 (Supp. 01-1).

**ARTICLE 4. AQUIFER WATER QUALITY STANDARDS****R18-11-401. Definitions**

In addition to the definitions contained in A.R.S. §§ 49-101 and 49-201, the terms of this Article shall have the following meanings:

1. "Beta particle and photon radioactivity from man-made radionuclides" means all radionuclides emitting beta particles or photons, except Thorium-232, Uranium-235, Uranium-238 and their progeny.
2. "Dose equivalent" means the product of the absorbed dose from ionizing radiation and such factors as account for differences in biological effectiveness due to the type of radiation and its distribution in the body as specified by the International Commission on Radiological Units and Measurements.
3. "Drinking water protected use" means the protection and maintenance of aquifer water quality for human consumption.
4. "Gross alpha particle activity" means the total radioactivity due to alpha particle emission as inferred from measurements on a dry sample.
5. "Mg/l" means milligrams per liter.
6. "Millirem" means 1/1000 of a rem. A rem means the unit of dose equivalent from ionizing radiation to the total body or any internal organ or organ system.
7. "Non-drinking water protected use" means the protection and maintenance of aquifer water quality for a use other than for human consumption.
8. "pCi" means picocurie, or the quantity of radioactive material producing 2.22 nuclear transformations per minute.
9. "Total trihalomethanes" means the sum of the concentrations of the following trihalomethane compounds: trichloromethane (chloroform), dibromo-chloromethane, bromodichloromethane and tribromo-methane (bromoform).

**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).  
Amended effective August 14, 1992 (Supp. 92-3).

**R18-11-402. Repealed****Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).  
Repealed effective August 14, 1992 (Supp. 92-3).

**R18-11-403. Analytical Methods**

Analysis of a sample to determine compliance with an aquifer water quality standard shall be in accordance with an analytical method specified in A.A.C. Title 9, Chapter 14, Article 6 or an alternative analytical method that is approved by the Director of the Arizona Department of Health Services pursuant to A.A.C. R9-14-610(C).

**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).

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Amended effective August 14, 1992 (Supp. 92-3).  
 Amended by final expedited rulemaking at 29 A.A.R.  
 2344 (October 6, 2023), with an immediate effective date  
 of September 22, 2023 (Supp. 23-3).

**R18-11-404. Laboratories**

A test result from a sample taken to determine compliance with an aquifer water quality standard shall be valid only if the sample has been analyzed by a laboratory that is licensed by the Arizona Department of Health Services for the analysis performed.

**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).  
 Amended effective August 14, 1992 (Supp. 92-3).

**R18-11-405. Narrative Aquifer Water Quality Standards**

- A.** A discharge shall not cause a pollutant to be present in an aquifer classified for a drinking water protected use in a concentration which endangers human health.
- B.** A discharge shall not cause or contribute to a violation of a water quality standard established for a navigable water of the state.
- C.** A discharge shall not cause a pollutant to be present in an aquifer which impairs existing or reasonably foreseeable uses of water in an aquifer.

**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).  
 Amended effective August 14, 1992 (Supp. 92-3).

**R18-11-406. Numeric Aquifer Water Quality Standards: Drinking Water Protected Use**

- A.** The aquifer water quality standards in this Section apply to aquifers that are classified for drinking water protected use.
- B.** The following are the aquifer water quality standards for inorganic chemicals:

<u>Pollutant</u>	<u>(mg/L)</u>
Antimony	0.006
Arsenic	0.010
Asbestos	7 million fibers/liter (longer than 10 mm)
Barium	2
Bromate	0.010
Beryllium	0.004
Cadmium	0.005
Chlorite	1.0
Chromium	0.1
Cyanide (As Free Cyanide)	0.2
Fluoride	4.0
Lead	0.05
Mercury	0.002
Nickel	0.1
Nitrate (as N)	10
Nitrite (as N)	1
Nitrate and nitrite (as N)	10
Selenium	0.05
Thallium	0.002
Uranium	0.030

- C.** The following are the aquifer water quality standards for organic chemicals:

<u>Pollutant</u>	<u>(mg/L)</u>
Benzene	0.005
Benzo (a) pyrene	0.0002
Carbon Tetrachloride	0.005

o-Dichlorobenzene	0.6
para-Dichlorobenzene	0.075
1,2-Dichloroethane	0.005
1,1-Dichloroethylene	0.007
cis-1,2-Dichloroethylene	0.07
trans-1,2-Dichloroethylene	0.1
1,2-Dichloropropane	0.005
Dichloromethane	0.005
Di (2-ethylhexyl) adipate	0.4
Di (2-ethylhexyl) phthalate	0.006
Ethylbenzene	0.7
Haloacetic Acids	0.060
Hexachlorobenzene	0.001
Hexachlorocyclopentadiene	0.05
Monochlorobenzene	0.1
Pentachlorophenol	0.001
Styrene	0.1
2,3,7,8-TCDD (Dioxin)	0.00000003
Tetrachloroethylene	0.005
Toluene	1
Trihalomethanes (Total)	0.080
1,2,4-Trichlorobenzene	0.07
1,1,1-Trichloroethane	0.20
1,1,2-Trichloroethane	0.005
Trichloroethylene	0.005
Vinyl Chloride	0.002
Xylenes (Total)	10

- D.** The following are the aquifer water quality standards for pesticides and polychlorinated biphenyls (PCBs):

<u>Pollutant</u>	<u>(mg/L)</u>
Alachlor	0.002
Atrazine	0.003
Carbofuran	0.04
Chlordane	0.002
Dalapon	0.2
1,2-Dibromo-3-Chloropropane (DBCP)	0.0002
2,4,-Dichlorophenoxyacetic Acid(2,4-D)	0.07
Dinoseb	0.007
Diquat	0.02
Endothall	0.1
Endrin	0.002
Ethylene Dibromide (EDB)	0.00005
Glyphosate	0.7
Heptachlor	0.0004
Heptachlor Epoxide	0.0002
Lindane	0.0002
Methoxychlor	0.04
Oxamyl	0.2
Picloram	0.5
Polychlorinated Biphenols (PCBs)	0.0005
Simazine	0.004
Toxaphene	0.003
2,4,5-Trichlorophenoxypropionic Acid (2,4,5-TP or Silvex)	0.05

- E.** The following are the aquifer water quality standards for radionuclides:

1. The maximum concentration for gross alpha particle activity, including Radium-226 but excluding radon and uranium, shall not exceed 15 pCi/l.

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2. The maximum concentration for combined Radium-226 and Radium-228 shall not exceed 5 pCi/l.
3. The average annual concentration of beta particle and photon radioactivity from man-made radionuclides shall not produce an annual dose equivalent to the total body or any internal organ greater than 4 millirem/year.
4. Except for the radionuclides listed in this subsection, the concentration of man-made radionuclides causing 4 millirem total body or organ dose equivalents shall be calculated on the basis of a 2-liter-per-day drinking water intake using the 168-hour data listed in "Maximum Permissible Body Burdens and Maximum Permissible Concentration of Radionuclides in Air or Water for Occupational Exposure," National Bureau of Standards Handbook 69, National Bureau of Commerce, as amended August 1963 (and no future editions), incorporated herein by reference and on file with the Office of the Secretary of State and with the Department. If two or more radionuclides are present, the sum of their annual dose equivalent to the total body or to any organ shall not exceed 4 millirem/year. The following average annual concentrations are assumed to produce a total body or organ dose of 4 millirem/year:

Radionuclide	Critical Organ	pCi/l
Tritium	Total body	20,000
Strontium-90	Bone Marrow	8

- F.** Aquifer water quality standard for microbiological contaminants. The aquifer water quality standard for microbiological contaminants is based upon the detection or non-detection of either Fecal Coliform or *E.coli* in a 100-milliliter sample, depending on the requirement in the permit.

1. If a routine sample for Fecal Coliform results in a detection, a 100-milliliter repeat sample of either Fecal Coliform or *E.coli* shall be taken within five days of becoming aware of the detection. A repeat sample for Fecal Coliform or for *E.coli* resulting in a detection following a routine Fecal Coliform sample that resulted in a detection constitutes a violation of the aquifer water quality standard for microbiological contaminants.
2. If a routine sample for *E.coli* results in a detection, a 100-milliliter repeat sample for *E.coli* shall be taken within five days of becoming aware of the detection. A repeat sample for *E.coli* resulting in a detection following a routine *E.coli* sample that resulted in a detection constitutes a violation of the aquifer water quality standard for microbiological contaminants.

- G.** The following are the aquifer water quality standards for turbidity:

1. One nephelometric turbidity unit as determined by a monthly average except that five or fewer nephelometric turbidity units may be allowed if it can be determined that the higher turbidity does not interfere with disinfection, prevent maintenance of effective disinfectant agents in water supply distribution systems, or interfere with microbiological determinations.
2. Five nephelometric turbidity units based on an average of two consecutive days.

**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).  
 Amended effective August 14, 1992 (Supp. 92-3).  
 Amended effective May 26, 1994 (Supp. 94-2). Arsenic mg/L amended by final rulemaking at 31 A.A.R. 2199 (July 4, 2025), effective August 4, 2025; Bromate, Chlo-

rite and Haloacetic Acids mg/L made and Trihalomethanes (Total) mg/L amended by final rulemaking at 31 A.A.R. 2210 (July 4, 2025), effective August 4, 2025; Subsection (F) amended by final rulemaking at 31 A.A.R. 2223 (July 4, 2025), effective August 4, 2025; Uranium mg/L made by final rulemaking at 31 A.A.R. 2242 (July 4, 2025), effective August 4, 2025 (Supp. 25-2).

**R18-11-407. Aquifer Water Quality Standards in Reclassified Aquifers**

- A.** All aquifers in the state are classified for drinking water protected use except for aquifers which are reclassified to a non-drinking water protected use pursuant to A.R.S. § 49-224 and A.A.C. R18-11-503.
- B.** Aquifer water quality standards for drinking water protected use apply to reclassified aquifers except where expressly superseded by aquifer water quality standards adopted pursuant to subsection (C).
- C.** The Director shall adopt, by rule, aquifer water quality standards for reclassified aquifers within one year of the date of the order reclassifying the aquifer to a nondrinking water protected use. The Director shall adopt aquifer water quality standards for reclassified aquifers only for pollutants that are specifically identified in a petition for reclassification as prescribed by A.R.S. § 49-223(E) and A.A.C. R18-11-503(B). Aquifer water quality standards for reclassified aquifers shall be sufficient to protect the use of the reclassified aquifer.

**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).  
 Amended effective August 14, 1992 (Supp. 92-3).  
 Amended by final expedited rulemaking at 29 A.A.R. 2344 (October 6, 2023), with an immediate effective date of September 22, 2023 (Supp. 23-3).

**R18-11-408. Petition for Adoption of a Numeric Aquifer Water Quality Standard**

- A.** Any person may petition the Director to adopt, by rule, a numeric aquifer water quality standard for a pollutant for which no numeric aquifer water quality standard exists.
- B.** Petitions for adoption of a numeric aquifer water quality standard shall be filed with the Department and shall comply with the requirements applicable to petitions for rule adoption as provided by A.R.S. § 41-1033 and A.A.C. R18-1-302, except as otherwise provided by A.R.S. § 49-223 or this Section.
- C.** In addition to the requirements of A.A.C. R18-1-302, a petition for rule adoption to establish a numeric aquifer water quality standard shall include specific reference to:
  1. Technical information that the pollutant is a toxic pollutant.
  2. Technical information upon which the Director reasonably may base the establishment of a numeric aquifer water quality standard.
  3. Evidence that the pollutant that is the subject of the petition is or may in the future be present in an aquifer or part of an aquifer that is classified for drinking water protected use. Evidence may include, but is not limited to, any of the following:
    - a. A laboratory analysis of a water sample by a laboratory licensed by the Arizona Department of Health Services which indicates the presence of the pollutant in the aquifer.
    - b. A hydrogeological study which demonstrates that the pollutant that is the subject of the petition may be present in an aquifer in the future. The hydrogeological study shall include the following:

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- i. A description of the use that results in a discharge of the pollutant that is the subject of the petition.
- ii. A description of the mobility of the pollutant in the vadose zone and in the aquifer.
- iii. A description of the persistence of the pollutant in the vadose zone and in the aquifer.

- D. Within 180 calendar days of the receipt of a complete petition for rule adoption to establish a numeric aquifer water quality standard, the Director shall make a written determination of whether the petition should be granted or denied. The Director shall give written notice by regular mail of the determination to the petitioner.
- E. If the petition for rule adoption is granted, the Director shall initiate rulemaking proceedings to adopt a numeric aquifer water quality standard. The Director shall, within one year of the date that the petition for adoption of a numeric aquifer water quality standard is granted, either adopt a rule establishing a numeric aquifer water quality standard or publish a notice of termination of rulemaking in the Arizona Administrative Register.
- F. If the petition for rule adoption is denied, the Director shall issue a denial letter to the petitioner which explains the reasons for the denial. The denial of a petition for rule adoption to establish a numeric aquifer water quality standard is not subject to judicial review.

**Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).

**Appendix 1. Repealed****Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).  
Repealed effective August 14, 1992 (Supp. 92-3).

**Appendix 2. Repealed****Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).  
Repealed effective August 14, 1992 (Supp. 92-3).

**Appendix 3. Repealed****Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).  
Repealed effective August 14, 1992 (Supp. 92-3).

**Appendix 4. Repealed****Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).  
Repealed effective August 14, 1992 (Supp. 92-3).

**Appendix 5. Repealed****Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).  
Repealed effective August 14, 1992 (Supp. 92-3).

**Appendix 6. Repealed****Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).  
Repealed effective August 14, 1992 (Supp. 92-3).

**Appendix 7. Repealed****Historical Note**

Adopted effective January 4, 1990 (Supp. 90-1).  
Repealed effective August 14, 1992 (Supp. 92-3).

**ARTICLE 5. AQUIFER BOUNDARY AND PROTECTED USE CLASSIFICATION****R18-11-501. Definitions**

In addition to the definitions contained in A.R.S. § 49-201, the words and phrases of this Article shall have the following meaning:

1. "Drinking water protected use" means the protection and maintenance of aquifer water quality for human consumption.
2. "Hardrock areas containing little or no water" means areas of igneous or metamorphic rock which do not yield usable quantities of water.
3. "Nondrinking water protected use" means the protection and maintenance of aquifer water quality for a use other than human consumption.
4. "Usable quantities" means five gallons of water per day.

**Historical Note**

Adopted effective October 22, 1987 (Supp. 87-4).

**R18-11-502. Aquifer Boundaries**

- A. Except as provided in subsection (B), aquifer boundaries for the aquifers in this state are identified and defined as being identical to the hydrologic basin and subbasin boundaries, as found by the Director of the Department of Water Resources, Findings and Order In the Matter of The Designation of Groundwater Basins and Subbasins In The State of Arizona (dated June 21, 1984), pursuant to A.R.S. §§ 45-403 and 45-404, which is incorporated herein by reference, on file and available for public inspection at the Department of Environmental Quality. No later amendments or editions are incorporated by reference.
- B. Excluded from the boundaries of the aquifers are hard rock areas which contain little or no water, as identified in Plate 1 of the Department of Water Resources, Water Resource Hydrologic Map Series Report Number 2 (dated January 1981) and as further identified in the Bureau of Mines, University of Arizona County Geologic Map Series (individual county maps dated 1957 through 1960), which are incorporated herein by reference, on file and available for public inspection at the Department of Environmental Quality. No later amendments or editions are incorporated by reference.
- C. The Director may, by rule, modify or add an aquifer boundary provided that one or more of the following applies:
  1. The Department of Water Resources modifies the boundaries of its basins or subbasins.
  2. The Director is made aware of new technical information or data which supports refinement of an aquifer boundary.
- D. Facilities located outside of the boundaries defined in these rules shall be subject to A.R.S. § 49-241 except as provided therein.

**Historical Note**

Adopted effective October 22, 1987 (Supp. 87-4).  
Amended by final expedited rulemaking at 29 A.A.R. 2344 (October 6, 2023), with an immediate effective date of September 22, 2023 (Supp. 23-3).

**R18-11-503. Petition for reclassification**

- A. Any person may petition the Director to reclassify an aquifer from a drinking water protected use to a nondrinking water protected use pursuant to A.R.S. § 49-224(C).
- B. A written petition for reclassification pursuant to A.R.S. § 49-224(C) or A.R.S. § 49-224(D) shall be filed with the Department and shall include the following categories of information:

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1. The proposed protected use for which the reclassification is being requested.
2. The pollutant and affected aquifer water quality standards for which the reclassification is being requested.
3. A hydrogeologic report which demonstrates that the aquifer proposed for reclassification is or will be hydrologically isolated, to the extent described in A.R.S. § 49-224(C)(1). This report and demonstration of hydrologic isolation for the area containing such aquifer, and immediate adjacent geologic units, shall include at least the following:
  - a. Hydrogeologic area maps and cross sections.
  - b. An analysis of subsurface geology, including geologic and hydrologic separation.
  - c. Water level elevation or piezometric level contour maps.
  - d. Analysis of hydrologic characteristics of the aquifer and the immediate adjacent geologic units.
  - e. Description of existing water quality and analysis of water chemistry.
  - f. Projected annual quantity of water to be withdrawn.
  - g. Identification of pumping centers, cones of depression and areas of recharge.
  - h. A water balance.
  - i. Existing flow direction and evaluation of the effects of seasonal and future pumping on flow.
  - j. An evaluation as to whether the reclassification will contribute to or cause a violation of aquifer water quality standards in other aquifers, or in parts of the aquifer not being proposed for reclassification.
4. Documentation demonstrating that water from the aquifer or part of the aquifer for which reclassification is proposed is not being used as drinking water. This documentation shall include at least the following:
  - a. A list of all wells or springs including their location, ownership and use within the aquifer or part of the aquifer being proposed for reclassification.
  - b. Identification of groundwater withdrawal rights, on file with the Department of Water Resources, within the aquifer or part of the aquifer being proposed for reclassification.
  - c. A comprehensive list of agencies, persons and other information sources consulted for aquifer use documentation.
5. A cost-benefit analysis developed pursuant to the requirements of A.R.S. § 49-224(C)(3), except for petitions submitted pursuant to A.R.S. § 49-224(D). This analysis shall identify potential future uses of the aquifer being proposed for reclassification, as well as other opportunity costs associated with reclassification, and shall contain a description of the cost-benefit methodology used, including all assumptions, data, data sources and criteria considered and all supporting statistical analyses.

**Historical Note**

Adopted effective October 22, 1987 (Supp. 87-4).

**R18-11-504. Agency Action on Petition**

- A. Upon receipt of a petition for reclassification, the Director shall review the petition for compliance with the requirements of R18-11-503. If additional information is necessary, the petitioner shall be notified of specific deficiencies in writing within 30 calendar days of receipt of the petition.
- B. Within 120 calendar days after receipt of a complete petition, and after consultation with the appropriate advisory council

pursuant to A.R.S. §§ 49-224(C), the Director shall make a final decision to grant or deny the petition and shall notify the petitioner of such decision and the reason for such determination in writing.

- C. Upon a decision to grant a petition for aquifer reclassification, the Director shall initiate proceedings for promulgation of aquifer water quality standards and, if applicable, for aquifer boundary designation for the reclassified aquifers.

**Historical Note**

Adopted effective October 22, 1987 (Supp. 87-4).

Amended by final expedited rulemaking at 29 A.A.R. 2344 (October 6, 2023), with an immediate effective date of September 22, 2023 (Supp. 23-3).

**R18-11-505. Public participation**

- A. Within 30 days of receipt of a complete petition for reclassification filed pursuant to A.R.S. § 49-224(D), or if the Director deems it necessary to consider a reclassification under A.R.S. § 49-224(C), the Director shall give public notice of the proposed reclassification pursuant to A.A.C. R18-1-401.
- B. The Director shall hold at least one public hearing at a location as near as practicable to the aquifer proposed for reclassification. The Director shall give notice of each public hearing and conduct the public hearing in accordance with the provisions of A.A.C. R18-1-402.

**Historical Note**

Adopted effective June 29, 1989 (Supp. 89-2).

**R18-11-506. Rescission of Reclassification**

The Director may, by rule, rescind an aquifer reclassification and return an aquifer to a drinking water protected use if he determines that any of the conditions under which the reclassification was granted are no longer valid. If the Director initiates a change under this Section, he shall consult with the appropriate advisory council pursuant to A.R.S. §§ 49-224(C).

**Historical Note**

Adopted effective October 22, 1987 (Supp. 87-4).

Amended by final expedited rulemaking at 29 A.A.R. 2344 (October 6, 2023), with an immediate effective date of September 22, 2023 (Supp. 23-3).

**ARTICLE 6. IMPAIRED WATER IDENTIFICATION**

*Article 6, consisting of Sections R18-11-601 through R18-11-606, made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).*

**R18-11-601. Definitions**

In addition to the definitions established in A.R.S. §§ 49-201 and 49-231, and A.A.C. R18-11-101, the following terms apply to this Article:

1. "303(d) List" means the list of surface waters or segments required under section 303(d) of the Clean Water Act and A.R.S. Title 49, Chapter 2, Article 2.1, for which TMDLs are developed and submitted to EPA for approval.
2. "Attaining" means there is sufficient, credible, and scientifically defensible data to assess a surface water or segment and the surface water or segment does not meet the definition of impaired or not attaining.
3. "AZPDES" means the Arizona Pollutant Elimination Discharge System.
4. "Credible and scientifically defensible data" means data submitted, collected, or analyzed using:
  - a. Quality assurance and quality control procedures under A.A.C. R18-11-602;

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- b. Samples or analyses representative of water quality conditions at the time the data were collected;
  - c. Data consisting of an adequate number of samples based on the nature of the water in question and the parameters being analyzed; and
  - d. Methods of sampling and analysis, including analytical, statistical, and modeling methods that are generally accepted and validated by the scientific community as appropriate for use in assessing the condition of the water.
5. "Designated use" means those uses specified in 18 A.A.C. 11, Article 1 for each surface water or segment whether or not they are attaining.
  6. "EPA" means the U.S. Environmental Protection Agency.
  7. "Impaired water" means a Navigable water for which credible scientific data exists that satisfies the requirements of A.R.S. § 49-232 and that demonstrates that the water should be identified pursuant to 33 United States Code § 1313(d) and the regulations implementing that statute. A.R.S. § 49-231(1).
  8. "Laboratory detection limit" means a "Method Reporting Limit" (MRL) or "Reporting Limit" (RL). These analogous terms describe the laboratory reported value, which is the lowest concentration level included on the calibration curve from the analysis of a pollutant that can be quantified in terms of precision and accuracy.
  9. "Monitoring entity" means the Department or any person who collects physical, chemical, or biological data used for an impaired water identification or a TMDL decision.
  10. "Naturally occurring condition" means the condition of a surface water or segment that would have occurred in the absence of pollutant loadings as a result of human activity.
  11. "Not attaining" means a surface water is assessed as impaired, but is not placed on the 303(d) List because:
    - a. A TMDL is prepared and implemented for the surface water;
    - b. An action, which meets the requirements of R18-11-604(D)(2)(h), is occurring and is expected to bring the surface water to attaining before the next 303(d) List submission; or
    - c. The impairment of the surface water is due to pollution but not a pollutant, for which a TMDL load allocation cannot be developed.
  12. "NPDES" means National Pollutant Discharge Elimination System.
  13. "Planning List" means a list of surface waters and segments that the Department will review and evaluate to determine if the surface water or segment is impaired and whether a TMDL is necessary.
  14. "Pollutant" means dredged spoil, solid waste, incinerator residue, sewage, garbage, sewage sludge, munitions, chemical wastes, biological materials, radioactive materials, heat, wrecked or discarded equipment, rock, sand, cellar dirt and industrial, municipal, and agricultural waste discharged into water. 33 U.S.C. 1362(6). Characteristics of water, such as dissolved oxygen, pH, temperature, turbidity, and suspended sediment are considered pollutants if they result or may result in the non-attainment of a water quality standard.
  15. "Pollution" means "the man-made or man-induced alteration of the chemical, physical, biological, and radiological integrity of water." 33 U.S.C. 1362(19).
  16. "QAP" means a quality assurance plan detailing how environmental data operations are planned, implemented, and assessed for quality during the duration of a project.
  17. "Sampling event" means one or more samples taken under consistent conditions on one or more days at a distinct station or location.
  18. "SAP" means a site specific sampling and analysis plan that describes the specifics of sample collection to ensure that data quality objectives are met and that samples collected and analyzed are representative of surface water conditions at the time of sampling.
  19. "Spatially independent sample" means a sample that is collected at a distinct station or location. The sample is independent if the sample was collected:
    - a. More than 200 meters apart from other samples, or
    - b. Less than 200 meters apart, and collected to characterize the effect of an intervening tributary, outfall or other pollution source, or significant hydrographic or hydrologic change.
  20. "Temporally independent sample" means a sample that is collected at the same station or location more than seven days apart from other samples.
  21. "Threatened" means that a surface water or segment is currently attaining its designated use, however, trend analysis, based on credible and scientifically defensible data, indicates that the surface water or segment is likely to be impaired before the next listing cycle.
  22. "TMDL" means total maximum daily load.
  23. "TMDL decision" means a decision by the Department to:
    - a. Prioritize an impaired water for TMDL development,
    - b. Develop a TMDL for an impaired water, or
    - c. Develop a TMDL implementation plan.
  24. *"Total maximum daily load" means an estimation of the total amount of a pollutant from all sources that may be added to a water while still allowing the water to achieve and maintain applicable surface water quality standards. Each total maximum daily load shall include allocations for sources that contribute the pollutant to the water, as required by section 303(d) of the clean water act (33 United States Code section 1313(d)) and regulations implementing that statute to achieve applicable surface water quality standards. A.R.S. § 49-231(4).*
  25. "Water quality standard" means a standard composed of designated uses (classification of waters), the numerical and narrative criteria applied to the specific water uses or classification, the antidegradation policy, and moderating provisions, for example, mixing zones, site-specific alternative criteria, and exemptions, in A.A.C. Title 18, Chapter 11, Article 1.
  26. "WQARF" means the water quality assurance revolving fund established under A.R.S. § 49-282.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

**R18-11-602. Credible Data**

- A. Data are credible and relevant to an impaired water identification or a TMDL decision when:
  1. Quality Assurance Plan. A monitoring entity, which contribute data for an impaired water identification or a TMDL decision, provides the Department with a QAP that contains, at a minimum, the elements listed in sub-

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sections (A)(1)(a) through (A)(1)(f). The Department may accept a QAP containing less than the required elements if the Department determines that an element is not relevant to the sampling activity and that its omission will not impact the quality of the results based upon the type of pollutants to be sampled, the type of surface water, and the purpose of the sampling.

- a. An approval page that includes the date of approval and the signatures of the approving officials, including the project manager and project quality assurance manager;
- b. A project organization outline that identifies all key personnel, organizations, and laboratories involved in monitoring, including the specific roles and responsibilities of key personnel in carrying out the procedures identified in the QAP and SAP, if applicable;
- c. Sampling design and monitoring data quality objectives or a SAP that meets the requirements of subsection (A)(2) to ensure that:
  - i. Samples are spatially and temporally representative of the surface water;
  - ii. Samples are representative of water quality conditions at the time of sampling, and
  - iii. The monitoring is reproducible;
- d. The following field sampling information to assure that samples meet data quality objectives:
  - i. Sampling and field protocols for each parameter or parametric group, including the sampling methods, equipment and containers, sample preservation, holding times, and any analysis proposed for completion in the field or outside of a laboratory;
  - ii. Field and laboratory methods approved under subsection (A)(5);
  - iii. Handling procedures to identify samples and custody protocols used when samples are brought from the field to the laboratory for analysis;
  - iv. Quality control protocols that describe the number and type of field quality control samples for the project that includes, if appropriate for the type of sampling being conducted, field blanks, travel blanks, equipment blanks, method blanks, split samples, and duplicate samples;
  - v. Procedures for testing, inspecting, and maintaining field equipment;
  - vi. Field instrument calibration procedures that describe how and when field sampling and analytical instruments will be calibrated;
  - vii. Field notes and records that describe the conditions that require documentation in the field, such as weather, stream flow, transect information, distance from water edge, water and sample depth, equipment calibration measurements, field observations of watershed activities, and bank conditions. Indicate the procedures implemented for maintaining field notes and records and the process used for attaching pertinent information to monitoring results to assist in data interpretation;
  - viii. Minimum training and any specialized training necessary to do the monitoring, that includes

the proper use and calibration of field equipment used to collect data, sampling protocols, quality assurance/quality control procedures, and how training will be achieved;

- e. Laboratory analysis methods and quality assurance/quality control procedures that assure that samples meet data quality objectives, including:
  - i. Analytical methods and equipment necessary for analysis of each parameter, including identification of approved laboratory methods described in subsection (A)(5), and laboratory detection limits for each parameter;
  - ii. The name of the designated laboratory, its license number, if licensed by the Arizona Department of Health Services, and the name of a laboratory contact person to assist the Department with quality assurance questions;
  - iii. Quality controls that describe the number and type of laboratory quality control samples for the project, including, if appropriate for the type of sampling being conducted, field blanks, travel blanks, equipment blanks, method blanks, split samples, and duplicate samples;
  - iv. Procedures for testing, inspecting, and maintaining laboratory equipment and facilities;
  - v. A schedule for calibrating laboratory instruments, a description of calibration methods, and a description of how calibration records are maintained; and
  - vi. Sample equipment decontamination procedures that outline specific methods for sample collection and preparation of equipment, identify the frequency of decontamination, and describe the procedures used to verify decontamination;
- f. Data review, management, and use that includes the following:
  - i. A description of the data handling process from field to laboratory, from laboratory to data review and validation, and from validation to data storage and use. Include the role and responsibility of each person for each step of the process, type of database or other storage used, and how laboratory and field data qualifiers are related to the laboratory result;
  - ii. Reports that describe the intended frequency, content, and distribution of final analysis reports and project status reports;
  - iii. Data review, validation, and verification that describes the procedure used to validate and verify data, the procedures used if errors are detected, and how data are accepted, rejected, or qualified; and
  - iv. Reconciliation with data quality objectives that describes the process used to determine whether the data collected meets the project objectives, which may include discarding data, setting limits on data use, or revising data quality objectives.
2. Sampling and analysis plan.
  - a. A monitoring entity shall develop a SAP that contains, at a minimum, the following elements:
    - i. The experimental design of the project, the project goals and objectives, and evaluation criteria for data results;

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- ii. The background or historical perspective of the project;
- iii. Identification of target conditions, including a discussion of whether any weather, seasonal variations, stream flow, lake level, or site access may affect the project and the consideration of these factors;
- iv. The data quality objectives for measurement of data that describe in quantitative and qualitative terms how the data meet the project objectives of precision, accuracy, completeness, comparability, and representativeness;
- v. The types of samples scheduled for collection;
- vi. The sampling frequency;
- vii. The sampling periods;
- viii. The sampling locations and rationale for the site selection, how site locations are benchmarked, including scaled maps indicating approximate location of sites; and
- ix. A list of the field equipment, including tolerance range and any other manufacturer's specifications relating to accuracy and precision.
- b. The Department may accept a SAP containing less than the required elements if the Department determines that an element is not relevant to the sampling activity and that its omission will not impact the quality of the results based upon the type of pollutants to be samples, the type of surface water, and the purpose of the sampling.
- 3. The monitoring entity may include any of the following in the QAP or SAP:
  - a. The name, title, and role of each person and organization involved in the project, identifying specific roles and responsibilities for carrying out the procedures identified in the QAP and SAP;
  - b. A distribution list of each individual and organization receiving a copy of the approved QAP and SAP;
  - c. A table of contents;
  - d. A health and safety plan;
  - e. The inspection and acceptance requirements for supplies;
  - f. The data acquisition that describes types of data not obtained through this monitoring activity, but used in the project;
  - g. The audits and response actions that describe how field, laboratory, and data management activities and sampling personnel are evaluated to ensure data quality, including a description of how the project will correct any problems identified during these assessments; and
  - h. The waste disposal methods that identify wastes generated in sampling and methods for disposal of those wastes.
- 4. Exceptions. The Department may determine that the following data are also credible and relevant to an impaired water identification or TMDL decision when data were collected, provided the conditions in subsections (A)(5), (A)(6), and (B) are met, and where the data were collected in the surface water or segment being evaluated for impairment:
  - a. The data were collected before July 12, 2002 and the Department determines that the data yield results of comparable reliability to the data collected under subsections (A)(1) and (A)(2);
  - b. The data were collected after July 12, 2002 as part of an ongoing monitoring effort by a governmental agency and the Department determines that the data yield results of comparable reliability to the data collected under subsections (A)(1) and (A)(2); or
  - c. The instream water quality data were or are collected under the terms of a NPDES or AZPDES permit or a compliance order issued by the Department or EPA, a consent decree signed by the Department or EPA, or a sampling program approved by the Department or EPA under WQARF or CERCLA, and the Department determines that the data yield results of comparable reliability to data collected under subsections (A)(1) and (A)(2).
- 5. Data collection, preservation, and analytical procedures. The monitoring entity shall collect, preserve, and analyze data using methods of sample collection, preservation, and analysis established under A.A.C. R9-14-610.
- 6. Laboratory. The monitoring entity shall ensure that chemical and toxicological samples are analyzed in a state-licensed laboratory, a laboratory exempted by the Arizona Department of Health Services for specific analyses, or a federal or academic laboratory that can demonstrate proper quality assurance/quality control procedures substantially equal to those required by the Arizona Department of Health Services, and shall ensure that the laboratory uses approved methods identified in A.A.C. R9-14-610.
- B.** Documentation for data submission. The monitoring entity shall provide the Department with the following information either before or with data submission:
  - 1. A copy of the QAP or SAP, or both, revisions to a previously submitted QAP or SAP, and any other information necessary for the Department to evaluate the data under subsection (A)(4);
  - 2. The applicable dates of the QAP and SAP, including any revisions;
  - 3. Written assurance that the methods and procedures specified in the QAP and SAP were followed;
  - 4. The name of the laboratory used for sample analyses and its certification number, if the laboratory is licensed by the Arizona Department of Health Services;
  - 5. The quality assurance/quality control documentation, including the analytical methods used by the laboratory, method number, detection limits, and any blank, duplicate, and spike sample information necessary to properly interpret the data, if different from that stated in the QAP or SAP;
  - 6. The data reporting unit of measure;
  - 7. Any field notes, laboratory comments, or laboratory notations concerning a deviation from standard procedures, quality control, or quality assurance that affects data reliability, data interpretation, or data validity; and
  - 8. Any other information, such as complete field notes, photographs, climate, or other information related to flow, field conditions, or documented sources of pollutants in the watershed, if requested by the Department for interpreting or validating data.
- C.** Recordkeeping. The monitoring entity shall maintain all records, including sample results, for the duration of the listing cycle. If a surface water or segment is added to the Planning List or to the 303(d) List, the Department shall coordinate with the monitoring entity to ensure that records are kept for the duration of the listing.



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**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

**R18-11-603. General Data Interpretation Requirements**

A. The Department shall use the following data conventions to interpret data for impaired water identifications and TMDL decisions:

1. Data reported below laboratory detection limits.
  - a. When the analytical result is reported as  $<X$ , where  $X$  is the laboratory detection limit for the analyte and the laboratory detection limit is less than or equal to the surface water quality standard, consider the result as meeting the water quality standard:
    - i. Use these statistically derived values in trend analysis, descriptive statistics or modeling if there is sufficient data to support the statistical estimation of values reported as less than the laboratory detection limit; or
    - ii. Use one-half of the value of the laboratory detection limit in trend analysis, descriptive statistics, or modeling, if there is insufficient data to support the statistical estimation of values reported as less than the laboratory detection limit.
  - b. When the sample value is less than or equal to the laboratory detection limit but the laboratory detection limit is greater than the surface water quality standard, shall not use the result for impaired water identifications or TMDL decisions;
2. Identify the field equipment specifications used for each listing cycle or TMDL developed. A field sample measurement within the manufacturer's specification for accuracy meets surface water quality standards;
3. Resolve a data conflict by considering the factors identified under the weight-of-evidence determination in R18-11-605(B);
4. When multiple samples from a surface water or segment are not spatially or temporally independent, or when lake samples are from multiple depths, use the following resultant value to represent the specific dataset:
  - a. The appropriate measure of central tendency for the dataset for:
    - i. A pollutant listed in the surface water quality standards 18 A.A.C. 11, Article 1, Appendix A, Table 1, except for nitrate or nitrate/nitrite;
    - ii. A chronic water quality standard for a pollutant listed in 18 A.A.C. 11, Article 1, Appendix A, Table 2;
    - iii. A surface water quality standard for a pollutant that is expressed as an annual or geometric mean;
    - iv. The surface water quality standard for temperature or the single sample maximum water quality standard for suspended sediment concentration, nitrogen, and phosphorus in R18-11-109;
    - v. The surface water quality standard for radiochemicals in R18-11-109(G); or
    - vi. Except for chromium, all single sample maximum water quality standards in R18-11-112.
  - b. The maximum value of the dataset for:
    - i. The acute water quality standard for a pollutant listed in 18 A.A.C. 11, Article 1, Appendix A,

Table 2 and acute water quality standard in R18-11-112;

- ii. The surface water quality standard for nitrate or nitrate/nitrite in 18 A.A.C. 11, Article 1, Appendix A, Table 1;
- iii. The single sample maximum water quality standard for bacteria in subsections R18-11-109(A); or
- iv. The 90th percentile water quality standard for nitrogen and phosphorus in R18-11-109(F) and R18-11-112.
- c. The worst case measurement of the dataset for:
  - i. Surface water quality standard for dissolved oxygen under R18-11-109(E). For purposes of this subsection, worst case measurement means the minimum value for dissolved oxygen;
  - ii. Surface water quality standard for pH under R18-11-109(B). For purposes of this subsection, "worst case measurement" means both the minimum and maximum value for pH.
- B. The Department shall not use the following data for placing a surface water or segment on the Planning List, the 303(d) List, or in making a TMDL decision.
  1. Any measurement outside the range of possible physical or chemical measurements for the pollutant or measurement equipment,
  2. Uncorrected data transcription errors or laboratory errors, and
  3. An outlier identified through statistical procedures, where further evaluation determines that the outlier represents a valid measure of water quality but should be excluded from the dataset.
- C. The Department may employ fundamental statistical tests if appropriate for the collected data and type of surface water when evaluating a surface water or segment for impairment or in making a TMDL decision. The statistical tests include descriptive statistics, frequency distribution, analysis of variance, correlation analysis, regression analysis, significance testing, and time series analysis.
- D. The Department may employ modeling when evaluating a surface water or segment for impairment or in making a TMDL decision, if the method is appropriate for the type of waterbody and the quantity and quality of available data meet the requirements of R18-11-602. Modeling methods include:
  1. Better Assessment Science Integrating Source and Non-point Sources (BASINS),
  2. Fundamental statistics, including regression analysis,
  3. Hydrologic Simulation Program-Fortran (HSPF),
  4. Spreadsheet modeling, and
  5. Hydrologic Engineering Center (HEC) programs developed by the Army Corps of Engineers.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

**R18-11-604. Types of Surface Waters Placed on the Planning List and 303(d) List**

- A. The Department shall evaluate, at least every five years, Arizona's surface waters by considering all readily available data.
1. The Department shall place a surface water or segment on:
    - a. The Planning List if it meets any of the criteria described in subsection (D), or

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- b. The 303(d) List if it meets the criteria for listing described in subsection (E).
  2. The Department shall remove a surface water or segment from the Planning List based on the requirements in R18-11-605(E)(1) or from the 303(d) List, based on the requirements in R18-11-605(E)(2).
  3. The Department may move surface waters or segments between the Planning List and the 303(d) List based on the criteria established in R18-11-604 and R18-11-605.
- B. When placing a surface water or segment on the Planning List or the 303(d) List, the Department shall list the stream reach, derived from EPA's Reach File System or National Hydrography Dataset, or the entire lake, unless the data indicate that only a segment of the stream reach or lake is impaired or not attaining its designated use, in which case, the Department shall describe only that segment for listing.
- C. Exceptions. The Department shall not place a surface water or segment on either the Planning List or the 303(d) List if the non-attainment of a surface water quality standard is due to one of the following:
  1. Pollutant loadings from naturally occurring conditions alone are sufficient to cause a violation of applicable water quality standards;
  2. The data were collected within a mixing zone or under a variance or nutrient waiver established in a NPDES or AZPDES permit for the specific parameter and the result does not exceed the alternate discharge limitation established in the permit. The Department may use data collected within these areas for modeling or allocating loads in a TMDL decision; or
  3. An activity exempted under R18-11-117, R18-11-118, or a condition exempted under R18-11-119.
- D. Planning List.
  1. The Department shall:
    - a. Use the Planning List to prioritize surface waters for monitoring and evaluation as part of the Department's watershed management approach;
    - b. Provide the Planning List to EPA; and
    - c. Evaluate each surface water and segment on the Planning List for impairment based on the criteria in R18-11-605(D) to determine the source of the impairment.
  2. The Department shall place a surface water or segment on the Planning List based the criteria in R18-11-605(C). The Department may also include a surface water or segment on the Planning List when:
    - a. A TMDL is completed for the pollutant and approved by EPA;
    - b. The surface water or segment is on the 1998 303(d) List but the dataset used for the listing:
      - i. Does not meet the credible data requirements of R18-11-602, or
      - ii. Contains insufficient samples to meet the data requirements under R18-11-605(D);
    - c. Some monitoring data exist but there are insufficient data to determine whether the surface water or segment is impaired or not attaining, including:
      - i. A numeric surface water quality standard is exceeded, but there are not enough samples or sampling events to fulfill the requirements of R18-11-605(D);
      - ii. Evidence exists of a narrative standard violation, but the amount of evidence is insufficient, based on narrative implementation procedures and the requirements of R18-11-605(D)(3);
- E. 303(d) List. The Department shall:
  1. Place a surface water or segment on the 303(d) List if the Department determines:
    - a. Based on R18-11-605(D), that the surface water or segment is impaired due to a pollutant and that a TMDL decision is necessary; or
    - b. That the surface water or segment is threatened due to a pollutant and, at the time the Department submits a final 303(d) List to EPA, there are federal regulations implementing section 303(d) of the Clean Water Act that require threatened waters be included on the list.
  2. The surface water or segment no longer meets the criteria for impairment based on a change in the applicable surface water quality standard or a designated use approved by EPA under section 303(c)(1) of the Clean Water Act, but insufficient current or original monitoring data exist to determine whether the surface water or segment will meet current surface water quality standards;
  3. Trend analysis using credible and scientifically defensible data indicate that surface water quality standards may be exceeded by the next assessment cycle;
  4. The exceedance of surface water quality standards is due to pollution, but not a pollutant;
  5. Existing data were analyzed using methods with laboratory detection limits above the numeric surface water quality standard but analytical methods with lower laboratory detection limits are available;
  6. The surface water or segment is expected to attain its designated use by the next assessment as a result of existing or proposed technology-based effluent limitations or other pollution control requirements under local, state, or federal authority. The appropriate entity shall provide the Department with the following documentation to support placement on the Planning List:
    - i. Verification that discharge controls are required and enforceable;
    - ii. Controls are specific to the surface water or segment, and pollutant of concern;
    - iii. Controls are in place or scheduled for implementation; and
    - iv. There are assurances that the controls are sufficient to bring about attainment of water quality standards by the next 303(d) List submission; or
  3. The surface water or segment is threatened due to a pollutant and, at the time the Department submits a final 303(d) List to EPA, there are no federal regulations implementing section 303(d) of the Clean Water Act that require threatened waters be included on the list.

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2. Provide public notice of the 303(d) List according to the requirements of A.R.S. § 49-232 and submit the 303(d) List according to section 303(d) of the Clean Water Act.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

**R18-11-605. Evaluating A Surface Water or Segment For Listing and Delisting**

- A. The Department shall compile and evaluate all reasonably current, credible, and scientifically defensible data to determine whether a surface water or segment is impaired or not attaining.
- B. Weight-of-evidence approach.
  1. The Department shall consider the following concepts when evaluating data:
    - a. Data or information collected during critical conditions may be considered separately from the complete dataset, when the data show that the surface water or segment is impaired or not attaining its designated use during those critical conditions, but attaining its uses during other periods. Critical conditions may include stream flow, seasonal periods, weather conditions, or anthropogenic activities;
    - b. Whether the data indicate that the impairment is due to persistent, seasonal, or recurring conditions. If the data do not represent persistent, recurring, or seasonal conditions, the Department may place the surface water or segment on the Planning List;
    - c. Higher quality data over lower quality data when making a listing decision. Data quality is established by the reliability, precision, accuracy, and representativeness of the data, based on factors identified in R18-11-602(A) and (B), including monitoring methods, analytical methods, quality control procedures, and the documented field and laboratory quality control information submitted with the data. The Department shall consider the following factors when determining higher quality data:
      - i. The age of the measurements. Newer measurements are weighted heavier than older measurements, unless the older measurements are more representative of critical flow conditions;
      - ii. Whether the data provide a direct measure of an impact on a designated use. Direct measurements are weighted heavier than measurements of an indicator or surrogate parameter; or
      - iii. The amount or frequency of the measurements. More frequent data collection are weighted heavier than nominal datasets.
  2. The Department shall evaluate the following factors to determine if the water quality evidence supports a finding that the surface water or segment is impaired or not attaining:
    - a. An exceedance of a numeric surface water quality standard based on the criteria in subsections (C)(1), (C)(2), (D)(1), and (D)(2);
    - b. An exceedance of a narrative surface water quality standard based on the criteria in subsections (C)(3) and (D)(3);
    - c. Additional information that determines whether a water quality standard is exceeded due to a pollutant, suspected pollutant, or naturally occurring condition:
      - i. Soil type, geology, hydrology, flow regime, biological community, geomorphology, climate, natural process, and anthropogenic influence in the watershed;
      - ii. The characteristics of the pollutant, such as its solubility in water, bioaccumulation potential, sediment sorption potential, or degradation characteristics, to assist in determining which data more accurately indicate the pollutant's presence and potential for causing impairment; and
      - iii. Available evidence of direct or toxic impacts on aquatic life, wildlife, or human health, such as fish kills and beach closures, where there is sufficient evidence that these impacts occurred due to water quality conditions in the surface water.
  3. The Department may consider a single line of water quality evidence when the evidence is sufficient to demonstrate that the surface water or segment is impaired or not attaining.
- C. Planning List.
  1. When evaluating a surface water or segment for placement on the Planning List.
    - a. Consider at least ten spatially or temporally independent samples collected over three or more temporally independent sampling events; and
    - b. Determine numeric water quality standards exceedances. The Department shall:
      - i. Place a surface water or segment on the Planning List following subsection (B), if the number of exceedances of a surface water quality standard is greater than or equal to the number listed in Table 1, which provides the number of exceedances that indicate a minimum of a 10

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- percent exceedance frequency with a minimum of a 80 percent confidence level using a binomial distribution for a given sample size; or
- ii. For sample datasets exceeding those shown in Table 1, calculate the number of exceedances

using the following equation:  $(X \geq x | n, p)$  where  $n$  = number of samples;  $p$  = exceedance probability of 0.1;  $x$  = smallest number of exceedances required for listing with “ $n$ ” samples; and confidence level  $\geq 80$  percent.

**Table 1. Minimum Number of Samples Exceeding the Numeric Standard**

MINIMUM NUMBER OF SAMPLES EXCEEDING THE NUMERIC STANDARD								
Number of Samples		Number of Samples Exceeding Standard	Number of Samples		Number of Samples Exceeding Standard	Number of Samples		Number of Samples Exceeding Standard
From	To		From	To		From	To	
10	15	3	173	181	22	349	357	41
16	23	4	182	190	23	358	367	42
24	31	5	191	199	24	368	376	43
32	39	6	200	208	25	377	385	44
40	47	7	209	218	26	386	395	45
48	56	8	219	227	27	396	404	46
57	65	9	228	236	28	405	414	47
66	73	10	237	245	29	415	423	48
74	82	11	246	255	30	424	432	49
83	91	12	256	264	31	433	442	50
92	100	13	265	273	32	443	451	51
101	109	14	274	282	33	452	461	52
110	118	15	283	292	34	462	470	53
119	126	16	293	301	35	471	480	54
127	136	17	302	310	36	481	489	55
137	145	18	311	320	37	490	499	56
146	154	19	321	329	38	500		57
155	163	20	330	338	39			
164	172	21	339	348	40			

2. When there are less than ten samples, the Department shall place a surface water or segment on the Planning List following subsection (B), if three or more temporally independent samples exceed the following surface water quality standards:
    - a. The surface water quality standard for a pollutant listed in 18 A.A.C. 11, Article 1, Appendix A, Table 1, except for nitrate or nitrate/nitrite;
    - b. The surface water quality standard for temperature or the single sample maximum water quality standard for suspended sediment concentration, nitrogen, and phosphorus in R18-11-109;
    - c. The surface water quality standard for radiochemicals in R18-11-109(G);
    - d. The surface water quality standard for dissolved oxygen under R18-11-109(E);
    - e. The surface water quality standard for pH under R18-11-109(B); or
    - f. The following surface water quality standards in R18-11-112:
      - i. Single sample maximum standards for nitrogen and phosphorus,
      - ii. All metals except chromium, or
      - iii. Turbidity.
  3. The Department shall place a surface water or segment on the Planning List if information in subsections (B)(2)(c), (B)(2)(d), and (B)(2)(e) indicates that a narrative water quality standard violation exists, but no narrative implementation procedure required under A.R.S. § 49-232(F) exists to support use of the information for listing.
- D. 303(d) List.**
1. When evaluating a surface water or segment for placement on the 303(d) List.
    - a. Consider at least 20 spatially or temporally independent samples collected over three or more temporally independent sampling events; and
    - b. Determine numeric water quality standards exceedances. The Department shall:
      - i. Place a surface water or segment on the 303(d) List, following subsection (B), if the number of exceedances of a surface water quality standard is greater than or equal to the number listed in Table 2, which provides the number of exceedances that indicate a minimum of a 10 percent exceedance frequency with a minimum of a 90 percent confidence level using a binomial distribution, for a given sample size; or
      - ii. For sample datasets exceeding those shown in Table 2, calculate the number of exceedances using the following equation:  $(X \geq x | n, p)$  where  $n$  = number of samples;  $p$  = exceedance probability of 0.1;  $x$  = smallest number of exceedances required for listing with “ $n$ ” samples; and confidence level  $\geq 90$  percent.

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**Table 2. Minimum Number of Samples Exceeding the Numeric Standard**

MINIMUM NUMBER OF SAMPLES EXCEEDING THE NUMERIC STANDARD								
Number of Samples		Number of Samples Exceeding Standard	Number of Samples		Number of Samples Exceeding Standard	Number of Samples		Number of Samples Exceeding Standard
From	To		From	To		From	To	
20	25	5	174	182	24	344	352	43
26	32	6	183	191	25	353	361	44
33	40	7	192	199	26	362	370	45
41	47	8	200	208	27	371	379	46
48	55	9	209	217	28	380	388	47
56	63	10	218	226	29	389	397	48
64	71	11	227	235	30	398	406	49
72	79	12	236	244	31	407	415	50
80	88	13	245	253	32	416	424	51
89	96	14	254	262	33	425	434	52
97	104	15	263	270	34	435	443	53
105	113	16	271	279	35	444	452	54
114	121	17	280	288	36	453	461	55
122	130	18	289	297	37	462	470	56
131	138	19	298	306	38	471	479	57
139	147	20	307	315	39	480	489	58
148	156	21	316	324	40	490	498	59
157	164	22	325	333	41	499	500	60
165	173	23	334	343	42			

2. The Department shall place a surface water or segment on the 303(d) List, following subsection (B) without the required number of samples or numeric water quality standard exceedances under subsection (D)(1), if either the following conditions occur:
    - a. More than one temporally independent sample in any consecutive three-year period exceeds the surface water quality standard in:
      - i. The acute water quality standard for a pollutant listed in 18 A.A.C. 11, Article 1, Appendix A, Table 2 and the acute water quality standards in R18-11-112;
      - ii. The surface water quality standard for nitrate or nitrate/nitrite in 18 A.A.C. 11, Article 1, Appendix A, Table 1; or
      - iii. The single sample maximum water quality standard for bacteria in subsections R18-11-109(A).
    - b. More than one exceedance of an annual mean, 90th percentile, aquatic and wildlife chronic water quality standard, or a bacteria 30-day geometric mean water quality standard occurs, as specified in R18-11-109, R18-11-110, R18-11-112, or 18 A.A.C. 11, Article 1, Appendix A, Table 2.
  3. Narrative water quality standards exceedances. The Department shall place a surface water or segment on the Planning List if the listing requirements are met under A.R.S. § 49-232(F).
- E. Removing a surface water, segment, or pollutant from the Planning List or the 303(d) List.**
1. Planning List. The Department shall remove a surface water, segment, or pollutant from the Planning List when:
    - a. Monitoring activities indicate that:
      - i. There is sufficient credible data to determine that the surface water or segment is impaired under subsection (D), in which case the Department shall place the surface water or segment on the 303(d) List. This includes surface waters with an EPA approved TMDL when the Department determines that the TMDL strategy is insufficient for the surface water or segment to attain water quality standards; or
      - ii. There is sufficient credible data to determine that the surface water or segment is attaining all designated uses and standards.
    - b. All pollutants for the surface water or segment are delisted.
  2. 303(d) List. The Department shall:
    - a. Remove a pollutant from a surface water or segment from the 303(d) List based on one or more of the following criteria:
      - i. The Department developed, and EPA approved, a TMDL for the pollutant;
      - ii. The data used for previously listing the surface water or segment under R18-11-605(D) is superseded by more recent credible and scientifically defensible data meeting the requirements of R18-11-602, showing that the surface water or segment meets the applicable numeric or narrative surface water quality standard. When evaluating data to remove a pollutant from the 303(d) List, the monitoring entity shall collect the more recent data under similar hydrologic or climatic conditions as occurred when the samples were taken that indicated impairment, if those conditions still exist;

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- iii. The surface water or segment no longer meets the criteria for impairment based on a change in the applicable surface water quality standard or a designated use approved by EPA under section 303(c)(1) of the Clean Water Act;
- iv. The surface water or segment no longer meets the criteria for impairment for the specific narrative water quality standard based on a change in narrative water quality standard implementation procedures;
- v. A re-evaluation of the data indicate that the surface water or segment does not meet the criteria for impairment because of a deficiency in the original analysis; or
- vi. Pollutant loadings from naturally occurring conditions alone are sufficient to cause a violation of applicable water quality standards;
- b. Remove a surface water, segment, or pollutant from the 303(d) List, based on criteria that are no more stringent than the listing criteria under subsection (D);
- c. Remove a surface water or segment from the 303(d) List if all pollutants for the surface water or segment are removed from the list;
- d. Remove a surface water, segment, or pollutant, from the 303(d) List and place it on the Planning List, if:
  - i. The surface water, segment or pollutant was on the 1998 303(d) List and the dataset used in the original listing does not meet the credible data requirements under R18-11-602, or contains insufficient samples to meet the data requirements under subsection (D); or
  - ii. The monitoring data indicate that the impairment is due to pollution, but not a pollutant.
- i. The number and type of designated uses impaired;
- ii. The type and extent of risk from the impairment to human health, aquatic life, or wildlife;
- iii. The pollutant causing the impairment, or
- iv. The severity, magnitude, and duration the surface water quality standard was exceeded;
- b. A new or modified individual NPDES or AZPDES permit is sought for a new or modified discharge to the impaired water;
- c. The listed surface water or segment is listed as a unique water in A.A.C. R18-11-112 or is part of an area classified as a "wilderness area," "wild and scenic river," or other federal or state special protection of the water resource;
- d. The listed surface water or segment contains a species listed as threatened or endangered under the federal Endangered Species Act and the presence of the pollutant in the surface water or segment is likely to jeopardize the listed species;
- e. A delay in conducting the TMDL could jeopardize the Department's ability to gather sufficient credible data necessary to develop the TMDL;
- f. There is significant public interest and support for the development of a TMDL;
- g. The surface water or segment has important recreational and economic significance to the public; or
- h. The pollutant is listed for eight years or more.
- 2. Consider an impaired surface water or segment a medium priority if:
  - a. The surface water or segment fails to meet more than one designated use;
  - b. The pollutant exceeds more than one surface water quality standard;
  - c. A surface water quality standard exceedance is correlated to seasonal conditions caused by natural events, such as storms, weather patterns, or lake turnover;
  - d. It will take more than two years for proposed actions in the watershed to result in the surface water attaining applicable water quality standards;
  - e. The type of pollutant and other factors relating to the surface water or segment make the TMDL complex; or
  - f. The administrative needs of the Department, including TMDL schedule commitments with EPA, permitting requirements, or basin priorities that require completion of the TMDL.
- 3. Consider an impaired surface water or segment a low priority if:
  - a. The Department has formally submitted a proposal to delist the surface water, segment, or pollutant to EPA based on R18-11-605(E)(2). If the Department makes the submission outside the listing process cycle, the change in priority ranking will not be effective until EPA approves the submittal;
  - b. The Department has modified, or formally proposed for modification, the designated use or applicable surface water quality standard, resulting in an impaired water no longer being impaired, but the modification has not been approved by EPA;
  - c. The surface water or segment is expected to attain surface water quality standards due to any of the following:

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

**R18-11-606. TMDL Priority Criteria for 303(d) Listed Surface Waters or Segments**

- A. In addition to the factors specified in A.R.S. § 49-233(C), the Department shall consider the following when prioritizing an impaired water for development of TMDLs:
  - 1. A change in a water quality standard;
  - 2. The date the surface water or segment was added to the 303(d) List;
  - 3. The presence in a surface water or segment of species listed as threatened or endangered under section 4 of the Endangered Species Act;
  - 4. The complexity of the TMDL;
  - 5. State, federal, and tribal policies and priorities; and
  - 6. The efficiencies of coordinating TMDL development with the Department's surface water monitoring program, the watershed monitoring rotation, or with remedial programs.
- B. The Department shall prioritize an impaired surface water or segment for TMDL development based on the factors specified in A.R.S. § 49-233(C) and subsection (A) as follows:
  - 1. Consider an impaired surface water or segment a high priority if:
    - a. The listed pollutant poses a substantial threat to the health and safety of humans, aquatic life, or wildlife based on:

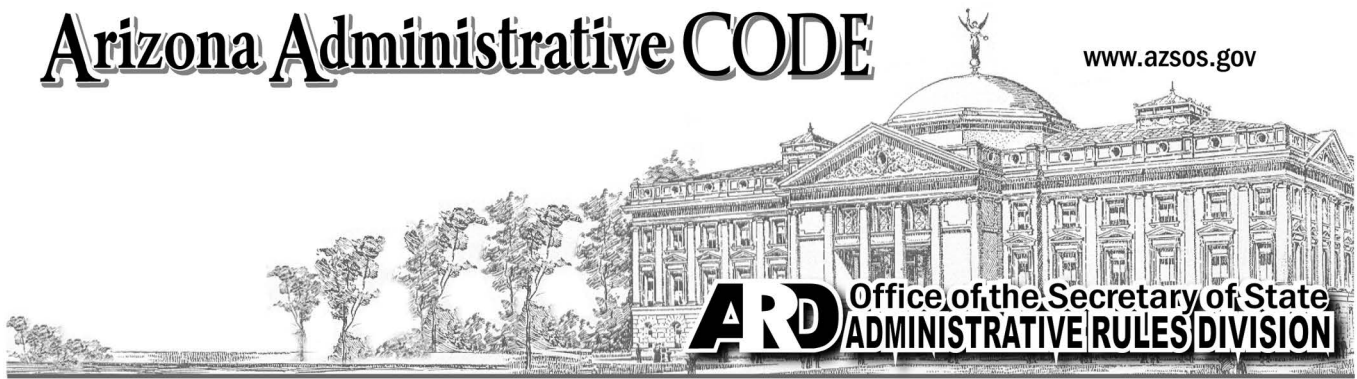
## TITLE 18. ENVIRONMENTAL QUALITY

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- i. Recently instituted treatment levels or best management practices in the drainage area,
    - ii. Discharges or activities related to the impairment have ceased, or
    - iii. Actions have been taken and controls are in place or scheduled for implementation that will likely to bring the surface water back into compliance;
  - d. The surface water or segment is ephemeral or intermittent. The Department shall re-prioritize the surface water or segment if the presence of the pollutant in the listed water poses a threat to the health and safety of humans, aquatic life, or wildlife using the water, or the pollutant is contributing to the impairment of a downstream perennial surface water or segment;
  - e. The pollutant poses a low ecological and human health risk;
  - f. Insufficient data exist to determine the source of the pollutant load;
  - g. The uncertainty of timely coordination with national and international entities concerning international waters;
  - h. Naturally occurring conditions are a major contributor to the impairment; and
  - i. No documentation or effective analytical tools exist to develop a TMDL for the surface water or segment with reasonable accuracy.
- C. The Department will target surface waters with high priority factors in subsections (B)(1)(a) through (B)(1)(d) for initiation of TMDLs within two years following EPA approval of the 303(d) List.
- D. The Department may shift priority ranking of a surface water or segment for any of the following reasons:
- 1. A change in federal, state, or tribal policies or priorities that affect resources to complete a TMDL;
  - 2. Resource efficiencies for coordinating TMDL development with other monitoring activities, including the Department's ambient monitoring program that monitors watersheds on a five-year rotational basis;
  - 3. Resource efficiencies for coordinating TMDL development with Department remedial or compliance programs;
  - 4. New information is obtained that will revise whether the surface water or segment is a high priority based on factors in subsection (B); and
  - 5. Reduction or increase in staff or budget involved in the TMDL development.
- E. The Department may complete a TMDL initiated before July 12, 2002 for a surface water or segment that was listed as impaired on the 1998 303(d) List but does not qualify for listing under the criteria in R18-11-605, if:
- 1. The TMDL investigation establishes that the water quality standard is not being met and the allocation of loads is expected to bring the surface water into compliance with standards,
  - 2. The Department estimates that more than 50 percent of the cost of completing the TMDL has been spent,
  - 3. There is community involvement and interest in completing the TMDL, or
  - 4. The TMDL is included within an EPA-approved state workplan initiated before July 12, 2002.
- Historical Note**  
New Section made by final rulemaking at 8 A.A.R. 3380, effective July 12, 2002 (Supp. 02-3).

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## TITLE 18. ENVIRONMENTAL QUALITY

### CHAPTER 13. DEPARTMENT OF ENVIRONMENTAL QUALITY - SOLID WASTE MANAGEMENT

#### 18 A.A.C. 13

#### Supplement Information

#### Supp. 25-2

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

*Editor's note: This Chapter contains rules that were made under a Notice of Emergency Rulemaking. Since an emergency rulemaking is effective for 180 days, the original codified rules remain in the Chapter for reference if the emergency rules expire. The Department may choose to renew the emergency for an additional 180 days; or choose to let the emergency expire after 180 days. The Department may also choose to promulgate these rules under the regular rulemaking process while the emergency rules are enforced.*

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**The release of this Chapter in Supp. 25-2 replaces Supp. 24-4, 1-47 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

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

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## Administrative Rules Division

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## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 13. DEPARTMENT OF ENVIRONMENTAL QUALITY - SOLID WASTE MANAGEMENT

Authority: A.R.S. §§ 41-1003 and 49-104

## Supp. 25-2

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*Editor's Note: This Chapter contains rules which were adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 49-701.01(C)(1) and (2). Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit these rules to the Governor's Regulatory Review Council for review; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on these rules.*

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*Editor's Note: The recodification at 7 A.A.R. 2522 described*

*below erroneously moved Sections into 18 A.A.C. 9, Article 9. Those Sections were actually recodified to 18 A.A.C. 9, Article 10. See the Historical Notes for more information (Supp. 01-4).*

*Article 15, consisting of Sections R18-13-1501 through R18-13-1514 and Appendix A, recodified to 18 A.A.C. 9, Article 9 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2).*

*Article 15, consisting of Sections R18-13-1501 through R18-13-1514 and Appendix A, adopted effective April 23, 1996 (Supp. 96-2).*

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*Article 19, consisting of Section R18-13-1901, made by final rulemaking at 30 A.A.R. 3900 (December 27, 2024), effective February 4, 2025 (Supp. 24-4).*

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*Article 25, consisting of Section R18-13-2501, expired at 23 A.A.R. 3429, effective October 10, 2017 (Supp. 17-4).*

*Article 25, consisting of Section R18-13-2501, adopted by final rulemaking at 5 A.A.R. 4654, effective November 15, 1999 (Supp. 99-4).*

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**ARTICLE 26. EXPIRED**

*Article 26, consisting of Sections R18-13-2601 through R18-13-2604, expired at 16 A.A.R. 705, effective April 6, 2010 (Supp. 10-2).*

*Article 26, consisting of Sections R18-13-2601 through R18-13-2604, made by exempt rulemaking at 14 A.A.R. 4258, effective October 20, 2008 (Supp. 08-4).*

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*Article 27 consisting of Sections R18-13-2701 through R18-13-2703, expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2984, effective September 15, 2016 (Supp. 16-3).*

*Article 27 consisting of Sections R18-13-2701 through R18-13-2703, made by exempt rulemaking at 16 A.A.R. 848, effective July 1, 2010 (Supp. 10-2).*

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**ARTICLE 1. RESERVED**

*Editor's Note: Article 2, consisting of Section R18-13-201, was adopted under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to A.R.S. § 49-701.01(C)(1) and (2). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit the rules to the Governor's Regulatory Review Council for review; and the Department was not required to hold public hearings on this Section (Supp. 98-3).*

**ARTICLE 2. SOLID WASTE DEFINITIONS; EXEMPTIONS**

*Editor's Note: The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act which means that these rules were not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the agency was not required to hold public hearings on these rules (Supp. 98-3).*

**R18-13-201. Land Application of Biosolids Exemption**

- A. This Section applies only to biosolids as defined in R18-9-1001. The land application of biosolids, when placed on or applied to the land in full conformity with 18 A.A.C. 9, Article 10 and A.R.S. § 49-761(F), and if the site of land application has ceased to receive application of biosolids and all applicable site restrictions set by A.A.C. Title 18 Environmental Quality have been satisfied, is exempt statewide from the definition of solid waste found at A.R.S. § 49-701.01(A). This exemption applies only when the biosolids and the soil to which it has been applied remain at the site of the application.
- B. This exemption does not alter or set any new standard for the soil remediation standards found at 18 A.A.C. 7, Article 2.

**Historical Note**

Adopted under and exemption from A.R.S. Title 41, Chapter 6, pursuant to A.R.S. § 49-701.01(C)(1) and (2), effective July 27, 1998 (Supp. 98-3). Amended by exempt rulemaking at 5 A.A.R. 4004, effective September 17, 1999 (Supp. 99-3). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-202. Coal Slurry Discharges from Pipeline Leaks Exemption**

This Section applies only to coal slurry discharges onto the ground from pipeline leaks. Coal slurry discharges onto the ground from pipeline leaks are exempt statewide from the definition of solid waste prescribed in A.R.S. § 49-701.01(A) if both of the following conditions are met:

1. The discharge was the result of an accidental pipeline leak.
2. The thickness of the layer of coal slurry on the ground that resulted from the discharge is 3 inches or less.

**Historical Note**

New Section adopted by exempt rulemaking at 5 A.A.R. 4004, effective September 17, 1999 (Supp. 99-3).

**ARTICLE 3. REFUSE AND OTHER OBJECTIONABLE WASTES****R18-13-301. Reserved****R18-13-302. Definitions**

- A. "Approved" means acceptable to the Department.
- B. "Ashes" means residue from the burning of any combustible material.

- C. "Department" means the Department of Environmental Quality or a local health department designated by the Department of Environmental Quality.
- D. "Garbage" means all animal and vegetable wastes resulting from the processing, handling, preparation, cooking, and serving of food or food materials.
- E. "Manure" means animal excreta, including cleanings from barns, stables, corrals, pens, or conveyances used for stabling, transporting, or penning of animals or fowls.
- F. "Person" means the state, a municipality, district or other political subdivision, a cooperative, institution, corporation, company, firm, partnership or individual.
- G. "Refuse" means all putrescible and nonputrescible solid and semisolid wastes, except human excreta, but including garbage, rubbish, ashes, manure, street cleanings, dead animals, abandoned automobiles, and industrial wastes.
- H. "Rubbish" means nonputrescible solid wastes, excluding ashes, consisting of both combustible and noncombustible wastes, such as paper, cardboard, waste metal, tin cans, yard clippings, wood, glass, bedding, crockery and similar materials.

**Historical Note**

Section recodified from A.A.C. R18-8-502, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-303. Responsibility**

- A. The owner, agent, or the occupant of any premises, business establishment, or industry shall be responsible for the sanitary condition of said premises, business establishment, or industry. No person shall place, deposit, or allow to be placed or deposited on his premises or on any public street, road, or alley any refuse or other objectionable waste, except in a manner described in these rules.
- B. The owner, agent, or the occupant of any premises, business establishment, or industry shall be responsible for the storage and disposal of all refuse accumulated, by a method or methods described in these rules.
- C. The collection and disposal of all refuse not acceptable for collection by a collection agency is the responsibility of each occupant, business establishment, or industry where such refuse accumulates, and all such refuse shall be stored, collected, and disposed of in a manner approved by the Department.
- D. All dangerous materials and substances shall, where necessary, be rendered harmless prior to collection and disposal.

**Historical Note**

Section recodified from A.A.C. R18-8-503, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-304. Inspection**

Representatives of the Department shall make such inspections of any premises, container, process, equipment, or vehicle used for collection, storage, transportation, disposal, or reclamation or refuse as are necessary to ensure compliance with these rules.

**Historical Note**

Section recodified from A.A.C. R18-8-504, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-305. Collection Required**

- A. Where refuse collection service is available, the following refuse shall be required to be collected: Garbage, ashes, rub-

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bish, and small dead animals which do not exceed 75 pounds in weight.

- B.** The following refuse is not considered acceptable for collection but may be collected at the discretion of the collection agency where special facilities or equipment required for the collection and disposal of such wastes are provided:
1. Dangerous materials or substances, such as poisons, acids, caustics, infected materials, radioactive materials, and explosives.
  2. Materials resulting from the repair, excavation, or construction of buildings and structures.
  3. Solid wastes resulting from industrial processes.
  4. Animals exceeding 75 pounds in weight, condemned animals, animals from a slaughterhouse, or other animals normally considered industrial waste.
  5. Manure.

**Historical Note**

Section recodified from A.A.C. R18-8-505, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-306. Notices**

- A.** All collection agencies shall provide each householder, or business establishment served, with a copy of the requirements governing the storage and collection of refuse which shall cover at least the following items:
1. Definitions.
  2. Places to be served.
  3. Places not to be served.
  4. Scheduled day or days of collection.
  5. Materials acceptable for collection.
  6. Materials not acceptable for collection.
  7. Preparation of refuse for collection.
  8. Types and size of containers permitted.
  9. Points from which collections will be made.
  10. Necessary safeguards for collectors.
- B.** All such notices governing storage and collection shall conform to these rules.

**Historical Note**

Section recodified from A.A.C. R18-8-506, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-307. Storage**

- A.** All refuse shall be stored in accordance with the requirements of this Section. The owner, agent, or occupant of every dwelling, business establishment, or other premises where refuse accumulates shall provide a sufficient number of suitable and approved containers for receiving and storing of refuse, and shall keep all refuse therein, except as otherwise provided by this Chapter.
- B.** Garbage shall be stored in durable, rust resistant, nonabsorbent, watertight, and easily cleanable containers, with close fitting covers and having adequate handles or bails to facilitate handling. The size of the container shall be determined by the collection agency.
- C.** Rubbish and ashes shall be stored in durable containers. Bulky rubbish such as tree trimmings, newspapers, weeds, and large cardboard boxes shall be handled as directed by the collection agency. Where garbage separation is not required, containers for the storage of mixed rubbish and garbage shall meet the requirements specified in subsection (B).
- D.** Containers for the storage of refuse shall be maintained in such a manner as to prevent the creation of a nuisance or a menace

to public health. Containers that are broken or otherwise fail to meet the requirements of the rules shall be replaced, by the owner of said containers, with approved containers.

- E.** Manure and droppings shall be removed from pens, stables, yards, cages, conveyances, and other enclosures as often as necessary to prevent a health hazard or the creation of a nuisance. All material removed shall be handled and stored in a manner that will maintain the premises nuisance free.

**Historical Note**

Section recodified from A.A.C. R18-8-507, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-308. Frequency of Collection; Variance**

- A.** The collection of garbage, refuse, rubbish, and ashes shall be in accordance with rules of the collection agency except that the frequency of collection shall not be less than once per week.
- B.** A variance from the required frequency of collection in subsection (A) may be granted by the county department designated by the county to approve variances to allow for collection less than once weekly. The variance may be granted upon submission of an acceptable plan by the collection agency to the designated county department demonstrating that no public health hazards or nuisances will exist and that fly breeding will be controlled by either biological, chemical, or mechanical means. The variance may be revoked whenever the designated county department determines that the circumstances warranting the variance no longer exist.
- C.** A county may request the Department of Environmental Quality to assume the functions of granting and revoking variances under this Section.
- D.** For the purposes of this Section, "collection agency" means a city, town, person, or commercial service that offers collection or transportation of garbage, refuse, rubbish, and ashes as a service.

**Historical Note**

Section recodified from A.A.C. R18-8-508, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Section amended by final rulemaking at 30 A.A.R. 3900 (December 27, 2024), effective February 4, 2025 (Supp. 24-4).

**R18-13-309. Place of Collection**

- A.** All refuse shall be properly placed on the premises for convenient collection as designated by the collection agency.
- B.** Where alleys are provided, collection shall be made on the alley side of the premises.

**Historical Note**

Section recodified from A.A.C. R18-8-509, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-310. Vehicles**

- A.** Vehicles used for collection and transportation of garbage, or refuse containing garbage, shall have covered, watertight, metal bodies of easily cleanable construction, shall be cleaned frequently to prevent a nuisance or insect breeding, and shall be maintained in good repair.
- B.** Vehicles used for collection and transportation of refuse shall be loaded and moved in such a manner that the contents, including ashes, will not fall, leak, or spill therefrom. Where spillage does occur, it shall be picked up immediately by the collector and returned to the vehicle or container.



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- C. Vehicles used for collection and transportation of rubbish or manure shall be of such construction as to prevent leakage or spillage, and shall provide a cover to prevent blowing of materials or creating a nuisance.

**Historical Note**

Section recodified from A.A.C. R18-8-510, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-311. Disposal; General**

- A. All refuse shall be disposed of by a method or methods included in these rules and shall include rodent, insect, and nuisance control at the place or places of disposal. Approval must be obtained from the Department for all new disposal sites and may change in the method of disposal prior to use.
- B. Carcasses of large dead animals shall be buried or cremated, unless satisfactory arrangements have been made for disposal by rendering or other approved methods.
- C. All public "dumping grounds", provided in compliance with A.R.S. § 9-441, shall be maintained and operated in accordance with the requirements of these rules.
- D. Manure shall be disposed of by sanitary landfill, composting, incineration, or used as fertilizer in such a manner as not to create insect breeding or a nuisance.

**Historical Note**

Section recodified from A.A.C. R18-8-511, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-312. Methods of Disposal**

Approval must be obtained from the Department for any method or methods used for the disposal of refuse prior to the start of operations, and shall be accomplished by one or more of the methods listed below:

1. Sanitary landfill -- Consists of the disposal of refuse on land and the daily compaction and covering of the refuse with 6 to 12 inches of earth so as to prevent a health hazard or nuisance. The final compacted earth cover shall be a minimum of 2 feet in depth. Where sanitary landfill operations are proposed, the Department will require the following:
  - a. The landfill shall be located so that seepage will not create a health hazard, nuisance, or cause pollution of any watercourse or water bearing strata.
  - b. Adequate and proper surface drainage shall be provided to prevent ponding or erosion by rainwater of the finished fill.
  - c. Provision shall be made for the control of insects, rodents, wind blown refuse, and accidental fire.
  - d. Burning of refuse is prohibited.
  - e. An all weather access road is required.
  - f. Suitable equipment and operating personnel shall be provided.
  - g. Salvaging, if permitted, shall be rigidly controlled.
  - h. A variance from the daily compaction and covering requirement may be granted for sites serving less than 2,000 people by the Department of Environmental Quality upon submission of an acceptable plan approved by the local health department demonstrating that no public health hazards or nuisances will exist. The variance will allow for compaction and cover every two weeks at sites serving less than 500 people; weekly compaction and cover for sites serving from 500 to 1,000 people; and twice

weekly compaction and cover for sites serving from 1,000 to 2,000 people. The variance may be revoked whenever the Department of Environmental Quality determines that the circumstances warranting the variance no longer exist.

2. Incineration -- Where incineration is to be employed, the plans and specifications, along with any other information necessary to evaluate the project, shall be submitted to the Department and approval received prior to construction. In addition, an approved method for the disposal of non-combustible refuse is required. Where incineration is proposed, the following items shall be provided:
  - a. The capacity of the incinerator shall be sufficient for the maximum production of refuse expected.
  - b. Noncombustible refuse shall be disposed of by methods approved by the Department.
  - c. Skilled personnel to assure the proper operation and maintenance of the facilities in a nuisance-free manner.
3. Composting -- This method of disposal is acceptable to the Department under the following conditions:
  - a. That plans and specifications and other information necessary to evaluate the project are submitted to the Department and approval received prior to start of construction.
  - b. That provisions are made for the proper disposal of all refuse not considered suitable for composting.
  - c. Skilled personnel shall be provided to assure the proper operation and maintenance of the facilities in a nuisance-free manner.
4. Garbage grinding -- This method, involving the separate collection and disposal of garbage into a community sewerage system through commercial type grinders or mandatory community-wide installation of individual household grinders, will be acceptable to the Department provided that suitable means shall be provided for the disposal of all remaining refuse.
5. Hog feeding -- This method of disposal will only be approved under the following conditions:
  - a. The garbage is collected and stored in suitable containers.
  - b. Only approved type vehicles are used for collection.
  - c. All garbage is effectively heat-treated in accordance with Title 24, Chapter 7, Article 3 (A.R.S. §§ 24-941 through 24-949).
  - d. All remaining refuse, including nonedible garbage, is collected and disposed of separately by methods approved by the Department.
6. Manure disposal -- Manure shall be disposed of by sanitary landfill, composting, incinerating, or used as a fertilizer in such a manner as not to create insect breeding or a nuisance.

**Historical Note**

Section recodified from A.A.C. R18-8-512, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**ARTICLE 4. SOLID WASTE FACILITIES SUBJECT TO BEST MANAGEMENT PRACTICES****R18-13-401. Definitions**

- A. "Department" means the Arizona Department of Environmental Quality.

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- B.** “Material recovery facility” means a transfer facility that collects, compacts, repackages, sorts, or processes commingled recyclable solid waste generated offsite for the purpose of recycling and transport, or where source separated recyclable solid waste is processed for sale to various markets, and where the incoming materials are predominantly recyclable solid waste.
- C.** “Recyclable solid waste” means a product or material described in subsection (C)(1) or (2), and for which subsection (C)(3) is true:
1. A product with no useful life remaining for the purposes for which it was produced, or if useful life remains, the product will not, due to location, quantity, or owner choice, remain in use or be reused for a purpose for which it was produced.
  2. A material that is a result of a process or activity whose purpose was to produce something else.
  3. The product or material retains some economic value, with or without further processing, as a raw material or feedstock in some process other than incineration or combustion.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**EMERGENCY RULEMAKING****R18-13-402. Solid Waste Facilities Subject to Best Management Practices**

- A.** The following solid waste facilities subject to best management practices under A.R.S. § 49-762.02 shall register with the Department as provided in this Section:
1. A transfer facility, as defined in A.R.S. § 49-701, with a daily throughput of 180 cubic yards or less, but not including:
    - a. A material recovery facility where the incoming materials are primarily source separated recyclables; or
    - b. Community or neighborhood recycling bins including drop boxes, roll off containers, and plastic containers used to collect residential, business, or governmental recyclable solid waste.
  2. A site at which more than 500 and fewer than 5,000 waste tires are stored on any day that is not required to obtain plan approval pursuant to A.R.S. § 49-762.
- B.** Initial registration. A new solid waste facility listed in subsection (A) shall not begin operation until the owner or operator registers with the Department on a form approved by the Department.
- C.** Registration as a waste tire collection site under R18-13-1211 shall satisfy registration requirements pursuant to this Section for a site under subsection (A)(2).

**Historical Note**

Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).

**R18-13-402. Solid Waste Facilities Subject to Best Management Practices; Fees**

- A.** The following solid waste facilities subject to best management practices under A.R.S. § 49-762.02 shall register with the Department and pay registration fees as provided in this Section:

1. A transfer facility, as defined in A.R.S. § 49-701, with a daily throughput of 180 cubic yards or less, but not including:
    - a. A material recovery facility where the incoming materials are primarily source separated recyclables; or
    - b. Community or neighborhood recycling bins including drop boxes, roll off containers, and plastic containers used to collect residential, business, or governmental recyclable solid waste.
  2. A site at which more than 500 and fewer than 5,000 waste tires are stored on any day that is not required to obtain plan approval pursuant to A.R.S. § 49-762.
- B.** Initial registration. A new solid waste facility listed in subsection (A) shall not begin operation until the owner or operator registers with the Department on a form approved by the Department. The owner or operator of a new solid waste facility listed in subsection (A) shall submit an initial registration fee of \$1,800 at the time of registration under this subsection.
- C.** Annual registration fee. The Department shall bill an annual registration fee of \$1,500 to a registered solid waste facility listed in subsection (A) that has not filed a notice of termination of registration with the Department. The owner or operator of a registered solid waste facility listed in subsection (A) shall pay the annual registration fee within 30 days of invoice receipt.
- D.** Registration as a waste tire collection site under R18-13-1211 shall satisfy registration and fee requirements pursuant to this Section for a site under subsection (A)(2) of this Section.
- E.** Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (B) and (C) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (E)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**ARTICLE 5. REQUIREMENTS FOR SOLID WASTE FACILITIES SUBJECT TO SELF-CERTIFICATION****EMERGENCY RULEMAKING****R18-13-501. Solid Waste Facilities Requiring Self-Certification; Registration Fees**

- A.** The following solid waste facilities requiring self-certification under A.R.S. § 49-762.01 shall register with the Department and pay annual registration fees as provided in this Section:
1. A transfer facility, as defined in A.R.S. § 49-701, with a daily throughput of more than 180 cubic yards, including a material recovery facility, but not including:

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- a. A material recovery facility where the incoming materials are primarily source separated recyclables; or
  - b. Community or neighborhood recycling bins including drop boxes, roll off containers, and plastic containers used to collect residential, business, or governmental recyclable solid waste.
2. A facility storing 5,000 or more waste tires on any one day and not required to obtain plan approval.
  3. A waste tire shredding and processing facility.
- B.** Initial registration for a new facility. The owner or operator of a planned new facility identified in subsection (A) of this Section shall submit the following information to the Department before beginning construction:
1. The name of the solid waste facility.
  2. The name, mailing address and telephone number of each owner and operator of the solid waste facility.
  3. The physical location of the solid waste facility by physical address, latitude and longitude, or legal description. If none of these are practical, by driving directions from the nearest city or town.
  4. A brief description of operations, including waste management methods, types and volumes of waste handled, waste storage and treatment equipment, and the length of time the waste remains onsite.
  5. A diagram of the property showing its approximate size and the planned location of the solid waste facility or facilities.
  6. Documentation that the facility will comply with local zoning laws or, if the owner is an agency or political subdivision of this state, with A.R.S. § 49-767.
  7. Documentation that the facility has any other environmental permit that is required by statute.
  8. A copy of the public notice in a newspaper of general circulation in the area where the facility will be located stating the intent to construct and operate a new solid waste facility pursuant to A.R.S. § 49-762.05.
- C.** Initial and annual registration for an existing facility. The owner or operator of an existing facility identified in subsection (A) of this Section shall submit the following information to the Department annually on a form approved by the Department and note any changes since the last registration:
1. The name of the solid waste facility.
  2. The name, address and telephone number of each owner and operator of the solid waste facility.
  3. The physical location of the solid waste facility by physical address, latitude and longitude, or legal description. If none of these are practical, by driving directions from the nearest city or town.
  4. A brief description of operations, including waste management methods, types and volumes of waste handled, waste storage and treatment equipment, and the length of time the waste remains onsite.
  5. A diagram of the property showing its approximate size and the location of the solid waste facility or facilities.
  6. Documentation that the facility remains in compliance with the most current local zoning laws or with A.R.S. § 49-767, as applicable.
  7. Documentation that the facility continues to hold any other environmental permit that is required by statute.
- D.** Self-certification. With each registration under subsection (B) or (C) of this Section, the owner or operator shall certify that the information submitted is true, accurate, and complete to the best of the person's knowledge and belief.
- E.** Registration fees. The owner or operator of a transfer facility under subsection (A)(1) shall pay the Department \$1,485 for the initial registration of a new facility, and \$742 for each annual registration thereafter. The owner or operator of a tire facility under subsection (A)(2) or (3) shall pay the Department \$1,485 for the initial registration of a new facility, and \$371 for each annual registration thereafter. The Department shall bill the annual registration fee to a solid waste facility under subsection (A) that has not filed a notice of termination of registration with the Department and the solid waste facility shall pay within 30 days of invoice receipt.
- F.** Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (E) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (F)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.
- G.** As used in this Section:
1. "Department" means the Arizona Department of Environmental Quality.
  2. "Material recovery facility" means a transfer facility that collects, compacts, repackages, sorts, or processes commingled recyclable solid waste generated offsite for the purpose of recycling and transport, or where source separated recyclable solid waste is processed for sale to various markets, and where the incoming materials are predominantly recyclable solid waste.
  3. "Recyclable solid waste" means a product or material described in subsection (G)(3)(a) or (b), and for which subsection (G)(3)(c) is true:
    - a. A product with no useful life remaining for the purposes for which it was produced, or if useful life remains, the product will not, due to location, quantity, or owner choice, remain in use or be reused for a purpose for which it was produced.
    - b. A material that is a result of a process or activity whose purpose was to produce something else.
    - c. The product or material retains some economic value, with or without further processing, as a raw material or feedstock in some process other than incineration or combustion.

**Historical Note**

Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).

**R18-13-501. Solid Waste Facilities Requiring Self-Certification; Registration Fees**

- A.** The following solid waste facilities requiring self-certification under A.R.S. § 49-762.01 shall register with the Department and pay annual registration fees as provided in this Section:
1. A transfer facility, as defined in A.R.S. § 49-701, with a daily throughput of more than 180 cubic yards, including a material recovery facility, but not including:

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- a. A material recovery facility where the incoming materials are primarily source separated recyclables; or
  - b. Community or neighborhood recycling bins including drop boxes, roll off containers, and plastic containers used to collect residential, business, or governmental recyclable solid waste.
2. A facility storing 5,000 or more waste tires on any one day and not required to obtain plan approval.
  3. A waste tire shredding and processing facility.
- B.** Initial registration for a new facility. The owner or operator of a planned new facility identified in subsection (A) of this Section shall submit the following information to the Department before beginning construction:
1. The name of the solid waste facility.
  2. The name, mailing address and telephone number of each owner and operator of the solid waste facility.
  3. The physical location of the solid waste facility by physical address, latitude and longitude, or legal description. If none of these are practical, by driving directions from the nearest city or town.
  4. A brief description of operations, including waste management methods, types and volumes of waste handled, waste storage and treatment equipment, and the length of time the waste remains onsite.
  5. A diagram of the property showing its approximate size and the planned location of the solid waste facility or facilities.
  6. Documentation that the facility will comply with local zoning laws or, if the owner is an agency or political subdivision of this state, with A.R.S. § 49-767.
  7. Documentation that the facility has any other environmental permit that is required by statute.
  8. A copy of the public notice in a newspaper of general circulation in the area where the facility will be located stating the intent to construct and operate a new solid waste facility pursuant to A.R.S. § 49-762.05.
- C.** Initial and annual registration for an existing facility. The owner or operator of an existing facility identified in subsection (A) of this Section shall submit the following information to the Department annually on a form approved by the Department and note any changes since the last registration:
1. The name of the solid waste facility.
  2. The name, address and telephone number of each owner and operator of the solid waste facility.
  3. The physical location of the solid waste facility by physical address, latitude and longitude, or legal description. If none of these are practical, by driving directions from the nearest city or town.
  4. A brief description of operations, including waste management methods, types and volumes of waste handled, waste storage and treatment equipment, and the length of time the waste remains onsite.
  5. A diagram of the property showing its approximate size and the location of the solid waste facility or facilities.
  6. Documentation that the facility remains in compliance with the most current local zoning laws or with A.R.S. § 49-767, as applicable.
  7. Documentation that the facility continues to hold any other environmental permit that is required by statute.
- D.** Self-certification. With each registration under subsection (B) or (C) of this Section, the owner or operator shall certify that the information submitted is true, accurate, and complete to the best of the person's knowledge and belief.
- E.** Registration fees. The owner or operator of a solid waste facility under subsection (A) shall pay the Department \$3,600 for the initial registration of a new facility, and \$3,000 for each annual registration thereafter. The Department shall bill the annual registration fee to a solid waste facility under subsection (A) that has not filed a notice of termination of registration with the Department and the solid waste facility shall pay within 30 days of invoice receipt.
- F.** Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (E) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (F)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.
- G.** As used in this Section:
1. "Department" means the Arizona Department of Environmental Quality.
  2. "Material recovery facility" means a transfer facility that collects, compacts, repackages, sorts, or processes commingled recyclable solid waste generated offsite for the purpose of recycling and transport, or where source separated recyclable solid waste is processed for sale to various markets, and where the incoming materials are predominantly recyclable solid waste.
  3. "Recyclable solid waste" means a product or material described in subsection (G)(3)(a) or (b), and for which subsection (G)(3)(c) is true:
    - a. A product with no useful life remaining for the purposes for which it was produced, or if useful life remains, the product will not, due to location, quantity, or owner choice, remain in use or be reused for a purpose for which it was produced.
    - b. A material that is a result of a process or activity whose purpose was to produce something else.
    - c. The product or material retains some economic value, with or without further processing, as a raw material or feedstock in some process other than incineration or combustion.

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**ARTICLE 6. RESERVED****ARTICLE 7. SOLID WASTE FACILITY PLAN REVIEW FEES****R18-13-701. Definitions**

In addition to the definitions provided in A.R.S. §§ 49-701, 49-701.01, and 49-851, and 18 A.A.C. 13, the following definitions apply in this Article:

1. "Aquifer Protection Permit" or "APP" means the permit that is required pursuant to A.R.S. § 49-241.

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2. "MSWLF" means a municipal solid waste landfill as defined in A.R.S. § 49-701.
3. "Non-APP requirements for Non-MSWLFs" means 40 CFR 257 requirements and the restrictive covenant and location restrictions required in A.R.S. Title 49, Chapter 4.
4. "Non-MSWLF" means a landfill that is not a municipal solid waste landfill as defined in A.R.S. § 49-701.
5. "RD&D" means research, development, and demonstration.
6. "Review hours" means the hours or portions of hours that the Department's staff spends on a request for a plan review. Review hours include the time spent by the project manager and technical review team members, and if requested by the applicant, the supervisor or unit manager.
7. "Review-related costs" means any of the following costs applicable to a specific plan review:
  - a. Presiding officer services for public hearings on a plan review decision,
  - b. Court reporter services for public hearings on a plan review decision,
  - c. Facility rentals for public hearings on a plan review decision,
  - d. Charges for laboratory analyses performed during the plan review,
  - e. Other reasonable and necessary review-related expenses documented in writing by the Department and agreed to by an applicant.
8. "Solid waste facility plan" means a plan or the individual components of a plan, such as the design, operational, closure, or post-closure plan, or the demonstration of financial responsibility as required by A.R.S. § 49-770, submitted to the Department for review and plan approval.

**Historical Note**

Adopted effective July 1, 1996; filed in the Office of the Secretary of State December 1, 1995 (Supp. 95-4). Amended effective May 15, 1997 (Supp. 97-2). Amended by exempt rulemaking at 8 A.A.R. 3747, effective November 1, 2002 (Supp. 02-3). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2).

**R18-13-702. Solid Waste Facility Plan Review Fees**

- A. With each application submitted for approval pursuant to A.R.S. § 49-762.03, the applicant shall remit an initial fee in accordance with one of the fee tables in this subsection, unless otherwise provided in subsection (B) of this Section. This subsection also lists the maximum fees that the Department will bill the applicant. All fees paid shall be payable to the state of Arizona. The Department shall deposit the fees paid into the Solid Waste Fee Fund established pursuant to A.R.S. § 49-881, unless otherwise authorized or required by law.

**Fee Tables****Fees for Plan Review of New Solid Waste Facilities**

	Initial	Maximum
Solid Waste Landfills	\$20,000	\$297,047
Non-APP requirements for Non-MSWLFs operating under an APP	\$2,000	\$74,262
Other Solid Waste Facilities Subject to Plan Approval	\$10,000	\$148,524

**Fees for Modifications to Solid Waste Facility Plans**

	Initial	Maximum
Solid Waste Landfills – Type IV	\$1,500	\$222,786
Solid Waste Landfills – Type III	\$750	\$111,393
Other Solid Waste Facilities Subject to Plan Approval - Type IV	\$750	\$111,393
Other Solid Waste Facilities Subject to Plan Approval - Type III	\$500	\$74,262

**Fees for Review of Financial Responsibility Plans for Solid Waste Facilities**

	Initial	Maximum
Annual Review for Solid Waste Landfills	\$891 Flat Fee	N/A
Other Solid Waste Facilities	\$200	\$7,426

- B. The Department shall bill an applicant for plan review services, subject to an hourly rate, no more than monthly, but at least semi-annually. The following information shall be included in each bill:
1. The dates of the billing period;
  2. After January 1, 2013, the date and number of review hours performed during the billing period itemized by employee name, position type and specifically describing:
    - a. Each review task performed,
    - b. The facility and operational unit involved, and
    - c. The hourly rate;
  3. A description and amount of any other reasonable review-related cost; and
  4. The total fees paid to date, the total fees due for the billing period, the date when the fees are due, and the maximum fee for the project.
- C. Within 30 days after the Department makes a final determination whether to approve or disapprove of the facility plan, or when an applicant withdraws or closes the application for review, the Department shall prepare and issue a final itemized bill of its review. If the Department determines that the actual cost of reviewing the plan is less than the initial fee and any interim fees paid, the Department shall refund the difference to the applicant within 30 days after the issuance of the approval or disapproval of the application. If the Department determines that the actual cost of plan review is greater than the corresponding amount listed, the Department shall list the amount that the applicant owes on the final itemized bill, except that the final itemized bill shall not exceed the applicable maximum fee specified in subsection (A). The applicant shall pay in full the amount due within 30 days of receipt of the final itemized bill.
- D. If the final bill is not paid within the 30 days, the Department shall mail a second notice to the applicant. Failure to pay the amount due within 60 days of receipt of the notice shall result in the Department initiation of proceedings for suspension of the approval, in accordance with A.R.S. § 49-782. The suspension shall continue until full payment is received at the Department. If full payment is not received at the Department within 365 days of the date of the approval, the approval shall be revoked in accordance with A.R.S. § 49-782. The Department shall not review any further plans for an entity which has not paid all fees due for a previous review of a solid waste facility plan.
- F. The hourly rate is \$181.
- G. Beginning July 1, 2026, the Director shall adjust the fee amounts in the columns of the Fee Tables titled "Maximum",

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the annual review for solid waste landfills flat fee in the Fee Table - Fees for Review of Financial Responsibility Plans for Solid Waste Facilities, and the hourly rate amount in subsection (F) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:

1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
2. Round the result from subsection (G)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

Adopted effective July 1, 1996; filed in the Office of the Secretary of State December 1, 1995 (Supp. 95-4). Corrected typographical error "facilities" in Schedules A, B, and C, to reflect Section filed in the Office of the Secretary of State December 1, 1995. Section amended effective May 15, 1997; except for special waste management plan component fees listed in Schedules A, B, and C, which become effective July 1, 1997 (Supp. 97-2). Amended by exempt rulemaking at 5 A.A.R. 3869, effective October 1, 1999 (Supp. 99-3). Amended by exempt rulemaking at 8 A.A.R. 3747, effective November 1, 2002 (Supp. 02-3). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**R18-13-703. Review of Bill**

- A. An applicant who disagrees with the final bill received from the Department for plan review and issuance or denial of a solid waste facility plan approval under this Article may make a written request to the Director for a review of the bill and may pay the bill under protest. The request for review shall specify the matters in dispute and shall be received by the Department within 10 working days of the date of receipt of the final bill.
- B. Unless the Department and applicant agree otherwise, the review shall take place within 30 days of receipt by the Department of the request. The Director shall make a final decision as to whether the time and costs billed are correct and reasonable. The final decision shall be mailed to the applicant within 10 working days after the date of the review and is subject to appeal pursuant to A.R.S. §§ 41-1092 through 1092.12.

**Historical Note**

Adopted effective July 1, 1996; filed in the Office of the Secretary of State December 1, 1995 (Supp. 95-4). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-704. Repealed****Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 3747, effective November 1, 2002 (Supp. 02-3). Section

repealed by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2).

**R18-13-705. Repealed****Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 3747, effective November 1, 2002 (Supp. 02-3). Section repealed by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2).

**R18-13-706. Repealed****Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 3747, effective November 1, 2002 (Supp. 02-3). Section repealed by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2).

**ARTICLE 8. GENERAL PERMITS****R18-13-801. General Permit Fees**

- A. The Department shall assess annual fees for operation under a general permit established in rule as described in the Table below. Beginning July 1, 2026, the Director shall adjust the fee amounts in the Table below annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (A)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.
- B. In addition to the technical requirements proposed for any general permit to be included in this Article, the Department shall propose the category to be assigned to the permit according to the Table below.
- C. An applicant shall pay the initial fee when approval to operate is requested. The Department shall bill an annual fee to facilities that have not notified the Department that they are no longer operating and have met the closure requirements of this Chapter.
- D. For the purpose of this Article, "complex" has the meaning in A.A.C. R18-1-501. "Standard" is any facility that is not complex.

**Table. Solid Waste General Permits**

Category	Initial Fee	Annual Fee
Collection, Storage and Transfer-Standard	\$1,114	\$149
Collection, Storage and Transfer-Complex	\$11,139	\$1,485
Treatment-Standard	\$1,485	\$149
Treatment-Complex	\$14,852	\$1,485
Disposal	\$22,279	N/A

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

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**R18-13-802. Disposal General Permit: Non-Municipal Solid Waste Landfills at Mining Operations**

- A.** This general permit is adopted pursuant to A.R.S. § 49-706 as an alternative to plan approvals for facilities identified in A.R.S. § 49-762(A)(1). This general permit authorizes disposal of solid waste in a landfill at a mining operation if the landfill meets one of the following criteria:
1. The landfill is identified as a discharging facility in an area-wide aquifer protection permit and is located within the pollutant management area developed for that permit; or
  2. The landfill is located within the pollutant management area of an area-wide aquifer protection permit but is exempt from the permit requirement because it contains only inert material as defined in A.R.S. § 49-201; or
  3. The landfill is located at a site qualifying as a groundwater protection permit facility as defined in A.R.S. § 49-241.01(C) and the site has submitted an administratively complete application for an aquifer protection permit that has not been denied. Landfills that are located at mining operations and that are subject to best management practices under A.R.S. § 49-762.02(6) are required to comply with those practices and do not require coverage under this general permit.
- B.** Authorized and prohibited materials.
1. Disposal of the following is allowed under this general permit:
    - a. Solid waste generated at the mining operation where the landfill is located; and
    - b. Incidental amounts of putrescible waste generated at the mining operation where the landfill is located. For the purposes of this Section, "putrescible waste" means solid waste which contains organic matter capable of being decomposed by microorganisms and of such a character and proportion as to be capable of attracting or providing food for birds.
  2. Disposal of the following is prohibited under this general permit:
    - a. Used oil as defined in A.R.S. § 49-801(3).
    - b. Human excreta as defined in R18-13-1102.
    - c. Special waste as defined in A.R.S. § 49-851(A)(5).
    - d. Biohazardous medical waste as defined in R18-13-1401.
    - e. Radioactive waste material regulated for disposal pursuant to Title 12, Chapter 1 of the Arizona Administrative Code.
    - f. Hazardous waste as defined in A.R.S. § 49-921(5), including hazardous waste generated by a conditionally exempt small quantity generator.
    - g. Bulk or noncontainerized liquid waste.
    - h. Waste containing polychlorinated biphenyls regulated for disposal pursuant to 40 CFR 761.
- C.** A person may operate a landfill at a mining operation under this general permit if:
1. Operation of the landfill complies with the requirements of this Section;
  2. The person files a Notice of Intent to Operate that complies with subsections (D) and (E);
  3. The person satisfies any requests for additional information from the Department regarding the Notice of Intent to Operate landfill operation and receives a written Authorization to Operate from the Director; and
  4. The person submits the applicable fee established in R18-13-801 for the Disposal category.
- D.** Notice of Intent to Operate. An applicant shall submit to the Department a Notice of Intent to Operate under this general permit. The Notice shall contain:
1. The name, address, and telephone number of the applicant;
  2. The name, address, and telephone number of a contact person familiar with the operation of the facility;
  3. The legal description of the landfill area, latitude and longitude coordinates, a detailed figure(s) showing both the existing landfill boundary and the anticipated future waste footprint of the landfill at the time of closure, and a map showing the location of the landfill within the mining operation;
  4. A description of how the applicant will meet the public access restrictions in subsection (H)(3);
  5. A description of how the applicant will meet the cover requirements in subsection (H)(4);
  6. A description of how the applicant will meet the methane requirements in subsection (H)(5). For landfills that have accepted waste prior to the effective date of this Section only, the applicant shall include recent methane monitoring sampling results from either:
    - a. One (1) measurement per acre of landfill waste footprint; or
    - b. A minimum of four (4) monitoring probes installed to the depth of refuse around the perimeter of the landfill and measured quarterly for the presence of methane gas for a period of one (1) year;
  7. A narrative description of the landfill, including whether the landfill is existing or planned, the acreage of the current and planned waste footprint, estimated disposal capacity in cubic yards, expected lifespan, projected rate of waste disposal in tons per day or per week, and sources of solid waste generation;
  8. A listing of any other federal or state environmental permits issued for or needed by the landfill, including any individual plan approval, APP, Groundwater Quality Protection Permit, or Notice of Disposal; and
  9. A signature on the Notice of Intent to Operate certifying that the applicant agrees to comply with all terms of this general permit.
- E.** Existing facility application deadline. Existing facilities that qualify for coverage under subsections (A)(1), (A)(2), or (A)(3) on the effective date of this rule shall submit a Notice of Intent to Operate within 2 years of the effective date of this rule to obtain coverage. The Director may extend this date in individual cases if the facility could not have submitted an administratively complete Notice in time with reasonable diligence.
- F.** Authorization review.
1. Inspection. The Department may inspect the facility to determine that the applicable terms of this general permit are being met.
  2. Authority to Operate issuance.
    - a. If the Department determines, based on its review and an inspection, if conducted, that the facility conforms to the requirements of this general permit, the Director shall issue an Authority to Operate.
    - b. The Authority to Operate authorizes the person to operate the landfill under the terms of this general permit.
  3. Authority to Operate denial. If the Department determines, based on its review and an inspection, if conducted, that the facility does not conform to the

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requirements of this general permit, the Director shall notify the person of the decision not to issue the Authority to Operate and the person shall not operate the landfill under this general permit. The notification shall inform the person of:

- a. The reason for the denial with reference to the statute or rule on which the denial is based;
- b. The person's right to appeal the denial, including the number of days the applicant has to file a protest challenging the denial and the name and telephone number of the Department contact person who can answer questions regarding the appeals process; and
- c. The person's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.

**G. Statutory requirements.** The landfill shall be:

1. Located according to the applicable location restrictions in A.R.S. § 49-772; and
2. Subject to a restrictive covenant recorded pursuant to A.R.S. § 49-771.

**H. Operational requirements.**

1. Inspect the landfill at least quarterly and after large storm events for overall integrity and condition of the facility, including stormwater diversions, and conduct maintenance and repairs as needed. For the purposes of this Section, a "large storm event" is defined as one-half inch of precipitation in any 24-hour period.
2. Direct storm water runoff from surrounding areas away from the landfill.
3. Restrict public access to the landfill or to the mining operation site by signs or physical barriers, including natural barriers.
4. Apply cover at such frequencies and in such a manner as to control windblown dispersion of waste, reduce the risk of fire and impede disease vectors' access to the waste, taking into account the types and volumes of waste placed in the landfill, the frequency of disposal, and other relevant considerations. The Department may allow other techniques that are demonstrated to be equally protective as applying cover material.
5. Concentrations of methane gas shall not exceed 25% of the lower explosive limit in facility structures within 100 feet of the landfill boundary and shall not exceed the lower explosive limit beyond the landfill boundary.
6. Methane monitoring.
  - a. For landfills that have accepted waste prior to the effective date of this Section only, the applicant shall include recent methane monitoring data as described in subsection (D)(6) with the Notice of Intent to Operate.
    - i. If the data demonstrate that concentrations of methane gas do not exceed 25% of the lower explosive limit, then no methane monitoring is required in order to operate under this permit.
    - ii. If the data demonstrate that concentrations of methane gas exceed 25% of the lower explosive limit, then annual methane monitoring using one of the data gathering methods described in subsection (D)(6) is required in order to operate under this permit. Results of such annual methane monitoring shall be submitted to the Department.
      - (1) A person operating a landfill subject to annual methane monitoring may reduce

monitoring to once every five years if the results of three consecutive annual sampling events demonstrate that concentrations of methane gas do not exceed 25% of the lower explosive limit.

- (2) A person operating a landfill subject to annual methane monitoring may request the Department to reduce or eliminate such monitoring based on any other methods approved by the Department, including consideration of the potential for methane gas to be present in facility structures within 100 feet of the landfill boundary at concentrations exceeding 25% of the lower explosive limit.

- b. For landfills that have not accepted waste prior to the effective date of this Section, no methane monitoring is required in order to obtain coverage or operate under this permit.

7. Maintain an operating record that documents compliance with the conditions in this permit.

**I. Recordkeeping.** A permittee shall maintain the following information for at least 10 years and make it available to the Department upon request:

1. Landfill construction drawings and as-built plans, if available;
2. The operating record required by subsection (H)(7); and
3. Methane monitoring results, if any, obtained under subsection (H)(6).

**J. Reporting requirements.** A permittee shall report the following to the Department:

1. Methane monitoring concentrations that exceed those listed in subsection (H)(5) within 7 days of the determination.
2. A change in ownership or expansion of the planned waste footprint as soon as practicable. These events shall require the filing of a new Notice of Intent to Operate.

**K. General applicability.** Landfills covered under this general permit:

1. Are not subject to rules adopted by the Department under A.R.S. § 49-761.
2. Are exempt from the solid waste facility plan requirements in A.R.S. §§ 49-762.03 and 49-762.04 as provided in A.R.S. § 49-762(B).

**L. For the purposes of this Section, "mining" has the definition at A.R.S. § 27-301.**

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 2679, effective November 9, 2014 (Supp. 14-3).

**ARTICLE 9. SOLID WASTE MANAGEMENT PLANNING**

**R18-13-901. Reserved**

**R18-13-902. Expired**

**Historical Note**

Section recodified from A.A.C. R18-8-402, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2983, effective September 15, 2016 (Supp. 16-3).

**ARTICLE 10. COAL COMBUSTION RESIDUALS**

**R18-13-1001. Applicability; Incorporation by Reference; General Provisions**



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- A.** This Article becomes effective as follows:
- Provisions related to the submission of initial CCR permit applications, including R18-13-1010(A), R18-13-1010(B)(1), R18-13-1010(C), R18-13-1010(D), R18-13-1010(E), R18-13-1010(G), R18-13-1021(B), (D), and (E), and applicable definitions, are effective 60 days after the filing of this rule with the Secretary of State.
  - All other provisions of this Article are effective upon the date of CCR program approval.
- B.** Any reference or citation to 40 CFR 257, or a section thereof, appearing in the body of this Article includes any modification to the CFR or section made by this Article. When federal regulatory language that has been incorporated by reference into Arizona rule has also been amended, brackets [ ] indicate where the amended language would be placed if it was part of the federal regulation. The subsection labeling for incorporated material in this Article may not conform to the Arizona Secretary of State's formatting requirements, because the formatting reflects the structure of the incorporated federal regulation.
- C.** 40 CFR 257.50 through 257.53, revised as of December 14, 2020 (and no future editions) are incorporated by reference, modified by the following subsections, and on file with the Arizona Department of Environmental Quality (ADEQ) with the exception of the following:
- 40 CFR 257.50(e) is not incorporated by reference;
  - 40 CFR 257.51 is not incorporated by reference. 40 CFR 257, subpart D was effective as federal law as provided therein, but is effective as state law, as incorporated in this Article, on the effective date of CCR program approval.
- D.** 40 CFR 257.53, titled "Definitions", is amended as follows:
- "New CCR surface impoundment" means:
    - In the places listed below, a CCR surface impoundment that begins construction or operation after the effective date of these rules:
      - R18-13-1002(B), (C), and (D);
      - R18-13-1003.01;
      - R18-13-1004(B), (C) and (D);
      - R18-13-1010(D)(11);
      - R18-13-1010.01; and
      - R18-13-1017(E).
    - Other than as listed in paragraph (a), a CCR surface impoundment or lateral expansion of an existing or new CCR surface impoundment that first receives CCR or commences construction after October 19, 2015. A new CCR surface impoundment has commenced construction if the owner or operator has obtained the federal, state, and local approvals or permits necessary to begin physical construction and a continuous on-site, physical construction program had begun after October 19, 2015.
  - "Participating State" means [Arizona, after CCR program approval.]
  - "Participating State Director" means the [Director of ADEQ, after CCR program approval.]
  - "Qualified professional engineer" means an individual who is licensed by [the state of Arizona] as a Professional Engineer to practice one or more disciplines of engineering and who is qualified by education, technical knowledge and experience to make the specific technical certifications required under this [Article. An engineer is considered qualified to provide information to the Director regarding the safe storage level of a reservoir if the engineer:
    - Is licensed in accordance with A.R.S. Title 32, Chapter 1, with proficiency in engineering and knowledge of dam technology,
    - Has three years of experience in the field of dam safety, and
    - Has actual experience in conducting dam safety inspections.]
- E.** In addition to the definitions in 40 CFR 257.53:
- "ADEQ" or "Department" means the Arizona Department of Environmental Quality.
  - "Applicable requirement" means a requirement in A.R.S. Title 49, Chapter 4, this Article, or Article 17, to which an owner or operator is subject based on the applicability criteria in these laws.
  - "CCR multi-unit" means a group of CCR units operating with a multi-unit groundwater monitoring system complying with 40 CFR 257.91(d).
  - "CCR program approval" means United States Environmental Protection Agency approval of the Arizona coal combustion residuals program in accordance with 42 United States Code section 6945(d)(1).
  - "Certification from a qualified professional engineer or approval from the Participating State Director or approval from EPA where EPA is the permitting authority" means "certification from a qualified professional engineer, approved by the Director or EPA where EPA is the permitting authority", unless specifically provided otherwise.
  - "Director" or "State Director" means [the director of ADEQ.]
  - "Discharge" has the same meaning prescribed in A.R.S. § 49-201.
  - "EPA" means the United States Environmental Protection Agency.
- F.** The following definitions are also applicable in this Article:
- "Appurtenant structure" means any structure that is contiguous and essential to the safe operation of the CCR surface impoundment including embankments, saddle dikes, outlet works and controls, diversion ditches, spillway and controls, access structures, bridges, and related housing at a surface impoundment.
  - "Emergency spillway" means a spillway designed to safely pass the inflow design flood routed through the reservoir. If the flow is controlled by gates, it is a controlled spillway. If the flow is not controlled by gates, it is an uncontrolled spillway.
  - "Incremental adverse consequences" means under the same loading conditions, the additional adverse consequences such as economic, intangible, lifeline, or human losses, that would occur due to the failure or improper operation of the CCR surface impoundment over those that would have occurred without failure or improper operation of the CCR surface impoundment.
  - "Intangible losses" means incremental adverse consequences to property that are not economic in nature, including property related to social, cultural, unique, or resource-based values, including the loss of irreplaceable and unique historic and cultural features; long-lasting pollution of land or water; or long-lasting or permanent changes to the ecology, including fish and endangered

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species habitat identified and evaluated by a public natural resource management or protection agency.

5. "Maximum credible earthquake" means the most severe earthquake that is believed to be possible at a point on the basis of geologic and seismological evidence.
6. "Maximum water surface" means the maximum elevation of the reservoir water level attained during routing of the inflow design flood.
7. "Outlet works" means a closed conduit under or through a CCR surface impoundment or through an abutment for the controlled discharge of the contents normally impounded by a CCR surface impoundment and reservoir. The outlet works include the inlet and outlet structures appurtenant to the conduit. Outlet works may be controlled or uncontrolled.
8. "Probable maximum flood" or "PMF" means the flood runoff expected from the most severe combination of critical meteorologic and hydrologic conditions that are reasonably possible in the [region, including rain and snow where applicable. 0.5 PMF is that flood represented by the flood hydrograph with ordinates equal to 0.5 the corresponding ordinates of the PMF hydrograph.]
9. "Probable maximum precipitation" means the greatest depth of precipitation for a given duration that is theoretically physically possible over a particular size storm area at a particular geographical location at a particular time of year.
10. "Reservoir" means a CCR surface impoundment.
11. "Residual freeboard" or "freeboard" means the vertical distance between the highest water surface elevation during the inflow design flood and the lowest point at the top of the CCR surface impoundment.
12. "Safe storage level" means the maximum reservoir surface elevation at which the Director determines it is safe to impound water, other liquids, or CCR in the reservoir.
13. "Safety deficiency" means a condition at a CCR surface impoundment that impairs or adversely affects the safe operation of the CCR surface impoundment.
14. "Spillway crest" means the highest elevation of the floor of the spillway along a centerline profile through the spillway.
15. "Storage capacity" means the maximum volume of CCR, liquid, sediment, or debris that can be impounded in the reservoir with no discharge, including the situation where an uncontrolled outlet becomes plugged. When spillways are present, the storage capacity is reached when the reservoir level is at the crest of the emergency spillway, or at the top of permanently mounted emergency spillway gates in the closed position. Storage capacity excludes dead storage below the natural ground surface.
16. "Total freeboard" means the vertical distance between the emergency spillway crest or the safe storage level and the top of the CCR surface impoundment.
17. "Unsafe" means that safety deficiencies in a CCR surface impoundment or spillway could result in failure of the CCR surface impoundment with subsequent loss of human life or significant property damage.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1002. Location Restrictions**

- A. 40 CFR 257.60 through 40 CFR 257.64, revised as of December 14, 2020 (and no future editions) are incorporated by reference, modified by the following subsections, and on file with ADEQ.
- B. In addition to the location requirements in 40 CFR 257.62(a), new CCR surface impoundments and all lateral expansions of CCR surface impoundments shall not be located within 60 meters (200 feet) of the outermost damage zone of a fault that has had displacement in either Holocene or Late Pleistocene time unless the owner or operator demonstrates by the date specified in § 257.62(c)(2) that an alternative setback distance of less than 60 meters (200 feet) will prevent damage to the structural integrity of the CCR impoundment.
- C. In addition to the requirements in 40 CFR 257.63(a), the following requirements are added:
  1. For a new or lateral expansion of a CCR surface impoundment, the owner or operator shall submit a review of the seismic or earthquake history of the area around the surface impoundment within a radius of 100 miles to establish the relationship of the site to known faults and epicenters. The review shall include any known earthquakes and the epicenter locations and magnitudes of the earthquakes.
  2. For a new or lateral expansion of a CCR surface impoundment, the owner or operator shall identify the location of active or potentially active faults that have experienced Holocene or Late Pleistocene displacement within a radius of 100 miles of the site.
  3. For a new or lateral expansion of a high or significant hazard potential CCR surface impoundment, the owner or operator shall design the impoundment to withstand the maximum credible earthquake or the maximum horizontal acceleration, whichever is greater.
- D. In addition to the requirements in 40 CFR 257.64, the owner or operator shall not construct a new CCR surface impoundment or a CCR surface impoundment lateral expansion on active faults, as defined by § 257.62(a), collapsible soils, dispersive soils, sinkholes, fissures, or soils with the potential for subsidence, unless the owner or operator demonstrates that the CCR surface impoundment can safely withstand the anticipated offset or other unsafe effects on the CCR surface impoundment.
- E. Subsections (B), (C), and (D) of this Section are based on Arizona dam safety standards in existence on July 12, 2024, are additional to those in 40 CFR 257, subpart D, as incorporated in this Article, and do not apply to:
  1. CCR surface impoundments with a maximum height of less than 6 feet, regardless of storage capacity;
  2. CCR surface impoundments with a maximum height of between 6 and 25 feet and a storage capacity of less than 50 acre-feet; or
  3. CCR surface impoundments with a maximum height greater than 25 feet and a storage capacity of 15 acre-feet or less.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1003. Design Criteria**

- A. 40 CFR 257.70 through 40 CFR 257.74, revised as of December 14, 2020 (and no future editions) are incorporated by reference, modified by the following subsections, and on file with ADEQ.

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- B. 40 CFR 257.73(a)(4) is amended by deleting “not to exceed a height of 6 inches above the slope of the dike,”.
- C. 40 CFR 257.73(d)(1)(iv) is amended by deleting “not to exceed a height of 6 inches above the slope of the dike,”.
- D. 40 CFR 257.74(a)(4) is amended by deleting “not to exceed a height of 6 inches above the slope of the dike,”.
- E. 40 CFR 257.74(d)(1)(iv) is amended by deleting “not to exceed a height of 6 inches above the slope of the dike,”.
- F. 40 CFR 257.74(d)(1)(v)(B) is amended as follows: “(B) The combined capacity of all spillways must adequately manage flow during and following the peak discharge from a:
  - (1) Probable maximum flood (PMF) for a high hazard potential CCR surface impoundment; or
  - (2) 1000-year flood [or 0.5 PMF, whichever is greater] for a significant hazard potential CCR surface impoundment; or
  - (3) 100-year flood [or 0.25 PMF, whichever is greater] for a low hazard potential CCR surface impoundment.”
- G. Subsection (F) of this Section is based on Arizona dam safety standards in existence on July 12, 2024, is additional to those in 40 CFR 257, subpart D, as incorporated in this Article, and does not apply to:
  - 1. CCR surface impoundments with a maximum height of less than 6 feet, regardless of storage capacity;
  - 2. CCR surface impoundments with a maximum height of between 6 and 25 feet and a storage capacity of less than 50 acre-feet; or
  - 3. CCR surface impoundments with a maximum height greater than 25 feet and a storage capacity of 15 acre-feet or less.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1003.01. Additional Arizona Design Criteria for New CCR Surface Impoundments and Lateral Expansions of CCR Surface Impoundments**

- A. The requirements in this Section are additional to those in 40 CFR 257, subpart D, as incorporated in this Article, and do not replace any requirement of 40 CFR 257, subpart D, as incorporated herein.
- B. Geotechnical Requirements. The owner or operator shall provide an evaluation of the static stability of the foundation, CCR surface impoundment, and slopes of the reservoir rim.
- C. CCR surface impoundment Embankment Requirements.
  - 1. Geotechnical Requirements. Table 1 states additional minimum factors of safety for embankment stability under various loading conditions not covered by 40 CFR 257.74(e).
    - a. The analysis of minimum factors of safety shall include the effects of anisotropy on the phreatic surface position by using a ratio of horizontal permeability to vertical permeability of at least 10. The Director may require ratios of up to 100 if the material types and construction techniques will cause excessive stratification.
    - b. The owner or operator shall use tests modeling the conditions being analyzed to determine the strengths used in the stability analysis. The stability analysis shall include total and effective stress strengths appropriate for the different material zones and conditions analyzed. The stability analysis shall use undrained strengths or strength parameters for all saturated materials.
  - 2. Seismic Requirements
    - a. The owner or operator shall determine the seismic characteristics of the site as prescribed in R18-13-1002(B) and (C) and R18-13-1010.01(G)(3)(m).
    - b. The owner or operator shall determine the liquefaction susceptibility of the embankment, foundation, and abutments and may use standard penetration testing, cone penetration testing, shear wave velocity measurements, or a combination of these methods to make this determination. The owner or operator shall compute the minimum factor of safety against liquefaction at specific points and make a determination of whether the overall site is subject to liquefaction.
    - c. The owner or operator shall compute a minimum factor of safety against overtopping due to deformation and settlement in each of the following cases. The minimum factor of safety against overtopping can be no less than 2.5, determined by dividing the total pre-earthquake freeboard by the estimated vertical settlement in feet. The owner or operator shall determine the total vertical settlement by adding the settlement values of the upstream and downstream slopes.
      - i. An embankment, foundation, or abutment is not subject to liquefaction, has a maximum peak acceleration of more than 0.2g or a maximum peak acceleration of more than 0.35g and consists of clay on a clay or bedrock foundation; or
      - ii. The embankment, foundation or abutment is subject to liquefaction.
    - d. The owner or operator shall perform a liquefaction analysis to establish approximate boundaries of liquefiable zones and physical characteristics of the soil following liquefaction for an embankment, foundation, or abutment subject to liquefaction. The owner or operator shall perform an analysis of the potential for flow liquefaction.
    - e. Other analytical procedures may be required by the Director for sites with high seismicity or low strength embankment or foundation soils.
  - 3. Miscellaneous Design Requirements
    - a. The design of any significant or high hazard potential CCR surface impoundment shall provide seepage collection and prevent internal erosion or piping due to embankment cracking or other causes.
    - b. The Director shall review the filter and permeability design for a chimney drain, drain blanket, toe drain, or outlet conduit filter diaphragms on the basis of unique site characteristics.
      - i. The minimum thickness of an internal drain is 3 feet.
      - ii. The minimum width of a chimney drain is 6 feet.
      - iii. The owner or operator shall filter match an internal drain to its adjacent material.

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- iv. The owner or operator shall design internal drains with sufficient capacity for the expected drainage without the use of drainpipes using only natural granular materials.
- c. The use of a geosynthetic is not permitted in a design if it serves as the sole defense against CCR surface impoundment embankment failure. The use of geotextiles and geonets as a filter or drain material or a geomembrane liner is permitted only in a location that is easily accessible for repair or if its excavation cannot create an unsafe condition at the CCR surface impoundment. The Director may impose permit conditions, including monitoring appropriate to the hazard classification, inspection, and necessary repairs.
- d. The owner or operator shall use armoring on any upstream slope of a CCR surface impoundment embankment. If the owner or operator uses rock rip-rap for armoring, it shall be well-graded, durable, sized to withstand wave action, and placed on a well-graded pervious sand and gravel bedding or geotextile with filtering capacity appropriate for the site.
- e. The minimum width of the top of a CCR surface impoundment embankment is equal to the structural height of the CCR surface impoundment divided by 5 plus an additional 5 feet. The required minimum width for any CCR surface impoundment embankment is 12 feet. The maximum width for any CCR surface impoundment embankment is 25 feet.
- D.** The requirements in this Section are based on Arizona dam safety standards additional to those in 40 CFR 257, subpart D, as incorporated in this Article, and do not apply to:
1. CCR surface impoundments with a maximum height of less than 6 feet, regardless of storage capacity;
  2. CCR surface impoundments with a maximum height of between 6 and 25 feet and a storage capacity of less than 50 acre-feet; or
  3. CCR surface impoundments with a maximum height greater than 25 feet and a storage capacity of 15 acre-feet or less.
- Historical Note**  
New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).
- Table 1. Minimum Factors of Safety for Stability**  
(Not applicable to an embankment on a clay shale foundation)
- | Embankment Loading Condition  | Minimum Factor of Safety |
|---|--------------------------|
| End of construction case for embankments greater than 50 feet in height on weak foundations | 1.4                      |
| Steady state seepage - upstream (critical partial pool)                                     | 1.5                      |
| Instantaneous drawdown - upstream slope   | 1.2                      |
- Historical Note**  
Table 1, Minimum Factors of Safety for Stability, made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).
- R18-13-1003.02. Additional Emergency Action Plan Requirements for CCR Surface Impoundments**
- A.** In addition to the emergency action plan (EAP) requirements in 40 CFR 257.73(a)(3) and 257.74(a)(3), the EAP shall:
1. Contain a notification chart showing the priority for notification in an emergency situation. The owner shall notify local emergency response agencies, affected downstream populations, county emergency management agencies, and affected flood control districts;
  2. Contain a delineation of potentially unsafe conditions, evaluation procedures, and triggering events that require the initiation of partial or full emergency notification procedures, based on the urgency of the situation; including the following:
    - a. Sliding of upstream or downstream slopes or abutments contiguous to the CCR surface impoundment;
    - b. Sudden subsidence of the top of the CCR surface impoundment;
    - c. Longitudinal or transverse cracking of the top of the CCR surface impoundment;
    - d. Unusual release of water from the downstream slope or face of the CCR surface impoundment;
    - e. Other unusual conditions at the downstream slope of the CCR surface impoundment;
    - f. Significant landslides in the reservoir area;
    - g. Increasing volume of seepage;
    - h. Cloudy seepage or recent deposits of soil at seepage exit points;
    - i. Sudden cracking or displacement of concrete in a concrete or masonry CCR surface impoundment spillway or outlet works;
    - j. Loss of freeboard or CCR surface impoundment cross section due to storm wave erosion;
    - k. Flood waters overtopping an embankment CCR surface impoundment; or
    - l. Spillway backcutting that threatens evacuation of the reservoir.
  3. Contain a specific notification procedure for each emergency situation anticipated;
  4. Contain a description of emergency supplies and resources, equipment access to the site, and alternative means of communication.
  5. Require the owner to submit a copy of the proposed emergency action plan for review by the Arizona Division of Emergency Management and all local emergency coordinators involved in the plan. The owner shall incorporate appropriate recommendations generated by the reviews and submit the revised emergency action plan to the Department.
  6. Be reviewed and updated, at a minimum, every year to ensure the information is accurate and to incorporate changes such as new personnel, changing roles of emergency agencies, emergency response resources, conditions of the surface impoundment and information learned from mock exercises. The owner shall send updated portions of the plan to persons and agencies holding copies of the plan within 15 days after preparation of an update. The updated plan shall be placed in the facility's operating record as required by § 257.105(f)(6).
  7. Notwithstanding paragraph (6) above, the owner or operator of a CCR surface impoundment may amend the written EAP at any time provided the revised plan is placed in the facility's operating record as required by § 257.105(f)(6). The owner or operator must amend the written EAP whenever there is a change in conditions that would substantially affect the EAP in effect.

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8. Be certified by a qualified professional engineer stating that the written EAP, and any subsequent amendment of the EAP, meets the requirements of this Article.
- B.** In addition to the emergency action plan requirements in §§ 257.73(a)(3) and 257.74(a)(3), as incorporated:
1. The owner or operator shall increase the frequency of observation when the reservoir is full, during heavy rains or flooding, and following an earthquake.
  2. The owner or operator is responsible for the safety of the CCR surface impoundment and shall take action to lower any liquid portion of the reservoir if it appears that the impoundment has weakened or is in danger of failing.
  3. The owner or operator of a CCR surface impoundment shall immediately notify the Department and responsible authorities in adjacent and downstream communities, including emergency management authorities, of a condition that may threaten the safety of the impoundment. The owner shall take necessary actions to protect human life and property, including action required under an emergency action plan or order issued under this Article. The owner shall report these actions to the Director as soon as possible, but not later than 12 hours after discovery of the conditions.
  4. If CCR surface impoundment failure appears imminent, the owner or operator shall notify the county sheriff, and the Arizona Department of Public Safety or other emergency official immediately.
  5. The owner or operator shall notify the Director immediately of any emergency condition that exists and any emergency action taken.
  6. Emergency actions not impairing the safety of the CCR surface impoundment may be taken before guidance can be provided by an engineer and do not require prior approval of the Director. Emergency actions do not excuse an owner's responsibility to promptly undertake a permanent solution. Emergency actions include:
    - a. Stockpiling materials such as riprap, earth fill, sand, sandbags, and plastic sheeting.
    - b. Lowering the reservoir level by making releases through the outlet or a gated spillway, by pumping, or by siphoning.
    - c. Armoring eroded areas by placing sandbags, riprap, plastic sheeting, or other available material.
    - d. Plugging leakage entrances on the upstream slope.
    - e. Increasing freeboard by placing sandbags or temporary earth fill on the CCR surface impoundment.
    - f. Diverting flood waters to prevent them from entering the reservoir basin.
    - g. Constructing training berms to control flood waters.
    - h. Placing sandbag ring dikes or reverse filter materials around boils at the downstream toe to provide back pressure.
    - i. Removing obstructions from outlet or spillway flow areas.
  7. Emergency actions impairing the safety of the CCR surface impoundment require prior approval of the Director. An owner shall not lower the water level by excavating the spillway or embankment unless failure is imminent.
  8. The Director shall issue an emergency approval to repair, alter, or remove an existing CCR surface impoundment if the Director finds that immediate remedial action is necessary to alleviate an imminent threat to human life or property.
    - a. The emergency approval shall be provided in writing.
    - b. The emergency approval may contain conditions the Director determines are appropriate to protect human life or property.
    - c. The emergency approval is effective immediately for 30 days after notice is issued unless extended in writing by the Director. The Director shall also send notice to the county flood control district of the county in which the CCR surface impoundment is located, all municipalities within five miles downstream of the CCR surface impoundment, and any additional persons identified in the emergency action plan.
    - d. The Director may institute legal or administrative proceedings that the Director deems appropriate for violations of the emergency approval or conditions of the emergency approval.
    - e. After the Director issues an emergency approval, the Department shall post information related to the approval on the Department's CCR website as soon as practicable.
- C.** The requirements in this Section are based on Arizona dam safety standards additional to those in 40 CFR 257, subpart D, as incorporated in this Article, and do not apply to:
1. CCR surface impoundments with a maximum height of less than 6 feet, regardless of storage capacity;
  2. CCR surface impoundments with a maximum height of between 6 and 25 feet and a storage capacity of less than 50 acre-feet; or
  3. CCR surface impoundments with a maximum height greater than 25 feet and a storage capacity of 15 acre-feet or less.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1004. Operating Criteria**

- A.** 40 CFR 257.80 through 40 CFR 257.84, revised as of December 14, 2020 (and no future editions) are incorporated by reference, modified by the following subsections, and on file with ADEQ:
- B.** 40 CFR 257.82(a)(3) is amended as follows: "(3) The inflow design flood is:
- (i) For a high hazard potential CCR surface impoundment, as determined under § 257.73(a)(2) or § 257.74(a)(2), the probable maximum flood;
  - (ii) For a significant hazard potential CCR surface impoundment, as determined under § 257.73(a)(2) or § 257.74(a)(2), the 1,000-year flood [or, for new impoundments and lateral expansions, 0.5 PMF, whichever is greater];
  - (iii) For a low hazard potential CCR surface impoundment, as determined under § 257.73(a)(2) or § 257.74(a)(2), the 100-year flood [or, for new impoundments and lateral expansions, 0.25 PMF, whichever is greater]; or
  - (iv) For an incised CCR surface impoundment, the 25-year flood."
- C.** In addition to the requirements in 40 CFR 257.82(a), the following requirements are added:
1. Inflow Design Flood Requirements. For new impoundments and lateral expansions, an owner or operator shall

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ensure that the total freeboard is the largest of the following:

- a. The sum of the inflow design flood maximum water depth above the spillway crest plus wave run up.
  - b. The sum of the inflow design flood maximum water depth above the spillway crest plus 3 feet.
  - c. A minimum of 5 feet.
2. Surface Impoundment Site and Reservoir Area Requirements

- a. An owner or operator shall demonstrate that reservoir storage during the inflow design flood will not result in incremental adverse consequences during the inflow design flood. In determining whether a discharge will result in incremental adverse consequences, the Director shall evaluate whether the owner or operator has taken any or all of the following actions: issuing public notice to upstream affected property owners, complying with flood insurance requirements, adopting emergency action plans, conducting mock flood drills, acquiring flood easements or other acquisitions of real property, or other actions appropriate to safeguard the CCR surface impoundment site and reservoir.
- b. The owner or operator shall clear the reservoir storage area of debris.
- c. The owner or operator shall place borrow areas a safe distance from the upstream toe and the downstream toe of the CCR surface impoundment to prevent a piping failure of the CCR surface impoundment.
- d. The owner or operator shall keep the top of the CCR surface impoundment and appurtenant structures accessible by equipment and vehicles for emergency operations and maintenance.

**D.** In addition to the requirements in 40 CFR 257.82(b), the following requirement are added:

1. Emergency Spillway Requirements. An owner or operator of a new CCR surface impoundment with emergency spillways or a lateral expansion of a CCR surface impoundment with emergency spillways shall:
  - a. Construct each spillway in a manner that avoids flooding in excess of the flooding that would have occurred in the same location under the same conditions before construction. The owner or operator of a CCR surface impoundment shall demonstrate that a spillway discharge would not result in incremental adverse consequences. In determining whether a spillway discharge of a CCR surface impoundment would result in incremental adverse consequences, the Director shall evaluate whether the owner or operator has taken any or all of the following actions: issuing public notice to downstream property owners, complying with flood insurance requirements, adopting emergency action plans, conducting mock flood drills, acquiring flow easements or other acquisitions of real property, or other actions appropriate to safeguard the CCR surface impoundment site and flood channel.
  - b. Include a control structure to avoid head cutting and lowering of the spillway crest for spillways excavated in soils or soft rock. In the alternative, the design may provide evidence acceptable to the Director that erosion during the inflow design flood will not result in a sudden release of the reservoir.

- c. Provide each spillway and channel with a minimum width of 10 feet and suitable armor to prevent erosion during the discharge resulting from the inflow design flood.
  - d. Ensure that downstream spillway channel flows do not encroach on the CCR surface impoundment unless suitable erosion protection is constructed.
  - e. Not construct bridges or fences across a spillway unless the construction is approved as part of the CCR facility permit. The CCR facility permit may include conditions regarding the design and operation of the spillway and fencing, based on safety concerns.
  - f. Not use a pipe or culvert as an emergency spillway unless specifically approved in the CCR facility permit following review of the CCR surface impoundment design and site characteristics.
2. Outlet Works Requirements. An owner or operator shall ensure that a CCR surface impoundment that has outlet works has a low-level outlet works that:
- a. Is capable of draining the reservoir to the sediment pool level or CCR surface. A low-level outlet works for a high or significant hazard potential CCR surface impoundment shall be a minimum of 36 inches in diameter. A low-level outlet works for a low hazard potential CCR surface impoundment shall be a minimum of 18 inches in diameter.
  - b. Has a filter diaphragm or other current practice measures to reduce the potential for piping along the conduit.
  - c. Has accessible outlet controls when the spillway is in use.
  - d. Has an emergency manual override system or can be operated manually.
  - e. Is constructed of materials appropriate for loading condition, seismic forces, thermal expansion, cavitation, corrosion, and potential abrasion. The owner or operator shall not use corrugated metal pipes or other thin-walled pipes except as a form for a cast-in-place concrete conduit. The owner or operator shall construct outlet conduits of cast-in-place reinforced concrete. The owner or operator shall design each outlet to maintain water tightness. The owner or operator shall construct each outlet to prevent the occurrence of piping adjacent to the outlet.
  - f. Has an operating or guard gate on the upstream end of any gated outlet.
  - g. Has an outlet conduit near the base of one of the abutments on native bedrock or other competent material. The entire length of the conduit shall be supported on foundation materials of uniform density and consistency to prevent adverse differential settlement.
  - h. Has an upstream valve or gate capable of controlling the discharge through all ranges of flow on any gated outlet conduit.
  - i. Has a trashrack designed for a minimum of 25% of the reservoir head to which it would be subjected if completely clogged at the upstream end of the outlet.
  - j. Has an outlet conduit designed for internal pressure equal to the full reservoir head and for superimposed embankment loads, acting separately.

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- E. 40 CFR 257.83(a)(1)(i) is amended to read: “At intervals not exceeding seven days, inspect for any appearances of actual or potential structural weakness and other conditions which are disrupting or have the potential to disrupt the operation or safety of the CCR unit. [The owner or operator shall increase the frequency of observation when the reservoir is full, during heavy rains or flooding, and following an earthquake.]”
- F. 40 CFR 257.83, titled “Inspection requirements for CCR surface impoundments”, subsection (b)(1) is amended to read: “If the existing or new CCR surface impoundment or any lateral expansion of the CCR surface impoundment is subject to the periodic structural stability assessment requirements under § 257.73(d) or § 257.74(d), the CCR unit must additionally be inspected on a periodic basis by a qualified professional engineer to ensure that the design, construction, operation, and maintenance of the CCR unit is consistent with recognized and generally accepted good engineering standards. [The owner or operator shall notify the Director and submit a written summary of the engineer’s qualifications at least 14 days before the scheduled inspection.] The inspection must, at a minimum, include:”
- G. In addition to the inspection requirements for CCR surface impoundments in 40 CFR 257.83(b)(1), the following requirements are added:
1. Inspection of any permanent monument or monitoring installations;
  2. Assessment of all parts of the CCR surface impoundment that are related to the CCR surface impoundment’s safety; and
  3. A recommendation regarding the safe storage level of the impoundment.
- H. In addition to the inspection requirements for CCR surface impoundments in 40 CFR 257.83(b)(5), the owner or operator shall notify the Department within 24 hours and in writing within five days if a deficiency or release could result in harm to human health or the environment or has resulted in a release. The owner or operator shall notify the Department in writing within 14 days of all other deficiencies under 40 CFR 257.83(b)(5).
- I. In addition to the inspection requirements for CCR surface impoundments in 40 CFR 257.83, the following requirements are added:
1. Notwithstanding 40 CFR 257.73(a)(2)(i) and (ii) and 40 CFR 257.74(a)(2)(i) and (ii), a qualified professional engineer shall review the hazard potential classification of each CCR surface impoundment during each subsequent inspection under § 257.83(b)(4)(i) and revise the classification in accordance with current conditions.]
  2. Maintenance and Repair
    - a. An owner shall perform general maintenance and ordinary repairs that do not impair the safety of the CCR surface impoundment. General maintenance and ordinary repair activities listed under this subsection do not require prior approval of the Director. These repair activities include:
      - i. Removing brush or tall weeds.
      - ii. Cutting trees and removing slash from the embankment or spillway. Small stumps may be removed provided no excavation into the embankment occurs.
      - iii. Exterminating rodents by trapping or other methods. Rodent damage may be repaired provided it does not involve excavation that extends more than 2 feet into the embankment and replacement materials are compacted as they are placed.
    - iv. Repairing erosion gullies less than 2 feet deep on the embankment or in the spillway.
    - v. Grading the surface on the top of the CCR surface impoundment embankment or spillway to eliminate potholes and provide proper drainage, provided the freeboard is not reduced.
    - vi. Placing additional riprap and bedding on the upstream slope, or in the spillway in areas that have sustained minor damage and restoring the original riprap protection where the damage has not yet resulted in erosion and weakening of the CCR surface impoundment.
    - vii. Painting, caulking, or lubricating metal structures.
    - viii. Patching or caulking spalled or cracked concrete to prevent deterioration.
    - ix. Removing debris, rock, or earth from outlet conduits or spillway channels and basins.
    - x. Patching to prevent deterioration within outlet works.
    - xi. Replacing worn or damaged parts on outlet valves or controls to restore them to original condition or its equivalent.
    - xii. Repairing or replacing fences intended to keep traffic or livestock off the CCR surface impoundment or spillway.
- b. General maintenance and ordinary repair that may impair or adversely affect safety, such as excavation into or near the toe of the CCR surface impoundment, construction of new appurtenant structures for the CCR surface impoundment, and repair of damage that has already significantly weakened the CCR surface impoundment shall be performed in accordance with this Article. The Director shall determine pursuant to R18-13-1017 whether general maintenance and ordinary repair activities not listed in paragraph (a) will impair safety.]
- J. Subsections (B) through (I) of this Section are based on Arizona dam safety standards additional to those in 40 CFR 257, subpart D, as incorporated in this Article, and do not apply to:
1. CCR surface impoundments with a maximum height of less than 6 feet, regardless of storage capacity;
  2. CCR surface impoundments with a maximum height of between 6 and 25 feet and a storage capacity of less than 50 acre-feet; or
  3. CCR surface impoundments with a maximum height greater than 25 feet and a storage capacity of 15 acre-feet or less.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R.  
1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1005. Groundwater Monitoring and Corrective Action**

- A. 40 CFR 257.90 through 40 CFR 257.98, revised as of December 14, 2020 (and no future editions) are incorporated by reference, modified by the following subsections, and on file with ADEQ, with the exception of 40 CFR 257.90(g), “Suspension of groundwater monitoring requirements”.
- B. 40 CFR 257.94(a) is amended as follows: “(a) The owner or operator of a CCR unit must conduct detection monitoring at

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all groundwater monitoring wells consistent with this section. At a minimum, a detection monitoring program must include groundwater monitoring for all constituents listed in appendix III to this part. [The Director may require monitoring for constituents or pollutants not listed in appendix III based on information that non-CCR waste has been placed in a CCR unit. The owner or operator may propose to the Director that monitoring for non-CCR constituents be based on the facility's most recent aquifer protection permit. Requirements for non-CCR constituents at existing and new CCR units, including alert levels, discharge limitations, compliance schedules, corrective actions and temporary cessation or plans shall be no more stringent than required to satisfy the requirements of A.R.S. Title 49, Chapter 2, Article 3, and 18 A.A.C. 9, Articles 1 and 2.]”

- C. 40 CFR 257.94(e)(2) is amended as follows: “(2) The owner or operator may demonstrate that a source other than the CCR unit caused the statistically significant increase over background levels for a constituent or that the statistically significant increase resulted from error in sampling, analysis, statistical evaluation, or natural variation in groundwater quality. [An owner or operator that is investigating whether to submit an alternative source demonstration under this section, shall notify the Director in writing within seven days of that decision.] The owner or operator shall complete the written demonstration within 90 days of [determining that there is] a statistically significant increase over background levels to include obtaining a certification from a qualified professional engineer verifying the accuracy of the information in the report, [and submit the demonstration and certification to the Director for approval.] If the owner or operator completes a successful demonstration, as supported by a certification from a qualified professional engineer, within the 90-day period, the owner or operator may continue with a detection monitoring program, [unless such demonstration is subsequently disapproved by the Director.] If a successful demonstration was not completed within the 90-day period [or if the Director disapproves the demonstration,] the owner or operator shall initiate an assessment monitoring program as required under § 257.95. The owner or operator also shall include the demonstration in the annual groundwater monitoring and corrective action report required by § 257.90(e), in addition to the certification by a qualified professional engineer [and Director approval.]”
- D. 40 CFR 257.95(g)(3)(ii) is modified as follows: “(ii) Demonstrate that a source other than the CCR unit caused the contamination, or that the statistically significant increase resulted from error in sampling, analysis, statistical evaluation, or natural variation in groundwater quality. [An owner or operator that is investigating whether to submit an alternative source demonstration under this section, shall notify the Director in writing within seven days of that decision.] Any such demonstration shall be supported by a report that includes the factual or evidentiary basis for any conclusions, and shall be certified to be accurate by a qualified professional engineer. [The demonstration, report and certification shall be submitted to the Director for approval.] If a successful demonstration is made, the owner or operator shall continue monitoring in accordance with the assessment monitoring program pursuant to this section, and may return to detection monitoring if the constituents in Appendix III and Appendix IV of this part are at or below background as specified in paragraph (e) of this section, [unless such demonstration is subsequently disapproved by the Director.] The owner or operator must also include the demonstration in the annual groundwater monitor-

ing and corrective action report required by § 257.90(e), in addition to the certification by a qualified professional engineer [and Director approval.]

- E. 40 CFR 257.95(g)(4) is modified as follows: “(4) If a successful demonstration has not been made at the end of the 90-day period provided by paragraph (g)(3)(ii) of this section, [or if the Director disapproves the demonstration,] the owner or operator of the CCR unit shall initiate the assessment of corrective measures requirements under § 257.96.”
- F. 40 CFR 257.95(h) is amended as follows:
- “(h) The owner or operator of the CCR unit shall establish a groundwater protection standard for each constituent in appendix IV to this part [and each pollutant identified pursuant to subsection (B)] detected in the groundwater. The groundwater protection standard shall be:
- (1) For constituents [for which an Aquifer Water Quality Standard has been established under 18 A.A.C. 11, Article 4, either the Aquifer Water Quality Standard for that constituent, or the maximum contaminant level (MCL) that has been established under §§ 141.62 and 141.66 of this title, whichever is more stringent. For constituents for which no Aquifer Water Quality Standard exists, and] for which a maximum contaminant level (MCL) has been established under §§ 141.62 and 141.66 of this title, the MCL for that constituent.
- (2) [For constituents for which no Aquifer Water Quality Standard exists, and for which a maximum contaminant level (MCL) has not been established under 40 CFR 141.62 and 141.66, the background concentration established from wells in accordance with § 257.91.]
- (3) For constituents for which the background level is higher than the levels identified under [paragraph (h)(1)] of this section, the background concentration.”
- G. 40 CFR 257.97, titled “Selection of remedy”, paragraph (a) is amended as follows: “(a) Based on the results of the corrective measures assessment conducted under § 257.96, the owner or operator must, as soon as feasible, select a remedy that, at a minimum, meets the standards listed in paragraph (b) of this section. This requirement applies in addition to, not in place of, any applicable standards under the Occupational Safety and Health Act. The owner or operator must prepare a semi-annual report describing the progress in selecting and designing the remedy. Upon selection of a remedy, the owner or operator must prepare a final report describing the selected remedy and how it meets the standards specified in paragraph (b) of this section. The owner or operator shall obtain a certification, from a qualified professional engineer, [which shall be submitted to the Director for approval,] that the remedy selected meets the requirements of this section. The report has been completed when it is placed in the operating record as required by § 257.105(h)(12). [The remedy selected shall be incorporated into the initial CCR facility permit, or added to it as a major permit modification.]”
- H. 40 CFR 257.98, titled “Implementation of the corrective action program” paragraph (e) is amended as follows: “(e) Upon completion of the remedy, the owner or operator must prepare a notification stating that the remedy has been completed. The owner or operator must obtain a certification, from a qualified professional engineer, [which shall be submitted to the Director for approval,] attesting that the remedy has been completed



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in compliance with the requirements of paragraph (c) of this section. The [notification] has been completed when it is placed in the operating record as required by § 257.105(h)(13).”

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1006. Closure and Post-Closure Care**

40 CFR 257.100 through 40 CFR 257.104, revised as of December 14, 2020 (and no future editions) are incorporated by reference, on file with ADEQ, and modified by adding paragraph (4) to 40 CFR 257.104(b) as follows: “Inspection and monitoring, as required by § 257.83(b), as amended, shall continue throughout the post-closure care period.”

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1007. Recordkeeping, Notification, and Posting of Information to the Internet**

- A. 40 CFR 257.105 through 40 CFR 257.107, revised as of December 14, 2020 (and no future editions) are incorporated by reference, modified by the following subsections, and on file with ADEQ.
- B. 40 CFR 257.105(f)(6) is amended as follows: “(6) The emergency action plan (EAP), and any amendment of the EAP, as required by §§ 257.73(a)(3), 257.74(a)(3), [and R18-13-1003.02,] except that only the most recent EAP must be maintained in the facility’s operating record irrespective of the time requirement specified in paragraph (b) of this section.”
- C. 40 CFR 257.105(h)(1) is amended as follows: “(1) [All] annual groundwater monitoring and corrective action [reports,] as required by § 257.90(e) [, throughout the active life of the unit and post-closure care period.]”
- D. 40 CFR 257.105 is amended by adding paragraph (k) as follows: “By March 15 of each calendar year, the owner or operator of a CCR facility shall determine and place in the operating record the amount of CCR beneficially used in the previous calendar year. The amount shall be measured based on when the product leaves the facility site.”
- E. 40 CFR 257.105 is amended by adding paragraph (l) as follows: “The financial assurance cost estimate and financial assurance mechanisms used to satisfy R18-13-1020.”
- F. 40 CFR 257.106 is amended by adding paragraph (k) as follows: “The owner or operator of a CCR unit subject to this subpart shall notify the Director when information has been placed in the operating record under § 257.105(k).”
- G. 40 CFR 257.107 is amended by adding paragraph (k): “(k) CCR Facility Permit. The owner or operator of a CCR unit subject to this subpart must place the entire CCR facility permit on the facility’s CCR website. The placement of the initial permit shall be updated with each modification within 30 days of the Director’s approval of the modification.”

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1008. 40 CFR 257, Appendices III and IV**

40 CFR 257, Appendices III and IV, revised as of December 14, 2020 (and no future editions) are incorporated by reference and on file with ADEQ.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1010. Permit Application Requirements for CCR Facilities**

- A. The owner or operator of a CCR unit that meets the applicability requirements in 40 CFR 257.50 shall submit to the Director a complete application for an initial or a renewal CCR facility permit, any new CCR unit, or any lateral expansion to a CCR unit, on an application form, as described in this Section.
- B. The time for application submittal shall be as follows:
  - 1. An application for an initial CCR facility permit shall be submitted within 180 days after the effective date of CCR program approval. An application for an initial CCR facility permit may be submitted prior to CCR program approval as allowed under A.R.S. § 49-891(F).
  - 2. An application for a new CCR unit or lateral expansion of a CCR unit shall be submitted before beginning construction. Construction may not begin until the Director issues approval through a permit or modification authorizing construction, unless:
    - a. For a CCR surface impoundment before a CCR facility permit has been issued for that facility, the owner or operator has obtained approval to construct from ADWR and demonstrates to the satisfaction of the Director that commencing construction before approval is necessary to comply with 40 CFR 257, as incorporated in this Article.
    - b. For a CCR unit other than a CCR surface impoundment before a CCR facility permit has been issued for that facility, the owner or operator demonstrates to the satisfaction of the Director that commencing construction before approval is necessary to comply with 40 CFR 257, as incorporated in this Article.
  - 3. For a renewal permit as required under R18-13-1016(A).
- C. The owner or operator shall hold a public meeting in order to solicit questions from the community and inform the community about its intended permit at one of the times listed in subsections (1) and (2). The owner or operator shall notify ADEQ at least 30 days before the meeting and provide adequate public notice for the meeting:
  - 1. Within 90 days after receiving notice from the Director that its application is administratively complete, or
  - 2. Prior to submitting an initial or renewal CCR facility permit application.
- D. An owner or operator applying for a CCR facility permit shall provide the Department with the following information in the application and shall clearly identify any confidential business information that if made public, would divulge the trade secrets of the person as defined in A.R.S. § 49-201, or other information likely to cause substantial harm to the person’s competitive position:
  - 1. Sufficient information about the facility for the Director to establish permit conditions to ensure compliance with, including to assess the applicability of, applicable provisions in A.R.S. Title 49, Chapter 4, and this Article. Such information includes but is not limited to physical location; description; operations; operating history; the address of the facility’s CCR website; a list of other fed-

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eral or state environmental permits issued to the owner or operator for the facility where the CCR unit is located; and for surface impoundments, the current Arizona Department of Water Resources license pursuant to A.A.C. R12-15-1214.

2. Sufficient information about the owners and operators of each CCR unit at the facility for the Director to identify, contact, communicate with them and determine compliance with A.R.S. Title 49, Chapter 4 and this Article. Such information includes, but is not limited to contact information, ownership status (e.g., private, governmental) of each CCR unit and CCR-related solid waste management operation at the facility; and a description of allocated responsibilities among owners and operators of CCR units at the facility. Each owner and operator of a CCR unit shall sign and certify the accuracy of the application, unless an agreement is provided to the Director that one owner or operator is signing and certifying for the rest.
3. Sufficient technical information about each CCR unit at the facility necessary for the Director to establish permit conditions to require compliance with, including to assess the applicability of, applicable provisions in A.R.S. Title 49, Chapter 4 and this Article. Such information includes, but is not limited to the location, design, construction, operation, maintenance, closure and retrofit of each CCR unit, descriptions of all CCR and non-CCR wastestreams placed into a CCR unit, as well as liners, controls, monitoring approaches, the groundwater monitoring system, and corrective action or remedial measures.
4. Sufficient technical and other information about the geologic and hydrogeologic characteristics and features of the area surrounding each CCR unit, including subsurface characteristics, to support decisions by the Director to establish permit conditions to require compliance with, including to assess the applicability of, applicable provisions of this Article, and to evaluate the compliance approaches proposed in the permit application. The owner and operator shall provide, at a minimum, information about the following in proximity to the CCR unit(s): floodplains and wetlands, fault lines or unstable areas, groundwater and surface water, soil and subsoil characteristics, groundwater well locations and uses, adjacent land uses, and other similar information.
5. Sufficient technical and other information characterizing conditions surrounding each CCR unit for the Director to establish permit conditions to require compliance with, including to assess the applicability of, applicable provisions in this Article. This includes but is not limited to groundwater, aquifers, soil, or other sampling data; date and procedures used to characterize background concentrations; well construction diagrams and drill logs; hydrogeologic cross-sections; information about the activities that yielded the sampling data, including quality assurance data; delineation of contaminant plumes; and other relevant information required to make technical assessments to characterize the presence or absence of leakage or releases from the CCR unit.
6. Plans, maps, drawings, diagrams, and other visual information, in addition to narrative information, including, at a minimum:
  - a. A site map, depicting the location of the CCR unit(s) and surrounding features representing site conditions, monitoring wells, and other pertinent information, including all known property lines, structures, water wells, injection wells, drywells and their uses, topography, the location of points of discharge, and all known borings.
  - b. A topographic map, depicting each CCR unit, surrounding geologic and hydrogeologic features, surface water features, access and haul roads, and other pertinent information. Information in these maps must be provided to allow the Director to understand site conditions and evaluate compliance strategies proposed by the owner and operator, to draft terms and conditions that will achieve compliance with the requirements of this Article.
  - c. Potentiometric maps depicting groundwater flow direction, all CCR units at the facility, any delineated plumes of contamination from releases from CCR units, all groundwater monitoring wells or other monitoring points where water level data were gathered, potable wells on the facility property or nearby property, and other pertinent information. A sufficient number and quality of maps are required to represent seasonal or temporal changes in groundwater flow direction.
  - d. Other documents, including: hydrogeologic cross-sections depicting subsurface conditions, drill logs, CCR unit construction diagram(s), and groundwater monitoring well construction diagrams.
  - e. All site-specific compliance plans and assessments required by this Article (e.g., fugitive emissions/dust control plan required by § 257.80, emergency action plan required by § 257.73, run-on and run-off control system plan required by § 257.81(c), inflow design flood control system plan required by § 257.82(c), closure plan or retrofit plan required by § 257.102, and post-closure care plan required by § 257.104).
  - f. All certifications and other documentation of decisions made or actions taken such as:
    - i. Certifications concerning the initial and periodic structural stability assessments required by §§ 257.73(d) and 257.74(d).
    - ii. Certifications concerning the initial and periodic safety factor assessments required by §§ 257.73(e) and 257.74(e).
    - iii. The inflow design flood certification under § 257.82(c)(5), the most recent inspection report required by § 257.83(b)(2), and the most recent hazard class certification required by § 257.73(a)(2)(ii).
    - iv. Documentation supporting a groundwater monitoring program meeting all requirements of 257.91 and 257.93 including certifications that the design and construction of the system meets the requirements of 257.91 and that the statistical method for evaluating groundwater monitoring data is appropriate pursuant to § 257.93(f)(6). The groundwater monitoring program shall also demonstrate compliance with 257.94, 257.95, or 257.98, as applicable;
    - v. The most recent annual groundwater monitoring and corrective action report prepared pursuant to 257.90(e);

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- vi. Any notice of return to detection monitoring from assessment monitoring pursuant to § 257.95(e);
  - vii. Any alternative source demonstration pursuant to § 257.94(e)(2) or § 257.95(g)(3)(ii);
  - viii. Any assessment of corrective measures pursuant to § 257.96, along with the certification for any extension of time to complete the assessment and documentation of the public meeting required by § 257.96(e);
  - ix. Any selection of remedy required by § 257.97;
  - x. Documentation supporting implementation of the corrective action programs as required by § 257.98;
  - xi. A report describing any CCR units that the facility has closed since October 19, 2015. The report shall demonstrate that closure complied with the requirements of 40 CFR 257, subpart D at the time of closure, be certified by a qualified professional engineer, and shall include the post-closure plan, if applicable; and
  - xii. Technical data, such as design drawings and specifications, cost estimates, and engineering studies shall be certified by a qualified professional engineer.
7. The expected operational life of each CCR unit.
  8. If submitting financial assurance as provided by A.R.S. § 49-770(C), the information required by R18-13-1020.
  9. The applicable fee established in R18-13-1021.
  10. Certification in writing that the information submitted in the application is true and accurate to the best of the knowledge of each owner and operator or as provided in subsection (D)(2) of this Section.
  11. For any new CCR surface impoundment, and any lateral expansion, reconstruction, repair, or enlargement of a CCR surface impoundment, the information required by this Section, R18-13-1003.01, and R18-13-1010.01, prepared by or under the supervision of a qualified professional engineer.
    - a. A construction quality assurance plan describing all aspects of construction supervision.
    - b. The following may be submitted with the application or during construction.
      - i. An emergency action plan as prescribed in 40 CFR 257.73 and 257.74 and R18-13-1003.02.
      - ii. An operation and maintenance plan to accomplish the annual maintenance.
      - iii. An instrumentation plan regarding instruments that evaluate the performance of the CCR surface impoundment.
  12. For a CCR surface impoundment, a statement by a qualified professional engineer that determines the CCR surface impoundment's hazard class in accordance with this Article. The qualified professional engineer shall submit a map of the area that would be inundated by failure or improper operation of the CCR surface impoundment. The qualified professional engineer shall demonstrate whether failure or improper operation of the CCR surface impoundment would result in:
    - a. Loss of human life. The demonstration may be based on an emergency action plan for persons who may be in the area of inundation;
    - b. Significant incremental adverse consequences; or
    - c. Significant intangible losses, as defined in R18-13-1001 and identified and evaluated by a public natural resource management or protection agency.
  13. The Department may require additional information as necessary for the protection of human life, property, human health and the environment.
- E. Completeness. When the Director receives an application containing the information required by this Section for all applicable CCR units and CCR-related solid waste management operations at the facility and that meets the administrative completeness requirements of R18-1-503(A), the Director shall notify the owner or operator that the application is complete. The Department shall post a notice on the Department's website pursuant to R18-13-1018.
  - F. After a permit application is determined by the Director to be complete, and before permit issuance, the owner or operator shall notify the Director if any application components have changed or need to be added.
  - G. The owner or operator of a CCR unit that has submitted an application for dam modification to the Arizona Department of Water Resources related to a CCR surface impoundment after July 12, 2024 shall notify the Department within 30 days of submittal or the effective date of this rule, whichever is later. For the purposes of this subsection, an "application for dam modification" means an application submitted to the Arizona Department of Water Resources under A.A.C. R12-15-1208 through R12-15-1211.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1010.01. Additional Application Requirements for Constructing or Modifying CCR Surface Impoundments for Applications Submitted After CCR Program Approval**

- A. The requirements in this Section are additional to those in 40 CFR 257, subpart D, as incorporated in this Article, and do not replace or negate any requirement of 40 CFR 257, subpart D, as incorporated herein.
- B. Applications to Construct, Reconstruct, Repair, Enlarge, or Alter a High or Significant Hazard Potential CCR Surface Impoundment. An application to construct, reconstruct, repair, enlarge, alter or laterally expand a high or significant hazard potential CCR surface impoundment shall include the following prepared by or under the supervision of a qualified professional engineer:
  1. All construction drawings as prescribed in subsection (G)(1) of this Section.
  2. All construction specifications as prescribed in subsection (G)(2) of this Section.
  3. An engineering design report that includes information needed to evaluate all aspects of the design of the CCR surface impoundment and appurtenances, including references with page numbers to support any assumptions used in the design, as prescribed in subsection (G)(3) of this Section. The engineering design report shall recommend a safe storage level for existing CCR surface impoundments being reconstructed, repaired, enlarged, or altered.
  4. A construction quality assurance plan describing all aspects of construction supervision.
- C. Applications to Breach or Remove a High or Significant Hazard Potential CCR Surface Impoundment Embankment.

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1. An application shall include plans for the excavation of the embankment down to the level of the natural ground at the maximum section. Upon approval of the Director, additional breaches may be made. This provision shall not be construed to require more than total removal of the embankment regardless of the flood magnitude. The breach or breaches shall be of sufficient width to pass the greater of:
    - a. The 100-year flood at a depth of less than 5 feet, or
    - b. The 100-year flood at a normal flood depth of not more than 2 feet at a distance of 2,000 feet downstream of the CCR surface impoundment.
  2. The sides of each breach shall be excavated to a slope ratio that is stable and not steeper than 1 horizontal to 1 vertical.
  3. Each breach shall be designed to prevent silt or CCR that has previously been deposited on the reservoir bottom and the excavated material from the breach from washing downstream.
  4. Before breaching the CCR surface impoundment embankment, the reservoir shall be emptied in a controlled manner that will not endanger lives or damage downstream property. The applicant shall obtain approval from the Director for the method of breaching or removal.
  5. An application to breach or remove a high or significant hazard potential CCR surface impoundment embankment shall include the following prepared by or under the supervision of a qualified professional engineer:
    - a. The construction drawing or drawings for the breach or removal of a CCR surface impoundment, including the location, dimensions, and lowest elevation of each breach.
    - b. A construction quality assurance plan describing all aspects of construction supervision.
  6. Reduction of a high or significant hazard potential CCR surface impoundment to a size less than subsection (H)(1), (H)(2) or (H)(3) of this Section shall be approved pursuant to R18-13-1017 under the following circumstances:
    - a. The owner or operator shall submit a completed application and construction drawings for the reduction and the appropriate specifications, prepared by or under the supervision of a qualified professional engineer.
    - b. The construction drawings and specifications shall contain sufficient detail to enable a contractor to bid on and complete the project.
    - c. The plans shall comply with all requirements of this subsection (C) except that the breach is not required to be to natural ground.
    - d. Upon completion of the reduction to a size less than subsection (H)(1), (H)(2) or (H)(3) of this Section, the qualified professional engineer shall file as constructed drawings and specifications with the Department.
- D. Applications to Construct, Reconstruct, Repair, Enlarge, Alter, Breach, or Remove a Low Hazard Potential CCR Surface Impoundment.**
1. An application package to construct, reconstruct, repair, enlarge, or alter a low hazard potential CCR surface impoundment shall include the following prepared by or under the supervision of a qualified professional engineer:
    - a. Files of all construction drawings as prescribed by subsection (G)(1) of this Section.
    - b. Files of all construction specifications as prescribed by subsection (G)(2) of this Section.
    - c. An engineering design report that includes information needed to evaluate all aspects of the design of the CCR surface impoundment and appurtenances, including references with page numbers to support any assumptions used in the design, as prescribed in subsection (G)(3) of this Section.
  2. An application package for the breach or removal of a low hazard potential CCR surface impoundment embankment shall include the following:
    - a. A completed application shall contain the following information:
      - i. The name and address of the owners and operators of the CCR surface impoundment.
      - ii. A description of the proposed removal.
      - iii. The proposed time for beginning and completing the removal.
    - b. A statement by a qualified professional engineer demonstrating both of the following:
      - i. That the CCR surface impoundment embankment will be excavated to the level of natural ground at the maximum section; and
      - ii. That the breach or breaches will be of sufficient width to pass the greater of:
        - (1) The 100-year flood at a depth of less than 5 feet, or
        - (2) The 100-year flood at a normal flood depth of not more than 2 feet at a distance of 2,000 feet downstream of the CCR surface impoundment embankment,
        - (3) This paragraph (ii) shall not be construed to require more than a total removal of the CCR surface impoundment embankment regardless of flood magnitude.
      - iii. That the sides of the breach will be excavated to a slope ratio that is stable and not steeper than 1 horizontal to 1 vertical.
  3. Within 90 days after completing removal of a low hazard potential CCR surface impoundment embankment, the owner or operator shall file the following:
    - a. A brief completion report, including a description of the causes for any changes or deviations from the approved application package prepared by the qualified professional engineer who supervised the construction, in accordance with A.R.S. Title 32, Chapter 1. The qualified professional engineer shall certify that the as removed drawings and the report accurately represent the actual removal of the CCR surface impoundment embankment.
    - b. As-removed drawings prepared and sealed by the qualified professional engineer who supervised the removal. The owner or operator and the qualified professional engineer shall maintain a record of the drawings.
- E. Construction of a High, Significant, or Low Hazard Potential CCR surface impoundment.**
1. Before commencement of construction activities, the owner or operator shall invite to a pre-construction conference all involved regulatory agencies, the prime contractor, and all subcontractors. At this meeting the Department shall identify, to the extent possible, the key

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construction stages at which an inspection will be made. At least 48 hours before each key construction stage identified for inspection, the owner or operator or the owner's qualified professional engineer shall provide notice to the Department.

2. The owner or operator's qualified professional engineer shall oversee construction of a new CCR surface impoundment or the lateral expansion reconstruction, repair, enlargement, alteration, breach, or removal of an existing CCR surface impoundment.
  3. A qualified professional engineer shall supervise or direct the supervision of construction in accordance with the construction quality assurance plan.
  4. The owner or operator's qualified professional engineer shall submit summary reports of construction activities and test results according to a schedule approved by the Department.
  5. The owner or operator shall immediately report to the Department any condition encountered during construction that requires a deviation from the approved plans and specifications.
  6. The owner or operator shall promptly submit a written request for approval of any necessary change with sufficient information to justify the proposed change. The owner or operator shall not commence construction without the written approval of the Director unless the change is a minor change. A minor change is a change that complies with the requirements of this Article and provides equal or better safety performance.
  7. Upon completion of construction, the owner or operator shall notify the Department in writing. The Department shall make a final inspection. The owner or operator shall correct any deficiencies noted during the inspection. The owner shall not use the CCR surface impoundment before issuance of a permit or permit modification unless the Director issues written approval.
- F. Completion Documents for a Significant or High Hazard Potential CCR Surface Impoundment. Within 90 days after completion of the construction or removal work for a significant or high hazard potential CCR surface impoundment and final inspection by the Department, the owner or operator shall file the following:
1. One set of full sized as constructed drawings prepared and sealed by the qualified professional engineer who supervised the construction. If changes were made during construction, the owner or operator shall file supplemental drawings showing the CCR surface impoundment and appurtenances as actually constructed.
  2. Construction records, including grouting, materials testing, and locations and baseline readings for permanent bench marks and instrumentation, initial surveys, and readings.
  3. Photographs of construction from exposure of the foundation to completion of construction.
  4. A brief completion report summarizing the salient features of the project, including a description of the causes for any changes or deviations from the approved drawings and specifications that were made during the construction phase.
  5. A schedule for filling the impoundment, specifying fill rates, CCR surface or liquid level elevations to be held for observation, and a schedule for inspecting and monitoring the CCR surface impoundment.
  6. An operating manual for the CCR surface impoundment and its appurtenant structures. The operating manual shall include a process for safety inspections prescribed in R18-13-1004. The operating manual shall include schedules for surveillance activities and baseline information for any installed instrumentation as follows:
    - a. The frequency of monitoring,
    - b. The data recording format,
    - c. A graphical presentation of data, and
    - d. The person who will perform the work.
- G. Construction Drawings, Construction Specifications, and Engineering Design Report for a High, Significant, or Low Hazard Potential CCR Surface Impoundment. The owner or operator and qualified professional engineer are responsible for complete and adequate design of a CCR surface impoundment and for including in the application all aspects of the design pertaining to the safety of the CCR surface impoundment.
1. Construction Drawing Requirements. The construction drawings required by subsections (B), (C), and (D) of this Section shall include the following:
    - a. The seal and signature of a qualified professional engineer.
    - b. One or more topographic maps of the CCR surface impoundment, spillway, outlet works, and reservoir on a scale large enough to accurately locate the CCR surface impoundment and appurtenances, indicate cut and fill lines, and show the property lines and ownership status of the land. Contour intervals shall be compatible with the height and size of the CCR surface impoundment and its appurtenances and shall show design and construction details.
    - c. A reservoir area and capacity curve that reflect area in acres and capacity in acre-feet in relation to depth of CCR and liquids and elevation in the reservoir. The construction drawings shall show the spillway invert and top of CCR surface impoundment elevations. The construction drawings shall also show the reservoir volume and space functional allocations. The construction drawings may include alternate scales as required for the owner or operator's use.
    - d. Spillway and outlet works rating curves and tables at a scale or scales that allow determination of discharge rate in cubic feet per second at both low and high flows as measured by depth of water passing over the spillway control section.
    - e. A location map showing the CCR surface impoundment footprint and all exploration drill holes, test pits, trenches, adits, borrow areas, and bench marks with elevations, reference points, and permanent ties. This map shall use the same vertical and horizontal control as the topographic map.
    - f. Geologic information including 1 or more geologic maps, profile along the centerline, and other pertinent cross sections of the CCR surface impoundment site, spillway or spillways, and appurtenant structures, aggregate and material sources, and reservoir area at 1 or more scales compatible with the site and geologic complexity, showing logs of exploration drill holes, test pits, trenches, and adits.
    - g. One or more plans of the CCR surface impoundment to delineate design and construction details.
    - h. Foundation profile along the CCR surface impoundment embankment centerline at a true scale where

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the vertical scale is equal to the horizontal scale, showing the existing ground and proposed finished grade at cut and fill elevations, including anticipated geologic formations. The foundation profile shall include any proposed grout and drain holes.

- i. Profile and a sufficient number of cross sections of the CCR surface impoundment embankment to delineate design and construction details. The drawings shall illustrate and show dimensions of camber, details of the top, core zone, interior filters and drains, and other zone details. The profile of the CCR surface impoundment may be drawn to different horizontal and vertical scales if required for detail. A maximum section of the CCR surface impoundment shall be drawn to a true scale, where the vertical scale is equal to the horizontal scale. The outlet conduit may be shown on the maximum section if this is typical of the proposed construction.
  - j. One or more CCR surface impoundment embankment foundation plans showing excavation grades and cut slopes with any proposed foundation preparation, grout and drain holes, and foundation dewatering requirements.
  - k. Plan, profile, and details of the outlet works, including the intake structure, the gate system, conduit, trashrack, conduit filter diaphragm, conduit concrete encasement, and the downstream outlet structure. The drawings shall include all connection and structural design details.
  - l. Plan, profile, control section, and cross sections of the spillway, including details of any foundation preparation, grouting, or concrete work that is planned. A complex control structure, a concrete chute, or an energy dissipating device for a terminal structure shall include both hydraulic and structural design details.
  - m. Hydrologic data, drainage area and flood routing, and diversion criteria.
2. Construction Specification Requirements. The construction specifications required by subsections (B), (C) and (D) of this Section shall include the following:
    - a. The seal and signature of a qualified professional engineer.
    - b. The statement that the construction drawings and specifications shall not be materially changed without the prior written approval of the Director.
    - c. A detailed description of the work to be performed and a statement of the requirements for the various types of materials and installation techniques that will enter into the permanent construction.
    - d. The statement that construction shall not be considered complete until the Director has approved the construction in writing.
    - e. The statement that the owner or operator's qualified professional engineer shall control the quality of construction.
    - f. The following construction information:
      - i. All earth and rock material descriptions, placement criteria, and construction requirements for all elements of the CCR surface impoundment and related structures.
      - ii. All concrete, grout, and shotcrete material and mix descriptions, placement and consolidation criteria, temperature controls, and construction requirements for all elements of the CCR surface impoundment and related structures.
  - iii. Material criteria and material testing, cleaning, and treatment. If foundation or curtain grouting is required, the specifications shall describe the type of grout, grouting method, special equipment necessary, recording during grouting, and foundation monitoring to avoid disturbance from grouting.
  - iv. All materials testing that will be performed by the contractor for pre-qualification of materials, including special performance testing, such as water pressure tests in conduits. The Director shall accept materials that are pre-tested successfully and constructed in-place in accordance with specifications.
  - v. A plan for control or diversion of surface water during construction. The design qualified professional engineer may determine frequency of storm runoff to be controlled during construction, commensurate with the risk of economic loss during construction.
  - vi. Criteria for blast monitoring and acceptable blast vibration levels, including particle velocities for the CCR surface impoundment and other critical appurtenances. Monitoring equipment and monitoring locations shall be specified.
  - vii. Instrumentation material descriptions, placement criteria, and construction requirements and a statement that instrumentation shall be installed by experienced specialty subcontractors.
3. Engineering Design Report Requirements. The engineering design report required by subsections (B), (C) and (D) of this Section shall include the following:
    - a. The seal and signature of a qualified professional engineer.
    - b. The classification under 40 CFR 257.74(a)(2) of the proposed CCR surface impoundment, or for the proposed lateral expansion of an existing CCR surface impoundment.
    - c. Hydrologic considerations, including calculations and a summary table of data used in determining the required emergency spillway capacity and freeboard, and design of any diversion or detention structures. The design report shall include input and output listings.
    - d. Hydraulic characteristics, engineering data, and calculations used in determining the capacities of the outlet works and emergency spillway. The design report shall include input and output listings.
    - e. Geotechnical investigation and testing of the CCR surface impoundment site and reservoir basin. Results and analysis of subsurface investigations, including logs of test borings and geologic cross sections.
    - f. Guidelines and criteria for blasting to be used by the contractor in preparing the blasting plan.
    - g. Details of the plan for control or diversion of surface water during construction.
    - h. Details of the dewatering plan for subsurface water during construction.

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- i. Testing results of earth and rock materials, including the location of test pits and the logs of these pits.
- j. Discussion and design of the foundation blanket grouting, grout curtain, and grout cap based on foundation stability and seepage considerations.
- k. Calculations and basic assumptions on loads and limiting stresses for reinforced concrete design. The design report shall include input and output listings.
- l. A discussion and stability analysis of the CCR surface impoundment embankment including appropriate seismic loading, safety factors, and embankment zone strength characteristics. Analyses shall include both short-term and long-term loading on upstream and downstream slopes. The design report shall include input and output listings.
- m. A discussion of seismicity of the project area and activity of faults in the vicinity. The design report shall use both deterministic and statistical methods and identify the appropriate seismic coefficient for use in analyses.
- n. Discussion and design of the cutoff trench based on seepage and other considerations.
- o. Permeability characteristics of foundation and CCR surface impoundment embankment materials, including calculations for seepage quantities through the CCR surface impoundment, the foundation, and anticipated in the internal drain system. The design report shall include input and output listings. The design report shall include copies of any flow nets used.
- p. Discussion and design of internal drainage based on seepage quantity calculations. The design report shall include instrumentation necessary to monitor the drainage system and filter design calculations for protection against piping of foundation and embankment.
- q. Erosion protection against waves and rainfall runoff for both the upstream and downstream slopes, as appropriate.
- r. Discussion and design of foundation treatment to compensate for geological weakness in the CCR surface impoundment foundation and abutment areas and in the spillway foundation area.
- s. Post-construction vertical and horizontal movement systems.
- t. Discussion of foundation conditions including the potential for subsidence, fissures, dispersive soils, collapsible soils, and sink holes.

**H.** This Section consists of enhancements to 40 CFR 257, subpart D based on Arizona dam safety standards and apply in addition to 40 CFR 257, subpart D but do not apply to:

- 1. CCR surface impoundments with a maximum height of less than 6 feet, regardless of storage capacity;
- 2. CCR surface impoundments with a maximum height of between 6 and 25 feet and a storage capacity of less than 50 acre-feet; or
- 3. CCR surface impoundments with a maximum height greater than 25 feet and a storage capacity of 15 acre-feet or less.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1011. Permit Contents**

- A.** Standard permit conditions for CCR facility permits. The following conditions shall be incorporated into all CCR facility permits either expressly or by reference. If incorporated by reference, a specific citation to these regulations shall be provided in the permit.
- 1. Duty to comply. The owner or operator shall comply with all conditions of this CCR facility permit, except to the extent and for the duration any noncompliance is authorized by the Director. Any unauthorized permit noncompliance constitutes a violation of this Article and is subject to enforcement action, permit termination, or denial of a permit application.
  - 2. Duty to reapply. If the owner or operator wishes to continue an activity regulated by this permit after the expiration date of the permit, the owner or operator shall apply for and obtain a new permit.
  - 3. Need to halt or reduce activity not a defense. It shall not be a defense for an owner or operator in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.
  - 4. Requirement to mitigate impacts of noncompliance. In the event of noncompliance with this permit, the owner or operator shall take all reasonable steps to minimize releases to the environment and shall carry out such measures as necessary to reduce reasonable probability of adverse impacts on health and the environment.
  - 5. New statutory requirements or regulations. If the standards or regulations on which this permit is based change through changes to statute, promulgation of new or amended regulations, or by judicial decision, and this results in failure of the permit terms and conditions to ensure compliance with the revised standard or regulation, the owner or operator shall apply for a permit modification. The owner or operator shall submit an application to modify this permit to include the revised requirements within 180 days after the change becomes effective.
  - 6. Proper operation and maintenance. The owner or operator shall ensure the proper operation and maintenance of all units, appurtenant structures, ancillary equipment and systems of treatment and control, which are installed or used to achieve compliance with the conditions of this permit. Failure to properly operate and maintain such equipment or structures does not excuse failure to comply with requirements in this permit. The term "Proper operation and maintenance" includes effective performance, adequate funding, adequate staffing and training, and adequate laboratory and process controls, including appropriate quality assurance procedures. Operation of back-up or auxiliary equipment or similar systems is required only when necessary to achieve compliance with the conditions of this permit.
  - 7. Permit actions. This permit may be modified, or terminated for cause. The application by the owner or operator for a permit modification, or termination, or anticipated noncompliance, does not stay any permit condition.
  - 8. Property rights. The permit does not convey any property rights of any sort, nor any exclusive privilege.
  - 9. Duty to provide information. The owner or operator shall furnish to the Director, within a reasonable time, any relevant information which the Director may request to determine whether cause exists for modifying, or terminating

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- this permit, or to determine compliance with this permit. The owner or operator shall also furnish to the Director, upon request, copies of records required to be kept by this permit.
10. Inspection and entry. The owner or operator shall allow the Director or an authorized representative, upon the presentation of credentials and other documents as may be required by law, to:
    - a. Enter at reasonable times upon the permitted premises where a regulated unit or activity is located or conducted, or where records that must be kept under the conditions of this permit are located;
    - b. Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit;
    - c. Inspect at reasonable times any units, appurtenant structures, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit; and
    - d. Sample or monitor at reasonable times, for the purposes of assuring permit compliance or as otherwise authorized by this Article, any substances or parameters at any location.
  11. Monitoring and records.
    - a. Samples and measurements taken for the purpose of monitoring shall be representative of the monitored activity.
    - b. The owner or operator shall retain records of all monitoring information, including all calibration, maintenance, and quality assurance records; all original monitoring data; copies of all reports and certifications required by this permit; and records of all data for a period of at least ten years from the date of the sample, measurement, report, certification, or application. This period may be extended by request of the Director at any time. The owner or operator shall maintain records and data used to support a permit application for the lifetime of the permit. The owner or operator shall maintain records of all groundwater monitoring, including records of groundwater well construction and groundwater elevation measurements, throughout the active life of the unit, the post-closure care period and until completion of all corrective action.
  12. Signatory requirements. All applications, reports, or information required to be submitted to the Director by this permit shall be signed and certified by each owner and operator of a CCR unit unless an agreement is provided to the Director that one owner or operator is certifying for the rest.
  13. Reporting requirements.
    - a. Anticipated noncompliance. The owner or operator shall provide written or electronic notice to the Director as soon as possible, but no later than 60 days in advance of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements.
    - b. The owner or operator shall report to the Department by phone or electronically any noncompliance or release which has a reasonable probability of adverse effects on health or the environment as soon as possible, and no later than 24 hours after the time the owner or operator first becomes aware of the circumstances. The notification shall include the following:
      - i. Information concerning release of any CCR that may endanger public drinking water supplies.
      - ii. Any information about a release of CCR that could have a reasonable probability of adverse effects on health or the environment outside the facility.
      - iii. The description of the release and its cause shall include:
        - (1) Name, business address, business email address, and business telephone number of the owner and operator;
        - (2) Name, address, email address, and telephone number of the facility;
        - (3) Date, time, and type of release;
        - (4) Name and quantity of material or materials involved;
        - (5) The extent of injuries, if any;
        - (6) An assessment of actual or potential hazards to the environment and human health outside the facility, where applicable;
        - (7) Estimated quantity and disposition of recovered material that resulted from the release; and
        - (8) Action taken to mitigate the risk, including any preparation in advance of a severe weather event
      - iv. A narrative shall also be posted on the facility CCR website no later than five days after the time the owner or operator becomes aware of the circumstances. The narrative shall contain a description of the noncompliance and its cause; the period of noncompliance including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance. The Director may waive the five-day notice requirement in favor of posting a written report within fifteen days.
    - c. Where the owner or operator becomes aware that they failed to submit any relevant facts in a permit application or submitted incorrect information in a permit application or in any report to the Director, the owner or operator shall promptly submit such facts or corrected information to the Director.
  14. Severability. Invalidation of a portion of this permit does not necessarily render the whole permit invalid. ADEQ intends that this permit remains in effect to the extent possible. In the event that any part of this permit is invalidated, the Director will advise the owner or operator as to the effect of such invalidation.
- B.** In addition to the standard conditions in subsection (A), the Director shall establish permit terms and conditions in a CCR facility permit, on a case-by-case basis, in accordance with the requirements and procedures of A.R.S. Title 49, Chapter 4 and this Article. At a minimum, each CCR facility permit shall include all permit terms and conditions necessary to ensure compliance with A.R.S. Title 49, Chapter 4 and this Article.
  - C.** Each CCR facility permit shall contain, either expressly or by reference, all requirements of this Article that are applicable to



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the permitted CCR units and CCR-associated solid waste management activities at the facility. In satisfying this provision, the Director may incorporate the applicable requirements directly into terms and conditions in the permit or incorporate them by reference. If incorporated by reference, a specific citation to the applicable regulations or requirements shall be provided in the permit.

- D. Protectiveness. Each CCR facility permit shall contain such terms and conditions as the Director determines are necessary to ensure there is no reasonable probability of adverse effects on safety, health or the environment from the solid waste management of CCR at the facility.
- E. The owner or operator of a CCR surface impoundment shall install, maintain, and monitor instrumentation to evaluate the performance of the CCR surface impoundment. The Director shall require site-specific instrumentation that the Director deems necessary for monitoring the safety of the CCR surface impoundment when failure may endanger human life and property. Conditions that may require monitoring include land subsidence, earth fissures, embankment cracking, phreatic surface, seepage, and embankment movements.
- F. The permit shall contain a safe storage level for each CCR surface impoundment.
- G. A CCR facility permit is issued for a fixed term of ten years. The term of a permit shall not be extended by modification of the permit beyond the maximum duration specified in this subsection.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1012. Compliance Schedules**

- A. The Director may include compliance schedules in the CCR facility permit according to subsection (B) or (C), or both.
- B. The owner or operator shall follow a timeline for future compliance, if established in the CCR facility permit, that provides for action from the owner or operator that is not required until after the date of permit issuance. The timeline shall establish dates for their achievement.
  - 1. If the time necessary for completion of an interim requirement is more than one year and is not readily divisible into stages for completion, the permit shall contain interim dates for submission of reports on progress toward completion of the interim requirement and shall indicate a projected completion date.
  - 2. Unless otherwise specified in the permit, within 30 days after the applicable date specified in a compliance schedule, the owner or operator shall submit to the Department a report documenting that the required action was taken within the time specified.
- C. When an owner or operator that has applied for a CCR facility permit will not be in compliance with one or more applicable requirements in A.R.S. Title 49, Chapter 4, or this Article at the time of permit issuance, the Director may include in the CCR facility permit a schedule of compliance. The schedule of compliance shall include an enforceable sequence of actions leading to compliance. This schedule of compliance shall resemble and be at least as stringent as that contained in any judicial consent decree or administrative order to which the owner or operator is subject. Any such schedule of compliance shall be supplemental to, and shall not sanction noncompliance with, the applicable requirements in A.R.S. Title 49, Chapter 4 or this Article on which it is based.

- 1. Time for compliance. Any schedule of compliance established in a CCR facility permit under subsection (C) shall require compliance as soon as feasible.
- 2. Interim dates. If a permit establishes a schedule of compliance which exceeds one year from the date of permit issuance, the schedule shall set forth interim requirements and the dates for their achievement.
  - a. The time between interim dates shall not exceed one year.
  - b. The permit shall require posting on the facility's CCR website of reports of progress toward completion of the interim requirements and indicate a projected completion date. The time between progress reports shall not exceed six months.
- 3. Reporting. The permit shall require that, no later than 30 days following each interim milestone deadline and the final deadline of the schedule of compliance, the owner or operator shall submit a report to the Director documenting that the required action was taken within the time specified and shall post a notification on the facility's CCR website of its compliance or noncompliance with the interim or final requirement.
- D. After reviewing the activity pursuant to any schedule established under this Section, the Director may modify the CCR facility permit, based on changed circumstances relating to the required action.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1013. CCR Facility Permit Issuance or Denial**

- A. The Director shall issue CCR facility permits after CCR program approval, based upon the information obtained by or made available to the Department, if the Director determines that the permit requires the owner or operator to comply with A.R.S. Title 49, Chapter 4, this Article and Article 17. The procedures in this Article related to permit applications are applicable before CCR program approval, except that the licensing time frames requirements of 18 A.A.C. 1 do not apply until CCR program approval.
- B. The Director shall provide the owner or operator with written notification of the final decision to grant or deny the permit within the applicable licensing time frames requirements and include the following:
  - 1. The owner or operator's right to appeal the final permit determination, including the number of days the owner or operator has to file an appeal and the name and telephone number of the Department contact person who can answer questions regarding the appeals process;
  - 2. If the permit is denied, the reason for the denial with reference to the statute or rule on which the denial is based; and
  - 3. The owner or operator's right to request an informal settlement conference under A.R.S. §§ 41-1092.03(A) and 41-1092.06.
- C. The Director may deny a CCR facility permit if the Director determines upon completion of the application process that the owner or operator has:
  - 1. Failed or refused to correct a deficiency in the CCR facility permit application;
  - 2. Failed to demonstrate that the CCR units and their operation will comply with the requirements of A.R.S. Title 49,

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Chapter 4 and this Article. The Director shall base this determination on:

- a. The information submitted in the CCR facility permit application,
  - b. Any information submitted to the Department following a public hearing, or
  - c. Any relevant information that is developed or acquired by the Department; or
3. Provided false or misleading information.

- D. Upon denying a CCR facility permit, the Director shall issue an order directing the owner or operator to begin closure of all CCR units at the facility according to § 257.101.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1014. CCR Permit Transfer**

- A. The owner or operator of a CCR unit shall notify the Department 30 days prior to the planned transfer of any portion of ownership or operational control of a CCR unit or facility. If prior notice is impractical, the owner or operator shall notify the Department as soon as practical. The new owner and operator shall submit a permit modification request prior to the transfer of ownership or operational control or as soon as practicable thereafter.
- B. The new owner or operator:
1. Shall include a written agreement between the previous and new owner or operator indicating a specific date for transfer of all permit responsibility, coverage, and liability;
  2. Submit the applicable initial fee for a minor permit modification established in R18-13-1021;
  3. Demonstrate technical capability necessary to fully carry out the terms of the permit and financial capability according to R18-13-1020; and
  4. Submit a signed statement that it has reviewed the permit and agrees to the terms of the permit including any compliance schedules or new terms needed as a result of the transfer.
- C. An owner or operator shall continue to comply with all permit conditions until the Director modifies/transfers the permit, regardless of whether ownership or operational control has already been transferred.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1015. CCR Permit Termination**

The Director may, after notice and opportunity for a hearing, terminate a CCR facility permit for any of the following causes:

1. Significant noncompliance by the owner or operator with the permit;
2. Failure by the owner or operator in the permit application or during the permit issuance process to fully disclose all relevant facts;
3. Misrepresentation by the owner or operator of any relevant facts at any time;
4. A determination by the Director that the permit fails to ensure there is no reasonable probability of adverse effects to health or the environment and the permitted activity can only be regulated to acceptable levels by permit termination; and

5. The Director has determined that all permitted activities have ceased and the owner or operator has completed closure, the required post-closure care and any required corrective action.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1016. Permit Renewals**

- A. To renew a CCR facility permit, the owner or operator shall submit an application under R18-13-1010 at least 180 days before the expiration date of the effective permit.
- B. If the owner or operator has submitted a timely and complete application for renewal under R18-13-1010, the terms and conditions of the existing CCR facility permit continue in force beyond the expiration date of the permit, but only until the effective date of the issuance or denial of a revised CCR facility permit.
- C. The owner or operator shall renew the CCR facility permit as long as any CCR unit remains operational or is closing, in corrective action or post-closure care.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1017. Modification of a CCR Facility Permit**

- A. The Director may modify a CCR facility permit upon the request of the facility owner or operator or upon the Director's initiative.
1. The owner or operator may submit a request for CCR facility permit modification in writing on a form provided by the Department with the applicable fee established in R18-13-1021, explaining the facts and reasons justifying the request.
  2. The Department may modify a permit, classify the modification, and collect the appropriate fee if:
    - a. There are alterations, additions, or changes in the operation or condition of the permitted facility which occurred after permit issuance and require permit conditions or terms that are different or absent from those in the existing permit;
    - b. The Director has received new information after the permit has been issued that:
      - i. Was not available to the Director at the time of permit issuance (other than revised regulations, guidance, or test methods) and would have justified the inclusion of different permit conditions at the time of issuance to ensure compliance with A.R.S. Title 49, Chapter 4 and this Article, or
      - ii. Otherwise shows that modification is necessary to ensure that there is no reasonable probability of adverse effects on safety, health or the environment.
    - c. There is a change in an underlying regulatory or statutory requirement
    - d. An error or omission is discovered that makes the permit inconsistent with regulatory or statutory requirements.
- B. Upon receiving a request from an owner or operator, the Department shall determine whether the application is com-

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plete and whether the modification would be major, minor, or administrative.

- C. The Department shall process modification requests following the applicable licensing time-frames.
- D. A modified CCR facility permit supersedes the previous CCR facility permit upon the effective date of the modification, except as provided in R18-13-1011(F).
- E. Major permit modifications. A major modification is one that substantially alters the CCR unit or its operation requiring a material change to a substantive term, provision, requirement, or a limiting parameter of a permit, or one that could substantially impact human health or the environment. The owner or operator shall not make any change that requires a major permit modification without approval from the Director. The list below contains examples of major modifications:
  - 1. Add a new CCR unit including a new landfill unit, a lateral expansion, or a new surface impoundment unit not already authorized by a CCR facility permit, including replacing a CCR unit.
  - 2. Increase the maximum permissible operating storage level of CCR and liquids at a CCR surface impoundment or raising the embankment.
  - 3. Selection of a remedy under 40 CFR 257.97.
- F. Minor permit modifications. A minor modification is a modification that makes a routine change to a substantive term, provision, requirement, or a limiting parameter of a permit. The Director shall follow procedures for a minor modification to a CCR facility permit for those nonmajor alterations, additions, or changes in the operation or condition of the permitted facility which occurred after permit issuance and which require permit conditions that are different or absent from those in the existing permit. The owner or operator shall not make any change that requires a minor permit modification without approval from the Director. Minor permit modifications include, but are not limited to, the following:
  - 1. Incorporate a change to an Aquifer Water Quality Standard in 18 A.A.C. 9, or a Maximum Contaminant Level under 40 CFR §§ 141.62 and 141.66, which serves as the underlying basis for a permit condition;
  - 2. Change a construction requirement, treatment method, or operational practice, if the alteration complies with the requirements of A.R.S. Title 49, Chapter 4 and this Article and provides equal or better performance;
  - 3. Change to a groundwater sampling and analysis program including the following:
    - a. A change in the statistical method for evaluating groundwater monitoring data required by 40 CFR 257.93(f)(6);
    - b. A change to an alternative groundwater sampling and analysis frequency pursuant to 40 CFR 257.94(d) or 257.95(c);
    - c. Assessment of corrective measures pursuant to 40 CFR 257.96;
    - d. Changes to an approved groundwater monitoring system, including reducing the number of groundwater monitoring wells, or making changes in location, depth, or design of groundwater monitoring wells required by the permit.
  - 4. Change an interim or final compliance date in a compliance schedule, if the Director determines just cause exists for changing the date;
  - 5. Change the owner or operator's financial assurance mechanism or estimates under R18-13-1020;
  - 6. Transfer a permit under R18-13-1014;

- 7. Replace monitoring equipment, including a well, if the replacement results in equal or greater monitoring effectiveness, but not including routine maintenance or replacement of well components and related equipment;
- 8. Breaching or removing a surface impoundment embankment. These activities shall be performed according to R18-13-1010.01(C) and (D).
- 9. Add interim measures to the corrective action program or make material changes to the corrective action requirements in the permit.
- 10. Change a permit condition that is based on a change in an underlying regulatory or statutory requirement, unless it requires substantial changes to the design, operation, or compliance strategies established in the permit and requires the application of significant technical judgment or discretion.
- 11. Increases to estimates of the maximum extent of operations or the maximum inventory of waste in the closure plan.
- 12. Completion of closure activities of a CCR unit.
- 13. Modify a CCR unit, including physical changes or changes in management practices which are not administrative modifications under subsection (G) or major modifications under subsection (E).
- G. Administrative permit modifications. The Director shall follow procedures for an administrative modification to a CCR facility permit to:
  - 1. Correct a typographical error;
  - 2. Change nontechnical administrative information, excluding a permit transfer;
  - 3. Correct minor technical errors, such as errors in calculation not impacting any design aspects, locational information, citation of laws and citations of construction specifications;
  - 4. Increase the frequency, duration, or stringency of the requirements for inspections, maintenance activities, monitoring, reporting, recordkeeping, or web posting or to revise a laboratory method;
- H. The Director may change the categorization of a CCR facility permit modification.
- I. An owner or operator may request a permit modification based on actions from more than one category of permit modification. Where possible, the Director may combine several requested permit modifications into one modification from the highest category.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1018. Public Notice Requirements for Permit Actions**

- A. The Director shall provide notice as described after determining an application complete for the following permit actions. The notice shall contain information about the licensing time-frames for the permit action and describe how a person can inspect all permit application materials, either in person or online.
  - 1. An initial or renewed CCR facility permit;
    - a. On the ADEQ website;
    - b. To anyone requesting such notice;
    - c. To the entities listed in A.R.S. § 49-111.
  - 2. A major modification to a CCR facility permit;
    - a. On the ADEQ website;
    - b. To anyone requesting such notice;

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- c. To the entities listed in A.R.S. § 49-111.
- 3. A minor modification to a CCR facility permit;
  - a. On the ADEQ website;
  - b. To anyone requesting such notice.
- B. The Director shall provide notice as described when proposing to issue or deny the items listed below. The notice shall describe how a person can inspect all permit application materials, either in person or online.
  - 1. An initial or renewed CCR facility permit;
    - a. Once, in a daily or weekly newspaper of general circulation where the facility is located;
    - b. On the ADEQ website;
    - c. To anyone requesting such notice;
    - d. By requiring the owner or operator to place paper copies of a notice and supplemental information in a local library or community center.
  - 2. A major modification to a CCR facility permit;
    - a. Once, in a daily or weekly newspaper of general circulation where the facility is located;
    - b. On the ADEQ website;
    - c. To anyone requesting such notice;
    - d. By requiring the owner or operator to place paper copies of a notice and supplemental information in a local library or community center.
- C. The Director shall provide notice as described when issuing or denying the following:
  - 1. An initial or renewed CCR facility permit;
    - a. To anyone who commented on the proposed initial or renewed CCR facility permit;
    - b. On the ADEQ website;
    - c. To anyone requesting such notice.
  - 2. A major modification to a CCR facility permit;
    - a. To anyone who commented on the proposed major modification;
    - b. On the ADEQ website;
    - c. To anyone requesting such notice.
  - 3. A minor modification to a CCR facility permit;
    - a. On the ADEQ website;
    - b. To anyone requesting such notice.
  - 4. An administrative permit modification: To anyone requesting such notice.
- D. The Director shall provide notice as described when terminating a CCR facility permit:
  - 1. On the ADEQ website;
  - 2. To anyone requesting such notice.
- E. The notice for a permit action under subsection (B)(1) or (B)(2) shall:
  - 1. Include a brief summary of the draft document,
  - 2. Contain information about the licensing timeframes for the permit action and explain where further information on the permit action can be obtained,
  - 3. Describe when and how comments may be made,
  - 4. Provide at least 30 days for comments from publication of the notice, and
  - 5. Explain how a public hearing may be requested.
- F. After a notice is issued under subsection (B)(1) or (B)(2), the Department shall schedule a public hearing if requested and if the Director determines there is sufficient public interest. The Director shall provide notice of the hearing as provided in subsection (B)(1)(a) or (B)(2)(a) at least 30 days before the hearing. The Department may conduct a public hearing for a CCR facility permit or major modification virtually.
- G. The Department shall respond to comments received on the proposed CCR facility permit or major modification when the

final decision is made under subsection (C). The Department shall send a copy of the comment responses to all commenters and notify commenters of their potential rights under A.R.S. § 41-1092.03(B). The Department shall send the comment responses to commenters and anyone requesting a copy and post the comment responses on the Department's website.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1019. Compliance; ADEQ Inspections; Violations and Enforcement**

- A. ADEQ Inspection and Entry. For purposes of ensuring compliance with the provisions of Title 49 and this Article, the owner or operator of a CCR facility, shall, upon request of any representative of ADEQ designated by the Director, furnish information pertaining to such CCR facility.
- B. ADEQ Inspection and Entry for CCR units. The Director or a designated representative may enter at reasonable times upon private or public property and the owner or operator shall permit such entry, where a CCR surface impoundment is located, including a CCR surface impoundment under construction, reconstruction, repair, enlargement, alteration, breach, or removal, for any of the following purposes:
  - 1. To enforce the conditions of approval of the construction drawings and specifications related to an application for construction, reconstruction, repair, enlargement, alteration, breach, or removal.
  - 2. To inspect a CCR surface impoundment that is subject to this Article.
  - 3. To investigate or assemble data to aid review and study of the design and construction of CCR surface impoundments, reservoirs, and appurtenances or make watershed investigations to facilitate decisions on public safety to fulfill the duties of this Article and A.R.S. Title 49, Chapter 4.
  - 4. To ascertain compliance with this Article and A.R.S. Title 49, Chapter 4.
- C. ADEQ Inspection and Entry for CCR surface impoundments. The Director or a designated representative may enter at reasonable times upon private or public property and the owner or operator shall permit such entry, where a CCR surface impoundment is located, including a CCR surface impoundment under construction, reconstruction, repair, enlargement, alteration, breach, or removal, for any of the following purposes:
  - 1. To enter any establishment or other place maintained by such person where such CCR units are or have been operated;
  - 2. To have access to, and to copy all records relating to CCR units;
  - 3. To inspect any facilities, equipment (including monitoring and control equipment), practices, and operations, relating to CCR units;
  - 4. To inspect, monitor, and obtain samples from such person of any CCR units and monitoring and control equipment; and
  - 5. To record any inspection by use of written, electronic, magnetic and photographic media.
- D. Upon receipt of a complaint that a CCR surface impoundment is endangering people or property:

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1. The Director shall inspect the CCR surface impoundment unless there is substantial cause to believe the complaint is without merit.
2. The Director shall provide a written report of the inspection to the complainant and the CCR surface impoundment owner.

- E.** Penalties. A person who violates any CCR facility permit, provision of this Article, or order issued pursuant to a CCR facility permit is subject to civil and/or criminal penalties pursuant to A.R.S. §§ 49-783 and 791, as amended. Nothing in this Article shall be construed to limit the Director's or Attorney General's enforcement powers authorized by law including but not limited to the seeking or recovery of any civil or criminal penalties.
- F.** A certification statement may be required on written submittals to ADEQ in response to Compliance Orders or in response to information requested pursuant to subsection (B) of this Section. In addition, ADEQ may request in writing that a certification statement appear in any written submittal to ADEQ. The certification statement shall be signed by a person authorized to act on behalf of the company or empowered to make decisions on behalf of the company on the matter contained in the document.
- G.** The Director shall conduct a CCR surface impoundment safety inspection annually or more frequently for each high hazard potential CCR surface impoundment, triennially for each significant hazard potential CCR surface impoundment, and once every five years for each low hazard potential CCR surface impoundment.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1020. Financial Assurance Requirements**

- A.** The owner or operator of a CCR unit shall submit both of the following for each CCR unit within 180 days of CCR program approval:
1. The latest demonstration of financial responsibility made for the CCR facility under 18 A.A.C. 9, Article 2.
  2. If not already submitted with a permit application before CCR program approval, the following third-party cost estimates that are representative of regional fair market costs for each CCR unit at the facility within 180 days after CCR program approval:
    - a. The estimate for the Cost of Facility Closure that meets the requirements in 40 CFR §§ 257.102 and 257.103, consistent with the closure plans submitted thereunder;
    - b. The estimate for the Cost to Ensure Proper Post-Closure Care according to 40 CFR § 257.104, consistent with the post-closure plan submitted thereunder;
    - c. The estimate for the Cost to Perform Corrective Action as a result of any known releases from the facility as provided under 40 CFR §§ 257.97 and 257.98 and any compliance schedules in the facility permit.
- B.** A CCR facility that submits a demonstration under subsection (A)(1) shall update that demonstration to comply with subsection (A)(2) before a CCR facility permit is issued. The owner or operator shall demonstrate financial assurance for the total amounts in subsection (A)(2) using one or more mechanisms in Article 17 of this Chapter.

- C.** The cost estimates shall be dated and updated every 3 years and as necessary whenever closure plans or post-closure plans are amended pursuant to §§ 257.102(b)(3) or 257.104(d)(3), or corrective action costs are changed under § 257.98.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1021. Fees**

- A.** After CCR program approval, the Department shall send an invoice to each CCR facility and the owner or operator of a CCR facility shall pay to ADEQ an annual registration fee as shown in Table 2. The invoice shall have a due date of the first of a month that is at least 30 days after CCR program approval and the fee shall be due on that date and annually thereafter on the first of that month.
- B.** When submitting an application for any of the license types in Table 3 below, an owner or operator shall remit to ADEQ an initial application fee as shown in Table 3.
- C.** If the total cost of processing the application identified in the Table 3 is less than the initial fee listed in the Table, the Department shall refund the difference between the total cost and the amount listed in the Table to the owner or operator.
1. Permits and permit modifications. If the total cost of processing the application is greater than the initial fee received plus other amounts paid, the Department shall bill the owner or operator for the difference upon permit approval. The owner or operator shall pay the difference in full before ADEQ issues the permit or modification.
  2. Withdrawals. In the event of a withdrawal of the permit application by the owner or operator, if the total costs of processing the application are less than the amount paid, the Department shall refund the difference. If the total costs are greater than the amount paid, the Department shall bill the owner or operator for the difference, and the owner or operator shall pay the difference within 45 days of the date of the bill.
- D.** For the permitting actions in Table 3, the Department shall provide the owner or operator itemized bills at least quarterly for the expenses associated with evaluating the application and approving or denying the permit or permit modification. The invoice shall be paid within 30 days of receipt. The following information shall be included in each bill:
1. The dates of the billing period;
  2. The date and number of review hours itemized by employee name, position type and specifically describing:
    - a. Each review task performed,
    - b. Each CCR unit involved, and
    - c. The hourly rate;
  3. A description and amount of review-related costs as described in subsection (E)(2); and
  4. The total fees paid to date, the total fees due for the billing period, the date when the fees are due, and the maximum fee for the project.
- E.** For the permitting actions in Table 3, fees shall consist of processing charges and review-related costs as follows:
1. Processing charges. The Department shall calculate the processing charges using a rate of \$244 per hour, multiplied by the number of review hours, including pre-application meetings with the Department, used to evaluate and approve or deny the permit or permit modification.

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2. Review-related costs means any of the following costs applicable to a specific application:
  - a. Per diem expenses,
  - b. Transportation costs,
  - c. Reproduction costs,
  - d. Laboratory analysis charges performed during the review of the permit or permit modification,
  - e. Public notice advertising and mailing costs,
  - f. Presiding officer expenses for public hearings on a permitting decision,
  - g. Court reporter expenses for public hearings on a permitting decision,
  - h. Facility rentals for public hearings on a permitting decision
  - i. Costs related to the public notice required by R18-13-1018.
  - j. Other reasonable and necessary review-related expenses documented in writing by the Department.
3. Total itemized billings for an application shall not exceed the maximum amounts listed in Table 3 in this Section.
4. Beginning January 1, 2026, the Director shall adjust the amounts in Table 2, Table 3, and subsection (E)(1) above annually by the following method:
  - a. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  - b. Round the result from subsection (E)(4)(a) of this Section to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**Table 2. Facility Annual Registration Fees**

CCR Unit	Annual Fee
CCR Surface Impoundment	\$17,450 each
Approved CCR Multi-unit	\$21,860
CCR Landfill	\$13,150 each
Closed CCR Unit subject to post-closure	\$10,200 each

**Historical Note**

Table 2, Facility Annual Registration Fees, made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**Table 3. CCR Facility Permitting Fees**

License Type	Initial Fee	Maximum Fee
CCR Facility Permit (new or renewal)	\$20,000	\$200,000
Major Modification	\$10,000	\$100,000
Minor Modification	\$5,000	\$50,000
Administrative Modification	\$1,500 flat fee	NA

**Historical Note**

Table 3, CCR Facility Permitting Fees, made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**ARTICLE 11. COLLECTION, TRANSPORTATION, AND DISPOSAL OF HUMAN EXCRETA**

*Article 11 recodified from existing Sections in 18 A.A.C. 8, Article 6 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4).*

**R18-13-1101. Reserved****R18-13-1102. Definitions**

- A. "Chemical toilet" means a toilet with a watertight, impervious pail or tank that contains a chemical solution placed directly under the seat and a pipe or conduit that connects the riser to the tank.
- B. "Department" means the Department of Environmental Quality or a local health department designated by the Department.
- C. "Earth-pit privy" means a device for disposal of human excreta in a pit in the earth.
- D. "Human excreta" means human fecal and urinary discharges and includes any waste that contains this material.
- E. "License" means a stamp, seal, or numbered certificate issued by the Department.
- F. "Pail or can type privy" means a privy equipped with a watertight container, located directly under the seat for receiving deposits of human excreta, that provides for removal of a waste receptacle that can be emptied and cleaned.
- G. "Person" means the state, a municipality, district or other political subdivision, a cooperative, institution, corporation, company, firm, partnership, or individual.
- H. "Sewage" means the waste from toilets, baths, sinks, lavatories, laundries, and other plumbing fixtures in residences, institutions, public and business buildings, mobile homes, and other places of human habitation, employment, or recreation.

**Historical Note**

Recodified from R18-8-602 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**EMERGENCY RULEMAKING****R18-13-1103. General Requirements; License Fees**

- A. Any person owning or operating a vehicle or appurtenant equipment used to store, collect, transport, or dispose of sewage or human excreta that is removed from a septic tank or other onsite wastewater treatment facility; earth pit privy, pail or can type privy, or other type of privy; sewage vault; or fixed or transportable chemical toilet shall obtain a license for each vehicle from the Department. The person shall apply on a form approved by the Department and shall demonstrate that each vehicle is designed and constructed to meet the requirements of this Article.
- B. A person shall operate and maintain the vehicle and equipment so that a health hazard, environmental nuisance, or violation of a water quality standard established under 18 A.A.C. 11 is not created.
- C. License terms.
  1. For each newly licensed vehicle:
    - a. Subject to inspection conducted by the Department pursuant to this Article, the initial license fee shall be \$371, to be submitted with the license application, and the annual license fee shall be \$111; or
    - b. Subject to inspection conducted by a county pursuant to a delegation agreement with the Department, the initial license fee shall be \$270, to be submitted

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with the license application, and the annual license fee shall be \$111.

2. After initial licensure of a vehicle, the Department will renew the license annually after payment of the annual fee according to subsection (C)(3). The licensee shall renew by completing a renewal form approved by the Department and submitting the annual license fee to the Department no later than 30 days before expiration.
3. Each vehicle license may be renewed if:
  - a. The annual license fee is paid,
  - b. The owner or operator is in compliance with subsection (D) of this Section,
  - c. The vehicle is operated by the same person for the same purpose,
  - d. The vehicle has been inspected within the last 12 months pursuant to any inspection required under this Article and found in compliance with this Article, and
  - e. The vehicle is maintained according to this Article.
- D. Any person owning or operating a vehicle or appurtenant equipment used to collect, store, transport, or dispose of sewage or human excreta shall obtain any required permit from the local county authority in each county in which the person proposes to operate.
- E. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (C) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (E)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).

**R18-13-1103. General Requirements; License Fees**

- A. Any person owning or operating a vehicle or appurtenant equipment used to store, collect, transport, or dispose of sewage or human excreta that is removed from a septic tank or other onsite wastewater treatment facility; earth pit privy, pail or can type privy, or other type of privy; sewage vault; or fixed or transportable chemical toilet shall obtain a license for each vehicle from the Department. The person shall apply on a form approved by the Department and shall demonstrate that each vehicle is designed and constructed to meet the requirements of this Article.
- B. A person shall operate and maintain the vehicle and equipment so that a health hazard, environmental nuisance, or violation of a water quality standard established under 18 A.A.C. 11 is not created.
- C. License terms.
  1. For each newly licensed vehicle:
    - a. Subject to inspection conducted by the Department pursuant to this Article, the initial license fee shall

be \$660, to be submitted with the license application, and the annual license fee shall be \$550; or

- b. Subject to inspection conducted by a county pursuant to a delegation agreement with the Department, the initial license fee shall be \$270, to be submitted with the license application, and the annual license fee shall be \$225.
2. After initial licensure of a vehicle, the Department will renew the license annually after payment of the annual fee according to subsection (C)(3). The licensee shall renew by completing a renewal form approved by the Department and submitting the annual license fee to the Department no later than 30 days before expiration.
3. Each vehicle license may be renewed if:
  - a. The annual license fee is paid,
  - b. The owner or operator is in compliance with subsection (D) of this Section,
  - c. The vehicle is operated by the same person for the same purpose,
  - d. The vehicle has been inspected within the last 12 months pursuant to any inspection required under this Article and found in compliance with this Article, and
  - e. The vehicle is maintained according to this Article.
- D. Any person owning or operating a vehicle or appurtenant equipment used to collect, store, transport, or dispose of sewage or human excreta shall obtain any required permit from the local county authority in each county in which the person proposes to operate.
- E. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (C) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (E)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

Recodified from R18-8-603 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**R18-13-1104. Repealed****Historical Note**

Recodified from R18-8-604 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1105. Reserved****R18-13-1106. Inspection**

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The Department may inspect vehicles and appurtenant equipment used to collect, store, transport, or dispose sewage or human excreta as necessary to assure compliance with this Article.

**Historical Note**

Recodified from R18-8-606 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1107. Reserved****R18-13-1108. Repealed****Historical Note**

Recodified from R18-8-608 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1109. Reserved****R18-13-1110. Reserved****R18-13-1111. Reserved****R18-13-1112. Sanitary Requirements**

A. A person owning or operating a vehicle or appurtenant equipment to collect, store, transport, or dispose of sewage or human excreta shall ensure that:

1. Sewage and human excreta is collected, stored, transported, and disposed of in a sanitary manner and does not endanger the public health or create an environmental nuisance;
2. The vehicle is equipped with a leak-proof and fly-tight container that has a capacity of at least 750 gallons and all portable containers, pumps, hoses, tools, and other implements are stored within a covered and fly-tight enclosure when not in use;
3. Contents intended for removal are transferred as quickly as possible by means of a portable fly-tight container or suction pump and hose to the transportation container.
4. The transportation container is tightly closed and made fly-tight immediately after the contents have been transferred,
5. Portable containers are kept fly-tight while being transported to and from the vehicle,
6. Any waste dropped or spilled in the process of collection is cleaned up immediately and the area disinfected;
7. The vehicle, tools, and equipment are maintained in good repair at all times and, at the end of each day's work, all portable containers, transportation containers, suction pumps, hose, and other tools are cleaned and disinfected; and
8. All wastes collected are disposed of according to the recommendations of the local county health department and that no change in the recommended method of disposal is made without its prior approval. The local county health department shall recommend disposal by one of the following methods:
  - a. At a designated point into a sewage treatment facility or sewage collection system with the approval of the owner or operator of the facility or system,
  - b. By burying all wastes from chemical toilets in an area approved by the local county health department, or
  - c. Into a sanitary landfill with approval of the owner or operator of the landfill and following any precau-

tions designated by the owner and operator to protect the health of the workers and the public.

B. Open dumping is prohibited except in designated areas approved by the local county health department.

**Historical Note**

Recodified from R18-8-612 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1113. Repealed****Historical Note**

Recodified from R18-8-613 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1114. Repealed****Historical Note**

Recodified from R18-8-614 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1115. Repealed****Historical Note**

Recodified from R18-8-615 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1116. Suspension and Revocation**

- A. If a Department inspection indicates that a licensed vehicle is not maintained and operated or work cannot be performed according to this Article, the Department shall notify the owner in writing of all violations noted.
- B. The Department shall give the owner a reasonable period of time to correct the violations and comply with the provisions of this Article. If the owner fails to comply within the time limit specified, the Department may suspend or revoke the vehicle license based on the number and severity of violations. The Department shall follow the provisions of A.R.S. Title 41, Chapter, Article 10 in any suspension or revocation proceeding.
- C. The Department shall consider the revocation or suspension of a permit by a local health department for violation of this Article as grounds for revocation of the vehicle license. The local health department shall immediately suspend both the vehicle license and the permit issued by the local health department for gross violation of this Article if in the opinion of the local health department a serious health hazard or environmental nuisance exists.
- D. The owner of the vehicle whose license is suspended or revoked may appeal the final administrative decision as permitted under A.R.S. § 41-1092.08.

**Historical Note**

Recodified from R18-8-616 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1117. Reinstatement**

- A. Upon request of the vehicle owner, the Department may reinstate a suspended or revoked vehicle license following a



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Department reinspection and based on an evaluation of compliance with the requirements of this Article.

- B.** Upon request of a vehicle owner that fails to complete a renewal form approved by the Department and submit the annual license fee to the Department no later than 30 days before expiration, the Department may reinstate an expired vehicle license after completion of a renewal form, submitting the appropriate annual license fee, and following a Department determination of compliance with the requirements of this Article.

**Historical Note**

Recodified from R18-8-617 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**R18-13-1118. Repealed****Historical Note**

Recodified from R18-8-618 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1119. Repealed****Historical Note**

Recodified from R18-8-619 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**R18-13-1120. Repealed****Historical Note**

Recodified from R18-8-620 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Section repealed by final rulemaking at 9 A.A.R. 1356, effective June 7, 2003 (Supp. 03-2).

**ARTICLE 12. WASTE TIRES; USED TIRES****R18-13-1201. Definitions**

In addition to the definitions provided in A.R.S. § 44-1301, the following definitions apply in this Article:

1. "Aquifer protection permit" means an authorization issued by the Department under A.R.S. § 49-241 et seq.
2. "Burial cell" means an area where mining waste tires are placed in or on the land for burial.
3. "Mining" means activities dedicated to the exploration, extraction, beneficiation, and processing, including smelting and refining, of metallic ores.
4. "Mining facility" means any land, building, installation, structure, equipment, device, conveyance, or area dedicated to mining.
5. "Mining waste tire" means an off-road tire that is greater than three feet in outside diameter that was used in mining.
6. "Operator" means an owner, part owner, management agency, or lessee of a mining facility, a person responsible for the overall operation or control of a mining facility, or an authorized representative of the operator.
7. "Person" is defined in A.R.S. § 49-201.
8. "Waste tire collection site" is defined in A.R.S. § 44-1301.

9. "Waste tire cover" means waste tires that are chopped or shredded into pieces that do not exceed four inches in diameter used for cover at a solid waste landfill.

**Historical Note**

Section recodified from A.A.C. R18-8-701, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final rulemaking at 7 A.A.R. 5695, effective November 27, 2001 (Supp. 01-4). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**R18-13-1202. Burial of Mining Waste Tires**

- A.** The operator shall file with the Director a one-time notice within 24 hours after commencement of burial of mining waste tires consisting of a map of the mining facility that clearly identifies the locations and dimensions of each burial cell and the estimated number of mining waste tires that will be buried in each cell. The operator shall identify each burial cell using an alphabetical or numeric identifier. If a mining facility uses a new burial cell not included in the commencement of burial notice, the operator shall notify the Department within 24 hours after commencement of burial in that cell.
- B.** An operator shall only permit burial of mining waste tires in areas that are, or will be, included in an aquifer protection permit issued for the mining facility. An operator shall not permit burial of mining waste tires in leach areas unless prior to burial the Department issues an aquifer protection permit covering the leach area.
- C.** An operator shall not permit a burial cell to be located within 10 feet of another burial cell.
- D.** An operator shall not permit the burial of mining waste tires unless the tires are waste generated at the mining facility or another mining facility of the same owner.

**Historical Note**

Section recodified from A.A.C. R18-8-702, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final rulemaking at 7 A.A.R. 5695, effective November 27, 2001 (Supp. 01-4).

**R18-13-1203. Cover Requirements**

- A.** The operator shall cover all mining industry off-road motor vehicle waste tires buried pursuant to this Article with a minimum of 6 inches of earthen material within 50 days of placement, or sooner if necessary, to prevent vector breeding or fire.
- B.** The operator shall place final cover over the off-road motor vehicle waste tires within 180 days after placement of the last tire which will be buried in a cell. The final cover shall consist of earthen material which is at least 3 feet deep or which complies with the requirements of the aquifer protection permit for the area where the burial cell is located.
- C.** The operator shall maintain final cover in compliance with this Section for as long as the mining industry off-road motor vehicle waste tires remain in the burial cell.

**Historical Note**

Section recodified from A.A.C. R18-8-703, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-1204. Annual Report**

By March 30 of each year, until a burial cell closure certification is filed with the Department, the operator of the mining facility shall file an annual report with the Director which documents the location of each burial cell established during the preceding calendar

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year, the alphabetical or numerical identifier of each burial cell, and the number of off-road motor vehicle waste tires which were placed in each burial cell for burial during the preceding calendar year. If no tires were placed in the burial cell for burial during the preceding year, the annual report shall so indicate.

**Historical Note**

Section recodified from A.A.C. R18-8-704, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-1205. Burial Cell Closure Certification**

An operator shall file with the Director a burial cell closure certification within 30 days after placing final cover over the mining waste tires under R18-13-1203(B). The certificate shall contain a statement by the operator that no additional tires will be buried in the burial cell and a statement by an Arizona registered engineer certifying that the cover requirements of R18-13-1203 have been met.

**Historical Note**

Section recodified from A.A.C. R18-8-705, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final rulemaking at 7 A.A.R. 5695, effective November 27, 2001 (Supp. 01-4).

**R18-13-1206. Storage**

At no time shall more than 500 mining industry off-road motor vehicle waste tires be stored at the mining facility outside of a burial cell unless the mining facility has Department approval to operate a waste tire collection facility, pursuant to A.R.S. §§ 44-1304 and 49-762.

**Historical Note**

Section recodified from A.A.C. R18-8-706, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-1207. Maintenance of Records**

For at least three years after the burial cell closure certification is filed with the Department, the mining facility operator shall maintain, at the mining facility, records which document the number of tires buried in each cell.

**Historical Note**

Section recodified from A.A.C. R18-8-707, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-1208. Inspections**

The Department may inspect a mining facility, during regular operating hours, to determine whether mining industry off-road motor vehicle waste tire burial is in compliance with this Article.

**Historical Note**

Section recodified from A.A.C. R18-8-708, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**R18-13-1209. Repealed****Historical Note**

Section recodified from A.A.C. R18-8-709, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Section repealed by final rulemaking at 7 A.A.R. 5695, effective November 27, 2001 (Supp. 01-4).

**R18-13-1210. Waste Tire Cover**

Waste tires used as cover at a solid waste landfill shall be used according to the solid waste facility plan required by A.R.S. § 49-

762. An operator shall not permit mining waste tires to be used as cover at a solid waste landfill for more than two consecutive days at a time.

**Historical Note**

Section recodified from A.A.C. R18-8-710, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final rulemaking at 7 A.A.R. 5695, effective November 27, 2001 (Supp. 01-4).

**EMERGENCY RULEMAKING****R18-13-1211. Registration of New Waste Tire Collection Sites; Fee**

- A. A new waste tire collection site shall not begin operation until the owner or operator registers with the Department. The owner or operator shall register on a form approved by the Department that includes a statement that the site is in compliance with A.R.S. § 49-762.07(F) and A.R.S. Title 44, Chapter 9, Article 8, as applicable. The owner or operator of a new waste tire collection site shall pay an initial registration fee of \$742 within 30 days of invoice receipt.
- B. The owner or operator shall pay a \$111 registration fee annually thereafter within 30 days of invoice receipt.
- C. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (A) and (B) annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (C)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).

**R18-13-1211. Registration of New Waste Tire Collection Sites; Fee**

- A. A new waste tire collection site shall not begin operation until the owner or operator registers with the Department. The owner or operator shall register on a form approved by the Department that includes a statement that the site is in compliance with A.R.S. § 49-762.07(F) and A.R.S. Title 44, Chapter 9, Article 8, as applicable. The owner or operator of a new waste tire collection site shall pay an initial registration fee of \$2,400 within 30 days of invoice receipt.
- B. The owner or operator shall pay a \$2,000 registration fee annually thereafter within 30 days of invoice receipt.
- C. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (A) and (B) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States

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Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.

2. Round the result from subsection (C)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**EMERGENCY RULEMAKING****R18-13-1212. Registration of Outdoor Used Tire Sites; Fee**

- A. A person shall not store 100 or more used tires outdoors until the person registers with the Department. A person that stores 100 or more used tires outdoors shall pay an initial registration fee of \$742 within 30 days of invoice receipt. The person shall register on a form approved by the Department that includes a statement that the site is in compliance with A.R.S. § 49-762.07(F) and A.R.S. Title 44, Chapter 9, Article 8, as applicable.
- B. A \$111 registration fee shall be paid annually thereafter within 30 days of invoice receipt.
- C. For the purposes of this Section:
  1. "Used tire" means any tire which has been used for more than one day on a motor vehicle.
  2. "Outdoors" means other than inside a building with a weatherproof roof.
- D. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (A) and (B) annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (D)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).

**R18-13-1212. Registration of Outdoor Used Tire Sites; Fee**

- A. A person shall not store 100 or more used tires outdoors until the person registers with the Department. A person that stores 100 or more used tires outdoors shall pay an initial registration fee of \$1,800 within 30 days of invoice receipt. The person shall register on a form approved by the Department that includes a statement that the site is in compliance with A.R.S. § 49-762.07(F) and A.R.S. Title 44, Chapter 9, Article 8, as applicable.
- B. A \$1,500 registration fee shall be paid annually thereafter within 30 days of invoice receipt.
- C. For the purposes of this Section:
  1. "Used tire" means any tire which has been used for more than one day on a motor vehicle.

2. "Outdoors" means other than inside a building with a weatherproof roof.

- D. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (A) and (B) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (D)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**EMERGENCY RULEMAKING****R18-13-1212.01. Waste Tire Collection Site Subject to Plan Approval**

Initial registration. A waste tire collection site that is required to obtain plan approval under A.R.S. § 49-762(A)(7) shall not begin operation until the owner or operator registers with the Department on a form approved by the Department.

**Historical Note**

Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).

**R18-13-1212.01. Waste Tire Collection Site Subject to Plan Approval; Fees**

- A. Initial registration. A waste tire collection site that is required to obtain plan approval under A.R.S. § 49-762(A)(7) shall not begin operation until the owner or operator registers with the Department on a form approved by the Department.
- B. Annual registration fee. The Department shall bill an annual registration fee of \$5,000 to a registered waste tire collection site that is required to obtain plan approval under A.R.S. § 49-762(A)(7) that has not filed a notice of termination of registration with the Department. The owner or operator of the waste tire collection site that is required to obtain plan approval under A.R.S. § 49-762(A)(7) shall pay the annual registration fee within 30 days of invoice receipt.
- C. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (B) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (C)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage

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and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**EMERGENCY RULEMAKING****R18-13-1213. Facilities Subject to More Than One Tire Site Registration; Single Fee**

A person who is required to register a tire facility under more than one of the Sections listed in subsections (1) through (3) shall register and follow procedures under each Section, but is only required to pay the registration fees under the Section with the highest fees.

1. R18-13-1211.
2. R18-13-1212.
3. R18-13-501.

**Historical Note**

Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).

**R18-13-1213. Facilities Subject to More Than One Tire Site Registration; Single Fee**

A person who is required to register a tire facility under more than one of the Sections listed in subsections (1) through (4) shall register and follow procedures under each Section, but is only required to pay the registration fees under the Section with the highest fees.

1. R18-13-1211.
2. R18-13-1212.
3. R18-13-1212.01.
4. R18-13-501.

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**ARTICLE 13. SPECIAL WASTE AND BEST MANAGEMENT PRACTICES FOR SHREDDER RESIDUE****R18-13-1301. Definitions**

In addition to the terms prescribed in A.R.S. § 49-851, the terms in this Article shall have the following meanings:

1. "Disposal" means discharging, depositing, injecting, dumping, spilling, leaking, or placing special waste into or on land or water so that the special waste or any constituent of the special waste may enter the environment, be emitted into the air, or discharged into any waters, including groundwater.
2. "Exception report" means a report that a generator shall submit to the Director which notifies the Director that the generator has not received a copy of the special waste manifest from the primary or alternate special waste receiving facility to which the special waste was sent pursuant to the generator's instructions on the special waste manifest, or from any special waste receiving facility to which special waste was sent.
3. "Generator" means a person whose act or process onsite produces a special waste listed in, or designated pursuant to, A.R.S. §§ 49-852, 49-854, and 49-855, or whose act or process first causes such special waste to be subject to regulation.

4. "Identification number" means an alphanumeric identifier issued by the Department to each generator, special shipper, and special waste receiving facility to be used on documents, as required pursuant to this Article, in conjunction with shipment of special waste.
5. "Off-site consignment" means a generator's delivery of materials or wastes for transport off-site to a special waste receiving facility within Arizona for treatment, storage, recycling, or disposal.
6. "Off-site" means any property located within Arizona that is not onsite as defined in A.R.S. § 49-851(3).
7. "Operator" means a person who owns and controls all or part of a special waste receiving facility, or who leases, operates, or controls such facility, a person responsible for the overall operation of such a facility, a management agency, or an authorized representative.
8. "Recycling" means recycling as defined in A.R.S. § 49-831(21).
9. "Shredder residue" means waste from the shredding of motor vehicles.
10. "Significant manifest discrepancy" means a difference of more than 10% by weight for bulk shipments, any variation in a piece count for a batch delivery, or any difference in the type of special waste received as compared to the type of special waste listed on the manifest.
11. "Special waste receiving facility" means an off-site location to which special waste is sent to be treated, recycled, stored, or disposed.
12. "Special waste manifest" means a form provided by the Department, shown as Appendix B to this Article, and used to identify the origin, quantity, composition, routing, and destination of special waste during its transportation from a generator's facility to a special waste receiving facility.
13. "Special waste shipper" means a person who transports special waste for off-site treatment, recycling, storage, or disposal.
14. "Treatment" means any method, technique, or process designed to change the physical, chemical, or biological character or composition of special waste.

**Historical Note**

Section recodified from A.A.C. R18-8-301, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1302. Special Waste Generator Manifesting Requirements**

- A. A generator shall request a generator identification number on a form provided by the Director, and shown as Appendix A to this Article, prior to shipping special waste. Within 30 days of receiving the completed form, the Director shall issue the identification number to the generator.
- B. Prior to off-site consignment of special waste, the generator shall do all of the following:
  1. Complete and sign the "Generator" section of a special waste manifest.
  2. Obtain the handwritten signature of the special waste shipper on the special waste manifest.
  3. Retain the generator's copy of the special waste manifest.
  4. Give the special waste manifest and the remaining attached copies to the special waste shipper or forward it to the receiving facility.

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- C. Within 14 days after shipment was accepted by a special waste shipper for off-site consignment, the generator shall submit to the Director one legible copy of each special waste manifest with the generator's section completed and containing signatures of the generator and special waste shipper.
- D. If, within 35 days after the date the waste was accepted by the initial special waste shipper, the generator does not receive a completed copy of this special waste manifest with the handwritten signature of the special waste receiving facility operator, the generator shall contact the special waste shipper and the special waste receiving facility operator to determine the status of the special waste.
- E. The generator shall submit an exception report to the Director if the generator does not receive a completed, signed, legible copy of the special waste manifest within 45 days of the date the waste was accepted by the initial special waste shipper for off-site consignment. The exception report shall contain both of the following:
  1. A cover letter, signed by the generator, which explains the efforts made to locate the special waste and the results of those efforts.
  2. A legible copy of the special waste manifest which was signed by the generator and the special waste shipper and retained by the generator.
- F. The generator shall retain a legible copy of each signed special waste manifest for at least three years from the date of acceptance of a shipment of special waste for off-site consignment.
- G. If a person is required to have a manifest, shipping paper or shipping record under federal law for the special waste, the federal manifest, shipping paper, or shipping record may be used in lieu of the Arizona special waste manifest form so long as the federal manifest, shipping paper, or shipping record includes all the information required on the Arizona special waste manifest form.

**Historical Note**

Section recodified from A.A.C. R18-8-302, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1303. Special Waste Shipper Manifesting Requirements**

- A. A special waste shipper who receives special waste in Arizona for transport to a special waste receiving facility in Arizona shall request a special waste shipper identification number on a form provided by the Director and shown as Appendix A to this Article. The Director shall issue an identification number within 30 days of receipt of the completed form.
- B. A special waste shipper shall:
  1. Accept special waste for intrastate shipment to a special waste receiving facility only if the waste is accompanied by a special waste manifest which is completed and signed in accordance with the provisions of R18-13-1302.
  2. Deliver the entire shipment of special waste to a special waste receiving facility as designated on the special waste manifest. If unable to deliver the special waste to the primary or alternate special waste receiving facility designated on the special waste manifest:
    - a. Return the special waste to the generator, or
    - b. Contact the generator and obtain instructions for an alternate special waste receiving facility and deliver the waste accordingly.

- C. Shipments of special waste between facilities owned by the same generator shall be exempt from the requirements of rules adopted pursuant to A.R.S. § 49-856.

**Historical Note**

Section recodified from A.A.C. R18-8-303, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1304. Special Waste Receiving Facility Manifesting Requirements**

- A. A special waste receiving facility shall request an identification number on a form provided by the Director, and shown as Appendix A to this Article, and obtain the number prior to receiving special waste. The Department shall issue the identification number within 30 days of receipt of the completed form.
- B. A special waste receiving facility shall receive only special waste for which it has a special waste manifest signed and dated by the generator and special waste shipper. In the "Facility" section of the special waste manifest, the operator of the special waste receiving facility shall do all of the following:
  1. Enter the identification number.
  2. Sign and date each copy of a special waste manifest to certify that the type and amount of special waste, as stated on the special waste manifest, was received.
  3. Indicate on the special waste manifest any significant discrepancies between the description, volume, or weight of the special waste as stated on the special waste manifest and the special waste received.
- C. After completing the "Facility" portion of the special waste manifest, the operator of the special waste receiving facility shall send one legible copy each of the signed special waste manifest to the Director and the generator within 30 days of the delivery of the special waste.
- D. Upon discovery of a significant manifest discrepancy in the special waste manifest and the special waste received, the operator of the special waste receiving facility shall:
  1. Contact the generator and special waste shipper to attempt to reconcile the discrepancy.
  2. If the discrepancy cannot be resolved within 15 days after receiving the waste, submit a letter to the Director, along with the special waste manifest within five days. The letter shall describe the significant manifest discrepancy and all attempts to reconcile it.

**Historical Note**

Section recodified from A.A.C. R18-8-304, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1305. Records**

All records required by this Article shall be retained for at least three years. If notification of an enforcement action by the Department has been received, the records shall be retained until a final determination has been made in the matter or in accordance with the final determination.

**Historical Note**

Section recodified from A.A.C. R18-8-305, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

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## EMERGENCY RULEMAKING

**R18-13-1306. Repealed****Historical Note**

Section repealed by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).

**R18-13-1306. Fees**

- A.** Initial registration fee. Upon making a request for a special waste identification number on a form as provided by the Director, and shown as Appendix A to this Article, an applicant shall submit to the Department an initial registration fee for each operation as follows:
1. For a generator of shredder residue, \$3,600; and
  2. For a special waste shipper, \$1,800.
- B.** Annual registration fee. The Department shall bill an annual registration to a generator of shredder residue, a special waste receiving facility, and a special waste shipper that has a special waste identification number that has not filed a notice of termination of registration with the Department for each operation as follows:
1. For a generator of shredder residue, \$3,000;
  2. For a special waste receiving facility, \$5,000; and
  3. For a special waste shipper, \$1,500.
- C.** A generator of shredder residue, special waste receiving facility, or special waste shipper shall pay the annual registration fee within 30 days of invoice receipt.
- D.** In accordance with A.R.S. § 49-855(G), a solid waste landfill that pays registration fees under A.R.S. § 49-747 is exempt from the fees under subsections (A) and (B) of this Section.
- E.** Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (A) and (B) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (E)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**R18-13-1307. Best Management Practices for Waste from Shredding Motor Vehicles; Fees**

- A.** A generator of shredder residue shall follow sampling protocol as follows or submit to the Department for review and approval, at least two weeks prior to the sampling event, an alternative written sampling plan which is consistent with requirements set forth in "Test Methods for Evaluating Solid Waste," EPA SW-846, 3rd Edition, Volume II, Chapter Nine, Sampling Plan, Physical/Chemical Method, EPA, Office of Solid Waste and Emergency Response, Washington, D.C., September 1986, and updated November 1990, and no future editions or amendments, ("EPA Sampling Plan"), herein incor-

porated by reference and on file with the Department and the Office of the Secretary of State:

1. Sample collection shall be done in accordance with one of the following:
  - a. Sampling procedure 1, consisting of both of the following steps:
    - i. The generator shall collect samples from a shredder residue sampling pile which shall consist of the average amount of shredder residue from eight hours of operation of the shredder. The shredder residue sampling pile shall be formed into a square shape for sampling purposes. Refer to Exhibit 1.
    - ii. One 2,000-gram sample shall be collected from each sample point as indicated in Exhibit 1. Samples from sample points A-1, B-1, and C-1 shall be collected from the top of the pile. Samples from sample points A-2, B-2, and C-2 shall be collected from the base of the pile. A sample from sample point C-3 shall be collected at the vertical midpoint at the center of the pile. The seven 2,000-gram samples shall be numbered consecutively. Three of the seven 2,000-gram samples shall then be chosen at random by selecting numbers from a calculator programmed to generate random numbers. The samples shall be analyzed for the constituents and at the frequencies listed in Table A of this Section.
  - b. Sampling procedure 2, consisting of both of the following steps:
    - i. The generator shall collect seven 2,000-gram samples during or immediately following the normal generation of shredder residue. For each sample, shredder residue shall be collected for 8 to 12 minutes, during which a minimum of 500 pounds shall be generated. This process shall be performed seven times to create seven 500-pound amounts. Each 500-pound amount shall be formed into a square shape for sampling purposes. Refer to Exhibit 1.
    - ii. Twenty 100-gram samples shall be collected from throughout each of the seven 500-pound piles generated. Upon completion of collection, all 20 samples from each of the seven 500-pound piles shall be combined together into seven separate 2,000-gram samples and numbered consecutively. Three of the seven 2,000-gram samples shall then be chosen at random by selecting numbers from a calculator programmed to generate random numbers. The samples shall be analyzed for the constituents and at the frequencies listed in Table A of this Section.
2. Each 2,000 grams of shredder residue collected shall include both large and small particles, in proportion to shredder residue generated. The generator shall use a container which is large enough to hold the entire amount of shredder residue collected from each sample point.
3. The generator shall comply with requirements for sample preservation, temperature, and holding times, as set forth in the EPA Sampling Plan.
4. Each one of the three 2,000-gram samples selected at random shall be divided into four equal 500-gram portions

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and a 200-gram subsample shall be taken from each of the four equal 500-gram portions. Each subsample shall then be passed through a 9.5mm screen. All particles which do not pass through the 9.5mm screen shall be hand cut until small enough to pass through the screen. All four 200-gram subsamples shall then be remixed together and redivided into four equal 200-gram portions. The following amounts shall be taken for constituent sampling:

- a. 10-15 grams per 200-gram subsample for a total of 40-60 grams per 2,000-gram sample for Polychlorinated Biphenyls (PCB) analysis as set forth in subsection (A)(10).
  - b. 25 grams per 200-gram subsample for a total of 100 grams per sample for toxicity characteristic leaching procedure extractions for contaminants as set forth in 40 CFR 261.24, Table 1 (incorporated by reference in R18-8-261(A)), as set forth in subsection (A)(7).
  - c. 1.25 grams per 200-gram subsample for a total of 5 grams per 2,000-gram sample for extraction fluid determination.
5. Each constituent sample shall be put into a container. Container labeling and chain-of-custody documentation shall be consistent with the requirements in the EPA Sampling Plan.
  6. The constituent samples shall be analyzed by a laboratory licensed by the Arizona Department of Health Services in accordance with A.R.S. § 36-495.
  7. Of the three samples selected at random, one sample amount required by subsection (A)(4)(b) shall be analyzed for the extractable heavy metals arsenic, barium, cadmium, chromium, lead, mercury, selenium, and silver, as set forth in 40 CFR 261.24, Table 1. The remaining two samples shall each be analyzed for extractable cadmium and lead.
  8. If the results of all three of the analyses for any extractable heavy metal in subsection (A)(7) are below the Regulatory Level of the Maximum Concentration of Contaminants for the Toxicity Characteristic as set forth in 40 CFR 261.24, Table 1, the simple arithmetic mean of the extractable cadmium and lead and the single analysis for the remaining six extractable heavy metals shall be used to determine if the sampled shredder residue will be classified as hazardous waste.
  9. If the analyses of any one of three selected samples exceeds the regulatory level as set forth in 40 CFR 261.24, Table 1, an additional subsample from the sample in question shall be subjected to confirmation analysis. If the confirmation sample analysis totals are in excess of the regulatory level as set forth in 40 CFR 261.24, Table 1, the remaining four of the original seven samples shall be analyzed for those extractable heavy metals which exceed the regulatory level as set forth in 40 CFR 261.24, Table 1. The simple arithmetic mean of the results of all seven samples shall be used to determine if the sampled shredder residue will be classified as hazardous waste.
  10. The three samples selected at random shall be analyzed for PCB concentration in the amounts required by subsection (A)(4)(a). If the samples contain concentrations of PCB less than 50 mg/kg, the simple arithmetic mean of the three samples shall be used for reporting to the Director. If any one of the three samples contains concentrations of PCB greater than 50 mg/kg, an additional

subsample from the sample in question shall be subjected to confirmation analysis. If the PCB concentration for that sample exceeds 50 mg/kg, the remaining four of the original seven samples shall be analyzed for PCB, in amounts required by subsection (A)(4)(a), and the simple arithmetic mean of all the samples shall be used to determine if the sampled shredder residue will be classified as hazardous waste.

- B. Shredder residue determined to be hazardous waste shall be managed in accordance with A.R.S. § 49-921 et seq. and R18-8-260 et seq.
- C. The generator shall do all of the following:
  1. Secure the facility to prevent unauthorized entry;
  2. Cover or otherwise manage the shredder residue pile to prevent wind dispersal;
  3. Place the shredder residue pile on a surface with a permeability coefficient equal to or less than  $1 \times 10^{-7}$  cm/s;
  4. Design, construct, operate, and maintain a run-on control system capable of preventing flow onto the waste pile during peak discharge from, at a minimum, a 25-year storm;
  5. Design, construct, operate, and maintain a run-off management system to collect and control at a minimum, the water volume resulting from a 24-hour, 25-year storm;
  6. Provide collection and holding facilities for run-on and run-off control systems, which shall have a permeability coefficient equal to or less than  $1 \times 10^{-7}$  cm/s;
  7. Record the date accumulation of shredder residue begins.
- D. Shredder residue shall be treated, recycled, sorted, stored, or disposed at a Department-approved special waste facility approved in accordance with A.R.S. § 49-857. A facility which seeks to become a special waste facility shall submit a special waste management plan to the Department to ensure compliance with subsection (C).
- E. A generator shall not store shredder residue for longer than 90 days. A special waste facility shall not store shredder residue for longer than one year.
- F. Shredder residue which has been determined to be nonhazardous pursuant to this Section shall be transported in accordance with the requirements for transportation of garbage as set forth in R18-13-310.
- G. The owner or operator of a special waste facility shall pay, to the Department, the fees required by A.R.S. §§ 49-855(C)(2) and 49-863 as follows:
  1. \$6.68 per ton of shredder residue received; and
  2. Not more than \$66,835.67 per generator site per year for shredder residue that is transported to a facility regulated by the Department for treatment, storage or disposal.
- H. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (G) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (H)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

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Section recodified from A.A.C. R18-8-307, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**Table A. Target Analyses and Sampling Frequency**

Constituents	Frequency
* TCLP Metals	Quarterly
* TCLP Volatiles	Annually
* TCLP Semi-volatiles	Annually
Polychlorinated Biphenyls (PCB)	Quarterly

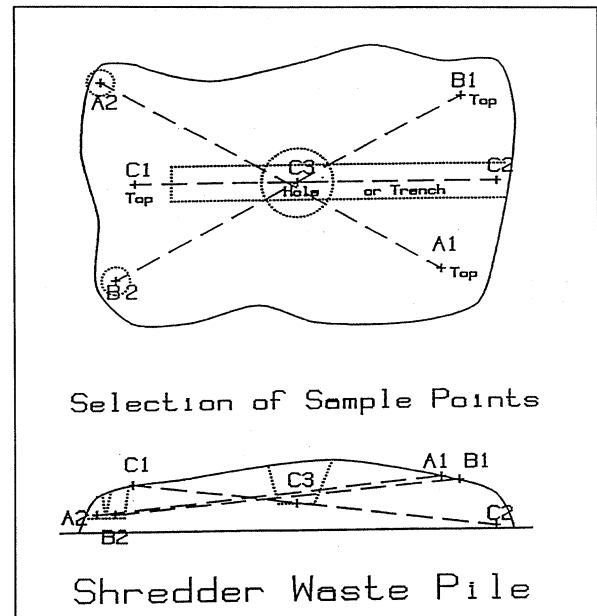
\* Toxicity Characteristic Leaching Procedure (TCLP)

**Historical Note**

Table A recodified from 18 A.A.C. 8, Article 3, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**Exhibit 1. Selection of Sample Points, Shredder Waste**

**Pile**



**Historical Note**

Exhibit 1 recodified from 18 A.A.C. 8, Article 3, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).



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Appendix A. Application for Arizona Special Waste Identification Number

Please refer to the instructions on the accompanying page before completing this form.	<h1 style="margin: 0;">ADEQ</h1>	Application for Arizona Special Waste Identification Number	Date Received: (Do not write here official use only)
1. Mark Appropriate Box: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span><input type="checkbox"/> Generator</span> <span><input type="checkbox"/> Shipper</span> <span><input type="checkbox"/> Receiving Facility</span> <span><input type="checkbox"/> Multiple</span> </div>			
2. Company/Agency Name			
3. Company/Agency Address (Physical Address, not P.O. Box or Route Number).			
4. Company/Agency Mailing Address (If different than above).			
5. Company/Agency Contact (Person to contact regarding special waste activities). Name:			
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span>Job Title:</span> <span>Phone Number: (   )</span> </div>			
6. Company/Agency Contact Address.			
7. Name and Address of Company's/Agency's Legal Owner.			
<div style="margin-top: 20px;">                 Phone Number: (   )             </div>			
Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this form and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of civil penalties.			
<div style="display: flex; justify-content: space-between;"> <span>8. Signature:</span> <span>9. Name and Official Title: (Type or Print)</span> <span>10. Date Signed:</span> </div>			
11. Please list special wastes generated, transported, stored, or received by applicant.			

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**Instructions for the Completion of the ADEQ Application for the Arizona Special Waste Identification Number.**

1. Place an "X" in the appropriate box indicating which type of operation you will be performing.
2. Enter the complete company/agency name.
3. Enter the complete address. Do not use P.O. Box or Route Number.
4. Enter the complete address if it is different than the address listed in item 3.
5. Enter the name, job title, and complete phone number of the person who will act as the company/agency contact.
6. Enter the complete address of the company/agency contact listed in item 5.
7. Enter the name, complete address, and phone number of the company's/agency's legal owner.
8. Enter the signature of the person who will assume the responsibility of completion of this form and its contents.
9. Enter the name and title of the responsible person listed in item 8.
10. Enter the date that the responsible person signed the document.
11. List all special wastes that the applicant generates, transports, stores, or receives.

**Historical Note**

Appendix A recodified from 18 A.A.C. 8, Article 3, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

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Appendix B. Special Waste Manifest

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
SPECIAL WASTE MANIFEST

G e n e r a t o r	1. Generator's AZ ID No.		Emergency Notification Phone Number		Response
	3. Generator's Name and Mailing Address				
	Generator's Phone Number and Area Code				
	4. Transporter 1 Company Name and Mailing Address		Transporter's AZ ID No.		
			Transporter's Phone No.		
	5. Transporter 2 Company Name and Mailing Address		Transporter's AZ ID No.		
			Transporter's Phone No.		
	6. Primary Receiving Facility Name and Address (physical site location, if different)		Facility's AZ ID No.		
			Facility's Phone No.		
	7. Alternate Receiving Facility Name and Address (physical site location, if different)		Facility's AZ ID No.		
		Facility's Phone No.			
	8. U.S. DOT description, (if applicable) (Non-DOT regulated materials enter shipping name, physical state and description of all contents of waste)		Containers No.	Total Quantity	Unit Wt/Vol
			Mark if Haz Mat		"X"
9. Additional information on transportation, treatment, storage, or disposal					
10. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled and are in all respects in proper condition for transport by highway according to applicable international and governmental regulations.					Date
Printed/Typed Name		Signature			
T r a n s p o r t	11. Transporter 1 Acknowledgment of Receipt of Materials				Date
	Printed/Typed Name		Signature		
	12. Transporter 2 Acknowledgment of Receipt of Materials				Date
	Printed/Typed Name		Signature		
F a c i l i t y	13. Discrepancy Indication Space				
	14. Facility Owner or Operator: Certification of receipt of special waste materials covered by this manifest except as noted in above item.				Date
	Printed/Typed Name		Signature		

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**Instructions for the Completion of the ADEQ Special Waste Manifest**

1. Enter the generator's Arizona Identification Number in box 1.
2. Enter the Emergency Response Notification Phone Number in box 2.
3. Enter the generator's name and complete mailing address, including city, state, and zip code, along with the generator's phone number, including the area code, in box 3.
4. Enter the transporter's name, transporter's Arizona identification number, and telephone number, including the area code, in box 4.
5. Complete this box if a second transporter is to be used to transport the special waste to the receiving facility, following the instructions outlined in number 4 in box 5.
6. Enter the name, address, and physical site location of the primary special waste receiving facility. In the appropriate spaces, include the facility's Arizona identification number and the telephone number, including the area code, in box 6.
7. Enter the name, address, and physical site location of the alternate special waste receiving facility. In the appropriate spaces, include the facility's Arizona identification number and the telephone number, including the area code, in box 7.
8. Enter United States Department of Transportation description (Including proper shipping name, hazard class, and identification number, if applicable) (For all non-Department of Transportation-regulated materials, enter the proper name, physical state, and description of all contents of the waste).

Mark an "X" in this column if waste is classified as a hazardous material.

Container

Number

Enter the number of containers being shipped for each waste.

Total

Quantity

Numerical value representing the number of containers multiplied by the container size. Answer will be listed in pounds, gallons, or cubic yards.

Unit

weight

or

volume

P

-

Pounds

G

-

Gallons

Y - Cubic Yards

9. Use this space to indicate special transportation, treatment, storage, or disposal information. Emergency response telephone numbers or similar information may be included here in box 9.
10. Print or type the generator's name followed by their signature and date in box 10.
11. Print or type the primary transporter's name followed by their signature and date in box 11.
12. Print or type the secondary transporter's name followed by their signature and date in box 12.
13. Indicate significant discrepancies in this box. Significant manifest discrepancy is defined as "a difference of more than 10% by weight for bulk shipments, any variation in a piece count for batch deliveries, or an obvious difference in a special waste type is discovered by inspection or analysis between the type or amount of a special waste designated in a special waste manifest, and the type or amount received by a special waste receiving facility" in box 13.
14. Print or type the receiving facility's owner or operator name followed by their signature and date in box 14.

**Historical Note**

Appendix B recodified from 18 A.A.C. 8, Article 3, filed in the Office of the Secretary of State September 29, 2000 (Supp. 00-3).

**ARTICLE 14. BIOHAZARDOUS MEDICAL WASTE AND DISCARDED DRUGS****R18-13-1401. Definitions**

In addition to the definitions in A.R.S. § 49-701, the following definitions apply in this Article:

1. "Alternative treatment technology" means a treatment method other than autoclaving or incineration that achieves the treatment standards described in R18-13-1415.
2. "Approved medical waste facility plan" means the document that has been approved by the Department under A.R.S. § 49-762.04, and that authorizes the operator to accept biohazardous medical waste at its solid waste facility.
3. "Autoclaving," means using a combination of heat, steam, pressure, and time to achieve sterile conditions.

4. "Biohazardous medical waste" is composed of one or more of the following:

- a. Cultures and stocks: Discarded cultures and stocks generated in the diagnosis, treatment or immunization of a human being or animal or in any research relating to that diagnosis, treatment or immunization, or in the production or testing of biologicals.
- b. Human blood and blood products: Discarded products and materials that are saturated and/or dripping with human blood or caked with dried human blood, including items that would release blood in a liquid or semi-liquid form if compressed or broken, and items that contain serum, plasma, and other blood components. An item would be considered caked if it could release flakes or particles when handled.
- c. Human pathological wastes: Discarded organs, tissues, and body parts, including cerebrospinal fluid,

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- synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid and amniotic fluid, removed during surgery or other medical procedures, including autopsy, obstetrics, or emergency care. Human pathological wastes do not include the head, spinal column, hair, nails, or teeth.
- d. Medical sharps: Discarded sharps that pose a stick hazard that have come into contact with blood, blood products, or pathological waste. Examples include hypodermic needles; scalpel blades; and needles attached to tubing or syringes.
  - e. Research animal wastes: Animal carcasses, body parts, and bedding of animals that have been infected with agents that produce, or may produce, human infection.
  - f. Tattoo and body modification waste: any waste generated during the course of physically altering a human being, including tattooing, ear piercing, or any other process where a foreign object is used to cut or pierce the skin.
  - g. Trauma scene waste: any crime scene, accident, or trauma clean-up wastes generated by individuals or commercial entities hired to clean crime scenes or accidents, such as sharps and materials that contain human blood and blood products.
5. "Biologicals" means preparations made from living organisms or their products, including vaccines, cultures, or other biological products intended for use in diagnosing, immunizing, or treating humans or animals or in research pertaining to these activities.
  6. "Biological indicator" means a representative microorganism used to evaluate treatment efficacy.
  7. "CFR" means the Code of Federal Regulations.
  8. "Chemotherapy waste" means any discarded material that has come in contact with an agent that kills or prevents the reproduction of malignant cells.
    - a. Trace contaminated chemotherapy waste includes: masks, empty drug vials, gloves, gowns, IV tubing, empty IV bags/bottles, and spill clean-up materials.
    - b. Bulk chemotherapy waste, such as full expired vials of chemotherapy drugs, is not biohazardous medical waste. Bulk chemotherapy waste may be considered hazardous wastes and must be handled according to the hazardous waste regulations if deemed a hazardous waste by the generator.
  9. "Dedicated vehicle" means a motor vehicle or trailer that is pulled by a motor vehicle used by a transporter for the purpose of transporting biohazardous medical waste in conjunction with other compatible waste according to the USDOT requirements, listed at 49 CFR 177.848, revised as of October 1, 2020, and no future editions or later amendments, is incorporated by reference in this Section and on file with ADEQ.
  10. "Department-approved facility" means a storage, transfer, treatment, or disposal facility that has undergone plan approval as described in R18-13-1410.
  11. "Discarded drug" means any prescription medicine or over-the-counter medicine used in the diagnosis, treatment, or immunization of a human being or animal, that the generator intends to abandon. The term does not include hazardous waste or controlled substances regulated by the United States Drug Enforcement Agency.
  12. "Disposal facility" means a municipal solid waste landfill that has been approved by the Department under A.R.S. § 49-762.04 to accept untreated biohazardous medical waste for disposal.
  13. "Emergency situations" include those situations where following location restrictions may result in an imminent threat to human health and the environment.
  14. "Facility plan" has the meaning given to it in A.R.S. § 49-701.
  15. "Generator" means a person whose act or process produces biohazardous medical waste, or a discarded drug, or whose act first causes medical waste or a discarded drug to become subject to regulation.
  16. "Hazardous waste" has the meaning prescribed in A.R.S. § 49-921.
  17. "Health care worker" means, with respect to R18-13-1403(B)(5), a person who provides health care services at an off-site location that is none of the following: a residence, a facility where health care is normally provided, or a facility licensed by the Arizona Department of Health Services.
  18. "Improper disposal of biohazardous medical waste" means the disposal by a person of untreated or inadequately treated biohazardous medical waste at any place that is not approved to accept untreated biohazardous medical waste.
  19. "Independent testing laboratory" means a testing laboratory independent of oversight activities by a provider of alternative treatment technology.
  20. "Medical sharps container" means a vessel that is rigid, puncture resistant, leak proof, and equipped with a cap capable of being securely closed.
  21. "Medical waste," as defined in A.R.S. § 49-701, means *"any solid waste which is generated in the diagnosis, treatment or immunization of a human being or animal or in any research relating to that diagnosis, treatment or immunization, or in the production or testing of biologicals, and includes discarded drugs but does not include hazardous waste as defined in A.R.S. § 49-921 other than conditionally exempt small quantity generator waste."*
  22. "Medical waste treatment facility" or "treatment facility" means a solid waste facility approved by the Department under A.R.S. § 49-762.04 to accept and treat biohazardous medical waste from off-site generators.
  23. "Multi-purpose vehicle" means any motor vehicle operated by a health care worker in the course of providing health care services, where the general purpose is the non-commercial transporting of people and the hauling of goods and supplies, but not solid waste. A multi-purpose vehicle is limited to hauling biohazardous medical waste generated at a location other than a hospital or clinic.
  24. "Off site" means a location that does not fall within the definition of "on site" contained in A.R.S. § 49-701.
  25. "Packaging" or "properly packaged" means the use of a container or a practice under R18-13-1407.
  26. "Putrescible waste" means waste materials capable of being decomposed rapidly by microorganisms.
  27. "Radioactive material" has the meaning under A.R.S. § 30-651.
  28. "Secure" means to lock out or otherwise restrict access to unauthorized personnel.
  29. "Spill" means either of the following:
    - a. Any release of biohazardous medical waste from its package while in the generator's storage area.
    - b. Any release of biohazardous medical waste from its package or the release of packaged biohazardous

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medical waste by the transporter at a place or site that is not a medical waste treatment or disposal facility.

30. "Store" or "storage" means, in addition to the meaning under A.R.S. § 49-701, either of the following:
  - a. The temporary holding of properly packaged biohazardous medical waste by a generator in a designated accumulation area awaiting collection by a transporter.
  - b. The temporary holding of properly packaged biohazardous medical waste by a transporter or a treater at an approved medical waste storage facility or treatment facility.
31. "Technology provider" means a person that manufactures or a vendor who supplies alternative medical waste treatment technology.
32. "Tracking document" means the written instrument that signifies acceptance of biohazardous medical waste by a transporter, or a transfer, storage, treatment, or disposal facility operator.
33. "Transportation management plan" means the transporter's written plan consisting of both of the following:
  - a. The procedures used by the transporter to minimize the exposure to employees and the general public to biohazardous medical waste throughout the process of collecting, transporting, and handling.
  - b. The emergency procedures used by the transporter for handling spills or accidents.
34. "Transporter" means a person engaged in the business of hauling of biohazardous medical waste from the point of generation to a Department-approved storage facility or to a Department-approved treatment or disposal facility.
35. "Treat" or "treatment" means, with respect to the methods used to render biohazardous medical waste less infectious: incinerating, autoclaving, or using the alternative treatment technologies prescribed in this Article.
36. "Treated medical waste" means biohazardous medical waste that has been treated and that meets the treatment standards of R18-13-1415. Treated medical waste that requires no further processing is considered solid waste.
37. "Treater" means a person, also known as an operator, who receives solid waste facility plan approval for the purpose of operating a medical waste treatment facility to treat biohazardous medical waste that is generated off site.
38. "Treatment certification statement" means the written document provided by either a generator who treats biohazardous medical waste on site or by a treater to inform a solid waste disposal or recycling facility that biohazardous medical waste has been treated as prescribed in this Article, and therefore is no longer subject to regulation under this Article.
39. "Treatment standards" mean the levels of microbial inactivation, prescribed in R18-13-1415, to be achieved for a specific type of biohazardous medical waste.
40. "USDOT" means the United States Department of Transportation.
41. "Universal biohazard symbol" or "biohazard symbol" means a representation that conforms to the design shown in 29 CFR 1910.145(f)(8)(ii) (Office of the Federal Register, National Archives and Records Administration, July 1, 1998) and which is incorporated by reference in this rule. This incorporation does not include any later amendments or editions. Copies of the incorporated

material are available for inspection at the Department of Environmental Quality and the Office of the Secretary of State.

42. "Vehicle not dedicated to the transportation of biohazardous medical waste but which is engaged in commerce" means a motor vehicle or a trailer pulled by a motor vehicle whose primary purpose is the transporting of goods that are not solid waste or biohazardous medical waste and that is used by a transporter for the temporary transportation of biohazardous medical waste.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1402. Applicability**

- A. This Article applies to the following:

1. A generator who treats biohazardous medical waste on site, before disposing of it as treated medical waste, and to any equipment used for that purpose. Specific requirements for a generator who treats on site are prescribed in R18-13-1405.
2. A generator who contracts with a medical waste treatment facility for the purpose of treating biohazardous medical waste. Specific requirements for such a generator are prescribed in R18-13-1406.
3. A person who transports biohazardous medical waste and any motor vehicle used for that purpose.
4. A medical waste treatment facility operator, a medical waste treatment facility, and any equipment used for medical waste treatment.
5. A person who provides alternative medical waste treatment technology for the purpose of treatment, and to any technology used for treatment.
6. A person in possession of biohazardous medical waste if the waste does not meet the treatment standards in R18-13-1415.
7. An operator of a Department-approved disposal facility who accepts untreated biohazardous medical waste.
8. A person who generates medical sharps in the preparation of human remains.
9. A person who generates medical sharps in the treatment of humans or animals.
10. A generator of discarded drugs not returned to the manufacturer.

- B. The requirements for biohazardous medical waste set out for collection do not apply to the manner in which the generator collects or handles material prior to that material becoming biohazardous medical waste.

- C. Provisions in this Article requiring placement in Department-approved facilities do not restrict the right to place materials in facilities that are out of state or in Indian Country.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1403. Exemptions; Partial Exemptions**

- A. The following persons are exempt from the requirements of this Article:

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1. Law enforcement personnel handling biohazardous medical waste for law enforcement purposes.
  2. A person in possession of medical waste that is regulated by a state or federal agency due to its radioactive nature.
  3. A person who returns unused medical sharps to the manufacturer.
  4. A household generator residing in a private, public, or semi-public residence who generates biohazardous medical waste in the administration of self care or the agent of the household generator who administers the medical care. This exemption does not apply to the facility in which the person resides if that facility is licensed by the Arizona Department of Health Services.
  5. A generator that separates medical devices from the medical waste stream that are sent out for re-processing and returned to the generator.
  6. A person in possession of human bodies regulated by A.R.S. Title 36.
- B.** The following are conditionally exempt from the requirements of this Article:
1. A person who prepares human corpses, remains, and anatomical parts that are intended for interment or cremation. However, medical sharps must be disposed of as prescribed by this Article.
  2. A person who operates an emergency rescue vehicle, an ambulance, or a blood service collection vehicle in the course of providing medical services if the biohazardous medical waste is returned to the home facility for disposal. This facility is considered to be the point of generation for packaging, treatment, and disposal.
  3. A person who discharges liquid and semi-liquid biohazardous medical wastes, excluding cultures and stocks, to the sanitary sewer system if the operator of the wastewater sewer system and treatment facility allows, permits, authorizes, or otherwise approves of the discharges.
  4. Hazardous waste regulated by A.R.S. Title 49, Chapter 5.
  5. A health care worker who uses a multi-purpose vehicle in the conduct of routine health care business other than transporting waste is exempt from the requirements of R18-13-1409 if the health care worker complies with all of the following:
    - a. Packages the biohazardous medical waste according to R18-13-1407.
    - b. Secures the packaged biohazardous medical waste within the vehicle so as to minimize spills.
    - c. Transports the biohazardous medical waste to the place of business or to a medical waste treatment or disposal facility.
    - d. Cleans the vehicle when it shows visible signs of contamination.
    - e. Secures the vehicle to prevent unauthorized contact with the biohazardous medical waste.
  6. A person who transports biohazardous medical waste between multiple properties separated by a public thoroughfare and which is owned or operated by the same owner or governmental entity is exempt from the requirements of R18-13-1409 if the person complies with R18-13-1403(B)(5)(a) through (e).
  7. A hospital that chooses to accept medical sharps from staff physicians who generate medical sharps in a private practice is exempt from the requirement to obtain facility plan approval as long as the hospital collects medical sharps for off-site treatment or disposal.
- C.** The following are exempt from some of the requirements of this Article:
1. A generator who treats biohazardous medical waste on site and who accepts for treatment medical waste described in R18-13-1403(A)(4) is exempt from the requirement to obtain solid waste facility plan approval prescribed in R18-13-1410.
  2. A generator who self-hauls biohazardous medical waste to a Department-approved medical waste treatment, storage, transfer, or disposal facility is exempt from the requirements of R18-13-1409 if the generator complies with R18-13-1403(B)(5)(a) through (e).

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1404. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

Repealed by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1405. Biohazardous Medical Waste Treated On Site**

- A.** A person who treats biohazardous medical waste on site shall use incineration, autoclaving, or an alternative medical waste treatment method that meets the treatment standards prescribed in R18-13-1415.
- B.** A generator who uses:
1. Incineration shall follow the requirements of subsections (C), (F), (G), and (H),
  2. Autoclaving shall follow the requirements of subsections (D), (F), (G) and (H), or
  3. An alternative treatment method shall follow the requirements of subsections (E), (F), (G), and (H).
- C.** A generator who incinerates biohazardous medical waste on site shall comply with all of the following requirements:
1. Obtain a permit if required by the local or state air quality agency having jurisdiction.
  2. Reduce the biohazardous medical waste, excluding metallic items, into carbonized or mineralized ash.
  3. Determine whether incinerator ash is hazardous waste as required by hazardous waste rules promulgated under A.R.S. Title 49, Chapter 5.
  4. Dispose of the non-hazardous waste incinerator ash at a Department-approved municipal solid waste landfill.
- D.** A generator who autoclaves biohazardous medical waste on site shall comply with all of the following requirements:
1. Further process by grinding, shredding, or any other process, any recognizable animals and human tissue, organs, or body parts, to render such waste non-recognizable and ensure effective treatment.
  2. Operate the autoclave at the manufacturer's specifications appropriate for the quantity and density of the load.
  3. Keep records of operational performance levels for six months after each treatment cycle. Operational performance level recordkeeping includes all of the following:
    - a. Duration of time for each treatment cycle.
    - b. The temperature and pressure maintained in the treatment unit during each cycle.

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- c. The method used to determine treatment parameters in the manufacturer's specifications.
  - d. The method in manufacturer's specifications used to confirm microbial inactivation and the test results.
  - e. Any other operating parameters in the manufacturer's specifications for each treatment cycle.
4. Keep records of equipment maintenance for the duration of equipment use that include the date and result of all equipment calibration and maintenance.
- E.** A generator who uses an alternative treatment method on site shall comply with all of the following requirements:
- 1. Use only alternative treatment methods registered under R18-13-1414.
  - 2. Further process by grinding, shredding, or any other process, any recognizable animals and human tissue, organs, or body parts, to render this waste non-recognizable and ensure effective treatment.
  - 3. Follow the manufacturer's specifications for equipment operation.
  - 4. Supply upon request all of the following:
    - a. The Departmental registration number for the alternative medical waste treatment technology and the type of biohazardous medical waste that the equipment is registered to treat.
    - b. The equipment specifications that include all of the following:
      - i. The operating procedures for the equipment that enable the treater to comply with the treatment standards described in this Article for the type of waste treated.
      - ii. The instructions for equipment maintenance, testing, and calibration that enable the treater to comply with the treatment standards described in this Article for the type of waste treated.
  - 5. Maintain a training manual regarding the proper operation of the equipment.
  - 6. Maintain a treatment record consisting of a log of the volume of medical waste treated and a schedule of calibration and maintenance performed under the manufacturer's specifications.
  - 7. Maintain treatment records for six months after the treatment date for each load treated.
  - 8. Maintain the equipment specifications for the duration of equipment use.
- F.** A generator shall do all of the following:
- 1. Package the treated medical waste according to the waste collection agency's requirements;
  - 2. Attach to the package or container a label, placard, or tag with the following words: "This medical waste has been treated as required by the Arizona Department of Environmental Quality standards" before placing the treated medical waste out for collection as a general solid waste. The generator shall ensure that the treated medical waste meets the standards of R18-13-1415.
  - 3. Upon request of the solid waste collection agency or municipal solid waste landfill, provide a certification that the treated medical waste meets the standards of R18-13-1415.
  - 4. Make treatment records available for Departmental inspection upon request.
- G.** A generator of medical sharps shall handle medical sharps as prescribed in R18-13-1419.
- H.** A generator of chemotherapy waste, cultures and stocks, or animal waste shall handle that waste as prescribed in R18-13-1420.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

**R18-13-1406. Biohazardous Medical Waste Transported Off Site for Treatment**

- A.** A generator of biohazardous medical waste shall cause the waste to first be packaged as prescribed in this Article and shall subsequently either self-haul or store the waste as provided under R18-13-1408 and set the waste out for collection by a properly licensed transporter under R18-13-1409.
- B.** A generator shall obtain a copy of the tracking document signed by the transporter signifying acceptance of the biohazardous medical waste. A generator shall keep a copy of the tracking document for the period required under the USDOT requirements, as listed in 49 CFR 172.201, revised as of October 1, 2020, and no future editions or later amendments, is incorporated by reference in this Section and on file with ADEQ. The tracking document shall contain all of the following information:
- 1. Name and address of the generator, transporter, and medical waste treatment, storage, transfer, or disposal facility, as applicable.
  - 2. Quantity of biohazardous medical waste collected by weight, volume, or number of containers.
  - 3. Identification number attached to bags or containers, as specified as by the USDOT requirements, as listed in 49 CFR 172.300 through 172.338, revised as of October 1, 2020, and no future editions or later amendments, is incorporated by reference in this Section and on file with ADEQ.
  - 4. Date the biohazardous medical waste is collected.
- C.** A generator of chemotherapy waste, cultures and stocks, or animal waste shall handle the waste as prescribed in R18-13-1420.
- D.** A generator of medical sharps shall handle the waste as prescribed in R18-13-1419.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1407. Non-Sharps Packaging**

- A.** A generator who sets biohazardous medical waste that does not include sharps out for collection for off-site treatment or disposal shall package the biohazardous medical waste in either of the following:
- 1. A red disposable plastic bag that is:
    - a. Leak resistant,
    - b. Impervious to moisture,
    - c. Of sufficient strength to prevent tearing or bursting under normal conditions of use and handling,
    - d. Sealed to prevent leakage during transport, and
    - e. Placed in a secondary container. This container shall be constructed of materials that will prevent breakage of the bag in storage and handling during collection and transportation and bear the universal biohazard symbol. The secondary container may be either disposable or reusable.



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2. A reusable container that bears the universal biohazard symbol and that is:
    - a. Leak-proof on all sides and bottom, closed with a fitted lid, and constructed of smooth, easily cleanable materials that are impervious to liquids and resistant to corrosion by disinfection agents and hot water, and
    - b. Used for the storage or transport of biohazardous medical waste and cleaned after each use unless the inner surfaces of the container have been protected by disposable liners, bags, or other devices removed with the waste. "Cleaning" means agitation to remove visible particles combined with one of the following:
      - i. Exposure to hot water at a temperature of at least 180° F for a minimum of 15 seconds.
      - ii. Exposure to an EPA-approved chemical disinfectant used under established protocols and regulations.
      - iii. Any other method that the Department determines is acceptable, if the determination of acceptability is made in advance of the cleaning.
  - B. A generator shall handle any container used for the storage or transport of biohazardous medical waste that is not capable of being cleaned as described in subsection (A)(2)(b), or that is disposable packaging, as biohazardous medical waste.
  - C. A generator shall not use reusable containers described in subsection (A)(2) for any purpose other than the storage of biohazardous medical waste.
  - D. A generator shall not reuse disposable packaging and liners and shall manage such items as biohazardous medical waste.
1. Putrescible biohazardous medical waste may be kept unrefrigerated up to 72 hours if it would not otherwise cause odor detectable beyond the property line or attract vermin.
  2. Refrigerate at 40° F or less from hour 72 through day 90 putrescible biohazardous medical waste kept for up to 90 days.
  3. Nonputrescible biohazardous medical waste may be kept unrefrigerated for up to 90 days.
  4. Store biohazardous medical waste for 90 days or less unless the generator has obtained facility plan approval under A.R.S. § 49-762.04 and is in compliance with the design and operational requirements prescribed in R18-13-1412.
  5. Keep the storage area free of visible contamination.
  6. Protect biohazardous medical waste from contact with water, precipitation, wind, or animals. A generator shall ensure that the waste does not provide a breeding place or a food source for insects or rodents.
  7. Handle spills by re-packaging the biohazardous medical waste, re-labeling the containers and cleaning any soiled surface as prescribed in R18-13-1407(A)(2)(b).
  8. Notwithstanding subsections (C)(1) and (2), a generator shall minimize the off-site migration of odors and the presence of vermin. If the Department determines that a generator has not acted or adequately addressed odors or vermin, the Department shall require the waste to be removed or refrigerated at 40° F or less.
- D. Trace chemotherapy waste shall be clearly identified as such by its label.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R.

3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801

(December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**EMERGENCY RULEMAKING****R18-13-1409. Transporter License; Fees; Transportation**

- R18-13-1408. Storage**
- A. A generator may place a container of biohazardous medical waste alongside a container of solid waste if the biohazardous medical waste is identified and not allowed to co-mingle with the solid waste. The storage area shall not be used to store substances for human consumption or for medical supplies.
  - B. Once biohazardous medical waste has been packaged for shipment off site, a generator shall provide a storage area for biohazardous medical waste until the waste is collected and shall comply with both of the following requirements:
    1. Secure the storage area in a manner that restricts access to, or contact with the biohazardous medical waste to authorized persons.
    2. Display the universal biohazard symbol and post warning signs worded as follows for medical waste storage areas: (in English) "CAUTION -- BIOHAZARDOUS MEDICAL WASTE STORAGE AREA -- UNAUTHORIZED PERSONS KEEP OUT" and (in Spanish) "PRECAUCION -- ZONA DE ALMACENAMIENTO DE DESPERDICIOS BIOLOGICOS PELIGROSOS -- PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS."
  - C. Beginning at the time the waste is set out for collection, a generator who stores biohazardous medical waste shall comply with all of the following requirements:
    1. Putrescible biohazardous medical waste may be kept unrefrigerated up to 72 hours if it would not otherwise cause odor detectable beyond the property line or attract vermin.
    2. Refrigerate at 40° F or less from hour 72 through day 90 putrescible biohazardous medical waste kept for up to 90 days.
    3. Nonputrescible biohazardous medical waste may be kept unrefrigerated for up to 90 days.
    4. Store biohazardous medical waste for 90 days or less unless the generator has obtained facility plan approval under A.R.S. § 49-762.04 and is in compliance with the design and operational requirements prescribed in R18-13-1412.
    5. Keep the storage area free of visible contamination.
    6. Protect biohazardous medical waste from contact with water, precipitation, wind, or animals. A generator shall ensure that the waste does not provide a breeding place or a food source for insects or rodents.
    7. Handle spills by re-packaging the biohazardous medical waste, re-labeling the containers and cleaning any soiled surface as prescribed in R18-13-1407(A)(2)(b).
    8. Notwithstanding subsections (C)(1) and (2), a generator shall minimize the off-site migration of odors and the presence of vermin. If the Department determines that a generator has not acted or adequately addressed odors or vermin, the Department shall require the waste to be removed or refrigerated at 40° F or less.
- D. Trace chemotherapy waste shall be clearly identified as such by its label.

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- d. A copy of either the certificate of disclosure required by A.R.S. § 49-109 or a written acknowledgment that this disclosure is not required.
  - e. Photocopies or other evidence of the issuance of a permit, license, or approval if required by a local health department, environmental agency, or other governmental agency with jurisdiction.
  - f. A copy of the transportation management plan as defined in R18-13-1401.
  - g. A list identifying each dedicated vehicle.
  - h. For an initial transporter license application, a fee of \$1,800, and for a license renewal, a fee of \$1,500.
2. The Department may only issue a transporter license, including a renewal, if all of the items in subsection (B)(1)(a) through (h) have been received and determined to be correct and complete, and a Department inspection of each transporting vehicle shows that the vehicle is in compliance with this Article.
- C.** Transporters shall pay by the invoice due date an annual fee of \$1,113 for each calendar year following payment of the new or renewal application license fee and subsequent years in which a renewal application license fee is not charged and paid, indicated in Table 2. Fee Table, Transporters Annual Fee.
- D.** Amendments. After issuance, the licensee shall submit to the Department any change to the information listed in subsections (B)(1)(a) through (g) within 30 days of its occurrence. Vehicles may only be added to the license after a Department inspection shows that the vehicle is in compliance with this Article. Amendments adding vehicles to the license shall be processed after payment of inspection fees and other expenses, except that the application fee shall be \$148.
- E.** A person who transports biohazardous medical waste shall maintain in each transporting vehicle at all times a transportation management plan.
- F.** A transporter who accepts biohazardous medical waste from a generator shall transmit electronically or leave a physical copy of the tracking document described in R18-13-1406(B) with the person from whom the waste is accepted. A transporter shall ensure that a copy of the tracking document accompanies the person who has physical possession of the biohazardous medical waste. Upon delivery to a Department-approved transfer, storage, treatment, or disposal facility, the transporter shall obtain a copy of the tracking document, signed by a person representing the receiving facility, signifying acceptance of the biohazardous medical waste.
- G.** A transporter who transports biohazardous medical waste in a dedicated vehicle shall ensure that the cargo box, trailer, or compartment can be secured to limit access to authorized persons at all times except during loading and unloading. In addition, the cargo box, trailer, or compartment shall be constructed in compliance with one of the following:
- 1. Have a fully enclosed, leak-proof cargo compartment consisting of a floor, sides, and a roof that are made of a non-porous material impervious to biohazardous medical waste and physically separated from the driver's compartment.
  - 2. Haul a fully enclosed, leak-proof cargo box made of a non-porous material impervious to biohazardous medical waste.
  - 3. Tow a fully enclosed leak-proof trailer made of a non-porous material impervious to biohazardous medical waste.
- H.** A person who transports biohazardous medical waste in a vehicle not dedicated to the transportation of biohazardous medical waste, but that is used at least once weekly for a month, shall comply with the following:
- 1. Subsections (A), (E) through (G), and (I).
  - 2. Clean the vehicle as prescribed in R18-13-1407(A)(2)(b) before it is used for another purpose.
- I.** A transporter of biohazardous medical waste shall comply with all of the following:
- 1. Accept only biohazardous medical waste packaged as prescribed in R18-13-1407.
  - 2. Accept biohazardous medical waste only after providing the generator with a signed tracking document as prescribed in R18-13-1406(B), and keep a copy of the tracking document for the period required under the USDOT requirements, as listed in 49 CFR 172.201.
  - 3. Deliver biohazardous medical waste to a Department-approved biohazardous medical waste storage, transfer, treatment, or disposal facility within the following timeframes:
    - a. 72 hours of collection, if putrescible and unrefrigerated; or
    - b. 90 days of collection, if putrescible and refrigerated at 40° F or less from hour 72 through day 90; or
    - c. 90 days of collection, if nonputrescible and unrefrigerated.
  - 4. Not hold biohazardous medical waste longer than specified under subsection (I)(3) unless the vehicle is parked at a Department-approved facility.
  - 5. Except in emergency situations, not unload, reload, or transfer the biohazardous medical waste to another vehicle in any location other than a Department-approved facility. Combination vehicles or trailers may be uncoupled and coupled to another cargo vehicle or truck trailer as long as the biohazardous medical waste is not removed from the cargo compartment.
- J.** Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (B), (C), and (D), and Table 2. Fee Table, Transporters Annual Fee, annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
- 1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  - 2. Round the result from subsection (J)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

Section amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).

**R18-13-1409. Transporter License; Fees; Transportation**

- A.** A transporter shall obtain a transporter license from the Department as provided under subsections (B) and (C) of this Section in addition to possessing a permit, license, or approval if required by a local health department, environmental agency, or other governmental agency with jurisdiction.
- B.** A transporter license is valid for five years after issuance. To renew the license, the licensee shall submit an application no later than 60 days prior to the license's expiration, and shall

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pay the license renewal fee, as provided in subsection (B)(1). With each application submitted for approval, the applicant shall remit an initial transporter license application fee as provided in subsection (B)(1). All fees paid shall be payable to the state of Arizona. The Department shall deposit the fees paid into the Solid Waste Fee Fund established pursuant to A.R.S. § 49-881, unless otherwise authorized or required by law.

1. To apply for or to renew a transporter license, an applicant shall submit all of the following in a Department-approved format:
    - a. The name, address, and telephone number of the transportation company or entity.
    - b. All owners' names, addresses, and telephone numbers.
    - c. All names, addresses, and telephone numbers of any agents authorized to act on behalf of the owner.
    - d. A copy of either the certificate of disclosure required by A.R.S. § 49-109 or a written acknowledgment that this disclosure is not required.
    - e. Photocopies or other evidence of the issuance of a permit, license, or approval if required by a local health department, environmental agency, or other governmental agency with jurisdiction.
    - f. A copy of the transportation management plan as defined in R18-13-1401.
    - g. A list identifying each dedicated vehicle.
    - h. For an initial transporter license application, a fee of \$1,800, and for a license renewal, a fee of \$1,500.
  2. The Department may only issue a transporter license, including a renewal, if all of the items in subsection (B)(1)(a) through (h) have been received and determined to be correct and complete, and a Department inspection of each transporting vehicle shows that the vehicle is in compliance with this Article.
- C.** Transporters shall pay by the invoice due date an annual fee of \$1,500 for each calendar year following payment of the new or renewal application license fee and subsequent years in which a renewal application license fee is not charged and paid, indicated in Table 2. Fee Table, Transporters Annual Fee.
- D.** Amendments. After issuance, the licensee shall submit to the Department any change to the information listed in subsections (B)(1)(a) through (g) of this Section within 30 days of its occurrence. Vehicles may only be added to the license after a Department inspection shows that the vehicle is in compliance with this Article. Amendments adding vehicles to the license shall be processed after payment of inspection fees and other expenses, except that the application fee shall be \$350.
- E.** A person who transports biohazardous medical waste shall maintain in each transporting vehicle at all times a transportation management plan.
- F.** A transporter who accepts biohazardous medical waste from a generator shall transmit electronically or leave a physical copy of the tracking document described in R18-13-1406(B) with the person from whom the waste is accepted. A transporter shall ensure that a copy of the tracking document accompanies the person who has physical possession of the biohazardous medical waste. Upon delivery to a Department-approved transfer, storage, treatment, or disposal facility, the transporter shall obtain a copy of the tracking document, signed by a person representing the receiving facility, signifying acceptance of the biohazardous medical waste.
- G.** A transporter who transports biohazardous medical waste in a dedicated vehicle shall ensure that the cargo box, trailer, or compartment can be secured to limit access to authorized persons at all times except during loading and unloading. In addition, the cargo box, trailer, or compartment shall be constructed in compliance with one of the following:
1. Have a fully enclosed, leak-proof cargo compartment consisting of a floor, sides, and a roof that are made of a non-porous material impervious to biohazardous medical waste and physically separated from the driver's compartment.
  2. Haul a fully enclosed, leak-proof cargo box made of a non-porous material impervious to biohazardous medical waste.
  3. Tow a fully enclosed leak-proof trailer made of a non-porous material impervious to biohazardous medical waste.
- H.** A person who transports biohazardous medical waste in a vehicle not dedicated to the transportation of biohazardous medical waste, but that is used at least once weekly for a month, shall comply with the following:
1. Subsections (A), (E) through (G), and (I) of this Section.
  2. Clean the vehicle as prescribed in R18-13-1407(A)(2)(b) before it is used for another purpose.
- I.** A transporter of biohazardous medical waste shall comply with all of the following:
1. Accept only biohazardous medical waste packaged as prescribed in R18-13-1407.
  2. Accept biohazardous medical waste only after providing the generator with a signed tracking document as prescribed in R18-13-1406(B), and keep a copy of the tracking document for the period required under the USDOT requirements, as listed in 49 CFR 172.201.
  3. Deliver biohazardous medical waste to a Department-approved biohazardous medical waste storage, transfer, treatment, or disposal facility within the following timeframes:
    - a. 72 hours of collection, if putrescible and unrefrigerated; or
    - b. 90 days of collection, if putrescible and refrigerated at 40° F or less from hour 72 through day 90; or
    - c. 90 days of collection, if nonputrescible and unrefrigerated.
  4. Not hold biohazardous medical waste longer than specified under subsection (I)(3) unless the vehicle is parked at a Department-approved facility.
  5. Except in emergency situations, not unload, reload, or transfer the biohazardous medical waste to another vehicle in any location other than a Department-approved facility. Combination vehicles or trailers may be uncoupled and coupled to another cargo vehicle or truck trailer as long as the biohazardous medical waste is not removed from the cargo compartment.
- J.** Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (B), (C), and (D) of this Section, and Table 2. Fee Table, Transporters Annual Fee, annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (J)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage

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and install them in the billing software as soon as practicable.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**Table 1. Frequency of Application for Transporter License**

Year	Type of Application	Frequency
1	New	Once
6, 11, 16, etc.	Renewal	Every 5th Year

**Historical Note**

Table 1. Fee Table, Transporter License Fees; Frequency of Application for Transporter License Fees made by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**EMERGENCY RULEMAKING**

**Table 2. Fee Table – Transporter Annual Fee**

Years	Amount
2, 3, 4, 5, 7, 8, 9, 10, 12, 13, etc.	\$1,113

**Historical Note**

Amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).

**Table 2. Fee Table – Transporter Annual Fee**

Years	Amount
2, 3, 4, 5, 7, 8, 9, 10, 12, 13, etc.	\$1,500

**Historical Note**

Table 2. Fee Table, Transporter Annual Fee made by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**EMERGENCY RULEMAKING****R18-13-1410. Storage, Transfer, Treatment, and Disposal Facilities; Facility Plan Approval; Fees**

- A. A person shall obtain solid waste facility plan approval from the Department as prescribed in A.R.S. § 49-762.04 and pursuant to R18-13-702 to construct any facility that will be used to store, transfer, treat, or dispose of biohazardous medical waste that was generated off site. Plan approval shall be obtained before starting construction of the medical waste treatment or disposal facility. This requirement also applies to solid waste facilities for which an operator self-certifies under A.R.S. § 49-762.05, if the facility also will receive biohazardous medical waste.
- B. If an air quality permit is required for the facility under A.R.S. Title 49, Chapter 3, the person shall include evidence of that

air quality permit, or evidence of an air quality permit application with the application for solid waste facility plan approval.

- C. A person applying for facility plan approval shall ensure that the plan contains information demonstrating how the plan will comply with this Article.

**Historical Note**

Amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).

**R18-13-1410. Storage, Transfer, Treatment, and Disposal Facilities; Facility Plan Approval; Fees**

- A. A person shall obtain solid waste facility plan approval from the Department as prescribed in A.R.S. § 49-762.04 and pursuant to R18-13-702 to construct any facility that will be used to store, transfer, treat, or dispose of biohazardous medical waste that was generated off site. Plan approval shall be obtained before starting construction of the medical waste treatment or disposal facility. This requirement also applies to solid waste facilities for which an operator self-certifies under A.R.S. § 49-762.05, if the facility also will receive biohazardous medical waste.
- B. If an air quality permit is required for the facility under A.R.S. Title 49, Chapter 3, the person shall include evidence of that air quality permit, or evidence of an air quality permit application with the application for solid waste facility plan approval.
- C. A person applying for facility plan approval shall ensure that the plan contains information demonstrating how the plan will comply with this Article.
- D. Annual registration fee. The Department shall bill an annual registration fee to a biohazardous medical waste facility described in subsection (A) of this Section as follows:
- For a disposal or treatment facility, \$12,500;
  - For a storage facility, \$7,500; and
  - For a transfer facility, \$3,000.
- E. A facility subject to more than one fee under subsection (D) of this Section shall only pay the highest fee amount.
- F. The biohazardous medical waste facility shall pay the annual registration fee within 30 days of invoice receipt.
- G. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (D) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
- Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  - Round the result from subsection (G)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**R18-13-1411. Storage and Transfer Facilities; Design and Operation**

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An operator of a storage facility or transfer facility shall comply with all of the following design and operation requirements:

1. Design the facility so that biohazardous medical waste is always handled and stored separately from other types of solid waste if accepted at the facility.
2. Display prominently the universal biohazard symbol as prescribed in R18-13-1401.
3. Construct the storage area from smooth, easily cleanable non-porous material that is impervious to liquids and resistant to corrosion by disinfecting agents and hot water.
4. Protect biohazardous medical waste from contact with water, precipitation, wind, or animals.
5. Specify in the application for facility plan approval the maximum storage time that biohazardous medical waste will remain at the facility. If putrescible biohazardous medical waste will be stored for more than 72 hours, the operator shall equip the facility with a refrigerator to refrigerate putrescible biohazardous medical waste. The operator of the facility shall maintain the temperature in the refrigerator at 40° F or less.
6. Accept biohazardous medical waste only if it is accompanied by the tracking document. The operator shall sign the tracking document and keep a copy of the acceptance documentation for the period required under the USDOT requirements, as listed in 49 CFR 172.201.
7. Accept biohazardous medical waste if it is packaged as described in R18-13-1407. If a biohazardous medical waste container is damaged or leaking, improperly labeled, or otherwise unacceptable, a transfer facility operator shall do one of the following:
  - a. Reject the waste and return it to the transporter or self-hauling generator.
  - b. Accept the waste and immediately repackage it as prescribed in R18-13-1407(A).
8. Clean the storage area daily. "Clean" means to remove visible particles combined with one of the following:
  - a. Exposure to hot water at a temperature of at least 180° F for a minimum of 15 seconds.
  - b. Exposure to an EPA-approved chemical disinfectant used under established protocols and regulations.
  - c. Any other method that the Department determines is acceptable, if the determination of acceptability is made in advance of the cleaning.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R.

3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801

(December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1412. Treatment Facilities; Application Requirements; Design and Operation**

- A.** An operator who applies for facility plan approval shall comply with subsections (A)(1) and (2) as well as all of the requirements in subsections (B)(1) through (11):
1. Submit to the Department the following documentation:
    - a. Equipment specifications that identify the proper type of medical waste to be treated in the equipment and any design or equipment restrictions.
    - b. Manufacturer's specifications and operating procedures for the equipment that describe the type and volume of waste to be treated, monitoring data of the treatment process, and calibration and testing of the

equipment, providing specific details about the capability of the equipment to achieve the treatment standards prescribed in R18-13-1415.

- c. Instructions for equipment maintenance, testing, and calibration that ensure the equipment achieves the treatment standards prescribed in R18-13-1415.
  - d. Training manual for the equipment.
  - e. Written certification from the manufacturer stating that the equipment, when operated properly, is capable of achieving the treatment standards prescribed in R18-13-1415.
- 2.** Submit to the Department and have readily available at the facility, an operations procedure manual describing how the waste will be handled from the time it is accepted by the treater through the treatment process and final disposition of the treated waste. The operations procedure manual shall include all of the following:
- a. Provisions for treating biohazardous medical waste within 72 hours of receipt or refrigerating at 40° F or less upon determination that treatment or disposal will not occur within 72 hours. Nonputrescible biohazardous medical waste that is not immediately treated may be stored for up to 90 days unrefrigerated.
  - b. A contingency plan if the treatment equipment is out of service for an extended period of time. The plan shall address the manner and length of time for storage of the waste. An operator shall not store biohazardous medical waste more than 90 days. The plan shall be based on the capacity of the treatment equipment to treat all waste at the facility, including any backlog of stored waste and any new waste intake. If the 90-day time-frame will be exceeded, the operator shall either stop accepting waste until the backlog is treated, or contract with another treatment facility for treating the waste.
  - c. Procedures for handling hazardous chemicals, radioactive waste, and chemotherapy waste. The plan shall provide for scanning biohazardous medical waste with a Geiger counter and handling waste that measures above background level in a manner that complies with state and federal law.
- B.** An operator of a Department-approved facility shall comply with all of the following:
1. Have readily accessible written procedures stating that biohazardous medical waste is to be accepted from a transporter only if the waste is accompanied by a tracking document, and written procedures that require compliance with both of the following:
    - a. The treater or the treater's authorized agent shall sign the tracking document and keep a copy of the acceptance documentation for the period required under the USDOT requirements, as listed in 49 CFR 172.201.
    - b. If a biohazardous medical waste container is damaged or leaking, improperly labeled, or otherwise unacceptable, a treater shall do one of the following:
      - i. Reject the waste and return it to the transporter or self-hauling generator.
      - ii. Accept the waste and transfer it directly from the transporting vehicle to the treatment processing unit.
      - iii. If the waste will not be treated immediately, repackage the waste for storage.

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2. Assure that the facility is designed to meet both of the following requirements:
    - a. Any floor or wall surface in the processing area of the facility which may come into contact with biohazardous medical waste is constructed of a smooth, easily cleanable non-porous material that is impervious to liquids.
    - b. The floor surface in the treatment and storage area either has a curb of sufficient height to contain spills or slopes to a drain that connects to an approved sanitary sewage system, septic tank system, or collection device.
  3. Store biohazardous medical waste as required in R18-13-1408.
  4. Comply with all of the following if the treatment method is incineration:
    - a. Reduce the incinerated medical waste, excluding metallic items, into carbonized or mineralized ash by incineration.
    - b. Determine whether the ash is hazardous waste as required under R18-8-262.
  5. Conduct any autoclaving according to the manufacturer's specifications for the unit.
  6. Use only alternative medical waste treatment methods that achieve the treatment standards in R18-13-1415(A).
  7. Treat animal waste, chemotherapy waste, and cultures and stocks as prescribed in R18-13-1420.
  8. Render medical sharps incapable of creating a stick hazard by using an encapsulation agent or any other process that prevents a stick hazard.
  9. Keep records of equipment maintenance and operational performance levels for three years. The records shall include the date and result of all equipment calibration and maintenance. Operational performance level records shall indicate the duration of time for each treatment cycle and:
    - a. For steam treatment and microwaving treatment records, both the temperature and pressure maintained in the treatment unit during each cycle and the method used for confirmation of temperature and pressure.
    - b. For chemical treatment, a description of the solution used.
    - c. For incineration, the temperature is maintained in the treatment unit during operation.
    - d. Any other operating parameters in the manufacturer's specifications.
    - e. A description of the treatment method used and a copy of the maintenance test results.
  10. Not open a sealed biohazardous medical waste container prior to treatment unless opening the container is required to treat the contents. Transfer of the entire contents, when performed as part of the treatment process, is permitted.
  11. Clean the storage and treatment areas as necessary to protect the public health and employee health and safety.
- C. The treater shall make treatment records available for Departmental inspection upon request.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).  
 Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1413. Changes to Approved Medical Waste Facility Plans**

- A. As required by A.R.S. § 49-762.06, before making any change to an approved facility plan, a facility owner or operator shall submit a notice to the Department stating the type of change requested, including but not limited to:
1. A Type I change to an approved medical waste facility plan is a change not described in subsections (A)(2), (3), or (4).
  2. A Type II change to an approved medical waste facility plan is a change in which treatment equipment is replaced with equal or like equipment, resulting in either no increase to treatment capacity or the addition of equipment that is not directly used in the treatment process.
  3. A Type III change to an approved medical waste facility plan is a change described by one of the following:
    - a. Treatment equipment is added, resulting in less than a 25% increase in treatment capacity.
    - b. The storage area is enlarged resulting in less than a 25% increase in storage capacity.
    - c. Treatment technology is changed.
  4. A Type IV change to an approved medical waste facility plan is a change described by one of the following:
    - a. Treatment equipment is added, resulting in a 25% or more increase in treatment capacity.
    - b. The storage area is enlarged resulting in a 25% or more increase in storage capacity.
    - c. Treatment equipment is added that requires an environmental permit.
    - d. An expansion of the treatment facility onto land not previously described in the approved plan.
- B. As required by A.R.S. § 49-762.06, a treatment facility operator who has identified a change under subsection (A) shall comply with one of the following:
1. For a Type I change, make the change without notice to, or approval by the Department.
  2. For a Type II change, before making any change, provide written notification that describes the change to the Department. The addition of refrigeration units only for compliance with this Article is a Type II change for which no Departmental approval is required.
  3. For a Type III or Type IV change, submit an amended plan to the Department for approval before making any change. Departmental approval is required prior to making any change.
- C. An owner or operator of an existing municipal solid waste landfill who intends to accept untreated biohazardous medical waste shall submit a notice of a Type III change and an amended facility plan.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).  
 Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1414. Alternative Medical Waste Treatment Methods: Registration and Equipment Specifications**

- A. A manufacturer or its agent who applies for alternative medical waste treatment method registration shall submit to the Department all of the following:
1. The manufacturer or company name and address.
  2. The name, address, and telephone number of the person who submits the application.

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3. A description of the alternative medical waste treatment method.
  4. A list of any other states in which the treatment method is used, including a copy of any state approvals.
  5. A description of by-products generated as result of the alternative treatment method.
  6. A certification statement that the contents of the application are true and accurate to the knowledge and belief of the applicant.
  7. Written documentation demonstrating that the alternative medical waste treatment method is capable of compliance with the treatment standards in this Article for the type of waste treated. The manufacturer shall employ a laboratory independent of any oversight activities by the manufacturer to provide this analysis.
  8. The manufacturer's equipment specifications for the alternative medical waste treatment method being registered, including all of the following:
    - a. Unit model number, or serial number.
    - b. Equipment specifications that identify the proper type of biohazardous medical waste to be treated by the equipment and any design or equipment restrictions.
    - c. Operating procedures for the equipment that ensure the equipment complies with the treatment standards prescribed in this Article for the type of waste treated.
    - d. Instructions for equipment maintenance, testing, and calibration that ensure the equipment complies with the treatment standards prescribed in this Article for the type of waste treated.
  9. Written documentation of registration if required by A.R.S. § 3-351.
- B.** The Department shall make a determination whether to approve the registration application. If the Department approves the application, it shall issue to the applicant a certification of registration containing an alternative medical waste treatment method registration number. Only an alternative technology method with a valid Department issued registration number meets the requirements of this Article.
- C.** If documentation of Departmental registration is not on file with a generator utilizing alternative medical waste treatment technology, the Department shall classify biohazardous medical waste treated using the unregistered alternative treatment technology as untreated biohazardous medical waste.
- Historical Note**
- New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).  
Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).
- R18-13-1415. Treatment Standards, Quantification of Microbial Inactivation and Efficacy Testing Protocols**
- A.** A treater using an alternative treatment technology shall ensure that treatment achieves either of the following treatment standards:
1. A 6 log<sub>10</sub> inactivation in the concentration of vegetative microorganisms.
  2. A 4 log<sub>10</sub> inactivation in the concentration of *Bacillus stearothermophilus* or *Bacillus subtilis* as is appropriate to the technology.
- B.** A treater utilizing an alternative treatment method shall conduct efficacy studies to demonstrate that the treatment mechanisms are capable of achieving the standards in subsection (A) through either of the following:
1. Mycobacterial species used as indicators of vegetative microorganisms:
    - a. *Mycobacterium phlei*, or
    - b. *Mycobacterium bovis* (BOG) (ATCC 35743)
  2. Spore suspensions of one of the following two bacterial species, as appropriate to the technology, used as biological indicators in efficacy tests of thermal, chemical, and irradiation treatment systems. Studies shall demonstrate a 4 log<sub>10</sub> reduction in the concentration of viable spores, through the use of an initial inoculum suspension of 5 log<sub>10</sub> or greater of:
    - a. *Bacillus stearothermophilus* (ATCC 7953), or
    - b. *Bacillus subtilis* (ATCC 19659).
- C.** A treater utilizing an alternative treatment method shall quantify microbial inactivation as follows:
1. Microbial inactivation, or "kill" efficacy is equated to "Log<sub>10</sub> Kill" that is defined as the difference between the logarithms of the number of viable test microorganisms before and after treatment. This definition is stated as:  

$$\text{Log}_{10}\text{Kill} = \text{Log}_{10}(\text{cfu/g "I"}) - \text{Log}_{10}(\text{cfu/g "R"})$$
 where:  
 Log<sub>10</sub>Kill is equivalent to the term Log<sub>10</sub> reduction,  
 "I" is the number of viable test microorganisms introduced into the treatment unit,  
 "R" is the number of viable test microorganisms recovered from the treatment unit, and  
 "cfu/g" are colony forming units per gram of waste solids.
  2. For those treatment processes that can maintain the integrity of the biological indicator carrier of the desired microbiological test strain, biological indicators of the required strain and concentration may be used to demonstrate microbial inactivation. Quantification is evaluated by growth or no growth of the cultured biological indicator.
  3. For those treatment mechanisms that cannot ensure or provide integrity of the biological indicator, quantitative measurement of microbial inactivation requires a two-step approach: Step 1 "Control" and Step 2 "Test". The purpose of Step 1 is to account for the reduction of test microorganisms due to loss by dilution or physical entrapment.
    - a. Step 1:
      - i. Use microbial cultures of a predetermined concentration necessary to ensure a sufficient microbial recovery at the end of this step.
      - ii. Add suspension to a standardized medical waste load that is to be processed under normal operating conditions without the addition of the treatment agent (that is, heat, chemicals).
      - iii. Collect and wash waste samples after processing to recover the biological indicator organisms in the sample.
      - iv. Plate the recovered microorganism suspensions to quantify microbial recovery. The number of viable microorganisms recovered serves as a baseline quantity for comparison to the number of recovered microorganisms from wastes processed with the treatment agent.
      - v. The required number of recovered viable indicator microorganisms from Step 1 must be equal to or greater than the number of microor-

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ganisms required to demonstrate the prescribed Log reduction, either a 6 Log<sub>10</sub> reduction for vegetative microorganisms or a 4 Log<sub>10</sub> reduction for bacterial spores. This can be defined by the following equation:

$$\text{Log}_{10}\text{RC} = \text{Log}_{10}\text{IC} - \text{Log}_{10}\text{NR}$$

or

$$\text{Log}_{10}\text{NR} = \text{Log}_{10}\text{IC} - \text{Log}_{10}\text{RC}$$

where:

Log<sub>10</sub>RC is greater than 6 for vegetative microorganisms and greater than 4 for bacterial spores and where:

Log<sub>10</sub>RC is the number of viable “control” microorganisms in colony forming units per gram of waste solids recovered in the non-treated, processed waste residue;

Log<sub>10</sub>IC is the number of viable “control” microorganisms in colony forming units per gram of waste solids introduced into the treatment unit;

Log<sub>10</sub>NR is the number of “control” microorganisms in colony forming units per gram of waste solids which were not recovered in the non-treated, processed waste residue. Log<sub>10</sub>NR represents an accountability factor for microbial loss.

b. Step 2:

- i. Use microbial cultures of the same concentration as in Step 1.
- ii. Add suspension to the standardized medical waste load that is to be processed under normal operating conditions with the addition of the treatment agent.
- iii. Collect and wash waste samples after processing to recover the biological indicator organisms in the sample.
- iv. Plate recovered microorganism suspensions to quantify microbial recovery.
- v. From data collected from Step 1 and Step 2, the level of microbial inactivation, “Log<sub>10</sub> Kill”, is calculated by employing the following equation:

$$\text{Log}_{10}\text{Kill} = \text{Log}_{10}\text{IT} - \text{Log}_{10}\text{NR} - \text{Log}_{10}\text{RT}$$

where:

Log<sub>10</sub>Kill is equivalent to the term Log<sub>10</sub> reduction;

Log<sub>10</sub>IT is the number of viable “Test” microorganisms in colony forming units per gram of waste solids introduced into the treatment unit.

Log<sub>10</sub>IT = Log<sub>10</sub>IC;

Log<sub>10</sub>NR is the number of “Control” microorganisms in colony forming units per gram of waste solids which were not recovered in the non-treated, processed waste residue;

Log<sub>10</sub>RT is the number of viable “Test” microorganisms in colony forming units per gram of waste solids recovered in treated, processed waste residue.

- D. A treater shall employ the appropriate methodology to determine efficacy of the treatment technology following the protocols in subsection (C) that are congruent with the treatment method.

#### Historical Note

New Section adopted by final rulemaking at 5 A.A.R.

3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801

(December 3, 2021), effective January 4, 2022 (Supp. 21-4).

#### R18-13-1416. Recycled Materials

- A. Once a generator places biohazardous medical waste in a red bag as required in R18-13-1407, a person shall not remove any of the biohazardous medical waste from the bag until the biohazardous medical waste has been treated as required in R18-13-1415.
- B. A generator of biohazardous medical waste intending to recycle any portion of the biohazardous medical waste shall segregate that portion of biohazardous medical waste from the portion of biohazardous medical waste that will not be recycled. The generator shall do either of the following:
  1. Treat the biohazardous medical waste intended for recycling as required in R18-13-1415 before sending the treated medical waste to a recycler.
  2. Follow the requirements in R18-13-1406, R18-13-1407, and R18-13-1408, before either contracting with a transporter to haul or self-hauling the biohazardous medical waste to a treatment facility for treatment. After treatment, the treated medical waste may be sent to a recycler.

#### Historical Note

New Section adopted by final rulemaking at 5 A.A.R.

3776, effective September 17, 1999 (Supp. 99-3).

#### R18-13-1417. Disposal Facilities: Design and Operation

An operator of a municipal solid waste landfill that accepts untreated biohazardous medical waste shall comply with all of the following in design and operational requirements:

1. Accept biohazardous medical waste only if packaged according to R18-13-1407.
2. Keep the biohazardous medical waste disposal area separate from the general purpose disposal area.
3. Clearly label the biohazardous medical waste disposal area, informing persons that the disposal area contains untreated medical waste.
4. Not drive directly over deposited medical waste. The operator shall achieve compaction by first spreading a layer of soil that is sufficiently thick to prevent compaction equipment from coming into direct contact with the waste, or dragging waste over the area.
5. Cover the biohazardous medical waste with 6 inches of compacted soil at the end of the working day or more often as necessary to prevent vector breeding and odors.
6. Not allow salvaging of untreated biohazardous medical waste from the landfill.

#### Historical Note

New Section adopted by final rulemaking at 5 A.A.R.

3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801

(December 3, 2021), effective January 4, 2022 (Supp. 21-4).

#### R18-13-1418. Discarded Drugs

Discarded drugs that are not hazardous waste, not returned to the manufacturer, and not segregated and labeled on site for transport to a treatment facility shall be destroyed on site by the generator of such drugs by any method that prevents the drugs' use prior to placing the waste out for collection. If federal or state law prescribes a specific method for destruction of discarded drugs, the generator shall comply with that law.



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**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1419. Medical Sharps****A.** Medical sharps shall be handled as follows:

1. A generator who treats biohazardous medical waste on site shall place medical sharps in a sharps container after rendering them incapable of creating a stick hazard by using an encapsulation agent or any other process that prevents a stick hazard. Medical sharps encapsulated or processed in this manner are considered to be solid waste.
2. A generator who ships biohazardous medical waste off site for treatment shall either:
  - a. Place medical sharps in a medical sharps container and follow the requirements of R18-13-1406, or
  - b. Package and send medical sharps to a treatment facility via a mail-back system as prescribed by the instructions provided by the mail-back system operator. The generator shall retain proof of shipping.

**B.** Notwithstanding subsections (A)(1) and (2), the following syringes do not have to be placed in a medical sharps container:

1. Syringes that have never had a needle (sharp) attached.
2. Syringes where a needle or sharp had been attached and has been separated from the syringe so that no stick or puncture hazard remains with the syringe.

**C.** Syringes that are exempted by subsections (B)(1) and (2) from being placed in a medical sharps container are not biohazardous medical waste, and may be treated as a solid waste, if they are not composed of biohazardous items listed in R18-13-1401(4) and do not contain discarded drugs or another regulated substance.**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**R18-13-1420. Additional Handling Requirements for Certain Wastes****A.** A person who treats the following biohazardous medical waste categories shall meet the following additional requirements:

1. Cultures and stocks shall be incinerated, autoclaved, or treated by an alternative medical waste treatment method that meets the treatment standards set forth in R18-13-1415(A). If cultures and stocks are shipped off site for treatment or disposal, they shall be packaged inside a watertight primary container with absorbent packing materials. The primary container shall be placed inside a watertight secondary inner container that is then placed inside an outer container with sufficient cushioning material to prevent shifting between the secondary inner container and the outer container. If federal or state law prescribes specific requirements for packaging and transporting this waste, the treater shall comply with that law.
2. Trace chemotherapy waste shall be incinerated or disposed of in either an approved solid waste or hazardous waste disposal facility.
3. Experimental or research animal waste shall be handled as follows:

- a. Autoclave bedding on site or package as described in R18-13-1407 for off-site treatment or landfilling.
- b. Incinerate animal carcasses on site, or if taken off site for treatment, comply with one of the following requirements:
  - i. Package the waste in a leakproof, covered container, label the contents and send to an incinerator or a Department-approved landfill, or
  - ii. If treated by a method other than incineration, pre-process by grinding, then treat by a method that achieves the standards of R18-13-1415(A).

**B.** If a treater uses grinding in combination with another treatment method described in this Article, the treater shall conduct it in a closed system to prevent humans from being exposed to the release of the waste into the environment. If grinding is used for medical sharps, the grinding shall render the medical sharps incapable of creating a stick hazard.**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3776, effective September 17, 1999 (Supp. 99-3).

Amended by final rulemaking at 27 A.A.R. 2801 (December 3, 2021), effective January 4, 2022 (Supp. 21-4).

**ARTICLE 15. RECODIFIED**

*Editor's Note: The recodification at 7 A.A.R. 2522 described below erroneously moved Sections into 18 A.A.C. 9, Article 9. Those Sections were actually recodified to 18 A.A.C. 9, Article 10. See the Historical Notes for more information (Supp. 01-4).*

*Article 15, consisting of Sections R18-13-1501 through R18-13-1514 and Appendix A, recodified to 18 A.A.C. 9, Article 9 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2).*

**R18-13-1501. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-902 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1002 (Supp. 01-4).

**R18-13-1502. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-901 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1001 (Supp. 01-4).

**R18-13-1503. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-903 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1003 (Supp. 01-4).

**R18-13-1504. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-904 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1004 (Supp. 01-4).

**R18-13-1505. Recodified****Historical Note**

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Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-905 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1005 (Supp. 01-4).

**R18-13-1506. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-906 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1006 (Supp. 01-4).

**R18-13-1507. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-907 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1007 (Supp. 01-4).

**R18-13-1508. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-908 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1008 (Supp. 01-4).

**R18-13-1509. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-909 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1009 (Supp. 01-4).

**R18-13-1510. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-910 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1010 (Supp. 01-4).

**R18-13-1511. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-911 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1011 (Supp. 01-4).

**R18-13-1512. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-912 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1012 (Supp. 01-4).

**R18-13-1513. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-913 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1013 (Supp. 01-4).

**R18-13-1514. Recodified****Historical Note**

Adopted effective April 23, 1996 (Supp. 96-2). Section recodified to R18-9-914 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to R18-9-1014 (Supp. 01-4).

**Appendix A. Recodified****Historical Note**

Appendix A, "Procedures to Determine Annual Biosolids Application Rates", adopted effective April 23, 1996 (Supp. 96-2). Appendix A recodified to 18 A.A.C. 9, Article 9 at 7 A.A.R. 2522, effective May 24, 2001 (Supp. 01-2). Previous note correction: Section actually recodified to 18 A.A.C. 9, Article 10 (Supp. 01-4).

**ARTICLE 16. BEST MANAGEMENT PRACTICES FOR PETROLEUM CONTAMINATED SOIL**

*Article 16, consisting of Sections R18-13-1601 through R18-13-1614, recodified from 18 A.A.C. 8, Article 16 at 8 A.A.R. 5172, effective November 27, 2002; Section and subsection citations within this Article were also updated under A.R.S. § 41-1011(C) (Supp. 02-4).*

**R18-13-1601. Definitions**

In addition to definitions in A.R.S. § 49-851 and A.A.C. R18-13-1301, the terms in this Article shall have the following meanings:

1. "Accumulation site" means an area or site at which PCS from one or more points of generation under the control of the generator of PCS is accumulated for more than 12 hours but less than 90 days prior to treatment, storage, or disposal.
2. "Containment system" means a system designed to contain an accumulation of special waste which meets the design and performance standards in R18-13-1608 and either R18-13-1609 or R18-13-1611.
3. "Excavated" means removed from the earth by scraping or digging a hole or cavity in the earth's surface or otherwise removed from the earth's surface.
4. "Facility" or "special waste receiving facility" means a treatment facility, storage facility, or disposal facility which has been approved by the Director in accordance with A.R.S. § 49-857 or has qualified for Interim Use Facility status pursuant to A.R.S. § 49-858.
5. "Hazardous waste" means hazardous waste as defined in A.R.S. § 49-921(5).
6. "Non-fuel, non-solvent petroleum product" means a petroleum-based substance refined from virgin crude oil that is not used as a solvent or fuel including mineral oils and hydraulic oils.
7. "Non-regulated soils" means soils that are neither hazardous waste, PCS, nor solid waste PCS, and which do not constitute an environmental nuisance pursuant to A.R.S. §§ 49-141 through 49-144.
8. "PCS" or "petroleum-contaminated soils" means soils excavated for storage, treatment or disposal containing one or more of the contaminants in the list below at the following concentrations:
  - a. Benzene greater than or equal to 1.4 mg/kg,
  - b. Toluene greater than or equal to 650 mg/kg,
  - c. Ethylbenzene greater than or equal to 400 mg/kg,
  - d. Total Xylenes greater than or equal to 420 mg/kg,
  - e. Anthracene greater than or equal to 240,000 mg/kg,
  - f. Benz(A)anthracene greater than or equal to 21 mg/kg,
  - g. Benzo(A)pyrene greater than or equal to 2.1 mg/kg,

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- h. Benzo(B)fluoranthene greater than or equal to 21 mg/kg,
  - i. Benzo(K)fluoranthene greater than or equal to 210 mg/kg,
  - j. Chrysene greater than or equal to 2,000 mg/kg,
  - k. Dibenz(A,H)anthracene greater than or equal to 2.1 mg/kg,
  - l. Fluoranthene greater than or equal to 22,000 mg/kg,
  - m. Fluorene greater than or equal to 26,000 mg/kg,
  - n. Indenopyrene greater than or equal to 21 mg/kg,
  - o. Naphthalene greater than or equal to 190 mg/kg,
  - p. Pyrene greater than or equal to 29,000 mg/kg.
9. "PCS disposal facility" means a site or special waste receiving facility at which the disposal of PCS has been approved by the Director pursuant to A.R.S. § 49-857 or has qualified for Interim Use Facility status pursuant to A.R.S. § 49-858.
10. "Petroleum" means petroleum as defined in A.R.S. § 49-1001(11).
11. "Point of compliance" means point of compliance as defined in A.R.S. § 49-244.
12. "Special waste shipper" means a person who transports special waste for off-site treatment, storage, or disposal.
13. "Solid waste PCS" means excavated soils contaminated with petroleum that are not hazardous waste and not PCS but that contain one or more of the contaminants in the list below at the following concentrations:
- a. Benzene greater than or equal to 0.65 but less than 1.4 mg/kg;
  - b. Toluene greater than or equal to 650 mg/kg;
  - c. Ethylbenzene greater than or equal to 400 mg/kg;
  - d. Total Xylenes greater than or equal to 270 but less than 420 mg/kg;
  - e. Anthracene greater than or equal to 22,000 but less than 240,000 mg/kg;
  - f. Benz(A)anthracene greater than or equal to 6.9 but less than 21 mg/kg;
  - g. Benzo(A)pyrene greater than or equal to 0.69 but less than 2.1 mg/kg;
  - h. Benzo(B)fluoranthene greater than or equal to 6.9 but less than 21 mg/kg;
  - i. Benzo(K)fluoranthene greater than or equal to 69 but less than 210 mg/kg;
  - j. Chrysene greater than or equal to 680 but less than 2,000 mg/kg;
  - k. Dibenz(A,H)anthracene greater than or equal to 0.69 but less than 2.1 mg/kg;
  - l. Fluoranthene greater than or equal to 2,300 but less than 22,000 mg/kg;
  - m. Fluorene greater than or equal to 2,700 but less than 26,000 mg/kg;
  - n. Indenopyrene greater than or equal to 6.9 but less than 21 mg/kg;
  - o. Naphthalene greater than or equal to 56 but less than 190 mg/kg;
  - p. Pyrene greater than or equal to 2,300 but less than 29,000 mg/kg.
14. "Storage" means the holding of PCS for a period of more than 90 days but less than one year.
15. "Storage facility" means a special waste receiving facility which engages in storage and which has been approved by the Director pursuant to A.R.S. § 49-857 or has qualified for Interim Use Facility status pursuant to A.R.S. § 49-858.
16. "Temporary treatment facility" means an on-site treatment facility, or an off-site treatment facility owned or operated by the generator of PCS, where the PCS is treated to reduce the contaminants that make it PCS and which complies with the requirements of R18-13-1610.
17. "Treatability study" means a study in which a special waste is subjected to a treatment process to determine any one or more of the following:
- a. Whether the waste is amenable to the treatment process,
  - b. What pretreatment is required,
  - c. The optimal process conditions needed to achieve the desired treatment,
  - d. The efficiency of a treatment process,
  - e. The characteristics and volumes of residual contaminants from a particular treatment process,
  - f. Toxicological and health effects.
18. "Treatment facility" means a special waste receiving facility at which PCS is treated to reduce the PCS contaminants and, if in the state of Arizona, has been Department-approved pursuant to A.R.S. § 49-857 or has qualified for Interim Use Facility status pursuant to A.R.S. § 49-858.

**Historical Note**

Recodified from R18-8-1601 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1602. Applicability**

- A.** The Director declares that PCS, as defined in R18-13-1601(8), constitutes a special waste as defined in A.R.S. § 49-851(A)(9). Except as otherwise provided in this Section and R18-13-1603, PCS shall be treated, stored, and disposed of in accordance with this Article. PCS shall not be diluted with any material or substance for purposes of avoiding applicability of these rules.
- B.** PCS which is used in a treatability study shall comply with all of the following:
- 1. The owner or operator of the facility where a treatability study is to be conducted shall notify the Department of its intent to conduct a treatability study at least 30 days prior to the commencement of the treatability study.
  - 2. The total quantity of PCS used in the treatability study shall not exceed 5000 kilograms, unless evidence is provided which justifies the need for a larger quantity and permission to use a larger amount is granted by the Director.
  - 3. The owner or operator of the facility shall maintain records detailing the treatability study and the results obtained in accordance with R18-13-1614.
  - 4. The treatability study shall be completed and the PCS shall be removed from the site within one year from commencement of the study.
  - 5. Upon completion of the treatability study, the owner or operator of a facility shall dispose of the PCS used in the treatability study in accordance with this Article.
  - 6. Sampling of the PCS shall be conducted in accordance with R18-13-1604(B) and (C) before and after the treatability study is performed.
  - 7. The performance of the treatability study shall not result in an environmental nuisance pursuant to A.R.S. §§ 49-141 through 49-144.

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- C. PCS which is excavated pursuant to the requirements of A.R.S. Title 49, Chapter 6, Underground Storage Tank Regulation, and which is not removed from the site, shall comply with the requirements of R18-13-1610 and R18-13-1612.
- D. PCS incorporated into asphalt for use in paving is not subject to other provisions of this Article if the owner or operator of the facility where the asphalt is produced does all of the following:
  1. Notifies the Department in writing at least 30 days prior to commencing such incorporation,
  2. Maintains records in accordance with R18-13-1614,
  3. Stores the PCS prior to incorporation in accordance with R18-13-1611.
- E. Requirements in this Article for Department-approved facilities do not apply to facilities that are out of state or in Indian Country.

**Historical Note**

Recodified from R18-8-1602 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1603. Exemptions**

- A. Solid waste PCS are exempt from the provisions of this Article, except for the requirements in R18-13-1604, and are subject to A.R.S. § 49-761 et seq.
- B. Non-regulated soils are exempt from the provisions of this Article, except for the requirements in R18-13-1604, and are exempt from the requirements of A.R.S. § 49-761 et seq.
- C. Asphaltic cement which is not hazardous waste is exempt from the requirements of this Article.
- D. Soils which are contaminated with petroleum, which have been generated by households, and which are not hazardous waste, shall be exempt from the requirements of this Article.

**Historical Note**

Recodified from R18-8-1603 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1604. Waste Determination**

- A. A generator of excavated soil contaminated with petroleum shall determine whether the soil is PCS, solid waste PCS, or non-regulated soil. The basis for the determination shall be maintained for at least three years and shall be made available to the Department upon request. The generator shall make such determination using either of the following methods:
  1. Testing the soil pursuant to subsection (B) of this Section. Laboratory analysis of these samples shall be performed by a laboratory licensed by the Arizona Department of Health Services. Approved testing methods, which identify concentrations for total recoverable extraction of contaminants, shall be used.
  2. Application of knowledge of the characteristics of the contaminated soil in light of the known or potential source of the contamination. The Department may require sampling to confirm the accuracy of applied knowledge.
- B. Sampling of soils contaminated with petroleum shall be performed in accordance with a site-specific written sampling plan which is consistent with the requirements set forth in either of the following:
  1. "Test Methods for Evaluating Solid Waste", EPA SW-846, 3rd Edition Volume II: Field Manual, Physical/

Chemical Method, Chapter Nine (SW-846 Third Edition), 1986, Environmental Protection Agency, Washington, D.C. and no future editions or amendments, incorporated herein by reference and on file with the Department and the Office of the Secretary of State.

2. "Quality Assurance Project Plan", Chapter 9, May 1991 Edition, Arizona Department of Environmental Quality, Phoenix, Arizona and no future editions or amendments incorporated herein by reference and on file with the Department and the Office of the Secretary of State.
- C. If soil excavated during the initial investigation of a site to determine the extent of contamination is PCS, the PCS may be returned into the excavation site from which the soil was removed if all of the following conditions are met:
  1. There is no freestanding liquid within the excavation, unless the State Fire Marshal or other jurisdictional fire authority directs otherwise, and the requirements of subsections (C)(2) and (3) are met.
  2. The owner or operator provides notification to the Department that the PCS has been returned to the excavation within 14 days after the return of the PCS to the excavation.
  3. The owner or operator completes a site characterization within 120 days and implements remediation within 150 days after the date the site characterization began.

**Historical Note**

Recodified from R18-8-1604 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1605. Transportation**

- A. PCS transported to a special waste receiving facility in Arizona shall be transported by a special waste shipper which has met the requirements of R18-13-1303.
- B. A special waste shipper shall transport the PCS in closed containers pursuant to R18-13-1611(E) or shall ensure that any vehicle used to transport the PCS is loaded and covered in such a manner that the contents will not blow, fall, leak, or spill from the vehicle.
- C. A special waste shipper transporting PCS to a special waste receiving facility in Arizona, except a facility located on Indian country, shall deliver PCS to a special waste receiving facility approved by the Department.

**Historical Note**

Recodified from R18-8-1605 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4).

**EMERGENCY RULEMAKING****R18-13-1606. Fees**

- A. In accordance with A.R.S. §§ 49-855(C)(2) and 49-863, the treatment, storage, or disposal facility in this state that first receives a shipment of PCS shall remit to the Department a fee of \$6.68 per ton but not more than \$66,835.67 per generator site per year for PCS that is transported to the facility.
- B. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (A) annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States

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Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.

2. Round the result from subsection (B)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

Amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days; reference to (F)(1) corrected to (B)(1) under subsection (B)(2) by the Division (Supp. 25-2).

**R18-13-1606. Fees**

- A. In accordance with A.R.S. §§ 49-855(C)(2) and 49-863, the treatment, storage, or disposal facility in this state that first receives a shipment of PCS shall remit to the Department a fee of \$6.68 per ton but not more than \$66,835.67 per generator site per year for PCS that is transported to the facility.
- B. Initial registration fee. Upon making a request for a special waste identification number on a form as provided by the Director pursuant to Article 13, A generator of PCS shall submit to the Department an initial registration fee of \$900.
- C. Annual registration fee. The Department shall bill an annual registration fee to a generator of PCS or special waste receiving facility that has received facility approval under R18-13-1607 that has not filed a notice of termination of registration with the Department as follows:
  1. For a generator of PCS, \$750; and
  2. For a special waste receiving facility, \$5,000.
- D. The generator of PCS or special waste receiving facility shall pay the annual registration fee within 30 days of invoice receipt.
- E. In accordance with A.R.S. § 49-855(G), a solid waste landfill that pays registration fees under A.R.S. § 49-747 is exempt from the annual registration fee under subsection (C) of this Section.
- F. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (A), (B), and (C) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (F)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

Recodified from R18-8-1606 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**R18-13-1607. Facility Approval; Application**

- A. PCS shall be treated, stored, or disposed only at a PCS disposal facility, storage facility, treatment facility, or temporary treatment facility. A facility located in Arizona shall not be

constructed or operated prior to obtaining written approval from the Department, except as provided for in A.R.S. § 49-858.

- B. The owner or operator of a PCS treatment, storage, or disposal facility shall submit an application to the Department which contains all of the information required in accordance with A.R.S. § 49-762.
- C. In addition to the requirements specified in A.R.S. § 49-762, the application shall contain all of the following:
  1. A vicinity map, in a scale not over 1:24,000, which shows where the facility is located with respect to the surroundings, including an indication of the use of the adjacent properties.
  2. An engineering report which includes all of the following:
    - a. Detailed plans and specifications for the entire facility including manufacturer's performance data and design features of treatment, pollution control, and monitoring equipment.
    - b. A site description which includes general information on the geology, hydrogeology, soils, and land use. If a facility is located within the pollution management area of a facility for which an aquifer protection permit has been issued under A.R.S. § 49-241 et seq., then the applicant may resubmit or incorporate by reference the general information.
    - c. A background soil sampling plan and results which characterize the site, including the rationale used to determine the locations, depths, and number of samples.
  3. A site map, in a scale not to exceed 1:2,400, which clearly identifies where the PCS shall be deposited, containment berms, fencing and security measures, access roads, any improvements, wells, and location of surface water courses.
  4. An operational plan which includes all of the following:
    - a. General description of the daily operations of the facility and the processes, techniques, or methods to be employed;
    - b. The source, amount, concentration of contaminants, and any other relevant information concerning the PCS to be handled;
    - c. The schedule for sampling the PCS during treatment to evaluate treatment methods;
    - d. Description of plans for final use and disposal of PCS and remediated soil, liners, piping, carbon canisters, and any other contaminated equipment;
    - e. Procedures to ensure that only waste which has been characterized is received and that hazardous waste is not received;
    - f. Procedures for random inspection of incoming loads to verify that only waste which has been characterized is accepted;
    - g. Procedures for collecting and managing run-off which comes in contact with PCS;
    - h. Procedures for recordkeeping of all inspection results, training of personnel, and sampling results;
    - i. Procedures to control public access, and prevent unauthorized entry and illegal dumping.
  5. A contingency plan for emergency preparedness which describes alternatives for storage, treatment, or disposal.
  6. A closure plan which includes:

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- a. A description of the steps necessary to close the facility, the specific proposed closure activities, and an implementation schedule;
  - b. Information on site conditions and characterization of the waste received during the life of the facility;
  - c. A description of the sampling plan utilized to sample background soil beneath the site following closure;
  - d. A description of plans for use of the land site after closure;
  - e. A description of post-closure care.
7. An affidavit that the proposed facility is in compliance with local zoning requirements in effect at the time the application is submitted.
- D.** Following completion of construction of a facility and prior to placement of PCS on the site, the owner or operator shall submit to the Department a construction certification report, including as-built plans which indicate any changes to the design or operational plans for the facility.
- E.** Plans required in accordance with this Section shall be sealed by a professional engineer registered in the state of Arizona, if required by statute.
- F.** A facility shall be in compliance with all other applicable federal, state, and local approvals or permits which are required for the design, construction, and operation of the facility.

**Historical Note**

Recodified from R18-8-1607 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1608. General Design and Performance Standards**

- A.** A facility which receives PCS for treatment, storage, or disposal shall be designed and operated to ensure compliance with the following performance standards relating to aquifer protection:
- 1. Pollutants discharged shall in no event cause or contribute to a violation of Aquifer Water Quality Standards, at the applicable point of compliance, or, if the facility is a municipal solid waste landfill, it shall comply with the requirements of A.R.S. § 49-761.01(C).
  - 2. Any pollutant discharged shall not further degrade, at the applicable point of compliance, the quality of any aquifer that already violates an Aquifer Water Quality Standard for that pollutant.
- B.** A facility which receives PCS for treatment, storage, or disposal shall meet the general design criteria of either subsection (B)(1) or (2) as follows:
- 1. The PCS shall be held within a containment system designed and constructed to preclude the migration of contaminants into subsurface soil, groundwater, or surface water. The containment system shall meet the following criteria:
    - a. Maintain a maximum permeability coefficient of no more than  $1 \times 10^{-7}$  cm/sec;
    - b. Be designed to provide structural integrity throughout the life of the facility;
    - c. Be designed in accordance with the applicable design criteria set forth in subsection (C) of this Section and R18-13-1609 through R18-13-1613; or
  - 2. An alternative design shall contain, at a minimum, all of the following and shall demonstrate that the design will limit discharges listed in A.R.S. § 49-243(D) to the maximum extent practicable:

- a. The hydrogeologic setting of the facility and the capacity of the liner and soils to preclude discharge to groundwater or surface water;
  - b. The operating methods, processes, or other alternatives to be used at the facility;
  - c. Additional factors which would influence the quality and mobility of the leachate produced and the potential for that leachate to migrate to groundwater or surface water.
- C.** A PCS treatment, storage, or disposal facility shall meet the following general design criteria:
- 1. The facility shall be designed to prevent run-on and run-off. The design shall provide run-on control for the peak discharge from a 24-hour, 25-year storm event. Run-off shall be collected and controlled for at least the water volume resulting from a 24-hour, 25-year storm event.
  - 2. The facility shall not restrict the flow of the 100-year floodplain, reduce temporary water storage capacity of the floodplain, or be maintained in a manner which results in a washout or inundation of the PCS.
  - 3. The owner or operator shall control public access and shall prevent unauthorized vehicular traffic and illegal dumping.
  - 4. The owner or operator shall manage any standing water that has come into contact with the PCS in accordance with rules promulgated pursuant to A.R.S. § 49-761 et seq.
- D.** A facility which manages PCS in accordance with the requirements of this Article shall be exempt from the aquifer protection permit requirements in accordance with A.R.S. § 49-250(B)(21).
- E.** A facility which has been issued an aquifer protection permit from the Department shall be exempt from the requirements of subsections (A) and (B) of this Section but shall comply with the requirements of subsection (C).

**Historical note**

Recodified from R18-8-1608 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1609. Treatment Facility**

- A.** The owner or operator of a PCS treatment facility shall obtain approval from the Department prior to commencement of construction or operation and shall comply with all of the following:
- 1. Not dilute PCS as a method of treatment, except as allowed in the approved plan for the facility;
  - 2. Treat the PCS or, if the chosen treatment process fails to remediate the soil to below the regulatory thresholds, dispose of the PCS pursuant to R18-13-1613.
  - 3. Sample the treated soil and provide the results of the sampling to the Department within 45 days of completion of the treatment.
- B.** A PCS treatment facility designed in accordance with R18-13-1608(B)(1) shall comply with the following specific design criteria:
- 1. At a minimum, a containment system shall include a clay, synthetic, concrete, or asphalt liner component which is placed upon a foundation or prepared subgrade which supports the liner, and resists pressure gradients above and below the liner, to prevent failure due to settlement, compression, or uplift.

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2. During construction or installation of a containment system, liners and cover systems shall be inspected for uniformity, damage, and imperfections. Immediately after construction or installation is completed, and prior to placement of PCS within the containment system, the systems shall be checked for both of the following:
  - a. Synthetic liners and covers shall be inspected to ensure tight seams and joints and the absence of tears, punctures, or blisters.
  - b. Concrete, asphalt, and soil-based liners and covers shall be inspected for imperfections including lenses, cracks, channels, root holes, or other structural non-uniformities that may cause an increase in the permeability of the liner or cover.
3. The liner component shall consist of one of the following:
  - a. A synthetic liner which is compatible with the waste and which has a minimum 6" buffer layer of sand or soil between the liner and the PCS.
  - b. A compacted soil or admixed liner provided with a minimum 6" buffer layer of sand or soil between the liner and the PCS.
  - c. An asphalt or reinforced concrete liner which is not in the drainage area of a dry well and is free of unsealed cracks and seams.
4. Aeration equipment shall be limited to the area above the buffer layers indicated in subsections (B)(2)(a) and (b).
5. The owner or operator of the facility shall utilize protective measures to ensure containment system integrity during placement, treatment, or removal of the PCS.
6. PCS stored at a treatment facility prior to treatment shall be stored in accordance with the requirements of R18-13-1611.
6. A background soil sampling plan and results which characterize the site, including the rationale used to determine the locations, depths and number of samples;
7. A site map, in a scale not to exceed 1:2,400, which clearly identifies where the PCS shall be deposited, containment berms, fencing and security measures, access roads, any improvements, wells, and location of surface water courses;
8. An operational plan which includes all of the following:
  - a. General description of the daily operations of the facility and the processes, techniques, or methods to be employed;
  - b. The source, amount, concentration of contaminants, and any other relevant information concerning the PCS to be handled;
  - c. The schedule for sampling the PCS during treatment to evaluate treatment methods;
  - d. Description of plans for final use and disposal of PCS and remediated soil, liners, piping, carbon canisters, and any other contaminated equipment;
9. A closure and post-closure care plan which includes both of the following:
  - a. A description of the steps necessary to close the facility, the specific proposed closure activities, and an implementation schedule;
  - b. A description of the sampling plan utilized to sample background soil beneath the site following closure.
- C. A temporary treatment facility shall not be operated for more than one year unless a one-time extension is granted by the Department. The Department may grant an extension of up to one additional year if all of the following are met:
  1. The inability to perform is caused by events beyond the control of the owner or operator, including acts of God, which include flood, tornado, earthquake, and causes beyond the owner's or operator's control including fire, explosion, unforeseen strikes or work stoppages, riot, sabotage, public enemy, war, requirements established by courts of competent jurisdiction, and other governing law. Financial inability to perform shall not be justification for an extension.
  2. The owner and operator submits to the Department verifiable documentation which includes all of the following:
    - a. A description of the circumstances causing any delay;
    - b. Evidence of the existence of the circumstance;
    - c. A description of past, present, and future measures taken or to be taken by the owner or operator to prevent or minimize any delay;
    - d. A timetable by which the owner and operator will resume and complete required performance.
  3. The request is received at least 60 days prior to the expiration of the year in which the facility first received PCS. Where the Department grants an extension, that extension shall be granted prior to the expiration of the deadline and communicated to the owner or operator in writing.

**Historical Note**

Recodified from R18-8-1609 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4).

**R18-13-1610. Temporary Treatment Facility**

- A. The owner or operator of a temporary treatment facility shall treat and remove all PCS from the temporary treatment facility within one year from the date of commencement of receipt of PCS for treatment. PCS shall not be diluted to meet any treatment requirement, except in accordance with the approved plan.
- B. A temporary treatment facility shall obtain approval from the Department prior to commencing construction or operation. In lieu of the requirements of R18-13-1607(C), an application for approval shall contain all of the following:
  1. An affidavit signed by the owner or operator of the temporary treatment facility which states that the facility will comply with the requirements of this Article;
  2. An affidavit that the proposed facility is in compliance with local zoning requirements in effect at the time the application is submitted;
  3. Application information required pursuant to A.R.S. § 49-762.03(C)) for plan approval for temporary treatment facilities;
  4. A vicinity map, in a scale not over 1:24,000, which shows where the facility is located with respect to the surroundings, including an indication of the use of the adjacent properties;
  5. A site description which includes general information on the geology, hydrogeology, soils, and land use;
- D. A temporary treatment facility shall meet the design criteria as specified in R18-13-1608 and R18-13-1609(B).
- E. PCS stored at a temporary treatment facility prior to treatment shall be stored in accordance with the requirements of R18-13-1611.
- F. In accordance with A.R.S. §§ 49-762.03(C), a temporary treatment facility shall be exempt from the notice and public hearing requirements set forth in A.R.S. § 49-762.04(A).

**Historical Note**

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Recodified from R18-8-1610 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1611. Storage Facility**

- A. A shipment of PCS shall not be stored for a period exceeding one year from the date the PCS is received.
- B. Each shipment of contaminated soil shall be identified by source and stored in a manner which does not allow commingling of different shipments until all sampling results have been obtained. PCS shall be stored within an approved containment system and shall not be commingled with treated soils.
- C. A PCS storage facility shall obtain approval from the Department prior to commencement of construction or operation. A PCS storage facility designed in accordance with R18-13-1608(B)(1) shall comply with either of the following:
  1. The containment system shall meet the requirements of R18-13-1609(B).
  2. The PCS shall be stored in tanks or containers which meet the requirements of subsection (E) of this Section.
- D. A PCS storage area or each tank or container used for storage shall be marked as follows:  
 CAUTION: CONTAINS PETROLEUM-CONTAMINATED SOIL  
 GENERATOR NAME:  
 GENERATOR ID#:  
 ACCUMULATION START DATE:  
 The owner or operator of the storage facility shall fill in the accumulation start date at the time the PCS is placed into storage. The letters shall be legible, not obstructed from view, on a high contrast background, and sufficiently durable to equal or exceed the duration of storage. Lettering size shall be 2.5 cm (1 inch) and in Sans Serif, Gothic, or Block style.
- E. A tank or container used to store PCS shall meet all of the following requirements:
  1. Prevent leakage of PCS and any free liquids from the tank or container;
  2. Be made of, or lined with, materials which will not react with the PCS;
  3. Be kept closed during storage except to add or remove PCS;
  4. Not be opened, handled, or stored in a manner which may rupture the tank or container or cause it to leak;
  5. Shall be inspected monthly by the owner or operator of the storage facility for leaks and for deterioration. A written record of the inspection shall be prepared at the time of the inspection and shall document corrective action, if any, taken as a result of the inspection.
- F. A PCS storage facility at which PCS is stored in piles shall comply with both of the following:
  1. All storage piles shall be covered or otherwise managed to control wind dispersal of the PCS.
  2. Storage piles of PCS shall be inspected weekly and a written record of the inspection shall be prepared at the time of the inspection which documents any corrective action taken as a result of the inspection. The record shall document detection of any of the following:
    - a. Deterioration, malfunctions, or improper operation of run-on and run-off control systems;
    - b. Malfunctioning of wind dispersal control systems;
    - c. The presence of leachate in and the malfunctioning of any leachate collection and removal systems.

**Historical Note**

Recodified from R18-8-1611 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4).

**R18-13-1612. Accumulation Sites**

- A. PCS from one or more points of generation under the control of a single generator may be accumulated in an accumulation site under the control of that generator for up to 90 days prior to shipment of the PCS to a storage, disposal, or treatment facility.
- B. An accumulation site shall comply with the storage facility requirements set forth in R18-13-1611, except subsection (A) of that Section. An accumulation site shall not be required to comply with the requirements in R18-13-1607.
- C. While PCS is at an accumulation site, the owner or operator shall control public access and prevent unauthorized vehicular traffic and illegal dumping. PCS shall be managed to prevent the PCS from being exposed to storm water run-on or run-off.

**Historical Note**

Recodified from R18-8-1612 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4).

**R18-13-1613. Disposal**

- A. PCS shall be disposed at a special waste receiving facility which has been approved for the disposal of PCS, or at a hazardous waste management facility as defined in R18-13-260(E)(13).
- B. A PCS disposal facility designed in accordance with R18-13-1608(B)(1) shall comply with the following specific design criteria:
  1. The disposal facility shall be designed with a composite liner, as defined in subsection (B)(2), and a leachate collection system that is designed and constructed to maintain less than a 12-inch depth of leachate over the liner.
  2. For purposes of this Section, "composite liner" means a system consisting of two components: the upper component shall consist of a minimum 30-mil flexible membrane liner (FML) and the lower component shall consist of at least a two-foot layer of compacted soil with a permeability coefficient of no more than  $1 \times 10^{-7}$  cm/sec. FML components consisting of high density polyethylene (HDPE) shall be at least 60 mil thick. The FML component shall be installed in direct and uniform contact with the compacted soil component.

**Historical Note**

Recodified from R18-8-1613 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4). Amended by final expedited rulemaking at 27 A.A.R. 57, with an immediate effective date of January 5, 2021 (Supp. 21-1).

**R18-13-1614. Records**

Records required to be kept pursuant to this Article shall be maintained by the owner or operator and made available for inspection by the Director for a period of three years or longer during the course of an enforcement action or litigation.

**Historical Note**

Recodified from R18-8-1614 at 8 A.A.R. 5172, effective November 27, 2002 (Supp. 02-4).

**ARTICLE 17. FINANCIAL ASSURANCE****R18-13-1701. Definitions**

1. "Book net worth" means the net difference between total assets and total liabilities.



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2. "Face amount" means the total amount the insurer is obligated to pay under the policy.
3. "Net working capital" means current assets minus current liabilities.
4. "Substantial business relationship" means a pattern of recent or ongoing business transactions to the extent that a guaranty contract issued incident to that relationship is valid and enforceable.
5. "Tangible net worth" means an owner or operator's book net worth, plus subordinated debts, less goodwill, patent rights, royalties, and assets and receivables due from affiliates or shareholders.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1702. Reserved****R18-13-1703. Financial Demonstrations for CCR Facilities**

- A.** Financial demonstration. The owner or operator of a CCR facility for which a financial demonstration is required under this Chapter shall demonstrate financial capability to meet all of the following based on third-party cost estimates that are representative of regional fair market costs:
1. Cost of Facility Closure for all applicable units at the facility,
  2. Cost to Ensure Proper Post-Closure Care for all applicable units at the Facility, and
  3. Cost to perform any corrective action as a result of known releases at all applicable units at the facility
- B.** The owner or operator shall:
1. Submit a letter signed by the chief financial officer stating that the owner or operator is financially capable of meeting the costs described in subsection (A);
  2. For a state or federal agency, county, city, town, or other local governmental entity, submit a statement specifying the details of the financial arrangements used to meet the estimated costs described in subsection (A), including any other details that demonstrate how the owner or operator is financially capable of meeting those costs;
  3. For other than a state or federal agency, county, city, town, or other local governmental entity, submit the information required for at least one of the financial assurance mechanisms listed in R18-13-1704 that covers the closure, post-closure, and corrective action costs submitted under subsection (A), including:
    - a. The selected financial mechanism or mechanisms;
    - b. The amount covered by each financial mechanism;
    - c. The institution or company that is responsible for each financial mechanism used in the demonstration;
    - d. Any other details that demonstrate how the owner or operator is financially capable of meeting the costs described in R18-13-1020(A)(2) or other applicable rules in this Chapter.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**R18-13-1704. Financial Assurance Mechanisms**

- A.** The owner or operator of a CCR facility for which a financial demonstration under R18-13-1703 is required by this Chapter may use any one or a combination of the following mecha-

nisms to cover the financial assurance obligations under R18-13-1703(A):

1. Financial test for self-assurance. If an owner or operator uses a financial test for self-assurance, the owner or operator shall not consolidate the financial statement with a parent or sibling company. The owner or operator shall make the demonstration in either subsection (1)(a) or (b) and submit the information required in subsection (1)(c):
  - a. The owner or operator may demonstrate:
    - i. One of the following:
      - (1) A ratio of total liabilities to net worth less than 2.0 and a ratio of current assets to current liabilities greater than 1.5;
      - (2) A ratio of total liabilities to net worth less than 2.0 and a ratio of the sum of net annual income plus depreciation, depletion, and amortization to total liabilities greater than 0.1; or
      - (3) A ratio of the sum of net annual income plus depreciation, depletion, and amortization to total liabilities greater than 0.1 and a ratio of current assets to current liabilities greater than 1.5;
    - ii. The net working capital and tangible net worth of the owner or operator each are at least six times the closure, post-closure and corrective action cost estimates; and
    - iii. The owner or operator has assets in the U.S. of at least 90 percent of total assets or six times the closure, post-closure and corrective action cost estimates; or
  - b. The owner or operator may demonstrate:
    - i. The owner or operator's senior unsecured debt has a current investment-grade rating as issued by Moody's Investor Service, Inc.; Standard and Poor's Corporation; or Fitch Ratings;
    - ii. The tangible net worth of the owner or operator is at least six times the closure, post-closure and corrective action cost estimates; and
    - iii. The owner or operator has assets in the U.S. of at least 90 percent of total assets or six times the closure, post-closure and corrective action cost estimates; and
  - c. The owner or operator shall submit:
    - i. A letter signed by the owner or operator's chief financial officer that identifies the criterion specified in subsection (1)(a) or (b) and used by the owner or operator to satisfy the financial assurance requirements of this Section, an explanation of how the owner or operator meets the criterion, and certification of the letter's accuracy, and
    - ii. A statement from an independent certified public accountant verifying that the demonstration submitted under subsection (1)(c)(i) is accurate based on a review of the owner or operator's financial statements for the latest completed fiscal year or more recent financial data and no adjustment to the financial statement is necessary.
2. Performance surety bond. The owner or operator may use a performance surety bond if all the following conditions are met:

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- a. The company providing the performance bond is listed as an acceptable surety on federal bonds in Circular 570 of the U.S. Department of the Treasury;
- b. The bond provides for performance of all the covered items listed in R18-13-1703(A) by the surety, or by payment into a standby trust fund of an amount equal to the penal amount if the owner or operator fails to perform the required activities;
- c. The penal amount of the bond is at least equal to the amount of the cost estimate developed in R18-13-1703(A) if the bond is the only method used to satisfy the requirements of this Section or a pro-rata amount if used with another financial assurance mechanism;
- d. The surety bond names the Arizona Department of Environmental Quality as beneficiary;
- e. The original surety bond is submitted to the Director;
- f. Under the terms of the bond, the surety is liable on the bond obligation when the owner or operator fails to perform as guaranteed by the bond; and
- g. The surety payments under the terms of the bond are deposited directly into the Standby Trust Fund.
3. Certificate of deposit. The owner or operator may use a certificate of deposit if the following conditions are met:
  - a. The owner or operator submits to the Director one or more certificates of deposit made payable to or assigned to the Department to cover the owner or operator's financial assurance obligation or a pro-rata amount if used with another financial assurance mechanism;
  - b. The certificate of deposit is insured by the Federal Deposit Insurance Corporation and is automatically renewable;
  - c. The bank assigns the certificate of deposit to the Arizona Department of Environmental Quality;
  - d. Only the Department has access to the certificate of deposit; and
  - e. Interest accrues to the owner or operator during the period the owner or operator gives the certificate as financial assurance, unless the interest is required to satisfy the requirements in R18-13-1703(A).
4. Trust fund. The owner or operator may use a trust fund if the following conditions are met:
  - a. The trust fund names the Arizona Department of Environmental Quality as beneficiary, and
  - b. The trust is initially funded in an amount at least equal to:
    - i. The cost estimate for the items submitted under R18-13-1703(A),
    - ii. The amount specified in a compliance schedule approved in a CCR facility permit, or
    - iii. A pro-rata amount if used with another financial assurance mechanism.
5. Letter of credit. The owner or operator may use a letter of credit if the following conditions are met:
  - a. The financial institution issuing the letter is regulated and examined by a federal or state agency;
  - b. The letter of credit is irrevocable and issued for at least one year in an amount equal to the cost estimate submitted under R18-13-1703(A) or a pro rata amount if used with another financial assurance mechanism. The letter of credit provides that the expiration date is automatically extended for a period of at least one year unless the issuing institution has canceled the letter of credit by sending notice of cancellation by certified mail to the owner or operator and the Director 90 days in advance of cancellation or expiration. The owner or operator shall provide alternate financial assurance within 60 days of receiving the notice of expiration or cancellation;
  - c. The financial institution names the Arizona Department of Environmental Quality as beneficiary for the letter of credit; and
  - d. The letter is prepared by the financial institution and identifies the letter of credit issue date, expiration date, dollar sum of the credit, the name and address of the Department as the beneficiary, and the name and address of the owner or operator.
6. Insurance policy. The owner or operator may use an insurance policy if the following conditions are met:
  - a. The insurance is effective before signature of the permit or substitution of insurance for other extant financial assurance instruments posted with the Director;
  - b. The insurer is authorized to transact the business of insurance in the state and has an AM BEST Rating of at least a B+ or the equivalent;
  - c. The owner or operator submits a copy of the insurance policy to the Department;
  - d. The insurance policy guarantees that funds are available to pay costs for all items listed under R18-13-1703(A) without a deductible. The policy also guarantees that once cleanup steps begin that the insurer will pay out funds to the Director or other entity designated by the Director up to an amount equal to the face amount of the policy;
  - e. The policy guarantees that while closure, post-closure, or corrective action activities are conducted the insurer will pay out funds to the Director or other entity designated by the Director up to an amount equal to the face amount of the policy;
  - f. The insurance policy is issued for a face amount at least equal to the current cost estimate submitted to the Director for performance of all items listed under R18-13-1703(A) or a pro-rata amount if used with another financial assurance mechanism. Actual payments by the insurer will not change the face amount, although the insurer's future liability is reduced by the amount of the payments, during the policy period;
  - g. The insurance policy names the Arizona Department of Environmental Quality as additional insured;
  - h. The policy contains a provision allowing assignment of the policy to a successor owner or operator. The transfer of the policy is conditional upon consent of the insurer and the Department; and
  - i. The insurance policy provides that the insurer does not cancel, terminate, or fail to renew the policy except for failure to pay the premium. The automatic renewal of the policy, at a minimum, provides the insured with a renewal option at the face amount of the expiring policy. If the owner or operator fails to pay the premium, the insurer may cancel the policy by sending notice of cancellation by certified mail to the owner or operator and to the Director 90 days in advance of the cancellation. If the insurer cancels

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the policy, the owner or operator shall provide alternate financial assurance within 60 days of receiving the notice of cancellation.

7. Cash deposit. The owner or operator may use a cash deposit if the cash is deposited with the Department to cover the financial assurance obligation under R18-13-1703(A).
8. Guarantees.

- a. The owner or operator may use guarantees to cover the financial assurance obligations under R18-13-1703(A) if the following conditions are met:

- i. The owner or operator submits to the Department an affidavit certifying that the guarantee arrangement is valid under all applicable federal and state laws. If the owner or operator is a corporation, the owner or operator shall include a certified copy of the corporate resolution authorizing the corporation to enter into an agreement to guarantee the owner or operator's financial assurance obligation;
- ii. The owner or operator submits to the Department documentation that explains the substantial business relationship between the guarantor and the owner or operator;
- iii. The owner or operator demonstrates that the guarantor meets conditions of the financial mechanism listed in subsection (1). For purposes of applying the criteria in subsection (1) to a guarantor, substitute "guarantor" for the term "owner or operator" as used in subsection (1);
- iv. The guarantee is governed by and complies with state law;
- v. The guarantee continues in full force until released by the Director or replaced by another financial assurance mechanism listed under subsection (1);
- vi. The guarantee provides that, if the owner or operator fails to perform closure, post-closure care or corrective action of a facility covered by the guarantee, the guarantor shall perform or pay a third party to perform closure, post-closure care or corrective action, as required by the permit, or establish a fully funded trust fund as specified under subsection (4) in the name of the owner or operator; and
- vii. The guarantor names the Arizona Department of Environmental Quality as beneficiary of the guarantee.

- b. Guarantee reporting. The guarantor shall notify or submit a report to the Department within 30 days of:
  - i. An increase in financial responsibility during the fiscal year that affects the guarantor's ability to meet the financial demonstration;
  - ii. Receiving an adverse auditor's notice, opinion, or qualification; or
  - iii. Receiving a Department notification requesting an update of the guarantor's financial condition.

9. An owner or operator may use a financial assurance mechanism not listed in subsections (1) through (8) if approved by the Director.

- B. Loss of coverage. If the Director believes that an owner or operator will lose financial capability under this Section, the

owner or operator shall, within 30 days from the date of receipt of the Director's request, submit evidence that the financial demonstration under R18-13-1703 is being met or provide an alternative financial assurance mechanism.

- C. Financial assurance mechanism substitution. An owner or operator may substitute one financial assurance mechanism for another if the substitution is approved by the Director through a permit modification or other Department approval.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 1363 (April 25, 2025), effective date June 1, 2025 (Supp. 25-2).

**ARTICLE 18. RESERVED****ARTICLE 19. LEAD ACID BATTERY RECYCLING****EMERGENCY RULEMAKING****R18-13-1901. Collection or Recycling Facility of Lead Acid Batteries; Registration**

- A. Initial registration. The owner or operator of an existing collection or recycling facility that accepts lead acid batteries shall register with the Department on a form approved by the Department. A collection or recycling facility shall not begin operation to accept lead acid batteries until the owner or operator registers with the Department on a form approved by the Department that includes a statement that the facility is in compliance with A.R.S. § 44-1322.
- B. For purposes of this Section, "lead acid battery" means a battery with a core of elemental lead and a capacity of six or more volts that is suitable for use in a vehicle or a boat.

**Historical Note**

Amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).

**R18-13-1901. Collection or Recycling Facility of Lead Acid Batteries; Registration; Fees**

- A. Initial registration. The owner or operator of an existing collection or recycling facility that accepts lead acid batteries as of the effective date of this Section shall register with the Department by March 1, 2025, on a form approved by the Department. A collection or recycling facility shall not begin operation to accept lead acid batteries until the owner or operator registers with the Department on a form approved by the Department that includes a statement that the facility is in compliance with A.R.S. § 44-1322. The owner or operator of a new collection or recycling facility of lead acid batteries shall submit an initial registration fee of \$810 at the time of registration under this subsection.
- B. Annual registration fee. The Department shall bill an annual registration fee of \$675 to a registered collection or recycling facility that has not filed a notice of termination of registration with the Department. The owner or operator of a registered collection or recycling facility shall pay the annual registration fee within 30 days of invoice receipt.
- C. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (A) and (B) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-

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Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.

2. Round the result from subsection (C)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.
- D. For purposes of this Section, “lead acid battery” means a battery with a core of elemental lead and a capacity of six or more volts that is suitable for use in a vehicle or a boat.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**ARTICLE 20. USED OIL****R18-13-2001. Definitions**

- A. “40 CFR 279”, and any section therein, refers to 40 CFR part 279, as amended on January 1, 1997, and no future editions or later amendments. Copies of 40 CFR 279 are available at <https://www.govinfo.gov/app/collection/cfr/>. Copies are on file with the Department.
- B. “CFR” means the Code of Federal Regulations.
- C. “Department” means the Arizona Department of Environmental Quality.
- D. “Used oil” means the same as defined in 40 CFR 279.1 and includes oil that has been contaminated as a result of handling, transportation, or storage.
- E. “Used oil collection center” means the same as defined in 40 CFR 279.1.
- F. “Used oil burner” means the same as defined in 40 CFR 279.1.
- G. “Used oil fuel marketer” means the same as defined in 40 CFR 279.1.
- H. “Used oil handler” means a used oil burner, used oil marketer, used oil transporter, or used oil processor.
- I. “Used oil processor” means the same as defined in 40 CFR 279.1.
- J. “Used oil transporter” means the same as defined in 40 CFR 279.1.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**EMERGENCY RULEMAKING****R18-13-2002. Used Oil Handler Registration**

Initial registration. A new used oil handler that has received, or is required to obtain, an EPA identification number pursuant to 40 CFR 279 shall not begin operation until the owner or operator registers with the Department on a form approved by the Department.

**Historical Note**

Amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).

**R18-13-2002. Used Oil Handler Registration; Fee**

- A. Initial registration. A new used oil handler that has received, or is required to obtain, an EPA identification number pursuant to 40 CFR 279 shall not begin operation until the owner or operator registers with the Department on a form approved by the Department. A new used oil handler shall submit an initial registration fee at the time of registration under this subsection as follows:

1. For a used oil processor, \$9,000;
2. For a used oil burner, \$15,000;
3. For a used oil transporter, \$1,800; and
4. For a used oil fuel marketer, \$1,800.

- B. Annual registration fee. The Department shall bill an annual registration fee to a used oil handler that has received, or is required to obtain, an EPA identification number pursuant to 40 CFR 279 that has not filed a notice of termination of registration with the Department as follows:

1. For a used oil processor, \$7,500;
2. For a used oil burner, \$12,500;
3. For a used oil transporter, \$1,500; and
4. For a used oil fuel marketer, \$1,500.

- C. The registered used oil handler shall pay the annual registration fee within 30 days of invoice receipt.

- D. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsections (A) and (B) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:

1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
2. Round the result from subsection (D)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**R18-13-2003. Used Oil Collection Center Identification Number; Requirements**

- A. A used oil collection center shall request a used oil collection center identification number on a form provided by the Director pursuant to A.R.S. § 49-802(C) that contains all of the following:
  1. The company name;
  2. The name of the owner of the company;
  3. The mailing address and telephone number of the company;
  4. The location of the collection center; and
  5. A description of the type of used oil activity at the company.
- B. Within 30 days of receiving the completed form, the Director shall issue the identification number to the used oil collection center.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**ARTICLE 21. SOLID WASTE LANDFILL REGISTRATION AND DISPOSAL FEES**

*Article 21, consisting of Sections R18-13-2101 through R18-13-2103, made by final rulemaking at 9 A.A.R. 1770, effective July 14, 2003 (Supp. 03-2).*

**R18-13-2101. Definitions**

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In addition to the definitions in A.R.S. §§ 49-701 and 49-701.01, for the purpose of this Article, the terms used in this Article have the following meanings:

1. "Defined time period" means the 12-month period that begins on July 1 of a calendar year and ends on June 30 of the following calendar year and consists of the actual number of calendar days in that 12-month period.
2. "Disposal fee invoice" means the quarterly landfill disposal fee invoice the Department mails to a landfill operator, on which the landfill operator indicates the amount of waste received and the amount of the disposal fees owed to the Department as required under A.R.S. § 49-836.
3. "Local public facility" means a facility operated pursuant to A.R.S. § 49-741.
4. "Recycling residue" means waste generated from recycling:
  - a. Solid waste; or
  - b. Effluent from a secondary wastewater treatment plant or wastewaters.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1770, effective July 14, 2003 (Supp. 03-2). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**EMERGENCY RULEMAKING****R18-13-2102. Solid Waste Landfill Registration; Annual Registration Fee**

- A. An operator of a new solid waste landfill shall register the solid waste landfill with the Department on a form approved by the Department.
- B. An existing solid waste landfill shall pay an annual registration fee within 30 days of receipt of an invoice from the Department according to the following:
  1. For municipal solid waste landfills that received less than 12,000 tons during the defined time period, \$1,856.
  2. For municipal solid waste landfills that received at least 12,000 tons but less than 60,000 tons during the defined time period, \$3,713.
  3. For municipal solid waste landfills that received at least 60,000 tons but less than 225,000 tons or more during the defined time period, \$10,000.
  4. For municipal solid waste landfills that received 225,000 tons or more during the defined time period, \$18,565.
  5. For non-municipal solid waste landfills that received less than 60,000 tons during the defined time period, \$5,000.
  6. For non-municipal solid waste landfills that received 60,000 tons or more during the defined time period, \$5,569.

**Historical Note**

Amended by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).

**R18-13-2102. Solid Waste Landfill Registration; Annual Registration Fee**

- A. An operator of a new solid waste landfill shall register the solid waste landfill with the Department on a form approved by the Department.

- B. An existing solid waste landfill shall pay an annual registration fee within 30 days of receipt of an invoice from the Department according to the following:
  1. For solid waste landfills that received less than 60,000 tons during the defined time period, \$5,000.
  2. For solid waste landfills that received at least 60,000 tons but less than 225,000 tons during the defined time period, \$10,000.
  3. For solid waste landfills that received 225,000 tons or more during the defined time period, \$18,565.
- C. The Department shall determine the amount of waste received by a solid waste landfill by one of the following methods:
  1. As the reported tons of solid waste received on the disposal fee invoices over the defined time period; or
  2. As the reported units of compacted or uncompacted solid waste received on the disposal fee invoices and reported under R18-13-2104 over the defined time period.
- D. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (B) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (C)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1770, effective July 14, 2003 (Supp. 03-2). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**EMERGENCY RULEMAKING****R18-13-2103. Repealed****Historical Note**

Repealed by emergency rulemaking at 31 A.A.R. 1897 (June 13, 2025), effective June 6, 2025, for 180 days (Supp. 25-2).

**R18-13-2103. Landfill Closure and Post-Closure Care Obligations; Fees**

- A. The Department shall calculate and the solid waste landfill shall pay the annual landfill registration fee until the first defined time period after the solid waste landfill stops accepting waste.
- B. From the time a solid waste landfill stops accepting waste as specified in subsection (A), until the owner or operator of the solid waste landfill has completed closure and is released from its obligation for post-closure care as required by A.R.S. §§ 49-761 or 49-770, the annual registration fee is \$3,500.
- C. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (B) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the

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year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.

2. Round the result from subsection (C)(1) to the nearest cent. ADEQ shall post the new amounts on its webpage and install them in the billing software as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1770, effective July 14, 2003 (Supp. 03-2). Amended by final rulemaking at 18 A.A.R. 1217, effective July 1, 2012 (Supp. 12-2). Amended by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**R18-13-2104. Solid Waste Landfill Disposal Fee; Exemptions**

- A. The operator of a solid waste landfill shall pay to the Department the disposal fee required by A.R.S. § 49-836 as follows:
  1. \$.58 for each six cubic yards of uncompacted solid waste;
  2. \$.58 for each three cubic yards of compacted solid waste; or
  3. \$.58 per ton of solid waste.
- B. A solid waste landfill that receives only waste generated on site shall compute the fee in subsection (A) of this Section by one of the following methods:
  1. By actual volume or weight; or
  2. By estimate based on landfill capacity use, volume or number of waste loads or any other reasonable means for approximating the volume or weight of disposed waste.
- C. Facilities that generate recycling residue shall pay the disposal fee required by A.R.S. § 49-836 as follows, to an annual maximum of \$34,942.20, for on-site disposal:
  1. \$.29 for the dry weight or volume of the recycling residue generated; or
  2. \$.29 for the dewatered weight or volume of the recycling residue generated.
- D. A person who for a fee disposes of waste in a solid waste landfill that is not regulated by the Department shall keep accurate records of the waste disposed of in those landfills and shall pay to the Department the disposal fee as prescribed in subsection (A) of this Section.
- E. The operator of a local public facility that does not have on-site operators or scales shall pay to the Department a fee that shall be calculated by multiplying the population of the political subdivision served by the local public facility by \$.16.
- F. A person who is subject to fees under this Section shall sign and submit a form prepared by the Department with each fee payment. The form shall state the total volume or weight of solid waste disposed of at that landfill during the payment period.
- G. The following are exempt from the requirements of this Section:
  1. Persons disposing of a load containing less than six cubic yards of uncompacted solid waste or three cubic yards of compacted solid waste.
  2. A site used solely for the reclamation of land through the introduction of landscaping rubble or inert material.
  3. Material produced in connection with a mining or metallurgical operation.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**ARTICLE 22. NEW TIRE SELLERS****R18-13-2201. Definitions**

- A. "Motor vehicle" means any automobile, motorcycle, truck, trailer, semitrailer, truck tractor and semitrailer combination or other vehicle operated on the roads of this state, used to transport persons or property and propelled by power other than muscular power, but motor vehicle does not include traction engines, vehicles that run only on a track, bicycles or mopeds.
- B. "Tire seller" means a retail seller of motor vehicle tires or a wholesale seller of motor vehicle tires who sells tires to the state, to a political subdivision of the state, or to a private entity not for resale, and includes a person whose retail sales of new motor vehicle tires are not in the ordinary course of business.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

**R18-13-2202. New Tire Sellers; Fee**

- A. Beginning April 1, 2025, a tire seller of new motor vehicle tires shall collect a fee of 2% of the retail sales price, not including transaction privilege tax, of each tire to a maximum of \$4.66 per tire. For the sale of a new motor vehicle with a gross weight of under 10,000 pounds by a manufacturer to a wholesaler or retailer, if the sales price of the tires is not specified by the manufacturer, the tire seller shall collect a fee of \$2.33 per tire.
- B. A seller required to collect a fee under subsection (A) of this Section may credit \$.10 per tire against the fee for expenses incurred by the seller for accounting and reporting related to the fee.
- C. A seller who collects a fee under subsection (A) of this Section shall remit the fee to the Arizona Department of Revenue for deposit on a quarterly basis in the waste tire fund established pursuant to section A.R.S. § 44-1305.
- D. Beginning July 1, 2026, the Director shall adjust the fee amounts in subsection (A) of this Section annually by the following method, except that no adjustment in any year shall exceed four percent of the fee amount of the preceding year:
  1. Multiply the amount by the October CPI for the most recent year and then divide by the October CPI for the year 2024. The October CPI for any year is the Consumer Price Index for All Urban Consumers, Phoenix-Mesa-Scottsdale, AZ, all items, published by the United States Department of Labor at [www.bls.gov/cpi/regional-resources.htm](http://www.bls.gov/cpi/regional-resources.htm), for October of that year.
  2. Round the result from subsection (D)(1) to the nearest cent. ADEQ shall notify the Arizona Department of Revenue of the adjusted fee amounts and post the new amounts on its webpage as soon as practicable.

**Historical Note**

New Section made by final rulemaking at 31 A.A.R. 348 (January 24, 2025), with an immediate effective date of December 24, 2024 (Supp. 24-4).

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**ARTICLE 23. RESERVED****ARTICLE 24. RESERVED****ARTICLE 25. EXPIRED****R18-13-2501. Expired****Historical Note**

Section adopted by final rulemaking at 5 A.A.R. 4654, effective November 15, 1999 (Supp. 99-4). Section expired under A.R.S. § 41-1056(J), at 23 A.A.R. 3429, effective October 10, 2017 (Supp. 17-4).

**ARTICLE 26. EXPIRED****R18-13-2601. Expired****Historical Note**

Section made by exempt rulemaking at 14 A.A.R. 4258, effective October 20, 2008 (Supp. 08-4). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 705, effective April 6, 2010 (Supp. 10-2).

**R18-13-2602. Expired****Historical Note**

Section made by exempt rulemaking at 14 A.A.R. 4258, effective October 20, 2008 (Supp. 08-4). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 705, effective April 6, 2010 (Supp. 10-2).

**R18-13-2603. Expired****Historical Note**

Section made by exempt rulemaking at 14 A.A.R. 4258, effective October 20, 2008 (Supp. 08-4). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 705, effective April 6, 2010 (Supp. 10-2).

**R18-13-2604. Expired****Historical Note**

Section made by exempt rulemaking at 14 A.A.R. 4258, effective October 20, 2008 (Supp. 08-4). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 705, effective April 6, 2010 (Supp. 10-2).

**ARTICLE 27. EXPIRED****R18-13-2701. Expired****Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 848, effective July 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 1503, effective July 1, 2010 (Supp. 10-3). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2984, effective September 15, 2016 (Supp. 16-3).

**R18-13-2702. Expired****Historical Note**

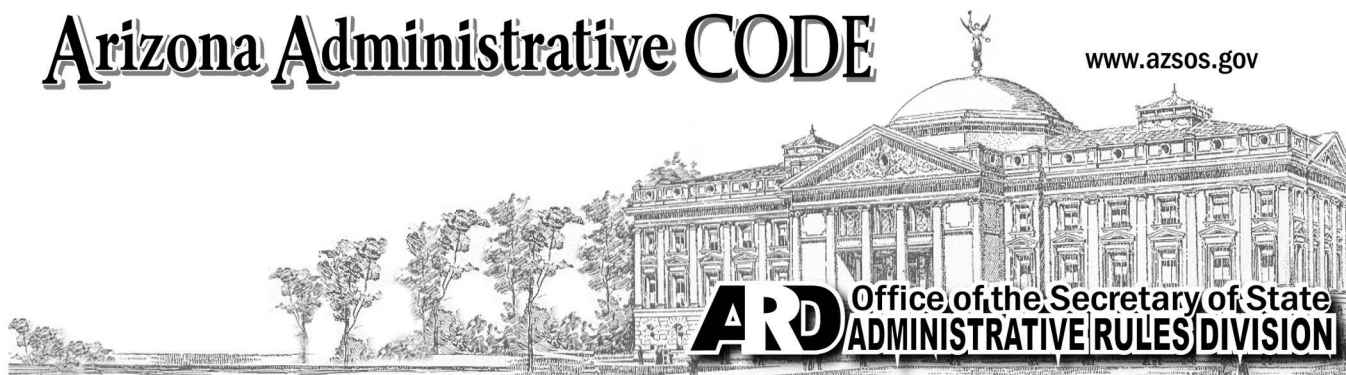
New Section made by exempt rulemaking at 16 A.A.R. 848, effective July 1, 2010 (Supp. 10-2). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2984, effective September 15, 2016 (Supp. 16-3).

**R18-13-2703. Expired****Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 848, effective July 1, 2010 (Supp. 10-2). Section and fee table expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2984, effective September 15, 2016 (Supp. 16-3).

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## TITLE 18. ENVIRONMENTAL QUALITY

### CHAPTER 18. DEPARTMENT OF ENVIRONMENTAL QUALITY - EMERGENCY PLANNING AND HAZARDOUS MATERIALS TRAINING

#### 18 A.A.C. 18

#### Supplement Information

#### Supp. 25-2

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 21-3, 1-6 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### PERSONAL USE/COMMERCIAL USE

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

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## Administrative Rules Division

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**TITLE 18. ENVIRONMENTAL QUALITY****CHAPTER 18. DEPARTMENT OF ENVIRONMENTAL QUALITY - EMERGENCY PLANNING AND HAZARDOUS MATERIALS TRAINING**

Authority: A.R.S. § 49-123(F) and (I)

**Supp. 25-2**

*Editor's Note: Chapter 208 (H.B. 2274), 52 Legislature, 2015 First Regular Session, transferred the duties of the Arizona Emergency Response Commission to the Department of Environmental Quality. The rules in this Chapter were recodified from 8 A.A.C. 4 and 8 A.A.C. 2, Article 6, at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).*

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## Section

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Article 2, consisting of Sections R18-18-201 through R18-18-205, recodified from R8-2-601 through R8-2-605, at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

## Section

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## CHAPTER 18. DEPARTMENT OF ENVIRONMENTAL QUALITY - EMERGENCY PLANNING AND HAZARDOUS MATERIALS

**ARTICLE 1. EMERGENCY PLANNING AND COMMUNITY RIGHT TO KNOW****R18-18-101. Definitions**

- A.** The definitions in A.R.S. § 49-121 apply to this Chapter.
- B.** In this Article, unless specified otherwise:
1. "Emergency planning district" means an area that the Commission designates to facilitate preparing and implementing an emergency response plan.
  2. "EPA" means the United States Environmental Protection Agency.
  3. "EPCRA" means the Emergency Planning and Community Right-to-Know Act of 1986, commonly known as SARA Title III.
  4. "FD" means local fire department or the fire district with jurisdiction for a particular facility.
  5. "Hazardous substance" means a substance on the list that appears at 40 CFR 302.4.
  6. "LEPC" means "Committee," as prescribed at A.R.S. § 49-121.
  7. "NIMS" means National Incident Management System.
  8. "Reportable release" means a release that is not excluded under 40 CFR 355.40.
  9. "TPQ" means threshold planning quantity and has the same meaning as prescribed at 40 CFR 355.20.

**Historical Note**

New Section R18-18-101 recodified from R8-4-101 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3). Amended by final expedited rulemaking at 31 A.A.R. 1706 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-18-102. General Provisions**

- A.** The Commission shall make all forms referenced in this Chapter available on its internet site.
- B.** The owner or operator of a facility that is required to submit information under this Article may submit the information electronically to the Commission and LEPC and to the FD if, as indicated on the Commission's web site, the FD has entered into an agreement with the Commission regarding electronic submission.
- C.** When the chair of an LEPC forwards to the Commission an item requiring action by the Commission before its next meeting, the Executive Director of the Commission shall respond to the LEPC on behalf of the Commission until the Commission takes action at its next meeting.

**Historical Note**

New Section R18-18-102 recodified from R8-4-102 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

**R18-18-103. Responsibilities of an LEPC**

- A.** Members of an LEPC shall fulfill the responsibilities listed at 42 U.S.C. 11001(c), January 5, 2023, which is incorporated by reference, contains no future editions or amendments, and is available from the Commission and the U.S. Government Publishing Office, P.O. Box 371954, Pittsburgh, PA 15250, at <https://www.govinfo.gov/link/uscode/42/11001>.
- B.** In addition to the responsibilities under subsection (A), members of an LEPC shall:
1. Establish procedures for access to the Local Emergency Response Plan;
  2. Evaluate the resources needed to develop and implement the Local Emergency Response Plan and make recommendations to the County Board of Supervisors and the

Commission regarding mechanisms to provide the resources needed;

3. Ensure that newly appointed LEPC members participate in training provided by the Commission regarding the responsibilities of LEPC members; and
4. Ensure that LEPC members are aware of and have the opportunity to attend Commission-sponsored meetings regarding matters related to emergency planning and preparedness.

**Historical Note**

New Section R18-18-103 recodified from R8-4-103 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3). Amended by final expedited rulemaking at 31 A.A.R. 1706 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-18-104. Emergency Planning and Preparedness**

- A.** If a facility is required to comply with 40 CFR.355.10, the owner or operator of the facility shall also comply with the emergency planning and preparedness requirements in this Section.
- B.** If a facility is designated by the Commission under A.R.S. § 49-127(B), the owner or operator of the facility shall comply with the emergency planning and preparedness requirements in this Section and the reporting requirements of R18-18-107.
- C.** No later than 60 days after a facility first becomes subject to the emergency planning and preparedness requirements of this Section, the owner or operator of the facility shall submit a facility emergency response plan according to A.R.S. § 49-127(D). The owner or operator of the facility may submit the facility emergency response plan by completing and submitting an Emergency Response Plan Template, which is available from the Commission, at <https://tier2.azserc.org/Content/HelpLinks/ERP%20Template%202021.pdf>.
- D.** The owner or operator of a facility that submits an Emergency Response Plan Template under subsection (C) may also submit a Hazard Analysis Worksheet for each extremely hazardous substance at the facility that equals or exceeds the TPQ.
- E.** On or before March 1 of each year, the owner or operator of a facility described in subsection (A) or (B) shall:
1. Review and determine whether the facility emergency response plan submitted under subsection (C) is still accurate and, if changes are needed to ensure that the facility emergency response plan is accurate, submit information regarding the relevant changes. If information regarding relevant changes to the facility emergency response plan is submitted, the owner or operator of the facility may revise and submit the Hazard Analysis Worksheet previously submitted under subsection (D); and
  2. Comply with R18-18-107(C).

**Historical Note**

New Section R18-18-104 recodified from R8-4-104 with amendments to Chapter Section and subsection references at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3). Amended by final expedited rulemaking at 31 A.A.R. 1706 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-18-105. Local Emergency Response Plan**

- A.** Within 12 months after the Commission designates a new emergency planning district and appoints members of an LEPC for the newly designated emergency planning district,

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the LEPC shall prepare an emergency response plan that complies with the requirements at A.R.S. § 49-125(E) and complies with NIMS.

- B. On or before December 31 of each year and when there are changed circumstances in the community or at a facility, an LEPC shall review and update the emergency response plan for its emergency planning district.
- C. An LEPC shall submit a copy of the emergency response plan prepared under subsection (A) or (B) to the Commission.
- D. Within 60 days after the Commission receives a copy of an emergency response plan under subsection (C), the Commission staff shall:
  - 1. Review the emergency response plan and make recommendations for revisions necessary to ensure that the emergency response plan complies with law and coordinates with the emergency response plans of adjoining emergency planning districts; and
  - 2. Return the emergency response plan and recommendations to the LEPC.
- E. An LEPC shall ensure that the emergency response plan prepared under subsection (B) and reviewed and amended under subsection (D) is incorporated into the county's emergency operations plan in accordance with county procedures.
- F. At least biennially and after providing at least 30 days notice to the Commission, an LEPC shall conduct an exercise of its emergency response plan.
- G. On or before December 31 of each year, an LEPC shall survey its emergency planning district to determine how many copies of the U.S. Department of Transportation Emergency Response Guidebook are needed and forward the information regarding the number of copies needed to the Commission.

**Historical Note**

New Section R18-18-105 recodified from R8-4-105 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3). Amended by final expedited rulemaking at 31 A.A.R. 1706 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-18-106. Reportable Release Notification**

The owner or operator of a facility at which a reportable release occurs shall:

- 1. Comply with the notification requirements of A.R.S. § 49-125(E);
- 2. Submit the written follow-up emergency notice required under A.R.S. § 49-128(B); and
- 3. Update the notice provided under subsection (2) as required under A.R.S. § 49-128(C).

**Historical Note**

New Section R18-18-106 recodified from R8-4-106 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3). Amended by final expedited rulemaking at 31 A.A.R. 1706 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-18-107. Extremely Hazardous Substance (EHS) or Hazardous Chemical Reporting**

- A. The owner or operator of a facility shall comply with the extremely hazardous substance and hazardous chemical reporting requirements of 40 CFR 370, Subparts B and C, July 1, 2023, which is incorporated by this reference, contains no later amendments or editions, and is available from the Commission and the U.S. Government Publishing Office, P.O. Box 371954, Pittsburgh, PA 15250, at <https://www.govinfo.gov/>

content/pkg/CFR-2023-title40-vol30/pdf/CFR-2023-title40-vol30-part370-subpartB.pdf.

- B. As required by A.R.S. § 49-130, an owner or operator described in subsection (A) shall submit a Tier Two Emergency and Hazardous Chemical Inventory Form, using a form available from the Commission, by March 1 of each year. All facilities subject to this reporting requirement shall be subject to the Tier II Emergency and Hazardous Chemical Inventory Reporting fee schedule:
  - 1. Each owner or operator of a facility required to file a hazardous chemical inventory report or reports (Tier II Reports) under the provisions of 42 U.S.C. § 11022 will be assessed a report filing fee of \$75.00 for the first required facility report and an additional fee of \$20.00 for each additional required facility report up to a maximum limit of \$500 per annual reporting period.
  - 2. Owners or operators of facilities meeting the following conditions are exempt from the reporting fee or fees:
    - a. Any business or other outlet that primarily reports or sells gasoline, diesel and other motor fuel only at retail to the public.
    - b. Any business or other outlet that only files a Tier II report to claim lead acid batteries.
    - c. Any business or other outlet that only files a Tier II report to claim diesel or gasoline.
    - d. Any business or other outlet that resides on tribal lands or a tribal Nation and must report to a Tribal Emergency Response Commission (TERC) or Chemical-Tribal Emergency Response Commission (C-TERC).
- C. If a facility ceases to meet the minimum reporting thresholds of 40 CFR 370, Subpart B, for EHS and hazardous chemical reporting with regard to a specific EHS or hazardous chemical, the owner or operator of the facility may submit a notice to the Commission, LEPC, and FD indicating that the specific EHS or hazardous chemical is no longer present in a quantity that meets the minimum reporting threshold.

**Historical Note**

New Section R18-18-107 recodified from R8-4-107 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3). Amended by final expedited rulemaking at 31 A.A.R. 1706 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-18-108. Compliance Procedures**

- A. The Commission shall make information regarding the EPCRA available to the owner or operator of a facility.
- B. The owner or operator of a facility may obtain guidance, but not legal advice, regarding complying with the EPCRA by contacting the Commission.

**Historical Note**

New Section R18-18-108 recodified from R8-4-108 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

**R18-18-109. Community Right-to-know Procedures**

- A. To obtain information regarding a specific hazardous chemical or extremely hazardous substance at a specific facility, local emergency response plan, or notice regarding a reportable release, a person shall submit a written request to the Commission or LEPC. If a request is submitted to an LEPC, the LEPC may forward a copy of the request to the Commission so Commission staff can coordinate a response to the request. To

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obtain a copy of a Form R relating to toxic chemical releases, a person shall submit a written request to the Commission.

- B.** As required by 42 U.S.C. 11022, the Commission or LEPC shall respond to a written request for information. The response shall advise the person making the request of one of the following:
1. The time and location at which the person may inspect and copy the requested information,
  2. That additional information is needed to process the request,
  3. That the requested information is not available but the Commission or LEPC will ask the owner or operator of the facility to provide the information, or
  4. That the request is denied because:
    - a. The requested information does not exist,
    - b. The owner or operator of the facility is not required to provide the information,
    - c. The Commission or LEPC determined that disclosing the information will impair its ability to protect public health or safety and the public interest in non-disclosure outweighs the public interest in disclosure, or
    - d. The information is exempt by law from disclosure.
- C.** Before releasing information, the Commission or LEPC shall advise the owner or operator of a facility of the request for information regarding the facility.
- D.** Under A.R.S. § 39-121, the Commission or LEPC shall charge the person making a request under this Section the cost of reproducing the information requested. The Commission shall deposit the funds received under this subsection in accordance with A.R.S. § 49-123(G).

**Historical Note**

New Section R18-18-109 recodified from R8-4-109 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3). Amended by final expedited rulemaking at 31 A.A.R. 1706 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-18-110. Grants**

- A.** On or before September 1 of each year, the Commission shall provide notice that is consistent with A.R.S. § 41-2702 to all LEPCs regarding grants that are available from the Commission.
- B.** To receive funds that are awarded on a non-competitive basis, an LEPC shall submit a "Certification and Request for Funding" form in which the LEPC certifies that it:
1. Is in compliance with all applicable law, including NIMS;
  2. Will use the funds in the manner intended;
  3. Will keep separate funds from the Emergency Response Fund and funds from other sources; and
  4. Will submit all required reports.
- C.** To receive grant funds that are awarded on a competitive basis, an LEPC shall submit to the Commission a proposal that specifies:
1. The goal that the LEPC intends to accomplish with any grant funds received,
  2. Where the grant funds will be spent,
  3. The amount of grant funds needed to accomplish the goal,
  4. The time needed to accomplish the goal, and
  5. Other information that the Commission requests to assist the Commission to evaluate the grant proposal.
- D.** On behalf of the Commission, Commission staff shall meet at least annually with members of the LEPCs to establish the cri-

teria used to evaluate a grant proposal. Commission staff, on behalf of the Commission, shall evaluate each proposal that is timely received using the criteria established. The Commission shall ensure that the criteria used include consideration of both the qualification of and need for an LEPC to receive a grant.

1. The criteria regarding qualification of an LEPC to receive a grant may include:
    - a. The extent to which the LEPC fulfilled the responsibilities listed in R18-18-103;
    - b. Whether the LEPC complied with all provisions of R18-18-104;
    - c. Whether the LEPC submitted all reports required for grant funds previously received;
    - d. Whether previously received grant funds were used in a manner that achieved the goal established;
    - e. Attendance by LEPC members at Commission-sponsored meetings; and
    - f. The number of training sessions provided by LEPC members to emergency responders in the emergency planning district; and
  2. The criteria regarding need for an LEPC to receive a grant may include:
    - a. The number of facilities required to report to the LEPC under this Chapter;
    - b. The population represented by the LEPC; and
    - c. The number of reportable releases during the past year in the area represented by the LEPC.
- E.** Within 60 days after the grant-proposal deadline specified in the notice of grant availability, the Commission shall provide written notice to each LEPC that applies for grant funds regarding whether grant funds will be awarded and if so, the amount awarded.
- F.** An LEPC that receives grant funds shall submit progress reports to the Commission on dates prescribed by the Commission. The LEPC shall include in each progress report a summary of the work done to accomplish the goal stated in the grant proposal and a detailed accounting of the expended and remaining grant funds.

**Historical Note**

New Section R18-18-110 recodified from R8-4-110 with amendments to Chapter Section references at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

**ARTICLE 2. HAZARDOUS MATERIALS TRAINING PROGRAM, STUDENT AND INSTRUCTOR EVIDENCE OF COMPLETION****R18-18-201. Definitions**

The following definitions apply in this Article, unless the context requires otherwise:

1. "Authorized instructor" means an individual who the Division determines meets the criteria at R18-18-202.
2. "Director" means the director of the Division.
3. "Division" means the Arizona Division of Emergency Management.
4. "Evidence of Completion" means a document issued by the Division to an individual who successfully completes a standardized course of instruction.
5. "Hazmat First Responder Awareness Level personnel" means individuals who are likely to witness or discover a hazardous material release and who are trained to initiate an emergency response sequence by notifying the proper authorities of the release.

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6. "Hazmat First Responder Operations Level operatives" means individuals who are trained to respond in a defensive fashion without actually trying to stop a hazardous material release.
7. "Hazardous materials" means:
  - a. Any material designated under the hazardous materials transportation act of 1974 (49 U.S.C. 1801);
  - b. Any element, compound, mixture, solution, or substance designated under the comprehensive environmental response, compensation, and liability act of 1980 (42 U.S.C. 9602);
  - c. Any substance designated in the emergency planning and community right-to-know act of 1986 (42 U.S.C. 11002);
  - d. Any substance designated in the water pollution control act (33 U.S.C. 1317(a) and 1321(b)(2)(A));
  - e. Any hazardous waste having the characteristics identified under or listed under A.R.S. § 49-922;
  - f. Any imminently hazardous chemical substance or mixture with respect to which action is taken under the toxic substances control act (15 U.S.C. 2606);
  - g. Any material or substance determined to be radioactive under the atomic energy act of 1954 (42 U.S.C. 2011);
  - h. Any substance designated as a hazardous substance under A.R.S. § 49-121; and
  - i. Any highly hazardous chemical or regulated substance as listed in the clean air act of 1963 (42 U.S.C. 7401-7671).
8. "Hazardous materials incident" means an uncontrolled, unpermitted release or potential release of hazardous materials that presents an imminent and substantial danger to the public health or welfare or to the environment.
9. "Hazardous materials response experience" means knowledge and skills gained by responding to hazardous materials incidents.
10. "Instructor requirements" means the criteria listed at R18-18-202 for authorization as an instructor by the Division.
11. "Release" means any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment, but excludes:
  - a. Release that results in exposure to persons solely within a workplace, with respect to a claim that the persons may assert against their employer;
  - b. Emissions from the engine exhaust of a motor vehicle, rolling stock, aircraft, vessel, or pipeline pumping station engine;
  - c. Release of source, byproduct, or special nuclear material from a nuclear incident, as those terms are defined in the Atomic Energy Act of 1954, if the release is subject to financial protection requirements established by the Nuclear Regulatory Commission under section 170 of the Act, or for the purposes of section 104 of the Comprehensive Environmental Response, Compensation, and Liability Act or any other response action, any release of source, byproduct, or special nuclear material from any processing site designated under section 102(a)(1) or 302(a) of the Uranium Mill Tailings Radiation Control Act of 1978; and
  - d. Normal application of fertilizer.

**Historical Note**

New Section R18-18-201 recodified from R8-2-601 with amendments to Chapter Section references at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3). Amended by final expedited rulemaking at 31 A.A.R. 1706 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-18-202. Hazmat First Responder Awareness Level Course and Hazmat First Responder Operations Level Course Curriculum**

- A. An authorized instructor shall conduct a Hazmat First Responder Awareness Level course or a Hazmat First Responder Operations Level course in accordance with the standardized curriculum maintained by the Division. The Division shall promptly notify all authorized instructors of any change in the curriculum.
- B. Topics covered in the Hazmat First Responder Awareness Level course are:
  1. What hazardous materials are and the risks associated with a hazardous materials incident;
  2. Potential outcomes associated with an emergency created when hazardous materials are present;
  3. How to recognize the presence of hazardous materials in an emergency;
  4. How to identify different hazardous materials; and
  5. Role of a first responder awareness individual in an employer's emergency response plan, including site security and control, and use of current resource materials.
  6. The ability to realize the need for additional resources and to make appropriate notifications to the communication center.
- C. Topics covered in the Hazmat First Responder Operations Level course are:
  1. Basic hazard and risk assessment techniques;
  2. How to select and use proper protective equipment;
  3. Basic hazardous materials terms;
  4. How to perform basic control, containment, or confinement operations with the resources and personal protective equipment available;
  5. How to implement basic decontaminating procedures; and
  6. Standard operating and terminating procedures.

**Historical Note**

New Section R18-18-202 recodified from R8-2-602 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3). Amended by final expedited rulemaking at 31 A.A.R. 1706 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-18-203. Instructor Authorization and Renewal**

- A. Instructor authorization:
  1. An instructor authorized by the Division shall teach each Hazmat First Responder Awareness Level and Hazmat First Responder Operations Level course.
  2. To be authorized as an instructor, an individual shall submit the following to the Division:
    - a. A "Participant Application" form obtained from the Division, located at the Department of Emergency and Military Affairs, 5636 E. McDowell Road, Bldg. 101, Phoenix, Arizona 85008, available at <https://dema.az.gov/emergency-management/preparedness/training-branch/adjunct-instructor-resources>. The applicant shall provide the following information to take an instructor workshop:

## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 18. DEPARTMENT OF ENVIRONMENTAL QUALITY - EMERGENCY PLANNING AND HAZARDOUS MATERIALS

- i. Course number;
- ii. Course date;
- iii. Course title;
- iv. Applicant's name;
- v. SSN;
- vi. Applicant's employer;
- vii. Applicant's position or title;
- viii. Phone number;
- ix. Fax number, if any;
- x. Work mailing address, city, state, zip code, and county;
- xi. Electronic mail address, if any;
- xii. Brief description of current duties and how training as an instructor will be used;
- xiii. Applicant's signature and date; and
- xiv. Supervisor's signature, if applicable, and date;
- b. Evidence of two years' experience in hazardous materials incident response;
- c. Evidence of Completion of at least 80 hours for Awareness Level or at least 240 hours for Operations Level of hazardous materials training, and a signed copy of attendance and performance records. Information regarding scheduling or attending trainings is available from the Department of Emergency and Military Affairs at <https://dema.az.gov/emergency-management/preparedness/training-branch/adjunct-instructor-resources>;
- d. A letter of recommendation to take instructor training from the applicant's employer, local emergency planning committee chair, county emergency management director, or coordinator; and
- e. A brief summary of the applicant's experience in hazardous materials response and as an instructor of adult-level courses.
3. After an applicant submits to the Division the documentation described in subsection (A)(2)(a), the applicant shall:
  - a. Attend the instructor workshop,
  - b. Attain a score of at least 90% on the written exam, and
  - c. Successfully complete a teach back to demonstrate appropriate educational methodology and instructional techniques during an oral presentation.
4. The Division shall issue Evidence of Completion to an individual who successfully completes the instructor workshop.
5. The Division shall maintain records of instructor authorization.
6. Instructor authorization is valid for two calendar years.
- B. To renew instructor authorization obtained from the Division, an authorized instructor shall:
  1. Submit a "Participant Application" form as described in subsection (A) to take an instructor refresher workshop;
  2. Attend an instructor refresher workshop sponsored by the Division before expiration of the current instructor authorization; and
  3. Provide evidence of having taught either a Hazmat First Responder Awareness Level course or refresher, or a Hazmat First Responder Operations Level course or refresher, two times in the current authorization period.
- C. An instructor who fails to comply with subsection (B), may obtain instructor authorization by applying and meeting the requirements as a new instructor under subsection (A).

**Historical Note**

New Section R18-18-203 recodified from R8-2-603 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3). Amended by final expedited rulemaking at 31 A.A.R. 1706 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-18-204. Hazmat First Responder Awareness Level Course and Hazmat First Responder Operations Level Course Division Requirements**

- A. An instructor authorized by the Division shall teach each Hazmat First Responder Awareness Level course and Hazmat First Responder Operations Level course. An instructor shall notify the Division at least 30 days before course delivery by submitting a "Course Request Form" obtained from the Division, located at the Department of Emergency and Military Affairs, 5636 E. McDowell Road, Bldg. 101, Phoenix, Arizona 85008, available at <https://dema.az.gov/resources/demaem-training-exercise-event-request-form>. The instructor shall provide the following information:
  1. Name of requestor;
  2. Date;
  3. Agency of requestor;
  4. Mailing address, city, state, zip code and county;
  5. Phone number;
  6. Fax number, if any;
  7. Name of agency head;
  8. Applicant signature;
  9. Electronic mail address;
  10. Type of course;
  11. Course name;
  12. Course number;
  13. Date course is offered;
  14. Training site address and county;
  15. Intended audience;
  16. Estimated number of participants;
  17. Name and signature of requestor; and
  18. County emergency management director or local emergency planning committee chairperson endorsement: name, signature, title, and date.
- B. Within two weeks following completion of either the Hazmat First Responder Awareness Level course or refresher, or the Hazmat First Responder Operations Level course or refresher, the instructor shall provide the Division with all course records, including student application forms, course roster, completed pre- and post-exam answer sheets, and instructor and course evaluations. In addition, the instructor shall return all unused course materials to the Division.

**Historical Note**

New Section R18-18-204 recodified from R8-2-604 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3). Amended by final expedited rulemaking at 31 A.A.R. 1706 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

**R18-18-205. Hazmat First Responder Awareness Level Personnel and Hazmat First Responder Operations Level Operatives Evidence of Completion**

- A. To receive Evidence of Completion as Hazmat First Responder Awareness Level personnel or as Hazmat First Responder Operations Level operative, an individual shall:
  1. Submit a "Participant Application" form as described in R18-18-203(A) for Division-sponsored courses. For non-Division-sponsored courses, the individual shall submit the course application contained in the student manual:

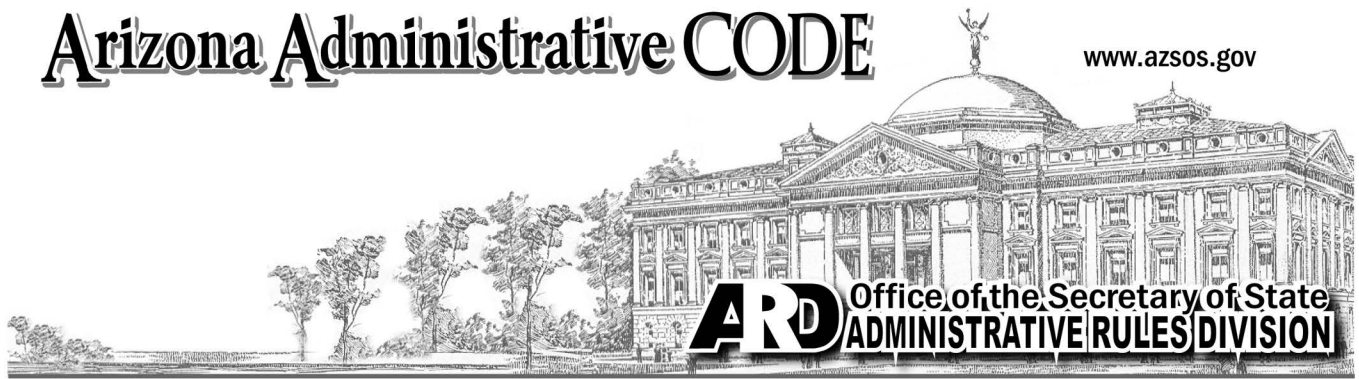


## TITLE 18. ENVIRONMENTAL QUALITY

## CHAPTER 18. DEPARTMENT OF ENVIRONMENTAL QUALITY - EMERGENCY PLANNING AND HAZARDOUS MATERIALS

- a. Course number: U100 (First Responder Awareness Course) or U200 (First Responder Operations Level Course);
    - b. Course date;
    - c. Course name: First Responder Awareness Course or First Responder Operations Level Course;
    - d. Applicant's name;
    - e. SSN;
    - f. Title;
    - g. Phone number;
    - h. Fax number, if any;
    - i. Organization;
    - j. Electronic mail address; and
    - k. Work mailing address, city, state, zip and county; and
  2. Successfully complete the Hazmat First Responder Awareness Level course, or the Hazmat First Responder Operations Level course, and attain a score of at least 75% on the written exam.
- B.** The Division shall issue Evidence of Completion to an individual who successfully completes the Hazmat First Responder Awareness Level course or the Hazmat First Responder Operations Level course. The employer of an individual issued Evidence of Completion shall maintain evidence of the individual's competency under 29 CFR 1910.120(q)(6) and (q)(8)(ii), published by the United States Government Publishing Office and revised July 1, 2023, available at <https://www.govinfo.gov/content/pkg/CFR-2023-title29-vol5/pdf/CFR-2023-title29-vol5-sec1910-120.pdf>, with no later editions or amendments. This regulation is incorporated by reference and on file with the Division.
- Historical Note**
- New Section R18-18-205 recodified from R8-2-605 with amendments to a Chapter Section and subsection reference at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3). Amended by final expedited rulemaking at 31 A.A.R. 1706 (May 30, 2025), with an immediate effective date of May 8, 2025 (Supp. 25-2).

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**TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE**  
**CHAPTER 4. DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS - FINANCIAL INSTITUTIONS**

**20 A.A.C. 4**

**Supplement Information**  
**Supp. 25-2**

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 25-1, 1-50 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

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

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## Administrative Rules Division

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 4. DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS - FINANCIAL INSTITUTIONS

Authority: A.R.S. § 6-123(2)

## Supp. 25-2

*Editor's Note: The name of the Arizona Department of Financial Institutions was changed to the Department of Insurance and Financial Institutions under Laws 2019, Ch. 252, effective July 1, 2020 (Supp. 22-2).*

*Editor's Note: The Banking Department's name was changed to the Arizona Department of Financial Institutions under the authority of A.R.S. § 6-110, originally enacted as Laws 2004, Ch. 188, effective January 1, 2006 (Supp. 06-1).*

*Editor's Note: Title 20, formerly Commerce, Banking, and Insurance, is now Commerce, Financial Institutions, and Insurance. This change became effective when the Banking Department changed its name to the Department of Financial Institutions, effective January 1, 2006 (Supp. 06-1).*

20 A.A.C. 4, consisting of R20-4-101 through R20-4-106, R20-4-201 through R20-4-215, R20-4-301 through R20-4-331, R20-4-401 through R20-4-402, R20-4-501 through R20-4-536, R20-4-601 through R20-4-620, R20-4-701 through R20-4-707, R20-4-801 through R20-4-816, R20-4-901 through R20-4-924, R20-4-1001, R20-4-1101 through R20-4-1102, R20-4-1201 through R20-4-1220, R20-4-1401 through R20-4-1410, R20-4-1501 through R20-4-1530, R20-4-1601 through R20-4-1604, and R20-4-1701 through R20-4-1706, recodified from 4 A.A.C. 4, consisting of R4-4-101 through R4-4-106, R4-4-201 through R4-4-215, R4-4-301 through R4-4-331, R4-4-401 through R4-4-402, R4-4-501 through R4-4-536, R4-4-601 through R4-4-620, R4-4-701 through R4-4-707, R4-4-801 through R4-4-816, R4-4-901 through R4-4-924, R4-4-1001, R4-4-1101 through R4-4-1102, R4-4-1201 through R4-4-1220, R4-4-1401 through R4-4-1410, R4-4-1501 through R4-4-1530, R4-4-1601 through R4-4-1604, and R4-4-1701 through R4-4-1706, pursuant to R1-1-102 (Supp. 95-1).

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Article 1, consisting of Sections R4-4-101 through R4-4-104, repealed effective August 16, 1991 (Supp. 91-3).

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*Former Article 6, consisting of Section R4-4-601, repealed effective October 26, 1978. R20-4-601 recodified from R4-4-601 (Supp. 95-1).*

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*Article 13, consisting of Sections R20-4-1301 through R20-4-1305, emergency rulemaking renewed at 16 A.A.R. 2165, effective October 24, 2010 for an additional 180 days (Supp. 10-4).*

*Article 13, consisting of Sections R20-4-1301 through R20-4-1305, made by emergency rulemaking at 16 A.A.R. 839, effective April 27, 2010 for 180 days (Supp. 10-2).*

*Article 13, consisting of Sections R20-4-1301 through R20-4-1305, emergency expired April 21, 2011; new Article consisting of Sections R20-4-1301 through R20-4-1305, made by final rulemaking at 16 A.A.R. 2401, effective April 22, 2011 (Supp. 10-4).*

*Article 13, consisting of Sections R20-4-1301 through R20-4-1305, emergency rulemaking renewed at 16 A.A.R. 2165, effective October 24, 2010 for an additional 180 days (Supp. 10-4).*

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**ARTICLE 1. GENERAL****R20-4-101. Scope of Article**

The rules in this Article apply to all activities of the Director and to the interpretation of all Arizona statutes and rules administered by the Director.

**Historical Note**

Former Rule 1. Former R4-4-101 repealed, new R4-4-101 adopted effective August 16, 1991 (Supp. 91-3).

R20-4-101 recodified from R4-4-101 (Supp. 95-1).

Amended by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1).

**R20-4-102. Definitions**

In this Chapter, unless otherwise specified:

1. "Active management" means directing a licensee's activities by a responsible individual, who:
  - a. Is knowledgeable about the licensee's Arizona activities;
  - b. Supervises compliance with:
    - i. The laws enforced by the Department of Insurance and Financial Institutions - Financial Institutions Division as they relate to the licensee, and
    - ii. Other applicable laws and rules; and
  - c. Has sufficient authority to ensure compliance.
2. "Affiliate" means the same as defined under A.R.S. §§ 6-901, 6-941, 6-971, and 6-991.
3. "Attorney General" means the Attorney General or an assistant Attorney General of the state of Arizona.
4. "Back-office location" means a location that:
  - a. Is dedicated to administrative and operational functions of the licensee that are incidental to the activity requiring licensure;
  - b. Does not involve interaction with the public whether in-person, telephonically, or electronically;
  - c. Is subject to the licensee's comprehensive written information security plan; and
  - d. Is able to produce records associated with the location as part of a Department investigation or examination.
5. "Branch office" means, unless otherwise provided by law, a business location which is not the licensee's principal place of business, is maintained by the licensee, and where the licensee conducts regulated activities. A branch office does not include a "back-office location" or "remote work location" as defined in this Section.
6. "Business of a savings and loan association or savings bank" means receiving money on deposit subject to payment by check or any other form of order or request or on presentation of a certificate of deposit or other evidence of debt.
7. "Compensation" means, in applying that term's definition in A.R.S. §§ 6-901, 6-941, and 6-971, anything received in advance, after repayment, or at any time during a loan's life. This subsection expressly excludes the following items from those definitions of compensation:
  - a. Charges or fees customarily received after a loan's closing including prepayment penalties, termination fees, reinvestment fees, late fees, default interest, transfer fees, impound account interest and fees, extension fees, and modification fees. However, extension fees and modification fees are compensation if the lender advances additional funds or increases the credit limit on an open-end mortgage as part of the extension or modification;
  - b. Out-of-pocket expenses paid to independent third parties including appraisal fees, credit report fees, legal fees, document preparation fees, title insurance premiums, recording, filing, and statutory fees, collection fees, servicing fees, escrow fees, and trustee's fees;
  - c. Insurance commissions;
  - d. Contingent or additional interest, including interest based on net operating income; or
  - e. Equity participation.
8. "Commercial finance transaction," as that term is used in this Section's definitions of the terms "Engaged in the business of making mortgage loans" and "Engaged in the business of making mortgage loans or mortgage banking loans," means a loan made primarily for other than personal, family, or household purposes.
9. "Control of a licensee," as used in A.R.S. §§ 6-903, 6-944, or 6-978, does not include acquiring additional fractional equity interests in a licensee by any person who already has the power to vote 51% or more of the licensee's outstanding voting equity interests.
10. "Correspondent contract," as that term is used in A.R.S. §§ 6-941, 6-943, 6-971, or 6-973, means an agreement between a lender and a funding source under which the funding source may fund, or is required to fund, loans originated by the lender.
11. "Cushion," as that term is used in R20-4-1811 or R20-4-1908, means funds that a servicer or lender may require a borrower to pay into an escrow or impound account before the borrower's periodic payments are available in the account to cover unanticipated disbursements.
12. "Department" means the same as defined under A.R.S. § 6-101(5).
13. "Directly or indirectly makes, negotiates, or offers to make or negotiate" and "Directly or indirectly making, negotiating, or offering to make or negotiate," as those phrases are used in A.R.S. §§ 6-901, 6-941, or 6-971:
  - a. Includes any of the following:
    - i. Providing consulting or advisory services in connection with a mortgage loan transaction, mortgage banking loan transaction, or commercial mortgage loan transaction to an investor, concerning the location or identity of potential borrowers if the consulting or advisory services include direct interaction, including by telephone or electronic means, with a potential borrower that results in a request or obtaining a consumer's date of birth, social security number, credit report, employment information, work history, or account information held in any depository, trust, or investment account;
    - ii. Providing consulting or advisory services in connection with a mortgage loan transaction, mortgage banking loan transaction, or commercial mortgage loan transaction to a consumer, concerning the location or identity of potential lenders if the consulting or advisory services include a representation with regard to pre-qualification, approval, rate, terms, or conditions of a loan;
    - iii. Preparing or providing assistance in preparing an application for a mortgage loan transaction,

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- mortgage banking loan transaction, or commercial mortgage banking loan transaction;
- iv. Loan processing; or
  - v. Loan underwriting.
- b. Does not include:
- i. Providing technological, mechanical, or word processing services to prepare papers or documents associated with a mortgage loan transaction, mortgage banking loan transaction, or commercial mortgage banking loan transaction;
  - ii. Purchasing, selling, negotiating to purchase or sell, or offering to purchase or sell a mortgage loan, mortgage banking loan, or commercial mortgage banking loan already funded;
  - iii. Making, negotiating, or offering to make additional advances on an existing open-ended mortgage loan, mortgage banking loan, or commercial mortgage loan including revolving credit lines; or
  - iv. Modifying, renewing, or replacing a mortgage loan, a mortgage banking loan, or a commercial mortgage loan already funded, if the parties to and security for the loan are the same as the original loan immediately before the modification, renewal, or replacement, and if no additional funds are advanced and no increase is made in the credit limit on an open-ended loan. Replacing a loan means making a new loan simultaneously with terminating an existing loan.
14. "Director" means the same as defined under A.R.S. § 20-102.
  15. "Electronic record" means the same as defined under A.R.S. § 44-7002(7).
  16. "Employee" means a natural person who has an employment relationship with a licensee that is acknowledged by both the person and the licensee, and:
    - a. The person is entitled to payment, or is paid, by the licensee;
    - b. The licensee withholds and remits, or is liable for withholding and remitting, payroll deductions for all applicable federal and state payroll taxes, if applicable;
    - c. The licensee has the right to hire and fire the employee and the employee's assistants;
    - d. The licensee directs the methods and procedures for performing the employee's job;
    - e. The licensee supervises the employee's business conduct and the employee's compliance with applicable laws and rules; and
    - f. The rights and duties under subsections (16)(a) through (e) belong to the licensee regardless of whether another person also shares those rights and duties.
  17. "Engaged in the business of making mortgage loans," as that phrase is used in A.R.S. § 6-902, and "engaged in the business of making mortgage loans or mortgage banking loans," as that phrase is used in A.R.S. § 6-942, mean the direct or indirect making of a total of more than five mortgage banking loans or mortgage loans, or both in a calendar year. Each loan counts only once as of its closing date. A person is not "engaged in the business of making mortgage loans or mortgage banking loans" if the person makes loans solely in commercial finance transactions in which no more than 35% of the aggregate value of all security taken by the investor on the closing date is a lien, or liens, on real property.
  18. "Exclusive contract," as that term is used in A.R.S. §§ 6-912 and 6-991.02, means a written agreement in which a loan originator agrees to perform services as a loan originator subject to supervision and control by a person holding a certificate of exemption issued under A.R.S. § 6-912 on an exclusive basis. The agreement provides that the loan originator is expressly prohibited from performing loan origination or modification services for any other person during the time the agreement is in effect.
  19. "Generally accepted accounting principles" means United States Generally Accepted Accounting Principles issued by the Financial Accounting Standards Board or the International Financial Reporting Standards issued by the International Accounting Standards Board.
  20. "Loan," as that term is used in A.R.S. §§ 6-126(D)(5) and (7), means all loans negotiated or closed that are secured by Arizona real property.
  21. "Loan Processing" means requesting, collecting, receiving, or reviewing a loan application's supporting documents for use in underwriting, and communicating with the consumer to obtain information necessary for making a credit decision.
  22. "Loan underwriting" means analyzing information in connection with the making of a credit decision.
  23. "Person" means a natural person, including a sole proprietor, or any legal or commercial entity including a corporation, business trust, estate, trust, partnership, limited partnership, joint venture, association, limited liability company, limited liability partnership, or limited liability limited partnership.
  24. "Property insurance," as that term is used in A.R.S. §§ 6-909 and 6-947, does not include flood insurance as that term is used in the Flood Disaster Protection Act of 1973, as modified by the National Flood Insurance Reform Act of 1994. 42 U.S.C. 4001, et seq.
  25. "Reasonable investigation of the background," as that term is used in A.R.S. §§ 6-903, 6-943, or 6-976 means a licensee, at a minimum:
    - a. Collects and reviews all the documents authorized by the Immigration Reform and Control Act of 1986, 8 U.S.C. 1324a;
    - b. Obtains a completed Employment Eligibility Verification (Form I-9), if applicable;
    - c. Obtains a completed and signed employment application, if applicable;
    - d. Obtains a signed statement attesting to all of an applicant's felony convictions, including detailed information regarding each conviction;
    - e. Consults with the applicant's most recent or next most recent employer, if any;
    - f. Makes inquiries regarding the applicant's qualifications and competence for the position;
    - g. If for a loan originator, loan processor, branch manager, supervisor, or similar position, obtains a current credit report from a credit reporting agency; and
    - h. Investigates further if any information received in the above inquiries raises questions as to the applicant's honesty, truthfulness, integrity, or competence. An inquiry is sufficient after two attempts to contact a person, including at least one written inquiry.

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26. "Record" means the same as defined under A.R.S. § 44-7002(13).
27. "Registered Exempt Person" means a person who is exempt from licensure pursuant to A.R.S. § 6-912 and A.R.S. Title 6, Chapter 9, Articles 1, 2, and 3 as a federally chartered savings bank that is registered with the nationwide mortgage licensing system and registry and holds a certificate of exemption.
28. "Registered to do business in this state" means:
- If an Arizona corporation, it is incorporated under A.R.S. Title 10, Chapter 2, Article 1;
  - If a foreign corporation, it obtains authority to transact business in Arizona under A.R.S. Title 10, Chapter 15, Article 1;
  - If a business trust, it obtains authority to transact business in Arizona under A.R.S. Title 10, Chapter 18, Article 4;
  - If an estate, it acts through a personal representative duly appointed by this state's Superior Court, under the provisions of A.R.S. Title 14, Chapter 3 or 4;
  - If a trust, it delivers to the Director an executed copy of the trust instrument creating the trust together with:
    - All the current amendments, or
    - A true copy of the trust instrument certified accurate and complete by a trustee of the trust before a notary public;
  - If a general partnership, limited partnership, limited liability company, limited liability partnership, or limited liability limited partnership, it is organized under A.R.S. Title 29;
  - If a foreign general partnership, limited partnership, limited liability company, limited liability partnership, or limited liability limited partnership, it is registered with the Arizona Secretary of State's office under A.R.S. Title 29;
  - If a joint venture, association, or any entity not specified in this subsection, it is organized and conducts its business in compliance with Arizona law; or
    - The entity is exempt from registration.
29. "Remote work location" means a location at which the employees (including licensed loan originators) of a licensee may conduct licensed activities other than the principal place of business or branch office. Licensed activities from a remote work location are permitted when under the supervision of the licensee and when all of the following apply:
- The licensee has written policies and procedures for supervision of employees working from their residence or a location other than a licensed location;
  - Access to company platforms and customer information shall be in accordance with the licensee's comprehensive written information security plan; and
  - Physical records shall not be maintained at a remote work location.
30. "Resident of this state" means a natural person domiciled in Arizona.
31. "Responsible individual" or "responsible person", as those terms are used in A.R.S. §§ 6-903, 6-943, 6-973, and 6-976, means a resident of this state who:
- Is in active management of a licensee's affairs; and
  - Meets the qualifications listed in A.R.S. §§ 6-903, 6-943, or 6-973.

**Historical Note**

Former Rule 2. Former R4-4-102 repealed, new R4-4-102 adopted effective August 16, 1991 (Supp. 91-3).

R20-4-102 recodified from R4-4-102 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 2094, effective June 10 (Supp. 99-2). Amended by final rulemaking at 7 A.A.R. 668, effective January 10, 2001 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 145, effective December 10, 2001 (Supp. 01-4). Amended by final rulemaking at 18 A.A.R. 2622, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1).

**R20-4-103. Repealed****Historical Note**

Former Rule 3. Former R4-4-103 repealed, new R4-4-103 adopted effective August 16, 1991 (Supp. 91-3).

R20-4-103 recodified from R4-4-103 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4670, effective November 14, 2000 (Supp. 00-4). Repealed by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1).

**R20-4-104. Acceptance of Other Forms**

If another entity's applications and forms provide all the information required by Arizona law, the Director has the discretion to accept them, even if another provision of this Chapter requires use of a specific Department form. The Director's exercise of the discretion to accept alternative forms does not limit the Director's power to require additional information necessary to complete an application or other form.

**Historical Note**

Former Rule 4. Former R4-4-104 repealed, new R4-4-104 adopted effective August 16, 1991 (Supp. 91-3).

R20-4-104 recodified from R4-4-104 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4670, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1).

**R20-4-105. Claims Against a Deposit in Place of Bond****A. As used in this Section:**

- "Deposit" means cash or alternatives to cash deposited by a licensee with the Director in place of a bond.
- "Depositor" means licensee or an employee of the licensee who makes a deposit with the Director.
- "Verified claim" means a claim filed with the Director under subsection (B).
- "Award" means an amount of money granted under subsection (F).

**B. A person may file a claim against a deposit by delivering documentation of the claim to the Director. The claim shall be based on a final judgment in favor of the claimant, entered by a court of competent jurisdiction. To support a claim, the judgment shall be:**

- Against a depositor;
- For injury caused by the depositor's wrongful act, default, fraud, or misrepresentation committed in the course of the depositor's licensed business activity; and
- Documented by:
  - A certified copy of the complaint in the action;
  - A certified copy of the judgment in the action;

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- c. A statement that execution of the judgment has not been stayed, or an explanation of the terms and reason for any stay;
  - d. A statement of any amounts recovered on the judgment; and
  - e. A sworn and notarized statement that the claim is true and correct to the best of the claimant's knowledge and belief.
- C. A claimant shall file a claim with the Director, and all required supporting documentation, not more than six months after entry of the judgment asserted in the claim. However, if execution of the asserted judgment is stayed during the first six months after its entry, the claimant may file a verified claim only during the six months after the stay is lifted. The Department shall process a timely-filed verified claim as a request for hearing under A.R.S. § 41-1092.03(B).
- D. The claimant shall notify the depositor of the filing of a verified claim under this Section, and make the depositor a party to all proceedings on the claim. To do so, the claimant shall send the depositor a copy of all documents filed under subsection (B). The claimant shall make this delivery no more than 10 days after the original filing with the Director under subsection (B). The Department considers a proceeding on a verified claim to be a contested case, governed by the provisions of 20 A.A.C. 4, Article 12.
- E. The Director shall, after a hearing, deny a verified claim if the hearing produces evidence of any of the following circumstances:
  - 1. The judgment is not for an injury caused by the depositor and described in subsection (B)(2);
  - 2. The judgment was awarded by default, stipulation, or consent, and no showing is made in the hearing of an injury caused by the depositor and described in subsection (B)(2);
  - 3. The judgment's execution has been stayed for any reason;
  - 4. The judgment was procured through fraud or collusion;
  - 5. The judgment has been satisfied from other sources; or
  - 6. The action that produced the judgment was barred by the applicable statute of limitations at the time it was commenced.
- F. If the Director grants a verified claim, the Director shall do so in the amount of the compensatory damages awarded against the depositor in the judgment, exclusive of:
  - 1. Attorney's fees, and
  - 2. Amounts previously paid on the judgment.
- G. A person injured by a depositor shall give the Director written notice at the time of filing a civil action if the claims alleged could be made as a verified claim under this Section. The written notice shall include a statement of the amount of compensatory damages sought against the depositor. The injured person shall provide further information about the civil action to the Director upon request.
- H. If the Director grants a verified claim under subsection (F), the Director shall authorize the State Treasurer, in writing, to release the deposit to the claimant in the amount stated in subsection (F) if the Director has not received notice of another pending civil action under subsection (G).
- I. If given notice under subsection (G), the Director shall determine whether the deposit is sufficient to satisfy all claims under subsection (F). The Director shall determine award amounts for each claim of which the Director has notice, and authorize payment, as follows:
  - 1. If the deposit is sufficient to satisfy all claims under subsection (F), the Director shall authorize its release as described in subsection (H).
  - 2. If the deposit is not sufficient to satisfy all claims under subsection (F), the Director shall calculate the award on each claim as follows:
    - a. Each granted claim shall receive a pro rata share of the total deposit.
    - b. Each pro rata share shall be a dollar amount calculated by multiplying the total deposit by a fraction.
      - i. The numerator of the fraction is the amount of the Director's award for the verified claim.
      - ii. The denominator of the fraction is the sum of the amount of the Director's award for the verified claim plus the total compensatory damages sought in all other civil actions against the same depositor disclosed to the Director under subsection (G).
    - c. The Director shall authorize the State Treasurer to release the pro rata portion of the deposit calculated for each verified claim.
- J. A depositor or former licensee may request return of its deposit if it substitutes a bond for the deposit, or if its license is surrendered, revoked, or expired, and if all statutory conditions for release of the deposit have been satisfied. The Director shall not release any part of a deposit to a depositor or former licensee until the Director determines whether there are any awards on verified claims unsatisfied because of an apportionment under subsection (I). The Director shall use the deposit amount to pay any unsatisfied portion of those awards. If the deposit amount is not sufficient to pay in full all unsatisfied awards, the Director shall pay the remaining amount of the deposit to claimants in the ratio their awards bear to the total of all awards granted against the deposit.
- K. The court supervising a licensee in receivership may order the release of a deposit to persons injured by conduct described in subsection (B). In that event, the receiver shall deliver a certified copy of the court's order to the Director. The copy may be uncertified if the receiver is the Director or any other officer or agency of the state of Arizona. The Director shall then authorize the State Treasurer, in writing, to release the deposit to the receiver. The receiver shall distribute the deposit as ordered by the receivership court, rather than under this Section.

**Historical Note**

Adopted effective August 16, 1991 (Supp. 91-3). R20-4-105 recodified from R4-4-105 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4670, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1).

**R20-4-106. Bankruptcy**

An enterprise licensee or consumer lender licensee shall immediately deliver written notice to the Director if it files a voluntary bankruptcy petition, or if its creditors name the licensee a debtor in an involuntary bankruptcy petition. On the date of each of the following documents' filing with the bankruptcy court, the licensee shall deliver to the Director a copy of the:

- 1. Petition for relief,
- 2. Schedule of assets and liabilities,
- 3. Statement of financial affairs,
- 4. List of creditors, and
- 5. Plan of reorganization.

**Historical Note**

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Adopted effective August 16, 1991 (Supp. 91-3). R20-4-106 recodified from R4-4-106 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 145, effective December 10, 2001 (Supp. 01-4). Amended by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1).

**R20-4-107. Licensing Time-frames**

- A.** Definitions. The definitions in A.R.S. § 41-1072 and the following definitions apply to this Section.
1. "Application" means a document specified or described in this Title, or in any statute enforced by the Department, requesting any permit, certificate, approval, registration, charter, or similar permission described in Table A, together with all supporting documentation required by statute or rule.
  2. "License" means the same as defined under A.R.S. § 41-1001(13).
- B.** The time-frames listed in Table A apply to licenses issued by the Department. The licensing time-frames consist of an administrative completeness review, a substantive review, and an overall review. The administrative completeness review time-frame begins to run upon receipt of an application by the Department.
- C.** Within the time-frame for the administrative completeness review set forth in Table A, the Department shall notify the applicant in writing whether the application is complete or deficient.
1. If the application is deficient, the Department shall issue a notice of deficiency to the applicant which shall include a comprehensive list of the specific deficiencies. If the Department issues a written notice of deficiency within the administrative completeness review time-frame, the administrative completeness review time-frame and the overall review time-frame are suspended from the date the notice is issued until the date that the Department receives an adequate response from the applicant.
  2. The Department is not precluded from issuing additional notices of deficiency during an administrative completeness review.
  3. If an applicant does not adequately respond to each specified deficiency in a notice of deficiency issued under subsection (C)(1) within 60 days after the date of a notice of deficiency the application is deemed withdrawn, and the

Department is not required to take further action with respect to the application.

- D.** Within the time-frame for the substantive review set forth in Table A, the Department may issue one comprehensive written request for additional information to the applicant specifying each component or item of information required.
1. If the Department issues a comprehensive written request for additional information within the substantive review time-frame, the substantive review time-frame and the overall time-frame are suspended from the date the written request is issued until the date that the Department receives an adequate response from the applicant.
  2. The Department is not precluded from issuing supplemental requests by mutual agreement for additional information, during the substantive review.
  3. If an applicant does not adequately respond to each component or item of information required in a comprehensive written request or a supplemental request for additional information, within 60 days after the date of a comprehensive written request, or within 60 days after the date of the supplemental request for additional information, the application is deemed withdrawn, and the Department is not required to take further action with respect to the application.
- E.** Within the overall time-frames set forth in Table A, unless extended by mutual agreement under A.R.S. § 41-1075, the Department shall notify the applicant in writing that the application is granted or denied. If the application is denied, the Department shall provide to the applicant a written notice that complies with the provisions of A.R.S. § 41-1076.
- F.** In computing the time periods prescribed in these time-frame rules, the last day of a notice period is included in the computation, unless it is a Saturday, Sunday, or legal holiday.
- G.** The time-frames in this Section apply solely to actions taken by the Department. Nothing in this Section relieves a licensee or applicant of a duty to fulfill any other legal or regulatory requirement that is a condition of its power and authority to engage in business.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 145, effective December 10, 2001 (Supp. 01-4). Amended by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1).

**Table A. Licensing Time-frames**

No.	License Type	Legal Authority	Administrative Completeness Review (Days)	Substantive Review (Days)	Overall Time-Frame (Days)
1	Bank	A.R.S. § 6-203, et seq.			
	Initial Application	R20-4-211	75	75	150
2	Bank Trust Dept.	A.R.S. § 6-381			
	Initial Application	A.R.S. § 6-203, A.R.S. § 6-204(C)	60	60	120
3	Savings & Loan	A.R.S. § 6-401, et seq.			
	Initial Application	A.R.S. § 6-408, R20-4-327	75	75	150
4	Credit Union	A.R.S. § 6-501, et seq.			
	Initial Application	A.R.S. § 6-506(A)	150	150	300
5	Trust Company	A.R.S. § 6-851, et seq.			
	Initial Application	A.R.S. § 6-854(A)	75	75	150

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6	Consumer Lender	A.R.S. § 6-601, et seq.			
	Initial Application	A.R.S. § 6-603(C)	60	60	120
7	Debt Management	A.R.S. § 6-701, et seq.			
	Initial Application	A.R.S. § 6-704(A), R20-4-602(A)	60	60	120
8	Escrow Agent	A.R.S. § 6-801, et seq.			
	Initial Application	A.R.S. § 6-814	60	60	120
9	Mortgage Broker or Commercial Mortgage Broker	A.R.S. § 6-901, et seq.			
	Initial Application	A.R.S. § 6-903(C) & (D)	60	60	120
10	Mortgage Banker	A.R.S. § 6-941, et seq.			
	Initial Application	A.R.S. § 6-943(D)	60	60	120
11	Commercial Mortgage Banker	A.R.S. § 6-971, et seq.			
	Initial Application	A.R.S. § 6-974(A)	60	60	120
12	Acquisition of Control of Financial Institution	R20-4-1602, R20-4-1702			
	Initial Application	A.R.S. § 6-1104	30	30	60
13	Money Transmitter	A.R.S. § 6-1201, et seq.			
	Initial Application	A.R.S. § 6-1204(A)	60	60	120
14	Advance Fee Loan Broker	A.R.S. § 6-1301, et seq.			
	Initial Application	A.R.S. § 6-1303(A)	60	60	120
15	Premium Finance Co.	A.R.S. § 6-1401, et seq.			
	Initial Application	A.R.S. § 6-1402(C)	60	60	120
16	Collection Agency	A.R.S. § 32-1001, et seq.			
	Initial Application	A.R.S. § 32-1021, R20-4-1502	60	60	120
17	Sales Finance Co.	A.R.S. § 44-281, et seq.			
	Initial Application	A.R.S. § 44-282(B)	60	60	120
18	Certificate of Exemption	A.R.S. § 6-912			
	Initial Application	A.R.S. § 6-912(B)	60	60	120
19	Loan Originators	A.R.S. § 6-991, et seq.			
	Initial Application	A.R.S. § 6-991.04(A)	60	60	120
20	Real Estate Appraisal	A.R.S. § 32-3601, et seq.			
	Initial Application	A.R.S. § 32-3611	60	60	120

**Historical Note**

Table A adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 8 A.A.R. 145, effective December 10, 2001 (Supp. 01-4). Amended by final rulemaking at 18 A.A.R. 2622, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 31 A.A.R. 533 (February 14, 2025), effective April 6, 2025 (Supp. 25-1).

**ARTICLE 2. BANK ORGANIZATION AND REGULATION****R20-4-201. Articles of Incorporation**

A licensee shall deliver to the Director a copy of each amendment to the licensee's articles of incorporation within 30 days after the amendment is filed with the Arizona Corporation Commission. Before delivery to the Director, an officer of the licensee shall certify the copy delivered in compliance with this Section, in writing, signed by the certifying officer, attesting to the completeness, accuracy, and authenticity of the certified copy.

**Historical Note**

Former Rule 1. R20-4-201 recodified from R4-4-201 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R.

811, effective January 10, 2001 (Supp. 01-1). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-202. Bylaws**

A licensee shall deliver to the Director a copy of each amendment to the licensee's bylaws within 30 days after the amendment is adopted. An officer of the licensee shall certify the copy delivered in compliance with this Section, in writing, attesting to the completeness, accuracy, and authenticity of the certified copy.

**Historical Note**

Former Rule 2. R20-4-202 recodified from R4-4-202 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R.

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811, effective January 10, 2001 (Supp. 01-1). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-203. Repealed****Historical Note**

Former Rule 3; Amended subsection (C) effective September 4, 1981 (Supp. 81-5). R20-4-203 recodified from R4-4-203 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-204. Repealed****Historical Note**

Former Rule 4. R20-4-204 recodified from R4-4-204 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-205. Repealed****Historical Note**

Former Rule 5. R20-4-205 recodified from R4-4-205 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3188, effective August 3, 2000 (Supp. 00-3).

**R20-4-206. Bankers Blanket Bond Coverage - A.R.S. § 6-188**

- A.** Each bank shall carry at least the following basic blanket bond coverage listed in Table B.
- B.** Each bank shall supplement the bankers blanket bond coverage with at least a \$2,000,000 excess fidelity bond.

**Historical Note**

Former Rule 6. R20-4-206 recodified from R4-4-206 (Supp. 95-1). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**Table B. Basic Blanket Bond Coverage**

Banks with Deposits of:		Amounts:
Less than \$25,000,000		\$300,000
25,000,000	to 35,000,000	350,000
35,000,000	to 50,000,000	450,000
50,000,000	to 75,000,000	550,000
75,000,000	to 100,000,000	700,000
100,000,000	to 150,000,000	850,000
150,000,000	to 250,000,000	1,200,000
250,000,000	to 500,000,000	1,700,000
500,000,000	to 1,000,000,000	2,500,000
1,000,000,000	to 2,000,000,000	4,000,000
2,000,000,000	to 5,000,000,000	6,000,000
5,000,000,000	to 20,000,000,000	9,000,000
Over 20,000,000,000		10,000,000

**Historical Note**

Table B removed from R20-4-206(A) to conform with the codification scheme of this Chapter and amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-207. Capital Obligations**

- A.** An applicant for a Director's order of approval to issue a capital obligation shall submit the following documents to the Director and shall not issue any capital obligation before the Director issues the order of approval. The required documents are:

1. A certified copy of the resolution adopted by the Board of Directors, or a certified copy of the unanimous written consent of the Board of Directors, authorizing the sale of the capital obligation;
  2. A copy of the agreement underlying the capital obligation;
  3. A copy of the note or debenture intended to represent the capital obligation; and
  4. A copy of the prospectus, if any, proposed for use in the sale of the capital obligation.
- B.** Each document evidencing a capital obligation shall:
1. Bear on its face, in bold face type, the following: This obligation is not a deposit and is not insured by the Federal Deposit Insurance Corporation.
  2. Have a maturity provision that either:
    - a. Gives the obligation a maturity of at least five years, or
    - b. In the case of an obligation or issue that provides for scheduled repayments of principal, gives an average maturity of at least five years. The restriction on maturity stated in this subsection does not apply to any obligation that otherwise meets all the requirements of this Section if the Director determines that exigent circumstances require the issuance of the obligation without regard to any restriction on maturity. The provisions of this subsection do not apply to mandatory convertible debt obligations or issues.
  3. State expressly on its face that the obligation:
    - a. Is subordinated and junior in right of payment to the issuing bank's obligations to its depositors and to the bank's other obligations to its general and secured creditors, and
    - b. Is ineligible as collateral for a loan by the issuing bank, except as provided in A.R.S. § 6-354.
  4. Be unsecured.
  5. State expressly on its face that the issuing bank may not retire any part of its capital obligation without the Director's prior written order of approval, and the prior written consent of the Federal Deposit Insurance Corporation.
  6. Include, if the obligation is issued to a depository institution, a specific waiver of the right of offset by the lending depository institution.
  7. State that, in the event of liquidation, all depositors and other creditors of the bank are to be paid in full before any payment of principal or interest is made on a capital obligation.
- C.** No payment shall be made under an optional right of payment reserved to the bank without the separate authorization of the Director. The Director may grant that authority in the initial order of approval or in a later order of approval.

**Historical Note**

Former Rule 7. R20-4-207 recodified from R4-4-207 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 2155, effective May 4, 2001 (Supp. 01-2). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-208. Repealed****Historical Note**

Former Rule 8. R20-4-208 recodified from R4-4-208 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3188, effective August 3, 2000 (Supp. 00-3).

**R20-4-209. Notice of Permanent Closing of Banking Office**

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A bank may close fewer than all of its banking offices. Before closing any office, a bank shall deliver a letter to the Director specifying the banking office it plans to close and the closing date. The bank shall ensure that the Director receives the letter at least 10 days before the closing date. Closing the banking office shall terminate the bank's authority to maintain that banking office on the date of the actual closure.

**Historical Note**

Former Rule 9. R20-4-209 recodified from R4-4-209 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 5388, effective November 9, 2001 (Supp. 01-4). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-210. Repealed****Historical Note**

Former Rule 10. R20-4-210 recodified from R4-4-210 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3188, effective August 3, 2000 (Supp. 00-3).

**R20-4-211. Application for a Banking Permit**

- A. Before an application is filed, the representatives of the potential applicant shall meet with the Director to discuss capitalization, location, and management of the proposed bank.
- B. After the meeting required by subsection (A), persons who wish to proceed with the application process shall submit an application in the form the Director prescribes. The applicant shall support the application with sufficient information to enable the Director to make a determination.

**Historical Note**

Former Rule 11. R20-4-211 recodified from R4-4-211 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 3188, effective August 3, 2000 (Supp. 00-3). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-212. Repealed****Historical Note**

Former Rule 12. Amended effective September 4, 1981 (Supp. 81-4). R20-4-212 recodified from R4-4-212 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-213. Repealed****Historical Note**

Former Rule 13. Repealed effective September 13, 1981 (Supp. 81-5). R20-4-213 recodified from R4-4-213 (Supp. 95-1).

**R20-4-214. Preservation of Records**

- A. Every bank shall keep its corporate and business records as originals or as copies of the originals made by reproduction methods that accurately and permanently preserve the records. Copies complying with this subsection, when satisfactorily identified, have the same evidentiary status as an original. A bank may keep its records as electronic records if the bank can generate all information and copies required by this Section within the timeframe set by the Department for examination or other purposes.
- B. A bank shall keep its corporate and business records for the period required by this Section. These periods are measured from the date of the last entry or final action date. A bank shall have and comply with its own record retention schedule that is consistent with this Section. A bank may comply with this

Section by complying with a preemptive federal regulation, even if the federal regulation requires a shorter retention period than is listed in this Section. This Section does not prohibit record retention for longer periods than these state-required minimums for any reason, including a retention period established by preemptive federal law or regulation. Likewise, this Section does not prohibit a bank from keeping any type of record not required in subsection (D).

- C. Beginning on the effective date of this Section, corporate and business records of a bank operating in the state of Arizona are classified, and their retention periods are prescribed, according to the schedule in subsection (D). Retention periods are listed in subsection (D) using the notations, acronyms, and abbreviations listed in subsections (C)(1) through (20).

1. A numerical designation refers to a period of years unless a shorter period of time is specified in the schedule.
2. "AC" means after closure.
3. "ACH" means automated clearing house.
4. "AE" means after expiration.
5. "ALC" means after last contact.
6. "AP" means after paid.
7. "ATD" means after termination date.
8. "CTR" means a cash transaction report required by the Federal Bank Secrecy Act.
9. "FDIC" means the Federal Deposit Insurance Corporation.
10. "FHA" means the Federal Housing Administration.
11. "FHLMC" means the Federal Home Loan Mortgage Corporation.
12. "FNMA" means the Federal National Mortgage Association.
13. "GNMA" means the Government National Mortgage Association.
14. "IRS" means the United States Department of the Treasury's Internal Revenue Service.
15. "M" means months.
16. "P" means the bank shall keep the record permanently.
17. "PMI" means private mortgage insurance.
18. "SAR" means a suspicious activity report required by the Federal Bank Secrecy Act.
19. "TTL" means a treasury, tax, and loan account maintained by a bank.
20. "UCC" means the Uniform Commercial Code as it is in effect in Arizona.

**D. Retention Schedule**

- |   |   |
|---|---|
| 1. Accounting and Auditing                      |   |
| a. Accrual and bond amortization                | 3 |
| b. Audit report                                 | 6 |
| c. Audit work papers                            | 3 |
| d. Bank call, income and dividend report        | 5 |
| e. Bill, statement, or invoice – paid           | 7 |
| f. Budget work papers                           | 2 |
| g. Collateral vault "in-and-out" ticket         | 1 |
| h. Daily reserve computation                    | 1 |
| i. Earnings report                              | 7 |
| j. Expense voucher or invoice                   | 7 |
| k. Financial statement                          | 7 |
| l. Interoffice reconciliation                   | 1 |
| m. Interoffice transaction                      | 1 |
| n. Periodic statement for account owned by bank | 2 |
| o. Reconciliation of deposits – due to bank     | 2 |
| p. Reconciliation register – due from bank      | 2 |
| q. Return and cash item register                | 1 |
| r. Service contract                             | 2 |
| s. Treasury tax and loan account                | 2 |



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t. Unclaimed property record	5	g. CTR – for transaction exceeding \$10,000	5
2. Administration		h. Customer authorization, resolution, and signature card	6 AC
a. Articles of incorporation or association, bylaws or other record of organization	P	i. Deposit account record needed to reconstruct	7
b. Bankers blanket bond-record showing compliance	5AE	j. Deposit and other credits	7
c. Bank examiner's report	7	k. Dormant account – after closed or escheated	7 ALC
d. Capital note issuance and transfer record	P	l. Form 1096 and 1099 reports to IRS	7
e. Depreciation record – office equipment	3	m. Individual retirement account record	7
f. Dividend check and register	7	n. Interest check or other record of interest payment and reports	7
g. Dividend check – outstanding	P	o. Internal management reports:	
h. Expired policy insuring the bank	3 AE	i. Large balance	1
i. FDIC assessment base, record	5	ii. Overdraft	1
j. FDIC certificate	P	iii. Public funds	1
k. Insurance policy number, record of premium paid and amount recovered	3 AE	iv. Service charges	1
l. Legal proceedings when completed	5	v. Stop payment	1
m. Minute book of:		vi. Uncollected funds	1
i. Meetings of the board of directors	P	vii. Unposted item	1
ii. Meeting of committees of the board of directors	P	viii. Zero balance	1
iii. Shareholders' meetings	P	p. Ledger card	5 AC
n. Postage meter record book (from date of final entry)	1	q. Power of attorney document	7 ATD
o. Real estate documentation	5 ATD	r. Receipt for statement held at customer's request	1
p. Report to directors	3	s. Record showing compliance with the following federal regulations. The state retention period applies unless, and until, it is preempted by federal law:	
q. Stock issuance and transfer record	P	i. Regulation CC, Expedited Funds Availability Act	2
r. Required report to supervisory agency	3	ii. Regulation DD, Truth in Savings Act	2
s. Tax controversy or proceeding when completed	7	iii. Regulation E, Electronic Funds Transfer Act	2
t. Tax record not material to any controversy	7	t. Returned statement and canceled checks	6
u. Voting list and proxies	3	u. Statement	6
3. Collections		v. Stop payment order	6 AE
a. Collection payment record	1	w. Document used to request and receive Tax Identification Number	6
b. Collection receipt – carbon	1	x. Transaction journal	6
c. Collection register	1	y. Trial balance	6
d. Coupon cash letter – outgoing	1	7. Due from banks	
e. Coupon envelope	1	a. Advice from correspondent bank	1
f. Customer file copy	1	b. Bank statement	1
g. Incoming collection letter	1	c. Draft – original	7
h. Incoming contract or note letter	1	d. Draft register or copy	1 AP
4. Customer service		e. Duplicate check – information and documentation pertaining to issuance	7
a. Broker account holder – identification	5	f. Reconciliation register	1
b. Broker's confirmation	3	8. Due to banks	
c. Broker's invoice	3	a. Account opened and account closed – reports	1
d. Broker's statement	3	b. Advice – copy	1
e. E-Bond application	2	c. Incoming cash letter memo for credit	1
f. E-Bond sold or redeemed – record	2	d. Incoming cash letter for remittance	1
g. E-Bond transmittal letter	2	e. Reconciliation register (TTL)	2
h. Lock box daily receipts	1	f. Reconciliation verification	1
i. Night depository agreement	1 AC	g. Resolution	2 AC
j. Night depository daily record	1	h. Signature card	6 AC
k. Safekeeping record and receipt	5	i. Trial balance (fiche)	7
l. Securities buy order and sell order	3	j. Undelivered statement, reconstruction available from bank records	1
5. Data processing (management information systems)		k. Undelivered statement, reconstruction not possible	7
a. Back-up data (for reconstruction) daily, end of month, quarter, or year	1	9. General	
b. Disaster recovery program	P	a. Address change order	1
c. Film copy of every IRS financial reporting form	6	b. Affidavit from customer including affidavit of loss, forgery, or non-use of cashier's check	1
d. Program change	P	c. Writ of attachment or garnishment	5
e. System, program and procedure manual	P	d. Attachment, release	5
6. Deposits		e. Armored car receipt	1
a. Account opened and account closed	1	f. Check book order	1
b. Certificate of deposit purchase record	7	g. Check book – receipt	1
c. Check paid, withdrawal slip, and other debits to account	7	h. Court order memorandum record	5
d. Club account check register	1	i. Notice of Protest	1
e. Club account coupon	1		
f. SAR – for suspicious transaction under \$10,000	5		

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j. Vault record – opening and closing	1	iv. Charge-off record	10
k. Wire transfer debit entry and credit entry	7	v. Charged off note	10
10. General ledger		vi. Collateral file	6
a. Daily statement of condition	3	vii. Correspondence	6
b. General journal – if byproduct of posting the general ledger	3	viii. Credit file- all documentation	6
c. General journal – if used as book of original entry with description	3	ix. Credit report	6
d. General ledger	5	x. Daily proof and record	6
e. General ledger ticket – debit and credit	2	xi. Loan committee minutes	P
11. International department		xii. Miscellaneous loan reports including new loan journal, paid loan journal, past due report, and transaction journal as original entry	6
a. Broker account holder – identification	5	xiii. Other documentation for reconstruction of loan	2
b. Cable copy	7	b. Commercial loans	
c. Cable requisition	7	i. Application for loan denied	12 M
d. Collection paid	1	ii. Bill of sale	6
e. Correspondence	2	iii. Borrowing resolution	3
f. Draft	7	iv. Business annual report (fiscal or year end) – after date of report	3
g. Foreign collection register	6	v. Business cash-flow analysis report – after date of report	3
h. Foreign draft application	6	vi. Business tax return – after date of return	6
i. Foreign draft – carbon	2 ATD	vii. Commitment letter	6
j. Foreign exchange remittance sheet or book	6	viii. Copy of mortgage note or deed of trust	6
k. Foreign financial account – record	7	ix. Evidence of insurance	6
l. Foreign mail transfer application	6	x. Guaranty	6
m. Foreign mail transfer – carbon	2 ATD	xi. Letter of credit	6
n. Foreign outstanding cash	2	xii. Participation agreement	6
o. Foreign payment – incoming	2	xiii. Promissory note	6
p. Letter of credit application	2	xiv. Purchase and sale agreement	6
q. Letter of credit ledger sheet	7	xv. Security agreement	6
r. Transfer outside of the United States in excess of \$10,000 – record	5	xvi. Title documentation	6
12. Investments		xvii. UCC filing	6
a. Bonds		c. Consumer loans	
i. Amortization record	6	i. Application for loan denied, including adverse action notice	25 M
ii. Confirmation	3	ii. Collateral record	6
iii. Safekeeping receipt	2	iii. Hazard insurance record	6
b. Broker's securities		iv. Invoice	6
i. Broker's invoice	3	v. Life and disability insurance record	6
ii. Broker's statement	3	vi. Overdraft loan agreement	6
iii. Report of lost or stolen securities	3	vii. Promissory note and modification agreement – copy	6
iv. Safekeeping advice	2	viii. Title documentation	6
v. Taxpayer identification number	5	ix. UCC filing – copy	6
c. Commercial paper		d. Real estate loans	
i. Broker's advice	2	i. Assignment of escrow	6
ii. Purchase order	2	ii. Assumption	6
iii. Remittance advice	2	iii. Commitment letter	6
d. Mortgage-backed securities		iv. Copy of deed of trust or mortgage note, as it may have been modified	6
i. Buy-and-sell agreement	3	v. Escrow analysis record	6
ii. Commitment letter	7	vi. Evidence of any FHA or PMI insurance required	6
iii. FHLMC and FNMA loan file	7	vii. Hazard insurance	life of loan
iv. GNMA certificate	7	viii. Proof of insurance excluding hazard	6
v. Interest accrual record	7	ix. Sales contract	6
vi. Monthly remittance report	7	x. Settlement sheet	6
13. Loans. A bank shall keep each loan record listed for the period required by this subsection. These periods are measured from the date of final activity. A bank shall have and comply with its own record retention schedule that is consistent with this subsection. A bank may comply with this subsection by complying with a preemptive federal regulation, even if the federal regulation requires a shorter retention period than is listed in this subsection. This subsection does not prohibit record retention for longer periods than these state-required minimums for any reason, including a retention period established by preemptive federal law or regulation. Likewise, this Section does not prohibit a bank from keeping any type of record not required by this subsection.		xi. Survey	6
a. All loans – general		xii. Title documentation	6
i. Application for loan approval	6	e. Construction loans. In addition to the documents specified in subsection (d), a bank shall keep a record for a construction loan as specified in this subsection:	
ii. Appraisal	6	i. Certificate of occupancy	6
iii. Borrower's financial statement	6	ii. Construction progress report	6
		iii. Contractor's cost breakdown	6
		iv. Disbursement documentation	6
		v. Inspection report	6

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vi. Residential construction specifications and material list	6	20. Trust department administration	
14. Official checks and drafts		a. Appraisal of real or personal property held as a trust asset	3 AC
a. Affidavit, bond, indemnity agreement, other documentation supporting the issuance of a duplicate check or draft	7	b. Correspondence	3 AC
b. Bank draft	3	c. Decree or receipt and release	3 AC
c. Cashier's check – canceled	7	d. Fee record and supporting data	3 AC
d. Cashier's check register – copy	7	e. Intermediate and final account	3 AC
e. Expense check – canceled	7	f. Legal documentation including judgment, court order, and legal opinion	3 AC
f. Expense check register – copy	7	g. Paid bill	3 AP
g. Expense voucher or invoice	7	h. Real estate insurance policy	1 AE
h. Money order – bank or personal	7	i. Real estate and mortgage document	3 AC
i. Money order register – copy	7	j. Receipt for asset received or delivered	3 AC
j. Official check outstanding	P	k. Record of asset tax cost	3 AC
15. Personnel Records		l. Summary card, original instrument, agreement and amendment, and letters of appointment	3 AC
a. Attendance record, and time card	3	m. Synopsis sheet	3 AC
b. Authorization for payroll deduction	2	21. Corporate trust	
c. Department of labor report	5	a. Bond registration journal	3 AC
d. Disability record	5	b. Bond – canceled	7
e. Employee record and personnel folder	5	c. Indemnity bond	P
f. Employment application	3 AT	d. Certification	2
g. Insurance record	2	e. Coupon envelope	6 M
h. Payroll check	2	f. Coupon – canceled	6 M
i. Pension fund record	10	g. Customer receipt	7
j. Profit sharing fund record	10	h. Dividend and coupon record	3 AC
k. Rejected employee application	2	i. Dividend and interest disbursement check and list	3 AC
l. Salary ledger or electronic data processing printout	4	j. General ledger ticket	2
m. Salary receipt	2	k. Legal paper	P
n. W-3 reconciliation of income tax withheld from wages	3	l. Copy of canceled stock certificate, original returned to customer	1
o. W-4 withholding exemption certificate	3	m. Stock registration journal	3 AC
p. Wage and tax statement record (W-2)	7	n. Stock transfer memo	1
q. Wage differential documentation (Fair Labor Standards Act)	3	o. Stock transfer receipt	1
16. Registered mail		p. Tax return	3 AC
a. Marine insurance book	3	q. Transfer – supporting papers	3 AC
b. Record of incoming and outgoing registered mail	1	r. Transfer journal	3 AC
c. Return receipt card	3	s. Transfer tax waiver	3 AC
17. Safe deposit vault		t. Trust ledger – corporate	7
a. Access ticket or card	6	22. Personal trust	
b. Court order and correspondence	6	a. Record of previously discharged fiduciary	
c. Delivery of will, burial plot deed, insurance policy – receipt	6	i. Accounting	3 AC
d. Forced entry record	6	ii. Decree	3 AC
e. Lease or contract – closed account	2 AC	iii. Receipt and release	3 AC
f. Ledger record of account	1	b. Accounting – recorded	3 AC
g. Opened box contents – record and report	7	c. Advice of payment – securities department regarding bond and coupon collection	3 AC
h. Rent receipt – copy	1	d. Appraisal	
i. Sale to satisfy lien – record	7	i. Real property	3 AC
j. Signature card, authorization, and resolution	6 AC	ii. Personal property	3 AC
18. Tellers		e. Asset delivery receipt	3 AC
a. Mail teller envelope	3 M	f. Authorization	
b. Teller's balancing recap or recap book	1	i. By co-fiduciary	P
c. Teller's cash ticket – original and carbons	1	ii. By consultant	P
d. Teller's cash shipment record	1	g. Approval	5
e. Teller's exchange ticket	1	i. By co-fiduciary	P
f. Teller's machine tape	1	ii. By consultant	P
19. Transit, proof, and clearing		h. Broker's statement	7
a. ACH entry	6	i. Buy and sell order	7
b. Advice of correction to deposit	2	j. Cash documentation	
c. Clearinghouse settlement sheet – recapitulation of checks delivered to the clearinghouse or federal reserve	2	i. Customer cash and asset statement	7
d. Record of items processed	6	ii. Cash and security journal	7
e. Proof machine tape or other record	2	iii. Cash trial balance	1
f. Receipt for transit letter	1	k. Common trust fund annual report	10
g. Return item letter	5	l. Correspondence	
		i. Transfer letter	3 AC
		ii. Claim letter	3 AC
		m. Coupon collection letter	7
		n. Court accounting and petition	7
		o. Daily transaction journal	6 M

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p. Debits and credits – daily	1		<b>ARTICLE 3. EXPIRED</b>
q. Documentation necessary to support account decision	3 AC	<b>R20-4-301.</b>	<b>Expired</b>
r. Tax Documentation			<b>Historical Note</b>
i. Federal estate tax return	10		Former Rule 1. R20-4-301 recodified from R4-4-301 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).
ii. State estate tax return	10		
iii. Tax-related work papers	10		
iv. Federal gift tax return	10		
s. Fee calculations and supporting data	1	<b>R20-4-302.</b>	<b>Repealed</b>
t. Income tax return			<b>Historical Note</b>
i. Federal	3 AC		Former Rule 2; Repealed effective January 19, 1984 (Supp. 84-1). R20-4-302 recodified from R4-4-302 (Supp. 95-1).
ii. State	3 AC		
u. Inventory	3 AC		
v. Investment review and related material	3 AC		
w. Minutes			
i. Investment committee	P	<b>R20-4-303.</b>	<b>Expired</b>
ii. Trust committee	P		<b>Historical Note</b>
23. Other personal trust records			Former Rule 3. R20-4-303 recodified from R4-4-303 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).
a. Legal opinion	3 AC		
b. Correspondence related to legal opinion	3 AC		
c. Paid bill	7		
d. Review and recommendation	3 AC		
e. Safekeeping record and receipt	3 AC	<b>R20-4-304.</b>	<b>Expired</b>
f. Security ledger sheet	P		<b>Historical Note</b>
g. Trust check	10		Former Rule 4. R20-4-304 recodified from R4-4-304 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).
h. Trust entry – original	3 AC		
i. Trust or agency agreement – original	3 AC		
j. Vault withdrawal and deposit ticket	7		
k. Will – certified copy	P		
l. Work papers supporting tax return	7	<b>R20-4-305.</b>	<b>Repealed</b>
24. Trust Investments			<b>Historical Note</b>
a. Annual report			Former Rule 5. R20-4-305 recodified from R4-4-305 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).
i. Common trust fund	10		
ii. Pooled fund	10		
b. Valuation		<b>R20-4-306.</b>	<b>Repealed</b>
i. Common trust fund	10		<b>Historical Note</b>
ii. Pooled fund	10		Former Rule 6. R20-4-306 recodified from R4-4-306 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).
c. Minutes			
i. Investment committee	P		
ii. Administrative committee	P		
d. Investment order and broker's confirmation	3 AC		
e. Investment review and related material	3 AC		
f. Correspondence	3 AC	<b>R20-4-307.</b>	<b>Repealed</b>
g. Summary of annual account activity	3 AC		<b>Historical Note</b>
25. Wire transfer			Former Rule 7. R20-4-307 recodified from R4-4-307 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).
a. Incoming wire log	1		
b. Outgoing wire log	1		
c. Transmission record	7		
d. Wire transfer request	7	<b>R20-4-308.</b>	<b>Repealed</b>
			<b>Historical Note</b>
Former Rule 14. R20-4-214 recodified from R4-4-214 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4142, effective September 12, 2001 (Supp. 01-3). Missing notation in subsection (D)(1)(j) corrected as proposed at 7 A.A.R. 2491 (Supp. 20-1). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).			Former Rule 8. R20-4-308 recodified from R4-4-308 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).
<b>R20-4-215. Trust Business</b>		<b>R20-4-309.</b>	<b>Expired</b>
Each bank authorized to conduct trust business under their banking permit shall comply with the applicable requirements of R20-4-808 through R20-4-816.			<b>Historical Note</b>
			Former Rule 9. R20-4-309 recodified from R4-4-309 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).
		<b>R20-4-310.</b>	<b>Reserved</b>
		<b>R20-4-311.</b>	<b>Repealed</b>
			<b>Historical Note</b>
Adopted effective June 30, 1977 (Supp. 77-3). R20-4-215 recodified from R4-4-215 (Supp. 95-1). Amended by final rulemaking at 29 A.A.R. 1919 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).			Former Rule 11; Repealed effective January 19, 1984 (Supp. 84-1). R20-4-311 recodified from R4-4-311 (Supp. 95-1).

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**R20-4-312. Repealed****Historical Note**

Former Rule 12. R20-4-312 recodified from R4-4-312 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-313. Reserved****R20-4-314. Repealed****Historical Note**

Former Rule 14. R20-4-314 recodified from R4-4-314 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-315. Repealed****Historical Note**

Former Rule 15. R20-4-315 recodified from R4-4-315 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-316. Repealed****Historical Note**

Former Rule 16. R20-4-316 recodified from R4-4-316 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-317. Repealed****Historical Note**

Former Rule 17; Repealed effective January 19, 1984 (Supp. 84-1). R20-4-317 recodified from R4-4-317 (Supp. 95-1).

**R20-4-318. Expired****Historical Note**

Former Rule 18. R20-4-318 recodified from R4-4-318 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-319. Repealed****Historical Note**

Former Rule 19. R20-4-319 recodified from R4-4-319 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-320. Repealed****Historical Note**

Former Rule 20. R20-4-320 recodified from R4-4-320 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-321. Repealed****Historical Note**

Former Rule 21. R20-4-321 recodified from R4-4-321 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-322. Repealed****Historical Note**

Former Rule 22; Repealed effective January 19, 1984 (Supp. 84-1). R20-4-322 recodified from R4-4-322 (Supp. 95-1).

**R20-4-323. Repealed****Historical Note**

Former Rule 23. R20-4-323 recodified from R4-4-323 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-324. Expired****Historical Note**

Former Rule 24. R20-4-324 recodified from R4-4-324 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-325. Expired****Historical Note**

Former Rule 25. R20-4-325 recodified from R4-4-325 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-326. Expired****Historical Note**

Former Rule 26. R20-4-326 recodified from R4-4-326 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-327. Expired****Historical Note**

Former Rule 27. R20-4-327 recodified from R4-4-327 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-328. Expired****Historical Note**

Former Rule 28. R20-4-328 recodified from R4-4-328 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-329. Repealed****Historical Note**

Former Rule 29. R20-4-329 recodified from R4-4-329 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-330. Expired****Historical Note**

Original Rule. R20-4-330 recodified from R4-4-330 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 841, effective March 14, 2017 (Supp. 17-1).

**R20-4-331. Repealed****Historical Note**

Original Rule. R20-4-331 recodified from R4-4-331 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**ARTICLE 4. CREDIT UNIONS****R20-4-401. Fidelity Bond Coverage**

- A.** A credit union shall have a fidelity bond in the form and in the amount required to maintain federal insurance on its accounts.
- B.** A fidelity bond purchased by a credit union to comply with this Section shall include faithful-performance-of-duty coverage.
- C.** A credit union shall purchase its fidelity bond from an insurer that holds a certificate of authority from the Director to transact surety business in Arizona.

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**Historical Note**

Former Rule 1. R20-4-401 recodified from R4-4-401 (Supp. 95-1). Amended effective April 21, 1995 (Supp. 95-2). Amended by final rulemaking at 7 A.A.R. 2229, effective May 3, 2001 (Supp. 01-2). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-402. Repealed****Historical Note**

Former Rule 2. R20-4-402 recodified from R4-4-402 (Supp. 95-1). Repealed effective April 21, 1995 (Supp. 95-2).

**ARTICLE 5. CONSUMER LENDERS****R20-4-501. Repealed****Historical Note**

Former Rule 1. R20-4-501 recodified from R4-4-501 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-502. Repealed****Historical Note**

Former Rule 2. R20-4-502 recodified from R4-4-502 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3380, effective August 3, 2000 (Supp. 00-3).

**R20-4-503. Adjustments in Precomputed Charges**

A licensee shall adjust the total precomputed charges if the first installment period is more or less than one month in duration. The licensee's records shall reflect the adjustment's collection in one of three ways.

1. In the first installment payment,
2. Amortized over the life of the contract, or
3. As part of the final payment.

**Historical Note**

Former Rule 3. R20-4-503 recodified from R4-4-503 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1942 (September 1, 2023), effective October 7, 2023 (Supp. 23-3).

**R20-4-504. Repealed****Historical Note**

Former Rule 4. R20-4-504 recodified from R4-4-504 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4).

**R20-4-505. Repealed****Historical Note**

Former Rule 5. R20-4-505 recodified from R4-4-505 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-506. Repealed****Historical Note**

Former Rule 6. R20-4-506 recodified from R4-4-506 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3380, effective August 3, 2000 (Supp. 00-3).

**R20-4-507. Repealed****Historical Note**

Former Rule 7. R20-4-507 recodified from R4-4-507

(Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-508. Cut-off Date for Computing Refunds upon Early Repayment in Full**

If a borrower repays a loan before the due date of the final installment, the licensee shall calculate any refund or credit due on the precomputed loan using the following rules:

1. A licensee shall credit any full repayment, made on or before the 15th day following an installment date, as if received on the last previous installment date.
2. A licensee shall credit any full repayment, made on or after the 16th day following an installment date, as if received on the next installment date.

**Historical Note**

Former Rule 8. R20-4-508 recodified from R4-4-508 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4605, November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1942 (September 1, 2023), effective October 7, 2023 (Supp. 23-3).

**R20-4-509. Repealed****Historical Note**

Former Rule 9. R20-4-509 recodified from R4-4-509 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-510. Repealed****Historical Note**

Former Rule 10. R20-4-510 recodified from R4-4-510 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-511. Repealed****Historical Note**

Former Rule 11. R20-4-511 recodified from R4-4-511 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-512. Reserved****R20-4-513. Repealed****Historical Note**

Former Rule 13. R20-4-513 recodified from R4-4-513 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-514. Repealed****Historical Note**

Former Rule 14. R20-4-514 recodified from R4-4-514 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-515. Repealed****Historical Note**

Former Rule 15. R20-4-515 recodified from R4-4-515 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-516. Repealed****Historical Note**

Former Rule 16. R20-4-516 recodified from R4-4-516 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4).

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**R20-4-517. Repealed****Historical Note**

Former Rule 17. R20-4-517 recodified from R4-4-517 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-518. Deferral Fee**

- A.** A licensee may collect a deferral fee at the time it agrees to a deferment or at any time after the assessment of a deferral fee. If a licensee receives a payment after it agrees to a deferment, it may apply the payment first to the deferral fee. Any remainder of the payment shall be applied to the balance of the loan.
- B.** If a licensee receives a payment that is large enough to pay in full a delinquent installment and all allowable delinquency fees, the licensee shall apply the payment first to the delinquent installment and fees. The licensee shall not show the paid installment as deferred, and shall not collect a deferral fee.

**Historical Note**

Former Rule 18. R20-4-518 recodified from R4-4-518 (Supp. 95-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1942 (September 1, 2023), effective October 7, 2023 (Supp. 23-3).

**R20-4-519. Deferment Statement**

A licensee shall give the borrower a statement at the time it agrees to a deferment and shall retain a copy of the statement in the borrower's credit file. The statement shall contain the following information:

1. The amount of the deferral fee,
2. The date of the borrower's next scheduled payment,
3. The amount of the borrower's next scheduled payment, and
4. The extended maturity date of the loan.

**Historical Note**

Former Rule 19. R20-4-519 recodified from R4-4-519 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1942 (September 1, 2023), effective October 7, 2023 (Supp. 23-3).

**R20-4-520. Repealed****Historical Note**

Former Rule 20. R20-4-520 recodified from R4-4-520 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3380, effective August 3, 2000 (Supp. 00-3).

**R20-4-521. Repealed****Historical Note**

Former Rule 21. R20-4-521 recodified from R4-4-521 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3380, effective August 3, 2000 (Supp. 00-3).

**R20-4-522. Repealed****Historical Note**

Former Rule 22. R20-4-522 recodified from R4-4-522 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-523. Repealed****Historical Note**

Former Rule 23. R20-4-523 recodified from R4-4-523 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-524. Books, Accounts, and Records**

- A.** A licensee may keep its books, accounts, and records as electronic records if the licensee can generate all information and copies required by this Section within the timeframe set by the Department for examination or other purposes.
- B.** A licensee authorized under A.R.S. Title 6, Chapter 5 shall:
1. Keep its books, accounts, and records of operations separate from the books, accounts, and records of its other business activities; and
  2. In addition to any statutory requirements, the books, accounts, and records of operations shall include the following:
    - a. A file containing a record of all legal actions brought during the fiscal year which the licensee shall keep until the Department conducts its examination of the licensee;
    - b. An itemized record of disbursement of the proceeds of each loan which shall also include, if the licensee makes precomputed loans, the amount of refund on each loan that is renewed or refinanced;
    - c. A record of the receipt of all allowable fees;
    - d. A record for each borrower and each loan that contains documentary evidence of filing or recording each instrument of record for the loan; and
    - e. A record of the borrower's voluntary election to purchase any insurance in connection with a loan if that insurance is sold by the licensee.

**Historical Note**

Former Rule 24. R20-4-524 recodified from R4-4-524 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1942 (September 1, 2023), effective October 7, 2023 (Supp. 23-3).

**R20-4-525. Repealed****Historical Note**

Former Rule 25. R20-4-525 recodified from R4-4-525 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4).

**R20-4-526. Repealed****Historical Note**

Former Rule 26. R20-4-526 recodified from R4-4-526 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4).

**R20-4-527. Repealed****Historical Note**

Former Rule 27. R20-4-527 recodified from R4-4-527 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-528. Repealed****Historical Note**

Former Rule 28. R20-4-528 recodified from R4-4-528 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-529. Repealed****Historical Note**

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Former Rule 29. R20-4-529 recodified from R4-4-529 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4).

**R20-4-530. Repealed****Historical Note**

Former Rule 30. R20-4-530 recodified from R4-4-530 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4).

**R20-4-531. Repealed****Historical Note**

Former Rule 31. R20-4-531 recodified from R4-4-531 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-532. Repealed****Historical Note**

Former Rule 32. R20-4-532 recodified from R4-4-532 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3380, effective August 3, 2000 (Supp. 00-3).

**R20-4-533. Reserved****R20-4-534. Insurance**

- A.** A licensee shall obtain written evidence of the borrower's voluntary election to purchase insurance in connection with a loan if the licensee's sale of insurance to the borrower is intended to secure repayment of a loan. The licensee shall retain this evidence of voluntary election in its records as required by statute. A document sufficient to comply with this Section shall read substantially as follows:

TO SECURE REPAYMENT OF MY LOAN, I ELECT TO PURCHASE INSURANCE IN THE AMOUNT OF \$ \_\_\_\_\_.

I UNDERSTAND THAT MY TOTAL LOAN OBLIGATION IS THE SUM OF \$ \_\_\_\_\_.

- B.** A licensee shall obtain written evidence of the borrower's voluntary election to purchase property insurance in connection with a loan if the licensee's sale of property insurance to the borrower is intended to secure repayment of a loan. The licensee shall retain this evidence of voluntary election in its records as required by statute. A document sufficient to comply with this Section shall read substantially as follows:

TO SECURE REPAYMENT OF MY LOAN, I ELECT TO PURCHASE PROPERTY INSURANCE IN THE AMOUNT OF \$ \_\_\_\_\_.

I UNDERSTAND THAT MY TOTAL LOAN OBLIGATION IS THE SUM OF \$ \_\_\_\_\_.

I ATTEST THAT THE VALUE OF MY PROPERTY INSURED IN CONNECTION WITH THIS LOAN IS THE SUM OF \$ \_\_\_\_\_.

**Historical Note**

Former Rule 34. R20-4-534 recodified from R4-4-534 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4605, effective November 14, 2000 (Supp. 00-4).

Amended by final rulemaking at 29 A.A.R. 1942 (September 1, 2023), effective October 7, 2023 (Supp. 23-3).

**R20-4-535. Reserved****R20-4-536. Repealed****Historical Note**

Former Rule 36. R20-4-536 recodified from R4-4-536 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 3380, effective August 3, 2000 (Supp. 00-3).

**ARTICLE 6. DEBT MANAGEMENT COMPANIES**

*Article 6, consisting of Sections R4-4-601 through R4-4-620, adopted effective October 26, 1978, except that Sections R4-4-603, R4-4-604 and R4-4-607 shall become effective January 1, 1979. R20-4-601 through R20-4-620 recodified from R4-4-601 through R4-4-620 (Supp. 95-1).*

*Former Article 6 consisting of Section R4-4-601 repealed effective October 26, 1978. R20-4-601 recodified from R4-4-601 (Supp. 95-1).*

**R20-4-601. Repealed****Historical Note**

Former Rule 1; Former Section R4-4-601 repealed, new Section R4-4-601 adopted effective October 26, 1978 (Supp. 78-5). R20-4-601 recodified from R4-4-601 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-602. Applications**

- A.** An applicant for a debt management company license shall send the Department an application on the form required by the Director. If the Director determines that a credit report is required as authorized under A.R.S. § 6-704(A), the applicant shall order a credit report from a credit reporting agency disclosing the credit history of the applicant's principals or managing agents and submit the credit report to the Department. A complete application shall include the credit report required by this Section and all of the following:

1. The surety bond required by A.R.S. § 6-704(B);
2. Fidelity bonds if required by the Director under A.R.S. § 6-704(D);
3. The nonrefundable application fee specified in A.R.S. § 6-126(A)(14);
4. An original license fee described in A.R.S. §§ 6-126(B), 6-126(D)(2), and 6-706;
5. A sample of the contract intended to be used by the applicant required by A.R.S. § 6-704(E);
6. Current financial statements as described in R20-4-604(A)(5);
7. A copy of the current articles of incorporation, by-laws, partnership agreement or other organizing documents used to form the applicant business entity;
8. The name and address information required under A.R.S. § 6-704(A); and
9. A background check, on the form required by the Department, for each of the applicant's principals, principal officers, trustees, partners, and managing agents.

- B.** A debt management company applying to operate a branch office or use an agency shall send the Department an application on the form required by the Director.

- C.** A debt management company applying to renew a license shall deliver, on or before June 15 of each year, an application to the Department on the form required by the Director. A debt management company shall apply separately to renew each authorized business location. With each application for renewal, a debt management company shall include the renewal fee described in A.R.S. § 6-706 and specified in A.R.S. § 6-126(D)(2).



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- D.** The Department may require additional information the Director considers necessary in connection with an application under this Section.

**Historical Note**

Adopted effective October 26, 1978 (Supp. 78-5). R20-4-602 recodified from R4-4-602 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 2708, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1945 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-603. Reports**

- A.** Each debt management company and each nonprofit corporation or association exempt from licensure under A.R.S. § 6-702(4) and (5), shall send the Department an annual report of its business and operations for each place of business during the previous year beginning July 1 and ending June 30, using the form required by the Director. A debt management company shall deliver its report to the Department on or before August 15.
- B.** Each debt management company shall notify the Department of any change in its ownership or in the names of its officers, directors, trustees, partners, or managing agents within 30 days of the change.

**Historical Note**

Adopted effective January 1, 1979 (Supp. 78-5). R20-4-603 recodified from R4-4-603 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 2708, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1945 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-604. Records**

- A.** A debt management company shall keep books, accounts, and records adequate to provide a clear and readily understandable record of all its business activity. A debt management company may keep its books, accounts, and records as electronic records if the debt management company can generate all information and documentation required by this Section in the timeframe set by the Department for examination or other purposes. A debt management company's books, accounts, and records shall include:
1. A file for each account containing:
    - a. A copy of all correspondence concerning the account;
    - b. Evidence of the notice given to creditors of the debt management contract;
    - c. A subsidiary ledger disclosing all financial transactions concerning the account;
    - d. A copy of each written statement of account given to the debtor;
    - e. The original budget analysis required under R20-4-607; and
    - f. The original contract between the debt management company and the debtor, including all amendments.
  2. A trust account general ledger, which is kept current daily, which reflects each deposit to and disbursement from the trust account.
  3. Each reconciliation of the debt management company's trust account, prepared at least once a month.
  4. A general ledger, kept current monthly, which reflects each financial transaction by the debt management company except those recorded in its trust account general ledger.

5. A financial statement produced in accordance with generally accepted accounting principles at least once every three months, or more frequently if directed by the Director, which reflects the financial condition of the debt management company. The financial statement shall include:
  - a. A balance sheet,
  - b. A statement of income and retained earnings,
  - c. A statement of changes in financial condition, and
  - d. Appropriate footnotes that either:
    - i. Explain entries in the documents listed in subsections (A)(5)(a), (b), and (c);
    - ii. Contain material information not required or not reportable in documents listed in subsections (A)(5)(a), (b), or (c); or
    - iii. Contain other disclosures required by generally accepted accounting principles.
6. A record of all litigation naming the debt management company as a party including:
  - a. For pending litigation:
    - i. A copy of the complaint;
    - ii. A copy of any answer filed by the debt management company in response to the complaint; and
    - iii. A copy of any motion filed by the debt management company; and
  - b. For any litigation that is no longer pending, a copy of any judgment showing the settlement date, dismissal, or other final order disposing of the litigation.

- B.** All records required under this Section may be maintained at the debt management company's office in Arizona. A debt management company may keep its records outside this state if it:
1. Makes the records available to the Director, for examination or other purposes, in this state not more than three business days after demand; and
  2. Allows its debtor customers to call toll free to obtain information from the records that are not available from the debt management company's office in Arizona.
- C.** Each debt management company shall preserve its books, accounts, and records for the period required by A.R.S. §§ 6-709(J) and 6-710(1).

**Historical Note**

Adopted effective January 1, 1979 (Supp. 78-5). R20-4-604 recodified from R4-4-604 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 2708, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1945 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-605. Reserved****R20-4-606. Reserved****R20-4-607. Budget Analysis**

- A.** A debt management company shall not accept an account unless it first concludes that the debtor can reasonably meet the payments agreed upon by the debt management company and the debtor. The debt management company's conclusion shall be supported by a written budget analysis kept in the company's records.
- B.** The written budget analysis shall either be part of an application form or a separate document. The debtor shall date and

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sign the written budget analysis before the debt management company draws any conclusions from the budget analysis.

- C. The budget analysis shall disclose the disposable income available for payment to the debt management company after the debtor pays their reasonable and necessary living expenses including taxes, insurance, child support, alimony, and residential rent or mortgage payments.

**Historical Note**

Adopted effective January 1, 1979 (Supp. 78-5). R20-4-607 recodified from R4-4-607 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 2708, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1945 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-608. Reserved**

**R20-4-609. Repealed**

**Historical Note**

Adopted effective October 26, 1978 (Supp. 78-5). R20-4-609 recodified from R4-4-609 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-610. Repealed**

**Historical Note**

Adopted effective October 26, 1978 (Supp. 78-5). R20-4-610 recodified from R4-4-610 (Supp. 95-1). Repealed effective September 19, 1996 (Supp. 96-3).

**R20-4-611. Advertising**

- A. A debt management company shall not use advertising, communication, or sales material that contains:
1. A false, misleading, or deceptive statement about the debt management company's services or charges. A statement is a violation of this Section if the person making the statement does not state a material fact necessary to make the statement true, in light of the circumstances under which it is made;
  2. A claim, direct or implied, that the debt management company consolidates debts or makes loans; or
  3. A schedule of payments in any form.
- B. A debt management company's advertising, communication, and sales material shall contain the following legend, conspicuously displayed in at least 12 point type and in bold print: "NOT A LOAN COMPANY."

**Historical Note**

Adopted effective October 26, 1978 (Supp. 78-5). R20-4-611 recodified from R4-4-611 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 2708, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1945 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-612. Solvency and Minimum Liquid Assets**

- A. A debt management company shall not operate if it is insolvent. For purposes of this Section "insolvent" has the same meaning as in A.R.S. § 47-1201(23).
- B. To determine compliance with A.R.S. § 6-709(A), a debt management company's liquid assets include funds held in its trust account. Liquid assets do not include goodwill and other intangible assets. A debt management company's total liquid assets shall exceed by \$2,500.00 the total of all its current business liabilities together with all balances held for debtors as reflected in the company's subsidiary ledgers.

- C. Except as otherwise provided by this Section, or in a specific ruling by the Director, a debt management company shall use generally accepted accounting principles to compute assets and liabilities.

**Historical Note**

Adopted effective October 26, 1978 (Supp. 78-5). R20-4-612 recodified from R4-4-612 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 2708, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1945 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-613. Reserved**

**R20-4-614. Reserved**

**R20-4-615. Reserved**

**R20-4-616. Reserved**

**R20-4-617. Reserved**

**R20-4-618. Reserved**

**R20-4-619. Reserved**

**R20-4-620. Repealed**

**Historical Note**

Adopted effective October 26, 1978 (Supp. 78-5). R20-4-620 recodified from R4-4-620 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 2708, effective June 6, 2002 (Supp. 02-2).

**ARTICLE 7. ESCROW AGENTS**

**R20-4-701. Change in Location of Business**

An escrow agent shall submit to the Director notice of any change in the location of the escrow agent's business. The escrow agent shall ensure that the Director receives the notice at least five days before the escrow agent conducts business at the new location. The escrow agent shall remit the fee required by A.R.S. § 6-126(A), to the Director with the notice of the location change.

**Historical Note**

Former Rule 1. R20-4-701 recodified from R4-4-701 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 5385, effective November 9, 2001 (Supp. 01-4). Amended by final rulemaking at 29 A.A.R. 1949 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-702. Account Practices and Records**

An escrow agent shall maintain records to enable the Director to reconstruct the details of each escrow transaction. The records shall include the following:

1. The seller's name and address;
2. The buyer's name and address;
3. The lender's name and address, if any;
4. The borrower's name and address, if any;
5. The real estate agent's name and address, if any;
6. Complete escrow instructions;
7. Records and supporting documentation for each receipt and disbursement made through the escrow; and
8. A copy of the escrow settlement.

**Historical Note**

Former Rule 2. R20-4-702 recodified from R4-4-702 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 5385, effective November 9, 2001 (Supp. 01-4). Amended by final rulemaking at 29 A.A.R. 1949 (Sep-

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tember 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-703. Preservation of Records**

An escrow agent shall preserve the records, books, and accounts pertaining to each escrow transaction for at least three years following the final settlement date of the transaction. An escrow agent may keep its records as electronic records if the escrow agent can generate all information and copies of documents required by A.R.S. § 6-831 within the timeframe set by the Department for examination or other purposes.

**Historical Note**

Former Rule 3. R20-4-703 recodified from R4-4-703 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 5385, effective November 9, 2001 (Supp. 01-4). Amended by final rulemaking at 29 A.A.R. 1949 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-704. Subsidiary Account Records**

An escrow agent shall maintain subsidiary account records that identify the funds deposited in each escrow account. The total of all credit balances in the subsidiary accounts shall always equal the balance of the general ledger control account.

**Historical Note**

Former Rule 4. R20-4-704 recodified from R4-4-704 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 5385, effective November 9, 2001 (Supp. 01-4). Amended by final rulemaking at 29 A.A.R. 1949 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-705. Reserved****R20-4-706. Repealed****Historical Note**

Former Rule 6. R20-4-706 recodified from R4-4-706 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 5385, effective November 9, 2001 (Supp. 01-4).

**R20-4-707. Expired****Historical Note**

Adopted effective June 25, 1993 (Supp. 93-2). R20-4-707 recodified from R4-4-707 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 21 A.A.R. 411, effective September 30, 2014 (Supp. 15-1).

**R20-4-708. Financial Condition and Resources**

The Director shall consider the following criteria in evaluating an escrow agent's, other escrow agent's, or applicant's financial condition and resources under A.R.S. § 6-817:

1. Amount of positive net worth,
2. Amount of tangible net worth,
3. Amount of liquid assets,
4. Amount of cash provided by operations,
5. Ratio of debt to net worth,
6. Owner's personal financial resources,
7. Outside resources available,
8. Profitability,
9. Projected operating results,
10. Status as agent for a title insurance company, and
11. Sources of new business.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5385, effective November 9, 2001 (Supp. 01-4). Amended by final rulemaking at 29 A.A.R. 1949 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**ARTICLE 8. TRUST COMPANIES****R20-4-801. Definitions**

In addition to the definitions provided in A.R.S. § 6-851, the following terms apply to this Article unless the context otherwise requires:

"Account" means the trust, estate, or other fiduciary relationship established with a trust department or trust company.

"Affiliate" has the meaning stated at A.R.S. § 6-801.

"Director" has the meaning stated at A.R.S. § 20-102.

"Governing instrument" means a document, and all its operative amendments, that:

- Creates a trust and regulates the trustee's conduct,
- Creates an agency relationship between a trust department or trust company and a client, or
- Otherwise evidences a fiduciary relationship between a trust department or trust company and a client.

"Investment responsibility" means full and unrestricted discretion to invest trust funds without direction from anyone as to any matter, including the terms of the trade or the identity of the broker.

"Person" has the meaning stated at A.R.S. § 20-105.

"Trust asset" means any property or property right held by a trust department or trust company for the benefit of another.

"Trust department" means a permittee under both A.R.S. § 6-201 et seq. and Article 2 of this Chapter that possesses a banking permit authorizing it to engage in trust business.

"Trust funds" means any money held by a trust department or trust company for the benefit of another.

"Trustor" means a person who creates or funds a trust, or both.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-801 recodified from R4-4-801 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-802. Reserved****R20-4-803. Reserved****R20-4-804. Repealed****Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-804 recodified from R4-4-804 (Supp. 95-1). Repealed by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2).

**R20-4-805. Reports**

- A. Within 90 days following each December 31, each trust department and trust company shall file an annual report of trust assets with the Director on the form prescribed by the Director. The annual report shall include the current market value of all trust assets held by the trust department or trust company as of December 31. The report shall also identify and briefly describe all transactions conducted in the report period that are regulated by subsections R20-4-812(E) through (G).
- B. Each trust company shall deliver a copy of its annual report and certificate of disclosure to the Director within 10 days of

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filing the report and certificate at the Arizona Corporation Commission. A report or certificate covered by this subsection is one filed under the authority of A.R.S. §§ 10-202 or 10-1622. A copy delivered to the Director, as required in this subsection, shall be date-stamped by the Arizona Corporation Commission to confirm the actual filing date.

- C. Each trust company shall notify the Director of any change in the directors or officers of the company within 10 days of the change. Any trust company with more than 25 officers may, after obtaining the Director's written approval, limit the officers covered by this subsection to those with substantial involvement in the trust company's corporate operations or in the trust company's trust business in this state.

**Historical Note**

Adopted effective September 1, 1977 (Supp. 77-3). R20-4-805 recodified from R4-4-805 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-806. Records**

- A. Every trust company shall keep its records as originals or as copies of the originals made by reproduction methods that accurately and permanently preserve the records. A trust company may keep its records as electronic records if the trust company can generate all information and copies required by this Section within the timeframe set by the Department for examination or other purposes.
- B. A trust department or trust company shall keep books, accounts, and records adequate to provide clear and readily understandable evidence of all business conducted by the trust department or trust company, including the following:
1. A file for each account that includes:
    - a. The governing instrument,
    - b. All contracts and other legal documents,
    - c. Copies of all correspondence,
    - d. Accounting records disclosing all the financial transactions, and
    - e. A listing of all the account's assets and liabilities.
  2. An investment file for each account that includes:
    - a. All original documentary evidence of the account's assets; or
    - b. Copies of the original documentary evidence of the account's assets, together with written evidence of custody or receipt of the originals by an authorized holder; and
    - c. A record of the initial and annual investment reviews for the account.
  3. The corporate general ledger kept current on a daily basis. This record shall identify and segregate all financial transactions conducted by the trust department or trust company for itself, distinguishing them from those relating to the trust department's or trust company's trust business;
  4. Unaudited financial statements. A trust department or trust company shall produce these statements quarterly or more frequently when required by the Director. The financial statements shall include at least:
    - a. A balance sheet; and
    - b. A statement of income, expenses, and retained earnings.

5. Adequate records of all pending litigation that names the trust department or trust company as a party.

- C. A trust department shall keep its fiduciary records separate and distinct from the trust department's corporate records.
- D. A trust department or trust company shall keep records described in subsections (B)(1) and (2) for at least three years after closing an account. If litigation occurs concerning a particular account, the trust department or trust company shall keep that account's records, described in subsections (B)(1) and (2), for three years after the litigation is resolved.

**Historical Note**

Adopted effective September 1, 1977 (Supp. 77-3). R20-4-806 recodified from R4-4-806 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-807. Unsafe or Unsound Condition**

For purposes of A.R.S. §§ 6-863 and 6-865, a trust company conducts business in an unsafe manner or its affairs are in an unsound condition if it:

1. Violates any fiduciary duty or obligation, including those listed in Sections R20-4-809 through R20-4-815;
2. Violates any state or federal requirement for operating or maintaining trusts, common trust funds, or other accounts;
3. Violates any applicable federal or state law or regulation regarding corporations or securities;
4. Employs an officer or director who violates a corporate fiduciary duty;
5. Is insolvent; or
6. Engages in any conduct that the Director determines constitutes an unsafe or unsound business practice jeopardizing the trust company's financial condition or the interests of a stockholder, creditor, trustor, beneficiary, or trust company's principal.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-807 recodified from R4-4-807 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-808. Administration of Fiduciary Powers**

- A. The board of directors and the officers share responsibility for the exercise of fiduciary powers by a trust department or trust company. The board of directors is responsible for determining policy; investing and disposing of trust assets; and directing and reviewing the actions of all directors, officers, and committees of the board that exercise fiduciary powers. The board of directors may delegate the necessary power and authority to perform the trust department's or trust company's duties as a fiduciary to selected directors, officers, employees, or committees of the board if the delegation is consistent with the corporate charter. The minutes of the board's meetings shall duly reflect all those delegations.
- B. A trust department or trust company shall not accept a new account without first obtaining the board's approval, or that of the directors, officers, or committees that the board may have authorized to approve new accounts. The trust department or

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trust company shall keep a written record of each new account approval and of the closing of each account. The trust department or trust company shall conduct an asset review within 60 days after it accepts each new account if it has investment responsibility for that account. The trust department's or trust company's board shall ensure that an annual review of account assets is conducted for each account in which the trust department or trust company has investment responsibility, to determine whether to retain or dispose of the assets.

- C. A trust department or trust company exercising fiduciary powers shall use independent legal counsel admitted to practice in Arizona to advise and inform the trust department or trust company on fiduciary matters and all other legal issues presented to the trust department or trust company by the conduct of its trust business.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-808 recodified from R4-4-808 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-809. Fiduciary Duties**

A trust department or trust company shall perform all fiduciary duties imposed upon it by law, including the following:

1. Administer accounts strictly according to the governing instrument and solely in the account beneficiary's interests;
2. Use reasonable care and skill to make the account productive;
3. Provide complete and accurate information about the nature and amount of assets held to each account's beneficiary or principal and permit the beneficiary, principal, or any person duly authorized by the beneficiary or principal to inspect the account's records at any time during normal business hours. The information provided in compliance with this subsection shall be delivered at least quarterly, unless:
  - a. The trust department or trust company and its account's beneficiary, principal, or authorized person agree otherwise in writing;
  - b. The governing instrument provides otherwise; or
  - c. A different frequency is established by a lawful course of dealing before the effective date of this Section; and
4. Comply with all lawful provisions of the governing instrument.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-809 recodified from R4-4-809 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-810. Funds Awaiting Investment or Distribution**

- A. Trust funds held by a trust department or trust company awaiting investment or distribution shall not remain uninvested or undistributed any longer than is reasonable for the account's proper management.

- B. A trust department or trust company may keep trust funds in deposit accounts maintained by the trust department or trust company unless prohibited by law or by the governing instrument. The trust department or trust company shall set aside collateral security for all deposited trust funds under a third party's control. The collateral shall be the following types of securities, in any combination:

1. Direct obligations of the United States or any agency, department, division, or administration of the federal government;
2. Any other obligations fully guaranteed by the United States government as to principal and interest;
3. Obligations of a Federal Reserve Bank;
4. Obligations of any state, political subdivision of a state, or public authority organized under the laws of a state; or
5. Readily marketable securities that either:
  - a. Qualify as investment securities under the Investment Securities regulations of the Comptroller of the Currency, 12 CFR, Chapter 1, Part 1; or
  - b. Satisfy state pledging requirements under A.R.S. § 6-245(C).

- C. The securities set aside under subsection (B) shall, at all times, have a market value no less than the amount of trust funds deposited. No collateral security is required to the extent the Federal Deposit Insurance Corporation, or its successor, insures the deposited trust funds.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-810 recodified from R4-4-810 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-811. Investment of Trust Funds**

- A. A trust department or trust company shall invest trust funds according to:
1. The governing instrument; and
  2. All applicable laws, including A.R.S. §§ 6-862, 14-7402, and 14-7501 through 14-7512
- B. A trust department or trust company shall make any collective investment of trust funds exclusively under the terms of R20-4-815.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-811 recodified from R4-4-811 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-812. Self-dealing**

- A. A trust department or trust company shall not invest trust funds in the following types of property unless expressly authorized by the governing instrument, applicable state or federal law, or court order:
1. Its own securities;
  2. Other types of property acquired from the trust department or trust company;

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3. Property acquired from the trust department's or trust company's directors, officers, or employees;
  4. Property acquired from the trust department's or trust company's affiliates;
  5. Property acquired from its affiliates' directors, officers, or employees; or
  6. Property acquired from other individuals or organizations with an interest in the trust department or trust company if that interest might affect the trust department's or trust company's exercise of discretion to the detriment of its trust clients.
- B.** A trust department or trust company may use trust funds to purchase its own securities, or its affiliates' securities:
1. If the trust department or trust company has authority under subsection (A), and
  2. If those securities are offered pro rata to all stockholders of the trust department or trust company.
- C.** A trust department or trust company shall not sell or loan trust property to itself, or to the following types of persons, unless expressly authorized by the governing instrument, applicable state or federal law, or court order:
1. Its directors, officers, or employees;
  2. Its affiliates;
  3. Its affiliates' directors, officers, or employees; or
  4. Other individuals or organizations with an interest in the trust department or trust company if that interest might affect the trust department's or trust company's exercise of discretion to the detriment of its trust clients.
- D.** However, a trust department or trust company may sell or loan trust property to persons prohibited by subsection (C) if either:
1. Its counsel has advised in writing that, by holding certain property, the trust department or trust company has incurred a contingent or potential liability for breach of fiduciary duty; and
    - a. The proposed sale or loan avoids the contingent or potential liability;
    - b. Its board of directors authorizes the sale or loan by an action duly noted in the trust department's or trust company's minutes;
    - c. Its board of directors' action expressly authorizes reimbursement to the affected account; and
    - d. The affected account is reimbursed, in cash, at no loss to that account; or
  2. The Director requires or approves, in writing, the sale or loan to otherwise prohibited parties.
- E.** A trust department or trust company may sell trust property held in one account to another of its accounts if:
1. The transaction is fair to both accounts; and
  2. The transaction is not prohibited by the governing instruments, applicable state or federal law, or court order.
- F.** A trust department or trust company may loan trust property held in one account to another of its accounts if:
1. The transaction is fair to both accounts; and
  2. The transaction is not prohibited by the governing instruments, applicable state or federal law, or court order.
- G.** A trust department or trust company may make a loan to a trust account, taking trust assets of the borrowing account as security for repayment, if:
1. The transaction is fair to the borrowing account; and
  2. The transaction is not prohibited by the governing instrument, applicable state or federal law, or court order.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-812 recodified from R4-4-812 (Supp. 95-1). Amended by

final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-813. Custody of Investments**

- A.** A trust department or trust company shall keep each account's investments separate from its own assets. A trust department or trust company shall place each account's assets in the joint control of at least two officers or employees of the trust department or trust company designated in writing for that purpose by:
1. The trust department's or trust company's board of directors, or
  2. One or more officers authorized by the trust department's or trust company's board of directors to make the designation.
- B.** A trust department or trust company shall either:
1. Keep each account's investments separate from all other accounts' investments, except as provided in R20-4-815; or
  2. Adequately identify each account's property in the trust department's or trust company's records.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-813 recodified from R4-4-813 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-814. Compensation**

- A.** A trust department or trust company acting as a fiduciary may charge a reasonable fee for its services. The trust department or trust company shall receive the fee allowed by the court when it is acting under a court appointment. Any agreement as to fees in the governing instrument shall control the fee unless contrary to law, regulation, or court order.
- B.** A trust department or trust company shall not permit any of its officers or employees to take any compensation for acting as a co-fiduciary with the trust department or trust company in the administration of an account.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-814 recodified from R4-4-814 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-815. Collective Investments**

- A.** All collective investments made by a trust department or trust company shall be in a common trust fund established under A.R.S. § 6-871 and maintained by the trust department or trust company exclusively for the collective investment and reinvestment of funds contributed by the trust department or trust company acting as a fiduciary. A trust department or trust company shall not establish a common trust fund unless it first:
1. Prepares a written plan regarding the common trust fund; and

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2. Obtains its board of directors' approval of the plan, evidenced by a duly adopted resolution or the board's unanimous written consent.
- B. The plan shall describe the common trust fund's operational details, including a description of:
  1. The trust department's or trust company's investment powers and investment policy over all funds deposited in the common trust fund,
  2. The manner for allocating the common trust fund's income and losses,
  3. The criteria for admission to or withdrawal from participating in the common trust fund, and
  4. The method for valuing assets in the common trust fund and the frequency of valuation.
- C. A trust department or trust company shall advise all persons having an interest in its common trust fund of the existence of the plan described in subsection (B), and shall provide a copy of the plan upon request.
- D. The annual report required under R20-4-805(A) shall include all common trust funds operated by the trust department or trust company.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-815 recodified from R4-4-815 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**R20-4-816. Termination of Trust or Fiduciary Powers and Duties**

- A. Any trust department that wants to surrender its trust powers shall file with the Director a certified copy of the appropriate resolution of its board of directors or of the board's unanimous written consent. If, after investigation, the Director concludes that the trust department has no remaining fiduciary duties, the Director shall notify the trust department that it no longer has authority to exercise trust powers.
- B. Any trust company that wants to surrender its certificate of authority to conduct trust business and wind up its affairs shall file with the Director a certified copy of the appropriate resolution of its board of directors or of the board's unanimous written consent. Upon receipt of the resolution or consent, the Director shall cancel the trust company's certificate of authority, and the trust company shall not accept new trust accounts.
- C. After winding up its affairs, any trust company that wants to surrender its rights and obligations as a fiduciary and remove itself from the Director's supervision shall file with the Director a certified copy of the appropriate resolution of its board of directors or of the board's unanimous written consent. If, after investigation, the Director concludes that the trust company has no further fiduciary duties, the Director shall notify the trust company that it no longer has authority to exercise fiduciary powers.
- D. Any trust department or trust company that surrenders its powers, rights, obligations, or certificate under this Section or that has them canceled, suspended, or revoked shall continue to be regulated under A.R.S. § 6-864 and this Article until it winds up its affairs. No action under this Section impairs any liability or cause of action, existing or incurred, against any trust department or trust company or its stockholders, directors, or officers.

**Historical Note**

Adopted effective June 30, 1977 (Supp. 77-3). R20-4-816 recodified from R4-4-816 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2718, effective June 6, 2002 (Supp. 02-2). Amended by final rulemaking at 29 A.A.R. 1952 (September 1, 2023), effective October 8, 2023 (Supp. 23-3).

**Appendix A. Repealed****Historical Note**

Appendix A repealed by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2).

**Appendix B. Repealed****Historical Note**

Appendix B repealed by final rulemaking at 6 A.A.R. 2471, effective June 8, 2000 (Supp. 00-2).

**ARTICLE 9. MORTGAGE BROKERS****R20-4-901. Reserved****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-901 recodified from R4-4-901 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-902. Reserved****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-902 recodified from R4-4-902 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-903. Exemption for an Entity Regulated by an Agency of this State, Other States, or by the United States**

- A. The exemption under A.R.S. § 6-902 (A)(1) only applies to a person whose offers to make or negotiate a mortgage loan, as defined in A.R.S. § 6-901, and all mortgage loans made or negotiated by the person, are regulated directly by an agency of this state, any other state, or the United States.
- B. The required regulation of the transactions listed in subsection (A) includes:
  1. Rules governing a claimant's accounting and recordkeeping practices,
  2. The authority to examine a claimant's books and records relating to its mortgage lending activities, and
  3. The ability to place a claimant into receivership or conservatorship with regard to the claimant's mortgage lending activities.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-903 recodified from R4-4-903 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-904. Reserved****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-904 recodified from R4-4-904 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

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**R20-4-905. Repealed****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-905 recodified from R4-4-905 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-906. Equivalent and Related Experience**

- A.** An applicant may satisfy the three years' experience requirement of A.R.S. § 6-903 by the types of lending-related experience listed in this subsection. The Department counts each month in the following types of work experience toward the three years required for a mortgage broker license, under A.R.S. § 6-903(C) or (D), or as a responsible individual, under A.R.S. § 6-903(H). The Department counts a fractional month of experience, at least 15 days long, as a full month.
1. Mortgage broker, responsible individual, or branch manager for a licensee;
  2. Mortgage banker, responsible individual, or branch manager for a licensee;
  3. Loan originator with responsibility primarily for loans secured by lien interests on real property;
  4. Lender's branch manager with responsibility primarily for loans secured by lien interests on real property;
  5. Attorney licensed in Arizona;
  6. Manager or supervisor of loan originators;
  7. Mortgage processor, mortgage underwriter, or mortgage quality control professional with responsibility primarily for loans secured by lien interests on real property;
  8. Executive, supervisor, or policy maker involved in administering, or operating a mortgage-related business; or
  9. Regulator, examiner, investigator, compliance expert, or auditor whose primary function is the review of mortgage companies, and their compliance processes whose experience is determined to be sufficient by the Department.
- B.** An applicant with insufficient actual experience of the types listed in subsection (A) may satisfy the remainder of the three years' experience requirement of A.R.S. § 6-903 by the types of related experience listed in this subsection. The Department counts each month in the following types of work experience according to the ratio listed below, of actual experience to equivalent experience, credited towards qualifying for a license, under A.R.S. § 6-903(C) or (D), or as a responsible individual, under A.R.S. § 6-903(H). The Department counts a fractional month of experience, at least 15 days long, as a full month. An applicant receives credit in only one area listed and for not more than three years' actual experience. The remaining years of experience required to qualify for a license shall be obtained from types of work experiences listed in subsection (A). A minimum of one year of experience must be obtained from the types of work experience listed in subsection (A).
1. Attorney not licensed in Arizona but licensed in another U.S. state or territory...3:2
  2. Paralegal with experience in real estate matters...3:2
  3. Mortgage broker or mortgage banker from another state without a license...3:2
  4. Real estate broker with an Arizona license or license from a state with substantially equivalent licensing requirements...3:2
  5. Escrow officer...3:2
  6. Trust officer with a title company...3:2
  7. Title officer with a title company...3:1.5

8. Lender's branch manager with responsibility primarily for loans not secured by lien interests on real property...3:1.5
9. Loan originator with responsibility primarily for loans not secured by lien interests on real property...3:1

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-906 recodified from R4-4-906 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-907. Course of Study**

- A.** A course of study shall be satisfactorily completed if the applicant has:
1. Attended at least 24 hours of class, and
  2. Received a passing grade on the final exam.
- B.** A course of study shall meet all the following requirements:
1. The following items shall be submitted by the school to the Director on an annual basis:
    - a. Course materials,
    - b. Class content outlines on a session-by-session basis, and
    - c. Sample final exam.
  2. The following subjects shall be taught:
    - a. Mortgage, deed of trust, and security agreement law;
    - b. Negotiable instrument law;
    - c. Mortgage broker law;
    - d. Escrow agent law;
    - e. Recordkeeping requirements of R20-4-917;
    - f. Federal Housing Administration, Veterans Administration, Federal National Mortgage Association, Federal Home Loan Mortgage Corporation requirements;
    - g. Ethics;
    - h. Principal and agent law;
    - i. Arithmetical computations common to mortgage brokerage;
    - j. Real estate lending principles;
    - k. Real estate law;
    - l. Real Estate Settlement Procedures Act, 12 U.S.C. 2601 through 2617, and Consumer Credit Protection Act, 15 U.S.C. 1601 et seq., and the regulations promulgated thereunder; and
    - m. Securities law.
  3. A final exam shall be given that substantially tests the student's knowledge of the subjects described above.
- C.** The Director shall review the items submitted to the Department and determine within 60 days of submission whether the proposed course of study is satisfactory. The Director may audit a course of study at any time. If the Director finds that a course of study is unsatisfactory, or if the Director has not received the course materials, course content outlines, and sample final exam within the prior 13 months, the Director may withhold or suspend approval.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-907 recodified from R4-4-907 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-908. Reserved****Historical Note**



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Adopted effective August 14, 1991 (Supp. 91-3). R20-4-908 recodified from R4-4-908 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-909. Reserved****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-909 recodified from R4-4-909 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-910. Reserved****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-910 recodified from R4-4-910 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-911. Qualified Replacement Responsible Individual**

If a licensee chooses an individual to serve as a replacement responsible individual and that individual has not satisfactorily completed the course of study required by A.R.S. § 6-903(C)(2) or passed the mortgage broker examination required by A.R.S. § 6-903(C)(3), and is not given the opportunity to do so prior to the expiration of the 90-day time period provided in A.R.S. § 6-903(I), but otherwise meets the requirements of A.R.S. §§ 6-903(C), 6-903(D) or 6-903(H), the individual shall be qualified as a replacement responsible individual until the next course of study has been held and, if the person successfully completes the course of study, until the mortgage broker examination next following the completion of the course of study has been held and the results of the examination are available. If the individual fails to satisfactorily complete the course of study or fails the mortgage broker examination, the licensee shall then have a new 90-day time period within which to place itself under the active management of a qualified responsible individual. Notwithstanding the foregoing, a licensee shall have no longer than 180 days within which to place the license under the active management of a qualified responsible individual unless the Director grants additional time to the licensee for good cause shown.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-911 recodified from R4-4-911 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-912. Restrictions on the Term of a Cash Alternative**

If an applicant or a licensee elects to place with the Director a deposit in the form of a certificate of deposit or investment certificate, in addition to the requirements of A.R.S. § 6-903(M), the certificate of deposit or investment certificate shall not be renewable, nor expire, earlier than 12 months from the date of issuance.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-912 recodified from R4-4-912 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-913. Reserved****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-913 recodified from R4-4-913 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-914. Reserved****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-914 recodified from R4-4-914 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-915. Requirements for a Person Intended to Oversee a Branch Office**

The person designated as a branch office manager to oversee the operations of a branch office, as specified in A.R.S. § 6-904(H), shall be knowledgeable about the branch activities of the licensee, shall supervise compliance by the branch with applicable law and rules, and shall have sufficient authority to ensure such compliance. One person may oversee more than one branch.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-915 recodified from R4-4-915 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-916. Notification of Change of Address**

If the address of the principal place of business or of any branch office is changed, the licensee shall immediately notify the Director of the change of location. A copy of the license shall continue to be displayed at the place of business until a new license is issued.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-916 recodified from R4-4-916 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-917. Recordkeeping Requirements**

- A. A licensee may keep its records as electronic records if the licensee can generate all information and complete and legible copies required by this Section within the timeframe set by the Department for examination or other purposes.
- B. In addition to any statutory requirement regarding records, a record maintained by a mortgage broker shall include the following:
  1. A list of all executed loan applications or executed fee agreements that includes the following information:
    - a. Applicant's name;
    - b. Application date;
    - c. Amount of initial loan request;
    - d. Final disposition date;
    - e. Disposition (funded, denied, etc.); and
    - f. Name of loan officer;
  2. A record, such as a cash receipts journal, of all money received in connection with a mortgage loan including:
    - a. Payor's name;
    - b. Date received;
    - c. Amount; and
    - d. Receipt's purpose, including identification of a related loan, if any;
  3. A sequential listing of checks written for each bank account relating to the mortgage broker business, such as a cash disbursement journal, including:
    - a. Payee's name;
    - b. Amount;
    - c. Date; and
    - d. Payment's purpose, including identification of a related loan, if any;

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4. Bank account activity source documents for the mortgage broker business including receipted deposit tickets, numbered receipts for cash, bank account statements, paid checks, and bank advices;
  5. A trust subsidiary ledger for each borrower that deposits trust funds showing:
    - a. Borrower's name or co-borrowers' names;
    - b. Loan number, if any;
    - c. Amount received;
    - d. Purpose for the amount received;
    - e. Date received;
    - f. Date deposited into trust account;
    - g. Amount disbursed from trust account;
    - h. Date disbursed from trust account;
    - i. Disbursement's payee and purpose; and
    - j. Balance;
  6. A file for each application for a mortgage loan containing:
    - a. The agreement with the customer concerning the broker's services, whether as a loan application, fee agreement, or both;
    - b. Document showing the application's final disposition, such as a settlement statement, closing disclosure, or a denial or withdrawal letter;
    - c. Correspondence sent, received, or both by the licensee;
    - d. Contract, agreement, and escrow instructions to or with any depository;
    - e. Documents showing compliance, to the extent applicable, with the Consumer Credit Protection Act's (15 U.S.C. §§ 1601 et seq.) disclosure requirements, the Real Estate Settlement Procedures Act's (12 U.S.C. §§ 2601 through 2617) disclosure requirements, and the regulations promulgated thereunder such as copies of the loan estimates and closing disclosures required by the TILA-RESPA Integrated Disclosure Rule (12 CFR 1024 and 1026);
    - f. If the loan is funded by an investor that is not a financial institution, an enterprise, a licensed real estate broker or salesman, a profit sharing or pension trust or, an insurance company, the documents provided to the investor under A.R.S. § 6-907, a copy of the executed note and executed deed of trust or mortgage, and any assignment by the broker to the investor;
    - g. If the loan is closed in the mortgage broker's name, a copy of all closing documents including: closing instructions, any applicable rescission notice, HUD-1 settlement statement, closing disclosure, final truth-in-lending disclosure, executed note, executed deed of trust or mortgage, and each assignment of beneficial interest by the licensee; and
    - h. Itemized list of all fees taken in advance including appraisal fee, credit report fee, and application fee;
  7. Samples of every piece of advertising relating to the mortgage broker's business in Arizona;
  8. Copies of governmental or regulatory compliance reviews;
  9. If the licensee is not a natural person, a file containing:
    - a. Organizational documents for the entity;
    - b. Minutes;
    - c. A record, including a stock or ownership transfer ledger, showing ownership of all proportional equity interests in the licensee, ascertainable as of any given record date; and
  - d. Annual report, if required by law;
  10. If the licensee or anyone directly or indirectly owning more than 20% of the licensee has a felony conviction, a copy of the judgment or other record of conviction;
  11. If the licensee or anyone directly or indirectly owning more than 20% of the licensee has, in the previous seven years, been named a defendant in any civil suit, a copy of the complaint, any answer filed by the licensee, and any judgment, dismissal, or other final order disposing of the action; and
  12. If the licensee maintains records outside this state, the specific address where the records are kept, and a person's name to contact for them.
- C.** If 10 or fewer transactions have occurred during the prior calendar quarter, a licensee shall reconcile and update all records specified in subsection (B) at least once each calendar quarter. A licensee shall reconcile and update all records specified in subsection (B) monthly if more than 10 transactions occurred during the prior calendar quarter. In addition to reconciling each trust bank account, a licensee shall verify each trust balance to each trust subsidiary ledger at each reconciliation.
- D.** A licensee shall retain the documents described in subsections (B)(1) and (B)(6) for the length of time provided in A.R.S. § 6-906. For the purposes of A.R.S. § 6-906, a mortgage loan's closing date, on a loan application that did not result in the making of a loan, is either:
1. The date a licensee receives a written cancellation notice from an applicant; or
  2. The date a licensee mails written notice to an applicant that the application has been denied, as required by federal law.
- E.** A licensee shall maintain all records described in this Section, and not included in subsection (D), for at least two years.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-917 recodified from R4-4-917 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-918. Repealed****Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-918 recodified from R4-4-918 (Supp. 95-1). Section repealed by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2).

**R20-4-919. Deposit of Monies Received by a Mortgage Broker**

All monies received by a mortgage broker which are required to be deposited into an escrow account with an escrow agent licensed pursuant to A.R.S. § 6-801 et seq. shall be deposited by 5:00 p.m. on the next business day after receipt of the funds.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-919 recodified from R4-4-919 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-920. Requirements for the Testing Committee**

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- A. No licensee shall submit more than five names as nominees to serve on the testing committee. The resumes of the nominees shall be included. The names and resumes shall be submitted to the Director no later than August 1 of each even-numbered year. On or before September 30 of each even-numbered year, the Director shall appoint four persons from the nominees submitted and one employee of the Department as members of the testing committee. A person may serve more than one two-year term. If the Director does not find at least four persons from the list to be acceptable, the Director shall solicit additional nominees from licensees.
- B. In the event of a vacancy on the testing committee, the remaining members of the committee shall submit a list of nominees within 45 days of the vacancy to the Director containing not less than two nominees for each vacancy. The Director shall then appoint a nominee from the list to fill each vacancy for the remainder of the term. If the Director does not find at least one person from the list to be acceptable to fill each vacancy, the remaining members of the committee shall, upon request, submit an additional list of nominees to the Director.
- C. The Director may remove any member of the committee at any time without cause.
- D. The committee shall review and revise questions on the test not less than once every two years. All questions used on the test shall first be submitted to and approved by the Director.
- E. The handbook for mortgage brokers shall be updated by the committee as necessary to reflect changes in the law.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-920 recodified from R4-4-920 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-921. Authorizations to Complete Blank Spaces**

An authorization, under A.R.S. § 6-909(A), allowing a licensee or escrow agent to complete certain blank spaces in a document after it is signed by a party to the transaction shall:

1. Specifically identify the document and the blank spaces to be completed;
2. Be in writing, dated, and signed by the authorizing parties; and
3. Contain the following notice, conspicuously printed on its face: YOUR SIGNATURE BELOW AUTHORIZES YOUR MORTGAGE BROKER OR ESCROW AGENT TO FILL IN SPACES YOU LEFT BLANK IN SPECIFIED LOAN DOCUMENTS YOU ARE ABOUT TO SIGN OR MAY HAVE ALREADY SIGNED. UNDER STATE LAW YOU CAN GIVE THIS AUTHORITY, BUT YOU ARE NOT REQUIRED TO DO SO. YOU CAN REFUSE TO SIGN ANY DOCUMENTS UNTIL ALL BLANKS ARE COMPLETELY FILLED IN.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-921 recodified from R4-4-921 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-922. Determining Loan Amounts**

In determining the amount of a mortgage loan pursuant to A.R.S. § 6-909(D) or (G), only the principal amount of the loan shall be considered and not any points, interest, finance charges, insurance pre-

miums of any kind, compensation paid to third parties, or compensation retained by the mortgage broker, or its agents.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-922 recodified from R4-4-922 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-923. Delay or Cause Delay**

A mortgage broker shall not be deemed to have delayed or to have caused delay if such delay occurs due to events outside the control of the mortgage broker.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-923 recodified from R4-4-923 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-924. Receipt and Disbursement of Monies**

A licensee is not receiving or disbursing monies in servicing or arranging a mortgage loan if the licensee, at the request of the lender or servicing agent, on an infrequent basis, assists in the collection or servicing of a mortgage loan by receiving from the borrower a check or draft payable to the lender or servicing agent and forwarding such instrument to the lender or servicing agent not later than 5:00 p.m. on the next business day after receipt by the licensee. For the purposes of this rule, an infrequent basis means, with regard to a particular loan, for not more than 25% of the regularly scheduled payments of the mortgage loan during a calendar year.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-3). R20-4-924 recodified from R4-4-924 (Supp. 95-1). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-925. Waiver of Examination and Course of Study**

The Director's waiver of the examination and course of study requirement under A.R.S. § 6-903 extends to a person designated as a responsible individual by either an applicant or a licensee under A.R.S. § 6-903.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-926. Acquisition of Additional Interest in Licensee by Majority Owner**

A person owning 51% or more of a licensee's outstanding voting equity interests, and who acquires the power to vote additional fractional equity interests, shall deliver written notice of the acquisition to the Director. The person shall deliver the notice before completing the acquisition. Within 10 days after completing the acquisition, the person shall deliver documentation evidencing the acquisition to the Director.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-927. Conversion to Commercial Mortgage Broker License**

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- A. Under A.R.S. § 6-913, a mortgage broker licensee shall only be permitted to convert the license to a commercial mortgage broker license during the renewal period established by A.R.S. § 6-904.
- B. The licensee seeking conversion shall not be subject to the 12 continuing education units as prescribed by A.R.S. § 6-903(V).
- C. The licensee seeking conversion shall submit:
  1. The renewal fees required by A.R.S. § 6-126 for commercial mortgage brokers, and
  2. The information and documents required by A.R.S. § 6-903.

**Historical Note**

New Section adopted by final rulemaking at 18 A.A.R. 2622, effective December 2, 2012 (Supp. 12-4).  
Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-928. Certificate of Exemption Application**

Under A.R.S. §§ 6-902.01(C) and 6-912(C), upon application for a certificate of exemption, an applicant shall pay a nonrefundable fee of \$300.

**Historical Note**

New Section adopted by final rulemaking at 18 A.A.R. 2622, effective December 2, 2012 (Supp. 12-4).  
Amended by final rulemaking at 31 A.A.R. 2313 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**ARTICLE 10. SAFE DEPOSIT AND SAFEKEEPING CODE****R20-4-1001. Notice of Change of Location of Safe Deposit Repository**

- A. A corporation or association that moves a repository shall give written notice of the location change to the Director and to its customers.
  1. A corporation or association shall provide notice of the location change to the Director by mailing the notice required under this subsection by first class mail no less than 30 days before the scheduled moving date. The corporation or association shall include a copy of the notice to customers required under subsection (B).
  2. A corporation or association shall provide notice of the location change to its customers by:
    - a. Publishing notice of the change of location in:
      - i. An English language newspaper of general circulation in the county where the repository will be closed,
      - ii. In a weekly newspaper for two consecutive publications, or
      - iii. In a daily newspaper for three consecutive days; and
    - b. Publishing the notice no more than 90 days, and no less than 30 days, before the scheduled moving date.
- B. The corporation or association shall include all the following information in the notice:
  1. The date the corporation or association intends to move the repository,
  2. The earliest date a customer can remove contents and transact other business related to the move,
  3. The latest date a customer can remove contents and transact other business related to the move,
  4. The street address of the repository to be closed, and
  5. The street address of the new repository.

**Historical Note**

Former Rule 1. R20-4-1001 recodified from R4-4-1001 (Supp. 95-1). Amended by final rulemaking at 8 A.A.R. 5227, effective February 4, 2003 (Supp. 02-4). Preceding Historical Note entry corrected to read 2003 instead of 2002 (Supp. 03-1). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**ARTICLE 11. PUBLIC DEPOSITORIES FOR PUBLIC MONIES****R20-4-1101. Capital Structure of Banks; Defined**

“Capital structure” as the term is applied to banks under Article 2.1, Chapter 2, Title 35, Arizona Revised Statutes, means the sum of the following reserves and capital accounts of the institution as stated in the institution’s report of condition required by the supervisory banking authority for the year end next preceding the institution’s bid for deposit:

1. Reserve for bad debt losses on loans,
2. Other reserves on loans,
3. Reserves on securities,
4. Capital notes and debentures,
5. Preferred stock – total par value,
6. Common stock – total par value,
7. Surplus,
8. Undivided profits, and
9. Reserve for contingencies and other capital reserves.

**Historical Note**

Adopted as an emergency effective July 29, 1975 (Supp. 75-1). Amended effective December 26, 1975 (Supp. 75-2). R20-4-1101 recodified from R4-4-1101 (Supp. 95-1). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1102. Expired****Historical Note**

Adopted as an emergency effective July 29, 1975 (Supp. 75-1). Amended effective December 26, 1975 (Supp. 75-2). R20-4-1102 recodified from R4-4-1102 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 382, effective February 5, 2020 (Supp. 20-1).

**ARTICLE 12. RULES OF PRACTICE AND PROCEDURE BEFORE THE DIRECTOR****R20-4-1201. Scope of Article; Definitions**

- A. Scope. This Article, Title 6, Title 32, Chapters 9 and 36, and Title 44, Chapter 2.1 of the Arizona Revised Statutes govern administrative hearings before the Department. The Department shall use the authority of A.R.S. Title 41, Chapter 6, Article 10, the Office of Administrative Hearings’ procedural rules and this Article to govern the initiation and conduct of administrative hearings. In an administrative hearing, special procedural requirements in state statute or another Section in this Article shall also govern the proceedings unless the requirements are inconsistent with either A.R.S. Title 41, Chapter 6, Article 10, the Office of Administrative Hearings’ rules, or this Article. Except as otherwise provided in Section R20-4-1220 for rulemaking petitions, this Article does not apply to rulemaking or to investigative proceedings before the Director. Unless expressly applicable by rule or statute, the Arizona Rules of Civil Procedure do not apply to administrative hearings.
- B. In addition to the definitions provided in A.R.S. §§ 41-1001 and 41-1092, the following terms apply to this Article:

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“Administrative Hearing” means an appealable agency action as defined by A.R.S. § 41-1092(3) or a contested case as defined by A.R.S. § 41-1001(5) subject to A.R.S. Title 41, Chapter 6, Article 10.

“Attorney General” means the Attorney General of Arizona, and the Attorney General’s assistants and special agents.

“Department” means the Arizona Department of Insurance and Financial Institutions – Financial Institutions Division.

“Director” has the meaning stated at A.R.S. § 20-102.

“Party” has the meaning prescribed at A.R.S. § 41-1001(16) and includes any person or entity subject to the jurisdiction of the Department under A.R.S. Title 6, Title 32 - Chapter 9, Title 32 - Chapter 36, and Title 44 - Chapter 2.1.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1201 recodified from R4-4-1201 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Amended by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-4-1202. Appearance and Practice before the Director for Administrative Hearings**

- A. A party may appear on their own behalf or through counsel.
- B. When an attorney other than the Attorney General appears or intends to appear before the Director or the Department, they shall promptly disclose their name and contact information and the name and contact information of the party on whose behalf they intend to appear.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1202 recodified from R4-4-1202 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-4-1203. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1203 recodified from R4-4-1203 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1204. Filing; Service**

- A. A document filed by a party with the Department is filed on the date it is received by the Department as established by the Department’s earliest stamped date on the face of the document or by some other method of affixing a received date by the Department.
- B. If a party is represented by an attorney, service is effectuated by service upon the attorney unless additional service upon the represented party is required by an administrative law judge or the Department.
- C. A document is served upon a party as provided for under A.R.S. § 41-1092.04 and Section R2-19-108. A party effectuating service is responsible for producing proof of service if requested by the Department.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1204 recodified from R4-4-1204 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September

ber 12, 2001 (Supp. 01-3). Amended to correct a typographical error in subsection (B) (Supp. 01-4). Amended by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-4-1205. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1205 recodified from R4-4-1205 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1206. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1206 recodified from R4-4-1206 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1207. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1207 recodified from R4-4-1207 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1208. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1208 recodified from R4-4-1208 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Repealed by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-4-1209. Answer to Notice of an Administrative Hearing**

- A. The Department may, in a notice of hearing, direct one or more parties to file a written answer to the allegations contained in the notice of hearing. Even if not directed to do so, any party to the proceeding may file an answer.
- B. A party directed to file an answer shall do so within 20 days after issuance of a notice of hearing, unless the notice of hearing states a different period for the answer. The Department may require any party to answer, in a reasonable time, amendments to the assertions in the notice made after service of the original notice.
- C. An answer filed under this Section shall briefly state the party’s position or defense to the proceeding and shall specifically admit or deny each of the allegations in the notice of hearing. An answering party who does not have, or cannot easily obtain, knowledge or information sufficient to admit or deny an allegation shall state that inability which shall have the effect of a denial. Any allegation not denied is admitted. A party who intends to deny only a part of an allegation, shall expressly admit as much of that allegation as is true and shall deny the remainder.
- D. A party who fails to file an answer required by this Section within the time allowed is in default. The Director may resolve the proceeding against a defaulting party. In doing so, the Director may regard any allegations in the notice of hearing as admitted by the defaulting party.
- E. Defenses not raised in the answer are waived.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-

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1209 recodified from R4-4-1209 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Amended by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-4-1210. Stay Pending a Hearing**

A person aggrieved by the Department's action or order who files a timely written request for a hearing may ask, in the request for a hearing, that the Director stay an action or any part of an order that will become effective before a hearing. The Director may, in the Director's discretion, stay the legal effectiveness of any action or order until the matter can be heard and finally decided if the aggrieved person's request demonstrates that:

1. The person has a reasonable defense that might prevail on the merits at the hearing,
2. The person will suffer irreparable injury unless the Director grants the stay,
3. The stay would not substantially or irreparably harm other interested persons, and
4. The stay would not jeopardize the public interest or contravene public policy.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1210 recodified from R4-4-1210 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Amended by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-4-1211. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1211 recodified from R4-4-1211 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Repealed by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-4-1212. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1212 recodified from R4-4-1212 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1213. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1213 recodified from R4-4-1213 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1214. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1214 recodified from R4-4-1214 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1215. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1215 recodified from R4-4-1215 (Supp. 95-1). Section

repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1216. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1216 recodified from R4-4-1216 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1217. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1217 recodified from R4-4-1217 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1218. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1218 recodified from R4-4-1218 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3).

**R20-4-1219. Request for Rehearing or Review**

- A. Any party aggrieved by an administrative decision may file with the Director within time limits and other procedural guidelines contained in A.R.S. § 41-1092.09, a written motion for rehearing or review of the decision specifying the particular reason for the request.
- B. A party filing a motion under this Section may amend the motion at any time before a response to the motion is filed. An amended motion tolls the time for filing a response and the time for rendering a decision on the motion.
- C. A request for rehearing or review which is not timely filed is deemed waived for the purpose of judicial review.
- D. A motion for rehearing or review shall specify which of the grounds listed in subsection (G) it is based upon and shall set forth the specific facts and laws in support of the motion. A motion may cite relevant portions of testimony from the hearing if a transcript is provided with the motion and may cite hearing exhibits by reference to the exhibit number. The motion shall specify the relief sought by the request, such as a different finding of fact, conclusion of law or order and may seek multiple forms of relief in the alternative. When a motion for rehearing or review is based on an affidavit, the moving party shall attach the affidavit to the motion.
- E. A party may file a separate request for a stay of the Director's decision. Filing a stay request or a motion for rehearing or review does not stay an order filed by the Director. The Director may stay an order pending the resolution of a motion for rehearing or review.
- F. Each party served with a motion for rehearing or review shall be permitted to file a written response within 15 days after the motion has been filed. Affidavits may be attached to and filed with a response. A response may cite relevant portions of testimony from the hearing if a transcript is provided with the response and may cite hearing exhibits by reference to the exhibit number. The Director has the discretion to hear oral argument to consider a request for rehearing or review.
- G. The Director may grant a motion for rehearing or review for any of the following causes:

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1. Irregularity in the proceedings before the Department, in any order, or any abuse of discretion that deprives the moving party of a fair hearing;
  2. Misconduct by the Department, the administrative law judge, or the prevailing party;
  3. Accident or surprise that could not have been prevented by ordinary care;
  4. Newly discovered material evidence that could not reasonably have been discovered and produced at the original hearing;
  5. Excessive or insufficient penalties;
  6. Error in admitting or rejecting evidence or other legal errors occurring at the hearing; and
  7. The decision is not justified by the evidence or is contrary to law.
- H.** The Director may affirm or modify the decision or grant a rehearing as to all or any of the parties and on all or part of the issues for any reason listed in subsection (G). An order granting a rehearing shall specify the reason for granting the rehearing, and the rehearing shall cover only those matters specified.
- I.** The Director, within the time for filing a motion for rehearing, may without a motion for rehearing, order a rehearing for any reason that would allow the granting of a motion for rehearing by a party. The order for rehearing, granted without a motion, shall specify the reason for granting the rehearing.
- J.** The Director may grant a motion for rehearing, timely served, for a reason not stated in the motion. The order for rehearing, granted for a reason not stated in the motion, shall specify the reason for granting the rehearing.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1219 recodified from R4-4-1219 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Amended by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4).

**R20-4-1220. Petition for Rulemaking Action**

- A.** The following definitions apply in this Section.
1. "Petitioner" means a person who petitions the Department for Rulemaking action as authorized under A.R.S. § 41-1033(A).
  2. "Rule" has the meaning stated at A.R.S. § 41-1001 and is enforceable by the Department.
  3. "Rulemaking action" means the process for formulation and finalization of a new rule, or amendment or repeal of an existing rule.
  4. "Substantive Policy Statement" has the meaning stated at A.R.S. § 41-1001, is advisory only, and is not enforceable by the Department.
- B.** Any person may petition the Department under A.R.S. § 41-1033(A) to either:
1. Make, amend, or repeal a final Rule; or
  2. Review an existing agency practice or Substantive Policy Statement that the Petitioner alleges to constitute a Rule.
- C.** A person who files a petition pursuant to A.R.S. § 41-1033(A), shall include the following information in the petition:
1. The Petitioner's name and contact information;
  2. The name and address of any organization the Petitioner represents;
  3. Whether the Petitioner is petitioning the Department to:
    - a. Make, amend, or repeal a final Rule; or

- b. Review an existing agency practice or Substantive Policy Statement that the Petitioner alleges to constitute a Rule;
4. A detailed explanation of Petitioner's basis for submitting the petition;
  5. If the Petitioner is petitioning the Department to make a Rule, the language of the proposed new Section and the specific authority for the requested Rulemaking action;
  6. If the Petitioner is petitioning the Department to amend an existing Rule, a citation to the existing Section to be amended, the language of the proposed Rule amendment, and the specific authority for the requested Rulemaking action;
  7. If the Petitioner is petitioning the Department to repeal an existing Rule, a citation to the existing Section or subsection to be repealed, and an explanation of why the Rule should be repealed including, if applicable, how the Rule does not meet the requirements of A.R.S. § 41-1030;
  8. If the Petitioner is petitioning the Department to review an existing agency practice that the Petitioner alleges to constitute a Rule, a description of the Department's practice, an explanation of how the Department's practice constitutes a Rule being enforced by the Department, the language of the proposed new Rule, and the specific authority for the requested Rulemaking action;
  9. If the petitioner is petitioning the Department to review a Substantive Policy Statement that the Petitioner alleges to constitute a Rule, a citation to the Substantive Policy Statement, an explanation of how the Substantive Policy Statement is being enforced by the Department as a Rule, the language of the proposed new Rule, and the specific authority for the requested Rulemaking action; and
  10. The Petitioner's dated signature.
- D.** The petitioner may submit additional supporting information, including:
1. Statistical data; and
  2. A list of other persons and entities likely to be affected by the proposed Rulemaking action, with an explanation of the likely effects.
- E.** Within 60 days of the date the Department receives the petition, the Director shall send the petitioner a written decision indicating whether the Department is denying the petition or will initiate the requested Rulemaking action, with the reasons for the decision.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). R20-4-1220 recodified from R4-4-1220 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 4262, effective September 12, 2001 (Supp. 01-3). Section repealed; new Section amended by final rulemaking at 28 A.A.R. 3620 (November 25, 2022), effective January 1, 2023 (Supp. 22-4). Subsections C(5) through (10), (D) and (E) omitted when codified in Supp. 22-4; the rule text has been published as promulgated at 28 A.A.R. 3620 (Supp. 24-1).

**ARTICLE 13. LOAN ORIGINATORS**

**R20-4-1301. Scope of Article**

This Article applies to any applicant for or holder of a loan originator license.

**Historical Note**

New Section made by emergency rulemaking at 16 A.A.R. 839, effective April 27, 2010 for 180 days (Supp. 10-2). Section renewed by emergency rulemaking and

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amended at 16 A.A.R. 2165, effective October 24, 2010 for 180 days (Supp. 10-4). Emergency expired April 21, 2011; new Section made by final rulemaking at 16 A.A.R. 2401, effective April 22, 2011 (Supp. 10-4). Since emergency expired, the emergency rulemaking has been removed. (Supp. 15-1). Amended by final rulemaking at 31 A.A.R. 2321 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1302. Course of Study to Qualify for Licensure**

- A. The Director shall, under the authority of A.R.S. § 6-991.03(B)(1), approve a course of study that includes only those courses reviewed and approved by the Nationwide Mortgage Licensing System pursuant to A.R.S. § 6-991.03(E) and (F) and the Secure and Fair Enforcement for Mortgage Licensing Act of 2008 (12 U.S.C. §§ 5101 through 5117).
- B. An applicant for a loan originator license shall satisfactorily complete a course of study by:
  1. Attending at least 20 hours of instruction, and
  2. Receiving a passing grade of not less than 75% correct answers on the exam required by A.R.S. § 6-991.07 and the Secure and Fair Enforcement for Mortgage Licensing Act of 2008 (12 U.S.C. §§ 5101 through 5117).
- C. A pre-licensure course of study shall include 20 hours of instruction in the following areas:
  1. Federal law and regulation, including the Real Estate Settlement Procedures Act ("RESPA"), the Truth in Lending Act ("TILA"), good faith estimates, federal privacy laws, fair lending laws including the Equal Credit Opportunity Act ("ECOA") and the Fair Credit Reporting Act ("FCRA"): three hours;
  2. Business ethics, including fraud, consumer protection laws, and fair lending practices: three hours;
  3. Non-traditional mortgage product lending standards: two hours;
  4. Arizona real estate and mortgage lending law, including loan origination and processing, Arizona law relating to agency and the obligations between principal and agent, and state privacy laws: four hours; and
  5. The remaining eight hours should be comprised of instruction in:
    - a. The obligations between principal and agent;
    - b. The statutory and regulatory laws governing loan originators;
    - c. Arithmetical computations common to mortgage lending;
    - d. Principles of real estate lending;
    - e. The purpose and effect of mortgages, deeds of trust, and security agreements;
    - f. The terms and conditions of conforming and non-conforming residential mortgages;
    - g. Real estate appraisal; and
    - h. The principles of appraisal independence.
- D. A continuing education course of study shall include eight hours of instruction each year in the following areas:
  1. Federal law and regulation, including the Real Estate Settlement Procedures Act ("RESPA"), the Truth in Lending Act ("TILA"), good faith estimates, federal privacy laws, fair lending laws including the Equal Credit Opportunity Act ("ECOA") and the Fair Credit Reporting Act ("FCRA"): three hours;
  2. Business ethics, including fraud, consumer protection laws, and fair lending practices: two hours;
  3. Non-traditional mortgage product lending standards: two hours; and

4. Arizona real estate and mortgage lending law, including loan origination and processing, Arizona law relating to agency and the obligations between principal and agent, and state privacy laws: one hour.

**Historical Note**

New Section made by emergency rulemaking at 16 A.A.R. 839, effective April 27, 2010 for 180 days (Supp. 10-2). Section renewed by emergency rulemaking and amended at 16 A.A.R. 2165, effective October 24, 2010 for 180 days (Supp. 10-4). Emergency expired April 21, 2011; new Section made by final rulemaking at 16 A.A.R. 2401, effective April 22, 2011 (Supp. 10-4). Since emergency expired, the emergency rulemaking has been removed. (Supp. 15-1). Amended by final rulemaking at 31 A.A.R. 2321 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1303. Financial Responsibility**

An applicant for a loan originator license shall demonstrate financial responsibility, as required by A.R.S. § 6-991.03, by either:

1. Depositing with the Director a bond as specified by A.R.S. § 6-991.03(B)(6) and paying to the Director, for deposit into the Mortgage Recovery Fund, the sum of \$100 at the time of filing an original or a renewal application pursuant to A.R.S. § 6-991.03(B)(8); or
2. Depositing with the Director a bond as specified by A.R.S. § 6-991.03(B)(6) and depositing with the Director a bond as specified by A.R.S. § 6-991.03(B)(8).

**Historical Note**

New Section made by emergency rulemaking at 16 A.A.R. 839, effective April 27, 2010 for 180 days (Supp. 10-2). Section renewed by emergency rulemaking at 16 A.A.R. 2165, effective October 24, 2010 for 180 days (Supp. 10-4). Emergency expired April 21, 2011; new Section made by final rulemaking at 16 A.A.R. 2401, effective April 22, 2011 (Supp. 10-4). Since emergency expired, the emergency rulemaking has been removed. (Supp. 15-1). Amended by final rulemaking at 31 A.A.R. 2321 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1304. Fees**

Loan Originator program fees:

1. Initial application fee (non-refundable) pursuant to A.R.S. § 6-126(A)(26): \$350,
2. Initial license fee (prorated according to the number of quarters remaining until the next annual renewal) pursuant to A.R.S. § 6-126(B): \$150,
3. Annual renewal fee pursuant to A.R.S. § 6-126(D)(10): \$150,
4. Transfer license to a new employer pursuant to A.R.S. § 6-126(A)(27): \$50,
5. Change of residence address pursuant to A.R.S. § 6-991.04(J): \$50,
6. Examination pursuant to A.R.S. § 6-991.07(E): the amount charged by the vendor,
7. Late renewal pursuant to A.R.S. § 6-991.04(E): \$25 per day after the filing deadline.

**Historical Note**

New Section made by emergency rulemaking at 16 A.A.R. 839, effective April 27, 2010 for 180 days (Supp. 10-2). Section renewed by emergency rulemaking and amended at 16 A.A.R. 2165, effective October 24, 2010 for 180 days (Supp. 10-4). Emergency expired April 21,



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2011; new Section made by final rulemaking at 16 A.A.R. 2401, effective April 22, 2011 (Supp. 10-4). Since emergency expired, the emergency rulemaking has been removed. (Supp. 15-1). Amended by final rulemaking at 31 A.A.R. 2321 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1305. Practice and Procedure**

Loan originators shall follow the practice outlined in 20 A.A.C. 4, Article 12 (Rules of Practice and Procedure Before the Director) for challenging information the Director enters into the Nationwide Mortgage Licensing System and Registry pursuant to A.R.S. §§ 6-991.03(K) and 6-991.04(M).

**Historical Note**

New Section made by emergency rulemaking at 16 A.A.R. 839, effective April 27, 2010 for 180 days (Supp. 10-2). Section repealed; new Section made by renewed emergency rulemaking at 16 A.A.R. 2165, effective October 24, 2010 for 180 days (Supp. 10-4). Emergency expired April 21, 2011; new Section made by final rulemaking at 16 A.A.R. 2401, effective April 22, 2011 (Supp. 10-4). Since emergency expired, the emergency rulemaking has been removed. (Supp. 15-1). Amended by final rulemaking at 31 A.A.R. 2321 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**ARTICLE 14. INVESTIGATIONS****R20-4-1401. Definitions**

In this Article, unless the context otherwise requires:

1. "Examination" means reviewing an applicant's or licensee's operations, books, and records for any lawful purpose, including those listed in A.R.S. § 6-124(A).
2. "Investigation" means an inquiry, other than an examination, into the affairs of a licensed or unlicensed entity including a review of the entity's operations, books, and records, conducted by the Director for any lawful purpose, including those listed in A.R.S. § 6-124(A).
3. "Licensee" means a financial institution or enterprise licensed with the Department.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). Former Section R4-4-1401 repealed, new Section R4-4-1401 renumbered from R4-4-1402 and amended effective August 14, 1991 (Supp. 91-3). Amended effective August 14, 1991 (Supp. 91-3). R20-4-1401 recodified from R4-4-1401 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 4653, effective December 6, 2003 (Supp. 03-4). Amended by final rulemaking at 29 A.A.R. 1958 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1402. Repealed****Historical Note**

Former Section R4-4-1402 renumbered to R4-4-1401, new Section R4-4-1402 adopted effective August 14, 1991 (Supp. 91-3). R20-4-1402 recodified from R4-4-1402 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 4653, effective December 6, 2003 (Supp. 03-4).

**R20-4-1403. Subpoenas: Service; Amendment; Investigation or Examination not a Condition of the Director's Subpoena Power**

The Director may serve a subpoena using any means intended to effectuate delivery of the subpoena. A Department employee, or an

attorney or agent of the Attorney General's office, may accomplish service for the Director. The Director may amend a subpoena at any time, and may serve the amended subpoena as provided in this Section. Under A.R.S. §§ 6-123(3), 6-124(B), and 12-2212, the Director may compel testimony or document production, by subpoena or other means, regardless of whether an examination or investigation is in progress.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). Former Section R4-4-1403 repealed, new Section R4-4-1403 renumbered from R4-4-1407 and amended effective August 14, 1991 (Supp. 91-3). R20-4-1403 recodified from R4-4-1403 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 4653, effective December 6, 2003 (Supp. 03-4). Amended by final rulemaking at 29 A.A.R. 1958 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1404. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). Repealed effective August 14, 1991 (Supp. 91-3). R20-4-1404 recodified from R4-4-1404 (Supp. 95-1).

**R20-4-1405. Background Information**

- A. In connection with an examination or investigation, the Director may investigate the following persons' background:
  1. An applicant or a licensee, or a person whom the Director reasonably believes may be violating any statute or rule administered by the Director; and
  2. An officer, director, agent, employee, partner, joint venturer, affiliate, or other person associated with a person described in subsection (A)(1), if the other person has or had any involvement in or control over the activities of the person described in subsection (A)(1).
- B. In connection with an examination or investigation, the Director may require a person described in A.R.S. § 6-123.01(A) or (E) to submit a statement of personal history to the Department.

**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). Former Section R4-4-1405 repealed, new Section R4-4-1405 renumbered from R4-4-1409 and amended effective August 14, 1991 (Supp. 91-3). R20-4-1405 recodified from R4-4-1405 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 4653, effective December 6, 2003 (Supp. 03-4). Amended by final rulemaking at 29 A.A.R. 1958 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1406. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). Repealed effective August 14, 1991 (Supp. 91-3). R20-4-1406 recodified from R4-4-1406 (Supp. 95-1).

**R20-4-1407. Renumbered****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1). Renumbered to R4-4-1403 effective August 14, 1991 (Supp. 91-3). R20-4-1407 recodified from R4-4-1407 (Supp. 95-1).

**R20-4-1408. Repealed**

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**Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1).  
 Repealed effective August 14, 1991 (Supp. 91-3). R20-4-1408 recodified from R4-4-1408 (Supp. 95-1).

**R20-4-1409. Renumbered****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1).  
 Renumbered to R4-4-1405 effective August 14, 1991 (Supp. 91-3). R20-4-1409 recodified from R4-4-1409 (Supp. 95-1).

**R20-4-1410. Repealed****Historical Note**

Adopted effective February 7, 1978 (Supp. 78-1).  
 Repealed effective August 14, 1991 (Supp. 91-3). R20-4-1410 recodified from R4-4-1410 (Supp. 95-1).

**ARTICLE 15. COLLECTION AGENCIES****R20-4-1501. Definitions**

In this Article, unless the context otherwise requires:

1. "Account" means a contractual arrangement between a client and a collection agency that obligates the collection agency to attempt to collect one or more debts on the client's behalf.
2. "Active Manager" means the person who is in active management of the conduct of the collection agency's business, and who meets the qualifications listed in A.R.S. § 32-1023(A).
3. "Client" means a person who has hired a collection agency to collect a debt.
4. "Collection agency" has the meaning in A.R.S. § 32-1001(2).
5. "Contact" means to communicate with, and includes attempted communications.
6. "Credit bureau" or "credit reporting agency" means any person engaged exclusively in the business of gathering, recording, and disseminating information about the credit-worthiness, financial responsibility, paying habits, and character of persons being considered for credit extension.
7. "Creditor" means a person who offers or extends credit creating a debt, or to whom a debt is owed. The term does not include a person that receives an assignment or transfer of a defaulted debt solely for use in collecting the debt for someone else.
8. "Debt" means a debtor's actual or claimed obligation to pay money, whether or not the obligation has been reduced to judgment.
9. "Debtor" means a person obligated to pay a debt. The term also means a person claimed to be obligated to pay a debt.
10. "Director" has the meaning stated at A.R.S. § 20-102.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1501 recodified from R4-4-1501 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1502. Applications**

- A. An applicant for a license shall complete and file an application, as required by the Department, by delivering the application to the Director, together with the following documents and payment:
  1. The bond required by A.R.S. § 32-1021;
  2. The nonrefundable investigation fee and original license fee required by A.R.S. § 32-1028 and stated in A.R.S. § 6-126;
  3. A current financial statement in the form required by the Department;
  4. A certified copy of the current articles of incorporation, by-laws, partnership agreement, or other organizational documents under which the applicant proposes to conduct business; and
  5. A statement of personal history for each principal officer, partner, and manager of the applicant, in the form required by the Department.
- B. An out-of-state collection agency applying for a license under A.R.S. § 32-1024 shall complete and file the application required by subsection (A), together with a signed statement declaring that:
  1. The requirements for securing the out-of-state license were, when issued, substantially the same or equivalent to the requirements imposed under A.R.S. Title 32, Chapter 9, Article 2. The statement shall also contain a complete description of those requirements.
  2. The state issuing the out-of-state license extends reciprocity to Arizona licensees under similar circumstances. The statement shall also contain a complete description of the conditions for reciprocity in the other state.
- C. A licensee applying for license renewal shall complete and file an application, as required by the Department, by delivering the renewal application to the Director before January 1, together with the renewal fee required by A.R.S. § 32-1028 and stated in A.R.S. § 6-126. An application for renewal shall also include a current financial statement in the form required by the Department.
- D. An applicant for a provisional license under A.R.S. § 32-1027 shall complete and file an application as required by the Department, by delivering the application to the Director within 30 days of the event justifying a provisional license. The applicant shall deliver the application together with each of the following:
  1. A bond that satisfies the requirements of A.R.S. § 32-1022;
  2. A current financial statement as required by the Department;
  3. A detailed description of the facts justifying the issuance of a provisional license; and
  4. Evidence that the licensee notified the Director as required by A.R.S. § 32-1023, in the event the licensee has terminated its active manager.
- E. An applicant for a provisional license shall, in each instance, be appropriate to the circumstances justifying the provisional license, as follows:
  1. A licensee's personal representative, or the personal representative's appointee, shall complete and file an application if the licensee, a natural person, has died;
  2. The surviving partners shall complete and file an application if the licensee, a partnership, has dissolved;
  3. A licensee shall complete and file an application if an active manager's employment was terminated.

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- F. An applicant for a provisional license shall clearly label the top of the first page with the heading "APPLICATION FOR PROVISIONAL LICENSE UNDER A.R.S. § 32-1027."
- G. The Director may require additional information the Director considers necessary in connection with any application under this Section.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1502 recodified from R4-4-1502 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4742, effective November 13, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1503. Reports**

A collection agency shall notify the Director in writing of any change in the officers, directors, partners, or active manager of the collection agency not more than 10 days after the change. With the notice, the collection agency shall provide the Director with a Statement of Personal History for each new officer, director, partner, or active manager on a form obtained from the Department.

**Historical Note**

Adopted effective December 18, 1979 (Supp. 79-6). R20-4-1503 recodified from R4-4-1503 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1504. Records**

- A. A licensee may keep its books, accounts, and records as electronic records if the licensee can generate all information and copies required by this Section within the timeframe set by the Department for examination or other purposes.
- B. All licensees shall keep and maintain books, accounts, and records adequate to provide a clear and readily understandable record of all business conducted by the collection agency, including:
1. Records or books of account listing all clients' accounts. Each account shall reflect its true condition at each calendar month's end, and shall include:
    - a. The client's name and address;
    - b. Each debtor's name worked for collection in that month;
    - c. The amount, description, and date of each debit and each credit to the account; and
    - d. The balance due to, or owing from, the client.
  2. A record and history of each debt for collection that clearly shows:
    - a. The debtor's name;
    - b. The debt's principal amount;
    - c. The interest charged or collected;
    - d. The amount, and description, of any other charges;
    - e. The amount, and date, of each payment received or collected; and
    - f. The current balance due on the debt.
  3. An original of each written contract between the licensee and a client, including any contract amendments.
  4. A trust general ledger reflecting all deposits to and payments from a trust account. A licensee shall post transactions to its trust general ledger at least every five business

days. A licensee shall bring its trust general ledger current within 24 hours when requested by the Director.

5. The licensee's trust account reconciliation, prepared at least once a month.
  6. Books, records, and files maintained so that the Director can easily conduct an unannounced spot check, as well as the examinations and investigations required by A.R.S. §§ 6-122 and 6-124.
  7. A copy of all pleadings in pending litigation that names the collection agency as a defendant.
  8. A record of fictitious names used by the agency's debt collectors as required by R20-4-1520.
- C. A person issuing a receipt for a collection agency shall sign the receipt using that person's true name. Each receipt shall also show the collection agency's name.
- D. A licensee shall maintain all records required under this Section and shall make them available for examination, investigation, or audit in Arizona within three working days after the Director demands the records.
- E. A licensee shall retain the records required by this Section for the following periods:
1. A licensee shall retain all records described in subsections (B)(1), and (B)(3) through (8) for at least seven years following their creation.
  2. A licensee shall retain all records described in subsection (B)(2) for at least three years from an account's assignment to the licensee. If a licensee collects any money on an account, the licensee shall retain the records described in subsection (B)(2) for at least three years from the last collection date.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). Amended effective December 18, 1979 (Supp. 79-6). R20-4-1504 recodified from R4-4-1504 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4742, effective November 13, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1505. Trust Account**

- A. A licensee that maintains an office in Arizona shall deposit all funds collected for a client in a trust account at a federally insured depository institution in Arizona. A licensee that does not maintain an office in Arizona shall deposit all funds collected for a client in a trust account at a federally insured depository institution in the state where the licensee maintains its principal office. A licensee shall deposit all client funds before the close of its business on the third business day after the licensee receives the funds. Client funds shall remain on deposit as required by this Section until:
1. Paid over to a client, or
  2. Otherwise paid as provided in this Section.
- B. A licensee shall pay funds from the trust account either:
1. By prenumbered printed checks, or
  2. By electronic payment.
- C. A licensee shall deposit in its trust account only the funds it has collected for its client. A licensee, its officers, directors, partners, managers, members, or employees shall not commingle, or permit the commingling of, their own funds with client funds. This prohibition includes any funds that a licensee, or any officer, director, partner, manager, member, or employee

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claims an interest in if that interest arises outside the licensee's contract with a client.

- D. A licensee shall keep unpaid client funds in its trust account. A licensee may maintain a separate trust account for dormant accounts into which the licensee deposits unpaid funds such as those of a client that cannot be located, or any trust account check issued to a client that is returned without being negotiated. As to all those unpaid funds, under A.R.S. § 44-307, a licensee shall file an abandoned property report at the Arizona Department of Revenue as and when required by law.
- E. A licensee shall withdraw from its trust account all fees and commissions due the licensee under its contract with a client and deposit them directly into its own operating account.
- F. A licensee shall not pay funds from its trust account except as:
  1. Provided in this Section,
  2. Expressly authorized in its contract with a client, or
  3. Authorized in writing by the Director.

**Historical Note**

Adopted effective December 18, 1979 (Supp. 79-6). R20-4-1505 recodified from R4-4-1505 (Supp. 95-1). Amended by final rulemaking at 6 A.A.R. 4742, effective November 13, 2000 (Supp. 00-4). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1506. Articles of Incorporation; Bylaws; Organizing Documents**

- A. A collection agency organized as a corporation shall file with the Director a copy of each amendment to its articles of incorporation within 30 days after the amendment is adopted. Before filing with the Director, an officer of the collection agency shall certify the copy filed in compliance with this Section, in writing, signed by the certifying officer, attesting to the completeness, accuracy, and authenticity of the certified copy.
- B. A collection agency organized as a corporation shall file with the Director a copy of each amendment to its bylaws within 10 days after the amendment is adopted. An officer of the collection agency shall certify the copy filed in compliance with this Section, in writing, attesting to the completeness, accuracy, and authenticity of the certified copy.
- C. A collection agency not organized as a corporation shall file with the Director a copy of each amendment to its organizing documents within 10 days after the amendment is adopted. A partner, active manager, or agent of the collection agency shall certify the copy filed in compliance with this Section, in writing, attesting to the completeness, accuracy, and authenticity of the certified copy.

**Historical Note**

Adopted effective December 18, 1979 (Supp. 79-6). R20-4-1506 recodified from R4-4-1506 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1507. Representations of Collection Agency's Identity**

In all communications with debtors, either orally or in writing, all the following rules apply:

1. A collection agency shall represent itself as a collection agency,
2. A collection agency shall not directly or indirectly claim to be a credit reporting agency or credit bureau if it is not,

3. A collection agency shall not directly or indirectly claim to be a law enforcement agency, and
4. A collection agency shall not directly or indirectly claim to be a law firm.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1507 recodified from R4-4-1507 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1508. Representations of the Law**

A collection agency shall not:

1. Misrepresent the state of the law to a debtor;
2. Send a debtor written material that simulates legal process; or
3. Represent or imply that a debtor is, or may be, subject to criminal prosecution or arrest because of a failure to pay the debt.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1508 recodified from R4-4-1508 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1509. Representations as to Fees, Costs, and Legal Proceedings; Disinterested Counsel Required**

- A. A collection agency shall not threaten to collect, or attempt to collect, an attorney's fee, collection cost, or other fee that the debtor is not obliged to pay under the debtor's contract with the collection agency's creditor client.
- B. A collection agency shall not inform a debtor that legal proceedings have been started unless, in fact, a lawsuit has been filed against the debtor.
- C. A collection agency shall not threaten to start legal proceedings against a debtor unless the collection agency actually intends, at the time of the threat, to sue.
- D. A collection agency shall not threaten to turn an account over to a lawyer unless the collection agency actually intends to do so at the time of the threat.
- E. A collection agency shall not file a lawsuit against a debtor unless the lawsuit is filed by an attorney who has no personal or financial interest in the collection agency filing the lawsuit against the debtor.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1509 recodified from R4-4-1509 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1510. Representations as to Rights Waived or Remedies Available**

- A. A collection agency shall not inform a debtor that:

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1. The debtor waives any legal right or legal defense by a failure to contact the collection agency, and
  2. The collection agency has the power or right to bypass the legal process.
- B.** A collection agency shall not misrepresent the remedies available to the collection agency.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1510 recodified from R4-4-1510 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1511. Prohibition of Harassment**

- A.** A collection agency shall not use unauthorized or oppressive tactics designed to harass any person to pay a debt.
- B.** A collection agency shall not use written or oral communications that ridicule, disgrace, or humiliate any person, or tend to ridicule, disgrace, or humiliate any person.
- C.** A collection agency shall not state, imply, or tend to imply, in written or oral communications, that any person is guilty of fraud or any other crime.
- D.** A collection agency shall not permit its agents, employees, representatives, debt collectors, or officers to use obscene or abusive language in efforts to collect a debt.
- E.** A collection agency or its agents, employees, representatives or officers are subject to penalties listed in A.R.S. § 32-1056(B) for any violation of this Article, as well as other liabilities imposed under any other provision of law.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1511 recodified from R4-4-1511 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1512. Contacts with Debtors and Others**

- A.** A collection agency shall contact a debtor by telephone only during reasonable hours. A collection agency shall make a reasonable attempt to contact a debtor at the debtor's residence. A collection agency may contact a debtor at the debtor's place of employment if a reasonable attempt to contact the debtor at the debtor's residence has failed.
- B.** A collection agency shall not threaten to or contact a third party, including a debtor's friend, relative, neighbor, or employer and:
1. Inform the third party of the debt;
  2. Ask the third party to pressure the debtor into paying the debt; or
  3. Ask the third party to pay the debt, unless the third party is legally obligated to pay the debt.
- C.** Despite the other provisions of this Section, a collection agency may make lawful service on third parties, including employers, of a writ of garnishment or other writ in aid of execution after judgment has been entered against a debtor.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days

(Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1512 recodified from R4-4-1512 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1513. Cessation of Communication with the Debtor**

- A.** A collection agency shall stop contacting a debtor, directly or indirectly, if the debtor tells the collection agency that the debtor is represented by a lawyer and wants the collection agency to communicate with the debtor through the debtor's lawyer. The collection agency may later contact the debtor if the collection agency contacts the lawyer named by the debtor and learns that the lawyer does not represent the debtor.
- B.** A collection agency shall stop contacting a debtor, directly or indirectly, if the debtor gives the collection agency written notice that the debtor:
1. Refuses to pay the debt, or
  2. Wants the collection agency to stop all further communication with the debtor.
- C.** Despite the provisions of subsection (B), a collection agency may contact a debtor to inform the debtor that:
1. The collection agency has stopped trying to collect the debt, or
  2. The collection agency or the creditor may invoke specific remedies that are customarily used by the collection agency or the creditor.
- D.** The debtor's written notice under subsection (B) is effective upon receipt by the collection agency if delivered by mail.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). Amended effective December 18, 1979 (Supp. 79-6). R20-4-1513 recodified from R4-4-1513 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1514. Disclosure of Information to Debtor**

- A.** Within five days after the initial communication with the debtor, a collection agency shall obtain and be able to inform the debtor of:
1. The name of the creditor;
  2. The time and place of the creation of the debt;
  3. The merchandise, services, or other value provided in exchange for the debt; and
  4. The date when the account was turned over to the collection agency by the creditor.
- B.** A collection agency shall give the debtor access to any of the collection agency's records that contain the information listed in subsection (A).
- C.** At the debtor's request, the collection agency shall give the debtor, free of charge, a copy of any document from its records that contains the information listed in subsection (A).

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1514 recodified from R4-4-1514 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by

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final rulemaking at 29 A.A.R. 1961 (September 1, 2023),  
effective October 2, 2023 (Supp. 23-3).

**R20-4-1515. Aiding and Abetting**

A collection agency shall not help or encourage, directly or indirectly, any person to evade or violate any provision of:

1. This Article, or
2. A.R.S. Title 32, Chapter 9.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1515 recodified from R4-4-1515 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1516. Advertising**

A collection agency shall not use any form of communication to state or imply that the collection agency is:

1. Approved, bonded by, or affiliated with the state of Arizona;
2. A state agency;
3. The director of any state agency; or
4. Authorized to practice law.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1516 recodified from R4-4-1516 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1517. Repealed****Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1517 recodified from R4-4-1517 (Supp. 95-1). Section repealed by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2).

**R20-4-1518. Agreements with Clients**

A collection agency's records shall document each client's account in writing. The records for an account shall include either a written agreement between the client creditor and the collection agency, or a written direction from the creditor to the collection agency concerning a specific debt placed for collection. The collection agency shall keep records that are specific, easily understood, and unambiguous. A provision of a written agreement or written direction that suggests the collection agency has authority to represent the client in court, or to practice law in any other way, is void and prohibited by this Section. The records for an account shall separately state:

1. The names of the parties to the agreement or written direction,
2. The terms or rate of compensation paid to the collection agency,
3. The length of time the agreement or written direction is intended to be in effect, and
4. Any conditions regarding collection of a particular debt.

**Historical Note**

Adopted effective December 18, 1979 (Supp. 79-6). R20-4-1518 recodified from R4-4-1518 (Supp. 95-1).

Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1519. Licensee Names and Control**

- A. The Department shall not issue a license with a name that is:
  1. Similar to, or that may be confused with, any federal, state, county, or municipal government function or agency;
  2. Descriptive of any business activity that the applicant does not actually conduct;
  3. The same as, or similar to, the name of any existing collection agency, or
  4. Otherwise deceptive or misleading.
- B. The Department may permit the use of a name otherwise prohibited under subsection (A)(3) based on its analysis of whether the name includes geographic or other information that distinguishes it from the existing collection agency.
- C. A collection agency shall not use a collection agency license to do business under more than one name. Each collection agency shall apply for and obtain a separate license for each business name it intends to use in Arizona.

**Historical Note**

Adopted effective December 18, 1979 (Supp. 79-6). R20-4-1519 recodified from R4-4-1519 (Supp. 95-1).

Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1520. Representations of Collection Agency Employees' Identity or Position**

- A. A collection agency shall not allow its debt collector, agent, representative, employee, or officer to:
  1. Misrepresent the person's true position with the collection agency;
  2. Claim to be, or imply that the person is, an attorney unless the person is licensed to practice law;
  3. Claim to be, or imply that the person is, a public official, peace officer, or any other type of public employee; or
  4. Claim to be, or imply that the person is, any other third party.
- B. In any communication with a debtor, a person working for a collection agency shall indicate that the person is a debt collector.
- C. A collection agency shall keep a record of all fictitious names used by its debt collectors during their employment. The collection agency shall record the information required by this subsection before permitting the use of a fictitious name. The collection agency shall file a copy of the record of fictitious names with the Department on July 1 and December 31 of each year. After filing the initial report, a collection agency shall identify all changes to the record on July 1 and December 31 of each year. The collection agency's record of fictitious names shall include:
  1. The true name of each debt collector that uses a fictitious name;
  2. Each fictitious name used by the debt collector, together with the dates when the name is used; and
  3. The residential street address and residential mailing address of each debt collector that uses a fictitious name.

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**Historical Note**

Adopted effective December 18, 1979 (Supp. 79-6). R20-4-1520 recodified from R4-4-1520 (Supp. 95-1).

Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1521. Duty of Investigation**

A collection agency shall give copies of its evidence of the debt to the debtor or the debtor's attorney upon request. After providing the evidence, but before continuing its collection efforts against the debtor, the collection agency shall investigate any claim by the debtor or the debtor's attorney that:

1. The debtor has been misidentified,
2. The debt has been paid,
3. The debt has been discharged in bankruptcy, or
4. Based on any other reasonable claim, the debt is not owed.

**Historical Note**

Adopted effective December 18, 1979 (Supp. 79-6). R20-4-1521 recodified from R4-4-1521 (Supp. 95-1).

Amended by final rulemaking at 12 A.A.R. 1331, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking at 29 A.A.R. 1961 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1522. Reserved**

**R20-4-1523. Reserved**

**R20-4-1524. Reserved**

**R20-4-1525. Reserved**

**R20-4-1526. Reserved**

**R20-4-1527. Reserved**

**R20-4-1528. Reserved**

**R20-4-1529. Reserved**

**R20-4-1530. Repealed**

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective December 6, 1978 (Supp. 78-6). R20-4-1530 recodified from R4-4-1530 (Supp. 95-1). Section repealed by final rulemaking at 6 A.A.R. 4742, effective November 13, 2000 (Supp. 00-4).

**ARTICLE 16. ACQUIRING CONTROL OF FINANCIAL INSTITUTIONS****R20-4-1601. Definitions**

In addition to the definitions provided in A.R.S. § 6-141, the following terms apply to this Article unless the context otherwise requires:

"Acquiring party" means a person who intends to acquire control of a bank, trust company, savings and loan association, or controlling person under A.R.S. Title 6, Chapter 1, Article 4.

"Bank" has the meaning stated in A.R.S. § 6-101.

"Director" has the meaning stated in A.R.S. § 6-101(7).

"Savings and loan association" means a person required to possess a permit issued by the Director under A.R.S. Title 6, Chapter 3.

"Target company" means a bank, savings and loan association, trust company, or controlling person to be acquired by an acquiring party.

"Trust company" has the meaning stated in A.R.S. § 6-851.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective January 12, 1979 (Supp. 79-1). R20-4-1601 recodified from R4-4-1601 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 5055, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1602. Application for Approval to Acquire Control of Financial Institution**

- A. An applicant seeking approval to acquire control of a bank, savings and loan association, or controlling person of a bank or savings and loan association, under A.R.S. Title 6, Chapter 1, Article 4, shall file with the Director copies of all application documents filed with federal regulatory agencies in connection with the planned acquisition of control.
- B. As used in this subsection, "executive officer" includes the chairman of the board, president, each vice president, cashier, secretary, treasurer, and every other person who participates in major policymaking functions of the applicant. Under A.R.S. § 6-145(A), an applicant seeking approval to acquire control of a trust company or controlling person of a trust company, under A.R.S. Title 6, Chapter 1, Article 4 shall supply all information the Director requires under this subsection. The Director may require an applicant to supplement or amend its application based on issues raised by the initial submission. The initial application shall consist of the following items:
  1. A copy of the signed purchase agreement;
  2. The applicant's audited financial statement;
  3. A personal history statement, on a form supplied by the Department, for each executive officer and each director of the acquiring party;
  4. Each executive officer's and each director's personal financial statement;
  5. A full set of fingerprints for each executive officer and each director; and
  6. A copy of each executive officer's and each director's driver's license.

**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective January 12, 1979 (Supp. 79-1). R20-4-1602 recodified from R4-4-1602 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 5055, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1603. Repealed****Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective January 12, 1979 (Supp. 79-1). R20-4-1603 recodified from R4-4-1603 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 5055, effective January 3, 2004 (Supp. 03-4).

**R20-4-1604. Repealed**

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**Historical Note**

Adopted as an emergency effective September 6, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-5). Adopted effective January 12, 1979 (Supp. 79-1). R20-4-1604 recodified from R4-4-1604 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 5055, effective January 3, 2004 (Supp. 03-4).

**ARTICLE 17. ARIZONA INTERSTATE BANK AND SAVINGS AND LOAN ASSOCIATION ACT****R20-4-1701. Definitions**

In addition to the definitions provided in A.R.S. § 6-321, the following terms apply to this Article unless the context otherwise requires:

“Applicant” means an out-of-state financial institution that intends to acquire control of an in-state financial institution.

“Director” has the meaning stated in A.R.S. § 6-101(7).

**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). R20-4-1701 recodified from R4-4-1701 (Supp. 95-1). Amended by final rulemaking at 11 A.A.R. 2031, effective July 2, 2005 (Supp. 05-2). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1702. Notice to the Director of Intent to Acquire Control of an In-state Financial Institution; Surrender of an Acquired Financial Institution’s Charter**

- A. An applicant shall give written notice of an acquisition to the Director in the form of a courtesy copy of its federal application. The acquiring entity shall ensure that the notice is delivered to the Director not less than ten days before the effective date of the acquisition. No other application is required under the provisions of A.R.S. Title 6, Chapter 2, Article 7, the Arizona Interstate Bank and Savings and Loan Association Act. The Director may impose conditions on an acquisition under the authority of A.R.S. §§ 6-324 and 6-328.
- B. An acquired in-state financial institution shall surrender, by delivery to the Director, all permits and certificates issued by the Director within ten days after the effective date of the acquisition unless the acquired institution intends to continue operating, after the acquisition, as a stand-alone subsidiary under the authority of its existing Arizona banking permit.

**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). R20-4-1702 recodified from R4-4-1702 (Supp. 95-1). Amended by final rulemaking at 11 A.A.R. 2031, effective July 2, 2005 (Supp. 05-2). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1703. Repealed****Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). R20-4-1703 recodified from R4-4-1703 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 2031, effective July 2, 2005 (Supp. 05-2).

**R20-4-1704. Public Notice**

- A. An applicant shall transmit to the Director one copy of each notice and the publisher’s affidavit of publication required by the Federal Reserve Board, the Federal Deposit Insurance Corporation, or other regulatory authority that has concurrent jurisdiction.

- B. An applicant shall provide the Director copies of any protests known to have been received by the Federal Reserve Board, the Federal Deposit Insurance Corporation, or other regulatory authority that has concurrent jurisdiction.

**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). R20-4-1704 recodified from R4-4-1704 (Supp. 95-1). Amended by final rulemaking at 11 A.A.R. 2031, effective July 2, 2005 (Supp. 05-2). Amended by final rulemaking at 29 A.A.R. 1937 (September 1, 2023), effective October 2, 2023 (Supp. 23-3).

**R20-4-1705. Repealed****Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). R20-4-1705 recodified from R4-4-1705 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 2031, effective July 2, 2005 (Supp. 05-2).

**R20-4-1706. Repealed****Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). R20-4-1706 recodified from R4-4-1706 (Supp. 95-1). Section repealed by final rulemaking at 11 A.A.R. 2031, effective July 2, 2005 (Supp. 05-2).

**ARTICLE 18. MORTGAGE BANKERS****R20-4-1801. Exemption for an Entity Regulated by an Agency of this State, Other States, or by the United States**

- A. The exemption under A.R.S. § 6-942(A)(1) only applies to a person whose offers to make or negotiate a “mortgage banking loan” or a “mortgage loan,” as those terms are defined in A.R.S. § 6-941, and all mortgage banking loans and mortgage loans made or negotiated by the person, are regulated directly by an agency of this state, any other state, or the United States.
- B. The required regulation of the transactions listed in subsection (A) includes:
  1. Rules governing a claimant’s accounting and recordkeeping practices;
  2. The authority to examine a claimant’s books and records relating to its mortgage banking activities or mortgage lending activities, or both; and
  3. The ability to place a claimant into receivership or conservatorship with regard to the claimant’s mortgage banking activities, or mortgage lending activities, or both.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1802. Equivalent and Related Experience**

- A. An applicant may satisfy the three years’ experience requirement of A.R.S. § 6-943 by the types of lending-related experience listed in this subsection. The Department counts each month in the following types of work experience toward the three years required either for a mortgage banker license, or as a responsible individual, both under A.R.S. § 6-943(C). The Department counts a fractional month of experience, at least 15 days long, as a full month.
  1. Mortgage broker, responsible individual, or branch manager for a licensee;
  2. Mortgage banker, responsible individual, or branch manager for a licensee;



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3. Loan originator with responsibility primarily for loans secured by lien interests on real property;
4. Lender's branch manager with responsibility primarily for loans secured by lien interests on real property;
5. Attorney licensed in Arizona;
6. Manager or supervisor of loan originators;
7. Mortgage processor, mortgage underwriter, or mortgage quality control professional with responsibility primarily for loans secured by lien interests on real property;
8. Executive, supervisor, or policy maker involved in administering, or operating a mortgage-related business; or
9. Regulator, examiner, investigator, compliance expert, or auditor whose primary function is the review of mortgage companies, and their compliance processes whose experience is determined to be sufficient by the Department.

**B.** An applicant with insufficient actual experience of the types listed in subsection (A) may satisfy the remainder of the three years' experience requirement of A.R.S. § 6-943 by the types of related experience listed in this subsection. The Department counts each month in the following types of work experience according to the ratio listed below, of actual experience to equivalent experience, credited toward qualifying for a license, or as a responsible individual, both under A.R.S. § 6-943(C). The Department counts a fractional month of experience, at least 15 days long, as a full month. The remaining years of experience required to qualify for a license shall be obtained from types of work experiences listed in subsection (A). A minimum of one year of experience must be obtained from the types of work experience listed in subsection (A).

1. Attorney not licensed in Arizona but licensed in another U.S. state or territory...3:2
2. Paralegal with experience in real estate matters...3:2
3. Mortgage broker or mortgage banker from another state without a license...3:2
4. Real estate broker with an Arizona license or license from a state with substantially equivalent licensing requirements...3:2
5. Escrow officer...3:2
6. Trust officer with a title company...3:2
7. Title officer with a title company...3:1.5
8. Lender's branch manager with responsibility primarily for loans not secured by lien interests on real property...3:1.5
9. Loan originator with responsibility primarily for loans not secured by lien interests on real property...3:1

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1803. Restrictions on the Term of a Cash Alternative to a Surety Bond**

A licensee or applicant shall not place a certificate of deposit or investment certificate as a cash alternative to a surety bond with the Director that is renewable or expires earlier than 12 months from the date of issuance.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1804. Requirements for a Person Intended to Oversee a Branch Office**

The person designated as a branch office manager to oversee the operations of a branch office, as specified in A.R.S. § 6-944(E), shall be knowledgeable about the branch activities of the licensee, supervise compliance by the branch with applicable laws and rules, and have sufficient authority to ensure such compliance. One person may oversee more than one branch.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1805. Notification of Change of Address**

If a licensee changes the licensee's principal place of business, or the location of a branch office, the licensee shall notify the Director of the new address at least five business days before the address change. A copy of the license shall continue to be displayed at the place of business until a new license is issued.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 8 A.A.R. 145, effective December 10, 2001 (Supp. 01-4). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1806. Recordkeeping Requirements**

**A.** A licensee may keep its records as electronic records if the licensee can generate all information and complete and legible copies required by this Section within the timeframe set by the Department for examination or other purposes.

**B.** In addition to any statutory requirement regarding records, a record maintained by a mortgage banker shall include the following:

1. A list of all executed loan applications or executed fee agreements that includes the following information:
  - a. Applicant's name;
  - b. Application date;
  - c. Amount of initial loan request;
  - d. Final disposition date;
  - e. Disposition (funded, denied); and
  - f. Name of loan officer;
2. A record, such as a cash receipts journal, of all money received in connection with mortgage banking loans or mortgage loans including:
  - a. Payor's name;
  - b. Date received;
  - c. Amount; and
  - d. Receipt's purpose including identification of a related loan, if any;
3. A sequential listing of checks written for each bank account relating to the mortgage banker business, such as a cash disbursement journal, including:
  - a. Payee's name;
  - b. Amount;
  - c. Date; and
  - d. Payment's purpose including identification of a related loan, if any;
4. Bank account activity source documents for the mortgage banker business including receipted deposit tickets, numbered receipts for cash, bank account statements, paid checks, and bank advices;

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5. A trust subsidiary ledger for each borrower that deposits trust funds showing:
    - a. Borrower's name or co-borrowers' names;
    - b. Loan number, if any;
    - c. Amount received;
    - d. Purpose for the amount received;
    - e. Date received;
    - f. Date deposited into trust account;
    - g. Amount disbursed from trust account;
    - h. Date disbursed from trust account;
    - i. Disbursement's payee and purpose; and
    - j. Balance;
  6. A file for each application for a mortgage banking loan or a mortgage loan containing:
    - a. The agreement with the customer concerning the mortgage banker's services, whether as a loan application, fee agreement, or both;
    - b. Document showing the application's final disposition, such as a settlement statement, closing disclosure, or a denial or withdrawal letter;
    - c. Correspondence sent, received, or both by the licensee;
    - d. Contract, agreement and escrow instructions to or with any depository;
    - e. Documents showing compliance, to the extent applicable, with the Consumer Credit Protection Act's (15 U.S.C. §§ 1601 et seq.) disclosure requirements, the Real Estate Settlement Procedures Act's (12 U.S.C. §§ 2601 through 2617) disclosure requirements, and the regulations promulgated thereunder, such as copies of the loan estimates and closing disclosures required by the TILA-RESPA Integrated Disclosure Rule (12 CFR 1024 and 1026);
    - f. If the loan is closed in the licensee's name, and funded by a lender that is not an institutional investor as defined at A.R.S. § 6-943, a copy of the executed note, executed deed of trust or mortgage, and each assignment of beneficial interest by the licensee, if any. If any of the documents listed in this subsection have been recorded, the file shall also contain legible copies of the recorded documents; and
    - g. Itemized list of all fees taken in advance including appraisal fee, credit report fee, and application fee;
  7. Samples of every piece of advertising relating to the mortgage banker's business in Arizona;
  8. Copies of governmental or regulatory compliance reviews;
  9. If the licensee is not a natural person, a file containing:
    - a. Organizational documents for the entity;
    - b. Minutes;
    - c. A record, including a stock or ownership transfer ledger, showing ownership of all proportional equity interests in the licensee, ascertainable as of any given record date; and
    - d. Annual report, if required by law;
  10. If the licensee or anyone directly or indirectly owning more than 20% of the licensee has a felony conviction, a copy of the judgment or other record of conviction;
  11. If the licensee or anyone directly or indirectly owning more than 20% of the licensee has, in the previous seven years, been named a defendant in any civil suit, a copy of the complaint, any answer filed by the licensee, and any judgment, dismissal or other final order disposing of the action;
  12. If the licensee maintains records outside this state, the specific address where the records are kept, and a person's name to contact for them;
  13. If a licensee does business in other states, it must be able to separate Arizona loan information from information relating to other states to enable the Director to conduct an examination; and
  14. A licensee shall produce a trial balance of the general ledger monthly to evidence the mortgage banker's net worth.
- C.** If 10 or fewer transactions have occurred during the prior calendar quarter, a licensee shall reconcile and update all records specified in subsection (B) at least once each calendar quarter. A licensee shall reconcile and update all records specified in subsection (B) monthly if more than 10 transactions occurred during the prior calendar quarter. In addition to reconciling each trust bank account, a licensee shall verify each trust balance to each trust subsidiary ledger at each reconciliation.
- D.** A licensee shall retain the documents described in subsections (B)(1) and (6) for the length of time provided in A.R.S. § 6-946. For the purposes of A.R.S. § 6-946, the mortgage banking loan's closing date, on a loan application that did not result in the making of a loan, is either:
1. The date a licensee receives a written cancellation notice from an applicant; or
  2. The date a licensee mails written notice to an applicant that an application has been denied, as required by federal law.
- E.** A licensee shall maintain all other records described in this Section, and not included in subsection (D), for at least two years.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1807. Providing Copies of Records**

For each loan closed in an Arizona mortgage broker's name with a concurrent assignment of beneficial interest to a mortgage banker, the mortgage banker licensee shall provide to the mortgage broker in whose name the loan closed a copy of:

1. The closing instructions;
2. Any applicable rescission notice;
3. The HUD-1 settlement statement, if applicable;
4. The closing disclosure;
5. The final truth in lending disclosure;
6. The note;
7. The executed deed of trust or mortgage; and
8. Each assignment of beneficial interest by the mortgage banker licensee.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1808. Authorization to Complete Blank Spaces**

An authorization, under A.R.S. § 6-947(A), allowing a licensee or escrow agent to complete certain blank spaces in a document after it is signed by a party to the transaction shall:

1. Specifically identify the document and the blank spaces to be completed;

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2. Be in writing, dated, and signed by the authorizing parties; and
3. Contain the following notice, conspicuously printed on its face: YOUR SIGNATURE BELOW AUTHORIZES YOUR MORTGAGE BANKER OR ESCROW AGENT TO FILL IN SPACES YOU LEFT BLANK IN SPECIFIED LOAN DOCUMENTS YOU ARE ABOUT TO SIGN OR MAY HAVE ALREADY SIGNED. UNDER STATE LAW YOU CAN GIVE THIS AUTHORITY, BUT YOU ARE NOT REQUIRED TO DO SO. YOU CAN REFUSE TO SIGN ANY DOCUMENTS UNTIL ALL BLANKS ARE COMPLETELY FILLED IN.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1809. Determining Loan Amounts**

The amount of a mortgage banking loan or a mortgage loan under A.R.S. §§ 6-947(E) or 6-947(K), is the principal amount of the loan and does not include any points, interest, finance charges, insurance premiums of any kind, compensation paid to third parties, or compensation retained by a mortgage banker, or its agents.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1810. Delay or Cause Delay**

A mortgage banker does not delay or does not cause delay if the delay occurs due to events outside the control of the mortgage banker.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1811. Impound Account**

The total of all funds retained by a mortgage banker from all periodic payments made by a borrower to maintain a cushion, as defined in R20-4-102, shall not exceed one-sixth of the estimated total annual payments from the impound account.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1812. Acquisition of Additional Interest in Licensee by Majority Owner**

A person owning 51% or more of a licensee's outstanding voting equity interests who acquires the power to vote additional fractional equity interests, shall deliver written notice of the acquisition to the Director. The person shall deliver the notice before completing the acquisition. Within 10 days after completing the acquisition, the person shall deliver documentation evidencing the acquisition to the Director.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by

final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1813. Conversion to Mortgage Broker License**

Under A.R.S. § 6-949 to apply for a conversion from a mortgage banker license to a mortgage broker license, the applicant shall submit during the renewal period all applicable renewal fees and renewal documents required by A.R.S. § 6-903 for mortgage brokers.

**Historical Note**

New Section adopted by final rulemaking at 18 A.A.R. 2622, effective December 2, 2012 (Supp. 12-4). Amended by final rulemaking at 31 A.A.R. 2324 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**ARTICLE 19. COMMERCIAL MORTGAGE BANKERS****R20-4-1901. Exemption for an Institutional Investor**

A. The exemption from the licensure requirement for an institutional investor, solely as that term is used in A.R.S. §§ 6-971, 6-972, and this Article, applies only if a person claiming the exemption meets all the following criteria:

1. The claimant originates, or directly or indirectly makes, negotiates, or offers to make or negotiate commercial mortgage loans that are all exclusively funded by the claimant's own resources, as defined in A.R.S. § 6-971;
2. The claimant does so in the regular course of business;
3. The claimant makes only commercial mortgage loans, as defined in A.R.S. § 6-971;
4. The claimant makes each loan on the security of commercial property, as defined in A.R.S. § 6-971; and
5. The claimant makes only loans of more than \$250,000.

B. If a claimant makes even one commercial mortgage loan that does not satisfy all the above criteria, any claim of exemption is invalid and that person shall not engage in any lending activity before obtaining a license.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1902. Exemption for an Entity Regulated by an Agency of this State, Other States, or by the United States**

A. The exemption under A.R.S. § 6-972(9) only applies to a person whose offers to make or negotiate a "commercial mortgage loan," as that term is defined in A.R.S. § 6-971, and all commercial mortgage loans made or negotiated by the person, are regulated directly by an agency of this state, any other state, or the United States.

B. The required regulation of the transactions listed in subsection (A) includes:

1. Rules governing a claimant's accounting and recordkeeping practices,
2. The authority to examine a claimant's books and records relating to its commercial mortgage lending activities, and
3. The ability to place a claimant into receivership or conservatorship with regard to the claimant's commercial mortgage lending activities.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 4. DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS - FINANCIAL INSTITUTIONS

**R20-4-1903. Equivalent and Related Experience**

A. An applicant may satisfy the three years' experience requirement of A.R.S. § 6-973 by the types of lending-related experience listed in this subsection. The Department counts each month in the following types of work experience towards the three years required either for a commercial mortgage banker license, or as a responsible individual, both under A.R.S. § 6-973(D). The Department counts a fractional month of experience, at least 15 days long, as a full month.

1. Mortgage broker, responsible individual, or branch manager for a licensee;
2. Mortgage banker, responsible individual, or branch manager for a licensee;
3. Commercial mortgage broker, or responsible individual, or branch manager for a licensee;
4. Commercial mortgage banker, or responsible individual, or branch manager for a licensee;
5. Loan originator with responsibility primarily for loans secured by lien interests on commercial real property;
6. Lender's branch manager with responsibility primarily for loans secured by lien interests on commercial real property;
7. Attorney licensed in Arizona;
8. Manager or supervisor of loan originators;
9. Mortgage processor, mortgage underwriter, or mortgage quality control professional with responsibility primarily for loans secured by lien interests on real property;
10. Executive, supervisor, or policymaker involved in administering, or operating a mortgage-related business; or
11. Regulator, examiner, investigator, compliance expert, or auditor whose primary function is the review of mortgage companies, and their compliance processes whose experience is determined to be sufficient by the Department.

B. The Department will review and evaluate the experience of an applicant with insufficient actual experience of the types listed in subsection (A) on a case by case basis.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1904. Restrictions on the Term of a Cash Alternative to a Surety Bond**

A licensee or applicant shall not place a certificate of deposit or investment certificate as a cash alternative to a surety bond with the Director that is renewable or expires earlier than 12 months from the date of issuance.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1905. Requirements for a Person Intended to Oversee a Branch Office**

The person designated as a branch office manager to oversee the operations of a branch office, as specified in A.R.S. § 6-979(B), shall be knowledgeable about the branch activities of the licensee, supervise compliance by the branch with applicable laws and rules, and have sufficient authority to ensure such compliance. One person may oversee more than one branch.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R.

2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1906. Notification of Change of Address**

If a licensee changes the licensee's principal place of business, or the location of a branch office, the licensee shall immediately notify the Director of the address change. A copy of the license shall continue to be displayed at the place of business until a new license is issued.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1907. Recordkeeping Requirements**

A. A licensee may keep its records as electronic records if the licensee can generate all information and complete and legible copies required by this Section within the timeframe set by the Department for examination or other purposes.

B. In addition to any statutory requirement regarding records, a record maintained by a commercial mortgage banker shall include the following:

1. A list of all executed loan applications or executed fee agreements that includes the following information:
  - a. Applicant's name;
  - b. Application date;
  - c. Amount of initial loan request;
  - d. Final disposition date;
  - e. Disposition (funded, denied); and
  - f. Name of loan officer;
2. A record, such as a cash receipts journal, of all money received in connection with commercial mortgage loans including:
  - a. Payor's name;
  - b. Date received;
  - c. Amount; and
  - d. Receipt's purpose including identification of a related loan, if any;
3. A sequential listing of checks written for each bank account relating to the commercial mortgage banker business, such as a cash disbursement journal, including:
  - a. Payee's name;
  - b. Amount;
  - c. Date; and
  - d. Payment's purpose including identification of a related loan, if any;
4. Bank account activity source documents for the commercial mortgage banker business including receipted deposit tickets, numbered receipts for cash, bank account statements, paid checks, and bank advices;
5. A trust subsidiary ledger for each borrower that deposits trust funds showing:
  - a. Borrower's name or co-borrowers' names;
  - b. Loan number, if any;
  - c. Amount received;
  - d. Purpose for the amount received;
  - e. Date received;
  - f. Date deposited into trust account;
  - g. Amount disbursed from trust account;
  - h. Date disbursed from trust account;
  - i. Disbursement's payee and purpose, and
  - j. Balance;

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 4. DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS - FINANCIAL INSTITUTIONS

6. A file for each application for a commercial mortgage loan containing:
    - a. The agreement with the customer concerning the commercial mortgage banker's services, whether as a loan application, fee agreement, or both;
    - b. The documents showing the application's final disposition, such as a settlement statements, a denial or withdrawal letter, or internal memorandum;
    - c. Correspondence sent, received, or both by the licensee;
    - d. Contract, agreement, and escrow instructions to or with any depository;
    - e. If the loan is closed in the licensee's name, a copy of all closing documents including: closing instructions, copy of the executed note, executed deed of trust or mortgage, and each assignment of beneficial interest by the licensee, if any. If any of the documents listed in this subsection have been recorded, the file shall also contain legible copies of the recorded documents; and
    - f. Itemized list of all fees taken in advance including appraisal fee, credit report fee, and application fee;
  7. Samples of every piece of advertising relating to the commercial mortgage banker's business in Arizona;
  8. Copies of governmental or regulatory reviews;
  9. If the licensee is a not a natural person, a file containing:
    - a. Organizational documents for the entity;
    - b. Minutes;
    - c. A record, including a stock or ownership transfer ledger, showing ownership of all proportional equity interests in the licensee, ascertainable as of any given record date; and
    - d. Annual report, if required by law;
  10. If the licensee or anyone directly or indirectly owning more than 20% of the licensee has a felony conviction, a copy of the judgment or other record of conviction;
  11. If the licensee or anyone directly or indirectly owning more than 20% of the licensee has, in the previous seven years, been named a defendant in any civil suit, a copy of the complaint, any answer filed by the licensee, and any judgment, dismissal or other final order disposing of the action;
  12. If the licensee maintains records outside this state, the specific address where the records are kept, and a person's name to contact for them;
  13. If a licensee does business in other states, it must be able to separate Arizona loan information from information relating to other states to enable the Director to conduct an examination; and
  14. A licensee shall produce a trial balance of the general ledger monthly to evidence the commercial mortgage banker's net worth.
- C. If 10 or fewer transactions have occurred during the prior calendar quarter, a licensee shall reconcile and update all records specified in subsection (B) at least once each calendar quarter. A licensee shall reconcile and update all records specified in subsection (B) monthly if more than 10 transactions occurred during the prior calendar quarter. In addition to reconciling each trust bank account, a licensee shall verify each trust balance to each trust subsidiary ledger at each reconciliation.
- D. A licensee shall retain the documents described in subsections (B)(1) and (6) for the length of time provided in A.R.S. § 6-983. For the purposes of A.R.S. § 6-983, the commercial mort-

gage loan's closing date, on a loan application that did not result in the making of a loan, is either:

1. The date a licensee receives a written cancellation notice from the applicant,
  2. The date a licensee mails written notice to an applicant that an application has been denied, or
  3. The date of a licensee's internal memorandum closing a loan file.
- E. A licensee shall maintain all other records described in this Section, and not included in subsection (D), for at least two years.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1908. Impound Accounts**

The total of all funds, if any, retained by the commercial mortgage banker from all periodic payments made by the borrower to maintain a cushion, as defined in R20-4-102, is limited only by the written agreement of the parties, if at all.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1909. Authorization to Complete Blank Spaces**

An authorization, under A.R.S. § 6-984(A), allowing a licensee or escrow agent to complete certain blank spaces in a document after it is signed by a party to the transaction shall:

1. Specifically identify the document and the blank spaces to be completed;
2. Be in writing, dated, and signed by the authorizing party; and
3. Contain the following notice, conspicuously printed on its face: YOUR SIGNATURE BELOW AUTHORIZES YOUR COMMERCIAL MORTGAGE BANKER OR ESCROW AGENT TO FILL IN SPACES YOU LEFT BLANK IN SPECIFIED LOAN DOCUMENTS YOU ARE ABOUT TO SIGN OR MAY HAVE ALREADY SIGNED. UNDER STATE LAW YOU CAN GIVE THIS AUTHORITY, BUT YOU ARE NOT REQUIRED TO DO SO. YOU CAN REFUSE TO SIGN ANY DOCUMENTS UNTIL ALL BLANKS ARE COMPLETELY FILLED IN.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1910. Delay or Cause Delay**

A commercial mortgage banker does not delay or does not cause delay if the delay occurs due to events outside the control of the commercial mortgage banker.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

**R20-4-1911. Acquisition of Additional Interest in Licensee**

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**by Majority Owner**

A person owning 51% or more of a licensee's outstanding voting equity interests who acquires the power to vote additional fractional equity interests, shall deliver written notice of the acquisition to the Director. The person shall deliver the notice before completing the acquisition. Within 10 days after completing the acquisition, the

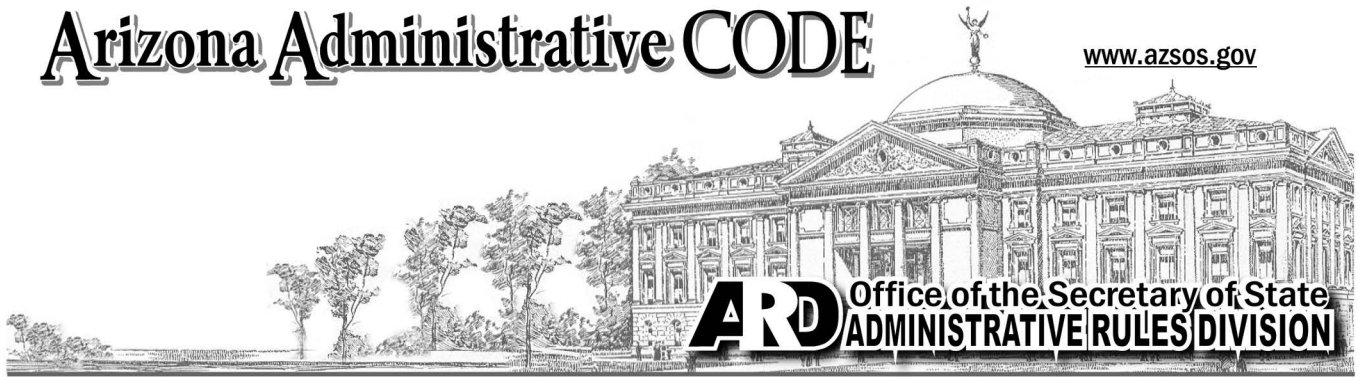
person shall deliver documentation evidencing the acquisition to the Director.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2094, effective June 10, 1999 (Supp. 99-2). Amended by final rulemaking at 31 A.A.R. 2330 (July 11, 2025), effective August 17, 2025 (Supp. 25-2).

# Arizona Administrative CODE

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

### CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

#### 20 A.A.C. 5

#### Supplement Information

#### Supp. 25-2

Rules codified between April 1, 2025 through June 30, 2025 are underlined in this Chapter's table of contents.

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**The release of this Chapter in Supp. 25-2 replaces Supp. 24-2, 1-540 pages.**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2025 is cited as Supp. 25-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. The Office links to these codified Sections in the Table of Contents of this Chapter.

### RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

### AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

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

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### ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, [www.azleg.gov](http://www.azleg.gov). An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

### SESSION LAW REFERENCES

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

### EXEMPTIONS FROM THE APA

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

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

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

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

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

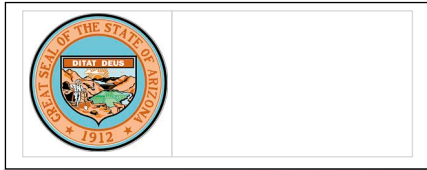
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*Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.*

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## Administrative Rules Division

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

Authority: A.R.S. §§ 23-107(A)(1) and 23-405(4)

## Supp. 25-2

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**ARTICLE 2. REPEALED**

*Article 2, consisting of Sections R20-5-201 through R20-5-224, repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).*

*Article 2, consisting of Sections R4-13-201 through R4-13-222, adopted effective July 6, 1993 (Supp. 93-3).*

*Article 2, consisting of Sections R4-13-201 through R4-13-224, repealed effective July 6, 1993 (Supp. 93-3).*

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*Article 3, consisting of Sections R20-5-301 through R20-5-329, expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).*

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**ARTICLE 7. REPEALED**

*Article 7, consisting of Sections R20-5-701 through R20-5-739, repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).*

*Article 7, consisting of new Sections R20-5-701 through R20-5-739, adopted effective September 9, 1998 (Supp. 98-3).*

*R20-5-701 through R20-5-708 recodified from R4-13-701 through R4-13-708 (Supp. 95-1).*

*Article 7, consisting of Sections R4-13-701 through R4-13-708, transferred to the Department of Agriculture, Title 3, Chapter 8, Article 7, Sections R3-8-201 through R3-8-208, pursuant to Laws 1990, Ch. 374, Sec. 445 (Supp. 91-3).*

*New Article 7 adopted effective July 13, 1989. (Supp. 89-3)*

*Laws 1981, Ch. 149, effective January 1, 1982, provided for the transfer of the Office of Fire Marshal from the Industrial Commission to the Department of Emergency and Military Affairs, Division of Emergency Services (Supp. 82-2).*

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*Article 9, consisting of new Sections R20-5-901 through R20-5-908, made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).*

*Article 9, consisting of Sections R20-5-901 through R20-5-914, expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).*

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*Former Article 9 consisting of Sections R4-13-901 through R4-13-906 repealed effective May 27, 1977. R20-5-901 through R20-5-914 recodified from R4-13-901 through R4-13-914 (Supp. 95-1).*

*Article 9 consisting of Sections R4-13-901 through R4-13-914 adopted effective May 27, 1977.*

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**ARTICLE 11. REPEALED**

*Article 11, consisting of Sections R20-5-1101 through R20-5-1136, repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).*

*Article 11, consisting of Sections R20-5-1101 through R20-5-1136, made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).*

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*Article 12, consisting of Sections R20-5-1201 through R20-5-1220, made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).*

*Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3).*

*Article 12, consisting of Sections R20-5-1201 through R20-5-1220, made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1).*

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*Article 14, consisting of Sections R20-5-1401 through R20-5-1404, made by final exempt rulemaking at 27 A.A.R. 2920 (December 17, 2021), effective January 1, 2022 (Supp. 21-4).*

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**ARTICLE 15. WORKERS' COMPENSATION SELF-INSURANCE**

*Article 15, consisting of Sections R20-5-1501 through R20-5-1541, made by final rulemaking at 28 A.A.R. 3952 (December 17, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).*

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**APPENDIX A. ARIZONA PHYSICIANS' AND PHARMACEUTICAL FEE SCHEDULE 2025**

*Editor's Note: Fee schedules are available for download in*

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*pdf and an Excel spreadsheet at the Arizona Industrial Commission's website, <https://www.azica.gov/2014-arizona-physicians-fee-schedule>.*

**Editor's Note:** In 2025 an amendment was added to A.R.S. § 23-908(I) which removed the requirement of the Industrial Commission of Arizona to publish its Notice of Exempt Rulemaking of the Arizona Physicians' and Pharmaceutical Fee Schedule in the Arizona Administrative Register. Therefore, there are no references to the publication in the A.A.R. of the notice in historical notes in Supp. 25-2. The original notice is on file with the Division and available for review online at [www.azsos.gov/rules](http://www.azsos.gov/rules) under the "Notices" link, file number R25-111.

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 30 A.A.R. 1093 (May 24, 2024), effective May 1, 2024 (Supp. 24-2).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 27

A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).

Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A will remain in effect though September 30, 2020 (Supp. 19-3).

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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**ARTICLE 1. WORKERS' COMPENSATION PRACTICE AND PROCEDURE**

final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-101. Application of the Article; Notice of Rules; Part of Record**

- A. This Article applies to all actions and proceedings before the Commission resulting from:
1. Injuries that occurred on or after January 1, 1969;
  2. Petitions to Reopen or Petitions for Readjustment or Rearrangement of Compensation filed on or after that date; and
  3. Requests for hearing under A.R.S. §§ 23-907(H), (I), and (J).
- B. This Article is part of the record in each action or proceeding without reference to the Article.
- C. The Commission deems all parties to have knowledge of this Article.
- D. The Commission shall provide a copy of this Article upon request to any person free of charge.

**Historical Note**

Former Rule 1. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-101 recodified from R4-13-101 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 4530, effective, December 2, 2008 (Supp. 08-4).

**R20-5-102. Definitions**

In this Article, unless the context otherwise requires:

"Act" means the Arizona Workers' Compensation Act, A.R.S. Title 23, Ch. 6, Articles 1 through 11.

"Authorized representative" means an individual authorized by law to act on behalf of a party who files with the Commission a written instrument advising of the individual's authority to act on behalf of the party.

"Carrier" or "insurance carrier" means the state compensation fund and every insurance carrier authorized by the Arizona Department of Insurance to underwrite workers' compensation insurance in Arizona.

"Claimant" means an employee who files a claim for workers' compensation.

"Filing" means actual receipt of a report, document, instrument, videotape, audiotape, or other written matter at a Commission office during office hours as set forth in R20-5-103.

"Physician" means a licensed physician or other licensed practitioner of the healing arts.

"Self-insured employer" means an employer or workers' compensation pool granted authority by the Commission to self-insure for workers' compensation.

"Uninsured employer" or "noncomplying employer" means an employer that is subject to and fails to comply with A.R.S. §§ 23-961 or 23-962.

"Working days" means all days except Saturdays, Sundays, and state legal holidays.

**Historical Note**

Former Rule 2. R20-5-102 recodified from R4-13-102 (Supp. 95-1). Section repealed; new Section made by

**R20-5-103. Location of Industrial Commission Offices and Office Hours**

The main office of the Industrial Commission of Arizona is located in Phoenix, Arizona. An office is also located in Tucson, Arizona. The offices are open for business from 8:00 a.m. until 5:00 p.m. every day except Saturdays, Sundays, and state legal holidays.

**Historical Note**

Former Rule 3. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-103 recodified from R4-13-103 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-104. Address of Claimant and Uninsured Employer**

- A. A claimant shall advise the Commission and carrier or self-insured employer of the claimant's current mailing address and place of residence. If a claimant files a workers' compensation claim against an uninsured employer, the claimant shall advise the special fund division of the claimant's current mailing address and place of residence.
- B. An uninsured employer against whom a claimant files a workers' compensation claim shall advise the special fund division of the uninsured employer's current mailing address and place or places of residence.
- C. Providing the address of a claimant's or uninsured employer's attorney or authorized representative is not sufficient to meet the requirements of this Section.

**Historical Note**

Former Rule 4. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-104 recodified from R4-13-104 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-105. Filing Requirements; Time for Filing; Computation of Time; Response to Motion**

- A. A report, document, instrument, videotape, audiotape, or other written matter required to be filed with the Commission under A.R.S. § 23-901 et seq. and this Article shall be filed at a Commission office within the time required by law and this Article.
- B. For purposes of computing time under this Article, the following applies:
1. The Commission shall not include in the computation of time the day of the act or event from which the designated period begins to run.
  2. The Commission shall include in the computation of time the last day of the designated period, unless the last day is a Saturday, Sunday, or state legal holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or state legal holiday.
  3. If this Article or other law requires that a report, document, instrument, videotape, audiotape, or other written matter be filed within a designated period of time before hearing, the Commission shall not include the day of the act or event from which the designated period of time begins to run. The Commission shall include the last day of the designated period unless that day is a Saturday, Sunday, or state legal holiday, in which event the period runs to the end of the next day that is not a Saturday, Sunday, or state legal holiday.
  4. If the period of time prescribed is less than 11 days, the Commission shall not include intermediate Saturdays,



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Sundays, or state legal holidays in the computation of time.

- C. The Commission shall deem a report, document, instrument, videotape, audiotape, or other written matter filed at the Tucson office as filed at the main office for purposes of computing time.
- D. A person upon whom a motion to join is filed under this Article may file a response to the motion within 10 days after the motion is filed.
- E. The Commission shall not consider a discovery motion unless the moving party attaches a separate statement to the discovery motion certifying that after good faith efforts to do so, the moving party has been unable to satisfactorily resolve the matter giving rise to the discovery motion with the opposing party.

**Historical Note**

Former Rule 5. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-105 recodified from R4-13-105 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-106. Commission Forms****A.** The following forms shall be used when applicable:

1. Employer's report of industrial injury (form 101) shall contain:
  - a. Employee, employer, and carrier identification;
  - b. Description of employment;
  - c. Description of accident and injury;
  - d. Description of medical treatment received by employee;
  - e. Employee's wage data;
  - f. Date, signature, and title of employer or the employer's representative; and
  - g. Statement doubting the validity of the claim, if the employer doubts the validity of the claim.
2. The physician's portion of the worker's and physician's report of injury (form 102) shall contain:
  - a. Name and address of physician;
  - b. Information regarding preexisting conditions;
  - c. Information regarding the industrial injury, treatment, and prognosis;
  - d. Statement authorizing the attachment of a medical report that contains the information required in form 102; and
  - e. Physician's signature and date.
3. Notice of supportive medical benefits (form 103) shall contain:
  - a. Employee, employer, insurance carrier, and claim identification;
  - b. Description of authorized medical benefits;
  - c. Date the notice is mailed;
  - d. Name and telephone number of the individual issuing the notice; and
  - e. Statement regarding reopening and appeal rights including filing requirements.
4. Notice of claim status (form 104) shall contain:
  - a. Employee, employer, insurance carrier, and claim identification;
  - b. Status of the claim;
  - c. Date the notice is mailed;
  - d. Name and telephone number of the individual issuing the notice; and
  - e. Statement of a party's hearing and appeal rights including filing requirements.
5. Notice of suspension of benefits (form 105) shall contain:

- a. Employee, employer, insurance carrier, and claim identification;
  - b. Effective date of the suspension;
  - c. Reasons for the suspension;
  - d. Date the notice is mailed;
  - e. Name and telephone number of the individual issuing the notice; and
  - f. Statement of a party's hearing and appeal rights including filing requirements.
6. Notice of permanent disability or death benefits (form 106) shall contain:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Applicable statutory authority under which compensation is paid;
    - c. Disability and compensation information;
    - d. Date the notice is mailed;
    - e. Name and telephone number of the individual issuing the notice; and
    - f. Statement regarding hearing and appeal rights including filing requirements.
  7. Notice of permanent disability and request for determination of benefits (form 107) shall contain:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Type of disability;
    - c. Applicable statutory authority for designated disability;
    - d. Designation of dependents where death is involved;
    - e. Designation of advanced payments and amount of the advance;
    - f. Date the notice is mailed; and
    - g. Name and telephone number of the individual issuing the notice.
  8. Carrier's recommended average monthly wage calculation (form 108) shall contain:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Employment and wage history;
    - c. Designation of dependents; and
    - d. Carrier's calculations for the recommended average monthly wage and the basis for the calculation.
  9. Notice of permanent compensation payment plan (form 111) shall contain:
    - a. Employee, employer, and carrier identification;
    - b. Amount of permanent compensation and description of payment plan;
    - c. Name of the responsible entity contracted by the carrier to administer the payment plan;
    - d. Statement that the carrier remains the responsible party for payment;
    - e. Statement regarding supportive care and reopening rights;
    - f. Date the notice is mailed; and
    - g. Name and telephone number of the individual issuing the notice.
  10. Report of insurance coverage (form 0006) shall contain:
    - a. Name and address of the carrier;
    - b. Legal name of entity that the carrier insures;
    - c. All other insured names or subsidiary entities under which the carrier's insured does business in Arizona;
    - d. Address of all insured entities with insurance policy information for each address; and
    - e. Employer Identification Number (EIN), Taxpayer Identification Number (TIN), or Federal Identification

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- tion Number (FIN) assigned to each insured person or entity.
11. Report of significant work exposure to bodily fluids or other infectious material shall contain:
    - a. The requirements set forth in A.R.S. §§ 23-1043.02(B), 23-1043.03(B), and 23-1043.04(B);
    - b. Employee identification,
    - c. Employer identification,
    - d. Source of exposure person identification (if known),
    - e. Details of the exposure including:
      - i. Date of exposure,
      - ii. Time of exposure,
      - iii. Place of exposure,
      - iv. How exposure occurred,
      - v. Type of bodily fluid or fluids,
      - vi. Source of bodily fluid or fluids,
      - vii. Part or parts of body exposed to bodily fluid or fluids,
      - viii. Presence of break or rupture in skin or mucous membrane, and
      - ix. Witnesses (if known), and
    - f. Dated signature of employee or the employee's authorized representative.
  12. The medical treatment preauthorization form (MRO-1.1) shall contain five sections, as follows:
    - a. Section I (Provider Request for Preauthorization) shall contain:
      - i. Injured employee identification, including name, date of injury, date of birth, and payer claim number (if known);
      - ii. Provider identification, including name, phone number, provider medical specialty, preferred method of contact, and contact information;
      - iii. Payer identification, including name and contact information (i.e., mailing address, fax number, or e-mail address);
      - iv. Information regarding requested medical treatment and/or services, including:
        - (1) Applicable diagnosis and/or ICD codes;
        - (2) A detailed statement of the treatment or services requested;
        - (3) Applicable Current Procedural Terminology (CPT) codes and/or National Drug Codes (NDC);
        - (4) Type of request (i.e., routine or urgent); and
        - (5) An indication as to whether the provider has attached documentation to support the medical necessity and appropriateness of the requested treatment and/or services; and
      - v. Dated signature or electronic signature of provider or provider's authorized representative.
    - b. Section II (Payer Decision on Request for Preauthorization) shall contain:
      - i. Payer's preferred method of contact and contact information;
      - ii. Date request for preauthorization is received;
      - iii. The Commission claim number;
      - iv. The payer's decision (i.e., approved, partial denial, denied, request for preauthorization incomplete, or IME requested);
      - v. An indication as to whether the payer has attached a statement of what treatment and/or services have been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision; and
    - c. Section III (Provider or Employee Request for Reconsideration of Payer Decision) shall contain:
      - i. An indication as to whether the provider or injured employee has attached a statement of the specific reasons and justifications to support the request for reconsideration;
      - ii. An indication as to whether the provider or injured employee has attached documentation to support the medical necessity and appropriateness of the requested treatment and/or services, if not previously provided; and
      - iii. Dated signature or electronic signature of provider, provider's authorized representative, injured employee, or injured employee's authorized representative.
    - d. Section IV (Payer Decision on Request for Reconsideration) shall contain:
      - i. Date request for reconsideration received;
      - ii. The payer's decision (e.g., approved, partial denial, denied, or IME requested);
      - iii. An indication as to whether the payer has attached a statement of what has been authorized, including if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision; and
      - iv. Dated signature or electronic signature of payer or payer's authorized representative.
    - e. Section V (Provider or Employee Request for Administrative Peer Review) shall contain:
      - i. An indication of the basis for the request for administrative peer review (e.g., payer non-response, denial (in whole or in part) of requested treatment or services, the payer's decision on the request for preauthorization denied treatment or services that are subject to R20-5-1304(B));
      - ii. An indication as to whether the provider or injured employee has attached copies of relevant medical records and, if applicable, documentation related to the payer's non-response;
      - iii. An indication as to whether the provider or injured employee has attached all documentation and statements previously attached to Sections I-IV; and
      - iv. Dated signature or electronic signature of provider, provider's authorized representative, injured employee, or injured employee's authorized representative.
- B.** The following forms may be used:
1. The workers' portion of the worker's and physician's report of injury (form 102) requests:
    - a. Employee, employer, insurance carrier, and physician identification;
    - b. Description of the accident, including date of injury; and

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- c. Date and signature of the employee or the employee's authorized representative.
2. Worker's report of injury (form 407) requests:
  - a. Employee and employer identification,
  - b. Job title,
  - c. Employment description,
  - d. Employee's wage data,
  - e. Date of injury,
  - f. Accident and injury descriptions,
  - g. Medical treatment information,
  - h. Information concerning prior injuries of the employee,
  - i. Disability income, and
  - j. Date and signature of the employee or the employee's authorized representative.
3. Worker's annual report of income (form 110-A) requests:
  - a. Employee, employer, insurance carrier, and claim identification;
  - b. Employment and wage history for the preceding 12 months;
  - c. Date and signature of the employee or the employee's authorized representative attesting to the truthfulness of the employment and wage information; and
  - d. Statement that failure to submit an annual report of income may result in a suspension of benefits by the carrier or self-insured employer.
4. Notice of intent to suspend (form 110-B) requests:
  - a. Employee, employer, insurance carrier, and claim identification;
  - b. Employment and wage history for the preceding 12 months;
  - c. Date and signature of the employee or the employee's authorized representative attesting to the truthfulness of the employment and wage information;
  - d. Statement that failure to submit an annual report within 30 days of the date of the notice shall result in a suspension of benefits by the carrier or self-insured employer.
5. Request for hearing requests:
  - a. Names of the employee, employer, and insurance carrier;
  - b. Claim identification;
  - c. Identification of the award, notice, order, or determination protested and reason(s) for the protest;
  - d. Estimated length of time for hearing and city or town in which hearing is requested;
  - e. Name and address of any witness for whom a subpoena is requested; and
  - f. Date and signature of party or the party's authorized representative.
6. Petition to reopen requests:
  - a. Names of the employee, employer, and insurance carrier;
  - b. Claim identification;
  - c. Identification or description of the new, additional, or previously undiscovered temporary or permanent disability or medical condition justifying the reopening of the claim; and
  - d. Employee's medical and employment history.
7. Petition for rearrangement or readjustment of compensation requests:
  - a. Names of the employee, employer, and insurance carrier;
- b. Claim identification;
- c. Income and employment history;
- d. Medical history; and
- e. Statement of the basis for the increase or decrease in earning capacity.
8. Claim for dependent's benefits-fatality form requests:
  - a. Identification of dependent filing claim;
  - b. Identification of deceased;
  - c. Date of death;
  - d. Date of injury, if different than date of death;
  - e. Name and address of employer at time of deceased's death;
  - f. Statement of cause of death;
  - g. Names and addresses of health care providers rendering treatment to deceased in two years before death;
  - h. Conditions treated by health care providers in the two years before deceased's death;
  - i. If claim is for spousal benefits, the form requests:
    - i. Name, address, and date of birth of spouse;
    - ii. Copy of marriage certificate;
    - iii. Date and place of marriage to deceased;
    - iv. History of prior marriages of deceased and deceased's spouse, including copies of divorce decrees; and
    - v. Statement of living arrangements at time of deceased's death, including reason for living apart at time of death, if applicable;
  - j. If claim is for a dependent child, the form requests:
    - i. Name, date of birth, and address of child at time of deceased's death;
    - ii. List of children in care and custody of current spouse; and
    - iii. Statement of whether unborn child is expected and date expected;
  - k. If claim is for dependent other than a child, the form requests:
    - i. Name and address of other dependent,
    - ii. Relationship of other dependent to deceased, and
    - iii. Statement of the nature and extent of dependency; and
  - l. Date, telephone number, and signature of dependent or authorized representative of dependent.
9. Request to leave the state form requests:
  - a. Employee, insurance carrier, and claim identification;
  - b. Reason for requesting to leave Arizona;
  - c. Dates leaving and returning to Arizona;
  - d. Out-of-state address;
  - e. Name and telephone number of attending physician; and
  - f. Date and signature of the employee or the employee's authorized representative.
10. Request to change doctors form requests:
  - a. Employee, insurance carrier, and claim identification;
  - b. Reason for requesting change of doctor;
  - c. Name and phone number of claimant's current doctor;
  - d. Name and phone number of doctor claimant requests to change to; and
  - e. Date and signature of the employee or the employee's authorized representative.

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11. Complaint of bad faith and unfair claim processing practices requests:
  - a. Employee, employer, and insurance carrier identification;
  - b. Description of the alleged bad faith or unfair claim processing practices;
  - c. Date of the complaint; and
  - d. Name, address, and telephone number of the person signing the complaint.
12. Certification of employer's drug and alcohol testing policy requests:
  - a. Employer's certification as described under A.R.S. § 23-1021(F),
  - b. Name and federal identification number of the employer, and
  - c. Name of all subsidiaries and locations of the employer.
- C. Optional use of a form described in subsection (B) does not affect any requirement under the Act or this Article.
- D. Forms or format for the forms described in this Section are available from the Commission.
- E. Forms prescribed under this Section shall not be changed, amended, or otherwise altered without the prior written approval of the Commission.

**Historical Note**

Former Rule 6. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-106 recodified from R4-13-106 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 15 A.A.R. 991, effective June 2, 2009 (Supp. 09-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-107. Manner of Completion of Forms and Documents**

- A. An individual completing a form or document shall fill out the form or document legibly in ink or by typewriter.
- B. A party or a party's authorized representative shall sign any form or document that is required by the Act, this Article, or other law to be signed.
- C. Unless otherwise provided in this Article, if a party is required to sign a form or document, the Commission shall not accept a typewritten name or stamped signature.
- D. If, within the time period prescribed by law, a party files an incomplete form or document, or files an instrument other than a form or document when a form or document is required, the Commission shall serve notice to the party that the form or document fails to comply with this Section. The Commission deems the report or document timely filed if the party files a properly completed and signed form or document within 14 days after the Commission serves the notice described in this subsection.

**Historical Note**

Former Rule 7. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-107 recodified from R4-13-107 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-108. Confidentiality of a Commission Claims File; Reproduction and Inspection of a Commission Claims File**

- A. Except as provided in this Section, a claims file maintained by the Commission is private and confidential and the Commission shall not make the claims file available for inspection and

copying. For purposes of this Section, "claims file" means the official record maintained by the Commission for a claimant's industrial injury including the worker's report of injury, employer's report of injury, worker and physician's report of injury, and all other reports, records, instruments, videotapes, audiotapes, transcripts, and other matters scanned or otherwise placed into the file.

- B. Except as provided in subsections (D) and (E), the Commission shall make a Commission claims file relating to a current or prior claim of a claimant available for inspection and copying by any party to any proceeding currently or previously before the Commission involving the same claimant.
- C. Except as provided in subsections (D) and (E), the Commission shall not make a Commission claims file available to a non-party for inspection and copying unless the Commission receives a court order or written authorization signed by the affected claimant or the affected claimant's authorized representative.
- D. The Commission shall make a transcript contained in a Commission claims file available for inspection and copying if:
  1. The person requesting to inspect and copy the transcript is a person authorized under subsections (B) or (C); and
  2. The transcript concerns a hearing related to a claim that is not in litigation.
- E. The Commission shall make a transcript contained in a Commission claims file available only for inspection if:
  1. The person requesting to inspect and copy the transcript is a person authorized under subsections (B) or (C); and
  2. The transcript concerns a hearing related to a claim currently in litigation.
- F. The Commission shall provide copies at a charge of \$.25 per page.
- G. A Commission claims file shall not be removed from a Commission office unless in the custody of an authorized representative of the Commission.

**Historical Note**

Former Rule 8. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-108 recodified from R4-13-108 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-109. Admission into Evidence of Documents Contained in a Commission Claims File**

- A. If a party or an administrative law judge considers a document contained in a Commission claims file, including a transcript of a prior proceeding, necessary or appropriate for hearing purposes, the administrative law judge shall receive a copy of the document into evidence if the document is otherwise admissible.
- B. With the permission of the administrative law judge, instead of submitting a copy of the document into evidence, a party may refer to the document's location on the Commission's optical disk imaging system by providing an accurate description of the document that includes the claimant's claim number and image document identification number the Commission assigns to the document.

**Historical Note**

Former Rule 9. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-109 recodified from R4-13-109 (Supp. 95-1). Amended by final

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rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-110. Employer Duty to Report Fatality**

If an employee dies as a result of an injury by accident arising out of and in the course of employment, the employer shall report the death to the Commission's claims division by telephone, telegram, or electronic filing, no later than the next business day following the death. The report shall state the name of the employee, when, how, and where the accident occurred, and the nature of the condition causing the accident. This Section does not limit or affect an employer's duty to report a death to the Arizona Occupational Safety and Health Division of the Commission as required under R20-5-637.

**Historical Note**

Former Rule 10. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-110 recodified from R4-13-110 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-111. Request for Autopsy**

If a claim is filed for compensation for death from an industrial injury and an autopsy is requested, the expense of the autopsy shall be borne by the requesting party.

**Historical Note**

Former Rule 11. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-111 recodified from R4-13-111 (Supp. 95-1).

**R20-5-112. Physician's Initial Report of Injury**

- A. A physician shall complete and file with the Commission a physician's initial report of injury under A.R.S. § 23-908(A) within eight days after first providing treatment to an injured worker. The physician shall report the injury:
  1. Using Commission form 102 (worker's and physician's report of injury), or
  2. Attaching to form 102 a medical report that contains the information required in form 102.
- B. The physician shall sign and date form 102 or the medical report attached to form 102. The signature of the physician may be typewritten or stamped on this form.
- C. If a claimant uses form 102 to initiate a claim, either the injured worker or the injured worker's authorized representative shall sign the worker's portion of form 102.

**Historical Note**

Former Rule 12. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-112 recodified from R4-13-112 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-113. Physician's Duty to Provide Signed Reports; Rating of Impairment of Function; Restriction Against Interruption or Suspension of Benefits; Change of Physician**

- A. If a claimant's disability extends beyond seven days, every physician who attends, treats, or examines the claimant shall provide to the insurance carrier, self-insured employer, or special fund division, at least once every 30 days while the claimant's disability continues, a personally signed report describing the:
  1. Claimant's condition,
  2. Nature of treatment,
  3. Expected duration of disability, and

4. Claimant's prognosis.

- B. When a physician discharges a claimant from treatment, the physician:
  1. Shall determine whether the claimant has sustained any impairment of function resulting from the industrial injury. The physician should rate the percentage of impairment using the standards for the evaluation of permanent impairment as published by the most recent edition of the American Medical Association in Guides to the Evaluation of Permanent Impairment, if applicable; and
  2. Shall provide a final signed report to the insurance carrier, self-insured employer, or special fund division that details the rating of impairment and the clinical findings that support the rating.
- C. A carrier, self-insured employer, and special fund division shall not interrupt or suspend a claimant's temporary disability compensation benefits because a physician fails to comply with any requirement of subsection (A).
- D. A carrier, self-insured employer, and special fund division may withhold payment to a physician for services rendered to a claimant until the physician complies with subsection (A).
- E. Upon application of a party, the Commission shall authorize a change of physician if:
  1. The Commission determines that the health, life, or recovery of a claimant is retarded, endangered, or impaired;
  2. The attending physician agrees to the change or is unavailable to continue treatment;
  3. The Commission determines that the relationship between the attending physician and claimant renders further progress or improvement unlikely;
  4. The Commission determines that the claimant's recovery may be expedited by a change of physician or conditions of treatment; or
  5. The insurance carrier agrees to the change.
- F. Except as provided in A.R.S. § 23-1070 and this subsection, a claimant who is examined by a physician under A.R.S. § 23-908(E) is not required to obtain written authorization to change to another physician. If, however, the claimant continues to see, or treat with, a physician who the claimant initially saw or treated with under A.R.S. § 23-908(E), then that physician is an attending physician and the claimant shall obtain written authorization to change under A.R.S. § 23-1071(B) if the claimant seeks to change to another physician.

**Historical Note**

Former Rule 13. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-113 recodified from R4-13-113 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-114. Examination at Request of Commission, Carrier or Employer; Motion for Relief**

- A. If the Commission or a party requests an examination of a claimant by a physician, the party requesting the examination shall serve the claimant, or if represented, the claimant's attorney, with notice of the time, date, place, and physician conducting the examination at least 15 days before the scheduled date of the examination.
- B. If a claimant unreasonably fails to attend or promptly advise of the claimant's inability to attend an examination under this Section, the party requesting the examination may charge the claimant or deduct from the claimant's entitlement to present

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or future temporary or permanent disability compensation, any reasonable expense of the missed appointment.

- C. A party adverse to a party who schedules a medical examination may offer into evidence the report of any medical examination as provided in R20-5-155 or within five days after the adverse party receives the report, subject to the right of cross-examination by the party who scheduled the examination.
- D. If a carrier, self-insured employer, or special fund division requests an examination of a claimant's mental or physical condition under A.R.S. § 23-1026, the carrier, self-insured employer, or special fund division shall immediately, upon receipt of the report of the examination, provide a copy of the report to the claimant or the claimant's authorized representative. If the mental condition of an unrepresented claimant is examined under A.R.S. § 23-1026, the carrier, self-insured employer, or special fund division may, in its discretion, provide the report to the claimant's treating physician rather than to the claimant.
- E. To protect a claimant from annoyance, embarrassment, oppression, or undue burden or expense, the Commission may order, upon good cause shown, one or both of the following:
  1. That the examination not be held; or
  2. That the examination may be conducted only on specified terms and conditions, including a designation of the time, place, and examining physician.
- F. A claimant requesting protection under subsection (E) shall file a motion with the presiding administrative law judge or chief administrative law judge if a judge has not been assigned to the case, within three days after the claimant receives notice of the examination. The claimant shall serve a copy of the motion on all parties. The party requesting the examination shall have three days after receiving the motion to file a response. The party shall serve the response on the claimant or, if represented, the claimant's attorney of record.

**Historical Note**

Former Rule 14. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-114 recodified from R4-13-114 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-115. Request to Leave the State**

- A. The effective date of an order granting or denying a request to leave the state under A.R.S. § 23-1071(A) is the date a claimant files a request to leave the state with the Commission.
- B. For purposes of A.R.S. § 23-1071(A):
  1. "While the necessity of having medical treatment continues" means the period of time in which a claimant asserts an entitlement to temporary compensation, or active medical, surgical, or hospital benefits;
  2. "Leave the state" means to travel across the state border, except when the logical or nearest medical facility is situated across the state border; and
  3. "From the date the employee first requested the written approval" means from the date the claimant's request is filed with the Commission.

**Historical Note**

Former Rule 15. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-115 recodified from R4-13-115 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-116. Payment of Claimant's Travel Expenses When Directed to Report for Medical Examination or Treatment**

- A. If a claimant is directed by a carrier, self-insured employer, or special fund division to report for a medical examination or treatment in a locality other than either the claimant's current place of residence or employment, the carrier, self-insured employer, or special fund division shall pay, in advance, the claimant's travel expenses from either the claimant's current place of residence or employment, whichever route of travel is required.
- B. For purposes of this Section, "travel expenses" means those expenses required to be paid under A.R.S. § 23-1026.
- C. The carrier, self-insured employer, or special fund division shall calculate travel expenses using the current rates applicable to state employees.

**Historical Note**

Former Rule 16. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Correction to subsection (A) as certified effective March 1, 1987 (Supp. 88-4). R20-5-116 recodified from R4-13-116 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-117. Medical, Surgical, Hospital, and Burial Expenses**

- A. A carrier, self-insured employer, or special fund division, shall pay bills for medical, surgical, and hospital benefits provided under A.R.S. § 23-901 et seq. according to applicable medical and surgical fee schedules adopted by the Commission and in effect at the time the services are rendered. A physician or provider of nursing, hospital, drug or other medical services shall itemize and submit a bill for payment only to the responsible carrier, self-insured employer, or special fund division.
- B. A claimant shall not be responsible to pay any disputed amounts between the medical provider and the carrier, self-insured employer, or special fund division.
- C. If a claimant pays a bill described in subsection (A), the responsible carrier, self-insured employer, or special fund division shall reimburse the claimant the amount allowed by the fee schedules, provided that the claimant presents receipted vouchers or other proof of payment to support the claim for reimbursement.
- D. If an insured employer pays a bill described in subsection (A), the responsible carrier or self-insured employer shall reimburse the employer the amount allowed by the fee schedules, provided that the employer presents receipted vouchers or other proof of payment to support the claim for reimbursement.
- E. An insurance carrier, self-insured employer, or special fund division may pay any authorized burial expenses directly to the funeral service professional.
- F. If an employee's dependent pays burial expenses, the responsible carrier, self-insured employer, or special fund division shall reimburse the dependent the amount authorized by A.R.S. § 23-1046 provided that the dependent presents proof of payment to support the claim for reimbursement.
- G. If an insured employer pays burial expenses, the responsible carrier or self-insured employer shall reimburse the employer to the extent authorized by A.R.S. § 23-1046 provided that the employer presents proof of payment to support the claim for reimbursement.

**Historical Note**

Former Rule 17. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-117 recodified from R4-13-117 (Supp. 95-1). Amended by final

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rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-118. Effective Date of Notices of Claim Status and Other Determinations; Attachments to Notices of Claim Status; Form of Notices of Claim Status**

- A. If a notice of claim status accepting a claim for benefits is final, any subsequent notice of claim status that changes a claimant's amount of, or entitlement to, compensation or medical, surgical, or hospital benefits shall not have a retroactive effect for more than 30 days from the date a carrier or self-insured employer issues the subsequent notice of claim status. This subsection does not apply to a subsequent notice that affects the entitlement to or amount of death benefits. The Commission may for good cause relieve a carrier or self-insured employer of the effect of this subsection.
- B. If a notice of claim status or other determination issued by a carrier, self-insured employer, or special fund division, is based upon a physician's report:
1. The carrier or self-insured employer shall attach a copy of the physician's complete report to the notice of claim status or other determination sent to the Commission; and
  2. The carrier, self-insured employer, or special fund division shall attach a copy of the physician's complete report to the notice of claim status or other determination served on a party, except as provided in R20-5-114(D).
- C. If a carrier, self-insured employer, or special fund division pays compensation to a claimant:
1. The carrier or self-insured employer shall close the claim by issuing a notice of claim status; and
  2. The special fund division shall close the claim by issuing a notice of determination.
- D. The inadvertent failure of a carrier, self-insured employer, or special fund division to comply with subsection (B) shall not affect the validity of a notice or determination if the carrier, self-insured employer, or special fund division issuing the notice or determination had in its possession at the time the notice or determination is issued a medical report consistent with the notice or determination.

**Historical Note**

Former Rule 18. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-118 recodified from R4-13-118 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-119. Notice of Third-party Settlement**

- A. Except as otherwise provided by law, if an employer is insured for workers' compensation insurance and a claimant, or in the event of death, the claimant's dependent, elects to proceed against a third party, the claimant shall notify the appropriate workers' compensation carrier, or self-insured employer, of any settlement or judgment in the third party suit and the basis upon which the claimant and third party agree to disburse the proceeds of the settlement or judgment.
- B. If an employer is uninsured for workers' compensation insurance and a claimant, or in the event of death, the claimant's dependent, elects to proceed against a third party, the claimant shall notify the special fund division of any settlement or judgment in the third party suit and the basis upon which the claimant and third party agree to disburse the proceeds of the settlement or judgment.
- C. If a lawsuit is filed against a third party, the claimant or the claimant's attorney shall provide copies of pleadings and all

offers of settlement to the workers' compensation carrier, self-insured employer, or special fund division to whom notice is required under subsections (A) and (B).

**Historical Note**

Former Rule 19. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-119 recodified from R4-13-119 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-120. Settlement Agreements, Compromises and Releases**

- A. No settlement agreement, compromise, or waiver of rights of a workers' compensation claim, will be valid unless approved by the Commission.
- B. The acceptance of any payments or the signing of a settlement agreement, compromise, release or waiver of rights, unless approved by the Commission, shall not release the employer or his insurance carrier from any obligation imposed by the Workers' Compensation Law.
- C. The carrier or employer shall not be entitled to a credit for any sums paid to an employee under a settlement agreement which has not been approved by the Commission.

**Historical Note**

Former Rule 20. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-120 recodified from R4-13-120 (Supp. 95-1).

**R20-5-121. Present Value and Basis of Calculation of Lump Sum Commutation Awards**

- A. The Commission shall calculate the present value of an award that is commuted to a lump sum under R20-5-122. The Commission shall not include in the present value calculation compensation paid before the filing of a lump sum commutation petition. The Commission shall use the filing date of a lump sum commutation petition to compute the present value of an award.
- B. The Commission shall calculate the present value of an award at least annually, whether payable for a period of months or based upon the life of the employee, using the United States Life Tables, 2003, National Vital Statistics Reports, Vol. 54, Number 14, April 19, 2006, revised March 28, 2007, Table 1 incorporated by reference, and discounted at the rate established by the Commission. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Commission and may be obtained from the U.S. Department of Health and Human Services, Centers for Disease Control. The rate established by the Commission is based on the following formula: The mean average of the three-month Treasury Bill rate on December 31 of each of the five years prior to July 1 of the current year. The rate, once calculated, is effective until the Commission calculates a new rate under this subsection. The discount rate is published in the minutes of the Commission meeting establishing the rate and is available upon request from the Commission.

**Historical Note**

Former Rule 21. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-121 recodified from R4-13-121 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 10 A.A.R. 724, effective February 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R.

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2973, effective July 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 4139, effective November 6, 2007 (Supp. 07-4).

**R20-5-122. Lump Sum Commutation**

- A. A petition for a lump sum commutation in an unscheduled case shall not be approved unless the carrier approves of such petition.
- B. If the lump sum commutation petition is approved by the carrier, the Commission's primary consideration in passing upon the petition will be whether more net income per month will be generated after receipt of the lump sum than the applicant is presently receiving. The granting of a lump sum petition will only be granted if the facts demonstrate a reasonable basis for financial betterment or rehabilitation of the claimant.
- C. The burden of proving that the commutation of compensation satisfies the criteria in (B) is on the applicant.

**Historical Note**

Former Rule 22. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-122 recodified from R4-13-122 (Supp. 95-1).

**R20-5-123. Rejection of the Act**

If an employee serves upon an employer written notice under A.R.S. § 23-906, rejecting the provisions of the Act, the employer shall keep one copy of the rejection in the employer's business records.

**Historical Note**

Former Rule 23. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-123 recodified from R4-13-123 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-124. Rejection Not Applicable to New Employment**

- A. An election by an employee to reject the Act is not binding upon the employee in a new employment by another employer or following re-employment by the same employer.
- B. If an employee is continuously employed and the employer changes workers' compensation insurance carriers, or form of doing business, the prior rejection is valid and remains in full force and effect.

**Historical Note**

Former Rule 24. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-124 recodified from R4-13-124 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-125. Rejection Before an Employer Complies with A.R.S. §§ 23-961(A) and 23-906(D)**

An employee's rejection of the Act received by an employer before the employer complies with the requirements of A.R.S. §§ 23-961(A) or 23-906(D) is valid and continues in full force and effect whether the employer subsequently obtains workers' compensation coverage under A.R.S. § 23-961(A), posts the notice required under A.R.S. § 23-906(D), or makes available the forms required under A.R.S. § 23-906(D).

**Historical Note**

Former Rule 25. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-125 recodified from R4-13-125 (Supp. 95-1). Amended by final

rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-126. Revocation of Rejection**

- A. An employee who rejects the Act may revoke that rejection by serving upon the employee's employer an original and one copy of a written notice of revocation. The written revocation shall state that the employee revokes the employee's prior rejection of the Act.
- B. Within five days after receiving a written notice of revocation, an insured employer shall file with the employer's carrier, or workers' compensation pool, a copy of the notice of revocation. The employee has all rights to compensation and benefits provided by the Act for any injury that occurs after the employee serves the revocation notice upon the employer.

**Historical Note**

Former Rule 26. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-126 recodified from R4-13-126 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-127. Insurance Carrier Notification to Commission of Coverage**

- A. Every insurance carrier authorized to underwrite workers' compensation insurance in Arizona shall, within five days after undertaking to insure an employer, report that information to the Commission. The carrier shall provide the information on or in the same format as Commission form 0006. Form 0006 is available upon request from the Commission.
- B. Failure to comply with this Section does not affect the validity of coverage.

**Historical Note**

Former Rule 27. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-127 recodified from R4-13-127 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-128. Medical Information Reproduction Cost Limitation; Definition of Medical Information**

- A. A health care provider shall not charge more than \$.25 per page plus \$10 per hour in associated clerical costs for reproduction of medical information when a party, an authorized representative of a party, or an entity that is authorized by a claimant in a workers' compensation matter makes a request for that information under A.R.S. § 23-908(C).
- B. This Section applies to all A.R.S. § 23-908(B) health care providers providing medical services to injured claimants including health care providers that contract with copying services, recordkeeping services, or other similar services for the reproduction of medical information. For purposes of this Section, fees for reproduction of medical information charged by these services are considered the same as if the reproduction fees are charged by a health care provider.
- C. For purposes of this Section, "medical information" means:
  1. A communication recorded in any form or medium and maintained for the purpose of patient care, diagnosis, or treatment, including a report, note, order, test result, photograph, videotape, X-ray, and billing record;
  2. A report of an independent medical examination that describes patient care or treatment;
  3. A psychological record;



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4. A medical record held by a health care provider including a medical record prepared by another provider; and
  5. A recorded communication between emergency medical personnel and medical personnel concerning the care or treatment of a person.
- D.** For purposes of this Section, “medical information” does not include:
1. Materials that are prepared in connection with utilization review, peer review, or quality assurance activities, including records that a health care provider prepares under A.R.S. §§ 36-441, 36-445 or 36-2402; and
  2. Recorded telephone and radio calls to and from a publicly operated emergency dispatch office relating to requests for emergency services or reports of suspected criminal activity.

**Historical Note**

Former Rule 28. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-128 recodified from R4-13-128 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-129. Carrier or Workers’ Compensation Pool Determinations Binding upon its Insured or Member; Self-Rater Exception**

- A.** The Commission deems an insurance carrier or workers’ compensation pool the agent of an employer insured by the carrier or workers’ compensation pool.
- B.** The Commission also deems any action or determination taken or made by the insurance carrier or workers’ compensation pool binding upon the employer. The employer may not protest or petition the Commission for relief concerning an action or determination taken by the employer’s insurance carrier or workers’ compensation pool unless the employer notifies the carrier or workers’ compensation pool, and the Commission in writing that the employer disagrees with the carrier’s or worker’s compensation pool’s action or determination within the time described in A.R.S. § 23-947.
- C.** This Section does not apply to employers insured under a Self-Rating Insurance Plan.

**Historical Note**

Former Rule 29. Amended subsection (A) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-129 recodified from R4-13-129 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-130. Claims Office Location and Function; Requirements of Maintaining an Out-of-State Claims Office**

- A.** Except as provided in subsection (B), each carrier that has or is underwriting workers’ compensation insurance in Arizona, and each employer and workers’ compensation pool that has been granted authority to act as a self-insurer by the Commission, shall maintain a workers’ compensation claims office in Arizona. A carrier, self-insured employer, and self-insured workers’ compensation pool shall process and pay workers’ compensation claims and maintain the workers’ compensation claims files described in R20-5-131 in its Arizona office. A carrier, self-insured employer, and self-insured workers’ compensation pool shall notify the claims division of the Commission of the address of the Arizona claims office.
- B.** Except as provided in subsections (C) and (D), a carrier or self-insured employer may request authorization from the Commission to maintain an out-of-state claims office. The Commission shall grant a carrier or self-insured employer

authorization to maintain an out-of-state claims office no later than 20 days after the carrier or self-insured employer provides satisfactory evidence of the following:

1. Existence of a toll-free telephone line to the out-of-state claims office;
  2. Completion of Commission claims division’s training by the individuals responsible for claims processing at the out-of-state office; and
  3. Designation of a financial institution located in Arizona that will cash on demand checks issued by the out-of-state claims office.
- C.** The Commission shall not permit a self-insured workers’ compensation pool to maintain a claims office out-of-state.
  - D.** The Commission shall rescind its authorization to maintain an out-of-state claims office if a carrier or self-insured employer no longer meets the requirements of subsection (B) or fails to process and pay claims as required under the Act and this Article.
  - E.** A carrier or self-insured employer maintaining an out-of-state claims office shall print the carrier’s or self-insured employer’s toll-free telephone number to the out-of-state claims office on all notices of claim status or other determinations issued by the out-of-state claims office. Failure to print the toll-free telephone number on a notice or other determination as required by this subsection does not affect the validity of the notice or determination.
  - F.** For claims processing purposes, a carrier, self-insured employer, or self-insured workers’ compensation pool may have more than one designated representative provided the carrier, self-insured employer, or self-insured workers’ compensation pool:
    1. Notifies the Commission at the time an insurance policy is issued or authorization to self-insure is granted; and
    2. Notifies the Commission each time that the insurance policy or authorization to self-insure is renewed.

**Historical Note**

Former Rule 30. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-130 recodified from R4-13-130 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-131. Maintenance of Carrier and Self-insured Employer Claims Files; Contents; Inspection and Copying; Exchange of Medical Reports; Authorization to Obtain Medical Records**

- A.** A carrier and self-insured employer shall maintain a workers’ compensation claims file for each claimant. A carrier and self-insured employer shall include in a workers’ compensation claims file all employer’s reports, medical and hospital reports, awards, orders, notices of claims status, wage data, and all other items affecting the claim required by law to be maintained by a carrier or self-insured employer.
- B.** Subject to subsection (C), all parties, authorized representatives of parties, and authorized representatives of the Commission may inspect and copy items contained in a carrier’s or self-insured employer’s claims file within five days from the date the item is filed in the claims file.
- C.** If a carrier or self-insured employer maintains a claims file at an out-of-state claims office, the carrier or self-insured employer shall make the claims file available for copying and inspection to the persons listed in subsection (B) within 10 days after receiving a request for the file at a location in Arizona designated by the carrier or self-insured employer.

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- D. A carrier or self-insured employer shall furnish copies of a claims file within 10 days after receiving a request from any party, authorized representative of a party, and authorized representative of the Commission at a charge not to exceed \$.25 per page. A carrier or self-insured employer may require prepayment of the copying charges if the requester or authorized representative has an account with the carrier or self-insured employer that is more than 30 days overdue.
- E. A carrier or self-insured employer is not required to maintain in a claims file, or produce for inspection and copying:
  1. Documents or matters representing the work product of the carrier or self-insured employer;
  2. Documents or matters representing the work product of a carrier's or self-insured's attorney; or
  3. Investigation and rehabilitation reports.
- F. All medical records concerning a claimant's mental or physical condition that are in a party's possession shall be furnished, upon request, to another party in the same Commission proceeding.
- G. Within 10 days of a request, a claimant shall provide to a party in a Commission proceeding involving the claimant, a release of information authorizing any attending, treating, or examining physician to provide records described in A.R.S. § 23-908(C).

**Historical Note**

Former Rule 31. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-131 recodified from R4-13-131 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-132. Parties' Notice to Commission of Intention to Impose Liability upon A.R.S. § 23-1065 Special Fund**

If the notices required by A.R.S. § 23-1065 are not given to the Commission, the Commission shall not be bound by the testimony and evidence presented at a hearing as it relates to the imposition of liability upon the special fund.

**Historical Note**

Former Rule 32. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-132 recodified from R4-13-132 (Supp. 95-1).

**R20-5-133. Claimant's Petition to Reopen Claim**

- A. A petition to reopen filed with the Commission under A.R.S. § 23-1061(H) shall be in writing, signed, and dated by the claimant or the claimant's authorized representative. A petition to reopen form is available from the Commission upon request.
- B. A claimant shall provide to the Commission a copy of a medical report supporting the disability or condition justifying the reopening of the claim.
- C. If the Commission does not receive the medical report described in subsection (B) within 14 days of receipt of a petition to reopen, the Commission shall notify all parties, in writing, that it has received a petition to reopen without the required medical report. A carrier or self-insured employer is not required to act on a petition to reopen that is received without the required medical report.
- D. If the Commission receives a medical report in support of a petition to reopen and a claimant does not file a petition to reopen within 14 days of receipt of the medical report, the Commission shall forward the medical report to the carrier or self-insured employer for information purposes only. A carrier or self-insured employer is not required to take any action upon receipt of the medical report.

- E. If the Commission receives a medical report in support of a petition to reopen from an out-of-state physician and a party objects to the report at least 20 days before a scheduled hearing, the Commission shall not consider the report or place the report in evidence unless the party submitting the report produces the author of the report for cross-examination either at the hearing or at a deposition. The party submitting into evidence the medical report prepared by an out-of-state physician shall pay the expenses of a deposition under this subsection.

**Historical Note**

Former Rule 33. Amended subsections (A), (C), (D) and (E) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-133 recodified from R4-13-133 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-134. Petition for Rearrangement or Readjustment of Compensation Based Upon Increase or Reduction of Earning Capacity**

- A. A petition for rearrangement or readjustment of compensation filed with the Commission under A.R.S. § 23-1044(F) shall be in writing. A form is available from the Commission upon request.
- B. A party or a party's authorized representative shall sign a petition for rearrangement or readjustment and include in the petition:
  1. A statement of the basis upon which the rearrangement or readjustment of compensation is sought, and
  2. Documentation in support of the petition.
- C. The petition shall be signed by the employee or the employee's authorized representative, the employer, or, in the case of an insurance carrier, by its authorized representative, and shall include a statement of the basis upon which the rearrangement of compensation is sought accompanied by supportive documentary evidence.
- D. If a self-insured employer, carrier, special fund division, or uninsured employer requests a hearing protesting the Commission's determination under A.R.S. § 23-1044(F) and the claimant resides outside of Arizona, the Commission may order the self-insured employer, carrier, special fund division, or uninsured employer to pay the claimant's transportation and living expenses to attend any scheduled hearing.

**Historical Note**

Former Rule 34. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-134 recodified from R4-13-134 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-135. Requests for Hearing; Form**

- A. Any interested party or the party's authorized representative, except as otherwise provided by law or this Article, may request a hearing on a claim. A request for hearing shall be in writing.
- B. A Request for Hearing form is available upon request from the Commission and requests the following:
  1. Employee, employer, insurance carrier, authorized representative, and claim identification;
  2. Issue upon which the request for hearing is filed;
  3. Requests for subpoenas of witnesses;
  4. Desired location and length of time for the hearing;
  5. Signature and address of requesting party.

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**Historical Note**

Former Rule 35. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-135 recodified from R4-13-135 (Supp. 95-1).

**R20-5-136. Expired****Historical Note**

Former Rule 36. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-136 recodified from R4-13-136 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3475, effective November 8, 2016 (Supp. 16-4).

**R20-5-137. Service of a Request for Hearing**

A party filing a request for hearing shall serve a copy of the party's request for hearing upon all other parties at the same time that the party files the request for hearing with the Commission. The failure to serve a copy of a request for hearing upon other parties does not affect the validity of the hearing request.

**Historical Note**

Former Rule 37. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-137 recodified from R4-13-137 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-138. Hearing Calendar and Assignment to Administrative Law Judge; Notification of Hearing**

- A. The chief administrative law judge shall maintain a hearing calendar. The chief administrative law judge shall ensure that a request for hearing filed in accordance with this Article is:
  1. Placed on the hearing calendar, and
  2. Assigned to an administrative law judge who is designated as the presiding administrative law judge.
- B. A presiding administrative law judge may hold a hearing at an earlier date than required under A.R.S. § 23-941(D), if all parties to the proceeding agree.

**Historical Note**

Former Rule 38. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-138 recodified from R4-13-138 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-139. Administrative Resolution of Issues by Stipulation Before Filing a Request for Hearing**

- A. At any time before the filing of a request for hearing, parties may resolve issues by written stipulation. The parties shall file the stipulation with the Commission for approval or other action as may be appropriate.
- B. If the Commission determines that a written stipulation is reasonably supported by the facts, the Commission may approve the stipulation or enter an appropriate award without a request for hearing or hearing.

**Historical Note**

Former Rule 39. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-139 recodified from R4-13-139 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-140. Informal Conferences**

- A. A presiding administrative law judge may hold an informal conference to:
  1. Resolve and dispose of disputed issues;
  2. Narrow or limit the scope of the issues to be considered at a subsequent hearing;
  3. Simplify the method of proof at a hearing; or
  4. Eliminate the need for hearing if the facts appear to be uncontested.
- B. A party may request that a pending hearing be disposed of by an informal conference, by filing a written request that:
  1. Specifies the purpose for the conference consistent with subsection (A), and
  2. Does not contain any argument regarding the merits of the case.
- C. If the presiding administrative law judge determines that an informal conference is appropriate, the judge shall give notice to the parties of the time and place of the conference. The presiding administrative law judge may, without a request from a party, schedule an informal conference by giving five days notice to the parties of the time, place, and subject matter of the informal conference. The parties may waive the five day notice requirement of this subsection.
- D. If a presiding administrative law judge disposes of issues in controversy at an informal conference, the presiding administrative law judge may enter an award without convening a hearing.
- E. If a presiding administrative law judge disposes of, narrows, or limits some, but not all issues in controversy, the presiding administrative law judge shall prepare and mail to the parties a statement setting forth the issues to be resolved at a hearing. The presiding administrative law judge shall limit the hearing to the issues contained in the statement unless at the hearing all parties and, the presiding administrative law judge agree that the judge may consider issues beyond the scope of the statement.
- F. Upon request by a party or upon a presiding administrative law judge's own motion, the presiding administrative law judge may order the parties to file a joint statement listing the disputed issues to be considered at formal hearing. The presiding administrative law judge shall give the parties at least 10 days to file the statement and shall order the parties to file the statement three to 10 days before the first scheduled hearing.

**Historical Note**

Former Rule 40. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-140 recodified from R4-13-140 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-141. Subpoena Requests for Witnesses; Objection to Documents or Reports Prepared by Out-of-State Witness**

- A. Subpoena requests for witnesses.
  1. Subpoena request for non-medical witness. A party may request a presiding administrative law judge to issue a subpoena to compel the appearance of a non-medical witness by filing a written request with the presiding administrative law judge at least 10 days before the date of the first scheduled hearing.
  2. Subpoena request for expert medical witness. A party may request a presiding administrative law judge to issue a subpoena to compel the appearance of an expert medical witness by filing a written request with the presiding administrative law judge at least 20 days before the date of the first scheduled hearing.

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3. Statement of expected testimony. In the discretion of the presiding administrative law judge, the judge may order the party requesting a subpoena to file within five days of the order a written statement summarizing the substance of the testimony expected of the witness.
  4. Issuance of Subpoena. A presiding administrative law judge shall issue a subpoena requested under this Section if the judge determines that the testimony of the witness is material and necessary and, if applicable:
    - a. The party files a timely statement under subsection (A)(3); or
    - b. The party shows at or before the first scheduled hearing that good cause exists for the party's failure to respond timely to the judge's order under subsection (A)(3).
  5. Service of a subpoena. The Commission may serve a subpoena by mail unless the party requesting the subpoena requests personal service. If a party requests personal service of a subpoena, the Commission shall prepare the subpoena and the party requesting personal service shall:
    - a. Ensure that the subpoena is served in the same manner as in a civil action; and
    - b. Pay all expenses of the service.
- B.** A presiding administrative law judge shall not grant a party a continued hearing because a subpoenaed witness fails to appear at hearing unless the party filed a timely request for subpoena as required by subsection (A). If a party timely requested a subpoena for a witness who fails to appear at a scheduled hearing, the presiding administrative law judge may grant a continued hearing if the party requesting the subpoena demonstrates that:
1. The testimony of the witness is material and necessary, and
  2. Good cause is shown as to why the witness failed to appear.
- C.** Witness Fees.
1. If a non-medical witness requests a witness fee, the party requesting the subpoena shall pay the non-medical witness fees and mileage provided for witnesses in civil actions in the Superior Court. If more than one party subpoenas the same witness, the parties shall divide the witness fee equally.
  2. The Commission shall pay the witness fee to a medical witness under the Commission's medical fee schedule after the presiding administrative law judge approves the fee.
- D.** Objection to an out-of-state physician's report.
1. A presiding administrative law judge shall not consider or place into evidence a timely filed physician's report authored by a physician residing outside Arizona if a party files an objection to that report at least 20 days before the scheduled hearing, unless the party submitting the report produces the author for cross-examination either at the hearing or at a deposition.
  2. Nothing in R20-5-143(G) precludes a party from taking or submitting into evidence a deposition of a physician taken under this subsection.
  3. The party submitting into evidence a report of an out-of-state physician shall pay the expenses of a deposition taken under this subsection.
- E.** Objection to document prepared by out-of-state non-medical witness.
1. A presiding administrative law judge shall not consider or place into evidence a timely filed document prepared by a non-medical witness who resides outside Arizona if a party files an objection to that document at least seven days before the scheduled hearing unless the party submitting the document produces the author for cross-examination either at the hearing or at a deposition.
  2. Nothing in R20-5-143 precludes a party from taking or submitting into evidence a deposition within the time limits set by a presiding administrative law judge.
  3. The party submitting into evidence a document prepared by an out-of-state non-medical witness shall pay the expenses of a deposition taken under this subsection.
- F.** If a presiding administrative law judge approves, the testimony of a party's out-of-state non-medical or expert medical witness may be taken telephonically.

**Historical Note**

Former Rule 41. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-141 recodified from R4-13-141 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-142. In-State Oral Depositions**

- A.** A party may take the oral deposition of another party or a witness residing in Arizona by serving a Notice of Deposition by Oral Examination upon the deponent and every party at least 10 days before the date of the oral deposition and at least 40 days before the first scheduled hearing.
- B.** A party may file with the presiding administrative law judge a written objection to the taking of an oral deposition within five days after service of the Notice of Deposition. If no request for hearing has been filed, a party shall file the written objection with the chief administrative law judge. The party objecting to the deposition shall:
1. State the basis for objecting to the deposition; and
  2. Serve a copy of the party's objections on all parties.
- C.** The oral deposition shall not commence until the presiding administrative law judge rules on the written objection. The presiding administrative law judge shall rule on the written objection to the taking of an oral deposition within seven days after a party files a written objection by:
1. Ordering the deposition to proceed;
  2. Ordering the deposition not be taken; or
  3. Entering any other appropriate protective order.
- D.** The party taking the deposition shall comply with the Arizona Rules of Civil Procedure governing the taking of depositions.
- E.** The expense of any deposition shall be borne by the party taking the deposition but shall not include the expense of any other interested party.
- F.** A presiding administrative law judge shall not cancel or continue a hearing because a party fails to take or complete a deposition under this Section.
- G.** A deposition taken under this Section shall only be used to impeach a witness during a hearing, except that, in the exercise of discretion, the presiding administrative law judge may admit a deposition into evidence for another purpose if:
1. The deponent is deceased at the time of the hearing, or
  2. All parties agree.
- H.** A party may take a telephonic deposition under this Section either by agreement of the parties or by order of the presiding administrative law judge in the exercise of the judge's discretion.

**Historical Note**

Former Rule 42. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-142 recodified from R4-13-142 (Supp. 95-1). Amended by final

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rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-143. Out-of-State Oral Depositions**

- A. A party shall obtain permission from a presiding administrative law judge before taking an out-of-state oral deposition of another party or a witness by filing a written request with the presiding administrative law judge that contains:
1. The name and address of the party or witness to be deposed, and
  2. Each reason why the party's or witness' testimony is necessary.
- B. The party requesting permission to take the out-of-state deposition shall serve a copy of the request upon each party.
- C. If no objection to the request for permission to take the deposition is filed under subsection (D) the presiding administrative law judge shall, within seven days from the date of the request, grant or deny permission to take the deposition.
- D. A party may file with the presiding administrative law judge a written objection to the taking of an out-of-state oral deposition within five days after being served with a request to take the out-of-state deposition. The party objecting to the out-of-state deposition shall:
1. State the basis for objecting to the deposition; and
  2. Serve a copy of the party's objections on each party.
- E. The oral deposition shall not commence until the presiding administrative law judge rules on the written objection. The presiding administrative law judge shall rule on the written objection to the taking of an out-of-state oral deposition within seven days after a party files the written objection by:
1. Ordering the deposition to proceed,
  2. Ordering the deposition not be taken, or
  3. Entering any other appropriate protective order.
- F. A party shall not take more than two depositions per hearing under this Section unless a presiding administrative law judge, upon a showing of good cause, approves the taking of additional depositions.
- G. In the exercise of discretion, the presiding administrative law judge may admit into evidence a deposition taken under this Section if the transcript of the deposition is filed with the Commission at least five days before any scheduled hearing or as otherwise directed by the presiding administrative law judge. If the transcript of the deposition is not timely filed under this subsection, the administrative law judge shall not consider the deposition for any purpose unless the parties and the administrative law judge agree that the deposition may be considered.
- H. Parties may take telephonic depositions under this Section either by agreement of the parties or by order of a presiding administrative law judge in the exercise of the administrative law judge's discretion.
- I. A party taking a deposition taken under this Section shall comply with R20-5-142(A), (D), (E) and (F).

**Historical Note**

Former Rule 43. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-143 recodified from R4-13-143 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-144. Written Interrogatories**

- A. After a party files a request for hearing with the Commission, any party may serve written interrogatories upon another party. A party shall serve written interrogatories at least 40 days before the scheduled hearing.

- B. A party shall not serve more than 25 interrogatories, including subsections.
- C. A party shall serve answers to the interrogatories upon all parties within 10 days after service of the interrogatories. A party shall not file answers to the interrogatories with the Commission.
- D. A presiding administrative law judge shall not cancel or continue a hearing because a party fails to answer interrogatories under this Section.
- E. A party shall only use written interrogatories served under this Section to impeach a witness during a hearing, except that, in the exercise of discretion, the presiding administrative law judge may admit the interrogatory answers into evidence for another purpose if the party answering the interrogatories is deceased at the time of the scheduled hearing.

**Historical Note**

Former Rule 44. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-144 recodified from R4-13-144 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-145. Refusal to Answer or Attend; Motion to Compel; Sanctions Imposed**

- A. If a party or deponent refuses to answer any question asked at a deposition under R20-5-142 or R20-5-143, the party asking the question shall either complete the deposition in other matters or adjourn the deposition. With notice to all persons affected by the deponent's refusal to answer a question, the party asking the question may apply to the presiding administrative law judge for an order compelling the deponent to answer the question.
- B. If a party refuses to answer an interrogatory served under R20-5-144, the party serving the interrogatory may submit the interrogatory to the presiding administrative law judge and apply for an order compelling the answer.
- C. If a presiding administrative law judge issues an order compelling an answer under subsection (A) or (B) and finds that a refusal to answer is without substantial justification, the presiding administrative law judge shall require the party or witness refusing to answer or the authorized representative advising that party or witness not to answer, or both of them, to pay to the party asking the question:
1. Reasonable attorney's fees incurred to obtain the order compelling the answer, and
  2. Reasonable expenses that will be incurred to obtain the requested answer.
- D. If a presiding administrative law judge denies a motion to compel an answer under subsection (A) or (B), and finds that the motion was made without substantial justification, the presiding administrative law judge shall require the party filing the motion, or the parties' authorized representative advising that party to make the motion, or both of them, to pay to the party or witness refusing to answer, reasonable attorney's fees incurred in opposing the motion.
- E. In addition to the sanctions authorized under R20-5-157, a presiding administrative law judge may, upon a party's motion, impose the following sanctions upon a party if the party, or an officer or managing agent of that party, willfully fails to appear for a deposition after being served with proper notice of the deposition, or fails to serve answers to interrogatories after proper service of the interrogatories:
1. Strike out all or any part of a document filed by the party;
  2. Dismiss the action or proceeding, or any part of the action or proceeding;

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3. Order the suspension or forfeiture of compensation; or
  4. Preclude the introduction of evidence.
- F.** The party filing a motion under subsections (A), (B), or (E) shall attach to the motion:
1. The statement required under R20-5-105(E) and
  2. A proposed order that includes the relief requested and a service page with the names and addresses of all parties served.

**Historical Note**

Former Rule 45. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-145 recodified from R4-13-145 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-146. Repealed****Historical Note**

Former Rule 46. R20-5-146 recodified from R4-13-146 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-147. Videotape Recordings and Motion Pictures**

- A.** A party proposing to offer a videotape recording or motion picture into evidence at a Commission hearing shall provide written notice to the Commission and all parties at least 40 days before the first scheduled hearing.
- B.** If a party serves a written request to view a videotape recording or motion picture upon the party proposing to submit the videotape recording or motion picture into evidence, the party proposing to offer the videotape recording or motion picture into evidence shall provide the necessary facilities and equipment to allow the other party to view the videotape recording or motion picture no later than 25 days before the first scheduled hearing.
- C.** A presiding administrative law judge may admit into evidence a videotape recording or motion picture if the videotape recording or motion picture:
1. Is a reasonable and accurate representation of the scene, person, object, or action portrayed; and
  2. Will aid in the understanding of the issues before the presiding administrative law judge.
- D.** The party submitting the videotape recording or motion picture into evidence shall ensure that commentary, interrogation, dialogue, or testimony are not a part of the videotape recording or motion picture.
- E.** A presiding administrative law judge shall not cancel or continue a hearing because a party fails to view a videotape recording or motion picture as provided in this Section.
- F.** This Section does not apply to:
1. Videotape recordings or motion pictures obtained by surveillance, or
  2. Videotape recordings or motion pictures of medical procedures performed by a physician.

**Historical Note**

Former Rule 47. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-147 recodified from R4-13-147 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-148. Burden of Presentation of Evidence; Offer of Proof**

- A.** A party shall rest at the conclusion of the presentation of the party's evidence. If there is a dispute as to which party has the

burden of proof, the presiding administrative law judge shall direct who has the burden of proof.

- B.** If a presiding administrative law judge prohibits a witness from answering a question, the presiding administrative law judge shall permit an offer of proof in the form of an avowal or in writing.

**Historical Note**

Former Rule 48. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-148 recodified from R4-13-148 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-149. Presence of Claimant at Hearing; Notice of a Parties' Non-Appearance at Hearing; Assessment of Hearing Costs for Non-Appearance**

- A.** A claimant, whether or not represented by an attorney, shall appear personally at any hearing without the necessity of subpoena unless excused by the presiding administrative law judge.
- B.** Subject to subsection (A), at least three days before a scheduled hearing a party shall notify the presiding administrative law judge of any non-appearance by a party or party's authorized representative that requires the judge to cancel or reschedule the hearing.
- C.** If a party fails to notify the presiding administrative law judge as required under subsection (B), the presiding administrative law judge may order the party or the party's authorized representative to reimburse the Commission for hearing expenses and costs incurred by the Commission including fees of expert medical witnesses and other witness fees.

**Historical Note**

Former Rule 49. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-149 recodified from R4-13-149 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-150. Joinder of a Party**

- A.** An administrative law judge may join as a party any person, firm, corporation, or other entity in favor of whom or against whom a right to relief may exist and over whom the Commission may acquire jurisdiction.
- B.** Joinder may be made upon application of any party or upon the presiding administrative law judge's own motion.
- C.** A party seeking to join another person, firm, corporation, or other entity shall file a motion requesting joinder with the presiding administrative law judge at least 30 days before hearing. The moving party shall serve a copy of the motion upon the person, firm, corporation, or other entity for whom joinder is requested, and upon all other parties.
- D.** If the requirements of this Section are met, the presiding administrative law judge shall join as a party the person, firm, corporation, or other entity for whom joinder is requested and shall issue a notice advising the parties of the joinder.

**Historical Note**

Former Rule 50. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-150 recodified from R4-13-150 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-151. Special Appearance**

Any party against whom a claim may exist under the Act, or against whom a contingent liability may exist under the Act, and over

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whom the Commission has not acquired jurisdiction, may enter a special appearance. A special appearance made under this Section does not invoke the jurisdiction of the Commission.

**Historical Note**

Former Rule 51. R20-5-151 recodified from R4-13-151 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-152. Resolution of Issues by Stipulation After the Filing of a Request for Hearing; Notice of Resolution; Assessment of Hearing Costs**

- A. Subject to the requirement of subsection (D), parties may stipulate to any fact or issue after a party files a request for hearing. The stipulation may be in writing or made orally at the time of hearing.
- B. A stipulation is binding upon the parties unless a presiding administrative law judge or the Commission grants the parties permission to withdraw the stipulation.
- C. If a stipulation is not reasonably supported by the evidence, a presiding administrative law judge or the Commission, may set aside or refuse to accept the stipulation and proceed to determine the true facts.
- D. A party shall notify a presiding administrative law judge of any stipulation, compromise or settlement agreement, or withdrawal of a hearing request that makes a hearing unnecessary at least three days before a scheduled hearing.
- E. The presiding administrative law judge may order a party or parties to reimburse the Commission for hearing expenses and costs incurred by the Commission including fees of expert medical witnesses and other witness fees if a party fails to notify the presiding administrative law judge as required under subsection (D).

**Historical Note**

Former Rule 52. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-152 recodified from R4-13-152 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-153. Exclusion of Witnesses**

Any party may request that all other witnesses except the parties be excluded from the hearing until called to testify. The presiding administrative law judge may, in the judge's discretion, grant or deny the request. If the request is granted, the presiding administrative law judge shall admonish each witness not to discuss the witness's testimony with anyone other than attorneys on the case.

**Historical Note**

Former Rule 53. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-153 recodified from R4-13-153 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-154. Correspondence to Administrative Law Judge**

A person submitting correspondence, including subpoena requests, to an administrative law judge concerning a matter pending before the administrative law judge, shall contemporaneously serve a copy of the correspondence upon all other parties, or if represented, the parties' authorized representatives. The administrative law judge shall not consider correspondence or subpoena requests to be evidence except by agreement of all parties to the matter.

**Historical Note**

Former Rule 54. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-154 recodified from R4-13-154 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-155. Filing of Medical and Non-Medical Reports Into Evidence; Request for Subpoena to Cross-examine Author of Report Submitted into Evidence; Failure to Timely Request Subpoena for Author**

- A. Except as provided in R20-5-114(C), a party filing a medical report or hospital record into evidence ("medical report") that is not already contained in the Commission's claims file, shall file the medical report with the presiding administrative law judge at least 25 days before the first scheduled hearing.
- B. A party filing into evidence a document, report, instrument, or other written matter not described in subsection (A) ("non-medical report") that is not already contained in the Commission's claims file, shall file the non-medical report with the presiding administrative law judge at least 15 days before the first scheduled hearing.
- C. The party filing a medical or non-medical report into evidence shall serve a copy of the report to all other parties.
- D. A presiding administrative law judge shall not receive into evidence any medical or non-medical report that is not filed as required under this Section. If the report has been placed in the Commission's claims file, the presiding administrative law judge shall remove the report from the Commission's claims file and return the report to the filing party.
- E. The presiding administrative law judge may suspend the requirements of this Section;
  1. Upon a showing of good cause; or
  2. If the parties agree that the judge may accept the medical or non-medical report into evidence.
- F. The party filing a medical or non-medical report under this Section shall file a cover letter with the report stating:
  1. The party's identity;
  2. The reports filed; and
  3. Proof of service of the reports upon the other parties.
- G. A party seeking to cross-examine the author of any medical or non-medical report filed into evidence shall request a subpoena under R20-5-141.
- H. If a party fails to timely request a subpoena under this Section and R20-5-141, the party waives the right to cross-examine the author of any medical or non-medical report filed into evidence and the presiding administrative law judge shall admit the medical or non-medical report into evidence.

**Historical Note**

Former Rule 55. Amended subsections (A) and (D) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-155 recodified from R4-13-155 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-156. Continuance of Hearing**

- A. A party may request a continuance of a scheduled hearing. If a party shows good cause, a presiding administrative law judge may grant a request that a hearing be continued.
- B. If at the conclusion of a hearing a party seeks to continue the hearing to introduce additional evidence, the party shall state specifically and in detail:
  1. The nature and substance of the additional evidence,
  2. The names and addresses of additional witnesses, and

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3. The reason the party was unable to produce the evidence or witnesses at the hearing.
- C. A presiding administrative law judge may deny a request for a continuance under subsection (B) if the presiding administrative law judge determines that, with the exercise of due diligence, the evidence or testimony could have been produced or the evidence or testimony would be cumulative, immaterial, or unnecessary.
- D. A presiding administrative law judge may, on the judge's own motion, continue a hearing and order further examinations or investigations that the judge determines are warranted.
- E. If more than 40 days before the first scheduled hearing, a presiding administrative law judge reschedules the hearing discovery and filing deadlines under this Article shall be calculated with respect to the new hearing date.
- F. If less than 40 days before the first scheduled hearing, a presiding administrative law judge reschedules the hearing discovery and filing deadlines under this Article shall be calculated with respect to the original hearing date.

**Historical Note**

Former Rule 56. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-156 recodified from R4-13-156 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-157. Sanctions**

- A. A presiding administrative law judge may impose the following sanctions against any party or authorized representative of a party who fails to comply with this Article or fails to comply with an order of the presiding administrative law judge or Commission:
  1. Dismissal of the party's request for hearing;
  2. Refusal to permit the introduction of evidence by the party; or
  3. Assessment of reasonable attorney's fees and costs against the sanctioned party or authorized representative of a party.
- B. If a party shows good cause, a presiding administrative law judge or the Commission may relieve a party of sanctions imposed under subsection (A).

**Historical Note**

Former Rule 57. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-157 recodified from R4-13-157 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-158. Service of Awards and Other Matters**

- A. An award, decision, order, subpoena, notice, document, or other matter required by the Act, this Article, or other law to be served shall be made upon a party or, if represented, the party's authorized representative. Service upon the authorized representative is service upon the party.
- B. Service may be made and is deemed complete by:
  1. Depositing the document or matter in the United States mail, with postage prepaid, addressed to the party served at the address as shown by the records of the Commission; or
  2. Personal service in the same manner as a summons is served in a civil action.
- C. Proof of service may be made by an affidavit or oral testimony of the person making such service.

**Historical Note**

Former Rule 58. Amended subsection (C) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-158 recodified from R4-13-158 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-159. Record for Award or Decision on Review**

A presiding administrative law judge's award or decision under A.R.S. § 23-942 or award or decision upon review under A.R.S. § 23-943 shall be based upon:

1. The record as it exists at the conclusion of the hearings, and
2. Any memoranda provided under A.R.S. § 23-943(E) or requested by the presiding administrative law judge.

**Historical Note**

Former Rule 59. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-159 recodified from R4-13-159 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-160. Application to Set Attorney Fees Under A.R.S. § 23-1069**

- A. For purposes of A.R.S. § 23-1069, "final disposition of a case" occurs when all compensation benefits have been released to a claimant.
- B. A claimant or attorney filing an application for attorney's fees under A.R.S. § 23-1069 shall serve notice of the application to all parties, including if applicable, the insurance carrier, self-insured employer, or special fund division.
- C. Upon the filing of an application, the attorney and claimant shall, provide information to the Commission to enable the Commission to award reasonable attorney's fees.
- D. Attorney's fees awarded under this Section shall be set by the Commission, an administrative law judge, or other authorized representative of the Commission.

**Historical Note**

Former Rule 60. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-160 recodified from R4-13-160 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-161. Stipulations for Extensions of Time**

Stipulations for extensions of time in which to file papers or briefs in the various courts shall be received and signed by the Chief Counsel or other members of the Legal Department.

**Historical Note**

Former Rule 61. R20-5-161 recodified from R4-13-161 (Supp. 95-1).

**R20-5-162. Legal Division Participation**

The chief counsel and other members of the legal staff of the Commission who participate in proceedings or matters under the Act and this Article do so on behalf of the Commission.

**Historical Note**

Former Rule 62. R20-5-162 recodified from R4-13-162 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-163. Bad Faith and Unfair Claim Processing Practices**

- A. For purposes of A.R.S. § 23-930, an employer, self-insured employer, insurance carrier, or claims processing representa-



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tive commits “bad faith” if the employer, self-insured employer, insurance carrier, or claims processing representative:

1. Institutes a proceeding or interposes a defense that is not:
    - a. Well-grounded in fact;
    - b. Warranted by existing law; or
    - c. A good faith argument for the extension, modification, or reversal of existing law;
  2. Unreasonably delays:
    - a. Payment of benefits; or
    - b. Authorization for, or receipt of, medical benefits or treatment;
  3. Unreasonably underpays benefits;
  4. Unreasonably terminates benefits;
  5. Intentionally misleads a claimant as to applicable statutes of limitation, benefits, or remedies available to the claimant under the Act or under this Article; or
  6. Unreasonably interferes with or obstructs the claimant’s right to choose the claimant’s attending physician, except in cases involving a self-insured employer under A.R.S. § 23-1070.
- B.** For purposes of A.R.S. § 23-930, an employer, self-insured employer, insurance carrier, or claims processing representative commits “unfair claim processing practices” if the employer, self-insured employer, insurance carrier, or claims processing representative:
1. Unreasonably issues a notice of claim status without adequate supporting information in its possession or available to it;
  2. Unreasonably fails to acknowledge communications from the Commission, an unrepresented claimant, or a claimant’s attorney with respect to a claim;
  3. Fails to act reasonably and promptly upon communications from the Commission, an unrepresented claimant, or a claimant’s attorney with respect to a claim;
  4. Directly advises a claimant not to consult or obtain the services of an attorney; or
  5. Communicates directly, for an improper purpose, with a claimant represented by an attorney.
- C.** A person alleging bad faith or unfair claim processing practices (“complainant”) shall file a written complaint with the claims manager of the Commission. The complainant, or the complainant’s authorized representative, shall sign the complaint.
- D.** The complaint shall describe the specific actions of the employer, self-insured employer, insurance carrier, or claims processing representative, that are alleged to constitute bad faith or unfair claim processing practices. A complaint form is available upon request from the Commission.
- E.** Upon receipt of a complaint under this subsection, the claims manager of the Commission shall serve the complaint upon all parties.
- F.** If the Commission acts on its own motion under A.R.S. § 23-930(A), the claims manager shall mail a notice of alleged bad faith or unfair claim processing practices to the claimant or the claimant’s authorized representative and the:
1. Employer;
  2. Self-insured employer;
  3. Insurance carrier; or
  4. Claims processing representative.
- G.** The person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section shall file with the claims manager a written response to the complaint or notice, within 30 days after service by the Commission of the complaint or notice.
- H.** The person or entity filing a written response shall serve a copy of the response upon the complainant, or the complainant’s authorized representative, if represented.
- I.** If the person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section fails to file a written response, the Commission shall consider the absence of a response a denial of the allegations of the complaint or notice.
- J.** Upon receipt of a written response, or upon the expiration of 30 days if no response is filed, the Commission shall enter an award as it deems, in its discretion, appropriate under A.R.S. §§ 23-930(B) or (C).

**Historical Note**

Adopted as an emergency effective February 1, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Amended and readopted as an emergency effective April 29, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Readopted without change as an emergency effective August 1, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Readopted without change as an emergency effective November 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended and readopted as an emergency effective July 11, 1989 (Supp. 89-3). Adopted as a permanent rule effective October 4, 1989 (Supp. 89-4). R20-5-163 recodified from R4-13-163 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-164. Human Immunodeficiency Virus, Hepatitis C, Methicillin-resistant *Staphylococcus Aureus*, Spinal Meningitis and Tuberculosis; Significant Exposure; Employee Notification; Reporting; Documentation; Forms**

- A.** An employer subject to the Act shall notify its employees of the requirements of A.R.S. §§ 23-1043.02, 23-1043.03, and 23-1043.04 by posting the Commission notices titled “Work Exposure to Bodily Fluids” and “Work Exposure to methicillin-resistant *Staphylococcus Aureus* (MRSA), Spinal Meningitis, or Tuberculosis (TB)” in a conspicuous place immediately next to the “Notice to Employees” notice required under A.R.S. § 23-906(D).
- B.** Properly posted “Work Exposure to Bodily Fluids” and “Work Exposure to Methicillin-resistant *Staphylococcus Aureus* (MRSA), Spinal Meningitis, or Tuberculosis (TB)” notices constitute sufficient notice to employees of the requirements of a prima facie case under A.R.S. §§ 1043.02(B), 23-1043.03(B), and 23-1043.04(B).
- C.** An employer’s insurance carrier, claims processor, or workers’ compensation pool shall provide the notices specified in subsection (A) to the employer. These notices are also available from the Commission upon request.
- D.** An employer shall make readily available to its employees the Commission form described in R20-5-106 titled “Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material.” An employer’s insurance carrier, claims processor, or workers’ compensation pool shall provide the “Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material” to the employer. This form is also available from the Commission upon request.
- E.** If an employee sustains a significant exposure as defined in A.R.S. §§ 23-1043.02(G), 23-1043.03(G), or 23-1043.04(H)(2), the employee shall complete, date, and sign a “Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material” form. The employee or employee’s authorized representative shall give to the employer the com-

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pleted, dated, and signed form. The employer shall return one copy of the completed form to the employee or to the employee's authorized representative. Nothing in this subsection limits the requirements to report an injury or file a claim under the Act.

- F. If an employee submits a written report of a significant exposure to an employer, but does not use the Commission form titled "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material," the employer shall provide the employee the Commission form within five calendar days after receiving the employee's initial written report.
- G. The date of the receipt by the employer or its authorized representative of the employee's initial report is the date used to compute the time period prescribed in A.R.S. §§ 23-1043.02(B)(2), 23-1043.03(B)(2), and 23-1043.04(B)(2) if:
  1. The initial report contains the information required in the "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" form, or
  2. The employee gives to the employer the completed Commission form within 10 calendar days after the employee's receipt of the Commission form.
- H. Failure or refusal by the employer to provide the Commission form to the employee shall not be a defense to a prima facie claim under A.R.S. §§ 23-1043.02(B), 23-1043.03(B), and 23-1043.04(B).
- I. In investigating the circumstances and facts surrounding an employee's report to an employer of a significant exposure under A.R.S. §§ 23-1043.02(C), 23-1043.03(C), and 23-1043.04(C), the employer, or its carrier, or any employees, agents or contractors of either the employer or carrier, shall not disclose to any person, except as authorized or required by law, that the reporting employee, or any witness or alleged source of exposure, may have or did contract the human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, methicillin-resistant *Staphylococcus aureus*, spinal meningitis, or tuberculosis. However, an employer, its carrier or their respective attorneys, may:
  1. Direct an agent to investigate the employee's report of significant exposure, and
  2. Communicate with the investigating agent about the conduct and results of the investigation.
- J. As required under the federal Occupational Safety and Health Standard for Bloodborne Pathogens, 29 CFR 1910.1030, an employer shall pay for the testing required by A.R.S. § 23-1043.02.

**Historical Note**

Adopted effective April 9, 1992 (Supp. 92-2). R20-5-163 recodified from R4-13-163 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 15 A.A.R. 991, effective June 2, 2009 (Supp. 09-2).

**R20-5-165. Calculation of Maximum Average Monthly Wage**  
In using the Bureau of Labor Statistics Employment Cost Index to adopt the amount of an increase to the maximum average monthly wage under A.R.S. § 23-1041(E), the Commission shall use the *Bureau of Labor Statistics, Employment Cost Index for Wages and Salaries, for Civilian Workers, by Occupational Group and Industry, All Workers*, available at <http://www.bls.gov/>.

**Historical Note**

New Section made by final rulemaking at 19 A.A.R. 1925, effective July 10, 2013 (Supp. 13-3).

**ARTICLE 2. REPEALED****R20-5-201. Repealed****Historical Note**

Former Rule I. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-201 recodified from R4-13-201 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-202. Repealed****Historical Note**

Former Rule II. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-202 recodified from R4-13-202 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-203. Repealed****Historical Note**

Former Rule III. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-203 recodified from R4-13-203 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-204. Repealed****Historical Note**

Former Rule IV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-204 recodified from R4-13-204 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-205. Repealed****Historical Note**

Former Rule V. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-205 recodified from R4-13-205 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-206. Repealed****Historical Note**

Former Rule VI; Amended effective February 27, 1975 (Supp. 75-1). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-206 recodified from R4-13-206 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-207. Repealed**

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Former Rule VII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-207 recodified from R4-13-207 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-208. Repealed****Historical Note**

Former Rule VIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-208 recodified from R4-13-208 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-209. Repealed****Historical Note**

Former Rule IX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-209 recodified from R4-13-209 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-210. Repealed****Historical Note**

Former Rule X. R20-5-210 recodified from R4-13-210 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-211. Repealed****Historical Note**

Former Rule XI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-211 recodified from R4-13-211 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-212. Repealed****Historical Note**

Former Rule XII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-212 recodified from R4-13-212 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-213. Repealed****Historical Note**

Former Rule XIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-213 recodified from R4-13-213 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-214. Repealed****Historical Note**

Former Rule XIV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-214 recodified

from R4-13-214 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-215. Repealed****Historical Note**

Former Rule XV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-215 recodified from R4-13-215 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-216. Repealed****Historical Note**

Former Rule XVI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-216 recodified from R4-13-216 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-217. Repealed****Historical Note**

Former Rule XVII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-217 recodified from R4-13-217 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-218. Repealed****Historical Note**

Former Rule XVIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-218 recodified from R4-13-218 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-219. Repealed****Historical Note**

Former Rule XIX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-219 recodified from R4-13-219 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-220. Repealed****Historical Note**

Former Rule XX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-220 recodified from R4-13-220 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-221. Repealed****Historical Note**

Former Rule XXI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-221 recodified from R4-13-221 (Supp. 95-1). Section repealed by final

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rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-222. Repealed****Historical Note**

Former Rule XXII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-222 recodified from R4-13-222 (Supp. 95-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-223. Repealed****Historical Note**

Former Rule XXIII. Section repealed effective July 6, 1993 (Supp. 93-3). R20-5-223 recodified from R4-13-223 (Supp. 95-1). New Section adopted October 9, 1998 (Supp. 98-4). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-224. Repealed****Historical Note**

Former Rule XXIV. Section repealed effective July 6, 1993 (Supp. 93-3). R20-5-224 recodified from R4-13-224 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**ARTICLE 3. EXPIRED****R20-5-301. Expired****Historical Note**

Former Rule I. R20-5-301 recodified from R4-13-301 (Supp. 95-1). Section R20-5-301 repealed; new Section R20-5-301 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-302. Expired****Historical Note**

Former Rule II; Amended effective March 9, 1981 (Supp. 81-2). R20-5-302 recodified from R4-13-302 (Supp. 95-1). Section R20-5-302 repealed; new Section R20-5-302 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-303. Expired****Historical Note**

Former Rule III; Amended effective March 9, 1981 (Supp. 81-2). R20-5-303 recodified from R4-13-303 (Supp. 95-1). Section R20-5-303 repealed; new Section R20-5-303 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-304. Expired****Historical Note**

Former Rule IV; Amended effective March 9, 1981 (Supp. 81-2). R20-5-304 recodified from R4-13-304 (Supp. 95-1). Section R20-5-304 repealed; new Section R20-5-304 adopted effective September 9, 1998 (Supp. 98-3).

98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-305. Expired****Historical Note**

Former Rule V; Former Section R4-13-305 renumbered and amended as Section R4-13-306, new Section R20-5-305 adopted effective March 9, 1981 (Supp. 81-2). R20-5-305 recodified from R4-13-305 (Supp. 95-1). Section R20-5-305 repealed; new Section R20-5-305 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-306. Expired****Historical Note**

Former Rule VI. Former Section R4-13-306 renumbered and amended as Section R4-13-307, former Section R4-13-305 renumbered and amended as Section R4-13-306 effective March 9, 1981 (Supp. 81-2). R20-5-306 recodified from R4-13-306 (Supp. 95-1). Section R20-5-306 repealed; new Section R20-5-306 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-307. Expired****Historical Note**

Former Rule VII. Former Section R4-13-307 renumbered as Section R4-13-309, former Section R4-13-306 renumbered and amended as Section R4-13-307 effective March 9, 1981 (Supp. 81-2). R20-5-307 recodified from R4-13-307 (Supp. 95-1). Section R20-5-307 repealed; new Section R20-5-307 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-308. Expired****Historical Note**

Former Rule VIII. Former Section R4-13-308 renumbered as Section R4-13-310, new Section R4-13-308 adopted effective March 9, 1981 (Supp. 81-2). R20-5-308 recodified from R4-13-308 (Supp. 95-1). Section R20-5-308 repealed; new Section R20-5-308 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-309. Expired****Historical Note**

Former Rule IX. Former Section R4-13-309 repealed, former Section R4-13-307 renumbered as Section R4-13-309 effective March 9, 1981 (Supp. 81-2). R20-5-309 recodified from R4-13-309 (Supp. 95-1). Section R20-5-309 repealed; new Section R20-5-309 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-310. Expired****Historical Note**

Former Rule X. Former Section R4-13-310 renumbered and amended as Section R4-13-312, former Section R4-

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13-308 renumbered as Section R4-13-310 effective March 9, 1981 (Supp. 81-2). R20-5-310 recodified from R4-13-310 (Supp. 95-1). Section R20-5-310 repealed; new Section R20-5-310 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-311. Expired****Historical Note**

Former Rule XI. Former Section R4-13-311 repealed, new Section R4-13-311 adopted effective March 9, 1981 (Supp. 81-2). R20-5-311 recodified from R4-13-311 (Supp. 95-1). Section R20-5-311 repealed; new Section R20-5-311 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-312. Expired****Historical Note**

Former Rule XII. Former Section R4-13-312 renumbered as Section R4-13-314, former Section R4-13-310 renumbered and amended as Section R4-13-312 effective March 9, 1981 (Supp. 81-2). R20-5-312 recodified from R4-13-312 (Supp. 95-1). Section R20-5-312 repealed; new Section R20-5-312 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-313. Expired****Historical Note**

Former Rule XIII. Former Section R4-13-313 renumbered and amended as Section R4-13-318 effective March 9, 1981 (Supp. 81-2). R20-5-313 recodified from R4-13-313 (Supp. 95-1). New Section adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-314. Expired****Historical Note**

Former Section R4-13-312 renumbered as Section R4-13-314 effective March 9, 1981 (Supp. 81-2). R20-5-314 recodified from R4-13-314 (Supp. 95-1). Section R20-5-314 repealed; new Section R20-5-314 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-315. Expired****Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-315 recodified from R4-13-315 (Supp. 95-1). Section R20-5-315 repealed; new Section R20-5-315 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-316. Expired****Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-316 recodified from R4-13-316 (Supp. 95-1). Section R20-5-316 repealed; new Section R20-5-316 adopted

effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-317. Expired****Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-317 recodified from R4-13-317 (Supp. 95-1). Section R20-5-317 repealed; new Section R20-5-317 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-318. Expired****Historical Note**

Former Section R4-13-313 renumbered and amended as Section R4-13-318 effective March 9, 1981 (Supp. 81-2). R20-5-318 recodified from R4-13-318 (Supp. 95-1). Section R20-5-318 repealed; new Section R20-5-318 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-319. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-320. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-321. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-322. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-323. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-324. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-325. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297,

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effective January 3, 2017 (Supp. 17-1).

**R20-5-326. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-327. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-328. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-329. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**ARTICLE 4. ARIZONA BOILERS AND LINED HOT WATER HEATERS****R20-5-401. Applicability**

This Article applies to all Boilers, Lined Hot Water Heaters, and Pressure Vessels operated in Arizona, except the following:

1. Boilers, Lined Hot Water Heaters, and Pressure Vessels regulated by the United States Government;
2. Boilers, Lined Hot Water Heaters, and Pressure Vessels operated in private residences or Apartment Complexes of not more than six units; and
3. Boilers, Lined Hot Water Heaters, and Pressure Vessels operated on Indian reservations.
4. A Lined Hot Water Heater that does not exceed any of the following:
  - a. Heat input of 200,000 BTU/hr;
  - b. Water temperature of 210° F; or
  - c. Nominal water containing capacity of 120 gallons.
5. An electric Boiler that does not exceed either of the following:
  - a. Tank volume of one-and-a-half cubic feet; or
  - b. MAWP of 100 pounds per square inch or less, with a pressure relief system to prevent excess pressure.

**Historical Note**

Former Rules B-1.1 and B-1.2. Former Section R4-13-401 repealed, new Section R4-13-401 adopted effective April 12, 1979 (Supp. 79-2). Section R4-13-401 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-401 recodified from R4-13-401 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-402. Definitions**

In addition to the definitions provided in A.R.S. § 23-471, the following definitions apply to this Article:

“Act” means A.R.S. Title 23, Chapter 2, Article 11.

“Alteration” means any change in the item described on the original manufacturer’s data report which affects the pressure-containing capability of the Boiler or Pressure Vessel, including but not limited to:

Nonphysical changes such as an increase in the MAWP either internal or external, or

A reduction in minimum design temperature of a Boiler or Pressure Vessel requiring additional mechanical tests.

“ANSI” means American National Standards Institute, Inc.

“Apartment Complex” means a building with multiple family dwelling units, not used for commercial purposes, including condominiums and townhouses, where Boilers are located in a common area outside of the individual dwelling units, such as a Boiler room.

“Applicant” means an individual requesting permission to act as a Special Inspector under A.R.S. § 23-485.

“ASME” means the American Society of Mechanical Engineers.

“Authorized Inspector” means an Authorized Representative under A.R.S. § 23-471(1) or a Special Inspector under A.R.S. § 23-485.

“Blowdown Tank” or “Blowdown Separator” means an ASME-stamped vessel designed to receive discharged steam or hot water from a Boiler blowoff or blowdown piping system.

“BTU” means British thermal units.

“Condemned” means a Boiler or Lined Hot Water Heater that has been inspected and found to be unsafe by an Authorized Inspector and has been stamped or tagged with the code XXX AZ8 XXX.

“CSD-1” means Controls and Safety Devices for Automatically Fired Boilers, published by ASME, incorporated by reference in R20-5-404(A)(4).

“Direct Fired Jacketed Steam Kettle” means a jacketed steam kettle having its own source of energy, such as gas or electricity for generating steam within the jacket’s walls.

“External Inspection” means an examination of a Boiler or Lined Hot Water Heater performed by an Authorized Inspector when the Boiler or Lined Hot Water Heater is in operation.

“Forced Circulation Lined Hot Water Heater” means a Lined Hot Water Heater used for potable water, a Lined Hot Water Heater requiring movement of water to prevent overheating and failure of the tubes or coils, and has no definitive waterline.

“Fully Attended Power Boiler” means a Power Boiler that is operated by an individual who meets the requirements of R20-5-408(D), and whose primary function is the care, maintenance, and operation of the Boiler and the equipment associated with the Boiler system.

“Historical Boilers” means steam Boilers preserved, restored, or maintained for hobby or demonstration use.

“HS” means heating surface.

“Inspection Certificate” means a document issued by the Division for the operation of a Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle when a Certificate Inspection has been successfully completed.

“Internal Inspection” means a complete examination of the internal and external surfaces of a Boiler or Lined Hot Water Heater by an Authorized Inspector after the Boiler or Lined Hot Water Heater is shut down.

“Kw” means kilowatt.

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“MAWP” means maximum allowable working pressure.

“National Board Commissioned Inspector” means an individual who holds a valid and current National Board Commission issued by the National Board of Boiler and Pressure Vessel Inspectors.

“National Board Registration Number” means a unique number issued to a Boiler, Lined Hot Water Heater, or Pressure Vessel by the manufacturer and recorded with the National Board of Boiler and Pressure Vessel Inspectors.

“NFPA” means National Fire Protection Association.

“Non-Standard Boiler” means any Boiler, Lined Hot Water Heater, or Pressure Vessel that is not constructed or maintained to the standards incorporated by reference of this Article.

“Out of Service” means to either: (1) physically sever or disconnect all sources of energy (water, gas, fuel, electricity, etc.); cap all fuel lines; and disconnect or remove all electrical lines from the Boiler, Lined Hot Water Heater, or Pressure Vessel; or (2) to lock out and tag out the Boiler, Hot Water Heater, or Pressure Vessel per 29 C.F.R. §1910.147, OSHA, General Industry Regulations.

“Portable Boiler” means a Boiler permanently affixed to a trailer with wheels, that is totally self-contained while operating, and not attached to any other object either by pipe, hose, or wire.

“PVHO” means Pressure Vessels for Human Occupancy.

“Relief Valve” means an ASME-stamped automatic pressure relieving device designed for liquid service which is actuated by the pressure upstream of the valve and opens further with an increase in pressure above the stamped pressure.

“Repairs” means work necessary to restore a Boiler, Lined Hot Water Heater, or Pressure Vessel to operating condition that complies with this Article.

“Safety Relief Valve” means an ASME-stamped automatically pressure-actuated relieving device designed for use either as a Safety Valve or as a Relief Valve.

“Safety Valve” means an ASME-stamped automatic pressure relieving device designed for steam or vapor service which is actuated by the pressure upstream of the valve and characterized by full opening pop-action.

“Secondhand” means a Boiler, Lined Hot Water Heater, or Pressure Vessel that has changed both location and ownership since original installation.

“Serves” means either mailing to the last known address of the receiving party, or transmitting by other means, including electronic transmission, with the written consent of the receiving party.

“Shelter” means a permanent structure that provides protection from the weather.

“Special Inspector” means an inspector who is issued a Special Inspector Certificate under R20-5-420.

“State Identification Number” means a unique number assigned by the Division to a Boiler, Lined Hot Water Heater, or Pressure Vessel installed in Arizona.

“User” means a person or entity that does not have legal title to a Boiler, Lined Hot Water Heater, or Pressure Vessel, but has control and responsibility for the operation of a Boiler, Lined Hot Water Heater, or Pressure Vessel.

**Historical Note**

Former Rules B-2.1 through B-2.6. Former Section R4-13-402 repealed, new Section R4-13-402 adopted effective April 12, 1979 (Supp. 79-2). Amended effective March 31, 1981 (Supp. 81-2). Amended effective May

11, 1981 (Supp. 81-3). Amended effective May 31, 1985 (Supp. 85-3). Section R4-1-402 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-402 recodified from R4-13-402 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-403. Repealed****Historical Note**

Former Rules B-3.1 through B-3.3. Former Section R4-13-403 repealed, new Section R4-13-403 adopted effective April 12, 1978 (Supp. 79-2). Section R4-13-403 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-403 recodified from R4-13-403 (Supp. 95-1). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Repealed by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-404. Standards for Boilers, Lined Hot Water Heaters and Pressure Vessels****A. The following apply to this Article:**

1. An Owner, Operator, or User, of a Boiler, Lined Hot Water Heater or Pressure Vessel installed, repaired, replaced, or reinstalled in Arizona, six months after the effective date of this Article shall comply with the 2019 ASME Boiler and Pressure Vessel Code, Sections I, II, IV, V, VI, VII, VIII Division 1, 2, 3, IX, X, ASME 2020 Code for Pressure Piping B31.1, and 2019 ASME PVHO-1 Safety Standard for Pressure Vessels for Human Occupancy incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the ASME at Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.
2. An Owner, Operator, or User, of a Boiler, Lined Hot Water Heater, or Pressure Vessel installed, repaired, replaced, or reinstalled in Arizona, before the effective date of this Article shall comply with subsection (A)(1), or the ASME Boiler and Pressure Vessel Code in effect at the time of the last installation, repair, replacement, or reinstallation of the boiler Boiler, Lined Hot Water Heater, or Pressure Vessel in Arizona.
3. An Owner, Operator, or User of a gas-fired Lined Hot Water Heater installed, operated, repaired, replaced, or reinstalled in Arizona shall comply with the American National Standard for Gas Water Heaters, ANSI Z21.10.3 2017, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
4. An Owner, Operator, or User, of a Boiler installed, repaired, replaced, or reinstalled in Arizona after the effective date of this Article shall comply with the American National Standard for Controls and Safety Devices

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for Automatically Fired Boilers, ANSI/ASME CSD-1-2018, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the ASME, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.

5. An Owner, Operator, or User, of a Boiler installed, repaired, replaced, or reinstalled in Arizona before the effective date of this Article shall comply with the American National Standard for Controls and Safety Devices for Automatically Fired Boilers in effect at the time of the last installation, repair, replacement or reinstallation of a Boiler in Arizona. As an alternative, an Owner, Operator, or User, of a Boiler described in this subsection may comply with subsection (A)(4).
  6. A permanent source of outside air shall be provided for each Boiler and Lined Hot Water Heater room to assure complete combustion of the fuel as required by ANSI Z223.1- 2018, NFPA 54, National Fuel Gas Code incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, at Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
  7. All new Power Boilers installed after the effective date of this subsection, having power piping, welded or mechanically assembled, (pipe, valves, and fittings) falling within the scope of ASME Code, Section I, shall be designed, constructed and listed on the appropriate ASME Code, Section I, manufacturer's data report, P-2A, P-4A, P-4B, P-6 as applicable, incorporated by reference in R20-5-404(A)(1).
  8. An Owner, Operator, or User, of a Boiler installed, repaired, replaced, or reinstalled in Arizona having a capacity equal to or greater than 12,500,000 BTU/hr input after the effective date of this subsection shall comply with ANSI NFPA 85, Boiler and Combustion Systems Hazards Code, 2019 edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, at Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
- B.** The following registration requirements apply to this Article;
1. All Boilers, Lined Hot Water Heaters, and Pressure Vessels, including reinstalled and Secondhand Boilers, shall be registered with the National Board of Boiler and Pressure Vessel Inspectors except for:
    - a. Non-Standard Boilers installed up to six months after the effective date of this Section,
    - b. Cast iron Boilers, and
    - c. Cast aluminum Boilers.
  2. All fired and unfired Pressure Vessels installed or reinstalled on or after July 1, 2009, shall be registered with the National Board of Boiler and Pressure Vessel Inspectors.
- C.** The following installation, maintenance, and repair requirements apply to this Article.
1. An Owner, Operator, or User shall maintain a signed copy of the Manufacturer's Data Report, and Manufacturer's/Installing Contractors Report for ASME CSD-1, if applicable for a Boiler, Lined Hot Water Heater, or Pressure Vessel at the location of the Boiler Lined Hot Water Heater, or Pressure Vessel and make the reports available for review upon request from an Authorized Inspector.
  2. A Boiler shall have masonry or structural supports of sufficient strength and rigidity to safely support the Boiler and its contents without any vibration in the Boiler or its connecting piping.
  3. There shall be at least 36 in. (915 mm) of clearance on each side of the Boiler or Lined Hot Water Heater. Alternative clearances according to the manufacturer's recommendations are subject to approval by an Authorized Inspector prior to installation of a Boiler, Lined Hot Water Heater or Pressure Vessel.
  4. A Boiler with a manhole shall have at least five feet clearance between the Boiler manhole and any wall, ceiling, or piping.
  5. A newly constructed Boiler room in excess of 500 square feet of floor area and containing one or more Boilers with a fuel capacity of 1,000,000 BTU /hr or a heating capacity greater than 285 Kw (electric), shall have at least two exits on each level of the Boiler or Boilers. The Owner, Operator, or User shall ensure each exit is remotely located from other exits.
  6. An Owner, Operator, or User shall keep a Boiler, Lined Hot Water Heater, or Pressure Vessel room clean and with no obstructions to the Boiler, Lined Hot Water Heater, or Pressure Vessel.
  7. An Owner, Operator, or User shall not store flammable or explosive materials in a Boiler or Lined Hot Water Heater room.
  8. An Owner, Operator, or User shall not store combustibles any less than three feet from any part of a Boiler, Lined Hot Water Heater, or Pressure Vessel.
  9. If a Boiler, Lined Hot Water Heater, or Pressure Vessel is moved outside Arizona for temporary use or Repairs, the Owner, Operator, or User shall not reinstall the Boiler, Lined Hot Water Heater, or Pressure Vessel in Arizona until receiving verbal or written approval from the Division under R20-5-419. If the Division grants approval the Owner, Operator, or User shall not operate the reinstalled Boiler, Lined Hot Water Heater, or Pressure Vessel until receiving an Inspection Certificate under this Article.
  10. Before a new Power Boiler or Secondhand Boiler or Pressure Vessel is installed, an inspection in accordance with R20-5-408 shall be made by an Authorized Inspector or by a National Board Commissioned Inspector. This inspection is to assess the integrity of the vessel and evaluate the original design specification. Prior to installation, an application shall be filed by the Owner, Operator, or User of the Boiler or Pressure Vessel with the Division for approval. This application shall contain the following information:
    - a. Name of the Owner, Operator, or User;
    - b. Mailing address of Owner, Operator, or User;
    - c. Business telephone number of Owner, Operator, or User;
    - d. Installation name and address;
    - e. Installation date;
    - f. Start up date;



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- g. Name and address of Boiler or Pressure Vessel insurance company;
  - h. Arizona serial number of the Boiler or Pressure Vessel being replaced, if applicable;
  - i. Description of the new, or Secondhand Power Boiler or Pressure Vessel to include:
    - i. Manufacture's name,
    - ii. Date manufactured,
    - iii. MAWP or temperature of Boiler or Pressure Vessel, and
    - iv. National Board registration number;
  - j. Name, address, business phone number, cell phone number, fax number and state contractor's license number of company or individual that will be installing the Boiler or Pressure Vessel;
  - k. Name, title, and phone number of the contact person on the site of installation; and
  - l. Signature, title, and date of the person submitting the application.
11. Before the Owner, Operator, or User installing a Secondhand Boiler or Pressure Vessel, the Boiler or Pressure Vessel shall pass a hydrostatic test that is witnessed by an Authorized Inspector or by any National Board Commissioned inspector in accordance with R20-5-411.
12. An Owner, Operator, or User of a Portable Boiler shall notify an Authorized Inspector before installing the Portable Boiler and shall not operate the Portable Boiler until the Owner, Operator, or User receives an Inspection Certificate from the Division.

**Historical Note**

Former Rules B-4.1 through B-4.3. Former Section R4-13-404 repealed, new Section R4-13-404 adopted effective April 12, 1979 (Supp. 79-2). Amended subsection (P) by adding paragraph (7) and amended subsection (Q) effective October 3, 1980 (Supp. 80-5). Section R4-13-404 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-404 recodified from R4-13-404 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-405. Repealed****Historical Note**

Former Section R4-13-405 repealed effective April 12, 1979 (Supp. 79-2). New Section R4-13-405 adopted effective June 13, 1980 (Supp. 80-3). Section R4-13-405 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-405 recodified from R4-13-405 (Supp. 95-1). Repealed by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-406. Repairs and Alterations**

- A. If Repairs or Alterations may affect the working pressure or safety of a Boiler, Lined Hot Water Heater, or Pressure Vessel, an Owner, Operator, or User shall consult with an Authorized Inspector before having the Repairs or Alterations made. The Authorized Inspector shall provide the Owner, Operator, or User information regarding the best method to repair or alter the Boiler, Lined Hot Water Heater, or Pressure Vessel. The Owner, Operator, or User shall ensure that an Authorized Inspector inspects and approves the Repairs and Alterations after the Repairs or Alterations are made.

- B. Repairs and Alterations to Boilers, Lined Hot Water Heaters, or Pressure Vessels shall conform to the applicable provisions of the National Board Inspection Code, ANSI/NB-23-2019, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007, and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, at 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- C. An Owner, Operator, or User shall not permit an individual to remove or repair a safety appliance of a Boiler, Lined Hot Water Heater, or Pressure Vessel in operation. An Owner, Operator, or User shall not permit a person to remove or repair a safety appliance of a Boiler, Lined Hot Water Heater, or Pressure Vessel not in operation except as provided under the ASME Code. If an Owner, Operator, or User permits a person to remove a safety appliance from a Boiler, Lined Hot Water Heater, or Pressure Vessel as provided under the ASME Code, then the Owner, Operator, or User shall ensure that the safety appliance is reinstalled in proper working order before the Boiler, Hot Water Heater, or Pressure Vessel is placed back into operation.
- D. No person shall alter in any manner a Safety Valve, Relief Valve, or Safety Relief Valve, except by an organization qualified in accordance with The National Board Inspection Code, ANSI/NB-23-2019 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007, and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors at 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- E. Repairs of fittings or appliances shall comply with the requirements of the National Board Inspection Code, ANSI/NB-23 2019 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, at 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- F. On or after the effective date of this subsection, replacement of fittings or appliances shall comply with the requirements of the 2019 ASME Boiler and Pressure Vessel Code, Sections I, II, IV, V, VI, VII, VIII, Division 1, 2, 3, IX, X and 2018 ASME Code for Pressure Piping B31.1, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007. A copy of the incorporated material may also be obtained from ASME, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Former Section R4-13-406 repealed effective April 12, 1979 (Supp. 79-2). New Section R4-13-406 adopted effective June 13, 1980 (Supp. 80-3). Section R4-13-406 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-406 recodified from R4-13-406 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496,

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effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-407. Inspection of Boilers, Lined Hot Water Heaters, Direct Fired Jacketed Steam Kettles and Issuance of Inspection Certificates**

- A.** An Authorized Inspector shall comply with the guidelines set forth in The National Board Inspection Code, ANSI/NB-23-2019 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- B.** If an Owner, Operator, or User fails to comply with the requirements for an inspection or pressure test under this Article, the Division shall withhold the Inspection Certificate until the Owner, Operator, or User complies with the requirements.
- C.** An Authorized Inspector shall not engage in the sale of any object or device relating to, or equipment associated with, Boilers, Lined Hot Water Heaters, or Direct Fired Jacketed Steam Kettles.
- D.** Under A.R.S. § 23-485(D), the Special Inspector shall file an inspection report within 30 days of an inspection by entering data into the Division's Web-based inspection entry form, by submitting a paper inspection report issued by the Division, or by electronic transfer of data. Whatever form of data transfer a Special Inspector chooses, there shall be no cost to the Division. The inspection report shall contain the following:
- Whether it is a Certificate or non-Certificate Inspection;
  - Whether it is an Internal Inspection, External Inspection, or both;
  - Name of location, address and phone number of the object;
  - Name, address and phone number of owner or responsible party;
  - Contact person's name and phone number at the inspection location;
  - State Identification Number;
  - Inspection Certificate due date;
  - Inspection Certificate duration;
  - Install/reinstall date, if known;
  - Whether the object is active, inactive, Out-of-Service, standby, or scrapped;
  - MAWP permitted or allowed;
  - National Board registration number;
  - Name of the manufacturer and the year the object was built;
  - Special location in plant, if applicable;
  - Boiler type;
  - Purpose of the Boiler;
  - Specify type of fuel used;
  - Whether the firing method is automatic, manual, or unknown;
  - Whether the fuel train is in compliance with CSD-1, NFPA 85, Z21.10.3 or other;
  - Whether the Boiler is fully attended as per R20-5-408(C);
  - Size/input rate, as applicable;
  - Size classification (HS/BTU/Kw);
  - Whether the heating surface type is stamped, computed, or unknown;

- Minimum Safety Valve relief capacity required;
  - Whether the minimum Safety Valve relief capacity type is BTU/Hr, lbs/Hr or unknown;
  - Number of temperature/pressure controls, as applicable;
  - Owner number assigned by the Owner to specifically identify object's location;
  - Inspection date;
  - Whether the Inspection Certificate is posted;
  - Safety Valve total capacity;
  - Safety Valve total capacity type (PPH/Hr or BTU/Hr);
  - Safety Valve #1 set pressure;
  - Safety Valve #2 set pressure;
  - Safety Valve #3 set pressure;
  - Safety Valve code stamping (Example: V, HV, UV, UV3.TV, TD, OR NV);
  - Whether the object has been hydro tested;
  - Hydro Test (psi), if applicable;
  - Whether Pressure/Altitude Gage was tested;
  - Whether the condition of the object is okay to issue an Inspection Certificate;
  - Inspection comments, condition of Boiler;
  - Violations noted;
  - Inspector name and Special Inspector number; and
  - National Board Commission number.
- E.** The Division shall issue to an Owner, Operator, or User an Inspection Certificate within 30 calendar days of receipt of an inspection report that documents a Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle that complies with the Act and this Article. An Owner, Operator, or User of a Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle shall post the Inspection Certificate in the establishment where the Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle is located.
- F.** An Owner, Operator, or User shall ensure that an Authorized Inspector tags or stamps a steam Boiler with an identification number immediately after installing, but before operating, a new steam Boiler, or when an Authorized Inspector performs an initial Certificate Inspection of an existing steam Boiler. The identification number shall be at least 5/16" in height and in the following format: AZ-# # # #.
- G.** The Division shall mark with a metal dye stamp a Boiler or Lined Hot Water Heater identified by the Division as not safe for further service, with the code "XXX AZ8 XXX" which shall designate that the Boiler or Lined Hot Water Heater is Condemned.
- H.** For any conditions not covered by this Article, the applicable provisions of the ASME Code that was in effect in Arizona at the time of the installation of the Boiler or Lined Hot Water Heater shall apply.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-407 recodified from R4-13-407 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-408. Frequency of Inspection**

- A.** An Owner, Operator, or User, of an existing Power Boiler or High Temperature Water Boiler shall ensure that an Authorized Inspector performs a Certificate Inspection and/or an External Inspection prior to operating the Power Boiler or

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High Temperature Water Boiler. A Certificate Inspection shall also be performed every 12 months thereafter and an External Inspection of the Power Boiler or High Temperature Water Boiler shall be performed every 12 months thereafter. An Authorized Inspector shall perform the External Inspection while the Power Boiler or High Temperature Water Boiler is in operation to ensure that safety devices are operating properly.

- B.** An Authorized Inspector shall perform an Internal Inspection and pressure test on a Boiler, Lined Hot Water Heater, or Pressure Vessel if the Authorized Inspector determines from an External Inspection of the Boiler, Lined Hot Water Heater, or Pressure Vessel that continued operation is a danger to the public or worker safety.
- C.** The Division shall issue a 12-month Inspection Certificate to an Owner, Operator, or User to operate a Fully Attended Power Boiler if:
1. An Owner, Operator, or User ensures that an Authorized Inspector performs an External Inspection and audit of the operational methods and logs of the Fully Attended Power Boiler at least every 12 months and performs an Internal Inspection of the Fully Attended Power Boiler at least every 36 months; and
  2. Continuous boiler water treatment is under the direct supervision of persons trained and experienced in water treatment for the purpose of controlling and limiting corrosion and deposits; and
  3. Records are available for review, that indicate:
    - a. The date, time, and reason the Boiler is Out of Service; and
    - b. Daily analysis of water samples that adequately show the conditions of the water and elements or characteristics that are capable of producing corrosion or other deterioration to the Boiler or its parts; and
  4. Controls, safety devices, instrumentation, and other equipment necessary for safe operation are current, in service, calibrated, and meet the requirements of an appropriate safety code for the size Boilers, such as NFPA 85, ASME CSD-1 Controls and Safety Devices for Automatically Fired Boilers, National Board Inspection Code ANSI/NB-23, and state requirements; and
  5. Inspection reports of an Authorized Inspector document that the Fully Attended Power Boiler complies with the Act and this Article.
- D.** An Owner, Operator, or User of a Direct-Fired Jacketed Steam Kettle shall ensure that an Authorized Inspector performs a Certificate Inspection at the time of installation, and every 24 months thereafter.
- E.** An Owner, Operator, or User of a steam heating or process Boiler, not exceeding 15 p.s.i. MAWP, steam or vapor, shall ensure that an Authorized Inspector performs a Certificate Inspection and an External Inspection of the heating or process boiler every 24 months.
- F.** An Owner, Operator, or User of a hot water heating, hot water supply Boiler, or Lined Hot Water Heater shall ensure that an Authorized Inspector performs a Certificate Inspection and External Inspection of the hot water heating or hot water supply Boiler or Lined Hot Water Heater at installation. An inspection certificate issued by the Division following an inspection under this subsection shall not state an expiration date.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-408 recodified from R4-13-408 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-409. Notification and Preparation for Inspection**

- A.** An Authorized Inspector shall perform a Certificate Inspection at a time mutually agreeable to the Authorized Inspector and the Owner, Operator, or User.
- B.** Before an Authorized Inspector performs an Internal Inspection of a Boiler, an Owner, Operator, or User shall:
1. Cool the furnace and combustion chambers;
  2. Drain the water from the Boiler;
  3. Remove the manhole and handhole plates, wash-out plugs, inspection plugs in water column connections, and disassemble all low-water fuel cutoff float chambers or bowls;
  4. Remove insulation or brickwork if necessary to determine the condition of the Boiler, headers, furnace, supports, and other parts;
  5. Remove the pressure gauge for testing;
  6. Prevent any leakage of steam or hot water into the boiler by disconnecting the involved pipe or valve;
  7. Close, tag, and padlock the non-return and steam stop valves before opening the manhole or handhole covers and entering any part of the steam generating unit that is connected to a common header with other Boilers. Open the free blow drain or cock between the non-return and steam stop valves;
  8. Close, tag, and padlock the blowoff valves after draining the Boiler; and
  9. Open all drains and vent lines.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-409 recodified from R4-13-409 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-410. Report of Accident**

An Owner, Operator, or User shall notify the Division within 24 hours of an explosion, severe overheating, or personal injury involving a Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle. A person shall not remove or disturb the involved Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle or parts of the Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle before an investigation by an Authorized Inspector, except for the purpose of preventing personal injury or limiting consequential damage.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-410 recodified from R4-13-410 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-411. Hydrostatic Tests**

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The Owner, Operator, or User of a Boiler shall perform a hydrostatic or pneumatic pressure test in accordance with the code incorporated by reference in R20-5-404(A) and R20-5-406(B).

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-411 recodified from R4-13-411 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-412. Automatic Low-water Fuel Cutoff Devices or Combined Water Feeding and Fuel Cutoff Devices**

- A. An Owner, Operator, or User shall ensure that low-water fuel cutoff devices or combined water feeding and fuel cutoff devices do not interfere with an Operator's or Authorized Inspector's ability to safely clean, repair, or inspect a Boiler, Lined Hot Water Heater, or Pressure Vessel.
- B. A low-water fuel cutoff device shall have a pressure rating not less than the set pressure of the Safety Valve or Safety Relief Valve.
- C. In addition to the requirements of subsections (A) and (B), all low-water fuel cutoffs and flow sensing devices shall be constructed and installed in accordance with applicable ASME Code and standards for Boilers and Direct Fired Jacketed Steam Kettle in R20-5-404(A).

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-412 recodified from R4-13-412 (Supp. 95-1).

Amended effective October 9, 1998 (98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-413. Safety and Safety Relief Valves**

- A. A valve shall not be placed between a Safety Valve, Relief Valve, or a Safety Relief Valve and the Boiler, Lined Hot Water Heater, or Pressure Vessel, or between a Safety Valve, Relief Valve, or a Safety Relief Valve and the discharge pipe attached to the Boiler, Lined Hot Water Heater, or Pressure Vessel.
- B. When a Power Boiler is supplied with feed-water directly from a water main without the use of a feeding apparatus, Safety Valves shall not be set at a pressure greater than 94% of the lowest pressure obtained in the water main feeding the Boiler;
- C. Safety Valves, Safety Relief Valves, and Relief Valves shall conform to the requirements of the 2019 ASME Boiler and Pressure Vessel Code, Section I, IV or VIII, July, incorporated by reference as applicable. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ and may be obtained from ASME, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.
- D. The resetting, repairing, and restamping of Safety Valves, Relief Valves, and Safety Relief Valves shall be done by a qualified valve repair organization holding a valid "VR" Certificate of Authorization issued by the National Board of Boiler and Pressure Vessel Inspectors. ASME valve manufac-

turers holding a valid "V," "HV," and "UV" Certificate or Certificates of Authorization may also do this work provided they also have a valid "VR" Certificate of Authorization issued by the National Board of Boiler and Pressure Vessel Inspectors.

- E. With jurisdictional approval, Owner, Operators, and Users of Boilers, Lined Hot Water Heaters, and Pressure Vessels may authorize external adjustments to bring installed Safety Valves, Relief Valves, and Safety Relief Valves back to the stamped set pressure when performed by the Owner's, Operator's, or User's trained, qualified, regular, and full-time employees. Refer to Supplement 7.10 of the National Board Inspection Code for guidelines regarding training, documentation, and the implementation of a quality system for the Owner, Operator, or User employees. All such external adjustments shall be resealed with a metal tag showing the identification of the organization making the adjustments and the date. If any valve repairs are required, they shall be done by a qualified "VR" certificate holder.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-413 recodified from R4-13-413 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-414. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-414 recodified from R4-13-414 (Supp. 95-1).

Repealed by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-415. Boiler Blowdown, Blowoff Equipment and Drains**

- A. Except as provided in this Section, an Owner, Operator, or User of blowdown and blowoff equipment shall comply with the National Board of Boiler and Pressure Vessel Inspectors, A Guide for Blowoff Vessels, NB-27, Revision 1 (1/13), 2012 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- B. Blowdown from a Boiler is a hazard to life and property.
- C. Blowdown from a Boiler shall pass through blowdown equipment that reduces pressure and temperature to levels not exceeding 5 p.s.i.g. and 140° F.
- D. The thickness of a blowdown vessel shall be at least 3/16".
- E. All blowdown equipment shall be fitted with openings that allow cleaning and inspection of the equipment.
- F. Blowdown Separators may be used with Boilers instead of Boiler Blowdown Tanks, provided that Blowdown Separators are operated with a temperature gauge and water cooler to prevent drain water temperature from exceeding 140° F.
- G. In addition to the requirements of subsections (A) through (F), the following requirements apply to blowdown piping, valves and drains for Power Boilers: Each Power Boiler and High

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Temperature Water Boiler shall be installed and maintained according to ASME Code, Section 1 and B31.1, incorporated by reference in R20-5-404, at the time of installation.

**H.** In addition to the requirements of subsections (A) through (F), the following requirements apply to bottom blowdown or drain valves for heating Boilers and Lined Hot Water Heaters:

1. A hot water heating Boiler or Lined Hot Water Heater shall have a bottom blowdown or drain pipe connection fitted with a valve or cock connected with the lowest available water space with the minimum size of blowdown piping and valves as required by ASME Code, Section IV, incorporated by reference, in R20-5-404(A).
2. Discharge outlets of blowdown pipes, Safety Valves, Relief Valves, or Safety Relief Valves, and other piping shall be located and structurally supported to prevent injury to individuals.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-415 recodified from R4-13-415 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-416. Maximum Allowable Working Pressure**

- A.** The ASME Code under which a Boiler, Lined Hot Water Heater, or Pressure Vessel was constructed and stamped shall determine the MAWP.
- B.** If components in the Boiler, or hot water system such as valves, pumps, expansion tanks, storage tanks or piping have a lesser working pressure rating than the Boiler or Lined Hot Water Heater, the pressure setting for the Safety Valve Relief Valve, or Safety Relief Valve on the Boiler or Lined Hot Water Heater shall be based upon the component with the lowest MAWP rating.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-416 recodified from R4-13-416 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-417. Maintenance and Operation of Boilers, Lined Hot Water Heaters and Direct Fired Jacketed Steam Kettles**

- A.** An Owner, Operator, or User of a lined Boiler, Lined Hot Water Heater, or Direct Fired Jacketed Steam Kettle constructed under the ASME Code, Sections I, IV or VIII Division 1, incorporated by reference in R20-5-404(A) shall comply with the manufacturer's maintenance and operation instructions.
- B.** In addition to the requirements of subsection (A), an Owner, Operator, or User of a Boiler constructed under the ASME Code, Sections I, or IV shall comply with the following preventive maintenance schedule if the boiler contains the component or system listed.
  1. On a daily basis, the Owner, Operator, or User shall:
    - a. Test the low-water fuel cutoff and alarm, and
    - b. Check the burner flame for proper combustion.

2. On a weekly basis, the Owner, Operator, or User shall:
  - a. Check for proper ignition, and
  - b. Check the flame failure detection system.
3. On a monthly basis, the Owner, Operator, or User shall:
  - a. Test all fan and air pressure interlocks,
  - b. Check the main burner safety shutoff valve,
  - c. Check the low fire start switch,
  - d. Test fuel pressure and temperature interlocks of oil-fired units, and
  - e. Test the high and low fuel pressure switch of gas-fired units.
4. Every six months, the Owner, Operator, or User shall:
  - a. Inspect burner components;
  - b. Check flame failure system components, such as vacuum tubes, amplifier and relays;
  - c. Check wiring of all interlocks and shutoff valves; and
  - d. Check steam and blowdown piping and valves.
5. Annually, the Owner, Operator, or User shall:
  - a. Replace vacuum tubes, scanners, or flame rods in the flame failure system according to the manufacturer's instructions;
  - b. Check all coils and diaphragms; and
  - c. Test operating parts of all safety shutoff and control valves.
  - d. Unless there is other information to assess their accuracy or reliability, all pressure gages shall be removed, tested, and their readings compared to the readings of a calibrated standard test gage or a dead weight tester.
- C.** An Owner, Operator, or User of a Power Boiler or High Temperature Water Boiler shall designate an individual who meets the requirements of subsection (D) to operate the Boiler. An Owner, Operator, or User may operate the Boiler if the Owner, Operator, or User meets the requirements of subsection (D).
- D.** An Operator or User of a Power Boiler or High Temperature Water Boiler shall meet the following minimum requirements:
  1. Knowledge of and an ability to explain the function and operation of all safety controls of the Boiler,
  2. Ability to start the Boiler in a safe manner,
  3. Knowledge of all safe methods of feeding water to the Boiler,
  4. Knowledge of and the ability to blow down the Boiler in a safe manner,
  5. Knowledge of safety procedures to follow if water exceeds or drops below permissible safety levels, and
  6. Knowledge of and the ability to safely shut down the Boiler.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-417 recodified from R4-13-417 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-418. Non-standard Boilers**

An Owner, Operator, or User shall remove from service a Boiler, Lined Hot Water Heater, or Pressure Vessel that does not bear an ASME stamp unless a variance is requested under R20-5-429.

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**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-418 recodified from R4-13-418 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-419. Request to Reinstall Boiler or Lined Hot Water Heater**

- A. The Division shall grant or deny approval to reinstall a Boiler or Lined Hot Water Heater within three business days after an Owner, Operator, or User requests approval. The order of the Division granting or denying approval shall be in writing.
- B. The Division shall grant approval if the Boiler or Lined Hot Water Heater complies with the Act and this Article. The Division shall deny approval if the Boiler or Lined Hot Water Heater does not comply with the Act and this Article.
- C. An order of the Division denying approval shall be final unless an Owner, Operator, or User requests a hearing under A.R.S. § 23-479 within 15 days after the Division Serves the order. The Owner, Operator, or User requesting a hearing shall have the burden to prove that a Boiler or Lined Hot Water Heater meets the requirements of the Act and this Article.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-419 recodified from R4-13-419 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-420. Special Inspector Certificate under A.R.S. § 23-485**

- A. The Division shall administratively review an Applicant's application for a Special Inspector Certificate under A.R.S. § 23-485 within seven days of receipt of the application to determine if the application is complete. If the application is incomplete, the Division shall notify the Applicant in writing of the missing documentation or information necessary to comply with this Article.
- B. The Division shall deem an application withdrawn if the Applicant fails to file a complete application within ten days of being notified by the Division that the application is incomplete pursuant to subsection A, unless the Applicant obtains an extension to provide the missing information. An Applicant may obtain an extension to submit the missing information by filing a written request with the Division no later than ten days after the Division Serves notice that the application is incomplete, stating the reasons why the Applicant is unable to meet the ten-day deadline.
- C. An application for a Special Inspector Certificate under A.R.S. § 23-485 is deemed complete under subsection (A) when the following is filed with the Division:
  1. Written documentation demonstrating that the Applicant holds a current commission issued by the National Board of Boiler and Pressure Vessel Inspectors; and
  2. Proof of employment as a full-time inspector for a company conducting business in Arizona with a certificate of accreditation as outlined in A.R.S. § 23-485 and whose

duties as an inspector include making inspections of Boilers or Lined Hot Water Heaters to be used or insured by such company and not for resale.

- D. If an Applicant meets the criteria of A.R.S. § 23-485 and subsection (C) of this Section, the Division shall issue a Special Inspector Certificate to the Applicant within 15 calendar days. If an Applicant fails to meet the criteria of A.R.S. § 23-485 and subsection (C) of this Section, the Division shall issue a written notice denying eligibility to the Applicant. The Commission shall deem the notice denying eligibility final if an Applicant does not request a hearing within 15 calendar days after the Division Serves the notice.
- E. A Hearing on the denial of eligibility for a Special Inspector Certificate shall be governed by the following provisions:
  1. A request for hearing protesting a denial of eligibility shall be in writing and signed by the Applicant or the Applicant's legal representative and filed with the Division.
  2. The Commission shall hold a hearing under A.R.S. § 41-1065. The hearing shall be recorded.
  3. The chair of the Commission or designee shall preside over hearings held under this Section. The chair shall apply the provisions of A.R.S. § 41-1062 et seq. to hearings held under this Section and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
  4. A decision of the Commission to deny or grant eligibility for a Special Inspector Certificate shall be based upon the criteria set forth in A.R.S. § 23-485 and this Section and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting. After a decision is rendered at a public meeting, the Commission shall issue a written decision upon hearing which shall include findings of fact and conclusions of law, separately stated. An order of the Commission denying a Special Inspector Certificate is final unless an applicant files a request for review within 15 days after the Commission Serves its order.
  5. A request for review shall be based upon one or more of the following grounds which have materially affected the rights of an Applicant:
    - a. Irregularities in the hearing proceedings or any order or abuse of discretion whereby the Applicant seeking review was deprived of a fair hearing;
    - b. Misconduct by the Division;
    - c. Accident or surprise which could not have been prevented by ordinary prudence;
    - d. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
    - e. Excessive or insufficient sanctions or penalties imposed at hearing;
    - f. Error in the admission or rejection of evidence, or errors of law occurring at, or during the course of, the hearing;
    - g. Bias or prejudice of the Division; and
    - h. The order, decision, or findings of fact are not justified by the evidence or are contrary to law.
  6. The Commission shall issue a decision upon review no later than 30 days after receiving a request for review.
  7. The Commission's decision upon review is final unless an Applicant seeks judicial review as provided in A.R.S. § 23-483.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-

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420 recodified from R4-13-420 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-421. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-421 recodified from R4-13-421 (Supp. 95-1).

**R20-5-422. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-422 recodified from R4-13-422 (Supp. 95-1).

**R20-5-423. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-423 recodified from R4-13-423 (Supp. 95-1).

**R20-5-424. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-424 recodified from R4-13-424 (Supp. 95-1).

**R20-5-425. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-425 recodified from R4-13-425 (Supp. 95-1).

**R20-5-426. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-426 recodified from R4-13-426 (Supp. 95-1).

**R20-5-427. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-427 recodified from R4-13-427 (Supp. 95-1).

**R20-5-428. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-428 recodified from R4-13-428 (Supp. 95-1).

**R20-5-429. Variance**

- A. Any Owner, Operator, or User may apply to the Director for a variance from the requirements of this Article, upon demonstrating the construction, installation, and operation of the Boiler, Lined Hot Water Heater, or Pressure Vessel will maintain the same level of safety as prescribed by this Article. The Director shall issue a variance if the Director determines that the proponent of the variance has demonstrated the construction, installation, and operation of the Boiler, Lined Hot Water Heater, or Pressure Vessel will maintain the same level of safety as prescribed by this Article. The variance issued shall prescribe the construction, installation, operation, maintenance, and repair conditions that the Owner, Operator, or User shall maintain.
- B. A variance may be modified or revoked upon application by an Owner, Operator, or User or the Director, on the Director's own motion at any time after six months from issuance if the

owner or user Owner, Operator, or User has not complied with the variance or if the variance does not protect the health and safety of employees or general public.

- C. The application for a variance shall be made on the form issued by the Division and contains the following information:
  1. Owner, Operator, or User name and company name;
  2. Mailing address;
  3. Telephone number;
  4. Fax number;
  5. Contact person;
  6. Contact person's telephone number;
  7. Address or location of proposed variance;
  8. Type of facility to include;
    - a. Variance description,
    - b. Justification for variance,
    - c. Component or system involved,
    - d. Supporting documentation for variance,
    - e. Identify the statute, rule, code or standard to justify the variance; and
  9. Printed name and title of Owner, Operator, or User, signature of Owner, Operator, or User, and date.
- D. If an Owner, Operator, or User does not agree with the variance issued or revoked by the Director, a request for a hearing under A.R.S. § 23-479 can be made with the Commission.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-430. Forced Circulation Lined Hot Water Heaters**

- A. All water tube or coil-type Lined Hot Water Heaters that require forced circulation to prevent overheating and failure of the tubes or coils shall have a safety control, to prevent burner operation at a flow rate inadequate to protect the Lined Hot Water Heater unit against overheating, at all allowable firing rates. The safety control shall shut down the burner and prevent restarting until an adequate flow is restored. The flow sensing device shall be labeled and listed by a nationally recognized testing agency as a standard for limit controls complying with UL 353. This safety control shall be independent of any other operating controls.
- B. All water tube or coil-type Lined Hot Water Heaters that require forced circulation to prevent overheating and failure of the tubes or coils, shall have a manually operated remote shutdown switch or circuit breaker and shall be located just outside the Lined Hot Water Heater's room door and marked for easy identification. The shutdown switch shall be installed in a manner to safeguard against tampering. If a Lined Hot Water Heater's room door is on the building exterior, the switch shall be located just inside the door. If there is more than one door to the Lined Hot Water Heater's room, there shall be a switch located at each door. The remote shutdown switch or circuit breaker shall disconnect all power to the burner controls.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-431. Code Cases**

Code cases approved for use by ASME are allowed to be used in the design, fabrication and testing of Boilers, Lined Hot Water

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Heaters, and Pressure Vessels provided approval from the boiler chief is obtained prior to use.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**R20-5-432. Historical Boilers**

Historical boilers shall require an initial Certificate Inspection by an Authorized Inspector in accordance with The National Board Inspection Code, followed by a Certificate Inspection every three years thereafter if stored inside a shelter, or annually if stored outdoors. The initial Certificate Inspection shall include ultrasonic thickness testing of all pressure boundaries. Thinning of the pressure retaining boundary shall be monitored and recorded on the inspection report.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3). Amended by final rulemaking at 28 A.A.R. 3952 (December 30, 2022), with an immediate effective date of December 7, 2022 (Supp. 22-4).

**ARTICLE 5. ELEVATOR AND CONVEYANCE SAFETY****R20-5-501. Repealed****Historical Note**

Former Rule E-1. Amended effective November 9, 1979 (Supp. 79-6). R20-5-501 recodified from R4-13-501 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1).

**R20-5-502. Definitions**

In addition to the definitions provided in A.R.S. § 23-491, the following definitions apply to this Article:

“Alteration” or “altered” means work performed to any conveyance that is not routine maintenance or repair.

“ASME” means American Society of Mechanical Engineers.

“ANSI” means American National Standard Institute.

“AZFS key” means Arizona Firefighters Service Key, a universal key used by a firefighter to operate a conveyance during an emergency.

“Chief” means the head inspector of the Elevator Safety Section of the Division of Occupational Safety and Health.

“Conveyance” defined in A.R.S. § 23-491, also includes employee elevators for construction and demolition operations, material lifts, platform lifts, orchestra lifts and stairway chairlifts.

“Elevator Safety Section” means the Elevator Safety Section of the Division of Occupational Safety and Health of the Commission.

“Employee elevator for construction and demolition operations” means an elevator that is not an integral part of a building, is installed inside or outside buildings or structures during construction, alteration, or demolition operations, and is used to raise and lower workers and other personnel.

“Inspection” means the official determination by an inspector of the condition of all parts of the equipment on which the safe operation of a conveyance depends.

“Orchestra lift” means a lift operating at a speed of 15 (4.6 meters) per minute or less, not designed for passenger use, not for moving during performances, providing an extension of the stage, and providing an extension of the auditorium floor.

“Platform lift” means a powered hoisting and lowering mechanism designed to transport mobility-impaired persons on a guided platform that travels on an incline or vertically.

“Stairway chairlift” means a powered hoisting and lowering mechanism that is guided and equipped with a seat to transport seated passengers along stairways.

“State Serial Number” is a unique number assigned by the Chief Elevator Inspector to a conveyance.

**Historical Note**

Former Rule E-2. R20-5-502 recodified from R4-13-502 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-503. Repealed****Historical Note**

Former Rule E-3. R20-5-503 recodified from R4-13-503 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1).

**R20-5-504. Safety Standard for Platform Lifts and Stairway Chairlifts**

- A. Every owner or operator of a platform lift or stairway chairlift installed, repaired, or altered on or after January 1, 2023, shall comply with ASME A18.1-2020 (Safety Standard for Platform Lifts and Stairway Chairlifts), with amendments as of November 29, 2020, which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. Every owner or operator of a platform lift or stairway chairlift installed, repaired, or altered prior to January 1, 2023, shall comply with either: (1) ASME A18.1-2005 (Safety Standard for Platform Lifts and Stairway Chairlifts), with amendments as of November 29, 2005; or (2) ASME A18.1-2020 (Safety Standard for Platform Lifts and Stairway Chairlifts), with amendments as of November 29, 2020, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.



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**Historical Note**

Former Rule E-4. R20-5-504 recodified from R4-13-504 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-505. Certificate of Inspection**

The owner or operator of a conveyance shall maintain the Commission's certificate at the same location as the conveyance or related equipment and make the certificate available for inspection and copying upon request. The State Serial Number or certificate shall be posted or displayed in or within close proximity to the conveyance in a location that is easily accessible.

**Historical Note**

Former Rule E-5. R20-5-505 recodified from R4-13-505 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-506. Recordkeeping**

- A. The Elevator Safety Section shall assign a State Serial Number to every conveyance for recordkeeping purposes. The State Serial Number shall be on a tag that is affixed to the controller or mainline disconnect of the conveyance.
- B. The owner or operator of a conveyance shall notify the Elevator Safety Section at least 90 days before installation, relocation, or alteration of a conveyance.
- C. The owner or operator of a conveyance shall notify the Elevator Safety Section within 24 hours of every accident resulting in injury to a person or disabling damage to a conveyance. For purposes of this subsection, disabling damage means any damage to a conveyance that impairs normal operations.

**Historical Note**

Former Rule E-6. Amended effective November 9, 1979 (Supp. 79-6). R20-5-506 recodified from R4-13-506 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-507. Safety Code for Elevators, Escalators, Dumbwaiters, Moving Walks, Material Lifts, Special Purpose Personnel Elevators, and Dumbwaiters with Automatic Transfer Devices**

- A. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, special purpose personnel elevator, or dumbwaiter with automatic transfer device installed, repaired, or altered on or after January 1, 2023, shall comply with the ASME A17.1-2019 (Safety Code for Elevators and Escalators) or ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators) as referenced in ASME A17.1-2019, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not

include any later amendments or editions of the incorporated matter.

- B. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, special purpose personnel elevator, or dumbwaiter with automatic transfer device installed, repaired, or altered between May 5, 2009, and December 31, 2022, shall comply with either: (1) ASME A17.1-2019 (Safety Code for Elevators and Escalators); (2) ASME A17.1-2007 (Safety Code for Elevators and Escalators); or (3) ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators), as referenced in ASME A17.1-2019 and ASME A17.1-2007, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- C. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, special purpose personnel elevator, or dumbwaiter with automatic transfer device installed, repaired, or altered before May 5, 2009, shall comply with either: (1) ASME A17.1-2019 (Safety Code for Elevators and Escalators); (2) ASME A17.1-2007 (Safety Code for Elevators and Escalators); (3) ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators), as referenced in ASME A17.1-2019 and A17.1-2007; or (4) the version of ASME A17.1 (Safety Code for Elevators and Escalators) in effect at the time of installation, which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- D. For installations of a residential elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with an automatic transfer device, installed after February 6, 2020, the distance between the hoistway face of the hoistway doors and the hoistway edge of the landing sill shall not exceed 19 mm (0.75 in.) for swinging doors and 57 mm (2.25 in.) for sliding doors.
- E. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and may be obtained from ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Former Rule R4-13-507 repealed, new Section R4-13-507 adopted effective November 9, 1979 (Supp. 79-6). Amended effective March 30, 1981 (Supp. 81-2). Amended effective June 23, 1983 (Supp. 83-3). Amended effective July 24, 1985 (Supp. 85-4). Amended effective September 5, 1989 (Supp. 89-3). Amended effective March 20, 1992 (Supp. 91-2). R20-5-507 recodified from R4-13-507 (Supp. 95-1). Amended effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 2935, effective August 4, 1999 (Supp. 99-3). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 25 A.A.R. 2182, with an immediate effective date of August 6, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 311, with an immediate effective date of February 6, 2020 (Supp. 20-1). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective

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date of January 9, 2023 (Supp. 23-1).

**R20-5-508. Safety Standard for Manlifts**

- A. Every owner or operator of a manlift installed, repaired, or altered on or after January 1, 2023, shall comply with ASME A90.1-2015 (Safety Standard for Belt Manlifts), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. Every owner or operator of a manlift installed, repaired, or altered prior to January 1, 2023, shall comply with either: (1) ASME A90.1-2015 (Safety Standard for Belt Manlifts); or (2) ASME A90.1-2003 (Safety Standard for Belt Manlifts), which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Adopted effective November 9, 1979 (Supp. 79-6). R20-5-508 recodified from R4-13-508 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-509. Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Operations**

- A. Every owner or operator of a personnel hoist or employee elevator for construction and demolition operation installed, repaired, or altered on or after January 1, 2023, shall comply with ANSI A10.4-2016 (Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Sites), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. Every owner or operator of a personnel hoist or employee elevator for construction and demolition operation installed prior to January 1, 2023, shall comply with either: (1) ANSI A10.4-2016 (Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Sites); or (2) ANSI A10.4-2007 (Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Sites), which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ANSI at 25 West 43rd

Street, 4th Floor, New York, New York, 10036 or at <http://www.ansi.org>.

**Historical Note**

Adopted effective November 9, 1979 (Supp. 79-6). Amended effective June 23, 1983 (Supp. 83-3). R20-5-509 recodified from R4-13-509 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-510. Safety Requirements for Material Hoists**

- A. Every owner or operator of a material hoist installed, repaired, or altered on or after January 1, 2023, shall comply with ANSI A10.5-2020 (Safety Requirements for Material Hoists), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. Every owner or operator of a material hoist installed, repaired, or altered prior to January 1, 2023, shall comply with either: (1) ANSI A10.5-2020 (Safety Requirements for Material Hoists); or (2) ANSI A10.5-2006 (Safety Requirements for Material Hoists), which are incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. These incorporations by reference do not include any later amendments or editions of the incorporated matter.
- C. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ANSI at 25 West 43rd Street, 4th Floor, New York, New York, 10036 or at <http://www.ansi.org>.

**Historical Note**

Adopted effective November 9, 1979 (Supp. 79-6). Amended effective June 23, 1983 (Supp. 83-3). R20-5-510 recodified from R4-13-510 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-511. Repealed****Historical Note**

Adopted effective March 30, 1981 (Supp. 81-2). R20-5-511 recodified from R4-13-511 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Repealed by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-512. Expired****Historical Note**

Adopted effective March 30, 1981 (Supp. 81-2). R20-5-512 recodified from R4-13-512 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 2320,

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effective May 19, 2005 (Supp. 05-2).

**R20-5-513. Firefighters' Emergency Operation**

All conveyances equipped with firefighters' emergency operation shall utilize the AZFS key.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-514. Standard for Elevator Suspension, Compensation, and Governor Systems**

- A. Every owner or operator of an elevator with elevator suspension, compensation, or governor systems installed, repaired, or altered on or after the effective date of this subsection shall comply with ASME A17.6-2017 (Standard for Elevator Suspension, Compensation, and Governor Systems), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. A copy of the referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**R20-5-515. Safety Requirements for Stage and Orchestra Lifts**

- A. Every owner or operator of a stage lift installed, repaired, or altered on or after the effective date of this section shall comply with ANSI E1.42-2018 (Entertainment Technology - Design, Installation, and Use of Orchestra Pit Lifts), which is incorporated by reference. For purposes of a repair or alteration, compliance with the specified standard shall apply, to the extent possible, to the scope of the repair or alteration. This incorporation by reference does not include any later amendments or editions of the incorporated matter.
- B. A copy of the reference material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ANSI at 25 West 43rd Street, 4th Floor, New York, New York, 10036 or at <http://www.ansi.org>.

**Historical Note**

New Section made by final rulemaking at 29 A.A.R. 512 (February 3, 2023), within an immediate effective date of January 9, 2023 (Supp. 23-1).

**ARTICLE 6. OCCUPATIONAL SAFETY AND HEALTH STANDARDS****R20-5-601. The Federal Occupational Safety and Health Standards for Construction, 29 CFR 1926**

Each employer shall comply with the standards in the Federal Occupational Safety and Health Standards for Construction, as published in 29 CFR 1926, with amendments as of February 24, 2021, incorporated by reference. Copies of these referenced materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing

Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to construction activity by all employers, both public and private, in the state of Arizona. This incorporation by reference does not include amendments or editions to 29 CFR 1926 published after February 24, 2021.

**Historical Note**

Editorial correction (Supp. 75-1). Amended as an emergency effective November 16, 1977 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Amended as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-601 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective June 17, 1981 (Supp. 81-3). Amended effective November 14, 1984 (Supp. 84-6). Amended effective March 3, 1987 (Supp. 87-1). Amended effective April 22, 1988; amended effective May 26, 1988 (Supp. 88-2). Amended effective October 14, 1988 (Supp. 88-4). Amended effective September 14, 1989 (Supp. 89-3). Amended effective April 2, 1990 (Supp. 90-2). Amended effective August 6, 1990 (Supp. 90-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective November 21, 1991 (Supp. 91-4). Amended effective February 28, 1992 (Supp. 91-2). Amended effective October 22, 1992; amended effective December 23, 1992 (Supp. 92-4). Amended effective September 13, 1993 (Supp. 93-3). Amended effective October 21, 1993; amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective November 18, 1994 (Supp. 94-4). Amended effective January 12, 1995; R20-5-601 recodified from R4-13-601 (Supp. 95-1). Amended effective August 28, 1996 (Supp. 96-3). Amended effective April 1, 1997 (Supp. 97-2). Amended effective December 12, 1997 (Supp. 97-4). Amended effective August 27, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 592, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 851, effective February 5, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 2108, effective June 2, 2003 (Supp. 03-2). Amended by final rulemaking at 12 A.A.R. 4102, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 1417, effective March 30, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 2711, effective June 17, 2008 (Supp. 08-2). Amended by final rulemaking at 16 A.A.R. 1469, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1264, effective June 13, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 1492, effective August 5, 2012 by Notice of Public Information at 18 A.A.R. 1653 (Supp. 12-2). Amended by final rulemaking at 18 A.A.R. 3007, effective October 24, 2012 (Supp. 12-4). Amended by final rulemaking at 22 A.A.R. 773, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 22 A.A.R. 1391, effective May 10, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2316, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 1761 (July 22, 2022), with an immediate effective date of July 8, 2022 (Supp. 22-3).

**R20-5-601.01. Expired**

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**Historical Note**

New Section made by exempt rulemaking at 18 A.A.R. 1144, effective May 25, 2012 (Supp. 12-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 290, effective January 15, 2020 (Supp. 20-1).

**R20-5-602. The Federal Occupational Safety and Health Standards for General Industry, 29 CFR 1910**

Each employer shall comply with the standards in Subparts B through Z inclusive of the Federal Occupational Safety and Health Standards for General Industry, as published in 29 CFR 1910, with amendments as of July 14, 2020, incorporated by reference. Copies of these reference materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to general industry activity by all employers, both public and private, in the state of Arizona; provided that this Section shall not apply to those conditions and practices which are the subject of R20-5-601. This incorporation by reference does not include amendments or editions to 29 CFR 1910 published after July 14, 2020.

**Historical Note**

Editorial correction (Supp. 75-1). Amended as an emergency effective November 16, 1977 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). New Section R4-13-602 adopted effective July 30, 1980 (Supp. 80-4). Amended as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-602 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective June 17, 1981 (Supp. 81-3). Amended subsection (A) effective October 1, 1981 (Supp. 81-5). Amended subsection (A) effective March 5, 1982 (Supp. 82-2). Amended subsection (A) effective May 6, 1983 (Supp. 83-3). Amended subsection (A) effective April 6, 1984 (Supp. 84-2). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended subsection (A) effective October 18, 1984 (Supp. 84-5). Editorial correction, amendment October 18, 1984, withdrawn for subsequent certification. Amended effective November 14, 1984, and December 14, 1984 (Supp. 84-6). Amended subsection (A) effective June 9, 1986 (Supp. 86-3). Amended subsection (A) effective March 3, 1987 (Supp. 87-1). Amended subsection (A) effective June 26, 1987 (Supp. 87-2). Amended subsection (A) effective April 22, 1988; amended subsection (A) effective May 26, 1988 (Supp. 88-2). Amended subsection (A) effective October 14, 1988 (Supp. 88-4). Amended effective September 14, 1989 (Supp. 89-3). Amended effective April 2, 1990 (Supp. 90-2). Amended effective August 6, 1990 (Supp. 90-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective November 21, 1991 (Supp. 91-4). Amended effective February 28, 1992 (Supp. 91-2). Amended effective March 20, 1992 (Supp. 91-2). Amended effective June 16, 1992 (Supp. 92-2). Amended effective October 22, 1992; amended effective December 23, 1992 (Supp. 92-4). Amended effective May 14, 1993 (Supp. 93-2). Amended effective September 13, 1993 (Supp. 93-3). Amended effective October 21, 1993; amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective July 19, 1994 (Supp. 94-3). Amended effective November 18, 1994 (Supp. 94-4). Amended effective

January 12, 1995; Amended effective February 10, 1995; R20-5-602 recodified from R4-13-602 (Supp. 95-1). Amended effective August 28, 1996 (Supp. 96-3). Amended effective April 1, 1997 (Supp. 97-2). Amended effective December 12, 1997 (Supp. 97-4). Amended effective August 27, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 592, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 5137, effective October 19, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 2108, effective June 2, 2003 (Supp. 03-2). Amended by final rulemaking at 11 A.A.R. 576, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4102, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 1417, effective March 30, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 2927, effective July 31, 2007 (07-3). Amended by final rulemaking at 14 A.A.R. 193, effective January 8, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 2711, effective June 17, 2008 (Supp. 08-2). Amended by final rulemaking at 14 A.A.R. 4337, effective December 30, 2008 (Supp. 08-4). Amended by final rulemaking at 15 A.A.R. 1564, effective August 31, 2009 (Supp. 09-3). Amended by final rulemaking at 16 A.A.R. 1469, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 109, effective January 12, 2011 (Supp. 11-1). Amended by final rulemaking at 17 A.A.R. 1264, effective June 13, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 1492, effective August 5, 2012 by Notice of Public Information at 18 A.A.R. 1653 (Supp. 12-2). Amended by final rulemaking at 18 A.A.R. 3007, effective October 24, 2012 (Supp. 12-4). Amended by final rulemaking at 22 A.A.R. 773, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 2316, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 1761 (July 22, 2022), with an immediate effective date of July 8, 2022 (Supp. 22-3).

**R20-5-602.01. Subpart T, Commercial Diving Operations**

Each employer shall comply with the standards in Subpart T of the Federal Occupational Safety and Health Standards for the General Industry as published in 29 CFR 1910, with amendments as specified in R20-5-602, except that the exemption set forth in 29 CFR 1910.401(a)(2)(ii) shall not apply. Subpart T shall apply to any diving operation performed solely for search, rescue, or related public safety purposes by or under the control of a governmental agency.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 193, effective January 8, 2008 (Supp. 08-1).

**R20-5-602.02. Subpart U; COVID-19 Healthcare Standards**

Unless expired or withdrawn by the Federal Occupational Safety and Health Administration and except as otherwise provided in Arizona Revised Statutes (A.R.S.), Title 23, Chapter 2, Articles 8 and 8.1 and A.R.S. § 23-425, each covered employer shall comply with the standards in Subpart U of the Federal Occupational Safety and Health Standards for the General Industry, as published in 29 CFR 1910(U). For purposes of this Section, a “covered employer” means an employer subject to Subpart U, as set forth in 29 CFR 1910.502. Copies of the referenced material is available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Doc-

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uments, Washington, D.C. 20402. This incorporation by reference does not include amendments or editions to 29 CFR 1910(U) published after June 21, 2021.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 589 (March 31, 2022), with an immediate effective date of February 16, 2022 (Supp. 22-1).

**R20-5-603. The Federal Occupational Safety and Health Standards for Agriculture, 29 CFR 1928**

Each employer shall comply with the standards in Subparts A through D inclusive of the Federal Occupational Safety and Health Standards for Agriculture, as published in 29 CFR 1928, with amendments as of March 7, 1996, incorporated by reference and on file with the Office of the Secretary of State. Copies of these referenced materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. This incorporation by reference does not include amendments or editions to 29 CFR 1928 published after March 7, 1996.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Former Section R4-13-603 repealed, new Section R4-13-603 adopted as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-603 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective April 22, 1988 (Supp. 88-2). Amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective November 18, 1994 (Supp. 94-4). Amended effective February 10, 1995. R20-5-603 recodified from R4-13-603 (Supp. 95-1). Amended effective April 1, 1997 (Supp. 97-2).

**R20-5-604. Rules of Agency Practice and Procedure concerning OSHA Access to Employee Medical Records, 29 CFR 1913**

Each employer pursuant to A.R.S. § 23-403(B) shall comply with Federal Regulations, Title 29, Part 1913, with amendments as of May 23, 1980 (amendments of May 23, 1980 on file with the Secretary of State), which are hereby adopted and incorporated by reference as if set forth fully herein. This regulation applies to OSHA Access to Employee Medical Records.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New rule adopted effective November 14, 1984 (Supp. 84-6). R20-5-604 recodified from R4-13-604 (Supp. 95-1).

**R20-5-605. Hoes for Weeding or Thinning Crops**

- A. The use of a hoe with a handle less than four feet in length for weeding or thinning crops is prohibited. This prohibition is based upon the existence of other practical and adequate alternatives to the use of these short-handle hoes.
- B. This rule does not apply to greenhouse or nursery operations.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New Section R4-13-605 adopted effective September 7, 1984 (Supp. 84-5). R20-5-605 recodified from R4-13-605 (Supp. 95-1).

**R20-5-606. State Definition of Terms Used in Adopting Federal Standards Pursuant to R20-5-601, R20-5-602, R20-5-603 and R20-5-604**

For the purposes of the standards enumerated in the federal occupational safety and health standards incorporated into R20-5-601, R20-5-602, R20-5-603, and R20-5-604:

1. "Agency" means the Industrial Commission of Arizona.
2. "Assistant Secretary" means the Director of the Arizona Division of Occupational Safety and Health of the Industrial Commission of Arizona.
3. "Assistant Secretary of Labor for Occupational Safety and Health" means the Director of the Arizona Division of Occupational Safety and Health of the Industrial Commission of Arizona.
4. "Office of the Solicitor of Labor" means Legal Counsel for the Industrial Commission of Arizona.
5. "OSHA" means Arizona Division of Occupational Safety and Health.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New Section R4-13-606 adopted effective May 31, 1985 (Supp. 85-3). R20-5-606 recodified from R4-13-606 (Supp. 95-1).

**R20-5-607. Expired****Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-607 repealed, former emergency adoption effective October 29, 1980, adopted and amended effective March 2, 1981 (Supp. 81-2). R20-5-607 recodified from R4-13-607 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5062, effective September 30, 2003 (Supp. 03-4).

**R20-5-608. Definitions**

In addition to the definitions provided in A.R.S. § 23-401, the following definitions apply to this Article:

"Act" means the Arizona Occupational Safety and Health Act of 1972.

"Compliance Safety and Health Officer" means a person authorized by the Occupational Safety and Health Division, Industrial Commission of Arizona, to conduct inspections.

"Establishment" means a single physical location where business is conducted or where services or industrial operations are performed. (For example: a factory, mill, stores, hotel, restaurant, movie theatre, farm, ranch, bank, sales office, warehouse, or central administrative office.) Where distinctly separate activities are performed at a single physical location (such as contract construction activities from the same physical location as a lumber yard), each activity shall be treated as a separate

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rate physical establishment, and a separate notice or notices shall be posted in each such establishment, to the extent that such notices have been furnished by the Industrial Commission of Arizona, Division of Occupational Safety and Health. Where employers are engaged in activities which are physically dispersed, such as agriculture, construction, transportation, communications, and electric, gas and sanitary services, the notice or notices required by this Section shall be posted at the location to which employees report each day. Where employees do not usually work at, or report to, a single establishment, such as traveling salesmen, technicians, engineers, etc., such notice or notices shall be posted at the location from which the employees operate to carry out their activities. In all cases, such notice or notices shall be posted in accordance with requirements of R20-5-609.

“Working days” means Mondays through Fridays but shall not include Saturdays, Sundays, or state holidays. In computing 15 working days, the day of the receipt of any notice shall not be included, and the last day of the 15 working days shall be included.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-608 repealed, new Section R4-13-608 adopted effective March 2, 1981 (Supp. 81-2). R20-5-608 recodified from R4-13-608 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-609. Posting of Notice: Availability of the Act, Regulations and Applicable Standards**

- A. Each employer shall post and keep posted a notice or notices, to be furnished by the Industrial Commission of Arizona, Division of Occupational Safety and Health, informing employees of the protections and obligations provided for in the Act, and that for assistance and information, including copies of the Act and of specific safety and health standards, employees should contact the employer or the nearest office of the Industrial Commission. Such notice or notices shall be posted by the employer in each establishment in a conspicuous place or places where notices to employees are customarily posted. Each employer shall take steps to ensure that such notices are not altered, defaced, or covered by other material.
- B. Copies of the Act, all regulations published in this Chapter and applicable standards will be available at all offices of the Arizona Division of Occupational Safety and Health. If an employer has obtained copies of these materials, the employer shall make them available upon request to any employee or the employee’s authorized representative for review in the establishment where the employee is employed on the same day the request is made or at the earliest time mutually convenient to the employee or the employee’s authorized representative and the employer.
- C. Any employer failing to comply with the provisions of this Section shall be subject to citation and penalty in accordance with the provisions of A.R.S. § 23-418.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days

(Supp. 80-5). Former Section R4-13-609 repealed, former Section R4-13-608 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-609 effective March 2, 1981 (Supp. 81-2).

R20-5-609 recodified from R4-13-609 (Supp. 95-1).

Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-610. Authority for Inspection**

- A. The Director of the Division of Occupational Safety and Health or the Director’s authorized representative upon presentation of credentials shall be permitted to enter without delay and at reasonable times any factory, plant, establishment, construction site, or other area, or place of environment where work is performed by an employee of an employer; to inspect and investigate during regular working hours and in a reasonable manner, any such place of employment, and all pertinent conditions, structures, machines, apparatus, devices, equipment and materials therein; to question privately any employer, owner, operator, agent or employee and to review records required by the Act and regulations published in this Article and other records which are directly related to the purpose of the inspection.
- B. Representatives of the Secretary of Health, Education, and Welfare are authorized to make inspections and to question employers and employees in order to carry out the functions of the Secretary of Health, Education, and Welfare under the Williams-Steiger Occupational Safety and Health Act. Inspections conducted by Department of Labor Compliance Safety and Health Officers and representatives of the Secretary of Health, Education and Welfare under Section 8 of the Williams-Steiger Occupational Safety and Health Act and pursuant to 29 CFR Part 1903 shall not affect the authority of any state to conduct inspections in accordance with agreements and plans under Section 18 of the Williams-Steiger Occupational Safety and Health Act.
- C. Prior to inspecting areas containing information which is classified by an agency of the United States government in the interests of national security, Compliance Safety and Health Officers shall have obtained the appropriate security clearance.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-610 repealed, former Section R4-13-609 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-610 effective March 2, 1981 (Supp. 81-2). R20-5-610 recodified from R4-13-610 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-611. Objection to Inspection**

- A. Upon a refusal to permit a Compliance Safety and Health Officer, in the exercise of official duties, to enter without delay and at reasonable times any place of employment or any place therein, to inspect, to review records, or to privately question any employer, owner, operator, agent, or employee, in accordance with R20-5-610, or to permit a representative of employees to accompany the Compliance Safety and Health Officer during the physical inspection of any workplace in accordance with R20-5-615, the Compliance Safety and Health Officer shall terminate the inspection or confine the

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inspection to other areas, conditions, structures, machines, apparatus, devices, equipment, materials, records, or interviews concerning which no objection is raised. The Compliance Safety and Health Officer shall endeavor to ascertain the reason for such refusal and shall immediately report the refusal and the reason therefore to the Director of the Division. The Director shall immediately consult with the Industrial Commission and its legal counsel, who shall promptly take appropriate action, including compulsory process if necessary.

- B. Compulsory process may be sought in advance of an inspection or reinvestigation if, in the judgment of the Director of the Division and the Industrial Commission Chief Legal Counsel, circumstances exist including but not limited to specific evidence of an existing violation or reasonable legislative or administrative standards for conducting an inspection which make pre-inspection process desirable or necessary.
- C. With the approval of the Industrial Commission, and the Industrial Commission Chief Legal Counsel, compulsory process may also be obtained by the Director of the Division or the Director's designee.
- D. For purposes of this Section, the term compulsory process shall mean the institution of any appropriate action, including ex parte application for an inspection warrant or its equivalent.

**Historical Note**

Adopted effective June 19, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-611 repealed, former Section R4-13-610 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-611 effective March 2, 1981 (Supp. 81-2). R20-5-611 recodified from R4-13-611 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-612. Entry Not a Waiver**

Any permission to enter, inspect, review records, or question any person shall not imply or be conditioned upon a waiver of any cause of action, citation, or penalty under the Act. Compliance Safety and Health Officers are not authorized to grant any such waiver.

**Historical Note**

Adopted effective June 19, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-612 repealed, former Section R4-13-611 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-612 effective March 2, 1981 (Supp. 81-2). R20-5-612 recodified from R4-13-612 (Supp. 95-1).

**R20-5-613. Advance Notice of Inspections**

- A. Advance notice of inspections may not be given except in the following situations:
  - 1. In cases of apparent imminent danger, to enable the employer to abate the danger as quickly as possible;
  - 2. In circumstances where the inspection can most effectively be conducted after regular business hours or where special preparations are necessary for an inspection;

- 3. Where necessary to ensure the presence of representatives of the employer and employees or the appropriate personnel needed to aid in an inspection; and
- 4. In other circumstances where the Division Director determines that the giving of advance notice would enhance the probability of an effective and thorough inspection.

- B. In the situations described in subsection (A) of this Section, advance notice of inspections may be given only if authorized by the Division Director. When advance notice is given, it shall be the employer's responsibility promptly to notify the authorized representative of employees of the inspection, if the identity of such representative is known to the employer. (See rule R20-5-615(B) as to situations where there is no authorized representative of employees.) Upon the request of the employer, the Compliance Safety and Health Officer will inform the authorized representative of employees of the inspection, provided that the employer furnishes the Compliance Safety and Health Officer with the identity of such representative and with such other information as is necessary to enable the Compliance Safety and Health Officer promptly to inform such representative of the inspection. An employer who fails to comply with the obligation under this subsection promptly to inform the authorized representative of the employees of the inspection or to furnish such information as is necessary to enable the Compliance Safety and Health Officer to promptly inform such representative of the inspection may be subject to citation and penalty under A.R.S. § 23-408. Advance notice in any of the situations described in subsection (A) of this Section shall not be given more than 24 hours before the inspection is scheduled to be conducted, except in apparent imminent danger situations and other unusual circumstances.

**Historical Note**

Adopted effective July 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-613 repealed, former Section R4-13-612 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-613 effective March 2, 1981 (Supp. 81-2). R20-5-613 recodified from R4-13-613 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-614. Conduct of Inspections**

- A. At the beginning of an inspection, Compliance Safety and Health Officers shall present their credentials to the owner, operator, or agent in charge at the establishment; explain the nature and purpose of the inspection; and indicate generally the scope of the inspection and the records specified in R20-5-610 which they wish to review.
- B. Compliance Safety and Health Officers shall have authority to take environmental samples and to take or obtain photographs related to the purpose of the inspection, employ other reasonable investigative techniques, and question privately any employer, owner, operator, agent or employee of an establishment.
- C. In taking photographs and samples, Compliance Safety and Health Officers shall take reasonable precautions to ensure that such actions with flash, spark producing, or other equipment would not be hazardous. Compliance Safety and Health Officers shall comply with all employer safety and health rules and practices at the establishment being inspected, and they

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shall wear and use appropriate protective clothing and equipment.

- D. The conduct of inspections shall be such as to preclude unreasonable disruption to the operations of the employer's establishment.
- E. At the conclusion of an inspection, a Compliance Safety and Health Officer shall confer with the employer or employer representative and informally advise the employer or employer representative of any apparent safety or health violations disclosed by the inspection. During such conference, the employer shall be afforded an opportunity to bring to the attention of the Compliance Safety and Health Officer any pertinent information regarding conditions in the workplace.
- F. Small business inspections, qualifying under the Small Business Bill of Rights A.R.S. § 41-1009, shall be subject to the provisions in A.R.S. § 41-1009.

**Historical Note**

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-614 repealed, former Section R4-13-613 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-614 effective March 2, 1981 (Supp. 81-2).

R20-5-614 recodified from R4-13-614 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-615. Representatives of Employers and Employees**

- A. Compliance Safety and Health Officers shall be in charge of inspections and questioning of persons. A Compliance Safety and Health Officer may permit additional employer representatives and additional representatives authorized by employees if it is determined that such additional representatives will further aid the inspection. A different employer and employee representative may accompany the Compliance Officer during each different phase of an inspection if this will not interfere with the conduct of the inspection.
- B. Compliance Safety and Health Officers shall have authority to resolve all disputes as to who is the representative authorized by the employer and employees for the purpose of this Section. If there is no authorized representative of employees, or if the Compliance Safety and Health Officer is unable to determine with reasonable certainty who is such representative, the Compliance Safety and Health Officer shall consult with a reasonable number of employees concerning matters of safety and health in the workplace.
- C. The representative(s) authorized by employees shall be an employee(s) of the employer. However, if in the judgment of the Compliance Safety and Health Officer, good cause has been shown why accompaniment by a third party who is not an employee is reasonably necessary to the conduct of an effective and thorough physical inspection of the workplace, such third party may accompany the Compliance Safety and Health Officer during the inspection.
- D. Compliance Safety and Health Officers are authorized to deny the right of accompaniment under this Section to any person whose conduct interferes with a fair and orderly inspection. The right of accompaniment in areas containing trade secrets shall be subject to the provisions of R20-5-616(B). With regard to information classified by an agency of the United States government in the interest of national security, only per-

sons authorized to have access to such information may accompany a Compliance Safety and Health Officer in areas containing such information.

- E. An employee of the division or the commission may not:
  1. Before, during or after an inspection or investigation, communicate to an employer that the employer should not be represented by an attorney or that the employer may be treated more favorably by the division or the commission if the employer is not represented by an attorney.
  2. Conduct an audio recording of an oral statement provided during an interview without the knowledge and consent of the person being interviewed. The employee of the division or the commission shall inform the person being interviewed of the person's right to receive a copy of the recorded oral statement within a reasonable time.
  3. Obtain a written statement during an interview without informing the person of the person's right to receive a copy of the written statement within a reasonable time.

**Historical Note**

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-615 repealed, former Section R4-13-614 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-615 effective March 2, 1981 (Supp. 81-2).

R20-5-615 recodified from R4-13-615 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-616. Trade Secrets**

- A. At the commencement of an inspection, the employer may identify areas in the establishment which contain or which might reveal a trade secret. If the Compliance Safety and Health Officer has no clear reason to question such identification, information obtained in such areas, including all negatives and prints of photographs, environmental samples, shall be labeled "confidential-trade secret" and shall not be disclosed except in accordance with provisions of A.R.S. § 23-426.
- B. Upon the request of an employer, any authorized representative of employees under R20-5-615 in an area containing trade secrets shall be an employee in that area or an employee authorized by the employer to enter that area. Where there is no such representative or employee, a Compliance Safety and Health officer shall consult with a reasonable number of employees who work in that area concerning matters of safety and health.

**Historical Note**

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-616 repealed, former Section R4-13-615 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-616 effective March 2, 1981 (Supp. 81-2). R20-5-616 recodified from R4-13-616 (Supp. 95-1).

**R20-5-617. Consultation with Employees**



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Compliance Safety and Health Officers may privately consult with employees concerning matters of occupational safety and health to the extent they deem necessary for the conduct of an effective and thorough inspection. During the course of an inspection, any employee shall be afforded an opportunity to bring any violation of the Act, which the employee has reason to believe exists in the workplace, to the attention of the Compliance Safety and Health Officer.

**Historical Note**

Adopted effective January 21, 1976 (Supp. 76-1).  
 Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-617 repealed, former Section R4-13-616 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-617 effective March 2, 1981 (Supp. 81-2).  
 R20-5-617 recodified from R4-13-617 (Supp. 95-1).  
 Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-618. Complaints by Employees**

- A. A copy of a complaint submitted pursuant to A.R.S. § 23-408 shall be provided to the employer or the employer's agent by the Director of the Division of Occupational Safety and Health or the employers' representative no later than the time of inspection, except that, upon the request of the person giving such notice, the person's name shall not appear in such copy or in any record published, released, or made available by the Arizona Division of Occupational Safety and Health.
- B. If upon receipt of such notification the Division Director determines that the complaint meets the requirements set forth in subsection (A), and that there are reasonable grounds to believe that the alleged violation exists, the Division Director shall cause an inspection to be made as soon as practicable, to determine if such alleged violation exists. Inspections under this Section shall not be limited to matters referred to in the complaint.

**Historical Note**

Adopted effective January 21, 1976 (Supp. 76-1).  
 Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-618 repealed, former Section R4-13-617 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-618 effective March 2, 1981 (Supp. 81-2).  
 R20-5-618 recodified from R4-13-618 (Supp. 95-1).  
 Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-619. Inspection Not Warranted; Informal Review**

If the Division Director determines that an inspection is not warranted because there are no reasonable grounds to believe that a violation or danger exists with respect to a complaint in accordance with A.R.S. § 23-408, the Division Director shall notify the complaining party in writing of such determination. The complaining party may obtain review of such determination by submitting a written statement of position with the Industrial Commission and, at the same time, providing the employer with a copy of such statement by certified mail. The employer may submit an opposing writ-

ten statement of position with the Industrial Commission and, at the same time, provide the complaining party with a copy of such statement by certified mail. Upon the request of the complaining party or the employer, the Industrial Commission, at their discretion, may hold an informal conference in which the complaining party and the employer may orally present their views. After considering all written and oral views presented, the Industrial Commission shall affirm, modify, or reverse the determination of the Division Director and furnish the complaining party and the employer a written notification of their decision and the reasons therefore. The decision of the Industrial Commission shall be final and not subject to further review. Such determination shall be without prejudice to the filing of a new complaint meeting the requirements of A.R.S. § 23-408.

**Historical Note**

Adopted effective May 25, 1977 (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).  
 Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-619 repealed, former Section R4-13-618 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-619 effective March 2, 1981 (Supp. 81-2).  
 R20-5-619 recodified from R4-13-619 (Supp. 95-1).  
 Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-620. Expired****Historical Note**

Adopted effective May 25, 1977 (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).  
 Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-620 repealed, former Section R4-13-619 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-620 effective March 2, 1981 (Supp. 81-2).  
 R20-5-620 recodified from R4-13-620 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5062, effective September 30, 2003 (Supp. 03-4).

**R20-5-621. Citations: Notices of De Minimis Violations**

- A. The Division Director shall review the inspection reports of the Compliance Safety and Health Officer. If, on the basis of the report, the Division Director believes that the employer has violated a requirement of A.R.S. § 23-403, of any standard, rule or order promulgated pursuant to A.R.S. § 23-410 of the Act, or of any substantive rule published in these rules, the Division Director shall, if appropriate, consult with the Industrial Commission's counsel and shall issue to the employer either a citation or notice of de minimis violations. An appropriate citation or notice of de minimis violation shall be issued even though after being informed of an alleged violation by the Compliance Safety and Health Officer, the employer immediately abates, or initiates steps to abate, such alleged violation. Any citation or notice of de minimis violations shall be issued with reasonable promptness after termination of the inspection. No citation may be issued under this rule after the expiration of six months following the occurrence of any alleged violation.
- B. If a citation or notice of de minimis violation issued for a violation alleged in a request for inspection under A.R.S. § 23-

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408, a copy of the citation or notice of de minimis violation shall also be sent to the employee or representative of employees who made such request or notification.

- C. After an inspection, if the Division Director determines that a citation is not warranted with respect to a danger or violation alleged to exist in a request for inspection under A.R.S. § 23-408, the informal review procedures prescribed in rule R20-5-619 shall be applicable. After considering all views presented, the Industrial Commission shall affirm the determination of the Division Director, order a reinspection, or issue a citation if the Industrial Commission believes that the inspection disclosed a violation. The Industrial Commission shall furnish the complaining party and the employer with a written notification of their determination and the reasons therefore. The determination of the Industrial Commission shall be final and not subject to review.
- D. Every citation shall state that the issuance of a citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless a citation is affirmed by the Office of Administrative Hearings or the Review Board.

**Historical Note**

Adopted as an emergency effective May 24, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-620 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-621 effective March 2, 1981 (Supp. 81-2). R20-5-621 recodified from R4-13-621 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-622. Proposed Penalties**

- A. All employers shall be notified of any proposed penalties, issued pursuant to A.R.S. § 23-418 and A.R.S. § 23-418.01, by certified mail or by a signed verification in person.
- B. The Division Director shall determine the amount of any proposed penalty, giving due consideration to the appropriateness of penalty with respect to the size of the business of the employer being charged, the gravity of the violation, the good faith of the employer, quick-fix abatement, and the history of previous violations in accordance with the provisions of A.R.S. § 23-418.
- C. Appropriate penalties may be proposed with respect to an alleged violation even though after being informed of such alleged violation by the Compliance Safety and Health Officer, the employer immediately abates, or initiates steps to abate, such alleged violation. Penalties shall not be proposed for de minimis violations which have no direct or immediate relationship to safety or health.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-621 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-622 effective March 2, 1981 (Supp. 81-2). R20-5-622 recodified from R4-13-622 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R.

2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-623. Posting of Citations**

- A. Upon receipt of any citation under the Act, the employer shall immediately post such citation, or a copy thereof, unedited, at or near each place an alleged violation referred to in the citation occurred, except as provided below. Where, because of the nature of the employer's operations, it is not practicable to post the citation at or near each place of alleged violation, such citation shall be posted, unedited, in a prominent place where it will be readily observable by all affected employees. For example, where employers are engaged in activities which are physically dispersed, the citation may be posted at the location to which the employees report each day. Where employees do not primarily work at or report to a single location, the citation may be posted at the location from which the employees operate to carry out their activities. The employer shall take steps to ensure that the citation is not altered, defaced, or covered by other material. Notices of de minimis violations need not be posted.
- B. Each citation, or a copy thereof, shall remain posted until the violation has been abated, or for three working days, whichever is later. The filing by the employer of a notice of intention to contest under A.R.S. § 23-420 shall not affect the posting responsibility under this rule unless and until the Office of Administrative Hearings and/or Review Board issues a final order vacating the citation.
- C. An employer to whom a citation has been issued may post a notice in the same location where such citation is posted indicating that the citation is being contested before the Office of Administrative Hearings and/or Review Board, and such notice may explain the reasons for such contest. The employer may also indicate that specified steps have been taken to abate the violation.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-622 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-623 effective March 2, 1981 (Supp. 81-2). R20-5-623 recodified from R4-13-623 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-624. Employer and Employee Contests before the Office of Administrative Hearings**

- A. All notices to contest citations and/or penalties shall be submitted to the Division Director and immediately transmitted to the Office of Administrative Hearings in accordance with the Rules of Procedure prescribed by the Industrial Commission.
- B. Any affected employee or employee representative appealing the period allowed an employer to abate a particular violation shall submit the notice of contest to the Division Director who shall immediately transmit such notice to the Office of Administrative Hearings in accordance with the Rules of Procedure prescribed by the Industrial Commission.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-623 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-624 effective March 2, 1981 (Supp. 81-2). R20-5-624 recodified from R4-13-624

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(Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-625. Failure to Abate a Violation for Which a Citation Has Been Issued**

- A. All employers failing to abate an alleged violation for which a citation has been issued, within the period permitted for its abatement, shall be notified of such failure and any proposed penalties issued pursuant to A.R.S. § 23-418 by certified mail or by signed verification in person.
- B. All notices to contest a notification of failure to abate a violation and of proposed additional penalty shall be submitted to the Division Director and immediately transmitted to the Office of Administrative Hearings in accordance with the Rules of Procedure prescribed by the Industrial Commission.
- C. Each notification of failure to abate a violation and of proposed additional penalty shall state that it shall be deemed to be the final order of the Industrial Commission and not subject to review by any court or agency unless within fifteen working days from the receipt of such notification, the employer notifies the Division Director in writing of the intent to contest the notification or the proposed additional penalty before the Office of Administrative Hearings.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-624 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-625 effective March 2, 1981 (Supp. 81-2). R20-5-625 recodified from R4-13-625 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-626. Informal Conferences**

At the request of an affected employer, employee, or representative of employees, the Industrial Commission, or their designee, may hold an informal conference for the purpose of discussing any issues raised by an inspection, citation, notice of proposed penalty, or notice of intention to contest. The settlement of any issue at such conference shall be subject to rules and procedures prescribed by the Industrial Commission. If the conference is requested by the employer, an affected employee or an affected employee's representative shall be afforded an opportunity to participate, at the discretion of the Industrial Commission or their designee. If the conference is requested by an employee or representative of employees, the employer shall be afforded an opportunity to participate, at the discretion of the Industrial Commission or their designee. Any party may be represented by counsel in such conference. No such conference or request for such conference shall operate as a stay of any fifteen working day period for filing a notice of intention to contest as prescribed in A.R.S. § 23-417(A).

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-625 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-626 effective March 2, 1981 (Supp. 81-2). R20-5-626 recodified from R4-13-626 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-627. Abatement Verification**

- A. Scope and application. This Section applies to employers, as defined in A.R.S. § 23-401, who receive a citation for a violation of the Arizona Occupational Safety and Health Act.
- B. Definitions
  - 1. Abatement means action by an employer to comply with a cited standard or rule or to eliminate a recognized hazard, as defined in A.R.S. § 23-401, identified by the Division during an inspection.
  - 2. Abatement date means:
    - a. For an uncontested citation item, the later of:
      - i. The date in the citation for abatement of the violation;
      - ii. The date approved by the Division as a result of a petition for modification of the abatement date (PMA); or
      - iii. The date for abatement completion as established in a citation by an informal conference agreement.
    - b. For a contested citation item for which an administrative law judge has issued a final decision affirming the violation, the later of
      - i. The date identified in the final decision for completion of abatement;
      - ii. The date computed by adding the original period allowed for abatement in the citation to begin 15 days from the final decision date of an administrative law judge; or
      - iii. The date established by a formal settlement agreement.
  - 3. Affected employee means an employee who is exposed to the hazard identified as a violation in a citation.
  - 4. Final order date means:
    - a. The date on which an uncontested citation is deemed final under A.R.S. § 23-417(A); or
    - b. For a contested citation item: The date on which a decision or order of an administrative law judge becomes final under A.R.S. §§ 23-421 or 23-423.
  - 5. Movable equipment means a hand-held or non-hand-held machine or device, powered or unpowered, that is used to do work and is moved within or between workplaces.
- C. Abatement certification.
  - 1. Within 10 calendar days after the abatement date, an employer shall certify to the Division that the employer has abated each cited violation except as provided in subsection (C)(2). An employer may use Appendix A to certify abatement.
  - 2. An employer is not required to certify abatement if a Compliance Safety and Health Officer, during an onsite inspection:
    - a. Observes, within 24 hours after a violation is identified, that abatement has occurred; and
    - b. Notes the abatement action on the citation.
  - 3. An employer's certification that abatement is complete shall include, for each cited violation, in addition to the information required by subsection (H), the completion date and method of abatement and a statement that affected employees and their representatives have been informed of the completed abatement.
- D. Abatement documentation.
  - 1. Within 10 days after the abatement date, an employer shall submit to the Division, documents which evidence that abatement is complete for each willful or repeat violation and for any serious violation for which abatement documentation is required.

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2. Documents which evidence that abatement is complete may include documents for purchase or repair of equipment, photographs or videos of the abatement, or other written records.
- E. Abatement plans.**
1. The Division may require an employer to submit an abatement plan, except for a nonserious violation, when the time permitted for abatement is more than 90 days. The citation shall state that an abatement plan is required. An employer may use Appendix B for an abatement plan.
  2. An employer shall submit an abatement plan for each cited violation within 25 days from the date of a final order when the citation states that a plan is required. In the abatement plan, the employer shall identify:
    - a. The violation,
    - b. The steps necessary to achieve abatement,
    - c. A schedule for completing abatement, and
    - d. How the employer will protect employees from the violative condition until abatement is complete.
- F. Progress reports.**
1. The Division may require an employer who submits an abatement plan under subsection (E), to submit periodic progress reports for each cited violation. If the Division requires a periodic progress report, the citation shall include the following information:
    - a. Periodic progress reports are required and the cited violations for which periodic progress reports are required;
    - b. The date on which an initial progress report must be submitted. The date of the initial progress report shall be no sooner than 30 days after the submission date required for abatement;
    - c. Whether additional progress reports are required; and
    - d. The date on which additional progress reports shall be submitted.
  2. For each violation, the employer shall summarize in the progress report, the action taken to achieve abatement and the date the action was taken.
- G. Employee notification.**
1. An employer shall inform affected employees and the employees' representative of abatement activities covered by this Section by posting a copy of each document submitted to the Division or a summary of the document at the location of the cited violation.
  2. For employers who have mobile work operations, the employer shall:
    - a. Post each document or a summary of the document submitted to the Division in a conspicuous place where it can be readily seen by employees and the employee representative; or
    - b. Take other steps to communicate fully to affected employees and the employees' representative about abatement actions.
  3. The employer shall inform employees and the employees' representative of the right to examine and copy all abatement documents submitted by the employer to the Division.
    - a. An employee or an employee representative shall submit a written request to examine and copy all abatement documents within three working days of receiving notice that the documents have been submitted to the Division.
    - b. An employer shall comply with an employee's or employee representative's written request to examine and copy abatement documents within five working days of receiving the request.
- H. Transmitting abatement documents.**
1. An employer shall include, in each submission required by this Section, the following information:
    - a. The employer's name and address;
    - b. The inspection number to which the submission relates;
    - c. The citation, item number, and location to which the submission relates;
    - d. A statement that the information submitted is accurate; and
    - e. The signature of the employer or the employer's authorized representative.
  2. The date of postmark is the date of submission for mailed documents. For documents transmitted by other means, the date the Division receives the document is the date of submission.
- I. Movable equipment.**
1. For serious, repeat, and willful violations involving movable equipment, an employer shall attach a warning tag or a copy of the citation to the operating controls or to the cited component of equipment that is moved within or between workplaces. The Division shall deem attaching a copy of the citation to the equipment to meet the tagging requirement of subsection (I)(3) and the posting requirement of R20-5-623.
  2. The employer shall use a warning tag to warn employees about the nature of the violation involving the movable equipment and identifies the location of the violation. An employer may use the tag in Appendix C to meet this requirement.
  3. If a violation has not been abated, an employer shall attach a warning tag or a copy of the citation to the equipment as follows:
    - a. For hand-held equipment, the employer shall attach a warning tag or copy of the citation within eight hours after the employer receives the citation; and
    - b. For non-hand-held equipment, the employer shall attach a warning tag or copy of the citation before moving the equipment within or between workplaces.
  4. For the construction industry, a tag that is designed and used in accordance with 29 CFR 1926.20(b)(3) and 29 CFR 1926.200(h) is deemed by the Division to meet the requirements of this Section when the information required by subsection (I)(2) is included on the tag.
  5. An employer shall ensure that the tag or copy of the citation attached to movable equipment is not altered, defaced, or physically covered by other material.
  6. An employer shall ensure that the tag or copy of the citation attached to movable equipment remains attached until:
    - a. The employer has abated the violation and all abatement verification documents required by this Section have been submitted to the Division;

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- b. The employer has permanently removed the cited equipment from service or the cited equipment is no longer within the employer's control; or
- c. The Division, administrative law judge, or Review Board vacates the citation.

**Historical Note**

Adopted effective June 26, 1998 (Supp. 98-2). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**Appendix A. Sample Abatement - Certification Letter (Non-mandatory)**

[Name], Director  
The Industrial Commission of Arizona  
Division of Occupational Safety and Health  
P. O. Box 19070  
Phoenix, Arizona 85005

[Company's Name]  
[Company's Address]  
The hazard referenced in Inspection Number [Insert 9-digit #] for violation identified as:  
Citation [insert #] and item [insert #] was corrected on [insert date] by:

\_\_\_\_\_  
Citation [insert #] and item [insert #] was corrected on [insert date] by:

\_\_\_\_\_  
Citation [insert #] and item [insert #] was corrected on [insert date] by:

\_\_\_\_\_  
Citation [insert #] and item [insert #] was corrected on [insert date] by:

\_\_\_\_\_  
Citation [insert #] and item [insert #] was corrected on [insert date] by:

\_\_\_\_\_  
I attest that the information contained in this document is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

**Historical Note**

Appendix A adopted effective June 26, 1998 (Supp. 98-2).

**Appendix B. Sample Abatement Plan or Progress Report (Nonmandatory)**

(Name), Director  
The Industrial Commission of Arizona  
Division of Occupational Safety and Health  
P. O. Box 19070  
Phoenix, Arizona 85005

[Company's Name]  
[Company's Address]

Check one:

Abatement Plan ☐

Progress Report ☐

Inspection Number \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

Citation Number(s)\* \_\_\_\_\_

Item Number(s)\* \_\_\_\_\_

Action	Proposed Completion Date (for abatement plans only)	Completion Date (for progress reports only)
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....
5. ....	.....	.....

Date required for final abatement: \_\_\_\_\_

I attest that the information contained in this document is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

Name of primary point of contact for questions: (optional)

Telephone number: \_\_\_\_\_

\*Abatement plans or progress reports for more than one citation item may be combined in a single abatement plan or progress report if the abatement actions, proposed completion dates, and actual completion dates (for progress reports only) are the same for each of the citation items.

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**Historical Note**

Appendix B adopted effective June 26, 1998 (Supp. 98-2).

**Appendix C. Sample Warning Tag (Nonmandatory)**

<p><b>O</b></p> <p><b>WARNING:</b></p> <p>EQUIPMENT HAZARD BY ADOSH</p> <p>EQUIPMENT CITED:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>HAZARD CITED:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>FOR DETAILED INFORMATION: SEE ADOSH CITATION POSTED AT:</p> <p>_____</p> <p>_____</p>
---

BACKGROUND COLOR--ORANGE

MESSAGE COLOR--BLACK

**Historical Note**

Appendix C adopted effective June 26, 1998 (Supp. 98-2).

**R20-5-628. Safe Transportation of Compressed Air or Other Gases**

An employer shall not use Polyvinyl Chloride (PVC) piping in a place of employment for the transportation and distribution of compressed air or other compressed gases in an above-ground installation.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1161, effective March 11, 2003 (Supp. 03-1).

**R20-5-629. The Occupational Injury and Illness Recording and Reporting Requirements, 29 CFR 1904**

Each employer shall comply with the standards in the Federal Occupational Safety and Health Standards for Recordkeeping, as published in 29 CFR 1904, with amendments as of July 21, 2023, incorporated by reference. Copies of the incorporated materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to recordkeeping by all employers, both public and private, in the state of Arizona. This incorporation by reference does not include amendments or editions to 29 CFR 1904 published after July 21, 2023.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 874, effective February 19, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 318, effective January 1, 2004 (Supp. 03-4). Amended by final rulemaking at 22 A.A.R. 775, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 2263, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1). Amended by final rulemaking at 28 A.A.R. 1761 (July 22, 2022), with an immediate effective date of July 8, 2022 (Supp. 22-3). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-630. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-640 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-630 effective March 2, 1981 (Supp. 81-2). R20-5-630 recodified from R4-13-631 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-631. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-631 recodified from R4-13-631 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-632. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-632 recodified from R4-13-632 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-633. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-633 recodified from R4-13-633 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-634. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-634 recodified from R4-13-634 (Supp. 95-1).

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Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-635. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-635 recodified from R4-13-635 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-636. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted and amended effective March 2, 1981 (Supp. 81-2). R20-5-636 recodified from R4-13-636 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-637. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective December 14, 1994 (Supp. 94-4). R20-5-637 recodified from R4-13-637 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-638. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-638 recodified from R4-13-638 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-639. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-639 recodified from R4-13-639 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-640. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-641 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-640 effective March 2, 1981 (Supp. 81-2). R20-5-640 recodified from R4-13-640

(Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-641. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-642 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-641 effective March 2, 1981 (Supp. 81-2). R20-5-641 recodified from R4-13-641 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-642. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-643 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-642 effective March 2, 1981 (Supp. 81-2). R20-5-642 recodified from R4-13-642 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-643. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-644 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-643 effective March 2, 1981 (Supp. 81-2). R20-5-643 recodified from R4-13-643 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-644. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-645 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-644 effective March 2, 1981 (Supp. 81-2). R20-5-644 recodified from R4-13-644 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-645. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-646 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-645 effective March 2, 1981 (Supp. 81-2). R20-5-645 recodified from R4-13-645 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-646. Emergency Expired****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days

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(Supp. 80-5). Emergency expired. R20-5-646 recodified from R4-13-646 (Supp. 95-1).

**R20-5-647. Reserved**

**R20-5-648. Reserved**

**R20-5-649. Reserved**

**R20-5-650. Definitions**

As used in Sections R20-5-650 through R20-5-669 inclusive, unless the context clearly requires otherwise:

“Act” means the Arizona Occupational Safety and Health Act of 1972 (Arizona Revised Statutes, Title 23, Chapter 2, Article 10).

“Affected employee” means an employee or authorized employee representatives, such as the employee’s collective bargaining agent, who would be affected by the granting or denial of a variance.

“Commission” means the Industrial Commission of Arizona.

“Party” means a person admitted to participate in a hearing conducted in accordance with subsection (3) R20-5-624. An applicant for relief and any affected employee shall be entitled to be named as parties.

“Person” means an individual, partnership, association, corporation, business trust, legal representative, an organized group of individuals, or political subdivision.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-651 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-650 effective March 2, 1981 (Supp. 81-2). R20-5-650 recodified from R4-13-650 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-651. Petitions for Amendments**

Any person may at any time petition the Commission in writing to revise, amend, or revoke any provisions of rules R20-5-650 through R20-5-669 inclusive. The petition should set forth either the terms or the substance of the rule desired, with a concise statement of the reasons therefor and the effects thereof.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-652 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-651 effective March 2, 1981 (Supp. 81-2). R20-5-651 recodified from R4-13-651 (Supp. 95-1).

**R20-5-652. Effects of Variances**

All variances granted hereunder shall have only future effect. In their discretion, the Commission may decline to entertain an application for variance on the subject or issue concerning which a citation has been issued to the employer involved and a proceeding on the citation or a related issue concerning a proposed penalty or period of abatement is pending before the Federal Occupational Safety and Health Review Commission, Office of Administrative Hearings or the Arizona Review Board until the completion of such proceeding.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-654 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-652 effective March 2, 1981 (Supp. 81-2). R20-5-652 recodified from R4-13-652 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-653. Public Notice of a Granted Variance**

Every final action granting a variance, shall be published in state-wide newspapers. Every such final action shall specify the alternative to the standard involved which the particular variance permits.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-655 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-653 effective March 2, 1981 (Supp. 81-2). R20-5-653 recodified from R4-13-653 (Supp. 95-1).

**R20-5-654. Variances; Form of Documents; Subscription; Copies**

- A. No particular form is prescribed for applications and other papers which may be filed in proceedings pursuant to R20-5-655 and R20-5-656. However, any applications and other papers shall be clearly legible. An original and six copies of any application and other papers shall be filed. The original shall be typewritten. Clear carbon copies or printed or processed copies are acceptable copies.
- B. Each application or other paper which is filed in proceedings hereunder shall be signed by the person filing the same or by an attorney or other authorized representative and where required by these regulations shall be verified by the applicant.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-646 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-654 effective March 2, 1981 (Supp. 81-2). R20-5-654 recodified from R4-13-654 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-655. Variances under A.R.S. § 23-411**

- A. Any employer, or class of employers, desiring a variance from a standard or regulation or any portion thereof, authorized by A.R.S. § 23-411(B) may file a written application containing the information specified in A.R.S. § 23-411(C) with the Industrial Commission of Arizona, 800 West Washington, Phoenix, Arizona 85007.
- B. In accordance with A.R.S. § 23-411(B)(3), an application may also be made for an interim order to be effective until a decision is rendered on the application for the variance filed previously or concurrently. An application for an interim order shall include a verified statement of facts and arguments supporting such application. The Commission may rule ex parte upon the application.
- C. If an application for a variance is denied, the applicant shall be given prompt notice of the denial, which shall include, or be accompanied by, a brief statement of the grounds therefore.



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- D.** If an interim order is granted, a copy of the order shall be served upon the applicant for the order and other parties and the terms of the order shall be published in statewide newspapers. It shall be a condition of the order that the affected employer shall give notice thereof to affected employees by the same means to be used to inform them of an application for variance.
- E.** Renewal of rules or orders. Any final rule or order issued under A.R.S. § 23-411 may be renewed or extended as permitted by the applicable Section and in the manner prescribed for its issuance.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-657 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-655 effective March 2, 1981 (Supp. 81-2). R20-5-655 recodified from R4-13-655 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-656. Variances under A.R.S. § 23-412**

- A.** Any employer, or class of employers, desiring a variance authorized by A.R.S. § 23-412 may file a written application with the Industrial Commission of Arizona, 800 W. Washington, Phoenix, Arizona 85007.
- B.** An application shall contain the information specified in A.R.S. § 23-412.
- C.** An application may also be made for an interim order to be effective until a decision is rendered on the application for the variance filed previously or concurrently. An application for an interim order shall include a verified statement of facts and arguments supporting such application. The Commission may rule ex parte upon the application.
- D.** If an application is denied, the applicant shall be given prompt notice of the denial, which shall include, or be accompanied by, a brief statement of the grounds therefore.
- E.** If an interim order is granted, a copy of the order shall be served upon the applicant and other parties, and the terms of the order shall be published in statewide newspapers. It shall be a condition of the order that the affected employer shall give notice thereof to affected employees by the same means to be used to inform them of an application for a variance.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-658 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-656 effective March 2, 1981 (Supp. 81-2). R20-5-656 recodified from R4-13-656 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-657. Federal Multi-state Variances**

Where a federal variance has been granted with multi-state applicability, including applicability in this state operating under a state plan approved under Section 18 of the Federal Williams-Steiger Occupational Safety and Health Act of 1970, from a standard or portion thereof identical to this state's standard or rule or portion thereof such variance shall likewise be deemed an authoritative interpretation of the employer(s)' compliance obligation with regard to the state standard or portion thereof provided no objections of substance are found to be interposed by the Commission.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-659 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-657 effective March 2, 1981 (Supp. 81-2). R20-5-657 recodified from R4-13-657 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-658. Action on Applications**

- A.** If an application filed pursuant to R20-5-655, R20-5-656, or R20-5-657 does not conform to the applicable Section, the Commission may deny the application.
- B.** The Commission shall cause to be published in statewide newspapers a notice of the filing of an approved application which shall include:
1. The terms, or an accurate summary, of the application;
  2. A reference to the Section of the Act under which the application has been filed;
  3. An invitation to interested persons to submit within a stated period of time written data, views, or arguments regarding the application; and
  4. Information to affected employers, employees, of any right to request a hearing on the application.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-660 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-658 effective March 2, 1981 (Supp. 81-2). R20-5-658 recodified from R4-13-658 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-659. Request for Hearings on Petition**

- A.** Any employer, employee, authorized employee representative, representative, or other person interested in or affected by an order of the Commission may petition for a hearing on the reasonableness and lawfulness of an order issued under A.R.S. §§ 23-411 or 23-412, by a verified petition filed with the Commission.
- B.** A request for a hearing filed shall include:
1. The name and address of the applicant;
  2. A concise statement of facts showing how the employer, employee, authorized employee representative, representative, or other person would be affected by the relief applied for;
  3. A petition shall set forth specifically and in detail the order upon which a hearing is desired;
  4. The reasons why the order is unreasonable or unlawful;
  5. The issue to be considered by the Commission on the hearing. Objections other than those set forth in the petition are deemed finally waived.
  6. If the applicant is an employer, a certification that the applicant has informed the affected employees of the application by:
    - a. Giving a copy thereof to their authorized representative;
    - b. Posting at the place or places where notices to employees are normally posted, a statement giving a summary of the petition specifying where a copy of

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the full petition may be examined (or, in lieu of the summary, posting the application itself); and

c. Other appropriate means.

7. If the applicant is an affected employee, a certification that a copy of the petition has been furnished to the employer.

- C. The Commission may on its own motion proceed to modify or revoke a rule or order issued under A.R.S. §§ 23-411 or 23-412. In such event, the Commission shall cause to be published in statewide newspapers a notice of its intention, affording interested persons an opportunity to submit written data, views, or arguments regarding the proposal and informing the affected employer and employees of their right to request a hearing and shall take such other action as may be appropriate to give actual notice to the affected employees. Any request for a hearing shall include a short and plain statement of:
1. How the proposed modification or revocation would affect the requesting party; and
  2. What the requesting party would seek to show on the subjects or issues involved.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-661 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-659 effective March 2, 1981 (Supp. 81-2). R20-5-659 recodified from R4-13-659 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-660. Consolidation of Proceedings**

The Commission on its own motion or that of any party may consolidate or contemporaneously consider two or more proceedings which involve the same or closely related issues.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-662 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-660 effective March 2, 1981 (Supp. 81-2). R20-5-660 recodified from R4-13-660 (Supp. 95-1).

**R20-5-661. Notice of Hearing**

Upon request for a hearing as provided in this Section, or upon its own initiative, the Commission shall serve, or cause to be served, a reasonable notice of hearing which shall include:

1. The time, place, and nature of the hearing;
2. The legal authority under which the hearing is to be held;
3. A specification of issues of fact and law.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-663 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-661 effective March 2, 1981 (Supp. 81-2). R20-5-661 recodified from R4-13-661 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-662. Manner of Service**

Service of any document upon any party may be made by personal delivery of, or by mailing, a copy of the document to the last known

address of the party. The person serving the document shall certify to the manner and the date of the service.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-664 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-662 effective March 2, 1981 (Supp. 81-2). R20-5-662 recodified from R4-13-662 (Supp. 95-1).

**R20-5-663. Commission; Powers and Duties**

- A. The Commissioners shall have all powers necessary or appropriate to conduct a fair, full, and impartial hearing, including the following:
1. To administer oaths and affirmations;
  2. To rule upon offers of proof and receive relevant evidence;
  3. To provide for discovery and to determine its scope;
  4. To regulate the course of the hearing and the conduct of the parties and their counsel therein;
  5. To consider and rule upon procedural requests;
  6. To hold conferences for the settlement or simplification of the issues by consent of the parties;
  7. To make, or to cause to be made, an inspection of the employment or place of employment involved;
  8. To make decisions in accordance with A.R.S. §§ 23-405(5), 23-411, 23-412, and 23-945; and
  9. To take any other appropriate action authorized by the Act, this Section, or A.R.S. § 23-945.
- B. Insubordinate conduct at any hearing before the Commission shall be grounds for exclusion from the hearing.
- C. If a witness or a party refuses to answer a question after being directed to do so, or refuses to obey an order to provide or permit discovery, the Commission may make such orders with regard to the refusal as are just and appropriate, including an order denying an application of an applicant or regulating the contents of the record of the hearing.
- D. On any procedural question not regulated by this Section, the Act, or A.R.S. § 23-945, Commission shall be guided to the extent practicable by any pertinent provisions of the Occupational Safety and Health Rules of Procedure.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-665 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-663 effective March 2, 1981 (Supp. 81-2). R20-5-663 recodified from R4-13-663 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-664. Prehearing Conferences**

- A. Upon its own motion or the motion of a party, the Commission may direct the parties or their counsel to meet with them for a conference to consider:
1. Simplification of the issues;
  2. Necessity or desirability of amendments to documents for purposes of clarification, simplification, or limitation;
  3. Stipulations, admissions of fact, and of contents and authenticity of documents;
  4. Limitation of the number of parties and of expert witnesses; and

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5. Such other matters as may tend to expedite the disposition of the proceeding and to assure a just conclusion thereof.

- B. The Commission shall make an order which recites the action taken at the conference, the amendments allowed to any documents which have been filed, and the agreements made between the parties as to any of the matters considered, and which limits the issues for hearings to those not disposed of by admission or agreements; and such order when entered controls the subsequent course of the hearing, unless modified at the hearing, to prevent manifest injustice.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-666 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-664 effective March 2, 1981 (Supp. 81-2). R20-5-664 recodified from R4-13-664 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-665. Consent Findings and Rules or Orders**

- A. At any time before the reception of evidence in any hearing, or during any hearing, a reasonable opportunity may be afforded to permit the negotiation by the parties of an agreement containing consent findings and a rule or order disposing of the whole or any part of the proceeding. The allowance of such opportunity and the duration thereof shall be in the discretion of the Commission, after consideration of the nature of the proceeding, the requirements of the public interest, the representations of the parties, and the probability of an agreement which will result in a just disposition of the issues involved.
- B. Any agreement containing consent findings in rule or other disposing of a proceeding shall also provide:
1. That the rule or order shall have the same force and effect as if made after a full hearing;
  2. That the entire record on which any rule or order may be based shall consist solely of the application and the agreement;
  3. A waiver of any further procedural steps before the Commission; and
  4. A waiver of any right to challenge or contest the validity of the findings and of the rule or order made in accordance with the agreement.
- C. On or before the expiration of the time granted for negotiations, the parties or their counsel may:
1. Submit the proposed agreement to the Commission for its consideration; or
  2. Inform the Commission that agreement cannot be reached.
- D. In the event an agreement containing consent findings and rule or order is submitted within the time allowed therefor, the Commission may accept such agreement by issuing its decision based upon the agreed findings.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-667 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-665 effective March 2, 1981 (Supp. 81-2). R20-5-665 recodified from R4-13-665 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R.

2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-666. Discovery**

- A. For reasons of unavailability or for other good cause shown, the testimony of any witness may be taken by deposition.
1. Depositions may be taken orally or upon written interrogatories before any person designated by the Commission and having power to administer oaths.
  2. Any party desiring to take the deposition of a witness may make application in writing to the Commission, setting forth:
    - a. The reasons why such deposition should be taken;
    - b. The time when, the place where, and the name and post office address of the person before whom the deposition is to be taken;
    - c. The name and address of each witness; and
    - d. The subject matter concerning which each witness is expected to testify.
  3. Such notice as the Commission may order shall be given by the party taking the deposition to every other party.
  4. Each witness testifying upon deposition shall be sworn, and the parties not calling the witness shall have the right to cross-examine the witness. The questions propounded and the answers thereto, together with all objections made, shall be reduced to writing, read to the witness, subscribed by the witness, and certified by the officer before whom the deposition is taken. Thereafter, the officer shall seal the deposition, with two copies thereof, in an envelope and mail the same by registered mail to the presiding hearing examiner. Subject to such objections to the questions and answers as were noted at the time of taking the deposition and would be valid were the witness personally present and testifying, such deposition may be read and offered in evidence by the party taking it as against any party who was present, represented at the taking of the deposition, or who had due notice thereof. No part of a deposition shall be admitted in evidence unless there is a showing that the reasons for the taking of the deposition in the first instance exist at the time of the hearing.
- B. Whenever appropriate to a just disposition of any issue in a hearing, the Commission may allow discovery by any other appropriate procedure, such as by written interrogatories upon a party, production of documents by a party, or by entry for inspection of the employment or place of employment involved.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-668 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-666 effective March 2, 1981 (Supp. 81-2). R20-5-666 recodified from R4-13-666 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-667. Variance Hearings**

- A. Except as may be ordered otherwise by the Commission, the party applying for relief shall proceed first at a hearing.
- B. The party applying for relief shall have the burden of proof.
- C. A party shall be entitled to present its case or defense by oral or documentary evidence, to submit rebuttal evidence, and to

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conduct such cross-examination as may be required for a full and true disclosure of the facts.

1. Any oral or documentary evidence may be received, but the Commission shall exclude evidence which is irrelevant, immaterial, or unduly repetitious.
  2. The testimony of a witness shall be upon oath or affirmation administered by the Commission.
- D.** Official notice may be taken of any material fact not appearing in evidence in the record, which is among the traditional matters of judicial notice: provided that the parties shall be given adequate notice, at the hearing or by reference in the Commission's decision, of the matters so noticed and shall be given adequate opportunity to show the contrary.
- E.** Minutes shall be taken of the Commission hearings. Copies of the minutes may be obtained by the parties upon written application filed with the secretary of the Commission and upon the payment of fees at the rate provided in the agreement with the Commission.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-669 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-667 effective March 2, 1981 (Supp. 81-2). R20-5-667 recodified from R4-13-667 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-668. Decisions of the Commission**

- A.** Proposed findings of fact, conclusions, and rules or orders. Within 10 days after completion of the hearing or such additional time as the Commission may allow, each party may file with the Commission proposed findings of fact, conclusions of law, and rule or order, together with a supporting brief expressing the reasons for such proposals. Such proposals and brief shall be served on all other parties and shall refer to all portions of the record and to all authorities relied upon in support of each proposal.
- B.** Decisions of the Commission. Within a reasonable time after the time allowed for the filing of proposed findings of fact, conclusions of law, and rule or order, the Commission shall make and serve upon each party its decision, which shall become final upon the 30th day after service thereof, unless exceptions are filed thereto, as provided in rule R20-5-669. The decision of the Commission shall include:
1. A statement of findings and conclusions, with reasons and basis therefor, upon each material issue of fact, law, or discretion presented on the record, and
  2. The appropriate rule, order, relief, or denial thereof. The decision of the hearing examiner shall be based upon a consideration of the whole record and shall state all facts officially notice and relied upon. It shall be made on the basis of a preponderance of reliable and probative evidence.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-670 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-668 effective March 2, 1981 (Supp. 81-2). R20-5-668 recodified from R4-13-668 (Supp. 95-1).

**R20-5-669. Judicial Review**

Any employer, employee, authorized employee representative, representative, or any person in interest is dissatisfied with an order of the Commission may appeal in accordance with A.R.S. § 23-413.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-674 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-670 effective March 2, 1980 (Supp. 81-2). R20-5-669 recodified from R4-13-669 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-670. Field Sanitation**

- A.** This Section applies to any agricultural establishment where a crew of five or more employees are engaged on any given day in hand-labor operations in one location.
- B.** As used in this Section:
1. "Agricultural establishment" means a business operation that uses paid employees in the production of food, fiber or other material such as seed, seedlings, plants or parts of plants.
  2. "Crew of employees" means a group of persons who are employed to perform hand-labor operations as a unit at an agricultural establishment. "Crew of employees" does not include the employer and the employer's immediate family members.
  3. "Hand-labor operations" means agricultural activities or operations performed in the field by hand or with hand tools. Hand-labor operations include the hand-harvest of vegetables, nuts and fruits, hand-weeding of crops and hand-planting of seedlings. Hand-labor operations do not include such activities as logging operations, irrigation operations, the care or feeding of livestock or hand-labor operations in permanent structure, such as canning facilities or packing houses. Hand-labor operations do not include activities in which persons are acting as equipment operators.
  4. "Handwashing facility" means a facility providing either a basin, container or outlet with an adequate supply of potable water, soap and single-use towels.
  5. "Potable water" means water that meets the standards for drinking purposes prescribed by the state or local authority having jurisdiction or water that meets the quality standards prescribed by the United States Environmental Protection Agency's National Interim Primary Drinking Water Regulations, published in 40 CFR Part 141 (July 1983), incorporated by reference and on file in the Office of the Secretary of State.
  6. "Toilet facility" means a facility designed for the purpose of both defecation and urination, including biological or chemical toilets, combustion toilets or sanitary privies, which is supplied with toilet paper adequate for employee needs. Toilet facilities may be either fixed or portable.
- C.** Employers shall provide the following for employees engaged in hand-labor operations at an agricultural establishment without cost to the employee:
1. Potable drinking water as follows:
    - a. Potable water shall be provided and shall be placed in locations readily accessible to all employees.
    - b. The water shall be suitably cool, no more than 80°F, and in sufficient amounts, a minimum of two gallons per employee, taking into account the air tempera-

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ture, humidity and the nature of the work performed, to meet employees' need.

- c. The water shall be dispensed in single-use drinking cups or by fountains. The use of common drinking cups or dippers is prohibited.
2. Toilet and handwashing facilities as follows:
  - a. One toilet facility and one handwashing facility shall be provided for each 40 employees or fraction thereof, except as provided in subsection (D) of this Section.
  - b. Toilet facilities shall have doors that can be closed and latched from the inside and shall be constructed to ensure privacy.
  - c. Toilet and handwashing facilities shall be accessibly located, in close proximity to each other and within 1/4 mile of each employee's place of work in the field. If it is not feasible to locate facilities accessibly and within the required distance due to the terrain, facilities shall be located at the point of closest vehicular access.
- D. Toilet and handwashing facilities are not required for employees who perform field work for a period of three hours or less (including transportation time to and from the field) during the day.
- E. Potable drinking water and toilet and handwashing facilities shall be maintained in accordance with appropriate public health sanitation practices, including all of the following:
  1. Drinking water containers shall be covered, cleaned and refilled daily.
  2. Toilet facilities shall be operational and maintained in clean and sanitary condition and shall be supplied with toilet paper adequate for employee needs.
  3. Handwashing facilities shall be maintained in clean and sanitary condition.
  4. Disposal of wastes from facilities shall not cause unsanitary conditions.
- F. Employees shall be allowed reasonable opportunities during the workday to use the facilities.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Adopted effective May 2, 1986 (Supp. 86-3). R20-5-670 recodified from R4-13-670 (Supp. 95-1).

**R20-5-671. Reserved**

**R20-5-672. Reserved**

**R20-5-673. Reserved**

**R20-5-674. Emergency Expired**

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Emergency expired. R20-5-674 recodified from R4-13-674 (Supp. 95-1).

**R20-5-675. Reserved**

**R20-5-676. Reserved**

**R20-5-677. Reserved**

**R20-5-678. Reserved**

**R20-5-679. Reserved**

**R20-5-680. Protected Activity**

- A. All complaints pursuant to A.R.S. § 23-425 shall relate to conditions at the workplace. The filing of complaints need not be

in writing for purposes of this subsection except that those complaints filed pursuant to R20-5-682 shall comply with R20-5-682. The term "filed any complaint" as used in A.R.S. § 23-425(A) includes:

1. Employee requests for inspection pursuant to A.R.S. § 23-408;
  2. Complaints registered with other state, local or federal governmental agencies which have the authority to regulate or investigate occupational safety and health conditions;
  3. Complaints lodged with employers; or
  4. Complaints filed as specified in R20-5-682.
- B. The term "instituted or caused to be instituted any proceeding" as used in A.R.S. § 23-425(A) includes:
    1. Inspections of worksites under A.R.S. § 23-408(A);
    2. Employee contest of abatement date under A.R.S. § 23-417(D);
    3. Employee initiation of proceedings for promulgation of an occupational safety and health standard under A.R.S. § 23-410(A);
    4. Employee application for modification or revocation of a variance under A.R.S. § 23-413;
    5. Employee judicial challenge to a standard under A.R.S. § 23-410(E);
    6. Employee appeal of an Administrative Law Judge order under A.R.S. § 23-421(C);
    7. Exercise of rights by any employee pursuant to A.R.S. § 23-418.01;
    8. Any other employee action authorized by the Arizona Occupational Safety and Health Act of 1972; or
    9. Setting into motion the activities of others which result in the proceedings specified in subsections (B)(1) through (8).
  - C. The term "testified or is about to testify in any such proceeding" as used in A.R.S. § 23-425(A) includes:
    1. Testimony in proceedings instituted or caused to be instituted by the employee; or
    2. Any statements given in the course of judicial, quasi-judicial or administrative proceedings. For this purpose, administrative proceedings include inspections, investigations and administrative rulemaking or adjudicative functions.
  - D. The term "the exercise by such employee on behalf of himself or others of any right afforded by this Article" as used in A.R.S. § 23-425(A) includes:
    1. The right to participate as a party in enforcement proceedings pursuant to A.R.S. § 23-408;
    2. The right to request information from the Industrial Commission; or
    3. To cooperate with inspections or investigations by the Industrial Commission.
  - E. If the employee, with no reasonable alternative, refuses in good faith to be exposed to a dangerous condition, the employee is engaged in protected activity. The condition causing the employee's apprehension of death or injury must be of such a nature that a reasonable person, under the circumstances then confronting the employee, would conclude there is a real danger of death or serious injury and that there is insufficient time, due to the urgency of the situation, to eliminate the dangers through resort to regular statutory enforcement channels. In addition, in such circumstances, the employee, where possible, must also have sought from the employer and been unable to obtain a correction of the dangerous condition.

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- F. Employees who refuse to comply with valid occupational safety and health standards or valid safety rules implemented by the employer are not protected by A.R.S. § 23-425.

**Historical Note**

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-680 recodified from R4-13-680 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-681. Elements of a Violation of A.R.S. § 23-425**

To establish a violation of A.R.S. § 23-425(A), the employee shall prove all of the following:

1. The employee was engaged in protected activities as defined in R20-5-680.
2. The employer had actual or implied knowledge of the employee's protected activities prior to the adverse action which the employee claims to be a discharge or discrimination.
3. The action claimed to be discharge or discrimination was adverse to the employee.
4. The alleged discharge or discrimination would not have taken place but for the employee's engagement in the protected activity.

**Historical Note**

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-681 recodified from R4-13-681 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-682. Procedure**

- A. A complaint of A.R.S. § 23-425(A) discharge or discrimination shall be filed with the Division of Occupational Safety and Health by the employee or by a representative authorized by A.R.S. § 23-408 to do so on the employee's behalf. The complaint shall be written and shall be signed by the person filing the complaint.
- B. The date of filing a complaint under A.R.S. § 23-425(B) is the date of receipt of the complaint by the Division. The date of receipt is the date of postmark, date of facsimile transmittal, date of email communication, date of telephone call, date of hand-delivery to a third-party commercial carrier, or date of in-person filing at the Division. If the post-mark is absent or illegible, the date filed is the date the complaint is received by the Division.
- C. The Division will accept or deny an employee's withdrawal of a complaint; however the Industrial Commission's investigatory jurisdiction shall not be foreclosed by unilateral action of the employee.
- D. The Industrial Commission may resolve an A.R.S. § 23-425 complaint with the employer without the consent of the employee.
- E. The Industrial Commission's jurisdiction to investigate and determine A.R.S. § 23-425 complaints is independent of the jurisdiction of other agencies or bodies. The Industrial Commission may defer to the results of other such proceedings where:
  1. The rights asserted in those other proceedings are substantially the same as the rights pursuant to A.R.S. § 23-425;
  2. The factual issues in such proceedings are substantially the same as the factual issues before the Industrial Commission;
  3. The proceedings were fair and regular; and
  4. The outcome of the proceedings was not inconsistent with the purposes of this Chapter and the Act.

- F. A determination pursuant to A.R.S. § 23-425(C) includes:
1. A decision to not proceed with the case;
  2. To defer the case to another forum; or
  3. To proceed to litigation in Superior Court.

**Historical Note**

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-682 recodified from R4-13-682 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-683. Reconsideration of Initial Determination**

- A. In cases where ADOSH issues an initial determination to not proceed with a complaint filed under A.R.S. § 23-425, the employee can request reconsideration of the initial determination.
- B. The request for reconsideration must be filed with, and received by, the ADOSH Director within 15 calendar days from the receipt of the initial determination letter.
- C. The reconsideration will be placed upon the agenda for a meeting of the Industrial Commission of Arizona Commissioners.
- D. The employee, and the employer will be notified of the reconsideration date, and may appear at the Commissioners' meeting to provide testimony. The employee, and the employer will not be allowed to present documentary evidence.
- E. Upon hearing the testimony, and review of the file, the Commissioners may:
  1. Affirm the initial determination;
  2. Remand the file back to ADOSH for further investigation; or
  3. Reverse the initial determination and have a lawsuit filed in the appropriate Superior Court.
- F. The decision of the Commissioners will constitute the final determination of the Division.

**Historical Note**

New Section made by final rulemaking at 30 A.A.R. 2109 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**ARTICLE 7. REPEALED****R20-5-701. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-702. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-703. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-704. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435

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(October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-705. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-706. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-707. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-708. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-709. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-710. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-711. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-712. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-713. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435

(October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-714. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-715. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 22 A.A.R. 2782, effective September 7, 2016 (Supp. 16-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-716. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-717. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-718. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-719. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-720. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-721. Repealed**

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-722. Repealed**

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Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 28 A.A.R. 3435



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**ARTICLE 8. OCCUPATIONAL SAFETY AND HEALTH RULES OF PROCEDURE****R20-5-801. Notice of Rules**

This Article applies to all actions and proceedings before an administrative law judge pertaining to those issues arising out of Title 23, Chapter 2, Article 10. In the event of a conflict between A.R.S. §§ 23-401 through 23-433 or this Article and the rules of procedure pertaining to OAH, A.R.S. §§ 23-401 through 23-433 and this Article control.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-801 recodified from R4-13-801 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-802. Repealed****Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-802 recodified from R4-13-802 (Supp. 95-1). Repealed by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-803. Definitions**

In addition to the definitions provided in A.R.S. § 23-401, the following definitions apply to this Article:

“Act” means the Arizona Occupational Safety and Health Act of 1972.

“Affected employee” means an employee of a cited employer who is exposed to the alleged hazard described in a citation, as a result of assigned duties.

“Authorized employee representative” means a labor organization which has a collective bargaining relationship with the cited employer and which represents affected employees.

“Citation” means a written communication issued by the Division of Occupational Safety and Health of the Industrial Commission of Arizona pursuant to A.R.S. § 23-415.

“OAH” means the Arizona Office of Administrative Hearings.

“Party” shall have the same meaning as “interested party,” as defined in A.R.S. § 23-401.

“Representative” means any person, including an authorized employee representative, authorized by a party to represent the party under A.R.S. § 23-429 in a proceeding.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-803 recodified from R4-13-803 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-804. Computation of Time**

In computing any period of time prescribed or allowed in this Article, the day from which the designated period begins to run shall not be included. The last day of the period so computed shall be included unless it is a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than seven days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-804 recodified from R4-13-804 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-805. Record Address**

The initial pleading filed by any interested party shall contain the party’s name, address, email address, and telephone number. Any change in such information must be communicated promptly in writing to the Commission, OAH, and all other interested parties. An interested party who fails to furnish such correct and current information shall be deemed to have waived the right to object to the validity of any notice and/or service which has been made to the last known address of the party as shown by the records of the Commission.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-805 recodified from R4-13-805 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-806. Service and Notice**

- A. At the time of filing pleadings or other documents a copy thereof shall be served by the filing party on every other interested party.
- B. Service upon an interested party who has appeared through a representative shall be made only upon such representative.
- C. Unless otherwise herein indicated, service may be accomplished by (1) postage prepaid first class mail; (2) by personal delivery; or (3) with an interested party’s consent, transmission by email. Service is deemed effected at the time of mailing or emailing (if by mail or email) or at the time of personal delivery (if by personal delivery).
- D. Proof of service shall be accomplished by a written statement of the same which sets forth the date and manner of service. Such statement shall be filed with the pleading or document.
- E. Service and notice to employees represented by an authorized employee representative shall be deemed accomplished by serving the authorized employee representative in the manner prescribed in subsection (C).
- F. In the event that there are any affected employees who are not represented by an authorized employee representative, the employer shall, immediately upon receipt of notice of the time and place of hearing, post, where the citation is required to be posted, a copy of the notice of the time and place of hearing and a notice informing such affected employees of their right to appear at the hearing and state their position and of the availability of all pleadings for inspection and copying at reasonable times. A notice in the following form shall be deemed to comply with this subsection:

(Name of employer)

Your employer has been cited by the Arizona Division of Occupational Safety and Health for violating the Arizona Occupational Safety and Health Act of 1972. The citation has been contested and will be the subject of a hearing before the Arizona Office of Administrative Hearings. Affected employees are entitled to appear in this hearing under the terms and conditions established by the Industrial Commission and the Arizona Office of Administrative Hearings in published rules of procedure. Notice of Intent to Participate should be sent to:

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Arizona Office of Administrative Hearings  
1740 West Adams Street, Lower Level,  
Phoenix, Arizona 85007.

All papers relevant to this matter may be inspected at:

(Place reasonably convenient to employees, preferably at or near workplace.)

Where appropriate, the second sentence of the above Notice may be deleted and the following sentence will be substituted:

The reasonableness of the period prescribed by the Industrial Commission for abatement of the violation has been contested and will be the subject of a hearing before the Arizona Office of Administrative Hearings.

- G. Where service is accomplished by posting, proof of such posting shall be filed with OAH not later than five days following the posting.
- H. The authorized employee representative, if any, shall be served with the proof of posting set forth in subsection (G) and with a copy of the notice of time and place of hearing.
- I. A copy of the notice of time and place of hearing shall be served by the employer on the authorized employee representative of affected employees in the manner prescribed in subsection (C) of this Section, if the employer has not been informed that the authorized employee representative has entered an appearance with OAH as of the date such notice is received by the employer.
- J. Where a request for hearing is filed by an affected employee who is not represented by an authorized employee representative and there are other affected employees who are represented by an authorized employee representative, the unrepresented employee shall, upon receipt of the notice of time and place of hearing, serve a copy thereof on such authorized employee representative in the manner prescribed in subsection (C) of this Section and shall file proof of such service with OAH.
- K. Where a request for hearing is filed by an affected employee or an authorized employee representative, a copy of the request for hearing shall be provided to the employer for posting by the employer at the place the citation is required to be posted.
- L. An authorized employee representative who files a request for hearing shall be responsible for serving any other authorized employee representative whose members are affected employees.
- M. Where posting is required by this Section, such posting shall be maintained until the commencement of the hearing or until earlier disposition.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-806 recodified from R4-13-806 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-807. Consolidation**

Cases may be consolidated on the motion of any interested party, or on the administrative law judge's own motion, where there exist common parties, common questions of law or fact, or both, or in such other circumstances as justice and the administration of the Act require.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-807 recodified from R4-13-807 (Supp. 95-1). Amended

by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-808. Severance**

Upon an administrative law judge's own motion, or upon motion of any party, the administrative law judge may, for good cause, order any part of a proceeding severed with respect to some or all issues or parties.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-808 recodified from R4-13-808 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-809. Election to Appear**

- A. Affected employees may elect to appear at a hearing for the purpose of testifying or stating their position concerning the subject matter of a hearing.
- B. An affected employee desiring to appear at a hearing must notify the administrative law judge in writing.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-809 recodified from R4-13-809 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-810. Employee Representatives**

- A. Affected employees may appear in person or through a representative.
- B. An authorized employee representative shall be deemed to control all matters respecting the interest of represented employees during the proceedings.
- C. Affected employees who are represented by an authorized employee representative may appear only through the authorized employee representative.
- D. Any representative may withdraw from representation by filing a written notice of withdrawal with the administrative law judge and by serving a copy thereof on all interested parties.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-810 recodified from R4-13-810 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-811. Form of Pleadings**

- A. Except as provided in A.R.S. § 23-420 and this Article, there are no specific requirements as to the form of any pleading or filing. All pleading and filings shall contain a caption sufficient to identify the parties in accordance with R20-5-812. All pleadings and motions shall include the citation number and a clear and plain statement of the relief that is sought, together with the grounds therefor.
- B. Pleadings and other filings (other than exhibits and petitions for hearing) shall be typewritten and double spaced, on standard letter size paper.
- C. Pleadings and motions shall be signed or electronically signed by the party filing or by the representative. Such signing constitutes a representation by the signer that the signer has read the pleading or motion, that to the best of the signer's knowledge, information and belief the statements made therein are true, and that it is not interposed for delay.

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- D. OAH may refuse for filing any pleading or document which does not comply with the requirements of subsections (A), (B), and (C) of this Section.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-811 recodified from R4-13-811 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-812. Caption; Titles of Cases**

- A. Cases initiated by a cited employer filing a request for hearing contesting citations and/or proposed penalties shall be titled: Arizona Division of Occupational Safety and Health, Complainant, vs. (name of employer), Respondent.
- B. Cases initiated by a cited employer filing a request for hearing for modification of the abatement period shall be titled: (name of employer), Petitioner vs. Arizona Division of Occupational Safety and Health, Respondent.
- C. Cases initiated by an affected employee filing a request for hearing for modification of the abatement period shall be titled: (name of affected employee or authorized employee representative), Petitioner vs. Arizona Division of Occupational Safety and Health, Respondent, and (employer), Respondent.
- D. The case titles listed in subsections (A), (B), and (C) of this Section shall appear in the left upper portion of the initial page of any pleading, motion, or filing (other than exhibits).
- E. The initial page of any pleading, motion, or filing (other than exhibits and requests for hearing) shall show the citation number at the upper right of the page, opposite the title.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-812 recodified from R4-13-811 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-813. Requests for Hearing**

- A. Requests for hearing shall be filed with the Arizona Division of Occupational Safety and Health.
- B. Requests for hearing shall be in writing and contain a clear and plain statement of the relief that is sought, together with the grounds thereof.
- C. The Commission shall, after receipt of a request for hearing, refer the file to OAH for hearing and determination.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-813 recodified from R4-13-813 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-814. Pre-hearing Conference**

- A. At any time before a hearing, the administrative law judge, sua sponte or on motion of an interested party, may direct the parties, or their representatives, to exchange information or to participate in a pre-hearing conference for the purpose of considering matters which will tend to simplify the issues or expedite the proceedings.
- B. The administrative law judge may issue a pre-hearing order which includes the agreements reached by the parties. Such order shall be served on all parties and shall be part of the record.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-814 recodified from R4-13-814 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-815. Payment of Witness Fees and Mileage**

Witnesses summoned before OAH shall be paid the same fees and mileage that are paid to witnesses in the courts of Arizona. Witness fees and mileage shall be paid by the party at whose request the witness appears.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-815 recodified from R4-13-815 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-816. Expired****Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-816 recodified from R4-13-816 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3475, effective November 8, 2016 (Supp. 16-4).

**R20-5-817. Failure to Appear -- Withdrawal of Request for Hearing**

- A. The failure of an interested party who has requested a hearing to appear at such scheduled hearing shall be deemed to be an admission of the validity of any citation, abatement period, or penalty issued pursuant to A.R.S. § 23-417(A), and additionally a waiver of all rights except the right to be served with a copy of the decision of the administrative law judge and to request review.
- B. Withdrawal of a request for hearing shall be construed as an admission of the validity of any citation, abatement period or penalty issued pursuant to A.R.S. § 23-417(A). No decision need be issued in this case, as the subject instrument is deemed to be admitted.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-817 recodified from R4-13-817 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-818. Duties and Powers of Administrative Law Judges**

It shall be the duty of the administrative law judge to conduct a fair and impartial hearing, to assure that the facts are fully elicited, to adjudicate all issues and avoid delay. The administrative law judge shall have authority with respect to assigned cases, between the time a case is assigned and the time a decision is issued, subject to the rules and regulations of the Commission and OAH, to:

1. Administer oaths and affirmations;
2. Rule upon admissibility of exhibits;
3. Rule upon applications for depositions;
4. Regulate the course of the hearing and, if appropriate or necessary, exclude persons or counsel from the hearing for contemptuous conduct and strike all related testimony of witnesses refusing to answer any proper questions;
5. Call and examine witnesses;
6. Request the parties at any time during the hearing to state their respective positions concerning any issue in the case or theory in support thereof;

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7. Adjourn the hearing as the needs of justice and good administration require;
8. Issue appropriate orders for protection of trade secrets;
9. Take any other action necessary under the foregoing and authorized by the rules and regulations of the Commission and OAH.

**Historical Note**

Adopted effective August 27, 1975 (Supp. 75-1). R20-5-818 recodified from R4-13-818 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-819. Witness Deposition; In State**

- A. After a request for hearing has been filed with the Commission, any party desiring to take the deposition of any other interested party or witness residing within the State of Arizona shall file with the administrative law judge, a notice of deposition. Copies of such notice shall be served at least five days prior to the date of the deposition upon the deponent and upon every interested party by the party desiring to take the deposition.
- B. If any interested party or the deponent has any objection to the taking of a deposition, the objecting party shall file with the administrative law judge and serve on all interested parties written objections thereto setting forth the basis of the opposition to the deposition. Such objection shall be filed with the administrative law judge within two days after the notice of deposition by is received.
- C. If objections to the taking of the deposition are filed with the administrative law judge as provided in subsection (B), the administrative law judge shall rule on the objections within five days of the filing of the objections. The taking of the deposition shall be held in abeyance pending the ruling of the administrative law judge. The administrative law judge shall either order the deposition to proceed, order that the deposition not be taken, or enter such other protective order as may be appropriate.
- D. The party taking a deposition shall comply with the Arizona Rules of Civil Procedure governing the taking of depositions.
- E. The expense of any deposition shall be borne by the party taking the deposition but shall not include the expense of any other interested party.
- F. A scheduled hearing shall not be cancelled or continued for failure to timely take or complete a deposition pursuant to the provisions of this Section.
- G. Depositions taken pursuant to the provisions of this Section shall only be used at the time of a hearing for impeachment of a witness, unless the deponent is deceased or a non-party witness is unavailable at the time of the scheduled hearing, in which event the deposition transcript may be admitted into evidence. The transcript shall be filed with the administrative law judge at least 15 days prior to the hearing date if an interested party intends to introduce it into evidence. If the deposition transcript is not filed within the time prescribed herein, it shall not be considered for any purpose except by stipulation of all interested parties, and then only with the concurrence of the administrative law judge.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-819 recodified from R4-13-819 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024),

with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-820. Witness Deposition; Out-of-State**

- A. After a request for hearing is filed with the Commission, any interested party desiring to take the deposition of any other interested party or witness residing outside the State of Arizona shall file with the administrative law judge, a request for permission to take the deposition. The request shall include the name and address of the witness and set forth the reason why the witness's testimony is necessary for an adjudication of the case. Copies of the request shall be served upon each interested party by the party requesting permission to take the deposition. If no objection to the request for permission to take the deposition is filed as provided in subsection (B), the administrative law judge may, within 10 days, in the administrative law judge's discretion, grant or deny the permission to take the deposition. If the administrative law judge permits the taking of the deposition, the requesting party may proceed in the manner provided by and subject to the limitations of R20-5-819, subsections (A), (D), (E), and (F).
- B. If any interested party objects to the taking of the deposition of an interested party or witness, the objecting party shall file with the administrative law judge and serve on all other interested parties written objections thereto setting forth the basis for the opposition to the deposition. Such objection shall be filed with the administrative law judge within five days after the request to take the deposition is served.
- C. If objections to the taking of a deposition are filed with the administrative law judge as provided in subsection (B), the hearing officer shall rule on the objections within five days after the filing of the objections. The taking of the deposition shall be held in abeyance pending the ruling of the administrative law judge. The administrative law judge shall either order the deposition to proceed, order that the deposition not be taken, or enter such other protective order as may be appropriate. If the administrative law judge orders that the deposition proceed, the party may proceed to take the deposition in the manner provided by and subject to the limitation of R20-5-819, subsections (A), (D), (E), and (F).
- D. The transcript of any deposition taken pursuant to this Section shall be filed with the administrative law judge at least 15 days prior to the hearing date and may be admitted into evidence. If the transcript is not filed within the time prescribed herein, it shall not be considered for any purpose except by stipulation of all interested parties, and then only with the concurrence of the administrative law judge.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-820 recodified from R4-13-820 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-821. Written Interrogatories and Request for Production of Documents**

- A. After a request for hearing is filed with the Commission, any interested party desiring to issue written interrogatories or a request for production of documents to another interested party shall be limited to 25 in number, inclusive of sub-parts.
- B. Answers to written interrogatories or a request for production of documents shall be served on all interested parties by the answering party within 30 days after service of the interrogatories or a request for production of documents, or within 30 days after a ruling by the administrative law judge that the

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interrogatories must be answered or documents must be produced.

- C. No scheduled hearing shall be cancelled or continued for failure of a party to timely issue interrogatories or a request for production of documents to another interested party.
- D. Written interrogatories issued pursuant to the provisions of this Section may only be used at the time of hearing for impeachment of a witness unless the answering party is deceased at the time of the scheduled hearing in which event the interrogatory answers may be admitted into evidence.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-821 recodified from R4-13-821 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-822. Refusal to Answer; Refusal to Attend**

- A. If an interested party or witness refuses to answer any question propounded during deposition pursuant to R20-5-819 and R20-5-820, the deposition shall be completed in other matters, as the proponent of the question may prefer. Thereafter on reasonable notice to all parties and persons affected thereby the proponent of the question may apply to the administrative law judge for an order compelling an answer. Upon the refusal of an interested party to answer any interrogatory submitted under R20-5-821, or produce a document requested under R20-5-821, the proponent of the interrogatory or requestor of the document may on like notice make like application for such an order from the administrative law judge. If the motion is granted and if the administrative law judge finds that the refusal was without substantial justification, the administrative law judge shall require the refusing party, witness, or representative advising the refusal or either of them to pay to the party propounding the interrogatory or requesting the document the amount of the reasonable attorney's fees incurred in obtaining the order and the reasonable expenses which will be incurred to obtain the requested answers or documents. If the motion is denied and if the administrative law judge finds that the motion was made without substantial justification, the administrative law judge shall require the party filing the motion or the representative advising the party to file the motion, or both, to pay to the refusing party or witness the amount of the reasonable attorney's fees incurred in opposing the motion.
- B. If an interested party or a representative of an interested party willfully fails to appear for deposition after being served with the proper notice, or fails to serve answers to interrogatories or produce requested documents after proper service of such interrogatories or request for production of documents, the administrative law judge, on motion and notice, may strike out all or any part of any pleading of that party, dismiss the action or proceeding or any part thereof, or preclude the introduction of evidence.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-822 recodified from R4-13-822 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-823. Burden of Proof**

- A. In all proceedings other than those stated in subsection (B) commenced by the filing of a request for hearing, the burden of proof shall rest with the Arizona Division of Occupational Safety and Health.

- B. In proceedings commenced by a request for hearing requesting modification of the abatement period, the burden of establishing the necessity for such modification shall rest with the petitioner.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-823 recodified from R4-13-823 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-824. Intermediary Rulings or Orders by the Administrative Law Judge**

No intermediary rulings or orders by the administrative law judge may be appealed to the Review Board, but shall become a part of the record.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-824 recodified from R4-13-824 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-825. Legal Memoranda**

Legal memoranda may be filed if authorized by the applicable rules of procedure or the administrative law judge. When authorized, the administrative law judge shall establish reasonable briefing deadlines for all interested parties.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-825 recodified from R4-13-825 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-826. Administrative Law Judge Decisions**

- A. The decision of the administrative law judge shall be signed, include findings and conclusions of fact and law, and include an order.
- B. OAH shall retain jurisdiction to require compliance with the order, or to determine a breach of an approved settlement agreement.
- C. A request to determine breach of a settlement agreement shall be filed with the administrative law judge and served upon all interested parties.
- D. A request for review by the Review Board shall be filed with the administrative law judge and served upon all interested parties and the Commission.

**Historical Note**

Amended effective August 27, 1975 (Supp. 75-1). R20-5-826 recodified from R4-13-826 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-827. Settlement**

- A. Settlement is encouraged at any stage of the proceedings where such settlement is consistent with the provisions and objectives of the Act.
- B. A settlement agreement submitted by interested parties shall be accompanied by a proposed order which, if appropriate, shall be approved and signed by the administrative law judge.
- C. Where parties enter into a settlement agreement, the settlement agreement shall be served upon represented and unrepresented affected employees in the manner set forth in R20-5-806.

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Proof of such service shall accompany the proposed settlement when submitted to the administrative law judge.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-827 recodified from R4-13-827 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-828. Special Circumstances; Waiver of Rules**

In special circumstances, or for good cause shown, the administrative law judge may, upon application by any interested party, or on sua sponte, waive any rule or make such orders as justice or the administration of the Act requires.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-828 recodified from R4-13-828 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**R20-5-829. Variances**

- A. Any hearing concerning variances shall be filed with the Commission and shall be heard by the Commission at a time set by the Commission.
- B. Such proceeding shall be informal but shall be transcribed at the expense of the person seeking the variance if a written record of the proceeding is requested.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-829 recodified from R4-13-829 (Supp. 95-1). Amended by final rulemaking at 30 A.A.R. 2122 (June 28, 2024), with an immediate effective date of June 6, 2024 (Supp. 24-2).

**ARTICLE 9. YOUTH EMPLOYMENT****R20-5-901. Definitions**

In this Article, the definitions of A.R.S. §§ 23-230, 23-231, 23-232, and 23-233 apply. In addition, unless the context otherwise requires, the following definitions shall apply to both the Act and this Article:

“Act” means A.R.S. Title 23, Chapter 2, Article 3.

“Baking” means to cook food with dry heat, especially in an oven.

“Cafeteria” means a restaurant in which the customers are served at a counter and carry their meals on trays to tables.

“Cooking” means to prepare food for eating by applying heat.

“Counter” means a flat surface on which food is prepared or served.

“Department” means the Labor Department of the Industrial Commission of Arizona.

“Director” means the Director of the Department.

“Employee” means every minor in receipt of or entitled to compensation for labor performed for any employer.

“Lunch counter” means a long counter at which lunches are sold.

“Snack bar” means a lunch counter or small restaurant where light meals are served.

“Soda fountain” means a lunch counter in a commercial establishment equipped for preparing and serving soft drinks, ice-cream dishes, or sandwiches.

“Work about” means engage in labor in the area or vicinity.

“Work in” means engage in labor in the occupation or activity.

“Work in connection with” means engage in labor in relation to the occupation or activity.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-901 repealed, new Section R4-13-901 adopted effective May 27, 1977 (Supp. 77-3). R20-5-901 recodified from R4-13-901 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-902. Forms**

The following forms, available at <http://www.azica.gov> and upon request from the Division, shall be used when applicable:

1. Application for variation;
2. Request for hearing on cease and desist order form;
3. Request for hearing on denied variation, modification, or renewal of variation form;
4. Youth labor complaint form.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-902 repealed, new Section R4-13-902 adopted effective May 27, 1977 (Supp. 77-3). R20-5-902 recodified from R4-13-902 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-903. Recordkeeping Requirements for Youths Under the Age of 16**

An establishment employing youths under the age of 16 must have the following information available:

1. Number of hours the youth is employed in each week,
2. Number of hours the youth is employed in each day,
3. The dates the youth is enrolled in a session of school,
4. The name of the school district in which the youth is enrolled,
5. The specific hours the youth works at the establishment.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-903 repealed, new Section R4-13-903 adopted effective May 27, 1977 (Supp. 77-3). R20-5-903 recodified from R4-13-903 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-904. Findings and Order Issued by the Department**

- A. Upon receipt of a complaint alleging a violation of the Act, the Department shall issue a Findings and Order of its determination.
- B. If the Department determines that an employer has violated the Act, the Department shall:

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1. Shall direct the employer or other person to cease and desist from the violation and may take action necessary to remedy the violation, and
2. Order the employer to pay a civil penalty to the general fund, consistent with A.R.S. § 23-236.
- C. If the Department determines that no violation of the Act has occurred, or if the Department is unable to reach a conclusion based on the evidence submitted, the Department shall notify the parties and shall dismiss the complaint.
- D. The Director of the Department shall sign the written Findings and Order issued by the Department.
- F. Upon the completion of a hearing, the ALJ shall issue an order either affirming, modifying, or reversing the cease and desist order.
- G. The order issued by the ALJ after the hearing is final unless within 30 days after the date of service of an order a party requests review.
- H. A party may request review of the ALJ order by filing with the ALJ a written request for review.
- I. Upon the completion of a review, the ALJ shall issue an order upon review either affirming, modifying, or reversing the ALJ order no later than 30 days after receiving a request for review.
- J. The order upon review is final unless a party seeks judicial review as provided in A.R.S. § 23-237(C).

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-904 repealed, new Section R4-13-904 adopted effective May 27, 1977 (Supp. 77-3). R20-5-904 recodified from R4-13-904 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-905. Conduct Hindering an Investigation**

An employer hinders an investigation under the Act if the employer engages in conduct, or causes another person to engage in conduct, that delays or otherwise interferes with the Department's investigation, including:

1. Obstructing or refusing to admit the Department to any place of employment authorized under the Act;
2. Obstructing or refusing to permit interviews authorized under the Act;
3. Failing to make, keep, or preserve records required under the Act or this Article;
4. Failing to permit the review and copying of records required under the Act and this Article; and
5. Falsifying any record required under the Act or this Article.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-905 repealed, new Section R4-13-905 adopted effective May 27, 1977 (Supp. 77-3). R20-5-905 recodified from R4-13-905 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-906. Hearing Procedure on Cease and Desist Order; Review**

- A. A request for hearing on a cease and desist order form must be completed in writing and received by the Director no later than 20 days after the issuance of the cease and desist order.
- B. The Department has the burden of proof to establish a violation of the Act.
- C. An Administrative Law Judge shall preside over hearings held under this Section and shall apply the provisions of A.R.S. § 41-1062 to hearings held under this Section and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
- D. The Chief Counsel of the Commission, or a designee, shall represent the Division in hearings held under this Section.
- E. Except as otherwise provided by law, a party to a hearing may appear on its own behalf or through an authorized legal representative. When an authorized legal representative appears or intends to appear before the Commission, the representative shall file a notice of appearance with the Commission.

**Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-906 repealed, new Section R4-13-906 adopted effective May 27, 1977 (Supp. 77-3). R20-5-906 recodified from R4-13-906 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-907. Hearing Procedure on Denied Variation, Modification, or Renewal of Variation; Review**

- A. A request for hearing on denied variation, modification, or renewal of variation form must be completed in writing and received by the Director no later than 30 days after the issuance of the denied variation request.
- B. The Department has the burden of proof to establish the application, modification, or renewal for variation does not satisfy the requirements established in A.R.S. § 23-241(A).
- C. An Administrative Law Judge shall preside over hearings held under this Section and shall apply the provisions of A.R.S. § 41-1062 to hearings held under this Section and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
- D. The Chief Counsel of the Commission, or a designee, shall represent the Division in hearings held under this Section.
- E. Except as otherwise provided by law, a party to a hearing may appear on its own behalf or through an authorized legal representative. When an authorized legal representative appears or intends to appear before the Commission, the representative shall file a notice of appearance with the Commission.
- F. Upon the completion of a hearing, the ALJ shall issue an order either affirming, modifying, or reversing the denied variation, modification, or renewal of variation.
- G. The order issued by the ALJ after the hearing is final unless within 30 days after the date of service of an order a party requests review.
- H. A party may request review of the ALJ order by filing with the ALJ a written request for review.
- I. Upon the completion of a review, the ALJ shall issue an order upon review either affirming, modifying, or reversing the ALJ order no later than 30 days after receiving a request for review.
- J. The order upon review is final unless an action is commenced pursuant to A.R.S. § 12-904.

**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-907 recodified from R4-13-907 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New

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Section made by final rulemaking at 30 A.A.R. 2130  
(June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-908. Service**

- A.** A determination, order, or other document required by this Article or other law to be served upon a party, shall be made upon the party, or, if represented by legal counsel, the party's legal counsel. Service upon legal counsel is considered service upon the party.
- B.** Service may be made and is deemed complete by:
1. Depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Department, or by personal delivery upon the party.
  2. With a party's consent, transmission by email to the email address shown in the records of the Department.

**Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-908 recodified from R4-13-908 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1). New Section made by final rulemaking at 30 A.A.R. 2130 (June 28, 2024), effective August 5, 2024 (Supp. 24-2).

**R20-5-909. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-909 recodified from R4-13-909 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-910. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-910 recodified from R4-13-910 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-911. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-911 recodified from R4-13-911 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-912. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-912 recodified from R4-13-912 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-913. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-913 recodified from R4-13-913 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-914. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-914 recodified from R4-13-914 (Supp. 95-1). Section expired

pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**ARTICLE 10. WAGE CLAIMS****R20-5-1001. Definitions**

In this Article, unless the context otherwise requires:

1. "Claim" means a wage claim pursuant to A.R.S. § 23-356.
2. "Claimant" means an individual who files a claim.
3. "Day" means calendar day.
4. "Department" means the Labor Department of the Industrial Commission of Arizona.
5. "Determination" means a finding by the Department under A.R.S. § 23-357 that a claim is either valid or invalid or that the Department cannot resolve the dispute.
6. "Director" means the Director of the Department.
7. "Dismissal" means an action by the Department in which the Department dismisses the claim and refers the claimant to other statutory remedies.
8. "Notice" or "notification" when made by the Department or the Director means a written communication served on the employer or claimant, or both.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1001 recodified from R4-13-1001 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1002. Forms**

The following forms are available upon request from the Department or from the Industrial Commission of Arizona's website at [www.azica.gov](http://www.azica.gov):

1. Wage claim. When making a claim, a claimant shall provide the following information to the Department:
  - a. Claimant's name, mailing address, e-mail address, telephone number, and date of birth;
  - b. Employer's name, address, telephone number, and description of business;
  - c. Claimant's dates of employment, position, and pay;
  - d. The amount of the wages owed and the time period worked related to the unpaid wages; and
  - e. Claimant's signature or electronic signature and signature date.
2. Employer response. The employer responding to a claim shall provide the following information to the Department:
  - a. Employer's legal name, including any trade names, legal domicile state, address, telephone number, description of business, and an e-mail address for the designated representative of employer;
  - b. Claimant's dates of employment, position, and pay;
  - c. Whether claimant is owed any wages, and, if so, employer's reason for nonpayment; and
  - d. Employer's signature or electronic signature and signature date.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1002 recodified from R4-13-1002 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).



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Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1003. Filing Requirements; Time for Filing; Computation of Time**

- A. A claimant shall file a claim with the Department within one year of the date of the accrual of the claim.
- B. In computing any period of time prescribed or allowed by this Article, the day of the act or event from which the designated period of time begins to run is not included. The last day of the period and Saturdays, Sundays, and legal holidays are included in the computation of time.
- C. The date of filing of the claim is the date the claimant's wage claim form is received by the Department.
- D. The Department shall deem a form, document, instrument, or other written record filed at the Tucson office as filed at the Phoenix office for the purpose of computing time.
- E. An individual filing a form or document related to a claim shall legibly fill out the form or document.
- F. If the wage claim form received from a claimant does not include the information required by R20-5-1002(1), the Department shall return the wage claim form to the claimant with a request that the claimant provide the required information and return the completed wage claim form to the Department within 14 days of the date of service of the Department's request. If the Department does not receive the completed wage claim form within 14 days, the Department shall not initiate an investigation of the claim and the Department shall consider the claim withdrawn without prejudice. The claimant may re-file a withdrawn wage claim with the information required by R20-5-1002(1), if the claim is re-filed within one year of the date of the accrual of the claim.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1003 recodified from R4-13-1003 (Supp. 95-1). Former R20-5-1003 renumbered to R20-5-1004; new R20-5-1003 made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1004. Investigation of Claim**

- A. The Department shall serve a copy of a claimant's wage claim form on the employer listed on the wage claim, with a request that the employer complete and file the employer response form within 14 days of the date of service of the Department's request.
- B. If the Department does not receive the employer response form under subsection (A), the Department shall serve written notice on the employer stating that the employer must pay the amount claimed or file a written response to the wage claim within 14 days of the date of service of the Department's written notice.
- C. The Department shall serve a copy of the employer's response on the claimant and offer the claimant the opportunity to file a written reply to the employer's response within 14 days from the date of service. If the Department does not receive claimant's reply within 14 days, the Department shall make a determination of the claim based on the evidence in the file.
- D. If the employer fails or refuses to pay the amount claimed or submit a written response to the claim in accordance with subsection (B), the Department shall make a determination of the claim based on the evidence in the file.
- E. Upon request from the Department, and if necessary to complete the Department's investigation, the claimant, the

employer, or both, shall submit further written information or meet with the Director or the Director's designee. Except for statements made during settlement, mediation, or an informal conference, the Director or the Director's designee may administer oaths for the purpose of taking affidavits and may record the meeting.

- F. Upon completion of its investigation, the Department shall serve the Department's determination in writing on the parties.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1004 recodified from R4-13-1004 (Supp. 95-1). Former R20-5-1004 renumbered to R20-5-1005; new R20-5-1004 renumbered from R20-5-1003 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1005. Mediation of Disputes**

- A. During the investigation of a claim, the Department may mediate and conciliate a dispute between the claimant and the employer.
- B. If mediation results in an informal resolution of the claim, the Director or the Director's designee shall prepare and ensure execution of documents providing for the resolution of the claim.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1005 recodified from R4-13-1005 (Supp. 95-1). Former R20-5-1005 renumbered to R20-5-1006; new R20-5-1005 renumbered from R20-5-1004 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

**R20-5-1006. Dismissal of Claim**

- A. The Department shall dismiss a claim if:
  - 1. The claim is filed more than one year after the date of the accrual of the claim,
  - 2. The claimant does not comply with R20-5-1003(F),
  - 3. The amount of wages owed exceeds \$5,000.00,
  - 4. The Department's investigation of the claimant's evidence reveals no possible violation of A.R.S. § 23-350 et seq.,
  - 5. The claimant has filed a civil action regarding the same claim,
  - 6. The employer listed on the claim is in bankruptcy,
  - 7. The Department is unable to locate the employer based on the information provided by the claimant, or
  - 8. The wages in question have been withheld from the claimant pursuant to the claimant's prior written authorization.
- B. The Department shall send a notice of dismissal to the claimant and, except as provided in subsections (A)(1) through (A)(3) and (7), the Department shall send a notice of dismissal to the employer. Notices of dismissal shall notify the claimant of the availability of other remedies.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1006 recodified from R4-13-1006 (Supp. 95-1). Former R20-5-1006 renumbered to R20-5-1007; new R20-5-1006 renumbered from R20-5-1005 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1007. Notice of Right of Review**

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A determination issued under A.R.S. § 23-357 shall include a notice informing the parties of their right to seek review under A.R.S. § 23-358 and § 12-901 et seq.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1007 recodified from R4-13-1007 (Supp. 95-1). Former R20-5-1007 renumbered to R20-5-1008; new R20-5-1007 renumbered from R20-5-1006 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1008. Payment of Claim**

- A. The Department shall send any payment of a wage claim received by the Department to the claimant by certified mail, return receipt requested, unless the claimant elects to pick up the check in person at the Department.
- B. If the Department discovers that payment of a wage claim is alleged to have been made directly to the claimant, the Department shall verify the payment by serving the claimant with notice that payment of the wage claim is alleged to have been made directly to the claimant. If the claimant confirms that payment of the wage claim was made directly to the claimant or does not respond to the Department's notice within 14 days of the date of service of the Department's notice, the Department shall deem the claim to have been paid and shall dismiss the wage claim.
- C. Payment of a partial amount of a wage claim does not preclude the Department from completing its investigation of the balance of the claim.
- D. In the case of a determination and directive for payment issued by the Department under A.R.S. § 23-357, the Department shall, if the employer agrees and with the written consent of the claimant, enter into a payment agreement with the employer for payment of the amount of wages found to be owed the claimant.

**Historical Note**

New R20-5-1008 renumbered from R20-5-1007; Section amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1009. Service of Determinations, Notices, and Other Documents**

- A. A determination, notice, or other document required by this Article or other law to be served upon a party, shall be made upon the party, or, if represented by legal counsel, the party's legal counsel. Service upon legal counsel is considered service upon the party.
- B. Service may be made and is deemed complete by:
  1. Depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Department, or by personal delivery upon the party.
  2. With a party's consent, transmission by e-mail to the e-mail address shown in the records of the Department.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by

final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**ARTICLE 11. REPEALED****R20-5-1101. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1102. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1103. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1104. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1105. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1106. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1107. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1108. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section



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repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1125. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1126. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1127. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1128. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1129. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1130. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1131. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1132. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section

repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1133. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1134. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1135. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1136. Repealed****Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1). Section repealed by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**ARTICLE 12. ARIZONA MINIMUM WAGE AND EARNED PAID SICK TIME PRACTICE AND PROCEDURE****R20-5-1201. Notice of Rules**

- A. This Article applies to all actions and proceedings before the Industrial Commission of Arizona arising under A.R.S. Title 23, Articles 8 and 8.1.
- B. The Industrial Commission of Arizona shall provide a copy of this Article upon request to any person free of charge.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1202. Definitions**

In this Article, the definitions of A.R.S. §§ 23-362 (version two), 23-371, and 23-364 apply. In addition, unless the context otherwise requires, the following definitions shall apply to both the Act and this Article:

“Act” means A.R.S. Title 23, Chapter 2, Articles 8 and 8.1.

“Affected employee” means an employee or employees on whose behalf a complaint may be filed alleging a violation under the Act.

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“Amount of earned paid sick time available to the employee” means the amount of earned paid sick time or equivalent paid time off that is available to the employee for use in the current year.

“Amount of earned paid sick time taken by the employee to date in the year” means the amount of earned paid sick time or equivalent paid time off taken by the employee to date in the current year. Where an employee has used available equivalent paid time off for either the purposes enumerated in A.R.S. § 23-373 or other purposes, the employer may count that usage towards the “amount of earned paid sick time taken by the employee to date in the year.”

“Amount of pay the employee has received as earned paid sick time” means the amount of pay the employee has received as earned paid sick time or equivalent paid time off to date in the current year. Where an employee has received pay for equivalent paid time off for the purposes enumerated in A.R.S. § 23-373 or other purposes, the employer may count that pay towards the “amount of pay the employee has received as earned paid sick time.”

“Authorized representative” means a person prescribed by law to act on behalf of a party who files with the Department a written instrument advising of the person’s authority to act on behalf of the party.

“Casual Basis,” when applied to babysitting services, means employment which is irregular or intermittent.

“Commission” means monetary compensation based on:

- A percentage of total sales,
- A percentage of sales in excess of a specified amount,
- A fixed allowance per unit, or
- Some other formula the employer and employee agree to as a measure of accomplishment.

“Communicable disease” has the meaning prescribed by A.R.S. § 36-661.

“Complainant” means a person or organization filing an administrative complaint under the Act.

“Department” means the Labor Department of the Industrial Commission of Arizona or other authorized division of the Industrial Commission as designated by the Industrial Commission.

“Earned sick time” under A.R.S. § 23-364(G) means earned paid sick time.

“Employee’s regular paycheck” means a regular payroll record that is readily available to employees and contains the information required by A.R.S. § 23-375(C), including physical or electronic paychecks or paystubs.

“Equivalent paid time off” means paid time off provided under a paid leave policy, such as a paid time off policy, that makes available an amount of paid leave sufficient to meet the accrual requirements of the Act that may be used for the same purposes and under the same conditions as earned paid sick time.

“Filing” means receipt of a report, document, instrument, videotape, audiotape, or other written matter at an office of the Department.

The term “health care professional” in A.R.S. § 23-373(G) has the same meaning as “health care professional,” as defined in this Section.

“Health care professional” means any of the following:

A “physician” as defined by A.R.S. § 36-2351;

A “physician assistant” as defined by A.R.S. § 32-2501;

A “registered nurse practitioner” as defined by A.R.S. § 32-1601.

A certified nurse midwife who is a registered nurse practitioner approved by the Arizona State Board of Nursing to provide primary care services during pregnancy, childbirth, and the postpartum period;

A dentist licensed under A.R.S. Title 32, Chapter 11, Article 2; or

A behavioral health provider practicing as:

A psychologist licensed under A.R.S. Title 32, Chapter 19.1;

A clinical social worker licensed under A.R.S. § 32-3293;

A marriage and family therapist licensed under A.R.S. § 32-3311; or

A professional counselor licensed under A.R.S. § 32-3301.

“Health care provider” has the meaning prescribed by A.R.S. § 36-661.

“Hours worked” means all hours for which an employee covered under the Act is employed and required to give to the employer, including all time during which an employee is on duty or at a prescribed work place and all time the employee is suffered or permitted to work.

“Minimum wage” means the lowest rate of monetary compensation required under the Act.

“Monetary compensation” means cash or its equivalent due to an employee by reason of employment.

“On duty” means time spent working or waiting that the employer controls and that the employee is not permitted to use for the employee’s own purpose.

“Public benefits” has the same meaning as “state or local public benefit,” as prescribed by A.R.S. § 1-502(I).

“Public health emergency” means a state of emergency declared by the governor in which there is an occurrence or imminent threat of an illness or health condition caused by bioterrorism, an epidemic or pandemic disease or a highly fatal infectious agent or biological toxin and that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.

“Salaried” means receiving a fixed amount of pay regardless of how many hours are worked each week.

“Salary” means a fixed compensation paid regularly for employment.

“Same hourly rate” means the following:

For employees paid on the basis of a single hourly rate, “same hourly rate” shall be the hourly rate the employee would have earned for the period of time in which earned

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paid sick time or equivalent paid time off is used, but shall in no case be less than minimum wage.

For employees who are paid multiple hourly rates of pay, “same hourly rate” shall be determined in the following order of priority, but shall in no case be less than minimum wage:

The hourly rate the employee would have earned, if known, for each hour of earned paid sick time or equivalent paid time off used.

The weighted average of all hourly rates of pay during the previous pay period.

For employees who are paid a salary, no additional pay is due when the employee’s use of earned paid sick time or equivalent paid time off results in no reduction in the employee’s regular salary during the pay period in which the earned paid sick time or equivalent paid time off is used. “Same hourly rate” for salaried employees shall be determined in the following order of priority, but shall in no case be less than minimum wage:

The wages an employee earns during each pay period covered by the salary divided by the number of hours agreed to be worked during each pay period, if the number of hours to be worked during each pay period was previously established.

The wages an employee earns during each workweek covered by the salary in the current year divided by 40 hours.

For employees paid on a commission, piece-rate, or fee-for-service basis, “same hourly rate” shall be determined in the following order of priority, but shall in no case be less than minimum wage:

The hourly rate of pay previously agreed upon by the employer and the employee as:

A minimum hourly rate for work performed; or

An hourly rate for payment of earned paid sick time or equivalent paid time off.

The wages that the employee would have been paid, if known, for the period of time in which earned paid sick time or equivalent paid time off is used, divided by the number of hours of earned paid sick time or equivalent paid time off used.

A reasonable estimation of the commission, piece-rate, or fee-for-service compensation that the employee would have been paid for the period of time in which the earned paid sick time or equivalent paid time off is used divided by the number of hours of earned paid sick time or equivalent paid time off used.

The hourly average of all commission, piece rate, or fee-for-service compensation that the employee earned during the previous 90 days, if the employee worked regularly during the previous 90-day period, based on:

Hours that the employee actually worked; or

A 40-hour workweek.

The hourly average of all commission, piece rate, or fee-for-service compensation that the employee earned during the previous 365 days, based on:

Hours that the employee actually worked; or

A 40-hour workweek.

“Same hourly rate” includes shift differentials and premiums meant to compensate an employee for work performed under differing conditions (such as hazard pay or a shift differential for working at night) if the employee would have been entitled to the shift differential or premium for the period of time in which earned paid sick time or equivalent paid time off is used.

“Same hourly rate” does not include:

Additions to an employee’s base rate for overtime or holiday pay;

Subject to the “Same hourly rate,” bonuses or other types of incentive pay; and

Tips or gifts.

“Smallest increment that the employer’s payroll system uses to account for absences or use of other time” means the smallest increment of time that an employer utilizes, by policy or practice, to account for absences or use of other paid time off.

“Tip” means a sum that a customer presents as a gift in recognition of some service performed, and includes gratuities. The sum may be in the form of cash, amounts paid by bank check or other negotiable instrument payable at par, or amounts the employer transfers to the employee under directions from a credit customer who designates an amount to be added to a bill as a tip. Gifts in forms other than cash or its equivalent as described in this definition, such as event tickets, passes, or merchandise, are not tips.

“Violation” means a transgression of any statute or rule, or any part of a statute or rule, including both acts and omissions.

“Willfully” means acting with actual knowledge of the requirements of the Act or this Article, or acting with reckless disregard of the requirements of the Act or this Article.

“Workday” means any fixed period of 24 consecutive hours.

“Workweek” means any fixed and regularly recurring period of seven consecutive workdays.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R. 607 (February 24, 2023), with an immediate effective date of February 9, 2023 (Supp. 23-1).

**R20-5-1203. Duty to Provide Current Address**

- A. A complainant shall provide and keep the Labor Department advised of the complainant’s current mailing address and telephone number.
- B. An employer under investigation by the Department shall provide and keep the Labor Department advised of the employer’s current mailing address and telephone number.

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New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1204. Forms Prescribed by the Department**

Forms prescribed by the Department, including the poster required under R20-5-1208, shall not be changed, amended, or otherwise altered without the prior written approval of the Department.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1205. Determination of Employment Relationship**

- A. Determination of an employment relationship under the Act, which includes whether an individual is an independent contractor, shall be based upon the economic realities of the relationship. Consideration of whether an individual is economically dependent on the employer for which the individual performs work shall be determined by factors showing dependence, which non-exclusive factors shall include those factors identified in A.R.S. §§ 23-902(D) and 23-1601(B).
- B. An individual who works for another person without any express or implied compensation agreement is not an employee under the Act. This may include an individual that volunteers to work for civic, charitable, or humanitarian reasons that are offered freely and without direct or implied pressure or coercion from an employer, provided that the volunteer is not otherwise employed by the employer to perform the same type of services as those which the individual proposes to volunteer.
- C. An individual who works for another individual as a babysitter on a casual basis and whose vocation is not babysitting, is not an employee under the Act even if the individual performs other household work not related to caring for the children, provided the household work does not exceed 20% of the total hours worked on the particular babysitting assignment.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1206. Payment of Minimum Wage; Commissions; Tips; Front Loading Earned Paid Sick Time; Limitation on Carry Over of Unused Earned Paid Sick Time**

- A. Subject to the requirements of the Act and this Article, no less than the minimum wage shall be paid for all hours worked, regardless of the frequency of payment and regardless of whether the wage is paid on an hourly, salaried, commissioned, piece rate, or any other basis.
- B. If the combined wages of an employee are less than the applicable minimum wage for a work week, the employer shall pay monetary compensation already earned, and no less than the

difference between the amounts earned and the minimum wage as required under the Act.

- C. The workweek is the basis for determining an employee's hourly wage. Upon hire, an employer shall advise the employee of the employee's designated workweek. Once established, an employer shall not change or manipulate an employee's workweek to evade the requirements of the Act.
- D. In computing the minimum wage, an employer shall consider only monetary compensation and shall count tips and commissions in the workweek in which the tip or commission is earned.
- E. An employer is allowed to:
  1. Require or permit employees to pool, share, or split tips; and
  2. Require an employee to report tips to the employer in order to meet reporting requirements of this Article and federal law.
- F. An employer who hires an employee after the beginning of the employer's year is not required to provide additional earned paid sick time or equivalent paid time off during that year if the employer provides the employee for immediate use on the employee's ninetieth calendar day after commencing employment an amount of earned paid sick time or equivalent paid time off that meets or exceeds the employer's reasonable projection of the amount of earned paid sick time or equivalent paid time off that the employee would have accrued from the date of hire through the end of the employer's year at a rate of one hour for every 30 hours worked. If the amount of earned paid sick time or equivalent paid time off provided is less than the employee would have accrued based on hours actually worked during the employer's year, the employer shall immediately provide an amount of earned paid sick time or equivalent paid time off that reflects the difference between the employer's projection and the amount of earned paid sick time or equivalent paid time off that the employee would have accrued for hours actually worked in the year.
- G. Subject to subsection (F), an employer with 15 or more employees that provides its employees for immediate use at the beginning of each year 40 or more hours of earned paid sick time or 40 or more hours of equivalent paid time off is not required to provide carryover or additional accrual.
- H. Subject to subsection (F), an employer with fewer than 15 employees that provides its employees for immediate use at the beginning of each year 24 or more hours of earned paid sick time or 24 or more hours of equivalent paid time off is not required to provide carryover or additional accrual.
- I. Unless an employer: (1) elects to pay an employee for unused earned paid sick time or equivalent paid time off at the end of a year pursuant to A.R.S. § 23-372(D)(4); or (2) meets the requirements of subsections (G) or (H), unused earned paid sick time and equivalent paid time off may be carried over to the next year, as follows:
  1. Subject to an employer's entitlement to permit greater carry over, an employee of an employer with 15 or more employees may carry over to the following year up to 40 hours of unused earned paid sick time or equivalent paid time off.
  2. Subject to an employer's entitlement to permit greater carry over, an employee of an employer with fewer than 15 employees may carryover to the following year up to 24 hours of unused earned paid sick time or equivalent paid time off.
  3. Carry over shall not affect accrual, usage rights, or usage limits under the Act.

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**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1207. Tip Credit Toward Minimum Wage**

- A. In this Section, unless the context otherwise requires, “customarily and regularly” means receiving tips on a consistent and recurrent basis, the frequency of which may be greater than occasional, but less than constant, and includes the occupations of waiter, waitress, bellhop, busboy, car wash attendant, hairdresser, barber, valet, and service bartender.
- B. For purposes of calculating the permissible credit for tips under A.R.S. § 23-363(C), the following applies:
1. Tips are customarily and regularly received in the occupation in which the employee is engaged;
  2. Except as provided in R20-5-1206(E), the employee actually receives the tip free of employer control as to how the employee uses the tip and the tip becomes the employee’s property;
  3. Employees who customarily and regularly receive tips may pool, share, or split tips between them, and the amount each employee actually retains is considered the tip of the employee who retains it;
  4. Employer-required sharing of tips with employees who do not customarily and regularly receive tips in the occupation in which the employee is engaged, including management or food preparers, are not credited toward that employee’s minimum wage; and
  5. A compulsory charge for service imposed on a customer by an employer’s establishment are not credited toward an employee’s minimum wage unless the employer actually distributes the charge to the employee in the pay period in which the charge is earned.
- C. Upon hiring or assigning an individual to a position that customarily and regularly receives tips, an employer intending to exercise a tip credit shall provide written notice to the employee prior to exercising the tip credit. Thereafter, the employer shall notify the employee in writing each pay period of the amount per hour that the employer takes as a tip credit.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1208. Posting Requirements; Small Employer Exemption**

- A. With the exception of small employers, every employer subject to the Act shall place the posters prescribed by the Department informing employees of their rights under the Act in a conspicuous place in every establishment where employees are employed and where notices to employees are customarily placed. The employer shall ensure that the notices are not removed, altered, defaced, or covered by other material.
- B. In this Section, unless context otherwise requires, “small employer” means a corporation, proprietorship, partnership,

joint venture, limited liability company, trust, or association that has less than \$500,000 in gross annual revenue.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1209. Records Availability**

- A. Each employer shall keep the records required under the Act and this Article safe and accessible at the place or places of employment, or at one or more established central recordkeeping offices where the records are customarily maintained. When the employer maintains the records at a central recordkeeping office other than in the place or places of employment, the employer shall make the records available to the Department within 72 hours following notice from the Department.
- B. Employers or technology that is necessary to facilitate inspection and copying of the records.
- C. Each employer required to maintain records under the Act shall make enlargement, recomputation, or transcription of the records and shall submit to the Department the records or reports in a readable format upon the Department’s written request.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1210. General Recordkeeping Requirements**

- A. Payroll records required to be kept under the Act include:
1. All time and earning cards or sheets on which are entered the daily starting and stopping time of individual employees, or of separate work forces, or the amounts of work accomplished by individual employees on a daily, weekly, or pay period basis (for example, units produced) when those amounts determine in whole or in part those employees’ pay period wages and earned paid sick time or equivalent paid time off;
  2. From their last effective date, all wage-rate tables or schedules of the employer that provide the piece rates or other rates used in computing wages; and
  3. Records of additions to or deductions from wages paid and records that support or corroborate the additions or deductions.
- B. Except as otherwise provided in this Section, every employer shall maintain and preserve payroll or other records containing the following information and data with respect to each employee to whom the Act applies:
1. Name in full, and on the same record, the employee’s identifying symbol or number if it is used in place of the employee’s name on any time, work, or payroll record;
  2. Home address, including zip code;
  3. Date of birth, if under 19;
  4. Occupation in which employed;



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5. Time of day and day of week on which the employee's workweek begins. If the employee is part of a workforce or employed in or by an establishment all of whose workers have a workweek beginning at the same time on the same day, then a single notation of the time of the day and beginning day of the workweek for the whole workforce or establishment is permitted;
  6. Regular hourly rate of pay for any workweek and an explanation of the basis of pay by indicating the monetary amount paid on a per hour, per day, per week, per piece, commission on sales, or other basis, including the amount and nature of each payment;
  7. Hours worked each workday and total hours worked each workweek;
  8. Total daily or weekly wages due for hours worked during the workday or workweek;
  9. Total additions to or deductions from wages paid each pay period including employee purchase orders or wage assignments, including, for individual employee records, the dates, amounts, and nature of the items that make up the total additions and deductions;
  10. Total wages paid each pay period;
  11. Date of payment and the pay period covered by payment;
  12. The amount of earned paid sick time available to the employee;
  13. The amount of earned paid sick time taken by the employee to date in the year;
  14. The amount of pay the employee has received as earned paid sick time; and
- C. For an employee who is compensated on a salary basis at a rate that exceeds the minimum wage required under the Act and who, under 29 CFR 541, is an exempt bona fide executive, administrative, or professional employee, including an employee employed in the capacity of academic administrative personnel or teachers in elementary or secondary schools, or in outside sales, an employer shall maintain and preserve:
1. Records containing the information and data required under subsections (B)(1) through (B)(5), and (B)(10) through (B)(14); and
  2. Records containing the basis on which wages are paid in sufficient detail to permit a determination or calculation of whether the salary received exceeds the minimum wage required under the Act, including a record of the hours upon which payment of the salary is based, whether full time or part time.
- D. With respect to employees working on fixed schedules, an employer may maintain records showing instead of the hours worked each day and each workweek as required under this Section, the schedule of daily and weekly hours the employee normally works, provided:
1. In weeks in which an employee adheres to this schedule, the employer indicates by check mark, statement, or other method, that the employee actually worked the hours; and
  2. In weeks in which more or fewer than the scheduled hours are worked, the employer records the number of hours actually worked each day and each week.
- E. With respect to an employee that customarily and regularly receives tips, the employer shall ensure that the records required under this Article include the following information:
1. A symbol, letter, or other notation placed on the pay records identifying each employee whose wage is determined in part by tips;
  2. Amount of tips the employee reports to the employer;
  3. The hourly wage of each tipped employee after taking into consideration the employee's tips;
  4. Hours worked each workday in any occupation in which the employee does not receive tips, and total daily or weekly straight-time payment made by the employer for the hours;
  5. Hours worked each workday in occupations in which the employee receives tips and total daily or weekly straight-time wages for the hours; and
  6. Copy of the notice required under R20-5-1207(C).
- F. An employer who makes retroactive payment of wages, voluntarily or involuntarily, shall record on the pay records, the amount of the payment to each employee, the period covered by the payment, and the date of payment.
- G. For an employee who is signed to a contract to play minor league baseball and is exempt pursuant to 29 U.S.C. 213(a)(19), an employer shall maintain and preserve records containing the information and data required under subsections (B)(1) through (B)(5), (B)(10) and (B)(11).

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R. 607 (February 24, 2023), with an immediate effective date of February 9, 2023 (Supp. 23-1).

**R20-5-1211. Administrative Complaints**

- A. A person or organization alleging a minimum wage, earned paid sick time, or equivalent paid time off violation shall file a complaint with the Labor Department within one year from the date the wages, earned paid sick time, or equivalent paid time off were due.
- B. A person or organization alleging retaliation, discrimination, or a violation of A.R.S. § 23-377 shall file a complaint with the Labor Department within one year from the date the alleged violation occurred or when the employee knew or should have known of the alleged violation.
- C. The person or organization filing a complaint with the Labor Department shall sign the complaint.
- D. Any person or organization other than an affected employee who files a complaint shall include the names of affected employees.
- E. Upon its own complaint, the Department may investigate violations under the Act.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1212. Conduct that Hinders Investigation**

An employer hinders an investigation under the Act if the employer engages in conduct, or causes another person to engage in conduct, that delays or otherwise interferes with the Department's investigation, including:

1. Obstructing or refusing to admit the Department to any place of employment authorized under the Act;

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2. Obstructing or refusing to permit interviews authorized under the Act;
3. Failing to make, keep, or preserve records required under the Act or this Article;
4. Failing to permit the review and copying of records required under the Act and this Article; and
5. Falsifying any record required under the Act or this Article.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1213. Findings and Order Issued by the Department**

- A. Except as provided in R20-5-1219, after receipt of a complaint alleging a violation of the Act, the Department shall issue a Findings and Order of its determination. The Department shall serve its Findings and Order to both the employer and the complainant. Service may be made and is deemed complete by either depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Department, by personal delivery upon the party, or with a party's consent, transmission by email to the email address shown in the records of the Department.
- B. If the Department determines that an employer has violated the minimum wage, earned paid sick time, or equivalent paid time off requirements, the Department shall order the employer to pay the employee, and if applicable, affected employees, the balance of the wages, earned paid sick time, or equivalent paid time off owed, including interest at the legal rate and an additional amount equal to twice the underpaid wages, earned paid sick time, or equivalent paid time off owed.
- C. If the Department determines that a retaliation, discrimination, confidentiality, or nondisclosure violation has occurred, the Department shall direct the employer or other person to cease and desist from the violation and may take action necessary to remedy the violation, including:
  1. Rehiring or reinstatement,
  2. Reimbursement of lost wages and interest,
  3. Payment of penalty to employees or affected employees as provided for in the Act and this Article, and
  4. Posting of notices to employees.
- D. If the Department determines that no violation of the Act has occurred, or if the Department is unable to reach a conclusion based on the evidence submitted, the Department shall notify the parties and shall dismiss the complaint without prejudice. After notification of the Department's determination, the complainant may bring a civil action under A.R.S. § 23-364(E).
- E. The Department may assess civil penalties for recordkeeping, posting, and other violations under the Act and this Article as part of a Findings and Order issued under subsection (A) or the civil penalties and other violations may be assessed as a separate Findings and Order. If issued as a separate Findings and Order, the Department shall serve, personally or by regular first class mail, the Findings and Order on the employer and, if a complaint has been filed, the complainant.
- F. The Director of the Department shall sign the written Findings and Order issued by the Department.
- G. If an employer does not comply with a Findings and Order issued by the Department within 10 days following finality of the Findings and Order, the Department may refer the matter to a law enforcement officer.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4). Amended by final rulemaking at 29 A.A.R. 607 (February 24, 2023), with an immediate effective date of February 9, 2023 (Supp. 23-1).

**R20-5-1214. Review of Department Findings and Order; Hearings; Issuance of Decision Upon Hearing**

- A. Except as provided in R20-5-1213(D), a party aggrieved by a Findings and Order issued by the Department may request a hearing by filing a written request for hearing with the Department within 30 days after the Findings and Order is served upon the party. Failure to timely file a request for hearing means that the Findings and Order issued by the Department is final and res judicata to all parties.
- B. A request for hearing shall be in writing and contain:
  1. The name and address of the party requesting the hearing,
  2. The signature of the party or the party's authorized representative, and
  3. A statement that a hearing is requested.
- C. Upon receipt of a timely filed request for hearing, the Department shall refer the matter to the Administrative Law Judge Division of the Commission for hearing.
- D. Except as otherwise provided in this Section, the hearing shall be conducted under A.R.S. § 41-1061 et seq.
- E. A person submitting correspondence or other documents, including subpoena requests, to an administrative law judge concerning a matter pending before the administrative law judge, shall contemporaneously serve a copy of the correspondence or other document upon all other parties, or if represented, the parties' authorized representative.
- F. The administrative law judge may dismiss a request for hearing when it appears to the judge's satisfaction that the parties have resolved the disputed issue or issues.
- G. The administrative law judge shall issue a written decision upon hearing containing findings of fact and conclusions of law no later than 30 days after the matter is submitted for decision. The decision shall be sent to the parties at their last known addresses served personally or by regular first class mail.
- H. A decision issued under this Section is final when entered unless a party files a request for rehearing or review as provided in R20-5-1215 or commences an action in the Superior Court as provided in R20-5-1216 and A.R.S. § 12-901 et seq. The decision shall contain a statement explaining the review rights of a party.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1215. Request for Rehearing or Review of Decision Upon Hearing**

- A. A party may request rehearing or review of a decision issued under R20-5-1214 by filing with the Administrative Law Judge a written request for rehearing or review no later than 15

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days after the written decision is served personally or by regular first class mail upon the parties.

- B.** A request for rehearing or review shall be based upon any of the following causes that materially affected the rights of an aggrieved party:
1. Irregularities in the hearing proceeding or any order, or abuse of discretion that deprives a party seeking review of a fair hearing;
  2. Accident or surprise that could not have been prevented by ordinary prudence;
  3. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
  4. Error in the admission or rejection of evidence, or errors of law occurring at the hearing;
  5. Bias or prejudice of the Department or administrative law judge; and
  6. The findings of fact or conclusions of law contained in the decision are not justified by the evidence or are contrary to law.
- C.** A request for rehearing or review shall state the specific facts and law in support of the request and shall specify the relief sought by the request.
- D.** A party shall have 15 days from the date of the filing of a request for rehearing or review to file a written response. Failure to respond shall not be deemed an admission against interest.
- E.** The administrative law judge shall issue a decision upon review no later than 30 days after receiving a request for review or response, if one is filed.
- F.** A decision upon review is final unless a party seeks judicial review as provided in R20-5-1216.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1216. Judicial Review of Decision Upon Hearing or Decision Upon Review**

- A.** A party aggrieved by a decision upon hearing issued under R20-5-1214 or a decision upon review issued under R20-5-1215 may seek review by commencing an action in the Superior Court as provided in A.R.S. § 12-901 et seq. within 35 days from the date a copy of the decision sought to be reviewed is served personally or by regular first class mail upon the party affected.
- B.** A decision upon hearing issued under R20-5-1214 or a decision upon review issued under R20-5-1215 is final unless a party seeks judicial review as provided under A.R.S. § 12-901 et seq.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1217. Assessment of Civil Penalties Under A.R.S. § 23-364(F)**

The Department may assess civil penalties for violations of the Act and this Article, including the assessment of civil penalties for

engaging in conduct that hinders an investigation of the Department as specified in R20-5-1212.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1218. Collection of Wages, Earned Paid Sick Time, Equivalent Paid Time Off, or Penalty Payments Owed**

- A.** Upon determination that wages, earned paid sick time, equivalent paid time off, or penalty payments are due and unpaid to any employee, the employee may, or the Department may on behalf of an employee, obtain judgment and execution, garnishment, attachment, or other available remedies for collection of unpaid wages and penalty payments established by a final Findings and Order of the Department.
- B.** If payment cannot be made to the employee, the Department shall receive monetary compensation or penalty payments on behalf of the employee and transmit monies it receives as payment in a special state fund as provided in A.R.S. § 23-356(C).
- C.** The Department may amend a Findings and Order to conform to the legal name of the business or the person who is the defendant employer to a complaint under the Act, provided service of the Findings and Order was made on the defendant or the defendant's agent. If a judgment has been entered on the order, the Department may apply to the clerk of the superior court to amend a judgment that has been issued under a final order, provided service was made on the defendant or the defendant's agent.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1219. Resolution of Disputes**

Notwithstanding any other provision of law, the Department may mediate and conciliate a dispute between the parties.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1220. Small Employer Request for Exception to Recordkeeping Requirements**

- A.** In this Section, unless context otherwise requires, "small employer" means a corporation, proprietorship, partnership, joint venture, limited liability company, trust, or association that has less than \$500,000 in gross annual revenue.
- B.** A small employer, or any category of small employer that is unreasonably burdened by the recordkeeping requirements of the Act and this Article may file a written petition for exception with the Department requesting relief from certain recordkeeping requirements under this Article. The petition shall:
1. State the reasons for the request for relief;

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2. State an alternate manner or method of making, keeping, and preserving records that will enable the Department to determine hours worked and wages paid; and
  3. Include the signature of the employer or an authorized representative of the employer.
- C. Subject to any conditions or limitations necessary to ensure fulfillment of the purpose and intent of Act, the Department may grant a petition for exception if it finds that:
1. The small employer, or category of small employer is unreasonably burdened by the recordkeeping requirements of the Act and this Article; and
  2. The relief requested and alternative proposed will not hinder the Department's enforcement of the Act and this Article.
- D. For good cause, the Department may rescind a prior order granting relief under this Section.
- E. Relief under this Section is effective upon the Department's written authorization.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**ARTICLE 13. TREATMENT GUIDELINES****R20-5-1301. Adoption and Applicability of the Article**

- A. The Industrial Commission of Arizona (Commission) has adopted the Work Loss Data Institute's *Official Disability Guidelines – Treatment in Workers Compensation* (ODG) as the standard reference for evidence-based medicine used in treating injured workers within the context of Arizona's workers' compensation system. By adopting and referencing the most recent edition (at the time of treatment), and continuously updated Official Disability Guidelines, the Commission can ensure the latest available medical evidence is used in making medical treatment decisions for injured workers.
- B. Until further action of the Commission, the guidelines shall apply to all body parts and conditions.
- C. The Commission may modify or change the applicability of the guidelines as described in subsection (B) if the Commission determines that modification or changing the applicability of the guidelines will: 1) improve medical treatment for injured workers, 2) make treatment and claims processing more efficient and cost effective, and 3) if the Commission's modification expands the applicability of the guidelines, the guidelines adequately cover the relevant body parts or conditions. Before taking action to modify or change the applicability of the guidelines, the Commission shall provide an opportunity for public comment and hold a public hearing. A decision of the Commission under this subsection shall be made by a majority vote of a quorum of Commission members present at a public meeting.
- D. Action taken by the Commission to modify or change the applicability of the guidelines under subsection (C) shall be published in the minutes of the Commission meeting when such action was taken. The minutes of this action shall be published on the Commission's website and shall be available from the Commission upon request.
- E. The guidelines shall apply prospectively. Recommendations provided in the guidelines related to the management of chronic pain and the use of opioids for all stages of pain management shall apply to medical treatment or services occurring on or after October 1, 2016. For purposes of this process,

chronic pain shall be defined by the guidelines. Recommendations provided in the guidelines related to all other body parts and conditions shall apply to medical treatment or services occurring on or after October 1, 2018.

- F. This Article applies to all claims filed with the Commission.
- G. This Article only applies to medical treatment and services for body parts and conditions that have been accepted as compensable.
- H. The guidelines are to be used as a tool to support clinical decision making and quality health care delivery to injured employees. The guidelines set forth care that is generally considered reasonable and are presumed correct if the guidelines provide recommendations related to the requested treatment or service. This is a rebuttable presumption and reasonable medical care may include deviations from the guidelines. To support a request to deviate from the guidelines, the provider must produce documentation and justification that demonstrates by a preponderance of credible medical evidence a medical basis for departing from the guidelines. Credible medical evidence may include clinical expertise and judgment.
- I. The Commission shall provide administrative review and oversight of this Article.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1302. Definitions**

In this Article and R20-5-106(A)(12), unless the context otherwise requires:

"Act" means the Arizona Workers' Compensation Act, A.R.S. Title 23, Chapter 6.

"Active Practice" means performing patient care for a minimum of eight hours per week in one of the five preceding years.

"Administrative Law Judge" or "ALJ" means a hearing officer appointed under A.R.S. § 23-108.02.

"Administrative Review" means a process that includes a peer review for preauthorization of a request for medical treatment or services conducted pursuant to R20-5-1311. The administrative review process will be managed by the Medical Resource Office (MRO) at the Industrial Commission of Arizona.

"American Board of Medical Specialties" means the organization that develops a uniform system for specialty boards to administer examinations for certification of physicians within specific medicine specialties.

"American Osteopathic Association" means the organization that develops a uniform system for specialty boards to administer examinations for certification of osteopathic physicians within specific osteopathic medicine specialties.

"Applicability" means the body parts and medical conditions that are covered under this Article and authorized by the Commission under R20-5-1301(B) and (C).

"Claim" means the workers' compensation claim filed by the injured employee under the Act.

"Contractor" means an independent peer review organization accredited by URAC.

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“Fast Track ALJ Dispute Resolution Program” or “fast track process” means the voluntary dispute resolution process set forth in R20-5-1312(B).

“International Classification of Diseases Code” or “ICD Code” means a set of medical diagnostic codes that creates a universal language for reporting diseases and injury.

“International Classification of Diseases” or “ICD” means an official list of categories of diseases, physical and mental, that is issued and maintained by the World Health Organization.

“IME” means an independent medical examination scheduled under R20-5-114.

“Injured Employee” means a person defined in A.R.S. § 23-901 whose claim has been accepted for workers’ compensation benefits.

“Medical File Review Opinions” means a formal examination of patient data and medical records for the purpose of determining the need for medical treatment, services or both.

“Payer” means an insurance carrier defined under A.R.S. § 23-901, a self-insured employer defined in R20-5-102, a third-party administrator, and the Special Fund of the Industrial Commission of Arizona.

“Peer Review” means an independent medical review conducted by an individual meeting the requirements of R20-5-1311(I).

“Preauthorization” means the written request prescribed by R20-5-1303 from a provider to a payer requesting approval to provide medical treatment or services to an injured employee.

“Provider” means a physician as defined in R20-5-102.

“Reconsideration” means a written request to the payer or identified review organization by an injured employee or medical provider to reconsider a previous payer decision to deny medical treatment or services and that identifies the specific justification to support the request.

“Third-Party Administrator” means an organization that processes insurance or employee benefit claims for a separate entity.

“Treatment Guidelines” or “guidelines” means medical treatment guidelines that are used as a tool to support clinical decision making and quality health care delivery to injured employees.

“URAC” refers to URAC, a non-profit organization formerly known as the Utilization Review Accreditation Commission.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1303. Provider Request for Preauthorization**

- A. No preauthorization is required under the Act to ensure payment for reasonably required medical treatment or services. While preauthorization is not required under the Act, a provider may seek preauthorization as provided in this subsection.
- B. A provider shall submit a request for preauthorization in writing using Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A provider shall attach documentation to a request for preauthorization that supports

the medical necessity and appropriateness of the treatment or services requested, such as office notes and diagnostic reports.

- C. A provider may submit the request for preauthorization by mail, electronically or by fax.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1304. Payer Denial of Request for Preauthorization**

- A. A payer shall not deny a request for preauthorization solely because the guidelines do not address the requested treatment or services.
- B. A payer shall not deny a request for preauthorization that is supported by the guidelines, unless the payer can rebut the presumption of reasonableness and correctness with a medical or psychological opinion establishing by a preponderance of the evidence that there is a contraindication or significant medical or psychological reason not to authorize the requested treatment or services. Upon request by the provider or injured employee, a denial of preauthorization in this situation shall be processed as an immediate referral to the Commission for administrative review as provided in R20-5-1311 unless the payer obtains an IME in support of its denial. If the payer obtains an IME which serves as the basis for the denial, then review of the payer’s decision shall be processed as a request for investigation under A.R.S. § 23-1061(J) if filed by the injured employee.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1305. Payer Denial of Payment for Provided Treatment or Services**

- A. A payer shall not deny payment for provided treatment or services solely because the guidelines do not address the requested treatment or services.
- B. A payer shall not deny payment for provided treatment or services supported by the guidelines, unless the payer can rebut the presumption of reasonableness and correctness with a medical or psychological opinion establishing by a preponderance of the evidence that there is a medical contraindication or significant medical or psychological reason not to pay for the treatment or services.
- C. A dispute related to a payer’s failure to pay for provided treatment or services may be processed as a request for investigation under A.R.S. § 23-1061(J) if filed by an injured employee.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1306. Payer Reversal of Decision to Deny Treatment or Services**

A payer may reverse its decision to deny treatment or services at any time throughout the process described in this Article. In this situation, the payer’s subsequent authorization or agreement to pay for the treatment or services at issue shall end this process.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1307. Payer Decision, In Whole or In Part**

A payer may issue a decision approving or denying a request for preauthorization in whole, or in part.

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**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1308. Failure to Comply with Required Time Limits**

A payer's failure to comply with the required time limits of this process may be considered unreasonable delay under R20-5-163.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1309. Payer Decision on Request for Preauthorization**

- A. Except as provided in subsections (C) or (D), a payer shall communicate to the provider its decision on a request for preauthorization no later than 7 business days after the request is received. The decision shall be issued in writing using Section II (Payer Decision on Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A payer shall attach to the decision a statement of what has been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision. For purposes of this Section, the 7 business days begin to run the day after the payer receives the request.
- B. If a payer fails to communicate to a provider its decision on request for preauthorization within 7 business days, then the payer's failure to take action is deemed a "no response" and the provider or injured employee may submit a request for administrative review directly to the Commission as provided in R20-5-1311.
- C. If a payer receives a request for preauthorization not submitted on Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12) or an incomplete request for preauthorization using Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), the payer shall:
  1. No later than 7 business days after the request is received and identified, act on the request for preauthorization pursuant to subsection (A); or
  2. No later than 7 business days after the request is received and identified, notify the provider in writing that the request for preauthorization is incomplete or, if applicable, that a request for preauthorization must be submitted on Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12).
- D. If, no later than 7 business days after a request for preauthorization has been received, a payer provides written notice to the provider that an IME has been requested under R20-5-114 using Section II (Payer Decision on Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), then the payer's decision on a request for preauthorization shall be issued no later than 7 business days after the final IME report has been received by the payer. The payer shall provide a copy of the final IME report to the provider upon receipt of the IME report.
- E. Unless the payer decision was supported by an IME or otherwise falls within subsection R20-5-1304(B), an injured employee or provider may seek reconsideration of a payer decision by submitting a written request to the payer (or review organization identified by the payer) using Section III

(Provider or Employee Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A provider shall attach to a request for reconsideration a statement of the specific reasons and justifications to support the request. If not previously provided, the injured employee or provider shall attach supporting medical documentation with the request for reconsideration.

- F. An injured employee may seek review of a payer decision that is supported by an IME by requesting an investigation under A.R.S. § 23-1061(J).
- G. Unless the decision was supported by an IME, an injured employee or provider may seek review of a payer decision issued under R20-5-1304(B) by requesting administrative review by the Commission as provided in R20-5-1311.
- H. A payer shall provide a copy of its written decision to deny treatment or services to the injured employee or, if represented, to the injured employee's authorized representative.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1310. Payer Reconsideration on Request for Preauthorization**

- A. Except as provided in subsection (C), a payer shall communicate to the provider its decision on a request for reconsideration no later than 7 business days after the request is received. This decision shall be issued in writing using Section IV (Payer Decision on Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A payer shall attach to the decision a statement of what has been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision. For purposes of this subsection, the 7 business days begin to run the day after the payer receives the request for reconsideration.
- B. If a payer fails to respond to a request for reconsideration within 7 business days, the provider or injured employee may submit a request for administrative review directly to the Commission as provided in R20-5-1311.
- C. If, no later than 7 business days after a request for reconsideration has been received, a payer provides written notice to the provider that an IME has been requested under R20-5-114 using Section IV (Payer Decision on Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), then the payer's decision on a request for reconsideration shall be issued no later than 7 business days after the final IME report has been received by the payer. The payer shall provide a copy of the final IME report to the provider upon receipt of the report.
- D. Commission Review of Payer Reconsideration Decision:
  1. An injured employee or provider may seek review of a payer reconsideration decision by requesting an administrative review by the Commission as provided in R20-5-1311 unless the payer decision was supported by an IME.
  2. An injured employee may seek review of a payer reconsideration decision that is supported by an IME by requesting an investigation under A.R.S. § 23-1061(J).
- E. A payer shall provide a copy of its written reconsideration decision to deny treatment or services to the injured employee

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or, if represented, to the injured employee's authorized representative.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1311. Administrative Review by Commission**

- A.** Absent further action of the Commission under R20-5-1301(C), administrative review under this Article is available for requests for medical treatment or services related to all body parts and conditions.
- B.** A request for administrative review shall be in writing using Section V (Provider or Employee Request for Administrative Peer Review) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A request for administrative review must attach copies of relevant medical information or records and copies of all documentation related to the payer's decision or non-response. A request for administrative review must be submitted to the Commission by mail, electronically or by fax.
- C.** Upon receipt of a request for administrative review, the Commission shall determine whether the administrative review is available under this Article.
  1. If administrative review is not available, then no later than three business days after receiving a request for administrative review, the Commission shall send notice to the injured employee and payer that administrative review is not available.
  2. If administrative review is available, then no later than three business days after receiving the request, the Commission shall send notice to the payer that a request for administrative review has been received and provide information on how to participate in the process.
- D.** The administrative review conducted under this Section shall apply the guidelines as described in this Article and include a peer review performed by an individual meeting the requirements of subsection (I). The peer review shall consist of a records review and, when possible as described in subsection (I)(5), a conversation between the provider and individual conducting the peer review.
- E.** The Commission may enter into an agreement with one or more contractors, who shall be URAC accredited, to provide the review described in subsection (D).
- F.** The payer shall pay for the costs of the peer review conducted by the contractor.
- G.** To assist in its review, the Commission or its contractor may request or receive additional information and documentation from the provider, injured employee or payer, who shall cooperate and provide the Commission or its contractor with any necessary medical information, including information pertaining to the payer's decision.
- H.** Before the Commission or its contractor issues a determination denying the request for treatment or services, a good faith effort shall be made to conduct a peer review with the provider requesting authorization to perform the treatment or services.
- I.** The individual conducting the peer review shall:
  1. Hold an active, unrestricted license or certification to practice medicine or a health profession and be involved in the active practice of medicine or a health profession during the five preceding years. For purposes of this subsection, "active practice" means performing patient care for a minimum of eight hours per week in one of the five preceding years;
  2. Be licensed in Arizona, unless the Commission or its contractor is unable to find such an individual, in which case the peer review may be conducted by an individual who is licensed in another state of the United States and who meets the other requirements of this subsection;
  3. For a review of a request from an allopathic or osteopathic physician, nurse practitioner, physician assistant, or other mid-level provider, hold a current certification from the American Board of Medical Specialties or the American Osteopathic Association in the area or areas appropriate to the condition, procedure or treatment under review;
  4. Be in the same profession and the same specialty or subspecialty as typically performs or prescribes the medical procedure or treatment requested; and
  5. Make a good faith effort to contact the provider requesting the preauthorization. This good faith effort shall include making telephone contact during the provider's normal business hours and offering to schedule the peer review at a time convenient for the provider.
- J.** A provider may bill the payer for time spent participating in a peer review under this Section.
- K.** The Commission or its contractor shall issue a written determination of its administrative review that contains the name and title of the person that performed the administrative review, and includes the following information:
  1. Whether the request for treatment or services is authorized or denied, in whole or in part;
  2. The information reviewed;
  3. The principle reason for the decision; and
  4. The clinical basis and rationale for the decision.
- L.** An interested party dissatisfied with the administrative review determination may request that the dispute be referred to the Commission's Administrative Law Judge Division for hearing. This request for hearing shall:
  1. Be in writing;
  2. Filed no later than 10 business days after the administrative review determination is issued; and
  3. State whether the party requests to participate in the Fast Track ALJ Dispute Resolution Program by stipulation, or declines to participate in the Fast Track ALJ Dispute Resolution Program.
- M.** If a timely request for hearing is filed, the administrative review determination is deemed null and void and shall serve no evidentiary purpose.
- N.** The information provided by the parties under this Section and the determination issued by the Commission shall become a part of the Commission claims file for the injured employee.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1312. Hearing Process**

- A.** A referral of a request for hearing under R20-5-1311(L) shall be processed as provided for in the Act unless all parties agree to participate in the fast track process.
- B.** The following applies only to the Fast Track ALJ Dispute Resolution Program:
  1. Parties must agree to participate in the Fast Track ALJ Dispute Resolution Program with the understanding that a short form decision will be issued.

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2. Review by the presiding ALJ shall be limited to the treatment or service dispute considered at the administrative review under R20-5-1311.
  3. The presiding ALJ shall issue a notice of hearing within 10 business days of the receipt of the fully executed agreement to participate and certificate of readiness.
  4. The hearing shall be held within 30 calendar days from the day that the notice of hearing is issued to the extent practicable.
  5. Discovery is limited to five interrogatories and no depositions are permitted.
  6. The presiding ALJ shall take all lay witness testimony at the time of the hearing and will not hold any further hearings.
  7. The presiding ALJ shall consider documentary medical evidence only; no medical testimony shall be taken.
  8. Medical file review opinions shall be deemed to constitute substantial evidence to support the requested treatment or service.
  9. All documentary evidence shall be submitted no later than 10 business days before the scheduled hearing.
  10. The hearing shall be recorded, but not transcribed, unless one or more of the parties files a request for review under A.R.S. § 23-942 and A.R.S. § 23-943.
  11. The presiding ALJ shall issue a short form decision within five business days after the matter is deemed submitted.
- A. A Municipal Payor seeking reimbursement from the Fund shall submit a reimbursement claim in writing on the Municipal Firefighter Cancer Reimbursement Form approved by the Commission.
  - B. The Municipal Firefighter Cancer Reimbursement Form shall include the following attestations, which shall be made by an authorized representative of a Municipal Payor seeking reimbursement from the Fund:
    1. The reimbursement request includes only eligible compensation and benefits paid under A.R.S. § 23-1702(A) on municipal firefighter or municipal fire investigator workers' compensation claims accepted under A.R.S. § 23-901.09.
    2. The reimbursement request only includes amounts actually paid by the Municipal Payor for compensation and benefits under A.R.S. § 23-1702(A) during the immediately preceding fiscal year.
    3. The reimbursement request does not include amounts paid for expenses relating to case management, vocational rehabilitation, or similar nonmedical costs.
    4. The information included in, or submitted with, the Municipal Firefighter Cancer Reimbursement Form is true and correct.
  - C. The Municipal Firefighter Cancer Reimbursement Form shall not be changed, amended, or otherwise altered without the prior written approval of the Commission.
  - D. A Municipal Payor seeking reimbursement from the Fund for compensation and benefits paid during a fiscal year shall submit a reimbursement claim to the Commission between July 1 and August 31 immediately following the applicable fiscal year.
  - E. Failure to timely submit a reimbursement claim for compensation and benefits paid during a fiscal year before the claim submission deadline in subsection (D) will be deemed a waiver of the right of the Municipal Payor to request reimbursement for amounts paid during the applicable fiscal year. Failure to include all eligible compensation or benefits in a reimbursement claim before the claim submission deadline in subsection (D) will be deemed a waiver of the right of the Municipal Payor to request reimbursement for any omitted amounts paid during the applicable fiscal year.
  - F. The Commission shall process reimbursements pursuant to A.R.S. § 23-1702(C) on or before December 31 of each year.
  - G. The maximum annual amount of aggregate reimbursements paid by the Fund shall in no event exceed the total amount of monies in the Fund as of close of business on June 30 of the applicable fiscal year.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

#### **ARTICLE 14. MUNICIPAL FIREFIGHTER CANCER REIMBURSEMENT FUND AND FIREFIGHTER AND FIRE INVESTIGATOR CANCER CLAIM REPORTING**

##### **R20-5-1401. Application of the Article and Definitions**

- A. This Article applies to reimbursement claims submitted to the Municipal Firefighter Cancer Reimbursement Fund under Arizona Revised Statutes ("A.R.S."), Title 23, Chapter 11, and firefighter and fire investigator cancer claim reporting under A.R.S. § 23-971.
- B. The definitions in A.R.S. §§ 23-1701 and 23-901.09 apply in this Article.
- C. "Cancer-related claims" as used in A.R.S. § 23-971 and this Article shall mean Arizona workers' compensation claims involving any disease, infirmity, or impairment of health that is caused by cancer.
- D. "Fiscal year" or "reporting period" shall mean the 12-month cycle that begins on July 1 and ends on June 30.
- E. "Loss valuation date" shall mean the last day of the reporting period and the date on which firefighter and fire investigator cancer claim data shall be determined for reporting purposes.
- F. An "open" claim shall mean a workers' compensation claim that is eligible for temporary compensation and/or active medical treatment. A "closed" claim shall mean a workers' compensation claim in which temporary compensation and active medical treatment have been terminated.

**Historical Note**

New Section made by final exempt rulemaking at 27 A.A.R. 2920 (December 17, 2021), effective January 1, 2022 (Supp. 21-4). Amended by final rulemaking at 28 A.A.R. 1483 (June 24, 2022), with an immediate effective date of June 10, 2022 (Supp. 22-2).

##### **R20-5-1402. Reimbursement Claims**

**Historical Note**

New Section made by final exempt rulemaking at 27 A.A.R. 2920 (December 17, 2021), effective January 1, 2022 (Supp. 21-4).

##### **R20-5-1403. Recordkeeping and Record Inspections**

- A. Municipal Payors seeking reimbursement from the Fund shall maintain all records supporting amounts included in a reimbursement claim for at least ten years after the reimbursement claim is filed.
- B. Municipal Payor records supporting amounts included in a reimbursement claim shall always be open for inspection by the Commission or representatives of the Commission to ascertain information necessary for its administration of A.R.S. §§ 23-1701 through 23-1703. Upon request, a Municipal Payor shall make such records available to the Commission within 30 days.



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**Historical Note**

New Section made by final exempt rulemaking at 27  
A.A.R. 2920 (December 17, 2021), effective January 1,  
2022 (Supp. 21-4).

**R20-5-1404. Fund Overpayments**

- A. A Municipal Payor that discovers an error in a reimbursement claim which may result or has resulted in an overpayment from the Fund shall notify the Commission of the error within three business days of discovery of the error.
- B. Overpayments made by the Fund to Municipal Payors that are discovered through inspection of records, or otherwise, shall be returned to the Fund by the applicable Municipal Payor within 30 days of notification by the Commission.

**Historical Note**

New Section made by final exempt rulemaking at 27  
A.A.R. 2920 (December 17, 2021), effective January 1,  
2022 (Supp. 21-4).

**R20-5-1405. Cancer Claim Reporting Method; Frequency; Deadlines; Duration**

- A. Cancer-related claim reporting under A.R.S. § 23-971 and this Article shall be performed electronically through the commission's electronic claims portal. Insurance carriers, self-insured employers, self-insurance pools, or a designee (including third-party administrators or an adjuster) are authorized to complete required claim reporting. Duplicate reporting of the same claim information is prohibited.
- B. Subject to the claim reporting durations specified in subsection (D), insurance carriers, self-insured employers, and self-insurance pools subject to A.R.S. § 23-971 shall annually report the data elements specified in R20-5-1407 and R20-5-1408 for cancer-related claims filed by or on behalf of firefighters and fire investigators.
- C. Claim data reported pursuant to subsection (B) shall be determined as of the loss valuation date for the applicable reporting period.
- D. Claim reporting shall be completed within 31 days after each applicable reporting period, i.e., no later than July 31 of each year.
- E. Claim reporting under A.R.S. § 23-971 is subject to the following claim reporting durations:
  1. Denied Claims: Reported one time following the reporting period during which the claim is denied by a notice of claim status. Reporting is not required for claims denied prior to July 1, 2021.
  2. Claims Accepted on or after July 1, 2021: Reported for the longer of: (a) the duration the claim remains open plus two additional annual reports after the claim is closed; or (b) ten annual reports after acceptance of the claim.
  3. Claims Accepted before July 1, 2021: If the claim was open on July 1, 2021, the claim shall be reported for the duration the claim remains open plus two additional annual reports after the claim is closed. If the claim was closed as of July 1, 2021, and was accepted on or after July 1, 2011, the claim shall be reported for two annual reports. If the claim was closed as of July 1, 2021, and was accepted prior to July 1, 2011, reporting is not required.
  4. Reopened Claims: Reported for the longer of: (1) the duration the claim remains open (following acceptance of the petition to reopen), plus two additional annual reports after the claim is closed; or (2) ten annual reports after acceptance of the petition to reopen.

5. Claims that Develop into Cancer-Related Claims: If a claim develops into a cancer-related claim, reporting should begin following the reporting period in which the claim developed into a cancer-related claim. In these circumstances, the claim shall be reported for the longer of: (1) the duration the claim remains open plus two additional annual reports after the claim is closed; or (2) ten annual reports.
6. Non-Cancer-Related Claims: If a cancer-related claim develops into a claim that no longer meets the definition of a cancer-related claim, no further annual reporting is required.
7. Informational Claims: Claims that have been filed but have not been accepted or denied as of the applicable loss valuation date shall not be reported.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1483 (June 24, 2022), with an immediate effective date of  
June 10, 2022 (Supp. 22-2).

**R20-5-1406. Cancer Reporting; Required General Data Elements**

- A. Name of Data Provider (i.e., What entity is reporting the data?): The name of the insurance carrier, self-insured employer, self-insurance pool, or designee submitting the cancer-related claim data.
- B. Data Provider Type Code: Insurance Carrier; Self-Insured Employer; Self-Insurance Pool; Third-Party Administrator; or Other Designee.
- C. Name of Person Submitting Data: The name of the individual submitting the cancer-related claim data.
- D. Name of Data Provider Primary Contact: The name of the individual designated by the Data Provider who can be contacted regarding the data submission. (May be the same as the "Name of Person Submitting the Data.")
- E. Data Provider Primary Contact Phone Number: The phone number of the Data Provider Primary Contact.
- F. Data Provider Primary Contact Email Address: The email address of the Data Provider Primary Contact.
- G. Loss valuation date: The last day of the 12-month reporting period.
- H. Total Number of New Cancer-Related Claims: Total number of cancer-related claims filed by or on behalf of firefighters and fire investigators during the applicable reporting period (whether or not the claims are included in the detailed reporting).
  1. Accepted: Total number of new cancer-related claims accepted during the applicable reporting period.
  2. Denied: Total number of cancer-related claims denied during the applicable reporting period.
  3. Pending: Total number of cancer-related claims pending decision on the applicable loss valuation date.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R.  
1483 (June 24, 2022), with an immediate effective date of  
June 10, 2022 (Supp. 22-2).

**R20-5-1407. Cancer Reporting; Required Claim-Specific Data Elements**

- A. Unique Claim Identifier: The unique, alphanumeric claim identifier (up to 20 characters, but no less than seven characters) assigned by the carrier, self-insured employer, or self-insurance pool to a specific claim. The claim identifier shall remain the same throughout the life of the claim. Usage of the commission's claim number is prohibited. Usage of claimant

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- name, personally-identifiable information, or carrier/self-insured employer/self-insurance pool name in identifier is prohibited.
- B.** Transaction Type Code: The code that identifies a report as an initial report (01) or subsequent report (02).
- C.** Occupational Descriptor Code: (01) = Firefighter (02) = Fire Investigator.
- D.** Sex Code: The sex of the injured worker. (M = Male, F = Female, N = Not Reported.)
- E.** Birth Year: The 4-digit birth year of the injured worker.
- F.** Year Claim Reported: The 4-digit year the claim was reported to the carrier/self-insured employer/self-insurance pool.
- G.** Year of Loss: The 4-digit year when the injury (cancer) became manifest.
- H.** Year of Hire: The 4-digit year when the injured worker was hired by the employer as a firefighter or fire investigator (either full-time or part-time). If unknown, enter (U).
- I.** Name of Carrier, Self-Insured Employer, or Self-Insurance Pool: Complete business name of insurance carrier or self-insured employer/pool responsible for the claim.
- J.** Employer Name: The complete business name of the employer (including a DBA, if applicable) related to the claim.
- K.** County Code: The code corresponding to Arizona county primarily served by the employer (01) = Apache; (2) = Cochise; (3) = Coconino; (4) = Gila; (5) = Graham; (6) = Greenlee; (7) = La Paz; (8) = Maricopa; (9) = Mohave; (10) = Navajo; (11) = Pima; (12) = Pinal; (13) = Santa Cruz; (14) = Yavapai; (15) = Yuma.
- L.** Claim Acceptance Date: The date the claim was first accepted as compensable. If the claim was denied, enter (D).
- M.** Claim Denial Code: The code corresponding to the reason a claim was denied. (01) = Claim not compensable; (02) No coverage; (03) Other reason. If the claim was accepted, enter (A).
- N.** Claims Status Code: The code corresponding to the claim's status as of the loss valuation date. (01) = claim is open (not reopened) on the loss valuation date; (02) = claim is closed on the loss valuation date; (03) = claim is reopened on the loss valuation date. If the claim was denied, enter (D).
- O.** Benefit Code: The code that identifies under which provision of the law benefits are being paid on the loss valuation date. (01) = Death; (02) = Permanent Total Disability; (03) Permanent Partial Disability - Unscheduled; (04) Permanent Partial Disability - No Loss; (05) Temporary Total Disability; (06) Temporary Partial Disability; (07) Claim Denied.
- P.** Settlement Code: (00) = Claim not subject to settlement during the reporting period; (01) = Full and final settlement during the reporting period; (03) Stipulated award during the reporting period; (05) Noncompensable settlement during the reporting period; (06) = Compromise settlement during the reporting period; (09) Other settlement during the reporting period; (10) Multiple settlements during the reporting period.
- Q.** Lump Sum Indicator: Indicates whether the claim has been settled by a lump sum amount. N = No; Y = Yes.
- R.** Closed Date: If the claim closed during the reporting period, report the date of claim closure. (Required if the claim closed during the reporting period.)
- S.** Reopened Date: If the claim re-opened during reporting period, report the date of claim reopening. (Required if the claim reopened during the reporting period.)
- T.** Primary Type of Cancer Code: The primary type of cancer involved in the claim on the loss valuation date. Options are brain (01), bladder (02), rectal (03), colon (04), lymphoma (05), leukemia (06), adenocarcinoma (07), mesothelioma of the respiratory tract (08), buccal cavity (09), pharynx (10), esophagus (11), large intestine (12), lung (13), kidney (14), prostate (15), skin (16), stomach (17), ovarian (18), breast (19), testicular (20), non-Hodgkin's lymphoma (21), multiple myeloma (22), and malignant melanoma (23). Non-listed cancers may be designated as "other" (30).
- U.** Secondary Type of Cancer Code: If applicable, the secondary type of cancer involved in the claim on the loss valuation date. Options are brain (01), bladder (02), rectal (03), colon (04), lymphoma (05), leukemia (06), adenocarcinoma (07), mesothelioma of the respiratory tract (08), buccal cavity (09), pharynx (10), esophagus (11), large intestine (12), lung (13), kidney (14), prostate (15), skin (16), stomach (17), ovarian (18), breast (19), testicular (20), non-Hodgkin's lymphoma (21), multiple myeloma (22), and malignant melanoma (23). Non-listed cancers may be designated as "other" (30). (Required if applicable.)
- V.** Amounts Paid (as of loss valuation date):
1. Indemnity Paid: The total amount of paid indemnity for the claim as of the loss valuation date. These losses consist of all paid benefits due to an employee's lost wages or inability to work, including compensation paid to a deceased claimant prior to death, burial expense, claimant's attorney fees, vocational rehabilitation benefits, indemnity settlement payments, and employer's liability losses and expenses. Allocated loss adjustment expense ("ALAE") for other than employer's liability coverage shall be excluded from indemnity losses.
  2. Medical Paid: The total amount of medical losses paid for the claim as of the loss valuation date, including medical settlement payments.
  3. ALAE Paid: The total amount of ALAE paid for the claim as of the loss valuation date.
  4. Death Benefits Paid: The total amount of death benefits paid for the claim as of the loss valuation date.
- W.** Incurred Amounts (as of loss valuation date):
1. Incurred Indemnity Amount: The total of "Indemnity Paid" plus the current outstanding reserve indemnity benefits, excluding loss adjustment expenses (e.g., ALAE and unallocated loss adjustment expense ("ULAE")).
  2. Incurred Medical Amount: The total of "Medical Paid" plus the current outstanding reserve medical benefits, excluding loss adjustment expenses (e.g., ALAE and ULAE).
  3. Incurred ALAE Amount: The total of "ALAE Paid" plus the current outstanding reserve ALAE.
  4. Incurred Death Benefits Amount: The total of "Death Benefits Paid" plus the current outstanding reserve death benefits, excluding loss adjustment expenses (e.g., ALAE and ULAE).

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 1483 (June 24, 2022), with an immediate effective date of June 10, 2022 (Supp. 22-2).

**ARTICLE 15. WORKERS' COMPENSATION SELF-INSURANCE****R20-5-1501. Definitions**

In addition to the definitions provided in A.R.S. § 23-901, the following definitions apply to this Article:

1. "Act" means the Arizona Workers' Compensation Act, A.R.S. § 23-901 et seq.
2. "Administrator" means an individual or organization designated by a Self-Insurance Pool Board to manage the daily operations of a Self-Insurance Pool.

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3. "Agreement to Process and Pay" means a written agreement that requires an entity to process and pay or guaranty the payment of another entity's liabilities.
4. "Applicant" means an entity or pool seeking initial or renewal authority to self-insure for workers' compensation, a Self-Insurance Pool seeking to add a new member, or a Self-Insurer seeking to Self-Administer.
5. "Authorization Date" means the date designated by the Commission on which self-insurance authority begins.
6. "Basic Premium Factor" means a factor used in the Retrospective Rating Plan formula to represent expenses of the Self-Insurer, such as acquisition, audit, administration, and profit or contingencies, but not taxes.
7. "Cash Flow Ratio" means a numerical relationship that reflects an entity's ability to meet current financial obligations out of cash flow and is calculated as follows: (cash flow from operations) divided by (current liabilities).
8. "Claim" or "claim" means a workers' compensation claim.
9. "Deviation Rate" means the rate applied to the Manual Premium to calculate a discount from the Manual Premium.
10. "D-Ratio" means a factor used in the Ex-Medical Plan that reflects the ratio of primary expected losses and total expected losses.
11. "Division" means the self-insurance office of the Commission.
12. "Ex-Medical Plan" means a method of determining the premium upon which taxes are calculated that provides for rate revisions based upon the Self-Insurer operating a medical facility with a program for providing medical, surgical, or hospital services to a majority of the Self-Insurer's employees that complies with the requirements of A.R.S. § 23-1070.
13. "Experience Modification Rate" means a ratio comparing actual losses to expected losses based on a formula determined by an approved Rating Organization or the Commission.
14. "Fiscal Year" or "fiscal year" means a 12-month financial or accounting period.
15. "Fixed Premium Plan" means a method of determining the premium upon which taxes are calculated in which neither losses nor incurred loss reserves are used for the net taxable premium calculation.
16. "Guaranteed Cost Plan" means a method of determining the premium upon which taxes are calculated that provides for a direct relationship, on an annual basis, of the premium for tax purposes and the Experience Modification Rate developed to reflect the loss payment and incurred loss experience of the Self-Insurer.
17. "Local Government Investment Pool" means a pooled investment fund operated by the Arizona State Treasurer according to A.R.S. § 35-326.
18. "Loss Conversion Factor" means a factor used in the Retrospective Rating Plan formula that is used to cover unallocated claims and the costs of the Self-Insurer's claims services.
19. "Manual Premium" means the aggregate payroll by individual Payroll Classification Code multiplied by the Payroll Classification Rate.
20. "Member" or "member" means an employer described in A.R.S. §§ 11-952.01, 15-382 23-961.01, or 41-621.01 that has joined with other employers to operate a Self-Insurance Pool.
21. "Parent Company" means a company that has sufficient ownership in another entity (the Subsidiary) to have control, directly or indirectly, of the Subsidiary.
22. "Payroll" or "payroll" means the total wages and salaries paid by an employer.
23. "Payroll Classification Code" means a four-digit numerical code assigned by a Rating Organization or the Commission to differentiate between the various job duties or scope of work performed by employees.
24. "Payroll Classification Rate" means a rate assigned to an individual Payroll Classification Code by a Rating Organization or the Commission.
25. "Public Entity" means an individual employer that is a state, county, municipality, school district, or any other entity with taxing authority.
26. "Public Entity Pool" means a workers' compensation pool organized under A.R.S. §§ 11-952.01, 15-382, or 41-621.01.
27. "Public Entity Trust Fund" means an internal service fund or sub-fund dedicated to workers' compensation or risk management established by a Public Entity from which money is used to pay workers' compensation claim liabilities and expenses.
28. "Rating Organization" means an entity that meets the requirements of A.R.S. § 20-363 and is approved by the Department of Insurance and Financial Institutions to establish rates, codes, and formulas used to calculate workers' compensation premiums.
29. "Renewal Date" means the date designated by the Commission by which a renewal application shall be filed with the Division.
30. "Reserves" or "reserves" means an amount of money that is set aside to satisfy the financial and legal obligations associated with a workers' compensation claim or group of claims.
31. "Resolution of Authorization" means a document issued by the Commission that grants authority to self-insure for purposes of workers' compensation.
32. "Retrospective Rating Plan" means a method of determining the premium upon which taxes are calculated that provides for a relationship between the premiums for tax purposes, the Experience Modification Rate developed to reflect the loss payment and incurred loss experience of the Self-Insurer, and the actual incurred losses for the tax year.
33. "Security" or "security" means any financial instrument authorized by R20-5-1521 through R20-5-1524, or appropriate documents renewing, amending, or continuing any of these.
34. "Self-Administer" means the process under which a Self-Insurer administers its own claims, once approved by the Division.
35. "Self-Insurance Pool" means a Public Entity Pool or Similar Industry Pool.
36. "Self-Insurance Pool Board" means a body of individuals that directs a Self-Insurance Pool according to R20-5-1527.
37. "Self-Insurer" means an entity authorized by the Commission to self-insure for workers' compensation and may include a Public Entity, an individual private employer under A.R.S. § 23-961(A)(2), a Public Entity Pool, or a Similar Industry Pool.
38. "Similar Industry Pool" means a pool with members in similar industries as authorized by A.R.S. § 23-961.01.

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39. "Subsidiary" means an entity of which a Parent Company has sufficient ownership to have control, directly or indirectly.
40. "Third-Party Administrator" means an organization that processes workers' compensation claims for a Self-Insurer.
41. "Workers' Compensation Pool Loss Account" means an account or sub-account in the Workers' Compensation Pool Operations Account established by a Self-Insurance Pool from which money is used to pay workers' compensation claims, liabilities, and expenses.
42. "Workers' Compensation Pool Operations Account" means an account or sub-account into which premiums, investment proceeds, and other revenues are deposited for purposes of a Self-Insurance Pool.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1502. Computation of Time; Extension of Time Limits**

- A. In computing any time period prescribed or allowed by this Article, the day of the event from which the time period begins to run shall not be included, but the last day of the period computed shall be included unless it is a Saturday, Sunday, or legal holiday, in which event the period shall run until the end of the next day that is not a Saturday, Sunday, or legal holiday. When the time period prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays, and legal holidays shall not be included in the computation of time.
- B. Except as otherwise precluded by law, the Division may extend time limits prescribed by this Article for good cause. A request for an extension of a time limit shall be filed with the Division in writing and shall state the reasons for the request.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1503. Forms and Reports**

The following forms, available at <http://www.azica.gov> and upon request from the Division, shall be used when applicable:

1. Initial Application for Authority to Self-Insure Form,
2. Self-Insurance Renewal Application Form,
3. New Pool Member Application Form,
4. Workers' Compensation Liability Form,
5. Application to Self-Administer Form,
6. Self-Provider of Medical Benefits Form,
7. Parent Guaranty Form,
8. Workers' Compensation Guaranty Bond Form,
9. Statutory Deposit Agreement Form,
10. Custody Agreement Form,
11. Request for Waiver of Security Form,
12. Notice of Termination of Self-Insurance Form,
13. Annual Payroll Report Form,
14. Annual Medical Report Form,
15. Annual Injury Report Form,
16. Annual Hospital Report Form,
17. Quarterly Tax Payment Form.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1504. Self-Insurance Criteria**

- A. A Public Entity may file an application for authority to self-insure if:
  1. The Public Entity's annual payroll is at least \$2 million; and
  2. The Public Entity's total assets are at least \$25 million.
- B. An individual employer that is not a Public Entity may file an application for authority to self-insure if:
  1. The employer has been engaged in business in Arizona for at least five consecutive years immediately before the prospective Authorization Date;
  2. The employer's annual Arizona payroll is at least \$2 million, including the combined payrolls of any Subsidiaries that will be covered by the self-insurance program; and
  3. The employer meets one of the following criteria:
    - a. The employer's total assets are at least \$25 million; or
    - b. The employer's net worth is at least \$5 million and Cash Flow Ratio is at least 0.25.
- C. A Public Entity Pool may file an application for authority to self-insure if:
  1. The requirements set forth in A.R.S. §§ 11-952.01, 15-382, or 41-621.01, as applicable, are satisfied;
  2. The combined annual payroll of the members of the Public Entity Pool is at least \$2 million; and
  3. The combined net worth of the members of the Public Entity Pool is at least \$1 million.
- D. A Similar Industry Pool may file an application for authority to self-insure if:
  1. The requirements set forth in A.R.S. § 23-961.01 are satisfied;
  2. The members of the Similar Industry Pool have been engaged in business in Arizona for at least five consecutive years immediately before the prospective Authorization Date;
  3. The combined annual Arizona payroll of the members of the Similar Industry Pool is at least \$2 million; and
  4. The combined net worth of the members of the Similar Industry Pool is at least \$1 million.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1505. Initial Application Requirements**

- A. An individual employer or pool seeking to apply for initial authority to self-insure shall file with the Division a completed Initial Application for Authority to Self-Insure Form and the documentation and information required in subsection (B).
- B. For an initial application to self-insure to be deemed complete, the following documentation and information shall be provided by the Applicant:
  1. A resolution of the Applicant's board of directors or governing body, authorizing the filing of the application. If the Applicant does not have a board of directors or governing body, an authorized representative shall sign the resolution.
  2. A list of the aggregate payroll by Payroll Classification Code for the most current and prior two fiscal years.
  3. A copy of the Applicant's audited financial statements for the most current and prior two fiscal years, including any notes to the financial statements. If audited financial statements for the most current or prior two fiscal years are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted. If a

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new Self-Insurance Pool does not have the financial statements required by this subsection, the pool shall provide detailed projections for capitalization, cash flow, and liabilities of the pool.

4. A detailed description of the Applicant's loss control program, including a description of existing or planned occupational safety and health requirements and training programs.
5. Except for a new Self-Insurance Pool that does not have the information required by this subsection, a loss run of all claims incurred in Arizona from the most current complete calendar year and the prior three calendar years. The loss run must include the following information, if applicable, for each incurred claim: Payroll Classification Code, Commission claim number, employee name, date of injury, total paid medical, medical reserves, total paid indemnity (including death benefits), and indemnity reserves.
6. If applicable, copies of excess insurance policies that meet the requirements of R20-5-1526, or written confirmation from an authorized insurance company that it will provide excess insurance coverage to the Applicant by the prospective Authorization Date.
7. Except for a new Self-Insurance Pool that does not have the information required by this subsection, if the Applicant's Experience Modification Rate specific to Arizona for the most recent complete fiscal year is greater than 1.10, a written statement describing the causes of the inflated Experience Modification Rate and outlining remedial measures the Applicant has taken or will take to lower the Experience Modification Rate.
8. Except for an Applicant seeking to Self-Administer under R20-5-1510, a copy of a signed agreement between the Applicant and a Third-Party Administrator or, if an agreement has not been completed, a written confirmation from a Third-Party Administrator that it will contract with the Applicant on or before the prospective Authorization Date to process workers' compensation claims for the Applicant.
9. If an Applicant is seeking to Self-Administer, a completed Application to Self-Administer Form and the information and documentation required in R20-5-1510(C).
10. If an eligible Applicant intends to direct medical care under A.R.S. § 23-1070, a completed Self-Provider of Medical Benefits Form, the detailed statement of the arrangements required in A.R.S. § 23-1070(B), and a copy of the current medical or hospital agreements, if applicable.
11. If the Applicant is a Public Entity or a Public Entity Pool seeking a waiver of security under R20-5-1525, a completed Request for Waiver of Security Form and a current actuarial report that satisfies the requirements in R20-5-1513(B).
12. If the Applicant is a Subsidiary:
  - a. A completed Parent Guaranty Form or an Agreement to Process and Pay signed by a designated representative of the Parent Company that guarantees the payment of the Subsidiary's obligations.
  - b. A resolution of the Parent Company's board of directors or governing body authorizing the designated representative to complete, sign, and file the Parent Guaranty Form or Agreement to Process and Pay. If the Parent Company does not have a board of directors or governing body, an authorized representative shall sign the resolution.
- c. A copy of the Parent Company's audited financial statements for the most current and prior two fiscal years, including any notes to the financial statements. If audited financial statements for the most current or prior two fiscal years are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted.
13. If the Applicant is a Self-Insurance Pool:
  - a. The contract or agreement required under A.R.S. §§ 11-952.01, 15-382, 23-961.01, or 41-621.01, as applicable, to establish the pool.
  - b. The articles of incorporation and bylaws governing the pool, if applicable.
  - c. The participation, coverage, and indemnity agreements between the pool and each member.
  - d. Written authorization from the board of directors or governing body of each member, authorizing membership in the pool. If a member does not have a board of directors or governing body, an authorized representative shall sign the written authorization.
  - e. A signed resolution from the Self-Insurance Pool Board approving each member for membership in the pool.
  - f. An original or a certified copy of fidelity or crime insurance policy that meets the requirements of R20-5-1528 or written confirmation from an authorized insurance company that it will issue the required fidelity or crime insurance policy on or before the prospective Authorization Date.
  - g. A copy of the signed agreement or contract of hire between the Self-Insurance Pool Board and the designated Administrator.
  - h. A detailed description of the underwriting program required under R20-5-1529.
  - i. A current actuarial report that meets the requirements of R20-15-1513(B) and documents the rate structure needed to set member premium levels to adequately cover potential losses and expenses of the pool.
  - j. For each member, a schedule showing, for the most recent complete fiscal year and the prior two fiscal years, net workers' compensation premiums paid, total workers' compensation losses incurred, and, if available, Experience Modification Rate specific to Arizona.
  - k. A copy of each member's audited financial statements for the most current and prior two fiscal years, including any notes to the financial statements. If audited financial statements for the most current or prior two fiscal years are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted.
  - l. If any member's Experience Modification Rate specific to Arizona for the most recent complete fiscal year is greater than 1.10, a written statement describing the causes of the inflated Experience Modification Rate and outlining remedial measures the member has taken or will take to lower the Experience Modification Rate.

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**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1506. Renewal Application Requirements**

- A.** A Self-Insurer seeking to apply for renewal of authority to self-insure shall file with the Division a completed Self-Insurance Renewal Application Form and the documentation and information required under subsection (B) on or before the Renewal Date or, if applicable, the date specified in subsection (D).
- B.** For a renewal application to be deemed complete, the following documentation and information shall be provided by the Applicant:
  1. A copy of the Applicant's most-recent audited financial statements completed according to R20-5-1513(A), including any notes to the financial statement.
  2. A completed Workers' Compensation Liability Form.
  3. A current loss run of all open claims incurred in Arizona on or after the Authorization Date. The loss run must include the following information, if applicable, for each claim: Payroll Classification Code, Commission claim number, employee name, date of injury, total paid medical, medical reserves, total paid indemnity (including death benefits), indemnity reserves, excess insurance carrier name (if applicable), amount of excess credit expected (if applicable), and excess insurance self-insured retention amount per occurrence (if applicable).
  4. If applicable, copies of excess insurance policies that meet the requirements of R20-5-1526 or written confirmation from an authorized insurance company that it will provide excess insurance coverage to the Applicant. For each claim accepted by an excess insurance carrier on or after the Authorization Date, documentation to establish claim acceptance. For each claim submitted to an excess insurance carrier that is pending review by the excess insurance carrier, documentation to establish claim submission.
  5. If the Applicant's Experience Modification Rate specific to Arizona for the most recent complete fiscal year is greater than 1.10, a written statement describing the causes of the inflated Experience Modification Rate and outlining remedial measures the Applicant has taken and will take to lower the Experience Modification Rate.
  6. If the Applicant's denial rate exceeds 12% of claims filed during the prior approved period of self-insurance, a written statement from the Applicant identifying the reason or reasons for each denial.
  7. Except for Applicants that have been approved to Self-Administer or are seeking to Self-Administer under R20-5-1510, a copy of the signed agreement between the Self-Insurer and a Third-Party Administrator, if different from the last filing approved by the Commission.
  8. If an Applicant intends to Self-Administer, regardless of whether the Applicant has been previously approved to Self-Administer, a completed Application to Self-Administer Form and current information and documentation required under R20-5-1510(C).
  9. If an eligible Applicant directs or intends to direct medical care under A.R.S. § 23-1070, a completed Self-Provider of Medical Benefits Form, the detailed statement of the arrangements required in A.R.S. § 23-1070(B), and a copy of the current medical or hospital agreements, if applicable.
  10. If the Applicant is a Public Entity or a Public Entity Pool that is seeking a waiver of security under R20-5-1525, a completed Request for Waiver of Security Form and a current actuarial report that satisfies the requirements in R20-5-1513(B).
  11. If the Applicant is a Subsidiary, a copy of the Parent Company's most-recent audited financial statements, including any notes to the financial statements. If audited financial statements are not reasonably available, internally-reviewed and signed financial statements that conform with Generally Accepted Accounting Principles may be substituted.
  12. If the Applicant is a Subsidiary and the Parent Company has changed since the last application or renewal approved by the Commission:
    - a. A completed Parent Guaranty Form or Agreement to Process and Pay signed by a designated representative of the Parent Company that guarantees the payment of the Subsidiary's obligations.
    - b. A resolution of the Parent Company's board of directors or governing body authorizing the designated representative to complete, sign, and file the Parent Guaranty Form or Agreement to Process and Pay. If a Parent Company does not have a board of directors or governing body, an authorized representative shall sign the resolution.
  13. If the Applicant is a Self-Insurance Pool:
    - a. Updated copies of the documentation and information required in R20-5-1505(B)(13)(a) through (c), (g), and (h), if changed since the last filing approved by the Commission.
    - b. A current actuarial report that meets the requirements of R20-5-1513(B).
    - c. An original or a certified copy of the Self-Insurance Pool's current fidelity or crime insurance policy that meets the requirements of R20-5-1528.
- C.** A complete renewal application submitted to the Division before the Self-Insurer's Renewal Date shall serve to extend existing authority to self-insure until the earliest of the following:
  1. The date the Commission takes action on the application according to R20-5-1509;
  2. The date the Self-Insurer terminates self-insurance under R20-5-1518; or
  3. The date the renewal application is withdrawn.
- D.** Upon written request, the Commission may temporarily extend the duration of an existing authorization to self-insure for up to 90 days after a designated Renewal Date if the Self-Insurer is working in good faith to file a complete renewal application with the Division and additional time is necessary to file a complete renewal application.
- E.** If a Self-Insurer does not file a complete renewal application on or before the Renewal Date or the date specified in subsection (D), if applicable, or a renewal application is deemed withdrawn, self-insurance authority ceases and the individual employer or each member of the pool shall provide the Commission proof of compliance with A.R.S. § 23-961(A) not later than 10 days after the Self-Insurer's Renewal Date, the date specified in subsection (D), or the date the renewal application is withdrawn, whichever is later.

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**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1507. New Member Application Requirements for Self-Insurance Pools**

- A. Except as authorized in subsection (C), a previously authorized Self-Insurance Pool seeking to add a new member shall file with the Division a completed New Pool Member Application Form and the documentation and information required in subsection (B).
- B. For a new member application to be deemed complete, the following documentation and information shall be provided by the Applicant:
  - 1. A resolution of the Self-Insurance Pool Board authorizing the filing of the New Pool Member Application Form.
  - 2. The documentation and information listed in R20-5-1505(B)(2), (B)(5), (B)(7), (B)(13)(c) through (e), and (B)(13)(j) through (l) specifically pertaining to the employer seeking to join the Self-Insurance Pool.
- C. An approved Self-Insurance Pool in good standing that has operated for one year or more may admit new members without Commission approval. Upon admission of a new member into a Self-Insurance Pool under this subsection, the Self-Insurance Pool shall provide to the Division a list of the new member's coverage locations and the documentation and information listed in R20-5-1505(B)(13)(c) through (e) specifically pertaining to the new member.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1508. Processing of Initial, Renewal, and New Member Applications**

- A. The Division shall administratively review an initial, renewal, or new member application within 20 days of receipt of the application to determine if the application is complete. If the application is incomplete, the Division shall notify the Applicant in writing of the missing documentation or information necessary to comply with this Article.
- B. The Division shall deem an initial, renewal, or new member application withdrawn if the Applicant fails to file a complete application within 30 days of being notified by the Division that the application is incomplete according to subsection (A) or fails to submit requested information or documentation within 30 days of receiving a request under subsection (F).
- C. Unless the substantive review time frame is extended under A.R.S. § 41-1075, the Commission shall determine whether an initial, renewal, or new member application meets the substantive criteria of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01, and this Article, as applicable, within 60 days after the initial, renewal, or new member application is deemed complete.
- D. The overall timeframe for processing initial, renewal, and new member applications is 80 days, unless extended under A.R.S. § 41-1072 et seq.
- E. Upon the filing of a complete initial, renewal, or new member application, the Division shall review the submitted documentation and information and:
  - 1. Evaluate and determine whether the Applicant meets the requirements of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01 and this Article, as applicable;

- 2. Evaluate and determine whether the Applicant has the financial ability to process and pay benefits required under the Act;
- 3. Evaluate and determine whether a waiver of security is appropriate under R20-5-1525 or, if security is required, the appropriate amount of security; and
- 4. If the Division recommends approval of an initial or renewal application, evaluate and determine a recommended term of self-insurance, which may not be less than one year or more than two years from the date of Commission approval under R20-5-1509.
- F. The Division may request an Applicant to provide additional information and documentation reasonably related to the Division's review and evaluation under subsection (E).
- G. The Division shall consider the following information in determining whether two or more employers meet the "similar industry" requirement in A.R.S. § 23-961.01(A):
  - 1. The two-digit sector designation of the most recent edition of the North American Industry Classification System assigned to the employers;
  - 2. The extent to which the employers are engaged in business involving similar products, services, activities, and processes; and
  - 3. Other relevant information describing or concerning the business of the employers.
- H. The Division shall present its evaluation, findings, and recommendations according to subsection (E) to the Commission.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1509. Commission Review of Initial, Renewal, and New Member Applications**

- A. The Commission shall consider the following before approving or denying an initial, renewal, or new member application:
  - 1. The documentation and information submitted by Applicant according to R20-5-1505, R20-5-1506, R20-5-1507, or R20-5-1508(F);
  - 2. The evaluation, findings, and recommendations of the Division according to R20-5-1508; and
  - 3. The requirements of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01 and this Article, as applicable.
- B. The Commission may approve or deny an initial, renewal, or new member application or may remand an application to the Division for further review or to request additional information or documents according to R20-5-1508(F). A decision to approve, deny, or remand an application shall be made by a majority vote of a quorum of Commission members present at a public meeting.
- C. When approving an initial or renewal application, the Commission shall determine: (1) the term of self-insurance authorization, which may not be less than one year or more than two years from the date of Commission approval; (2) whether to grant a waiver of security under R20-5-1525; and (3) if security is required, the amount of security that must be posted. The Commission shall require an amount of security that reasonably reflects the Self-Insurer's future total estimated liability and is sufficient to fully protect the Special Fund in the event of an assignment under A.R.S. § 23-966, which amount may exceed the amounts specified in R20-5-1520(A).
- D. The Commission shall deny an initial, renewal, or new member application if the Commission finds either of the following:

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1. The Applicant does not meet the requirements of A.R.S. §§ 11-952.01, 15-382, 23-961, 23-961.01, and 41-621.01 or this Article, as applicable; or
  2. The Applicant is unable to process and pay benefits required under the Act.
- E.** On or before the Authorization Date, following Commission approval of an initial application for self-insurance authority, or within 30 days after Commission approval of a renewal or new member application, a Self-Insurer shall:
1. Unless the Commission has granted a waiver of security under R20-5-1525, post required security;
  2. Secure excess insurance coverage that meets the requirements of R20-5-1526, if applicable;
  3. Either obtain Division approval to Self-Administer under R20-5-1510 or complete the process of contracting with a Third-Party Administrator; and
  4. For Self-Insurance Pools, secure an active fidelity or crime insurance policy, unless the pool is exempt according to R20-5-1528(C).
- F.** Upon approval of an initial, renewal, or new Member application, the Division shall serve a Resolution of Authorization on the Applicant no later than 30 days after Commission approval. The Resolution of Authorization approving an initial application shall contain the Authorization Date, the applicable Renewal Date, and the amount of security required. The Resolution of Authorization approving a renewal application shall contain the applicable Renewal Date and the amount of security required. The Resolution of Authorization approving addition of a new member shall contain the amount of additional security the Self-Insurance Pool is required to post. The Resolution of Authorization may be electronically signed by the Commission.
- G.** If the Commission denies an initial, renewal, or new member application, the Commission shall issue and serve written findings and an order on the Applicant no later than 30 days after the Commission denial. The findings and order may be electronically signed by the Commission.
- H.** If an Applicant's current Experience Modification Rate specific to Arizona exceeds 1.10, the Commission may approve authorization to self-insure that is contingent upon the Applicant receiving, within six months of the Commission's approval, occupational safety and health services from either the Arizona Division of Occupational Safety and Health or a qualified occupational safety and health professional. Upon written request and for good cause shown, the Division may extend the six-month deadline for receiving safety and health consultation services.
- I.** A Self-Insurer shall maintain all security, insurance policies, and contracts required under this Article during an approved period of self-insurance and while a renewal application is pending before the Commission.
- C.** The Division, in consultation with the Claims Division of the Commission, shall authorize a Self-Insurer to Self-Administer if the Self-Insurer provides documentation and information establishing the following:
1. The Self-Insurer has facilities and equipment sufficient to manage, process, and store its own information pertaining to the Self-Insurer's workers' compensation claims;
  2. The Self-Insurer's workers' compensation claims are processed by persons with experience, training, and knowledge regarding the processing of Arizona workers' compensation claims and the requirements of the Act and applicable administrative rules; and
  3. The persons processing the Self-Insurer's claims have completed the Claims Division's workers' compensation training program within the prior two years.
- D.** The Division shall administratively review an application to Self-Administer within 20 days of receipt to determine if the application is complete. If the application is incomplete, the Division shall notify the Applicant in writing of the missing documentation or information necessary to comply with this section.
- E.** The Division shall deem an application to Self-Administer withdrawn if the Applicant fails to file a completed application within 10 days of being notified by the Division that the application is incomplete according to subsection (D).
- F.** Unless the substantive review time frame is extended under A.R.S. § 41-1075, the Division shall determine whether an application to Self-Administer meets the substantive criteria of subsection (C) within 30 days after the application to Self-Administer is deemed complete.
- G.** The overall timeframe for processing an application to Self-Administer is 50 days, unless extended under A.R.S. § 41-1072 et seq.
- H.** Upon approval of an application to Self-Administer, the Division shall serve a certificate of authorization on the Applicant no later than 30 days after approval.
- I.** The Division shall revoke a certificate of authorization to Self-Administer if the Self-Insurer no longer satisfies the requirements in subsection (C).
- J.** If the Division denies a request to Self-Administer or revokes a certificate of authorization, the Division shall issue and serve written findings and an order on the Applicant no later than 30 days after the denial or revocation.
- K.** Authorization to Self-Administer shall continue until any of the following occurs: (1) self-insurance authority ceases; (2) the Self-Insurer contracts with a Third-Party Administrator to process workers' compensation claims; or (3) authority to Self-Administer is revoked by the Division.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1510. Processing of Workers' Compensation Claims; Authorization to Self-Administer**

- A.** A Self-Insurer shall utilize a Third-Party Administrator to process workers' compensation claims unless the Division authorizes the Self-Insurer to Self-Administer.
- B.** A Self-Insurer seeking to Self-Administer shall file with the Division a completed Application to Self-Administer Form and all documentation and information required under subsection (C).

**R20-5-1511. Location of Claims Files**

A Self-Insurer shall provide written notice to the Division regarding the location of the Self-Insurer's open and closed claims files within 90 days of the Authorization Date. If a Self-Insurer or Third-Party Administrator intends to change the location of its claims files, the Self-Insurer shall provide written notice to the Division of the change in location at least 30 days before the files are moved.



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**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1512. Reports, Books, Records, and Data Review by the Commission; Audit**

- A. All reports, books, records, minutes, and data of a Self-Insurer relating to matters governed by the Act and this Article are subject to review by the Commission or its authorized representative upon request. A Self-Insurer shall ensure that reports, books, records, minutes, and data relating to matters governed by the Act and this Article are accurate and maintained in a legible and understandable manner.
- B. The Commission may, upon notice of three days, perform or have performed for its benefit an audit of the reports, books, records, minutes, and data of a Self-Insurer relating to matters governed by the Act and this Article. The Commission shall be responsible for the cost of an audit.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1513. Financial Statements and Actuarial Reports**

- A. A Self-Insurer shall ensure that audited financial statements are prepared annually at the end of the Self-Insurer's fiscal year by a certified public accountant experienced in auditing financial statements.
- B. Actuarial reports and studies required in this Article must be completed by an actuary that is a member of the American Academy of Actuaries (MAAA) or a fellow of the Casualty Actuarial Society (FCAS). At a minimum, actuarial reports must address claim reserves, supplemental reserves, and actuarial liabilities using an expected confidence level and a discount rate consistent with Actuarial Standard of Practice No. 20 (or a successor standard).
- C. Upon request, a Self-Insurer shall file its most-recent annual audited financial statements or actuarial report with the Division.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1514. Claim Processing and Reserving**

- A. Self-Insurers and Third-Party Administrators shall ensure that claims are processed and benefits are paid in compliance with the Act and applicable administrative rules.
- B. Self-Insurers and Third-Party Administrators shall adopt and adhere to industry-standard reserving practices and maintain claim reserves at the full undiscounted value of each claim, including related claim expenses.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1515. Notice of Adverse Condition, Bankruptcy, Change in Ownership Status, or Change in Business Address**

- A. A Self-Insurer shall notify the Division in writing within 10 days of any adverse condition or material change that impacts or could impact the Self-Insurer's ability to process and pay benefits required under the Act. When a Self-Insurer provides notice to the Commission under this subsection, the Self-

Insurer shall provide a written proposal to correct the actual or potential adverse condition or material change.

- B. A Public Entity Pool shall notify the Division within 30 days of receipt of any notification from the Director of the Department of Insurance and Financial Institutions according to A.R.S. §§ 11-952.01(N) and 41-621.01(L).
- C. A Self-Insurer shall notify the Division in writing within 10 days of any bankruptcy filing under federal law or insolvency proceeding under any state's laws.
- D. A Self-Insurer shall notify the Division in writing within 30 days of any change in the ownership status or business address of the Self-Insurer.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1516. Revocation of Self-Insurance Authorization**

- A. The Commission may revoke authorization to self-insure for good cause. Good cause for revocation includes, but is not limited to, any of the following:
  1. Impairment of the solvency of the Self-Insurer;
  2. An inability or failure to process and pay benefits required under the Act, including the failure to pay or comply with any award of the Commission;
  3. The failure of the Self-Insurer to respond within 10 days to a demand by the Commission to substitute security when the posted security is unsatisfactory or insufficient in amount or character;
  4. The failure of the Self-Insurer to pay tax assessments levied by the Commission within 30 days of the due dates prescribed by A.R.S. §§ 23-961 and 23-1065;
  5. The failure of the Self-Insurer to promptly provide the Commission with notices or information required under this Article;
  6. The failure of the Self-Insurer to comply with the Act or administrative rules contained in Title 20, Chapter 5, Articles 1, 13, 14 and this Article;
  7. The willful misstating of material fact in any documentation or information provided to the Commission;
  8. The failure of a Public Entity Pool to comply with the recommendations of the Director of the Department of Insurance and Financial Institutions within 60 days of the date of notice issued under A.R.S. §§ 11-952.01(N) and 41-621.01(L); or
  9. Except for a Self-Insurer approved to Self-Administer, the failure to contract with or adequately fund a Third-Party Administrator for claim processing and payment.
- B. Upon receiving information indicating that any of the grounds for revocation described in subsection (A) may apply, the Division shall conduct an investigation. If, upon completion of the investigation, the Division determines that sufficient evidence exists to warrant revocation of authorization to self-insure, the Division shall promptly present its findings and recommendations to the Commission.
- C. The decision of the Commission to revoke authorization to self-insure shall be made by a majority vote of a quorum of Commissioners present at a public meeting. The Commission shall issue and serve written findings and an order revoking self-insurance authority no later than 10 days after the Commission vote. The findings and order may be electronically signed by the Commission.

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**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1517. Retaining Authorization to Self-Insure Through Insolvency or Bankruptcy**

- A. If a Self-Insurer becomes insolvent or files for protection under the United States Bankruptcy Code seeking to reorganize, and desires to remain self-insured, it shall file with the Division a written statement regarding its intent to reorganize under the applicable provisions of the United States Bankruptcy Code. The statement shall discuss in detail the Self-Insurer's financial ability to continue self-insurance.
- B. A Self-Insurer shall file the statement described in subsection (A) with the Division within 10 days of the insolvency or bankruptcy filing. The letter shall be signed by an authorized representative of the Self-Insurer.
- C. A Self-Insurer seeking to retain authorization to self-insure through bankruptcy shall ensure that a provision addressing the Self-Insurer's obligations to workers' compensation claimants and the Commission is included in the plan of reorganization filed with the United States Bankruptcy Court.
- D. During the period between the initial bankruptcy filing and a final bankruptcy court determination, the Self-Insurer may continue its self-insurance status only after demonstrating to the Commission ongoing ability to process and pay benefits required under the Act. The Commission may require the Self-Insurer to post additional security in an amount the Commission deems appropriate to fully protect the Special Fund in the event of an assignment under A.R.S. § 23-966, which amount may exceed the amount specified in R20-5-1520(A).
- E. A Self-Insurer shall file with the Division a copy of any proposed plan of reorganization or liquidation, including amendments, within 10 days of filing.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1518. Voluntary Termination of Self-Insurance Authorization**

- A. A Self-Insurer voluntarily terminating self-insurance shall file a completed Notice of Termination of Self-Insurance Form at least 30 days before the effective date of the termination.
- B. If a Self-Insurer voluntarily terminates self-insurance, the individual employer or each member of a Self-Insurance Pool shall provide the Commission proof of compliance with A.R.S. § 23-961(A) not later than 10 days after the termination is effective.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1519. Withdrawal from a Self-Insurance Pool; Termination of Membership by a Self-Insurance Pool**

- A. A member of a Self-Insurance Pool may voluntarily withdraw from a Self-Insurance Pool or a Self-Insurance Pool may terminate an employer's membership in a Self-Insurance Pool under the bylaws of the Self-Insurance Pool and applicable law.
- B. A Self-Insurance Pool shall provide the Commission written notice of a member's intent to withdraw from a Self-Insurance Pool or a Self-Insurance Pool's intent to terminate an

employer's membership in a Self-Insurance Pool at least 30 days before the withdrawal or termination is effective.

- C. If a member of a Self-Insurance Pool withdraws from a Self-Insurance Pool or a Self-Insurance Pool terminates an employer's membership in a Self-Insurance Pool, the terminated or withdrawing member shall provide the Commission proof of compliance with A.R.S. § 23-961(A) not later than 10 days after the termination or withdrawal is effective.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1520. Security Amount and Type; Apportionment Credit; Excess Insurance Credit; Release**

- A. Except as provided in R20-5-1525, and subject to the minimum requirements in A.R.S. § 23-961:
  1. A newly approved Self-Insurer shall post security in an amount equal to the prior three-year average of annual total paid medical and indemnity benefits, unless the Commission requires a different amount according to R20-5-1509(C).
  2. A Self-Insurer renewing authority to self-insure shall post security in an amount equal to 125% of its total estimated future indemnity and medical liability as calculated on the Workers' Compensation Liability Form, unless the Commission requires a different amount according to R20-5-1509(C).
  3. A Self-Insurance Pool adding a new member shall post security in an amount equal to the prior three-year average of annual total paid medical and indemnity benefits of the new member, unless the Commission requires a different amount according to R20-5-1509(C).
- B. Except as provided in R20-5-1525, a Self-Insurer shall post a type of security authorized in R20-5-1521 through R20-5-1524. A Self-Insurer or former Self-Insurer may substitute one type of authorized security with a different type of authorized security.
- C. The Commission shall approve a credit for apportionment against the amount of security required under this Article, which credit may not result in an amount of security that is less than the minimum security required by A.R.S. § 23-961, if the Self-Insurer provides proof that apportionment has been approved for one or more claims.
- D. The Commission shall approve a credit for excess insurance against the amount of security required under this Article, which credit may not result in an amount of security that is less than the minimum security required by A.R.S. § 23-961, if:
  1. The excess insurance requirements in R20-5-1526(A) are satisfied;
  2. The Self-Insurer provides proof that excess insurance coverage exists for incurred claims;
  3. The Self-Insurer has timely notified the excess insurance carrier of the incurred claims or the excess insurance carrier has accepted the incurred claims;
  4. The excess insurance carrier has not denied coverage for the incurred claims; and
  5. The excess insurance carrier is solvent.
- E. The Self-Insurer shall calculate apportionment or excess insurance credits using the Workers' Compensation Liability Form.
- F. Subject to A.R.S. § 23-961(A)(2), a former Self-Insurer may request a reduction in the amount of security that must remain posted with the Commission by filing a written request with the Division. The written request must attach the information specified in R20-5-1506(B)(1) through (4). The Division may

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request additional information and documentation reasonably related to the Division's review and evaluation under subsection (G).

- G.** Upon the filing of a request to reduce the amount of security by a former Self-Insurer, the Division shall review the documentation and information and:
1. Evaluate and determine whether the former Self-Insurer has the financial ability to process and pay benefits required under the Act for claims that were incurred during the period of self-insurance; and
  2. Evaluate and determine an appropriate amount of security to fully protect the Special Fund in the event of an assignment under A.R.S. § 23-966.
- H.** The Division shall present its evaluation, findings, and recommendations according to subsection (G) to the Commission. The Commission may approve a reduction in the amount of security, deny a reduction, or remand an application to the Division for further review or to request additional documentation or information. A decision of the Commission shall be made by a majority vote of a quorum of Commission members present at a public meeting.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1521. Guaranty Bond; Effective Date**

A Self-Insurer may post a guaranty bond or rider of a guaranty bond as security if:

1. The insurance carrier providing the guaranty bond submits the bond to the Commission on the Workers' Compensation Guaranty Bond Form, which is signed by an authorized representative of the Self-Insurer and the insurance carrier;
2. Any rider of a guaranty bond is signed and dated by an authorized representative of the insurance carrier and the Self-Insurer;
3. The penal sum of the guaranty bond or rider is no less than the amount the Self-Insurer is required to post as security under this Article;
4. The insurance carrier issuing the guaranty bond or rider is authorized to transact the business of surety insurance in Arizona by the Department of Insurance and Financial Institutions;
5. The insurance carrier issuing the guaranty bond or rider does not have an affiliate relationship with the Self-Insurer;
6. The insurance carrier issuing the guaranty bond or rider has a rating with A.M. Best of at least A-; and
7. The guaranty bond or rider bears the same effective date as the Authorization Date.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1522. Letter of Credit**

- A.** A Self-Insurer may post a letter of credit as security if:
1. The letter of credit is registered to: "The Industrial Commission of Arizona, in trust for the fulfillment by [INSERT SELF-INSURER'S NAME] of its obligations under the Arizona Workers' Compensation laws";
  2. The bank issuing the letter of credit is a federal or Arizona-chartered bank upon which demand may be made

and from which funds will be immediately payable on demand;

3. The letter of credit includes the name and address of the Self-Insurer;
  4. An authorized representative of the issuing bank executes the letter of credit;
  5. The original letter of credit and original amendments to a letter of credit are provided to the Commission;
  6. The initial letter of credit is valid for a period of one year from the effective date;
  7. The issuing bank does not have an affiliate relationship with the Self-Insurer;
  8. The letter of credit includes a provision that the letter of credit automatically extends for consecutive periods of one year, unless the issuing bank provides written notice to the Commission 60 days before the expiration of any one-year term that the issuing bank will not renew the letter of credit for the additional period;
  9. The letter of credit states the amount available under the letter of credit, which shall be no less than the amount the Self-Insurer is required to post as security under this Article; and
  10. The letter of credit includes a statement that the Commission may make a demand on the letter of credit by providing the issuing bank a signed statement by an official of the Commission stating either that the Self-Insurer has failed to comply with its workers' compensation obligations or failed to renew or substitute acceptable security for its workers' compensation liability 30 days before the expiration of the letter of credit.
- B.** The written notice required in subsection (A)(8) shall be sent to the Division via email or by mail with delivery confirmation.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1523. Local Government Investment Pool Funds**

A Public Entity or Public Entity Pool may post Local Government Investment Pool funds as security if:

1. The Public Entity or Public Entity Pool completes a Statutory Deposit Agreement Form, which is signed by an authorized representative of the Self-Insurer, the Arizona State Treasurer, and the Commission; and
2. The funds deposited with the Arizona State Treasurer are no less than the amount the Self-Insurer is required to post as security under this Article.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1524. Federal Money Market Fund or Treasury Note**

A Self-Insurer may post a federal money market fund or a treasury note as security if:

1. The Self-Insurer completes a Custody Agreement Form, which is signed by an authorized representative of the Self-Insurer, the custodial bank, the Arizona State Treasurer, and the Commission; and
2. The amount of the Federal money market fund or treasury note posted shall be no less than the amount the Self-Insurer is required to post as security under this Article.

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New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1525. Waiver from Requirement to Post Security for a Public Entity or Public Entity Pool**

- A.** Only a Public Entity or Public Entity Pool is eligible for a waiver from posting security.
- B.** A Public Entity or Public Entity Pool may receive a waiver from posting security if:
  - 1. The Public Entity has conducted business or the Public Entity Pool has operated in Arizona for a minimum of five consecutive years;
  - 2. The Public Entity Trust Fund (for a Public Entity) or the Workers' Compensation Pool Loss Account (for a Public Entity Pool) continually maintains a positive fund/account balance; and
  - 3. The Public Entity Trust Fund (for a Public Entity) or the Workers' Compensation Pool Loss Account (for a Public Entity Pool) is continually funded to cover actuarial liabilities of the Self-Insurer's incurred claims in accordance with the February 1996 Governmental Accounting Standards Board Statement No. 30 (Risk Financing Omnibus, An Amendment of GASB Statement No. 10), available from the Governmental Accounting Standards Board. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of the incorporated matter is available from the Commission or may be obtained from the Governmental Accounting Standards Board at 401 Merritt 7, P.O. Box 5116, Norwalk, CT 06856-5116.
- C.** The decision of the Commission to approve, deny, or revoke a request for waiver of security shall be made by a majority vote of a quorum of Commissioners present at a public meeting.
- D.** If the Commission grants a waiver of security, the waiver shall be included in the Resolution of Authorization issued under R20-5-1509(F). The Division shall return any security previously posted or provided to the Commission within 30 days after the approval of a waiver of security.
- E.** A Public Entity or Public Entity Pool which has been granted a waiver of security must file current financial statements and a statement of unpaid liabilities with the Division every six months, beginning six months after a waiver is granted.
- F.** If the Commission denies a request for waiver of security or revokes a waiver of security, the Commission shall issue and serve written findings and an order on the Applicant no later than 30 days after the Commission denial or revocation. The findings and order may be electronically signed by the Commission.
- G.** The Commission shall revoke a waiver of security if the Commission determines a Public Entity or Public Entity Pool no longer satisfies the criteria in subsection (B) or does not comply with subsection (E) and the Public Entity or Public Entity Pool does not cure the deficiency within 30 days of being notified by the Division. Within 10 days of service of a written findings and order revoking a waiver of security, a Public Entity or Public Entity Pool must file with the Commission a completed Workers' Compensation Liability Form and post security as required by the Commission.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1526. Excess Insurance**

- A.** A Self-Insurer may secure specific and aggregate excess insurance if all of the following are satisfied:
  - 1. The insurance carrier issuing excess insurance is authorized to transact the business of excess insurance in Arizona by the Department of Insurance and Financial Institutions;
  - 2. The retention for specific excess insurance is not less than \$100,000 without advance written approval by the Commission;
  - 3. Payments of workers' compensation benefits on a claim made by a Self-Insurer, member, or through security posted by a Self-Insurer are applied toward reaching the retention level in the excess insurance policy;
  - 4. The excess insurance carrier does not have an affiliate relationship with the Self-Insurer; and
  - 5. The excess insurance policy provides that insolvency of the Self-Insurer does not relieve the excess insurance carrier of liability under the policy.
- B.** A Self-Insurer or insurance company seeking to cancel or refuse renewal of an excess insurance policy shall provide 60 days written notice of the proposed cancellation or non-renewal to the Commission. The written notice shall be sent by registered or certified mail. Failure to provide notice as required by this subsection shall preclude cancellation or non-renewal of the policy.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1527. Self-Insurance Pool Board; Administrator**

- A.** A Self-Insurance Pool shall be directed by a Self-Insurance Pool Board consistent with A.R.S. §§ 11-952.01, 15-382, 23-961.01, 41-621.01, and this Article, as applicable.
- B.** The Self-Insurance Pool Board of a Similar Industry Pool shall consist of five or more individuals elected for a stated term of office, at least 60% of which shall be representatives of members of the Similar Industry Pool.
- C.** The duties of a Self-Insurance Pool Board shall include:
  - 1. Responsibility for all operations of the Self-Insurance Pool;
  - 2. Ensuring compliance with the Act and this Article;
  - 3. Hiring an Administrator to manage the daily operations of the Self-Insurance Pool;
  - 4. Reviewing and acting on applications for membership in the Self-Insurance Pool;
  - 5. Contracting with a Third-Party Administrator, unless the Division has authorized the Self-Insurance Pool to Self-Administer;
  - 6. Ensuring the Self-Insurance Pool complies with statutory accounting principles (SAP) and provides accurate financial information to enable complete and accurate preparation of financial reports;
  - 7. Maintaining all records and documents relating to the formation and ongoing operations of the Self-Insurance Pool;
  - 8. Ensuring that accurate minutes of meetings of the Self-Insurance Pool Board are completed and signed by an authorized representative of the Self-Insurance Pool;

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9. Maintaining all reports, books, records, and data relating to matters governed by this Article according to R20-5-1512; and
  10. Ensuring that accounts and records of the Self-Insurance Pool are audited as required under R20-5-1513(A).
- D.** Except as prohibited by law, a Self-Insurance Pool Board may delegate duties to an Administrator. Delegation of duties to an Administrator shall be contained in a signed agreement or contract of hire between the Self-Insurance Pool Board and the Administrator.
- E.** An Administrator of a Self-Insurance Pool is subject to all of the following requirements:
1. Unless otherwise authorized by law, an Administrator for a Self-Insurance Pool shall not be a member of the Self-Insurance Pool Board.
  2. Unless otherwise authorized by law, an Administrator for a Self-Insurance Pool shall not be a member of the Self-Insurance Pool or an employee of a member of the Self-Insurance Pool.
  3. Before a Self-Insurance Pool Board can hire an Administrator, the Self-Insurance Pool shall disclose to the prospective Administrator all existing agreements between the pool and providers of services or insurance coverage and the prospective Administrator shall disclose to the Self-Insurance Pool Board any actual or perceived employment or financial interest that the Administrator or relative (as defined in A.R.S. § 38-502) of the Administrator has in the providers of services or insurance coverage.
  4. Before a Self-Insurance Pool enters into an agreement with a provider of services or insurance coverage, the Administrator shall disclose to the Self-Insurance Pool Board any actual or perceived employment or financial interest that the Administrator or a relative (as defined in A.R.S. § 38-502) of the Administrator has in the prospective provider of services or insurance coverage.
- F.** Self-Insurance Pool Boards and Administrators shall not:
1. Extend credit to members for payment of a premium;
  2. Utilize money collected as premiums for any purpose not authorized by this Article;
  3. Borrow money from the Self-Insurance Pool;
  4. Borrow money in the name and on behalf of the Self-Insurance Pool without providing prior written notice to the Division of the nature and purpose of the loan; and
  5. Admit into the Self-Insurance Pool an employer whose admission would impair the ability of the Self-Insurance Pool to process and pay benefits required under the Act.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1528. Self-Insurance Pool Fidelity or Crime Insurance**

- A.** Except as stated in subsection (C), a Self-Insurance Pool shall maintain during all periods of self-insurance a fidelity or crime insurance policy that protects the pool from unlawful actions of the following:
1. Individuals appointed to the Self-Insurance Pool Board (individual and collective liability);
  2. The Administrator of the Self-Insurance Pool;
  3. Employees of the Self-Insurance Pool; and
  4. Employees of the Administrator, if applicable.
- B.** The limit of liability of the fidelity or crime insurance policy required in subsection (A) shall be no less than \$1 million per occurrence and shall be sufficient to protect the Self-Insurance

Pool from damages resulting from unlawful acts related to of any assets controlled or managed by the Self-Insurance Pool Board, the Administrator, employees of the Self-Insurance Pool, and employees of the Administrator, if applicable.

- C.** A Self-Insurance Pool that maintains at least \$3 million in surplus funds at all times during an approved period of self-insurance is exempt from the requirements in this Section.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1529. Self-Insurance Pool Loss Control and Underwriting Programs**

- A.** A Self-Insurance Pool shall maintain during all periods of self-insurance a loss control program that includes, at a minimum, written safety requirements and training programs for all employees of the members. A Self-Insurance Pool shall ensure that the loss control program is administered by persons with education, experience, or training in loss control.
- B.** A Self-Insurance Pool shall maintain during all periods of self-insurance an underwriting program that enables the pool to establish workers' compensation premiums and to fully discharge the Self-Insurance Pool's obligation to process and pay benefits required under the Act. A Self-Insurance Pool shall ensure that the underwriting program is administered by persons with education, experience, or training in underwriting.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1530. Self-Insurance Pool Workers' Compensation Pool Operations Account; Workers' Compensation Pool Loss Account**

- A.** A Self-Insurance Pool shall maintain a Workers' Compensation Pool Operations Account, which is subject to all of the following:
1. All workers' compensation premiums charged to members of the Self-Insurance Pool shall be deposited into the Workers' Compensation Pool Operations Account, which account shall be maintained in a designated federally-insured depository.
  2. A Self-Insurance Pool shall pay all operational expenses of the pool relating to workers' compensation, excluding administrative expenses associated with processing workers' compensation claims, from the Workers' Compensation Pool Operations Account.
  3. Funds from the Workers' Compensation Pool Operations Account shall be transferred to the Workers' Compensation Pool Loss Account, as needed, to enable the Self-Insurance Pool to pay from the Workers' Compensation Pool Loss Account all liabilities imposed or arising under the Act and all administrative expenses associated with processing workers' compensation claims.
  4. If the Workers' Compensation Pool Operations Account is co-mingled with another account, the activities of the Workers' Compensation Pool Operations Account are segregated in the financial records.
- B.** A Self-Insurance Pool shall maintain a Workers' Compensation Pool Loss Account, which is subject to all of the following:
1. A Self-Insurance Pool shall maintain its Workers' Compensation Pool Loss Account in a designated federally-insured depository.

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2. A Self-Insurance Pool shall pay all workers' compensation claim expenses, including current and contingent workers' compensation claim liabilities of and administrative expenses associated with processing workers' compensation claims, from the Workers' Compensation Pool Loss Account.
3. A Self-Insurance Pool shall ensure that its Workers' Compensation Pool Loss Account is actuarially sound and able to process and pay benefits required under the Act.
4. If the Workers' Compensation Pool Loss Account is commingled with another account, the activities of the Workers' Compensation Pool Loss Account are segregated in the financial records.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1531. Gross Annual Premium of a Self-Insurance Pool; Calculation of Member Premiums; Discounts; Penalties; Refunds**

- A. The gross annual workers' compensation premium for a Self-Insurance Pool shall be sufficient to fund the workers' compensation administrative expenses and total incurred workers' compensation losses of the pool.
- B. A Self-Insurance Pool shall calculate and collect member premiums using industry best practices and formulas generally accepted in the industry.
- C. A Self-Insurance Pool shall not discount established Payroll Classification Rates unless the discount is based upon the expense and loss experience of the Self-Insurance Pool and is supported and justified by an actuarial feasibility study.
- D. A Self-Insurance Pool may apply a penalty rate in excess of an annual premium to any member, provided the Self-Insurance Pool serves written justification and notice on the member 30 days before the effective date of the penalty rate.
- E. A Self-Insurance Pool may declare a refund of surplus funds, including excess investment income, to its members if the amount of the refund is supported by an actuarial report.
- F. A Self-Insurance Pool discounting established Payroll Classification Rates under subsection (C) or declaring a refund of surplus funds under subsection (E) shall notify the Division at least 60 days before the Self-Insurance Pool discounts the Payroll Classification Rates or refunds surplus funds.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1532. Similar Industry Pool; Joint and Several Liability of Members**

- A. The joint and several liability clause required by A.R.S. § 23-961.01(E) applies to any agreements used to form a Similar Industry Pool on a cooperative or contract basis, through a joint formation of a nonprofit corporation, or by the execution of a trust agreement.
- B. A Similar Industry Pool shall ensure that the pool and all members read and agree, in writing, to the following terms:
  1. The members of the pool are jointly and severally liable for the liabilities of the pool to the extent the pool is unable to, or does not, satisfy the liabilities;
  2. Member liability under subsection (B)(1) extends to all liabilities incurred by the pool during the member's period of membership in the pool, including all future li-

abilities that accrued during the member's period of membership in the pool; and

3. In the event that claims are assigned to the Special Fund under A.R.S. § 23-966, the Commission shall have a right of reimbursement against the members jointly and severally for any and all amounts paid by the Special Fund, including costs, necessary expenses, and reasonable attorney's fees, to the extent that such liabilities are not covered by the pool's security or other assets.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1533. Completion of Reports in Support of Tax Rating Plans; Calculation and Payment of Self-Insurance Taxes**

- A. A Self-Insurer shall submit to the Division the information required in R20-5-1536, R20-5-1537, R20-5-1538, or R20-5-1539, as applicable, by January 31 of each year. A request for an extension may be filed with the Division in writing and shall state the reasons the Self-Insurer is unable to meet the deadline. A request for an extension shall be granted for good cause.
- B. After receiving the information required in R20-5-1536, R20-5-1537, R20-5-1538, or R20-5-1539, as applicable, the Division shall determine the annual taxes owed by the Self-Insurer. The Division shall also determine whether the Self-Insurer has overpaid or underpaid its taxes for the previous calendar year. If the total of the quarterly payments is less than the actual taxes for the year, the Self-Insurer shall pay the difference on or before March 31 of the calendar year in which the taxes are due. If the total of the quarterly payments exceeds the amount of the actual taxes for the year, the Division shall refund the amount described in A.R.S. § 23-961 or § 23-1065, as applicable.
- C. A Self-Insurer shall pay to the Commission the Self-Insurer's annual workers' compensation premium taxes on or before March 31 based on the net taxable premium calculated for the preceding calendar year. A Self-Insurer shall pay a premium tax of at least \$250.00 per calendar year.
- D. The Division shall calculate a Self-Insurer's quarterly taxes owed under A.R.S. §§ 23-961 and 23-1065 in one of the following ways:
  1. 25% of the tax calculated for the previous year; or
  2. A calculation based on actual payroll and losses calculated for each quarter, using the same rating plan to calculate the quarterly payment as used to calculate the taxes required under A.R.S. §§ 23-961 and 23-1065. If the Division selects this method, the Self-Insurer shall submit quarterly payroll and loss information by Payroll Classification Code upon request.
- E. Quarterly tax payments are due April 30, July 31, October 31, and January 31 for the periods ending March 31, June 30, September 30, and December 31, respectively.
- F. If the Self-Insurer fails to pay the annual or quarterly taxes to the Commission when due, the Self-Insurer shall pay a penalty of \$25.00 or 5% of the tax or payment due, whichever is more, plus interest at the rate of 1% per month from the date the tax or payment was due until paid.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1534. Premium Rates; Deviation Rates**

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- A. Annually, by September 15, premium calculation rates and a schedule of Deviation Rates shall be calculated and approved by the Commission at a public rate hearing. The premium calculation rates and the schedule of Deviation Rates shall be effective the following calendar year.
- B. The Deviation Rate applicable to a Self-Insurer relates directly to the Self-Insurer's safety record, which is measured by the Self-Insurer's Experience Modification Rating specific to Arizona for the prior year. The schedule of Deviation Rates will include the Experience Modification Rate ranges that apply to each Deviation Rate.
- C. The Experience Modification Rate for purposes of determining the Deviation Rate shall be calculated as follows:
  - 1. In the first year of self-insurance, the Experience Modification Rate is set at 1.00;
  - 2. In the second and third years of self-insurance, the Division calculates the Experience Modification Rate based upon the payroll and loss data accumulated by the Self-Insurer during its entire term of self-insurance; and
  - 3. In the fourth year of self-insurance and all following years, the Division calculates the Experience Modification Rate based upon the payroll and loss data of the prior three tax years.
- D. If the Division cannot calculate an Experience Modification Rate in the second and all following years because the Self-Insurer does not have any injuries, the Self-Insurer shall receive the highest Deviation Rate.
- E. The lowest Deviation Rate included in the schedule of Deviation Rates shall not be less than 10%.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1535. Basis for Definitions, Classifications, Rating Procedures, and Plans**

The Division may use the definitions, classifications, and rating procedures specified in rating plans filed by a Rating Organization or developed by the Division to calculate the net taxable premium under A.R.S. §§ 23-961 and 23-1065.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1536. Fixed Premium Plan; Eligibility; Formula; Necessary Information**

- A. Except as provided in R20-5-1539, a Self-Insurer shall use a Fixed Premium Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium does not exceed \$100,000.
- B. Except as provided in R20-5-1539, a Self-Insurer may elect to use a Fixed Premium Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium exceeds \$100,000.
- C. The Division shall calculate the net taxable premium under a Fixed Premium Plan as follows: [(payroll multiplied by the applicable Payroll Classification Rate) multiplied by (1 minus the Deviation Rate)] less premium discounts.
- D. The Fixed Premium Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.
- E. A Self-Insurer shall provide the following in support of using a Fixed Premium Plan:
  - 1. Completed Annual Payroll Report Form for the current tax year;
  - 2. Completed Annual Medical Report Form for the current tax year;
  - 3. Completed Annual Injury Report Forms for current and prior three tax years; and
  - 4. Completed Quarterly Tax Payment Form.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1537. Ex-Medical Plan; Eligibility; Formula; Necessary Information**

- A. Except as provided in R20-5-1539, a Self-Insurer may elect to use an Ex-Medical for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium exceeds \$100,000 and the Self-Insurer operates a medical facility with a program for providing medical, surgical, or hospital services to a majority of the employees of the Self-Insurer or the employees of the members of a Self-Insurance Pool that complies with the requirements of A.R.S. § 23-1070.
- B. The Division shall calculate the net taxable premium under an Ex-Medical Plan on a Payroll Classification Code basis as follows: [(payroll multiplied by the Payroll Classification Rate) multiplied by (1 minus the Deviation Rate) multiplied by (1 minus the D-Ratio)] less premium discounts.
- C. The Ex-Medical Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.
- D. A Self-Insurer shall provide the following in support of using an Ex-Medical Plan:
  - 1. The completed forms required in R20-5-1536(E); and
  - 2. Completed Annual Hospital Report Form for the current tax year.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1538. Guaranteed Cost Plan; Eligibility; Formula; Necessary Information**

- A. Except as provided in R20-5-1539, a Self-Insurer may elect to use a Guaranteed Cost Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if the Self-Insurer's annual net taxable premium exceeds \$100,000.
- B. The Division shall calculate the net taxable premium under a Guaranteed Cost Plan, using the most recent year's data, as follows: [(payroll multiplied by the Payroll Classification Rate) multiplied by (the Experience Modification Rate specific to Arizona) multiplied by (1 minus the Deviation Rate)] less premium discounts.
- C. The Guaranteed Cost Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.
- D. The Experience Modification Rate specific to Arizona for purposes of determining the net taxable premium under a Guaranteed Cost Plan shall be calculated in the manner described in R20-5-1534(C). If the Division cannot calculate an Experience Modification Rate in the second and all following tax years because the Self-Insurer does not have any injuries, the Experience Modification Rate shall be set at 1.00.

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- E. A Self-Insurer shall provide the completed forms required by R20-5-1536(E) in support of using a Guaranteed Cost Plan.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1539. Retrospective Rating Plan; Eligibility; Formula; Necessary Information**

- A. The Division may require a Self-Insurer to use a Retrospective Rating Plan for purposes of premium taxes required under A.R.S. §§ 23-961 and 23-1065 if:
1. The Self-Insurer has an Experience Modification Rate specific to Arizona that exceeds 1.10 for two consecutive years; or
  2. The Self-Insurer demonstrates financial instability as evidenced by declining financial ratios, an increase in leveraged debt or a net loss.
- B. The Division shall calculate the net taxable premium under a Retrospective Rating Plan, using the most recent year's data, as follows: {[payroll multiplied by the Payroll Classification Rate] multiplied by (the Experience Modification Rate specific to Arizona) multiplied by (1 minus the Deviation Rate) multiplied by the (Basic Premium Factor)] plus [(losses for the current year plus adjusted losses from the previous year) multiplied by (the Loss Conversion Factor)] multiplied by the tax multiplier.
- C. The Retrospective Rating Plan applies only to operations and payroll in Arizona. The Self-Insurer shall combine all operations in Arizona to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065.
- D. The Experience Modification Rate specific to Arizona for purposes of determining the net taxable premium under a Guaranteed Cost Plan shall be calculated in the manner described in R20-5-1534(C). If the Division cannot calculate an Experience Modification Rate in the second and all following tax years because the Self-Insurer does not have any injuries, the Experience Modification Rate shall be set at 1.00.
- E. The Division shall use assigned risk rates to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065 for all Self-Insurers on the Retrospective Rating Plan. The assigned risk rates shall be established annually by an actuary retained by the Commission that is a member the American Academy of Actuaries (MAAA) or a fellow of the Casualty Actuarial Society (FCAS).
- F. A Self-Insurer shall provide the information required by R20-5-1536(E) in support of using a Retrospective Rating Plan.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1540. Hearing Procedure on Denied Initial Application, Denied Renewal Application, Denied New Member Application, Revocation of Authority, or Denied Application for Waiver of Security**

- A. A party may request a hearing under A.R.S. § 23-945 in the following circumstances:
1. Denial of an initial application, renewal application, or new member application under R20-5-1509.
  2. Denial of an application to Self-Administer or revocation of authority to Self-Administer under R20-5-1510.
  3. Revocation of self-insurance authorization under R20-5-1516.

4. Denial of a request for waiver of security or revocation of a waiver of security under R20-5-1525.

- B. A request for hearing shall comply with A.R.S. § 23-945 and be signed by an authorized representative of the party. The party shall file the request for hearing with the Commission within 30 days from the date the Commission's written findings and order under R20-5-1509, R20-5-1510, R20-5-1516, or R20-5-1525 is served on the party. A written findings and order of the Commission under R20-5-1509, R20-5-1510, R20-5-1516, or R20-5-1525 is deemed final if a request for hearing is not received by the Chief Counsel of the Commission within the time specified in this subsection.
- C. The party filing a request for hearing under subsection (A)(1), (A)(2), or (A)(4) has the burden of proof to establish that it has met the applicable requirements of the Act and this Article. If a party files a request for hearing under subsection (A)(3), the Commission has the burden of proof to establish that good cause existed for revocation of self-insurance authorization.
- D. The Chair of the Commission or designee shall preside over hearings held under this section. Except as otherwise provided in this section, the Chair or designee shall apply the provisions of A.R.S. § 41-1062 to hearings held under this section and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
- E. The Chief Counsel of the Commission shall represent the Commission in hearings held under this section and, upon direction of the Chair of the Commission, shall issue on behalf of the Commission all notices and subpoenas required under this section.
- F. Except as otherwise provided by law, a party to a hearing may appear on its own behalf or through an authorized legal representative. When an authorized legal representative appears or intends to appear before the Commission, the representative shall file a notice of appearance with the Commission.
- G. For purposes of this section, a document is considered filed when the Commission receives the document. All documents required to be filed with the Commission under R20-5-1541 and this section shall be served upon the Chief Counsel of the Commission and, if applicable, upon all parties to the proceeding.
- H. The Commission shall serve written notice of hearing upon all parties at least 20 days before a scheduled hearing. The notice of hearing shall comply with the requirements in A.R.S. § 41-1061.
- I. In addition to the provisions contained in A.R.S. §§ 41-1061 and 41-1062, the following provisions apply to all hearings conducted under this section:
1. A party may make an opening and closing statement with the permission of the Chair of the Commission or designee if the Chair or designee determines that the statement will be helpful to a determination of the issues.
  2. All witnesses at a hearing shall testify under oath or affirmation.
  3. The Chair or designee may admit documents into evidence if filed no later than 15 days before the date of the hearing. Upon request or upon direction from the Chair or designee, the Commission may issue a subpoena to the author of any document submitted into evidence to appear and testify at the hearing.
  4. Upon written request by a party or upon direction from the Chair or designee, the Commission may issue a subpoena requiring the attendance and testimony of a witness. A party shall submit its subpoena request no later than 10 days before the date of the hearing.



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5. Upon written request by a party or upon direction from the Chair or designee, the Commission may issue a subpoena duces tecum requiring the production of documents or other tangible evidence. The written request by a party shall contain a statement explaining the general relevance, materiality, and reasonable particularity of the documentary or other tangible evidence and the facts to be proved by them.
- J.** The Commission shall make a record of all hearings under this section. Any party desiring a copy of record may request a copy from the Commission.
- K.** Upon the completion of a hearing, the Commission shall issue a decision upon hearing either affirming, modifying, or reversing the original decision. The decision of the Commission shall be made by a majority vote of the quorum of Commission members present at a public meeting. The decision upon hearing shall comply with the provisions of A.R.S. § 41-1063.
- B.** A request for review of a Commission decision upon hearing must be based upon one or more of the following grounds materially affecting the rights of the requesting party:
1. Irregularities in the hearing proceedings or any order or abuse of discretion that deprives a party seeking review of a fair hearing;
  2. Misconduct of the prevailing party;
  3. Accident or surprise, which could not have been prevented;
  4. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
  5. Error in the admission or rejection of evidence, or errors of law occurring at, or during the hearing;
  6. Bias or prejudice of the Division or Commission; or
  7. The decision upon hearing is not justified by the evidence or is contrary to law.
- C.** The request for review shall state the specific facts and law in support of the request and shall specify the relief sought.
- D.** Upon the completion of a review, the Commission shall issue a decision upon review either affirming, modifying, or reversing the decision upon hearing no later than 30 days after receiving a request for review. The decision of the Commission shall be made by a majority vote of the quorum of Commission members present at a public meeting. The decision upon hearing shall comply with the provisions of A.R.S. § 41-1063.
- E.** The Commission's decision upon review is final unless a party seeks judicial review as provided in A.R.S. § 23-946.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

**R20-5-1541. Request for Review of Decision Upon Hearing**

- A.** A party may request review of a Commission decision upon hearing issued under R20-5-1540 by filing with the Commission a written request for review no later than 15 days after the decision upon hearing is served upon the parties. A decision upon hearing under R20-5-1540 is deemed final if a request for hearing is not received by the Commission within the time specified in this subsection.

**Historical Note**

New Section made by final rulemaking at 28 A.A.R. 3435 (October 28, 2022), with an immediate effective date of October 5, 2022 (Supp. 22-4).

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**Appendix A. Arizona Physicians' and Pharmaceutical Fee Schedule 2025/2026**

Arizona Physicians' and Pharmaceutical Fee Schedule  
Adopted by The Industrial Commission of Arizona Medical Resource Office  
Phone (602) 542-4308 / Fax (602) 542-4797

[mro@azica.gov](mailto:mro@azica.gov)

Effective May 1, 2025

**INTRODUCTION**

Since 1925, when the Arizona Legislature passed the state's first Workers' Compensation Act ("Act"), the Industrial Commission of Arizona ("Commission") has administered the workers' compensation laws of that Act. The Act includes the authority of the Commission to set a schedule of fees to be charged by healthcare providers attending injured employees (also referred to in this document as "injured worker" or "claimant." A.R.S. § 23-908(B). In 2004, the Act was amended to include the setting of fees for prescription medicines required to treat an injured employee. A.R.S. § 23-908(C). This fee schedule is referred to as the Arizona Physicians' and Pharmaceutical Fee Schedule (Fee Schedule).

Any reference to "healthcare providers" in the Fee Schedule is intended to include all licensed professionals whose scope of practice allows them to legally provide services to injured workers. Any reference to "physician" in relation to workers' compensation cases includes the following: doctors of medicine, doctors of osteopathy, doctors of podiatric medicine, doctors of chiropractic, doctors of naturopathic medicine, certified registered nurse anesthetologists, physician assistants and nurse practitioners. Healthcare providers treating employees under industrial coverage are entitled by law to charge according to the schedule of fees adopted by the Commission. Accurate calculation of fees based upon this schedule, the filing of reports and bills for payment, and the use of forms prescribed are essential to timely and correct payment for a provider's services and can be vital in the award of benefits to the injured worker and their dependents.

This Fee Schedule has been updated to incorporate by reference the following:

1. The 2025 Edition of the American Medical Association's *Current Procedural Terminology* (CPT®) publication, including the general guidelines, identifiers, modifiers, and terminology associated with the incorporated codes
2. The 2025 Healthcare Common Procedure Coding System (HCPCS) codes that include procedures, supplies, products, and services published by the Centers for Medicare & Medicaid Services (CMS).
3. The unit values and guidance for consultative, diagnostic, and therapeutic services published in the most recent edition of *Relative Value Guide*, American Society of Anesthesiologists (ASA) <https://www.asahq.org>.
4. The 2025 *Clinical Diagnostic Laboratory Fee Schedule*, CMS Clinical Laboratory Fee Schedule <https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs/files>.
5. The *National Correct Coding Initiative Edits*, CMS; <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-policy-manual>
6. Physicians as Assistants at Surgery: 2023 Update <https://www.facs.org/media/gp3ny4ps/2023-update-physicians-as-assistants-at-surgery.pdf>
7. Surgical global periods published by CMS, 2025 Update

8. *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)* was published by the American Psychiatric Association in March 2022;  
<https://www.psychiatry.org/Psychiatrists/Practice/DSM>
9. ICD-10 Version: 2019: International Statistical Classification of Diseases and Related Health Problems 10th Revision published by the World Health Organization (WHO); <https://icd.who.int/browse10/2019/en>
10. FAIR Health data, copyright 2025, FAIR Health, Inc.

Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx. To the extent that a conflict may exist between an incorporated portion of the CPT<sup>®</sup> publication or HCPCS codes and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control.

Except as otherwise noted, unit values assigned to the service codes listed in this document are the product of the Industrial Commission of Arizona and are not associated in any way with the American Medical Association, the American Society of Anesthesiologists, the Centers for Medicare and Medicaid Services, or any other entity or organization.

#### A. GENERAL GUIDANCE

1. Reimbursements and billing associated with Pharmaceuticals are found in the Pharmaceutical Fee Schedule Section and HCPCS Guidelines of this document.
2. A CPT code shall be billed when a CPT code exists that accurately describes the service provided. If no CPT code exists that accurately describes the service, a HCPCS code shall be billed. A miscellaneous or unlisted code shall not be used when a specific CPT or HCPCS code exists that describes the service. Reimbursement values for unlisted codes are By Report and the bill must be accompanied by documentation to support the amount billed. Exceptions apply to the following services for which HCPCS codes should be used in place of CPT codes:
  - Drug testing: CPT codes 80320-80377 may not be used to bill for drug testing. HCPCS codes G0480 - G0483 shall be used for definitive drug testing.
3. Except when governed by a separate contract or network that governs fees pursuant to A.R.S. § 23-908(J)(1), this Fee Schedule establishes the maximum reimbursement values for services performed by healthcare providers to injured workers under Arizona's workers' compensation law.
4. If a healthcare provider or insurance carrier is referring an injured worker to a medical specialist for evaluation and/or treatment, the medical specialist's diagnosis becomes the foundational diagnosis for billing purposes.

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5. Routine progress and routine final reports filed by the attending healthcare provider do not ordinarily command a fee.
6. Payment will be made for only one professional visit in any one (1) day except when the submitted report clearly demonstrates the need for the additional visit and fee.
7. Fees for hospital, office, or home visits, subsequent to the initial visit, are not to be added to coded surgical procedures performed on the same day.
8. Routine office treatment principally by injection of drugs, other than antibiotics, requires authorization by the carrier or self-insured employer for each series of ten (10) after the first series of ten (10).
9. Except in emergencies, a carrier must be given notice regarding a consultation and the consultant must provide his/her report to the carrier and the attending healthcare provider within a reasonable period of time to facilitate processing of the claim.
10. The Commission requests that carriers notify attending healthcare providers at the same time the claimant is notified that their claim is closed with or without supportive care. If a claim is approved for reopening, the carrier should also notify the attending healthcare provider of that approval.
11. Missed individual appointments for consultants, without prior notification, will be compensated at 50% of the consultation fee.
12. The Commission will investigate an injured worker's complaint of bad faith/unfair claims processing practices, and if appropriate, impose penalties under A.R.S. § 23-930, in those circumstances where a "peer to peer" review was not conducted by a healthcare provider with appropriate skill, training, and knowledge or where the individual performing the "peer to peer" review was not licensed. The Commission will also investigate an injured workers' complaint of bad faith/unfair claims processing practice, and if appropriate, impose penalties under A.R.S. § 23- 930, for a denial of treatment based on the failure of the treating doctor to participate in a "peer to peer" review, when the treating doctor has not been given reasonable time or opportunity to participate in the "peer to peer" review.
13. As authorized under A.A.C. R20-5-128, the fee for the reproduction of medical records for workers' compensation purposes shall be 25¢ per page and \$10.00 per hour per person for reasonable clerical costs associated with locating and reproducing the documents.
14. Reimbursement values for telehealth services are governed by the Fee Schedule and no reductions are justified unless specified by the Fee Schedule. The performance of telehealth services is governed by Arizona Revised Statutes, Title 36, Chapter 36. Bills for telehealth services shall include modifier -95 and place of service (POS) code according to the incorporated AMA/CMS guidelines. Reimbursement for telehealth services shall be based on the non-facility (NF) rate regardless of the POS code.

15. Healthcare providers shall use the appropriate International Statistical Classification of Disease and Related Health Problems (ICD-10 code(s)) published by the World Health Organization (WHO) to classify and code all diseases, signs, and symptoms, abnormal findings, social circumstances, and external causes of injury and/or disease. Mental health providers shall reference the most recent published version of the Diagnostic and Statistical Manual of Mental Disorder (DSM) published by the American Psychiatric Association to define and classify mental disorders when establishing the appropriate ICD-10 code(s).

## B. PAYMENT AND REVIEW OF BILLINGS

1. Under Arizona workers' compensation law, an insurance carrier, self-insured employer, or their representative is not responsible for payment of a billing for medical, surgical, and hospital benefits that the insurance carrier, employer, or representative received more than twenty-four (24) months from the date that the medical service was rendered, or from the date on which the provider knew or should have known that the service was rendered, whichever occurs later. A subsequent billing or corrective billing does not restart the limitations period. *See A.R.S. § 23-1062.01.*
2. It is incumbent upon the insurance carrier, self-insured employer, and third party processing service to inform all parties, including the Commission, regarding changes in addresses for bill processing locations.
3. Under Arizona workers' compensation law, a healthcare provider is entitled to timely payment for services rendered. An insurance carrier, self-insured employer, or claims processing representative shall make a determination whether to deny or pay a medical bill on an accepted claim, in whole or in part, including the decision as to the amount to pay, within thirty (30) days from the date the claim is accepted, if the billing is received before the date of acceptance, or within thirty (30) days from the date of the receipt of the billing if the billing is received after the date of acceptance. All billing denials shall be based on reasonable justification. The insurance carrier, self-insured employer, or claims processing representative shall pay the approved portion of the billing within thirty (30) days after the determination for payment is made. If the billing is not paid within the applicable time period, the insurance carrier, self-insured employer, or claims processing representative shall pay interest to the health provider on the billing at a rate that is equal to the legal rate. Interest shall be calculated beginning on the date that the payment to the healthcare provider is due. *See A.R.S. § 23-1062.01.*

To ensure timely and accurate payment of a medical billing, a billing must contain the information required under A.R.S. § 23-1062.01. A billing must contain at least the following information: Correct demographic patient information including claim number, if known; Correct provider information, including name, address, telephone number, and federal taxpayer identification number; Appropriate medical coding with dollar amounts and units clearly stated with all descriptions and dates of services clearly printed; and legible medical reports required for each date of service if the billing is for direct treatment of the injured worker.

4. Payment of a workers' compensation medical billing is governed by A.R.S. § 23-1062.01, which includes:
  - a. Timeframes for processing and payment of medical bills;
  - b. Criteria for billing denials;
  - c. A provision that the injured worker is not responsible for payment of any portion of a medical bill on an accepted claim or payment of any portion of a medical billing that is being disputed;

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- d. A provision that the insurance carrier or self-insured employer may establish an internal system for resolving payment disputes;
  - e. A provision that A.R.S. § 23-1062.01 does not apply to written contracts entered into between healthcare providers and insurance carriers and self-insured employers or their representatives that specify payment periods or contractual remedies for untimely payments; and
  - f. A provision that the Industrial Commission does not have jurisdiction over contract disputes between the parties.
5. Healthcare providers shall bill the code that most accurately describes the service performed. If an insurance carrier, self-insured employer, or claims processing representative determines that the documentation submitted does not support the procedure code billed, the payment to the healthcare provider may be appropriately adjusted based on Fee Schedule reimbursement values. *See* A.R.S. § 23-1062.01. The payer shall provide documentation justifying the adjustment and clearly outline the process a healthcare provider may follow to appeal the determination. Payers shall not downcode medical billings under the Arizona Physicians' & Pharmaceutical Fee Schedule. Downcoding is defined as a payer changing a code in a payment remittance to a code at a lower service level than was billed by the healthcare provider. As applicable, the health care provider may resubmit the bill with documentation that addresses the reason for the adjustment.
6. "Reasonable justification" to deny a bill does not include the payment/billing policies of other private or public entities (publications) unless the publication has been incorporated by reference in the Fee Schedule.
7. Excluding bundling and unbundling issues, it is not the Commission's intent to restrict an insurance carrier's, self-insured employer's, or third party processing service's ability to address issues not addressed by the Fee Schedule. This includes evaluating unlisted procedures, establishing values for unlisted procedures, establishing values for codes that are listed as "BR" or "RNE", or new CPT® codes that have not been incorporated by the Industrial Commission, or managing issues outside the jurisdiction of the Fee Schedule, such as hospital billings.
8. Healthcare providers shall provide legible medical documentation and reports that are sufficient for insurance carriers/self-insured employers to determine if treatment is being directed towards injuries sustained in an industrial accident or incident. The healthcare provider shall ensure that their patients' medical files include the information required by A.R.S. § 32-1401.2. The healthcare provider is not required to provide copies of documents or reports that they did not author and that are not in their possession (*i.e.*, Employers' First Report of Injury).
9. Treating physicians shall submit a narrative that justifies the billing of a level four (4) or five (5) E/M service.
10. The Commission has incorporated by reference the Centers for Medicare and Medicaid Services, Evaluation and Management Services Guide, and the most current American Medical Association, Evaluation and Management Code and Guideline Changes. Medical billings shall be prepared and reviewed consistent with how these guidelines are used and interpreted by CMS. Additionally, payers are required to disclose any additional guideline(s) utilized in their Explanation of Reviews (or other similar document).

11. A payer's Explanation of Review (or other similar document) shall contain sufficient information to allow the healthcare provider to determine whether the amount of payment is correct and whom to contact regarding any questions related to the payment. Information in the Explanation of Review (or other similar document) shall include the following:
  - a. The name of the injured worker;
  - b. The name of the payer and the name of the third party administrator ("TPA"), if applicable;
  - c. If applicable, the name, telephone number, and address of all entities that reviewed the medical billing on behalf of the payer;
  - d. If applicable, the name, telephone number, and address of the party that has a written contract signed by the healthcare provider that allows the contracting party or other third party to access and pay rates that are different from those provided under this Fee Schedule;
  - e. The amount billed by the healthcare provider;
  - f. The amount of any reduction due to a written contract with the healthcare provider; and
  - g. The amount of payment.
12. Nothing in this Fee Schedule precludes a healthcare provider from entering into a separate contract that governs fees. In this instance, reimbursement shall be made according to the applicable contracted charge. In the absence of a separate contract that governs a healthcare provider's fees, reimbursement shall be made according to this Fee Schedule. A payer shall demonstrate that it is entitled to pay the contracted rate in the event of a dispute by providing a valid copy of the governing contract to the healthcare provider. If a payer fails to provide evidence that it is entitled to pay a contracted rate, then the payer shall be required to make payment as provided in this Fee Schedule.
13. Billing and reimbursement guidelines for Pharmaceuticals are found in the Pharmaceutical Fee Schedule Section of this document.
14. The Fee Schedule does not apply to ambulance service providers. Service fees for ground ambulance transportation are set and mandated by the Arizona Department of Health Services through its Arizona Ground Ambulance Service Rate Schedule. A.R.S. § 36-2239(D) states "an ambulance service shall not charge, demand or collect any remuneration for any service greater or less than or different from the rate or charge determined and fixed by the department as the rate or charge for that service." Service fees published in the Arizona Ground Ambulance Service Rate Schedule are applicable in the workers' compensation setting.

### C. REIMBURSEMENT OF MID-LEVEL MEDICAL PROVIDERS

1. Certified Registered Nurse Anesthetists ("CRNAs") are reimbursed at 85% of the fee schedule.
  - a. Physician Assistants and Nurse Practitioners are reimbursed at 85% of the fee schedule *except* if services are provided "incident to" a physician's professional services. In that instance,



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reimbursement is required to be at 100% of the fee schedule. The following criteria are identified as establishing the “incident to” exception:

- b. The Physician Assistant and Nurse Practitioner must work under the direct supervision of an appropriately licensed physician,
  - c. The Physician must initially see that patient and establish a plan of care for that patient (“treatment plan”),
  - d. Subsequent service provided by the Physician Assistant and Nurse Practitioner must be a part of the documented treatment plan, and
  - e. The Physician must always be involved in the patient’s treatment plan and see the patient often enough to demonstrate that the Physician is actively participating in and managing the patient’s care.
2. For purposes of the Fee Schedule, the Commission recognizes that direct supervision of a Physician Assistant or Nurse Practitioner by a Physician can be accomplished through the use of modern technology and telecommunications (telemedicine) and may not require the on-site presence of the Physician when the Physician Assistant or Nurse Practitioner sees the patient. In all instances, however, and regardless of the extent to which telemedicine is used, the Physician must actively participate in and manage the patient’s care if services provided by a Physician Assistant or Nurse Practitioner are billed at 100% of the fee schedule under the “incident to” exception.
  3. It is the responsibility of the Physician to document if the services provided by a Physician Assistant and Nurse Practitioner are “incident to” the Physician’s professional service. If either the incident to criteria is not met, or the documentation submitted fails to support the “incident to” criteria, the reimbursement should be made at 85% of the fee schedule.

#### D. DIRECTED CARE AND USE OF NETWORKS

The Arizona Workers’ Compensation Act only permits private self-insured employers to direct medical care. A.R.S. § 23-1070(A); See also *Southwest Gas Corp. v. Industrial Commission of Arizona*, 200 Ariz. 292, 25 P.3d 1164 (2001).

<sup>1</sup> It should be noted that the law governing directed care is not limited to “medical doctors,” but instead applies to medical, surgical, and hospital benefits. See A.R.S. § 23-1070. The phrase, “medical, surgical, and hospital benefits” is defined in A.R.S. § 23- 1062(A), which states: “Promptly, upon notice to the employer, every injured employee shall receive medical, surgical and hospital benefits or other treatment, nursing, medicine, surgical supplies, crutches and other apparatus, including artificial members, reasonably required at the time of the injury, and during the period of disability. Such benefits shall be termed ‘medical, surgical and hospital benefits.’”

This limitation on the scope of directed care means that employees of private self-insured employers do not have an unrestricted right to choose their own healthcare providers, while employees of all other employers do (including public self-insured employers).<sup>1</sup> Notwithstanding an employee's right to choose, many workers' compensation insurance carriers ("carriers") and public self-insured employers ("employers") have taken advantage of "networks" to reduce their costs. This is done by either creating their own network of "preferred providers" or by contracting with a third party to access private healthcare networks.

Actions or conduct that impair or limit the right of an employee to choose their healthcare provider may rise to the level of bad faith and/or unfair claims processing practices under A.R.S. § 23-930. The Commission will investigate a complaint of bad faith/unfair claims processing practices, and if appropriate, impose penalties under A.R.S. § 23-930, in those circumstances where a carrier, employer, or TPA has engaged in conduct that results in directing a claimant to a "network" provider. The following are examples of conduct that the Commission would consider appropriate for investigation under A.R.S. § 23-930.

- A claimant is told that they must see a healthcare provider that is "in the network;"
- A claimant is told that care from a "non-network" healthcare provider is not authorized;
- A "network" healthcare provider is told that referrals are required to be made to another "network" healthcare provider;
- A "network" healthcare provider is told that they may not recommend a "non-network" healthcare provider to a patient;
- A "non-network" healthcare provider is told that care will only be authorized if provided by a "network" provider; and
- A "non-network" healthcare provider is told that reimbursement will be made according to "network" discounts.

## **E. TREATMENT OF INDUSTRIAL INJURIES AND DISEASES**

1. An employee who sustains an injury arising out of, or in the course of, employment is entitled, under Arizona law, to select a healthcare provider of his/her own choice unless that employee is employed by a private self-insured employer as described in A.R.S. § 23-1070. Employers described in A.R.S. § 23-1070, excluding the State or Political Subdivisions thereof, are allowed to direct medical care.
2. The attending healthcare provider's promptness and professional exactness in the completion and filing of workers' compensation forms are extremely important to the employee being treated. The injured or disabled employee's claim to medical benefits and compensation can rest on the conscientious attention of the healthcare provider in processing the required reports. Rules addressing the completion of these forms are found in Title 20, Chapter 5, Article 1 of the Arizona Administrative Code, which can be obtained at: [http://apps.azsos.gov/public\\_services/Title\\_20/20-05.pdf](http://apps.azsos.gov/public_services/Title_20/20-05.pdf)

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3. The Commission, the employer, and the insurance carrier may, at any time, designate a healthcare provider or healthcare providers to examine an employee. Additionally, upon application of the employer, employee, or insurance carrier, the Commission may order a change of healthcare provider or a change of conditions of treatment when there are reasonable grounds or a belief that the employee's health or progress can thus be improved.
4. A claimant may not change doctors without the written authorization of the insurance carrier, the Commission, or the attending physician. A claimant may not transfer from one hospital to another without the written authorization of the insurance carrier or the Commission. If the patient's employment requires leaving the locale in which he/she is receiving treatment, the attending physician should arrange for continued treatment and notify the carrier of such arrangement. It is the responsibility of the physician or the hospital to which a patient has transferred to ascertain whether such a change has been authorized.
5. Treatment of conditions unrelated to the injuries sustained in the industrial accident may be denied as unauthorized if the treatment seems directed principally toward the non-industrial condition or if the treatment does not seem necessary for the patient's physical rehabilitation from the industrial injury.
6. If the patient refuses to submit to a medical examination or to cooperate with the healthcare provider's treatments, the carrier or self-insured employer should be notified.
7. If an employee is capable of some form of gainful employment, it is proper for the healthcare provider to release the employee to light work and make a specific report to the carrier or self-insured employer as to the date of such release. It can be to the employee's economic advantage to be released to light work since he/she can receive compensation based on 66 2/3% of the difference between one's earnings and one's established wage. On the other hand, it would not be to the employee's economic advantage to be released to light work if, in fact, the employee is not capable of performing such work. The healthcare provider's judgment in such matters is extremely important.
8. If the employee no longer requires active medical care for the industrial injury and is discharged from treatment, the healthcare provider is required to provide a signed report with the date of discharge to the carrier or self-insured employer, even if, as a private patient, the employee may require further medical care for conditions unrelated to the industrial accident. This final report and discharge date are necessary for closing the claim file.
9. When a healthcare provider discharges a claimant from treatment, the healthcare provider shall determine whether the employee has suffered any impairment of function, or disfigurement about the head or face, including injury to or loss of teeth, and include this information in the final signed report provided to the carrier or self-insured employer. The Rules of Procedure Before the Industrial Commission of Arizona require that any rating of the percentage of functional impairment should be made in accordance with the standards of evaluation published in the most recent edition of the American Medical Association Guides to the Evaluation of Permanent Impairment. Additional guidance on appropriate billing and reimbursement for impairment evaluations is found in the Evaluation and Management Section of this document.

10. Once an exposure to a blood-borne pathogen occurs, the workers' compensation insurance carrier/self-insured employer is responsible for payment of the accepted treatment protocol which includes the HBIG vaccination (Hepatitis B Immune Globulin), and, if necessary, the three (3) Hepatitis B vaccinations.

When a work-related incident occurs that may have exposed an employee to Hepatitis, the insurance carrier/self-insured employer is responsible for paying for the testing and/or treatment of Hepatitis B or C. As to the treatment of HIV, if a bona fide claim exists under A.R.S. § 23-1043.02, then the insurance carrier/self-insured employer is responsible for paying for the treatment.

11. It is the employer's responsibility, in accordance with existing OSHA standards, to pay for HIV testing. The insurance carrier may seek reimbursement from the employer for the costs associated with providing the series of three (3) Hepatitis B vaccinations if the employer failed to provide them in violation of federal and state laws.

## **F. REOPENING OF CLAIMS**

1. Whether or not the employee has suffered a permanent disability, on a claim that has been previously accepted, the claim may be reopened on the basis of a new, additional, or previously undiscovered disability or condition, but:
  - a. The claimant should use the form of petition prescribed by the Commission;
  - b. The petition must be personally signed by the worker or his authorized representative and must be filed at any office of the Industrial Commission of Arizona;
  - c. The petition, in order to be considered, must be accompanied by the healthcare provider's medical report.
2. If the claim is reopened, the payment for such reasonable and necessary medical, hospital and laboratory work expenses shall be paid by the insurance carrier if such expenses are incurred within fifteen (15) days of the filing of the petition to reopen.
3. No monetary compensation is payable for any period prior to the date of filing of the petition to reopen. Surgical benefits are not payable for any period prior to the date of filing of a petition to reopen, except that surgical benefits are payable for a period prior to the date of filing not to exceed seven (7) days if a bona fide medical emergency precludes the employee from filing a petition to reopen prior to the surgery. Other information relative to reopening rights may be found at A.R.S. § 23-1061(H).
4. If a claim is approved for reopening, the carrier must notify the attending healthcare provider of that approval.

## **G. NO-INSURANCE CLAIMS**

"No-Insurance" claims are workers' compensation claims involving injuries to employees of employers who do not have workers' compensation insurance coverage as required by Arizona law. In such cases, all claims and reports are to be addressed to the No-Insurance Section of the Special Fund of The Industrial Commission of Arizona.

## H. CONSULTATIONS

Workers' compensation cases can present additional medical and legal problems that justify consultation sooner and more frequently than the average private patient. In complex cases and cases requiring an estimate of general or unscheduled disability, consultation with specialists in the appropriate field may be requested by any interested party. The Industrial Commission continues to recognize the necessity for consultations in workers' compensation and establishes relative value units and rates for consultation codes.

## I. WITNESS FEES

1. Insurance providers, self-insured employers, and the Special Fund of the Commission are responsible for paying \$150.00 for the first hour of testimony (or any portion thereof) and \$50.00 for each twenty (20) minute increment following the initial hour (or any portion thereof) to a healthcare provider who testifies at hearing at their request.
2. The Commission is responsible for paying \$150.00 for the first hour of testimony (or any portion thereof) and \$50.00 for each twenty (20) minute increment following the initial hour (or any portion thereof) to a healthcare provider who testifies at hearing on request of a workers' compensation claimant.

## J. DEFINITIONS OF SELECT UNIT VALUES

1. BY REPORT "BR" ITEMS: "BR" in the value column indicates that the value of this service is to be determined "by report" because the service is too unusual or variable to be assigned a unit relativity. Pertinent information concerning the nature, intent, and need for the procedure or service, the time, the skill and equipment necessary, etc., is to be furnished. A detailed clinical record is not necessary.
2. RELATIVITY NOT ESTABLISHED "RNE" ITEMS: "RNE" in the value column indicates new or infrequently performed services for which sufficient data has not been collected to allow the establishment of relativity. "RNE" items are clearly definable and not inherently variable as are BR procedures. A report may be necessary.
3. MATERIALS AND SUPPLIES: A healthcare provider is not entitled to be reimbursed for supplies and materials normally necessary to perform a billable service. Examples of those items that are not reimbursable are listed below. Billing and reimbursement guidelines for materials and supplies that are reimbursable are found in the HCPCS Section of the Fee Schedule.

Drugs that are administered to patients in a clinical setting shall be billed using the appropriate HCPCS code and reimbursed according to the Pharmaceutical Fee Schedule Guidelines. The provisions in this subsection do not apply to hospitals, ambulatory surgery centers, and ambulance service providers.

Examples of supplies that are usually not separately reimbursable include:

Applied hot or cold packs  
Eye patches, injections, or debridement trays  
Steri-strips  
Needles Syringes  
Eye/ear trays  
Drapes Sterile  
gloves  
Applied eye wash or eye drops  
Creams (massage)  
Fluorescein  
Ultrasound pads and gel Tissues  
Urine collection kits Gauze  
Cotton balls/fluff  
Sterile water  
Band-Aids and dressings for simple wound occlusion Head  
sheets  
Aspiration trays  
Sterile trays for laceration repair and more complex surgeries Tape for dressings

4. MODIFIERS: A two-digit (numeric or alpha) sequence that provides the means by which the reporting healthcare provider can specify that a procedure performed has been altered under a special circumstance. This allows defining the modifying circumstance of the service or procedure without creating a separate procedure or listing.

#### Modifier Examples

*Professional Component (PC):* Certain procedures are a combination of a physician, or Professional component and a technical component. When modifier 26 is added to an appropriate code, a PC allowable amount will be paid.

*Technical Component (TC):* The TC component reflects the technical portion of the procedure code. When the technical component is provided by a healthcare provider other than the one providing the professional component, the healthcare provider bills for the technical component by adding modifier TC to the applicable code.

#### **K. LIST OF ACRONYMS**

AMA	American Medical Association
APA	American Psychological Association

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A.R.S.	Arizona Revised Statute
AS	Assistant Surgeon
AWP	Average Wholesale Price
AZ	Arizona
BR	By Report
CCI	Current Coding Initiative (National)
CF	Conversion Factor
CMS	Centers for Medicare & Medicaid
Services CPT	Current Procedural Terminology
CRNA	Certified Registered Nurse
Anesthetist DME	Durable Medical Equipment
DSM	Diagnostic and Statistical Manual of Mental Disorder
E/M	Evaluation and management services
FCE	Functional Capacity Evaluation
FDA	Food and Drug Administration
FUD	Follow-up day(s)
HBIG	Hepatitis B Immune Globulin
HCPCS	Healthcare Common Procedure Coding
System HIV	Human Immunodeficiency Virus
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical
Modification IME	Independent medical examination
MPFS	Medicare physician fee schedule
MRI	Magnetic resonance imaging
NCCI	(see CCI)
NDC	National Drug Code
NF	Non-Facility
NP	Nurse Practitioner
ODG	Official Disability Guidelines
OSHA	Occupational Safety and Health
Association OTC	Over-the-counter
PA	Physician Assistant
PC	Professional Component
PFS	Pharmaceutical Fee Schedule
POS	Place of Service
RBRVS	Resource Based Relative
Value Scale RNE	Relativity Not Established
RVU	Relative value unit
TC	Technical Component
TPA	Third Party Administrator
WHO	World Health Organization

**Historical Note**

New Appendix A, Introduction made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Introduction will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).



**PHARMACEUTICAL FEE SCHEDULE****A. GENERAL PROVISIONS AND APPLICABILITY OF THE PHARMACEUTICAL FEE SCHEDULE**

1. The Pharmaceutical Fee Schedule (PFS) applies to prescription and over-the-counter (OTC) medications required to treat an injured employee, whether administered by a healthcare provider or dispensed by a pharmacy (including online or mail order pharmacies) or by a healthcare provider.
2. Medications are not reimbursable unless “reasonably required” at the time of injury or during the period of disability. *See* A.R.S. § 23-1062(A); A.A.C. R20-5-1303(A). The Industrial Commission of Arizona has adopted the Official Disability Guidelines (ODG), including ODG’s Drug Formulary Appendix A (ODG Formulary), as the standard reference for evidence-based medicine used in treating injured employees within the context of Arizona’s workers’ compensation system. Effective October 1, 2018, ODG applies to all body parts and conditions. *See* A.A.C. R20-5-1301(B), (E). ODG is to be used as a tool to support clinical decision-making and quality health care delivery to injured employees. The ODG Formulary sets forth pharmaceutical guidelines that are generally considered reasonable and are presumed correct if the guidelines provide recommendations related to a particular medication. *See* A.A.C. R20-5-1301(H). Healthcare providers are encouraged to consult the ODG Formulary before dispensing, administering, or prescribing medications to injured employees.
3. Generic drugs must be dispensed or administered to injured employees when appropriate, consistent with A.R.S. § 32-1963.01(A)<sup>1</sup>, (B), and (D) through (L)<sup>2</sup>. *See* A.R.S. § 23-908(C). For purposes of this subsection, the definitions in A.R.S. § 32-1963.01(L) apply<sup>3</sup>. Whenever possible: (1) healthcare providers should prescribe less costly drugs; (2) pharmacies and healthcare providers (under Section G) should dispense generic drugs with lower AWP values; and (3) healthcare providers (under Section F) should administer generic drugs with lower AWP values.

<sup>1</sup> A.R.S. § 32-1963.01(A) states: “If a medical practitioner prescribes a brand name drug and does not indicate an intent to prevent substitution as prescribed in subsection E of this section, a pharmacist may fill the prescription with a generic equivalent drug.”

<sup>2</sup> A.R.S. § 32-1963.01(E) states: “A prescription generated in this state must be dispensed as written only if the prescriber writes or clearly displays ‘DAW’, ‘dispense as written’, ‘do not substitute’ or ‘medically necessary’ or any statement by the prescriber that clearly indicates an intent to prevent substitution on the face of the prescription form. A prescription from out of state or from agencies of the United States government must be dispensed as written only if the prescriber writes or clearly displays ‘do not substitute’, ‘dispense as written’ or ‘medically necessary’ or any statement by the prescriber that clearly indicates an intent to prevent substitution on the face of the prescription form.”

<sup>3</sup> A.R.S. § 32-1963.01(L) states, in part:

2. “Brand name drug” means a drug with a proprietary name assigned to it by the manufacturer or distributor.
4. “Generic equivalent” or “generically equivalent” means a drug that has an identical amount of the same active chemical ingredients in the same dosage form, that meets applicable standards of strength, quality and purity according to the United States pharmacopeia or other nationally recognized compendium and that, if administered in the same amounts, will provide comparable therapeutic effects. Generic equivalent or generically equivalent does not include a drug that is listed by the United States food and drug administration as having unresolved bioequivalence concerns according to the administration’s most recent publication of approved drug products with therapeutic equivalence evaluations.

**B. DEFINITIONS.**

1. “Administer” has the meaning set forth in A.R.S. 32-1901(1).
2. “Average Wholesale Price” or “AWP” means the wholesale price charged on a specific commodity that is assigned by the drug manufacturer and is listed in a nationally recognized drug pricing file.
3. “Commercially available” means a drug product is widely available for purchase in pharmacies accessible to the general public, including in brick and mortar pharmacies accessible to the general public.
4. “Compound medication” means a pharmaceutical product created by virtue of mixing or combining drugs and/or components to meet the unique needs of an individual patient when the finished product does not recreate a commercially available product.
5. “Dispense” or “dispensing” means to deliver to an ultimate user by or pursuant to the lawful order of a healthcare provider, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare for that delivery. *See* A.R.S. § 32-1901(27).
6. “Drug” has the meaning set forth in A.R.S. § 32-1901(31).
7. “Hospital” means any institution for the care and treatment of the sick and injured that is approved and licensed as a hospital by: (1) the Arizona Department of Health Services; or (2) an equivalent regulatory agency in another U.S. state, territory, or district. *See* A.R.S. § 32-1901(42).
8. “Healthcare provider” means any person who is permitted/licensed and authorized by law to use and prescribe prescription medications, acting within the scope of such authority, for the treatment of sick and injured human beings or for the diagnosis or prevention of sickness in human beings in the State of Arizona or any U.S. state, territory or district. *See* A.R.S. § 32-1901(53).
9. “Non-traditional strength” medication means a finished drug product in a strength (*i.e.*, dosage) that is not commercially available in pharmacies accessible to the general public.
10. “Over-the-counter medication” or “OTC medication” means a finished drug product, including label and container according to context, which does not require a prescription order.
11. “Pharmacy” has the meaning set forth in A.R.S. § 32-1901(71).
12. “Pharmacy accessible to the general public” means a pharmacy that is readily accessible and provides pharmaceutical services (including prescription medication services) to all segments of the general public without restricting services to a defined or exclusive group of consumers, including but not limited to consumers who have access to services because they are treated by or have an affiliation with a specific entity or medical practitioner. This definition includes mail order pharmacies delivering pharmaceutical services to workers’ compensation claimants if both of the following apply:

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- a. The pharmacy does not limit or restrict access to claimants with an affiliation to a medical provider or other entity.
  - b. Any healthcare provider or other entity referring a claimant to the pharmacy does not receive or accept any rebate, refund, commission, preference, or other consideration as compensation for the referral.
13. “Pharmacy not accessible to the general public” means a pharmacy that provides pharmaceutical services (including prescription medication services) only to a defined or exclusive group of consumers, including but not limited to consumers who have access to services because they are treated by or have an affiliation with a specific entity or medical practitioner. “Pharmacy not accessible to the general public” does not include a hospital pharmacy. This definition does not include mail order pharmacies delivering pharmaceutical services to workers’ compensation claimants if both of the following apply:
  - a. The pharmacy does not limit or restrict access to claimants with an affiliation to a medical provider or other entity.
  - b. Any medical provider or other entity referring a claimant to the pharmacy does not receive or accept any rebate, refund, commission, preference, or other consideration as compensation for the referral.
14. “Prescription” means either a prescription order or a prescription medication. *See* A.R.S. § 32-1901(80).
15. “Prescription medication” means any drug, including label and container according to context, which is dispensed pursuant to a prescription order. *See* A.R.S. § 32-1901(81).
16. “Prescription order” shall have the meaning set forth in A.R.S. § 32-1901(84).
17. “Repackaged medication” means a finished drug product removed from the container in which it was distributed by the original manufacturer and placed into a different container without further manipulation of the drug. The term also includes the act of placing the contents of multiple containers of the same finished drug product into one container. The term also includes “co-pack drug” products which contain two or more separate finished medications that are contained in a single package or unit. The term does not include a drug that is manipulated in any other way, including if the drug is reconstituted, diluted, mixed, or combined with another ingredient.
18. “Therapeutically-similar” medication means a medication that is expected to produce a clinical effect comparable to the original product. Key considerations for determining the “most therapeutically-similar” medications are: (1) the similarity of the clinical effects; (2) the extent to which active ingredients overlap; (3) the similarity of the dosage profiles; and (4) the similarity of the mode of administration; and (5) the similarity of the intended strength.
19. “Traditional strength” medication means a finished drug product in a formulation that is commercially available in pharmacies accessible to the general public.
20. “Ultimate user” means a person who lawfully possesses a prescription medication for that person's own use or for the use of a member of that person's household. *See* A.R.S. § 32-1901(95).

**C. GENERAL GUIDELINES FOR BILLING AND REIMBURSEMENT OF PRESCRIPTION MEDICATIONS.**

1. Except as permitted in Sections F and G of the current PFS, an insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications only if all of the following apply:
  - a. The prescription medication is dispensed by an individual who is currently licensed to practice the profession of pharmacy by either: (i) the Arizona State Board of Pharmacy; or (ii) an equivalent regulatory agency in another U.S. state, territory, or district; and
  - b. The prescription medication is dispensed by a pharmacy accessible to the general public, including online or mail-order pharmacies that are accessible to the general public.
2. Subject to Sections C(7), D, E, and F(2), reimbursement for prescription medications shall be based on the actual medication dispensed or administered, including a substituted medication that is dispensed or administered pursuant to A.R.S. § 32-1963.01.
3. Except as specified in Sections D and E of the current PFS, a pharmaceutical bill submitted for a prescription medication must include the National Drug Code (NDC) of the original manufacturer registered with the U.S. Food & Drug Administration (FDA), the quantity dispensed, and the reimbursement value of the medication. Under no circumstance shall an NDC other than the original manufacturer's NDC be used.
4. The reimbursement value for prescription medications shall be based on the current PFS reimbursement methodology in the absence of a contractual agreement between the pharmacy or healthcare provider and payer governing reimbursement. Network discounts may not be applied in the absence of a contractual agreement with the pharmacy or healthcare provider authorizing such discounts.
5. The reimbursement value for a prescription medication shall be determined on the date a drug is dispensed from pricing published in the most recent issue, as updated in the most recent update, of a nationally recognized pharmaceutical publication designated by the Commission. For purposes of determining AWP, the Commission has selected Medi-Span®.
6. The reimbursement value for a prescription medication shall be determined by reference to the original manufacturer's NDC and shall be calculated on a per unit basis as follows:
  - a. Generic drugs:
    - (75% of AWP per unit) x (number of units dispensed).
  - b. Brand name drugs:
    - (85% of AWP per unit) x (number of units dispensed).
7. Reimbursement for non-traditional strength prescription medications shall be calculated on a per unit basis, as of the date of dispensing or administering, based on the original manufacturer's NDC and corresponding AWP of the most therapeutically-similar traditional strength form of the same medication. Under no circumstance shall the NDC of the non-traditional strength medication be used.

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8. The reimbursement value for OTC medications shall be calculated on a per unit basis, as of the date of dispensing, based on the retail price (per unit) of the OTC medication in settings where the medication is commercially available.
9. Subject to Section C(10), the reimbursement value for OTC medications that are not commercially available in pharmacies accessible to the general public shall be calculated on a per unit basis, as of the date of dispensing, based on the retail price (per unit) of the most therapeutically-similar OTC medication commercially available in pharmacies accessible to the general public. Under no circumstance shall the NDC or AWP of the non-commercially available OTC medication be used.
10. The reimbursement value for OTC medications that are not commercially available may not exceed:
  - a. Thirty dollars (\$30.00) for a thirty-day supply (or a pro-rated amount if the supply is greater or less than thirty days) for a topical cream or lotion.
  - b. Seventy-five dollars (\$75.00) for a thirty-day supply (or a pro-rated amount if the supply is greater or less than thirty days) for topical patches.

**D. BILLING AND REIMBURSEMENT FOR REPACKAGED MEDICATIONS.**

1. A pharmaceutical bill submitted for a repackaged medication must identify the NDC of the repackaged medication, the NDC of the original manufacturer registered with the U.S. FDA, the quantity dispensed, and the reimbursement value of the repackaged medication. Under no circumstances shall the reimbursement value of a repackaged medication be based upon an NDC other than the original manufacturer's NDC. A repackaged NDC shall not be used for calculating the reimbursement value of a repackaged medication and shall not be considered the original manufacturer's NDC.
2. If a pharmaceutical bill for a repackaged medication is submitted without the original manufacturer's NDC, the payer has the discretion to determine the appropriate NDC (and corresponding AWP) to use or, alternatively, may deny coverage until the appropriate NDC is furnished.
3. The reimbursement value for a repackaged medication shall be based on the current PFS reimbursement methodology contained in Section C of the PFS, utilizing the NDC(s) and corresponding AWP(s) of the original manufacturer(s).
4. Any component of a co-pack drug product for which there is no NDC shall not be reimbursed.

**E. BILLING AND REIMBURSEMENT FOR COMPOUND MEDICATIONS.**

1. A pharmaceutical bill submitted for a compound medication must identify each reimbursable component ingredient, the applicable NDC of each reimbursable component ingredient, the corresponding quantity of each component ingredient, and the calculated reimbursement value of each component ingredient. All component ingredients of a compound medication must be billed on a single bill.
2. The reimbursement value for a compound medication shall be calculated at the component ingredient level. The reimbursement value for a compound medication shall be based on the sum of the reimbursement values of each component ingredient and the corresponding component ingredient's NDC, based on the current PFS reimbursement methodology set forth in Section C.
3. Any component ingredient in a compound medication for which there is no NDC shall not be reimbursed.
4. Any component ingredient in a topical compound medication that is not FDA approved for topical use shall not be reimbursed.
5. If any component ingredient in a compound medication is a repackaged medication, the reimbursement value for the repackaged medication ingredient shall be determined based on the current PFS reimbursement methodology set forth in Section C, using the AWP corresponding to the NDC of the original manufacturer. *See* Section D.
6. The maximum reimbursement value for a topical compound medication shall be the lesser of:
  - a. Two hundred dollars (\$200.00) for a 30-day supply (or a pro-rated amount if the supply is greater or less than 30 days), or
  - b. The reimbursement value of the compound medication as calculated under this section.

**F. BILLING AND REIMBURSEMENT FOR MEDICATIONS ADMINISTERED BY A HEALTHCARE PROVIDER.**

1. A pharmaceutical bill submitted for a medication administered by a healthcare provider must comply with billing procedures outlined in Sections C, D, and E of the current PFS, as applicable.
2. The reimbursement value for a medication administered by a healthcare provider shall be based on the current PFS reimbursement methodology contained in Sections C, D, and E of the PFS, as applicable.

**G. REIMBURSEMENT FOR MEDICATIONS DISPENSED BY A HEALTHCARE PROVIDER OR IN A PHARMACY NOT ACCESSIBLE TO THE GENERAL PUBLIC.<sup>4,5</sup>**

1. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a healthcare provider or in a pharmacy not accessible to the general public if all of the following apply:
  - a. The prescription medication is dispensed by a healthcare provider or a pharmacy not accessible to the general public to the injured employee within seven days of the date of the industrial injury;
  - b. The prescription medication is limited to no more than a one-time, ten-day supply;
  - c. The prescription medication conforms to dosages and formulations that are commercially available in pharmacies accessible to the general public.
2. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a healthcare provider or in a pharmacy not accessible to the general public if all of the following apply:
  - a. The injured employee does not have access to a pharmacy accessible to the general public within 20 miles of the injured employee's home address, work address, or the address of the prescribing healthcare provider;
  - b. The injured employee cannot reasonably acquire the prescription medication from an online or mail order pharmacy accessible to the general public; and
  - c. The prescription medication conforms to dosages and formulations which are commercially available in pharmacies accessible to the general public.
3. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a healthcare provider or in a pharmacy not accessible to the general public if the dispensing of a prescription medication for an individual claim and specified duration has been pre-approved in writing by the insurance carrier, self-insured employer, or the Special Fund of the Commission. Nothing in this section requires an insurance carrier, self-insured employer, or the Special Fund of the Commission to pre-approve the dispensing of prescription medications under this subsection.

<sup>4</sup> Dispensing pursuant to Section G is subject to the Arizona Opioid Epidemic Act, which imposes statutory limits on the prescribing and dispensing of schedule II opioids. For more information about the Arizona Opioid Epidemic Act, please see the FAQs published by the Arizona State Board of Pharmacy, available at <https://drive.google.com/file/d/1JCIs8VwtdJ1T-DyGfJN3WWUm4KhDMXe-/view>.

<sup>5</sup> Section G sets forth reimbursement guidelines for medications dispensed in settings that are not accessible to the general public in Arizona's worker's compensation system and does not interfere with a medical practitioner's ability to dispense medications pursuant to A.R.S. § 32-1491 or seek payment from sources unrelated to workers' compensation.

4. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a pharmacy not accessible to the general public if all of the following apply:
  - a. The prescription medication was dispensed to an injured employee whose workers' compensation claim was initially denied by the carrier, self-insured employer, or the Special Fund of the Commission;
  - b. The injured employee protested the claim denial by filing a timely request for hearing;
  - c. The workers' compensation claim was either: (a) subsequently accepted by the carrier, self-insured employer, or the Special Fund of the Commission; or (b) the claim was found to be compensable by the Commission's Administrative Law Judge Division, the Arizona Court of Appeals, or the Arizona Supreme Court;
  - d. The prescription medication was dispensed during the time period between: (a) the initial claim denial and (b) the subsequent acceptance of the claim or the compensability determination by the Commission's Administrative Law Judge Division, the Arizona Court of Appeals, or the Arizona Supreme Court; and
  - e. The prescription medication conforms to dosages and formulations that are commercially available in pharmacies accessible to the general public.
5. The guidelines in Section C(1) and this section do not apply to prescription medications dispensed during in-patient hospital care or upon discharge from in-patient hospital care.
6. Subject to the limitations in this section, medications that have been provided as free samples to a healthcare provider may be dispensed to an injured employee when appropriate, but are not reimbursable.

#### **H. DISPENSING FEE.**

1. If a prescription medication is dispensed by a pharmacy accessible to the general public pursuant to a prescription order, a dispensing fee of up to seven dollars (\$7.00) per prescription medication, repackaged medication, or compound medication may be charged. The dispensing fee does not apply to OTC medications that are not prescribed by a healthcare provider.
2. If a prescription medication is dispensed by a healthcare provider or in a pharmacy not accessible to the general public pursuant to Section G(1), (2), or (3), a dispensing fee of up to seven dollars (\$7.00) per prescription medication, repackaged medication, or compound medication may be charged. If an OTC medication is dispensed by a healthcare provider or by a pharmacy not accessible to the general public, a dispensing fee is not permitted.
3. If a prescription or OTC medication is administered by a healthcare provider, a dispensing fee is not permitted.



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**I. ADDITIONAL BILLING GUIDELINES.**

## 1. Paper billing by a physician:

The following is an example of how to report both the repackaged NDC and original NDC on the CMS 1500 form using the shaded area of line 24. The information is reported in the following order: qualifier (N4), NDC code, one space, unit/basis of measurement qualifier, quantity, one space, ORIG, qualifier (N4), NDC code.”

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.	F.	G.	H.	I.	J.
From To						PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)				DIAGNOSIS POINTER	\$ CHARGES	DAYS OF UNITS	UNIT	QUAL.	RENDERING PROVIDER ID. #
N455289047590 UN30 ORIGN400025152531																N	G2 12345678901
10	01	05	10	01	05	11		J3490				A	500	00	30	N	0123456789

If a physician does not bill using the CMS 1500 form or is not able to include all the required information on the CMS 1500 form (due to software/system limitations), then the physician may provide the required information (in the required order) separately or as an attachment to the CMS 1500 form.

## 2. Paper billing by non-physician entities.

A non-physician entity using paper billing to bill for medications shall use the most recent version of the Workers' Compensation/Property & Casualty Universal Claim Form (WC/PC UCF) adopted by the National Council for Prescription Drug Programs.

**J. SEVERABILITY CLAUSE.**

If any provision of the Pharmaceutical Fee Schedule or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or application of the Pharmaceutical Fee Schedule which can be given effect without the invalid provisions or application, and to this end the provisions of this Pharmaceutical Fee Schedule are severable.

**Historical Note**

New Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pharmaceutical Fee Schedule will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

## ANESTHESIA GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT<sup>®</sup> guidelines and represent additional guidance from the Commission relative to unit values for anesthesia services. To the extent that a conflict may exist between an incorporated portion of the CPT<sup>®</sup>, the most recent edition of Relative Value Guide, or the American Society of Anesthesiologists, and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

- A. CERTIFIED REGISTERED NURSE ANESTHETISTS: Are reimbursed at 85% of the fee schedule when billed with modifier QZ.
- B. ANESTHESIA MODIFIERS: Anesthesia modifiers, which may include physical status and other optional modifiers, may be added to the basic values. Unit values for physical status modifiers are as follows:

	Unit Values
P1 A normal healthy patient	0
P2 A patient with mild systemic disease	0
P3 A patient with severe systemic disease	1
P4 A patient with severe systemic disease that is a constant threat to life	2
P5 A moribund patient who is not expected to survive without the operation	3
P6 A declared brain-dead patient whose organs are being removed for donor purposes	0

- AA Anesthesia services personally performed by an anesthesiologist are reimbursed at 100% of the lesser of billed charges or the fee schedule calculation.
- AD Medical supervision by a physician: more than four (4) concurrent anesthesia procedures reimbursed at 50% of the lesser of billed charges or fee schedule calculation.
- QK Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals reimbursed at 50% of the lesser of billed charges or fee schedule calculation.
- QX CRNA service: with medical direction by a physician reimbursed at 50% of fee schedule calculation.
- QZ CRNA service without medical direction by a physician is reimbursed at 85% of the lesser of billed charges or fee schedule calculation.

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**Historical Note**

New Appendix A. Anesthesia Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019;

Appendix A Anesthesia Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Anesthesia Codes 2025****Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
00100	Anesthesia	5	305.00
00102	Anesthesia	6	366.00
00103	Anesthesia	5	305.00
00104	Anesthesia	4	244.00
00120	Anesthesia	5	305.00
00124	Anesthesia	4	244.00
00126	Anesthesia	4	244.00
00140	Anesthesia	5	305.00
00142	Anesthesia	4	244.00
00144	Anesthesia	6	366.00
00145	Anesthesia	6	366.00
00147	Anesthesia	4	244.00
00148	Anesthesia	4	244.00
00160	Anesthesia	5	305.00
00162	Anesthesia	7	427.00
00164	Anesthesia	4	244.00
00170	Anesthesia	5	305.00
00172	Anesthesia	6	366.00
00174	Anesthesia	6	366.00
00176	Anesthesia	7	427.00
00190	Anesthesia	5	305.00
00192	Anesthesia	7	427.00
00210	Anesthesia	11	671.00
00211	Anesthesia	10	610.00
00212	Anesthesia	5	305.00
00214	Anesthesia	9	549.00
00215	Anesthesia	9	549.00
00216	Anesthesia	15	915.00
00218	Anesthesia	13	793.00
00220	Anesthesia	10	610.00
00222	Anesthesia	6	366.00
00300	Anesthesia	5	305.00
00320	Anesthesia	6	366.00
00322	Anesthesia	3	183.00
00326	Anesthesia	7	427.00
00350	Anesthesia	10	610.00
00352	Anesthesia	5	305.00

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Code	Category	Base Unit	RBRVS Rate
00400	Anesthesia	3	183.00
00402	Anesthesia	5	305.00
00404	Anesthesia	5	305.00
00406	Anesthesia	13	793.00
00410	Anesthesia	4	244.00
00450	Anesthesia	5	305.00
00454	Anesthesia	3	183.00
00470	Anesthesia	6	366.00
00472	Anesthesia	10	610.00
00474	Anesthesia	13	793.00
00500	Anesthesia	15	915.00
00520	Anesthesia	6	366.00
00522	Anesthesia	4	244.00
00524	Anesthesia	4	244.00
00528	Anesthesia	8	488.00
00529	Anesthesia	11	671.00
00530	Anesthesia	4	244.00
00532	Anesthesia	4	244.00
00534	Anesthesia	7	427.00
00537	Anesthesia	10	610.00
00539	Anesthesia	18	1098.00
00540	Anesthesia	12	732.00
00541	Anesthesia	15	915.00
00542	Anesthesia	15	915.00
00546	Anesthesia	15	915.00
00548	Anesthesia	17	1037.00
00550	Anesthesia	10	610.00
00560	Anesthesia	15	915.00
00561	Anesthesia	25	1525.00
00562	Anesthesia	20	1220.00
00563	Anesthesia	25	1525.00
00566	Anesthesia	25	1525.00
00567	Anesthesia	18	1098.00
00580	Anesthesia	20	1220.00
00600	Anesthesia	10	610.00
00604	Anesthesia	13	793.00
00620	Anesthesia	10	610.00

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Anesthesia Codes 2025****Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
00625	Anesthesia	13	793.00
00626	Anesthesia	15	915.00
00630	Anesthesia	8	488.00
00632	Anesthesia	7	427.00
00635	Anesthesia	4	244.00
00640	Anesthesia	3	183.00
00670	Anesthesia	13	793.00
00700	Anesthesia	4	244.00
00702	Anesthesia	4	244.00
00730	Anesthesia	5	305.00
00731	Anesthesia	5	305.00
00732	Anesthesia	6	366.00
00750	Anesthesia	4	244.00
00752	Anesthesia	6	366.00
00754	Anesthesia	7	427.00
00756	Anesthesia	7	427.00
00770	Anesthesia	15	915.00
00790	Anesthesia	7	427.00
00792	Anesthesia	13	793.00
00794	Anesthesia	8	488.00
00796	Anesthesia	30	1830.00
00797	Anesthesia	11	671.00
00800	Anesthesia	4	244.00
00802	Anesthesia	5	305.00
00811	Anesthesia	4	244.00
00812	Anesthesia	3	183.00
00813	Anesthesia	5	305.00
00820	Anesthesia	5	305.00
00830	Anesthesia	4	244.00
00832	Anesthesia	6	366.00
00834	Anesthesia	5	305.00
00836	Anesthesia	6	366.00
00840	Anesthesia	6	366.00
00842	Anesthesia	4	244.00
00844	Anesthesia	7	427.00
00846	Anesthesia	8	488.00
00848	Anesthesia	8	488.00

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Anesthesia Codes 2025****Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
00851	Anesthesia	6	366.00
00860	Anesthesia	6	366.00
00862	Anesthesia	7	427.00
00864	Anesthesia	8	488.00
00865	Anesthesia	7	427.00
00866	Anesthesia	10	610.00
00868	Anesthesia	10	610.00
00870	Anesthesia	5	305.00
00872	Anesthesia	7	427.00
00873	Anesthesia	5	305.00
00880	Anesthesia	15	915.00
00882	Anesthesia	10	610.00
00902	Anesthesia	5	305.00
00904	Anesthesia	7	427.00
00906	Anesthesia	4	244.00
00908	Anesthesia	6	366.00
00910	Anesthesia	3	183.00
00912	Anesthesia	5	305.00
00914	Anesthesia	5	305.00
00916	Anesthesia	5	305.00
00918	Anesthesia	5	305.00
00920	Anesthesia	3	183.00
00921	Anesthesia	3	183.00
00922	Anesthesia	6	366.00
00924	Anesthesia	4	244.00
00926	Anesthesia	4	244.00
00928	Anesthesia	6	366.00
00930	Anesthesia	4	244.00
00932	Anesthesia	4	244.00
00934	Anesthesia	6	366.00
00936	Anesthesia	8	488.00
00938	Anesthesia	4	244.00
00940	Anesthesia	3	183.00
00942	Anesthesia	4	244.00
00944	Anesthesia	6	366.00
00948	Anesthesia	4	244.00
00950	Anesthesia	5	305.00

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Anesthesia Codes 2025****Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
00952	Anesthesia	4	244.00
01112	Anesthesia	5	305.00
01120	Anesthesia	6	366.00
01130	Anesthesia	3	183.00
01140	Anesthesia	15	915.00
01150	Anesthesia	10	610.00
01160	Anesthesia	4	244.00
01170	Anesthesia	8	488.00
01173	Anesthesia	12	732.00
01200	Anesthesia	4	244.00
01202	Anesthesia	4	244.00
01210	Anesthesia	6	366.00
01212	Anesthesia	10	610.00
01214	Anesthesia	8	488.00
01215	Anesthesia	10	610.00
01220	Anesthesia	4	244.00
01230	Anesthesia	6	366.00
01232	Anesthesia	5	305.00
01234	Anesthesia	8	488.00
01250	Anesthesia	4	244.00
01260	Anesthesia	3	183.00
01270	Anesthesia	8	488.00
01272	Anesthesia	4	244.00
01274	Anesthesia	6	366.00
01320	Anesthesia	4	244.00
01340	Anesthesia	4	244.00
01360	Anesthesia	5	305.00
01380	Anesthesia	3	183.00
01382	Anesthesia	3	183.00
01390	Anesthesia	3	183.00
01392	Anesthesia	4	244.00
01400	Anesthesia	4	244.00
01402	Anesthesia	7	427.00
01404	Anesthesia	5	305.00
01420	Anesthesia	3	183.00
01430	Anesthesia	3	183.00
01432	Anesthesia	6	366.00

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Anesthesia Codes 2025****Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
01440	Anesthesia	8	488.00
01442	Anesthesia	8	488.00
01444	Anesthesia	8	488.00
01462	Anesthesia	3	183.00
01464	Anesthesia	3	183.00
01470	Anesthesia	3	183.00
01472	Anesthesia	5	305.00
01474	Anesthesia	5	305.00
01480	Anesthesia	3	183.00
01482	Anesthesia	4	244.00
01484	Anesthesia	4	244.00
01486	Anesthesia	7	427.00
01490	Anesthesia	3	183.00
01500	Anesthesia	8	488.00
01502	Anesthesia	6	366.00
01520	Anesthesia	3	183.00
01522	Anesthesia	5	305.00
01610	Anesthesia	5	305.00
01620	Anesthesia	4	244.00
01622	Anesthesia	4	244.00
01630	Anesthesia	5	305.00
01634	Anesthesia	9	549.00
01636	Anesthesia	15	915.00
01638	Anesthesia	10	610.00
01650	Anesthesia	6	366.00
01652	Anesthesia	10	610.00
01654	Anesthesia	8	488.00
01656	Anesthesia	10	610.00
01670	Anesthesia	4	244.00
01680	Anesthesia	3	183.00
01710	Anesthesia	3	183.00
01712	Anesthesia	5	305.00
01714	Anesthesia	5	305.00
01716	Anesthesia	5	305.00
01730	Anesthesia	3	183.00
01732	Anesthesia	3	183.00
01740	Anesthesia	4	244.00

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Anesthesia Codes 2025****Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
01742	Anesthesia	5	305.00
01744	Anesthesia	5	305.00
01756	Anesthesia	6	366.00
01758	Anesthesia	5	305.00
01760	Anesthesia	7	427.00
01770	Anesthesia	6	366.00
01772	Anesthesia	6	366.00
01780	Anesthesia	3	183.00
01782	Anesthesia	4	244.00
01810	Anesthesia	3	183.00
01820	Anesthesia	3	183.00
01829	Anesthesia	3	183.00
01830	Anesthesia	3	183.00
01832	Anesthesia	6	366.00
01840	Anesthesia	6	366.00
01842	Anesthesia	6	366.00
01844	Anesthesia	6	366.00
01850	Anesthesia	3	183.00
01852	Anesthesia	4	244.00
01860	Anesthesia	3	183.00
01916	Anesthesia	5	305.00
01920	Anesthesia	7	427.00
01922	Anesthesia	7	427.00
01924	Anesthesia	5	305.00
01925	Anesthesia	7	427.00
01926	Anesthesia	8	488.00
01930	Anesthesia	5	305.00
01931	Anesthesia	7	427.00
01932	Anesthesia	6	366.00
01933	Anesthesia	7	427.00
01937	Anesthesia	4	244.00
01938	Anesthesia	4	244.00
01939	Anesthesia	4	244.00
01940	Anesthesia	4	244.00
01941	Anesthesia	5	305.00
01942	Anesthesia	5	305.00
01951	Anesthesia	3	183.00

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Anesthesia Codes 2025****Anesthesia Conversion Factor \$61.00**

Code	Category	Base Unit	RBRVS Rate
01952	Anesthesia	5	305.00
01953	Anesthesia	1	61.00
01958	Anesthesia	5	305.00
01960	Anesthesia	5	305.00
01961	Anesthesia	7	427.00
01962	Anesthesia	8	488.00
01963	Anesthesia	8	488.00
01965	Anesthesia	4	244.00
01966	Anesthesia	4	244.00
01967	Anesthesia	5	305.00
01968	Anesthesia	2	122.00
01969	Anesthesia	5	305.00
01990	Anesthesia	7	427.00
01991	Anesthesia	3	183.00
01992	Anesthesia	5	305.00
01996	Anesthesia	3	183.00
99100	Anesthesia	1	61.00
99116	Anesthesia	5	305.00
99135	Anesthesia	5	305.00
99140	Anesthesia	2	122.00

**Historical Note**

Anesthesia Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019;

Anesthesia Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Anesthesia Codes 2019-2020 repealed; new Anesthesia Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Anesthesia Codes 2020-2021 repealed; new Appendix A,

Anesthesia Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Anesthesia Codes 2021-2022 repealed; new Anesthesia Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A,

Anesthesia Codes 2022-2023 repealed; new Anesthesia Codes 2023-2024 made by exempt rulemaking at 29

A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A. Anesthesia Codes 2023-2024 repealed; new Appendix A, Anesthesia Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

## SURGERY GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT<sup>®</sup> guidelines and represent additional guidance from the Commission relative to unit values for surgical services. To the extent that a conflict may exist between CMS, an incorporated portion of the CPT<sup>®</sup>, and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

- A. **MATERIALS AND SUPPLIES:** A healthcare provider may charge for materials and supplies as described in the HCPCS Section of this Fee Schedule.
- B. **MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same date by separate entries. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated “add-on” codes.
- C. **SPECIAL REPORT:** A typical request for more detailed information from an insurance carrier regarding a billing does not constitute a “special report”, which is defined in the CPT<sup>®</sup> book.
- D. **MODIFIERS:** Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of the appropriate modifier code, which may be reported in either of two ways. The modifier may be reported by a two-digit number placed after the usual procedure number from which it is separated by a hyphen. Or the modifier may be reported by a separate five-digit code that is used in addition to the procedure code. If more than one modifier is used, the “Multiple Modifiers” code placed first after the procedure code indicates that one or more additional modifier codes will follow.

Modifiers either unique to Arizona or containing explanatory language specific to Arizona are as follows:

- 22 **Increased Procedural Services:** Use of this modifier will result in a twenty-five percent (25%) increase in the listed value for the listed procedure.
- 25 **Separately Identifiable Evaluation and Management Service by the same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service.** It may be necessary to indicate that on the day a procedure or service identified by a CPT<sup>®</sup> code was performed, the patient’s condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). As such, different diagnoses are not required for reporting of the E/M services on the same date. The circumstance may be reported by adding modifier 25 to the appropriate level of E/M service.
- 47 **Anesthesia by Surgeon:** Used to report anesthesia by the attending or assistant surgeon (does not include local anesthesia). Reimbursement shall be fifty percent (50%) of the base unit as indicated in the Anesthesia section of the Fee Schedule. This modifier shall be allowed no more than once per surgical encounter.

50 **Bilateral Procedure:** Unless otherwise identified in the listings, when bilateral procedures which add significant time or complexity to patient care are provided at the same operative session, identify and value the first or major procedure as listed. Identify the secondary or lesser procedure(s) by adding modifier 50 to the usual procedure number(s) and value at fifty percent (50%) of the listed value(s). If, however, the procedures are independently complex and involve different parts of the body, including digits, the bilateral procedure rule would not apply. In such cases, independent procedures would be billed at one hundred percent (100%) of their listed value with modifier 51.

51 **Multiple Procedures:** When multiple procedures are performed during the same operative session\*, the procedures should be valued at the appropriate percent of its listed value, as shown below:

100% (full value) for the first or major procedure 50% for the second and multiple procedure(s) sixth and subsequent procedures – by report.

\*Multiple Procedure Guidelines do not apply to codes specifically identified as “Add-on/Additional Procedures, Global indicator ZZZ”.

The major or primary procedure is defined as the procedure with the highest value and is the code that determines the follow-up days when a surgery has multiple procedures. The second procedure is the procedure with the next highest value, the third the next highest value, and so on. If, however, the procedures are independently complex such as digits, tendons, nerves, or artery repair, the multiple procedure rule would not apply. In such cases, independent procedures would be billed at one hundred percent (100%) of their listed value.

When performing multiple procedures with different global period values during the same operative session, the global period value for the session is the largest global period value.

57 **Decision for Surgery:** An Evaluation and Management (E/M) service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

59 **Distinct Procedural Service:** Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.

**Note:** Modifier 59 should not be appended to an E/M service. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see modifier 25.

**Note:** If an epidural or peripheral nerve block injection (62320-62327 or 64400-64530) for postoperative pain management is reported separately on the same date of service as an anesthesia 0XXXX code, **modifier 59** shall

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be appended to the epidural or peripheral nerve block injection code (62320-62327 or 64400-64530) to indicate that it was administered for postoperative pain management. An epidural or peripheral nerve block injection (62320-62327 or 64400-64530) for postoperative pain management in patients receiving general anesthesia, spinal (subarachnoid injection) anesthesia, or postoperative pain management in patients receiving general anesthesia, spinal (subarachnoid injection) anesthesia, or regional anesthesia by epidural injection as described above may be administered preoperatively, intraoperatively, or postoperatively.

- 62 Two Surgeons: By prior agreement, the total value of services performed by two (2) surgeons working together as primary surgeons may be apportioned in relation to the responsibility and work done, provided the patient is made aware of the fee distribution according to medical ethics. If no apportionment is listed, the fee should be split evenly between the co-surgeons. The total value may be increased by twenty-five percent (25%) in lieu of the usual assistant's charge. Under these circumstances, the services of each surgeon should be identified by adding this modifier 62 to the joint procedure number(s) and valued as agreed upon. (Usual charges for surgical assistance may be warranted if still another physician is required as part of the surgical team.) The value of the procedure should be 125% of the customary value listed. Payment of 125% of the maximum allowable would be divided between the participating surgeons.

Two Surgeons – When two (2) surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on codes(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may be reported with modifier 62 added.

**Note:** If a co-surgeon acts as an assistant in the performance of additional procedure(s), other than those reported with modifier 62, during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80, 81, or 82 added, as appropriate.

- 80 Assistant Surgeon: These services are valued at twenty percent (20%) of the listed value of the surgical procedure(s).
- 81 Minimum Assistant Surgeon: These services are valued at sixteen percent (16%) of the listed value of the surgical procedure(s).
- 82 Assistant Surgeon (when qualified resident surgeon not available): These services are valued at sixteen percent (16%) of the listed value of the surgical procedure(s).

AS Use the modifier AS for assistant at surgery services when services are provided by a Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS). These services are valued at fourteen percent (14%) of the listed value of the surgical procedure(s). No further adjustment for mid-level medical providers as mentioned in section C of the Introduction shall be applied.

**Note:** A Medical Doctor or Doctor of Osteopathic Medicine should not submit the AS modifier. This modifier is only valid for use by a PA, NP, and CNS when billing under their own provider number.

**Historical Note**

New Appendix A. Surgery Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A., Surgery Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A. Surgery Guidelines repealed; new Appendix A. Surgery Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3) Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).



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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
10004 00	Surgery	1.60	1.30	115.20	93.60
10005 00	Surgery	3.99	2.17	287.28	156.24
10006 00	Surgery	1.80	1.48	129.60	106.56
10007 00	Surgery	9.09	2.66	654.48	191.52
10008 00	Surgery	4.25	1.55	306.00	111.60
10009 00	Surgery	12.54	3.21	902.88	231.12
10010 00	Surgery	7.04	2.15	506.88	154.80
10011 00	Surgery	-	-	1262.16	1262.16
10012 00	Surgery	-	-	762.48	762.48
10021 00	Surgery	3.02	1.65	217.44	118.80
10030 00	Surgery	18.56	3.99	1336.32	287.28
10035 00	Surgery	10.51	2.48	756.72	178.56
10036 00	Surgery	8.54	1.26	614.88	90.72
10040 00	Surgery	3.48	1.56	250.56	112.32
10060 00	Surgery	3.84	3.24	276.48	233.28
10061 00	Surgery	6.44	5.56	463.68	400.32
10080 00	Surgery	7.37	3.19	530.64	229.68
10081 00	Surgery	10.16	5.18	731.52	372.96
10120 00	Surgery	4.55	3.20	327.60	230.40
10121 00	Surgery	7.95	5.55	572.40	399.60
10140 00	Surgery	5.09	3.60	366.48	259.20
10160 00	Surgery	3.91	2.93	281.52	210.96
10180 00	Surgery	7.91	5.44	569.52	391.68
11000 00	Surgery	1.76	0.80	126.72	57.60
11001 00	Surgery	0.81	0.44	58.32	31.68
11004 00	Surgery	16.91	16.91	1217.52	1217.52
11005 00	Surgery	23.02	23.02	1657.44	1657.44
11006 00	Surgery	20.90	20.90	1504.80	1504.80
11008 00	Surgery	8.11	8.11	583.92	583.92
11010 00	Surgery	13.28	8.33	956.16	599.76
11011 00	Surgery	14.96	8.97	1077.12	645.84
11012 00	Surgery	19.37	12.47	1394.64	897.84
11042 00	Surgery	3.87	1.82	278.64	131.04
11043 00	Surgery	6.97	4.62	501.84	332.64
11044 00	Surgery	9.31	6.73	670.32	484.56
11045 00	Surgery	1.19	0.74	85.68	53.28
11046 00	Surgery	2.18	1.62	156.96	116.64
11047 00	Surgery	3.63	2.89	261.36	208.08
11055 00	Surgery	2.10	0.46	151.20	33.12
11056 00	Surgery	2.44	0.66	175.68	47.52
11057 00	Surgery	2.66	0.84	191.52	60.48
11102 00	Surgery	2.96	1.12	213.12	80.64
11103 00	Surgery	1.48	0.65	106.56	46.80
11104 00	Surgery	3.69	1.40	265.68	100.80
11105 00	Surgery	1.78	0.76	128.16	54.72
11106 00	Surgery	4.59	1.69	330.48	121.68

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
11107 00	Surgery	2.10	0.91	151.20	65.52
11200 00	Surgery	2.79	2.33	200.88	167.76
11201 00	Surgery	0.55	0.48	39.60	34.56
11300 00	Surgery	2.95	1.01	212.40	72.72
11301 00	Surgery	3.59	1.54	258.48	110.88
11302 00	Surgery	4.07	1.79	293.04	128.88
11303 00	Surgery	4.52	2.14	325.44	154.08
11305 00	Surgery	3.10	1.11	223.20	79.92
11306 00	Surgery	3.61	1.45	259.92	104.40
11307 00	Surgery	4.08	1.84	293.76	132.48
11308 00	Surgery	4.30	2.06	309.60	148.32
11310 00	Surgery	3.41	1.35	245.52	97.20
11311 00	Surgery	4.07	1.88	293.04	135.36
11312 00	Surgery	4.63	2.23	333.36	160.56
11313 00	Surgery	5.39	2.86	388.08	205.92
11400 00	Surgery	3.84	2.57	276.48	185.04
11401 00	Surgery	4.67	3.21	336.24	231.12
11402 00	Surgery	5.16	3.51	371.52	252.72
11403 00	Surgery	5.97	4.57	429.84	329.04
11404 00	Surgery	6.77	5.03	487.44	362.16
11406 00	Surgery	9.64	7.55	694.08	543.60
11420 00	Surgery	3.80	2.51	273.60	180.72
11421 00	Surgery	4.78	3.31	344.16	238.32
11422 00	Surgery	5.39	4.15	388.08	298.80
11423 00	Surgery	6.21	4.81	447.12	346.32
11424 00	Surgery	7.20	5.53	518.40	398.16
11426 00	Surgery	9.95	8.17	716.40	588.24
11440 00	Surgery	4.27	3.26	307.44	234.72
11441 00	Surgery	5.20	4.04	374.40	290.88
11442 00	Surgery	5.81	4.47	418.32	321.84
11443 00	Surgery	6.88	5.45	495.36	392.40
11444 00	Surgery	8.57	6.89	617.04	496.08
11446 00	Surgery	11.64	9.65	838.08	694.80
11450 00	Surgery	12.86	8.02	925.92	577.44
11451 00	Surgery	15.79	10.14	1136.88	730.08
11462 00	Surgery	12.63	7.69	909.36	553.68
11463 00	Surgery	15.78	10.08	1136.16	725.76
11470 00	Surgery	13.62	8.76	980.64	630.72
11471 00	Surgery	16.28	10.69	1172.16	769.68
11600 00	Surgery	5.91	3.69	425.52	265.68
11601 00	Surgery	6.85	4.48	493.20	322.56
11602 00	Surgery	7.35	4.87	529.20	350.64
11603 00	Surgery	8.38	5.82	603.36	419.04
11604 00	Surgery	9.35	6.41	673.20	461.52
11606 00	Surgery	13.48	9.50	970.56	684.00
11620 00	Surgery	5.93	3.72	426.96	267.84
11621 00	Surgery	6.89	4.52	496.08	325.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
11622 00	Surgery	7.59	5.10	546.48	367.20
11623 00	Surgery	8.89	6.30	640.08	453.60
11624 00	Surgery	10.12	7.15	728.64	514.80
11626 00	Surgery	12.21	8.75	879.12	630.00
11640 00	Surgery	6.09	3.83	438.48	275.76
11641 00	Surgery	7.11	4.70	511.92	338.40
11642 00	Surgery	8.05	5.48	579.60	394.56
11643 00	Surgery	9.49	6.86	683.28	493.92
11644 00	Surgery	11.69	8.47	841.68	609.84
11646 00	Surgery	15.18	11.67	1092.96	840.24
11719 00	Surgery	0.43	0.22	30.96	15.84
11720 00	Surgery	0.99	0.43	71.28	30.96
11721 00	Surgery	1.35	0.71	97.20	51.12
11730 00	Surgery	3.42	1.61	246.24	115.92
11732 00	Surgery	0.98	0.50	70.56	36.00
11740 00	Surgery	1.73	0.99	124.56	71.28
11750 00	Surgery	4.80	3.07	345.60	221.04
11755 00	Surgery	3.64	1.81	262.08	130.32
11760 00	Surgery	5.53	3.30	398.16	237.60
11762 00	Surgery	8.68	5.69	624.96	409.68
11765 00	Surgery	4.94	2.82	355.68	203.04
11770 00	Surgery	10.43	5.60	750.96	403.20
11771 00	Surgery	18.88	13.70	1359.36	986.40
11772 00	Surgery	23.17	17.60	1668.24	1267.20
11900 00	Surgery	1.72	0.88	123.84	63.36
11901 00	Surgery	2.10	1.35	151.20	97.20
11920 00	Surgery	6.01	3.44	432.72	247.68
11921 00	Surgery	6.60	3.94	475.20	283.68
11922 00	Surgery	1.84	0.85	132.48	61.20
11950 00	Surgery	2.49	1.57	179.28	113.04
11951 00	Surgery	3.30	2.18	237.60	156.96
11952 00	Surgery	4.40	3.06	316.80	220.32
11954 00	Surgery	4.87	3.37	350.64	242.64
11960 00	Surgery	30.94	30.94	2227.68	2227.68
11970 00	Surgery	17.12	17.12	1232.64	1232.64
11971 00	Surgery	16.86	16.86	1213.92	1213.92
11976 00	Surgery	4.33	2.76	311.76	198.72
11980 00	Surgery	2.83	1.65	203.76	118.80
11981 00	Surgery	3.03	1.89	218.16	136.08
11982 00	Surgery	3.31	2.18	238.32	156.96
11983 00	Surgery	4.25	3.10	306.00	223.20
12001 00	Surgery	2.82	1.34	203.04	96.48
12002 00	Surgery	3.43	1.76	246.96	126.72
12004 00	Surgery	3.99	2.19	287.28	157.68
12005 00	Surgery	5.31	2.82	382.32	203.04
12006 00	Surgery	6.17	3.49	444.24	251.28
12007 00	Surgery	6.88	4.33	495.36	311.76

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
12011 00	Surgery	3.37	1.67	242.64	120.24
12013 00	Surgery	3.51	1.73	252.72	124.56
12014 00	Surgery	4.26	2.22	306.72	159.84
12015 00	Surgery	5.19	2.81	373.68	202.32
12016 00	Surgery	6.63	3.81	477.36	274.32
12017 00	Surgery	4.60	4.60	331.20	331.20
12018 00	Surgery	5.21	5.21	375.12	375.12
12020 00	Surgery	8.98	5.72	646.56	411.84
12021 00	Surgery	5.30	4.25	381.60	306.00
12031 00	Surgery	7.82	4.57	563.04	329.04
12032 00	Surgery	9.09	5.75	654.48	414.00
12034 00	Surgery	9.99	6.19	719.28	445.68
12035 00	Surgery	11.68	7.30	840.96	525.60
12036 00	Surgery	13.07	8.54	941.04	614.88
12037 00	Surgery	14.66	9.89	1055.52	712.08
12041 00	Surgery	7.86	4.40	565.92	316.80
12042 00	Surgery	9.26	5.91	666.72	425.52
12044 00	Surgery	11.45	6.49	824.40	467.28
12045 00	Surgery	12.38	8.23	891.36	592.56
12046 00	Surgery	15.03	9.64	1082.16	694.08
12047 00	Surgery	16.48	10.68	1186.56	768.96
12051 00	Surgery	8.43	5.10	606.96	367.20
12052 00	Surgery	9.42	6.02	678.24	433.44
12053 00	Surgery	10.83	6.49	779.76	467.28
12054 00	Surgery	11.40	6.63	820.80	477.36
12055 00	Surgery	15.01	9.09	1080.72	654.48
12056 00	Surgery	17.38	11.64	1251.36	838.08
12057 00	Surgery	18.13	12.70	1305.36	914.40
13100 00	Surgery	10.15	6.04	730.80	434.88
13101 00	Surgery	11.79	7.40	848.88	532.80
13102 00	Surgery	3.47	2.14	249.84	154.08
13120 00	Surgery	10.57	6.93	761.04	498.96
13121 00	Surgery	12.66	7.75	911.52	558.00
13122 00	Surgery	3.77	2.45	271.44	176.40
13131 00	Surgery	11.58	7.28	833.76	524.16
13132 00	Surgery	14.02	9.06	1009.44	652.32
13133 00	Surgery	5.03	3.73	362.16	268.56
13151 00	Surgery	12.62	8.35	908.64	601.20
13152 00	Surgery	14.79	10.03	1064.88	722.16
13153 00	Surgery	5.56	4.10	400.32	295.20
13160 00	Surgery	24.12	24.12	1736.64	1736.64
14000 00	Surgery	19.30	15.36	1389.60	1105.92
14001 00	Surgery	24.57	19.82	1769.04	1427.04
14020 00	Surgery	21.30	17.21	1533.60	1239.12
14021 00	Surgery	26.31	21.48	1894.32	1546.56
14040 00	Surgery	23.02	18.90	1657.44	1360.80
14041 00	Surgery	27.98	23.06	2014.56	1660.32

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
14060 00	Surgery	23.24	20.12	1673.28	1448.64
14061 00	Surgery	30.17	24.72	2172.24	1779.84
14301 00	Surgery	32.65	26.25	2350.80	1890.00
14302 00	Surgery	6.43	6.43	462.96	462.96
14350 00	Surgery	20.12	20.12	1448.64	1448.64
15002 00	Surgery	10.24	6.60	737.28	475.20
15003 00	Surgery	2.06	1.33	148.32	95.76
15004 00	Surgery	11.75	7.81	846.00	562.32
15005 00	Surgery	3.50	2.68	252.00	192.96
15011 00	Surgery	0.00	0.00	BR	BR
15012 00	Surgery	0.00	0.00	BR	BR
15013 00	Surgery	0.00	0.00	BR	BR
15014 00	Surgery	0.00	0.00	BR	BR
15015 00	Surgery	0.00	0.00	BR	BR
15016 00	Surgery	0.00	0.00	BR	BR
15017 00	Surgery	0.00	0.00	BR	BR
15018 00	Surgery	0.00	0.00	BR	BR
15040 00	Surgery	7.82	3.80	563.04	273.60
15050 00	Surgery	17.66	13.95	1271.52	1004.40
15100 00	Surgery	26.16	21.68	1883.52	1560.96
15101 00	Surgery	5.52	3.31	397.44	238.32
15110 00	Surgery	25.00	21.58	1800.00	1553.76
15111 00	Surgery	3.43	3.05	246.96	219.60
15115 00	Surgery	24.50	21.17	1764.00	1524.24
15116 00	Surgery	4.62	4.13	332.64	297.36
15120 00	Surgery	25.48	20.88	1834.56	1503.36
15121 00	Surgery	6.15	3.93	442.80	282.96
15130 00	Surgery	21.69	18.15	1561.68	1306.80
15131 00	Surgery	2.95	2.69	212.40	193.68
15135 00	Surgery	26.24	22.89	1889.28	1648.08
15136 00	Surgery	2.91	2.69	209.52	193.68
15150 00	Surgery	21.26	19.37	1530.72	1394.64
15151 00	Surgery	3.57	3.26	257.04	234.72
15152 00	Surgery	4.62	4.33	332.64	311.76
15155 00	Surgery	24.03	22.10	1730.16	1591.20
15156 00	Surgery	4.80	4.50	345.60	324.00
15157 00	Surgery	5.34	4.90	384.48	352.80
15200 00	Surgery	25.33	20.38	1823.76	1467.36
15201 00	Surgery	4.15	2.28	298.80	164.16
15220 00	Surgery	23.22	18.45	1671.84	1328.40
15221 00	Surgery	3.81	2.06	274.32	148.32
15240 00	Surgery	28.07	24.09	2021.04	1734.48
15241 00	Surgery	5.18	3.19	372.96	229.68
15260 00	Surgery	30.23	25.58	2176.56	1841.76
15261 00	Surgery	6.11	4.03	439.92	290.16
15271 00	Surgery	4.59	2.52	330.48	181.44
15272 00	Surgery	0.73	0.50	52.56	36.00

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
15273 00	Surgery	9.12	5.79	656.64	416.88
15274 00	Surgery	2.38	1.31	171.36	94.32
15275 00	Surgery	4.76	2.80	342.72	201.60
15276 00	Surgery	0.98	0.74	70.56	53.28
15277 00	Surgery	10.20	6.67	734.40	480.24
15278 00	Surgery	2.82	1.67	203.04	120.24
15570 00	Surgery	27.36	22.05	1969.92	1587.60
15572 00	Surgery	26.70	22.34	1922.40	1608.48
15574 00	Surgery	25.96	21.87	1869.12	1574.64
15576 00	Surgery	23.65	19.63	1702.80	1413.36
15600 00	Surgery	10.09	6.44	726.48	463.68
15610 00	Surgery	11.13	7.49	801.36	539.28
15620 00	Surgery	13.50	9.97	972.00	717.84
15630 00	Surgery	13.98	10.47	1006.56	753.84
15650 00	Surgery	16.41	12.32	1181.52	887.04
15730 00	Surgery	42.02	27.45	3025.44	1976.40
15731 00	Surgery	33.85	30.09	2437.20	2166.48
15733 00	Surgery	31.03	31.03	2234.16	2234.16
15734 00	Surgery	45.33	45.33	3263.76	3263.76
15736 00	Surgery	36.78	36.78	2648.16	2648.16
15738 00	Surgery	38.12	38.12	2744.64	2744.64
15740 00	Surgery	30.72	25.52	2211.84	1837.44
15750 00	Surgery	28.28	28.28	2036.16	2036.16
15756 00	Surgery	68.46	68.46	4929.12	4929.12
15757 00	Surgery	68.01	68.01	4896.72	4896.72
15758 00	Surgery	67.74	67.74	4877.28	4877.28
15760 00	Surgery	25.54	21.12	1838.88	1520.64
15769 00	Surgery	14.59	14.59	1050.48	1050.48
15770 00	Surgery	20.46	20.46	1473.12	1473.12
15771 00	Surgery	18.55	15.61	1335.60	1123.92
15772 00	Surgery	5.81	4.47	418.32	321.84
15773 00	Surgery	18.10	15.27	1303.20	1099.44
15774 00	Surgery	5.67	4.33	408.24	311.76
15775 00	Surgery	11.30	7.69	813.60	553.68
15776 00	Surgery	15.28	10.52	1100.16	757.44
15777 00	Surgery	6.42	6.42	462.24	462.24
15778 00	Surgery	11.76	11.76	846.72	846.72
15780 00	Surgery	25.47	20.08	1833.84	1445.76
15781 00	Surgery	15.79	12.71	1136.88	915.12
15782 00	Surgery	14.65	11.25	1054.80	810.00
15783 00	Surgery	13.63	10.84	981.36	780.48
15786 00	Surgery	6.83	4.08	491.76	293.76
15787 00	Surgery	0.90	0.51	64.80	36.72
15788 00	Surgery	11.58	6.59	833.76	474.48
15789 00	Surgery	16.10	12.51	1159.20	900.72
15792 00	Surgery	10.01	6.40	720.72	460.80
15793 00	Surgery	14.34	10.90	1032.48	784.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
15820 00	Surgery	17.33	15.44	1247.76	1111.68
15821 00	Surgery	18.57	16.48	1337.04	1186.56
15822 00	Surgery	13.80	11.95	993.60	860.40
15823 00	Surgery	18.59	16.48	1338.48	1186.56
15824 00	Surgery	-	-	4811.76	4811.76
15825 00	Surgery	-	-	8731.44	8731.44
15826 00	Surgery	0.00	0.00	BR	BR
15828 00	Surgery	-	-	7128.00	7128.00
15829 00	Surgery	-	-	8270.64	8270.64
15830 00	Surgery	35.59	35.59	2562.48	2562.48
15832 00	Surgery	28.18	28.18	2028.96	2028.96
15833 00	Surgery	26.65	26.65	1918.80	1918.80
15834 00	Surgery	27.15	27.15	1954.80	1954.80
15835 00	Surgery	28.29	28.29	2036.88	2036.88
15836 00	Surgery	24.24	24.24	1745.28	1745.28
15837 00	Surgery	26.31	21.81	1894.32	1570.32
15838 00	Surgery	19.79	19.79	1424.88	1424.88
15839 00	Surgery	27.03	22.44	1946.16	1615.68
15840 00	Surgery	30.39	30.39	2188.08	2188.08
15841 00	Surgery	53.76	53.76	3870.72	3870.72
15842 00	Surgery	81.27	81.27	5851.44	5851.44
15845 00	Surgery	32.25	32.25	2322.00	2322.00
15847 00	Surgery	-	-	1459.44	1459.44
15851 00	Surgery	1.71	1.97	123.12	141.84
15852 00	Surgery	1.33	1.33	95.76	95.76
15853 00	Surgery	0.34	0.34	24.48	24.48
15854 00	Surgery	0.43	0.43	30.96	30.96
15860 00	Surgery	3.19	3.19	229.68	229.68
15876 00	Surgery	-	-	1788.48	1788.48
15877 00	Surgery	-	-	3690.00	3690.00
15878 00	Surgery	0.00	0.00	BR	BR
15879 00	Surgery	-	-	8332.56	8332.56
15920 00	Surgery	19.35	19.35	1393.20	1393.20
15922 00	Surgery	24.24	24.24	1745.28	1745.28
15931 00	Surgery	21.42	21.42	1542.24	1542.24
15933 00	Surgery	26.47	26.47	1905.84	1905.84
15934 00	Surgery	29.86	29.86	2149.92	2149.92
15935 00	Surgery	35.04	35.04	2522.88	2522.88
15936 00	Surgery	26.92	26.92	1938.24	1938.24
15937 00	Surgery	29.71	29.71	2139.12	2139.12
15940 00	Surgery	21.58	21.58	1553.76	1553.76
15941 00	Surgery	28.76	28.76	2070.72	2070.72
15944 00	Surgery	28.37	28.37	2042.64	2042.64
15945 00	Surgery	30.95	30.95	2228.40	2228.40
15946 00	Surgery	48.40	48.40	3484.80	3484.80
15950 00	Surgery	19.37	19.37	1394.64	1394.64
15951 00	Surgery	27.28	27.28	1964.16	1964.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
15952 00	Surgery	27.83	27.83	2003.76	2003.76
15953 00	Surgery	30.63	30.63	2205.36	2205.36
15956 00	Surgery	35.24	35.24	2537.28	2537.28
15958 00	Surgery	35.20	35.20	2534.40	2534.40
15999 00	Surgery	0.00	0.00	BR	BR
16000 00	Surgery	2.42	1.37	174.24	98.64
16020 00	Surgery	2.58	1.69	185.76	121.68
16025 00	Surgery	4.70	3.34	338.40	240.48
16030 00	Surgery	5.99	4.00	431.28	288.00
16035 00	Surgery	5.85	5.85	421.20	421.20
16036 00	Surgery	2.47	2.47	177.84	177.84
17000 00	Surgery	2.05	1.66	147.60	119.52
17003 00	Surgery	0.20	0.06	14.40	4.32
17004 00	Surgery	5.00	2.98	360.00	214.56
17106 00	Surgery	10.44	8.39	751.68	604.08
17107 00	Surgery	13.57	10.94	977.04	787.68
17108 00	Surgery	19.25	15.99	1386.00	1151.28
17110 00	Surgery	3.40	2.09	244.80	150.48
17111 00	Surgery	3.99	2.55	287.28	183.60
17250 00	Surgery	2.54	1.13	182.88	81.36
17260 00	Surgery	3.00	2.14	216.00	154.08
17261 00	Surgery	4.46	2.66	321.12	191.52
17262 00	Surgery	5.35	3.34	385.20	240.48
17263 00	Surgery	5.80	3.69	417.60	265.68
17264 00	Surgery	6.23	3.96	448.56	285.12
17266 00	Surgery	7.08	4.63	509.76	333.36
17270 00	Surgery	4.52	2.92	325.44	210.24
17271 00	Surgery	5.01	3.19	360.72	229.68
17272 00	Surgery	5.66	3.66	407.52	263.52
17273 00	Surgery	6.29	4.14	452.88	298.08
17274 00	Surgery	7.37	5.07	530.64	365.04
17276 00	Surgery	8.54	6.09	614.88	438.48
17280 00	Surgery	4.24	2.65	305.28	190.80
17281 00	Surgery	5.41	3.58	389.52	257.76
17282 00	Surgery	6.18	4.12	444.96	296.64
17283 00	Surgery	7.32	5.14	527.04	370.08
17284 00	Surgery	8.32	6.00	599.04	432.00
17286 00	Surgery	10.75	8.19	774.00	589.68
17311 00	Surgery	20.44	10.60	1471.68	763.20
17312 00	Surgery	12.35	5.65	889.20	406.80
17313 00	Surgery	19.21	9.52	1383.12	685.44
17314 00	Surgery	11.82	5.21	851.04	375.12
17315 00	Surgery	2.42	1.48	174.24	106.56
17340 00	Surgery	1.59	1.48	114.48	106.56
17360 00	Surgery	3.71	2.82	267.12	203.04
17380 00	Surgery	-	-	91.44	91.44
17999 00	Surgery	0.00	0.00	BR	BR

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
19000 00	Surgery	2.91	1.27	209.52	91.44
19001 00	Surgery	0.78	0.61	56.16	43.92
19020 00	Surgery	13.83	9.55	995.76	687.60
19030 00	Surgery	4.85	2.24	349.20	161.28
19081 00	Surgery	14.56	4.82	1048.32	347.04
19082 00	Surgery	11.08	2.41	797.76	173.52
19083 00	Surgery	14.40	4.53	1036.80	326.16
19084 00	Surgery	10.87	2.28	782.64	164.16
19085 00	Surgery	22.01	5.30	1584.72	381.60
19086 00	Surgery	16.93	2.64	1218.96	190.08
19100 00	Surgery	4.38	2.05	315.36	147.60
19101 00	Surgery	9.59	6.79	690.48	488.88
19105 00	Surgery	65.41	6.31	4709.52	454.32
19110 00	Surgery	14.46	10.79	1041.12	776.88
19112 00	Surgery	13.66	9.92	983.52	714.24
19120 00	Surgery	15.78	12.76	1136.16	918.72
19125 00	Surgery	17.40	14.11	1252.80	1015.92
19126 00	Surgery	4.78	4.78	344.16	344.16
19281 00	Surgery	7.17	2.90	516.24	208.80
19282 00	Surgery	5.03	1.45	362.16	104.40
19283 00	Surgery	7.64	2.93	550.08	210.96
19284 00	Surgery	5.50	1.46	396.00	105.12
19285 00	Surgery	10.60	2.48	763.20	178.56
19286 00	Surgery	8.60	1.24	619.20	89.28
19287 00	Surgery	18.25	3.70	1314.00	266.40
19288 00	Surgery	13.99	1.87	1007.28	134.64
19294 00	Surgery	4.92	4.92	354.24	354.24
19296 00	Surgery	103.47	6.32	7449.84	455.04
19297 00	Surgery	2.80	2.80	201.60	201.60
19298 00	Surgery	25.70	9.65	1850.40	694.80
19300 00	Surgery	17.44	13.22	1255.68	951.84
19301 00	Surgery	20.01	20.01	1440.72	1440.72
19302 00	Surgery	27.49	27.49	1979.28	1979.28
19303 00	Surgery	29.07	29.07	2093.04	2093.04
19305 00	Surgery	34.69	34.69	2497.68	2497.68
19306 00	Surgery	37.00	37.00	2664.00	2664.00
19307 00	Surgery	35.71	35.71	2571.12	2571.12
19316 00	Surgery	24.06	24.06	1732.32	1732.32
19318 00	Surgery	33.15	33.15	2386.80	2386.80
19325 00	Surgery	18.75	18.75	1350.00	1350.00
19328 00	Surgery	16.90	16.90	1216.80	1216.80
19330 00	Surgery	19.65	19.65	1414.80	1414.80
19340 00	Surgery	23.09	23.09	1662.48	1662.48
19342 00	Surgery	23.15	23.15	1666.80	1666.80
19350 00	Surgery	25.18	20.50	1812.96	1476.00
19355 00	Surgery	22.88	18.78	1647.36	1352.16
19357 00	Surgery	35.26	35.26	2538.72	2538.72

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
19361 00	Surgery	47.11	47.11	3391.92	3391.92
19364 00	Surgery	81.87	81.87	5894.64	5894.64
19367 00	Surgery	53.48	53.48	3850.56	3850.56
19368 00	Surgery	65.34	65.34	4704.48	4704.48
19369 00	Surgery	60.72	60.72	4371.84	4371.84
19370 00	Surgery	20.45	20.45	1472.40	1472.40
19371 00	Surgery	21.69	21.69	1561.68	1561.68
19380 00	Surgery	24.55	24.55	1767.60	1767.60
19396 00	Surgery	8.07	4.31	581.04	310.32
19499 00	Surgery	0.00	0.00	BR	BR
20100 00	Surgery	18.07	18.07	1301.04	1301.04
20101 00	Surgery	16.62	6.33	1196.64	455.76
20102 00	Surgery	17.83	7.74	1283.76	557.28
20103 00	Surgery	16.82	10.42	1211.04	750.24
20150 00	Surgery	30.54	30.54	2198.88	2198.88
20200 00	Surgery	6.42	2.90	462.24	208.80
20205 00	Surgery	9.04	4.68	650.88	336.96
20206 00	Surgery	6.38	1.71	459.36	123.12
20220 00	Surgery	6.80	2.59	489.60	186.48
20225 00	Surgery	11.08	3.85	797.76	277.20
20240 00	Surgery	4.20	4.20	302.40	302.40
20245 00	Surgery	10.28	10.28	740.16	740.16
20250 00	Surgery	11.95	11.95	860.40	860.40
20251 00	Surgery	13.14	13.14	946.08	946.08
20500 00	Surgery	3.79	2.74	272.88	197.28
20501 00	Surgery	4.14	1.07	298.08	77.04
20520 00	Surgery	6.56	4.51	472.32	324.72
20525 00	Surgery	13.98	7.56	1006.56	544.32
20526 00	Surgery	2.50	1.71	180.00	123.12
20527 00	Surgery	2.66	1.99	191.52	143.28
20550 00	Surgery	1.75	1.17	126.00	84.24
20551 00	Surgery	1.73	1.15	124.56	82.80
20552 00	Surgery	1.57	1.09	113.04	78.48
20553 00	Surgery	1.81	1.24	130.32	89.28
20555 00	Surgery	10.20	10.20	734.40	734.40
20560 00	Surgery	0.76	0.45	54.72	32.40
20561 00	Surgery	1.11	0.68	79.92	48.96
20600 00	Surgery	1.62	1.07	116.64	77.04
20604 00	Surgery	2.50	1.39	180.00	100.08
20605 00	Surgery	1.65	1.10	118.80	79.20
20606 00	Surgery	2.70	1.56	194.40	112.32
20610 00	Surgery	1.96	1.36	141.12	97.92
20611 00	Surgery	2.98	1.77	214.56	127.44
20612 00	Surgery	1.97	1.24	141.84	89.28
20615 00	Surgery	7.46	4.84	537.12	348.48
20650 00	Surgery	7.08	5.14	509.76	370.08
20660 00	Surgery	7.27	7.27	523.44	523.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
20661 00	Surgery	15.92	15.92	1146.24	1146.24
20662 00	Surgery	16.09	16.09	1158.48	1158.48
20663 00	Surgery	14.83	14.83	1067.76	1067.76
20664 00	Surgery	27.45	27.45	1976.40	1976.40
20665 00	Surgery	3.61	3.01	259.92	216.72
20670 00	Surgery	10.49	4.42	755.28	318.24
20680 00	Surgery	18.02	12.80	1297.44	921.60
20690 00	Surgery	18.21	18.21	1311.12	1311.12
20692 00	Surgery	34.45	34.45	2480.40	2480.40
20693 00	Surgery	13.81	13.81	994.32	994.32
20694 00	Surgery	13.16	10.55	947.52	759.60
20696 00	Surgery	35.24	35.24	2537.28	2537.28
20697 00	Surgery	50.76	50.76	3654.72	3654.72
20700 00	Surgery	2.51	2.51	180.72	180.72
20701 00	Surgery	1.91	1.91	137.52	137.52
20702 00	Surgery	4.28	4.28	308.16	308.16
20703 00	Surgery	3.14	3.14	226.08	226.08
20704 00	Surgery	4.50	4.50	324.00	324.00
20705 00	Surgery	3.72	3.72	267.84	267.84
20802 00	Surgery	82.77	82.77	5959.44	5959.44
20805 00	Surgery	98.25	98.25	7074.00	7074.00
20808 00	Surgery	118.43	118.43	8526.96	8526.96
20816 00	Surgery	61.97	61.97	4461.84	4461.84
20822 00	Surgery	53.62	53.62	3860.64	3860.64
20824 00	Surgery	62.10	62.10	4471.20	4471.20
20827 00	Surgery	55.07	55.07	3965.04	3965.04
20838 00	Surgery	83.99	83.99	6047.28	6047.28
20900 00	Surgery	11.40	5.42	820.80	390.24
20902 00	Surgery	8.23	8.23	592.56	592.56
20910 00	Surgery	14.69	14.69	1057.68	1057.68
20912 00	Surgery	14.66	14.66	1055.52	1055.52
20920 00	Surgery	12.18	12.18	876.96	876.96
20922 00	Surgery	18.62	15.22	1340.64	1095.84
20924 00	Surgery	15.48	15.48	1114.56	1114.56
20930 00	Surgery	-	-	550.80	550.80
20931 00	Surgery	3.33	3.33	239.76	239.76
20932 00	Surgery	22.56	22.56	1624.32	1624.32
20933 00	Surgery	20.69	20.69	1489.68	1489.68
20934 00	Surgery	22.54	22.54	1622.88	1622.88
20936 00	Surgery	-	-	716.40	716.40
20937 00	Surgery	5.02	5.02	361.44	361.44
20938 00	Surgery	5.49	5.49	395.28	395.28
20939 00	Surgery	2.10	2.10	151.20	151.20
20950 00	Surgery	7.70	2.69	554.40	193.68
20955 00	Surgery	73.31	73.31	5278.32	5278.32
20956 00	Surgery	79.59	79.59	5730.48	5730.48
20957 00	Surgery	82.91	82.91	5969.52	5969.52

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
20962 00	Surgery	80.81	80.81	5818.32	5818.32
20969 00	Surgery	81.33	81.33	5855.76	5855.76
20970 00	Surgery	85.89	85.89	6184.08	6184.08
20972 00	Surgery	85.62	85.62	6164.64	6164.64
20973 00	Surgery	90.38	90.38	6507.36	6507.36
20974 00	Surgery	2.60	1.57	187.20	113.04
20975 00	Surgery	5.40	5.40	388.80	388.80
20979 00	Surgery	1.68	0.93	120.96	66.96
20982 00	Surgery	99.76	10.92	7182.72	786.24
20983 00	Surgery	145.37	10.19	10466.64	733.68
20985 00	Surgery	4.33	4.33	311.76	311.76
20999 00	Surgery	0.00	0.00	BR	BR
21010 00	Surgery	22.41	22.41	1613.52	1613.52
21011 00	Surgery	11.30	8.02	813.60	577.44
21012 00	Surgery	10.37	10.37	746.64	746.64
21013 00	Surgery	16.08	12.23	1157.76	880.56
21014 00	Surgery	15.89	15.89	1144.08	1144.08
21015 00	Surgery	21.27	21.27	1531.44	1531.44
21016 00	Surgery	30.41	30.41	2189.52	2189.52
21025 00	Surgery	24.28	20.28	1748.16	1460.16
21026 00	Surgery	16.57	13.31	1193.04	958.32
21029 00	Surgery	23.48	19.09	1690.56	1374.48
21030 00	Surgery	13.89	11.02	1000.08	793.44
21031 00	Surgery	11.48	8.27	826.56	595.44
21032 00	Surgery	11.29	7.98	812.88	574.56
21034 00	Surgery	39.03	33.91	2810.16	2441.52
21040 00	Surgery	14.02	11.06	1009.44	796.32
21044 00	Surgery	26.08	26.08	1877.76	1877.76
21045 00	Surgery	36.15	36.15	2602.80	2602.80
21046 00	Surgery	29.78	29.78	2144.16	2144.16
21047 00	Surgery	36.61	36.61	2635.92	2635.92
21048 00	Surgery	30.17	30.17	2172.24	2172.24
21049 00	Surgery	34.75	34.75	2502.00	2502.00
21050 00	Surgery	26.04	26.04	1874.88	1874.88
21060 00	Surgery	23.62	23.62	1700.64	1700.64
21070 00	Surgery	18.49	18.49	1331.28	1331.28
21073 00	Surgery	12.27	7.48	883.44	538.56
21076 00	Surgery	26.73	21.60	1924.56	1555.20
21077 00	Surgery	64.79	52.87	4664.88	3806.64
21079 00	Surgery	44.70	35.66	3218.40	2567.52
21080 00	Surgery	50.83	40.10	3659.76	2887.20
21081 00	Surgery	46.83	36.76	3371.76	2646.72
21082 00	Surgery	44.08	34.08	3173.76	2453.76
21083 00	Surgery	41.74	31.46	3005.28	2265.12
21084 00	Surgery	47.60	36.36	3427.20	2617.92
21085 00	Surgery	20.75	14.71	1494.00	1059.12
21086 00	Surgery	48.08	39.00	3461.76	2808.00

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
21087 00	Surgery	48.08	39.00	3461.76	2808.00
21088 00	Surgery	-	-	4083.12	4083.12
21089 00	Surgery	0.00	0.00	BR	BR
21100 00	Surgery	18.71	10.99	1347.12	791.28
21110 00	Surgery	25.53	21.20	1838.16	1526.40
21116 00	Surgery	6.19	1.32	445.68	95.04
21120 00	Surgery	19.85	15.32	1429.20	1103.04
21121 00	Surgery	19.24	16.17	1385.28	1164.24
21122 00	Surgery	22.58	22.58	1625.76	1625.76
21123 00	Surgery	25.34	25.34	1824.48	1824.48
21125 00	Surgery	76.18	20.37	5484.96	1466.64
21127 00	Surgery	117.30	23.53	8445.60	1694.16
21137 00	Surgery	22.85	22.85	1645.20	1645.20
21138 00	Surgery	27.76	27.76	1998.72	1998.72
21139 00	Surgery	32.93	32.93	2370.96	2370.96
21141 00	Surgery	40.06	40.06	2884.32	2884.32
21142 00	Surgery	41.11	41.11	2959.92	2959.92
21143 00	Surgery	42.37	42.37	3050.64	3050.64
21145 00	Surgery	46.54	46.54	3350.88	3350.88
21146 00	Surgery	48.61	48.61	3499.92	3499.92
21147 00	Surgery	51.11	51.11	3679.92	3679.92
21150 00	Surgery	49.24	49.24	3545.28	3545.28
21151 00	Surgery	54.19	54.19	3901.68	3901.68
21154 00	Surgery	58.36	58.36	4201.92	4201.92
21155 00	Surgery	64.72	64.72	4659.84	4659.84
21159 00	Surgery	77.54	77.54	5582.88	5582.88
21160 00	Surgery	84.07	84.07	6053.04	6053.04
21172 00	Surgery	64.35	64.35	4633.20	4633.20
21175 00	Surgery	66.43	66.43	4782.96	4782.96
21179 00	Surgery	45.83	45.83	3299.76	3299.76
21180 00	Surgery	51.17	51.17	3684.24	3684.24
21181 00	Surgery	22.53	22.53	1622.16	1622.16
21182 00	Surgery	63.71	63.71	4587.12	4587.12
21183 00	Surgery	69.27	69.27	4987.44	4987.44
21184 00	Surgery	74.47	74.47	5361.84	5361.84
21188 00	Surgery	47.34	47.34	3408.48	3408.48
21193 00	Surgery	37.02	37.02	2665.44	2665.44
21194 00	Surgery	42.78	42.78	3080.16	3080.16
21195 00	Surgery	40.16	40.16	2891.52	2891.52
21196 00	Surgery	42.90	42.90	3088.80	3088.80
21198 00	Surgery	30.44	30.44	2191.68	2191.68
21199 00	Surgery	30.61	30.61	2203.92	2203.92
21206 00	Surgery	29.47	29.47	2121.84	2121.84
21208 00	Surgery	48.56	22.46	3496.32	1617.12
21209 00	Surgery	23.67	18.24	1704.24	1313.28
21210 00	Surgery	52.39	23.17	3772.08	1668.24
21215 00	Surgery	119.79	24.09	8624.88	1734.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
21230 00	Surgery	22.58	22.58	1625.76	1625.76
21235 00	Surgery	22.21	17.32	1599.12	1247.04
21240 00	Surgery	31.69	31.69	2281.68	2281.68
21242 00	Surgery	30.50	30.50	2196.00	2196.00
21243 00	Surgery	48.71	48.71	3507.12	3507.12
21244 00	Surgery	30.25	30.25	2178.00	2178.00
21245 00	Surgery	36.49	28.46	2627.28	2049.12
21246 00	Surgery	25.58	25.58	1841.76	1841.76
21247 00	Surgery	47.48	47.48	3418.56	3418.56
21248 00	Surgery	29.71	24.14	2139.12	1738.08
21249 00	Surgery	40.38	33.71	2907.36	2427.12
21255 00	Surgery	40.08	40.08	2885.76	2885.76
21256 00	Surgery	37.59	37.59	2706.48	2706.48
21260 00	Surgery	41.26	41.26	2970.72	2970.72
21261 00	Surgery	73.07	73.07	5261.04	5261.04
21263 00	Surgery	67.58	67.58	4865.76	4865.76
21267 00	Surgery	48.25	48.25	3474.00	3474.00
21268 00	Surgery	60.56	60.56	4360.32	4360.32
21270 00	Surgery	30.90	22.73	2224.80	1636.56
21275 00	Surgery	25.56	25.56	1840.32	1840.32
21280 00	Surgery	17.74	17.74	1277.28	1277.28
21282 00	Surgery	12.11	12.11	871.92	871.92
21295 00	Surgery	6.05	6.05	435.60	435.60
21296 00	Surgery	12.34	12.34	888.48	888.48
21299 00	Surgery	0.00	0.00	BR	BR
21315 00	Surgery	4.63	1.81	333.36	130.32
21320 00	Surgery	6.49	2.86	467.28	205.92
21325 00	Surgery	13.42	13.42	966.24	966.24
21330 00	Surgery	16.13	16.13	1161.36	1161.36
21335 00	Surgery	21.61	21.61	1555.92	1555.92
21336 00	Surgery	19.22	19.22	1383.84	1383.84
21337 00	Surgery	12.56	9.23	904.32	664.56
21338 00	Surgery	20.30	20.30	1461.60	1461.60
21339 00	Surgery	22.94	22.94	1651.68	1651.68
21340 00	Surgery	22.84	22.84	1644.48	1644.48
21343 00	Surgery	32.81	32.81	2362.32	2362.32
21344 00	Surgery	41.93	41.93	3018.96	3018.96
21345 00	Surgery	24.27	19.46	1747.44	1401.12
21346 00	Surgery	30.35	30.35	2185.20	2185.20
21347 00	Surgery	31.36	31.36	2257.92	2257.92
21348 00	Surgery	32.98	32.98	2374.56	2374.56
21355 00	Surgery	13.53	9.99	974.16	719.28
21356 00	Surgery	16.53	12.28	1190.16	884.16
21360 00	Surgery	15.97	15.97	1149.84	1149.84
21365 00	Surgery	32.79	32.79	2360.88	2360.88
21366 00	Surgery	38.61	38.61	2779.92	2779.92
21385 00	Surgery	22.22	22.22	1599.84	1599.84

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
21386 00	Surgery	21.06	21.06	1516.32	1516.32
21387 00	Surgery	23.21	23.21	1671.12	1671.12
21390 00	Surgery	24.13	24.13	1737.36	1737.36
21395 00	Surgery	30.41	30.41	2189.52	2189.52
21400 00	Surgery	6.69	5.26	481.68	378.72
21401 00	Surgery	15.38	10.14	1107.36	730.08
21406 00	Surgery	17.80	17.80	1281.60	1281.60
21407 00	Surgery	19.67	19.67	1416.24	1416.24
21408 00	Surgery	27.35	27.35	1969.20	1969.20
21421 00	Surgery	19.56	16.57	1408.32	1193.04
21422 00	Surgery	19.17	19.17	1380.24	1380.24
21423 00	Surgery	24.08	24.08	1733.76	1733.76
21431 00	Surgery	20.94	20.94	1507.68	1507.68
21432 00	Surgery	21.64	21.64	1558.08	1558.08
21433 00	Surgery	52.33	52.33	3767.76	3767.76
21435 00	Surgery	42.61	42.61	3067.92	3067.92
21436 00	Surgery	61.53	61.53	4430.16	4430.16
21440 00	Surgery	22.43	17.97	1614.96	1293.84
21445 00	Surgery	23.11	18.78	1663.92	1352.16
21450 00	Surgery	17.71	14.45	1275.12	1040.40
21451 00	Surgery	23.09	19.28	1662.48	1388.16
21452 00	Surgery	21.45	13.54	1544.40	974.88
21453 00	Surgery	32.36	27.58	2329.92	1985.76
21454 00	Surgery	15.05	15.05	1083.60	1083.60
21461 00	Surgery	53.04	31.27	3818.88	2251.44
21462 00	Surgery	57.90	34.74	4168.80	2501.28
21465 00	Surgery	24.45	24.45	1760.40	1760.40
21470 00	Surgery	35.21	35.21	2535.12	2535.12
21480 00	Surgery	4.18	0.95	300.96	68.40
21485 00	Surgery	28.28	23.14	2036.16	1666.08
21490 00	Surgery	24.12	24.12	1736.64	1736.64
21497 00	Surgery	21.28	17.72	1532.16	1275.84
21499 00	Surgery	0.00	0.00	BR	BR
21501 00	Surgery	14.74	10.36	1061.28	745.92
21502 00	Surgery	15.41	15.41	1109.52	1109.52
21510 00	Surgery	13.74	13.74	989.28	989.28
21550 00	Surgery	7.94	4.71	571.68	339.12
21552 00	Surgery	13.66	13.66	983.52	983.52
21554 00	Surgery	22.24	22.24	1601.28	1601.28
21555 00	Surgery	13.07	9.42	941.04	678.24
21556 00	Surgery	16.13	16.13	1161.36	1161.36
21557 00	Surgery	28.86	28.86	2077.92	2077.92
21558 00	Surgery	40.45	40.45	2912.40	2912.40
21600 00	Surgery	17.49	17.49	1259.28	1259.28
21601 00	Surgery	34.47	34.47	2481.84	2481.84
21602 00	Surgery	46.46	46.46	3345.12	3345.12
21603 00	Surgery	50.38	50.38	3627.36	3627.36

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
21610 00	Surgery	37.09	37.09	2670.48	2670.48
21615 00	Surgery	18.79	18.79	1352.88	1352.88
21616 00	Surgery	21.41	21.41	1541.52	1541.52
21620 00	Surgery	15.24	15.24	1097.28	1097.28
21627 00	Surgery	16.67	16.67	1200.24	1200.24
21630 00	Surgery	39.78	39.78	2864.16	2864.16
21685 00	Surgery	29.63	29.63	2133.36	2133.36
21700 00	Surgery	10.67	10.67	768.24	768.24
21705 00	Surgery	15.91	15.91	1145.52	1145.52
21720 00	Surgery	16.50	16.50	1188.00	1188.00
21725 00	Surgery	16.69	16.69	1201.68	1201.68
21740 00	Surgery	30.73	30.73	2212.56	2212.56
21742 00	Surgery	-	-	3432.96	3432.96
21743 00	Surgery	-	-	5253.12	5253.12
21750 00	Surgery	20.30	20.30	1461.60	1461.60
21811 00	Surgery	17.70	17.70	1274.40	1274.40
21812 00	Surgery	21.43	21.43	1542.96	1542.96
21813 00	Surgery	29.36	29.36	2113.92	2113.92
21820 00	Surgery	4.75	4.71	342.00	339.12
21825 00	Surgery	16.81	16.81	1210.32	1210.32
21899 00	Surgery	0.00	0.00	BR	BR
21920 00	Surgery	7.64	4.70	550.08	338.40
21925 00	Surgery	14.99	11.61	1079.28	835.92
21930 00	Surgery	15.17	11.16	1092.24	803.52
21931 00	Surgery	14.37	14.37	1034.64	1034.64
21932 00	Surgery	20.27	20.27	1459.44	1459.44
21933 00	Surgery	22.44	22.44	1615.68	1615.68
21935 00	Surgery	30.83	30.83	2219.76	2219.76
21936 00	Surgery	42.67	42.67	3072.24	3072.24
22010 00	Surgery	29.85	29.85	2149.20	2149.20
22015 00	Surgery	29.08	29.08	2093.76	2093.76
22100 00	Surgery	29.20	29.20	2102.40	2102.40
22101 00	Surgery	27.34	27.34	1968.48	1968.48
22102 00	Surgery	23.20	23.20	1670.40	1670.40
22103 00	Surgery	3.99	3.99	287.28	287.28
22110 00	Surgery	32.37	32.37	2330.64	2330.64
22112 00	Surgery	35.04	35.04	2522.88	2522.88
22114 00	Surgery	35.04	35.04	2522.88	2522.88
22116 00	Surgery	4.28	4.28	308.16	308.16
22206 00	Surgery	74.58	74.58	5369.76	5369.76
22207 00	Surgery	72.64	72.64	5230.08	5230.08
22208 00	Surgery	17.75	17.75	1278.00	1278.00
22210 00	Surgery	54.49	54.49	3923.28	3923.28
22212 00	Surgery	46.33	46.33	3335.76	3335.76
22214 00	Surgery	46.26	46.26	3330.72	3330.72
22216 00	Surgery	10.90	10.90	784.80	784.80
22220 00	Surgery	49.69	49.69	3577.68	3577.68

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
22222 00	Surgery	54.10	54.10	3895.20	3895.20
22224 00	Surgery	48.29	48.29	3476.88	3476.88
22226 00	Surgery	10.81	10.81	778.32	778.32
22310 00	Surgery	9.60	9.18	691.20	660.96
22315 00	Surgery	27.76	24.02	1998.72	1729.44
22318 00	Surgery	50.55	50.55	3639.60	3639.60
22319 00	Surgery	56.16	56.16	4043.52	4043.52
22325 00	Surgery	45.37	45.37	3266.64	3266.64
22326 00	Surgery	46.23	46.23	3328.56	3328.56
22327 00	Surgery	47.12	47.12	3392.64	3392.64
22328 00	Surgery	8.49	8.49	611.28	611.28
22505 00	Surgery	4.58	4.58	329.76	329.76
22510 00	Surgery	51.88	12.92	3735.36	930.24
22511 00	Surgery	51.83	12.17	3731.76	876.24
22512 00	Surgery	21.08	6.16	1517.76	443.52
22513 00	Surgery	160.96	15.25	11589.12	1098.00
22514 00	Surgery	160.21	14.25	11535.12	1026.00
22515 00	Surgery	82.13	6.48	5913.36	466.56
22526 00	Surgery	55.84	9.83	4020.48	707.76
22527 00	Surgery	45.77	4.51	3295.44	324.72
22532 00	Surgery	54.54	54.54	3926.88	3926.88
22533 00	Surgery	50.52	50.52	3637.44	3637.44
22534 00	Surgery	10.84	10.84	780.48	780.48
22548 00	Surgery	60.24	60.24	4337.28	4337.28
22551 00	Surgery	51.74	51.74	3725.28	3725.28
22552 00	Surgery	11.91	11.91	857.52	857.52
22554 00	Surgery	38.56	38.56	2776.32	2776.32
22556 00	Surgery	51.31	51.31	3694.32	3694.32
22558 00	Surgery	46.30	46.30	3333.60	3333.60
22585 00	Surgery	9.72	9.72	699.84	699.84
22586 00	Surgery	62.29	62.29	4484.88	4484.88
22590 00	Surgery	48.78	48.78	3512.16	3512.16
22595 00	Surgery	46.60	46.60	3355.20	3355.20
22600 00	Surgery	39.97	39.97	2877.84	2877.84
22610 00	Surgery	39.34	39.34	2832.48	2832.48
22612 00	Surgery	48.03	48.03	3458.16	3458.16
22614 00	Surgery	11.76	11.76	846.72	846.72
22630 00	Surgery	47.74	47.74	3437.28	3437.28
22632 00	Surgery	9.64	9.64	694.08	694.08
22633 00	Surgery	55.06	55.06	3964.32	3964.32
22634 00	Surgery	14.56	14.56	1048.32	1048.32
22800 00	Surgery	41.74	41.74	3005.28	3005.28
22802 00	Surgery	63.89	63.89	4600.08	4600.08
22804 00	Surgery	73.32	73.32	5279.04	5279.04
22808 00	Surgery	55.20	55.20	3974.40	3974.40
22810 00	Surgery	60.68	60.68	4368.96	4368.96
22812 00	Surgery	66.50	66.50	4788.00	4788.00

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
22818 00	Surgery	64.88	64.88	4671.36	4671.36
22819 00	Surgery	74.67	74.67	5376.24	5376.24
22830 00	Surgery	25.21	25.21	1815.12	1815.12
22836 00	Surgery	51.49	51.49	3707.28	3707.28
22837 00	Surgery	56.74	56.74	4085.28	4085.28
22838 00	Surgery	57.48	57.48	4138.56	4138.56
22840 00	Surgery	22.64	22.64	1630.08	1630.08
22841 00	Surgery	-	-	4166.64	4166.64
22842 00	Surgery	22.92	22.92	1650.24	1650.24
22843 00	Surgery	24.56	24.56	1768.32	1768.32
22844 00	Surgery	29.60	29.60	2131.20	2131.20
22845 00	Surgery	21.80	21.80	1569.60	1569.60
22846 00	Surgery	22.71	22.71	1635.12	1635.12
22847 00	Surgery	23.87	23.87	1718.64	1718.64
22848 00	Surgery	10.79	10.79	776.88	776.88
22849 00	Surgery	39.78	39.78	2864.16	2864.16
22850 00	Surgery	22.60	22.60	1627.20	1627.20
22852 00	Surgery	21.75	21.75	1566.00	1566.00
22853 00	Surgery	7.74	7.74	557.28	557.28
22854 00	Surgery	10.08	10.08	725.76	725.76
22855 00	Surgery	33.79	33.79	2432.88	2432.88
22856 00	Surgery	49.37	49.37	3554.64	3554.64
22857 00	Surgery	52.84	52.84	3804.48	3804.48
22858 00	Surgery	15.23	15.23	1096.56	1096.56
22859 00	Surgery	10.07	10.07	725.04	725.04
22860 00	Surgery	12.38	12.38	891.36	891.36
22861 00	Surgery	70.82	70.82	5099.04	5099.04
22862 00	Surgery	70.85	70.85	5101.20	5101.20
22864 00	Surgery	63.26	63.26	4554.72	4554.72
22865 00	Surgery	69.19	69.19	4981.68	4981.68
22867 00	Surgery	32.32	32.32	2327.04	2327.04
22868 00	Surgery	7.26	7.26	522.72	522.72
22869 00	Surgery	13.01	13.01	936.72	936.72
22870 00	Surgery	3.49	3.49	251.28	251.28
22899 00	Surgery	0.00	0.00	BR	BR
22900 00	Surgery	17.30	17.30	1245.60	1245.60
22901 00	Surgery	20.31	20.31	1462.32	1462.32
22902 00	Surgery	14.23	10.24	1024.56	737.28
22903 00	Surgery	13.46	13.46	969.12	969.12
22904 00	Surgery	31.59	31.59	2274.48	2274.48
22905 00	Surgery	40.31	40.31	2902.32	2902.32
22999 00	Surgery	0.00	0.00	BR	BR
23000 00	Surgery	16.72	11.03	1203.84	794.16
23020 00	Surgery	21.22	21.22	1527.84	1527.84
23030 00	Surgery	13.18	7.80	948.96	561.60
23031 00	Surgery	12.93	6.85	930.96	493.20
23035 00	Surgery	20.88	20.88	1503.36	1503.36

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
23040 00	Surgery	21.98	21.98	1582.56	1582.56
23044 00	Surgery	17.21	17.21	1239.12	1239.12
23065 00	Surgery	6.77	4.83	487.44	347.76
23066 00	Surgery	17.40	11.46	1252.80	825.12
23071 00	Surgery	12.88	12.88	927.36	927.36
23073 00	Surgery	21.27	21.27	1531.44	1531.44
23075 00	Surgery	15.45	10.11	1112.40	727.92
23076 00	Surgery	16.72	16.72	1203.84	1203.84
23077 00	Surgery	34.29	34.29	2468.88	2468.88
23078 00	Surgery	43.63	43.63	3141.36	3141.36
23100 00	Surgery	15.68	15.68	1128.96	1128.96
23101 00	Surgery	14.15	14.15	1018.80	1018.80
23105 00	Surgery	19.73	19.73	1420.56	1420.56
23106 00	Surgery	15.56	15.56	1120.32	1120.32
23107 00	Surgery	20.43	20.43	1470.96	1470.96
23120 00	Surgery	18.12	18.12	1304.64	1304.64
23125 00	Surgery	21.81	21.81	1570.32	1570.32
23130 00	Surgery	19.06	19.06	1372.32	1372.32
23140 00	Surgery	17.15	17.15	1234.80	1234.80
23145 00	Surgery	21.38	21.38	1539.36	1539.36
23146 00	Surgery	19.25	19.25	1386.00	1386.00
23150 00	Surgery	20.53	20.53	1478.16	1478.16
23155 00	Surgery	24.48	24.48	1762.56	1762.56
23156 00	Surgery	20.92	20.92	1506.24	1506.24
23170 00	Surgery	17.43	17.43	1254.96	1254.96
23172 00	Surgery	17.61	17.61	1267.92	1267.92
23174 00	Surgery	23.51	23.51	1692.72	1692.72
23180 00	Surgery	21.23	21.23	1528.56	1528.56
23182 00	Surgery	20.71	20.71	1491.12	1491.12
23184 00	Surgery	22.70	22.70	1634.40	1634.40
23190 00	Surgery	17.75	17.75	1278.00	1278.00
23195 00	Surgery	22.96	22.96	1653.12	1653.12
23200 00	Surgery	45.63	45.63	3285.36	3285.36
23210 00	Surgery	53.46	53.46	3849.12	3849.12
23220 00	Surgery	58.52	58.52	4213.44	4213.44
23330 00	Surgery	9.03	5.16	650.16	371.52
23333 00	Surgery	14.67	14.67	1056.24	1056.24
23334 00	Surgery	32.36	32.36	2329.92	2329.92
23335 00	Surgery	38.42	38.42	2766.24	2766.24
23350 00	Surgery	4.72	1.48	339.84	106.56
23395 00	Surgery	39.08	39.08	2813.76	2813.76
23397 00	Surgery	34.59	34.59	2490.48	2490.48
23400 00	Surgery	29.67	29.67	2136.24	2136.24
23405 00	Surgery	18.81	18.81	1354.32	1354.32
23406 00	Surgery	22.51	22.51	1620.72	1620.72
23410 00	Surgery	25.07	25.07	1805.04	1805.04
23412 00	Surgery	26.05	26.05	1875.60	1875.60

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
23415 00	Surgery	21.53	21.53	1550.16	1550.16
23420 00	Surgery	29.81	29.81	2146.32	2146.32
23430 00	Surgery	22.79	22.79	1640.88	1640.88
23440 00	Surgery	23.15	23.15	1666.80	1666.80
23450 00	Surgery	28.84	28.84	2076.48	2076.48
23455 00	Surgery	29.58	29.58	2129.76	2129.76
23460 00	Surgery	33.20	33.20	2390.40	2390.40
23462 00	Surgery	32.48	32.48	2338.56	2338.56
23465 00	Surgery	34.03	34.03	2450.16	2450.16
23466 00	Surgery	34.11	34.11	2455.92	2455.92
23470 00	Surgery	36.35	36.35	2617.20	2617.20
23472 00	Surgery	43.74	43.74	3149.28	3149.28
23473 00	Surgery	48.62	48.62	3500.64	3500.64
23474 00	Surgery	52.47	52.47	3777.84	3777.84
23480 00	Surgery	25.11	25.11	1807.92	1807.92
23485 00	Surgery	29.05	29.05	2091.60	2091.60
23490 00	Surgery	26.31	26.31	1894.32	1894.32
23491 00	Surgery	30.99	30.99	2231.28	2231.28
23500 00	Surgery	7.13	7.30	513.36	525.60
23505 00	Surgery	11.38	10.56	819.36	760.32
23515 00	Surgery	22.11	22.11	1591.92	1591.92
23520 00	Surgery	7.67	7.62	552.24	548.64
23525 00	Surgery	12.57	11.48	905.04	826.56
23530 00	Surgery	17.77	17.77	1279.44	1279.44
23532 00	Surgery	19.33	19.33	1391.76	1391.76
23540 00	Surgery	7.54	7.49	542.88	539.28
23545 00	Surgery	11.43	10.24	822.96	737.28
23550 00	Surgery	17.59	17.59	1266.48	1266.48
23552 00	Surgery	19.84	19.84	1428.48	1428.48
23570 00	Surgery	7.48	7.74	538.56	557.28
23575 00	Surgery	12.94	11.95	931.68	860.40
23585 00	Surgery	29.73	29.73	2140.56	2140.56
23600 00	Surgery	10.59	10.04	762.48	722.88
23605 00	Surgery	14.72	13.35	1059.84	961.20
23615 00	Surgery	27.02	27.02	1945.44	1945.44
23616 00	Surgery	37.49	37.49	2699.28	2699.28
23620 00	Surgery	8.62	8.25	620.64	594.00
23625 00	Surgery	12.01	10.98	864.72	790.56
23630 00	Surgery	23.98	23.98	1726.56	1726.56
23650 00	Surgery	10.55	9.51	759.60	684.72
23655 00	Surgery	12.69	12.69	913.68	913.68
23660 00	Surgery	18.03	18.03	1298.16	1298.16
23665 00	Surgery	13.69	12.56	985.68	904.32
23670 00	Surgery	26.72	26.72	1923.84	1923.84
23675 00	Surgery	17.25	15.58	1242.00	1121.76
23680 00	Surgery	28.45	28.45	2048.40	2048.40
23700 00	Surgery	6.02	6.02	433.44	433.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
23800 00	Surgery	31.30	31.30	2253.60	2253.60
23802 00	Surgery	39.07	39.07	2813.04	2813.04
23900 00	Surgery	42.02	42.02	3025.44	3025.44
23920 00	Surgery	34.22	34.22	2463.84	2463.84
23921 00	Surgery	14.58	14.58	1049.76	1049.76
23929 00	Surgery	0.00	0.00	BR	BR
23930 00	Surgery	10.78	6.61	776.16	475.92
23931 00	Surgery	9.01	4.94	648.72	355.68
23935 00	Surgery	15.87	15.87	1142.64	1142.64
24000 00	Surgery	14.83	14.83	1067.76	1067.76
24006 00	Surgery	21.97	21.97	1581.84	1581.84
24065 00	Surgery	7.75	4.94	558.00	355.68
24066 00	Surgery	19.07	13.10	1373.04	943.20
24071 00	Surgery	12.43	12.43	894.96	894.96
24073 00	Surgery	21.18	21.18	1524.96	1524.96
24075 00	Surgery	15.89	10.15	1144.08	730.80
24076 00	Surgery	16.80	16.80	1209.60	1209.60
24077 00	Surgery	31.12	31.12	2240.64	2240.64
24079 00	Surgery	40.21	40.21	2895.12	2895.12
24100 00	Surgery	13.04	13.04	938.88	938.88
24101 00	Surgery	15.58	15.58	1121.76	1121.76
24102 00	Surgery	19.00	19.00	1368.00	1368.00
24105 00	Surgery	11.23	11.23	808.56	808.56
24110 00	Surgery	18.25	18.25	1314.00	1314.00
24115 00	Surgery	22.64	22.64	1630.08	1630.08
24116 00	Surgery	26.28	26.28	1892.16	1892.16
24120 00	Surgery	16.51	16.51	1188.72	1188.72
24125 00	Surgery	19.22	19.22	1383.84	1383.84
24126 00	Surgery	20.06	20.06	1444.32	1444.32
24130 00	Surgery	15.88	15.88	1143.36	1143.36
24134 00	Surgery	22.97	22.97	1653.84	1653.84
24136 00	Surgery	19.50	19.50	1404.00	1404.00
24138 00	Surgery	21.23	21.23	1528.56	1528.56
24140 00	Surgery	21.61	21.61	1555.92	1555.92
24145 00	Surgery	18.33	18.33	1319.76	1319.76
24147 00	Surgery	19.39	19.39	1396.08	1396.08
24149 00	Surgery	36.07	36.07	2597.04	2597.04
24150 00	Surgery	46.79	46.79	3368.88	3368.88
24152 00	Surgery	40.79	40.79	2936.88	2936.88
24155 00	Surgery	26.03	26.03	1874.16	1874.16
24160 00	Surgery	38.19	38.19	2749.68	2749.68
24164 00	Surgery	22.26	22.26	1602.72	1602.72
24200 00	Surgery	6.72	4.39	483.84	316.08
24201 00	Surgery	18.62	12.40	1340.64	892.80
24220 00	Surgery	5.59	1.97	402.48	141.84
24300 00	Surgery	13.76	13.76	990.72	990.72
24301 00	Surgery	23.01	23.01	1656.72	1656.72

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
24305 00	Surgery	17.90	17.90	1288.80	1288.80
24310 00	Surgery	14.54	14.54	1046.88	1046.88
24320 00	Surgery	23.93	23.93	1722.96	1722.96
24330 00	Surgery	22.06	22.06	1588.32	1588.32
24331 00	Surgery	24.08	24.08	1733.76	1733.76
24332 00	Surgery	19.03	19.03	1370.16	1370.16
24340 00	Surgery	18.66	18.66	1343.52	1343.52
24341 00	Surgery	23.06	23.06	1660.32	1660.32
24342 00	Surgery	23.71	23.71	1707.12	1707.12
24343 00	Surgery	22.08	22.08	1589.76	1589.76
24344 00	Surgery	33.78	33.78	2432.16	2432.16
24345 00	Surgery	21.87	21.87	1574.64	1574.64
24346 00	Surgery	33.78	33.78	2432.16	2432.16
24357 00	Surgery	12.74	12.74	917.28	917.28
24358 00	Surgery	16.42	16.42	1182.24	1182.24
24359 00	Surgery	20.41	20.41	1469.52	1469.52
24360 00	Surgery	27.59	27.59	1986.48	1986.48
24361 00	Surgery	30.76	30.76	2214.72	2214.72
24362 00	Surgery	32.33	32.33	2327.76	2327.76
24363 00	Surgery	43.95	43.95	3164.40	3164.40
24365 00	Surgery	19.74	19.74	1421.28	1421.28
24366 00	Surgery	20.94	20.94	1507.68	1507.68
24370 00	Surgery	46.60	46.60	3355.20	3355.20
24371 00	Surgery	53.42	53.42	3846.24	3846.24
24400 00	Surgery	25.36	25.36	1825.92	1825.92
24410 00	Surgery	32.27	32.27	2323.44	2323.44
24420 00	Surgery	32.35	32.35	2329.20	2329.20
24430 00	Surgery	32.20	32.20	2318.40	2318.40
24435 00	Surgery	32.99	32.99	2375.28	2375.28
24470 00	Surgery	20.69	20.69	1489.68	1489.68
24495 00	Surgery	27.70	27.70	1994.40	1994.40
24498 00	Surgery	26.39	26.39	1900.08	1900.08
24500 00	Surgery	11.48	10.57	826.56	761.04
24505 00	Surgery	15.79	14.12	1136.88	1016.64
24515 00	Surgery	26.94	26.94	1939.68	1939.68
24516 00	Surgery	26.23	26.23	1888.56	1888.56
24530 00	Surgery	12.11	11.08	871.92	797.76
24535 00	Surgery	19.43	17.83	1398.96	1283.76
24538 00	Surgery	24.16	24.16	1739.52	1739.52
24545 00	Surgery	28.40	28.40	2044.80	2044.80
24546 00	Surgery	31.68	31.68	2280.96	2280.96
24560 00	Surgery	10.54	9.34	758.88	672.48
24565 00	Surgery	16.96	15.48	1221.12	1114.56
24566 00	Surgery	22.25	22.25	1602.00	1602.00
24575 00	Surgery	22.58	22.58	1625.76	1625.76
24576 00	Surgery	11.15	9.94	802.80	715.68
24577 00	Surgery	17.45	15.90	1256.40	1144.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
24579 00	Surgery	25.63	25.63	1845.36	1845.36
24582 00	Surgery	25.17	25.17	1812.24	1812.24
24586 00	Surgery	32.99	32.99	2375.28	2375.28
24587 00	Surgery	33.13	33.13	2385.36	2385.36
24600 00	Surgery	11.90	10.78	856.80	776.16
24605 00	Surgery	14.81	14.81	1066.32	1066.32
24615 00	Surgery	21.90	21.90	1576.80	1576.80
24620 00	Surgery	18.26	18.26	1314.72	1314.72
24635 00	Surgery	20.89	20.89	1504.08	1504.08
24640 00	Surgery	3.13	2.39	225.36	172.08
24650 00	Surgery	8.44	7.87	607.68	566.64
24655 00	Surgery	14.13	12.72	1017.36	915.84
24665 00	Surgery	20.30	20.30	1461.60	1461.60
24666 00	Surgery	22.50	22.50	1620.00	1620.00
24670 00	Surgery	9.30	8.50	669.60	612.00
24675 00	Surgery	14.40	13.05	1036.80	939.60
24685 00	Surgery	20.14	20.14	1450.08	1450.08
24800 00	Surgery	25.55	25.55	1839.60	1839.60
24802 00	Surgery	30.60	30.60	2203.20	2203.20
24900 00	Surgery	23.44	23.44	1687.68	1687.68
24920 00	Surgery	22.50	22.50	1620.00	1620.00
24925 00	Surgery	17.59	17.59	1266.48	1266.48
24930 00	Surgery	23.70	23.70	1706.40	1706.40
24931 00	Surgery	28.41	28.41	2045.52	2045.52
24935 00	Surgery	37.08	37.08	2669.76	2669.76
24940 00	Surgery	0.00	0.00	BR	BR
24999 00	Surgery	0.00	0.00	BR	BR
25000 00	Surgery	10.79	10.79	776.88	776.88
25001 00	Surgery	10.90	10.90	784.80	784.80
25020 00	Surgery	22.22	22.22	1599.84	1599.84
25023 00	Surgery	39.50	39.50	2844.00	2844.00
25024 00	Surgery	23.81	23.81	1714.32	1714.32
25025 00	Surgery	37.34	37.34	2688.48	2688.48
25028 00	Surgery	20.78	20.78	1496.16	1496.16
25031 00	Surgery	11.47	11.47	825.84	825.84
25035 00	Surgery	18.19	18.19	1309.68	1309.68
25040 00	Surgery	17.25	17.25	1242.00	1242.00
25065 00	Surgery	7.64	4.79	550.08	344.88
25066 00	Surgery	11.52	11.52	829.44	829.44
25071 00	Surgery	13.02	13.02	937.44	937.44
25073 00	Surgery	16.51	16.51	1188.72	1188.72
25075 00	Surgery	15.51	9.75	1116.72	702.00
25076 00	Surgery	16.01	16.01	1152.72	1152.72
25077 00	Surgery	26.14	26.14	1882.08	1882.08
25078 00	Surgery	35.44	35.44	2551.68	2551.68
25085 00	Surgery	13.91	13.91	1001.52	1001.52
25100 00	Surgery	10.90	10.90	784.80	784.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
25101 00	Surgery	12.63	12.63	909.36	909.36
25105 00	Surgery	15.12	15.12	1088.64	1088.64
25107 00	Surgery	19.18	19.18	1380.96	1380.96
25109 00	Surgery	16.60	16.60	1195.20	1195.20
25110 00	Surgery	10.77	10.77	775.44	775.44
25111 00	Surgery	10.16	10.16	731.52	731.52
25112 00	Surgery	12.17	12.17	876.24	876.24
25115 00	Surgery	23.34	23.34	1680.48	1680.48
25116 00	Surgery	18.71	18.71	1347.12	1347.12
25118 00	Surgery	11.93	11.93	858.96	858.96
25119 00	Surgery	15.56	15.56	1120.32	1120.32
25120 00	Surgery	15.54	15.54	1118.88	1118.88
25125 00	Surgery	18.40	18.40	1324.80	1324.80
25126 00	Surgery	18.52	18.52	1333.44	1333.44
25130 00	Surgery	14.05	14.05	1011.60	1011.60
25135 00	Surgery	17.38	17.38	1251.36	1251.36
25136 00	Surgery	15.43	15.43	1110.96	1110.96
25145 00	Surgery	16.14	16.14	1162.08	1162.08
25150 00	Surgery	17.55	17.55	1263.60	1263.60
25151 00	Surgery	18.06	18.06	1300.32	1300.32
25170 00	Surgery	44.49	44.49	3203.28	3203.28
25210 00	Surgery	15.29	15.29	1100.88	1100.88
25215 00	Surgery	19.13	19.13	1377.36	1377.36
25230 00	Surgery	13.47	13.47	969.84	969.84
25240 00	Surgery	13.37	13.37	962.64	962.64
25246 00	Surgery	5.69	2.16	409.68	155.52
25248 00	Surgery	12.90	12.90	928.80	928.80
25250 00	Surgery	16.52	16.52	1189.44	1189.44
25251 00	Surgery	22.10	22.10	1591.20	1591.20
25259 00	Surgery	13.08	13.08	941.76	941.76
25260 00	Surgery	19.63	19.63	1413.36	1413.36
25263 00	Surgery	19.58	19.58	1409.76	1409.76
25265 00	Surgery	23.16	23.16	1667.52	1667.52
25270 00	Surgery	15.32	15.32	1103.04	1103.04
25272 00	Surgery	17.29	17.29	1244.88	1244.88
25274 00	Surgery	20.52	20.52	1477.44	1477.44
25275 00	Surgery	20.73	20.73	1492.56	1492.56
25280 00	Surgery	17.49	17.49	1259.28	1259.28
25290 00	Surgery	13.55	13.55	975.60	975.60
25295 00	Surgery	16.31	16.31	1174.32	1174.32
25300 00	Surgery	21.29	21.29	1532.88	1532.88
25301 00	Surgery	19.82	19.82	1427.04	1427.04
25310 00	Surgery	21.95	21.95	1580.40	1580.40
25312 00	Surgery	22.08	22.08	1589.76	1589.76
25315 00	Surgery	23.59	23.59	1698.48	1698.48
25316 00	Surgery	28.01	28.01	2016.72	2016.72
25320 00	Surgery	30.46	30.46	2193.12	2193.12

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
25332 00	Surgery	25.92	25.92	1866.24	1866.24
25335 00	Surgery	28.86	28.86	2077.92	2077.92
25337 00	Surgery	27.33	27.33	1967.76	1967.76
25350 00	Surgery	20.75	20.75	1494.00	1494.00
25355 00	Surgery	23.48	23.48	1690.56	1690.56
25360 00	Surgery	20.21	20.21	1455.12	1455.12
25365 00	Surgery	28.03	28.03	2018.16	2018.16
25370 00	Surgery	30.94	30.94	2227.68	2227.68
25375 00	Surgery	29.14	29.14	2098.08	2098.08
25390 00	Surgery	23.59	23.59	1698.48	1698.48
25391 00	Surgery	30.40	30.40	2188.80	2188.80
25392 00	Surgery	30.93	30.93	2226.96	2226.96
25393 00	Surgery	34.36	34.36	2473.92	2473.92
25394 00	Surgery	24.09	24.09	1734.48	1734.48
25400 00	Surgery	24.57	24.57	1769.04	1769.04
25405 00	Surgery	31.67	31.67	2280.24	2280.24
25415 00	Surgery	29.54	29.54	2126.88	2126.88
25420 00	Surgery	35.49	35.49	2555.28	2555.28
25425 00	Surgery	29.41	29.41	2117.52	2117.52
25426 00	Surgery	34.16	34.16	2459.52	2459.52
25430 00	Surgery	22.53	22.53	1622.16	1622.16
25431 00	Surgery	24.18	24.18	1740.96	1740.96
25440 00	Surgery	23.60	23.60	1699.20	1699.20
25441 00	Surgery	28.68	28.68	2064.96	2064.96
25442 00	Surgery	24.86	24.86	1789.92	1789.92
25443 00	Surgery	24.10	24.10	1735.20	1735.20
25444 00	Surgery	25.40	25.40	1828.80	1828.80
25445 00	Surgery	22.16	22.16	1595.52	1595.52
25446 00	Surgery	35.69	35.69	2569.68	2569.68
25447 00	Surgery	24.58	24.58	1769.76	1769.76
25448 00	Surgery	27.14	27.14	1954.08	1954.08
25449 00	Surgery	31.52	31.52	2269.44	2269.44
25450 00	Surgery	19.07	19.07	1373.04	1373.04
25455 00	Surgery	22.46	22.46	1617.12	1617.12
25490 00	Surgery	22.09	22.09	1590.48	1590.48
25491 00	Surgery	22.71	22.71	1635.12	1635.12
25492 00	Surgery	27.73	27.73	1996.56	1996.56
25500 00	Surgery	9.07	8.22	653.04	591.84
25505 00	Surgery	15.93	14.42	1146.96	1038.24
25515 00	Surgery	20.67	20.67	1488.24	1488.24
25520 00	Surgery	18.05	17.02	1299.60	1225.44
25525 00	Surgery	24.30	24.30	1749.60	1749.60
25526 00	Surgery	29.29	29.29	2108.88	2108.88
25530 00	Surgery	8.46	7.78	609.12	560.16
25535 00	Surgery	15.49	14.29	1115.28	1028.88
25545 00	Surgery	19.32	19.32	1391.04	1391.04
25560 00	Surgery	9.24	8.26	665.28	594.72

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
25565 00	Surgery	16.26	14.48	1170.72	1042.56
25574 00	Surgery	20.85	20.85	1501.20	1501.20
25575 00	Surgery	27.74	27.74	1997.28	1997.28
25600 00	Surgery	10.77	10.33	775.44	743.76
25605 00	Surgery	16.89	15.93	1216.08	1146.96
25606 00	Surgery	20.69	20.69	1489.68	1489.68
25607 00	Surgery	22.87	22.87	1646.64	1646.64
25608 00	Surgery	25.47	25.47	1833.84	1833.84
25609 00	Surgery	32.28	32.28	2324.16	2324.16
25622 00	Surgery	9.79	9.03	704.88	650.16
25624 00	Surgery	15.48	14.02	1114.56	1009.44
25628 00	Surgery	22.15	22.15	1594.80	1594.80
25630 00	Surgery	9.72	9.04	699.84	650.88
25635 00	Surgery	14.68	13.32	1056.96	959.04
25645 00	Surgery	17.65	17.65	1270.80	1270.80
25650 00	Surgery	10.43	9.69	750.96	697.68
25651 00	Surgery	15.23	15.23	1096.56	1096.56
25652 00	Surgery	19.29	19.29	1388.88	1388.88
25660 00	Surgery	14.08	14.08	1013.76	1013.76
25670 00	Surgery	18.68	18.68	1344.96	1344.96
25671 00	Surgery	16.62	16.62	1196.64	1196.64
25675 00	Surgery	14.43	13.01	1038.96	936.72
25676 00	Surgery	19.43	19.43	1398.96	1398.96
25680 00	Surgery	16.55	16.55	1191.60	1191.60
25685 00	Surgery	22.59	22.59	1626.48	1626.48
25690 00	Surgery	15.34	15.34	1104.48	1104.48
25695 00	Surgery	19.54	19.54	1406.88	1406.88
25800 00	Surgery	22.47	22.47	1617.84	1617.84
25805 00	Surgery	25.96	25.96	1869.12	1869.12
25810 00	Surgery	26.63	26.63	1917.36	1917.36
25820 00	Surgery	19.93	19.93	1434.96	1434.96
25825 00	Surgery	24.31	24.31	1750.32	1750.32
25830 00	Surgery	31.17	31.17	2244.24	2244.24
25900 00	Surgery	22.13	22.13	1593.36	1593.36
25905 00	Surgery	21.55	21.55	1551.60	1551.60
25907 00	Surgery	18.95	18.95	1364.40	1364.40
25909 00	Surgery	21.08	21.08	1517.76	1517.76
25915 00	Surgery	35.47	35.47	2553.84	2553.84
25920 00	Surgery	22.34	22.34	1608.48	1608.48
25922 00	Surgery	19.78	19.78	1424.16	1424.16
25924 00	Surgery	21.80	21.80	1569.60	1569.60
25927 00	Surgery	26.14	26.14	1882.08	1882.08
25929 00	Surgery	18.48	18.48	1330.56	1330.56
25931 00	Surgery	24.15	24.15	1738.80	1738.80
25999 00	Surgery	0.00	0.00	BR	BR
26010 00	Surgery	10.04	4.31	722.88	310.32
26011 00	Surgery	14.04	5.68	1010.88	408.96

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
26020 00	Surgery	17.19	17.19	1237.68	1237.68
26025 00	Surgery	12.93	12.93	930.96	930.96
26030 00	Surgery	15.20	15.20	1094.40	1094.40
26034 00	Surgery	17.08	17.08	1229.76	1229.76
26035 00	Surgery	26.43	26.43	1902.96	1902.96
26037 00	Surgery	17.34	17.34	1248.48	1248.48
26040 00	Surgery	9.87	9.87	710.64	710.64
26045 00	Surgery	14.67	14.67	1056.24	1056.24
26055 00	Surgery	17.61	9.10	1267.92	655.20
26060 00	Surgery	7.89	7.89	568.08	568.08
26070 00	Surgery	10.05	10.05	723.60	723.60
26075 00	Surgery	10.54	10.54	758.88	758.88
26080 00	Surgery	12.42	12.42	894.24	894.24
26100 00	Surgery	10.60	10.60	763.20	763.20
26105 00	Surgery	10.67	10.67	768.24	768.24
26110 00	Surgery	10.14	10.14	730.08	730.08
26111 00	Surgery	12.85	12.85	925.20	925.20
26113 00	Surgery	16.91	16.91	1217.52	1217.52
26115 00	Surgery	16.55	10.33	1191.60	743.76
26116 00	Surgery	16.25	16.25	1170.00	1170.00
26117 00	Surgery	22.92	22.92	1650.24	1650.24
26118 00	Surgery	32.18	32.18	2316.96	2316.96
26121 00	Surgery	18.52	18.52	1333.44	1333.44
26123 00	Surgery	25.81	25.81	1858.32	1858.32
26125 00	Surgery	8.06	8.06	580.32	580.32
26130 00	Surgery	14.56	14.56	1048.32	1048.32
26135 00	Surgery	17.15	17.15	1234.80	1234.80
26140 00	Surgery	15.73	15.73	1132.56	1132.56
26145 00	Surgery	16.00	16.00	1152.00	1152.00
26160 00	Surgery	18.40	9.84	1324.80	708.48
26170 00	Surgery	12.66	12.66	911.52	911.52
26180 00	Surgery	14.01	14.01	1008.72	1008.72
26185 00	Surgery	17.33	17.33	1247.76	1247.76
26200 00	Surgery	13.97	13.97	1005.84	1005.84
26205 00	Surgery	18.66	18.66	1343.52	1343.52
26210 00	Surgery	13.92	13.92	1002.24	1002.24
26215 00	Surgery	17.49	17.49	1259.28	1259.28
26230 00	Surgery	15.48	15.48	1114.56	1114.56
26235 00	Surgery	15.25	15.25	1098.00	1098.00
26236 00	Surgery	13.71	13.71	987.12	987.12
26250 00	Surgery	32.50	32.50	2340.00	2340.00
26260 00	Surgery	24.41	24.41	1757.52	1757.52
26262 00	Surgery	19.45	19.45	1400.40	1400.40
26320 00	Surgery	10.87	10.87	782.64	782.64
26340 00	Surgery	11.23	11.23	808.56	808.56
26341 00	Surgery	3.56	2.39	256.32	172.08
26350 00	Surgery	22.59	22.59	1626.48	1626.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
26352 00	Surgery	25.15	25.15	1810.80	1810.80
26356 00	Surgery	24.47	24.47	1761.84	1761.84
26357 00	Surgery	27.33	27.33	1967.76	1967.76
26358 00	Surgery	30.11	30.11	2167.92	2167.92
26370 00	Surgery	23.72	23.72	1707.84	1707.84
26372 00	Surgery	27.64	27.64	1990.08	1990.08
26373 00	Surgery	26.60	26.60	1915.20	1915.20
26390 00	Surgery	26.56	26.56	1912.32	1912.32
26392 00	Surgery	30.22	30.22	2175.84	2175.84
26410 00	Surgery	18.17	18.17	1308.24	1308.24
26412 00	Surgery	21.61	21.61	1555.92	1555.92
26410 00	Surgery	18.17	18.17	1308.24	1308.24
26416 00	Surgery	27.85	27.85	2005.20	2005.20
26410 00	Surgery	18.17	18.17	1308.24	1308.24
26420 00	Surgery	22.39	22.39	1612.08	1612.08
26426 00	Surgery	15.61	15.61	1123.92	1123.92
26428 00	Surgery	24.11	24.11	1735.92	1735.92
26432 00	Surgery	16.52	16.52	1189.44	1189.44
26433 00	Surgery	17.28	17.28	1244.16	1244.16
26434 00	Surgery	21.07	21.07	1517.04	1517.04
26437 00	Surgery	20.23	20.23	1456.56	1456.56
26440 00	Surgery	19.64	19.64	1414.08	1414.08
26442 00	Surgery	30.07	30.07	2165.04	2165.04
26445 00	Surgery	18.26	18.26	1314.72	1314.72
26449 00	Surgery	21.63	21.63	1557.36	1557.36
26450 00	Surgery	14.13	14.13	1017.36	1017.36
26455 00	Surgery	14.03	14.03	1010.16	1010.16
26460 00	Surgery	13.73	13.73	988.56	988.56
26471 00	Surgery	20.05	20.05	1443.60	1443.60
26474 00	Surgery	19.74	19.74	1421.28	1421.28
26476 00	Surgery	19.49	19.49	1403.28	1403.28
26477 00	Surgery	19.05	19.05	1371.60	1371.60
26478 00	Surgery	19.99	19.99	1439.28	1439.28
26479 00	Surgery	20.48	20.48	1474.56	1474.56
26480 00	Surgery	21.97	21.97	1581.84	1581.84
26483 00	Surgery	26.33	26.33	1895.76	1895.76
26485 00	Surgery	25.30	25.30	1821.60	1821.60
26489 00	Surgery	29.12	29.12	2096.64	2096.64
26490 00	Surgery	25.45	25.45	1832.40	1832.40
26492 00	Surgery	28.13	28.13	2025.36	2025.36
26494 00	Surgery	25.55	25.55	1839.60	1839.60
26496 00	Surgery	27.46	27.46	1977.12	1977.12
26497 00	Surgery	27.43	27.43	1974.96	1974.96
26498 00	Surgery	35.69	35.69	2569.68	2569.68
26499 00	Surgery	26.44	26.44	1903.68	1903.68
26500 00	Surgery	20.85	20.85	1501.20	1501.20
26502 00	Surgery	22.89	22.89	1648.08	1648.08

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
26508 00	Surgery	20.46	20.46	1473.12	1473.12
26510 00	Surgery	19.43	19.43	1398.96	1398.96
26516 00	Surgery	22.58	22.58	1625.76	1625.76
26517 00	Surgery	26.29	26.29	1892.88	1892.88
26518 00	Surgery	26.60	26.60	1915.20	1915.20
26520 00	Surgery	20.54	20.54	1478.88	1478.88
26525 00	Surgery	20.69	20.69	1489.68	1489.68
26530 00	Surgery	16.80	16.80	1209.60	1209.60
26531 00	Surgery	19.54	19.54	1406.88	1406.88
26535 00	Surgery	13.69	13.69	985.68	985.68
26536 00	Surgery	22.70	22.70	1634.40	1634.40
26540 00	Surgery	21.23	21.23	1528.56	1528.56
26541 00	Surgery	25.39	25.39	1828.08	1828.08
26542 00	Surgery	21.92	21.92	1578.24	1578.24
26545 00	Surgery	22.23	22.23	1600.56	1600.56
26546 00	Surgery	31.73	31.73	2284.56	2284.56
26548 00	Surgery	24.29	24.29	1748.88	1748.88
26550 00	Surgery	49.80	49.80	3585.60	3585.60
26551 00	Surgery	99.14	99.14	7138.08	7138.08
26553 00	Surgery	98.48	98.48	7090.56	7090.56
26554 00	Surgery	114.63	114.63	8253.36	8253.36
26555 00	Surgery	41.85	41.85	3013.20	3013.20
26556 00	Surgery	102.47	102.47	7377.84	7377.84
26560 00	Surgery	19.27	19.27	1387.44	1387.44
26561 00	Surgery	29.76	29.76	2142.72	2142.72
26562 00	Surgery	41.76	41.76	3006.72	3006.72
26565 00	Surgery	21.64	21.64	1558.08	1558.08
26567 00	Surgery	21.83	21.83	1571.76	1571.76
26568 00	Surgery	28.09	28.09	2022.48	2022.48
26580 00	Surgery	46.69	46.69	3361.68	3361.68
26587 00	Surgery	31.93	31.93	2298.96	2298.96
26590 00	Surgery	43.31	43.31	3118.32	3118.32
26591 00	Surgery	14.82	14.82	1067.04	1067.04
26593 00	Surgery	19.55	19.55	1407.60	1407.60
26596 00	Surgery	24.89	24.89	1792.08	1792.08
26600 00	Surgery	9.59	9.15	690.48	658.80
26605 00	Surgery	10.43	9.41	750.96	677.52
26607 00	Surgery	15.59	15.59	1122.48	1122.48
26608 00	Surgery	14.94	14.94	1075.68	1075.68
26615 00	Surgery	17.83	17.83	1283.76	1283.76
26641 00	Surgery	13.22	12.05	951.84	867.60
26645 00	Surgery	13.62	12.41	980.64	893.52
26650 00	Surgery	15.01	15.01	1080.72	1080.72
26665 00	Surgery	19.40	19.40	1396.80	1396.80
26670 00	Surgery	11.17	9.98	804.24	718.56
26675 00	Surgery	14.54	13.27	1046.88	955.44
26676 00	Surgery	15.86	15.86	1141.92	1141.92

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
26685 00	Surgery	17.88	17.88	1287.36	1287.36
26686 00	Surgery	19.18	19.18	1380.96	1380.96
26700 00	Surgery	10.77	9.92	775.44	714.24
26705 00	Surgery	13.76	12.47	990.72	897.84
26706 00	Surgery	13.94	13.94	1003.68	1003.68
26715 00	Surgery	17.76	17.76	1278.72	1278.72
26720 00	Surgery	6.44	6.05	463.68	435.60
26725 00	Surgery	10.81	9.63	778.32	693.36
26727 00	Surgery	14.75	14.75	1062.00	1062.00
26735 00	Surgery	18.40	18.40	1324.80	1324.80
26740 00	Surgery	7.45	7.05	536.40	507.60
26742 00	Surgery	11.76	10.55	846.72	759.60
26746 00	Surgery	22.83	22.83	1643.76	1643.76
26750 00	Surgery	6.03	6.10	434.16	439.20
26755 00	Surgery	10.20	8.73	734.40	628.56
26756 00	Surgery	13.19	13.19	949.68	949.68
26765 00	Surgery	15.62	15.62	1124.64	1124.64
26770 00	Surgery	9.19	8.36	661.68	601.92
26775 00	Surgery	12.46	11.18	897.12	804.96
26776 00	Surgery	14.00	14.00	1008.00	1008.00
26785 00	Surgery	17.02	17.02	1225.44	1225.44
26820 00	Surgery	25.18	25.18	1812.96	1812.96
26841 00	Surgery	23.44	23.44	1687.68	1687.68
26842 00	Surgery	25.25	25.25	1818.00	1818.00
26843 00	Surgery	23.70	23.70	1706.40	1706.40
26844 00	Surgery	26.10	26.10	1879.20	1879.20
26850 00	Surgery	22.29	22.29	1604.88	1604.88
26852 00	Surgery	25.34	25.34	1824.48	1824.48
26860 00	Surgery	18.56	18.56	1336.32	1336.32
26861 00	Surgery	3.05	3.05	219.60	219.60
26862 00	Surgery	23.26	23.26	1674.72	1674.72
26863 00	Surgery	6.79	6.79	488.88	488.88
26910 00	Surgery	23.15	23.15	1666.80	1666.80
26951 00	Surgery	21.39	21.39	1540.08	1540.08
26952 00	Surgery	20.78	20.78	1496.16	1496.16
26989 00	Surgery	0.00	0.00	BR	BR
26990 00	Surgery	20.71	20.71	1491.12	1491.12
26991 00	Surgery	21.16	16.05	1523.52	1155.60
26992 00	Surgery	30.54	30.54	2198.88	2198.88
27000 00	Surgery	11.92	11.92	858.24	858.24
27001 00	Surgery	16.57	16.57	1193.04	1193.04
27003 00	Surgery	18.46	18.46	1329.12	1329.12
27005 00	Surgery	22.14	22.14	1594.08	1594.08
27006 00	Surgery	21.84	21.84	1572.48	1572.48
27025 00	Surgery	28.62	28.62	2060.64	2060.64
27027 00	Surgery	26.92	26.92	1938.24	1938.24
27030 00	Surgery	28.52	28.52	2053.44	2053.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27033 00	Surgery	29.65	29.65	2134.80	2134.80
27035 00	Surgery	34.12	34.12	2456.64	2456.64
27036 00	Surgery	31.07	31.07	2237.04	2237.04
27040 00	Surgery	10.14	6.06	730.08	436.32
27041 00	Surgery	21.58	21.58	1553.76	1553.76
27043 00	Surgery	14.34	14.34	1032.48	1032.48
27045 00	Surgery	22.35	22.35	1609.20	1609.20
27047 00	Surgery	14.88	11.06	1071.36	796.32
27048 00	Surgery	18.77	18.77	1351.44	1351.44
27049 00	Surgery	43.22	43.22	3111.84	3111.84
27050 00	Surgery	12.62	12.62	908.64	908.64
27052 00	Surgery	17.89	17.89	1288.08	1288.08
27054 00	Surgery	21.15	21.15	1522.80	1522.80
27057 00	Surgery	30.65	30.65	2206.80	2206.80
27059 00	Surgery	54.88	54.88	3951.36	3951.36
27060 00	Surgery	14.43	14.43	1038.96	1038.96
27062 00	Surgery	13.98	13.98	1006.56	1006.56
27065 00	Surgery	16.15	16.15	1162.80	1162.80
27066 00	Surgery	25.08	25.08	1805.76	1805.76
27067 00	Surgery	31.59	31.59	2274.48	2274.48
27070 00	Surgery	26.63	26.63	1917.36	1917.36
27071 00	Surgery	29.40	29.40	2116.80	2116.80
27075 00	Surgery	62.85	62.85	4525.20	4525.20
27076 00	Surgery	75.83	75.83	5459.76	5459.76
27077 00	Surgery	84.52	84.52	6085.44	6085.44
27078 00	Surgery	61.99	61.99	4463.28	4463.28
27080 00	Surgery	15.58	15.58	1121.76	1121.76
27086 00	Surgery	9.33	5.19	671.76	373.68
27087 00	Surgery	18.85	18.85	1357.20	1357.20
27090 00	Surgery	25.30	25.30	1821.60	1821.60
27091 00	Surgery	48.23	48.23	3472.56	3472.56
27093 00	Surgery	6.70	2.03	482.40	146.16
27095 00	Surgery	8.99	2.44	647.28	175.68
27096 00	Surgery	4.92	2.50	354.24	180.00
27097 00	Surgery	21.00	21.00	1512.00	1512.00
27098 00	Surgery	21.39	21.39	1540.08	1540.08
27100 00	Surgery	25.44	25.44	1831.68	1831.68
27105 00	Surgery	26.63	26.63	1917.36	1917.36
27110 00	Surgery	29.62	29.62	2132.64	2132.64
27111 00	Surgery	27.61	27.61	1987.92	1987.92
27120 00	Surgery	39.42	39.42	2838.24	2838.24
27122 00	Surgery	33.54	33.54	2414.88	2414.88
27125 00	Surgery	34.41	34.41	2477.52	2477.52
27130 00	Surgery	38.93	38.93	2802.96	2802.96
27132 00	Surgery	50.55	50.55	3639.60	3639.60
27134 00	Surgery	57.46	57.46	4137.12	4137.12
27137 00	Surgery	44.34	44.34	3192.48	3192.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27138 00	Surgery	46.05	46.05	3315.60	3315.60
27140 00	Surgery	27.40	27.40	1972.80	1972.80
27146 00	Surgery	38.87	38.87	2798.64	2798.64
27147 00	Surgery	44.34	44.34	3192.48	3192.48
27151 00	Surgery	47.89	47.89	3448.08	3448.08
27156 00	Surgery	51.57	51.57	3713.04	3713.04
27158 00	Surgery	42.43	42.43	3054.96	3054.96
27161 00	Surgery	37.09	37.09	2670.48	2670.48
27165 00	Surgery	41.56	41.56	2992.32	2992.32
27170 00	Surgery	35.55	35.55	2559.60	2559.60
27175 00	Surgery	20.44	20.44	1471.68	1471.68
27176 00	Surgery	28.18	28.18	2028.96	2028.96
27177 00	Surgery	33.98	33.98	2446.56	2446.56
27178 00	Surgery	28.18	28.18	2028.96	2028.96
27179 00	Surgery	29.85	29.85	2149.20	2149.20
27181 00	Surgery	34.12	34.12	2456.64	2456.64
27185 00	Surgery	22.06	22.06	1588.32	1588.32
27187 00	Surgery	30.38	30.38	2187.36	2187.36
27197 00	Surgery	4.03	4.03	290.16	290.16
27198 00	Surgery	9.60	9.60	691.20	691.20
27200 00	Surgery	5.98	6.07	430.56	437.04
27202 00	Surgery	16.21	16.21	1167.12	1167.12
27215 00	Surgery	18.20	18.20	1310.40	1310.40
27216 00	Surgery	26.92	26.92	1938.24	1938.24
27217 00	Surgery	25.29	25.29	1820.88	1820.88
27218 00	Surgery	34.69	34.69	2497.68	2497.68
27220 00	Surgery	12.89	12.73	928.08	916.56
27222 00	Surgery	29.91	29.91	2153.52	2153.52
27226 00	Surgery	32.02	32.02	2305.44	2305.44
27227 00	Surgery	49.99	49.99	3599.28	3599.28
27228 00	Surgery	56.73	56.73	4084.56	4084.56
27230 00	Surgery	15.08	14.82	1085.76	1067.04
27232 00	Surgery	22.23	22.23	1600.56	1600.56
27235 00	Surgery	27.65	27.65	1990.80	1990.80
27236 00	Surgery	36.25	36.25	2610.00	2610.00
27238 00	Surgery	14.51	14.51	1044.72	1044.72
27240 00	Surgery	29.15	29.15	2098.80	2098.80
27244 00	Surgery	37.30	37.30	2685.60	2685.60
27245 00	Surgery	37.25	37.25	2682.00	2682.00
27246 00	Surgery	12.14	12.04	874.08	866.88
27248 00	Surgery	22.72	22.72	1635.84	1635.84
27250 00	Surgery	5.39	5.39	388.08	388.08
27252 00	Surgery	22.78	22.78	1640.16	1640.16
27253 00	Surgery	28.63	28.63	2061.36	2061.36
27254 00	Surgery	38.59	38.59	2778.48	2778.48
27256 00	Surgery	9.70	7.30	698.40	525.60
27257 00	Surgery	11.00	11.00	792.00	792.00

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27258 00	Surgery	33.82	33.82	2435.04	2435.04
27259 00	Surgery	46.80	46.80	3369.60	3369.60
27265 00	Surgery	13.01	13.01	936.72	936.72
27266 00	Surgery	17.87	17.87	1286.64	1286.64
27267 00	Surgery	13.61	13.61	979.92	979.92
27268 00	Surgery	16.82	16.82	1211.04	1211.04
27269 00	Surgery	37.63	37.63	2709.36	2709.36
27275 00	Surgery	5.68	5.68	408.96	408.96
27278 00	Surgery	364.96	14.37	BR	1034.64
27279 00	Surgery	24.43	24.43	1758.96	1758.96
27280 00	Surgery	41.52	41.52	2989.44	2989.44
27282 00	Surgery	26.30	26.30	1893.60	1893.60
27284 00	Surgery	48.47	48.47	3489.84	3489.84
27286 00	Surgery	49.71	49.71	3579.12	3579.12
27290 00	Surgery	49.19	49.19	3541.68	3541.68
27295 00	Surgery	37.99	37.99	2735.28	2735.28
27299 00	Surgery	0.00	0.00	BR	BR
27301 00	Surgery	20.40	15.62	1468.80	1124.64
27303 00	Surgery	19.71	19.71	1419.12	1419.12
27305 00	Surgery	14.93	14.93	1074.96	1074.96
27306 00	Surgery	10.58	10.58	761.76	761.76
27307 00	Surgery	12.62	12.62	908.64	908.64
27310 00	Surgery	22.48	22.48	1618.56	1618.56
27323 00	Surgery	8.20	5.34	590.40	384.48
27324 00	Surgery	12.67	12.67	912.24	912.24
27325 00	Surgery	17.41	17.41	1253.52	1253.52
27326 00	Surgery	16.16	16.16	1163.52	1163.52
27327 00	Surgery	14.95	9.67	1076.40	696.24
27328 00	Surgery	19.05	19.05	1371.60	1371.60
27329 00	Surgery	31.60	31.60	2275.20	2275.20
27330 00	Surgery	13.11	13.11	943.92	943.92
27331 00	Surgery	14.78	14.78	1064.16	1064.16
27332 00	Surgery	19.91	19.91	1433.52	1433.52
27333 00	Surgery	18.20	18.20	1310.40	1310.40
27334 00	Surgery	21.13	21.13	1521.36	1521.36
27335 00	Surgery	23.49	23.49	1691.28	1691.28
27337 00	Surgery	12.87	12.87	926.64	926.64
27339 00	Surgery	23.02	23.02	1657.44	1657.44
27340 00	Surgery	11.65	11.65	838.80	838.80
27345 00	Surgery	15.10	15.10	1087.20	1087.20
27347 00	Surgery	16.30	16.30	1173.60	1173.60
27350 00	Surgery	20.13	20.13	1449.36	1449.36
27355 00	Surgery	18.78	18.78	1352.16	1352.16
27356 00	Surgery	22.73	22.73	1636.56	1636.56
27357 00	Surgery	24.99	24.99	1799.28	1799.28
27358 00	Surgery	8.20	8.20	590.40	590.40
27360 00	Surgery	27.47	27.47	1977.84	1977.84

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27364 00	Surgery	47.37	47.37	3410.64	3410.64
27365 00	Surgery	62.02	62.02	4465.44	4465.44
27369 00	Surgery	5.15	1.20	370.80	86.40
27372 00	Surgery	17.77	12.34	1279.44	888.48
27380 00	Surgery	19.05	19.05	1371.60	1371.60
27381 00	Surgery	25.06	25.06	1804.32	1804.32
27385 00	Surgery	18.59	18.59	1338.48	1338.48
27386 00	Surgery	26.15	26.15	1882.80	1882.80
27390 00	Surgery	13.98	13.98	1006.56	1006.56
27391 00	Surgery	17.87	17.87	1286.64	1286.64
27392 00	Surgery	21.92	21.92	1578.24	1578.24
27393 00	Surgery	15.50	15.50	1116.00	1116.00
27394 00	Surgery	20.17	20.17	1452.24	1452.24
27395 00	Surgery	26.98	26.98	1942.56	1942.56
27396 00	Surgery	19.06	19.06	1372.32	1372.32
27397 00	Surgery	28.03	28.03	2018.16	2018.16
27400 00	Surgery	21.40	21.40	1540.80	1540.80
27403 00	Surgery	19.86	19.86	1429.92	1429.92
27405 00	Surgery	20.76	20.76	1494.72	1494.72
27407 00	Surgery	24.46	24.46	1761.12	1761.12
27409 00	Surgery	29.52	29.52	2125.44	2125.44
27412 00	Surgery	49.98	49.98	3598.56	3598.56
27415 00	Surgery	41.75	41.75	3006.00	3006.00
27416 00	Surgery	29.92	29.92	2154.24	2154.24
27418 00	Surgery	24.98	24.98	1798.56	1798.56
27420 00	Surgery	22.90	22.90	1648.80	1648.80
27422 00	Surgery	22.81	22.81	1642.32	1642.32
27424 00	Surgery	23.00	23.00	1656.00	1656.00
27425 00	Surgery	14.09	14.09	1014.48	1014.48
27427 00	Surgery	21.71	21.71	1563.12	1563.12
27428 00	Surgery	34.14	34.14	2458.08	2458.08
27429 00	Surgery	38.49	38.49	2771.28	2771.28
27430 00	Surgery	22.74	22.74	1637.28	1637.28
27435 00	Surgery	24.75	24.75	1782.00	1782.00
27437 00	Surgery	20.32	20.32	1463.04	1463.04
27438 00	Surgery	25.73	25.73	1852.56	1852.56
27440 00	Surgery	24.45	24.45	1760.40	1760.40
27441 00	Surgery	25.23	25.23	1816.56	1816.56
27442 00	Surgery	26.65	26.65	1918.80	1918.80
27443 00	Surgery	25.00	25.00	1800.00	1800.00
27445 00	Surgery	38.09	38.09	2742.48	2742.48
27446 00	Surgery	34.87	34.87	2510.64	2510.64
27447 00	Surgery	38.88	38.88	2799.36	2799.36
27448 00	Surgery	25.34	25.34	1824.48	1824.48
27450 00	Surgery	30.67	30.67	2208.24	2208.24
27454 00	Surgery	39.30	39.30	2829.60	2829.60
27455 00	Surgery	29.28	29.28	2108.16	2108.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27457 00	Surgery	29.10	29.10	2095.20	2095.20
27465 00	Surgery	37.90	37.90	2728.80	2728.80
27466 00	Surgery	36.03	36.03	2594.16	2594.16
27468 00	Surgery	40.71	40.71	2931.12	2931.12
27470 00	Surgery	35.89	35.89	2584.08	2584.08
27472 00	Surgery	38.42	38.42	2766.24	2766.24
27475 00	Surgery	20.39	20.39	1468.08	1468.08
27477 00	Surgery	22.52	22.52	1621.44	1621.44
27479 00	Surgery	28.04	28.04	2018.88	2018.88
27485 00	Surgery	20.67	20.67	1488.24	1488.24
27486 00	Surgery	42.60	42.60	3067.20	3067.20
27487 00	Surgery	53.00	53.00	3816.00	3816.00
27488 00	Surgery	36.50	36.50	2628.00	2628.00
27495 00	Surgery	34.37	34.37	2474.64	2474.64
27496 00	Surgery	16.99	16.99	1223.28	1223.28
27497 00	Surgery	17.88	17.88	1287.36	1287.36
27498 00	Surgery	20.26	20.26	1458.72	1458.72
27499 00	Surgery	21.57	21.57	1553.04	1553.04
27500 00	Surgery	16.18	14.84	1164.96	1068.48
27501 00	Surgery	15.59	15.39	1122.48	1108.08
27502 00	Surgery	23.03	23.03	1658.16	1658.16
27503 00	Surgery	24.50	24.50	1764.00	1764.00
27506 00	Surgery	40.66	40.66	2927.52	2927.52
27507 00	Surgery	29.42	29.42	2118.24	2118.24
27508 00	Surgery	16.35	15.47	1177.20	1113.84
27509 00	Surgery	20.71	20.71	1491.12	1491.12
27510 00	Surgery	20.85	20.85	1501.20	1501.20
27511 00	Surgery	30.17	30.17	2172.24	2172.24
27513 00	Surgery	37.33	37.33	2687.76	2687.76
27514 00	Surgery	29.32	29.32	2111.04	2111.04
27516 00	Surgery	16.21	15.16	1167.12	1091.52
27517 00	Surgery	21.30	21.30	1533.60	1533.60
27519 00	Surgery	27.07	27.07	1949.04	1949.04
27520 00	Surgery	10.32	9.53	743.04	686.16
27524 00	Surgery	23.09	23.09	1662.48	1662.48
27530 00	Surgery	9.75	9.16	702.00	659.52
27532 00	Surgery	19.25	17.95	1386.00	1292.40
27535 00	Surgery	27.24	27.24	1961.28	1961.28
27536 00	Surgery	36.13	36.13	2601.36	2601.36
27538 00	Surgery	15.12	14.07	1088.64	1013.04
27540 00	Surgery	24.95	24.95	1796.40	1796.40
27550 00	Surgery	15.97	14.64	1149.84	1054.08
27552 00	Surgery	19.58	19.58	1409.76	1409.76
27556 00	Surgery	26.60	26.60	1915.20	1915.20
27557 00	Surgery	31.64	31.64	2278.08	2278.08
27558 00	Surgery	35.96	35.96	2589.12	2589.12
27560 00	Surgery	11.74	10.71	845.28	771.12

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27562 00	Surgery	15.27	15.27	1099.44	1099.44
27566 00	Surgery	27.28	27.28	1964.16	1964.16
27570 00	Surgery	4.77	4.77	343.44	343.44
27580 00	Surgery	44.67	44.67	3216.24	3216.24
27590 00	Surgery	23.44	23.44	1687.68	1687.68
27591 00	Surgery	29.41	29.41	2117.52	2117.52
27592 00	Surgery	20.31	20.31	1462.32	1462.32
27594 00	Surgery	15.33	15.33	1103.76	1103.76
27596 00	Surgery	21.41	21.41	1541.52	1541.52
27598 00	Surgery	20.98	20.98	1510.56	1510.56
27599 00	Surgery	0.00	0.00	BR	BR
27600 00	Surgery	12.19	12.19	877.68	877.68
27601 00	Surgery	13.38	13.38	963.36	963.36
27602 00	Surgery	14.33	14.33	1031.76	1031.76
27603 00	Surgery	15.69	11.84	1129.68	852.48
27604 00	Surgery	13.91	10.16	1001.52	731.52
27605 00	Surgery	9.79	5.57	704.88	401.04
27606 00	Surgery	8.26	8.26	594.72	594.72
27607 00	Surgery	18.25	18.25	1314.00	1314.00
27610 00	Surgery	19.74	19.74	1421.28	1421.28
27612 00	Surgery	17.60	17.60	1267.20	1267.20
27613 00	Surgery	7.59	4.92	546.48	354.24
27614 00	Surgery	17.56	12.61	1264.32	907.92
27615 00	Surgery	30.69	30.69	2209.68	2209.68
27616 00	Surgery	37.78	37.78	2720.16	2720.16
27618 00	Surgery	14.53	9.38	1046.16	675.36
27619 00	Surgery	14.25	14.25	1026.00	1026.00
27620 00	Surgery	13.79	13.79	992.88	992.88
27625 00	Surgery	17.43	17.43	1254.96	1254.96
27626 00	Surgery	18.71	18.71	1347.12	1347.12
27630 00	Surgery	16.28	11.03	1172.16	794.16
27632 00	Surgery	12.52	12.52	901.44	901.44
27634 00	Surgery	20.41	20.41	1469.52	1469.52
27635 00	Surgery	17.67	17.67	1272.24	1272.24
27637 00	Surgery	22.96	22.96	1653.12	1653.12
27638 00	Surgery	22.77	22.77	1639.44	1639.44
27640 00	Surgery	25.21	25.21	1815.12	1815.12
27641 00	Surgery	20.04	20.04	1442.88	1442.88
27645 00	Surgery	53.46	53.46	3849.12	3849.12
27646 00	Surgery	46.51	46.51	3348.72	3348.72
27647 00	Surgery	29.97	29.97	2157.84	2157.84
27648 00	Surgery	6.13	1.54	441.36	110.88
27650 00	Surgery	20.16	20.16	1451.52	1451.52
27652 00	Surgery	20.32	20.32	1463.04	1463.04
27654 00	Surgery	21.93	21.93	1578.96	1578.96
27656 00	Surgery	15.69	10.37	1129.68	746.64
27658 00	Surgery	11.38	11.38	819.36	819.36

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27659 00	Surgery	14.44	14.44	1039.68	1039.68
27664 00	Surgery	10.96	10.96	789.12	789.12
27665 00	Surgery	12.78	12.78	920.16	920.16
27675 00	Surgery	15.20	15.20	1094.40	1094.40
27676 00	Surgery	18.67	18.67	1344.24	1344.24
27680 00	Surgery	13.00	13.00	936.00	936.00
27681 00	Surgery	15.61	15.61	1123.92	1123.92
27685 00	Surgery	19.75	14.26	1422.00	1026.72
27686 00	Surgery	16.23	16.23	1168.56	1168.56
27687 00	Surgery	13.93	13.93	1002.96	1002.96
27690 00	Surgery	19.56	19.56	1408.32	1408.32
27691 00	Surgery	22.73	22.73	1636.56	1636.56
27692 00	Surgery	3.07	3.07	221.04	221.04
27695 00	Surgery	14.91	14.91	1073.52	1073.52
27696 00	Surgery	16.74	16.74	1205.28	1205.28
27698 00	Surgery	19.48	19.48	1402.56	1402.56
27700 00	Surgery	21.83	21.83	1571.76	1571.76
27702 00	Surgery	29.24	29.24	2105.28	2105.28
27703 00	Surgery	33.82	33.82	2435.04	2435.04
27704 00	Surgery	17.29	17.29	1244.88	1244.88
27705 00	Surgery	22.69	22.69	1633.68	1633.68
27707 00	Surgery	12.51	12.51	900.72	900.72
27709 00	Surgery	34.64	34.64	2494.08	2494.08
27712 00	Surgery	33.59	33.59	2418.48	2418.48
27715 00	Surgery	32.63	32.63	2349.36	2349.36
27720 00	Surgery	26.66	26.66	1919.52	1919.52
27722 00	Surgery	27.37	27.37	1970.64	1970.64
27724 00	Surgery	38.00	38.00	2736.00	2736.00
27725 00	Surgery	37.05	37.05	2667.60	2667.60
27726 00	Surgery	29.17	29.17	2100.24	2100.24
27727 00	Surgery	31.67	31.67	2280.24	2280.24
27730 00	Surgery	18.13	18.13	1305.36	1305.36
27732 00	Surgery	14.07	14.07	1013.04	1013.04
27734 00	Surgery	20.24	20.24	1457.28	1457.28
27740 00	Surgery	21.75	21.75	1566.00	1566.00
27742 00	Surgery	23.84	23.84	1716.48	1716.48
27745 00	Surgery	22.42	22.42	1614.24	1614.24
27750 00	Surgery	10.98	10.18	790.56	732.96
27752 00	Surgery	16.65	15.20	1198.80	1094.40
27756 00	Surgery	18.15	18.15	1306.80	1306.80
27758 00	Surgery	27.38	27.38	1971.36	1971.36
27759 00	Surgery	30.39	30.39	2188.08	2188.08
27760 00	Surgery	10.56	9.74	760.32	701.28
27762 00	Surgery	15.14	13.66	1090.08	983.52
27766 00	Surgery	18.60	18.60	1339.20	1339.20
27767 00	Surgery	9.22	9.24	663.84	665.28
27768 00	Surgery	14.01	14.01	1008.72	1008.72

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
27769 00	Surgery	22.23	22.23	1600.56	1600.56
27780 00	Surgery	9.81	9.03	706.32	650.16
27781 00	Surgery	13.73	12.64	988.56	910.08
27784 00	Surgery	21.76	21.76	1566.72	1566.72
27786 00	Surgery	9.87	9.03	710.64	650.16
27788 00	Surgery	13.33	12.04	959.76	866.88
27792 00	Surgery	19.71	19.71	1419.12	1419.12
27808 00	Surgery	10.63	9.67	765.36	696.24
27810 00	Surgery	14.86	13.36	1069.92	961.92
27814 00	Surgery	23.33	23.33	1679.76	1679.76
27816 00	Surgery	10.47	9.30	753.84	669.60
27818 00	Surgery	15.44	13.74	1111.68	989.28
27822 00	Surgery	26.54	26.54	1910.88	1910.88
27823 00	Surgery	29.89	29.89	2152.08	2152.08
27824 00	Surgery	9.95	9.64	716.40	694.08
27825 00	Surgery	17.04	15.33	1226.88	1103.76
27826 00	Surgery	25.94	25.94	1867.68	1867.68
27827 00	Surgery	34.07	34.07	2453.04	2453.04
27828 00	Surgery	40.17	40.17	2892.24	2892.24
27829 00	Surgery	21.50	21.50	1548.00	1548.00
27830 00	Surgery	12.28	11.35	884.16	817.20
27831 00	Surgery	12.80	12.80	921.60	921.60
27832 00	Surgery	23.31	23.31	1678.32	1678.32
27840 00	Surgery	12.09	12.09	870.48	870.48
27842 00	Surgery	15.23	15.23	1096.56	1096.56
27846 00	Surgery	22.13	22.13	1593.36	1593.36
27848 00	Surgery	24.27	24.27	1747.44	1747.44
27860 00	Surgery	5.01	5.01	360.72	360.72
27870 00	Surgery	30.62	30.62	2204.64	2204.64
27871 00	Surgery	21.06	21.06	1516.32	1516.32
27880 00	Surgery	26.90	26.90	1936.80	1936.80
27881 00	Surgery	24.90	24.90	1792.80	1792.80
27882 00	Surgery	17.75	17.75	1278.00	1278.00
27884 00	Surgery	17.49	17.49	1259.28	1259.28
27886 00	Surgery	19.56	19.56	1408.32	1408.32
27888 00	Surgery	17.19	17.19	1237.68	1237.68
27889 00	Surgery	19.26	19.26	1386.72	1386.72
27892 00	Surgery	16.51	16.51	1188.72	1188.72
27893 00	Surgery	18.92	18.92	1362.24	1362.24
27894 00	Surgery	24.89	24.89	1792.08	1792.08
27899 00	Surgery	0.00	0.00	BR	BR
28001 00	Surgery	5.09	2.88	366.48	207.36
28002 00	Surgery	7.29	4.21	524.88	303.12
28003 00	Surgery	11.21	7.71	807.12	555.12
28005 00	Surgery	17.36	17.36	1249.92	1249.92
28008 00	Surgery	12.80	9.00	921.60	648.00
28010 00	Surgery	7.14	6.39	514.08	460.08

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
28011 00	Surgery	9.65	8.58	694.80	617.76
28020 00	Surgery	16.00	11.06	1152.00	796.32
28022 00	Surgery	14.57	10.01	1049.04	720.72
28024 00	Surgery	13.91	9.51	1001.52	684.72
28035 00	Surgery	16.00	11.08	1152.00	797.76
28039 00	Surgery	14.13	10.23	1017.36	736.56
28041 00	Surgery	13.70	13.70	986.40	986.40
28043 00	Surgery	11.40	7.95	820.80	572.40
28045 00	Surgery	14.47	10.65	1041.84	766.80
28046 00	Surgery	21.46	21.46	1545.12	1545.12
28047 00	Surgery	31.48	31.48	2266.56	2266.56
28050 00	Surgery	12.43	8.52	894.96	613.44
28052 00	Surgery	11.60	7.79	835.20	560.88
28054 00	Surgery	10.94	7.17	787.68	516.24
28055 00	Surgery	11.87	11.87	854.64	854.64
28060 00	Surgery	15.47	10.99	1113.84	791.28
28062 00	Surgery	17.51	12.45	1260.72	896.40
28070 00	Surgery	15.30	10.57	1101.60	761.04
28072 00	Surgery	14.69	9.96	1057.68	717.12
28080 00	Surgery	16.15	11.70	1162.80	842.40
28086 00	Surgery	15.53	10.62	1118.16	764.64
28088 00	Surgery	13.87	9.03	998.64	650.16
28090 00	Surgery	13.93	9.45	1002.96	680.40
28092 00	Surgery	12.62	8.35	908.64	601.20
28100 00	Surgery	18.45	12.83	1328.40	923.76
28102 00	Surgery	18.84	18.84	1356.48	1356.48
28103 00	Surgery	11.78	11.78	848.16	848.16
28104 00	Surgery	15.84	10.90	1140.48	784.80
28106 00	Surgery	12.96	12.96	933.12	933.12
28107 00	Surgery	15.21	10.58	1095.12	761.76
28108 00	Surgery	13.01	8.85	936.72	637.20
28110 00	Surgery	13.87	9.04	998.64	650.88
28111 00	Surgery	14.16	9.71	1019.52	699.12
28112 00	Surgery	14.42	9.59	1038.24	690.48
28113 00	Surgery	17.57	13.09	1265.04	942.48
28114 00	Surgery	32.20	25.60	2318.40	1843.20
28116 00	Surgery	20.44	15.84	1471.68	1140.48
28118 00	Surgery	18.24	12.98	1313.28	934.56
28119 00	Surgery	15.74	11.13	1133.28	801.36
28120 00	Surgery	20.09	15.10	1446.48	1087.20
28122 00	Surgery	17.78	13.41	1280.16	965.52
28124 00	Surgery	14.32	10.26	1031.04	738.72
28126 00	Surgery	11.63	7.63	837.36	549.36
28130 00	Surgery	19.14	19.14	1378.08	1378.08
28140 00	Surgery	16.96	12.88	1221.12	927.36
28150 00	Surgery	12.50	8.55	900.00	615.60
28153 00	Surgery	12.02	8.05	865.44	579.60

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
28160 00	Surgery	12.19	8.18	877.68	588.96
28171 00	Surgery	33.65	33.65	2422.80	2422.80
28173 00	Surgery	21.88	21.88	1575.36	1575.36
28175 00	Surgery	14.24	14.24	1025.28	1025.28
28190 00	Surgery	7.11	4.02	511.92	289.44
28192 00	Surgery	13.72	9.50	987.84	684.00
28193 00	Surgery	15.55	11.10	1119.60	799.20
28200 00	Surgery	14.80	10.00	1065.60	720.00
28202 00	Surgery	18.06	13.15	1300.32	946.80
28208 00	Surgery	14.44	9.80	1039.68	705.60
28210 00	Surgery	17.60	12.82	1267.20	923.04
28220 00	Surgery	13.40	9.31	964.80	670.32
28222 00	Surgery	16.07	11.28	1157.04	812.16
28225 00	Surgery	12.37	8.13	890.64	585.36
28226 00	Surgery	18.55	12.34	1335.60	888.48
28230 00	Surgery	12.94	8.73	931.68	628.56
28232 00	Surgery	11.22	7.36	807.84	529.92
28234 00	Surgery	12.29	8.30	884.88	597.60
28238 00	Surgery	19.95	14.75	1436.40	1062.00
28240 00	Surgery	13.22	8.99	951.84	647.28
28250 00	Surgery	17.71	12.65	1275.12	910.80
28260 00	Surgery	21.70	16.37	1562.40	1178.64
28261 00	Surgery	32.69	25.93	2353.68	1866.96
28262 00	Surgery	41.73	33.86	3004.56	2437.92
28264 00	Surgery	26.96	20.95	1941.12	1508.40
28270 00	Surgery	14.58	10.24	1049.76	737.28
28272 00	Surgery	11.39	7.66	820.08	551.52
28280 00	Surgery	14.89	10.39	1072.08	748.08
28285 00	Surgery	16.24	11.88	1169.28	855.36
28286 00	Surgery	13.12	9.02	944.64	649.44
28288 00	Surgery	18.04	13.29	1298.88	956.88
28289 00	Surgery	20.60	14.12	1483.20	1016.64
28291 00	Surgery	20.39	14.51	1468.08	1044.72
28292 00	Surgery	20.95	14.86	1508.40	1069.92
28295 00	Surgery	30.87	18.25	2222.64	1314.00
28296 00	Surgery	26.31	15.71	1894.32	1131.12
28297 00	Surgery	30.18	18.23	2172.96	1312.56
28298 00	Surgery	24.79	15.45	1784.88	1112.40
28299 00	Surgery	30.12	18.17	2168.64	1308.24
28300 00	Surgery	19.88	19.88	1431.36	1431.36
28302 00	Surgery	21.97	21.97	1581.84	1581.84
28304 00	Surgery	24.93	18.77	1794.96	1351.44
28305 00	Surgery	20.48	20.48	1474.56	1474.56
28306 00	Surgery	18.21	12.43	1311.12	894.96
28307 00	Surgery	23.62	15.96	1700.64	1149.12
28308 00	Surgery	17.10	11.87	1231.20	854.64
28309 00	Surgery	27.54	27.54	1982.88	1982.88

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
28310 00	Surgery	16.50	11.21	1188.00	807.12
28312 00	Surgery	16.80	10.88	1209.60	783.36
28313 00	Surgery	15.97	11.15	1149.84	802.80
28315 00	Surgery	14.34	9.98	1032.48	718.56
28320 00	Surgery	18.78	18.78	1352.16	1352.16
28322 00	Surgery	23.61	17.62	1699.92	1268.64
28340 00	Surgery	16.99	12.41	1223.28	893.52
28341 00	Surgery	19.75	14.75	1422.00	1062.00
28344 00	Surgery	12.52	8.53	901.44	614.16
28345 00	Surgery	15.38	11.04	1107.36	794.88
28360 00	Surgery	33.54	33.54	2414.88	2414.88
28400 00	Surgery	7.76	7.21	558.72	519.12
28405 00	Surgery	14.15	12.72	1018.80	915.84
28406 00	Surgery	18.17	18.17	1308.24	1308.24
28415 00	Surgery	34.05	34.05	2451.60	2451.60
28420 00	Surgery	39.42	39.42	2838.24	2838.24
28430 00	Surgery	7.52	6.62	541.44	476.64
28435 00	Surgery	11.63	10.32	837.36	743.04
28436 00	Surgery	15.30	15.30	1101.60	1101.60
28445 00	Surgery	31.81	31.81	2290.32	2290.32
28446 00	Surgery	37.28	37.28	2684.16	2684.16
28450 00	Surgery	6.62	6.00	476.64	432.00
28455 00	Surgery	7.90	7.09	568.80	510.48
28456 00	Surgery	11.45	11.45	824.40	824.40
28465 00	Surgery	19.68	19.68	1416.96	1416.96
28470 00	Surgery	6.81	6.43	490.32	462.96
28475 00	Surgery	8.11	7.14	583.92	514.08
28476 00	Surgery	12.04	12.04	866.88	866.88
28485 00	Surgery	17.19	17.19	1237.68	1237.68
28490 00	Surgery	4.46	3.93	321.12	282.96
28495 00	Surgery	5.64	4.70	406.08	338.40
28496 00	Surgery	15.19	8.54	1093.68	614.88
28505 00	Surgery	19.54	15.14	1406.88	1090.08
28510 00	Surgery	3.80	3.80	273.60	273.60
28515 00	Surgery	5.12	4.48	368.64	322.56
28525 00	Surgery	16.85	12.32	1213.20	887.04
28530 00	Surgery	3.70	3.25	266.40	234.00
28531 00	Surgery	9.87	5.58	710.64	401.76
28540 00	Surgery	6.09	5.48	438.48	394.56
28545 00	Surgery	9.75	8.55	702.00	615.60
28546 00	Surgery	17.71	11.00	1275.12	792.00
28555 00	Surgery	25.45	19.84	1832.40	1428.48
28570 00	Surgery	7.47	6.27	537.84	451.44
28575 00	Surgery	11.89	10.67	856.08	768.24
28576 00	Surgery	12.15	12.15	874.80	874.80
28585 00	Surgery	27.34	21.77	1968.48	1567.44
28600 00	Surgery	6.85	5.84	493.20	420.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
28605 00	Surgery	10.78	9.64	776.16	694.08
28606 00	Surgery	12.30	12.30	885.60	885.60
28615 00	Surgery	25.26	25.26	1818.72	1818.72
28630 00	Surgery	4.74	3.40	341.28	244.80
28635 00	Surgery	5.23	4.00	376.56	288.00
28636 00	Surgery	10.75	6.89	774.00	496.08
28645 00	Surgery	19.56	14.86	1408.32	1069.92
28660 00	Surgery	3.89	2.89	280.08	208.08
28665 00	Surgery	4.61	3.84	331.92	276.48
28666 00	Surgery	5.28	5.28	380.16	380.16
28675 00	Surgery	17.26	12.66	1242.72	911.52
28705 00	Surgery	36.96	36.96	2661.12	2661.12
28715 00	Surgery	28.69	28.69	2065.68	2065.68
28725 00	Surgery	23.73	23.73	1708.56	1708.56
28730 00	Surgery	22.08	22.08	1589.76	1589.76
28735 00	Surgery	23.72	23.72	1707.84	1707.84
28737 00	Surgery	20.87	20.87	1502.64	1502.64
28740 00	Surgery	24.75	18.74	1782.00	1349.28
28750 00	Surgery	23.33	17.50	1679.76	1260.00
28755 00	Surgery	15.19	10.29	1093.68	740.88
28760 00	Surgery	23.06	17.36	1660.32	1249.92
28800 00	Surgery	15.99	15.99	1151.28	1151.28
28805 00	Surgery	21.28	21.28	1532.16	1532.16
28810 00	Surgery	12.78	12.78	920.16	920.16
28820 00	Surgery	8.82	5.33	635.04	383.76
28825 00	Surgery	8.65	5.20	622.80	374.40
28890 00	Surgery	9.31	6.77	670.32	487.44
28899 00	Surgery	0.00	0.00	BR	BR
29000 00	Surgery	11.29	6.10	812.88	439.20
29010 00	Surgery	8.71	4.92	627.12	354.24
29015 00	Surgery	9.32	5.52	671.04	397.44
29035 00	Surgery	8.22	4.42	591.84	318.24
29040 00	Surgery	9.36	5.33	673.92	383.76
29044 00	Surgery	9.17	5.14	660.24	370.08
29046 00	Surgery	10.02	5.76	721.44	414.72
29049 00	Surgery	3.13	2.14	225.36	154.08
29055 00	Surgery	7.10	4.23	511.20	304.56
29058 00	Surgery	3.86	2.87	277.92	206.64
29065 00	Surgery	3.02	2.08	217.44	149.76
29075 00	Surgery	2.75	1.93	198.00	138.96
29085 00	Surgery	3.01	2.07	216.72	149.04
29086 00	Surgery	2.41	1.50	173.52	108.00
29105 00	Surgery	2.57	1.25	185.04	90.00
29125 00	Surgery	2.08	1.23	149.76	88.56
29126 00	Surgery	2.45	1.51	176.40	108.72
29130 00	Surgery	1.30	0.87	93.60	62.64
29131 00	Surgery	1.69	1.05	121.68	75.60

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
29200 00	Surgery	0.94	0.53	67.68	38.16
29240 00	Surgery	0.88	0.53	63.36	38.16
29260 00	Surgery	0.87	0.56	62.64	40.32
29280 00	Surgery	0.89	0.59	64.08	42.48
29305 00	Surgery	7.84	4.86	564.48	349.92
29325 00	Surgery	8.66	5.45	623.52	392.40
29345 00	Surgery	4.20	3.02	302.40	217.44
29355 00	Surgery	4.38	3.21	315.36	231.12
29358 00	Surgery	5.06	3.14	364.32	226.08
29365 00	Surgery	3.86	2.66	277.92	191.52
29405 00	Surgery	2.50	1.79	180.00	128.88
29425 00	Surgery	2.34	1.65	168.48	118.80
29435 00	Surgery	3.86	2.64	277.92	190.08
29440 00	Surgery	1.32	0.83	95.04	59.76
29445 00	Surgery	3.89	2.95	280.08	212.40
29450 00	Surgery	4.41	3.36	317.52	241.92
29505 00	Surgery	2.83	1.61	203.76	115.92
29515 00	Surgery	2.26	1.52	162.72	109.44
29520 00	Surgery	1.03	0.55	74.16	39.60
29530 00	Surgery	0.88	0.54	63.36	38.88
29540 00	Surgery	0.85	0.52	61.20	37.44
29550 00	Surgery	0.59	0.33	42.48	23.76
29580 00	Surgery	1.89	0.78	136.08	56.16
29581 00	Surgery	2.61	0.79	187.92	56.88
29584 00	Surgery	2.34	0.47	168.48	33.84
29700 00	Surgery	2.01	1.00	144.72	72.00
29705 00	Surgery	1.97	1.36	141.84	97.92
29710 00	Surgery	3.82	2.49	275.04	179.28
29720 00	Surgery	2.71	1.33	195.12	95.76
29730 00	Surgery	1.98	1.34	142.56	96.48
29740 00	Surgery	3.06	2.07	220.32	149.04
29750 00	Surgery	3.30	2.32	237.60	167.04
29799 00	Surgery	0.00	0.00	BR	BR
29800 00	Surgery	16.35	16.35	1177.20	1177.20
29804 00	Surgery	18.04	18.04	1298.88	1298.88
29805 00	Surgery	14.49	14.49	1043.28	1043.28
29806 00	Surgery	32.22	32.22	2319.84	2319.84
29807 00	Surgery	31.47	31.47	2265.84	2265.84
29819 00	Surgery	18.00	18.00	1296.00	1296.00
29820 00	Surgery	16.43	16.43	1182.96	1182.96
29821 00	Surgery	18.24	18.24	1313.28	1313.28
29822 00	Surgery	16.66	16.66	1199.52	1199.52
29823 00	Surgery	18.17	18.17	1308.24	1308.24
29824 00	Surgery	20.77	20.77	1495.44	1495.44
29825 00	Surgery	18.01	18.01	1296.72	1296.72
29826 00	Surgery	5.15	5.15	370.80	370.80
29827 00	Surgery	32.47	32.47	2337.84	2337.84

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
29828 00	Surgery	27.90	27.90	2008.80	2008.80
29830 00	Surgery	14.14	14.14	1018.08	1018.08
29834 00	Surgery	15.24	15.24	1097.28	1097.28
29835 00	Surgery	15.73	15.73	1132.56	1132.56
29836 00	Surgery	18.03	18.03	1298.16	1298.16
29837 00	Surgery	16.01	16.01	1152.72	1152.72
29838 00	Surgery	18.28	18.28	1316.16	1316.16
29840 00	Surgery	14.08	14.08	1013.76	1013.76
29843 00	Surgery	15.04	15.04	1082.88	1082.88
29844 00	Surgery	15.46	15.46	1113.12	1113.12
29845 00	Surgery	18.04	18.04	1298.88	1298.88
29846 00	Surgery	16.11	16.11	1159.92	1159.92
29847 00	Surgery	16.75	16.75	1206.00	1206.00
29848 00	Surgery	15.85	15.85	1141.20	1141.20
29850 00	Surgery	19.22	19.22	1383.84	1383.84
29851 00	Surgery	28.41	28.41	2045.52	2045.52
29855 00	Surgery	23.89	23.89	1720.08	1720.08
29856 00	Surgery	30.29	30.29	2180.88	2180.88
29860 00	Surgery	20.20	20.20	1454.40	1454.40
29861 00	Surgery	21.25	21.25	1530.00	1530.00
29862 00	Surgery	24.80	24.80	1785.60	1785.60
29863 00	Surgery	24.93	24.93	1794.96	1794.96
29866 00	Surgery	32.16	32.16	2315.52	2315.52
29867 00	Surgery	38.95	38.95	2804.40	2804.40
29868 00	Surgery	50.59	50.59	3642.48	3642.48
29870 00	Surgery	16.96	12.76	1221.12	918.72
29871 00	Surgery	15.87	15.87	1142.64	1142.64
29873 00	Surgery	16.57	16.57	1193.04	1193.04
29874 00	Surgery	16.46	16.46	1185.12	1185.12
29875 00	Surgery	15.28	15.28	1100.16	1100.16
29876 00	Surgery	20.03	20.03	1442.16	1442.16
29877 00	Surgery	19.06	19.06	1372.32	1372.32
29879 00	Surgery	20.30	20.30	1461.60	1461.60
29880 00	Surgery	17.26	17.26	1242.72	1242.72
29881 00	Surgery	16.64	16.64	1198.08	1198.08
29882 00	Surgery	21.08	21.08	1517.76	1517.76
29883 00	Surgery	25.63	25.63	1845.36	1845.36
29884 00	Surgery	19.02	19.02	1369.44	1369.44
29885 00	Surgery	23.22	23.22	1671.84	1671.84
29886 00	Surgery	19.60	19.60	1411.20	1411.20
29887 00	Surgery	23.13	23.13	1665.36	1665.36
29888 00	Surgery	29.60	29.60	2131.20	2131.20
29889 00	Surgery	37.34	37.34	2688.48	2688.48
29891 00	Surgery	20.62	20.62	1484.64	1484.64
29892 00	Surgery	19.57	19.57	1409.04	1409.04
29893 00	Surgery	19.93	13.45	1434.96	968.40
29894 00	Surgery	15.47	15.47	1113.84	1113.84

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
29895 00	Surgery	14.03	14.03	1010.16	1010.16
29897 00	Surgery	15.05	15.05	1083.60	1083.60
29898 00	Surgery	17.09	17.09	1230.48	1230.48
29899 00	Surgery	30.32	30.32	2183.04	2183.04
29900 00	Surgery	15.63	15.63	1125.36	1125.36
29901 00	Surgery	16.73	16.73	1204.56	1204.56
29902 00	Surgery	17.72	17.72	1275.84	1275.84
29904 00	Surgery	19.70	19.70	1418.40	1418.40
29905 00	Surgery	15.63	15.63	1125.36	1125.36
29906 00	Surgery	20.35	20.35	1465.20	1465.20
29907 00	Surgery	26.83	26.83	1931.76	1931.76
29914 00	Surgery	30.29	30.29	2180.88	2180.88
29915 00	Surgery	30.87	30.87	2222.64	2222.64
29916 00	Surgery	30.91	30.91	2225.52	2225.52
29999 00	Surgery	0.00	0.00	BR	BR
30000 00	Surgery	7.91	3.71	569.52	267.12
30020 00	Surgery	7.92	3.72	570.24	267.84
30100 00	Surgery	4.16	2.08	299.52	149.76
30110 00	Surgery	7.40	4.05	532.80	291.60
30115 00	Surgery	14.01	14.01	1008.72	1008.72
30117 00	Surgery	28.69	12.36	2065.68	889.92
30118 00	Surgery	21.21	21.21	1527.12	1527.12
30120 00	Surgery	15.42	12.74	1110.24	917.28
30124 00	Surgery	9.21	9.21	663.12	663.12
30125 00	Surgery	19.56	19.56	1408.32	1408.32
30130 00	Surgery	12.52	12.52	901.44	901.44
30140 00	Surgery	8.89	5.37	640.08	386.64
30150 00	Surgery	23.93	23.93	1722.96	1722.96
30160 00	Surgery	24.43	24.43	1758.96	1758.96
30200 00	Surgery	3.28	1.83	236.16	131.76
30210 00	Surgery	4.54	3.14	326.88	226.08
30220 00	Surgery	8.91	3.90	641.52	280.80
30300 00	Surgery	6.20	3.66	446.40	263.52
30310 00	Surgery	6.22	6.22	447.84	447.84
30320 00	Surgery	14.68	14.68	1056.96	1056.96
30400 00	Surgery	36.82	36.82	2651.04	2651.04
30410 00	Surgery	42.43	42.43	3054.96	3054.96
30420 00	Surgery	43.26	43.26	3114.72	3114.72
30430 00	Surgery	32.15	32.15	2314.80	2314.80
30435 00	Surgery	40.16	40.16	2891.52	2891.52
30450 00	Surgery	52.55	52.55	3783.60	3783.60
30460 00	Surgery	25.01	25.01	1800.72	1800.72
30462 00	Surgery	47.97	47.97	3453.84	3453.84
30465 00	Surgery	30.74	30.74	2213.28	2213.28
30468 00	Surgery	71.33	5.09	5135.76	366.48
30469 00	Surgery	69.38	4.51	4995.36	324.72
30520 00	Surgery	20.21	20.21	1455.12	1455.12

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
30540 00	Surgery	22.18	22.18	1596.96	1596.96
30545 00	Surgery	30.03	30.03	2162.16	2162.16
30560 00	Surgery	9.40	4.54	676.80	326.88
30580 00	Surgery	18.45	14.06	1328.40	1012.32
30600 00	Surgery	15.78	11.83	1136.16	851.76
30620 00	Surgery	20.09	20.09	1446.48	1446.48
30630 00	Surgery	20.06	20.06	1444.32	1444.32
30801 00	Surgery	6.53	4.51	470.16	324.72
30802 00	Surgery	8.33	6.04	599.76	434.88
30901 00	Surgery	4.67	1.69	336.24	121.68
30903 00	Surgery	7.22	2.32	519.84	167.04
30905 00	Surgery	10.36	3.19	745.92	229.68
30906 00	Surgery	11.28	3.96	812.16	285.12
30915 00	Surgery	18.11	18.11	1303.92	1303.92
30920 00	Surgery	26.14	26.14	1882.08	1882.08
30930 00	Surgery	3.59	3.59	258.48	258.48
30999 00	Surgery	0.00	0.00	BR	BR
31000 00	Surgery	5.55	3.36	399.60	241.92
31002 00	Surgery	5.61	5.61	403.92	403.92
31020 00	Surgery	12.74	10.38	917.28	747.36
31030 00	Surgery	19.40	15.56	1396.80	1120.32
31032 00	Surgery	17.95	17.95	1292.40	1292.40
31040 00	Surgery	24.16	24.16	1739.52	1739.52
31050 00	Surgery	15.56	15.56	1120.32	1120.32
31051 00	Surgery	20.78	20.78	1496.16	1496.16
31070 00	Surgery	14.30	14.30	1029.60	1029.60
31075 00	Surgery	24.85	24.85	1789.20	1789.20
31080 00	Surgery	32.67	32.67	2352.24	2352.24
31081 00	Surgery	35.02	35.02	2521.44	2521.44
31084 00	Surgery	36.23	36.23	2608.56	2608.56
31085 00	Surgery	37.35	37.35	2689.20	2689.20
31086 00	Surgery	35.30	35.30	2541.60	2541.60
31087 00	Surgery	33.68	33.68	2424.96	2424.96
31090 00	Surgery	33.12	33.12	2384.64	2384.64
31200 00	Surgery	18.72	18.72	1347.84	1347.84
31201 00	Surgery	23.39	23.39	1684.08	1684.08
31205 00	Surgery	28.13	28.13	2025.36	2025.36
31225 00	Surgery	54.07	54.07	3893.04	3893.04
31230 00	Surgery	60.30	60.30	4341.60	4341.60
31231 00	Surgery	5.69	1.93	409.68	138.96
31233 00	Surgery	8.10	4.06	583.20	292.32
31235 00	Surgery	9.27	4.83	667.44	347.76
31237 00	Surgery	7.96	4.83	573.12	347.76
31238 00	Surgery	7.73	5.03	556.56	362.16
31239 00	Surgery	18.28	18.28	1316.16	1316.16
31240 00	Surgery	4.79	4.79	344.88	344.88
31241 00	Surgery	13.26	13.26	954.72	954.72

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
31242 00	Surgery	71.40	4.73	5140.80	340.56
31243 00	Surgery	69.33	4.73	4991.76	340.56
31253 00	Surgery	14.92	14.92	1074.24	1074.24
31254 00	Surgery	13.12	7.28	944.64	524.16
31255 00	Surgery	9.66	9.66	695.52	695.52
31256 00	Surgery	5.43	5.43	390.96	390.96
31257 00	Surgery	13.31	13.31	958.32	958.32
31259 00	Surgery	14.09	14.09	1014.48	1014.48
31267 00	Surgery	7.93	7.93	570.96	570.96
31276 00	Surgery	11.30	11.30	813.60	813.60
31287 00	Surgery	6.03	6.03	434.16	434.16
31288 00	Surgery	7.01	7.01	504.72	504.72
31290 00	Surgery	34.45	34.45	2480.40	2480.40
31291 00	Surgery	36.88	36.88	2655.36	2655.36
31292 00	Surgery	29.73	29.73	2140.56	2140.56
31293 00	Surgery	32.17	32.17	2316.24	2316.24
31294 00	Surgery	36.77	36.77	2647.44	2647.44
31295 00	Surgery	47.05	4.74	3387.60	341.28
31296 00	Surgery	47.84	5.41	3444.48	389.52
31297 00	Surgery	46.62	4.32	3356.64	311.04
31298 00	Surgery	88.33	7.64	6359.76	550.08
31299 00	Surgery	0.00	0.00	BR	BR
31300 00	Surgery	37.57	37.57	2705.04	2705.04
31360 00	Surgery	61.65	61.65	4438.80	4438.80
31365 00	Surgery	76.11	76.11	5479.92	5479.92
31367 00	Surgery	65.19	65.19	4693.68	4693.68
31368 00	Surgery	72.01	72.01	5184.72	5184.72
31370 00	Surgery	61.15	61.15	4402.80	4402.80
31375 00	Surgery	58.16	58.16	4187.52	4187.52
31380 00	Surgery	57.35	57.35	4129.20	4129.20
31382 00	Surgery	62.77	62.77	4519.44	4519.44
31390 00	Surgery	83.75	83.75	6030.00	6030.00
31395 00	Surgery	87.78	87.78	6320.16	6320.16
31400 00	Surgery	30.62	30.62	2204.64	2204.64
31420 00	Surgery	25.11	25.11	1807.92	1807.92
31500 00	Surgery	4.23	4.23	304.56	304.56
31502 00	Surgery	1.03	1.03	74.16	74.16
31505 00	Surgery	2.64	1.50	190.08	108.00
31510 00	Surgery	6.45	3.66	464.40	263.52
31511 00	Surgery	6.27	4.03	451.44	290.16
31512 00	Surgery	6.48	3.89	466.56	280.08
31513 00	Surgery	3.94	3.94	283.68	283.68
31515 00	Surgery	6.43	3.35	462.96	241.20
31520 00	Surgery	4.71	4.71	339.12	339.12
31525 00	Surgery	7.49	4.81	539.28	346.32
31526 00	Surgery	4.73	4.73	340.56	340.56
31527 00	Surgery	5.86	5.86	421.92	421.92

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
31528 00	Surgery	4.34	4.34	312.48	312.48
31529 00	Surgery	4.83	4.83	347.76	347.76
31530 00	Surgery	5.96	5.96	429.12	429.12
31531 00	Surgery	6.31	6.31	454.32	454.32
31535 00	Surgery	5.69	5.69	409.68	409.68
31536 00	Surgery	6.29	6.29	452.88	452.88
31540 00	Surgery	7.22	7.22	519.84	519.84
31541 00	Surgery	7.86	7.86	565.92	565.92
31545 00	Surgery	10.78	10.78	776.16	776.16
31546 00	Surgery	16.34	16.34	1176.48	1176.48
31551 00	Surgery	46.53	46.53	3350.16	3350.16
31552 00	Surgery	44.93	44.93	3234.96	3234.96
31553 00	Surgery	50.45	50.45	3632.40	3632.40
31554 00	Surgery	50.47	50.47	3633.84	3633.84
31560 00	Surgery	9.33	9.33	671.76	671.76
31561 00	Surgery	10.17	10.17	732.24	732.24
31570 00	Surgery	10.27	6.87	739.44	494.64
31571 00	Surgery	7.45	7.45	536.40	536.40
31572 00	Surgery	15.30	5.43	1101.60	390.96
31573 00	Surgery	8.56	4.47	616.32	321.84
31574 00	Surgery	26.87	4.49	1934.64	323.28
31575 00	Surgery	3.83	2.09	275.76	150.48
31576 00	Surgery	8.01	3.61	576.72	259.92
31577 00	Surgery	8.08	4.02	581.76	289.44
31578 00	Surgery	9.09	4.49	654.48	323.28
31579 00	Surgery	5.89	3.61	424.08	259.92
31580 00	Surgery	38.55	38.55	2775.60	2775.60
31584 00	Surgery	42.32	42.32	3047.04	3047.04
31587 00	Surgery	36.48	36.48	2626.56	2626.56
31590 00	Surgery	28.03	28.03	2018.16	2018.16
31591 00	Surgery	33.29	33.29	2396.88	2396.88
31592 00	Surgery	52.21	52.21	3759.12	3759.12
31599 00	Surgery	0.00	0.00	BR	BR
31600 00	Surgery	9.08	9.08	653.76	653.76
31601 00	Surgery	13.44	13.44	967.68	967.68
31603 00	Surgery	9.51	9.51	684.72	684.72
31605 00	Surgery	9.87	9.87	710.64	710.64
31610 00	Surgery	28.68	28.68	2064.96	2064.96
31611 00	Surgery	16.16	16.16	1163.52	1163.52
31612 00	Surgery	2.78	1.45	200.16	104.40
31613 00	Surgery	12.70	12.70	914.40	914.40
31614 00	Surgery	21.40	21.40	1540.80	1540.80
31615 00	Surgery	5.12	3.48	368.64	250.56
31622 00	Surgery	7.52	3.90	541.44	280.80
31623 00	Surgery	8.18	3.88	588.96	279.36
31624 00	Surgery	7.65	3.94	550.80	283.68
31625 00	Surgery	10.33	4.58	743.76	329.76

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
31626 00	Surgery	22.85	5.84	1645.20	420.48
31627 00	Surgery	30.24	2.82	2177.28	203.04
31628 00	Surgery	10.98	5.15	790.56	370.80
31629 00	Surgery	13.30	5.49	957.60	395.28
31630 00	Surgery	5.85	5.85	421.20	421.20
31631 00	Surgery	6.67	6.67	480.24	480.24
31632 00	Surgery	1.92	1.42	138.24	102.24
31633 00	Surgery	2.41	1.85	173.52	133.20
31634 00	Surgery	41.97	5.55	3021.84	399.60
31635 00	Surgery	8.77	5.16	631.44	371.52
31636 00	Surgery	6.40	6.40	460.80	460.80
31637 00	Surgery	2.23	2.23	160.56	160.56
31638 00	Surgery	7.24	7.24	521.28	521.28
31640 00	Surgery	7.24	7.24	521.28	521.28
31641 00	Surgery	7.42	7.42	534.24	534.24
31643 00	Surgery	4.98	4.98	358.56	358.56
31645 00	Surgery	8.22	4.33	591.84	311.76
31646 00	Surgery	4.20	4.20	302.40	302.40
31647 00	Surgery	6.03	6.03	434.16	434.16
31648 00	Surgery	5.78	5.78	416.16	416.16
31649 00	Surgery	2.03	2.03	146.16	146.16
31651 00	Surgery	2.22	2.22	159.84	159.84
31652 00	Surgery	35.71	6.48	2571.12	466.56
31653 00	Surgery	37.02	7.18	2665.44	516.96
31654 00	Surgery	3.57	1.96	257.04	141.12
31660 00	Surgery	5.53	5.53	398.16	398.16
31661 00	Surgery	5.86	5.86	421.92	421.92
31717 00	Surgery	8.38	3.11	603.36	223.92
31720 00	Surgery	1.59	1.59	114.48	114.48
31725 00	Surgery	2.33	2.33	167.76	167.76
31730 00	Surgery	30.60	4.45	2203.20	320.40
31750 00	Surgery	40.53	40.53	2918.16	2918.16
31755 00	Surgery	51.85	51.85	3733.20	3733.20
31760 00	Surgery	40.92	40.92	2946.24	2946.24
31766 00	Surgery	52.59	52.59	3786.48	3786.48
31770 00	Surgery	39.37	39.37	2834.64	2834.64
31775 00	Surgery	41.47	41.47	2985.84	2985.84
31780 00	Surgery	36.10	36.10	2599.20	2599.20
31781 00	Surgery	43.20	43.20	3110.40	3110.40
31785 00	Surgery	32.30	32.30	2325.60	2325.60
31786 00	Surgery	42.76	42.76	3078.72	3078.72
31800 00	Surgery	21.20	21.20	1526.40	1526.40
31805 00	Surgery	24.45	24.45	1760.40	1760.40
31820 00	Surgery	13.28	10.03	956.16	722.16
31825 00	Surgery	18.48	14.70	1330.56	1058.40
31830 00	Surgery	14.84	11.13	1068.48	801.36
31899 00	Surgery	0.00	0.00	BR	BR

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
32035 00	Surgery	22.02	22.02	1585.44	1585.44
32036 00	Surgery	23.52	23.52	1693.44	1693.44
32096 00	Surgery	23.93	23.93	1722.96	1722.96
32097 00	Surgery	23.94	23.94	1723.68	1723.68
32098 00	Surgery	22.54	22.54	1622.88	1622.88
32100 00	Surgery	24.26	24.26	1746.72	1746.72
32110 00	Surgery	44.15	44.15	3178.80	3178.80
32120 00	Surgery	26.14	26.14	1882.08	1882.08
32124 00	Surgery	27.57	27.57	1985.04	1985.04
32140 00	Surgery	29.56	29.56	2128.32	2128.32
32141 00	Surgery	45.14	45.14	3250.08	3250.08
32150 00	Surgery	30.37	30.37	2186.64	2186.64
32151 00	Surgery	29.97	29.97	2157.84	2157.84
32160 00	Surgery	23.98	23.98	1726.56	1726.56
32200 00	Surgery	34.06	34.06	2452.32	2452.32
32215 00	Surgery	24.01	24.01	1728.72	1728.72
32220 00	Surgery	47.64	47.64	3430.08	3430.08
32225 00	Surgery	29.68	29.68	2136.96	2136.96
32310 00	Surgery	27.43	27.43	1974.96	1974.96
32320 00	Surgery	47.75	47.75	3438.00	3438.00
32400 00	Surgery	5.08	2.47	365.76	177.84
32408 00	Surgery	24.50	4.47	1764.00	321.84
32440 00	Surgery	46.60	46.60	3355.20	3355.20
32442 00	Surgery	90.02	90.02	6481.44	6481.44
32445 00	Surgery	104.27	104.27	7507.44	7507.44
32480 00	Surgery	43.92	43.92	3162.24	3162.24
32482 00	Surgery	47.01	47.01	3384.72	3384.72
32484 00	Surgery	42.55	42.55	3063.60	3063.60
32486 00	Surgery	69.09	69.09	4974.48	4974.48
32488 00	Surgery	70.71	70.71	5091.12	5091.12
32491 00	Surgery	43.81	43.81	3154.32	3154.32
32501 00	Surgery	7.14	7.14	514.08	514.08
32503 00	Surgery	53.17	53.17	3828.24	3828.24
32504 00	Surgery	60.49	60.49	4355.28	4355.28
32505 00	Surgery	27.75	27.75	1998.00	1998.00
32506 00	Surgery	4.57	4.57	329.04	329.04
32507 00	Surgery	4.57	4.57	329.04	329.04
32540 00	Surgery	51.21	51.21	3687.12	3687.12
32550 00	Surgery	22.22	6.02	1599.84	433.44
32551 00	Surgery	4.61	4.61	331.92	331.92
32552 00	Surgery	5.46	4.67	393.12	336.24
32553 00	Surgery	14.87	5.20	1070.64	374.40
32554 00	Surgery	6.87	2.61	494.64	187.92
32555 00	Surgery	9.19	3.21	661.68	231.12
32556 00	Surgery	21.37	3.69	1538.64	265.68
32557 00	Surgery	19.12	4.38	1376.64	315.36
32560 00	Surgery	7.34	2.24	528.48	161.28

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
32561 00	Surgery	2.85	1.99	205.20	143.28
32562 00	Surgery	2.55	1.77	183.60	127.44
32601 00	Surgery	9.13	9.13	657.36	657.36
32604 00	Surgery	14.15	14.15	1018.80	1018.80
32606 00	Surgery	13.67	13.67	984.24	984.24
32607 00	Surgery	9.12	9.12	656.64	656.64
32608 00	Surgery	11.21	11.21	807.12	807.12
32609 00	Surgery	7.55	7.55	543.60	543.60
32650 00	Surgery	19.98	19.98	1438.56	1438.56
32651 00	Surgery	32.58	32.58	2345.76	2345.76
32652 00	Surgery	49.30	49.30	3549.60	3549.60
32653 00	Surgery	31.55	31.55	2271.60	2271.60
32654 00	Surgery	35.63	35.63	2565.36	2565.36
32655 00	Surgery	28.49	28.49	2051.28	2051.28
32656 00	Surgery	24.01	24.01	1728.72	1728.72
32658 00	Surgery	21.36	21.36	1537.92	1537.92
32659 00	Surgery	21.94	21.94	1579.68	1579.68
32661 00	Surgery	23.81	23.81	1714.32	1714.32
32662 00	Surgery	26.65	26.65	1918.80	1918.80
32663 00	Surgery	41.44	41.44	2983.68	2983.68
32664 00	Surgery	25.27	25.27	1819.44	1819.44
32665 00	Surgery	36.55	36.55	2631.60	2631.60
32666 00	Surgery	25.94	25.94	1867.68	1867.68
32667 00	Surgery	4.58	4.58	329.76	329.76
32668 00	Surgery	4.59	4.59	330.48	330.48
32669 00	Surgery	39.80	39.80	2865.60	2865.60
32670 00	Surgery	47.38	47.38	3411.36	3411.36
32671 00	Surgery	52.41	52.41	3773.52	3773.52
32672 00	Surgery	44.93	44.93	3234.96	3234.96
32673 00	Surgery	36.06	36.06	2596.32	2596.32
32674 00	Surgery	6.31	6.31	454.32	454.32
32701 00	Surgery	6.15	6.15	442.80	442.80
32800 00	Surgery	28.32	28.32	2039.04	2039.04
32810 00	Surgery	26.91	26.91	1937.52	1937.52
32815 00	Surgery	82.86	82.86	5965.92	5965.92
32820 00	Surgery	41.65	41.65	2998.80	2998.80
32850 00	Surgery	-	-	6999.12	6999.12
32851 00	Surgery	96.79	96.79	6968.88	6968.88
32852 00	Surgery	104.20	104.20	7502.40	7502.40
32853 00	Surgery	135.41	135.41	9749.52	9749.52
32854 00	Surgery	143.12	143.12	10304.64	10304.64
32855 00	Surgery	-	-	1073.52	1073.52
32856 00	Surgery	-	-	2132.64	2132.64
32900 00	Surgery	43.66	43.66	3143.52	3143.52
32905 00	Surgery	39.62	39.62	2852.64	2852.64
32906 00	Surgery	48.79	48.79	3512.88	3512.88
32940 00	Surgery	36.66	36.66	2639.52	2639.52

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
32960 00	Surgery	3.79	2.69	272.88	193.68
32994 00	Surgery	137.76	12.89	9918.72	928.08
32997 00	Surgery	9.89	9.89	712.08	712.08
32998 00	Surgery	88.09	12.88	6342.48	927.36
32999 00	Surgery	0.00	0.00	BR	BR
33016 00	Surgery	6.89	6.89	496.08	496.08
33017 00	Surgery	7.25	7.25	522.00	522.00
33018 00	Surgery	8.51	8.51	612.72	612.72
33019 00	Surgery	6.15	6.15	442.80	442.80
33020 00	Surgery	24.63	24.63	1773.36	1773.36
33025 00	Surgery	22.93	22.93	1650.96	1650.96
33030 00	Surgery	59.15	59.15	4258.80	4258.80
33031 00	Surgery	72.98	72.98	5254.56	5254.56
33050 00	Surgery	30.00	30.00	2160.00	2160.00
33120 00	Surgery	61.69	61.69	4441.68	4441.68
33130 00	Surgery	40.40	40.40	2908.80	2908.80
33140 00	Surgery	45.87	45.87	3302.64	3302.64
33141 00	Surgery	3.88	3.88	279.36	279.36
33202 00	Surgery	22.89	22.89	1648.08	1648.08
33203 00	Surgery	24.07	24.07	1733.04	1733.04
33206 00	Surgery	13.47	13.47	969.84	969.84
33207 00	Surgery	14.17	14.17	1020.24	1020.24
33208 00	Surgery	15.30	15.30	1101.60	1101.60
33210 00	Surgery	4.74	4.74	341.28	341.28
33211 00	Surgery	4.92	4.92	354.24	354.24
33212 00	Surgery	9.62	9.62	692.64	692.64
33213 00	Surgery	10.01	10.01	720.72	720.72
33214 00	Surgery	14.19	14.19	1021.68	1021.68
33215 00	Surgery	9.21	9.21	663.12	663.12
33216 00	Surgery	11.02	11.02	793.44	793.44
33217 00	Surgery	10.96	10.96	789.12	789.12
33218 00	Surgery	11.55	11.55	831.60	831.60
33220 00	Surgery	11.31	11.31	814.32	814.32
33221 00	Surgery	10.58	10.58	761.76	761.76
33222 00	Surgery	10.22	10.22	735.84	735.84
33223 00	Surgery	12.12	12.12	872.64	872.64
33224 00	Surgery	15.04	15.04	1082.88	1082.88
33225 00	Surgery	13.56	13.56	976.32	976.32
33226 00	Surgery	14.40	14.40	1036.80	1036.80
33227 00	Surgery	10.05	10.05	723.60	723.60
33228 00	Surgery	10.52	10.52	757.44	757.44
33229 00	Surgery	11.03	11.03	794.16	794.16
33230 00	Surgery	11.07	11.07	797.04	797.04
33231 00	Surgery	11.86	11.86	853.92	853.92
33233 00	Surgery	6.94	6.94	499.68	499.68
33234 00	Surgery	14.34	14.34	1032.48	1032.48
33235 00	Surgery	18.84	18.84	1356.48	1356.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
33236 00	Surgery	23.38	23.38	1683.36	1683.36
33237 00	Surgery	25.04	25.04	1802.88	1802.88
33238 00	Surgery	28.18	28.18	2028.96	2028.96
33240 00	Surgery	10.66	10.66	767.52	767.52
33241 00	Surgery	6.40	6.40	460.80	460.80
33243 00	Surgery	40.76	40.76	2934.72	2934.72
33244 00	Surgery	25.48	25.48	1834.56	1834.56
33249 00	Surgery	26.92	26.92	1938.24	1938.24
33250 00	Surgery	43.01	43.01	3096.72	3096.72
33251 00	Surgery	48.19	48.19	3469.68	3469.68
33254 00	Surgery	40.29	40.29	2900.88	2900.88
33255 00	Surgery	48.00	48.00	3456.00	3456.00
33256 00	Surgery	56.80	56.80	4089.60	4089.60
33257 00	Surgery	17.36	17.36	1249.92	1249.92
33258 00	Surgery	19.27	19.27	1387.44	1387.44
33259 00	Surgery	25.20	25.20	1814.40	1814.40
33261 00	Surgery	47.56	47.56	3424.32	3424.32
33262 00	Surgery	11.02	11.02	793.44	793.44
33263 00	Surgery	11.46	11.46	825.12	825.12
33264 00	Surgery	11.94	11.94	859.68	859.68
33265 00	Surgery	40.37	40.37	2906.64	2906.64
33266 00	Surgery	54.44	54.44	3919.68	3919.68
33267 00	Surgery	30.97	30.97	2229.84	2229.84
33268 00	Surgery	3.81	3.81	274.32	274.32
33269 00	Surgery	24.68	24.68	1776.96	1776.96
33270 00	Surgery	16.56	16.56	1192.32	1192.32
33271 00	Surgery	13.48	13.48	970.56	970.56
33272 00	Surgery	10.34	10.34	744.48	744.48
33273 00	Surgery	11.90	11.90	856.80	856.80
33274 00	Surgery	14.11	14.11	1015.92	1015.92
33275 00	Surgery	14.92	14.92	1074.24	1074.24
33276 00	Surgery	17.16	17.16	1235.52	1235.52
33277 00	Surgery	8.17	8.17	588.24	588.24
33278 00	Surgery	17.03	17.03	1226.16	1226.16
33279 00	Surgery	10.23	10.23	736.56	736.56
33280 00	Surgery	6.19	6.19	445.68	445.68
33281 00	Surgery	10.88	10.88	783.36	783.36
33285 00	Surgery	117.61	2.58	8467.92	185.76
33286 00	Surgery	3.83	2.53	275.76	182.16
33287 00	Surgery	11.55	11.55	831.60	831.60
33288 00	Surgery	14.63	14.63	1053.36	1053.36
33289 00	Surgery	9.83	9.83	707.76	707.76
33300 00	Surgery	72.17	72.17	5196.24	5196.24
33305 00	Surgery	120.23	120.23	8656.56	8656.56
33310 00	Surgery	34.65	34.65	2494.80	2494.80
33315 00	Surgery	56.38	56.38	4059.36	4059.36
33320 00	Surgery	31.75	31.75	2286.00	2286.00

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
33321 00	Surgery	35.16	35.16	2531.52	2531.52
33322 00	Surgery	41.10	41.10	2959.20	2959.20
33330 00	Surgery	42.08	42.08	3029.76	3029.76
33335 00	Surgery	55.04	55.04	3962.88	3962.88
33340 00	Surgery	22.87	22.87	1646.64	1646.64
33361 00	Surgery	35.51	35.51	2556.72	2556.72
33362 00	Surgery	38.75	38.75	2790.00	2790.00
33363 00	Surgery	40.13	40.13	2889.36	2889.36
33364 00	Surgery	40.03	40.03	2882.16	2882.16
33365 00	Surgery	41.80	41.80	3009.60	3009.60
33366 00	Surgery	46.11	46.11	3319.92	3319.92
33367 00	Surgery	17.87	17.87	1286.64	1286.64
33368 00	Surgery	21.63	21.63	1557.36	1557.36
33369 00	Surgery	28.55	28.55	2055.60	2055.60
33370 00	Surgery	3.93	3.93	282.96	282.96
33390 00	Surgery	56.83	56.83	4091.76	4091.76
33391 00	Surgery	67.35	67.35	4849.20	4849.20
33404 00	Surgery	51.58	51.58	3713.76	3713.76
33405 00	Surgery	66.98	66.98	4822.56	4822.56
33406 00	Surgery	85.03	85.03	6122.16	6122.16
33410 00	Surgery	75.10	75.10	5407.20	5407.20
33411 00	Surgery	98.72	98.72	7107.84	7107.84
33412 00	Surgery	92.30	92.30	6645.60	6645.60
33413 00	Surgery	94.62	94.62	6812.64	6812.64
33414 00	Surgery	63.35	63.35	4561.20	4561.20
33415 00	Surgery	59.84	59.84	4308.48	4308.48
33416 00	Surgery	59.76	59.76	4302.72	4302.72
33417 00	Surgery	49.48	49.48	3562.56	3562.56
33418 00	Surgery	52.93	52.93	3810.96	3810.96
33419 00	Surgery	12.41	12.41	893.52	893.52
33420 00	Surgery	42.85	42.85	3085.20	3085.20
33422 00	Surgery	49.13	49.13	3537.36	3537.36
33425 00	Surgery	80.37	80.37	5786.64	5786.64
33426 00	Surgery	70.34	70.34	5064.48	5064.48
33427 00	Surgery	71.89	71.89	5176.08	5176.08
33430 00	Surgery	82.66	82.66	5951.52	5951.52
33440 00	Surgery	99.82	99.82	7187.04	7187.04
33460 00	Surgery	70.44	70.44	5071.68	5071.68
33463 00	Surgery	90.54	90.54	6518.88	6518.88
33464 00	Surgery	71.86	71.86	5173.92	5173.92
33465 00	Surgery	81.12	81.12	5840.64	5840.64
33468 00	Surgery	72.21	72.21	5199.12	5199.12
33474 00	Surgery	64.41	64.41	4637.52	4637.52
33475 00	Surgery	68.32	68.32	4919.04	4919.04
33476 00	Surgery	45.26	45.26	3258.72	3258.72
33477 00	Surgery	38.16	38.16	2747.52	2747.52
33478 00	Surgery	46.74	46.74	3365.28	3365.28

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
33496 00	Surgery	49.13	49.13	3537.36	3537.36
33500 00	Surgery	46.07	46.07	3317.04	3317.04
33501 00	Surgery	33.04	33.04	2378.88	2378.88
33502 00	Surgery	38.07	38.07	2741.04	2741.04
33503 00	Surgery	39.60	39.60	2851.20	2851.20
33504 00	Surgery	43.61	43.61	3139.92	3139.92
33505 00	Surgery	60.60	60.60	4363.20	4363.20
33506 00	Surgery	60.48	60.48	4354.56	4354.56
33507 00	Surgery	50.81	50.81	3658.32	3658.32
33508 00	Surgery	0.47	0.47	33.84	33.84
33509 00	Surgery	5.09	5.09	366.48	366.48
33510 00	Surgery	57.09	57.09	4110.48	4110.48
33511 00	Surgery	62.71	62.71	4515.12	4515.12
33512 00	Surgery	71.35	71.35	5137.20	5137.20
33513 00	Surgery	72.90	72.90	5248.80	5248.80
33514 00	Surgery	76.70	76.70	5522.40	5522.40
33516 00	Surgery	79.39	79.39	5716.08	5716.08
33517 00	Surgery	5.48	5.48	394.56	394.56
33518 00	Surgery	12.06	12.06	868.32	868.32
33519 00	Surgery	15.91	15.91	1145.52	1145.52
33521 00	Surgery	19.10	19.10	1375.20	1375.20
33522 00	Surgery	21.45	21.45	1544.40	1544.40
33523 00	Surgery	24.15	24.15	1738.80	1738.80
33530 00	Surgery	15.36	15.36	1105.92	1105.92
33533 00	Surgery	55.31	55.31	3982.32	3982.32
33534 00	Surgery	64.97	64.97	4677.84	4677.84
33535 00	Surgery	72.17	72.17	5196.24	5196.24
33536 00	Surgery	77.74	77.74	5597.28	5597.28
33542 00	Surgery	77.56	77.56	5584.32	5584.32
33545 00	Surgery	90.04	90.04	6482.88	6482.88
33548 00	Surgery	86.73	86.73	6244.56	6244.56
33572 00	Surgery	6.73	6.73	484.56	484.56
33600 00	Surgery	50.96	50.96	3669.12	3669.12
33602 00	Surgery	49.50	49.50	3564.00	3564.00
33606 00	Surgery	52.69	52.69	3793.68	3793.68
33608 00	Surgery	53.38	53.38	3843.36	3843.36
33610 00	Surgery	52.65	52.65	3790.80	3790.80
33611 00	Surgery	57.54	57.54	4142.88	4142.88
33612 00	Surgery	59.07	59.07	4253.04	4253.04
33615 00	Surgery	59.08	59.08	4253.76	4253.76
33617 00	Surgery	63.94	63.94	4603.68	4603.68
33619 00	Surgery	81.20	81.20	5846.40	5846.40
33620 00	Surgery	48.67	48.67	3504.24	3504.24
33621 00	Surgery	27.59	27.59	1986.48	1986.48
33622 00	Surgery	100.92	100.92	7266.24	7266.24
33641 00	Surgery	48.44	48.44	3487.68	3487.68
33645 00	Surgery	51.15	51.15	3682.80	3682.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
33647 00	Surgery	53.63	53.63	3861.36	3861.36
33660 00	Surgery	51.86	51.86	3733.92	3733.92
33665 00	Surgery	56.46	56.46	4065.12	4065.12
33670 00	Surgery	58.00	58.00	4176.00	4176.00
33675 00	Surgery	58.13	58.13	4185.36	4185.36
33676 00	Surgery	59.67	59.67	4296.24	4296.24
33677 00	Surgery	61.97	61.97	4461.84	4461.84
33681 00	Surgery	54.69	54.69	3937.68	3937.68
33684 00	Surgery	55.72	55.72	4011.84	4011.84
33688 00	Surgery	55.43	55.43	3990.96	3990.96
33690 00	Surgery	35.81	35.81	2578.32	2578.32
33692 00	Surgery	57.58	57.58	4145.76	4145.76
33694 00	Surgery	57.54	57.54	4142.88	4142.88
33697 00	Surgery	60.61	60.61	4363.92	4363.92
33702 00	Surgery	45.91	45.91	3305.52	3305.52
33710 00	Surgery	60.50	60.50	4356.00	4356.00
33720 00	Surgery	45.94	45.94	3307.68	3307.68
33724 00	Surgery	45.47	45.47	3273.84	3273.84
33726 00	Surgery	59.92	59.92	4314.24	4314.24
33730 00	Surgery	59.32	59.32	4271.04	4271.04
33732 00	Surgery	48.90	48.90	3520.80	3520.80
33735 00	Surgery	38.60	38.60	2779.20	2779.20
33736 00	Surgery	41.85	41.85	3013.20	3013.20
33741 00	Surgery	22.02	22.02	1585.44	1585.44
33745 00	Surgery	31.46	31.46	2265.12	2265.12
33746 00	Surgery	12.57	12.57	905.04	905.04
33750 00	Surgery	37.41	37.41	2693.52	2693.52
33755 00	Surgery	39.23	39.23	2824.56	2824.56
33762 00	Surgery	38.01	38.01	2736.72	2736.72
33764 00	Surgery	39.23	39.23	2824.56	2824.56
33766 00	Surgery	39.46	39.46	2841.12	2841.12
33767 00	Surgery	42.09	42.09	3030.48	3030.48
33768 00	Surgery	12.19	12.19	877.68	877.68
33770 00	Surgery	62.32	62.32	4487.04	4487.04
33771 00	Surgery	64.02	64.02	4609.44	4609.44
33774 00	Surgery	53.39	53.39	3844.08	3844.08
33775 00	Surgery	54.92	54.92	3954.24	3954.24
33776 00	Surgery	58.09	58.09	4182.48	4182.48
33777 00	Surgery	55.88	55.88	4023.36	4023.36
33778 00	Surgery	69.38	69.38	4995.36	4995.36
33779 00	Surgery	68.36	68.36	4921.92	4921.92
33780 00	Surgery	69.70	69.70	5018.40	5018.40
33781 00	Surgery	67.94	67.94	4891.68	4891.68
33782 00	Surgery	94.91	94.91	6833.52	6833.52
33783 00	Surgery	102.55	102.55	7383.60	7383.60
33786 00	Surgery	67.08	67.08	4829.76	4829.76
33788 00	Surgery	45.35	45.35	3265.20	3265.20

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
33800 00	Surgery	29.28	29.28	2108.16	2108.16
33802 00	Surgery	32.38	32.38	2331.36	2331.36
33803 00	Surgery	34.11	34.11	2455.92	2455.92
33814 00	Surgery	45.29	45.29	3260.88	3260.88
33820 00	Surgery	28.79	28.79	2072.88	2072.88
33822 00	Surgery	30.34	30.34	2184.48	2184.48
33824 00	Surgery	35.17	35.17	2532.24	2532.24
33840 00	Surgery	36.90	36.90	2656.80	2656.80
33845 00	Surgery	39.75	39.75	2862.00	2862.00
33851 00	Surgery	37.89	37.89	2728.08	2728.08
33852 00	Surgery	41.58	41.58	2993.76	2993.76
33853 00	Surgery	54.32	54.32	3911.04	3911.04
33858 00	Surgery	99.79	99.79	7184.88	7184.88
33859 00	Surgery	71.75	71.75	5166.00	5166.00
33863 00	Surgery	92.47	92.47	6657.84	6657.84
33864 00	Surgery	94.52	94.52	6805.44	6805.44
33866 00	Surgery	26.98	26.98	1942.56	1942.56
33871 00	Surgery	95.64	95.64	6886.08	6886.08
33875 00	Surgery	80.64	80.64	5806.08	5806.08
33877 00	Surgery	105.87	105.87	7622.64	7622.64
33880 00	Surgery	52.28	52.28	3764.16	3764.16
33881 00	Surgery	44.91	44.91	3233.52	3233.52
33883 00	Surgery	32.52	32.52	2341.44	2341.44
33884 00	Surgery	11.54	11.54	830.88	830.88
33886 00	Surgery	28.12	28.12	2024.64	2024.64
33889 00	Surgery	23.34	23.34	1680.48	1680.48
33891 00	Surgery	28.14	28.14	2026.08	2026.08
33894 00	Surgery	28.74	28.74	2069.28	2069.28
33895 00	Surgery	22.86	22.86	1645.92	1645.92
33897 00	Surgery	17.00	17.00	1224.00	1224.00
33900 00	Surgery	17.35	17.35	1249.20	1249.20
33901 00	Surgery	22.81	22.81	1642.32	1642.32
33902 00	Surgery	22.02	22.02	1585.44	1585.44
33903 00	Surgery	25.95	25.95	1868.40	1868.40
33904 00	Surgery	8.70	8.70	626.40	626.40
33910 00	Surgery	76.84	76.84	5532.48	5532.48
33915 00	Surgery	40.55	40.55	2919.60	2919.60
33916 00	Surgery	122.78	122.78	8840.16	8840.16
33917 00	Surgery	43.33	43.33	3119.76	3119.76
33920 00	Surgery	53.47	53.47	3849.84	3849.84
33922 00	Surgery	41.28	41.28	2972.16	2972.16
33924 00	Surgery	8.38	8.38	603.36	603.36
33925 00	Surgery	50.65	50.65	3646.80	3646.80
33926 00	Surgery	71.14	71.14	5122.08	5122.08
33927 00	Surgery	74.67	74.67	5376.24	5376.24
33928 00	Surgery	0.00	0.00	BR	BR
33929 00	Surgery	0.00	0.00	BR	BR

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
33930 00	Surgery	0.00	0.00	BR	BR
33933 00	Surgery	0.00	0.00	BR	BR
33935 00	Surgery	144.69	144.69	10417.68	10417.68
33940 00	Surgery	0.00	0.00	BR	BR
33944 00	Surgery	-	-	1239.84	1239.84
33945 00	Surgery	143.21	143.21	10311.12	10311.12
33946 00	Surgery	9.10	9.10	655.20	655.20
33947 00	Surgery	10.09	10.09	726.48	726.48
33948 00	Surgery	7.04	7.04	506.88	506.88
33949 00	Surgery	6.87	6.87	494.64	494.64
33951 00	Surgery	12.39	12.39	892.08	892.08
33952 00	Surgery	12.51	12.51	900.72	900.72
33953 00	Surgery	13.82	13.82	995.04	995.04
33954 00	Surgery	13.98	13.98	1006.56	1006.56
33955 00	Surgery	24.15	24.15	1738.80	1738.80
33956 00	Surgery	24.46	24.46	1761.12	1761.12
33957 00	Surgery	5.40	5.40	388.80	388.80
33958 00	Surgery	5.40	5.40	388.80	388.80
33959 00	Surgery	6.85	6.85	493.20	493.20
33962 00	Surgery	6.85	6.85	493.20	493.20
33963 00	Surgery	13.64	13.64	982.08	982.08
33964 00	Surgery	14.38	14.38	1035.36	1035.36
33965 00	Surgery	5.40	5.40	388.80	388.80
33966 00	Surgery	6.95	6.95	500.40	500.40
33967 00	Surgery	7.59	7.59	546.48	546.48
33968 00	Surgery	1.00	1.00	72.00	72.00
33969 00	Surgery	7.94	7.94	571.68	571.68
33970 00	Surgery	10.35	10.35	745.20	745.20
33971 00	Surgery	20.97	20.97	1509.84	1509.84
33973 00	Surgery	14.66	14.66	1055.52	1055.52
33974 00	Surgery	26.48	26.48	1906.56	1906.56
33975 00	Surgery	38.33	38.33	2759.76	2759.76
33976 00	Surgery	46.19	46.19	3325.68	3325.68
33977 00	Surgery	33.10	33.10	2383.20	2383.20
33978 00	Surgery	39.00	39.00	2808.00	2808.00
33979 00	Surgery	56.93	56.93	4098.96	4098.96
33980 00	Surgery	52.27	52.27	3763.44	3763.44
33981 00	Surgery	24.20	24.20	1742.40	1742.40
33982 00	Surgery	56.90	56.90	4096.80	4096.80
33983 00	Surgery	66.93	66.93	4818.96	4818.96
33984 00	Surgery	8.33	8.33	599.76	599.76
33985 00	Surgery	14.97	14.97	1077.84	1077.84
33986 00	Surgery	15.41	15.41	1109.52	1109.52
33987 00	Surgery	6.06	6.06	436.32	436.32
33988 00	Surgery	22.67	22.67	1632.24	1632.24
33989 00	Surgery	14.38	14.38	1035.36	1035.36
33990 00	Surgery	10.56	10.56	760.32	760.32

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
33991 00	Surgery	13.28	13.28	956.16	956.16
33992 00	Surgery	5.51	5.51	396.72	396.72
33993 00	Surgery	4.86	4.86	349.92	349.92
33995 00	Surgery	10.38	10.38	747.36	747.36
33997 00	Surgery	4.73	4.73	340.56	340.56
33999 00	Surgery	0.00	0.00	BR	BR
34001 00	Surgery	26.91	26.91	1937.52	1937.52
34051 00	Surgery	29.46	29.46	2121.12	2121.12
34101 00	Surgery	17.57	17.57	1265.04	1265.04
34111 00	Surgery	17.53	17.53	1262.16	1262.16
34151 00	Surgery	40.85	40.85	2941.20	2941.20
34201 00	Surgery	29.95	29.95	2156.40	2156.40
34203 00	Surgery	27.87	27.87	2006.64	2006.64
34401 00	Surgery	39.36	39.36	2833.92	2833.92
34421 00	Surgery	20.48	20.48	1474.56	1474.56
34451 00	Surgery	42.17	42.17	3036.24	3036.24
34471 00	Surgery	31.73	31.73	2284.56	2284.56
34490 00	Surgery	16.96	16.96	1221.12	1221.12
34501 00	Surgery	26.43	26.43	1902.96	1902.96
34502 00	Surgery	45.67	45.67	3288.24	3288.24
34510 00	Surgery	30.07	30.07	2165.04	2165.04
34520 00	Surgery	29.15	29.15	2098.80	2098.80
34530 00	Surgery	27.74	27.74	1997.28	1997.28
34701 00	Surgery	36.25	36.25	2610.00	2610.00
34702 00	Surgery	52.56	52.56	3784.32	3784.32
34703 00	Surgery	40.17	40.17	2892.24	2892.24
34704 00	Surgery	66.74	66.74	4805.28	4805.28
34705 00	Surgery	44.64	44.64	3214.08	3214.08
34706 00	Surgery	66.65	66.65	4798.80	4798.80
34707 00	Surgery	34.06	34.06	2452.32	2452.32
34708 00	Surgery	53.26	53.26	3834.72	3834.72
34709 00	Surgery	9.40	9.40	676.80	676.80
34710 00	Surgery	23.34	23.34	1680.48	1680.48
34711 00	Surgery	8.61	8.61	619.92	619.92
34712 00	Surgery	19.23	19.23	1384.56	1384.56
34713 00	Surgery	3.60	3.60	259.20	259.20
34714 00	Surgery	7.89	7.89	568.08	568.08
34715 00	Surgery	8.71	8.71	627.12	627.12
34716 00	Surgery	10.92	10.92	786.24	786.24
34717 00	Surgery	12.90	12.90	928.80	928.80
34718 00	Surgery	36.18	36.18	2604.96	2604.96
34808 00	Surgery	5.91	5.91	425.52	425.52
34812 00	Surgery	6.01	6.01	432.72	432.72
34813 00	Surgery	6.85	6.85	493.20	493.20
34820 00	Surgery	9.85	9.85	709.20	709.20
34830 00	Surgery	51.70	51.70	3722.40	3722.40
34831 00	Surgery	56.73	56.73	4084.56	4084.56

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
34832 00	Surgery	55.59	55.59	4002.48	4002.48
34833 00	Surgery	11.48	11.48	826.56	826.56
34834 00	Surgery	3.77	3.77	271.44	271.44
34839 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
34841 00	Surgery	-	-	4110.48	4110.48
34842 00	Surgery	-	-	5084.64	5084.64
34843 00	Surgery	-	-	4832.64	4832.64
34844 00	Surgery	-	-	6657.12	6657.12
34845 00	Surgery	-	-	4621.68	4621.68
34846 00	Surgery	-	-	5520.24	5520.24
34847 00	Surgery	-	-	6001.92	6001.92
34848 00	Surgery	-	-	8178.48	8178.48
35001 00	Surgery	32.59	32.59	2346.48	2346.48
35002 00	Surgery	33.47	33.47	2409.84	2409.84
35005 00	Surgery	29.33	29.33	2111.76	2111.76
35011 00	Surgery	29.65	29.65	2134.80	2134.80
35013 00	Surgery	34.83	34.83	2507.76	2507.76
35021 00	Surgery	37.26	37.26	2682.72	2682.72
35022 00	Surgery	42.57	42.57	3065.04	3065.04
35045 00	Surgery	28.49	28.49	2051.28	2051.28
35081 00	Surgery	50.67	50.67	3648.24	3648.24
35082 00	Surgery	63.49	63.49	4571.28	4571.28
35091 00	Surgery	52.17	52.17	3756.24	3756.24
35092 00	Surgery	76.03	76.03	5474.16	5474.16
35102 00	Surgery	55.05	55.05	3963.60	3963.60
35103 00	Surgery	63.51	63.51	4572.72	4572.72
35111 00	Surgery	39.04	39.04	2810.88	2810.88
35112 00	Surgery	47.96	47.96	3453.12	3453.12
35121 00	Surgery	46.40	46.40	3340.80	3340.80
35122 00	Surgery	55.44	55.44	3991.68	3991.68
35131 00	Surgery	40.67	40.67	2928.24	2928.24
35132 00	Surgery	47.96	47.96	3453.12	3453.12
35141 00	Surgery	32.04	32.04	2306.88	2306.88
35142 00	Surgery	38.70	38.70	2786.40	2786.40
35151 00	Surgery	36.31	36.31	2614.32	2614.32
35152 00	Surgery	41.06	41.06	2956.32	2956.32
35180 00	Surgery	23.13	23.13	1665.36	1665.36
35182 00	Surgery	53.09	53.09	3822.48	3822.48
35184 00	Surgery	28.38	28.38	2043.36	2043.36
35188 00	Surgery	39.29	39.29	2828.88	2828.88
35189 00	Surgery	44.30	44.30	3189.60	3189.60
35190 00	Surgery	22.26	22.26	1602.72	1602.72
35201 00	Surgery	27.42	27.42	1974.24	1974.24
35206 00	Surgery	23.64	23.64	1702.08	1702.08
35207 00	Surgery	22.99	22.99	1655.28	1655.28
35211 00	Surgery	41.19	41.19	2965.68	2965.68

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
35216 00	Surgery	61.64	61.64	4438.08	4438.08
35221 00	Surgery	43.49	43.49	3131.28	3131.28
35226 00	Surgery	24.39	24.39	1756.08	1756.08
35231 00	Surgery	37.32	37.32	2687.04	2687.04
35236 00	Surgery	29.86	29.86	2149.92	2149.92
35241 00	Surgery	42.38	42.38	3051.36	3051.36
35246 00	Surgery	46.10	46.10	3319.20	3319.20
35251 00	Surgery	51.05	51.05	3675.60	3675.60
35256 00	Surgery	30.02	30.02	2161.44	2161.44
35261 00	Surgery	28.89	28.89	2080.08	2080.08
35266 00	Surgery	25.54	25.54	1838.88	1838.88
35271 00	Surgery	40.84	40.84	2940.48	2940.48
35276 00	Surgery	43.08	43.08	3101.76	3101.76
35281 00	Surgery	48.17	48.17	3468.24	3468.24
35286 00	Surgery	27.26	27.26	1962.72	1962.72
35301 00	Surgery	33.12	33.12	2384.64	2384.64
35302 00	Surgery	32.71	32.71	2355.12	2355.12
35303 00	Surgery	35.94	35.94	2587.68	2587.68
35304 00	Surgery	37.35	37.35	2689.20	2689.20
35305 00	Surgery	35.84	35.84	2580.48	2580.48
35306 00	Surgery	13.01	13.01	936.72	936.72
35311 00	Surgery	45.72	45.72	3291.84	3291.84
35321 00	Surgery	26.69	26.69	1921.68	1921.68
35331 00	Surgery	42.45	42.45	3056.40	3056.40
35341 00	Surgery	40.36	40.36	2905.92	2905.92
35351 00	Surgery	37.75	37.75	2718.00	2718.00
35355 00	Surgery	30.15	30.15	2170.80	2170.80
35361 00	Surgery	44.68	44.68	3216.96	3216.96
35363 00	Surgery	47.67	47.67	3432.24	3432.24
35371 00	Surgery	23.89	23.89	1720.08	1720.08
35372 00	Surgery	28.59	28.59	2058.48	2058.48
35390 00	Surgery	4.66	4.66	335.52	335.52
35400 00	Surgery	4.21	4.21	303.12	303.12
35500 00	Surgery	9.29	9.29	668.88	668.88
35501 00	Surgery	42.79	42.79	3080.88	3080.88
35506 00	Surgery	37.42	37.42	2694.24	2694.24
35508 00	Surgery	39.08	39.08	2813.76	2813.76
35509 00	Surgery	41.42	41.42	2982.24	2982.24
35510 00	Surgery	36.09	36.09	2598.48	2598.48
35511 00	Surgery	32.90	32.90	2368.80	2368.80
35512 00	Surgery	35.40	35.40	2548.80	2548.80
35515 00	Surgery	39.08	39.08	2813.76	2813.76
35516 00	Surgery	35.83	35.83	2579.76	2579.76
35518 00	Surgery	33.57	33.57	2417.04	2417.04
35521 00	Surgery	36.09	36.09	2598.48	2598.48
35522 00	Surgery	34.35	34.35	2473.20	2473.20
35523 00	Surgery	36.14	36.14	2602.08	2602.08

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
35525 00	Surgery	32.32	32.32	2327.04	2327.04
35526 00	Surgery	50.92	50.92	3666.24	3666.24
35531 00	Surgery	57.17	57.17	4116.24	4116.24
35533 00	Surgery	44.22	44.22	3183.84	3183.84
35535 00	Surgery	55.80	55.80	4017.60	4017.60
35536 00	Surgery	49.59	49.59	3570.48	3570.48
35537 00	Surgery	61.09	61.09	4398.48	4398.48
35538 00	Surgery	68.45	68.45	4928.40	4928.40
35539 00	Surgery	64.23	64.23	4624.56	4624.56
35540 00	Surgery	71.57	71.57	5153.04	5153.04
35556 00	Surgery	40.83	40.83	2939.76	2939.76
35558 00	Surgery	35.86	35.86	2581.92	2581.92
35560 00	Surgery	50.02	50.02	3601.44	3601.44
35563 00	Surgery	38.90	38.90	2800.80	2800.80
35565 00	Surgery	38.40	38.40	2764.80	2764.80
35566 00	Surgery	48.61	48.61	3499.92	3499.92
35570 00	Surgery	43.26	43.26	3114.72	3114.72
35571 00	Surgery	38.78	38.78	2792.16	2792.16
35572 00	Surgery	10.03	10.03	722.16	722.16
35583 00	Surgery	42.23	42.23	3040.56	3040.56
35585 00	Surgery	48.89	48.89	3520.08	3520.08
35587 00	Surgery	39.14	39.14	2818.08	2818.08
35600 00	Surgery	5.45	5.45	392.40	392.40
35601 00	Surgery	41.27	41.27	2971.44	2971.44
35606 00	Surgery	34.44	34.44	2479.68	2479.68
35612 00	Surgery	30.76	30.76	2214.72	2214.72
35616 00	Surgery	32.38	32.38	2331.36	2331.36
35621 00	Surgery	32.10	32.10	2311.20	2311.20
35623 00	Surgery	38.63	38.63	2781.36	2781.36
35626 00	Surgery	46.96	46.96	3381.12	3381.12
35631 00	Surgery	54.10	54.10	3895.20	3895.20
35632 00	Surgery	52.98	52.98	3814.56	3814.56
35633 00	Surgery	57.91	57.91	4169.52	4169.52
35634 00	Surgery	51.85	51.85	3733.20	3733.20
35636 00	Surgery	46.81	46.81	3370.32	3370.32
35637 00	Surgery	48.67	48.67	3504.24	3504.24
35638 00	Surgery	51.19	51.19	3685.68	3685.68
35642 00	Surgery	29.14	29.14	2098.08	2098.08
35645 00	Surgery	27.87	27.87	2006.64	2006.64
35646 00	Surgery	49.85	49.85	3589.20	3589.20
35647 00	Surgery	44.99	44.99	3239.28	3239.28
35650 00	Surgery	30.02	30.02	2161.44	2161.44
35654 00	Surgery	40.05	40.05	2883.60	2883.60
35656 00	Surgery	31.40	31.40	2260.80	2260.80
35661 00	Surgery	31.76	31.76	2286.72	2286.72
35663 00	Surgery	35.82	35.82	2579.04	2579.04
35665 00	Surgery	34.37	34.37	2474.64	2474.64

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
35666 00	Surgery	37.66	37.66	2711.52	2711.52
35671 00	Surgery	33.04	33.04	2378.88	2378.88
35681 00	Surgery	2.32	2.32	167.04	167.04
35682 00	Surgery	10.27	10.27	739.44	739.44
35683 00	Surgery	11.97	11.97	861.84	861.84
35685 00	Surgery	5.79	5.79	416.88	416.88
35686 00	Surgery	4.70	4.70	338.40	338.40
35691 00	Surgery	27.83	27.83	2003.76	2003.76
35693 00	Surgery	24.70	24.70	1778.40	1778.40
35694 00	Surgery	29.08	29.08	2093.76	2093.76
35695 00	Surgery	30.17	30.17	2172.24	2172.24
35697 00	Surgery	4.28	4.28	308.16	308.16
35700 00	Surgery	4.43	4.43	318.96	318.96
35701 00	Surgery	13.11	13.11	943.92	943.92
35702 00	Surgery	12.18	12.18	876.96	876.96
35703 00	Surgery	12.36	12.36	889.92	889.92
35800 00	Surgery	22.03	22.03	1586.16	1586.16
35820 00	Surgery	59.49	59.49	4283.28	4283.28
35840 00	Surgery	36.50	36.50	2628.00	2628.00
35860 00	Surgery	24.95	24.95	1796.40	1796.40
35870 00	Surgery	36.67	36.67	2640.24	2640.24
35875 00	Surgery	17.36	17.36	1249.92	1249.92
35876 00	Surgery	27.65	27.65	1990.80	1990.80
35879 00	Surgery	27.08	27.08	1949.76	1949.76
35881 00	Surgery	30.04	30.04	2162.88	2162.88
35883 00	Surgery	34.98	34.98	2518.56	2518.56
35884 00	Surgery	36.36	36.36	2617.92	2617.92
35901 00	Surgery	14.13	14.13	1017.36	1017.36
35903 00	Surgery	16.60	16.60	1195.20	1195.20
35905 00	Surgery	49.29	49.29	3548.88	3548.88
35907 00	Surgery	56.06	56.06	4036.32	4036.32
36000 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
36002 00	Surgery	4.61	3.07	331.92	221.04
36005 00	Surgery	7.22	1.40	519.84	100.80
36010 00	Surgery	15.20	3.16	1094.40	227.52
36011 00	Surgery	22.89	4.58	1648.08	329.76
36012 00	Surgery	23.87	5.14	1718.64	370.08
36013 00	Surgery	22.12	3.70	1592.64	266.40
36014 00	Surgery	22.36	4.46	1609.92	321.12
36015 00	Surgery	24.00	5.07	1728.00	365.04
36100 00	Surgery	15.74	4.48	1133.28	322.56
36140 00	Surgery	14.49	2.60	1043.28	187.20
36160 00	Surgery	16.07	3.61	1157.04	259.92
36200 00	Surgery	16.85	4.10	1213.20	295.20
36215 00	Surgery	29.81	6.28	2146.32	452.16
36216 00	Surgery	30.75	8.02	2214.00	577.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
36217 00	Surgery	53.74	9.97	3869.28	717.84
36218 00	Surgery	6.13	1.55	441.36	111.60
36221 00	Surgery	28.10	5.87	2023.20	422.64
36222 00	Surgery	35.68	8.45	2568.96	608.40
36223 00	Surgery	49.51	9.83	3564.72	707.76
36224 00	Surgery	60.32	11.04	4343.04	794.88
36225 00	Surgery	47.00	9.77	3384.00	703.44
36226 00	Surgery	58.81	10.96	4234.32	789.12
36227 00	Surgery	7.28	3.61	524.16	259.92
36228 00	Surgery	38.65	7.48	2782.80	538.56
36245 00	Surgery	35.37	6.93	2546.64	498.96
36246 00	Surgery	23.79	7.38	1712.88	531.36
36247 00	Surgery	40.49	8.71	2915.28	627.12
36248 00	Surgery	3.39	1.42	244.08	102.24
36251 00	Surgery	36.56	7.46	2632.32	537.12
36252 00	Surgery	39.75	10.45	2862.00	752.40
36253 00	Surgery	57.45	10.35	4136.40	745.20
36254 00	Surgery	55.77	12.22	4015.44	879.84
36260 00	Surgery	19.90	19.90	1432.80	1432.80
36261 00	Surgery	12.57	12.57	905.04	905.04
36262 00	Surgery	9.60	9.60	691.20	691.20
36299 00	Surgery	0.00	0.00	BR	BR
36400 00	Surgery	0.82	0.55	59.04	39.60
36405 00	Surgery	0.71	0.44	51.12	31.68
36406 00	Surgery	0.53	0.26	38.16	18.72
36410 00	Surgery	0.54	0.27	38.88	19.44
36415 00	Surgery	0.28	0.28	20.23	20.23
36416 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
36420 00	Surgery	1.40	1.40	100.80	100.80
36425 00	Surgery	1.17	1.17	84.24	84.24
36430 00	Surgery	1.29	1.29	92.88	92.88
36440 00	Surgery	1.46	1.46	105.12	105.12
36450 00	Surgery	4.99	4.99	359.28	359.28
36455 00	Surgery	3.71	3.71	267.12	267.12
36456 00	Surgery	2.87	2.87	206.64	206.64
36460 00	Surgery	10.23	10.23	736.56	736.56
36465 00	Surgery	36.58	3.54	2633.76	254.88
36466 00	Surgery	38.39	4.47	2764.08	321.84
36468 00	Surgery	-	-	292.32	292.32
36470 00	Surgery	3.46	1.14	249.12	82.08
36471 00	Surgery	5.93	2.23	426.96	160.56
36473 00	Surgery	33.90	5.32	2440.80	383.04
36474 00	Surgery	7.33	2.64	527.76	190.08
36475 00	Surgery	30.60	8.16	2203.20	587.52
36476 00	Surgery	8.21	3.93	591.12	282.96
36478 00	Surgery	28.21	8.18	2031.12	588.96

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
36479 00	Surgery	8.90	3.99	640.80	287.28
36481 00	Surgery	49.53	9.52	3566.16	685.44
36482 00	Surgery	47.33	5.28	3407.76	380.16
36483 00	Surgery	4.12	2.61	296.64	187.92
36500 00	Surgery	5.38	5.38	387.36	387.36
36510 00	Surgery	2.56	1.55	184.32	111.60
36511 00	Surgery	3.31	3.31	238.32	238.32
36512 00	Surgery	3.14	3.14	226.08	226.08
36513 00	Surgery	3.21	3.21	231.12	231.12
36514 00	Surgery	20.51	2.77	1476.72	199.44
36516 00	Surgery	64.09	2.62	4614.48	188.64
36522 00	Surgery	39.28	2.86	2828.16	205.92
36555 00	Surgery	5.51	2.49	396.72	179.28
36556 00	Surgery	6.22	2.49	447.84	179.28
36557 00	Surgery	33.10	9.68	2383.20	696.96
36558 00	Surgery	23.58	7.68	1697.76	552.96
36560 00	Surgery	35.37	11.55	2546.64	831.60
36561 00	Surgery	27.82	9.84	2003.04	708.48
36563 00	Surgery	31.20	10.81	2246.40	778.32
36565 00	Surgery	23.80	10.03	1713.60	722.16
36566 00	Surgery	116.08	10.59	8357.76	762.48
36568 00	Surgery	2.74	2.74	197.28	197.28
36569 00	Surgery	2.81	2.81	202.32	202.32
36570 00	Surgery	41.40	10.02	2980.80	721.44
36571 00	Surgery	35.60	9.32	2563.20	671.04
36572 00	Surgery	10.94	2.40	787.68	172.80
36573 00	Surgery	10.98	2.46	790.56	177.12
36575 00	Surgery	4.17	0.99	300.24	71.28
36576 00	Surgery	9.97	5.44	717.84	391.68
36578 00	Surgery	12.25	5.99	882.00	431.28
36580 00	Surgery	5.46	1.91	393.12	137.52
36581 00	Surgery	22.01	5.42	1584.72	390.24
36582 00	Surgery	25.04	8.52	1802.88	613.44
36583 00	Surgery	32.85	9.92	2365.20	714.24
36584 00	Surgery	9.34	1.74	672.48	125.28
36585 00	Surgery	38.90	9.17	2800.80	660.24
36589 00	Surgery	4.91	4.06	353.52	292.32
36590 00	Surgery	6.63	5.65	477.36	406.80
36591 00	Surgery	0.83	0.83	59.76	59.76
36592 00	Surgery	0.89	0.89	64.08	64.08
36593 00	Surgery	1.04	1.04	74.88	74.88
36595 00	Surgery	17.03	5.32	1226.16	383.04
36596 00	Surgery	3.42	1.36	246.24	97.92
36597 00	Surgery	3.27	1.78	235.44	128.16
36598 00	Surgery	3.48	1.04	250.56	74.88
36600 00	Surgery	0.82	0.44	59.04	31.68
36620 00	Surgery	1.29	1.29	92.88	92.88

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
36625 00	Surgery	3.10	3.10	223.20	223.20
36640 00	Surgery	3.49	3.49	251.28	251.28
36660 00	Surgery	2.01	2.01	144.72	144.72
36680 00	Surgery	1.78	1.78	128.16	128.16
36800 00	Surgery	3.56	3.56	256.32	256.32
36810 00	Surgery	5.71	5.71	411.12	411.12
36815 00	Surgery	3.99	3.99	287.28	287.28
36818 00	Surgery	20.27	20.27	1459.44	1459.44
36819 00	Surgery	21.43	21.43	1542.96	1542.96
36820 00	Surgery	21.47	21.47	1545.84	1545.84
36821 00	Surgery	19.41	19.41	1397.52	1397.52
36823 00	Surgery	42.31	42.31	3046.32	3046.32
36825 00	Surgery	23.31	23.31	1678.32	1678.32
36830 00	Surgery	19.63	19.63	1413.36	1413.36
36831 00	Surgery	18.21	18.21	1311.12	1311.12
36832 00	Surgery	22.25	22.25	1602.00	1602.00
36833 00	Surgery	23.74	23.74	1709.28	1709.28
36835 00	Surgery	14.48	14.48	1042.56	1042.56
36836 00	Surgery	228.21	10.46	16431.12	753.12
36837 00	Surgery	271.02	13.48	19513.44	970.56
36838 00	Surgery	33.50	33.50	2412.00	2412.00
36860 00	Surgery	6.95	3.28	500.40	236.16
36861 00	Surgery	4.10	4.10	295.20	295.20
36901 00	Surgery	20.21	4.94	1455.12	355.68
36902 00	Surgery	34.41	7.01	2477.52	504.72
36903 00	Surgery	118.86	9.22	8557.92	663.84
36904 00	Surgery	51.53	10.76	3710.16	774.72
36905 00	Surgery	64.53	12.95	4646.16	932.40
36906 00	Surgery	151.63	14.91	10917.36	1073.52
36907 00	Surgery	16.85	4.30	1213.20	309.60
36908 00	Surgery	40.13	6.07	2889.36	437.04
36909 00	Surgery	53.14	5.86	3826.08	421.92
37140 00	Surgery	69.61	69.61	5011.92	5011.92
37145 00	Surgery	64.61	64.61	4651.92	4651.92
37160 00	Surgery	66.34	66.34	4776.48	4776.48
37180 00	Surgery	63.78	63.78	4592.16	4592.16
37181 00	Surgery	69.61	69.61	5011.92	5011.92
37182 00	Surgery	23.82	23.82	1715.04	1715.04
37183 00	Surgery	163.70	10.92	11786.40	786.24
37184 00	Surgery	48.75	12.62	3510.00	908.64
37185 00	Surgery	13.64	4.76	982.08	342.72
37186 00	Surgery	33.84	7.16	2436.48	515.52
37187 00	Surgery	47.89	11.53	3448.08	830.16
37188 00	Surgery	41.13	8.28	2961.36	596.16
37191 00	Surgery	57.00	6.46	4104.00	465.12
37192 00	Surgery	36.58	10.09	2633.76	726.48
37193 00	Surgery	42.80	10.14	3081.60	730.08

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
37195 00	Surgery	-	-	1581.84	1581.84
37197 00	Surgery	44.16	8.80	3179.52	633.60
37200 00	Surgery	6.32	6.32	455.04	455.04
37211 00	Surgery	11.32	11.32	815.04	815.04
37212 00	Surgery	9.89	9.89	712.08	712.08
37213 00	Surgery	6.76	6.76	486.72	486.72
37214 00	Surgery	3.59	3.59	258.48	258.48
37215 00	Surgery	29.01	29.01	2088.72	2088.72
37216 00	Surgery	29.28	29.28	2108.16	2108.16
37217 00	Surgery	31.80	31.80	2289.60	2289.60
37218 00	Surgery	24.43	24.43	1758.96	1758.96
37220 00	Surgery	70.74	11.67	5093.28	840.24
37221 00	Surgery	86.59	14.37	6234.48	1034.64
37222 00	Surgery	17.71	5.42	1275.12	390.24
37223 00	Surgery	35.73	6.18	2572.56	444.96
37224 00	Surgery	82.02	12.96	5905.44	933.12
37225 00	Surgery	244.26	17.39	17586.72	1252.08
37226 00	Surgery	226.06	15.13	16276.32	1089.36
37227 00	Surgery	311.96	20.86	22461.12	1501.92
37228 00	Surgery	116.00	15.78	8352.00	1136.16
37229 00	Surgery	249.50	20.19	17964.00	1453.68
37230 00	Surgery	249.67	20.27	17976.24	1459.44
37231 00	Surgery	327.58	21.60	23585.76	1555.20
37232 00	Surgery	23.23	5.80	1672.56	417.60
37233 00	Surgery	30.26	9.39	2178.72	676.08
37234 00	Surgery	101.51	8.21	7308.72	591.12
37235 00	Surgery	112.49	10.89	8099.28	784.08
37236 00	Surgery	77.46	12.88	5577.12	927.36
37237 00	Surgery	36.59	6.17	2634.48	444.24
37238 00	Surgery	96.98	8.98	6982.56	646.56
37239 00	Surgery	48.55	4.42	3495.60	318.24
37241 00	Surgery	129.78	12.48	9344.16	898.56
37242 00	Surgery	199.91	13.89	14393.52	1000.08
37243 00	Surgery	242.41	16.40	17453.52	1180.80
37244 00	Surgery	185.27	19.29	13339.44	1388.88
37246 00	Surgery	51.23	10.20	3688.56	734.40
37247 00	Surgery	17.41	5.09	1253.52	366.48
37248 00	Surgery	38.35	8.68	2761.20	624.96
37249 00	Surgery	12.74	4.29	917.28	308.88
37252 00	Surgery	26.60	2.61	1915.20	187.92
37253 00	Surgery	5.08	2.08	365.76	149.76
37500 00	Surgery	18.63	18.63	1341.36	1341.36
37501 00	Surgery	0.00	0.00	BR	BR
37565 00	Surgery	21.75	21.75	1566.00	1566.00
37600 00	Surgery	22.53	22.53	1622.16	1622.16
37605 00	Surgery	21.76	21.76	1566.72	1566.72
37606 00	Surgery	22.53	22.53	1622.16	1622.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
37607 00	Surgery	11.10	11.10	799.20	799.20
37609 00	Surgery	9.17	6.10	660.24	439.20
37615 00	Surgery	15.54	15.54	1118.88	1118.88
37616 00	Surgery	34.15	34.15	2458.80	2458.80
37617 00	Surgery	39.39	39.39	2836.08	2836.08
37618 00	Surgery	11.72	11.72	843.84	843.84
37619 00	Surgery	51.76	51.76	3726.72	3726.72
37650 00	Surgery	13.63	13.63	981.36	981.36
37660 00	Surgery	39.52	39.52	2845.44	2845.44
37700 00	Surgery	7.30	7.30	525.60	525.60
37718 00	Surgery	11.68	11.68	840.96	840.96
37722 00	Surgery	13.58	13.58	977.76	977.76
37735 00	Surgery	17.21	17.21	1239.12	1239.12
37760 00	Surgery	17.05	17.05	1227.60	1227.60
37761 00	Surgery	15.78	15.78	1136.16	1136.16
37765 00	Surgery	12.29	7.96	884.88	573.12
37766 00	Surgery	14.58	9.82	1049.76	707.04
37780 00	Surgery	7.04	7.04	506.88	506.88
37785 00	Surgery	10.19	7.50	733.68	540.00
37788 00	Surgery	37.72	37.72	2715.84	2715.84
37790 00	Surgery	14.63	14.63	1053.36	1053.36
37799 00	Surgery	0.00	0.00	BR	BR
38100 00	Surgery	34.64	34.64	2494.08	2494.08
38101 00	Surgery	35.11	35.11	2527.92	2527.92
38102 00	Surgery	7.82	7.82	563.04	563.04
38115 00	Surgery	38.90	38.90	2800.80	2800.80
38120 00	Surgery	32.03	32.03	2306.16	2306.16
38129 00	Surgery	0.00	0.00	BR	BR
38200 00	Surgery	3.84	3.84	276.48	276.48
38204 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
38205 00	Surgery	2.48	2.48	178.56	178.56
38206 00	Surgery	2.44	2.44	175.68	175.68
38207 00	Surgery	1.32	1.32	95.04	95.04
38208 00	Surgery	0.83	0.83	59.76	59.76
38209 00	Surgery	0.35	0.35	25.20	25.20
38210 00	Surgery	2.35	2.35	169.20	169.20
38211 00	Surgery	2.14	2.14	154.08	154.08
38212 00	Surgery	1.41	1.41	101.52	101.52
38213 00	Surgery	0.35	0.35	25.20	25.20
38214 00	Surgery	1.20	1.20	86.40	86.40
38215 00	Surgery	1.41	1.41	101.52	101.52
38220 00	Surgery	4.72	2.01	339.84	144.72
38221 00	Surgery	4.82	2.07	347.04	149.04
38222 00	Surgery	5.23	2.22	376.56	159.84
38225 00	Surgery	-	-	208.80	208.80
38226 00	Surgery	-	-	84.24	84.24

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
38227 00	Surgery	-	-	84.96	84.96
38228 00	Surgery	8.66	5.27	623.52	379.44
38230 00	Surgery	6.06	6.06	436.32	436.32
38232 00	Surgery	5.57	5.57	401.04	401.04
38240 00	Surgery	7.21	7.21	519.12	519.12
38241 00	Surgery	5.32	5.32	383.04	383.04
38242 00	Surgery	3.76	3.76	270.72	270.72
38243 00	Surgery	3.70	3.70	266.40	266.40
38300 00	Surgery	10.13	6.42	729.36	462.24
38305 00	Surgery	15.12	15.12	1088.64	1088.64
38308 00	Surgery	14.34	14.34	1032.48	1032.48
38380 00	Surgery	17.60	17.60	1267.20	1267.20
38381 00	Surgery	24.25	24.25	1746.00	1746.00
38382 00	Surgery	20.52	20.52	1477.44	1477.44
38500 00	Surgery	10.12	7.73	728.64	556.56
38505 00	Surgery	5.15	2.55	370.80	183.60
38510 00	Surgery	15.87	12.65	1142.64	910.80
38520 00	Surgery	14.25	14.25	1026.00	1026.00
38525 00	Surgery	13.43	13.43	966.96	966.96
38530 00	Surgery	17.31	17.31	1246.32	1246.32
38531 00	Surgery	13.59	13.59	978.48	978.48
38542 00	Surgery	15.86	15.86	1141.92	1141.92
38550 00	Surgery	15.96	15.96	1149.12	1149.12
38555 00	Surgery	31.11	31.11	2239.92	2239.92
38562 00	Surgery	21.45	21.45	1544.40	1544.40
38564 00	Surgery	21.26	21.26	1530.72	1530.72
38570 00	Surgery	15.59	15.59	1122.48	1122.48
38571 00	Surgery	19.89	19.89	1432.08	1432.08
38572 00	Surgery	26.99	26.99	1943.28	1943.28
38573 00	Surgery	35.49	35.49	2555.28	2555.28
38589 00	Surgery	0.00	0.00	BR	BR
38700 00	Surgery	24.40	24.40	1756.80	1756.80
38720 00	Surgery	40.57	40.57	2921.04	2921.04
38724 00	Surgery	43.75	43.75	3150.00	3150.00
38740 00	Surgery	21.33	21.33	1535.76	1535.76
38745 00	Surgery	26.79	26.79	1928.88	1928.88
38746 00	Surgery	6.30	6.30	453.60	453.60
38747 00	Surgery	7.93	7.93	570.96	570.96
38760 00	Surgery	25.31	25.31	1822.32	1822.32
38765 00	Surgery	39.55	39.55	2847.60	2847.60
38770 00	Surgery	24.25	24.25	1746.00	1746.00
38780 00	Surgery	31.86	31.86	2293.92	2293.92
38790 00	Surgery	2.47	2.47	177.84	177.84
38792 00	Surgery	2.46	0.95	177.12	68.40
38794 00	Surgery	8.48	8.48	610.56	610.56
38900 00	Surgery	4.11	4.11	295.92	295.92
38999 00	Surgery	0.00	0.00	BR	BR

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
39000 00	Surgery	15.21	15.21	1095.12	1095.12
39010 00	Surgery	23.60	23.60	1699.20	1699.20
39200 00	Surgery	25.90	25.90	1864.80	1864.80
39220 00	Surgery	33.95	33.95	2444.40	2444.40
39401 00	Surgery	9.18	9.18	660.96	660.96
39402 00	Surgery	11.97	11.97	861.84	861.84
39499 00	Surgery	0.00	0.00	BR	BR
39501 00	Surgery	25.62	25.62	1844.64	1844.64
39503 00	Surgery	171.28	171.28	12332.16	12332.16
39540 00	Surgery	25.92	25.92	1866.24	1866.24
39541 00	Surgery	28.15	28.15	2026.80	2026.80
39545 00	Surgery	26.85	26.85	1933.20	1933.20
39560 00	Surgery	24.21	24.21	1743.12	1743.12
39561 00	Surgery	37.83	37.83	2723.76	2723.76
39599 00	Surgery	0.00	0.00	BR	BR
40490 00	Surgery	3.66	2.08	263.52	149.76
40500 00	Surgery	15.87	11.27	1142.64	811.44
40510 00	Surgery	14.71	10.63	1059.12	765.36
40520 00	Surgery	15.21	10.92	1095.12	786.24
40525 00	Surgery	16.70	16.70	1202.40	1202.40
40527 00	Surgery	19.06	19.06	1372.32	1372.32
40530 00	Surgery	16.77	12.33	1207.44	887.76
40650 00	Surgery	14.55	9.73	1047.60	700.56
40652 00	Surgery	15.71	11.09	1131.12	798.48
40654 00	Surgery	17.74	13.03	1277.28	938.16
40700 00	Surgery	30.59	30.59	2202.48	2202.48
40701 00	Surgery	36.03	36.03	2594.16	2594.16
40702 00	Surgery	30.32	30.32	2183.04	2183.04
40720 00	Surgery	31.10	31.10	2239.20	2239.20
40761 00	Surgery	32.66	32.66	2351.52	2351.52
40799 00	Surgery	0.00	0.00	BR	BR
40800 00	Surgery	6.12	3.65	440.64	262.80
40801 00	Surgery	8.88	6.12	639.36	440.64
40804 00	Surgery	5.92	3.59	426.24	258.48
40805 00	Surgery	8.65	6.07	622.80	437.04
40806 00	Surgery	3.01	0.91	216.72	65.52
40808 00	Surgery	5.05	2.73	363.60	196.56
40810 00	Surgery	6.44	3.71	463.68	267.12
40812 00	Surgery	8.28	5.51	596.16	396.72
40814 00	Surgery	11.24	8.63	809.28	621.36
40816 00	Surgery	12.13	9.23	873.36	664.56
40818 00	Surgery	10.84	8.00	780.48	576.00
40819 00	Surgery	8.20	6.13	590.40	441.36
40820 00	Surgery	7.63	4.97	549.36	357.84
40830 00	Surgery	6.76	4.45	486.72	320.40
40831 00	Surgery	8.95	6.15	644.40	442.80
40840 00	Surgery	25.80	19.07	1857.60	1373.04

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
40842 00	Surgery	24.93	18.60	1794.96	1339.20
40843 00	Surgery	36.19	26.40	2605.68	1900.80
40844 00	Surgery	45.51	35.75	3276.72	2574.00
40845 00	Surgery	44.52	36.45	3205.44	2624.40
40899 00	Surgery	0.00	0.00	BR	BR
41000 00	Surgery	4.45	3.25	320.40	234.00
41005 00	Surgery	6.82	3.58	491.04	257.76
41006 00	Surgery	10.28	7.11	740.16	511.92
41007 00	Surgery	9.95	6.80	716.40	489.60
41008 00	Surgery	12.04	7.99	866.88	575.28
41009 00	Surgery	12.77	8.73	919.44	628.56
41010 00	Surgery	6.36	3.32	457.92	239.04
41015 00	Surgery	12.11	9.15	871.92	658.80
41016 00	Surgery	13.98	10.47	1006.56	753.84
41017 00	Surgery	13.92	10.39	1002.24	748.08
41018 00	Surgery	15.83	12.16	1139.76	875.52
41019 00	Surgery	14.82	14.82	1067.04	1067.04
41100 00	Surgery	5.59	3.26	402.48	234.72
41105 00	Surgery	5.61	3.35	403.92	241.20
41108 00	Surgery	5.04	2.79	362.88	200.88
41110 00	Surgery	6.81	3.92	490.32	282.24
41112 00	Surgery	10.16	7.38	731.52	531.36
41113 00	Surgery	10.86	8.01	781.92	576.72
41114 00	Surgery	18.75	18.75	1350.00	1350.00
41115 00	Surgery	7.72	4.42	555.84	318.24
41116 00	Surgery	9.98	6.58	718.56	473.76
41120 00	Surgery	31.67	31.67	2280.24	2280.24
41130 00	Surgery	39.19	39.19	2821.68	2821.68
41135 00	Surgery	64.58	64.58	4649.76	4649.76
41140 00	Surgery	64.97	64.97	4677.84	4677.84
41145 00	Surgery	81.80	81.80	5889.60	5889.60
41150 00	Surgery	65.50	65.50	4716.00	4716.00
41153 00	Surgery	71.35	71.35	5137.20	5137.20
41155 00	Surgery	88.79	88.79	6392.88	6392.88
41250 00	Surgery	8.50	4.68	612.00	336.96
41251 00	Surgery	9.30	5.57	669.60	401.04
41252 00	Surgery	9.80	6.33	705.60	455.76
41510 00	Surgery	13.68	13.68	984.96	984.96
41512 00	Surgery	20.02	20.02	1441.44	1441.44
41520 00	Surgery	10.93	7.64	786.96	550.08
41530 00	Surgery	26.64	11.36	1918.08	817.92
41599 00	Surgery	0.00	0.00	BR	BR
41800 00	Surgery	9.03	4.81	650.16	346.32
41805 00	Surgery	9.07	5.83	653.04	419.76
41806 00	Surgery	12.09	8.25	870.48	594.00
41820 00	Surgery	-	-	701.28	701.28
41821 00	Surgery	-	-	229.68	229.68

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
41822 00	Surgery	10.68	6.19	768.96	445.68
41823 00	Surgery	15.95	11.25	1148.40	810.00
41825 00	Surgery	6.55	3.70	471.60	266.40
41826 00	Surgery	8.99	5.94	647.28	427.68
41827 00	Surgery	13.08	8.85	941.76	637.20
41828 00	Surgery	10.65	6.77	766.80	487.44
41830 00	Surgery	14.07	9.50	1013.04	684.00
41850 00	Surgery	-	-	442.80	442.80
41870 00	Surgery	-	-	820.80	820.80
41872 00	Surgery	14.21	9.34	1023.12	672.48
41874 00	Surgery	11.80	7.58	849.60	545.76
41899 00	Surgery	0.00	0.00	BR	BR
42000 00	Surgery	4.79	3.32	344.88	239.04
42100 00	Surgery	4.37	3.35	314.64	241.20
42104 00	Surgery	6.50	4.10	468.00	295.20
42106 00	Surgery	7.57	4.89	545.04	352.08
42107 00	Surgery	13.48	9.89	970.56	712.08
42120 00	Surgery	30.15	30.15	2170.80	2170.80
42140 00	Surgery	9.20	4.98	662.40	358.56
42145 00	Surgery	20.79	20.79	1496.88	1496.88
42160 00	Surgery	6.71	4.24	483.12	305.28
42180 00	Surgery	7.62	5.70	548.64	410.40
42182 00	Surgery	9.88	7.82	711.36	563.04
42200 00	Surgery	28.04	28.04	2018.88	2018.88
42205 00	Surgery	29.14	29.14	2098.08	2098.08
42210 00	Surgery	32.55	32.55	2343.60	2343.60
42215 00	Surgery	21.30	21.30	1533.60	1533.60
42220 00	Surgery	17.55	17.55	1263.60	1263.60
42225 00	Surgery	29.86	29.86	2149.92	2149.92
42226 00	Surgery	27.38	27.38	1971.36	1971.36
42227 00	Surgery	25.50	25.50	1836.00	1836.00
42235 00	Surgery	22.44	22.44	1615.68	1615.68
42260 00	Surgery	25.87	20.30	1862.64	1461.60
42280 00	Surgery	5.28	3.28	380.16	236.16
42281 00	Surgery	6.74	4.90	485.28	352.80
42299 00	Surgery	0.00	0.00	BR	BR
42300 00	Surgery	6.44	4.75	463.68	342.00
42305 00	Surgery	13.16	13.16	947.52	947.52
42310 00	Surgery	5.14	4.11	370.08	295.92
42320 00	Surgery	7.79	5.45	560.88	392.40
42330 00	Surgery	7.03	5.02	506.16	361.44
42335 00	Surgery	12.91	8.05	929.52	579.60
42340 00	Surgery	15.91	10.49	1145.52	755.28
42400 00	Surgery	2.82	1.59	203.04	114.48
42405 00	Surgery	9.18	6.89	660.96	496.08
42408 00	Surgery	16.23	10.62	1168.56	764.64
42409 00	Surgery	11.77	7.12	847.44	512.64

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
42410 00	Surgery	19.07	19.07	1373.04	1373.04
42415 00	Surgery	31.99	31.99	2303.28	2303.28
42420 00	Surgery	35.80	35.80	2577.60	2577.60
42425 00	Surgery	25.41	25.41	1829.52	1829.52
42426 00	Surgery	40.70	40.70	2930.40	2930.40
42440 00	Surgery	12.63	12.63	909.36	909.36
42450 00	Surgery	14.26	11.10	1026.72	799.20
42500 00	Surgery	13.55	10.51	975.60	756.72
42505 00	Surgery	17.34	13.90	1248.48	1000.80
42507 00	Surgery	14.92	14.92	1074.24	1074.24
42509 00	Surgery	24.62	24.62	1772.64	1772.64
42510 00	Surgery	18.35	18.35	1321.20	1321.20
42550 00	Surgery	4.51	1.83	324.72	131.76
42600 00	Surgery	16.32	10.85	1175.04	781.20
42650 00	Surgery	2.25	1.81	162.00	130.32
42660 00	Surgery	2.99	2.39	215.28	172.08
42665 00	Surgery	11.20	6.66	806.40	479.52
42699 00	Surgery	0.00	0.00	BR	BR
42700 00	Surgery	5.78	4.15	416.16	298.80
42720 00	Surgery	13.48	11.65	970.56	838.80
42725 00	Surgery	24.20	24.20	1742.40	1742.40
42800 00	Surgery	4.75	3.58	342.00	257.76
42804 00	Surgery	6.43	3.73	462.96	268.56
42806 00	Surgery	7.20	4.30	518.40	309.60
42808 00	Surgery	7.03	5.07	506.16	365.04
42809 00	Surgery	6.16	3.82	443.52	275.04
42810 00	Surgery	11.72	8.63	843.84	621.36
42815 00	Surgery	16.29	16.29	1172.88	1172.88
42820 00	Surgery	8.89	8.89	640.08	640.08
42821 00	Surgery	9.27	9.27	667.44	667.44
42825 00	Surgery	8.23	8.23	592.56	592.56
42826 00	Surgery	7.82	7.82	563.04	563.04
42830 00	Surgery	6.53	6.53	470.16	470.16
42831 00	Surgery	7.09	7.09	510.48	510.48
42835 00	Surgery	6.09	6.09	438.48	438.48
42836 00	Surgery	7.53	7.53	542.16	542.16
42842 00	Surgery	30.30	30.30	2181.60	2181.60
42844 00	Surgery	41.23	41.23	2968.56	2968.56
42845 00	Surgery	65.80	65.80	4737.60	4737.60
42860 00	Surgery	5.96	5.96	429.12	429.12
42870 00	Surgery	17.70	17.70	1274.40	1274.40
42890 00	Surgery	42.40	42.40	3052.80	3052.80
42892 00	Surgery	55.69	55.69	4009.68	4009.68
42894 00	Surgery	70.65	70.65	5086.80	5086.80
42900 00	Surgery	10.03	10.03	722.16	722.16
42950 00	Surgery	23.92	23.92	1722.24	1722.24
42953 00	Surgery	28.79	28.79	2072.88	2072.88

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
42955 00	Surgery	22.75	22.75	1638.00	1638.00
42960 00	Surgery	4.90	4.90	352.80	352.80
42961 00	Surgery	12.73	12.73	916.56	916.56
42962 00	Surgery	15.69	15.69	1129.68	1129.68
42970 00	Surgery	12.48	12.48	898.56	898.56
42971 00	Surgery	13.74	13.74	989.28	989.28
42972 00	Surgery	15.36	15.36	1105.92	1105.92
42975 00	Surgery	2.92	2.92	210.24	210.24
42999 00	Surgery	0.00	0.00	BR	BR
43020 00	Surgery	17.24	17.24	1241.28	1241.28
43030 00	Surgery	15.91	15.91	1145.52	1145.52
43045 00	Surgery	38.96	38.96	2805.12	2805.12
43100 00	Surgery	19.28	19.28	1388.16	1388.16
43101 00	Surgery	30.04	30.04	2162.88	2162.88
43107 00	Surgery	88.32	88.32	6359.04	6359.04
43108 00	Surgery	130.99	130.99	9431.28	9431.28
43112 00	Surgery	101.16	101.16	7283.52	7283.52
43113 00	Surgery	128.25	128.25	9234.00	9234.00
43116 00	Surgery	146.40	146.40	10540.80	10540.80
43117 00	Surgery	96.65	96.65	6958.80	6958.80
43118 00	Surgery	106.92	106.92	7698.24	7698.24
43121 00	Surgery	84.60	84.60	6091.20	6091.20
43122 00	Surgery	76.93	76.93	5538.96	5538.96
43123 00	Surgery	132.92	132.92	9570.24	9570.24
43124 00	Surgery	112.57	112.57	8105.04	8105.04
43130 00	Surgery	23.95	23.95	1724.40	1724.40
43135 00	Surgery	43.64	43.64	3142.08	3142.08
43180 00	Surgery	16.55	16.55	1191.60	1191.60
43191 00	Surgery	4.70	4.70	338.40	338.40
43192 00	Surgery	5.11	5.11	367.92	367.92
43193 00	Surgery	5.12	5.12	368.64	368.64
43194 00	Surgery	5.78	5.78	416.16	416.16
43195 00	Surgery	5.59	5.59	402.48	402.48
43196 00	Surgery	5.91	5.91	425.52	425.52
43197 00	Surgery	5.77	2.45	415.44	176.40
43198 00	Surgery	6.40	2.93	460.80	210.96
43200 00	Surgery	7.79	2.62	560.88	188.64
43201 00	Surgery	7.72	3.09	555.84	222.48
43202 00	Surgery	10.40	3.06	748.80	220.32
43204 00	Surgery	4.02	4.02	289.44	289.44
43205 00	Surgery	4.17	4.17	300.24	300.24
43206 00	Surgery	9.01	3.96	648.72	285.12
43210 00	Surgery	12.77	12.77	919.44	919.44
43211 00	Surgery	6.94	6.94	499.68	499.68
43212 00	Surgery	5.63	5.63	405.36	405.36
43213 00	Surgery	34.97	7.69	2517.84	553.68
43214 00	Surgery	5.82	5.82	419.04	419.04

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
43215 00	Surgery	11.54	4.22	830.88	303.84
43216 00	Surgery	11.94	3.98	859.68	286.56
43217 00	Surgery	12.34	4.75	888.48	342.00
43220 00	Surgery	25.60	3.53	1843.20	254.16
43226 00	Surgery	11.37	3.91	818.64	281.52
43227 00	Surgery	17.23	4.89	1240.56	352.08
43229 00	Surgery	20.48	5.82	1474.56	419.04
43231 00	Surgery	4.61	4.61	331.92	331.92
43232 00	Surgery	5.86	5.86	421.92	421.92
43233 00	Surgery	6.79	6.79	488.88	488.88
43235 00	Surgery	8.54	3.65	614.88	262.80
43236 00	Surgery	11.74	4.10	845.28	295.20
43237 00	Surgery	5.78	5.78	416.16	416.16
43238 00	Surgery	6.88	6.88	495.36	495.36
43239 00	Surgery	11.04	4.10	794.88	295.20
43240 00	Surgery	11.54	11.54	830.88	830.88
43241 00	Surgery	4.23	4.23	304.56	304.56
43242 00	Surgery	7.75	7.75	558.00	558.00
43243 00	Surgery	7.04	7.04	506.88	506.88
43244 00	Surgery	7.23	7.23	520.56	520.56
43245 00	Surgery	17.24	5.24	1241.28	377.28
43246 00	Surgery	5.94	5.94	427.68	427.68
43247 00	Surgery	11.33	5.23	815.76	376.56
43248 00	Surgery	12.15	4.92	874.80	354.24
43249 00	Surgery	30.64	4.55	2206.08	327.60
43250 00	Surgery	13.20	5.06	950.40	364.32
43251 00	Surgery	14.47	5.80	1041.84	417.60
43252 00	Surgery	10.11	4.98	727.92	358.56
43253 00	Surgery	7.76	7.76	558.72	558.72
43254 00	Surgery	7.98	7.98	574.56	574.56
43255 00	Surgery	18.15	5.93	1306.80	426.96
43257 00	Surgery	6.87	6.87	494.64	494.64
43259 00	Surgery	6.69	6.69	481.68	481.68
43260 00	Surgery	9.51	9.51	684.72	684.72
43261 00	Surgery	9.97	9.97	717.84	717.84
43262 00	Surgery	10.52	10.52	757.44	757.44
43263 00	Surgery	10.54	10.54	758.88	758.88
43264 00	Surgery	10.74	10.74	773.28	773.28
43265 00	Surgery	12.73	12.73	916.56	916.56
43266 00	Surgery	6.44	6.44	463.68	463.68
43270 00	Surgery	21.14	6.65	1522.08	478.80
43273 00	Surgery	3.51	3.51	252.72	252.72
43274 00	Surgery	13.62	13.62	980.64	980.64
43275 00	Surgery	11.09	11.09	798.48	798.48
43276 00	Surgery	14.17	14.17	1020.24	1020.24
43277 00	Surgery	11.15	11.15	802.80	802.80
43278 00	Surgery	12.75	12.75	918.00	918.00

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
43279 00	Surgery	38.54	38.54	2774.88	2774.88
43280 00	Surgery	32.49	32.49	2339.28	2339.28
43281 00	Surgery	46.10	46.10	3319.20	3319.20
43282 00	Surgery	51.96	51.96	3741.12	3741.12
43283 00	Surgery	4.67	4.67	336.24	336.24
43284 00	Surgery	19.82	19.82	1427.04	1427.04
43285 00	Surgery	20.35	20.35	1465.20	1465.20
43286 00	Surgery	94.76	94.76	6822.72	6822.72
43287 00	Surgery	105.29	105.29	7580.88	7580.88
43288 00	Surgery	111.16	111.16	8003.52	8003.52
43289 00	Surgery	0.00	0.00	BR	BR
43290 00	Surgery	72.45	5.31	5216.40	382.32
43291 00	Surgery	13.47	4.79	969.84	344.88
43300 00	Surgery	19.02	19.02	1369.44	1369.44
43305 00	Surgery	33.04	33.04	2378.88	2378.88
43310 00	Surgery	44.03	44.03	3170.16	3170.16
43312 00	Surgery	46.95	46.95	3380.40	3380.40
43313 00	Surgery	87.43	87.43	6294.96	6294.96
43314 00	Surgery	93.44	93.44	6727.68	6727.68
43320 00	Surgery	42.16	42.16	3035.52	3035.52
43325 00	Surgery	41.00	41.00	2952.00	2952.00
43327 00	Surgery	25.22	25.22	1815.84	1815.84
43328 00	Surgery	33.33	33.33	2399.76	2399.76
43330 00	Surgery	40.33	40.33	2903.76	2903.76
43331 00	Surgery	39.94	39.94	2875.68	2875.68
43332 00	Surgery	34.46	34.46	2481.12	2481.12
43333 00	Surgery	37.88	37.88	2727.36	2727.36
43334 00	Surgery	36.83	36.83	2651.76	2651.76
43335 00	Surgery	39.52	39.52	2845.44	2845.44
43336 00	Surgery	42.95	42.95	3092.40	3092.40
43337 00	Surgery	45.76	45.76	3294.72	3294.72
43338 00	Surgery	3.37	3.37	242.64	242.64
43340 00	Surgery	41.64	41.64	2998.08	2998.08
43341 00	Surgery	41.72	41.72	3003.84	3003.84
43351 00	Surgery	39.44	39.44	2839.68	2839.68
43352 00	Surgery	31.94	31.94	2299.68	2299.68
43360 00	Surgery	66.73	66.73	4804.56	4804.56
43361 00	Surgery	81.20	81.20	5846.40	5846.40
43400 00	Surgery	45.89	45.89	3304.08	3304.08
43405 00	Surgery	43.52	43.52	3133.44	3133.44
43410 00	Surgery	31.30	31.30	2253.60	2253.60
43415 00	Surgery	76.47	76.47	5505.84	5505.84
43420 00	Surgery	30.71	30.71	2211.12	2211.12
43425 00	Surgery	42.95	42.95	3092.40	3092.40
43450 00	Surgery	5.60	2.38	403.20	171.36
43453 00	Surgery	22.79	2.59	1640.88	186.48
43460 00	Surgery	6.30	6.30	453.60	453.60

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
43496 00	Surgery	0.00	0.00	BR	BR
43497 00	Surgery	23.57	23.57	1697.04	1697.04
43499 00	Surgery	0.00	0.00	BR	BR
43500 00	Surgery	23.86	23.86	1717.92	1717.92
43501 00	Surgery	40.59	40.59	2922.48	2922.48
43502 00	Surgery	46.00	46.00	3312.00	3312.00
43510 00	Surgery	28.81	28.81	2074.32	2074.32
43520 00	Surgery	21.63	21.63	1557.36	1557.36
43605 00	Surgery	25.58	25.58	1841.76	1841.76
43610 00	Surgery	29.45	29.45	2120.40	2120.40
43611 00	Surgery	37.06	37.06	2668.32	2668.32
43620 00	Surgery	59.62	59.62	4292.64	4292.64
43621 00	Surgery	68.37	68.37	4922.64	4922.64
43622 00	Surgery	69.39	69.39	4996.08	4996.08
43631 00	Surgery	43.77	43.77	3151.44	3151.44
43632 00	Surgery	61.24	61.24	4409.28	4409.28
43633 00	Surgery	57.92	57.92	4170.24	4170.24
43634 00	Surgery	63.86	63.86	4597.92	4597.92
43635 00	Surgery	3.36	3.36	241.92	241.92
43640 00	Surgery	36.03	36.03	2594.16	2594.16
43641 00	Surgery	36.43	36.43	2622.96	2622.96
43644 00	Surgery	52.35	52.35	3769.20	3769.20
43645 00	Surgery	55.81	55.81	4018.32	4018.32
43647 00	Surgery	-	-	1945.44	1945.44
43648 00	Surgery	-	-	1249.20	1249.20
43651 00	Surgery	20.00	20.00	1440.00	1440.00
43652 00	Surgery	23.25	23.25	1674.00	1674.00
43653 00	Surgery	17.60	17.60	1267.20	1267.20
43659 00	Surgery	0.00	0.00	BR	BR
43752 00	Surgery	1.19	1.19	85.68	85.68
43753 00	Surgery	0.64	0.64	46.08	46.08
43754 00	Surgery	6.89	1.16	496.08	83.52
43755 00	Surgery	5.93	1.80	426.96	129.60
43756 00	Surgery	7.92	1.51	570.24	108.72
43757 00	Surgery	10.67	2.30	768.24	165.60
43761 00	Surgery	3.67	3.08	264.24	221.76
43762 00	Surgery	6.57	1.12	473.04	80.64
43763 00	Surgery	9.70	2.63	698.40	189.36
43770 00	Surgery	34.07	34.07	2453.04	2453.04
43771 00	Surgery	38.63	38.63	2781.36	2781.36
43772 00	Surgery	28.76	28.76	2070.72	2070.72
43773 00	Surgery	38.63	38.63	2781.36	2781.36
43774 00	Surgery	29.10	29.10	2095.20	2095.20
43775 00	Surgery	33.17	33.17	2388.24	2388.24
43800 00	Surgery	28.09	28.09	2022.48	2022.48
43810 00	Surgery	30.75	30.75	2214.00	2214.00
43820 00	Surgery	40.60	40.60	2923.20	2923.20

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
43825 00	Surgery	39.62	39.62	2852.64	2852.64
43830 00	Surgery	21.29	21.29	1532.88	1532.88
43831 00	Surgery	18.54	18.54	1334.88	1334.88
43832 00	Surgery	31.63	31.63	2277.36	2277.36
43840 00	Surgery	41.04	41.04	2954.88	2954.88
43842 00	Surgery	34.59	34.59	2490.48	2490.48
43843 00	Surgery	38.80	38.80	2793.60	2793.60
43845 00	Surgery	59.17	59.17	4260.24	4260.24
43846 00	Surgery	49.85	49.85	3589.20	3589.20
43847 00	Surgery	54.52	54.52	3925.44	3925.44
43848 00	Surgery	58.27	58.27	4195.44	4195.44
43860 00	Surgery	49.30	49.30	3549.60	3549.60
43865 00	Surgery	51.47	51.47	3705.84	3705.84
43870 00	Surgery	21.44	21.44	1543.68	1543.68
43880 00	Surgery	48.43	48.43	3486.96	3486.96
43881 00	Surgery	-	-	3346.56	3346.56
43882 00	Surgery	0.00	0.00	BR	BR
43886 00	Surgery	11.25	11.25	810.00	810.00
43887 00	Surgery	10.19	10.19	733.68	733.68
43888 00	Surgery	14.20	14.20	1022.40	1022.40
43999 00	Surgery	0.00	0.00	BR	BR
44005 00	Surgery	32.89	32.89	2368.08	2368.08
44010 00	Surgery	25.43	25.43	1830.96	1830.96
44015 00	Surgery	4.20	4.20	302.40	302.40
44020 00	Surgery	29.44	29.44	2119.68	2119.68
44021 00	Surgery	29.41	29.41	2117.52	2117.52
44025 00	Surgery	29.65	29.65	2134.80	2134.80
44050 00	Surgery	28.28	28.28	2036.16	2036.16
44055 00	Surgery	44.95	44.95	3236.40	3236.40
44100 00	Surgery	3.14	3.14	226.08	226.08
44110 00	Surgery	25.62	25.62	1844.64	1844.64
44111 00	Surgery	29.48	29.48	2122.56	2122.56
44120 00	Surgery	36.80	36.80	2649.60	2649.60
44121 00	Surgery	7.17	7.17	516.24	516.24
44125 00	Surgery	35.40	35.40	2548.80	2548.80
44126 00	Surgery	74.25	74.25	5346.00	5346.00
44127 00	Surgery	85.64	85.64	6166.08	6166.08
44128 00	Surgery	7.25	7.25	522.00	522.00
44130 00	Surgery	39.68	39.68	2856.96	2856.96
44132 00	Surgery	0.00	0.00	BR	BR
44133 00	Surgery	0.00	0.00	BR	BR
44135 00	Surgery	0.00	0.00	BR	BR
44136 00	Surgery	0.00	0.00	BR	BR
44137 00	Surgery	0.00	0.00	BR	BR
44139 00	Surgery	3.58	3.58	257.76	257.76
44140 00	Surgery	40.38	40.38	2907.36	2907.36
44141 00	Surgery	54.27	54.27	3907.44	3907.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
44143 00	Surgery	49.50	49.50	3564.00	3564.00
44144 00	Surgery	52.87	52.87	3806.64	3806.64
44145 00	Surgery	49.40	49.40	3556.80	3556.80
44146 00	Surgery	62.79	62.79	4520.88	4520.88
44147 00	Surgery	58.01	58.01	4176.72	4176.72
44150 00	Surgery	55.53	55.53	3998.16	3998.16
44151 00	Surgery	64.49	64.49	4643.28	4643.28
44155 00	Surgery	61.78	61.78	4448.16	4448.16
44156 00	Surgery	68.93	68.93	4962.96	4962.96
44157 00	Surgery	65.59	65.59	4722.48	4722.48
44158 00	Surgery	67.21	67.21	4839.12	4839.12
44160 00	Surgery	37.37	37.37	2690.64	2690.64
44180 00	Surgery	27.80	27.80	2001.60	2001.60
44186 00	Surgery	19.71	19.71	1419.12	1419.12
44187 00	Surgery	32.68	32.68	2352.96	2352.96
44188 00	Surgery	36.39	36.39	2620.08	2620.08
44202 00	Surgery	41.71	41.71	3003.12	3003.12
44203 00	Surgery	7.15	7.15	514.80	514.80
44204 00	Surgery	46.00	46.00	3312.00	3312.00
44205 00	Surgery	39.95	39.95	2876.40	2876.40
44206 00	Surgery	51.99	51.99	3743.28	3743.28
44207 00	Surgery	54.03	54.03	3890.16	3890.16
44208 00	Surgery	58.73	58.73	4228.56	4228.56
44210 00	Surgery	52.79	52.79	3800.88	3800.88
44211 00	Surgery	62.89	62.89	4528.08	4528.08
44212 00	Surgery	60.52	60.52	4357.44	4357.44
44213 00	Surgery	5.54	5.54	398.88	398.88
44227 00	Surgery	49.56	49.56	3568.32	3568.32
44238 00	Surgery	0.00	0.00	BR	BR
44300 00	Surgery	25.42	25.42	1830.24	1830.24
44310 00	Surgery	31.26	31.26	2250.72	2250.72
44312 00	Surgery	18.05	18.05	1299.60	1299.60
44314 00	Surgery	30.17	30.17	2172.24	2172.24
44316 00	Surgery	42.68	42.68	3072.96	3072.96
44320 00	Surgery	36.13	36.13	2601.36	2601.36
44322 00	Surgery	30.28	30.28	2180.16	2180.16
44340 00	Surgery	19.01	19.01	1368.72	1368.72
44345 00	Surgery	31.67	31.67	2280.24	2280.24
44346 00	Surgery	35.61	35.61	2563.92	2563.92
44360 00	Surgery	4.25	4.25	306.00	306.00
44361 00	Surgery	4.70	4.70	338.40	338.40
44363 00	Surgery	5.66	5.66	407.52	407.52
44364 00	Surgery	6.04	6.04	434.88	434.88
44365 00	Surgery	5.39	5.39	388.08	388.08
44366 00	Surgery	7.08	7.08	509.76	509.76
44369 00	Surgery	7.25	7.25	522.00	522.00
44370 00	Surgery	7.88	7.88	567.36	567.36

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
44372 00	Surgery	7.10	7.10	511.20	511.20
44373 00	Surgery	5.70	5.70	410.40	410.40
44376 00	Surgery	8.39	8.39	604.08	604.08
44377 00	Surgery	8.80	8.80	633.60	633.60
44378 00	Surgery	11.33	11.33	815.76	815.76
44379 00	Surgery	12.06	12.06	868.32	868.32
44380 00	Surgery	5.88	1.73	423.36	124.56
44381 00	Surgery	27.63	2.51	1989.36	180.72
44382 00	Surgery	8.69	2.21	625.68	159.12
44384 00	Surgery	4.54	4.54	326.88	326.88
44385 00	Surgery	6.45	2.17	464.40	156.24
44386 00	Surgery	9.10	2.65	655.20	190.80
44388 00	Surgery	9.44	4.65	679.68	334.80
44389 00	Surgery	12.15	5.10	874.80	367.20
44390 00	Surgery	12.01	6.24	864.72	449.28
44391 00	Surgery	18.55	6.80	1335.60	489.60
44392 00	Surgery	11.60	5.94	835.20	427.68
44394 00	Surgery	12.97	6.67	933.84	480.24
44401 00	Surgery	66.68	7.15	4800.96	514.80
44402 00	Surgery	7.71	7.71	555.12	555.12
44403 00	Surgery	8.96	8.96	645.12	645.12
44404 00	Surgery	12.40	5.10	892.80	367.20
44405 00	Surgery	16.16	5.43	1163.52	390.96
44406 00	Surgery	6.79	6.79	488.88	488.88
44407 00	Surgery	8.13	8.13	585.36	585.36
44408 00	Surgery	6.85	6.85	493.20	493.20
44500 00	Surgery	0.57	0.57	41.04	41.04
44602 00	Surgery	42.16	42.16	3035.52	3035.52
44603 00	Surgery	48.52	48.52	3493.44	3493.44
44604 00	Surgery	31.67	31.67	2280.24	2280.24
44605 00	Surgery	38.71	38.71	2787.12	2787.12
44615 00	Surgery	32.24	32.24	2321.28	2321.28
44620 00	Surgery	25.98	25.98	1870.56	1870.56
44625 00	Surgery	30.29	30.29	2180.88	2180.88
44626 00	Surgery	47.58	47.58	3425.76	3425.76
44640 00	Surgery	41.83	41.83	3011.76	3011.76
44650 00	Surgery	43.04	43.04	3098.88	3098.88
44660 00	Surgery	40.14	40.14	2890.08	2890.08
44661 00	Surgery	46.24	46.24	3329.28	3329.28
44680 00	Surgery	32.51	32.51	2340.72	2340.72
44700 00	Surgery	29.93	29.93	2154.96	2154.96
44701 00	Surgery	5.07	5.07	365.04	365.04
44705 00	Surgery	3.39	2.14	244.08	154.08
44715 00	Surgery	0.00	0.00	BR	BR
44720 00	Surgery	8.15	8.15	586.80	586.80
44721 00	Surgery	11.42	11.42	822.24	822.24
44799 00	Surgery	0.00	0.00	BR	BR

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
44800 00	Surgery	23.48	23.48	1690.56	1690.56
44820 00	Surgery	25.79	25.79	1856.88	1856.88
44850 00	Surgery	22.65	22.65	1630.80	1630.80
44899 00	Surgery	0.00	0.00	BR	BR
44900 00	Surgery	23.74	23.74	1709.28	1709.28
44950 00	Surgery	19.42	19.42	1398.24	1398.24
44955 00	Surgery	2.49	2.49	179.28	179.28
44960 00	Surgery	26.50	26.50	1908.00	1908.00
44970 00	Surgery	18.29	18.29	1316.88	1316.88
44979 00	Surgery	0.00	0.00	BR	BR
45000 00	Surgery	13.01	13.01	936.72	936.72
45005 00	Surgery	9.57	5.12	689.04	368.64
45020 00	Surgery	17.43	17.43	1254.96	1254.96
45100 00	Surgery	9.24	9.24	665.28	665.28
45108 00	Surgery	11.45	11.45	824.40	824.40
45110 00	Surgery	54.19	54.19	3901.68	3901.68
45111 00	Surgery	32.59	32.59	2346.48	2346.48
45112 00	Surgery	54.05	54.05	3891.60	3891.60
45113 00	Surgery	55.50	55.50	3996.00	3996.00
45114 00	Surgery	54.69	54.69	3937.68	3937.68
45116 00	Surgery	46.10	46.10	3319.20	3319.20
45119 00	Surgery	55.88	55.88	4023.36	4023.36
45120 00	Surgery	48.27	48.27	3475.44	3475.44
45121 00	Surgery	52.62	52.62	3788.64	3788.64
45123 00	Surgery	33.37	33.37	2402.64	2402.64
45126 00	Surgery	81.41	81.41	5861.52	5861.52
45130 00	Surgery	32.51	32.51	2340.72	2340.72
45135 00	Surgery	38.82	38.82	2795.04	2795.04
45136 00	Surgery	53.14	53.14	3826.08	3826.08
45150 00	Surgery	12.94	12.94	931.68	931.68
45160 00	Surgery	31.10	31.10	2239.20	2239.20
45171 00	Surgery	18.71	18.71	1347.12	1347.12
45172 00	Surgery	24.87	24.87	1790.64	1790.64
45190 00	Surgery	21.07	21.07	1517.04	1517.04
45300 00	Surgery	3.88	1.46	279.36	105.12
45303 00	Surgery	26.90	2.56	1936.80	184.32
45305 00	Surgery	5.33	2.20	383.76	158.40
45307 00	Surgery	6.33	3.04	455.76	218.88
45308 00	Surgery	6.05	2.56	435.60	184.32
45309 00	Surgery	6.25	2.72	450.00	195.84
45315 00	Surgery	6.76	3.21	486.72	231.12
45317 00	Surgery	6.51	3.32	468.72	239.04
45320 00	Surgery	6.61	3.19	475.92	229.68
45321 00	Surgery	3.14	3.14	226.08	226.08
45327 00	Surgery	3.55	3.55	255.60	255.60
45330 00	Surgery	5.57	1.71	401.04	123.12
45331 00	Surgery	8.41	2.17	605.52	156.24

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
45332 00	Surgery	8.20	3.13	590.40	225.36
45333 00	Surgery	9.61	2.81	691.92	202.32
45334 00	Surgery	14.23	3.49	1024.56	251.28
45335 00	Surgery	8.55	2.02	615.60	145.44
45337 00	Surgery	3.39	3.39	244.08	244.08
45338 00	Surgery	8.86	3.58	637.92	257.76
45340 00	Surgery	13.18	2.32	948.96	167.04
45341 00	Surgery	3.68	3.68	264.96	264.96
45342 00	Surgery	5.04	5.04	362.88	362.88
45346 00	Surgery	64.40	4.75	4636.80	342.00
45347 00	Surgery	4.56	4.56	328.32	328.32
45349 00	Surgery	5.86	5.86	421.92	421.92
45350 00	Surgery	19.24	3.00	1385.28	216.00
45378 00	Surgery	10.13	5.48	729.36	394.56
45379 00	Surgery	12.88	7.05	927.36	507.60
45380 00	Surgery	12.82	5.96	923.04	429.12
45381 00	Surgery	13.07	5.96	941.04	429.12
45382 00	Surgery	19.38	7.65	1395.36	550.80
45384 00	Surgery	14.44	6.77	1039.68	487.44
45385 00	Surgery	13.46	7.51	969.12	540.72
45386 00	Surgery	17.75	6.29	1278.00	452.88
45388 00	Surgery	69.05	7.99	4971.60	575.28
45389 00	Surgery	8.54	8.54	614.88	614.88
45390 00	Surgery	9.80	9.80	705.60	705.60
45391 00	Surgery	7.61	7.61	547.92	547.92
45392 00	Surgery	8.97	8.97	645.84	645.84
45393 00	Surgery	7.42	7.42	534.24	534.24
45395 00	Surgery	58.30	58.30	4197.60	4197.60
45397 00	Surgery	63.20	63.20	4550.40	4550.40
45398 00	Surgery	23.74	6.97	1709.28	501.84
45399 00	Surgery	0.00	0.00	BR	BR
45400 00	Surgery	33.89	33.89	2440.08	2440.08
45402 00	Surgery	45.29	45.29	3260.88	3260.88
45499 00	Surgery	0.00	0.00	BR	BR
45500 00	Surgery	17.38	17.38	1251.36	1251.36
45505 00	Surgery	18.27	18.27	1315.44	1315.44
45520 00	Surgery	4.73	1.22	340.56	87.84
45540 00	Surgery	31.49	31.49	2267.28	2267.28
45541 00	Surgery	28.33	28.33	2039.76	2039.76
45550 00	Surgery	43.55	43.55	3135.60	3135.60
45560 00	Surgery	20.85	20.85	1501.20	1501.20
45562 00	Surgery	35.38	35.38	2547.36	2547.36
45563 00	Surgery	49.96	49.96	3597.12	3597.12
45800 00	Surgery	38.42	38.42	2766.24	2766.24
45805 00	Surgery	44.24	44.24	3185.28	3185.28
45820 00	Surgery	38.51	38.51	2772.72	2772.72
45825 00	Surgery	46.34	46.34	3336.48	3336.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
45900 00	Surgery	6.47	6.47	465.84	465.84
45905 00	Surgery	5.18	5.18	372.96	372.96
45910 00	Surgery	5.87	5.87	422.64	422.64
45915 00	Surgery	10.69	6.97	769.68	501.84
45990 00	Surgery	3.20	3.20	230.40	230.40
45999 00	Surgery	0.00	0.00	BR	BR
46020 00	Surgery	3.53	3.53	254.16	254.16
46030 00	Surgery	7.54	2.62	542.88	188.64
46040 00	Surgery	16.87	13.06	1214.64	940.32
46045 00	Surgery	13.40	13.40	964.80	964.80
46050 00	Surgery	7.04	3.10	506.88	223.20
46060 00	Surgery	14.87	14.87	1070.64	1070.64
46070 00	Surgery	8.34	8.34	600.48	600.48
46080 00	Surgery	8.59	4.80	618.48	345.60
46083 00	Surgery	6.20	3.36	446.40	241.92
46200 00	Surgery	14.35	10.36	1033.20	745.92
46220 00	Surgery	7.47	3.70	537.84	266.40
46221 00	Surgery	8.62	5.89	620.64	424.08
46230 00	Surgery	9.36	5.29	673.92	380.88
46250 00	Surgery	14.50	9.76	1044.00	702.72
46255 00	Surgery	15.67	10.79	1128.24	776.88
46257 00	Surgery	12.70	12.70	914.40	914.40
46258 00	Surgery	14.74	14.74	1061.28	1061.28
46260 00	Surgery	14.68	14.68	1056.96	1056.96
46261 00	Surgery	16.20	16.20	1166.40	1166.40
46262 00	Surgery	17.92	17.92	1290.24	1290.24
46270 00	Surgery	16.19	12.30	1165.68	885.60
46275 00	Surgery	17.06	12.91	1228.32	929.52
46280 00	Surgery	14.67	14.67	1056.24	1056.24
46285 00	Surgery	17.10	12.99	1231.20	935.28
46288 00	Surgery	17.02	17.02	1225.44	1225.44
46320 00	Surgery	6.36	3.44	457.92	247.68
46500 00	Surgery	9.39	5.59	676.08	402.48
46505 00	Surgery	9.41	7.54	677.52	542.88
46600 00	Surgery	3.43	1.25	246.96	90.00
46601 00	Surgery	4.46	2.81	321.12	202.32
46604 00	Surgery	18.31	1.98	1318.32	142.56
46606 00	Surgery	8.15	2.28	586.80	164.16
46607 00	Surgery	6.15	3.71	442.80	267.12
46608 00	Surgery	8.50	2.56	612.00	184.32
46610 00	Surgery	8.05	2.42	579.60	174.24
46611 00	Surgery	6.53	2.42	470.16	174.24
46612 00	Surgery	9.67	2.89	696.24	208.08
46614 00	Surgery	4.95	1.95	356.40	140.40
46615 00	Surgery	5.21	2.72	375.12	195.84
46700 00	Surgery	19.87	19.87	1430.64	1430.64
46705 00	Surgery	17.49	17.49	1259.28	1259.28

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
46706 00	Surgery	5.52	5.52	397.44	397.44
46707 00	Surgery	15.44	15.44	1111.68	1111.68
46710 00	Surgery	33.63	33.63	2421.36	2421.36
46712 00	Surgery	66.61	66.61	4795.92	4795.92
46715 00	Surgery	16.95	16.95	1220.40	1220.40
46716 00	Surgery	37.62	37.62	2708.64	2708.64
46730 00	Surgery	60.22	60.22	4335.84	4335.84
46735 00	Surgery	69.20	69.20	4982.40	4982.40
46740 00	Surgery	65.65	65.65	4726.80	4726.80
46742 00	Surgery	75.68	75.68	5448.96	5448.96
46744 00	Surgery	106.49	106.49	7667.28	7667.28
46746 00	Surgery	117.21	117.21	8439.12	8439.12
46748 00	Surgery	126.95	126.95	9140.40	9140.40
46750 00	Surgery	22.55	22.55	1623.60	1623.60
46751 00	Surgery	20.41	20.41	1469.52	1469.52
46753 00	Surgery	18.88	18.88	1359.36	1359.36
46754 00	Surgery	10.49	7.38	755.28	531.36
46760 00	Surgery	33.24	33.24	2393.28	2393.28
46761 00	Surgery	27.44	27.44	1975.68	1975.68
46900 00	Surgery	7.30	4.20	525.60	302.40
46910 00	Surgery	7.96	4.09	573.12	294.48
46916 00	Surgery	7.75	4.30	558.00	309.60
46917 00	Surgery	13.07	3.92	941.04	282.24
46922 00	Surgery	9.30	4.20	669.60	302.40
46924 00	Surgery	16.57	5.54	1193.04	398.88
46930 00	Surgery	6.65	4.67	478.80	336.24
46940 00	Surgery	7.95	4.38	572.40	315.36
46942 00	Surgery	7.53	3.93	542.16	282.96
46945 00	Surgery	10.40	10.40	748.80	748.80
46946 00	Surgery	11.57	11.57	833.04	833.04
46947 00	Surgery	11.82	11.82	851.04	851.04
46948 00	Surgery	13.46	13.46	969.12	969.12
46999 00	Surgery	0.00	0.00	BR	BR
47000 00	Surgery	8.79	2.59	632.88	186.48
47001 00	Surgery	3.11	3.11	223.92	223.92
47010 00	Surgery	36.64	36.64	2638.08	2638.08
47015 00	Surgery	35.20	35.20	2534.40	2534.40
47100 00	Surgery	25.69	25.69	1849.68	1849.68
47120 00	Surgery	70.20	70.20	5054.40	5054.40
47122 00	Surgery	102.93	102.93	7410.96	7410.96
47125 00	Surgery	92.36	92.36	6649.92	6649.92
47130 00	Surgery	99.02	99.02	7129.44	7129.44
47133 00	Surgery	-	-	8493.84	8493.84
47135 00	Surgery	162.61	162.61	11707.92	11707.92
47140 00	Surgery	107.73	107.73	7756.56	7756.56
47141 00	Surgery	128.62	128.62	9260.64	9260.64
47142 00	Surgery	141.58	141.58	10193.76	10193.76

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
47143 00	Surgery	-	-	1741.68	1741.68
47144 00	Surgery	-	-	1828.08	1828.08
47145 00	Surgery	-	-	2078.64	2078.64
47146 00	Surgery	9.75	9.75	702.00	702.00
47147 00	Surgery	11.40	11.40	820.80	820.80
47300 00	Surgery	34.24	34.24	2465.28	2465.28
47350 00	Surgery	41.01	41.01	2952.72	2952.72
47360 00	Surgery	56.35	56.35	4057.20	4057.20
47361 00	Surgery	90.23	90.23	6496.56	6496.56
47362 00	Surgery	42.74	42.74	3077.28	3077.28
47370 00	Surgery	37.90	37.90	2728.80	2728.80
47371 00	Surgery	38.03	38.03	2738.16	2738.16
47379 00	Surgery	0.00	0.00	BR	BR
47380 00	Surgery	43.58	43.58	3137.76	3137.76
47381 00	Surgery	44.70	44.70	3218.40	3218.40
47382 00	Surgery	104.18	21.73	7500.96	1564.56
47383 00	Surgery	169.07	13.39	12173.04	964.08
47399 00	Surgery	0.00	0.00	BR	BR
47400 00	Surgery	64.56	64.56	4648.32	4648.32
47420 00	Surgery	40.22	40.22	2895.84	2895.84
47425 00	Surgery	41.18	41.18	2964.96	2964.96
47460 00	Surgery	38.29	38.29	2756.88	2756.88
47480 00	Surgery	26.61	26.61	1915.92	1915.92
47490 00	Surgery	9.87	9.87	710.64	710.64
47531 00	Surgery	12.13	2.08	873.36	149.76
47532 00	Surgery	24.30	6.21	1749.60	447.12
47533 00	Surgery	33.43	7.71	2406.96	555.12
47534 00	Surgery	36.87	10.80	2654.64	777.60
47535 00	Surgery	25.55	5.74	1839.60	413.28
47536 00	Surgery	18.23	3.88	1312.56	279.36
47537 00	Surgery	14.07	2.83	1013.04	203.76
47538 00	Surgery	105.91	6.87	7625.52	494.64
47539 00	Surgery	118.29	12.37	8516.88	890.64
47540 00	Surgery	119.66	12.79	8615.52	920.88
47541 00	Surgery	33.77	9.82	2431.44	707.04
47542 00	Surgery	14.35	3.96	1033.20	285.12
47543 00	Surgery	11.34	4.17	816.48	300.24
47544 00	Surgery	23.94	4.57	1723.68	329.04
47550 00	Surgery	4.85	4.85	349.20	349.20
47552 00	Surgery	8.24	8.24	593.28	593.28
47553 00	Surgery	8.26	8.26	594.72	594.72
47554 00	Surgery	13.25	13.25	954.00	954.00
47555 00	Surgery	9.80	9.80	705.60	705.60
47556 00	Surgery	11.10	11.10	799.20	799.20
47562 00	Surgery	20.06	20.06	1444.32	1444.32
47563 00	Surgery	21.81	21.81	1570.32	1570.32
47564 00	Surgery	33.87	33.87	2438.64	2438.64

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
47570 00	Surgery	23.51	23.51	1692.72	1692.72
47579 00	Surgery	0.00	0.00	BR	BR
47600 00	Surgery	32.40	32.40	2332.80	2332.80
47605 00	Surgery	34.07	34.07	2453.04	2453.04
47610 00	Surgery	37.86	37.86	2725.92	2725.92
47612 00	Surgery	38.37	38.37	2762.64	2762.64
47620 00	Surgery	41.41	41.41	2981.52	2981.52
47700 00	Surgery	32.01	32.01	2304.72	2304.72
47701 00	Surgery	52.22	52.22	3759.84	3759.84
47711 00	Surgery	46.74	46.74	3365.28	3365.28
47712 00	Surgery	59.99	59.99	4319.28	4319.28
47715 00	Surgery	40.15	40.15	2890.80	2890.80
47720 00	Surgery	34.90	34.90	2512.80	2512.80
47721 00	Surgery	40.87	40.87	2942.64	2942.64
47740 00	Surgery	39.61	39.61	2851.92	2851.92
47741 00	Surgery	44.48	44.48	3202.56	3202.56
47760 00	Surgery	67.56	67.56	4864.32	4864.32
47765 00	Surgery	90.88	90.88	6543.36	6543.36
47780 00	Surgery	74.30	74.30	5349.60	5349.60
47785 00	Surgery	96.82	96.82	6971.04	6971.04
47800 00	Surgery	46.93	46.93	3378.96	3378.96
47801 00	Surgery	33.42	33.42	2406.24	2406.24
47900 00	Surgery	41.60	41.60	2995.20	2995.20
47999 00	Surgery	0.00	0.00	BR	BR
48000 00	Surgery	56.62	56.62	4076.64	4076.64
48001 00	Surgery	69.25	69.25	4986.00	4986.00
48020 00	Surgery	35.66	35.66	2567.52	2567.52
48100 00	Surgery	26.84	26.84	1932.48	1932.48
48102 00	Surgery	14.96	6.97	1077.12	501.84
48105 00	Surgery	84.76	84.76	6102.72	6102.72
48120 00	Surgery	33.62	33.62	2420.64	2420.64
48140 00	Surgery	47.21	47.21	3399.12	3399.12
48145 00	Surgery	49.19	49.19	3541.68	3541.68
48146 00	Surgery	56.69	56.69	4081.68	4081.68
48148 00	Surgery	37.76	37.76	2718.72	2718.72
48150 00	Surgery	93.57	93.57	6737.04	6737.04
48152 00	Surgery	86.54	86.54	6230.88	6230.88
48153 00	Surgery	93.02	93.02	6697.44	6697.44
48154 00	Surgery	86.92	86.92	6258.24	6258.24
48155 00	Surgery	54.77	54.77	3943.44	3943.44
48160 00	Surgery	-	-	11097.36	11097.36
48400 00	Surgery	3.18	3.18	228.96	228.96
48500 00	Surgery	34.72	34.72	2499.84	2499.84
48510 00	Surgery	33.15	33.15	2386.80	2386.80
48520 00	Surgery	33.19	33.19	2389.68	2389.68
48540 00	Surgery	39.41	39.41	2837.52	2837.52
48545 00	Surgery	40.65	40.65	2926.80	2926.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
48547 00	Surgery	53.93	53.93	3882.96	3882.96
48548 00	Surgery	50.32	50.32	3623.04	3623.04
48550 00	Surgery	0.00	0.00	BR	BR
48551 00	Surgery	-	-	1234.80	1234.80
48552 00	Surgery	7.01	7.01	504.72	504.72
48554 00	Surgery	79.89	79.89	5752.08	5752.08
48556 00	Surgery	39.20	39.20	2822.40	2822.40
48999 00	Surgery	0.00	0.00	BR	BR
49000 00	Surgery	23.26	23.26	1674.72	1674.72
49002 00	Surgery	31.42	31.42	2262.24	2262.24
49010 00	Surgery	27.86	27.86	2005.92	2005.92
49013 00	Surgery	13.62	13.62	980.64	980.64
49014 00	Surgery	11.37	11.37	818.64	818.64
49020 00	Surgery	48.01	48.01	3456.72	3456.72
49040 00	Surgery	30.37	30.37	2186.64	2186.64
49060 00	Surgery	33.30	33.30	2397.60	2397.60
49062 00	Surgery	23.32	23.32	1679.04	1679.04
49082 00	Surgery	6.19	2.18	445.68	156.96
49083 00	Surgery	8.57	3.15	617.04	226.80
49084 00	Surgery	3.22	3.22	231.84	231.84
49180 00	Surgery	5.18	2.44	372.96	175.68
49185 00	Surgery	35.95	3.54	2588.40	254.88
49186 00	Surgery	39.50	39.50	2844.00	2844.00
49187 00	Surgery	50.48	50.48	3634.56	3634.56
49188 00	Surgery	60.32	60.32	4343.04	4343.04
49189 00	Surgery	70.17	70.17	5052.24	5052.24
49190 00	Surgery	86.50	86.50	6228.00	6228.00
49215 00	Surgery	66.39	66.39	4780.08	4780.08
49250 00	Surgery	18.12	18.12	1304.64	1304.64
49255 00	Surgery	24.04	24.04	1730.88	1730.88
49320 00	Surgery	10.03	10.03	722.16	722.16
49321 00	Surgery	10.45	10.45	752.40	752.40
49322 00	Surgery	11.35	11.35	817.20	817.20
49323 00	Surgery	19.40	19.40	1396.80	1396.80
49324 00	Surgery	11.66	11.66	839.52	839.52
49325 00	Surgery	12.45	12.45	896.40	896.40
49326 00	Surgery	5.61	5.61	403.92	403.92
49327 00	Surgery	3.89	3.89	280.08	280.08
49329 00	Surgery	0.00	0.00	BR	BR
49400 00	Surgery	4.44	2.67	319.68	192.24
49402 00	Surgery	25.89	25.89	1864.08	1864.08
49405 00	Surgery	25.47	5.72	1833.84	411.84
49406 00	Surgery	25.48	5.71	1834.56	411.12
49407 00	Surgery	21.81	6.07	1570.32	437.04
49411 00	Surgery	14.20	5.53	1022.40	398.16
49412 00	Surgery	2.46	2.46	177.12	177.12
49418 00	Surgery	28.20	5.92	2030.40	426.24

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
49419 00	Surgery	12.46	12.46	897.12	897.12
49421 00	Surgery	6.76	6.76	486.72	486.72
49422 00	Surgery	6.59	6.59	474.48	474.48
49423 00	Surgery	16.68	2.07	1200.96	149.04
49424 00	Surgery	5.20	1.09	374.40	78.48
49425 00	Surgery	23.68	23.68	1704.96	1704.96
49426 00	Surgery	20.35	20.35	1465.20	1465.20
49427 00	Surgery	1.17	1.17	84.24	84.24
49428 00	Surgery	13.05	13.05	939.60	939.60
49429 00	Surgery	13.85	13.85	997.20	997.20
49435 00	Surgery	3.54	3.54	254.88	254.88
49436 00	Surgery	15.68	5.64	1128.96	406.08
49440 00	Surgery	23.90	6.01	1720.80	432.72
49441 00	Surgery	27.83	7.16	2003.76	515.52
49442 00	Surgery	22.71	6.13	1635.12	441.36
49446 00	Surgery	22.95	4.30	1652.40	309.60
49450 00	Surgery	16.96	1.94	1221.12	139.68
49451 00	Surgery	18.14	2.60	1306.08	187.20
49452 00	Surgery	22.06	4.00	1588.32	288.00
49460 00	Surgery	20.62	1.50	1484.64	108.00
49465 00	Surgery	4.00	0.89	288.00	64.08
49491 00	Surgery	24.24	24.24	1745.28	1745.28
49492 00	Surgery	29.09	29.09	2094.48	2094.48
49495 00	Surgery	12.48	12.48	898.56	898.56
49496 00	Surgery	18.76	18.76	1350.72	1350.72
49500 00	Surgery	12.72	12.72	915.84	915.84
49501 00	Surgery	18.49	18.49	1331.28	1331.28
49505 00	Surgery	15.94	15.94	1147.68	1147.68
49507 00	Surgery	17.89	17.89	1288.08	1288.08
49520 00	Surgery	19.25	19.25	1386.00	1386.00
49521 00	Surgery	21.80	21.80	1569.60	1569.60
49525 00	Surgery	17.49	17.49	1259.28	1259.28
49540 00	Surgery	20.47	20.47	1473.84	1473.84
49550 00	Surgery	17.62	17.62	1268.64	1268.64
49553 00	Surgery	19.24	19.24	1385.28	1385.28
49555 00	Surgery	18.41	18.41	1325.52	1325.52
49557 00	Surgery	21.89	21.89	1576.08	1576.08
49591 00	Surgery	10.31	10.31	742.32	742.32
49592 00	Surgery	14.34	14.34	1032.48	1032.48
49593 00	Surgery	17.25	17.25	1242.00	1242.00
49594 00	Surgery	22.44	22.44	1615.68	1615.68
49595 00	Surgery	23.26	23.26	1674.72	1674.72
49596 00	Surgery	30.88	30.88	2223.36	2223.36
49600 00	Surgery	22.33	22.33	1607.76	1607.76
49605 00	Surgery	147.32	147.32	10607.04	10607.04
49606 00	Surgery	34.32	34.32	2471.04	2471.04
49610 00	Surgery	21.12	21.12	1520.64	1520.64

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
49611 00	Surgery	18.62	18.62	1340.64	1340.64
49613 00	Surgery	12.68	12.68	912.96	912.96
49614 00	Surgery	17.20	17.20	1238.40	1238.40
49615 00	Surgery	19.23	19.23	1384.56	1384.56
49616 00	Surgery	25.82	25.82	1859.04	1859.04
49617 00	Surgery	26.72	26.72	1923.84	1923.84
49618 00	Surgery	37.43	37.43	2694.96	2694.96
49621 00	Surgery	22.64	22.64	1630.08	1630.08
49622 00	Surgery	28.16	28.16	2027.52	2027.52
49623 00	Surgery	6.08	6.08	437.76	437.76
49650 00	Surgery	13.22	13.22	951.84	951.84
49651 00	Surgery	17.24	17.24	1241.28	1241.28
49659 00	Surgery	0.00	0.00	BR	BR
49900 00	Surgery	25.06	25.06	1804.32	1804.32
49904 00	Surgery	41.70	41.70	3002.40	3002.40
49905 00	Surgery	10.49	10.49	755.28	755.28
49906 00	Surgery	-	-	9653.04	9653.04
49999 00	Surgery	0.00	0.00	BR	BR
50010 00	Surgery	21.23	21.23	1528.56	1528.56
50020 00	Surgery	30.47	30.47	2193.84	2193.84
50040 00	Surgery	27.78	27.78	2000.16	2000.16
50045 00	Surgery	27.99	27.99	2015.28	2015.28
50060 00	Surgery	34.07	34.07	2453.04	2453.04
50065 00	Surgery	36.11	36.11	2599.92	2599.92
50070 00	Surgery	35.44	35.44	2551.68	2551.68
50075 00	Surgery	43.50	43.50	3132.00	3132.00
50080 00	Surgery	20.93	20.93	1506.96	1506.96
50081 00	Surgery	33.62	33.62	2420.64	2420.64
50100 00	Surgery	32.73	32.73	2356.56	2356.56
50120 00	Surgery	28.48	28.48	2050.56	2050.56
50125 00	Surgery	29.45	29.45	2120.40	2120.40
50130 00	Surgery	30.94	30.94	2227.68	2227.68
50200 00	Surgery	14.84	3.74	1068.48	269.28
50205 00	Surgery	22.85	22.85	1645.20	1645.20
50220 00	Surgery	31.75	31.75	2286.00	2286.00
50225 00	Surgery	35.48	35.48	2554.56	2554.56
50230 00	Surgery	38.24	38.24	2753.28	2753.28
50234 00	Surgery	38.91	38.91	2801.52	2801.52
50236 00	Surgery	43.71	43.71	3147.12	3147.12
50240 00	Surgery	39.76	39.76	2862.72	2862.72
50250 00	Surgery	36.39	36.39	2620.08	2620.08
50280 00	Surgery	28.38	28.38	2043.36	2043.36
50290 00	Surgery	26.98	26.98	1942.56	1942.56
50300 00	Surgery	0.00	0.00	BR	BR
50320 00	Surgery	46.39	46.39	3340.08	3340.08
50323 00	Surgery	-	-	1039.68	1039.68
50325 00	Surgery	-	-	838.80	838.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
50327 00	Surgery	6.43	6.43	462.96	462.96
50328 00	Surgery	5.65	5.65	406.80	406.80
50329 00	Surgery	5.37	5.37	386.64	386.64
50340 00	Surgery	29.26	29.26	2106.72	2106.72
50360 00	Surgery	73.61	73.61	5299.92	5299.92
50365 00	Surgery	87.84	87.84	6324.48	6324.48
50370 00	Surgery	36.96	36.96	2661.12	2661.12
50380 00	Surgery	62.05	62.05	4467.60	4467.60
50382 00	Surgery	28.72	7.38	2067.84	531.36
50384 00	Surgery	24.65	6.67	1774.80	480.24
50385 00	Surgery	29.04	6.39	2090.88	460.08
50386 00	Surgery	21.68	4.84	1560.96	348.48
50387 00	Surgery	15.74	2.44	1133.28	175.68
50389 00	Surgery	11.80	1.58	849.60	113.76
50390 00	Surgery	2.78	2.78	200.16	200.16
50391 00	Surgery	3.74	2.90	269.28	208.80
50396 00	Surgery	3.44	3.44	247.68	247.68
50400 00	Surgery	34.56	34.56	2488.32	2488.32
50405 00	Surgery	41.69	41.69	3001.68	3001.68
50430 00	Surgery	18.30	4.54	1317.60	326.88
50431 00	Surgery	9.28	1.98	668.16	142.56
50432 00	Surgery	26.09	6.01	1878.48	432.72
50433 00	Surgery	32.49	7.47	2339.28	537.84
50434 00	Surgery	26.08	5.61	1877.76	403.92
50435 00	Surgery	17.09	2.94	1230.48	211.68
50436 00	Surgery	4.49	4.49	323.28	323.28
50437 00	Surgery	7.46	7.46	537.12	537.12
50500 00	Surgery	38.90	38.90	2800.80	2800.80
50520 00	Surgery	35.08	35.08	2525.76	2525.76
50525 00	Surgery	44.42	44.42	3198.24	3198.24
50526 00	Surgery	47.55	47.55	3423.60	3423.60
50540 00	Surgery	34.31	34.31	2470.32	2470.32
50541 00	Surgery	27.47	27.47	1977.84	1977.84
50542 00	Surgery	34.88	34.88	2511.36	2511.36
50543 00	Surgery	44.52	44.52	3205.44	3205.44
50544 00	Surgery	37.03	37.03	2666.16	2666.16
50545 00	Surgery	39.85	39.85	2869.20	2869.20
50546 00	Surgery	36.04	36.04	2594.88	2594.88
50547 00	Surgery	49.23	49.23	3544.56	3544.56
50548 00	Surgery	40.04	40.04	2882.88	2882.88
50549 00	Surgery	0.00	0.00	BR	BR
50551 00	Surgery	10.92	8.72	786.24	627.84
50553 00	Surgery	11.69	9.31	841.68	670.32
50555 00	Surgery	12.49	10.13	899.28	729.36
50557 00	Surgery	12.70	10.25	914.40	738.00
50561 00	Surgery	14.38	11.68	1035.36	840.96
50562 00	Surgery	17.18	17.18	1236.96	1236.96

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
50570 00	Surgery	14.54	14.54	1046.88	1046.88
50572 00	Surgery	15.74	15.74	1133.28	1133.28
50574 00	Surgery	16.72	16.72	1203.84	1203.84
50575 00	Surgery	21.11	21.11	1519.92	1519.92
50576 00	Surgery	16.68	16.68	1200.96	1200.96
50580 00	Surgery	17.95	17.95	1292.40	1292.40
50590 00	Surgery	22.16	17.25	1595.52	1242.00
50592 00	Surgery	79.44	10.11	5719.68	727.92
50593 00	Surgery	106.61	13.51	7675.92	972.72
50600 00	Surgery	28.10	28.10	2023.20	2023.20
50605 00	Surgery	30.33	30.33	2183.76	2183.76
50606 00	Surgery	14.20	4.11	1022.40	295.92
50610 00	Surgery	28.31	28.31	2038.32	2038.32
50620 00	Surgery	27.07	27.07	1949.04	1949.04
50630 00	Surgery	26.75	26.75	1926.00	1926.00
50650 00	Surgery	31.10	31.10	2239.20	2239.20
50660 00	Surgery	34.18	34.18	2460.96	2460.96
50684 00	Surgery	3.74	1.52	269.28	109.44
50686 00	Surgery	4.28	2.66	308.16	191.52
50688 00	Surgery	2.35	2.35	169.20	169.20
50690 00	Surgery	3.53	2.11	254.16	151.92
50693 00	Surgery	28.50	5.98	2052.00	430.56
50694 00	Surgery	32.08	7.81	2309.76	562.32
50695 00	Surgery	38.49	10.01	2771.28	720.72
50700 00	Surgery	27.79	27.79	2000.88	2000.88
50705 00	Surgery	52.80	5.25	3801.60	378.00
50706 00	Surgery	24.03	5.29	1730.16	380.88
50715 00	Surgery	36.38	36.38	2619.36	2619.36
50722 00	Surgery	30.64	30.64	2206.08	2206.08
50725 00	Surgery	32.97	32.97	2373.84	2373.84
50727 00	Surgery	15.43	15.43	1110.96	1110.96
50728 00	Surgery	21.10	21.10	1519.20	1519.20
50740 00	Surgery	37.03	37.03	2666.16	2666.16
50750 00	Surgery	34.49	34.49	2483.28	2483.28
50760 00	Surgery	33.84	33.84	2436.48	2436.48
50770 00	Surgery	34.49	34.49	2483.28	2483.28
50780 00	Surgery	33.39	33.39	2404.08	2404.08
50782 00	Surgery	32.18	32.18	2316.96	2316.96
50783 00	Surgery	33.70	33.70	2426.40	2426.40
50785 00	Surgery	36.39	36.39	2620.08	2620.08
50800 00	Surgery	27.69	27.69	1993.68	1993.68
50810 00	Surgery	42.52	42.52	3061.44	3061.44
50815 00	Surgery	36.67	36.67	2640.24	2640.24
50820 00	Surgery	39.29	39.29	2828.88	2828.88
50825 00	Surgery	49.16	49.16	3539.52	3539.52
50830 00	Surgery	53.73	53.73	3868.56	3868.56
50840 00	Surgery	36.89	36.89	2656.08	2656.08

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
50845 00	Surgery	37.64	37.64	2710.08	2710.08
50860 00	Surgery	28.37	28.37	2042.64	2042.64
50900 00	Surgery	25.32	25.32	1823.04	1823.04
50920 00	Surgery	26.48	26.48	1906.56	1906.56
50930 00	Surgery	32.95	32.95	2372.40	2372.40
50940 00	Surgery	26.65	26.65	1918.80	1918.80
50945 00	Surgery	29.02	29.02	2089.44	2089.44
50947 00	Surgery	41.28	41.28	2972.16	2972.16
50948 00	Surgery	38.15	38.15	2746.80	2746.80
50949 00	Surgery	0.00	0.00	BR	BR
50951 00	Surgery	11.44	9.10	823.68	655.20
50953 00	Surgery	12.12	9.70	872.64	698.40
50955 00	Surgery	12.91	10.45	929.52	752.40
50957 00	Surgery	13.03	10.50	938.16	756.00
50961 00	Surgery	11.67	9.35	840.24	673.20
50970 00	Surgery	10.98	10.98	790.56	790.56
50972 00	Surgery	10.61	10.61	763.92	763.92
50974 00	Surgery	14.00	14.00	1008.00	1008.00
50976 00	Surgery	13.81	13.81	994.32	994.32
50980 00	Surgery	10.54	10.54	758.88	758.88
51020 00	Surgery	14.23	14.23	1024.56	1024.56
51040 00	Surgery	8.86	8.86	637.92	637.92
51045 00	Surgery	14.86	14.86	1069.92	1069.92
51050 00	Surgery	14.30	14.30	1029.60	1029.60
51060 00	Surgery	17.61	17.61	1267.92	1267.92
51065 00	Surgery	17.53	17.53	1262.16	1262.16
51080 00	Surgery	12.41	12.41	893.52	893.52
51100 00	Surgery	2.20	1.16	158.40	83.52
51101 00	Surgery	4.51	1.52	324.72	109.44
51102 00	Surgery	7.07	4.21	509.04	303.12
51500 00	Surgery	19.24	19.24	1385.28	1385.28
51520 00	Surgery	17.99	17.99	1295.28	1295.28
51525 00	Surgery	25.75	25.75	1854.00	1854.00
51530 00	Surgery	23.15	23.15	1666.80	1666.80
51535 00	Surgery	23.45	23.45	1688.40	1688.40
51550 00	Surgery	28.89	28.89	2080.08	2080.08
51555 00	Surgery	37.73	37.73	2716.56	2716.56
51565 00	Surgery	38.54	38.54	2774.88	2774.88
51570 00	Surgery	43.93	43.93	3162.96	3162.96
51575 00	Surgery	54.13	54.13	3897.36	3897.36
51580 00	Surgery	56.56	56.56	4072.32	4072.32
51585 00	Surgery	62.87	62.87	4526.64	4526.64
51590 00	Surgery	57.57	57.57	4145.04	4145.04
51595 00	Surgery	65.12	65.12	4688.64	4688.64
51596 00	Surgery	70.35	70.35	5065.20	5065.20
51597 00	Surgery	68.51	68.51	4932.72	4932.72
51600 00	Surgery	6.12	1.28	440.64	92.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
51605 00	Surgery	1.15	1.15	82.80	82.80
51610 00	Surgery	3.82	1.95	275.04	140.40
51700 00	Surgery	2.27	0.89	163.44	64.08
51701 00	Surgery	1.32	0.75	95.04	54.00
51702 00	Surgery	1.85	0.74	133.20	53.28
51703 00	Surgery	4.43	2.27	318.96	163.44
51705 00	Surgery	2.93	1.57	210.96	113.04
51710 00	Surgery	4.06	2.40	292.32	172.80
51715 00	Surgery	10.52	5.95	757.44	428.40
51720 00	Surgery	2.67	1.31	192.24	94.32
51721 00	Surgery	16.25	6.47	1170.00	465.84
51725 00	Surgery	6.21	6.21	447.12	447.12
51725 26	Surgery	2.24	2.24	161.28	161.28
51725 TC	Surgery	3.97	3.97	285.84	285.84
51726 00	Surgery	8.32	8.32	599.04	599.04
51726 26	Surgery	2.50	2.50	180.00	180.00
51726 TC	Surgery	5.82	5.82	419.04	419.04
51727 00	Surgery	10.21	10.21	735.12	735.12
51727 26	Surgery	3.13	3.13	225.36	225.36
51727 TC	Surgery	7.08	7.08	509.76	509.76
51728 00	Surgery	10.16	10.16	731.52	731.52
51728 26	Surgery	3.06	3.06	220.32	220.32
51728 TC	Surgery	7.10	7.10	511.20	511.20
51729 00	Surgery	10.76	10.76	774.72	774.72
51729 26	Surgery	3.73	3.73	268.56	268.56
51729 TC	Surgery	7.03	7.03	506.16	506.16
51736 00	Surgery	0.41	0.41	29.52	29.52
51736 26	Surgery	0.24	0.24	17.28	17.28
51736 TC	Surgery	0.17	0.17	12.24	12.24
51741 00	Surgery	0.43	0.43	30.96	30.96
51741 26	Surgery	0.25	0.25	18.00	18.00
51741 TC	Surgery	0.18	0.18	12.96	12.96
51784 00	Surgery	1.92	1.92	138.24	138.24
51784 26	Surgery	1.09	1.09	78.48	78.48
51784 TC	Surgery	0.83	0.83	59.76	59.76
51785 00	Surgery	11.82	11.82	851.04	851.04
51785 26	Surgery	2.77	2.77	199.44	199.44
51785 TC	Surgery	9.05	9.05	651.60	651.60
51792 00	Surgery	7.57	7.57	545.04	545.04
51792 26	Surgery	1.67	1.67	120.24	120.24
51792 TC	Surgery	5.90	5.90	424.80	424.80
51797 00	Surgery	4.98	4.98	358.56	358.56
51797 26	Surgery	1.17	1.17	84.24	84.24
51797 TC	Surgery	3.81	3.81	274.32	274.32
51798 00	Surgery	0.35	0.35	25.20	25.20
51800 00	Surgery	31.10	31.10	2239.20	2239.20
51820 00	Surgery	32.53	32.53	2342.16	2342.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
51840 00	Surgery	20.90	20.90	1504.80	1504.80
51841 00	Surgery	24.15	24.15	1738.80	1738.80
51845 00	Surgery	17.58	17.58	1265.76	1265.76
51860 00	Surgery	22.39	22.39	1612.08	1612.08
51865 00	Surgery	26.85	26.85	1933.20	1933.20
51880 00	Surgery	14.03	14.03	1010.16	1010.16
51900 00	Surgery	24.80	24.80	1785.60	1785.60
51920 00	Surgery	22.99	22.99	1655.28	1655.28
51925 00	Surgery	32.31	32.31	2326.32	2326.32
51940 00	Surgery	48.95	48.95	3524.40	3524.40
51960 00	Surgery	41.39	41.39	2980.08	2980.08
51980 00	Surgery	21.48	21.48	1546.56	1546.56
51990 00	Surgery	22.37	22.37	1610.64	1610.64
51992 00	Surgery	25.09	25.09	1806.48	1806.48
51999 00	Surgery	0.00	0.00	BR	BR
52000 00	Surgery	6.59	2.39	474.48	172.08
52001 00	Surgery	12.59	8.51	906.48	612.72
52005 00	Surgery	8.51	3.98	612.72	286.56
52007 00	Surgery	12.73	4.96	916.56	357.12
52010 00	Surgery	10.82	4.94	779.04	355.68
52204 00	Surgery	10.61	4.21	763.92	303.12
52214 00	Surgery	21.21	5.20	1527.12	374.40
52224 00	Surgery	22.20	6.01	1598.40	432.72
52234 00	Surgery	7.30	7.30	525.60	525.60
52235 00	Surgery	8.55	8.55	615.60	615.60
52240 00	Surgery	11.60	11.60	835.20	835.20
52250 00	Surgery	7.11	7.11	511.92	511.92
52260 00	Surgery	6.26	6.26	450.72	450.72
52265 00	Surgery	10.46	4.84	753.12	348.48
52270 00	Surgery	11.92	5.42	858.24	390.24
52275 00	Surgery	15.41	7.39	1109.52	532.08
52276 00	Surgery	7.85	7.85	565.20	565.20
52277 00	Surgery	9.58	9.58	689.76	689.76
52281 00	Surgery	9.18	4.54	660.96	326.88
52282 00	Surgery	10.00	10.00	720.00	720.00
52283 00	Surgery	10.08	6.02	725.76	433.44
52284 00	Surgery	76.26	4.91	5490.72	353.52
52285 00	Surgery	9.96	5.87	717.12	422.64
52287 00	Surgery	10.97	5.04	789.84	362.88
52290 00	Surgery	7.24	7.24	521.28	521.28
52300 00	Surgery	8.30	8.30	597.60	597.60
52301 00	Surgery	8.60	8.60	619.20	619.20
52305 00	Surgery	8.24	8.24	593.28	593.28
52310 00	Surgery	9.04	4.52	650.88	325.44
52315 00	Surgery	13.51	8.14	972.72	586.08
52317 00	Surgery	25.39	10.28	1828.08	740.16
52318 00	Surgery	14.02	14.02	1009.44	1009.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
52320 00	Surgery	7.32	7.32	527.04	527.04
52325 00	Surgery	9.48	9.48	682.56	682.56
52327 00	Surgery	7.67	7.67	552.24	552.24
52330 00	Surgery	17.27	7.81	1243.44	562.32
52332 00	Surgery	11.21	4.64	807.12	334.08
52334 00	Surgery	5.46	5.46	393.12	393.12
52341 00	Surgery	8.42	8.42	606.24	606.24
52342 00	Surgery	9.17	9.17	660.24	660.24
52343 00	Surgery	10.21	10.21	735.12	735.12
52344 00	Surgery	10.95	10.95	788.40	788.40
52345 00	Surgery	11.68	11.68	840.96	840.96
52346 00	Surgery	13.21	13.21	951.12	951.12
52351 00	Surgery	8.99	8.99	647.28	647.28
52352 00	Surgery	10.51	10.51	756.72	756.72
52353 00	Surgery	11.60	11.60	835.20	835.20
52354 00	Surgery	12.37	12.37	890.64	890.64
52355 00	Surgery	13.86	13.86	997.92	997.92
52356 00	Surgery	12.32	12.32	887.04	887.04
52400 00	Surgery	14.30	14.30	1029.60	1029.60
52402 00	Surgery	7.85	7.85	565.20	565.20
52441 00	Surgery	35.91	6.24	2585.52	449.28
52442 00	Surgery	24.49	1.51	1763.28	108.72
52450 00	Surgery	14.39	14.39	1036.08	1036.08
52500 00	Surgery	14.93	14.93	1074.96	1074.96
52601 00	Surgery	21.86	21.86	1573.92	1573.92
52630 00	Surgery	12.31	12.31	886.32	886.32
52640 00	Surgery	9.84	9.84	708.48	708.48
52647 00	Surgery	45.22	19.62	3255.84	1412.64
52648 00	Surgery	46.71	20.86	3363.12	1501.92
52649 00	Surgery	24.79	24.79	1784.88	1784.88
52700 00	Surgery	13.38	13.38	963.36	963.36
53000 00	Surgery	4.49	4.49	323.28	323.28
53010 00	Surgery	9.06	9.06	652.32	652.32
53020 00	Surgery	2.89	2.89	208.08	208.08
53025 00	Surgery	2.08	2.08	149.76	149.76
53040 00	Surgery	11.89	11.89	856.08	856.08
53060 00	Surgery	5.74	5.04	413.28	362.88
53080 00	Surgery	12.74	12.74	917.28	917.28
53085 00	Surgery	19.55	19.55	1407.60	1407.60
53200 00	Surgery	4.82	4.26	347.04	306.72
53210 00	Surgery	23.53	23.53	1694.16	1694.16
53215 00	Surgery	27.82	27.82	2003.04	2003.04
53220 00	Surgery	13.66	13.66	983.52	983.52
53230 00	Surgery	18.40	18.40	1324.80	1324.80
53235 00	Surgery	19.14	19.14	1378.08	1378.08
53240 00	Surgery	12.86	12.86	925.92	925.92
53250 00	Surgery	12.03	12.03	866.16	866.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
53260 00	Surgery	6.29	5.49	452.88	395.28
53265 00	Surgery	6.94	5.73	499.68	412.56
53270 00	Surgery	6.44	5.61	463.68	403.92
53275 00	Surgery	7.90	7.90	568.80	568.80
53400 00	Surgery	24.11	24.11	1735.92	1735.92
53405 00	Surgery	26.23	26.23	1888.56	1888.56
53410 00	Surgery	29.35	29.35	2113.20	2113.20
53415 00	Surgery	33.79	33.79	2432.88	2432.88
53420 00	Surgery	25.22	25.22	1815.84	1815.84
53425 00	Surgery	28.06	28.06	2020.32	2020.32
53430 00	Surgery	29.21	29.21	2103.12	2103.12
53431 00	Surgery	34.49	34.49	2483.28	2483.28
53440 00	Surgery	22.64	22.64	1630.08	1630.08
53442 00	Surgery	23.71	23.71	1707.12	1707.12
53444 00	Surgery	23.86	23.86	1717.92	1717.92
53445 00	Surgery	22.81	22.81	1642.32	1642.32
53446 00	Surgery	19.39	19.39	1396.08	1396.08
53447 00	Surgery	24.23	24.23	1744.56	1744.56
53448 00	Surgery	38.17	38.17	2748.24	2748.24
53449 00	Surgery	18.50	18.50	1332.00	1332.00
53450 00	Surgery	12.41	12.41	893.52	893.52
53451 00	Surgery	0.00	0.00	BR	BR
53452 00	Surgery	0.00	0.00	BR	BR
53453 00	Surgery	0.00	0.00	BR	BR
53454 00	Surgery	-	-	366.48	366.48
53460 00	Surgery	13.83	13.83	995.76	995.76
53500 00	Surgery	22.50	22.50	1620.00	1620.00
53502 00	Surgery	14.71	14.71	1059.12	1059.12
53505 00	Surgery	14.70	14.70	1058.40	1058.40
53510 00	Surgery	19.10	19.10	1375.20	1375.20
53515 00	Surgery	23.91	23.91	1721.52	1721.52
53520 00	Surgery	16.89	16.89	1216.08	1216.08
53600 00	Surgery	2.67	1.91	192.24	137.52
53601 00	Surgery	2.59	1.60	186.48	115.20
53605 00	Surgery	1.90	1.90	136.80	136.80
53620 00	Surgery	5.01	2.60	360.72	187.20
53621 00	Surgery	4.80	2.14	345.60	154.08
53660 00	Surgery	2.27	1.24	163.44	89.28
53661 00	Surgery	2.24	1.20	161.28	86.40
53665 00	Surgery	1.11	1.11	79.92	79.92
53850 00	Surgery	40.77	10.81	2935.44	778.32
53852 00	Surgery	39.85	11.56	2869.20	832.32
53854 00	Surgery	47.95	11.56	3452.40	832.32
53855 00	Surgery	18.60	2.43	1339.20	174.96
53860 00	Surgery	67.93	6.74	4890.96	485.28
53865 00	Surgery	87.98	4.91	6334.56	353.52
53866 00	Surgery	4.23	2.46	304.56	177.12

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
53899 00	Surgery	0.00	0.00	BR	BR
54000 00	Surgery	4.93	3.39	354.96	244.08
54001 00	Surgery	6.00	4.27	432.00	307.44
54015 00	Surgery	9.16	9.16	659.52	659.52
54050 00	Surgery	4.39	3.27	316.08	235.44
54055 00	Surgery	4.21	2.95	303.12	212.40
54056 00	Surgery	4.42	3.44	318.24	247.68
54057 00	Surgery	4.20	2.93	302.40	210.96
54060 00	Surgery	5.91	4.01	425.52	288.72
54065 00	Surgery	6.78	5.27	488.16	379.44
54100 00	Surgery	6.07	3.67	437.04	264.24
54105 00	Surgery	8.31	6.43	598.32	462.96
54110 00	Surgery	18.82	18.82	1355.04	1355.04
54111 00	Surgery	24.01	24.01	1728.72	1728.72
54112 00	Surgery	28.14	28.14	2026.08	2026.08
54115 00	Surgery	13.89	12.94	1000.08	931.68
54120 00	Surgery	19.09	19.09	1374.48	1374.48
54125 00	Surgery	24.90	24.90	1792.80	1792.80
54130 00	Surgery	35.74	35.74	2573.28	2573.28
54135 00	Surgery	45.12	45.12	3248.64	3248.64
54150 00	Surgery	4.45	2.87	320.40	206.64
54160 00	Surgery	6.63	4.37	477.36	314.64
54161 00	Surgery	5.97	5.97	429.84	429.84
54162 00	Surgery	7.72	6.06	555.84	436.32
54163 00	Surgery	6.66	6.66	479.52	479.52
54164 00	Surgery	5.93	5.93	426.96	426.96
54200 00	Surgery	3.55	2.68	255.60	192.96
54205 00	Surgery	16.08	16.08	1157.76	1157.76
54220 00	Surgery	6.69	4.03	481.68	290.16
54230 00	Surgery	3.23	2.41	232.56	173.52
54231 00	Surgery	4.36	3.48	313.92	250.56
54235 00	Surgery	2.77	2.24	199.44	161.28
54240 00	Surgery	3.27	3.27	235.44	235.44
54240 26	Surgery	1.93	1.93	138.96	138.96
54240 TC	Surgery	1.34	1.34	96.48	96.48
54250 00	Surgery	3.64	3.64	262.08	262.08
54250 26	Surgery	3.20	3.20	230.40	230.40
54250 TC	Surgery	0.44	0.44	31.68	31.68
54300 00	Surgery	19.45	19.45	1400.40	1400.40
54304 00	Surgery	22.48	22.48	1618.56	1618.56
54308 00	Surgery	21.56	21.56	1552.32	1552.32
54312 00	Surgery	24.61	24.61	1771.92	1771.92
54316 00	Surgery	29.80	29.80	2145.60	2145.60
54318 00	Surgery	21.46	21.46	1545.12	1545.12
54322 00	Surgery	23.48	23.48	1690.56	1690.56
54324 00	Surgery	29.05	29.05	2091.60	2091.60
54326 00	Surgery	28.28	28.28	2036.16	2036.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
54328 00	Surgery	28.10	28.10	2023.20	2023.20
54332 00	Surgery	30.30	30.30	2181.60	2181.60
54336 00	Surgery	35.59	35.59	2562.48	2562.48
54340 00	Surgery	17.18	17.18	1236.96	1236.96
54344 00	Surgery	28.34	28.34	2040.48	2040.48
54348 00	Surgery	30.30	30.30	2181.60	2181.60
54352 00	Surgery	42.24	42.24	3041.28	3041.28
54360 00	Surgery	21.70	21.70	1562.40	1562.40
54380 00	Surgery	24.05	24.05	1731.60	1731.60
54385 00	Surgery	27.95	27.95	2012.40	2012.40
54390 00	Surgery	37.17	37.17	2676.24	2676.24
54400 00	Surgery	16.06	16.06	1156.32	1156.32
54401 00	Surgery	20.16	20.16	1451.52	1451.52
54405 00	Surgery	24.30	24.30	1749.60	1749.60
54406 00	Surgery	22.03	22.03	1586.16	1586.16
54408 00	Surgery	23.83	23.83	1715.76	1715.76
54410 00	Surgery	25.98	25.98	1870.56	1870.56
54411 00	Surgery	30.91	30.91	2225.52	2225.52
54415 00	Surgery	16.08	16.08	1157.76	1157.76
54416 00	Surgery	21.63	21.63	1557.36	1557.36
54417 00	Surgery	27.03	27.03	1946.16	1946.16
54420 00	Surgery	21.15	21.15	1522.80	1522.80
54430 00	Surgery	19.28	19.28	1388.16	1388.16
54435 00	Surgery	12.56	12.56	904.32	904.32
54437 00	Surgery	20.51	20.51	1476.72	1476.72
54440 00	Surgery	-	-	1739.52	1739.52
54450 00	Surgery	2.10	1.71	151.20	123.12
54500 00	Surgery	2.24	2.24	161.28	161.28
54505 00	Surgery	6.34	6.34	456.48	456.48
54512 00	Surgery	16.27	16.27	1171.44	1171.44
54520 00	Surgery	9.95	9.95	716.40	716.40
54522 00	Surgery	17.72	17.72	1275.84	1275.84
54530 00	Surgery	15.41	15.41	1109.52	1109.52
54535 00	Surgery	22.39	22.39	1612.08	1612.08
54550 00	Surgery	14.86	14.86	1069.92	1069.92
54560 00	Surgery	20.70	20.70	1490.40	1490.40
54600 00	Surgery	13.70	13.70	986.40	986.40
54620 00	Surgery	8.99	8.99	647.28	647.28
54640 00	Surgery	13.06	13.06	940.32	940.32
54650 00	Surgery	21.47	21.47	1545.84	1545.84
54660 00	Surgery	10.91	10.91	785.52	785.52
54670 00	Surgery	12.40	12.40	892.80	892.80
54680 00	Surgery	23.68	23.68	1704.96	1704.96
54690 00	Surgery	19.73	19.73	1420.56	1420.56
54692 00	Surgery	22.70	22.70	1634.40	1634.40
54699 00	Surgery	0.00	0.00	BR	BR
54700 00	Surgery	6.48	6.48	466.56	466.56

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
54800 00	Surgery	3.75	3.75	270.00	270.00
54830 00	Surgery	11.30	11.30	813.60	813.60
54840 00	Surgery	9.76	9.76	702.72	702.72
54860 00	Surgery	12.69	12.69	913.68	913.68
54861 00	Surgery	17.15	17.15	1234.80	1234.80
54865 00	Surgery	10.95	10.95	788.40	788.40
54900 00	Surgery	24.09	24.09	1734.48	1734.48
54901 00	Surgery	31.74	31.74	2285.28	2285.28
55000 00	Surgery	3.60	2.54	259.20	182.88
55040 00	Surgery	10.27	10.27	739.44	739.44
55041 00	Surgery	15.46	15.46	1113.12	1113.12
55060 00	Surgery	11.52	11.52	829.44	829.44
55100 00	Surgery	6.97	5.11	501.84	367.92
55110 00	Surgery	11.81	11.81	850.32	850.32
55120 00	Surgery	10.80	10.80	777.60	777.60
55150 00	Surgery	14.94	14.94	1075.68	1075.68
55175 00	Surgery	11.09	11.09	798.48	798.48
55180 00	Surgery	20.77	20.77	1495.44	1495.44
55200 00	Surgery	11.46	8.43	825.12	606.96
55250 00	Surgery	10.01	6.99	720.72	503.28
55300 00	Surgery	5.56	5.56	400.32	400.32
55400 00	Surgery	15.09	15.09	1086.48	1086.48
55500 00	Surgery	11.87	11.87	854.64	854.64
55520 00	Surgery	14.00	14.00	1008.00	1008.00
55530 00	Surgery	10.68	10.68	768.96	768.96
55535 00	Surgery	13.03	13.03	938.16	938.16
55540 00	Surgery	16.92	16.92	1218.24	1218.24
55550 00	Surgery	13.01	13.01	936.72	936.72
55559 00	Surgery	0.00	0.00	BR	BR
55600 00	Surgery	12.78	12.78	920.16	920.16
55605 00	Surgery	15.84	15.84	1140.48	1140.48
55650 00	Surgery	21.62	21.62	1556.64	1556.64
55680 00	Surgery	10.54	10.54	758.88	758.88
55700 00	Surgery	7.21	3.86	519.12	277.92
55705 00	Surgery	7.98	7.98	574.56	574.56
55706 00	Surgery	11.36	11.36	817.92	817.92
55720 00	Surgery	13.65	13.65	982.80	982.80
55725 00	Surgery	18.02	18.02	1297.44	1297.44
55801 00	Surgery	32.83	32.83	2363.76	2363.76
55810 00	Surgery	39.07	39.07	2813.04	2813.04
55812 00	Surgery	48.01	48.01	3456.72	3456.72
55815 00	Surgery	52.55	52.55	3783.60	3783.60
55821 00	Surgery	25.17	25.17	1812.24	1812.24
55831 00	Surgery	25.81	25.81	1858.32	1858.32
55840 00	Surgery	35.06	35.06	2524.32	2524.32
55842 00	Surgery	34.98	34.98	2518.56	2518.56
55845 00	Surgery	40.71	40.71	2931.12	2931.12

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
55860 00	Surgery	26.24	26.24	1889.28	1889.28
55862 00	Surgery	32.79	32.79	2360.88	2360.88
55865 00	Surgery	39.93	39.93	2874.96	2874.96
55866 00	Surgery	35.76	35.76	2574.72	2574.72
55867 00	Surgery	31.42	31.42	2262.24	2262.24
55870 00	Surgery	5.40	4.23	388.80	304.56
55873 00	Surgery	163.03	23.01	11738.16	1656.72
55874 00	Surgery	81.79	4.91	5888.88	353.52
55875 00	Surgery	23.59	23.59	1698.48	1698.48
55876 00	Surgery	4.47	3.07	321.84	221.04
55880 00	Surgery	29.41	29.41	2117.52	2117.52
55881 00	Surgery	263.05	14.56	18939.60	1048.32
55882 00	Surgery	272.21	17.91	19599.12	1289.52
55899 00	Surgery	0.00	0.00	BR	BR
55920 00	Surgery	13.95	13.95	1004.40	1004.40
55970 00	Surgery	0.00	0.00	BR	BR
55980 00	Surgery	0.00	0.00	BR	BR
56405 00	Surgery	4.38	3.85	315.36	277.20
56420 00	Surgery	5.53	3.32	398.16	239.04
56440 00	Surgery	5.50	5.50	396.00	396.00
56441 00	Surgery	5.47	4.68	393.84	336.96
56442 00	Surgery	1.45	1.45	104.40	104.40
56501 00	Surgery	5.73	4.04	412.56	290.88
56515 00	Surgery	8.30	6.42	597.60	462.24
56605 00	Surgery	2.87	1.77	206.64	127.44
56606 00	Surgery	1.13	0.86	81.36	61.92
56620 00	Surgery	17.74	17.74	1277.28	1277.28
56625 00	Surgery	20.20	20.20	1454.40	1454.40
56630 00	Surgery	29.00	29.00	2088.00	2088.00
56631 00	Surgery	35.90	35.90	2584.80	2584.80
56632 00	Surgery	43.35	43.35	3121.20	3121.20
56633 00	Surgery	34.92	34.92	2514.24	2514.24
56634 00	Surgery	39.22	39.22	2823.84	2823.84
56637 00	Surgery	45.94	45.94	3307.68	3307.68
56640 00	Surgery	46.13	46.13	3321.36	3321.36
56700 00	Surgery	6.14	6.14	442.08	442.08
56740 00	Surgery	9.47	9.47	681.84	681.84
56800 00	Surgery	7.66	7.66	551.52	551.52
56805 00	Surgery	35.00	35.00	2520.00	2520.00
56810 00	Surgery	8.19	8.19	589.68	589.68
56820 00	Surgery	3.77	2.53	271.44	182.16
56821 00	Surgery	5.04	3.41	362.88	245.52
57000 00	Surgery	6.09	6.09	438.48	438.48
57010 00	Surgery	13.81	13.81	994.32	994.32
57020 00	Surgery	3.71	2.37	267.12	170.64
57022 00	Surgery	5.48	5.48	394.56	394.56
57023 00	Surgery	9.64	9.64	694.08	694.08

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
57061 00	Surgery	4.99	3.49	359.28	251.28
57065 00	Surgery	7.37	5.61	530.64	403.92
57100 00	Surgery	3.10	1.97	223.20	141.84
57105 00	Surgery	5.29	4.42	380.88	318.24
57106 00	Surgery	16.23	16.23	1168.56	1168.56
57107 00	Surgery	43.91	43.91	3161.52	3161.52
57109 00	Surgery	52.30	52.30	3765.60	3765.60
57110 00	Surgery	27.16	27.16	1955.52	1955.52
57111 00	Surgery	52.30	52.30	3765.60	3765.60
57120 00	Surgery	16.01	16.01	1152.72	1152.72
57130 00	Surgery	6.88	5.23	495.36	376.56
57135 00	Surgery	7.42	5.69	534.24	409.68
57150 00	Surgery	1.69	0.76	121.68	54.72
57155 00	Surgery	12.15	8.65	874.80	622.80
57156 00	Surgery	6.95	4.59	500.40	330.48
57160 00	Surgery	2.23	1.38	160.56	99.36
57170 00	Surgery	2.32	1.42	167.04	102.24
57180 00	Surgery	5.88	3.65	423.36	262.80
57200 00	Surgery	10.04	10.04	722.88	722.88
57210 00	Surgery	11.86	11.86	853.92	853.92
57220 00	Surgery	10.48	10.48	754.56	754.56
57230 00	Surgery	12.61	12.61	907.92	907.92
57240 00	Surgery	18.50	18.50	1332.00	1332.00
57250 00	Surgery	18.56	18.56	1336.32	1336.32
57260 00	Surgery	23.44	23.44	1687.68	1687.68
57265 00	Surgery	26.21	26.21	1887.12	1887.12
57267 00	Surgery	7.47	7.47	537.84	537.84
57268 00	Surgery	15.30	15.30	1101.60	1101.60
57270 00	Surgery	24.44	24.44	1759.68	1759.68
57280 00	Surgery	29.04	29.04	2090.88	2090.88
57282 00	Surgery	20.89	20.89	1504.08	1504.08
57283 00	Surgery	21.06	21.06	1516.32	1516.32
57284 00	Surgery	25.21	25.21	1815.12	1815.12
57285 00	Surgery	20.86	20.86	1501.92	1501.92
57287 00	Surgery	22.34	22.34	1608.48	1608.48
57288 00	Surgery	22.44	22.44	1615.68	1615.68
57289 00	Surgery	23.86	23.86	1717.92	1717.92
57291 00	Surgery	16.59	16.59	1194.48	1194.48
57292 00	Surgery	24.91	24.91	1793.52	1793.52
57295 00	Surgery	15.14	15.14	1090.08	1090.08
57296 00	Surgery	28.82	28.82	2075.04	2075.04
57300 00	Surgery	18.46	18.46	1329.12	1329.12
57305 00	Surgery	29.29	29.29	2108.88	2108.88
57307 00	Surgery	32.46	32.46	2337.12	2337.12
57308 00	Surgery	20.07	20.07	1445.04	1445.04
57310 00	Surgery	14.90	14.90	1072.80	1072.80
57311 00	Surgery	16.78	16.78	1208.16	1208.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
57320 00	Surgery	17.01	17.01	1224.72	1224.72
57330 00	Surgery	23.09	23.09	1662.48	1662.48
57335 00	Surgery	35.36	35.36	2545.92	2545.92
57400 00	Surgery	3.92	3.92	282.24	282.24
57410 00	Surgery	3.19	3.19	229.68	229.68
57415 00	Surgery	5.29	5.29	380.88	380.88
57420 00	Surgery	4.01	2.71	288.72	195.12
57421 00	Surgery	5.35	3.67	385.20	264.24
57423 00	Surgery	27.88	27.88	2007.36	2007.36
57425 00	Surgery	29.25	29.25	2106.00	2106.00
57426 00	Surgery	26.29	26.29	1892.88	1892.88
57452 00	Surgery	3.80	2.74	273.60	197.28
57454 00	Surgery	5.07	4.02	365.04	289.44
57455 00	Surgery	4.86	3.27	349.92	235.44
57456 00	Surgery	4.55	3.01	327.60	216.72
57460 00	Surgery	9.24	4.81	665.28	346.32
57461 00	Surgery	10.34	5.50	744.48	396.00
57465 00	Surgery	1.65	1.28	118.80	92.16
57500 00	Surgery	4.52	2.27	325.44	163.44
57505 00	Surgery	4.59	3.30	330.48	237.60
57510 00	Surgery	4.96	3.40	357.12	244.80
57511 00	Surgery	5.94	4.45	427.68	320.40
57513 00	Surgery	6.11	4.43	439.92	318.96
57520 00	Surgery	10.62	8.99	764.64	647.28
57522 00	Surgery	9.10	7.73	655.20	556.56
57530 00	Surgery	11.33	11.33	815.76	815.76
57531 00	Surgery	55.06	55.06	3964.32	3964.32
57540 00	Surgery	23.83	23.83	1715.76	1715.76
57545 00	Surgery	25.08	25.08	1805.76	1805.76
57550 00	Surgery	13.01	13.01	936.72	936.72
57555 00	Surgery	18.66	18.66	1343.52	1343.52
57556 00	Surgery	17.72	17.72	1275.84	1275.84
57558 00	Surgery	4.73	3.87	340.56	278.64
57700 00	Surgery	10.73	10.73	772.56	772.56
57720 00	Surgery	10.11	10.11	727.92	727.92
57800 00	Surgery	2.32	1.45	167.04	104.40
58100 00	Surgery	3.01	1.89	216.72	136.08
58110 00	Surgery	1.50	1.21	108.00	87.12
58120 00	Surgery	8.94	7.05	643.68	507.60
58140 00	Surgery	27.71	27.71	1995.12	1995.12
58145 00	Surgery	16.95	16.95	1220.40	1220.40
58146 00	Surgery	34.69	34.69	2497.68	2497.68
58150 00	Surgery	30.70	30.70	2210.40	2210.40
58152 00	Surgery	37.19	37.19	2677.68	2677.68
58180 00	Surgery	28.97	28.97	2085.84	2085.84
58200 00	Surgery	40.73	40.73	2932.56	2932.56
58210 00	Surgery	54.88	54.88	3951.36	3951.36

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
58240 00	Surgery	88.40	88.40	6364.80	6364.80
58260 00	Surgery	25.26	25.26	1818.72	1818.72
58262 00	Surgery	27.92	27.92	2010.24	2010.24
58263 00	Surgery	29.95	29.95	2156.40	2156.40
58267 00	Surgery	32.16	32.16	2315.52	2315.52
58270 00	Surgery	26.92	26.92	1938.24	1938.24
58275 00	Surgery	29.86	29.86	2149.92	2149.92
58280 00	Surgery	31.85	31.85	2293.20	2293.20
58285 00	Surgery	42.92	42.92	3090.24	3090.24
58290 00	Surgery	34.58	34.58	2489.76	2489.76
58291 00	Surgery	37.34	37.34	2688.48	2688.48
58292 00	Surgery	39.33	39.33	2831.76	2831.76
58294 00	Surgery	36.55	36.55	2631.60	2631.60
58300 00	Surgery	3.25	1.51	234.00	108.72
58301 00	Surgery	3.28	1.98	236.16	142.56
58321 00	Surgery	2.48	1.44	178.56	103.68
58322 00	Surgery	2.74	1.71	197.28	123.12
58323 00	Surgery	0.44	0.36	31.68	25.92
58340 00	Surgery	6.98	1.75	502.56	126.00
58345 00	Surgery	8.72	8.72	627.84	627.84
58346 00	Surgery	15.16	15.16	1091.52	1091.52
58350 00	Surgery	4.52	2.85	325.44	205.20
58353 00	Surgery	26.41	6.95	1901.52	500.40
58356 00	Surgery	47.69	10.57	3433.68	761.04
58400 00	Surgery	13.92	13.92	1002.24	1002.24
58410 00	Surgery	24.54	24.54	1766.88	1766.88
58520 00	Surgery	24.03	24.03	1730.16	1730.16
58540 00	Surgery	27.59	27.59	1986.48	1986.48
58541 00	Surgery	22.03	22.03	1586.16	1586.16
58542 00	Surgery	24.98	24.98	1798.56	1798.56
58543 00	Surgery	25.35	25.35	1825.20	1825.20
58544 00	Surgery	27.27	27.27	1963.44	1963.44
58545 00	Surgery	27.15	27.15	1954.80	1954.80
58546 00	Surgery	33.46	33.46	2409.12	2409.12
58548 00	Surgery	56.70	56.70	4082.40	4082.40
58550 00	Surgery	26.60	26.60	1915.20	1915.20
58552 00	Surgery	29.57	29.57	2129.04	2129.04
58553 00	Surgery	33.65	33.65	2422.80	2422.80
58554 00	Surgery	39.19	39.19	2821.68	2821.68
58555 00	Surgery	10.17	4.57	732.24	329.04
58558 00	Surgery	37.32	6.94	2687.04	499.68
58559 00	Surgery	8.49	8.49	611.28	611.28
58560 00	Surgery	9.35	9.35	673.20	673.20
58561 00	Surgery	10.70	10.70	770.40	770.40
58562 00	Surgery	12.23	6.63	880.56	477.36
58563 00	Surgery	59.03	7.36	4250.16	529.92
58565 00	Surgery	47.21	13.77	3399.12	991.44

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
58570 00	Surgery	24.37	24.37	1754.64	1754.64
58571 00	Surgery	27.38	27.38	1971.36	1971.36
58572 00	Surgery	31.37	31.37	2258.64	2258.64
58573 00	Surgery	36.68	36.68	2640.96	2640.96
58575 00	Surgery	58.25	58.25	4194.00	4194.00
58578 00	Surgery	0.00	0.00	BR	BR
58579 00	Surgery	0.00	0.00	BR	BR
58580 00	Surgery	80.42	12.17	5790.24	876.24
58600 00	Surgery	11.20	11.20	806.40	806.40
58605 00	Surgery	10.17	10.17	732.24	732.24
58611 00	Surgery	2.25	2.25	162.00	162.00
58615 00	Surgery	7.62	7.62	548.64	548.64
58660 00	Surgery	20.70	20.70	1490.40	1490.40
58661 00	Surgery	19.65	19.65	1414.80	1414.80
58662 00	Surgery	21.50	21.50	1548.00	1548.00
58670 00	Surgery	11.22	11.22	807.84	807.84
58671 00	Surgery	11.22	11.22	807.84	807.84
58672 00	Surgery	21.96	21.96	1581.12	1581.12
58673 00	Surgery	23.83	23.83	1715.76	1715.76
58674 00	Surgery	24.47	24.47	1761.84	1761.84
58679 00	Surgery	0.00	0.00	BR	BR
58700 00	Surgery	24.21	24.21	1743.12	1743.12
58720 00	Surgery	22.96	22.96	1653.12	1653.12
58740 00	Surgery	27.30	27.30	1965.60	1965.60
58750 00	Surgery	27.37	27.37	1970.64	1970.64
58752 00	Surgery	27.29	27.29	1964.88	1964.88
58760 00	Surgery	24.69	24.69	1777.68	1777.68
58770 00	Surgery	25.91	25.91	1865.52	1865.52
58800 00	Surgery	10.88	9.56	783.36	688.32
58805 00	Surgery	12.90	12.90	928.80	928.80
58820 00	Surgery	10.25	10.25	738.00	738.00
58822 00	Surgery	21.52	21.52	1549.44	1549.44
58825 00	Surgery	21.36	21.36	1537.92	1537.92
58900 00	Surgery	13.18	13.18	948.96	948.96
58920 00	Surgery	21.50	21.50	1548.00	1548.00
58925 00	Surgery	23.22	23.22	1671.84	1671.84
58940 00	Surgery	16.80	16.80	1209.60	1209.60
58943 00	Surgery	36.26	36.26	2610.72	2610.72
58950 00	Surgery	34.77	34.77	2503.44	2503.44
58951 00	Surgery	43.51	43.51	3132.72	3132.72
58952 00	Surgery	49.61	49.61	3571.92	3571.92
58953 00	Surgery	60.32	60.32	4343.04	4343.04
58954 00	Surgery	65.28	65.28	4700.16	4700.16
58956 00	Surgery	41.06	41.06	2956.32	2956.32
58958 00	Surgery	49.73	49.73	3580.56	3580.56
58960 00	Surgery	30.15	30.15	2170.80	2170.80
58970 00	Surgery	7.22	5.89	519.84	424.08

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
58974 00	Surgery	-	-	1049.76	1049.76
58976 00	Surgery	7.73	6.34	556.56	456.48
58999 00	Surgery	0.00	0.00	BR	BR
59000 00	Surgery	3.55	2.42	255.60	174.24
59001 00	Surgery	5.34	5.34	384.48	384.48
59012 00	Surgery	6.03	6.03	434.16	434.16
59015 00	Surgery	4.77	3.94	343.44	283.68
59020 00	Surgery	2.13	2.13	153.36	153.36
59020 26	Surgery	1.09	1.09	78.48	78.48
59020 TC	Surgery	1.04	1.04	74.88	74.88
59025 00	Surgery	1.48	1.48	106.56	106.56
59025 26	Surgery	0.87	0.87	62.64	62.64
59025 TC	Surgery	0.61	0.61	43.92	43.92
59030 00	Surgery	3.36	3.36	241.92	241.92
59050 00	Surgery	1.50	1.50	108.00	108.00
59051 00	Surgery	1.25	1.25	90.00	90.00
59070 00	Surgery	11.96	9.27	861.12	667.44
59072 00	Surgery	15.62	15.62	1124.64	1124.64
59074 00	Surgery	11.53	9.27	830.16	667.44
59076 00	Surgery	15.62	15.62	1124.64	1124.64
59100 00	Surgery	25.88	25.88	1863.36	1863.36
59120 00	Surgery	24.68	24.68	1776.96	1776.96
59121 00	Surgery	24.69	24.69	1777.68	1777.68
59130 00	Surgery	28.64	28.64	2062.08	2062.08
59136 00	Surgery	27.19	27.19	1957.68	1957.68
59140 00	Surgery	12.64	12.64	910.08	910.08
59150 00	Surgery	23.95	23.95	1724.40	1724.40
59151 00	Surgery	23.41	23.41	1685.52	1685.52
59160 00	Surgery	8.11	5.67	583.92	408.24
59200 00	Surgery	3.98	2.02	286.56	145.44
59300 00	Surgery	6.83	4.44	491.76	319.68
59320 00	Surgery	4.58	4.58	329.76	329.76
59325 00	Surgery	7.24	7.24	521.28	521.28
59350 00	Surgery	8.34	8.34	600.48	600.48
59400 00	Surgery	72.82	72.82	5243.04	5243.04
59409 00	Surgery	23.99	23.99	1727.28	1727.28
59410 00	Surgery	32.49	32.49	2339.28	2339.28
59412 00	Surgery	3.09	3.09	222.48	222.48
59414 00	Surgery	2.73	2.73	196.56	196.56
59425 00	Surgery	16.96	13.02	1221.12	937.44
59426 00	Surgery	31.05	23.91	2235.60	1721.52
59430 00	Surgery	7.90	5.36	568.80	385.92
59510 00	Surgery	80.89	80.89	5824.08	5824.08
59514 00	Surgery	27.21	27.21	1959.12	1959.12
59515 00	Surgery	40.30	40.30	2901.60	2901.60
59525 00	Surgery	14.41	14.41	1037.52	1037.52
59610 00	Surgery	76.28	76.28	5492.16	5492.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
59612 00	Surgery	27.19	27.19	1957.68	1957.68
59614 00	Surgery	35.14	35.14	2530.08	2530.08
59618 00	Surgery	81.75	81.75	5886.00	5886.00
59620 00	Surgery	28.15	28.15	2026.80	2026.80
59622 00	Surgery	41.70	41.70	3002.40	3002.40
59812 00	Surgery	10.92	9.33	786.24	671.76
59820 00	Surgery	13.25	11.73	954.00	844.56
59821 00	Surgery	13.05	11.46	939.60	825.12
59830 00	Surgery	14.03	14.03	1010.16	1010.16
59840 00	Surgery	7.51	6.70	540.72	482.40
59841 00	Surgery	12.87	11.30	926.64	813.60
59850 00	Surgery	11.90	11.90	856.80	856.80
59851 00	Surgery	12.99	12.99	935.28	935.28
59852 00	Surgery	17.80	17.80	1281.60	1281.60
59855 00	Surgery	12.87	12.87	926.64	926.64
59856 00	Surgery	15.07	15.07	1085.04	1085.04
59857 00	Surgery	17.55	17.55	1263.60	1263.60
59866 00	Surgery	7.17	7.17	516.24	516.24
59870 00	Surgery	16.19	16.19	1165.68	1165.68
59871 00	Surgery	4.01	4.01	288.72	288.72
59897 00	Surgery	0.00	0.00	BR	BR
59898 00	Surgery	0.00	0.00	BR	BR
59899 00	Surgery	0.00	0.00	BR	BR
60000 00	Surgery	5.65	4.84	406.80	348.48
60100 00	Surgery	3.29	2.26	236.88	162.72
60200 00	Surgery	20.28	20.28	1460.16	1460.16
60210 00	Surgery	21.47	21.47	1545.84	1545.84
60212 00	Surgery	31.03	31.03	2234.16	2234.16
60220 00	Surgery	21.40	21.40	1540.80	1540.80
60225 00	Surgery	28.41	28.41	2045.52	2045.52
60240 00	Surgery	27.70	27.70	1994.40	1994.40
60252 00	Surgery	39.73	39.73	2860.56	2860.56
60254 00	Surgery	50.13	50.13	3609.36	3609.36
60260 00	Surgery	32.80	32.80	2361.60	2361.60
60270 00	Surgery	40.95	40.95	2948.40	2948.40
60271 00	Surgery	31.83	31.83	2291.76	2291.76
60280 00	Surgery	13.82	13.82	995.04	995.04
60281 00	Surgery	18.08	18.08	1301.76	1301.76
60300 00	Surgery	3.09	1.44	222.48	103.68
60500 00	Surgery	29.33	29.33	2111.76	2111.76
60502 00	Surgery	39.39	39.39	2836.08	2836.08
60505 00	Surgery	42.03	42.03	3026.16	3026.16
60512 00	Surgery	7.19	7.19	517.68	517.68
60520 00	Surgery	31.68	31.68	2280.96	2280.96
60521 00	Surgery	33.63	33.63	2421.36	2421.36
60522 00	Surgery	40.67	40.67	2928.24	2928.24
60540 00	Surgery	32.53	32.53	2342.16	2342.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
60545 00	Surgery	37.47	37.47	2697.84	2697.84
60600 00	Surgery	40.35	40.35	2905.20	2905.20
60605 00	Surgery	48.34	48.34	3480.48	3480.48
60650 00	Surgery	35.96	35.96	2589.12	2589.12
60659 00	Surgery	0.00	0.00	BR	BR
60660 00	Surgery	73.92	9.49	5322.24	683.28
60661 00	Surgery	11.99	6.57	863.28	473.04
60699 00	Surgery	0.00	0.00	BR	BR
61000 00	Surgery	3.47	3.47	249.84	249.84
61001 00	Surgery	3.30	3.30	237.60	237.60
61020 00	Surgery	3.22	3.22	231.84	231.84
61026 00	Surgery	3.42	3.42	246.24	246.24
61050 00	Surgery	2.41	2.41	173.52	173.52
61055 00	Surgery	3.46	3.46	249.12	249.12
61070 00	Surgery	1.69	1.69	121.68	121.68
61105 00	Surgery	14.42	14.42	1038.24	1038.24
61107 00	Surgery	9.44	9.44	679.68	679.68
61108 00	Surgery	27.92	27.92	2010.24	2010.24
61120 00	Surgery	23.18	23.18	1668.96	1668.96
61140 00	Surgery	39.10	39.10	2815.20	2815.20
61150 00	Surgery	41.46	41.46	2985.12	2985.12
61151 00	Surgery	30.58	30.58	2201.76	2201.76
61154 00	Surgery	39.31	39.31	2830.32	2830.32
61156 00	Surgery	38.09	38.09	2742.48	2742.48
61210 00	Surgery	11.07	11.07	797.04	797.04
61215 00	Surgery	16.03	16.03	1154.16	1154.16
61250 00	Surgery	26.78	26.78	1928.16	1928.16
61253 00	Surgery	30.58	30.58	2201.76	2201.76
61304 00	Surgery	50.21	50.21	3615.12	3615.12
61305 00	Surgery	61.36	61.36	4417.92	4417.92
61312 00	Surgery	63.20	63.20	4550.40	4550.40
61313 00	Surgery	60.77	60.77	4375.44	4375.44
61314 00	Surgery	55.90	55.90	4024.80	4024.80
61315 00	Surgery	63.20	63.20	4550.40	4550.40
61316 00	Surgery	2.65	2.65	190.80	190.80
61320 00	Surgery	57.99	57.99	4175.28	4175.28
61321 00	Surgery	64.95	64.95	4676.40	4676.40
61322 00	Surgery	72.74	72.74	5237.28	5237.28
61323 00	Surgery	72.38	72.38	5211.36	5211.36
61330 00	Surgery	54.96	54.96	3957.12	3957.12
61333 00	Surgery	61.64	61.64	4438.08	4438.08
61340 00	Surgery	44.21	44.21	3183.12	3183.12
61343 00	Surgery	66.92	66.92	4818.24	4818.24
61345 00	Surgery	62.50	62.50	4500.00	4500.00
61450 00	Surgery	58.71	58.71	4227.12	4227.12
61458 00	Surgery	61.71	61.71	4443.12	4443.12
61460 00	Surgery	64.40	64.40	4636.80	4636.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
61500 00	Surgery	39.46	39.46	2841.12	2841.12
61501 00	Surgery	34.52	34.52	2485.44	2485.44
61510 00	Surgery	67.42	67.42	4854.24	4854.24
61512 00	Surgery	77.92	77.92	5610.24	5610.24
61514 00	Surgery	58.69	58.69	4225.68	4225.68
61516 00	Surgery	57.23	57.23	4120.56	4120.56
61517 00	Surgery	2.64	2.64	190.08	190.08
61518 00	Surgery	84.55	84.55	6087.60	6087.60
61519 00	Surgery	89.81	89.81	6466.32	6466.32
61520 00	Surgery	113.17	113.17	8148.24	8148.24
61521 00	Surgery	96.43	96.43	6942.96	6942.96
61522 00	Surgery	66.88	66.88	4815.36	4815.36
61524 00	Surgery	63.74	63.74	4589.28	4589.28
61526 00	Surgery	100.94	100.94	7267.68	7267.68
61530 00	Surgery	93.54	93.54	6734.88	6734.88
61531 00	Surgery	37.80	37.80	2721.60	2721.60
61533 00	Surgery	46.85	46.85	3373.20	3373.20
61534 00	Surgery	50.65	50.65	3646.80	3646.80
61535 00	Surgery	31.04	31.04	2234.88	2234.88
61536 00	Surgery	78.65	78.65	5662.80	5662.80
61537 00	Surgery	74.90	74.90	5392.80	5392.80
61538 00	Surgery	81.05	81.05	5835.60	5835.60
61539 00	Surgery	72.09	72.09	5190.48	5190.48
61540 00	Surgery	66.50	66.50	4788.00	4788.00
61541 00	Surgery	65.76	65.76	4734.72	4734.72
61543 00	Surgery	66.47	66.47	4785.84	4785.84
61544 00	Surgery	58.08	58.08	4181.76	4181.76
61545 00	Surgery	97.21	97.21	6999.12	6999.12
61546 00	Surgery	70.51	70.51	5076.72	5076.72
61548 00	Surgery	47.79	47.79	3440.88	3440.88
61550 00	Surgery	36.95	36.95	2660.40	2660.40
61552 00	Surgery	45.70	45.70	3290.40	3290.40
61556 00	Surgery	52.38	52.38	3771.36	3771.36
61557 00	Surgery	51.79	51.79	3728.88	3728.88
61558 00	Surgery	57.68	57.68	4152.96	4152.96
61559 00	Surgery	73.43	73.43	5286.96	5286.96
61563 00	Surgery	60.63	60.63	4365.36	4365.36
61564 00	Surgery	73.55	73.55	5295.60	5295.60
61566 00	Surgery	68.43	68.43	4926.96	4926.96
61567 00	Surgery	77.96	77.96	5613.12	5613.12
61570 00	Surgery	57.30	57.30	4125.60	4125.60
61571 00	Surgery	60.95	60.95	4388.40	4388.40
61575 00	Surgery	76.44	76.44	5503.68	5503.68
61576 00	Surgery	127.30	127.30	9165.60	9165.60
61580 00	Surgery	74.85	74.85	5389.20	5389.20
61581 00	Surgery	80.96	80.96	5829.12	5829.12
61582 00	Surgery	92.09	92.09	6630.48	6630.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
61583 00	Surgery	88.99	88.99	6407.28	6407.28
61584 00	Surgery	87.27	87.27	6283.44	6283.44
61585 00	Surgery	99.19	99.19	7141.68	7141.68
61586 00	Surgery	76.37	76.37	5498.64	5498.64
61590 00	Surgery	90.45	90.45	6512.40	6512.40
61591 00	Surgery	92.73	92.73	6676.56	6676.56
61592 00	Surgery	95.75	95.75	6894.00	6894.00
61595 00	Surgery	72.09	72.09	5190.48	5190.48
61596 00	Surgery	72.96	72.96	5253.12	5253.12
61597 00	Surgery	88.62	88.62	6380.64	6380.64
61598 00	Surgery	86.46	86.46	6225.12	6225.12
61600 00	Surgery	63.59	63.59	4578.48	4578.48
61601 00	Surgery	73.26	73.26	5274.72	5274.72
61605 00	Surgery	65.22	65.22	4695.84	4695.84
61606 00	Surgery	87.99	87.99	6335.28	6335.28
61607 00	Surgery	92.14	92.14	6634.08	6634.08
61608 00	Surgery	99.28	99.28	7148.16	7148.16
61611 00	Surgery	14.09	14.09	1014.48	1014.48
61613 00	Surgery	99.61	99.61	7171.92	7171.92
61615 00	Surgery	85.32	85.32	6143.04	6143.04
61616 00	Surgery	100.58	100.58	7241.76	7241.76
61618 00	Surgery	39.45	39.45	2840.40	2840.40
61619 00	Surgery	43.29	43.29	3116.88	3116.88
61623 00	Surgery	17.30	17.30	1245.60	1245.60
61624 00	Surgery	34.99	34.99	2519.28	2519.28
61626 00	Surgery	27.14	27.14	1954.08	1954.08
61630 00	Surgery	41.13	41.13	2961.36	2961.36
61635 00	Surgery	45.01	45.01	3240.72	3240.72
61640 00	Surgery	14.01	14.01	1008.72	1008.72
61641 00	Surgery	4.92	4.92	354.24	354.24
61642 00	Surgery	9.84	9.84	708.48	708.48
61645 00	Surgery	25.40	25.40	1828.80	1828.80
61650 00	Surgery	17.61	17.61	1267.92	1267.92
61651 00	Surgery	7.52	7.52	541.44	541.44
61680 00	Surgery	68.93	68.93	4962.96	4962.96
61682 00	Surgery	125.72	125.72	9051.84	9051.84
61684 00	Surgery	86.67	86.67	6240.24	6240.24
61686 00	Surgery	136.40	136.40	9820.80	9820.80
61690 00	Surgery	66.74	66.74	4805.28	4805.28
61692 00	Surgery	110.93	110.93	7986.96	7986.96
61697 00	Surgery	128.17	128.17	9228.24	9228.24
61698 00	Surgery	140.43	140.43	10110.96	10110.96
61700 00	Surgery	103.73	103.73	7468.56	7468.56
61702 00	Surgery	122.20	122.20	8798.40	8798.40
61703 00	Surgery	41.80	41.80	3009.60	3009.60
61705 00	Surgery	79.38	79.38	5715.36	5715.36
61708 00	Surgery	77.67	77.67	5592.24	5592.24

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
61710 00	Surgery	65.56	65.56	4720.32	4720.32
61711 00	Surgery	79.54	79.54	5726.88	5726.88
61715 00	Surgery	36.47	36.47	2625.84	2625.84
61720 00	Surgery	39.08	39.08	2813.76	2813.76
61735 00	Surgery	48.96	48.96	3525.12	3525.12
61736 00	Surgery	37.11	37.11	2671.92	2671.92
61737 00	Surgery	44.05	44.05	3171.60	3171.60
61750 00	Surgery	43.24	43.24	3113.28	3113.28
61751 00	Surgery	42.65	42.65	3070.80	3070.80
61760 00	Surgery	48.62	48.62	3500.64	3500.64
61770 00	Surgery	49.68	49.68	3576.96	3576.96
61781 00	Surgery	7.11	7.11	511.92	511.92
61782 00	Surgery	5.17	5.17	372.24	372.24
61783 00	Surgery	6.97	6.97	501.84	501.84
61790 00	Surgery	27.24	27.24	1961.28	1961.28
61791 00	Surgery	34.71	34.71	2499.12	2499.12
61796 00	Surgery	31.36	31.36	2257.92	2257.92
61797 00	Surgery	6.61	6.61	475.92	475.92
61798 00	Surgery	42.29	42.29	3044.88	3044.88
61799 00	Surgery	9.12	9.12	656.64	656.64
61800 00	Surgery	4.52	4.52	325.44	325.44
61850 00	Surgery	30.37	30.37	2186.64	2186.64
61860 00	Surgery	47.90	47.90	3448.80	3448.80
61863 00	Surgery	46.23	46.23	3328.56	3328.56
61864 00	Surgery	8.53	8.53	614.16	614.16
61867 00	Surgery	69.67	69.67	5016.24	5016.24
61868 00	Surgery	15.03	15.03	1082.16	1082.16
61880 00	Surgery	18.17	18.17	1308.24	1308.24
61885 00	Surgery	16.31	16.31	1174.32	1174.32
61886 00	Surgery	27.20	27.20	1958.40	1958.40
61888 00	Surgery	12.21	12.21	879.12	879.12
61889 00	Surgery	37.73	37.73	2716.56	2716.56
61891 00	Surgery	17.90	17.90	1288.80	1288.80
61892 00	Surgery	24.90	24.90	1792.80	1792.80
62000 00	Surgery	31.88	31.88	2295.36	2295.36
62005 00	Surgery	39.11	39.11	2815.92	2815.92
62010 00	Surgery	47.18	47.18	3396.96	3396.96
62100 00	Surgery	47.88	47.88	3447.36	3447.36
62115 00	Surgery	51.83	51.83	3731.76	3731.76
62117 00	Surgery	60.05	60.05	4323.60	4323.60
62120 00	Surgery	63.18	63.18	4548.96	4548.96
62121 00	Surgery	46.86	46.86	3373.92	3373.92
62140 00	Surgery	31.31	31.31	2254.32	2254.32
62141 00	Surgery	35.11	35.11	2527.92	2527.92
62142 00	Surgery	27.55	27.55	1983.60	1983.60
62143 00	Surgery	32.17	32.17	2316.24	2316.24
62145 00	Surgery	42.93	42.93	3090.96	3090.96

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
62146 00	Surgery	38.43	38.43	2766.96	2766.96
62147 00	Surgery	43.72	43.72	3147.84	3147.84
62148 00	Surgery	3.80	3.80	273.60	273.60
62160 00	Surgery	5.68	5.68	408.96	408.96
62161 00	Surgery	46.74	46.74	3365.28	3365.28
62162 00	Surgery	57.87	57.87	4166.64	4166.64
62164 00	Surgery	64.18	64.18	4620.96	4620.96
62165 00	Surgery	46.08	46.08	3317.76	3317.76
62180 00	Surgery	49.06	49.06	3532.32	3532.32
62190 00	Surgery	28.72	28.72	2067.84	2067.84
62192 00	Surgery	30.53	30.53	2198.16	2198.16
62194 00	Surgery	15.32	15.32	1103.04	1103.04
62200 00	Surgery	42.26	42.26	3042.72	3042.72
62201 00	Surgery	37.39	37.39	2692.08	2692.08
62220 00	Surgery	29.83	29.83	2147.76	2147.76
62223 00	Surgery	31.59	31.59	2274.48	2274.48
62225 00	Surgery	16.66	16.66	1199.52	1199.52
62230 00	Surgery	25.81	25.81	1858.32	1858.32
62252 00	Surgery	2.65	2.65	190.80	190.80
62252 26	Surgery	1.39	1.39	100.08	100.08
62252 TC	Surgery	1.26	1.26	90.72	90.72
62256 00	Surgery	18.87	18.87	1358.64	1358.64
62258 00	Surgery	34.04	34.04	2450.88	2450.88
62263 00	Surgery	18.96	9.78	1365.12	704.16
62264 00	Surgery	12.94	7.35	931.68	529.20
62267 00	Surgery	7.81	4.58	562.32	329.76
62268 00	Surgery	10.03	10.03	722.16	722.16
62269 00	Surgery	7.75	7.75	558.00	558.00
62270 00	Surgery	4.38	1.93	315.36	138.96
62272 00	Surgery	5.62	2.81	404.64	202.32
62273 00	Surgery	5.02	3.39	361.44	244.08
62280 00	Surgery	9.67	4.82	696.24	347.04
62281 00	Surgery	7.14	4.70	514.08	338.40
62282 00	Surgery	9.19	4.26	661.68	306.72
62284 00	Surgery	5.50	2.47	396.00	177.84
62287 00	Surgery	18.14	18.14	1306.08	1306.08
62290 00	Surgery	10.12	4.68	728.64	336.96
62291 00	Surgery	9.09	4.25	654.48	306.00
62292 00	Surgery	17.53	17.53	1262.16	1262.16
62294 00	Surgery	29.41	29.41	2117.52	2117.52
62302 00	Surgery	7.47	3.53	537.84	254.16
62303 00	Surgery	7.60	3.53	547.20	254.16
62304 00	Surgery	7.42	3.48	534.24	250.56
62305 00	Surgery	8.10	3.63	583.20	261.36
62320 00	Surgery	4.76	2.96	342.72	213.12
62321 00	Surgery	7.76	3.21	558.72	231.12
62322 00	Surgery	3.95	2.34	284.40	168.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
62323 00	Surgery	7.63	2.97	549.36	213.84
62324 00	Surgery	4.09	2.67	294.48	192.24
62325 00	Surgery	7.26	3.25	522.72	234.00
62326 00	Surgery	4.09	2.55	294.48	183.60
62327 00	Surgery	7.91	3.19	569.52	229.68
62328 00	Surgery	6.56	2.53	472.32	182.16
62329 00	Surgery	7.79	3.11	560.88	223.92
62350 00	Surgery	12.14	12.14	874.08	874.08
62351 00	Surgery	28.04	28.04	2018.88	2018.88
62355 00	Surgery	8.56	8.56	616.32	616.32
62360 00	Surgery	9.55	9.55	687.60	687.60
62361 00	Surgery	13.46	13.46	969.12	969.12
62362 00	Surgery	11.74	11.74	845.28	845.28
62365 00	Surgery	9.11	9.11	655.92	655.92
62367 00	Surgery	0.96	0.73	69.12	52.56
62368 00	Surgery	1.34	1.02	96.48	73.44
62369 00	Surgery	2.74	1.03	197.28	74.16
62370 00	Surgery	2.75	1.37	198.00	98.64
62380 00	Surgery	-	-	5009.76	5009.76
63001 00	Surgery	37.75	37.75	2718.00	2718.00
63003 00	Surgery	37.92	37.92	2730.24	2730.24
63005 00	Surgery	36.96	36.96	2661.12	2661.12
63011 00	Surgery	33.19	33.19	2389.68	2389.68
63012 00	Surgery	36.51	36.51	2628.72	2628.72
63015 00	Surgery	45.45	45.45	3272.40	3272.40
63016 00	Surgery	46.62	46.62	3356.64	3356.64
63017 00	Surgery	38.87	38.87	2798.64	2798.64
63020 00	Surgery	33.74	33.74	2429.28	2429.28
63030 00	Surgery	28.06	28.06	2020.32	2020.32
63035 00	Surgery	6.98	6.98	502.56	502.56
63040 00	Surgery	41.96	41.96	3021.12	3021.12
63042 00	Surgery	39.46	39.46	2841.12	2841.12
63043 00	Surgery	-	-	2327.76	2327.76
63044 00	Surgery	-	-	1440.72	1440.72
63045 00	Surgery	39.40	39.40	2836.80	2836.80
63046 00	Surgery	37.63	37.63	2709.36	2709.36
63047 00	Surgery	33.85	33.85	2437.20	2437.20
63048 00	Surgery	6.33	6.33	455.76	455.76
63050 00	Surgery	45.27	45.27	3259.44	3259.44
63051 00	Surgery	51.41	51.41	3701.52	3701.52
63052 00	Surgery	7.77	7.77	559.44	559.44
63053 00	Surgery	6.88	6.88	495.36	495.36
63055 00	Surgery	49.59	49.59	3570.48	3570.48
63056 00	Surgery	45.33	45.33	3263.76	3263.76
63057 00	Surgery	9.69	9.69	697.68	697.68
63064 00	Surgery	53.74	53.74	3869.28	3869.28
63066 00	Surgery	6.20	6.20	446.40	446.40

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
63075 00	Surgery	41.31	41.31	2974.32	2974.32
63076 00	Surgery	7.33	7.33	527.76	527.76
63077 00	Surgery	44.25	44.25	3186.00	3186.00
63078 00	Surgery	6.24	6.24	449.28	449.28
63081 00	Surgery	53.67	53.67	3864.24	3864.24
63082 00	Surgery	7.99	7.99	575.28	575.28
63085 00	Surgery	58.61	58.61	4219.92	4219.92
63086 00	Surgery	5.73	5.73	412.56	412.56
63087 00	Surgery	73.62	73.62	5300.64	5300.64
63088 00	Surgery	7.76	7.76	558.72	558.72
63090 00	Surgery	58.84	58.84	4236.48	4236.48
63091 00	Surgery	5.24	5.24	377.28	377.28
63101 00	Surgery	70.63	70.63	5085.36	5085.36
63102 00	Surgery	69.88	69.88	5031.36	5031.36
63103 00	Surgery	8.80	8.80	633.60	633.60
63170 00	Surgery	48.95	48.95	3524.40	3524.40
63172 00	Surgery	43.44	43.44	3127.68	3127.68
63173 00	Surgery	52.93	52.93	3810.96	3810.96
63185 00	Surgery	37.88	37.88	2727.36	2727.36
63190 00	Surgery	37.66	37.66	2711.52	2711.52
63191 00	Surgery	42.51	42.51	3060.72	3060.72
63197 00	Surgery	52.52	52.52	3781.44	3781.44
63200 00	Surgery	47.49	47.49	3419.28	3419.28
63250 00	Surgery	90.33	90.33	6503.76	6503.76
63251 00	Surgery	92.36	92.36	6649.92	6649.92
63252 00	Surgery	92.35	92.35	6649.20	6649.20
63265 00	Surgery	50.90	50.90	3664.80	3664.80
63266 00	Surgery	52.47	52.47	3777.84	3777.84
63267 00	Surgery	41.98	41.98	3022.56	3022.56
63268 00	Surgery	44.97	44.97	3237.84	3237.84
63270 00	Surgery	63.57	63.57	4577.04	4577.04
63271 00	Surgery	63.49	63.49	4571.28	4571.28
63272 00	Surgery	57.63	57.63	4149.36	4149.36
63273 00	Surgery	57.24	57.24	4121.28	4121.28
63275 00	Surgery	55.01	55.01	3960.72	3960.72
63276 00	Surgery	54.66	54.66	3935.52	3935.52
63277 00	Surgery	47.81	47.81	3442.32	3442.32
63278 00	Surgery	48.98	48.98	3526.56	3526.56
63280 00	Surgery	64.67	64.67	4656.24	4656.24
63281 00	Surgery	64.20	64.20	4622.40	4622.40
63282 00	Surgery	60.75	60.75	4374.00	4374.00
63283 00	Surgery	58.37	58.37	4202.64	4202.64
63285 00	Surgery	79.85	79.85	5749.20	5749.20
63286 00	Surgery	78.94	78.94	5683.68	5683.68
63287 00	Surgery	83.69	83.69	6025.68	6025.68
63290 00	Surgery	85.10	85.10	6127.20	6127.20
63295 00	Surgery	9.98	9.98	718.56	718.56

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
63300 00	Surgery	55.51	55.51	3996.72	3996.72
63301 00	Surgery	64.73	64.73	4660.56	4660.56
63302 00	Surgery	66.71	66.71	4803.12	4803.12
63303 00	Surgery	70.71	70.71	5091.12	5091.12
63304 00	Surgery	71.84	71.84	5172.48	5172.48
63305 00	Surgery	76.38	76.38	5499.36	5499.36
63306 00	Surgery	75.09	75.09	5406.48	5406.48
63307 00	Surgery	73.50	73.50	5292.00	5292.00
63308 00	Surgery	9.60	9.60	691.20	691.20
63600 00	Surgery	33.71	33.71	2427.12	2427.12
63610 00	Surgery	17.62	17.62	1268.64	1268.64
63620 00	Surgery	34.62	34.62	2492.64	2492.64
63621 00	Surgery	7.60	7.60	547.20	547.20
63650 00	Surgery	65.76	12.48	4734.72	898.56
63655 00	Surgery	25.81	25.81	1858.32	1858.32
63661 00	Surgery	20.34	10.01	1464.48	720.72
63662 00	Surgery	26.13	26.13	1881.36	1881.36
63663 00	Surgery	26.58	13.58	1913.76	977.76
63664 00	Surgery	27.24	27.24	1961.28	1961.28
63685 00	Surgery	10.28	10.28	740.16	740.16
63688 00	Surgery	9.10	9.10	655.20	655.20
63700 00	Surgery	40.41	40.41	2909.52	2909.52
63702 00	Surgery	44.13	44.13	3177.36	3177.36
63704 00	Surgery	51.30	51.30	3693.60	3693.60
63706 00	Surgery	56.85	56.85	4093.20	4093.20
63707 00	Surgery	29.02	29.02	2089.44	2089.44
63709 00	Surgery	34.11	34.11	2455.92	2455.92
63710 00	Surgery	33.19	33.19	2389.68	2389.68
63740 00	Surgery	30.45	30.45	2192.40	2192.40
63741 00	Surgery	20.67	20.67	1488.24	1488.24
63744 00	Surgery	22.00	22.00	1584.00	1584.00
63746 00	Surgery	18.93	18.93	1362.96	1362.96
64400 00	Surgery	3.37	1.57	242.64	113.04
64405 00	Surgery	2.27	1.59	163.44	114.48
64408 00	Surgery	2.43	1.36	174.96	97.92
64415 00	Surgery	3.99	2.08	287.28	149.76
64416 00	Surgery	2.30	2.30	165.60	165.60
64417 00	Surgery	4.79	1.93	344.88	138.96
64418 00	Surgery	2.58	1.66	185.76	119.52
64420 00	Surgery	2.95	1.76	212.40	126.72
64421 00	Surgery	1.00	0.73	72.00	52.56
64425 00	Surgery	3.28	1.63	236.16	117.36
64430 00	Surgery	2.93	1.65	210.96	118.80
64435 00	Surgery	2.38	1.31	171.36	94.32
64445 00	Surgery	4.68	2.16	336.96	155.52
64446 00	Surgery	2.25	2.25	162.00	162.00
64447 00	Surgery	3.48	1.90	250.56	136.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
64448 00	Surgery	2.15	2.15	154.80	154.80
64449 00	Surgery	1.95	1.95	140.40	140.40
64450 00	Surgery	2.22	1.24	159.84	89.28
64451 00	Surgery	6.72	2.46	483.84	177.12
64454 00	Surgery	6.54	2.47	470.88	177.84
64455 00	Surgery	1.49	0.99	107.28	71.28
64461 00	Surgery	3.97	2.31	285.84	166.32
64462 00	Surgery	2.11	1.43	151.92	102.96
64463 00	Surgery	6.66	2.42	479.52	174.24
64466 00	Surgery	3.71	1.97	267.12	141.84
64467 00	Surgery	6.86	2.27	493.92	163.44
64468 00	Surgery	4.28	2.19	308.16	157.68
64469 00	Surgery	10.47	2.38	753.84	171.36
64473 00	Surgery	3.50	1.76	252.00	126.72
64474 00	Surgery	6.78	2.19	488.16	157.68
64479 00	Surgery	7.92	3.92	570.24	282.24
64480 00	Surgery	4.01	1.84	288.72	132.48
64483 00	Surgery	7.30	3.33	525.60	239.76
64484 00	Surgery	3.28	1.51	236.16	108.72
64486 00	Surgery	3.26	1.55	234.72	111.60
64487 00	Surgery	6.12	1.78	440.64	128.16
64488 00	Surgery	3.78	1.80	272.16	129.60
64489 00	Surgery	9.98	2.24	718.56	161.28
64490 00	Surgery	5.76	3.16	414.72	227.52
64491 00	Surgery	2.93	1.78	210.96	128.16
64492 00	Surgery	2.92	1.79	210.24	128.88
64493 00	Surgery	5.32	2.73	383.04	196.56
64494 00	Surgery	2.72	1.52	195.84	109.44
64495 00	Surgery	2.69	1.53	193.68	110.16
64505 00	Surgery	4.39	3.21	316.08	231.12
64510 00	Surgery	4.32	2.29	311.04	164.88
64517 00	Surgery	5.80	3.80	417.60	273.60
64520 00	Surgery	6.76	2.55	486.72	183.60
64530 00	Surgery	6.69	2.84	481.68	204.48
64553 00	Surgery	111.73	13.79	8044.56	992.88
64555 00	Surgery	61.46	9.81	4425.12	706.32
64561 00	Surgery	21.41	9.09	1541.52	654.48
64566 00	Surgery	3.39	0.89	244.08	64.08
64568 00	Surgery	18.35	18.35	1321.20	1321.20
64569 00	Surgery	23.67	23.67	1704.24	1704.24
64570 00	Surgery	22.77	22.77	1639.44	1639.44
64575 00	Surgery	9.53	9.53	686.16	686.16
64580 00	Surgery	9.60	9.60	691.20	691.20
64581 00	Surgery	19.72	19.72	1419.84	1419.84
64582 00	Surgery	25.22	25.22	1815.84	1815.84
64583 00	Surgery	26.05	26.05	1875.60	1875.60
64584 00	Surgery	21.98	21.98	1582.56	1582.56

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
64585 00	Surgery	7.18	4.35	516.96	313.20
64590 00	Surgery	12.43	8.87	894.96	638.64
64595 00	Surgery	10.11	6.94	727.92	499.68
64596 00	Surgery	0.00	0.00	BR	BR
64597 00	Surgery	0.00	0.00	BR	BR
64598 00	Surgery	0.00	0.00	BR	BR
64600 00	Surgery	14.37	7.29	1034.64	524.88
64605 00	Surgery	26.82	13.00	1931.04	936.00
64610 00	Surgery	22.87	14.59	1646.64	1050.48
64611 00	Surgery	4.00	3.43	288.00	246.96
64612 00	Surgery	4.15	3.60	298.80	259.20
64615 00	Surgery	4.60	3.71	331.20	267.12
64616 00	Surgery	4.19	3.33	301.68	239.76
64617 00	Surgery	4.84	3.26	348.48	234.72
64620 00	Surgery	6.37	5.38	458.64	387.36
64624 00	Surgery	11.46	4.41	825.12	317.52
64625 00	Surgery	13.96	5.90	1005.12	424.80
64628 00	Surgery	12.34	12.34	888.48	888.48
64629 00	Surgery	5.82	5.82	419.04	419.04
64630 00	Surgery	7.75	5.82	558.00	419.04
64632 00	Surgery	2.75	2.04	198.00	146.88
64633 00	Surgery	12.89	5.77	928.08	415.44
64634 00	Surgery	7.46	2.00	537.12	144.00
64635 00	Surgery	13.00	5.77	936.00	415.44
64636 00	Surgery	7.00	1.76	504.00	126.72
64640 00	Surgery	7.45	3.62	536.40	260.64
64642 00	Surgery	4.63	3.23	333.36	232.56
64643 00	Surgery	2.81	2.08	202.32	149.76
64644 00	Surgery	5.37	3.50	386.64	252.00
64645 00	Surgery	3.63	2.44	261.36	175.68
64646 00	Surgery	4.89	3.52	352.08	253.44
64647 00	Surgery	5.48	3.99	394.56	287.28
64650 00	Surgery	2.63	1.22	189.36	87.84
64653 00	Surgery	3.07	1.54	221.04	110.88
64680 00	Surgery	10.06	4.85	724.32	349.20
64681 00	Surgery	13.54	6.65	974.88	478.80
64702 00	Surgery	15.81	15.81	1138.32	1138.32
64704 00	Surgery	9.94	9.94	715.68	715.68
64708 00	Surgery	15.51	15.51	1116.72	1116.72
64712 00	Surgery	18.17	18.17	1308.24	1308.24
64713 00	Surgery	24.41	24.41	1757.52	1757.52
64714 00	Surgery	23.43	23.43	1686.96	1686.96
64716 00	Surgery	15.53	15.53	1118.16	1118.16
64718 00	Surgery	18.60	18.60	1339.20	1339.20
64719 00	Surgery	12.57	12.57	905.04	905.04
64721 00	Surgery	13.72	13.49	987.84	971.28
64722 00	Surgery	11.40	11.40	820.80	820.80

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
64726 00	Surgery	8.25	8.25	594.00	594.00
64727 00	Surgery	5.33	5.33	383.76	383.76
64732 00	Surgery	14.12	14.12	1016.64	1016.64
64734 00	Surgery	15.93	15.93	1146.96	1146.96
64736 00	Surgery	10.20	10.20	734.40	734.40
64738 00	Surgery	13.61	13.61	979.92	979.92
64740 00	Surgery	13.91	13.91	1001.52	1001.52
64742 00	Surgery	14.89	14.89	1072.08	1072.08
64744 00	Surgery	15.67	15.67	1128.24	1128.24
64746 00	Surgery	13.03	13.03	938.16	938.16
64755 00	Surgery	27.86	27.86	2005.92	2005.92
64760 00	Surgery	15.88	15.88	1143.36	1143.36
64763 00	Surgery	15.72	15.72	1131.84	1131.84
64766 00	Surgery	19.36	19.36	1393.92	1393.92
64771 00	Surgery	18.53	18.53	1334.16	1334.16
64772 00	Surgery	17.01	17.01	1224.72	1224.72
64774 00	Surgery	13.14	13.14	946.08	946.08
64776 00	Surgery	12.32	12.32	887.04	887.04
64778 00	Surgery	5.38	5.38	387.36	387.36
64782 00	Surgery	14.03	14.03	1010.16	1010.16
64783 00	Surgery	6.43	6.43	462.96	462.96
64784 00	Surgery	22.18	22.18	1596.96	1596.96
64786 00	Surgery	30.42	30.42	2190.24	2190.24
64787 00	Surgery	7.03	7.03	506.16	506.16
64788 00	Surgery	12.50	12.50	900.00	900.00
64790 00	Surgery	26.10	26.10	1879.20	1879.20
64792 00	Surgery	32.76	32.76	2358.72	2358.72
64795 00	Surgery	5.98	5.98	430.56	430.56
64802 00	Surgery	26.16	26.16	1883.52	1883.52
64804 00	Surgery	36.69	36.69	2641.68	2641.68
64809 00	Surgery	33.54	33.54	2414.88	2414.88
64818 00	Surgery	23.72	23.72	1707.84	1707.84
64820 00	Surgery	23.38	23.38	1683.36	1683.36
64821 00	Surgery	21.44	21.44	1543.68	1543.68
64822 00	Surgery	21.44	21.44	1543.68	1543.68
64823 00	Surgery	24.24	24.24	1745.28	1745.28
64831 00	Surgery	21.29	21.29	1532.88	1532.88
64832 00	Surgery	9.90	9.90	712.80	712.80
64834 00	Surgery	22.77	22.77	1639.44	1639.44
64835 00	Surgery	24.89	24.89	1792.08	1792.08
64836 00	Surgery	24.89	24.89	1792.08	1792.08
64837 00	Surgery	10.84	10.84	780.48	780.48
64840 00	Surgery	29.30	29.30	2109.60	2109.60
64856 00	Surgery	30.65	30.65	2206.80	2206.80
64857 00	Surgery	31.77	31.77	2287.44	2287.44
64858 00	Surgery	35.60	35.60	2563.20	2563.20
64859 00	Surgery	7.36	7.36	529.92	529.92

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
64861 00	Surgery	46.74	46.74	3365.28	3365.28
64862 00	Surgery	41.55	41.55	2991.60	2991.60
64864 00	Surgery	25.99	25.99	1871.28	1871.28
64865 00	Surgery	32.50	32.50	2340.00	2340.00
64866 00	Surgery	37.43	37.43	2694.96	2694.96
64868 00	Surgery	29.82	29.82	2147.04	2147.04
64872 00	Surgery	3.45	3.45	248.40	248.40
64874 00	Surgery	5.16	5.16	371.52	371.52
64876 00	Surgery	5.84	5.84	420.48	420.48
64885 00	Surgery	32.34	32.34	2328.48	2328.48
64886 00	Surgery	38.75	38.75	2790.00	2790.00
64890 00	Surgery	32.71	32.71	2355.12	2355.12
64891 00	Surgery	34.77	34.77	2503.44	2503.44
64892 00	Surgery	31.83	31.83	2291.76	2291.76
64893 00	Surgery	33.94	33.94	2443.68	2443.68
64895 00	Surgery	40.05	40.05	2883.60	2883.60
64896 00	Surgery	43.20	43.20	3110.40	3110.40
64897 00	Surgery	38.31	38.31	2758.32	2758.32
64898 00	Surgery	41.49	41.49	2987.28	2987.28
64901 00	Surgery	17.70	17.70	1274.40	1274.40
64902 00	Surgery	20.48	20.48	1474.56	1474.56
64905 00	Surgery	30.11	30.11	2167.92	2167.92
64907 00	Surgery	39.29	39.29	2828.88	2828.88
64910 00	Surgery	23.14	23.14	1666.08	1666.08
64911 00	Surgery	31.06	31.06	2236.32	2236.32
64912 00	Surgery	27.08	27.08	1949.76	1949.76
64913 00	Surgery	5.11	5.11	367.92	367.92
64999 00	Surgery	0.00	0.00	BR	BR
65091 00	Surgery	21.90	21.90	1576.80	1576.80
65093 00	Surgery	21.71	21.71	1563.12	1563.12
65101 00	Surgery	25.09	25.09	1806.48	1806.48
65103 00	Surgery	25.94	25.94	1867.68	1867.68
65105 00	Surgery	28.25	28.25	2034.00	2034.00
65110 00	Surgery	39.06	39.06	2812.32	2812.32
65112 00	Surgery	44.79	44.79	3224.88	3224.88
65114 00	Surgery	46.75	46.75	3366.00	3366.00
65125 00	Surgery	13.40	8.80	964.80	633.60
65130 00	Surgery	25.19	25.19	1813.68	1813.68
65135 00	Surgery	25.49	25.49	1835.28	1835.28
65140 00	Surgery	27.42	27.42	1974.24	1974.24
65150 00	Surgery	20.65	20.65	1486.80	1486.80
65155 00	Surgery	28.55	28.55	2055.60	2055.60
65175 00	Surgery	23.02	23.02	1657.44	1657.44
65205 00	Surgery	0.85	0.86	61.20	61.92
65210 00	Surgery	1.14	1.07	82.08	77.04
65220 00	Surgery	1.81	1.22	130.32	87.84
65222 00	Surgery	2.02	1.48	145.44	106.56

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
65235 00	Surgery	21.60	21.60	1555.20	1555.20
65260 00	Surgery	29.03	29.03	2090.16	2090.16
65265 00	Surgery	32.62	32.62	2348.64	2348.64
65270 00	Surgery	8.30	4.17	597.60	300.24
65272 00	Surgery	15.54	10.47	1118.88	753.84
65273 00	Surgery	11.24	11.24	809.28	809.28
65275 00	Surgery	17.45	13.66	1256.40	983.52
65280 00	Surgery	19.81	19.81	1426.32	1426.32
65285 00	Surgery	32.68	32.68	2352.96	2352.96
65286 00	Surgery	20.51	14.67	1476.72	1056.24
65290 00	Surgery	14.50	14.50	1044.00	1044.00
65400 00	Surgery	20.62	17.97	1484.64	1293.84
65410 00	Surgery	4.26	3.06	306.72	220.32
65420 00	Surgery	15.89	11.35	1144.08	817.20
65426 00	Surgery	19.77	14.28	1423.44	1028.16
65430 00	Surgery	3.44	3.02	247.68	217.44
65435 00	Surgery	2.45	2.07	176.40	149.04
65436 00	Surgery	11.59	11.03	834.48	794.16
65450 00	Surgery	9.89	9.70	712.08	698.40
65600 00	Surgery	12.98	10.21	934.56	735.12
65710 00	Surgery	33.79	33.79	2432.88	2432.88
65730 00	Surgery	37.05	37.05	2667.60	2667.60
65750 00	Surgery	37.25	37.25	2682.00	2682.00
65755 00	Surgery	37.13	37.13	2673.36	2673.36
65756 00	Surgery	35.05	35.05	2523.60	2523.60
65757 00	Surgery	-	-	562.32	562.32
65760 00	Surgery	-	-	2076.48	2076.48
65765 00	Surgery	0.00	0.00	BR	BR
65767 00	Surgery	0.00	0.00	BR	BR
65770 00	Surgery	41.66	41.66	2999.52	2999.52
65771 00	Surgery	0.00	0.00	BR	BR
65772 00	Surgery	13.57	12.08	977.04	869.76
65775 00	Surgery	17.07	17.07	1229.04	1229.04
65778 00	Surgery	37.64	1.30	2710.08	93.60
65779 00	Surgery	32.98	3.12	2374.56	224.64
65780 00	Surgery	17.62	17.62	1268.64	1268.64
65781 00	Surgery	39.34	39.34	2832.48	2832.48
65782 00	Surgery	33.99	33.99	2447.28	2447.28
65785 00	Surgery	60.79	13.23	4376.88	952.56
65800 00	Surgery	3.57	2.65	257.04	190.80
65810 00	Surgery	13.80	13.80	993.60	993.60
65815 00	Surgery	18.94	14.20	1363.68	1022.40
65820 00	Surgery	24.30	24.30	1749.60	1749.60
65850 00	Surgery	24.96	24.96	1797.12	1797.12
65855 00	Surgery	7.27	6.09	523.44	438.48
65860 00	Surgery	9.13	7.39	657.36	532.08
65865 00	Surgery	14.18	14.18	1020.96	1020.96

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
65870 00	Surgery	17.66	17.66	1271.52	1271.52
65875 00	Surgery	18.81	18.81	1354.32	1354.32
65880 00	Surgery	19.75	19.75	1422.00	1422.00
65900 00	Surgery	29.29	29.29	2108.88	2108.88
65920 00	Surgery	23.49	23.49	1691.28	1691.28
65930 00	Surgery	19.01	19.01	1368.72	1368.72
66020 00	Surgery	5.83	3.92	419.76	282.24
66030 00	Surgery	5.24	3.32	377.28	239.04
66130 00	Surgery	20.81	16.76	1498.32	1206.72
66150 00	Surgery	26.02	26.02	1873.44	1873.44
66155 00	Surgery	26.00	26.00	1872.00	1872.00
66160 00	Surgery	29.22	29.22	2103.84	2103.84
66170 00	Surgery	32.45	32.45	2336.40	2336.40
66172 00	Surgery	35.44	35.44	2551.68	2551.68
66174 00	Surgery	18.54	18.54	1334.88	1334.88
66175 00	Surgery	21.48	21.48	1546.56	1546.56
66179 00	Surgery	32.05	32.05	2307.60	2307.60
66180 00	Surgery	33.75	33.75	2430.00	2430.00
66183 00	Surgery	30.50	30.50	2196.00	2196.00
66184 00	Surgery	23.51	23.51	1692.72	1692.72
66185 00	Surgery	25.24	25.24	1817.28	1817.28
66225 00	Surgery	27.72	27.72	1995.84	1995.84
66250 00	Surgery	22.10	16.52	1591.20	1189.44
66500 00	Surgery	11.63	11.63	837.36	837.36
66505 00	Surgery	12.66	12.66	911.52	911.52
66600 00	Surgery	26.69	26.69	1921.68	1921.68
66605 00	Surgery	32.18	32.18	2316.96	2316.96
66625 00	Surgery	12.75	12.75	918.00	918.00
66630 00	Surgery	16.85	16.85	1213.20	1213.20
66635 00	Surgery	17.00	17.00	1224.00	1224.00
66680 00	Surgery	17.70	17.70	1274.40	1274.40
66682 00	Surgery	19.69	19.69	1417.68	1417.68
66683 00	Surgery	23.15	23.15	1666.80	1666.80
66700 00	Surgery	13.45	11.64	968.40	838.08
66710 00	Surgery	13.12	11.64	944.64	838.08
66711 00	Surgery	15.07	15.07	1085.04	1085.04
66720 00	Surgery	13.94	12.26	1003.68	882.72
66740 00	Surgery	13.07	11.64	941.04	838.08
66761 00	Surgery	8.81	6.99	634.32	503.28
66762 00	Surgery	14.18	12.65	1020.96	910.80
66770 00	Surgery	15.75	14.34	1134.00	1032.48
66820 00	Surgery	13.76	13.76	990.72	990.72
66821 00	Surgery	9.89	9.24	712.08	665.28
66825 00	Surgery	24.54	24.54	1766.88	1766.88
66830 00	Surgery	21.04	21.04	1514.88	1514.88
66840 00	Surgery	20.54	20.54	1478.88	1478.88
66850 00	Surgery	23.37	23.37	1682.64	1682.64

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
66852 00	Surgery	24.84	24.84	1788.48	1788.48
66920 00	Surgery	22.21	22.21	1599.12	1599.12
66930 00	Surgery	25.37	25.37	1826.64	1826.64
66940 00	Surgery	23.25	23.25	1674.00	1674.00
66982 00	Surgery	22.09	22.09	1590.48	1590.48
66983 00	Surgery	-	-	1669.68	1669.68
66984 00	Surgery	16.13	16.13	1161.36	1161.36
66985 00	Surgery	22.82	22.82	1643.04	1643.04
66986 00	Surgery	26.72	26.72	1923.84	1923.84
66987 00	Surgery	-	-	2499.84	2499.84
66988 00	Surgery	-	-	2170.80	2170.80
66989 00	Surgery	25.35	25.35	1825.20	1825.20
66990 00	Surgery	2.62	2.62	188.64	188.64
66991 00	Surgery	20.30	20.30	1461.60	1461.60
66999 00	Surgery	0.00	0.00	BR	BR
67005 00	Surgery	14.23	14.23	1024.56	1024.56
67010 00	Surgery	16.23	16.23	1168.56	1168.56
67015 00	Surgery	17.88	17.88	1287.36	1287.36
67025 00	Surgery	21.87	18.71	1574.64	1347.12
67027 00	Surgery	25.07	25.07	1805.04	1805.04
67028 00	Surgery	3.37	2.74	242.64	197.28
67030 00	Surgery	16.54	16.54	1190.88	1190.88
67031 00	Surgery	11.51	10.50	828.72	756.00
67036 00	Surgery	26.53	26.53	1910.16	1910.16
67039 00	Surgery	28.39	28.39	2044.08	2044.08
67040 00	Surgery	30.65	30.65	2206.80	2206.80
67041 00	Surgery	33.78	33.78	2432.16	2432.16
67042 00	Surgery	33.78	33.78	2432.16	2432.16
67043 00	Surgery	35.65	35.65	2566.80	2566.80
67101 00	Surgery	9.94	8.46	715.68	609.12
67105 00	Surgery	8.80	8.16	633.60	587.52
67107 00	Surgery	33.23	33.23	2392.56	2392.56
67108 00	Surgery	35.18	35.18	2532.96	2532.96
67110 00	Surgery	26.32	24.09	1895.04	1734.48
67113 00	Surgery	39.27	39.27	2827.44	2827.44
67115 00	Surgery	14.83	14.83	1067.76	1067.76
67120 00	Surgery	19.80	16.46	1425.60	1185.12
67121 00	Surgery	26.75	26.75	1926.00	1926.00
67141 00	Surgery	7.99	6.42	575.28	462.24
67145 00	Surgery	7.22	6.42	519.84	462.24
67208 00	Surgery	17.87	17.11	1286.64	1231.92
67210 00	Surgery	15.28	14.79	1100.16	1064.88
67218 00	Surgery	41.07	41.07	2957.04	2957.04
67220 00	Surgery	15.71	14.80	1131.12	1065.60
67221 00	Surgery	8.38	6.17	603.36	444.24
67225 00	Surgery	0.87	0.81	62.64	58.32
67227 00	Surgery	8.77	7.56	631.44	544.32

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
67228 00	Surgery	10.07	9.00	725.04	648.00
67229 00	Surgery	34.22	34.22	2463.84	2463.84
67250 00	Surgery	26.59	26.59	1914.48	1914.48
67255 00	Surgery	20.44	20.44	1471.68	1471.68
67299 00	Surgery	0.00	0.00	BR	BR
67311 00	Surgery	13.58	13.58	977.76	977.76
67312 00	Surgery	19.73	19.73	1420.56	1420.56
67314 00	Surgery	13.58	13.58	977.76	977.76
67316 00	Surgery	21.07	21.07	1517.04	1517.04
67318 00	Surgery	20.39	20.39	1468.08	1468.08
67320 00	Surgery	5.15	5.15	370.80	370.80
67331 00	Surgery	3.73	3.73	268.56	268.56
67332 00	Surgery	6.02	6.02	433.44	433.44
67334 00	Surgery	3.68	3.68	264.96	264.96
67335 00	Surgery	5.53	5.53	398.16	398.16
67340 00	Surgery	8.62	8.62	620.64	620.64
67343 00	Surgery	20.08	20.08	1445.76	1445.76
67345 00	Surgery	7.34	6.53	528.48	470.16
67346 00	Surgery	5.74	5.74	413.28	413.28
67399 00	Surgery	0.00	0.00	BR	BR
67400 00	Surgery	30.53	30.53	2198.16	2198.16
67405 00	Surgery	26.63	26.63	1917.36	1917.36
67412 00	Surgery	29.05	29.05	2091.60	2091.60
67413 00	Surgery	28.36	28.36	2041.92	2041.92
67414 00	Surgery	42.76	42.76	3078.72	3078.72
67415 00	Surgery	3.05	3.05	219.60	219.60
67420 00	Surgery	51.19	51.19	3685.68	3685.68
67430 00	Surgery	40.79	40.79	2936.88	2936.88
67440 00	Surgery	39.59	39.59	2850.48	2850.48
67445 00	Surgery	45.00	45.00	3240.00	3240.00
67450 00	Surgery	41.02	41.02	2953.44	2953.44
67500 00	Surgery	2.30	1.93	165.60	138.96
67505 00	Surgery	2.53	2.13	182.16	153.36
67515 00	Surgery	1.52	1.39	109.44	100.08
67516 00	Surgery	3.58	2.89	257.76	208.08
67550 00	Surgery	32.01	32.01	2304.72	2304.72
67560 00	Surgery	32.68	32.68	2352.96	2352.96
67570 00	Surgery	37.46	37.46	2697.12	2697.12
67599 00	Surgery	0.00	0.00	BR	BR
67700 00	Surgery	8.25	3.49	594.00	251.28
67710 00	Surgery	7.02	2.92	505.44	210.24
67715 00	Surgery	7.71	3.24	555.12	233.28
67800 00	Surgery	3.87	3.06	278.64	220.32
67801 00	Surgery	4.88	3.92	351.36	282.24
67805 00	Surgery	6.08	4.85	437.76	349.20
67808 00	Surgery	10.98	10.98	790.56	790.56
67810 00	Surgery	5.41	2.04	389.52	146.88

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
67820 00	Surgery	0.56	0.66	40.32	47.52
67825 00	Surgery	4.01	3.66	288.72	263.52
67830 00	Surgery	7.90	4.11	568.80	295.92
67835 00	Surgery	13.18	13.18	948.96	948.96
67840 00	Surgery	8.18	4.67	588.96	336.24
67850 00	Surgery	6.41	3.94	461.52	283.68
67875 00	Surgery	5.35	2.86	385.20	205.92
67880 00	Surgery	13.88	10.99	999.36	791.28
67882 00	Surgery	16.99	14.05	1223.28	1011.60
67900 00	Surgery	19.34	15.05	1392.48	1083.60
67901 00	Surgery	23.48	17.52	1690.56	1261.44
67902 00	Surgery	21.54	21.54	1550.88	1550.88
67903 00	Surgery	17.89	14.29	1288.08	1028.88
67904 00	Surgery	21.93	17.70	1578.96	1274.40
67906 00	Surgery	15.01	15.01	1080.72	1080.72
67908 00	Surgery	16.05	12.86	1155.60	925.92
67909 00	Surgery	16.28	13.06	1172.16	940.32
67911 00	Surgery	16.64	16.64	1198.08	1198.08
67912 00	Surgery	26.20	14.45	1886.40	1040.40
67914 00	Surgery	14.38	9.84	1035.36	708.48
67915 00	Surgery	9.19	5.94	661.68	427.68
67916 00	Surgery	17.99	12.84	1295.28	924.48
67917 00	Surgery	18.42	13.59	1326.24	978.48
67921 00	Surgery	14.04	9.34	1010.88	672.48
67922 00	Surgery	9.04	5.99	650.88	431.28
67923 00	Surgery	18.00	12.84	1296.00	924.48
67924 00	Surgery	19.16	13.61	1379.52	979.92
67930 00	Surgery	10.97	7.00	789.84	504.00
67935 00	Surgery	17.81	13.02	1282.32	937.44
67938 00	Surgery	7.69	3.43	553.68	246.96
67950 00	Surgery	17.35	13.76	1249.20	990.72
67961 00	Surgery	17.48	13.54	1258.56	974.88
67966 00	Surgery	23.06	19.42	1660.32	1398.24
67971 00	Surgery	21.34	21.34	1536.48	1536.48
67973 00	Surgery	27.44	27.44	1975.68	1975.68
67974 00	Surgery	27.36	27.36	1969.92	1969.92
67975 00	Surgery	20.24	20.24	1457.28	1457.28
67999 00	Surgery	0.00	0.00	BR	BR
68020 00	Surgery	3.62	3.28	260.64	236.16
68040 00	Surgery	1.87	1.43	134.64	102.96
68100 00	Surgery	5.27	2.86	379.44	205.92
68110 00	Surgery	6.97	4.44	501.84	319.68
68115 00	Surgery	9.71	5.44	699.12	391.68
68130 00	Surgery	16.31	12.30	1174.32	885.60
68135 00	Surgery	4.73	4.48	340.56	322.56
68200 00	Surgery	1.24	1.02	89.28	73.44
68320 00	Surgery	21.97	16.08	1581.84	1157.76

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
68325 00	Surgery	19.49	19.49	1403.28	1403.28
68326 00	Surgery	19.15	19.15	1378.80	1378.80
68328 00	Surgery	20.91	20.91	1505.52	1505.52
68330 00	Surgery	18.43	13.73	1326.96	988.56
68335 00	Surgery	19.21	19.21	1383.12	1383.12
68340 00	Surgery	17.76	11.84	1278.72	852.48
68360 00	Surgery	16.04	12.23	1154.88	880.56
68362 00	Surgery	19.45	19.45	1400.40	1400.40
68371 00	Surgery	12.25	12.25	882.00	882.00
68399 00	Surgery	0.00	0.00	BR	BR
68400 00	Surgery	8.68	3.93	624.96	282.96
68420 00	Surgery	9.70	4.95	698.40	356.40
68440 00	Surgery	3.12	2.99	224.64	215.28
68500 00	Surgery	31.47	31.47	2265.84	2265.84
68505 00	Surgery	31.33	31.33	2255.76	2255.76
68510 00	Surgery	13.26	8.51	954.72	612.72
68520 00	Surgery	21.91	21.91	1577.52	1577.52
68525 00	Surgery	7.62	7.62	548.64	548.64
68530 00	Surgery	12.74	7.55	917.28	543.60
68540 00	Surgery	29.08	29.08	2093.76	2093.76
68550 00	Surgery	36.17	36.17	2604.24	2604.24
68700 00	Surgery	17.93	17.93	1290.96	1290.96
68705 00	Surgery	7.65	4.93	550.80	354.96
68720 00	Surgery	24.04	24.04	1730.88	1730.88
68745 00	Surgery	24.16	24.16	1739.52	1739.52
68750 00	Surgery	25.47	25.47	1833.84	1833.84
68760 00	Surgery	6.45	4.37	464.40	314.64
68761 00	Surgery	4.29	3.49	308.88	251.28
68770 00	Surgery	18.64	18.64	1342.08	1342.08
68801 00	Surgery	2.84	2.37	204.48	170.64
68810 00	Surgery	4.78	3.83	344.16	275.76
68811 00	Surgery	4.05	4.05	291.60	291.60
68815 00	Surgery	10.98	6.62	790.56	476.64
68816 00	Surgery	24.14	4.67	1738.08	336.24
68840 00	Surgery	3.97	3.51	285.84	252.72
68841 00	Surgery	1.14	0.97	82.08	69.84
68850 00	Surgery	1.73	1.54	124.56	110.88
68899 00	Surgery	0.00	0.00	BR	BR
69000 00	Surgery	5.53	3.80	398.16	273.60
69005 00	Surgery	6.57	4.90	473.04	352.80
69020 00	Surgery	6.87	4.35	494.64	313.20
69090 00	Surgery	-	-	59.04	59.04
69100 00	Surgery	2.83	1.38	203.76	99.36
69105 00	Surgery	4.26	1.96	306.72	141.12
69110 00	Surgery	14.00	9.89	1008.00	712.08
69120 00	Surgery	11.66	11.66	839.52	839.52
69140 00	Surgery	27.06	27.06	1948.32	1948.32

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Surgery Codes 2025****Surgery Conversion Factor \$72.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
69145 00	Surgery	12.17	7.76	876.24	558.72
69150 00	Surgery	30.16	30.16	2171.52	2171.52
69155 00	Surgery	48.83	48.83	3515.76	3515.76
69200 00	Surgery	2.42	1.44	174.24	103.68
69205 00	Surgery	2.87	2.87	206.64	206.64
69209 00	Surgery	0.47	0.47	33.84	33.84
69210 00	Surgery	1.44	0.96	103.68	69.12
69220 00	Surgery	2.38	1.56	171.36	112.32
69222 00	Surgery	6.43	4.13	462.96	297.36
69300 00	Surgery	19.50	14.28	1404.00	1028.16
69310 00	Surgery	33.53	33.53	2414.16	2414.16
69320 00	Surgery	46.79	46.79	3368.88	3368.88
69399 00	Surgery	0.00	0.00	BR	BR
69420 00	Surgery	5.71	3.67	411.12	264.24
69421 00	Surgery	4.59	4.59	330.48	330.48
69424 00	Surgery	3.80	1.85	273.60	133.20
69433 00	Surgery	6.04	4.03	434.88	290.16
69436 00	Surgery	4.85	4.85	349.20	349.20
69440 00	Surgery	20.71	20.71	1491.12	1491.12
69450 00	Surgery	16.40	16.40	1180.80	1180.80
69501 00	Surgery	21.35	21.35	1537.20	1537.20
69502 00	Surgery	28.31	28.31	2038.32	2038.32
69505 00	Surgery	36.90	36.90	2656.80	2656.80
69511 00	Surgery	37.75	37.75	2718.00	2718.00
69530 00	Surgery	50.52	50.52	3637.44	3637.44
69535 00	Surgery	79.96	79.96	5757.12	5757.12
69540 00	Surgery	6.24	3.91	449.28	281.52
69550 00	Surgery	31.93	31.93	2298.96	2298.96
69552 00	Surgery	47.63	47.63	3429.36	3429.36
69554 00	Surgery	75.98	75.98	5470.56	5470.56
69601 00	Surgery	30.52	30.52	2197.44	2197.44
69602 00	Surgery	32.59	32.59	2346.48	2346.48
69603 00	Surgery	38.57	38.57	2777.04	2777.04
69604 00	Surgery	33.31	33.31	2398.32	2398.32
69610 00	Surgery	11.49	8.67	827.28	624.24
69620 00	Surgery	22.24	15.01	1601.28	1080.72
69631 00	Surgery	26.62	26.62	1916.64	1916.64
69632 00	Surgery	32.39	32.39	2332.08	2332.08
69633 00	Surgery	31.55	31.55	2271.60	2271.60
69635 00	Surgery	38.46	38.46	2769.12	2769.12
69636 00	Surgery	42.29	42.29	3044.88	3044.88
69637 00	Surgery	42.11	42.11	3031.92	3031.92
69641 00	Surgery	31.21	31.21	2247.12	2247.12
69642 00	Surgery	40.03	40.03	2882.16	2882.16
69643 00	Surgery	36.62	36.62	2636.64	2636.64
69644 00	Surgery	45.30	45.30	3261.60	3261.60
69645 00	Surgery	44.46	44.46	3201.12	3201.12

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2025

## Surgery Conversion Factor \$72.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
69646 00	Surgery	47.03	47.03	3386.16	3386.16
69650 00	Surgery	24.08	24.08	1733.76	1733.76
69660 00	Surgery	27.72	27.72	1995.84	1995.84
69661 00	Surgery	36.10	36.10	2599.20	2599.20
69662 00	Surgery	34.51	34.51	2484.72	2484.72
69666 00	Surgery	24.22	24.22	1743.84	1743.84
69667 00	Surgery	24.23	24.23	1744.56	1744.56
69670 00	Surgery	28.30	28.30	2037.60	2037.60
69676 00	Surgery	24.96	24.96	1797.12	1797.12
69700 00	Surgery	20.00	20.00	1440.00	1440.00
69705 00	Surgery	76.61	5.22	5515.92	375.84
69706 00	Surgery	79.32	7.29	5711.04	524.88
69710 00	Surgery	-	-	2087.28	2087.28
69711 00	Surgery	25.14	25.14	1810.08	1810.08
69714 00	Surgery	14.93	14.93	1074.96	1074.96
69716 00	Surgery	18.69	18.69	1345.68	1345.68
69717 00	Surgery	16.90	16.90	1216.80	1216.80
69719 00	Surgery	19.40	19.40	1396.80	1396.80
69720 00	Surgery	35.43	35.43	2550.96	2550.96
69725 00	Surgery	55.98	55.98	4030.56	4030.56
69726 00	Surgery	14.36	14.36	1033.92	1033.92
69727 00	Surgery	16.02	16.02	1153.44	1153.44
69728 00	Surgery	17.86	17.86	1285.92	1285.92
69729 00	Surgery	20.24	20.24	1457.28	1457.28
69730 00	Surgery	20.67	20.67	1488.24	1488.24
69740 00	Surgery	34.78	34.78	2504.16	2504.16
69745 00	Surgery	37.05	37.05	2667.60	2667.60
69799 00	Surgery	0.00	0.00	BR	BR
69801 00	Surgery	6.78	3.75	488.16	270.00
69805 00	Surgery	30.90	30.90	2224.80	2224.80
69806 00	Surgery	27.62	27.62	1988.64	1988.64
69905 00	Surgery	27.51	27.51	1980.72	1980.72
69910 00	Surgery	29.70	29.70	2138.40	2138.40
69915 00	Surgery	45.03	45.03	3242.16	3242.16
69930 00	Surgery	36.38	36.38	2619.36	2619.36
69949 00	Surgery	0.00	0.00	BR	BR
69950 00	Surgery	52.37	52.37	3770.64	3770.64
69955 00	Surgery	58.88	58.88	4239.36	4239.36
69960 00	Surgery	56.47	56.47	4065.84	4065.84
69970 00	Surgery	63.69	63.69	4585.68	4585.68
69979 00	Surgery	0.00	0.00	BR	BR
69990 00	Surgery	6.55	6.55	471.60	471.60

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**Historical Note**

New Appendix A, Surgery Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Surgery Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Surgery Codes 2019-2020 repealed; new Appendix A, Surgery Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Surgery Codes 2020-2021 repealed; new Appendix A, Surgery Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Surgery Codes 2021-2022 repealed; new Surgery Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Surgery Codes 2022-2023 repealed; new Surgery Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Surgery Codes 2023-2024 repealed; new Appendix A, Surgery Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Surgery Codes 2024-2025 repealed; new Appendix A, Surgery Codes 2025 made by exempt rulemaking at effective May 1, 2025 (Supp. 25-2).

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## RADIOLOGY GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to CMS and CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT® and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

**A. GENERAL GUIDELINES**

1. Values include usual contrast media, equipment, and materials. An additional charge may be warranted when special surgical trays and materials are provided by the healthcare provider.
2. Values include consultation and written reports to the referring healthcare provider.
3. X-ray findings and attending healthcare provider's written orders for x-rays must be included with the statement for x-ray services. Bills unsupported by findings will not be paid.
4. X-rays should be taken, reported, and be properly marked for identification and orientation in accordance with the accepted standard of radiologic practice in the State of Arizona.

**B. MODIFIERS**

Modifiers identify circumstances that alter or enhance the description of the service. For radiology codes, two modifiers affect the assigned unit value and are listed in *The Essential RBRVS*. However, other modifiers may be required for correct reporting of service. See CMS and the 2025 CPT® publication for additional information on modifiers. Listed radiology modifiers affect the unit values as follows:

1. Total: When no modifier is listed, the unit value represents the global value of the procedure. The five-digit code is used to represent a global service inclusive of the professional and technical value of providing that service. The following sections provide additional definitions for each component.
2. Professional: Modifier 26 is used to designate professional services. The professional component includes examination of the patient, when indicated, performance and/or supervision of the procedure, interpretation and written report of the examination, and consultation with referring healthcare providers.
3. Technical: Modifier TC is used to designate the technical value of providing the service. The technical component includes personnel, materials, space, equipment, and other allocated facility overhead normally included in providing the service.

### C. REFERENCE TO RELATIVE VALUES

Two patterns of billing currently prevail in radiology. The first pattern occurs when a total charge for the radiology service, including both the professional component (“PC”) and technical component (“TC”), is billed by appropriately licensed healthcare providers working in offices, clinics, and independent diagnostic testing facilities. The second pattern occurs when services are performed in settings such as a hospital or ambulatory surgery center radiology department. The radiologist submits a separate statement to the payer for services that compose the professional component. The hospital or ambulatory surgery center charges for use of the department facilities and the services of its employees as the technical component.

The Radiology Relative Values scales have been devised for use in radiology and are not coordinated with scales for services in other branches of medicine such as surgery, medicine, or pathology. The two scales are compatible only within themselves. Some procedures are noted as a “BR” value or “By Report”. This usage is intended to indicate that circumstances involving a given patient procedure may require much more than the average amount of time and effort to perform and thus a value would be unique and could not be anticipated or established. When such added involvement is claimed, a written explanation will usually be required as an addendum to the bill.

The PC values do not include TC charges made by the hospital in which the procedure was accomplished. Such charges by the hospital or ambulatory surgery center cover the services of technologists and other staff, the films, contrast media, radioactive agents, chemical and other materials, the use of the space and facilities of the x-ray department plus any other hospital or ambulatory surgery center costs. Most hospitals or ambulatory surgery centers have derived their own schedule of charges for these items. Establishment of hospital or ambulatory surgery center charges is not the subject of the Fee Schedule.

The separation of billing in no way implies a division of responsibility, but only a division of the charge. The radiologist is a physician performing a needed medical service for a patient and must retain full responsibility for his or her own activity and full responsibility for the potential supervision of technologists, the selection and maintenance of equipment, the control of radiation hazards, and the general administration of the radiology department.

### D. REVIEW OF DIAGNOSTIC STUDIES

No separate charge is warranted for prior studies reviewed in conjunction with a visit, consultation, record review, or other evaluation by a healthcare provider; neither the professional component value modifier 26 nor the radiological consultation CPT® code 76140 is reimbursable. The review of diagnostic tests is included in the evaluation and management codes.

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**Historical Note**

New Appendix A. Radiology Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A. Radiology Guidelines will remain in effect through September 30, 2020 (Supp. 19-3).

Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Radiology Guidelines repealed; new Radiology Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3).

Appendix A, Radiology Guidelines repealed; new Radiology Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
70010 00	Radiology	1.75	1.75	122.50	122.50
70015 00	Radiology	4.91	4.91	343.70	343.70
70015 26	Radiology	1.68	1.68	117.60	117.60
70015 TC	Radiology	3.23	3.23	226.10	226.10
70030 00	Radiology	0.99	0.99	69.30	69.30
70030 26	Radiology	0.26	0.26	18.20	18.20
70030 TC	Radiology	0.73	0.73	51.10	51.10
70100 00	Radiology	1.16	1.16	81.20	81.20
70100 26	Radiology	0.26	0.26	18.20	18.20
70100 TC	Radiology	0.90	0.90	63.00	63.00
70110 00	Radiology	1.31	1.31	91.70	91.70
70110 26	Radiology	0.36	0.36	25.20	25.20
70110 TC	Radiology	0.95	0.95	66.50	66.50
70120 00	Radiology	1.15	1.15	80.50	80.50
70120 26	Radiology	0.26	0.26	18.20	18.20
70120 TC	Radiology	0.89	0.89	62.30	62.30
70130 00	Radiology	1.87	1.87	130.90	130.90
70130 26	Radiology	0.49	0.49	34.30	34.30
70130 TC	Radiology	1.38	1.38	96.60	96.60
70134 00	Radiology	1.84	1.84	128.80	128.80
70134 26	Radiology	0.51	0.51	35.70	35.70
70134 TC	Radiology	1.33	1.33	93.10	93.10
70140 00	Radiology	0.96	0.96	67.20	67.20
70140 26	Radiology	0.29	0.29	20.30	20.30
70140 TC	Radiology	0.67	0.67	46.90	46.90
70150 00	Radiology	1.40	1.40	98.00	98.00
70150 26	Radiology	0.37	0.37	25.90	25.90
70150 TC	Radiology	1.03	1.03	72.10	72.10
70160 00	Radiology	1.13	1.13	79.10	79.10
70160 26	Radiology	0.25	0.25	17.50	17.50
70160 TC	Radiology	0.88	0.88	61.60	61.60
70170 00	Radiology	-	-	103.60	103.60
70170 26	Radiology	0.43	0.43	30.10	30.10
70170 TC	Radiology	-	-	73.50	73.50
70190 00	Radiology	1.12	1.12	78.40	78.40
70190 26	Radiology	0.32	0.32	22.40	22.40
70190 TC	Radiology	0.80	0.80	56.00	56.00

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
70200 00	Radiology	1.43	1.43	100.10	100.10
70200 26	Radiology	0.40	0.40	28.00	28.00
70200 TC	Radiology	1.03	1.03	72.10	72.10
70210 00	Radiology	0.97	0.97	67.90	67.90
70210 26	Radiology	0.25	0.25	17.50	17.50
70210 TC	Radiology	0.72	0.72	50.40	50.40
70220 00	Radiology	1.13	1.13	79.10	79.10
70220 26	Radiology	0.31	0.31	21.70	21.70
70220 TC	Radiology	0.82	0.82	57.40	57.40
70240 00	Radiology	0.98	0.98	68.60	68.60
70240 26	Radiology	0.27	0.27	18.90	18.90
70240 TC	Radiology	0.71	0.71	49.70	49.70
70250 00	Radiology	1.08	1.08	75.60	75.60
70250 26	Radiology	0.26	0.26	18.20	18.20
70250 TC	Radiology	0.82	0.82	57.40	57.40
70260 00	Radiology	1.34	1.34	93.80	93.80
70260 26	Radiology	0.40	0.40	28.00	28.00
70260 TC	Radiology	0.94	0.94	65.80	65.80
70300 00	Radiology	0.40	0.40	28.00	28.00
70300 26	Radiology	0.15	0.15	10.50	10.50
70300 TC	Radiology	0.25	0.25	17.50	17.50
70310 00	Radiology	1.22	1.22	85.40	85.40
70310 26	Radiology	0.24	0.24	16.80	16.80
70310 TC	Radiology	0.98	0.98	68.60	68.60
70320 00	Radiology	1.63	1.63	114.10	114.10
70320 26	Radiology	0.33	0.33	23.10	23.10
70320 TC	Radiology	1.30	1.30	91.00	91.00
70328 00	Radiology	1.03	1.03	72.10	72.10
70328 26	Radiology	0.26	0.26	18.20	18.20
70328 TC	Radiology	0.77	0.77	53.90	53.90
70330 00	Radiology	1.59	1.59	111.30	111.30
70330 26	Radiology	0.34	0.34	23.80	23.80
70330 TC	Radiology	1.25	1.25	87.50	87.50
70332 00	Radiology	2.44	2.44	170.80	170.80
70332 26	Radiology	0.77	0.77	53.90	53.90
70332 TC	Radiology	1.67	1.67	116.90	116.90
70336 00	Radiology	7.97	7.97	557.90	557.90

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
70336 26	Radiology	2.07	2.07	144.90	144.90
70336 TC	Radiology	5.90	5.90	413.00	413.00
70350 00	Radiology	0.53	0.53	37.10	37.10
70350 26	Radiology	0.26	0.26	18.20	18.20
70350 TC	Radiology	0.27	0.27	18.90	18.90
70355 00	Radiology	0.57	0.57	39.90	39.90
70355 26	Radiology	0.30	0.30	21.00	21.00
70355 TC	Radiology	0.27	0.27	18.90	18.90
70360 00	Radiology	0.94	0.94	65.80	65.80
70360 26	Radiology	0.26	0.26	18.20	18.20
70360 TC	Radiology	0.68	0.68	47.60	47.60
70370 00	Radiology	3.08	3.08	215.60	215.60
70370 26	Radiology	0.45	0.45	31.50	31.50
70370 TC	Radiology	2.63	2.63	184.10	184.10
70371 00	Radiology	3.35	3.35	234.50	234.50
70371 26	Radiology	1.25	1.25	87.50	87.50
70371 TC	Radiology	2.10	2.10	147.00	147.00
70380 00	Radiology	1.12	1.12	78.40	78.40
70380 26	Radiology	0.24	0.24	16.80	16.80
70380 TC	Radiology	0.88	0.88	61.60	61.60
70390 00	Radiology	3.39	3.39	237.30	237.30
70390 26	Radiology	0.54	0.54	37.80	37.80
70390 TC	Radiology	2.85	2.85	199.50	199.50
70450 00	Radiology	3.25	3.25	227.50	227.50
70450 26	Radiology	1.20	1.20	84.00	84.00
70450 TC	Radiology	2.05	2.05	143.50	143.50
70460 00	Radiology	4.52	4.52	316.40	316.40
70460 26	Radiology	1.59	1.59	111.30	111.30
70460 TC	Radiology	2.93	2.93	205.10	205.10
70470 00	Radiology	5.28	5.28	369.60	369.60
70470 26	Radiology	1.79	1.79	125.30	125.30
70470 TC	Radiology	3.49	3.49	244.30	244.30
70480 00	Radiology	4.84	4.84	338.80	338.80
70480 26	Radiology	1.81	1.81	126.70	126.70
70480 TC	Radiology	3.03	3.03	212.10	212.10
70481 00	Radiology	5.49	5.49	384.30	384.30
70481 26	Radiology	1.59	1.59	111.30	111.30

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
70481 TC	Radiology	3.90	3.90	273.00	273.00
70482 00	Radiology	6.39	6.39	447.30	447.30
70482 26	Radiology	1.78	1.78	124.60	124.60
70482 TC	Radiology	4.61	4.61	322.70	322.70
70486 00	Radiology	3.90	3.90	273.00	273.00
70486 26	Radiology	1.21	1.21	84.70	84.70
70486 TC	Radiology	2.69	2.69	188.30	188.30
70487 00	Radiology	4.63	4.63	324.10	324.10
70487 26	Radiology	1.59	1.59	111.30	111.30
70487 TC	Radiology	3.04	3.04	212.80	212.80
70488 00	Radiology	5.60	5.60	392.00	392.00
70488 26	Radiology	1.78	1.78	124.60	124.60
70488 TC	Radiology	3.82	3.82	267.40	267.40
70490 00	Radiology	4.57	4.57	319.90	319.90
70490 26	Radiology	1.81	1.81	126.70	126.70
70490 TC	Radiology	2.76	2.76	193.20	193.20
70491 00	Radiology	5.60	5.60	392.00	392.00
70491 26	Radiology	1.94	1.94	135.80	135.80
70491 TC	Radiology	3.66	3.66	256.20	256.20
70492 00	Radiology	6.72	6.72	470.40	470.40
70492 26	Radiology	2.27	2.27	158.90	158.90
70492 TC	Radiology	4.45	4.45	311.50	311.50
70496 00	Radiology	8.42	8.42	589.40	589.40
70496 26	Radiology	2.46	2.46	172.20	172.20
70496 TC	Radiology	5.96	5.96	417.20	417.20
70498 00	Radiology	8.41	8.41	588.70	588.70
70498 26	Radiology	2.46	2.46	172.20	172.20
70498 TC	Radiology	5.95	5.95	416.50	416.50
70540 00	Radiology	6.87	6.87	480.90	480.90
70540 26	Radiology	1.89	1.89	132.30	132.30
70540 TC	Radiology	4.98	4.98	348.60	348.60
70542 00	Radiology	8.13	8.13	569.10	569.10
70542 26	Radiology	2.28	2.28	159.60	159.60
70542 TC	Radiology	5.85	5.85	409.50	409.50
70543 00	Radiology	10.31	10.31	721.70	721.70
70543 26	Radiology	3.04	3.04	212.80	212.80
70543 TC	Radiology	7.27	7.27	508.90	508.90

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
70544 00	Radiology	6.56	6.56	459.20	459.20
70544 26	Radiology	1.68	1.68	117.60	117.60
70544 TC	Radiology	4.88	4.88	341.60	341.60
70545 00	Radiology	6.93	6.93	485.10	485.10
70545 26	Radiology	1.68	1.68	117.60	117.60
70545 TC	Radiology	5.25	5.25	367.50	367.50
70546 00	Radiology	10.04	10.04	702.80	702.80
70546 26	Radiology	2.08	2.08	145.60	145.60
70546 TC	Radiology	7.96	7.96	557.20	557.20
70547 00	Radiology	6.58	6.58	460.60	460.60
70547 26	Radiology	1.69	1.69	118.30	118.30
70547 TC	Radiology	4.89	4.89	342.30	342.30
70548 00	Radiology	7.50	7.50	525.00	525.00
70548 26	Radiology	2.11	2.11	147.70	147.70
70548 TC	Radiology	5.39	5.39	377.30	377.30
70549 00	Radiology	10.52	10.52	736.40	736.40
70549 26	Radiology	2.53	2.53	177.10	177.10
70549 TC	Radiology	7.99	7.99	559.30	559.30
70551 00	Radiology	5.98	5.98	418.60	418.60
70551 26	Radiology	2.08	2.08	145.60	145.60
70551 TC	Radiology	3.90	3.90	273.00	273.00
70552 00	Radiology	8.24	8.24	576.80	576.80
70552 26	Radiology	2.51	2.51	175.70	175.70
70552 TC	Radiology	5.73	5.73	401.10	401.10
70553 00	Radiology	9.71	9.71	679.70	679.70
70553 26	Radiology	3.24	3.24	226.80	226.80
70553 TC	Radiology	6.47	6.47	452.90	452.90
70554 00	Radiology	11.55	11.55	808.50	808.50
70554 26	Radiology	3.01	3.01	210.70	210.70
70554 TC	Radiology	8.54	8.54	597.80	597.80
70555 00	Radiology	-	-	1453.20	1453.20
70555 26	Radiology	3.53	3.53	247.10	247.10
70555 TC	Radiology	-	-	1206.10	1206.10
70557 00	Radiology	-	-	315.00	315.00
70557 26	Radiology	4.50	4.50	315.00	315.00
70557 TC	Radiology	0.00	0.00	BR	BR
70558 00	Radiology	-	-	1394.40	1394.40

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
70558 26	Radiology	4.98	4.98	348.60	348.60
70558 TC	Radiology	-	-	1045.80	1045.80
70559 00	Radiology	-	-	917.70	917.70
70559 26	Radiology	4.72	4.72	330.40	330.40
70559 TC	Radiology	-	-	587.30	587.30
71045 00	Radiology	0.78	0.78	54.60	54.60
71045 26	Radiology	0.26	0.26	18.20	18.20
71045 TC	Radiology	0.52	0.52	36.40	36.40
71046 00	Radiology	1.01	1.01	70.70	70.70
71046 26	Radiology	0.31	0.31	21.70	21.70
71046 TC	Radiology	0.70	0.70	49.00	49.00
71047 00	Radiology	1.26	1.26	88.20	88.20
71047 26	Radiology	0.39	0.39	27.30	27.30
71047 TC	Radiology	0.87	0.87	60.90	60.90
71048 00	Radiology	1.37	1.37	95.90	95.90
71048 26	Radiology	0.44	0.44	30.80	30.80
71048 TC	Radiology	0.93	0.93	65.10	65.10
71100 00	Radiology	1.10	1.10	77.00	77.00
71100 26	Radiology	0.32	0.32	22.40	22.40
71100 TC	Radiology	0.78	0.78	54.60	54.60
71101 00	Radiology	1.26	1.26	88.20	88.20
71101 26	Radiology	0.38	0.38	26.60	26.60
71101 TC	Radiology	0.88	0.88	61.60	61.60
71110 00	Radiology	1.31	1.31	91.70	91.70
71110 26	Radiology	0.41	0.41	28.70	28.70
71110 TC	Radiology	0.90	0.90	63.00	63.00
71111 00	Radiology	1.57	1.57	109.90	109.90
71111 26	Radiology	0.46	0.46	32.20	32.20
71111 TC	Radiology	1.11	1.11	77.70	77.70
71120 00	Radiology	1.00	1.00	70.00	70.00
71120 26	Radiology	0.28	0.28	19.60	19.60
71120 TC	Radiology	0.72	0.72	50.40	50.40
71130 00	Radiology	1.23	1.23	86.10	86.10
71130 26	Radiology	0.31	0.31	21.70	21.70
71130 TC	Radiology	0.92	0.92	64.40	64.40
71250 00	Radiology	4.05	4.05	283.50	283.50
71250 26	Radiology	1.52	1.52	106.40	106.40

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
71250 TC	Radiology	2.53	2.53	177.10	177.10
71260 00	Radiology	5.08	5.08	355.60	355.60
71260 26	Radiology	1.64	1.64	114.80	114.80
71260 TC	Radiology	3.44	3.44	240.80	240.80
71270 00	Radiology	5.97	5.97	417.90	417.90
71270 26	Radiology	1.76	1.76	123.20	123.20
71270 TC	Radiology	4.21	4.21	294.70	294.70
71271 00	Radiology	4.19	4.19	293.30	293.30
71271 26	Radiology	1.52	1.52	106.40	106.40
71271 TC	Radiology	2.67	2.67	186.90	186.90
71275 00	Radiology	8.59	8.59	601.30	601.30
71275 26	Radiology	2.57	2.57	179.90	179.90
71275 TC	Radiology	6.02	6.02	421.40	421.40
71550 00	Radiology	10.19	10.19	713.30	713.30
71550 26	Radiology	2.06	2.06	144.20	144.20
71550 TC	Radiology	8.13	8.13	569.10	569.10
71551 00	Radiology	11.35	11.35	794.50	794.50
71551 26	Radiology	2.43	2.43	170.10	170.10
71551 TC	Radiology	8.92	8.92	624.40	624.40
71552 00	Radiology	14.27	14.27	998.90	998.90
71552 26	Radiology	3.20	3.20	224.00	224.00
71552 TC	Radiology	11.07	11.07	774.90	774.90
71555 00	Radiology	10.13	10.13	709.10	709.10
71555 26	Radiology	2.52	2.52	176.40	176.40
71555 TC	Radiology	7.61	7.61	532.70	532.70
72020 00	Radiology	0.73	0.73	51.10	51.10
72020 26	Radiology	0.23	0.23	16.10	16.10
72020 TC	Radiology	0.50	0.50	35.00	35.00
72040 00	Radiology	1.19	1.19	83.30	83.30
72040 26	Radiology	0.32	0.32	22.40	22.40
72040 TC	Radiology	0.87	0.87	60.90	60.90
72050 00	Radiology	1.62	1.62	113.40	113.40
72050 26	Radiology	0.39	0.39	27.30	27.30
72050 TC	Radiology	1.23	1.23	86.10	86.10
72052 00	Radiology	1.86	1.86	130.20	130.20
72052 26	Radiology	0.43	0.43	30.10	30.10
72052 TC	Radiology	1.43	1.43	100.10	100.10

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
72070 00	Radiology	0.99	0.99	69.30	69.30
72070 26	Radiology	0.29	0.29	20.30	20.30
72070 TC	Radiology	0.70	0.70	49.00	49.00
72072 00	Radiology	1.18	1.18	82.60	82.60
72072 26	Radiology	0.32	0.32	22.40	22.40
72072 TC	Radiology	0.86	0.86	60.20	60.20
72074 00	Radiology	1.34	1.34	93.80	93.80
72074 26	Radiology	0.35	0.35	24.50	24.50
72074 TC	Radiology	0.99	0.99	69.30	69.30
72080 00	Radiology	1.04	1.04	72.80	72.80
72080 26	Radiology	0.30	0.30	21.00	21.00
72080 TC	Radiology	0.74	0.74	51.80	51.80
72081 00	Radiology	1.29	1.29	90.30	90.30
72081 26	Radiology	0.37	0.37	25.90	25.90
72081 TC	Radiology	0.92	0.92	64.40	64.40
72082 00	Radiology	2.11	2.11	147.70	147.70
72082 26	Radiology	0.45	0.45	31.50	31.50
72082 TC	Radiology	1.66	1.66	116.20	116.20
72083 00	Radiology	2.40	2.40	168.00	168.00
72083 26	Radiology	0.51	0.51	35.70	35.70
72083 TC	Radiology	1.89	1.89	132.30	132.30
72084 00	Radiology	2.95	2.95	206.50	206.50
72084 26	Radiology	0.60	0.60	42.00	42.00
72084 TC	Radiology	2.35	2.35	164.50	164.50
72100 00	Radiology	1.19	1.19	83.30	83.30
72100 26	Radiology	0.32	0.32	22.40	22.40
72100 TC	Radiology	0.87	0.87	60.90	60.90
72110 00	Radiology	1.56	1.56	109.20	109.20
72110 26	Radiology	0.38	0.38	26.60	26.60
72110 TC	Radiology	1.18	1.18	82.60	82.60
72114 00	Radiology	1.84	1.84	128.80	128.80
72114 26	Radiology	0.44	0.44	30.80	30.80
72114 TC	Radiology	1.40	1.40	98.00	98.00
72120 00	Radiology	1.22	1.22	85.40	85.40
72120 26	Radiology	0.32	0.32	22.40	22.40
72120 TC	Radiology	0.90	0.90	63.00	63.00
72125 00	Radiology	3.96	3.96	277.20	277.20

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
72125 26	Radiology	1.40	1.40	98.00	98.00
72125 TC	Radiology	2.56	2.56	179.20	179.20
72126 00	Radiology	5.13	5.13	359.10	359.10
72126 26	Radiology	1.71	1.71	119.70	119.70
72126 TC	Radiology	3.42	3.42	239.40	239.40
72127 00	Radiology	5.98	5.98	418.60	418.60
72127 26	Radiology	1.78	1.78	124.60	124.60
72127 TC	Radiology	4.20	4.20	294.00	294.00
72128 00	Radiology	3.95	3.95	276.50	276.50
72128 26	Radiology	1.40	1.40	98.00	98.00
72128 TC	Radiology	2.55	2.55	178.50	178.50
72129 00	Radiology	5.18	5.18	362.60	362.60
72129 26	Radiology	1.72	1.72	120.40	120.40
72129 TC	Radiology	3.46	3.46	242.20	242.20
72130 00	Radiology	6.05	6.05	423.50	423.50
72130 26	Radiology	1.79	1.79	125.30	125.30
72130 TC	Radiology	4.26	4.26	298.20	298.20
72131 00	Radiology	3.94	3.94	275.80	275.80
72131 26	Radiology	1.40	1.40	98.00	98.00
72131 TC	Radiology	2.54	2.54	177.80	177.80
72132 00	Radiology	5.15	5.15	360.50	360.50
72132 26	Radiology	1.71	1.71	119.70	119.70
72132 TC	Radiology	3.44	3.44	240.80	240.80
72133 00	Radiology	5.99	5.99	419.30	419.30
72133 26	Radiology	1.78	1.78	124.60	124.60
72133 TC	Radiology	4.21	4.21	294.70	294.70
72141 00	Radiology	5.80	5.80	406.00	406.00
72141 26	Radiology	2.09	2.09	146.30	146.30
72141 TC	Radiology	3.71	3.71	259.70	259.70
72142 00	Radiology	8.38	8.38	586.60	586.60
72142 26	Radiology	2.54	2.54	177.80	177.80
72142 TC	Radiology	5.84	5.84	408.80	408.80
72146 00	Radiology	5.81	5.81	406.70	406.70
72146 26	Radiology	2.09	2.09	146.30	146.30
72146 TC	Radiology	3.72	3.72	260.40	260.40
72147 00	Radiology	8.29	8.29	580.30	580.30
72147 26	Radiology	2.51	2.51	175.70	175.70

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Radiology Codes 2025

## Radiology Conversion Factor \$70.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
72147 TC	Radiology	5.78	5.78	404.60	404.60
72148 00	Radiology	5.82	5.82	407.40	407.40
72148 26	Radiology	2.09	2.09	146.30	146.30
72148 TC	Radiology	3.73	3.73	261.10	261.10
72149 00	Radiology	8.23	8.23	576.10	576.10
72149 26	Radiology	2.53	2.53	177.10	177.10
72149 TC	Radiology	5.70	5.70	399.00	399.00
72156 00	Radiology	9.74	9.74	681.80	681.80
72156 26	Radiology	3.25	3.25	227.50	227.50
72156 TC	Radiology	6.49	6.49	454.30	454.30
72157 00	Radiology	9.76	9.76	683.20	683.20
72157 26	Radiology	3.25	3.25	227.50	227.50
72157 TC	Radiology	6.51	6.51	455.70	455.70
72158 00	Radiology	9.72	9.72	680.40	680.40
72158 26	Radiology	3.25	3.25	227.50	227.50
72158 TC	Radiology	6.47	6.47	452.90	452.90
72159 00	Radiology	10.38	10.38	726.60	726.60
72159 26	Radiology	2.53	2.53	177.10	177.10
72159 TC	Radiology	7.85	7.85	549.50	549.50
72170 00	Radiology	0.84	0.84	58.80	58.80
72170 26	Radiology	0.25	0.25	17.50	17.50
72170 TC	Radiology	0.59	0.59	41.30	41.30
72190 00	Radiology	1.26	1.26	88.20	88.20
72190 26	Radiology	0.36	0.36	25.20	25.20
72190 TC	Radiology	0.90	0.90	63.00	63.00
72191 00	Radiology	9.27	9.27	648.90	648.90
72191 26	Radiology	2.53	2.53	177.10	177.10
72191 TC	Radiology	6.74	6.74	471.80	471.80
72192 00	Radiology	4.05	4.05	283.50	283.50
72192 26	Radiology	1.53	1.53	107.10	107.10
72192 TC	Radiology	2.52	2.52	176.40	176.40
72193 00	Radiology	6.90	6.90	483.00	483.00
72193 26	Radiology	1.63	1.63	114.10	114.10
72193 TC	Radiology	5.27	5.27	368.90	368.90
72194 00	Radiology	7.62	7.62	533.40	533.40
72194 26	Radiology	1.71	1.71	119.70	119.70
72194 TC	Radiology	5.91	5.91	413.70	413.70

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
72195 00	Radiology	6.94	6.94	485.80	485.80
72195 26	Radiology	2.06	2.06	144.20	144.20
72195 TC	Radiology	4.88	4.88	341.60	341.60
72196 00	Radiology	8.17	8.17	571.90	571.90
72196 26	Radiology	2.43	2.43	170.10	170.10
72196 TC	Radiology	5.74	5.74	401.80	401.80
72197 00	Radiology	10.24	10.24	716.80	716.80
72197 26	Radiology	3.11	3.11	217.70	217.70
72197 TC	Radiology	7.13	7.13	499.10	499.10
72198 00	Radiology	10.30	10.30	721.00	721.00
72198 26	Radiology	2.53	2.53	177.10	177.10
72198 TC	Radiology	7.77	7.77	543.90	543.90
72200 00	Radiology	1.01	1.01	70.70	70.70
72200 26	Radiology	0.25	0.25	17.50	17.50
72200 TC	Radiology	0.76	0.76	53.20	53.20
72202 00	Radiology	1.18	1.18	82.60	82.60
72202 26	Radiology	0.32	0.32	22.40	22.40
72202 TC	Radiology	0.86	0.86	60.20	60.20
72220 00	Radiology	0.98	0.98	68.60	68.60
72220 26	Radiology	0.25	0.25	17.50	17.50
72220 TC	Radiology	0.73	0.73	51.10	51.10
72240 00	Radiology	3.33	3.33	233.10	233.10
72240 26	Radiology	1.29	1.29	90.30	90.30
72240 TC	Radiology	2.04	2.04	142.80	142.80
72255 00	Radiology	3.18	3.18	222.60	222.60
72255 26	Radiology	1.28	1.28	89.60	89.60
72255 TC	Radiology	1.90	1.90	133.00	133.00
72265 00	Radiology	3.24	3.24	226.80	226.80
72265 26	Radiology	1.19	1.19	83.30	83.30
72265 TC	Radiology	2.05	2.05	143.50	143.50
72270 00	Radiology	4.55	4.55	318.50	318.50
72270 26	Radiology	1.96	1.96	137.20	137.20
72270 TC	Radiology	2.59	2.59	181.30	181.30
72285 00	Radiology	3.95	3.95	276.50	276.50
72285 26	Radiology	1.66	1.66	116.20	116.20
72285 TC	Radiology	2.29	2.29	160.30	160.30
72295 00	Radiology	3.32	3.32	232.40	232.40

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
72295 26	Radiology	1.18	1.18	82.60	82.60
72295 TC	Radiology	2.14	2.14	149.80	149.80
73000 00	Radiology	0.98	0.98	68.60	68.60
73000 26	Radiology	0.24	0.24	16.80	16.80
73000 TC	Radiology	0.74	0.74	51.80	51.80
73010 00	Radiology	0.72	0.72	50.40	50.40
73010 26	Radiology	0.26	0.26	18.20	18.20
73010 TC	Radiology	0.46	0.46	32.20	32.20
73020 00	Radiology	0.65	0.65	45.50	45.50
73020 26	Radiology	0.22	0.22	15.40	15.40
73020 TC	Radiology	0.43	0.43	30.10	30.10
73030 00	Radiology	1.04	1.04	72.80	72.80
73030 26	Radiology	0.27	0.27	18.90	18.90
73030 TC	Radiology	0.77	0.77	53.90	53.90
73040 00	Radiology	3.88	3.88	271.60	271.60
73040 26	Radiology	0.80	0.80	56.00	56.00
73040 TC	Radiology	3.08	3.08	215.60	215.60
73050 00	Radiology	0.87	0.87	60.90	60.90
73050 26	Radiology	0.27	0.27	18.90	18.90
73050 TC	Radiology	0.60	0.60	42.00	42.00
73060 00	Radiology	0.96	0.96	67.20	67.20
73060 26	Radiology	0.23	0.23	16.10	16.10
73060 TC	Radiology	0.73	0.73	51.10	51.10
73070 00	Radiology	0.88	0.88	61.60	61.60
73070 26	Radiology	0.24	0.24	16.80	16.80
73070 TC	Radiology	0.64	0.64	44.80	44.80
73080 00	Radiology	0.98	0.98	68.60	68.60
73080 26	Radiology	0.25	0.25	17.50	17.50
73080 TC	Radiology	0.73	0.73	51.10	51.10
73085 00	Radiology	2.94	2.94	205.80	205.80
73085 26	Radiology	0.77	0.77	53.90	53.90
73085 TC	Radiology	2.17	2.17	151.90	151.90
73090 00	Radiology	0.88	0.88	61.60	61.60
73090 26	Radiology	0.23	0.23	16.10	16.10
73090 TC	Radiology	0.65	0.65	45.50	45.50
73092 00	Radiology	0.94	0.94	65.80	65.80
73092 26	Radiology	0.23	0.23	16.10	16.10

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
73092 TC	Radiology	0.71	0.71	49.70	49.70
73100 00	Radiology	1.01	1.01	70.70	70.70
73100 26	Radiology	0.24	0.24	16.80	16.80
73100 TC	Radiology	0.77	0.77	53.90	53.90
73110 00	Radiology	1.24	1.24	86.80	86.80
73110 26	Radiology	0.25	0.25	17.50	17.50
73110 TC	Radiology	0.99	0.99	69.30	69.30
73115 00	Radiology	3.93	3.93	275.10	275.10
73115 26	Radiology	0.81	0.81	56.70	56.70
73115 TC	Radiology	3.12	3.12	218.40	218.40
73120 00	Radiology	0.94	0.94	65.80	65.80
73120 26	Radiology	0.24	0.24	16.80	16.80
73120 TC	Radiology	0.70	0.70	49.00	49.00
73130 00	Radiology	1.12	1.12	78.40	78.40
73130 26	Radiology	0.25	0.25	17.50	17.50
73130 TC	Radiology	0.87	0.87	60.90	60.90
73140 00	Radiology	1.15	1.15	80.50	80.50
73140 26	Radiology	0.20	0.20	14.00	14.00
73140 TC	Radiology	0.95	0.95	66.50	66.50
73200 00	Radiology	4.89	4.89	342.30	342.30
73200 26	Radiology	1.40	1.40	98.00	98.00
73200 TC	Radiology	3.49	3.49	244.30	244.30
73201 00	Radiology	6.08	6.08	425.60	425.60
73201 26	Radiology	1.63	1.63	114.10	114.10
73201 TC	Radiology	4.45	4.45	311.50	311.50
73202 00	Radiology	7.49	7.49	524.30	524.30
73202 26	Radiology	1.70	1.70	119.00	119.00
73202 TC	Radiology	5.79	5.79	405.30	405.30
73206 00	Radiology	9.05	9.05	633.50	633.50
73206 26	Radiology	2.53	2.53	177.10	177.10
73206 TC	Radiology	6.52	6.52	456.40	456.40
73218 00	Radiology	9.16	9.16	641.20	641.20
73218 26	Radiology	1.91	1.91	133.70	133.70
73218 TC	Radiology	7.25	7.25	507.50	507.50
73219 00	Radiology	10.03	10.03	702.10	702.10
73219 26	Radiology	2.28	2.28	159.60	159.60
73219 TC	Radiology	7.75	7.75	542.50	542.50

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
73220 00	Radiology	12.43	12.43	870.10	870.10
73220 26	Radiology	3.05	3.05	213.50	213.50
73220 TC	Radiology	9.38	9.38	656.60	656.60
73221 00	Radiology	6.20	6.20	434.00	434.00
73221 26	Radiology	1.91	1.91	133.70	133.70
73221 TC	Radiology	4.29	4.29	300.30	300.30
73222 00	Radiology	9.45	9.45	661.50	661.50
73222 26	Radiology	2.29	2.29	160.30	160.30
73222 TC	Radiology	7.16	7.16	501.20	501.20
73223 00	Radiology	11.70	11.70	819.00	819.00
73223 26	Radiology	3.05	3.05	213.50	213.50
73223 TC	Radiology	8.65	8.65	605.50	605.50
73225 00	Radiology	9.91	9.91	693.70	693.70
73225 26	Radiology	2.38	2.38	166.60	166.60
73225 TC	Radiology	7.53	7.53	527.10	527.10
73501 00	Radiology	1.00	1.00	70.00	70.00
73501 26	Radiology	0.27	0.27	18.90	18.90
73501 TC	Radiology	0.73	0.73	51.10	51.10
73502 00	Radiology	1.43	1.43	100.10	100.10
73502 26	Radiology	0.32	0.32	22.40	22.40
73502 TC	Radiology	1.11	1.11	77.70	77.70
73503 00	Radiology	1.82	1.82	127.40	127.40
73503 26	Radiology	0.40	0.40	28.00	28.00
73503 TC	Radiology	1.42	1.42	99.40	99.40
73521 00	Radiology	1.24	1.24	86.80	86.80
73521 26	Radiology	0.32	0.32	22.40	22.40
73521 TC	Radiology	0.92	0.92	64.40	64.40
73522 00	Radiology	1.62	1.62	113.40	113.40
73522 26	Radiology	0.42	0.42	29.40	29.40
73522 TC	Radiology	1.20	1.20	84.00	84.00
73523 00	Radiology	1.86	1.86	130.20	130.20
73523 26	Radiology	0.45	0.45	31.50	31.50
73523 TC	Radiology	1.41	1.41	98.70	98.70
73525 00	Radiology	3.74	3.74	261.80	261.80
73525 26	Radiology	0.83	0.83	58.10	58.10
73525 TC	Radiology	2.91	2.91	203.70	203.70
73551 00	Radiology	0.89	0.89	62.30	62.30

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
73551 26	Radiology	0.24	0.24	16.80	16.80
73551 TC	Radiology	0.65	0.65	45.50	45.50
73552 00	Radiology	1.07	1.07	74.90	74.90
73552 26	Radiology	0.26	0.26	18.20	18.20
73552 TC	Radiology	0.81	0.81	56.70	56.70
73560 00	Radiology	1.02	1.02	71.40	71.40
73560 26	Radiology	0.24	0.24	16.80	16.80
73560 TC	Radiology	0.78	0.78	54.60	54.60
73562 00	Radiology	1.22	1.22	85.40	85.40
73562 26	Radiology	0.27	0.27	18.90	18.90
73562 TC	Radiology	0.95	0.95	66.50	66.50
73564 00	Radiology	1.42	1.42	99.40	99.40
73564 26	Radiology	0.33	0.33	23.10	23.10
73564 TC	Radiology	1.09	1.09	76.30	76.30
73565 00	Radiology	1.20	1.20	84.00	84.00
73565 26	Radiology	0.25	0.25	17.50	17.50
73565 TC	Radiology	0.95	0.95	66.50	66.50
73580 00	Radiology	3.23	3.23	226.10	226.10
73580 26	Radiology	0.91	0.91	63.70	63.70
73580 TC	Radiology	2.32	2.32	162.40	162.40
73590 00	Radiology	0.95	0.95	66.50	66.50
73590 26	Radiology	0.23	0.23	16.10	16.10
73590 TC	Radiology	0.72	0.72	50.40	50.40
73592 00	Radiology	0.94	0.94	65.80	65.80
73592 26	Radiology	0.23	0.23	16.10	16.10
73592 TC	Radiology	0.71	0.71	49.70	49.70
73600 00	Radiology	0.96	0.96	67.20	67.20
73600 26	Radiology	0.23	0.23	16.10	16.10
73600 TC	Radiology	0.73	0.73	51.10	51.10
73610 00	Radiology	1.09	1.09	76.30	76.30
73610 26	Radiology	0.25	0.25	17.50	17.50
73610 TC	Radiology	0.84	0.84	58.80	58.80
73615 00	Radiology	3.73	3.73	261.10	261.10
73615 26	Radiology	0.81	0.81	56.70	56.70
73615 TC	Radiology	2.92	2.92	204.40	204.40
73620 00	Radiology	0.85	0.85	59.50	59.50
73620 26	Radiology	0.22	0.22	15.40	15.40

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
73620 TC	Radiology	0.63	0.63	44.10	44.10
73630 00	Radiology	1.02	1.02	71.40	71.40
73630 26	Radiology	0.24	0.24	16.80	16.80
73630 TC	Radiology	0.78	0.78	54.60	54.60
73650 00	Radiology	0.85	0.85	59.50	59.50
73650 26	Radiology	0.23	0.23	16.10	16.10
73650 TC	Radiology	0.62	0.62	43.40	43.40
73660 00	Radiology	0.87	0.87	60.90	60.90
73660 26	Radiology	0.19	0.19	13.30	13.30
73660 TC	Radiology	0.68	0.68	47.60	47.60
73700 00	Radiology	3.95	3.95	276.50	276.50
73700 26	Radiology	1.40	1.40	98.00	98.00
73700 TC	Radiology	2.55	2.55	178.50	178.50
73701 00	Radiology	5.07	5.07	354.90	354.90
73701 26	Radiology	1.63	1.63	114.10	114.10
73701 TC	Radiology	3.44	3.44	240.80	240.80
73702 00	Radiology	5.94	5.94	415.80	415.80
73702 26	Radiology	1.70	1.70	119.00	119.00
73702 TC	Radiology	4.24	4.24	296.80	296.80
73706 00	Radiology	9.83	9.83	688.10	688.10
73706 26	Radiology	2.66	2.66	186.20	186.20
73706 TC	Radiology	7.17	7.17	501.90	501.90
73718 00	Radiology	6.77	6.77	473.90	473.90
73718 26	Radiology	1.90	1.90	133.00	133.00
73718 TC	Radiology	4.87	4.87	340.90	340.90
73719 00	Radiology	7.99	7.99	559.30	559.30
73719 26	Radiology	2.28	2.28	159.60	159.60
73719 TC	Radiology	5.71	5.71	399.70	399.70
73720 00	Radiology	10.25	10.25	717.50	717.50
73720 26	Radiology	3.05	3.05	213.50	213.50
73720 TC	Radiology	7.20	7.20	504.00	504.00
73721 00	Radiology	6.19	6.19	433.30	433.30
73721 26	Radiology	1.91	1.91	133.70	133.70
73721 TC	Radiology	4.28	4.28	299.60	299.60
73722 00	Radiology	9.50	9.50	665.00	665.00
73722 26	Radiology	2.29	2.29	160.30	160.30
73722 TC	Radiology	7.21	7.21	504.70	504.70

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
73723 00	Radiology	11.67	11.67	816.90	816.90
73723 26	Radiology	3.05	3.05	213.50	213.50
73723 TC	Radiology	8.62	8.62	603.40	603.40
73725 00	Radiology	10.25	10.25	717.50	717.50
73725 26	Radiology	2.54	2.54	177.80	177.80
73725 TC	Radiology	7.71	7.71	539.70	539.70
74018 00	Radiology	0.90	0.90	63.00	63.00
74018 26	Radiology	0.26	0.26	18.20	18.20
74018 TC	Radiology	0.64	0.64	44.80	44.80
74019 00	Radiology	1.11	1.11	77.70	77.70
74019 26	Radiology	0.33	0.33	23.10	23.10
74019 TC	Radiology	0.78	0.78	54.60	54.60
74021 00	Radiology	1.28	1.28	89.60	89.60
74021 26	Radiology	0.38	0.38	26.60	26.60
74021 TC	Radiology	0.90	0.90	63.00	63.00
74022 00	Radiology	1.50	1.50	105.00	105.00
74022 26	Radiology	0.46	0.46	32.20	32.20
74022 TC	Radiology	1.04	1.04	72.80	72.80
74150 00	Radiology	4.15	4.15	290.50	290.50
74150 26	Radiology	1.67	1.67	116.90	116.90
74150 TC	Radiology	2.48	2.48	173.60	173.60
74160 00	Radiology	7.02	7.02	491.40	491.40
74160 26	Radiology	1.79	1.79	125.30	125.30
74160 TC	Radiology	5.23	5.23	366.10	366.10
74170 00	Radiology	7.89	7.89	552.30	552.30
74170 26	Radiology	1.96	1.96	137.20	137.20
74170 TC	Radiology	5.93	5.93	415.10	415.10
74174 00	Radiology	11.57	11.57	809.90	809.90
74174 26	Radiology	3.10	3.10	217.00	217.00
74174 TC	Radiology	8.47	8.47	592.90	592.90
74175 00	Radiology	9.31	9.31	651.70	651.70
74175 26	Radiology	2.56	2.56	179.20	179.20
74175 TC	Radiology	6.75	6.75	472.50	472.50
74176 00	Radiology	5.59	5.59	391.30	391.30
74176 26	Radiology	2.45	2.45	171.50	171.50
74176 TC	Radiology	3.14	3.14	219.80	219.80
74177 00	Radiology	9.19	9.19	643.30	643.30

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
74177 26	Radiology	2.58	2.58	180.60	180.60
74177 TC	Radiology	6.61	6.61	462.70	462.70
74178 00	Radiology	10.29	10.29	720.30	720.30
74178 26	Radiology	2.83	2.83	198.10	198.10
74178 TC	Radiology	7.46	7.46	522.20	522.20
74181 00	Radiology	5.95	5.95	416.50	416.50
74181 26	Radiology	2.05	2.05	143.50	143.50
74181 TC	Radiology	3.90	3.90	273.00	273.00
74182 00	Radiology	9.19	9.19	643.30	643.30
74182 26	Radiology	2.43	2.43	170.10	170.10
74182 TC	Radiology	6.76	6.76	473.20	473.20
74183 00	Radiology	10.28	10.28	719.60	719.60
74183 26	Radiology	3.11	3.11	217.70	217.70
74183 TC	Radiology	7.17	7.17	501.90	501.90
74185 00	Radiology	10.25	10.25	717.50	717.50
74185 26	Radiology	2.52	2.52	176.40	176.40
74185 TC	Radiology	7.73	7.73	541.10	541.10
74190 00	Radiology	-	-	151.90	151.90
74190 26	Radiology	0.65	0.65	45.50	45.50
74190 TC	Radiology	-	-	106.40	106.40
74210 00	Radiology	2.78	2.78	194.60	194.60
74210 26	Radiology	0.83	0.83	58.10	58.10
74210 TC	Radiology	1.95	1.95	136.50	136.50
74220 00	Radiology	2.88	2.88	201.60	201.60
74220 26	Radiology	0.85	0.85	59.50	59.50
74220 TC	Radiology	2.03	2.03	142.10	142.10
74221 00	Radiology	3.24	3.24	226.80	226.80
74221 26	Radiology	0.99	0.99	69.30	69.30
74221 TC	Radiology	2.25	2.25	157.50	157.50
74230 00	Radiology	3.65	3.65	255.50	255.50
74230 26	Radiology	0.75	0.75	52.50	52.50
74230 TC	Radiology	2.90	2.90	203.00	203.00
74235 00	Radiology	-	-	336.00	336.00
74235 26	Radiology	1.68	1.68	117.60	117.60
74235 TC	Radiology	-	-	218.40	218.40
74240 00	Radiology	3.62	3.62	253.40	253.40
74240 26	Radiology	1.14	1.14	79.80	79.80

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
74240 TC	Radiology	2.48	2.48	173.60	173.60
74246 00	Radiology	4.09	4.09	286.30	286.30
74246 26	Radiology	1.26	1.26	88.20	88.20
74246 TC	Radiology	2.83	2.83	198.10	198.10
74248 00	Radiology	2.44	2.44	170.80	170.80
74248 26	Radiology	0.99	0.99	69.30	69.30
74248 TC	Radiology	1.45	1.45	101.50	101.50
74250 00	Radiology	3.60	3.60	252.00	252.00
74250 26	Radiology	1.14	1.14	79.80	79.80
74250 TC	Radiology	2.46	2.46	172.20	172.20
74251 00	Radiology	10.49	10.49	734.30	734.30
74251 26	Radiology	1.64	1.64	114.80	114.80
74251 TC	Radiology	8.85	8.85	619.50	619.50
74261 00	Radiology	12.50	12.50	875.00	875.00
74261 26	Radiology	3.40	3.40	238.00	238.00
74261 TC	Radiology	9.10	9.10	637.00	637.00
74262 00	Radiology	14.05	14.05	983.50	983.50
74262 26	Radiology	3.54	3.54	247.80	247.80
74262 TC	Radiology	10.51	10.51	735.70	735.70
74263 00	Radiology	21.64	21.64	1514.80	1514.80
74263 26	Radiology	3.36	3.36	235.20	235.20
74263 TC	Radiology	18.28	18.28	1279.60	1279.60
74270 00	Radiology	4.52	4.52	316.40	316.40
74270 26	Radiology	1.45	1.45	101.50	101.50
74270 TC	Radiology	3.07	3.07	214.90	214.90
74280 00	Radiology	6.45	6.45	451.50	451.50
74280 26	Radiology	1.77	1.77	123.90	123.90
74280 TC	Radiology	4.68	4.68	327.60	327.60
74283 00	Radiology	7.79	7.79	545.30	545.30
74283 26	Radiology	3.00	3.00	210.00	210.00
74283 TC	Radiology	4.79	4.79	335.30	335.30
74290 00	Radiology	2.50	2.50	175.00	175.00
74290 26	Radiology	0.46	0.46	32.20	32.20
74290 TC	Radiology	2.04	2.04	142.80	142.80
74300 00	Radiology	-	-	91.00	91.00
74300 26	Radiology	0.39	0.39	27.30	27.30
74300 TC	Radiology	-	-	63.70	63.70

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
74301 00	Radiology	-	-	84.00	84.00
74301 26	Radiology	0.30	0.30	21.00	21.00
74301 TC	Radiology	-	-	63.00	63.00
74328 00	Radiology	-	-	226.80	226.80
74328 26	Radiology	0.68	0.68	47.60	47.60
74328 TC	Radiology	-	-	179.20	179.20
74329 00	Radiology	-	-	219.80	219.80
74329 26	Radiology	0.69	0.69	48.30	48.30
74329 TC	Radiology	-	-	171.50	171.50
74330 00	Radiology	-	-	207.20	207.20
74330 26	Radiology	0.80	0.80	56.00	56.00
74330 TC	Radiology	-	-	151.20	151.20
74340 00	Radiology	-	-	280.00	280.00
74340 26	Radiology	0.76	0.76	53.20	53.20
74340 TC	Radiology	-	-	226.80	226.80
74355 00	Radiology	-	-	280.00	280.00
74355 26	Radiology	1.08	1.08	75.60	75.60
74355 TC	Radiology	-	-	204.40	204.40
74360 00	Radiology	-	-	329.70	329.70
74360 26	Radiology	0.80	0.80	56.00	56.00
74360 TC	Radiology	-	-	273.70	273.70
74363 00	Radiology	-	-	434.70	434.70
74363 26	Radiology	1.18	1.18	82.60	82.60
74363 TC	Radiology	-	-	352.10	352.10
74400 00	Radiology	3.97	3.97	277.90	277.90
74400 26	Radiology	0.68	0.68	47.60	47.60
74400 TC	Radiology	3.29	3.29	230.30	230.30
74410 00	Radiology	4.17	4.17	291.90	291.90
74410 26	Radiology	0.69	0.69	48.30	48.30
74410 TC	Radiology	3.48	3.48	243.60	243.60
74415 00	Radiology	4.48	4.48	313.60	313.60
74415 26	Radiology	0.69	0.69	48.30	48.30
74415 TC	Radiology	3.79	3.79	265.30	265.30
74420 00	Radiology	2.34	2.34	163.80	163.80
74420 26	Radiology	0.73	0.73	51.10	51.10
74420 TC	Radiology	1.61	1.61	112.70	112.70
74425 00	Radiology	4.00	4.00	280.00	280.00

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
74425 26	Radiology	0.72	0.72	50.40	50.40
74425 TC	Radiology	3.28	3.28	229.60	229.60
74430 00	Radiology	1.24	1.24	86.80	86.80
74430 26	Radiology	0.45	0.45	31.50	31.50
74430 TC	Radiology	0.79	0.79	55.30	55.30
74440 00	Radiology	2.86	2.86	200.20	200.20
74440 26	Radiology	0.53	0.53	37.10	37.10
74440 TC	Radiology	2.33	2.33	163.10	163.10
74445 00	Radiology	-	-	195.30	195.30
74445 26	Radiology	1.59	1.59	111.30	111.30
74445 TC	Radiology	-	-	84.00	84.00
74450 00	Radiology	-	-	140.00	140.00
74450 26	Radiology	0.46	0.46	32.20	32.20
74450 TC	Radiology	-	-	107.80	107.80
74455 00	Radiology	3.04	3.04	212.80	212.80
74455 26	Radiology	0.46	0.46	32.20	32.20
74455 TC	Radiology	2.58	2.58	180.60	180.60
74470 00	Radiology	-	-	145.60	145.60
74470 26	Radiology	0.75	0.75	52.50	52.50
74470 TC	Radiology	-	-	93.10	93.10
74485 00	Radiology	3.53	3.53	247.10	247.10
74485 26	Radiology	1.16	1.16	81.20	81.20
74485 TC	Radiology	2.37	2.37	165.90	165.90
74712 00	Radiology	12.43	12.43	870.10	870.10
74712 26	Radiology	4.26	4.26	298.20	298.20
74712 TC	Radiology	8.17	8.17	571.90	571.90
74713 00	Radiology	6.05	6.05	423.50	423.50
74713 26	Radiology	2.63	2.63	184.10	184.10
74713 TC	Radiology	3.42	3.42	239.40	239.40
74740 00	Radiology	2.71	2.71	189.70	189.70
74740 26	Radiology	0.54	0.54	37.80	37.80
74740 TC	Radiology	2.17	2.17	151.90	151.90
74742 00	Radiology	-	-	240.80	240.80
74742 26	Radiology	0.86	0.86	60.20	60.20
74742 TC	Radiology	-	-	180.60	180.60
74775 00	Radiology	-	-	198.80	198.80
74775 26	Radiology	0.88	0.88	61.60	61.60

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Radiology Codes 2025

## Radiology Conversion Factor \$70.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
74775 TC	Radiology	-	-	137.20	137.20
75557 00	Radiology	8.42	8.42	589.40	589.40
75557 26	Radiology	3.28	3.28	229.60	229.60
75557 TC	Radiology	5.14	5.14	359.80	359.80
75559 00	Radiology	11.25	11.25	787.50	787.50
75559 26	Radiology	4.05	4.05	283.50	283.50
75559 TC	Radiology	7.20	7.20	504.00	504.00
75561 00	Radiology	10.97	10.97	767.90	767.90
75561 26	Radiology	3.64	3.64	254.80	254.80
75561 TC	Radiology	7.33	7.33	513.10	513.10
75563 00	Radiology	12.77	12.77	893.90	893.90
75563 26	Radiology	4.16	4.16	291.20	291.20
75563 TC	Radiology	8.61	8.61	602.70	602.70
75565 00	Radiology	1.36	1.36	95.20	95.20
75565 26	Radiology	0.35	0.35	24.50	24.50
75565 TC	Radiology	1.01	1.01	70.70	70.70
75571 00	Radiology	3.06	3.06	214.20	214.20
75571 26	Radiology	0.82	0.82	57.40	57.40
75571 TC	Radiology	2.24	2.24	156.80	156.80
75572 00	Radiology	6.94	6.94	485.80	485.80
75572 26	Radiology	2.44	2.44	170.80	170.80
75572 TC	Radiology	4.50	4.50	315.00	315.00
75573 00	Radiology	9.33	9.33	653.10	653.10
75573 26	Radiology	3.59	3.59	251.30	251.30
75573 TC	Radiology	5.74	5.74	401.80	401.80
75574 00	Radiology	9.84	9.84	688.80	688.80
75574 26	Radiology	3.37	3.37	235.90	235.90
75574 TC	Radiology	6.47	6.47	452.90	452.90
75580 00	Radiology	25.94	25.94	1815.80	1815.80
75580 26	Radiology	1.04	1.04	72.80	72.80
75580 TC	Radiology	24.90	24.90	1743.00	1743.00
75600 00	Radiology	5.20	5.20	364.00	364.00
75600 26	Radiology	0.69	0.69	48.30	48.30
75600 TC	Radiology	4.51	4.51	315.70	315.70
75605 00	Radiology	3.61	3.61	252.70	252.70
75605 26	Radiology	1.58	1.58	110.60	110.60
75605 TC	Radiology	2.03	2.03	142.10	142.10

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
75625 00	Radiology	3.76	3.76	263.20	263.20
75625 26	Radiology	2.00	2.00	140.00	140.00
75625 TC	Radiology	1.76	1.76	123.20	123.20
75630 00	Radiology	4.68	4.68	327.60	327.60
75630 26	Radiology	2.77	2.77	193.90	193.90
75630 TC	Radiology	1.91	1.91	133.70	133.70
75635 00	Radiology	12.51	12.51	875.70	875.70
75635 26	Radiology	3.34	3.34	233.80	233.80
75635 TC	Radiology	9.17	9.17	641.90	641.90
75705 00	Radiology	7.70	7.70	539.00	539.00
75705 26	Radiology	3.51	3.51	245.70	245.70
75705 TC	Radiology	4.19	4.19	293.30	293.30
75710 00	Radiology	4.44	4.44	310.80	310.80
75710 26	Radiology	2.42	2.42	169.40	169.40
75710 TC	Radiology	2.02	2.02	141.40	141.40
75716 00	Radiology	4.87	4.87	340.90	340.90
75716 26	Radiology	2.73	2.73	191.10	191.10
75716 TC	Radiology	2.14	2.14	149.80	149.80
75726 00	Radiology	5.12	5.12	358.40	358.40
75726 26	Radiology	2.80	2.80	196.00	196.00
75726 TC	Radiology	2.32	2.32	162.40	162.40
75731 00	Radiology	4.63	4.63	324.10	324.10
75731 26	Radiology	1.61	1.61	112.70	112.70
75731 TC	Radiology	3.02	3.02	211.40	211.40
75733 00	Radiology	5.18	5.18	362.60	362.60
75733 26	Radiology	1.80	1.80	126.00	126.00
75733 TC	Radiology	3.38	3.38	236.60	236.60
75736 00	Radiology	4.33	4.33	303.10	303.10
75736 26	Radiology	1.53	1.53	107.10	107.10
75736 TC	Radiology	2.80	2.80	196.00	196.00
75741 00	Radiology	3.87	3.87	270.90	270.90
75741 26	Radiology	1.77	1.77	123.90	123.90
75741 TC	Radiology	2.10	2.10	147.00	147.00
75743 00	Radiology	4.43	4.43	310.10	310.10
75743 26	Radiology	2.29	2.29	160.30	160.30
75743 TC	Radiology	2.14	2.14	149.80	149.80
75746 00	Radiology	4.05	4.05	283.50	283.50

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
75746 26	Radiology	1.55	1.55	108.50	108.50
75746 TC	Radiology	2.50	2.50	175.00	175.00
75756 00	Radiology	4.87	4.87	340.90	340.90
75756 26	Radiology	1.63	1.63	114.10	114.10
75756 TC	Radiology	3.24	3.24	226.80	226.80
75774 00	Radiology	2.87	2.87	200.90	200.90
75774 26	Radiology	1.36	1.36	95.20	95.20
75774 TC	Radiology	1.51	1.51	105.70	105.70
75801 00	Radiology	-	-	527.10	527.10
75801 26	Radiology	1.28	1.28	89.60	89.60
75801 TC	Radiology	-	-	437.50	437.50
75803 00	Radiology	-	-	525.00	525.00
75803 26	Radiology	1.65	1.65	115.50	115.50
75803 TC	Radiology	-	-	409.50	409.50
75805 00	Radiology	-	-	536.90	536.90
75805 26	Radiology	1.15	1.15	80.50	80.50
75805 TC	Radiology	-	-	456.40	456.40
75807 00	Radiology	-	-	542.50	542.50
75807 26	Radiology	1.55	1.55	108.50	108.50
75807 TC	Radiology	-	-	434.00	434.00
75809 00	Radiology	2.43	2.43	170.10	170.10
75809 26	Radiology	0.68	0.68	47.60	47.60
75809 TC	Radiology	1.75	1.75	122.50	122.50
75810 00	Radiology	-	-	916.30	916.30
75810 26	Radiology	1.44	1.44	100.80	100.80
75810 TC	Radiology	-	-	815.50	815.50
75820 00	Radiology	3.18	3.18	222.60	222.60
75820 26	Radiology	1.44	1.44	100.80	100.80
75820 TC	Radiology	1.74	1.74	121.80	121.80
75822 00	Radiology	3.98	3.98	278.60	278.60
75822 26	Radiology	2.04	2.04	142.80	142.80
75822 TC	Radiology	1.94	1.94	135.80	135.80
75825 00	Radiology	3.42	3.42	239.40	239.40
75825 26	Radiology	1.59	1.59	111.30	111.30
75825 TC	Radiology	1.83	1.83	128.10	128.10
75827 00	Radiology	3.52	3.52	246.40	246.40
75827 26	Radiology	1.58	1.58	110.60	110.60

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
75827 TC	Radiology	1.94	1.94	135.80	135.80
75831 00	Radiology	3.59	3.59	251.30	251.30
75831 26	Radiology	1.52	1.52	106.40	106.40
75831 TC	Radiology	2.07	2.07	144.90	144.90
75833 00	Radiology	4.42	4.42	309.40	309.40
75833 26	Radiology	2.06	2.06	144.20	144.20
75833 TC	Radiology	2.36	2.36	165.20	165.20
75840 00	Radiology	3.84	3.84	268.80	268.80
75840 26	Radiology	1.61	1.61	112.70	112.70
75840 TC	Radiology	2.23	2.23	156.10	156.10
75842 00	Radiology	4.77	4.77	333.90	333.90
75842 26	Radiology	2.11	2.11	147.70	147.70
75842 TC	Radiology	2.66	2.66	186.20	186.20
75860 00	Radiology	3.79	3.79	265.30	265.30
75860 26	Radiology	1.60	1.60	112.00	112.00
75860 TC	Radiology	2.19	2.19	153.30	153.30
75870 00	Radiology	4.92	4.92	344.40	344.40
75870 26	Radiology	1.79	1.79	125.30	125.30
75870 TC	Radiology	3.13	3.13	219.10	219.10
75872 00	Radiology	3.84	3.84	268.80	268.80
75872 26	Radiology	1.61	1.61	112.70	112.70
75872 TC	Radiology	2.23	2.23	156.10	156.10
75880 00	Radiology	3.23	3.23	226.10	226.10
75880 26	Radiology	1.00	1.00	70.00	70.00
75880 TC	Radiology	2.23	2.23	156.10	156.10
75885 00	Radiology	4.12	4.12	288.40	288.40
75885 26	Radiology	1.94	1.94	135.80	135.80
75885 TC	Radiology	2.18	2.18	152.60	152.60
75887 00	Radiology	4.14	4.14	289.80	289.80
75887 26	Radiology	1.96	1.96	137.20	137.20
75887 TC	Radiology	2.18	2.18	152.60	152.60
75889 00	Radiology	3.70	3.70	259.00	259.00
75889 26	Radiology	1.53	1.53	107.10	107.10
75889 TC	Radiology	2.17	2.17	151.90	151.90
75891 00	Radiology	3.72	3.72	260.40	260.40
75891 26	Radiology	1.54	1.54	107.80	107.80
75891 TC	Radiology	2.18	2.18	152.60	152.60

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
75893 00	Radiology	3.16	3.16	221.20	221.20
75893 26	Radiology	0.75	0.75	52.50	52.50
75893 TC	Radiology	2.41	2.41	168.70	168.70
75894 00	Radiology	-	-	2139.90	2139.90
75894 26	Radiology	2.14	2.14	149.80	149.80
75894 TC	Radiology	-	-	1990.10	1990.10
75898 00	Radiology	-	-	283.50	283.50
75898 26	Radiology	2.71	2.71	189.70	189.70
75898 TC	Radiology	-	-	93.80	93.80
75901 00	Radiology	6.66	6.66	466.20	466.20
75901 26	Radiology	0.66	0.66	46.20	46.20
75901 TC	Radiology	6.00	6.00	420.00	420.00
75902 00	Radiology	2.56	2.56	179.20	179.20
75902 26	Radiology	0.54	0.54	37.80	37.80
75902 TC	Radiology	2.02	2.02	141.40	141.40
75956 00	Radiology	-	-	1713.60	1713.60
75956 26	Radiology	9.79	9.79	685.30	685.30
75956 TC	Radiology	-	-	1028.30	1028.30
75957 00	Radiology	-	-	1631.70	1631.70
75957 26	Radiology	8.39	8.39	587.30	587.30
75957 TC	Radiology	-	-	1044.40	1044.40
75958 00	Radiology	-	-	1082.90	1082.90
75958 26	Radiology	5.57	5.57	389.90	389.90
75958 TC	Radiology	-	-	693.00	693.00
75959 00	Radiology	-	-	973.70	973.70
75959 26	Radiology	4.87	4.87	340.90	340.90
75959 TC	Radiology	-	-	632.80	632.80
75970 00	Radiology	-	-	863.10	863.10
75970 26	Radiology	1.11	1.11	77.70	77.70
75970 TC	Radiology	-	-	785.40	785.40
75984 00	Radiology	2.83	2.83	198.10	198.10
75984 26	Radiology	1.12	1.12	78.40	78.40
75984 TC	Radiology	1.71	1.71	119.70	119.70
75989 00	Radiology	3.32	3.32	232.40	232.40
75989 26	Radiology	1.64	1.64	114.80	114.80
75989 TC	Radiology	1.68	1.68	117.60	117.60
76000 00	Radiology	1.29	1.29	90.30	90.30

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76000 26	Radiology	0.45	0.45	31.50	31.50
76000 TC	Radiology	0.84	0.84	58.80	58.80
76010 00	Radiology	0.88	0.88	61.60	61.60
76010 26	Radiology	0.26	0.26	18.20	18.20
76010 TC	Radiology	0.62	0.62	43.40	43.40
76014 00	Radiology	0.33	0.33	23.10	23.10
76015 00	Radiology	1.59	1.59	111.30	111.30
76016 00	Radiology	2.20	2.20	154.00	154.00
76016 26	Radiology	0.84	0.84	58.80	58.80
76016 TC	Radiology	1.36	1.36	95.20	95.20
76017 00	Radiology	6.79	6.79	475.30	475.30
76017 26	Radiology	1.07	1.07	74.90	74.90
76017 TC	Radiology	5.72	5.72	400.40	400.40
76018 00	Radiology	3.45	3.45	241.50	241.50
76018 26	Radiology	1.05	1.05	73.50	73.50
76018 TC	Radiology	2.40	2.40	168.00	168.00
76019 00	Radiology	4.50	4.50	315.00	315.00
76019 26	Radiology	0.83	0.83	58.10	58.10
76019 TC	Radiology	3.67	3.67	256.90	256.90
76080 00	Radiology	1.80	1.80	126.00	126.00
76080 26	Radiology	0.74	0.74	51.80	51.80
76080 TC	Radiology	1.06	1.06	74.20	74.20
76098 00	Radiology	1.29	1.29	90.30	90.30
76098 26	Radiology	0.45	0.45	31.50	31.50
76098 TC	Radiology	0.84	0.84	58.80	58.80
76100 00	Radiology	2.64	2.64	184.80	184.80
76100 26	Radiology	0.82	0.82	57.40	57.40
76100 TC	Radiology	1.82	1.82	127.40	127.40
76120 00	Radiology	3.29	3.29	230.30	230.30
76120 26	Radiology	0.56	0.56	39.20	39.20
76120 TC	Radiology	2.73	2.73	191.10	191.10
76125 00	Radiology	-	-	90.30	90.30
76125 26	Radiology	0.40	0.40	28.00	28.00
76125 TC	Radiology	-	-	62.30	62.30
76140 00	Radiology	0.00	0.00	BR	BR
76145 00	Radiology	29.54	29.54	2067.80	2067.80
76376 00	Radiology	0.77	0.77	53.90	53.90

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Radiology Codes 2025

## Radiology Conversion Factor \$70.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76376 26	Radiology	0.28	0.28	19.60	19.60
76376 TC	Radiology	0.49	0.49	34.30	34.30
76377 00	Radiology	2.38	2.38	166.60	166.60
76377 26	Radiology	1.12	1.12	78.40	78.40
76377 TC	Radiology	1.26	1.26	88.20	88.20
76380 00	Radiology	3.98	3.98	278.60	278.60
76380 26	Radiology	1.34	1.34	93.80	93.80
76380 TC	Radiology	2.64	2.64	184.80	184.80
76390 00	Radiology	-	-	1068.90	1068.90
76390 26	Radiology	-	-	182.00	182.00
76390 TC	Radiology	-	-	886.90	886.90
76391 00	Radiology	6.07	6.07	424.90	424.90
76391 26	Radiology	1.55	1.55	108.50	108.50
76391 TC	Radiology	4.52	4.52	316.40	316.40
76496 00	Radiology	0.00	0.00	BR	BR
76496 26	Radiology	0.00	0.00	BR	BR
76496 TC	Radiology	0.00	0.00	BR	BR
76497 00	Radiology	0.00	0.00	BR	BR
76497 26	Radiology	0.00	0.00	BR	BR
76497 TC	Radiology	0.00	0.00	BR	BR
76498 00	Radiology	0.00	0.00	BR	BR
76498 26	Radiology	0.00	0.00	BR	BR
76498 TC	Radiology	0.00	0.00	BR	BR
76499 00	Radiology	0.00	0.00	BR	BR
76499 26	Radiology	0.00	0.00	BR	BR
76499 TC	Radiology	0.00	0.00	BR	BR
76506 00	Radiology	3.28	3.28	229.60	229.60
76506 26	Radiology	0.90	0.90	63.00	63.00
76506 TC	Radiology	2.38	2.38	166.60	166.60
76510 00	Radiology	2.03	2.03	142.10	142.10
76510 26	Radiology	1.15	1.15	80.50	80.50
76510 TC	Radiology	0.88	0.88	61.60	61.60
76511 00	Radiology	1.69	1.69	118.30	118.30
76511 26	Radiology	1.05	1.05	73.50	73.50
76511 TC	Radiology	0.64	0.64	44.80	44.80
76512 00	Radiology	1.43	1.43	100.10	100.10
76512 26	Radiology	0.90	0.90	63.00	63.00

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76512 TC	Radiology	0.53	0.53	37.10	37.10
76513 00	Radiology	2.23	2.23	156.10	156.10
76513 26	Radiology	0.96	0.96	67.20	67.20
76513 TC	Radiology	1.27	1.27	88.90	88.90
76514 00	Radiology	0.34	0.34	23.80	23.80
76514 26	Radiology	0.23	0.23	16.10	16.10
76514 TC	Radiology	0.11	0.11	7.70	7.70
76516 00	Radiology	1.40	1.40	98.00	98.00
76516 26	Radiology	0.67	0.67	46.90	46.90
76516 TC	Radiology	0.73	0.73	51.10	51.10
76519 00	Radiology	2.04	2.04	142.80	142.80
76519 26	Radiology	0.90	0.90	63.00	63.00
76519 TC	Radiology	1.14	1.14	79.80	79.80
76529 00	Radiology	2.52	2.52	176.40	176.40
76529 26	Radiology	0.93	0.93	65.10	65.10
76529 TC	Radiology	1.59	1.59	111.30	111.30
76536 00	Radiology	3.28	3.28	229.60	229.60
76536 26	Radiology	0.80	0.80	56.00	56.00
76536 TC	Radiology	2.48	2.48	173.60	173.60
76604 00	Radiology	1.74	1.74	121.80	121.80
76604 26	Radiology	0.81	0.81	56.70	56.70
76604 TC	Radiology	0.93	0.93	65.10	65.10
76641 00	Radiology	3.06	3.06	214.20	214.20
76641 26	Radiology	1.04	1.04	72.80	72.80
76641 TC	Radiology	2.02	2.02	141.40	141.40
76642 00	Radiology	2.54	2.54	177.80	177.80
76642 26	Radiology	0.97	0.97	67.90	67.90
76642 TC	Radiology	1.57	1.57	109.90	109.90
76700 00	Radiology	3.46	3.46	242.20	242.20
76700 26	Radiology	1.14	1.14	79.80	79.80
76700 TC	Radiology	2.32	2.32	162.40	162.40
76705 00	Radiology	2.60	2.60	182.00	182.00
76705 26	Radiology	0.83	0.83	58.10	58.10
76705 TC	Radiology	1.77	1.77	123.90	123.90
76706 00	Radiology	3.20	3.20	224.00	224.00
76706 26	Radiology	0.77	0.77	53.90	53.90
76706 TC	Radiology	2.43	2.43	170.10	170.10

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76770 00	Radiology	3.23	3.23	226.10	226.10
76770 26	Radiology	1.04	1.04	72.80	72.80
76770 TC	Radiology	2.19	2.19	153.30	153.30
76775 00	Radiology	1.82	1.82	127.40	127.40
76775 26	Radiology	0.82	0.82	57.40	57.40
76775 TC	Radiology	1.00	1.00	70.00	70.00
76776 00	Radiology	4.38	4.38	306.60	306.60
76776 26	Radiology	1.07	1.07	74.90	74.90
76776 TC	Radiology	3.31	3.31	231.70	231.70
76800 00	Radiology	5.42	5.42	379.40	379.40
76800 26	Radiology	1.88	1.88	131.60	131.60
76800 TC	Radiology	3.54	3.54	247.80	247.80
76801 00	Radiology	3.49	3.49	244.30	244.30
76801 26	Radiology	1.40	1.40	98.00	98.00
76801 TC	Radiology	2.09	2.09	146.30	146.30
76802 00	Radiology	1.79	1.79	125.30	125.30
76802 26	Radiology	1.17	1.17	81.90	81.90
76802 TC	Radiology	0.62	0.62	43.40	43.40
76805 00	Radiology	4.02	4.02	281.40	281.40
76805 26	Radiology	1.41	1.41	98.70	98.70
76805 TC	Radiology	2.61	2.61	182.70	182.70
76810 00	Radiology	2.59	2.59	181.30	181.30
76810 26	Radiology	1.38	1.38	96.60	96.60
76810 TC	Radiology	1.21	1.21	84.70	84.70
76811 00	Radiology	5.32	5.32	372.40	372.40
76811 26	Radiology	2.67	2.67	186.90	186.90
76811 TC	Radiology	2.65	2.65	185.50	185.50
76812 00	Radiology	5.67	5.67	396.90	396.90
76812 26	Radiology	2.51	2.51	175.70	175.70
76812 TC	Radiology	3.16	3.16	221.20	221.20
76813 00	Radiology	3.40	3.40	238.00	238.00
76813 26	Radiology	1.66	1.66	116.20	116.20
76813 TC	Radiology	1.74	1.74	121.80	121.80
76814 00	Radiology	2.20	2.20	154.00	154.00
76814 26	Radiology	1.39	1.39	97.30	97.30
76814 TC	Radiology	0.81	0.81	56.70	56.70
76815 00	Radiology	2.42	2.42	169.40	169.40

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76815 26	Radiology	0.92	0.92	64.40	64.40
76815 TC	Radiology	1.50	1.50	105.00	105.00
76816 00	Radiology	3.25	3.25	227.50	227.50
76816 26	Radiology	1.20	1.20	84.00	84.00
76816 TC	Radiology	2.05	2.05	143.50	143.50
76817 00	Radiology	2.75	2.75	192.50	192.50
76817 26	Radiology	1.06	1.06	74.20	74.20
76817 TC	Radiology	1.69	1.69	118.30	118.30
76818 00	Radiology	3.56	3.56	249.20	249.20
76818 26	Radiology	1.48	1.48	103.60	103.60
76818 TC	Radiology	2.08	2.08	145.60	145.60
76819 00	Radiology	2.57	2.57	179.90	179.90
76819 26	Radiology	1.08	1.08	75.60	75.60
76819 TC	Radiology	1.49	1.49	104.30	104.30
76820 00	Radiology	1.32	1.32	92.40	92.40
76820 26	Radiology	0.70	0.70	49.00	49.00
76820 TC	Radiology	0.62	0.62	43.40	43.40
76821 00	Radiology	2.63	2.63	184.10	184.10
76821 26	Radiology	0.99	0.99	69.30	69.30
76821 TC	Radiology	1.64	1.64	114.80	114.80
76825 00	Radiology	7.67	7.67	536.90	536.90
76825 26	Radiology	2.33	2.33	163.10	163.10
76825 TC	Radiology	5.34	5.34	373.80	373.80
76826 00	Radiology	4.61	4.61	322.70	322.70
76826 26	Radiology	1.16	1.16	81.20	81.20
76826 TC	Radiology	3.45	3.45	241.50	241.50
76827 00	Radiology	2.06	2.06	144.20	144.20
76827 26	Radiology	0.82	0.82	57.40	57.40
76827 TC	Radiology	1.24	1.24	86.80	86.80
76828 00	Radiology	1.44	1.44	100.80	100.80
76828 26	Radiology	0.78	0.78	54.60	54.60
76828 TC	Radiology	0.66	0.66	46.20	46.20
76830 00	Radiology	3.53	3.53	247.10	247.10
76830 26	Radiology	0.98	0.98	68.60	68.60
76830 TC	Radiology	2.55	2.55	178.50	178.50
76831 00	Radiology	3.42	3.42	239.40	239.40
76831 26	Radiology	1.02	1.02	71.40	71.40

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Radiology Codes 2025

## Radiology Conversion Factor \$70.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76831 TC	Radiology	2.40	2.40	168.00	168.00
76856 00	Radiology	3.14	3.14	219.80	219.80
76856 26	Radiology	0.97	0.97	67.90	67.90
76856 TC	Radiology	2.17	2.17	151.90	151.90
76857 00	Radiology	1.50	1.50	105.00	105.00
76857 26	Radiology	0.70	0.70	49.00	49.00
76857 TC	Radiology	0.80	0.80	56.00	56.00
76870 00	Radiology	2.99	2.99	209.30	209.30
76870 26	Radiology	0.90	0.90	63.00	63.00
76870 TC	Radiology	2.09	2.09	146.30	146.30
76872 00	Radiology	5.89	5.89	412.30	412.30
76872 26	Radiology	0.96	0.96	67.20	67.20
76872 TC	Radiology	4.93	4.93	345.10	345.10
76873 00	Radiology	5.24	5.24	366.80	366.80
76873 26	Radiology	2.27	2.27	158.90	158.90
76873 TC	Radiology	2.97	2.97	207.90	207.90
76881 00	Radiology	1.60	1.60	112.00	112.00
76881 26	Radiology	1.28	1.28	89.60	89.60
76881 TC	Radiology	0.32	0.32	22.40	22.40
76882 00	Radiology	1.93	1.93	135.10	135.10
76882 26	Radiology	0.98	0.98	68.60	68.60
76882 TC	Radiology	0.95	0.95	66.50	66.50
76883 00	Radiology	2.17	2.17	151.90	151.90
76883 26	Radiology	1.72	1.72	120.40	120.40
76883 TC	Radiology	0.45	0.45	31.50	31.50
76885 00	Radiology	4.03	4.03	282.10	282.10
76885 26	Radiology	1.05	1.05	73.50	73.50
76885 TC	Radiology	2.98	2.98	208.60	208.60
76886 00	Radiology	2.97	2.97	207.90	207.90
76886 26	Radiology	0.88	0.88	61.60	61.60
76886 TC	Radiology	2.09	2.09	146.30	146.30
76932 00	Radiology	-	-	198.80	198.80
76932 26	Radiology	1.05	1.05	73.50	73.50
76932 TC	Radiology	-	-	125.30	125.30
76936 00	Radiology	7.72	7.72	540.40	540.40
76936 26	Radiology	2.78	2.78	194.60	194.60
76936 TC	Radiology	4.94	4.94	345.80	345.80

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76937 00	Radiology	1.15	1.15	80.50	80.50
76937 26	Radiology	0.40	0.40	28.00	28.00
76937 TC	Radiology	0.75	0.75	52.50	52.50
76940 00	Radiology	-	-	338.80	338.80
76940 26	Radiology	3.00	3.00	210.00	210.00
76940 TC	Radiology	-	-	128.80	128.80
76941 00	Radiology	-	-	245.00	245.00
76941 26	Radiology	1.89	1.89	132.30	132.30
76941 TC	Radiology	-	-	112.70	112.70
76942 00	Radiology	1.77	1.77	123.90	123.90
76942 26	Radiology	0.90	0.90	63.00	63.00
76942 TC	Radiology	0.87	0.87	60.90	60.90
76945 00	Radiology	-	-	182.70	182.70
76945 26	Radiology	0.94	0.94	65.80	65.80
76945 TC	Radiology	-	-	116.90	116.90
76946 00	Radiology	1.00	1.00	70.00	70.00
76946 26	Radiology	0.54	0.54	37.80	37.80
76946 TC	Radiology	0.46	0.46	32.20	32.20
76948 00	Radiology	2.39	2.39	167.30	167.30
76948 26	Radiology	0.94	0.94	65.80	65.80
76948 TC	Radiology	1.45	1.45	101.50	101.50
76965 00	Radiology	2.86	2.86	200.20	200.20
76965 26	Radiology	2.02	2.02	141.40	141.40
76965 TC	Radiology	0.84	0.84	58.80	58.80
76975 00	Radiology	-	-	205.10	205.10
76975 26	Radiology	1.20	1.20	84.00	84.00
76975 TC	Radiology	-	-	121.10	121.10
76977 00	Radiology	0.22	0.22	15.40	15.40
76977 26	Radiology	0.08	0.08	5.60	5.60
76977 TC	Radiology	0.14	0.14	9.80	9.80
76978 00	Radiology	5.82	5.82	407.40	407.40
76978 26	Radiology	2.28	2.28	159.60	159.60
76978 TC	Radiology	3.54	3.54	247.80	247.80
76979 00	Radiology	3.70	3.70	259.00	259.00
76979 26	Radiology	1.20	1.20	84.00	84.00
76979 TC	Radiology	2.50	2.50	175.00	175.00
76981 00	Radiology	3.17	3.17	221.90	221.90

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## Radiology Codes 2025

## Radiology Conversion Factor \$70.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
76981 26	Radiology	0.85	0.85	59.50	59.50
76981 TC	Radiology	2.32	2.32	162.40	162.40
76982 00	Radiology	2.77	2.77	193.90	193.90
76982 26	Radiology	0.84	0.84	58.80	58.80
76982 TC	Radiology	1.93	1.93	135.10	135.10
76983 00	Radiology	1.78	1.78	124.60	124.60
76983 26	Radiology	0.69	0.69	48.30	48.30
76983 TC	Radiology	1.09	1.09	76.30	76.30
76984 00	Radiology	-	-	151.20	151.20
76984 26	Radiology	0.93	0.93	65.10	65.10
76984 TC	Radiology	-	-	86.10	86.10
76987 00	Radiology	-	-	464.10	464.10
76987 26	Radiology	2.85	2.85	199.50	199.50
76987 TC	Radiology	-	-	264.60	264.60
76988 00	Radiology	-	-	293.30	293.30
76988 26	Radiology	1.80	1.80	126.00	126.00
76988 TC	Radiology	-	-	167.30	167.30
76989 00	Radiology	-	-	174.30	174.30
76989 26	Radiology	1.07	1.07	74.90	74.90
76989 TC	Radiology	-	-	99.40	99.40
76998 00	Radiology	-	-	226.10	226.10
76998 26	Radiology	1.39	1.39	97.30	97.30
76998 TC	Radiology	-	-	128.80	128.80
76999 00	Radiology	0.00	0.00	BR	BR
76999 26	Radiology	0.00	0.00	BR	BR
76999 TC	Radiology	0.00	0.00	BR	BR
77001 00	Radiology	2.91	2.91	203.70	203.70
77001 26	Radiology	0.54	0.54	37.80	37.80
77001 TC	Radiology	2.37	2.37	165.90	165.90
77002 00	Radiology	3.41	3.41	238.70	238.70
77002 26	Radiology	0.79	0.79	55.30	55.30
77002 TC	Radiology	2.62	2.62	183.40	183.40
77003 00	Radiology	3.08	3.08	215.60	215.60
77003 26	Radiology	0.84	0.84	58.80	58.80
77003 TC	Radiology	2.24	2.24	156.80	156.80
77011 00	Radiology	6.54	6.54	457.80	457.80
77011 26	Radiology	1.83	1.83	128.10	128.10

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
77011 TC	Radiology	4.71	4.71	329.70	329.70
77012 00	Radiology	3.78	3.78	264.60	264.60
77012 26	Radiology	2.06	2.06	144.20	144.20
77012 TC	Radiology	1.72	1.72	120.40	120.40
77013 00	Radiology	-	-	1054.20	1054.20
77013 26	Radiology	5.42	5.42	379.40	379.40
77013 TC	Radiology	-	-	674.80	674.80
77014 00	Radiology	3.58	3.58	250.60	250.60
77014 26	Radiology	1.36	1.36	95.20	95.20
77014 TC	Radiology	2.22	2.22	155.40	155.40
77021 00	Radiology	12.47	12.47	872.90	872.90
77021 26	Radiology	2.10	2.10	147.00	147.00
77021 TC	Radiology	10.37	10.37	725.90	725.90
77022 00	Radiology	-	-	1337.00	1337.00
77022 26	Radiology	5.92	5.92	414.40	414.40
77022 TC	Radiology	-	-	922.60	922.60
77046 00	Radiology	6.45	6.45	451.50	451.50
77046 26	Radiology	2.03	2.03	142.10	142.10
77046 TC	Radiology	4.42	4.42	309.40	309.40
77047 00	Radiology	6.65	6.65	465.50	465.50
77047 26	Radiology	2.25	2.25	157.50	157.50
77047 TC	Radiology	4.40	4.40	308.00	308.00
77048 00	Radiology	10.22	10.22	715.40	715.40
77048 26	Radiology	2.98	2.98	208.60	208.60
77048 TC	Radiology	7.24	7.24	506.80	506.80
77049 00	Radiology	10.41	10.41	728.70	728.70
77049 26	Radiology	3.26	3.26	228.20	228.20
77049 TC	Radiology	7.15	7.15	500.50	500.50
77053 00	Radiology	1.61	1.61	112.70	112.70
77053 26	Radiology	0.51	0.51	35.70	35.70
77053 TC	Radiology	1.10	1.10	77.00	77.00
77054 00	Radiology	2.08	2.08	145.60	145.60
77054 26	Radiology	0.63	0.63	44.10	44.10
77054 TC	Radiology	1.45	1.45	101.50	101.50
77061 00	Radiology	-	-	130.20	130.20
77061 26	Radiology	0.00	0.00	BR	BR
77061 TC	Radiology	-	-	130.20	130.20

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
77062 00	Radiology	-	-	137.90	137.90
77062 26	Radiology	0.00	0.00	BR	BR
77062 TC	Radiology	-	-	137.90	137.90
77063 00	Radiology	1.57	1.57	109.90	109.90
77063 26	Radiology	0.85	0.85	59.50	59.50
77063 TC	Radiology	0.72	0.72	50.40	50.40
77065 00	Radiology	3.77	3.77	263.90	263.90
77065 26	Radiology	1.14	1.14	79.80	79.80
77065 TC	Radiology	2.63	2.63	184.10	184.10
77066 00	Radiology	4.75	4.75	332.50	332.50
77066 26	Radiology	1.40	1.40	98.00	98.00
77066 TC	Radiology	3.35	3.35	234.50	234.50
77067 00	Radiology	3.85	3.85	269.50	269.50
77067 26	Radiology	1.08	1.08	75.60	75.60
77067 TC	Radiology	2.77	2.77	193.90	193.90
77071 00	Radiology	1.63	1.63	114.10	114.10
77072 00	Radiology	0.77	0.77	53.90	53.90
77072 26	Radiology	0.27	0.27	18.90	18.90
77072 TC	Radiology	0.50	0.50	35.00	35.00
77073 00	Radiology	1.36	1.36	95.20	95.20
77073 26	Radiology	0.39	0.39	27.30	27.30
77073 TC	Radiology	0.97	0.97	67.90	67.90
77074 00	Radiology	1.96	1.96	137.20	137.20
77074 26	Radiology	0.62	0.62	43.40	43.40
77074 TC	Radiology	1.34	1.34	93.80	93.80
77075 00	Radiology	2.97	2.97	207.90	207.90
77075 26	Radiology	0.78	0.78	54.60	54.60
77075 TC	Radiology	2.19	2.19	153.30	153.30
77076 00	Radiology	3.21	3.21	224.70	224.70
77076 26	Radiology	1.00	1.00	70.00	70.00
77076 TC	Radiology	2.21	2.21	154.70	154.70
77077 00	Radiology	1.39	1.39	97.30	97.30
77077 26	Radiology	0.49	0.49	34.30	34.30
77077 TC	Radiology	0.90	0.90	63.00	63.00
77078 00	Radiology	3.00	3.00	210.00	210.00
77078 26	Radiology	0.35	0.35	24.50	24.50
77078 TC	Radiology	2.65	2.65	185.50	185.50

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
77080 00	Radiology	1.18	1.18	82.60	82.60
77080 26	Radiology	0.28	0.28	19.60	19.60
77080 TC	Radiology	0.90	0.90	63.00	63.00
77081 00	Radiology	0.96	0.96	67.20	67.20
77081 26	Radiology	0.28	0.28	19.60	19.60
77081 TC	Radiology	0.68	0.68	47.60	47.60
77084 00	Radiology	9.60	9.60	672.00	672.00
77084 26	Radiology	2.26	2.26	158.20	158.20
77084 TC	Radiology	7.34	7.34	513.80	513.80
77085 00	Radiology	1.62	1.62	113.40	113.40
77085 26	Radiology	0.42	0.42	29.40	29.40
77085 TC	Radiology	1.20	1.20	84.00	84.00
77086 00	Radiology	1.03	1.03	72.10	72.10
77086 26	Radiology	0.24	0.24	16.80	16.80
77086 TC	Radiology	0.79	0.79	55.30	55.30
77089 00	Radiology	1.20	1.20	84.00	84.00
77090 00	Radiology	0.09	0.09	6.30	6.30
77091 00	Radiology	0.82	0.82	57.40	57.40
77092 00	Radiology	0.29	0.29	20.30	20.30
77261 00	Radiology	2.12	2.12	148.40	148.40
77262 00	Radiology	3.28	3.28	229.60	229.60
77263 00	Radiology	5.10	5.10	357.00	357.00
77280 00	Radiology	8.04	8.04	562.80	562.80
77280 26	Radiology	1.13	1.13	79.10	79.10
77280 TC	Radiology	6.91	6.91	483.70	483.70
77285 00	Radiology	13.34	13.34	933.80	933.80
77285 26	Radiology	1.70	1.70	119.00	119.00
77285 TC	Radiology	11.64	11.64	814.80	814.80
77290 00	Radiology	13.22	13.22	925.40	925.40
77290 26	Radiology	2.48	2.48	173.60	173.60
77290 TC	Radiology	10.74	10.74	751.80	751.80
77293 00	Radiology	12.08	12.08	845.60	845.60
77293 26	Radiology	3.17	3.17	221.90	221.90
77293 TC	Radiology	8.91	8.91	623.70	623.70
77295 00	Radiology	14.59	14.59	1021.30	1021.30
77295 26	Radiology	6.81	6.81	476.70	476.70
77295 TC	Radiology	7.78	7.78	544.60	544.60

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
77299 00	Radiology	0.00	0.00	BR	BR
77299 26	Radiology	0.00	0.00	BR	BR
77299 TC	Radiology	0.00	0.00	BR	BR
77300 00	Radiology	2.02	2.02	141.40	141.40
77300 26	Radiology	0.99	0.99	69.30	69.30
77300 TC	Radiology	1.03	1.03	72.10	72.10
77301 00	Radiology	55.58	55.58	3890.60	3890.60
77301 26	Radiology	12.71	12.71	889.70	889.70
77301 TC	Radiology	42.87	42.87	3000.90	3000.90
77306 00	Radiology	4.50	4.50	315.00	315.00
77306 26	Radiology	2.22	2.22	155.40	155.40
77306 TC	Radiology	2.28	2.28	159.60	159.60
77307 00	Radiology	8.76	8.76	613.20	613.20
77307 26	Radiology	4.62	4.62	323.40	323.40
77307 TC	Radiology	4.14	4.14	289.80	289.80
77316 00	Radiology	7.44	7.44	520.80	520.80
77316 26	Radiology	2.22	2.22	155.40	155.40
77316 TC	Radiology	5.22	5.22	365.40	365.40
77317 00	Radiology	9.79	9.79	685.30	685.30
77317 26	Radiology	2.91	2.91	203.70	203.70
77317 TC	Radiology	6.88	6.88	481.60	481.60
77318 00	Radiology	13.92	13.92	974.40	974.40
77318 26	Radiology	4.61	4.61	322.70	322.70
77318 TC	Radiology	9.31	9.31	651.70	651.70
77321 00	Radiology	2.86	2.86	200.20	200.20
77321 26	Radiology	1.51	1.51	105.70	105.70
77321 TC	Radiology	1.35	1.35	94.50	94.50
77331 00	Radiology	1.97	1.97	137.90	137.90
77331 26	Radiology	1.39	1.39	97.30	97.30
77331 TC	Radiology	0.58	0.58	40.60	40.60
77332 00	Radiology	1.23	1.23	86.10	86.10
77332 26	Radiology	0.72	0.72	50.40	50.40
77332 TC	Radiology	0.51	0.51	35.70	35.70
77333 00	Radiology	4.11	4.11	287.70	287.70
77333 26	Radiology	1.20	1.20	84.00	84.00
77333 TC	Radiology	2.91	2.91	203.70	203.70
77334 00	Radiology	3.80	3.80	266.00	266.00

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
77334 26	Radiology	1.82	1.82	127.40	127.40
77334 TC	Radiology	1.98	1.98	138.60	138.60
77336 00	Radiology	2.74	2.74	191.80	191.80
77338 00	Radiology	14.27	14.27	998.90	998.90
77338 26	Radiology	6.81	6.81	476.70	476.70
77338 TC	Radiology	7.46	7.46	522.20	522.20
77370 00	Radiology	4.50	4.50	315.00	315.00
77371 00	Radiology	-	-	4681.60	4681.60
77372 00	Radiology	27.95	27.95	1956.50	1956.50
77373 00	Radiology	29.35	29.35	2054.50	2054.50
77385 00	Radiology	-	-	1434.30	1434.30
77386 00	Radiology	-	-	1437.10	1437.10
77387 00	Radiology	-	-	196.00	196.00
77399 00	Radiology	0.00	0.00	BR	BR
77399 26	Radiology	0.00	0.00	BR	BR
77399 TC	Radiology	0.00	0.00	BR	BR
77401 00	Radiology	1.23	1.23	86.10	86.10
77402 00	Radiology	-	-	180.60	180.60
77407 00	Radiology	0.00	0.00	BR	BR
77412 00	Radiology	-	-	364.70	364.70
77417 00	Radiology	0.49	0.49	34.30	34.30
77423 00	Radiology	0.00	0.00	BR	BR
77424 00	Radiology	0.00	0.00	BR	BR
77425 00	Radiology	0.00	0.00	BR	BR
77427 00	Radiology	5.81	5.81	406.70	406.70
77431 00	Radiology	3.28	3.28	229.60	229.60
77432 00	Radiology	12.88	12.88	901.60	901.60
77435 00	Radiology	19.46	19.46	1362.20	1362.20
77469 00	Radiology	9.73	9.73	681.10	681.10
77470 00	Radiology	4.40	4.40	308.00	308.00
77470 26	Radiology	3.23	3.23	226.10	226.10
77470 TC	Radiology	1.17	1.17	81.90	81.90
77499 00	Radiology	0.00	0.00	BR	BR
77499 26	Radiology	0.00	0.00	BR	BR
77499 TC	Radiology	0.00	0.00	BR	BR
77520 00	Radiology	-	-	2625.00	2625.00
77522 00	Radiology	-	-	2163.00	2163.00

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
77523 00	Radiology	-	-	2302.30	2302.30
77525 00	Radiology	-	-	3804.50	3804.50
77600 00	Radiology	16.32	16.32	1142.40	1142.40
77600 26	Radiology	2.14	2.14	149.80	149.80
77600 TC	Radiology	14.18	14.18	992.60	992.60
77605 00	Radiology	28.20	28.20	1974.00	1974.00
77605 26	Radiology	2.98	2.98	208.60	208.60
77605 TC	Radiology	25.22	25.22	1765.40	1765.40
77610 00	Radiology	20.21	20.21	1414.70	1414.70
77610 26	Radiology	2.08	2.08	145.60	145.60
77610 TC	Radiology	18.13	18.13	1269.10	1269.10
77615 00	Radiology	31.89	31.89	2232.30	2232.30
77615 26	Radiology	2.93	2.93	205.10	205.10
77615 TC	Radiology	28.96	28.96	2027.20	2027.20
77620 00	Radiology	18.92	18.92	1324.40	1324.40
77620 26	Radiology	2.49	2.49	174.30	174.30
77620 TC	Radiology	16.43	16.43	1150.10	1150.10
77750 00	Radiology	11.98	11.98	838.60	838.60
77750 26	Radiology	7.96	7.96	557.20	557.20
77750 TC	Radiology	4.02	4.02	281.40	281.40
77761 00	Radiology	12.81	12.81	896.70	896.70
77761 26	Radiology	6.13	6.13	429.10	429.10
77761 TC	Radiology	6.68	6.68	467.60	467.60
77762 00	Radiology	16.85	16.85	1179.50	1179.50
77762 26	Radiology	9.16	9.16	641.20	641.20
77762 TC	Radiology	7.69	7.69	538.30	538.30
77763 00	Radiology	23.93	23.93	1675.10	1675.10
77763 26	Radiology	13.80	13.80	966.00	966.00
77763 TC	Radiology	10.13	10.13	709.10	709.10
77767 00	Radiology	7.52	7.52	526.40	526.40
77767 26	Radiology	1.67	1.67	116.90	116.90
77767 TC	Radiology	5.85	5.85	409.50	409.50
77768 00	Radiology	11.05	11.05	773.50	773.50
77768 26	Radiology	2.22	2.22	155.40	155.40
77768 TC	Radiology	8.83	8.83	618.10	618.10
77770 00	Radiology	10.49	10.49	734.30	734.30
77770 26	Radiology	3.10	3.10	217.00	217.00

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
77770 TC	Radiology	7.39	7.39	517.30	517.30
77771 00	Radiology	18.37	18.37	1285.90	1285.90
77771 26	Radiology	6.05	6.05	423.50	423.50
77771 TC	Radiology	12.32	12.32	862.40	862.40
77772 00	Radiology	27.45	27.45	1921.50	1921.50
77772 26	Radiology	8.53	8.53	597.10	597.10
77772 TC	Radiology	18.92	18.92	1324.40	1324.40
77778 00	Radiology	28.06	28.06	1964.20	1964.20
77778 26	Radiology	13.95	13.95	976.50	976.50
77778 TC	Radiology	14.11	14.11	987.70	987.70
77789 00	Radiology	4.01	4.01	280.70	280.70
77789 26	Radiology	1.81	1.81	126.70	126.70
77789 TC	Radiology	2.20	2.20	154.00	154.00
77790 00	Radiology	0.57	0.57	39.90	39.90
77799 00	Radiology	0.00	0.00	BR	BR
77799 26	Radiology	0.00	0.00	BR	BR
77799 TC	Radiology	0.00	0.00	BR	BR
78012 00	Radiology	2.43	2.43	170.10	170.10
78012 26	Radiology	0.26	0.26	18.20	18.20
78012 TC	Radiology	2.17	2.17	151.90	151.90
78013 00	Radiology	5.05	5.05	353.50	353.50
78013 26	Radiology	0.51	0.51	35.70	35.70
78013 TC	Radiology	4.54	4.54	317.80	317.80
78014 00	Radiology	6.41	6.41	448.70	448.70
78014 26	Radiology	0.69	0.69	48.30	48.30
78014 TC	Radiology	5.72	5.72	400.40	400.40
78015 00	Radiology	6.27	6.27	438.90	438.90
78015 26	Radiology	0.95	0.95	66.50	66.50
78015 TC	Radiology	5.32	5.32	372.40	372.40
78016 00	Radiology	7.44	7.44	520.80	520.80
78016 26	Radiology	0.97	0.97	67.90	67.90
78016 TC	Radiology	6.47	6.47	452.90	452.90
78018 00	Radiology	8.38	8.38	586.60	586.60
78018 26	Radiology	1.15	1.15	80.50	80.50
78018 TC	Radiology	7.23	7.23	506.10	506.10
78020 00	Radiology	2.37	2.37	165.90	165.90
78020 26	Radiology	0.78	0.78	54.60	54.60

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## Radiology Codes 2025

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78020 TC	Radiology	1.59	1.59	111.30	111.30
78070 00	Radiology	7.94	7.94	555.80	555.80
78070 26	Radiology	1.12	1.12	78.40	78.40
78070 TC	Radiology	6.82	6.82	477.40	477.40
78071 00	Radiology	9.42	9.42	659.40	659.40
78071 26	Radiology	1.65	1.65	115.50	115.50
78071 TC	Radiology	7.77	7.77	543.90	543.90
78072 00	Radiology	11.67	11.67	816.90	816.90
78072 26	Radiology	2.17	2.17	151.90	151.90
78072 TC	Radiology	9.50	9.50	665.00	665.00
78075 00	Radiology	11.90	11.90	833.00	833.00
78075 26	Radiology	1.05	1.05	73.50	73.50
78075 TC	Radiology	10.85	10.85	759.50	759.50
78099 00	Radiology	0.00	0.00	BR	BR
78099 26	Radiology	0.00	0.00	BR	BR
78099 TC	Radiology	0.00	0.00	BR	BR
78102 00	Radiology	4.77	4.77	333.90	333.90
78102 26	Radiology	0.74	0.74	51.80	51.80
78102 TC	Radiology	4.03	4.03	282.10	282.10
78103 00	Radiology	5.06	5.06	354.20	354.20
78103 26	Radiology	0.88	0.88	61.60	61.60
78103 TC	Radiology	4.18	4.18	292.60	292.60
78104 00	Radiology	6.74	6.74	471.80	471.80
78104 26	Radiology	1.08	1.08	75.60	75.60
78104 TC	Radiology	5.66	5.66	396.20	396.20
78110 00	Radiology	2.09	2.09	146.30	146.30
78110 26	Radiology	0.23	0.23	16.10	16.10
78110 TC	Radiology	1.86	1.86	130.20	130.20
78111 00	Radiology	2.75	2.75	192.50	192.50
78111 26	Radiology	0.31	0.31	21.70	21.70
78111 TC	Radiology	2.44	2.44	170.80	170.80
78120 00	Radiology	2.14	2.14	149.80	149.80
78120 26	Radiology	0.28	0.28	19.60	19.60
78120 TC	Radiology	1.86	1.86	130.20	130.20
78121 00	Radiology	2.83	2.83	198.10	198.10
78121 26	Radiology	0.44	0.44	30.80	30.80
78121 TC	Radiology	2.39	2.39	167.30	167.30

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78122 00	Radiology	2.98	2.98	208.60	208.60
78122 26	Radiology	0.61	0.61	42.70	42.70
78122 TC	Radiology	2.37	2.37	165.90	165.90
78130 00	Radiology	3.73	3.73	261.10	261.10
78130 26	Radiology	0.72	0.72	50.40	50.40
78130 TC	Radiology	3.01	3.01	210.70	210.70
78140 00	Radiology	3.28	3.28	229.60	229.60
78140 26	Radiology	0.72	0.72	50.40	50.40
78140 TC	Radiology	2.56	2.56	179.20	179.20
78185 00	Radiology	4.59	4.59	321.30	321.30
78185 26	Radiology	0.48	0.48	33.60	33.60
78185 TC	Radiology	4.11	4.11	287.70	287.70
78191 00	Radiology	3.73	3.73	261.10	261.10
78191 26	Radiology	0.72	0.72	50.40	50.40
78191 TC	Radiology	3.01	3.01	210.70	210.70
78195 00	Radiology	9.51	9.51	665.70	665.70
78195 26	Radiology	1.64	1.64	114.80	114.80
78195 TC	Radiology	7.87	7.87	550.90	550.90
78199 00	Radiology	0.00	0.00	BR	BR
78199 26	Radiology	0.00	0.00	BR	BR
78199 TC	Radiology	0.00	0.00	BR	BR
78201 00	Radiology	5.25	5.25	367.50	367.50
78201 26	Radiology	0.60	0.60	42.00	42.00
78201 TC	Radiology	4.65	4.65	325.50	325.50
78202 00	Radiology	5.83	5.83	408.10	408.10
78202 26	Radiology	0.71	0.71	49.70	49.70
78202 TC	Radiology	5.12	5.12	358.40	358.40
78215 00	Radiology	5.39	5.39	377.30	377.30
78215 26	Radiology	0.68	0.68	47.60	47.60
78215 TC	Radiology	4.71	4.71	329.70	329.70
78216 00	Radiology	4.07	4.07	284.90	284.90
78216 26	Radiology	0.81	0.81	56.70	56.70
78216 TC	Radiology	3.26	3.26	228.20	228.20
78226 00	Radiology	8.70	8.70	609.00	609.00
78226 26	Radiology	1.03	1.03	72.10	72.10
78226 TC	Radiology	7.67	7.67	536.90	536.90
78227 00	Radiology	11.68	11.68	817.60	817.60

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78227 26	Radiology	1.25	1.25	87.50	87.50
78227 TC	Radiology	10.43	10.43	730.10	730.10
78230 00	Radiology	4.86	4.86	340.20	340.20
78230 26	Radiology	0.63	0.63	44.10	44.10
78230 TC	Radiology	4.23	4.23	296.10	296.10
78231 00	Radiology	3.12	3.12	218.40	218.40
78231 26	Radiology	0.62	0.62	43.40	43.40
78231 TC	Radiology	2.50	2.50	175.00	175.00
78232 00	Radiology	3.07	3.07	214.90	214.90
78232 26	Radiology	0.56	0.56	39.20	39.20
78232 TC	Radiology	2.51	2.51	175.70	175.70
78258 00	Radiology	5.89	5.89	412.30	412.30
78258 26	Radiology	0.99	0.99	69.30	69.30
78258 TC	Radiology	4.90	4.90	343.00	343.00
78261 00	Radiology	5.44	5.44	380.80	380.80
78261 26	Radiology	0.81	0.81	56.70	56.70
78261 TC	Radiology	4.63	4.63	324.10	324.10
78262 00	Radiology	6.68	6.68	467.60	467.60
78262 26	Radiology	0.96	0.96	67.20	67.20
78262 TC	Radiology	5.72	5.72	400.40	400.40
78264 00	Radiology	8.88	8.88	621.60	621.60
78264 26	Radiology	1.10	1.10	77.00	77.00
78264 TC	Radiology	7.78	7.78	544.60	544.60
78265 00	Radiology	10.58	10.58	740.60	740.60
78265 26	Radiology	1.35	1.35	94.50	94.50
78265 TC	Radiology	9.23	9.23	646.10	646.10
78266 00	Radiology	11.90	11.90	833.00	833.00
78266 26	Radiology	1.44	1.44	100.80	100.80
78266 TC	Radiology	10.46	10.46	732.20	732.20
78267 00	Radiology	0.34	0.34	23.93	23.93
78268 00	Radiology	2.92	2.92	204.31	204.31
78278 00	Radiology	9.37	9.37	655.90	655.90
78278 26	Radiology	1.37	1.37	95.90	95.90
78278 TC	Radiology	8.00	8.00	560.00	560.00
78282 00	Radiology	-	-	185.50	185.50
78282 26	Radiology	0.45	0.45	31.50	31.50
78282 TC	Radiology	-	-	154.00	154.00

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78290 00	Radiology	8.85	8.85	619.50	619.50
78290 26	Radiology	0.94	0.94	65.80	65.80
78290 TC	Radiology	7.91	7.91	553.70	553.70
78291 00	Radiology	7.14	7.14	499.80	499.80
78291 26	Radiology	1.24	1.24	86.80	86.80
78291 TC	Radiology	5.90	5.90	413.00	413.00
78299 00	Radiology	0.00	0.00	BR	BR
78299 26	Radiology	0.00	0.00	BR	BR
78299 TC	Radiology	0.00	0.00	BR	BR
78300 00	Radiology	6.08	6.08	425.60	425.60
78300 26	Radiology	0.87	0.87	60.90	60.90
78300 TC	Radiology	5.21	5.21	364.70	364.70
78305 00	Radiology	7.41	7.41	518.70	518.70
78305 26	Radiology	1.16	1.16	81.20	81.20
78305 TC	Radiology	6.25	6.25	437.50	437.50
78306 00	Radiology	7.92	7.92	554.40	554.40
78306 26	Radiology	1.19	1.19	83.30	83.30
78306 TC	Radiology	6.73	6.73	471.10	471.10
78315 00	Radiology	9.30	9.30	651.00	651.00
78315 26	Radiology	1.41	1.41	98.70	98.70
78315 TC	Radiology	7.89	7.89	552.30	552.30
78350 00	Radiology	0.96	0.96	67.20	67.20
78350 26	Radiology	0.32	0.32	22.40	22.40
78350 TC	Radiology	0.64	0.64	44.80	44.80
78351 00	Radiology	0.44	0.44	30.80	30.80
78399 00	Radiology	0.00	0.00	BR	BR
78399 26	Radiology	0.00	0.00	BR	BR
78399 TC	Radiology	0.00	0.00	BR	BR
78414 00	Radiology	-	-	289.10	289.10
78414 26	Radiology	0.62	0.62	43.40	43.40
78414 TC	Radiology	-	-	245.70	245.70
78428 00	Radiology	5.12	5.12	358.40	358.40
78428 26	Radiology	1.07	1.07	74.90	74.90
78428 TC	Radiology	4.05	4.05	283.50	283.50
78429 00	Radiology	-	-	1710.10	1710.10
78429 26	Radiology	2.34	2.34	163.80	163.80
78429 TC	Radiology	-	-	1546.30	1546.30

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78430 00	Radiology	-	-	1564.50	1564.50
78430 26	Radiology	2.21	2.21	154.70	154.70
78430 TC	Radiology	-	-	1409.80	1409.80
78431 00	Radiology	-	-	2649.50	2649.50
78431 26	Radiology	2.59	2.59	181.30	181.30
78431 TC	Radiology	-	-	2468.20	2468.20
78432 00	Radiology	0.00	0.00	BR	BR
78432 26	Radiology	2.85	2.85	199.50	199.50
78432 TC	Radiology	0.00	0.00	BR	BR
78433 00	Radiology	-	-	4755.80	4755.80
78433 26	Radiology	3.04	3.04	212.80	212.80
78433 TC	Radiology	-	-	4543.00	4543.00
78434 00	Radiology	-	-	253.40	253.40
78434 26	Radiology	0.86	0.86	60.20	60.20
78434 TC	Radiology	-	-	193.20	193.20
78445 00	Radiology	5.14	5.14	359.80	359.80
78445 26	Radiology	0.70	0.70	49.00	49.00
78445 TC	Radiology	4.44	4.44	310.80	310.80
78451 00	Radiology	9.18	9.18	642.60	642.60
78451 26	Radiology	1.89	1.89	132.30	132.30
78451 TC	Radiology	7.29	7.29	510.30	510.30
78452 00	Radiology	12.64	12.64	884.80	884.80
78452 26	Radiology	2.23	2.23	156.10	156.10
78452 TC	Radiology	10.41	10.41	728.70	728.70
78453 00	Radiology	7.91	7.91	553.70	553.70
78453 26	Radiology	1.37	1.37	95.90	95.90
78453 TC	Radiology	6.54	6.54	457.80	457.80
78454 00	Radiology	11.71	11.71	819.70	819.70
78454 26	Radiology	1.88	1.88	131.60	131.60
78454 TC	Radiology	9.83	9.83	688.10	688.10
78456 00	Radiology	8.43	8.43	590.10	590.10
78456 26	Radiology	1.38	1.38	96.60	96.60
78456 TC	Radiology	7.05	7.05	493.50	493.50
78457 00	Radiology	4.68	4.68	327.60	327.60
78457 26	Radiology	1.07	1.07	74.90	74.90
78457 TC	Radiology	3.61	3.61	252.70	252.70
78458 00	Radiology	5.71	5.71	399.70	399.70

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78458 26	Radiology	1.27	1.27	88.90	88.90
78458 TC	Radiology	4.44	4.44	310.80	310.80
78459 00	Radiology	-	-	3797.50	3797.50
78459 26	Radiology	2.17	2.17	151.90	151.90
78459 TC	Radiology	-	-	3645.60	3645.60
78466 00	Radiology	4.79	4.79	335.30	335.30
78466 26	Radiology	0.94	0.94	65.80	65.80
78466 TC	Radiology	3.85	3.85	269.50	269.50
78468 00	Radiology	5.44	5.44	380.80	380.80
78468 26	Radiology	1.11	1.11	77.70	77.70
78468 TC	Radiology	4.33	4.33	303.10	303.10
78469 00	Radiology	6.12	6.12	428.40	428.40
78469 26	Radiology	1.28	1.28	89.60	89.60
78469 TC	Radiology	4.84	4.84	338.80	338.80
78472 00	Radiology	6.19	6.19	433.30	433.30
78472 26	Radiology	1.35	1.35	94.50	94.50
78472 TC	Radiology	4.84	4.84	338.80	338.80
78473 00	Radiology	7.87	7.87	550.90	550.90
78473 26	Radiology	2.03	2.03	142.10	142.10
78473 TC	Radiology	5.84	5.84	408.80	408.80
78481 00	Radiology	4.83	4.83	338.10	338.10
78481 26	Radiology	1.34	1.34	93.80	93.80
78481 TC	Radiology	3.49	3.49	244.30	244.30
78483 00	Radiology	6.53	6.53	457.10	457.10
78483 26	Radiology	2.02	2.02	141.40	141.40
78483 TC	Radiology	4.51	4.51	315.70	315.70
78491 00	Radiology	-	-	1656.90	1656.90
78491 26	Radiology	2.13	2.13	149.10	149.10
78491 TC	Radiology	-	-	1507.80	1507.80
78492 00	Radiology	-	-	2881.90	2881.90
78492 26	Radiology	2.47	2.47	172.90	172.90
78492 TC	Radiology	-	-	2709.00	2709.00
78494 00	Radiology	6.27	6.27	438.90	438.90
78494 26	Radiology	1.64	1.64	114.80	114.80
78494 TC	Radiology	4.63	4.63	324.10	324.10
78496 00	Radiology	1.24	1.24	86.80	86.80
78496 26	Radiology	0.67	0.67	46.90	46.90

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78496 TC	Radiology	0.57	0.57	39.90	39.90
78499 00	Radiology	0.00	0.00	BR	BR
78499 26	Radiology	0.00	0.00	BR	BR
78499 TC	Radiology	0.00	0.00	BR	BR
78579 00	Radiology	5.06	5.06	354.20	354.20
78579 26	Radiology	0.67	0.67	46.90	46.90
78579 TC	Radiology	4.39	4.39	307.30	307.30
78580 00	Radiology	6.39	6.39	447.30	447.30
78580 26	Radiology	1.03	1.03	72.10	72.10
78580 TC	Radiology	5.36	5.36	375.20	375.20
78582 00	Radiology	8.89	8.89	622.30	622.30
78582 26	Radiology	1.47	1.47	102.90	102.90
78582 TC	Radiology	7.42	7.42	519.40	519.40
78597 00	Radiology	5.44	5.44	380.80	380.80
78597 26	Radiology	1.00	1.00	70.00	70.00
78597 TC	Radiology	4.44	4.44	310.80	310.80
78598 00	Radiology	8.06	8.06	564.20	564.20
78598 26	Radiology	1.14	1.14	79.80	79.80
78598 TC	Radiology	6.92	6.92	484.40	484.40
78599 00	Radiology	0.00	0.00	BR	BR
78599 26	Radiology	0.00	0.00	BR	BR
78599 TC	Radiology	0.00	0.00	BR	BR
78600 00	Radiology	4.99	4.99	349.30	349.30
78600 26	Radiology	0.61	0.61	42.70	42.70
78600 TC	Radiology	4.38	4.38	306.60	306.60
78601 00	Radiology	5.89	5.89	412.30	412.30
78601 26	Radiology	0.70	0.70	49.00	49.00
78601 TC	Radiology	5.19	5.19	363.30	363.30
78605 00	Radiology	5.50	5.50	385.00	385.00
78605 26	Radiology	0.75	0.75	52.50	52.50
78605 TC	Radiology	4.75	4.75	332.50	332.50
78606 00	Radiology	8.85	8.85	619.50	619.50
78606 26	Radiology	0.89	0.89	62.30	62.30
78606 TC	Radiology	7.96	7.96	557.20	557.20
78608 00	Radiology	-	-	3570.00	3570.00
78608 26	Radiology	2.04	2.04	142.80	142.80
78608 TC	Radiology	-	-	3427.20	3427.20

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78609 00	Radiology	2.12	2.12	148.40	148.40
78609 26	Radiology	2.12	2.12	148.40	148.40
78609 TC	Radiology	0.00	0.00	BR	BR
78610 00	Radiology	4.79	4.79	335.30	335.30
78610 26	Radiology	0.41	0.41	28.70	28.70
78610 TC	Radiology	4.38	4.38	306.60	306.60
78630 00	Radiology	9.04	9.04	632.80	632.80
78630 26	Radiology	0.94	0.94	65.80	65.80
78630 TC	Radiology	8.10	8.10	567.00	567.00
78635 00	Radiology	9.06	9.06	634.20	634.20
78635 26	Radiology	0.86	0.86	60.20	60.20
78635 TC	Radiology	8.20	8.20	574.00	574.00
78645 00	Radiology	8.70	8.70	609.00	609.00
78645 26	Radiology	0.78	0.78	54.60	54.60
78645 TC	Radiology	7.92	7.92	554.40	554.40
78650 00	Radiology	7.27	7.27	508.90	508.90
78650 26	Radiology	0.72	0.72	50.40	50.40
78650 TC	Radiology	6.55	6.55	458.50	458.50
78660 00	Radiology	3.94	3.94	275.80	275.80
78660 26	Radiology	0.63	0.63	44.10	44.10
78660 TC	Radiology	3.31	3.31	231.70	231.70
78699 00	Radiology	0.00	0.00	BR	BR
78699 26	Radiology	0.00	0.00	BR	BR
78699 TC	Radiology	0.00	0.00	BR	BR
78700 00	Radiology	4.70	4.70	329.00	329.00
78700 26	Radiology	0.62	0.62	43.40	43.40
78700 TC	Radiology	4.08	4.08	285.60	285.60
78701 00	Radiology	6.16	6.16	431.20	431.20
78701 26	Radiology	0.69	0.69	48.30	48.30
78701 TC	Radiology	5.47	5.47	382.90	382.90
78707 00	Radiology	6.37	6.37	445.90	445.90
78707 26	Radiology	1.31	1.31	91.70	91.70
78707 TC	Radiology	5.06	5.06	354.20	354.20
78708 00	Radiology	5.27	5.27	368.90	368.90
78708 26	Radiology	1.66	1.66	116.20	116.20
78708 TC	Radiology	3.61	3.61	252.70	252.70
78709 00	Radiology	9.94	9.94	695.80	695.80

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Radiology Codes 2025

## Radiology Conversion Factor \$70.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78709 26	Radiology	1.92	1.92	134.40	134.40
78709 TC	Radiology	8.02	8.02	561.40	561.40
78725 00	Radiology	2.92	2.92	204.40	204.40
78725 26	Radiology	0.50	0.50	35.00	35.00
78725 TC	Radiology	2.42	2.42	169.40	169.40
78730 00	Radiology	1.98	1.98	138.60	138.60
78730 26	Radiology	0.22	0.22	15.40	15.40
78730 TC	Radiology	1.76	1.76	123.20	123.20
78740 00	Radiology	6.27	6.27	438.90	438.90
78740 26	Radiology	0.80	0.80	56.00	56.00
78740 TC	Radiology	5.47	5.47	382.90	382.90
78761 00	Radiology	5.84	5.84	408.80	408.80
78761 26	Radiology	1.01	1.01	70.70	70.70
78761 TC	Radiology	4.83	4.83	338.10	338.10
78799 00	Radiology	0.00	0.00	BR	BR
78799 26	Radiology	0.00	0.00	BR	BR
78799 TC	Radiology	0.00	0.00	BR	BR
78800 00	Radiology	6.84	6.84	478.80	478.80
78800 26	Radiology	0.91	0.91	63.70	63.70
78800 TC	Radiology	5.93	5.93	415.10	415.10
78801 00	Radiology	7.32	7.32	512.40	512.40
78801 26	Radiology	1.00	1.00	70.00	70.00
78801 TC	Radiology	6.32	6.32	442.40	442.40
78802 00	Radiology	8.25	8.25	577.50	577.50
78802 26	Radiology	1.10	1.10	77.00	77.00
78802 TC	Radiology	7.15	7.15	500.50	500.50
78803 00	Radiology	10.14	10.14	709.80	709.80
78803 26	Radiology	1.48	1.48	103.60	103.60
78803 TC	Radiology	8.66	8.66	606.20	606.20
78804 00	Radiology	17.09	17.09	1196.30	1196.30
78804 26	Radiology	1.38	1.38	96.60	96.60
78804 TC	Radiology	15.71	15.71	1099.70	1099.70
78808 00	Radiology	1.20	1.20	84.00	84.00
78811 00	Radiology	-	-	3692.50	3692.50
78811 26	Radiology	2.11	2.11	147.70	147.70
78811 TC	Radiology	-	-	3544.80	3544.80
78812 00	Radiology	-	-	4637.50	4637.50

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
78812 26	Radiology	2.65	2.65	185.50	185.50
78812 TC	Radiology	-	-	4452.00	4452.00
78813 00	Radiology	-	-	4725.00	4725.00
78813 26	Radiology	2.70	2.70	189.00	189.00
78813 TC	Radiology	-	-	4536.00	4536.00
78814 00	Radiology	-	-	5267.50	5267.50
78814 26	Radiology	3.01	3.01	210.70	210.70
78814 TC	Radiology	-	-	5056.80	5056.80
78815 00	Radiology	-	-	5897.50	5897.50
78815 26	Radiology	3.37	3.37	235.90	235.90
78815 TC	Radiology	-	-	5661.60	5661.60
78816 00	Radiology	-	-	5932.50	5932.50
78816 26	Radiology	3.39	3.39	237.30	237.30
78816 TC	Radiology	-	-	5695.20	5695.20
78830 00	Radiology	12.75	12.75	892.50	892.50
78830 26	Radiology	1.99	1.99	139.30	139.30
78830 TC	Radiology	10.76	10.76	753.20	753.20
78831 00	Radiology	18.95	18.95	1326.50	1326.50
78831 26	Radiology	2.49	2.49	174.30	174.30
78831 TC	Radiology	16.46	16.46	1152.20	1152.20
78832 00	Radiology	24.03	24.03	1682.10	1682.10
78832 26	Radiology	2.86	2.86	200.20	200.20
78832 TC	Radiology	21.17	21.17	1481.90	1481.90
78835 00	Radiology	2.65	2.65	185.50	185.50
78835 26	Radiology	0.63	0.63	44.10	44.10
78835 TC	Radiology	2.02	2.02	141.40	141.40
78999 00	Radiology	0.00	0.00	BR	BR
78999 26	Radiology	0.00	0.00	BR	BR
78999 TC	Radiology	0.00	0.00	BR	BR
79005 00	Radiology	4.04	4.04	282.80	282.80
79005 26	Radiology	2.49	2.49	174.30	174.30
79005 TC	Radiology	1.55	1.55	108.50	108.50
79101 00	Radiology	4.36	4.36	305.20	305.20
79101 26	Radiology	2.75	2.75	192.50	192.50
79101 TC	Radiology	1.61	1.61	112.70	112.70
79200 00	Radiology	3.92	3.92	274.40	274.40
79200 26	Radiology	2.34	2.34	163.80	163.80

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Radiology Codes 2025****Radiology Conversion Factor \$70.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
79200 TC	Radiology	1.58	1.58	110.60	110.60
79300 00	Radiology	-	-	469.70	469.70
79300 26	Radiology	1.88	1.88	131.60	131.60
79300 TC	Radiology	-	-	338.10	338.10
79403 00	Radiology	5.10	5.10	357.00	357.00
79403 26	Radiology	2.65	2.65	185.50	185.50
79403 TC	Radiology	2.45	2.45	171.50	171.50
79440 00	Radiology	3.53	3.53	247.10	247.10
79440 26	Radiology	2.34	2.34	163.80	163.80
79440 TC	Radiology	1.19	1.19	83.30	83.30
79445 00	Radiology	-	-	415.10	415.10
79445 26	Radiology	3.26	3.26	228.20	228.20
79445 TC	Radiology	-	-	186.90	186.90
79999 00	Radiology	0.00	0.00	BR	BR
79999 26	Radiology	0.00	0.00	BR	BR
79999 TC	Radiology	0.00	0.00	BR	BR

**Historical Note**

New Appendix A, Radiology Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A Radiology Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Radiology Codes 2019-2020 repealed; new Appendix A, Radiology Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A,

Radiology Codes 2020-2021 repealed; new Appendix A, Radiology Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Radiology Codes 2021-2022 repealed; new Appendix A, Radiology Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Radiology Codes 2022-2023 repealed; new Appendix A, Radiology Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Radiology Codes 2023-2024 repealed; new Appendix A, Radiology Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Radiology Codes 2024-2025 repealed; new Appendix A, Radiology Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).



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## PATHOLOGY AND LABORATORY GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT<sup>®</sup> guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT<sup>®</sup> publication or HCPCS code and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

A healthcare provider seeking reimbursement for presumptive, or “point of care” drug testing shall submit to the payer written documentation establishing:

1. That the testing is medically necessary and reasonably required;
2. The type of drug testing utilized; and
3. The healthcare provider’s interpretation of the “point of care” testing.

For purposes of this section, presumptive or “point of care” testing is testing that is performed at or near the site of patient care (*i.e.*, the healthcare provider’s office).

CPT<sup>®</sup> codes 80305-80307 are used for reporting presumptive drug class screening. Each code represents all drugs and drug classes performed by the respective methodology per date of service.

Healthcare providers performing validity testing on urine specimens utilized for drug testing shall not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.

Definitive drug testing may be reported with HCPCS codes G0480 - G0483. These codes differ based on the number of drug classes including metabolites tested. Only one (1) code from this group of codes may be reported per date of service. Requests for quantitative or definitive testing require documentation that qualifies necessity.

G0480 – Definitive drug testing 1 – 7 drug class(es) including metabolites(s) if performed

G0481 – Definitive drug testing 8 – 14 drug class(es) including metabolite(s) if performed

G0482 – Definitive drug testing 15 – 21 drug class(es) including metabolites(s) if performed

G0483 – Definitive drug testing of 22 or more drug class(es), including metabolite(s) if performed.

**Historical Note**

New Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pathology and Laboratory Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
80047 00	Pathology	0.42	0.42	28.86	28.86
80048 00	Pathology	0.26	0.26	17.78	17.78
80050 00	Pathology	-	-	321.64	321.64
80051 00	Pathology	0.22	0.22	14.74	14.74
80053 00	Pathology	0.33	0.33	22.20	22.20
80055 00	Pathology	1.48	1.48	100.51	100.51
80061 00	Pathology	0.41	0.41	28.15	28.15
80069 00	Pathology	0.27	0.27	18.25	18.25
80074 00	Pathology	1.47	1.47	100.13	100.13
80076 00	Pathology	0.25	0.25	17.18	17.18
80081 00	Pathology	2.31	2.31	157.37	157.37
80143 00	Pathology	0.58	0.58	39.19	39.19
80145 00	Pathology	1.19	1.19	81.08	81.08
80150 00	Pathology	0.47	0.47	31.70	31.70
80151 00	Pathology	0.58	0.58	39.19	39.19
80155 00	Pathology	1.19	1.19	81.08	81.08
80156 00	Pathology	0.45	0.45	30.63	30.63
80157 00	Pathology	0.41	0.41	27.85	27.85
80158 00	Pathology	0.56	0.56	37.95	37.95
80159 00	Pathology	0.62	0.62	42.36	42.36
80161 00	Pathology	0.58	0.58	39.19	39.19
80162 00	Pathology	0.41	0.41	27.92	27.92
80163 00	Pathology	0.41	0.41	27.92	27.92
80164 00	Pathology	0.42	0.42	28.46	28.46
80165 00	Pathology	0.42	0.42	28.46	28.46
80167 00	Pathology	0.58	0.58	39.19	39.19
80168 00	Pathology	0.51	0.51	34.35	34.35
80169 00	Pathology	0.42	0.42	28.86	28.86
80170 00	Pathology	0.51	0.51	34.43	34.43
80171 00	Pathology	0.67	0.67	45.56	45.56
80173 00	Pathology	0.49	0.49	33.17	33.17
80175 00	Pathology	0.41	0.41	27.85	27.85
80176 00	Pathology	0.45	0.45	30.88	30.88
80177 00	Pathology	0.41	0.41	27.85	27.85
80178 00	Pathology	0.20	0.20	13.90	13.90
80179 00	Pathology	0.58	0.58	39.19	39.19
80180 00	Pathology	0.56	0.56	37.95	37.95
80181 00	Pathology	0.58	0.58	39.19	39.19
80183 00	Pathology	0.41	0.41	27.85	27.85
80184 00	Pathology	0.47	0.47	32.16	32.16
80185 00	Pathology	0.41	0.41	27.85	27.85
80186 00	Pathology	0.43	0.43	28.93	28.93
80187 00	Pathology	0.84	0.84	56.99	56.99

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
80188 00	Pathology	0.51	0.51	34.88	34.88
80189 00	Pathology	0.84	0.84	56.99	56.99
80190 00	Pathology	1.85	1.85	126.13	126.13
80192 00	Pathology	0.52	0.52	35.21	35.21
80193 00	Pathology	1.19	1.19	81.08	81.08
80194 00	Pathology	0.45	0.45	30.69	30.69
80195 00	Pathology	0.42	0.42	28.86	28.86
80197 00	Pathology	0.42	0.42	28.86	28.86
80198 00	Pathology	0.44	0.44	29.73	29.73
80199 00	Pathology	0.84	0.84	56.99	56.99
80200 00	Pathology	0.50	0.50	33.91	33.91
80201 00	Pathology	0.37	0.37	25.06	25.06
80202 00	Pathology	0.42	0.42	28.46	28.46
80203 00	Pathology	0.41	0.41	27.85	27.85
80204 00	Pathology	1.19	1.19	81.08	81.08
80210 00	Pathology	0.84	0.84	56.99	56.99
80220 00	Pathology	0.58	0.58	39.19	39.19
80230 00	Pathology	1.19	1.19	81.08	81.08
80235 00	Pathology	0.84	0.84	56.99	56.99
80280 00	Pathology	1.19	1.19	81.08	81.08
80285 00	Pathology	0.84	0.84	56.99	56.99
80299 00	Pathology	0.58	0.58	39.19	39.19
80305 00	Pathology	0.39	0.39	26.49	26.49
80306 00	Pathology	0.53	0.53	36.03	36.03
80307 00	Pathology	1.92	1.92	130.63	130.63
80320 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80321 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80322 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80323 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80324 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80325 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80326 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80327 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80328 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80329 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80330 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80331 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80332 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80333 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80334 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80335 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80336 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80337 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80338 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
80339 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80340 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80341 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80342 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80343 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80344 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80345 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80346 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80347 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80348 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80349 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80350 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80351 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80352 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80353 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80354 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80355 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80356 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80357 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80358 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80359 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80360 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80361 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80362 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80363 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80364 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80365 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80366 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80367 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80368 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80369 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80370 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80371 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80372 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80373 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80374 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80375 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80376 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80377 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80400 00	Pathology	1.01	1.01	68.57	68.57
80402 00	Pathology	2.69	2.69	182.81	182.81
80406 00	Pathology	2.42	2.42	164.52	164.52
80408 00	Pathology	3.88	3.88	263.83	263.83

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
80410 00	Pathology	2.48	2.48	168.96	168.96
80412 00	Pathology	24.78	24.78	1685.19	1685.19
80414 00	Pathology	1.60	1.60	108.56	108.56
80415 00	Pathology	1.73	1.73	117.49	117.49
80416 00	Pathology	6.47	6.47	440.04	440.04
80417 00	Pathology	1.36	1.36	92.48	92.48
80418 00	Pathology	17.91	17.91	1218.20	1218.20
80420 00	Pathology	5.00	5.00	340.31	340.31
80422 00	Pathology	1.42	1.42	96.85	96.85
80424 00	Pathology	1.56	1.56	106.16	106.16
80426 00	Pathology	4.59	4.59	311.99	311.99
80428 00	Pathology	2.06	2.06	140.22	140.22
80430 00	Pathology	4.00	4.00	271.88	271.88
80432 00	Pathology	5.12	5.12	348.15	348.15
80434 00	Pathology	8.81	8.81	599.20	599.20
80435 00	Pathology	3.18	3.18	216.53	216.53
80436 00	Pathology	2.82	2.82	191.64	191.64
80438 00	Pathology	1.56	1.56	105.97	105.97
80439 00	Pathology	2.08	2.08	141.29	141.29
80503 00	Pathology	0.81	0.65	55.08	44.20
80504 00	Pathology	1.57	1.39	106.76	94.52
80505 00	Pathology	2.87	2.65	195.16	180.20
80506 00	Pathology	1.26	1.26	85.68	85.68
81000 00	Pathology	0.12	0.12	8.45	8.45
81001 00	Pathology	0.10	0.10	6.66	6.66
81002 00	Pathology	0.11	0.11	7.32	7.32
81003 00	Pathology	0.07	0.07	4.73	4.73
81005 00	Pathology	0.07	0.07	4.56	4.56
81007 00	Pathology	0.93	0.93	63.03	63.03
81015 00	Pathology	0.09	0.09	6.41	6.41
81020 00	Pathology	0.15	0.15	9.88	9.88
81025 00	Pathology	0.27	0.27	18.10	18.10
81050 00	Pathology	0.11	0.11	7.65	7.65
81099 00	Pathology	0.00	0.00	BR	BR
81105 00	Pathology	3.78	3.78	256.94	256.94
81106 00	Pathology	3.78	3.78	256.94	256.94
81107 00	Pathology	3.78	3.78	256.94	256.94
81108 00	Pathology	3.78	3.78	256.94	256.94
81109 00	Pathology	3.78	3.78	256.94	256.94
81110 00	Pathology	3.78	3.78	256.94	256.94
81111 00	Pathology	3.78	3.78	256.94	256.94
81112 00	Pathology	3.78	3.78	256.94	256.94
81120 00	Pathology	5.97	5.97	406.26	406.26
81121 00	Pathology	9.14	9.14	621.82	621.82

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
81161 00	Pathology	8.63	8.63	586.52	586.52
81162 00	Pathology	56.42	56.42	3836.33	3836.33
81163 00	Pathology	14.47	14.47	983.85	983.85
81164 00	Pathology	18.06	18.06	1228.19	1228.19
81165 00	Pathology	8.75	8.75	594.68	594.68
81166 00	Pathology	9.32	9.32	633.51	633.51
81167 00	Pathology	8.75	8.75	594.68	594.68
81168 00	Pathology	6.41	6.41	435.81	435.81
81170 00	Pathology	9.27	9.27	630.67	630.67
81171 00	Pathology	4.24	4.24	288.01	288.01
81172 00	Pathology	8.50	8.50	577.76	577.76
81173 00	Pathology	9.32	9.32	633.51	633.51
81174 00	Pathology	5.73	5.73	389.33	389.33
81175 00	Pathology	20.91	20.91	1422.16	1422.16
81176 00	Pathology	7.48	7.48	508.53	508.53
81177 00	Pathology	4.24	4.24	288.01	288.01
81178 00	Pathology	4.24	4.24	288.01	288.01
81179 00	Pathology	4.24	4.24	288.01	288.01
81180 00	Pathology	4.24	4.24	288.01	288.01
81181 00	Pathology	4.24	4.24	288.01	288.01
81182 00	Pathology	4.24	4.24	288.01	288.01
81183 00	Pathology	4.24	4.24	288.01	288.01
81184 00	Pathology	4.24	4.24	288.01	288.01
81185 00	Pathology	26.16	26.16	1779.06	1779.06
81186 00	Pathology	5.73	5.73	389.33	389.33
81187 00	Pathology	4.24	4.24	288.01	288.01
81188 00	Pathology	4.24	4.24	288.01	288.01
81189 00	Pathology	8.50	8.50	577.76	577.76
81190 00	Pathology	5.73	5.73	389.33	389.33
81191 00	Pathology	6.41	6.41	435.81	435.81
81192 00	Pathology	6.41	6.41	435.81	435.81
81193 00	Pathology	6.41	6.41	435.81	435.81
81194 00	Pathology	16.02	16.02	1089.55	1089.55
81195 00	Pathology	39.06	39.06	2656.24	2656.24
81200 00	Pathology	1.46	1.46	99.33	99.33
81201 00	Pathology	24.11	24.11	1639.74	1639.74
81202 00	Pathology	8.66	8.66	588.63	588.63
81203 00	Pathology	6.18	6.18	420.45	420.45
81204 00	Pathology	4.24	4.24	288.01	288.01
81205 00	Pathology	2.94	2.94	199.69	199.69
81206 00	Pathology	5.07	5.07	344.68	344.68
81207 00	Pathology	4.48	4.48	304.49	304.49
81208 00	Pathology	6.64	6.64	451.18	451.18

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
81209 00	Pathology	1.22	1.22	82.64	82.64
81210 00	Pathology	5.42	5.42	368.73	368.73
81212 00	Pathology	13.60	13.60	924.98	924.98
81215 00	Pathology	11.60	11.60	788.86	788.86
81216 00	Pathology	5.72	5.72	389.17	389.17
81217 00	Pathology	11.60	11.60	788.86	788.86
81218 00	Pathology	7.48	7.48	508.53	508.53
81219 00	Pathology	3.76	3.76	255.70	255.70
81220 00	Pathology	17.21	17.21	1170.10	1170.10
81221 00	Pathology	3.01	3.01	204.38	204.38
81222 00	Pathology	13.45	13.45	914.62	914.62
81223 00	Pathology	15.43	15.43	1049.02	1049.02
81224 00	Pathology	5.22	5.22	354.75	354.75
81225 00	Pathology	9.01	9.01	612.51	612.51
81226 00	Pathology	13.94	13.94	947.92	947.92
81227 00	Pathology	5.40	5.40	367.49	367.49
81228 00	Pathology	27.82	27.82	1892.01	1892.01
81229 00	Pathology	35.86	35.86	2438.59	2438.59
81230 00	Pathology	5.40	5.40	367.49	367.49
81231 00	Pathology	5.40	5.40	367.49	367.49
81232 00	Pathology	5.40	5.40	367.49	367.49
81233 00	Pathology	5.42	5.42	368.73	368.73
81234 00	Pathology	4.24	4.24	288.01	288.01
81235 00	Pathology	10.03	10.03	682.34	682.34
81236 00	Pathology	8.75	8.75	594.68	594.68
81237 00	Pathology	5.42	5.42	368.73	368.73
81238 00	Pathology	18.55	18.55	1261.34	1261.34
81239 00	Pathology	8.50	8.50	577.76	577.76
81240 00	Pathology	2.03	2.03	138.10	138.10
81241 00	Pathology	2.27	2.27	154.24	154.24
81242 00	Pathology	1.13	1.13	76.98	76.98
81243 00	Pathology	1.76	1.76	119.91	119.91
81244 00	Pathology	1.39	1.39	94.37	94.37
81245 00	Pathology	5.12	5.12	347.94	347.94
81246 00	Pathology	2.57	2.57	174.49	174.49
81247 00	Pathology	5.40	5.40	367.49	367.49
81248 00	Pathology	11.60	11.60	788.86	788.86
81249 00	Pathology	18.55	18.55	1261.34	1261.34
81250 00	Pathology	1.81	1.81	122.96	122.96
81251 00	Pathology	1.46	1.46	99.33	99.33
81252 00	Pathology	3.13	3.13	212.58	212.58
81253 00	Pathology	1.90	1.90	129.33	129.33
81254 00	Pathology	1.08	1.08	73.58	73.58
81255 00	Pathology	1.59	1.59	108.16	108.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
81256 00	Pathology	2.02	2.02	137.40	137.40
81257 00	Pathology	3.16	3.16	214.97	214.97
81258 00	Pathology	11.60	11.60	788.86	788.86
81259 00	Pathology	18.55	18.55	1261.34	1261.34
81260 00	Pathology	1.22	1.22	82.64	82.64
81261 00	Pathology	6.12	6.12	416.22	416.22
81262 00	Pathology	2.12	2.12	144.11	144.11
81263 00	Pathology	9.11	9.11	619.15	619.15
81264 00	Pathology	5.34	5.34	363.12	363.12
81265 00	Pathology	7.21	7.21	489.97	489.97
81266 00	Pathology	9.42	9.42	640.78	640.78
81267 00	Pathology	6.41	6.41	436.13	436.13
81268 00	Pathology	8.06	8.06	548.24	548.24
81269 00	Pathology	6.26	6.26	425.49	425.49
81270 00	Pathology	2.83	2.83	192.69	192.69
81271 00	Pathology	4.24	4.24	288.01	288.01
81272 00	Pathology	10.19	10.19	692.71	692.71
81273 00	Pathology	3.86	3.86	262.51	262.51
81274 00	Pathology	8.50	8.50	577.76	577.76
81275 00	Pathology	5.97	5.97	406.26	406.26
81276 00	Pathology	5.97	5.97	406.26	406.26
81277 00	Pathology	35.86	35.86	2438.59	2438.59
81278 00	Pathology	6.41	6.41	435.81	435.81
81279 00	Pathology	5.73	5.73	389.33	389.33
81283 00	Pathology	2.27	2.27	154.24	154.24
81284 00	Pathology	4.24	4.24	288.01	288.01
81285 00	Pathology	8.50	8.50	577.76	577.76
81286 00	Pathology	8.50	8.50	577.76	577.76
81287 00	Pathology	3.85	3.85	262.02	262.02
81288 00	Pathology	5.95	5.95	404.30	404.30
81289 00	Pathology	5.73	5.73	389.33	389.33
81290 00	Pathology	1.22	1.22	82.64	82.64
81291 00	Pathology	2.02	2.02	137.36	137.36
81292 00	Pathology	20.88	20.88	1419.85	1419.85
81293 00	Pathology	10.23	10.23	695.84	695.84
81294 00	Pathology	6.26	6.26	425.49	425.49
81295 00	Pathology	11.80	11.80	802.42	802.42
81296 00	Pathology	10.44	10.44	709.99	709.99
81297 00	Pathology	6.59	6.59	448.41	448.41
81298 00	Pathology	19.84	19.84	1349.32	1349.32
81299 00	Pathology	9.52	9.52	647.49	647.49
81300 00	Pathology	7.36	7.36	500.33	500.33
81301 00	Pathology	10.78	10.78	732.76	732.76

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
81302 00	Pathology	16.32	16.32	1109.71	1109.71
81303 00	Pathology	3.71	3.71	252.27	252.27
81304 00	Pathology	4.64	4.64	315.34	315.34
81305 00	Pathology	5.42	5.42	368.73	368.73
81306 00	Pathology	9.01	9.01	612.51	612.51
81307 00	Pathology	20.91	20.91	1422.16	1422.16
81308 00	Pathology	9.32	9.32	633.51	633.51
81309 00	Pathology	8.50	8.50	577.76	577.76
81310 00	Pathology	7.62	7.62	518.24	518.24
81311 00	Pathology	9.14	9.14	621.82	621.82
81312 00	Pathology	4.24	4.24	288.01	288.01
81313 00	Pathology	7.88	7.88	536.18	536.18
81314 00	Pathology	10.19	10.19	692.71	692.71
81315 00	Pathology	6.41	6.41	435.81	435.81
81316 00	Pathology	6.41	6.41	435.81	435.81
81317 00	Pathology	20.91	20.91	1422.16	1422.16
81318 00	Pathology	10.23	10.23	695.84	695.84
81319 00	Pathology	6.29	6.29	427.81	427.81
81320 00	Pathology	9.01	9.01	612.51	612.51
81321 00	Pathology	18.55	18.55	1261.34	1261.34
81322 00	Pathology	1.44	1.44	97.96	97.96
81323 00	Pathology	9.27	9.27	630.67	630.67
81324 00	Pathology	23.44	23.44	1594.25	1594.25
81325 00	Pathology	23.79	23.79	1617.84	1617.84
81326 00	Pathology	1.44	1.44	97.96	97.96
81327 00	Pathology	5.94	5.94	403.63	403.63
81328 00	Pathology	5.40	5.40	367.49	367.49
81329 00	Pathology	4.24	4.24	288.01	288.01
81330 00	Pathology	1.45	1.45	98.81	98.81
81331 00	Pathology	1.58	1.58	107.36	107.36
81332 00	Pathology	1.35	1.35	91.76	91.76
81333 00	Pathology	4.24	4.24	288.01	288.01
81334 00	Pathology	10.19	10.19	692.71	692.71
81335 00	Pathology	5.40	5.40	367.49	367.49
81336 00	Pathology	9.32	9.32	633.51	633.51
81337 00	Pathology	5.73	5.73	389.33	389.33
81338 00	Pathology	4.65	4.65	316.03	316.03
81339 00	Pathology	5.73	5.73	389.33	389.33
81340 00	Pathology	6.46	6.46	439.20	439.20
81341 00	Pathology	1.53	1.53	104.25	104.25
81342 00	Pathology	6.23	6.23	423.60	423.60
81343 00	Pathology	4.24	4.24	288.01	288.01
81344 00	Pathology	4.24	4.24	288.01	288.01
81345 00	Pathology	5.73	5.73	389.33	389.33

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
81346 00	Pathology	5.40	5.40	367.49	367.49
81347 00	Pathology	5.97	5.97	406.26	406.26
81348 00	Pathology	5.42	5.42	368.73	368.73
81349 00	Pathology	37.03	37.03	2518.35	2518.35
81350 00	Pathology	7.23	7.23	491.92	491.92
81351 00	Pathology	19.84	19.84	1349.32	1349.32
81352 00	Pathology	10.19	10.19	692.71	692.71
81353 00	Pathology	9.52	9.52	647.49	647.49
81355 00	Pathology	2.73	2.73	185.42	185.42
81357 00	Pathology	5.97	5.97	406.26	406.26
81360 00	Pathology	5.97	5.97	406.26	406.26
81361 00	Pathology	5.40	5.40	367.49	367.49
81362 00	Pathology	11.60	11.60	788.86	788.86
81363 00	Pathology	6.26	6.26	425.49	425.49
81364 00	Pathology	10.03	10.03	682.34	682.34
81370 00	Pathology	12.43	12.43	845.35	845.35
81371 00	Pathology	12.51	12.51	850.40	850.40
81372 00	Pathology	12.48	12.48	848.44	848.44
81373 00	Pathology	3.94	3.94	267.89	267.89
81374 00	Pathology	2.30	2.30	156.26	156.26
81375 00	Pathology	6.82	6.82	464.05	464.05
81376 00	Pathology	3.78	3.78	256.94	256.94
81377 00	Pathology	2.93	2.93	199.17	199.17
81378 00	Pathology	10.68	10.68	726.47	726.47
81379 00	Pathology	10.37	10.37	705.05	705.05
81380 00	Pathology	5.48	5.48	372.62	372.62
81381 00	Pathology	5.25	5.25	357.17	357.17
81382 00	Pathology	3.82	3.82	260.00	260.00
81383 00	Pathology	3.37	3.37	229.42	229.42
81400 00	Pathology	1.98	1.98	134.46	134.46
81401 00	Pathology	4.24	4.24	288.01	288.01
81402 00	Pathology	4.65	4.65	316.03	316.03
81403 00	Pathology	5.73	5.73	389.33	389.33
81404 00	Pathology	8.50	8.50	577.76	577.76
81405 00	Pathology	9.32	9.32	633.51	633.51
81406 00	Pathology	8.75	8.75	594.68	594.68
81407 00	Pathology	26.16	26.16	1779.06	1779.06
81408 00	Pathology	61.83	61.83	4204.47	4204.47
81410 00	Pathology	15.58	15.58	1059.53	1059.53
81411 00	Pathology	41.74	41.74	2838.42	2838.42
81412 00	Pathology	75.70	75.70	5147.45	5147.45
81413 00	Pathology	18.08	18.08	1229.60	1229.60
81414 00	Pathology	18.08	18.08	1229.60	1229.60

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
81415 00	Pathology	147.77	147.77	10048.69	10048.69
81416 00	Pathology	370.98	370.98	25226.84	25226.84
81417 00	Pathology	9.89	9.89	672.72	672.72
81418 00	Pathology	28.35	28.35	1927.92	1927.92
81419 00	Pathology	75.70	75.70	5147.45	5147.45
81420 00	Pathology	23.47	23.47	1595.70	1595.70
81422 00	Pathology	23.47	23.47	1595.70	1595.70
81425 00	Pathology	155.54	155.54	10576.77	10576.77
81426 00	Pathology	83.78	83.78	5696.96	5696.96
81427 00	Pathology	72.27	72.27	4914.29	4914.29
81430 00	Pathology	50.24	50.24	3416.13	3416.13
81431 00	Pathology	21.01	21.01	1428.62	1428.62
81432 00	Pathology	40.31	40.31	2741.21	2741.21
81434 00	Pathology	18.48	18.48	1256.95	1256.95
81435 00	Pathology	40.31	40.31	2741.21	2741.21
81437 00	Pathology	40.31	40.31	2741.21	2741.21
81439 00	Pathology	18.08	18.08	1229.60	1229.60
81440 00	Pathology	102.76	102.76	6987.83	6987.83
81441 00	Pathology	75.70	75.70	5147.45	5147.45
81442 00	Pathology	66.27	66.27	4506.35	4506.35
81443 00	Pathology	75.70	75.70	5147.45	5147.45
81445 00	Pathology	18.48	18.48	1256.95	1256.95
81448 00	Pathology	18.08	18.08	1229.60	1229.60
81449 00	Pathology	18.48	18.48	1256.95	1256.95
81450 00	Pathology	23.48	23.48	1596.71	1596.71
81451 00	Pathology	23.48	23.48	1596.71	1596.71
81455 00	Pathology	90.26	90.26	6137.69	6137.69
81456 00	Pathology	90.26	90.26	6137.69	6137.69
81457 00	Pathology	27.73	27.73	1885.43	1885.43
81458 00	Pathology	32.35	32.35	2199.68	2199.68
81459 00	Pathology	92.42	92.42	6284.74	6284.74
81460 00	Pathology	39.79	39.79	2705.58	2705.58
81462 00	Pathology	36.97	36.97	2513.92	2513.92
81463 00	Pathology	41.59	41.59	2828.16	2828.16
81464 00	Pathology	101.67	101.67	6913.23	6913.23
81465 00	Pathology	28.94	28.94	1967.69	1967.69
81470 00	Pathology	28.26	28.26	1921.44	1921.44
81471 00	Pathology	28.26	28.26	1921.44	1921.44
81479 00	Pathology	0.00	0.00	BR	BR
81490 00	Pathology	25.99	25.99	1767.25	1767.25
81493 00	Pathology	32.46	32.46	2207.35	2207.35
81500 00	Pathology	8.05	8.05	547.63	547.63
81503 00	Pathology	27.73	27.73	1885.71	1885.71
81504 00	Pathology	16.08	16.08	1093.16	1093.16

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
81506 00	Pathology	2.13	2.13	144.89	144.89
81507 00	Pathology	24.58	24.58	1671.28	1671.28
81508 00	Pathology	1.68	1.68	114.15	114.15
81509 00	Pathology	45.98	45.98	3126.80	3126.80
81510 00	Pathology	1.72	1.72	116.76	116.76
81511 00	Pathology	4.75	4.75	322.69	322.69
81512 00	Pathology	2.15	2.15	146.15	146.15
81513 00	Pathology	4.41	4.41	299.84	299.84
81514 00	Pathology	8.13	8.13	552.87	552.87
81515 00	Pathology	8.13	8.13	552.87	552.87
81517 00	Pathology	5.45	5.45	370.39	370.39
81518 00	Pathology	119.73	119.73	8141.96	8141.96
81519 00	Pathology	119.73	119.73	8141.96	8141.96
81520 00	Pathology	77.60	77.60	5277.06	5277.06
81521 00	Pathology	119.73	119.73	8141.96	8141.96
81522 00	Pathology	119.73	119.73	8141.96	8141.96
81523 00	Pathology	119.73	119.73	8141.96	8141.96
81525 00	Pathology	96.33	96.33	6550.57	6550.57
81528 00	Pathology	15.73	15.73	1069.77	1069.77
81529 00	Pathology	222.37	222.37	15121.39	15121.39
81535 00	Pathology	17.91	17.91	1218.16	1218.16
81536 00	Pathology	5.49	5.49	373.27	373.27
81538 00	Pathology	88.76	88.76	6035.52	6035.52
81539 00	Pathology	23.50	23.50	1597.70	1597.70
81540 00	Pathology	115.93	115.93	7883.39	7883.39
81541 00	Pathology	119.73	119.73	8141.96	8141.96
81542 00	Pathology	119.73	119.73	8141.96	8141.96
81546 00	Pathology	111.29	111.29	7568.05	7568.05
81551 00	Pathology	62.76	62.76	4267.54	4267.54
81552 00	Pathology	240.40	240.40	16346.99	16346.99
81554 00	Pathology	168.33	168.33	11446.68	11446.68
81558 00	Pathology	100.17	100.17	6811.25	6811.25
81560 00	Pathology	19.81	19.81	1346.97	1346.97
81595 00	Pathology	100.17	100.17	6811.25	6811.25
81596 00	Pathology	2.23	2.23	151.76	151.76
81599 00	Pathology	0.00	0.00	BR	BR
82009 00	Pathology	0.14	0.14	9.50	9.50
82010 00	Pathology	0.25	0.25	17.18	17.18
82013 00	Pathology	0.38	0.38	25.84	25.84
82016 00	Pathology	0.51	0.51	34.67	34.67
82017 00	Pathology	0.52	0.52	35.46	35.46
82024 00	Pathology	1.19	1.19	81.19	81.19
82030 00	Pathology	0.80	0.80	54.24	54.24

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
82040 00	Pathology	0.15	0.15	10.41	10.41
82042 00	Pathology	0.24	0.24	16.36	16.36
82043 00	Pathology	0.18	0.18	12.15	12.15
82044 00	Pathology	0.19	0.19	13.10	13.10
82045 00	Pathology	1.05	1.05	71.35	71.35
82075 00	Pathology	0.93	0.93	63.07	63.07
82077 00	Pathology	0.53	0.53	36.31	36.31
82085 00	Pathology	0.30	0.30	20.41	20.41
82088 00	Pathology	1.26	1.26	85.67	85.67
82103 00	Pathology	0.42	0.42	28.25	28.25
82104 00	Pathology	0.45	0.45	30.40	30.40
82105 00	Pathology	0.52	0.52	35.25	35.25
82106 00	Pathology	0.53	0.53	35.74	35.74
82107 00	Pathology	1.99	1.99	135.41	135.41
82108 00	Pathology	0.79	0.79	53.56	53.56
82120 00	Pathology	0.19	0.19	12.59	12.59
82127 00	Pathology	0.44	0.44	29.81	29.81
82128 00	Pathology	0.43	0.43	29.16	29.16
82131 00	Pathology	0.71	0.71	48.31	48.31
82135 00	Pathology	0.51	0.51	34.58	34.58
82136 00	Pathology	0.61	0.61	41.22	41.22
82139 00	Pathology	0.52	0.52	35.46	35.46
82140 00	Pathology	0.45	0.45	30.63	30.63
82143 00	Pathology	0.29	0.29	19.66	19.66
82150 00	Pathology	0.20	0.20	13.62	13.62
82154 00	Pathology	0.89	0.89	60.61	60.61
82157 00	Pathology	0.91	0.91	61.55	61.55
82160 00	Pathology	0.79	0.79	53.71	53.71
82163 00	Pathology	0.63	0.63	43.14	43.14
82164 00	Pathology	0.45	0.45	30.69	30.69
82166 00	Pathology	1.19	1.19	81.19	81.19
82172 00	Pathology	0.65	0.65	44.34	44.34
82175 00	Pathology	0.59	0.59	39.88	39.88
82180 00	Pathology	0.31	0.31	20.79	20.79
82190 00	Pathology	0.49	0.49	33.43	33.43
82232 00	Pathology	0.50	0.50	34.01	34.01
82233 00	Pathology	0.00	0.00	BR	BR
82234 00	Pathology	0.00	0.00	BR	BR
82239 00	Pathology	0.53	0.53	35.99	35.99
82240 00	Pathology	0.82	0.82	55.88	55.88
82247 00	Pathology	0.16	0.16	10.55	10.55
82248 00	Pathology	0.16	0.16	10.55	10.55
82252 00	Pathology	0.14	0.14	9.59	9.59
82261 00	Pathology	0.52	0.52	35.46	35.46

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
82270 00	Pathology	0.14	0.14	9.21	9.21
82271 00	Pathology	0.16	0.16	11.18	11.18
82272 00	Pathology	0.13	0.13	8.89	8.89
82274 00	Pathology	0.49	0.49	33.47	33.47
82286 00	Pathology	0.16	0.16	10.85	10.85
82300 00	Pathology	0.73	0.73	49.70	49.70
82306 00	Pathology	0.92	0.92	62.23	62.23
82308 00	Pathology	0.83	0.83	56.32	56.32
82310 00	Pathology	0.16	0.16	10.85	10.85
82330 00	Pathology	0.42	0.42	28.76	28.76
82331 00	Pathology	0.41	0.41	28.04	28.04
82340 00	Pathology	0.19	0.19	12.68	12.68
82355 00	Pathology	0.36	0.36	24.34	24.34
82360 00	Pathology	0.40	0.40	27.06	27.06
82365 00	Pathology	0.40	0.40	27.12	27.12
82370 00	Pathology	0.39	0.39	26.32	26.32
82373 00	Pathology	0.56	0.56	37.97	37.97
82374 00	Pathology	0.15	0.15	10.26	10.26
82375 00	Pathology	0.38	0.38	25.90	25.90
82376 00	Pathology	0.43	0.43	29.58	29.58
82378 00	Pathology	0.59	0.59	39.86	39.86
82379 00	Pathology	0.52	0.52	35.46	35.46
82380 00	Pathology	0.29	0.29	19.38	19.38
82382 00	Pathology	0.84	0.84	57.39	57.39
82383 00	Pathology	0.90	0.90	61.13	61.13
82384 00	Pathology	0.78	0.78	53.08	53.08
82387 00	Pathology	0.56	0.56	37.97	37.97
82390 00	Pathology	0.33	0.33	22.58	22.58
82397 00	Pathology	0.44	0.44	29.68	29.68
82415 00	Pathology	0.39	0.39	26.64	26.64
82435 00	Pathology	0.14	0.14	9.67	9.67
82436 00	Pathology	0.18	0.18	12.09	12.09
82438 00	Pathology	0.15	0.15	10.51	10.51
82441 00	Pathology	0.19	0.19	12.63	12.63
82465 00	Pathology	0.13	0.13	9.14	9.14
82480 00	Pathology	0.24	0.24	16.54	16.54
82482 00	Pathology	0.30	0.30	20.62	20.62
82485 00	Pathology	0.64	0.64	43.41	43.41
82495 00	Pathology	0.63	0.63	42.63	42.63
82507 00	Pathology	0.86	0.86	58.44	58.44
82523 00	Pathology	0.58	0.58	39.27	39.27
82525 00	Pathology	0.38	0.38	26.09	26.09
82528 00	Pathology	0.70	0.70	47.34	47.34

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## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
82530 00	Pathology	0.52	0.52	35.13	35.13
82533 00	Pathology	0.50	0.50	34.27	34.27
82540 00	Pathology	0.14	0.14	9.75	9.75
82542 00	Pathology	0.74	0.74	50.64	50.64
82550 00	Pathology	0.20	0.20	13.69	13.69
82552 00	Pathology	0.41	0.41	28.15	28.15
82553 00	Pathology	0.36	0.36	24.28	24.28
82554 00	Pathology	0.37	0.37	24.95	24.95
82565 00	Pathology	0.16	0.16	10.76	10.76
82570 00	Pathology	0.16	0.16	10.89	10.89
82575 00	Pathology	0.29	0.29	19.89	19.89
82585 00	Pathology	0.44	0.44	29.73	29.73
82595 00	Pathology	0.20	0.20	13.60	13.60
82600 00	Pathology	0.60	0.60	40.78	40.78
82607 00	Pathology	0.47	0.47	31.70	31.70
82608 00	Pathology	0.44	0.44	30.10	30.10
82610 00	Pathology	0.57	0.57	38.93	38.93
82615 00	Pathology	0.30	0.30	20.08	20.08
82626 00	Pathology	0.78	0.78	53.12	53.12
82627 00	Pathology	0.69	0.69	46.73	46.73
82633 00	Pathology	0.96	0.96	65.13	65.13
82634 00	Pathology	0.91	0.91	61.55	61.55
82638 00	Pathology	0.38	0.38	25.75	25.75
82642 00	Pathology	0.91	0.91	61.55	61.55
82652 00	Pathology	1.19	1.19	80.94	80.94
82653 00	Pathology	0.71	0.71	48.29	48.29
82656 00	Pathology	0.36	0.36	24.24	24.24
82657 00	Pathology	0.69	0.69	46.61	46.61
82658 00	Pathology	1.36	1.36	92.56	92.56
82664 00	Pathology	1.90	1.90	129.29	129.29
82668 00	Pathology	0.58	0.58	39.50	39.50
82670 00	Pathology	0.86	0.86	58.74	58.74
82671 00	Pathology	1.00	1.00	67.90	67.90
82672 00	Pathology	0.67	0.67	45.62	45.62
82677 00	Pathology	0.75	0.75	50.83	50.83
82679 00	Pathology	0.77	0.77	52.45	52.45
82681 00	Pathology	0.86	0.86	58.74	58.74
82693 00	Pathology	0.46	0.46	31.32	31.32
82696 00	Pathology	0.81	0.81	55.16	55.16
82705 00	Pathology	0.16	0.16	10.72	10.72
82710 00	Pathology	0.52	0.52	35.32	35.32
82715 00	Pathology	0.71	0.71	48.29	48.29
82725 00	Pathology	0.58	0.58	39.46	39.46
82726 00	Pathology	0.61	0.61	41.52	41.52

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
82728 00	Pathology	0.42	0.42	28.65	28.65
82731 00	Pathology	1.99	1.99	135.41	135.41
82735 00	Pathology	0.57	0.57	38.98	38.98
82746 00	Pathology	0.45	0.45	30.90	30.90
82747 00	Pathology	0.55	0.55	37.10	37.10
82757 00	Pathology	0.54	0.54	36.45	36.45
82759 00	Pathology	0.66	0.66	45.16	45.16
82760 00	Pathology	0.35	0.35	23.55	23.55
82775 00	Pathology	0.65	0.65	44.29	44.29
82776 00	Pathology	0.36	0.36	24.68	24.68
82777 00	Pathology	1.37	1.37	93.02	93.02
82784 00	Pathology	0.29	0.29	19.55	19.55
82785 00	Pathology	0.51	0.51	34.60	34.60
82787 00	Pathology	0.25	0.25	16.86	16.86
82800 00	Pathology	0.34	0.34	23.12	23.12
82803 00	Pathology	0.81	0.81	54.81	54.81
82805 00	Pathology	2.44	2.44	165.59	165.59
82810 00	Pathology	0.30	0.30	20.54	20.54
82820 00	Pathology	0.41	0.41	28.04	28.04
82930 00	Pathology	0.21	0.21	14.11	14.11
82938 00	Pathology	0.55	0.55	37.19	37.19
82941 00	Pathology	0.55	0.55	37.06	37.06
82943 00	Pathology	0.44	0.44	30.04	30.04
82945 00	Pathology	0.12	0.12	8.26	8.26
82946 00	Pathology	0.55	0.55	37.36	37.36
82947 00	Pathology	0.12	0.12	8.26	8.26
82948 00	Pathology	0.16	0.16	10.60	10.60
82950 00	Pathology	0.15	0.15	9.99	9.99
82951 00	Pathology	0.40	0.40	27.06	27.06
82952 00	Pathology	0.12	0.12	8.24	8.24
82955 00	Pathology	0.30	0.30	20.39	20.39
82960 00	Pathology	0.19	0.19	12.72	12.72
82962 00	Pathology	0.10	0.10	6.90	6.90
82963 00	Pathology	0.66	0.66	45.16	45.16
82965 00	Pathology	0.41	0.41	27.64	27.64
82977 00	Pathology	0.22	0.22	15.14	15.14
82978 00	Pathology	0.48	0.48	32.48	32.48
82979 00	Pathology	0.29	0.29	19.85	19.85
82985 00	Pathology	0.52	0.52	35.23	35.23
83001 00	Pathology	0.57	0.57	39.06	39.06
83002 00	Pathology	0.57	0.57	38.93	38.93
83003 00	Pathology	0.52	0.52	35.04	35.04
83006 00	Pathology	2.34	2.34	158.93	158.93

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
83009 00	Pathology	2.08	2.08	141.61	141.61
83010 00	Pathology	0.39	0.39	26.45	26.45
83012 00	Pathology	0.83	0.83	56.53	56.53
83013 00	Pathology	2.08	2.08	141.61	141.61
83014 00	Pathology	0.24	0.24	16.52	16.52
83015 00	Pathology	0.65	0.65	44.02	44.02
83018 00	Pathology	0.68	0.68	46.17	46.17
83020 00	Pathology	0.40	0.40	27.06	27.06
83020 26	Pathology	0.53	0.53	36.04	36.04
83021 00	Pathology	0.56	0.56	37.97	37.97
83026 00	Pathology	0.12	0.12	8.43	8.43
83030 00	Pathology	0.33	0.33	22.58	22.58
83033 00	Pathology	0.25	0.25	16.82	16.82
83036 00	Pathology	0.30	0.30	20.41	20.41
83037 00	Pathology	0.30	0.30	20.41	20.41
83045 00	Pathology	0.20	0.20	13.64	13.64
83050 00	Pathology	0.25	0.25	17.24	17.24
83051 00	Pathology	0.23	0.23	15.37	15.37
83060 00	Pathology	0.27	0.27	18.50	18.50
83065 00	Pathology	0.28	0.28	18.92	18.92
83068 00	Pathology	0.29	0.29	19.91	19.91
83069 00	Pathology	0.12	0.12	8.30	8.30
83070 00	Pathology	0.15	0.15	9.99	9.99
83080 00	Pathology	0.52	0.52	35.46	35.46
83088 00	Pathology	0.91	0.91	62.08	62.08
83090 00	Pathology	0.55	0.55	37.67	37.67
83150 00	Pathology	0.69	0.69	47.11	47.11
83491 00	Pathology	0.55	0.55	37.63	37.63
83497 00	Pathology	0.40	0.40	27.12	27.12
83498 00	Pathology	0.84	0.84	57.12	57.12
83500 00	Pathology	0.70	0.70	47.62	47.62
83505 00	Pathology	0.75	0.75	51.08	51.08
83516 00	Pathology	0.36	0.36	24.24	24.24
83518 00	Pathology	0.30	0.30	20.27	20.27
83519 00	Pathology	0.57	0.57	38.68	38.68
83520 00	Pathology	0.53	0.53	36.31	36.31
83521 00	Pathology	0.53	0.53	36.31	36.31
83525 00	Pathology	0.35	0.35	24.03	24.03
83527 00	Pathology	0.40	0.40	27.22	27.22
83528 00	Pathology	0.61	0.61	41.67	41.67
83529 00	Pathology	0.53	0.53	36.31	36.31
83540 00	Pathology	0.20	0.20	13.60	13.60
83550 00	Pathology	0.27	0.27	18.37	18.37
83570 00	Pathology	0.27	0.27	18.60	18.60

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
83582 00	Pathology	0.48	0.48	32.52	32.52
83586 00	Pathology	0.40	0.40	26.91	26.91
83593 00	Pathology	0.88	0.88	59.91	59.91
83605 00	Pathology	0.36	0.36	24.32	24.32
83615 00	Pathology	0.19	0.19	12.70	12.70
83625 00	Pathology	0.40	0.40	26.89	26.89
83630 00	Pathology	0.61	0.61	41.41	41.41
83631 00	Pathology	0.61	0.61	41.27	41.27
83632 00	Pathology	0.63	0.63	42.51	42.51
83633 00	Pathology	0.35	0.35	23.65	23.65
83655 00	Pathology	0.37	0.37	25.46	25.46
83661 00	Pathology	0.68	0.68	46.23	46.23
83662 00	Pathology	0.58	0.58	39.75	39.75
83663 00	Pathology	0.58	0.58	39.75	39.75
83664 00	Pathology	0.60	0.60	40.62	40.62
83670 00	Pathology	0.30	0.30	20.62	20.62
83690 00	Pathology	0.21	0.21	14.48	14.48
83695 00	Pathology	0.44	0.44	30.10	30.10
83698 00	Pathology	1.43	1.43	97.35	97.35
83700 00	Pathology	0.35	0.35	23.67	23.67
83701 00	Pathology	1.05	1.05	71.18	71.18
83704 00	Pathology	1.06	1.06	71.88	71.88
83718 00	Pathology	0.25	0.25	17.22	17.22
83719 00	Pathology	0.39	0.39	26.80	26.80
83721 00	Pathology	0.32	0.32	22.07	22.07
83722 00	Pathology	1.06	1.06	71.88	71.88
83727 00	Pathology	0.53	0.53	36.14	36.14
83735 00	Pathology	0.21	0.21	14.08	14.08
83775 00	Pathology	0.23	0.23	15.49	15.49
83785 00	Pathology	0.82	0.82	56.02	56.02
83789 00	Pathology	0.75	0.75	50.68	50.68
83825 00	Pathology	0.50	0.50	34.18	34.18
83835 00	Pathology	0.52	0.52	35.61	35.61
83857 00	Pathology	0.33	0.33	22.58	22.58
83861 00	Pathology	0.69	0.69	47.26	47.26
83864 00	Pathology	0.88	0.88	59.91	59.91
83872 00	Pathology	0.18	0.18	12.32	12.32
83873 00	Pathology	0.53	0.53	36.16	36.16
83874 00	Pathology	0.40	0.40	27.16	27.16
83876 00	Pathology	1.57	1.57	106.92	106.92
83880 00	Pathology	1.21	1.21	82.53	82.53
83883 00	Pathology	0.42	0.42	28.59	28.59
83884 00	Pathology	0.00	0.00	BR	BR

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
83885 00	Pathology	0.76	0.76	51.53	51.53
83915 00	Pathology	0.34	0.34	23.44	23.44
83916 00	Pathology	0.85	0.85	57.58	57.58
83918 00	Pathology	0.73	0.73	49.61	49.61
83919 00	Pathology	0.51	0.51	34.58	34.58
83921 00	Pathology	0.66	0.66	44.59	44.59
83930 00	Pathology	0.20	0.20	13.90	13.90
83935 00	Pathology	0.21	0.21	14.34	14.34
83937 00	Pathology	0.92	0.92	62.75	62.75
83945 00	Pathology	0.45	0.45	30.38	30.38
83950 00	Pathology	1.99	1.99	135.41	135.41
83951 00	Pathology	1.99	1.99	135.41	135.41
83970 00	Pathology	1.28	1.28	86.78	86.78
83986 00	Pathology	0.11	0.11	7.53	7.53
83987 00	Pathology	0.11	0.11	7.53	7.53
83992 00	Pathology	-	-	68.00	68.00
83993 00	Pathology	0.61	0.61	41.27	41.27
84030 00	Pathology	0.17	0.17	11.56	11.56
84035 00	Pathology	0.12	0.12	8.37	8.37
84060 00	Pathology	0.24	0.24	16.06	16.06
84066 00	Pathology	0.30	0.30	20.31	20.31
84075 00	Pathology	0.16	0.16	10.89	10.89
84078 00	Pathology	0.26	0.26	17.36	17.36
84080 00	Pathology	0.46	0.46	31.07	31.07
84081 00	Pathology	0.51	0.51	34.73	34.73
84085 00	Pathology	0.29	0.29	19.85	19.85
84087 00	Pathology	0.33	0.33	22.56	22.56
84100 00	Pathology	0.15	0.15	9.96	9.96
84105 00	Pathology	0.18	0.18	12.15	12.15
84106 00	Pathology	0.18	0.18	12.24	12.24
84110 00	Pathology	0.26	0.26	17.74	17.74
84112 00	Pathology	3.03	3.03	206.25	206.25
84119 00	Pathology	0.41	0.41	28.09	28.09
84120 00	Pathology	0.45	0.45	30.92	30.92
84126 00	Pathology	1.21	1.21	82.22	82.22
84132 00	Pathology	0.15	0.15	10.01	10.01
84133 00	Pathology	0.15	0.15	9.94	9.94
84134 00	Pathology	0.45	0.45	30.67	30.67
84135 00	Pathology	0.66	0.66	44.71	44.71
84138 00	Pathology	0.65	0.65	44.25	44.25
84140 00	Pathology	0.64	0.64	43.45	43.45
84143 00	Pathology	0.71	0.71	47.95	47.95
84144 00	Pathology	0.64	0.64	43.85	43.85
84145 00	Pathology	0.84	0.84	57.22	57.22

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
84146 00	Pathology	0.60	0.60	40.74	40.74
84150 00	Pathology	1.29	1.29	87.81	87.81
84152 00	Pathology	0.57	0.57	38.66	38.66
84153 00	Pathology	0.57	0.57	38.66	38.66
84154 00	Pathology	0.57	0.57	38.66	38.66
84155 00	Pathology	0.11	0.11	7.72	7.72
84156 00	Pathology	0.11	0.11	7.72	7.72
84157 00	Pathology	0.12	0.12	8.41	8.41
84160 00	Pathology	0.17	0.17	11.79	11.79
84163 00	Pathology	0.47	0.47	31.64	31.64
84165 00	Pathology	0.33	0.33	22.58	22.58
84165 26	Pathology	0.53	0.53	36.04	36.04
84166 00	Pathology	0.55	0.55	37.48	37.48
84166 26	Pathology	0.53	0.53	36.04	36.04
84181 00	Pathology	0.53	0.53	35.80	35.80
84181 26	Pathology	0.53	0.53	36.04	36.04
84182 00	Pathology	0.90	0.90	61.41	61.41
84182 26	Pathology	0.53	0.53	36.04	36.04
84202 00	Pathology	0.44	0.44	30.17	30.17
84203 00	Pathology	0.30	0.30	20.48	20.48
84206 00	Pathology	0.83	0.83	56.11	56.11
84207 00	Pathology	0.87	0.87	59.07	59.07
84210 00	Pathology	0.45	0.45	30.44	30.44
84220 00	Pathology	0.29	0.29	19.85	19.85
84228 00	Pathology	0.36	0.36	24.45	24.45
84233 00	Pathology	2.72	2.72	184.74	184.74
84234 00	Pathology	2.01	2.01	136.39	136.39
84235 00	Pathology	2.20	2.20	149.74	149.74
84238 00	Pathology	1.13	1.13	76.88	76.88
84244 00	Pathology	0.68	0.68	46.23	46.23
84252 00	Pathology	0.63	0.63	42.55	42.55
84255 00	Pathology	0.79	0.79	53.67	53.67
84260 00	Pathology	0.96	0.96	65.13	65.13
84270 00	Pathology	0.67	0.67	45.68	45.68
84275 00	Pathology	0.42	0.42	28.25	28.25
84285 00	Pathology	0.78	0.78	53.00	53.00
84295 00	Pathology	0.15	0.15	10.11	10.11
84300 00	Pathology	0.16	0.16	10.64	10.64
84302 00	Pathology	0.15	0.15	10.22	10.22
84305 00	Pathology	0.66	0.66	44.69	44.69
84307 00	Pathology	0.57	0.57	38.43	38.43
84311 00	Pathology	0.25	0.25	17.03	17.03
84315 00	Pathology	0.10	0.10	6.90	6.90

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
84375 00	Pathology	1.21	1.21	81.99	81.99
84376 00	Pathology	0.17	0.17	11.56	11.56
84377 00	Pathology	0.17	0.17	11.56	11.56
84378 00	Pathology	0.36	0.36	24.24	24.24
84379 00	Pathology	0.36	0.36	24.24	24.24
84392 00	Pathology	0.17	0.17	11.54	11.54
84393 00	Pathology	0.00	0.00	BR	BR
84394 00	Pathology	0.00	0.00	BR	BR
84402 00	Pathology	0.79	0.79	53.54	53.54
84403 00	Pathology	0.80	0.80	54.26	54.26
84410 00	Pathology	1.59	1.59	107.80	107.80
84425 00	Pathology	0.66	0.66	44.63	44.63
84430 00	Pathology	0.36	0.36	24.45	24.45
84431 00	Pathology	1.09	1.09	73.81	73.81
84432 00	Pathology	0.50	0.50	33.76	33.76
84433 00	Pathology	0.69	0.69	46.61	46.61
84436 00	Pathology	0.21	0.21	14.44	14.44
84437 00	Pathology	0.20	0.20	13.60	13.60
84439 00	Pathology	0.28	0.28	18.96	18.96
84442 00	Pathology	0.46	0.46	31.07	31.07
84443 00	Pathology	0.52	0.52	35.32	35.32
84445 00	Pathology	1.57	1.57	106.92	106.92
84446 00	Pathology	0.44	0.44	29.81	29.81
84449 00	Pathology	0.56	0.56	37.84	37.84
84450 00	Pathology	0.16	0.16	10.89	10.89
84460 00	Pathology	0.16	0.16	11.14	11.14
84466 00	Pathology	0.39	0.39	26.82	26.82
84478 00	Pathology	0.18	0.18	12.07	12.07
84479 00	Pathology	0.20	0.20	13.60	13.60
84480 00	Pathology	0.44	0.44	29.81	29.81
84481 00	Pathology	0.52	0.52	35.61	35.61
84482 00	Pathology	0.49	0.49	33.13	33.13
84484 00	Pathology	0.39	0.39	26.21	26.21
84485 00	Pathology	0.22	0.22	15.14	15.14
84488 00	Pathology	0.23	0.23	15.35	15.35
84490 00	Pathology	0.31	0.31	20.88	20.88
84510 00	Pathology	0.33	0.33	22.35	22.35
84512 00	Pathology	0.31	0.31	21.21	21.21
84520 00	Pathology	0.12	0.12	8.30	8.30
84525 00	Pathology	0.16	0.16	10.78	10.78
84540 00	Pathology	0.17	0.17	11.69	11.69
84545 00	Pathology	0.22	0.22	15.14	15.14
84550 00	Pathology	0.14	0.14	9.50	9.50
84560 00	Pathology	0.16	0.16	10.68	10.68

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
84577 00	Pathology	0.52	0.52	35.32	35.32
84578 00	Pathology	0.14	0.14	9.40	9.40
84580 00	Pathology	0.30	0.30	20.08	20.08
84583 00	Pathology	0.19	0.19	12.72	12.72
84585 00	Pathology	0.48	0.48	32.58	32.58
84586 00	Pathology	1.09	1.09	74.27	74.27
84588 00	Pathology	1.05	1.05	71.35	71.35
84590 00	Pathology	0.36	0.36	24.41	24.41
84591 00	Pathology	0.53	0.53	35.86	35.86
84597 00	Pathology	0.42	0.42	28.84	28.84
84600 00	Pathology	0.53	0.53	35.97	35.97
84620 00	Pathology	0.40	0.40	27.14	27.14
84630 00	Pathology	0.35	0.35	23.94	23.94
84681 00	Pathology	0.64	0.64	43.75	43.75
84702 00	Pathology	0.47	0.47	31.64	31.64
84703 00	Pathology	0.23	0.23	15.81	15.81
84704 00	Pathology	0.47	0.47	32.14	32.14
84830 00	Pathology	0.39	0.39	26.70	26.70
84999 00	Pathology	0.00	0.00	BR	BR
85002 00	Pathology	0.15	0.15	10.13	10.13
85004 00	Pathology	0.20	0.20	13.60	13.60
85007 00	Pathology	0.12	0.12	7.99	7.99
85008 00	Pathology	0.11	0.11	7.21	7.21
85009 00	Pathology	0.16	0.16	10.66	10.66
85013 00	Pathology	0.22	0.22	14.72	14.72
85014 00	Pathology	0.07	0.07	4.98	4.98
85018 00	Pathology	0.07	0.07	4.98	4.98
85025 00	Pathology	0.24	0.24	16.33	16.33
85027 00	Pathology	0.20	0.20	13.60	13.60
85032 00	Pathology	0.13	0.13	9.06	9.06
85041 00	Pathology	0.09	0.09	6.35	6.35
85044 00	Pathology	0.13	0.13	9.06	9.06
85045 00	Pathology	0.12	0.12	8.39	8.39
85046 00	Pathology	0.17	0.17	11.71	11.71
85048 00	Pathology	0.08	0.08	5.34	5.34
85049 00	Pathology	0.14	0.14	9.42	9.42
85055 00	Pathology	1.10	1.10	75.13	75.13
85060 00	Pathology	0.70	0.70	47.60	47.60
85097 00	Pathology	2.08	1.40	141.44	95.20
85130 00	Pathology	0.37	0.37	25.00	25.00
85170 00	Pathology	0.50	0.50	34.27	34.27
85175 00	Pathology	0.63	0.63	42.82	42.82
85210 00	Pathology	0.40	0.40	27.29	27.29

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
85220 00	Pathology	0.55	0.55	37.10	37.10
85230 00	Pathology	0.55	0.55	37.63	37.63
85240 00	Pathology	0.55	0.55	37.63	37.63
85244 00	Pathology	0.63	0.63	42.93	42.93
85245 00	Pathology	0.71	0.71	48.23	48.23
85246 00	Pathology	0.71	0.71	48.23	48.23
85247 00	Pathology	0.71	0.71	48.23	48.23
85250 00	Pathology	0.59	0.59	40.03	40.03
85260 00	Pathology	0.55	0.55	37.63	37.63
85270 00	Pathology	0.55	0.55	37.63	37.63
85280 00	Pathology	0.60	0.60	40.68	40.68
85290 00	Pathology	0.51	0.51	34.35	34.35
85291 00	Pathology	0.28	0.28	19.15	19.15
85292 00	Pathology	0.59	0.59	39.80	39.80
85293 00	Pathology	0.59	0.59	39.80	39.80
85300 00	Pathology	0.37	0.37	24.91	24.91
85301 00	Pathology	0.33	0.33	22.73	22.73
85302 00	Pathology	0.37	0.37	25.25	25.25
85303 00	Pathology	0.43	0.43	29.09	29.09
85305 00	Pathology	0.36	0.36	24.41	24.41
85306 00	Pathology	0.47	0.47	32.21	32.21
85307 00	Pathology	0.47	0.47	32.21	32.21
85335 00	Pathology	0.40	0.40	27.06	27.06
85337 00	Pathology	0.53	0.53	36.31	36.31
85345 00	Pathology	0.14	0.14	9.86	9.86
85347 00	Pathology	0.13	0.13	9.00	9.00
85348 00	Pathology	0.14	0.14	9.44	9.44
85360 00	Pathology	0.26	0.26	17.68	17.68
85362 00	Pathology	0.21	0.21	14.48	14.48
85366 00	Pathology	2.49	2.49	169.15	169.15
85370 00	Pathology	0.38	0.38	26.13	26.13
85378 00	Pathology	0.30	0.30	20.43	20.43
85379 00	Pathology	0.31	0.31	21.40	21.40
85380 00	Pathology	0.31	0.31	21.40	21.40
85384 00	Pathology	0.30	0.30	20.43	20.43
85385 00	Pathology	0.45	0.45	30.40	30.40
85390 00	Pathology	0.48	0.48	32.54	32.54
85390 26	Pathology	1.06	1.06	72.08	72.08
85396 00	Pathology	0.57	0.57	38.76	38.76
85397 00	Pathology	0.95	0.95	64.88	64.88
85400 00	Pathology	0.24	0.24	16.21	16.21
85410 00	Pathology	0.24	0.24	16.21	16.21
85415 00	Pathology	0.53	0.53	36.14	36.14
85420 00	Pathology	0.20	0.20	13.73	13.73

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
85421 00	Pathology	0.31	0.31	21.40	21.40
85441 00	Pathology	0.13	0.13	8.83	8.83
85445 00	Pathology	0.21	0.21	14.34	14.34
85460 00	Pathology	0.24	0.24	16.25	16.25
85461 00	Pathology	0.29	0.29	19.68	19.68
85475 00	Pathology	0.27	0.27	18.65	18.65
85520 00	Pathology	0.40	0.40	27.52	27.52
85525 00	Pathology	0.37	0.37	24.89	24.89
85530 00	Pathology	0.40	0.40	27.52	27.52
85536 00	Pathology	0.21	0.21	14.46	14.46
85540 00	Pathology	0.27	0.27	18.08	18.08
85547 00	Pathology	0.27	0.27	18.08	18.08
85549 00	Pathology	0.58	0.58	39.42	39.42
85555 00	Pathology	0.23	0.23	15.70	15.70
85557 00	Pathology	0.41	0.41	28.09	28.09
85576 00	Pathology	0.77	0.77	52.37	52.37
85576 26	Pathology	0.53	0.53	36.04	36.04
85597 00	Pathology	0.56	0.56	37.80	37.80
85598 00	Pathology	0.56	0.56	37.80	37.80
85610 00	Pathology	0.13	0.13	9.02	9.02
85611 00	Pathology	0.12	0.12	8.28	8.28
85612 00	Pathology	0.54	0.54	36.77	36.77
85613 00	Pathology	0.30	0.30	20.14	20.14
85635 00	Pathology	0.30	0.30	20.71	20.71
85651 00	Pathology	0.13	0.13	8.98	8.98
85652 00	Pathology	0.08	0.08	5.68	5.68
85660 00	Pathology	0.17	0.17	11.58	11.58
85670 00	Pathology	0.18	0.18	12.13	12.13
85675 00	Pathology	0.21	0.21	14.40	14.40
85705 00	Pathology	0.30	0.30	20.24	20.24
85730 00	Pathology	0.19	0.19	12.63	12.63
85732 00	Pathology	0.20	0.20	13.60	13.60
85810 00	Pathology	0.36	0.36	24.53	24.53
85999 00	Pathology	0.00	0.00	BR	BR
86000 00	Pathology	0.22	0.22	14.67	14.67
86001 00	Pathology	0.24	0.24	16.44	16.44
86003 00	Pathology	0.16	0.16	10.97	10.97
86005 00	Pathology	0.25	0.25	16.75	16.75
86008 00	Pathology	0.55	0.55	37.69	37.69
86015 00	Pathology	0.37	0.37	25.33	25.33
86021 00	Pathology	0.47	0.47	31.64	31.64
86022 00	Pathology	0.57	0.57	38.62	38.62
86023 00	Pathology	0.39	0.39	26.19	26.19

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
86036 00	Pathology	0.37	0.37	25.33	25.33
86037 00	Pathology	0.37	0.37	25.33	25.33
86038 00	Pathology	0.37	0.37	25.42	25.42
86039 00	Pathology	0.35	0.35	23.46	23.46
86041 00	Pathology	0.57	0.57	38.68	38.68
86042 00	Pathology	0.57	0.57	38.68	38.68
86043 00	Pathology	0.37	0.37	25.33	25.33
86051 00	Pathology	0.36	0.36	24.24	24.24
86052 00	Pathology	0.37	0.37	25.33	25.33
86053 00	Pathology	1.17	1.17	79.32	79.32
86060 00	Pathology	0.23	0.23	15.35	15.35
86063 00	Pathology	0.18	0.18	12.13	12.13
86077 00	Pathology	1.58	1.43	107.44	97.24
86078 00	Pathology	1.58	1.44	107.44	97.92
86079 00	Pathology	1.57	1.43	106.76	97.24
86140 00	Pathology	0.16	0.16	10.89	10.89
86141 00	Pathology	0.40	0.40	27.22	27.22
86146 00	Pathology	0.79	0.79	53.50	53.50
86147 00	Pathology	0.79	0.79	53.50	53.50
86148 00	Pathology	0.50	0.50	33.78	33.78
86152 00	Pathology	7.75	7.75	527.20	527.20
86153 26	Pathology	0.98	0.98	66.64	66.64
86155 00	Pathology	0.49	0.49	33.61	33.61
86156 00	Pathology	0.25	0.25	16.97	16.97
86157 00	Pathology	0.25	0.25	16.94	16.94
86160 00	Pathology	0.37	0.37	25.23	25.23
86161 00	Pathology	0.37	0.37	25.23	25.23
86162 00	Pathology	0.63	0.63	42.72	42.72
86171 00	Pathology	0.31	0.31	21.04	21.04
86200 00	Pathology	0.40	0.40	27.22	27.22
86215 00	Pathology	0.41	0.41	27.85	27.85
86225 00	Pathology	0.42	0.42	28.88	28.88
86226 00	Pathology	0.37	0.37	25.46	25.46
86231 00	Pathology	0.37	0.37	25.42	25.42
86235 00	Pathology	0.55	0.55	37.69	37.69
86255 00	Pathology	0.37	0.37	25.33	25.33
86255 26	Pathology	0.53	0.53	36.04	36.04
86256 00	Pathology	0.37	0.37	25.33	25.33
86256 26	Pathology	0.53	0.53	36.04	36.04
86258 00	Pathology	0.37	0.37	25.33	25.33
86277 00	Pathology	0.49	0.49	33.09	33.09
86280 00	Pathology	0.25	0.25	17.22	17.22
86294 00	Pathology	0.79	0.79	53.75	53.75
86300 00	Pathology	0.64	0.64	43.75	43.75

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
86301 00	Pathology	0.64	0.64	43.75	43.75
86304 00	Pathology	0.64	0.64	43.75	43.75
86305 00	Pathology	0.64	0.64	43.75	43.75
86308 00	Pathology	0.16	0.16	10.89	10.89
86309 00	Pathology	0.20	0.20	13.60	13.60
86310 00	Pathology	0.23	0.23	15.49	15.49
86316 00	Pathology	0.64	0.64	43.75	43.75
86317 00	Pathology	0.46	0.46	31.51	31.51
86318 00	Pathology	0.56	0.56	38.03	38.03
86320 00	Pathology	0.92	0.92	62.90	62.90
86320 26	Pathology	0.53	0.53	36.04	36.04
86325 00	Pathology	0.72	0.72	48.62	48.62
86325 26	Pathology	0.53	0.53	36.04	36.04
86328 00	Pathology	1.40	1.40	95.19	95.19
86329 00	Pathology	0.43	0.43	29.54	29.54
86331 00	Pathology	0.37	0.37	25.18	25.18
86332 00	Pathology	0.75	0.75	51.23	51.23
86334 00	Pathology	0.69	0.69	46.96	46.96
86334 26	Pathology	0.53	0.53	36.04	36.04
86335 00	Pathology	0.91	0.91	61.70	61.70
86335 26	Pathology	0.53	0.53	36.04	36.04
86336 00	Pathology	0.48	0.48	32.77	32.77
86337 00	Pathology	0.66	0.66	45.01	45.01
86340 00	Pathology	0.47	0.47	31.70	31.70
86341 00	Pathology	0.73	0.73	49.55	49.55
86343 00	Pathology	0.39	0.39	26.19	26.19
86344 00	Pathology	0.32	0.32	21.84	21.84
86352 00	Pathology	4.20	4.20	285.61	285.61
86353 00	Pathology	1.52	1.52	103.07	103.07
86355 00	Pathology	1.17	1.17	79.32	79.32
86356 00	Pathology	0.83	0.83	56.30	56.30
86357 00	Pathology	1.17	1.17	79.32	79.32
86359 00	Pathology	1.17	1.17	79.32	79.32
86360 00	Pathology	1.45	1.45	98.76	98.76
86361 00	Pathology	0.83	0.83	56.30	56.30
86362 00	Pathology	0.37	0.37	25.33	25.33
86363 00	Pathology	1.17	1.17	79.32	79.32
86364 00	Pathology	0.36	0.36	24.24	24.24
86366 00	Pathology	0.57	0.57	38.68	38.68
86367 00	Pathology	2.40	2.40	163.51	163.51
86376 00	Pathology	0.45	0.45	30.59	30.59
86381 00	Pathology	0.79	0.79	53.50	53.50
86382 00	Pathology	0.52	0.52	35.55	35.55

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
86384 00	Pathology	0.42	0.42	28.61	28.61
86386 00	Pathology	0.67	0.67	45.79	45.79
86403 00	Pathology	0.36	0.36	24.26	24.26
86406 00	Pathology	0.33	0.33	22.37	22.37
86408 00	Pathology	1.30	1.30	88.57	88.57
86409 00	Pathology	2.46	2.46	167.36	167.36
86413 00	Pathology	1.59	1.59	108.12	108.12
86430 00	Pathology	0.19	0.19	12.91	12.91
86431 00	Pathology	0.18	0.18	11.92	11.92
86480 00	Pathology	1.92	1.92	130.30	130.30
86481 00	Pathology	3.09	3.09	210.22	210.22
86485 00	Pathology	-	-	92.48	92.48
86486 00	Pathology	0.19	0.19	12.92	12.92
86510 00	Pathology	0.23	0.23	15.64	15.64
86580 00	Pathology	0.30	0.30	20.40	20.40
86581 00	Pathology	0.00	0.00	BR	BR
86590 00	Pathology	0.39	0.39	26.61	26.61
86592 00	Pathology	0.13	0.13	8.98	8.98
86593 00	Pathology	0.14	0.14	9.25	9.25
86596 00	Pathology	0.37	0.37	25.33	25.33
86602 00	Pathology	0.31	0.31	21.40	21.40
86603 00	Pathology	0.40	0.40	27.06	27.06
86606 00	Pathology	0.47	0.47	31.64	31.64
86609 00	Pathology	0.40	0.40	27.08	27.08
86611 00	Pathology	0.31	0.31	21.40	21.40
86612 00	Pathology	0.40	0.40	27.12	27.12
86615 00	Pathology	0.41	0.41	27.73	27.73
86617 00	Pathology	0.48	0.48	32.56	32.56
86618 00	Pathology	0.53	0.53	35.80	35.80
86619 00	Pathology	0.41	0.41	28.13	28.13
86622 00	Pathology	0.28	0.28	18.77	18.77
86625 00	Pathology	0.41	0.41	27.58	27.58
86628 00	Pathology	0.37	0.37	25.25	25.25
86631 00	Pathology	0.37	0.37	24.85	24.85
86632 00	Pathology	0.39	0.39	26.66	26.66
86635 00	Pathology	0.35	0.35	24.11	24.11
86638 00	Pathology	0.37	0.37	25.48	25.48
86641 00	Pathology	0.45	0.45	30.29	30.29
86644 00	Pathology	0.44	0.44	30.25	30.25
86645 00	Pathology	0.52	0.52	35.42	35.42
86648 00	Pathology	0.47	0.47	31.98	31.98
86651 00	Pathology	0.41	0.41	27.73	27.73
86652 00	Pathology	0.41	0.41	27.73	27.73
86653 00	Pathology	0.41	0.41	27.73	27.73

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
86654 00	Pathology	0.41	0.41	27.73	27.73
86658 00	Pathology	0.40	0.40	27.39	27.39
86663 00	Pathology	0.41	0.41	27.58	27.58
86664 00	Pathology	0.47	0.47	32.14	32.14
86665 00	Pathology	0.56	0.56	38.13	38.13
86666 00	Pathology	0.31	0.31	21.40	21.40
86668 00	Pathology	0.44	0.44	29.77	29.77
86671 00	Pathology	0.38	0.38	25.75	25.75
86674 00	Pathology	0.46	0.46	30.94	30.94
86677 00	Pathology	0.52	0.52	35.42	35.42
86682 00	Pathology	0.40	0.40	27.35	27.35
86684 00	Pathology	0.49	0.49	33.30	33.30
86687 00	Pathology	0.28	0.28	19.11	19.11
86688 00	Pathology	0.43	0.43	29.43	29.43
86689 00	Pathology	0.60	0.60	40.68	40.68
86692 00	Pathology	0.53	0.53	36.07	36.07
86694 00	Pathology	0.44	0.44	30.25	30.25
86695 00	Pathology	0.41	0.41	27.73	27.73
86696 00	Pathology	0.60	0.60	40.68	40.68
86698 00	Pathology	0.43	0.43	28.99	28.99
86701 00	Pathology	0.27	0.27	18.69	18.69
86702 00	Pathology	0.42	0.42	28.42	28.42
86703 00	Pathology	0.42	0.42	28.82	28.82
86704 00	Pathology	0.37	0.37	25.33	25.33
86705 00	Pathology	0.36	0.36	24.74	24.74
86706 00	Pathology	0.33	0.33	22.58	22.58
86707 00	Pathology	0.36	0.36	24.32	24.32
86708 00	Pathology	0.38	0.38	26.05	26.05
86709 00	Pathology	0.35	0.35	23.67	23.67
86710 00	Pathology	0.42	0.42	28.49	28.49
86711 00	Pathology	0.52	0.52	35.51	35.51
86713 00	Pathology	0.47	0.47	32.16	32.16
86717 00	Pathology	0.38	0.38	25.75	25.75
86720 00	Pathology	0.50	0.50	34.06	34.06
86723 00	Pathology	0.41	0.41	27.73	27.73
86727 00	Pathology	0.40	0.40	27.06	27.06
86732 00	Pathology	0.46	0.46	31.53	31.53
86735 00	Pathology	0.40	0.40	27.43	27.43
86738 00	Pathology	0.41	0.41	27.83	27.83
86741 00	Pathology	0.41	0.41	27.73	27.73
86744 00	Pathology	0.49	0.49	33.61	33.61
86747 00	Pathology	0.46	0.46	31.60	31.60
86750 00	Pathology	0.41	0.41	27.73	27.73

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## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
86753 00	Pathology	0.38	0.38	26.05	26.05
86756 00	Pathology	0.49	0.49	33.40	33.40
86757 00	Pathology	0.60	0.60	40.68	40.68
86759 00	Pathology	0.56	0.56	38.32	38.32
86762 00	Pathology	0.44	0.44	30.25	30.25
86765 00	Pathology	0.40	0.40	27.08	27.08
86768 00	Pathology	0.41	0.41	27.73	27.73
86769 00	Pathology	1.30	1.30	88.57	88.57
86771 00	Pathology	0.76	0.76	51.46	51.46
86774 00	Pathology	0.46	0.46	31.11	31.11
86777 00	Pathology	0.44	0.44	30.25	30.25
86778 00	Pathology	0.45	0.45	30.29	30.29
86780 00	Pathology	0.41	0.41	27.83	27.83
86784 00	Pathology	0.39	0.39	26.40	26.40
86787 00	Pathology	0.40	0.40	27.08	27.08
86788 00	Pathology	0.52	0.52	35.42	35.42
86789 00	Pathology	0.44	0.44	30.25	30.25
86790 00	Pathology	0.40	0.40	27.08	27.08
86793 00	Pathology	0.41	0.41	27.73	27.73
86794 00	Pathology	0.52	0.52	35.42	35.42
86800 00	Pathology	0.49	0.49	33.45	33.45
86803 00	Pathology	0.44	0.44	30.00	30.00
86804 00	Pathology	0.48	0.48	32.56	32.56
86805 00	Pathology	5.86	5.86	398.39	398.39
86806 00	Pathology	1.47	1.47	100.05	100.05
86807 00	Pathology	2.43	2.43	165.34	165.34
86808 00	Pathology	0.92	0.92	62.39	62.39
86812 00	Pathology	0.80	0.80	54.26	54.26
86813 00	Pathology	1.79	1.79	121.93	121.93
86816 00	Pathology	0.93	0.93	63.42	63.42
86817 00	Pathology	3.28	3.28	223.13	223.13
86821 00	Pathology	1.13	1.13	76.86	76.86
86825 00	Pathology	3.38	3.38	230.17	230.17
86826 00	Pathology	1.13	1.13	76.79	76.79
86828 00	Pathology	1.98	1.98	134.94	134.94
86829 00	Pathology	1.98	1.98	134.94	134.94
86830 00	Pathology	2.95	2.95	200.81	200.81
86831 00	Pathology	2.53	2.53	172.13	172.13
86832 00	Pathology	10.01	10.01	680.60	680.60
86833 00	Pathology	10.07	10.07	684.91	684.91
86834 00	Pathology	11.05	11.05	751.68	751.68
86835 00	Pathology	9.98	9.98	678.94	678.94
86849 00	Pathology	0.00	0.00	BR	BR
86850 00	Pathology	0.30	0.30	20.54	20.54

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
86860 00	Pathology	-	-	208.76	208.76
86870 00	Pathology	-	-	171.36	171.36
86880 00	Pathology	0.17	0.17	11.33	11.33
86885 00	Pathology	0.18	0.18	12.02	12.02
86886 00	Pathology	0.16	0.16	10.89	10.89
86890 00	Pathology	-	-	543.32	543.32
86891 00	Pathology	-	-	1216.52	1216.52
86900 00	Pathology	0.09	0.09	6.29	6.29
86901 00	Pathology	0.09	0.09	6.29	6.29
86902 00	Pathology	0.20	0.20	13.35	13.35
86904 00	Pathology	0.51	0.51	34.35	34.35
86905 00	Pathology	0.12	0.12	8.05	8.05
86906 00	Pathology	0.24	0.24	16.29	16.29
86910 00	Pathology	0.00	0.00	BR	BR
86911 00	Pathology	0.00	0.00	BR	BR
86920 00	Pathology	-	-	131.92	131.92
86921 00	Pathology	-	-	131.24	131.24
86922 00	Pathology	-	-	127.84	127.84
86923 00	Pathology	-	-	36.04	36.04
86927 00	Pathology	-	-	22.44	22.44
86930 00	Pathology	0.00	0.00	BR	BR
86931 00	Pathology	0.00	0.00	BR	BR
86932 00	Pathology	0.00	0.00	BR	BR
86940 00	Pathology	0.27	0.27	18.44	18.44
86941 00	Pathology	0.37	0.37	25.46	25.46
86945 00	Pathology	-	-	191.76	191.76
86950 00	Pathology	0.00	0.00	BR	BR
86960 00	Pathology	-	-	106.08	106.08
86965 00	Pathology	-	-	527.00	527.00
86970 00	Pathology	-	-	185.64	185.64
86971 00	Pathology	-	-	76.16	76.16
86972 00	Pathology	-	-	307.36	307.36
86975 00	Pathology	0.00	0.00	BR	BR
86976 00	Pathology	-	-	73.44	73.44
86977 00	Pathology	0.00	0.00	BR	BR
86978 00	Pathology	-	-	263.84	263.84
86985 00	Pathology	-	-	129.88	129.88
86999 00	Pathology	0.00	0.00	BR	BR
87003 00	Pathology	0.52	0.52	35.40	35.40
87015 00	Pathology	0.21	0.21	14.04	14.04
87040 00	Pathology	0.32	0.32	21.70	21.70
87045 00	Pathology	0.29	0.29	19.85	19.85
87046 00	Pathology	0.29	0.29	19.85	19.85

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
87070 00	Pathology	0.27	0.27	18.12	18.12
87071 00	Pathology	0.31	0.31	20.79	20.79
87073 00	Pathology	0.30	0.30	20.31	20.31
87075 00	Pathology	0.29	0.29	19.91	19.91
87076 00	Pathology	0.25	0.25	16.99	16.99
87077 00	Pathology	0.25	0.25	16.99	16.99
87081 00	Pathology	0.20	0.20	13.94	13.94
87084 00	Pathology	0.84	0.84	56.91	56.91
87086 00	Pathology	0.25	0.25	16.97	16.97
87088 00	Pathology	0.25	0.25	17.01	17.01
87101 00	Pathology	0.24	0.24	16.21	16.21
87102 00	Pathology	0.26	0.26	17.68	17.68
87103 00	Pathology	0.63	0.63	43.01	43.01
87106 00	Pathology	0.32	0.32	21.70	21.70
87107 00	Pathology	0.32	0.32	21.70	21.70
87109 00	Pathology	0.48	0.48	32.35	32.35
87110 00	Pathology	0.61	0.61	41.20	41.20
87116 00	Pathology	0.33	0.33	22.70	22.70
87118 00	Pathology	0.45	0.45	30.71	30.71
87140 00	Pathology	0.17	0.17	11.71	11.71
87143 00	Pathology	0.39	0.39	26.32	26.32
87147 00	Pathology	0.16	0.16	10.89	10.89
87149 00	Pathology	0.62	0.62	42.15	42.15
87150 00	Pathology	1.08	1.08	73.77	73.77
87152 00	Pathology	0.24	0.24	16.27	16.27
87153 00	Pathology	3.57	3.57	242.51	242.51
87154 00	Pathology	6.74	6.74	458.41	458.41
87158 00	Pathology	0.24	0.24	16.27	16.27
87164 00	Pathology	0.33	0.33	22.58	22.58
87164 26	Pathology	0.56	0.56	38.08	38.08
87166 00	Pathology	0.35	0.35	23.76	23.76
87168 00	Pathology	0.13	0.13	8.98	8.98
87169 00	Pathology	0.13	0.13	9.06	9.06
87172 00	Pathology	0.13	0.13	8.98	8.98
87176 00	Pathology	0.18	0.18	12.36	12.36
87177 00	Pathology	0.28	0.28	18.71	18.71
87181 00	Pathology	0.15	0.15	9.99	9.99
87184 00	Pathology	0.23	0.23	15.72	15.72
87185 00	Pathology	0.15	0.15	9.99	9.99
87186 00	Pathology	0.27	0.27	18.18	18.18
87187 00	Pathology	1.24	1.24	84.45	84.45
87188 00	Pathology	0.21	0.21	13.96	13.96
87190 00	Pathology	0.23	0.23	15.37	15.37
87197 00	Pathology	0.46	0.46	31.58	31.58

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
87205 00	Pathology	0.13	0.13	8.98	8.98
87206 00	Pathology	0.17	0.17	11.33	11.33
87207 00	Pathology	0.19	0.19	12.59	12.59
87207 26	Pathology	0.53	0.53	36.04	36.04
87209 00	Pathology	0.56	0.56	37.80	37.80
87210 00	Pathology	0.18	0.18	12.24	12.24
87220 00	Pathology	0.13	0.13	8.98	8.98
87230 00	Pathology	0.61	0.61	41.50	41.50
87250 00	Pathology	0.60	0.60	41.12	41.12
87252 00	Pathology	0.81	0.81	54.81	54.81
87253 00	Pathology	0.62	0.62	42.47	42.47
87254 00	Pathology	0.60	0.60	41.12	41.12
87255 00	Pathology	1.05	1.05	71.18	71.18
87260 00	Pathology	0.45	0.45	30.34	30.34
87265 00	Pathology	0.37	0.37	25.18	25.18
87267 00	Pathology	0.41	0.41	28.21	28.21
87269 00	Pathology	0.42	0.42	28.61	28.61
87270 00	Pathology	0.37	0.37	25.18	25.18
87271 00	Pathology	0.41	0.41	28.21	28.21
87272 00	Pathology	0.37	0.37	25.18	25.18
87273 00	Pathology	0.37	0.37	25.18	25.18
87274 00	Pathology	0.37	0.37	25.18	25.18
87275 00	Pathology	0.38	0.38	25.75	25.75
87276 00	Pathology	0.50	0.50	33.78	33.78
87278 00	Pathology	0.48	0.48	32.79	32.79
87279 00	Pathology	0.51	0.51	34.54	34.54
87280 00	Pathology	0.41	0.41	28.21	28.21
87281 00	Pathology	0.37	0.37	25.18	25.18
87283 00	Pathology	1.88	1.88	127.82	127.82
87285 00	Pathology	0.38	0.38	25.61	25.61
87290 00	Pathology	0.41	0.41	28.21	28.21
87299 00	Pathology	0.50	0.50	33.85	33.85
87300 00	Pathology	0.37	0.37	25.18	25.18
87301 00	Pathology	0.37	0.37	25.18	25.18
87305 00	Pathology	0.37	0.37	25.18	25.18
87320 00	Pathology	0.46	0.46	31.53	31.53
87324 00	Pathology	0.37	0.37	25.18	25.18
87327 00	Pathology	0.41	0.41	28.21	28.21
87328 00	Pathology	0.43	0.43	29.05	29.05
87329 00	Pathology	0.37	0.37	25.18	25.18
87332 00	Pathology	0.37	0.37	25.18	25.18
87335 00	Pathology	0.39	0.39	26.61	26.61
87336 00	Pathology	0.49	0.49	33.64	33.64

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
87337 00	Pathology	0.37	0.37	25.18	25.18
87338 00	Pathology	0.44	0.44	30.23	30.23
87339 00	Pathology	0.49	0.49	33.64	33.64
87340 00	Pathology	0.32	0.32	21.72	21.72
87341 00	Pathology	0.32	0.32	21.72	21.72
87350 00	Pathology	0.36	0.36	24.24	24.24
87380 00	Pathology	0.57	0.57	38.60	38.60
87385 00	Pathology	0.41	0.41	27.85	27.85
87389 00	Pathology	0.74	0.74	50.62	50.62
87390 00	Pathology	0.74	0.74	50.58	50.58
87391 00	Pathology	0.68	0.68	46.04	46.04
87400 00	Pathology	0.44	0.44	29.70	29.70
87420 00	Pathology	0.43	0.43	29.24	29.24
87425 00	Pathology	0.37	0.37	25.18	25.18
87426 00	Pathology	1.09	1.09	74.27	74.27
87427 00	Pathology	0.37	0.37	25.18	25.18
87428 00	Pathology	2.17	2.17	147.77	147.77
87430 00	Pathology	0.52	0.52	35.34	35.34
87449 00	Pathology	0.37	0.37	25.18	25.18
87451 00	Pathology	0.32	0.32	22.09	22.09
87467 00	Pathology	0.78	0.78	53.23	53.23
87468 00	Pathology	1.08	1.08	73.77	73.77
87469 00	Pathology	1.08	1.08	73.77	73.77
87471 00	Pathology	1.08	1.08	73.77	73.77
87472 00	Pathology	1.32	1.32	90.06	90.06
87475 00	Pathology	0.62	0.62	42.15	42.15
87476 00	Pathology	1.08	1.08	73.77	73.77
87478 00	Pathology	1.08	1.08	73.77	73.77
87480 00	Pathology	0.62	0.62	42.15	42.15
87481 00	Pathology	1.08	1.08	73.77	73.77
87482 00	Pathology	1.72	1.72	117.18	117.18
87483 00	Pathology	12.88	12.88	876.17	876.17
87484 00	Pathology	1.08	1.08	73.77	73.77
87485 00	Pathology	0.62	0.62	42.15	42.15
87486 00	Pathology	1.08	1.08	73.77	73.77
87487 00	Pathology	1.32	1.32	90.06	90.06
87490 00	Pathology	0.70	0.70	47.83	47.83
87491 00	Pathology	1.08	1.08	73.77	73.77
87492 00	Pathology	1.65	1.65	112.41	112.41
87493 00	Pathology	1.15	1.15	78.35	78.35
87495 00	Pathology	0.93	0.93	63.13	63.13
87496 00	Pathology	1.08	1.08	73.77	73.77
87497 00	Pathology	1.32	1.32	90.06	90.06
87498 00	Pathology	1.08	1.08	73.77	73.77

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
87500 00	Pathology	1.08	1.08	73.77	73.77
87501 00	Pathology	1.59	1.59	107.87	107.87
87502 00	Pathology	2.96	2.96	201.39	201.39
87503 00	Pathology	0.90	0.90	61.43	61.43
87505 00	Pathology	3.97	3.97	269.70	269.70
87506 00	Pathology	8.13	8.13	552.87	552.87
87507 00	Pathology	12.88	12.88	876.17	876.17
87510 00	Pathology	0.62	0.62	42.15	42.15
87511 00	Pathology	1.08	1.08	73.77	73.77
87512 00	Pathology	1.29	1.29	87.79	87.79
87513 00	Pathology	1.08	1.08	73.77	73.77
87516 00	Pathology	1.08	1.08	73.77	73.77
87517 00	Pathology	1.32	1.32	90.06	90.06
87520 00	Pathology	0.97	0.97	65.63	65.63
87521 00	Pathology	1.08	1.08	73.77	73.77
87522 00	Pathology	1.32	1.32	90.06	90.06
87523 00	Pathology	1.32	1.32	90.06	90.06
87525 00	Pathology	0.92	0.92	62.65	62.65
87526 00	Pathology	1.21	1.21	82.53	82.53
87527 00	Pathology	1.29	1.29	87.79	87.79
87528 00	Pathology	0.62	0.62	42.15	42.15
87529 00	Pathology	1.08	1.08	73.77	73.77
87530 00	Pathology	1.32	1.32	90.06	90.06
87531 00	Pathology	1.79	1.79	121.93	121.93
87532 00	Pathology	1.08	1.08	73.77	73.77
87533 00	Pathology	1.29	1.29	87.79	87.79
87534 00	Pathology	0.68	0.68	46.08	46.08
87535 00	Pathology	1.08	1.08	73.77	73.77
87536 00	Pathology	2.63	2.63	178.90	178.90
87537 00	Pathology	0.68	0.68	46.08	46.08
87538 00	Pathology	1.08	1.08	73.77	73.77
87539 00	Pathology	1.81	1.81	123.23	123.23
87540 00	Pathology	0.62	0.62	42.15	42.15
87541 00	Pathology	1.08	1.08	73.77	73.77
87542 00	Pathology	1.29	1.29	87.79	87.79
87550 00	Pathology	0.62	0.62	42.15	42.15
87551 00	Pathology	1.49	1.49	101.41	101.41
87552 00	Pathology	1.32	1.32	90.06	90.06
87555 00	Pathology	0.83	0.83	56.51	56.51
87556 00	Pathology	1.29	1.29	87.62	87.62
87557 00	Pathology	1.32	1.32	90.06	90.06
87560 00	Pathology	0.84	0.84	57.37	57.37
87561 00	Pathology	1.08	1.08	73.77	73.77

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
87562 00	Pathology	1.32	1.32	90.06	90.06
87563 00	Pathology	1.08	1.08	73.77	73.77
87564 00	Pathology	2.37	2.37	161.39	161.39
87580 00	Pathology	0.62	0.62	42.15	42.15
87581 00	Pathology	1.08	1.08	73.77	73.77
87582 00	Pathology	9.36	9.36	636.18	636.18
87590 00	Pathology	0.83	0.83	56.51	56.51
87591 00	Pathology	1.08	1.08	73.77	73.77
87592 00	Pathology	1.32	1.32	90.06	90.06
87593 00	Pathology	1.59	1.59	107.87	107.87
87594 00	Pathology	1.08	1.08	73.77	73.77
87623 00	Pathology	1.08	1.08	73.77	73.77
87624 00	Pathology	1.08	1.08	73.77	73.77
87625 00	Pathology	1.25	1.25	85.25	85.25
87626 00	Pathology	2.17	2.17	147.58	147.58
87631 00	Pathology	4.41	4.41	299.84	299.84
87632 00	Pathology	6.74	6.74	458.41	458.41
87633 00	Pathology	12.88	12.88	876.17	876.17
87634 00	Pathology	2.17	2.17	147.58	147.58
87635 00	Pathology	1.59	1.59	107.87	107.87
87636 00	Pathology	4.41	4.41	299.84	299.84
87637 00	Pathology	4.41	4.41	299.84	299.84
87640 00	Pathology	1.08	1.08	73.77	73.77
87641 00	Pathology	1.08	1.08	73.77	73.77
87650 00	Pathology	0.62	0.62	42.15	42.15
87651 00	Pathology	1.08	1.08	73.77	73.77
87652 00	Pathology	1.29	1.29	87.79	87.79
87653 00	Pathology	1.08	1.08	73.77	73.77
87660 00	Pathology	0.62	0.62	42.15	42.15
87661 00	Pathology	1.08	1.08	73.77	73.77
87662 00	Pathology	1.59	1.59	107.87	107.87
87797 00	Pathology	0.93	0.93	63.13	63.13
87798 00	Pathology	1.08	1.08	73.77	73.77
87799 00	Pathology	1.32	1.32	90.06	90.06
87800 00	Pathology	1.35	1.35	91.80	91.80
87801 00	Pathology	2.17	2.17	147.58	147.58
87802 00	Pathology	0.39	0.39	26.76	26.76
87803 00	Pathology	0.49	0.49	33.64	33.64
87804 00	Pathology	0.51	0.51	34.79	34.79
87806 00	Pathology	1.01	1.01	68.89	68.89
87807 00	Pathology	0.40	0.40	27.54	27.54
87808 00	Pathology	0.47	0.47	32.14	32.14
87809 00	Pathology	0.67	0.67	45.74	45.74
87810 00	Pathology	1.09	1.09	74.19	74.19

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
87811 00	Pathology	1.28	1.28	86.99	86.99
87850 00	Pathology	0.76	0.76	51.63	51.63
87880 00	Pathology	0.51	0.51	34.75	34.75
87899 00	Pathology	0.50	0.50	33.78	33.78
87900 00	Pathology	4.03	4.03	274.03	274.03
87901 00	Pathology	7.96	7.96	541.22	541.22
87902 00	Pathology	7.96	7.96	541.22	541.22
87903 00	Pathology	15.11	15.11	1027.28	1027.28
87904 00	Pathology	0.81	0.81	54.81	54.81
87905 00	Pathology	0.38	0.38	25.69	25.69
87906 00	Pathology	3.98	3.98	270.62	270.62
87910 00	Pathology	7.96	7.96	541.22	541.22
87912 00	Pathology	7.96	7.96	541.22	541.22
87913 00	Pathology	7.96	7.96	541.22	541.22
87999 00	Pathology	0.00	0.00	BR	BR
88000 00	Pathology	0.00	0.00	BR	BR
88005 00	Pathology	0.00	0.00	BR	BR
88007 00	Pathology	0.00	0.00	BR	BR
88012 00	Pathology	0.00	0.00	BR	BR
88014 00	Pathology	0.00	0.00	BR	BR
88016 00	Pathology	0.00	0.00	BR	BR
88020 00	Pathology	0.00	0.00	BR	BR
88025 00	Pathology	0.00	0.00	BR	BR
88027 00	Pathology	0.00	0.00	BR	BR
88028 00	Pathology	0.00	0.00	BR	BR
88029 00	Pathology	0.00	0.00	BR	BR
88036 00	Pathology	-	-	112.88	112.88
88037 00	Pathology	0.00	0.00	BR	BR
88040 00	Pathology	0.00	0.00	BR	BR
88045 00	Pathology	0.00	0.00	BR	BR
88099 00	Pathology	0.00	0.00	BR	BR
88104 00	Pathology	2.40	2.40	163.20	163.20
88104 26	Pathology	0.81	0.81	55.08	55.08
88104 TC	Pathology	1.59	1.59	108.12	108.12
88106 00	Pathology	2.13	2.13	144.84	144.84
88106 26	Pathology	0.55	0.55	37.40	37.40
88106 TC	Pathology	1.58	1.58	107.44	107.44
88108 00	Pathology	2.10	2.10	142.80	142.80
88108 26	Pathology	0.65	0.65	44.20	44.20
88108 TC	Pathology	1.45	1.45	98.60	98.60
88112 00	Pathology	2.03	2.03	138.04	138.04
88112 26	Pathology	0.80	0.80	54.40	54.40
88112 TC	Pathology	1.23	1.23	83.64	83.64

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
88120 00	Pathology	16.77	16.77	1140.36	1140.36
88120 26	Pathology	1.69	1.69	114.92	114.92
88120 TC	Pathology	15.08	15.08	1025.44	1025.44
88121 00	Pathology	12.16	12.16	826.88	826.88
88121 26	Pathology	1.41	1.41	95.88	95.88
88121 TC	Pathology	10.75	10.75	731.00	731.00
88125 00	Pathology	0.87	0.87	59.16	59.16
88125 26	Pathology	0.40	0.40	27.20	27.20
88125 TC	Pathology	0.47	0.47	31.96	31.96
88130 00	Pathology	0.56	0.56	37.80	37.80
88140 00	Pathology	0.25	0.25	16.80	16.80
88141 00	Pathology	0.75	0.75	51.00	51.00
88142 00	Pathology	0.63	0.63	42.59	42.59
88143 00	Pathology	0.71	0.71	48.44	48.44
88147 00	Pathology	1.56	1.56	106.29	106.29
88148 00	Pathology	0.56	0.56	38.24	38.24
88150 00	Pathology	0.56	0.56	38.24	38.24
88152 00	Pathology	0.85	0.85	58.11	58.11
88153 00	Pathology	0.74	0.74	50.52	50.52
88155 00	Pathology	0.45	0.45	30.80	30.80
88160 00	Pathology	2.50	2.50	170.00	170.00
88160 26	Pathology	0.75	0.75	51.00	51.00
88160 TC	Pathology	1.75	1.75	119.00	119.00
88161 00	Pathology	2.52	2.52	171.36	171.36
88161 26	Pathology	0.74	0.74	50.32	50.32
88161 TC	Pathology	1.78	1.78	121.04	121.04
88162 00	Pathology	3.96	3.96	269.28	269.28
88162 26	Pathology	1.14	1.14	77.52	77.52
88162 TC	Pathology	2.82	2.82	191.76	191.76
88164 00	Pathology	0.56	0.56	38.24	38.24
88165 00	Pathology	1.31	1.31	88.76	88.76
88166 00	Pathology	0.56	0.56	38.24	38.24
88167 00	Pathology	0.56	0.56	38.24	38.24
88172 00	Pathology	1.69	1.69	114.92	114.92
88172 26	Pathology	1.03	1.03	70.04	70.04
88172 TC	Pathology	0.66	0.66	44.88	44.88
88173 00	Pathology	5.14	5.14	349.52	349.52
88173 26	Pathology	2.02	2.02	137.36	137.36
88173 TC	Pathology	3.12	3.12	212.16	212.16
88174 00	Pathology	0.78	0.78	53.33	53.33
88175 00	Pathology	0.82	0.82	55.94	55.94
88177 00	Pathology	0.89	0.89	60.52	60.52
88177 26	Pathology	0.63	0.63	42.84	42.84
88177 TC	Pathology	0.26	0.26	17.68	17.68

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## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
88182 00	Pathology	4.81	4.81	327.08	327.08
88182 26	Pathology	1.10	1.10	74.80	74.80
88182 TC	Pathology	3.71	3.71	252.28	252.28
88184 00	Pathology	2.34	2.34	159.12	159.12
88185 00	Pathology	0.68	0.68	46.24	46.24
88187 00	Pathology	1.06	1.06	72.08	72.08
88188 00	Pathology	1.80	1.80	122.40	122.40
88189 00	Pathology	2.45	2.45	166.60	166.60
88199 00	Pathology	0.00	0.00	BR	BR
88199 26	Pathology	0.00	0.00	BR	BR
88199 TC	Pathology	0.00	0.00	BR	BR
88230 00	Pathology	3.60	3.60	244.89	244.89
88233 00	Pathology	4.35	4.35	295.85	295.85
88235 00	Pathology	4.65	4.65	315.97	315.97
88237 00	Pathology	4.44	4.44	302.20	302.20
88239 00	Pathology	4.56	4.56	310.12	310.12
88240 00	Pathology	0.40	0.40	27.48	27.48
88241 00	Pathology	0.37	0.37	25.42	25.42
88245 00	Pathology	5.35	5.35	364.04	364.04
88248 00	Pathology	5.35	5.35	364.04	364.04
88249 00	Pathology	5.35	5.35	364.04	364.04
88261 00	Pathology	8.17	8.17	555.71	555.71
88262 00	Pathology	3.88	3.88	263.81	263.81
88263 00	Pathology	4.65	4.65	315.95	315.95
88264 00	Pathology	4.47	4.47	304.00	304.00
88267 00	Pathology	5.83	5.83	396.42	396.42
88269 00	Pathology	5.37	5.37	365.07	365.07
88271 00	Pathology	0.66	0.66	45.03	45.03
88272 00	Pathology	1.26	1.26	85.56	85.56
88273 00	Pathology	1.08	1.08	73.18	73.18
88274 00	Pathology	1.31	1.31	89.09	89.09
88275 00	Pathology	1.58	1.58	107.61	107.61
88280 00	Pathology	1.03	1.03	70.36	70.36
88283 00	Pathology	2.12	2.12	144.21	144.21
88285 00	Pathology	0.83	0.83	56.57	56.57
88289 00	Pathology	1.06	1.06	72.38	72.38
88291 00	Pathology	1.02	1.02	69.36	69.36
88299 00	Pathology	0.00	0.00	BR	BR
88300 00	Pathology	0.50	0.50	34.00	34.00
88300 26	Pathology	0.13	0.13	8.84	8.84
88300 TC	Pathology	0.37	0.37	25.16	25.16
88302 00	Pathology	1.00	1.00	68.00	68.00
88302 26	Pathology	0.20	0.20	13.60	13.60

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## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
88302 TC	Pathology	0.80	0.80	54.40	54.40
88304 00	Pathology	1.28	1.28	87.04	87.04
88304 26	Pathology	0.33	0.33	22.44	22.44
88304 TC	Pathology	0.95	0.95	64.60	64.60
88305 00	Pathology	2.15	2.15	146.20	146.20
88305 26	Pathology	1.08	1.08	73.44	73.44
88305 TC	Pathology	1.07	1.07	72.76	72.76
88307 00	Pathology	8.60	8.60	584.80	584.80
88307 26	Pathology	2.37	2.37	161.16	161.16
88307 TC	Pathology	6.23	6.23	423.64	423.64
88309 00	Pathology	12.84	12.84	873.12	873.12
88309 26	Pathology	4.18	4.18	284.24	284.24
88309 TC	Pathology	8.66	8.66	588.88	588.88
88311 00	Pathology	0.61	0.61	41.48	41.48
88311 26	Pathology	0.36	0.36	24.48	24.48
88311 TC	Pathology	0.25	0.25	17.00	17.00
88312 00	Pathology	3.35	3.35	227.80	227.80
88312 26	Pathology	0.77	0.77	52.36	52.36
88312 TC	Pathology	2.58	2.58	175.44	175.44
88313 00	Pathology	2.46	2.46	167.28	167.28
88313 26	Pathology	0.35	0.35	23.80	23.80
88313 TC	Pathology	2.11	2.11	143.48	143.48
88314 00	Pathology	2.57	2.57	174.76	174.76
88314 26	Pathology	0.58	0.58	39.44	39.44
88314 TC	Pathology	1.99	1.99	135.32	135.32
88319 00	Pathology	4.06	4.06	276.08	276.08
88319 26	Pathology	0.78	0.78	53.04	53.04
88319 TC	Pathology	3.28	3.28	223.04	223.04
88321 00	Pathology	2.90	2.45	197.20	166.60
88323 00	Pathology	3.48	3.48	236.64	236.64
88323 26	Pathology	2.58	2.58	175.44	175.44
88323 TC	Pathology	0.90	0.90	61.20	61.20
88325 00	Pathology	4.70	3.98	319.60	270.64
88329 00	Pathology	1.63	1.03	110.84	70.04
88331 00	Pathology	3.02	3.02	205.36	205.36
88331 26	Pathology	1.80	1.80	122.40	122.40
88331 TC	Pathology	1.22	1.22	82.96	82.96
88332 00	Pathology	1.64	1.64	111.52	111.52
88332 26	Pathology	0.89	0.89	60.52	60.52
88332 TC	Pathology	0.75	0.75	51.00	51.00
88333 00	Pathology	2.73	2.73	185.64	185.64
88333 26	Pathology	1.79	1.79	121.72	121.72
88333 TC	Pathology	0.94	0.94	63.92	63.92
88334 00	Pathology	1.67	1.67	113.56	113.56

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
88334 26	Pathology	1.09	1.09	74.12	74.12
88334 TC	Pathology	0.58	0.58	39.44	39.44
88341 00	Pathology	2.89	2.89	196.52	196.52
88341 26	Pathology	0.82	0.82	55.76	55.76
88341 TC	Pathology	2.07	2.07	140.76	140.76
88342 00	Pathology	3.37	3.37	229.16	229.16
88342 26	Pathology	1.01	1.01	68.68	68.68
88342 TC	Pathology	2.36	2.36	160.48	160.48
88344 00	Pathology	5.17	5.17	351.56	351.56
88344 26	Pathology	1.12	1.12	76.16	76.16
88344 TC	Pathology	4.05	4.05	275.40	275.40
88346 00	Pathology	4.33	4.33	294.44	294.44
88346 26	Pathology	1.04	1.04	70.72	70.72
88346 TC	Pathology	3.29	3.29	223.72	223.72
88348 00	Pathology	14.76	14.76	1003.68	1003.68
88348 26	Pathology	2.25	2.25	153.00	153.00
88348 TC	Pathology	12.51	12.51	850.68	850.68
88350 00	Pathology	3.31	3.31	225.08	225.08
88350 26	Pathology	0.84	0.84	57.12	57.12
88350 TC	Pathology	2.47	2.47	167.96	167.96
88355 00	Pathology	4.26	4.26	289.68	289.68
88355 26	Pathology	2.40	2.40	163.20	163.20
88355 TC	Pathology	1.86	1.86	126.48	126.48
88356 00	Pathology	7.08	7.08	481.44	481.44
88356 26	Pathology	3.53	3.53	240.04	240.04
88356 TC	Pathology	3.55	3.55	241.40	241.40
88358 00	Pathology	4.04	4.04	274.72	274.72
88358 26	Pathology	1.43	1.43	97.24	97.24
88358 TC	Pathology	2.61	2.61	177.48	177.48
88360 00	Pathology	3.57	3.57	242.76	242.76
88360 26	Pathology	1.20	1.20	81.60	81.60
88360 TC	Pathology	2.37	2.37	161.16	161.16
88361 00	Pathology	3.47	3.47	235.96	235.96
88361 26	Pathology	1.25	1.25	85.00	85.00
88361 TC	Pathology	2.22	2.22	150.96	150.96
88362 00	Pathology	6.91	6.91	469.88	469.88
88362 26	Pathology	3.22	3.22	218.96	218.96
88362 TC	Pathology	3.69	3.69	250.92	250.92
88363 00	Pathology	0.70	0.56	47.60	38.08
88364 00	Pathology	3.87	3.87	263.16	263.16
88364 26	Pathology	0.98	0.98	66.64	66.64
88364 TC	Pathology	2.89	2.89	196.52	196.52
88365 00	Pathology	5.22	5.22	354.96	354.96

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2025

## Pathology Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
88365 26	Pathology	1.24	1.24	84.32	84.32
88365 TC	Pathology	3.98	3.98	270.64	270.64
88366 00	Pathology	8.04	8.04	546.72	546.72
88366 26	Pathology	1.79	1.79	121.72	121.72
88366 TC	Pathology	6.25	6.25	425.00	425.00
88367 00	Pathology	3.27	3.27	222.36	222.36
88367 26	Pathology	0.96	0.96	65.28	65.28
88367 TC	Pathology	2.31	2.31	157.08	157.08
88368 00	Pathology	4.47	4.47	303.96	303.96
88368 26	Pathology	1.23	1.23	83.64	83.64
88368 TC	Pathology	3.24	3.24	220.32	220.32
88369 00	Pathology	3.92	3.92	266.56	266.56
88369 26	Pathology	0.99	0.99	67.32	67.32
88369 TC	Pathology	2.93	2.93	199.24	199.24
88371 00	Pathology	0.69	0.69	46.73	46.73
88371 26	Pathology	0.56	0.56	38.08	38.08
88372 00	Pathology	0.81	0.81	55.12	55.12
88372 26	Pathology	0.53	0.53	36.04	36.04
88373 00	Pathology	1.97	1.97	133.96	133.96
88373 26	Pathology	0.73	0.73	49.64	49.64
88373 TC	Pathology	1.24	1.24	84.32	84.32
88374 00	Pathology	8.17	8.17	555.56	555.56
88374 26	Pathology	1.21	1.21	82.28	82.28
88374 TC	Pathology	6.96	6.96	473.28	473.28
88375 00	Pathology	1.39	1.39	94.52	94.52
88377 00	Pathology	11.63	11.63	790.84	790.84
88377 26	Pathology	1.87	1.87	127.16	127.16
88377 TC	Pathology	9.76	9.76	663.68	663.68
88380 00	Pathology	3.78	3.78	257.04	257.04
88380 26	Pathology	1.54	1.54	104.72	104.72
88380 TC	Pathology	2.24	2.24	152.32	152.32
88381 00	Pathology	5.83	5.83	396.44	396.44
88381 26	Pathology	0.68	0.68	46.24	46.24
88381 TC	Pathology	5.15	5.15	350.20	350.20
88387 00	Pathology	1.00	1.00	68.00	68.00
88387 26	Pathology	0.78	0.78	53.04	53.04
88387 TC	Pathology	0.22	0.22	14.96	14.96
88399 00	Pathology	0.00	0.00	BR	BR
88399 26	Pathology	0.00	0.00	BR	BR
88399 TC	Pathology	0.00	0.00	BR	BR
88720 00	Pathology	0.16	0.16	10.55	10.55
88738 00	Pathology	0.16	0.16	10.55	10.55
88740 00	Pathology	0.29	0.29	19.70	19.70
88741 00	Pathology	0.29	0.29	19.70	19.70

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Pathology Codes 2025****Pathology Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
88749 00	Pathology	0.00	0.00	BR	BR
89049 00	Pathology	8.70	1.83	591.60	124.44
89050 00	Pathology	0.15	0.15	9.92	9.92
89051 00	Pathology	0.17	0.17	11.77	11.77
89055 00	Pathology	0.13	0.13	8.98	8.98
89060 00	Pathology	0.23	0.23	15.41	15.41
89060 26	Pathology	0.53	0.53	36.04	36.04
89125 00	Pathology	0.18	0.18	12.36	12.36
89160 00	Pathology	0.15	0.15	10.20	10.20
89190 00	Pathology	0.18	0.18	12.17	12.17
89220 00	Pathology	0.57	0.57	38.76	38.76
89230 00	Pathology	0.09	0.09	6.12	6.12
89240 00	Pathology	0.00	0.00	BR	BR
89250 00	Pathology	-	-	3298.00	3298.00
89251 00	Pathology	-	-	3600.60	3600.60
89253 00	Pathology	-	-	1678.92	1678.92
89254 00	Pathology	-	-	1307.64	1307.64
89255 00	Pathology	-	-	989.40	989.40
89257 00	Pathology	-	-	845.92	845.92
89258 00	Pathology	-	-	1998.52	1998.52
89259 00	Pathology	-	-	566.44	566.44
89260 00	Pathology	-	-	436.56	436.56
89261 00	Pathology	-	-	485.52	485.52
89264 00	Pathology	-	-	970.36	970.36
89268 00	Pathology	-	-	1538.16	1538.16
89272 00	Pathology	-	-	2522.12	2522.12
89280 00	Pathology	-	-	3569.32	3569.32
89281 00	Pathology	-	-	3244.28	3244.28
89290 00	Pathology	-	-	3523.76	3523.76
89291 00	Pathology	-	-	4081.36	4081.36
89300 00	Pathology	0.30	0.30	20.69	20.69
89310 00	Pathology	0.27	0.27	18.10	18.10
89320 00	Pathology	0.38	0.38	25.88	25.88
89321 00	Pathology	0.37	0.37	25.33	25.33
89322 00	Pathology	0.48	0.48	32.58	32.58
89325 00	Pathology	0.33	0.33	22.43	22.43
89329 00	Pathology	0.61	0.61	41.18	41.18
89330 00	Pathology	0.32	0.32	21.82	21.82
89331 00	Pathology	0.61	0.61	41.18	41.18
89335 00	Pathology	-	-	648.72	648.72
89337 00	Pathology	-	-	5632.44	5632.44
89342 00	Pathology	-	-	1268.20	1268.20
89343 00	Pathology	-	-	1086.64	1086.64

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
89344 00	Pathology	-	-	975.12	975.12
89346 00	Pathology	-	-	1290.64	1290.64
89352 00	Pathology	-	-	1024.08	1024.08
89353 00	Pathology	-	-	341.36	341.36
89354 00	Pathology	-	-	485.52	485.52
89356 00	Pathology	-	-	973.08	973.08
89398 00	Pathology	0.00	0.00	BR	BR
G0480 00	Pathology	3.54	3.54	240.56	240.56
G0481 00	Pathology	4.84	4.84	329.19	329.19
G0482 00	Pathology	6.14	6.14	417.80	417.80
G0483 00	Pathology	7.63	7.63	519.08	519.08
G0659 00	Pathology	1.92	1.92	130.63	130.63

**Historical Note**

New Appendix A, Pathology and Laboratory Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pathology and Laboratory Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pathology and Laboratory Codes 2019-2020 repealed; new Appendix A, Pathology and Laboratory Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Pathology Codes 2020-2021 repealed; new Appendix A, Pathology Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Pathology Codes 2021-2022 repealed; new Appendix A, Pathology Codes 2022- 2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Pathology Codes 2022-2023 repealed; new Appendix A, Pathology Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Pathology Codes 2023- 2024 repealed; new Appendix A, Pathology Codes 2024- 2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Pathology Codes 2024- 2025 repealed; new Appendix A, Pathology Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

## MEDICINE GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT<sup>®</sup> guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT<sup>®</sup> publication or HCPCS codes and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

- A. **MATERIALS SUPPLIED BY A HEALTHCARE PROVIDER:** A healthcare provider may charge for materials and supplies as described in the HCPCS Section of the Physician's Fee Schedule.
- B. **COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT:** CPT<sup>®</sup> Code 99199 can be used to bill for the services of an interpreter when they are used to comply with the provisions of "The Americans With Disabilities Act", *i.e.*, interpreters for the hearing impaired.
- C. **ADD-ON CODES:** Some of the listed procedures are commonly carried out in addition to the primary procedure performed. All add-on codes found in the CPT<sup>®</sup> codebook are exempt from the multiple procedure concept. They are exempt from the use of modifier 51.
- D. **SEPARATE PROCEDURES:** Some of the procedures or services listed in the CPT<sup>®</sup> codebook that are commonly carried out as an integral component of a total service or procedure have been identified by the inclusion of the term "separate procedure". The codes designated as a "separate procedure" should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

When a procedure or service is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier 59 to the specific "separate procedure" code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure.

- E. **BUNDLED CODES:** Indicates that the service is always bundled in a payment for another service. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident (*e.g.*, a telephone call from a hospital nurse regarding the care of a patient).
- F. **MODERATE SEDATION:** Codes specific to the provider performing the services (*e.g.*, CPT<sup>®</sup> codes 99151, 99152, and 99153) are used when the physician performing the procedure provides the sedation whereas CPT<sup>®</sup> codes 99155, 99156, and 99157 are used when sedation is provided by a healthcare provider other than the physician performing the procedure.

**Historical Note**

New Appendix A, Medicine Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Medicine Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Medicine Codes 2025

## Medicine Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
90281 00	Medicine	-	-	80.92	80.92
90283 00	Medicine	-	-	31.96	31.96
90284 00	Medicine	0.00	0.00	BR	BR
90287 00	Medicine	0.00	0.00	BR	BR
90288 00	Medicine	0.00	0.00	BR	BR
90291 00	Medicine	-	-	96.56	96.56
90296 00	Medicine	0.00	0.00	BR	BR
90371 00	Medicine	-	-	307.36	307.36
90375 00	Medicine	-	-	589.56	589.56
90376 00	Medicine	-	-	403.24	403.24
90377 00	Medicine	-	-	526.32	526.32
90378 00	Medicine	-	-	1676.88	1676.88
90380 00	Medicine	-	-	471.92	471.92
90381 00	Medicine	-	-	478.72	478.72
90384 00	Medicine	-	-	129.20	129.20
90385 00	Medicine	-	-	51.68	51.68
90386 00	Medicine	-	-	128.52	128.52
90389 00	Medicine	-	-	128.52	128.52
90393 00	Medicine	-	-	48.28	48.28
90396 00	Medicine	-	-	155.72	155.72
90399 00	Medicine	0.00	0.00	BR	BR
90460 00	Medicine	0.69	0.69	46.92	46.92
90461 00	Medicine	0.26	0.26	17.68	17.68
90471 00	Medicine	0.62	0.62	42.16	42.16
90472 00	Medicine	0.44	0.44	29.92	29.92
90473 00	Medicine	0.50	0.50	34.00	34.00
90474 00	Medicine	0.36	0.36	24.48	24.48
90476 00	Medicine	-	-	45.56	45.56
90477 00	Medicine	0.00	0.00	BR	BR
90480 00	Medicine	-	-	42.16	42.16
90581 00	Medicine	0.00	0.00	BR	BR
90584 00	Medicine	0.00	0.00	BR	BR
90585 00	Medicine	-	-	33.32	33.32
90586 00	Medicine	-	-	315.52	315.52
90587 00	Medicine	0.00	0.00	BR	BR
90589 00	Medicine	-	-	353.60	353.60
90593 00	Medicine	0.00	0.00	BR	BR
90611 00	Medicine	-	-	78.88	78.88
90619 00	Medicine	-	-	160.48	160.48
90620 00	Medicine	-	-	198.56	198.56
90621 00	Medicine	-	-	167.28	167.28
90622 00	Medicine	-	-	64.60	64.60
90623 00	Medicine	-	-	195.84	195.84
90624 00	Medicine	0.00	0.00	BR	BR
90625 00	Medicine	-	-	257.72	257.72
90626 00	Medicine	-	-	311.44	311.44
90627 00	Medicine	-	-	268.60	268.60
90632 00	Medicine	-	-	150.28	150.28

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
90633 00	Medicine	-	-	48.28	48.28
90634 00	Medicine	-	-	64.60	64.60
90636 00	Medicine	-	-	125.12	125.12
90637 00	Medicine	-	-	103.36	103.36
90638 00	Medicine	0.00	0.00	BR	BR
90644 00	Medicine	-	-	48.28	48.28
90647 00	Medicine	-	-	40.80	40.80
90648 00	Medicine	-	-	37.40	37.40
90649 00	Medicine	-	-	178.84	178.84
90650 00	Medicine	-	-	191.76	191.76
90651 00	Medicine	-	-	250.92	250.92
90653 00	Medicine	-	-	175.44	175.44
90655 00	Medicine	-	-	23.12	23.12
90656 00	Medicine	-	-	46.92	46.92
90657 00	Medicine	-	-	23.12	23.12
90658 00	Medicine	-	-	46.24	46.24
90660 00	Medicine	-	-	60.52	60.52
90661 00	Medicine	-	-	77.52	77.52
90662 00	Medicine	-	-	175.44	175.44
90664 00	Medicine	0.00	0.00	BR	BR
90666 00	Medicine	-	-	17.00	17.00
90667 00	Medicine	-	-	10.20	10.20
90668 00	Medicine	-	-	31.28	31.28
90670 00	Medicine	-	-	542.64	542.64
90671 00	Medicine	-	-	533.12	533.12
90672 00	Medicine	-	-	31.96	31.96
90673 00	Medicine	-	-	175.44	175.44
90674 00	Medicine	-	-	29.92	29.92
90675 00	Medicine	-	-	688.84	688.84
90676 00	Medicine	-	-	173.40	173.40
90677 00	Medicine	-	-	626.28	626.28
90678 00	Medicine	0.00	0.00	BR	BR
90679 00	Medicine	-	-	211.48	211.48
90680 00	Medicine	-	-	99.28	99.28
90681 00	Medicine	-	-	132.60	132.60
90682 00	Medicine	-	-	63.24	63.24
90683 00	Medicine	0.00	0.00	BR	BR
90684 00	Medicine	-	-	689.52	689.52
90685 00	Medicine	-	-	31.96	31.96
90686 00	Medicine	-	-	25.84	25.84
90687 00	Medicine	-	-	19.04	19.04
90688 00	Medicine	-	-	25.84	25.84
90689 00	Medicine	-	-	31.96	31.96
90690 00	Medicine	-	-	112.88	112.88
90691 00	Medicine	-	-	103.36	103.36
90694 00	Medicine	-	-	64.60	64.60
90696 00	Medicine	-	-	77.52	77.52
90697 00	Medicine	-	-	152.32	152.32

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
90698 00	Medicine	-	-	108.80	108.80
90700 00	Medicine	-	-	38.76	38.76
90702 00	Medicine	-	-	35.36	35.36
90707 00	Medicine	-	-	87.72	87.72
90710 00	Medicine	-	-	231.20	231.20
90713 00	Medicine	-	-	44.88	44.88
90714 00	Medicine	-	-	70.72	70.72
90715 00	Medicine	-	-	80.92	80.92
90716 00	Medicine	-	-	147.56	147.56
90717 00	Medicine	-	-	175.44	175.44
90723 00	Medicine	-	-	101.32	101.32
90732 00	Medicine	-	-	280.84	280.84
90733 00	Medicine	-	-	122.40	122.40
90734 00	Medicine	-	-	142.80	142.80
90736 00	Medicine	-	-	192.44	192.44
90738 00	Medicine	-	-	276.76	276.76
90739 00	Medicine	-	-	353.60	353.60
90740 00	Medicine	-	-	332.52	332.52
90743 00	Medicine	-	-	157.76	157.76
90744 00	Medicine	-	-	64.60	64.60
90746 00	Medicine	-	-	148.24	148.24
90747 00	Medicine	-	-	295.80	295.80
90748 00	Medicine	-	-	59.16	59.16
90749 00	Medicine	0.00	0.00	BR	BR
90750 00	Medicine	-	-	184.96	184.96
90756 00	Medicine	-	-	31.96	31.96
90758 00	Medicine	0.00	0.00	BR	BR
90759 00	Medicine	-	-	155.04	155.04
90785 00	Medicine	0.44	0.38	29.92	25.84
90791 00	Medicine	5.16	4.42	350.88	300.56
90792 00	Medicine	5.81	5.06	395.08	344.08
90832 00	Medicine	2.44	2.13	165.92	144.84
90833 00	Medicine	2.25	1.99	153.00	135.32
90834 00	Medicine	3.22	2.81	218.96	191.08
90836 00	Medicine	2.86	2.53	194.48	172.04
90837 00	Medicine	4.77	4.16	324.36	282.88
90838 00	Medicine	3.80	3.38	258.40	229.84
90839 00	Medicine	4.59	4.03	312.12	274.04
90840 00	Medicine	2.25	2.00	153.00	136.00
90845 00	Medicine	3.07	2.70	208.76	183.60
90846 00	Medicine	3.05	3.04	207.40	206.72
90847 00	Medicine	3.18	3.17	216.24	215.56
90849 00	Medicine	1.16	0.91	78.88	61.88
90853 00	Medicine	0.87	0.75	59.16	51.00
90863 00	Medicine	0.75	0.70	51.00	47.60
90865 00	Medicine	4.81	3.62	327.08	246.16
90867 00	Medicine	-	-	508.64	508.64
90868 00	Medicine	-	-	385.56	385.56

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
90869 00	Medicine	-	-	972.40	972.40
90870 00	Medicine	5.15	3.12	350.20	212.16
90875 00	Medicine	1.75	1.73	119.00	117.64
90876 00	Medicine	3.11	2.78	211.48	189.04
90880 00	Medicine	3.07	2.54	208.76	172.72
90882 00	Medicine	-	-	48.28	48.28
90885 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90887 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90889 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90899 00	Medicine	0.00	0.00	BR	BR
90901 00	Medicine	1.22	0.57	82.96	38.76
90912 00	Medicine	2.40	1.26	163.20	85.68
90913 00	Medicine	0.97	0.71	65.96	48.28
90935 00	Medicine	2.10	2.10	142.80	142.80
90937 00	Medicine	3.04	3.04	206.72	206.72
90940 00	Medicine	-	-	35.36	35.36
90945 00	Medicine	2.57	2.57	174.76	174.76
90947 00	Medicine	3.63	3.63	246.84	246.84
90951 00	Medicine	34.60	34.60	2352.80	2352.80
90952 00	Medicine	0.00	0.00	BR	BR
90953 00	Medicine	-	-	1063.52	1063.52
90954 00	Medicine	29.81	29.81	2027.08	2027.08
90955 00	Medicine	15.58	15.58	1059.44	1059.44
90956 00	Medicine	10.42	10.42	708.56	708.56
90957 00	Medicine	22.87	22.87	1555.16	1555.16
90958 00	Medicine	14.90	14.90	1013.20	1013.20
90959 00	Medicine	9.73	9.73	661.64	661.64
90960 00	Medicine	10.60	10.60	720.80	720.80
90961 00	Medicine	8.80	8.80	598.40	598.40
90962 00	Medicine	6.08	6.08	413.44	413.44
90963 00	Medicine	18.01	18.01	1224.68	1224.68
90964 00	Medicine	15.44	15.44	1049.92	1049.92
90965 00	Medicine	14.87	14.87	1011.16	1011.16
90966 00	Medicine	8.80	8.80	598.40	598.40
90967 00	Medicine	0.52	0.52	35.36	35.36
90968 00	Medicine	0.51	0.51	34.68	34.68
90969 00	Medicine	0.50	0.50	34.00	34.00
90970 00	Medicine	0.29	0.29	19.72	19.72
90989 00	Medicine	-	-	599.08	599.08
90993 00	Medicine	-	-	87.04	87.04
90997 00	Medicine	2.62	2.62	178.16	178.16
90999 00	Medicine	0.00	0.00	BR	BR
91010 00	Medicine	6.47	6.47	439.96	439.96
91010 26	Medicine	1.89	1.89	128.52	128.52
91010 TC	Medicine	4.58	4.58	311.44	311.44
91013 00	Medicine	0.75	0.75	51.00	51.00
91013 26	Medicine	0.27	0.27	18.36	18.36
91013 TC	Medicine	0.48	0.48	32.64	32.64

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## Medicine Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
91020 00	Medicine	8.07	8.07	548.76	548.76
91020 26	Medicine	2.12	2.12	144.16	144.16
91020 TC	Medicine	5.95	5.95	404.60	404.60
91022 00	Medicine	5.15	5.15	350.20	350.20
91022 26	Medicine	2.12	2.12	144.16	144.16
91022 TC	Medicine	3.03	3.03	206.04	206.04
91030 00	Medicine	4.30	4.30	292.40	292.40
91030 26	Medicine	1.35	1.35	91.80	91.80
91030 TC	Medicine	2.95	2.95	200.60	200.60
91034 00	Medicine	5.60	5.60	380.80	380.80
91034 26	Medicine	1.45	1.45	98.60	98.60
91034 TC	Medicine	4.15	4.15	282.20	282.20
91035 00	Medicine	13.11	13.11	891.48	891.48
91035 26	Medicine	2.40	2.40	163.20	163.20
91035 TC	Medicine	10.71	10.71	728.28	728.28
91037 00	Medicine	4.95	4.95	336.60	336.60
91037 26	Medicine	1.44	1.44	97.92	97.92
91037 TC	Medicine	3.51	3.51	238.68	238.68
91038 00	Medicine	11.59	11.59	788.12	788.12
91038 26	Medicine	1.63	1.63	110.84	110.84
91038 TC	Medicine	9.96	9.96	677.28	677.28
91040 00	Medicine	14.80	14.80	1006.40	1006.40
91040 26	Medicine	1.44	1.44	97.92	97.92
91040 TC	Medicine	13.36	13.36	908.48	908.48
91065 00	Medicine	1.96	1.96	133.28	133.28
91065 26	Medicine	0.28	0.28	19.04	19.04
91065 TC	Medicine	1.68	1.68	114.24	114.24
91110 00	Medicine	20.89	20.89	1420.52	1420.52
91110 26	Medicine	3.30	3.30	224.40	224.40
91110 TC	Medicine	17.59	17.59	1196.12	1196.12
91111 00	Medicine	24.85	24.85	1689.80	1689.80
91111 26	Medicine	1.33	1.33	90.44	90.44
91111 TC	Medicine	23.52	23.52	1599.36	1599.36
91112 00	Medicine	45.69	45.69	3106.92	3106.92
91112 26	Medicine	3.10	3.10	210.80	210.80
91112 TC	Medicine	42.59	42.59	2896.12	2896.12
91113 00	Medicine	25.54	25.54	1736.72	1736.72
91113 26	Medicine	3.56	3.56	242.08	242.08
91113 TC	Medicine	21.98	21.98	1494.64	1494.64
91117 00	Medicine	4.03	4.03	274.04	274.04
91120 00	Medicine	14.32	14.32	973.76	973.76
91120 26	Medicine	1.42	1.42	96.56	96.56
91120 TC	Medicine	12.90	12.90	877.20	877.20
91122 00	Medicine	8.17	8.17	555.56	555.56
91122 26	Medicine	2.58	2.58	175.44	175.44
91122 TC	Medicine	5.59	5.59	380.12	380.12
91132 00	Medicine	12.51	12.51	850.68	850.68
91132 26	Medicine	0.77	0.77	52.36	52.36

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Medicine Codes 2025

## Medicine Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
91132 TC	Medicine	11.74	11.74	798.32	798.32
91133 00	Medicine	13.13	13.13	892.84	892.84
91133 26	Medicine	0.98	0.98	66.64	66.64
91133 TC	Medicine	12.15	12.15	826.20	826.20
91200 00	Medicine	0.91	0.91	61.88	61.88
91200 26	Medicine	0.31	0.31	21.08	21.08
91200 TC	Medicine	0.60	0.60	40.80	40.80
91299 00	Medicine	0.00	0.00	BR	BR
91299 26	Medicine	0.00	0.00	BR	BR
91299 TC	Medicine	0.00	0.00	BR	BR
91304 00	Medicine	-	-	339.32	339.32
91318 00	Medicine	-	-	138.04	138.04
91319 00	Medicine	-	-	184.28	184.28
91320 00	Medicine	-	-	327.76	327.76
91321 00	Medicine	-	-	309.40	309.40
91322 00	Medicine	-	-	340.00	340.00
92002 00	Medicine	2.51	1.34	170.68	91.12
92004 00	Medicine	4.42	2.76	300.56	187.68
92012 00	Medicine	2.64	1.48	179.52	100.64
92014 00	Medicine	3.74	2.23	254.32	151.64
92015 00	Medicine	0.57	0.55	38.76	37.40
92018 00	Medicine	4.18	4.18	284.24	284.24
92019 00	Medicine	2.17	2.17	147.56	147.56
92020 00	Medicine	0.81	0.60	55.08	40.80
92025 00	Medicine	1.09	1.09	74.12	74.12
92025 26	Medicine	0.57	0.57	38.76	38.76
92025 TC	Medicine	0.52	0.52	35.36	35.36
92060 00	Medicine	1.91	1.91	129.88	129.88
92060 26	Medicine	1.09	1.09	74.12	74.12
92060 TC	Medicine	0.82	0.82	55.76	55.76
92065 00	Medicine	1.19	0.97	80.92	65.96
92066 00	Medicine	0.80	0.80	54.40	54.40
92071 00	Medicine	1.08	0.95	73.44	64.60
92072 00	Medicine	3.70	2.74	251.60	186.32
92081 00	Medicine	1.00	1.00	68.00	68.00
92081 26	Medicine	0.47	0.47	31.96	31.96
92081 TC	Medicine	0.53	0.53	36.04	36.04
92082 00	Medicine	1.40	1.40	95.20	95.20
92082 26	Medicine	0.61	0.61	41.48	41.48
92082 TC	Medicine	0.79	0.79	53.72	53.72
92083 00	Medicine	1.89	1.89	128.52	128.52
92083 26	Medicine	0.79	0.79	53.72	53.72
92083 TC	Medicine	1.10	1.10	74.80	74.80
92100 00	Medicine	2.54	0.95	172.72	64.60
92132 00	Medicine	0.89	0.89	60.52	60.52
92132 26	Medicine	0.46	0.46	31.28	31.28
92132 TC	Medicine	0.43	0.43	29.24	29.24
92133 00	Medicine	0.92	0.92	62.56	62.56

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## Medicine Codes 2025

## Medicine Conversion Factor \$68.00

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
92133 26	Medicine	0.49	0.49	33.32	33.32
92133 TC	Medicine	0.43	0.43	29.24	29.24
92134 00	Medicine	0.97	0.97	65.96	65.96
92134 26	Medicine	0.53	0.53	36.04	36.04
92134 TC	Medicine	0.44	0.44	29.92	29.92
92136 00	Medicine	1.41	1.41	95.88	95.88
92136 26	Medicine	0.89	0.89	60.52	60.52
92136 TC	Medicine	0.52	0.52	35.36	35.36
92137 00	Medicine	1.76	1.76	119.68	119.68
92137 26	Medicine	1.04	1.04	70.72	70.72
92137 TC	Medicine	0.72	0.72	48.96	48.96
92145 00	Medicine	0.39	0.39	26.52	26.52
92145 26	Medicine	0.16	0.16	10.88	10.88
92145 TC	Medicine	0.23	0.23	15.64	15.64
92201 00	Medicine	0.74	0.67	50.32	45.56
92202 00	Medicine	0.46	0.43	31.28	29.24
92227 00	Medicine	0.53	0.53	36.04	36.04
92228 00	Medicine	0.89	0.89	60.52	60.52
92228 26	Medicine	0.49	0.49	33.32	33.32
92228 TC	Medicine	0.40	0.40	27.20	27.20
92229 00	Medicine	1.35	1.35	91.80	91.80
92230 00	Medicine	3.79	0.94	257.72	63.92
92235 00	Medicine	4.72	4.72	320.96	320.96
92235 26	Medicine	1.25	1.25	85.00	85.00
92235 TC	Medicine	3.47	3.47	235.96	235.96
92240 00	Medicine	7.08	7.08	481.44	481.44
92240 26	Medicine	1.39	1.39	94.52	94.52
92240 TC	Medicine	5.69	5.69	386.92	386.92
92242 00	Medicine	9.72	9.72	660.96	660.96
92242 26	Medicine	1.60	1.60	108.80	108.80
92242 TC	Medicine	8.12	8.12	552.16	552.16
92250 00	Medicine	1.10	1.10	74.80	74.80
92250 26	Medicine	0.61	0.61	41.48	41.48
92250 TC	Medicine	0.49	0.49	33.32	33.32
92260 00	Medicine	0.57	0.32	38.76	21.76
92265 00	Medicine	2.61	2.61	177.48	177.48
92265 26	Medicine	1.35	1.35	91.80	91.80
92265 TC	Medicine	1.26	1.26	85.68	85.68
92270 00	Medicine	3.60	3.60	244.80	244.80
92270 26	Medicine	1.24	1.24	84.32	84.32
92270 TC	Medicine	2.36	2.36	160.48	160.48
92273 00	Medicine	3.70	3.70	251.60	251.60
92273 26	Medicine	1.05	1.05	71.40	71.40
92273 TC	Medicine	2.65	2.65	180.20	180.20
92274 00	Medicine	2.68	2.68	182.24	182.24
92274 26	Medicine	0.98	0.98	66.64	66.64
92274 TC	Medicine	1.70	1.70	115.60	115.60
92283 00	Medicine	1.63	1.63	110.84	110.84

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
92283 26	Medicine	0.26	0.26	17.68	17.68
92283 TC	Medicine	1.37	1.37	93.16	93.16
92284 00	Medicine	0.91	0.91	61.88	61.88
92285 00	Medicine	0.69	0.69	46.92	46.92
92285 26	Medicine	0.09	0.09	6.12	6.12
92285 TC	Medicine	0.60	0.60	40.80	40.80
92286 00	Medicine	1.16	1.16	78.88	78.88
92286 26	Medicine	0.63	0.63	42.84	42.84
92286 TC	Medicine	0.53	0.53	36.04	36.04
92287 00	Medicine	3.95	3.95	268.60	268.60
92287 26	Medicine	0.70	0.70	47.60	47.60
92287 TC	Medicine	3.25	3.25	221.00	221.00
92310 00	Medicine	2.96	1.69	201.28	114.92
92311 00	Medicine	3.05	1.50	207.40	102.00
92312 00	Medicine	3.67	1.81	249.56	123.08
92313 00	Medicine	2.92	1.27	198.56	86.36
92314 00	Medicine	2.57	1.00	174.76	68.00
92315 00	Medicine	2.43	0.62	165.24	42.16
92316 00	Medicine	3.00	0.93	204.00	63.24
92317 00	Medicine	2.56	0.62	174.08	42.16
92325 00	Medicine	1.35	1.35	91.80	91.80
92326 00	Medicine	1.15	1.15	78.20	78.20
92340 00	Medicine	1.04	0.54	70.72	36.72
92341 00	Medicine	1.19	0.68	80.92	46.24
92342 00	Medicine	1.28	0.77	87.04	52.36
92352 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92353 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92354 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92355 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92358 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92370 00	Medicine	0.91	0.47	61.88	31.96
92371 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92499 00	Medicine	0.00	0.00	BR	BR
92499 26	Medicine	0.00	0.00	BR	BR
92499 TC	Medicine	0.00	0.00	BR	BR
92502 00	Medicine	2.86	2.86	194.48	194.48
92504 00	Medicine	0.86	0.28	58.48	19.04
92507 00	Medicine	2.32	2.32	157.76	157.76
92508 00	Medicine	0.73	0.73	49.64	49.64
92511 00	Medicine	3.46	1.14	235.28	77.52
92512 00	Medicine	1.93	0.81	131.24	55.08
92516 00	Medicine	2.18	0.67	148.24	45.56
92517 00	Medicine	2.27	1.25	154.36	85.00
92518 00	Medicine	2.28	1.27	155.04	86.36
92519 00	Medicine	3.66	1.89	248.88	128.52
92520 00	Medicine	2.71	1.20	184.28	81.60
92521 00	Medicine	4.04	4.04	274.72	274.72
92522 00	Medicine	3.36	3.36	228.48	228.48

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
92523 00	Medicine	6.91	6.91	469.88	469.88
92524 00	Medicine	3.30	3.30	224.40	224.40
92526 00	Medicine	2.56	2.56	174.08	174.08
92531 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92532 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92533 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92534 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92537 00	Medicine	1.17	1.17	79.56	79.56
92537 26	Medicine	0.91	0.91	61.88	61.88
92537 TC	Medicine	0.26	0.26	17.68	17.68
92538 00	Medicine	0.66	0.66	44.88	44.88
92538 26	Medicine	0.47	0.47	31.96	31.96
92538 TC	Medicine	0.19	0.19	12.92	12.92
92540 00	Medicine	3.14	3.14	213.52	213.52
92540 26	Medicine	2.27	2.27	154.36	154.36
92540 TC	Medicine	0.87	0.87	59.16	59.16
92541 00	Medicine	0.75	0.75	51.00	51.00
92541 26	Medicine	0.62	0.62	42.16	42.16
92541 TC	Medicine	0.13	0.13	8.84	8.84
92542 00	Medicine	0.86	0.86	58.48	58.48
92542 26	Medicine	0.74	0.74	50.32	50.32
92542 TC	Medicine	0.12	0.12	8.16	8.16
92544 00	Medicine	0.54	0.54	36.72	36.72
92544 26	Medicine	0.43	0.43	29.24	29.24
92544 TC	Medicine	0.11	0.11	7.48	7.48
92545 00	Medicine	0.51	0.51	34.68	34.68
92545 26	Medicine	0.40	0.40	27.20	27.20
92545 TC	Medicine	0.11	0.11	7.48	7.48
92546 00	Medicine	3.96	3.96	269.28	269.28
92546 26	Medicine	0.44	0.44	29.92	29.92
92546 TC	Medicine	3.52	3.52	239.36	239.36
92547 00	Medicine	0.31	0.31	21.08	21.08
92548 00	Medicine	1.40	1.40	95.20	95.20
92548 26	Medicine	0.99	0.99	67.32	67.32
92548 TC	Medicine	0.41	0.41	27.88	27.88
92549 00	Medicine	1.94	1.94	131.92	131.92
92549 26	Medicine	1.33	1.33	90.44	90.44
92549 TC	Medicine	0.61	0.61	41.48	41.48
92550 00	Medicine	0.65	0.65	44.20	44.20
92551 00	Medicine	0.38	0.38	25.84	25.84
92552 00	Medicine	1.20	1.20	81.60	81.60
92553 00	Medicine	1.45	1.45	98.60	98.60
92555 00	Medicine	0.91	0.91	61.88	61.88
92556 00	Medicine	1.41	1.41	95.88	95.88
92557 00	Medicine	1.09	0.95	74.12	64.60
92558 00	Medicine	0.28	0.25	19.04	17.00
92562 00	Medicine	1.49	1.49	101.32	101.32
92563 00	Medicine	1.07	1.07	72.76	72.76

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
92565 00	Medicine	0.66	0.66	44.88	44.88
92567 00	Medicine	0.48	0.32	32.64	21.76
92568 00	Medicine	0.45	0.45	30.60	30.60
92570 00	Medicine	0.96	0.86	65.28	58.48
92571 00	Medicine	0.95	0.95	64.60	64.60
92572 00	Medicine	1.71	1.71	116.28	116.28
92575 00	Medicine	2.22	2.22	150.96	150.96
92576 00	Medicine	1.36	1.36	92.48	92.48
92577 00	Medicine	0.69	0.69	46.92	46.92
92579 00	Medicine	1.32	1.10	89.76	74.80
92582 00	Medicine	2.68	2.68	182.24	182.24
92583 00	Medicine	1.78	1.78	121.04	121.04
92584 00	Medicine	3.24	3.24	220.32	220.32
92587 00	Medicine	0.65	0.65	44.20	44.20
92587 26	Medicine	0.54	0.54	36.72	36.72
92587 TC	Medicine	0.11	0.11	7.48	7.48
92588 00	Medicine	1.00	1.00	68.00	68.00
92588 26	Medicine	0.85	0.85	57.80	57.80
92588 TC	Medicine	0.15	0.15	10.20	10.20
92590 00	Medicine	-	-	96.56	96.56
92591 00	Medicine	-	-	97.24	97.24
92592 00	Medicine	-	-	44.20	44.20
92593 00	Medicine	-	-	48.28	48.28
92594 00	Medicine	-	-	44.88	44.88
92595 00	Medicine	-	-	96.56	96.56
92596 00	Medicine	2.40	2.40	163.20	163.20
92597 00	Medicine	2.20	2.20	149.60	149.60
92601 00	Medicine	4.71	3.64	320.28	247.52
92602 00	Medicine	2.96	2.06	201.28	140.08
92603 00	Medicine	4.43	3.54	301.24	240.72
92604 00	Medicine	2.67	1.97	181.56	133.96
92605 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92606 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92607 00	Medicine	3.74	3.74	254.32	254.32
92608 00	Medicine	1.47	1.47	99.96	99.96
92609 00	Medicine	3.12	3.12	212.16	212.16
92610 00	Medicine	2.58	2.13	175.44	144.84
92611 00	Medicine	2.75	2.75	187.00	187.00
92612 00	Medicine	5.98	1.98	406.64	134.64
92613 00	Medicine	1.09	1.09	74.12	74.12
92614 00	Medicine	4.51	1.95	306.68	132.60
92615 00	Medicine	0.97	0.97	65.96	65.96
92616 00	Medicine	6.94	2.97	471.92	201.96
92617 00	Medicine	1.21	1.20	82.28	81.60
92618 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92620 00	Medicine	2.67	2.37	181.56	161.16
92621 00	Medicine	0.65	0.56	44.20	38.08
92622 00	Medicine	2.37	1.98	161.16	134.64

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
92623 00	Medicine	0.61	0.52	41.48	35.36
92625 00	Medicine	2.01	1.81	136.68	123.08
92626 00	Medicine	2.58	2.22	175.44	150.96
92627 00	Medicine	0.61	0.52	41.48	35.36
92630 00	Medicine	-	-	100.64	100.64
92633 00	Medicine	-	-	93.84	93.84
92640 00	Medicine	3.24	2.79	220.32	189.72
92650 00	Medicine	0.79	0.79	53.72	53.72
92651 00	Medicine	2.37	2.37	161.16	161.16
92652 00	Medicine	3.25	3.25	221.00	221.00
92653 00	Medicine	2.43	2.43	165.24	165.24
92700 00	Medicine	0.00	0.00	BR	BR
92920 00	Medicine	15.49	15.49	1053.32	1053.32
92921 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92924 00	Medicine	18.45	18.45	1254.60	1254.60
92925 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92928 00	Medicine	17.21	17.21	1170.28	1170.28
92929 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92933 00	Medicine	19.32	19.32	1313.76	1313.76
92934 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92937 00	Medicine	17.20	17.20	1169.60	1169.60
92938 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92941 00	Medicine	19.34	19.34	1315.12	1315.12
92943 00	Medicine	19.34	19.34	1315.12	1315.12
92944 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92950 00	Medicine	9.59	5.43	652.12	369.24
92953 00	Medicine	0.03	0.03	2.04	2.04
92960 00	Medicine	4.58	3.21	311.44	218.28
92961 00	Medicine	7.16	7.16	486.88	486.88
92970 00	Medicine	5.53	5.53	376.04	376.04
92971 00	Medicine	2.94	2.94	199.92	199.92
92972 00	Medicine	4.31	4.31	293.08	293.08
92973 00	Medicine	5.15	5.15	350.20	350.20
92974 00	Medicine	4.71	4.71	320.28	320.28
92975 00	Medicine	11.00	11.00	748.00	748.00
92977 00	Medicine	1.68	1.68	114.24	114.24
92978 00	Medicine	-	-	537.88	537.88
92978 26	Medicine	2.77	2.77	188.36	188.36
92978 TC	Medicine	-	-	349.52	349.52
92979 00	Medicine	-	-	326.40	326.40
92979 26	Medicine	2.21	2.21	150.28	150.28
92979 TC	Medicine	-	-	176.12	176.12
92986 00	Medicine	39.09	39.09	2658.12	2658.12
92987 00	Medicine	40.30	40.30	2740.40	2740.40
92990 00	Medicine	32.28	32.28	2195.04	2195.04
92997 00	Medicine	18.55	18.55	1261.40	1261.40
92998 00	Medicine	9.33	9.33	634.44	634.44
93000 00	Medicine	0.43	0.43	29.24	29.24

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93005 00	Medicine	0.19	0.19	12.92	12.92
93010 00	Medicine	0.24	0.24	16.32	16.32
93015 00	Medicine	2.19	2.19	148.92	148.92
93016 00	Medicine	0.62	0.62	42.16	42.16
93017 00	Medicine	1.15	1.15	78.20	78.20
93018 00	Medicine	0.42	0.42	28.56	28.56
93024 00	Medicine	3.39	3.39	230.52	230.52
93024 26	Medicine	1.62	1.62	110.16	110.16
93024 TC	Medicine	1.77	1.77	120.36	120.36
93025 00	Medicine	3.83	3.83	260.44	260.44
93025 26	Medicine	1.09	1.09	74.12	74.12
93025 TC	Medicine	2.74	2.74	186.32	186.32
93040 00	Medicine	0.40	0.40	27.20	27.20
93041 00	Medicine	0.20	0.20	13.60	13.60
93042 00	Medicine	0.20	0.20	13.60	13.60
93050 00	Medicine	0.49	0.49	33.32	33.32
93050 26	Medicine	0.24	0.24	16.32	16.32
93050 TC	Medicine	0.25	0.25	17.00	17.00
93150 00	Medicine	3.03	1.24	206.04	84.32
93151 00	Medicine	2.65	1.17	180.20	79.56
93152 00	Medicine	4.22	2.61	286.96	177.48
93153 00	Medicine	1.58	0.64	107.44	43.52
93224 00	Medicine	2.11	2.11	143.48	143.48
93225 00	Medicine	0.54	0.54	36.72	36.72
93226 00	Medicine	1.03	1.03	70.04	70.04
93227 00	Medicine	0.54	0.54	36.72	36.72
93228 00	Medicine	0.75	0.75	51.00	51.00
93229 00	Medicine	23.02	23.02	1565.36	1565.36
93241 00	Medicine	8.03	8.03	546.04	546.04
93242 00	Medicine	0.35	0.35	23.80	23.80
93243 00	Medicine	7.00	7.00	476.00	476.00
93244 00	Medicine	0.68	0.68	46.24	46.24
93245 00	Medicine	8.36	8.36	568.48	568.48
93246 00	Medicine	0.35	0.35	23.80	23.80
93247 00	Medicine	7.26	7.26	493.68	493.68
93248 00	Medicine	0.75	0.75	51.00	51.00
93260 00	Medicine	2.26	2.26	153.68	153.68
93260 26	Medicine	1.22	1.22	82.96	82.96
93260 TC	Medicine	1.04	1.04	70.72	70.72
93261 00	Medicine	2.08	2.08	141.44	141.44
93261 26	Medicine	1.05	1.05	71.40	71.40
93261 TC	Medicine	1.03	1.03	70.04	70.04
93264 00	Medicine	1.55	1.05	105.40	71.40
93268 00	Medicine	5.05	5.05	343.40	343.40
93270 00	Medicine	0.24	0.24	16.32	16.32
93271 00	Medicine	4.10	4.10	278.80	278.80
93272 00	Medicine	0.71	0.71	48.28	48.28
93278 00	Medicine	0.95	0.95	64.60	64.60

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93278 26	Medicine	0.37	0.37	25.16	25.16
93278 TC	Medicine	0.58	0.58	39.44	39.44
93279 00	Medicine	1.99	1.99	135.32	135.32
93279 26	Medicine	0.92	0.92	62.56	62.56
93279 TC	Medicine	1.07	1.07	72.76	72.76
93280 00	Medicine	2.32	2.32	157.76	157.76
93280 26	Medicine	1.08	1.08	73.44	73.44
93280 TC	Medicine	1.24	1.24	84.32	84.32
93281 00	Medicine	2.47	2.47	167.96	167.96
93281 26	Medicine	1.21	1.21	82.28	82.28
93281 TC	Medicine	1.26	1.26	85.68	85.68
93282 00	Medicine	2.35	2.35	159.80	159.80
93282 26	Medicine	1.21	1.21	82.28	82.28
93282 TC	Medicine	1.14	1.14	77.52	77.52
93283 00	Medicine	2.89	2.89	196.52	196.52
93283 26	Medicine	1.64	1.64	111.52	111.52
93283 TC	Medicine	1.25	1.25	85.00	85.00
93284 00	Medicine	3.12	3.12	212.16	212.16
93284 26	Medicine	1.78	1.78	121.04	121.04
93284 TC	Medicine	1.34	1.34	91.12	91.12
93285 00	Medicine	1.76	1.76	119.68	119.68
93285 26	Medicine	0.74	0.74	50.32	50.32
93285 TC	Medicine	1.02	1.02	69.36	69.36
93286 00	Medicine	1.33	1.33	90.44	90.44
93286 26	Medicine	0.43	0.43	29.24	29.24
93286 TC	Medicine	0.90	0.90	61.20	61.20
93287 00	Medicine	1.54	1.54	104.72	104.72
93287 26	Medicine	0.64	0.64	43.52	43.52
93287 TC	Medicine	0.90	0.90	61.20	61.20
93288 00	Medicine	1.66	1.66	112.88	112.88
93288 26	Medicine	0.60	0.60	40.80	40.80
93288 TC	Medicine	1.06	1.06	72.08	72.08
93289 00	Medicine	2.12	2.12	144.16	144.16
93289 26	Medicine	1.06	1.06	72.08	72.08
93289 TC	Medicine	1.06	1.06	72.08	72.08
93290 00	Medicine	1.56	1.56	106.08	106.08
93290 26	Medicine	0.61	0.61	41.48	41.48
93290 TC	Medicine	0.95	0.95	64.60	64.60
93291 00	Medicine	1.44	1.44	97.92	97.92
93291 26	Medicine	0.52	0.52	35.36	35.36
93291 TC	Medicine	0.92	0.92	62.56	62.56
93292 00	Medicine	1.51	1.51	102.68	102.68
93292 26	Medicine	0.61	0.61	41.48	41.48
93292 TC	Medicine	0.90	0.90	61.20	61.20
93293 00	Medicine	1.24	1.24	84.32	84.32
93293 26	Medicine	0.41	0.41	27.88	27.88
93293 TC	Medicine	0.83	0.83	56.44	56.44
93294 00	Medicine	0.87	0.87	59.16	59.16

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93295 00	Medicine	1.07	1.07	72.76	72.76
93296 00	Medicine	0.60	0.60	40.80	40.80
93297 00	Medicine	1.80	1.80	122.40	122.40
93297 26	Medicine	0.73	0.73	49.64	49.64
93297 TC	Medicine	1.07	1.07	72.76	72.76
93298 00	Medicine	3.02	3.02	205.36	205.36
93298 26	Medicine	0.73	0.73	49.64	49.64
93298 TC	Medicine	2.29	2.29	155.72	155.72
93303 00	Medicine	6.45	6.45	438.60	438.60
93303 26	Medicine	1.80	1.80	122.40	122.40
93303 TC	Medicine	4.65	4.65	316.20	316.20
93304 00	Medicine	4.54	4.54	308.72	308.72
93304 26	Medicine	1.04	1.04	70.72	70.72
93304 TC	Medicine	3.50	3.50	238.00	238.00
93306 00	Medicine	5.81	5.81	395.08	395.08
93306 26	Medicine	2.02	2.02	137.36	137.36
93306 TC	Medicine	3.79	3.79	257.72	257.72
93307 00	Medicine	4.05	4.05	275.40	275.40
93307 26	Medicine	1.28	1.28	87.04	87.04
93307 TC	Medicine	2.77	2.77	188.36	188.36
93308 00	Medicine	2.92	2.92	198.56	198.56
93308 26	Medicine	0.73	0.73	49.64	49.64
93308 TC	Medicine	2.19	2.19	148.92	148.92
93312 00	Medicine	6.97	6.97	473.96	473.96
93312 26	Medicine	3.12	3.12	212.16	212.16
93312 TC	Medicine	3.85	3.85	261.80	261.80
93313 00	Medicine	0.33	0.33	22.44	22.44
93314 00	Medicine	6.67	6.67	453.56	453.56
93314 26	Medicine	2.62	2.62	178.16	178.16
93314 TC	Medicine	4.05	4.05	275.40	275.40
93315 00	Medicine	-	-	556.24	556.24
93315 26	Medicine	3.68	3.68	250.24	250.24
93315 TC	Medicine	-	-	306.00	306.00
93316 00	Medicine	0.75	0.75	51.00	51.00
93317 00	Medicine	-	-	503.20	503.20
93317 26	Medicine	2.59	2.59	176.12	176.12
93317 TC	Medicine	-	-	327.08	327.08
93318 00	Medicine	-	-	582.76	582.76
93318 26	Medicine	3.00	3.00	204.00	204.00
93318 TC	Medicine	-	-	378.76	378.76
93319 00	Medicine	1.61	0.69	109.48	46.92
93320 00	Medicine	1.50	1.50	102.00	102.00
93320 26	Medicine	0.52	0.52	35.36	35.36
93320 TC	Medicine	0.98	0.98	66.64	66.64
93321 00	Medicine	0.74	0.74	50.32	50.32
93321 26	Medicine	0.21	0.21	14.28	14.28
93321 TC	Medicine	0.53	0.53	36.04	36.04
93325 00	Medicine	0.68	0.68	46.24	46.24

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93325 26	Medicine	0.09	0.09	6.12	6.12
93325 TC	Medicine	0.59	0.59	40.12	40.12
93350 00	Medicine	5.47	5.47	371.96	371.96
93350 26	Medicine	2.02	2.02	137.36	137.36
93350 TC	Medicine	3.45	3.45	234.60	234.60
93351 00	Medicine	6.88	6.88	467.84	467.84
93351 26	Medicine	2.42	2.42	164.56	164.56
93351 TC	Medicine	4.46	4.46	303.28	303.28
93352 00	Medicine	1.05	1.05	71.40	71.40
93355 00	Medicine	6.60	6.60	448.80	448.80
93356 00	Medicine	1.09	0.35	74.12	23.80
93451 00	Medicine	24.50	24.50	1666.00	1666.00
93451 26	Medicine	3.83	3.83	260.44	260.44
93451 TC	Medicine	20.67	20.67	1405.56	1405.56
93452 00	Medicine	25.66	25.66	1744.88	1744.88
93452 26	Medicine	6.89	6.89	468.52	468.52
93452 TC	Medicine	18.77	18.77	1276.36	1276.36
93453 00	Medicine	32.75	32.75	2227.00	2227.00
93453 26	Medicine	9.21	9.21	626.28	626.28
93453 TC	Medicine	23.54	23.54	1600.72	1600.72
93454 00	Medicine	25.84	25.84	1757.12	1757.12
93454 26	Medicine	6.96	6.96	473.28	473.28
93454 TC	Medicine	18.88	18.88	1283.84	1283.84
93455 00	Medicine	28.85	28.85	1961.80	1961.80
93455 26	Medicine	8.13	8.13	552.84	552.84
93455 TC	Medicine	20.72	20.72	1408.96	1408.96
93456 00	Medicine	32.17	32.17	2187.56	2187.56
93456 26	Medicine	9.08	9.08	617.44	617.44
93456 TC	Medicine	23.09	23.09	1570.12	1570.12
93457 00	Medicine	35.11	35.11	2387.48	2387.48
93457 26	Medicine	10.21	10.21	694.28	694.28
93457 TC	Medicine	24.90	24.90	1693.20	1693.20
93458 00	Medicine	29.77	29.77	2024.36	2024.36
93458 26	Medicine	8.58	8.58	583.44	583.44
93458 TC	Medicine	21.19	21.19	1440.92	1440.92
93459 00	Medicine	32.05	32.05	2179.40	2179.40
93459 26	Medicine	9.73	9.73	661.64	661.64
93459 TC	Medicine	22.32	22.32	1517.76	1517.76
93460 00	Medicine	35.56	35.56	2418.08	2418.08
93460 26	Medicine	10.91	10.91	741.88	741.88
93460 TC	Medicine	24.65	24.65	1676.20	1676.20
93461 00	Medicine	39.23	39.23	2667.64	2667.64
93461 26	Medicine	12.05	12.05	819.40	819.40
93461 TC	Medicine	27.18	27.18	1848.24	1848.24
93462 00	Medicine	6.06	6.06	412.08	412.08
93463 00	Medicine	2.87	2.87	195.16	195.16
93464 00	Medicine	6.43	6.43	437.24	437.24
93464 26	Medicine	2.62	2.62	178.16	178.16

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93464 TC	Medicine	3.81	3.81	259.08	259.08
93503 00	Medicine	2.58	2.58	175.44	175.44
93505 00	Medicine	18.55	18.55	1261.40	1261.40
93505 26	Medicine	6.65	6.65	452.20	452.20
93505 TC	Medicine	11.90	11.90	809.20	809.20
93563 00	Medicine	1.51	1.51	102.68	102.68
93564 00	Medicine	1.62	1.62	110.16	110.16
93565 00	Medicine	0.80	0.80	54.40	54.40
93566 00	Medicine	0.76	0.76	51.68	51.68
93567 00	Medicine	1.10	1.10	74.80	74.80
93568 00	Medicine	1.37	1.37	93.16	93.16
93569 00	Medicine	1.10	1.10	74.80	74.80
93571 00	Medicine	-	-	410.04	410.04
93571 26	Medicine	2.11	2.11	143.48	143.48
93571 TC	Medicine	-	-	266.56	266.56
93572 00	Medicine	-	-	221.68	221.68
93572 26	Medicine	1.53	1.53	104.04	104.04
93572 TC	Medicine	-	-	117.64	117.64
93573 00	Medicine	1.83	1.83	124.44	124.44
93574 00	Medicine	2.04	2.04	138.72	138.72
93575 00	Medicine	2.71	2.71	184.28	184.28
93580 00	Medicine	28.55	28.55	1941.40	1941.40
93581 00	Medicine	38.79	38.79	2637.72	2637.72
93582 00	Medicine	19.36	19.36	1316.48	1316.48
93583 00	Medicine	21.71	21.71	1476.28	1476.28
93584 00	Medicine	1.73	1.73	117.64	117.64
93585 00	Medicine	1.63	1.63	110.84	110.84
93586 00	Medicine	2.07	2.07	140.76	140.76
93587 00	Medicine	3.03	3.03	206.04	206.04
93588 00	Medicine	3.07	3.07	208.76	208.76
93590 00	Medicine	31.34	31.34	2131.12	2131.12
93591 00	Medicine	25.98	25.98	1766.64	1766.64
93592 00	Medicine	11.30	11.30	768.40	768.40
93593 00	Medicine	-	-	96.56	96.56
93593 26	Medicine	5.54	5.54	376.72	376.72
93593 TC	Medicine	0.00	0.00	BR	BR
93594 00	Medicine	0.00	0.00	BR	BR
93594 26	Medicine	8.51	8.51	578.68	578.68
93594 TC	Medicine	0.00	0.00	BR	BR
93595 00	Medicine	0.00	0.00	BR	BR
93595 26	Medicine	7.59	7.59	516.12	516.12
93595 TC	Medicine	0.00	0.00	BR	BR
93596 00	Medicine	-	-	967.64	967.64
93596 26	Medicine	9.45	9.45	642.60	642.60
93596 TC	Medicine	-	-	325.04	325.04
93597 00	Medicine	-	-	1927.80	1927.80
93597 26	Medicine	12.28	12.28	835.04	835.04
93597 TC	Medicine	-	-	1092.76	1092.76

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93598 00	Medicine	0.00	0.00	BR	BR
93598 26	Medicine	1.93	1.93	131.24	131.24
93598 TC	Medicine	0.00	0.00	BR	BR
93600 00	Medicine	-	-	382.84	382.84
93600 26	Medicine	3.38	3.38	229.84	229.84
93600 TC	Medicine	-	-	153.00	153.00
93602 00	Medicine	-	-	315.52	315.52
93602 26	Medicine	3.34	3.34	227.12	227.12
93602 TC	Medicine	-	-	88.40	88.40
93603 00	Medicine	-	-	360.40	360.40
93603 26	Medicine	3.34	3.34	227.12	227.12
93603 TC	Medicine	-	-	133.28	133.28
93609 00	Medicine	-	-	750.04	750.04
93609 26	Medicine	7.94	7.94	539.92	539.92
93609 TC	Medicine	-	-	210.12	210.12
93610 00	Medicine	-	-	426.36	426.36
93610 26	Medicine	4.70	4.70	319.60	319.60
93610 TC	Medicine	-	-	106.76	106.76
93612 00	Medicine	-	-	439.28	439.28
93612 26	Medicine	4.65	4.65	316.20	316.20
93612 TC	Medicine	-	-	123.08	123.08
93613 00	Medicine	8.51	8.51	578.68	578.68
93615 00	Medicine	-	-	97.24	97.24
93615 26	Medicine	1.06	1.06	72.08	72.08
93615 TC	Medicine	-	-	25.16	25.16
93616 00	Medicine	-	-	197.20	197.20
93616 26	Medicine	1.71	1.71	116.28	116.28
93616 TC	Medicine	-	-	80.92	80.92
93618 00	Medicine	-	-	711.96	711.96
93618 26	Medicine	6.28	6.28	427.04	427.04
93618 TC	Medicine	-	-	284.92	284.92
93619 00	Medicine	-	-	1333.48	1333.48
93619 26	Medicine	11.18	11.18	760.24	760.24
93619 TC	Medicine	-	-	573.24	573.24
93620 00	Medicine	-	-	1944.12	1944.12
93620 26	Medicine	18.01	18.01	1224.68	1224.68
93620 TC	Medicine	-	-	719.44	719.44
93621 00	Medicine	-	-	706.52	706.52
93621 26	Medicine	2.39	2.39	162.52	162.52
93621 TC	Medicine	-	-	544.00	544.00
93622 00	Medicine	-	-	1405.56	1405.56
93622 26	Medicine	4.96	4.96	337.28	337.28
93622 TC	Medicine	-	-	1068.28	1068.28
93623 00	Medicine	-	-	310.76	310.76
93623 26	Medicine	1.60	1.60	108.80	108.80
93623 TC	Medicine	-	-	201.96	201.96
93624 00	Medicine	-	-	608.60	608.60
93624 26	Medicine	6.98	6.98	474.64	474.64

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93624 TC	Medicine	-	-	138.72	138.72
93631 00	Medicine	-	-	1657.84	1657.84
93631 26	Medicine	11.46	11.46	779.28	779.28
93631 TC	Medicine	-	-	878.56	878.56
93640 00	Medicine	-	-	873.80	873.80
93640 26	Medicine	5.14	5.14	349.52	349.52
93640 TC	Medicine	-	-	524.28	524.28
93641 00	Medicine	-	-	1148.52	1148.52
93641 26	Medicine	8.95	8.95	608.60	608.60
93641 TC	Medicine	-	-	539.92	539.92
93642 00	Medicine	9.79	9.79	665.72	665.72
93642 26	Medicine	7.34	7.34	499.12	499.12
93642 TC	Medicine	2.45	2.45	166.60	166.60
93644 00	Medicine	5.66	5.66	384.88	384.88
93644 26	Medicine	4.17	4.17	283.56	283.56
93644 TC	Medicine	1.49	1.49	101.32	101.32
93650 00	Medicine	17.05	17.05	1159.40	1159.40
93653 00	Medicine	24.46	24.46	1663.28	1663.28
93654 00	Medicine	29.48	29.48	2004.64	2004.64
93655 00	Medicine	8.98	8.98	610.64	610.64
93656 00	Medicine	27.72	27.72	1884.96	1884.96
93657 00	Medicine	8.99	8.99	611.32	611.32
93660 00	Medicine	4.92	4.92	334.56	334.56
93660 26	Medicine	2.68	2.68	182.24	182.24
93660 TC	Medicine	2.24	2.24	152.32	152.32
93662 00	Medicine	-	-	325.72	325.72
93662 26	Medicine	2.06	2.06	140.08	140.08
93662 TC	Medicine	-	-	185.64	185.64
93668 00	Medicine	0.44	0.44	29.92	29.92
93701 00	Medicine	0.79	0.79	53.72	53.72
93702 00	Medicine	3.55	3.55	241.40	241.40
93724 00	Medicine	8.31	8.31	565.08	565.08
93724 26	Medicine	6.92	6.92	470.56	470.56
93724 TC	Medicine	1.39	1.39	94.52	94.52
93740 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
93745 00	Medicine	0.00	0.00	BR	BR
93745 26	Medicine	0.00	0.00	BR	BR
93745 TC	Medicine	0.00	0.00	BR	BR
93750 00	Medicine	1.54	1.20	104.72	81.60
93770 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
93784 00	Medicine	1.38	1.38	93.84	93.84
93786 00	Medicine	0.68	0.68	46.24	46.24
93788 00	Medicine	0.17	0.17	11.56	11.56
93790 00	Medicine	0.53	0.53	36.04	36.04
93792 00	Medicine	2.06	2.06	140.08	140.08
93793 00	Medicine	0.34	0.34	23.12	23.12
93797 00	Medicine	0.51	0.25	34.68	17.00
93798 00	Medicine	0.76	0.40	51.68	27.20

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Medicine Codes 2025

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93799 00	Medicine	0.00	0.00	BR	BR
93799 26	Medicine	0.00	0.00	BR	BR
93799 TC	Medicine	0.00	0.00	BR	BR
93880 00	Medicine	5.62	5.62	382.16	382.16
93880 26	Medicine	1.12	1.12	76.16	76.16
93880 TC	Medicine	4.50	4.50	306.00	306.00
93882 00	Medicine	3.68	3.68	250.24	250.24
93882 26	Medicine	0.69	0.69	46.92	46.92
93882 TC	Medicine	2.99	2.99	203.32	203.32
93886 00	Medicine	7.68	7.68	522.24	522.24
93886 26	Medicine	1.34	1.34	91.12	91.12
93886 TC	Medicine	6.34	6.34	431.12	431.12
93888 00	Medicine	4.83	4.83	328.44	328.44
93888 26	Medicine	1.06	1.06	72.08	72.08
93888 TC	Medicine	3.77	3.77	256.36	256.36
93892 00	Medicine	8.77	8.77	596.36	596.36
93892 26	Medicine	1.73	1.73	117.64	117.64
93892 TC	Medicine	7.04	7.04	478.72	478.72
93893 00	Medicine	10.01	10.01	680.68	680.68
93893 26	Medicine	1.75	1.75	119.00	119.00
93893 TC	Medicine	8.26	8.26	561.68	561.68
93895 00	Medicine	-	-	274.04	274.04
93895 26	Medicine	0.00	0.00	BR	BR
93895 TC	Medicine	-	-	274.04	274.04
93896 00	Medicine	5.35	5.35	363.80	363.80
93896 26	Medicine	1.21	1.21	82.28	82.28
93896 TC	Medicine	4.14	4.14	281.52	281.52
93897 00	Medicine	6.73	6.73	457.64	457.64
93897 26	Medicine	1.10	1.10	74.80	74.80
93897 TC	Medicine	5.63	5.63	382.84	382.84
93898 00	Medicine	7.05	7.05	479.40	479.40
93898 26	Medicine	1.29	1.29	87.72	87.72
93898 TC	Medicine	5.76	5.76	391.68	391.68
93922 00	Medicine	2.45	2.45	166.60	166.60
93922 26	Medicine	0.35	0.35	23.80	23.80
93922 TC	Medicine	2.10	2.10	142.80	142.80
93923 00	Medicine	3.89	3.89	264.52	264.52
93923 26	Medicine	0.63	0.63	42.84	42.84
93923 TC	Medicine	3.26	3.26	221.68	221.68
93924 00	Medicine	4.77	4.77	324.36	324.36
93924 26	Medicine	0.70	0.70	47.60	47.60
93924 TC	Medicine	4.07	4.07	276.76	276.76
93925 00	Medicine	7.08	7.08	481.44	481.44
93925 26	Medicine	1.10	1.10	74.80	74.80
93925 TC	Medicine	5.98	5.98	406.64	406.64
93926 00	Medicine	4.25	4.25	289.00	289.00
93926 26	Medicine	0.67	0.67	45.56	45.56
93926 TC	Medicine	3.58	3.58	243.44	243.44

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
93930 00	Medicine	5.90	5.90	401.20	401.20
93930 26	Medicine	1.12	1.12	76.16	76.16
93930 TC	Medicine	4.78	4.78	325.04	325.04
93931 00	Medicine	3.66	3.66	248.88	248.88
93931 26	Medicine	0.68	0.68	46.24	46.24
93931 TC	Medicine	2.98	2.98	202.64	202.64
93970 00	Medicine	5.53	5.53	376.04	376.04
93970 26	Medicine	0.96	0.96	65.28	65.28
93970 TC	Medicine	4.57	4.57	310.76	310.76
93971 00	Medicine	3.54	3.54	240.72	240.72
93971 26	Medicine	0.62	0.62	42.16	42.16
93971 TC	Medicine	2.92	2.92	198.56	198.56
93975 00	Medicine	7.81	7.81	531.08	531.08
93975 26	Medicine	1.62	1.62	110.16	110.16
93975 TC	Medicine	6.19	6.19	420.92	420.92
93976 00	Medicine	4.73	4.73	321.64	321.64
93976 26	Medicine	1.12	1.12	76.16	76.16
93976 TC	Medicine	3.61	3.61	245.48	245.48
93978 00	Medicine	5.38	5.38	365.84	365.84
93978 26	Medicine	1.14	1.14	77.52	77.52
93978 TC	Medicine	4.24	4.24	288.32	288.32
93979 00	Medicine	3.49	3.49	237.32	237.32
93979 26	Medicine	0.69	0.69	46.92	46.92
93979 TC	Medicine	2.80	2.80	190.40	190.40
93980 00	Medicine	3.50	3.50	238.00	238.00
93980 26	Medicine	1.76	1.76	119.68	119.68
93980 TC	Medicine	1.74	1.74	118.32	118.32
93981 00	Medicine	2.11	2.11	143.48	143.48
93981 26	Medicine	0.63	0.63	42.84	42.84
93981 TC	Medicine	1.48	1.48	100.64	100.64
93985 00	Medicine	7.38	7.38	501.84	501.84
93985 26	Medicine	1.13	1.13	76.84	76.84
93985 TC	Medicine	6.25	6.25	425.00	425.00
93986 00	Medicine	4.33	4.33	294.44	294.44
93986 26	Medicine	0.68	0.68	46.24	46.24
93986 TC	Medicine	3.65	3.65	248.20	248.20
93990 00	Medicine	4.34	4.34	295.12	295.12
93990 26	Medicine	0.68	0.68	46.24	46.24
93990 TC	Medicine	3.66	3.66	248.88	248.88
93998 00	Medicine	0.00	0.00	BR	BR
94002 00	Medicine	2.72	2.72	184.96	184.96
94003 00	Medicine	1.91	1.91	129.88	129.88
94004 00	Medicine	1.40	1.40	95.20	95.20
94005 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
94010 00	Medicine	0.82	0.82	55.76	55.76
94010 26	Medicine	0.24	0.24	16.32	16.32
94010 TC	Medicine	0.58	0.58	39.44	39.44
94011 00	Medicine	2.51	2.51	170.68	170.68

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
94012 00	Medicine	4.08	4.08	277.44	277.44
94013 00	Medicine	0.55	0.55	37.40	37.40
94014 00	Medicine	1.68	1.68	114.24	114.24
94015 00	Medicine	0.96	0.96	65.28	65.28
94016 00	Medicine	0.72	0.72	48.96	48.96
94060 00	Medicine	1.17	1.17	79.56	79.56
94060 26	Medicine	0.30	0.30	20.40	20.40
94060 TC	Medicine	0.87	0.87	59.16	59.16
94070 00	Medicine	1.90	1.90	129.20	129.20
94070 26	Medicine	0.81	0.81	55.08	55.08
94070 TC	Medicine	1.09	1.09	74.12	74.12
94150 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
94150 26	Medicine	0.00	0.00	Bundled Code	Bundled Code
94150 TC	Medicine	0.00	0.00	Bundled Code	Bundled Code
94200 00	Medicine	0.45	0.45	30.60	30.60
94200 26	Medicine	0.08	0.08	5.44	5.44
94200 TC	Medicine	0.37	0.37	25.16	25.16
94375 00	Medicine	1.17	1.17	79.56	79.56
94375 26	Medicine	0.42	0.42	28.56	28.56
94375 TC	Medicine	0.75	0.75	51.00	51.00
94450 00	Medicine	2.63	2.63	178.84	178.84
94450 26	Medicine	0.59	0.59	40.12	40.12
94450 TC	Medicine	2.04	2.04	138.72	138.72
94452 00	Medicine	1.52	1.52	103.36	103.36
94452 26	Medicine	0.42	0.42	28.56	28.56
94452 TC	Medicine	1.10	1.10	74.80	74.80
94453 00	Medicine	2.01	2.01	136.68	136.68
94453 26	Medicine	0.54	0.54	36.72	36.72
94453 TC	Medicine	1.47	1.47	99.96	99.96
94610 00	Medicine	1.65	1.65	112.20	112.20
94617 00	Medicine	2.68	2.68	182.24	182.24
94617 26	Medicine	0.93	0.93	63.24	63.24
94617 TC	Medicine	1.75	1.75	119.00	119.00
94618 00	Medicine	1.03	1.03	70.04	70.04
94618 26	Medicine	0.65	0.65	44.20	44.20
94618 TC	Medicine	0.38	0.38	25.84	25.84
94619 00	Medicine	1.96	1.96	133.28	133.28
94619 26	Medicine	0.63	0.63	42.84	42.84
94619 TC	Medicine	1.33	1.33	90.44	90.44
94621 00	Medicine	4.66	4.66	316.88	316.88
94621 26	Medicine	2.00	2.00	136.00	136.00
94621 TC	Medicine	2.66	2.66	180.88	180.88
94625 00	Medicine	2.32	0.53	157.76	36.04
94626 00	Medicine	2.52	0.77	171.36	52.36
94640 00	Medicine	0.24	0.24	16.32	16.32
94642 00	Medicine	-	-	80.92	80.92
94644 00	Medicine	1.73	1.73	117.64	117.64
94645 00	Medicine	0.51	0.51	34.68	34.68

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
94660 00	Medicine	1.96	1.09	133.28	74.12
94662 00	Medicine	1.02	1.02	69.36	69.36
94664 00	Medicine	0.54	0.54	36.72	36.72
94667 00	Medicine	0.76	0.76	51.68	51.68
94668 00	Medicine	1.16	1.16	78.88	78.88
94669 00	Medicine	0.63	0.63	42.84	42.84
94680 00	Medicine	1.58	1.58	107.44	107.44
94680 26	Medicine	0.37	0.37	25.16	25.16
94680 TC	Medicine	1.21	1.21	82.28	82.28
94681 00	Medicine	1.44	1.44	97.92	97.92
94681 26	Medicine	0.28	0.28	19.04	19.04
94681 TC	Medicine	1.16	1.16	78.88	78.88
94690 00	Medicine	1.45	1.45	98.60	98.60
94690 26	Medicine	0.11	0.11	7.48	7.48
94690 TC	Medicine	1.34	1.34	91.12	91.12
94726 00	Medicine	1.70	1.70	115.60	115.60
94726 26	Medicine	0.35	0.35	23.80	23.80
94726 TC	Medicine	1.35	1.35	91.80	91.80
94727 00	Medicine	1.35	1.35	91.80	91.80
94727 26	Medicine	0.35	0.35	23.80	23.80
94727 TC	Medicine	1.00	1.00	68.00	68.00
94728 00	Medicine	1.33	1.33	90.44	90.44
94728 26	Medicine	0.36	0.36	24.48	24.48
94728 TC	Medicine	0.97	0.97	65.96	65.96
94729 00	Medicine	1.68	1.68	114.24	114.24
94729 26	Medicine	0.26	0.26	17.68	17.68
94729 TC	Medicine	1.42	1.42	96.56	96.56
94760 00	Medicine	0.11	0.11	7.48	7.48
94761 00	Medicine	0.12	0.12	8.16	8.16
94762 00	Medicine	0.74	0.74	50.32	50.32
94772 00	Medicine	-	-	372.64	372.64
94772 26	Medicine	-	-	148.92	148.92
94772 TC	Medicine	-	-	223.72	223.72
94774 00	Medicine	0.00	0.00	BR	BR
94775 00	Medicine	0.00	0.00	BR	BR
94776 00	Medicine	0.00	0.00	BR	BR
94777 00	Medicine	-	-	127.16	127.16
94780 00	Medicine	1.60	0.68	108.80	46.24
94781 00	Medicine	0.65	0.24	44.20	16.32
94799 00	Medicine	0.00	0.00	BR	BR
94799 26	Medicine	0.00	0.00	BR	BR
94799 TC	Medicine	0.00	0.00	BR	BR
95004 00	Medicine	0.11	0.11	7.48	7.48
95012 00	Medicine	0.56	0.56	38.08	38.08
95017 00	Medicine	0.25	0.11	17.00	7.48
95018 00	Medicine	0.59	0.21	40.12	14.28
95024 00	Medicine	0.23	0.03	15.64	2.04
95027 00	Medicine	0.14	0.14	9.52	9.52

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
95028 00	Medicine	0.37	0.37	25.16	25.16
95044 00	Medicine	0.15	0.15	10.20	10.20
95052 00	Medicine	0.17	0.17	11.56	11.56
95056 00	Medicine	1.59	1.59	108.12	108.12
95060 00	Medicine	1.19	1.19	80.92	80.92
95065 00	Medicine	0.88	0.88	59.84	59.84
95070 00	Medicine	1.06	1.06	72.08	72.08
95076 00	Medicine	3.74	2.19	254.32	148.92
95079 00	Medicine	2.58	2.02	175.44	137.36
95115 00	Medicine	0.32	0.32	21.76	21.76
95117 00	Medicine	0.37	0.37	25.16	25.16
95120 00	Medicine	-	-	38.76	38.76
95125 00	Medicine	-	-	38.76	38.76
95130 00	Medicine	-	-	32.64	32.64
95131 00	Medicine	-	-	51.68	51.68
95132 00	Medicine	-	-	68.00	68.00
95133 00	Medicine	-	-	108.80	108.80
95134 00	Medicine	-	-	154.36	154.36
95144 00	Medicine	0.49	0.10	33.32	6.80
95145 00	Medicine	1.05	0.10	71.40	6.80
95146 00	Medicine	1.93	0.10	131.24	6.80
95147 00	Medicine	1.86	0.10	126.48	6.80
95148 00	Medicine	2.76	0.10	187.68	6.80
95149 00	Medicine	3.67	0.10	249.56	6.80
95165 00	Medicine	0.43	0.10	29.24	6.80
95170 00	Medicine	0.32	0.10	21.76	6.80
95180 00	Medicine	4.19	3.05	284.92	207.40
95199 00	Medicine	0.00	0.00	BR	BR
95249 00	Medicine	1.98	1.98	134.64	134.64
95250 00	Medicine	4.31	4.31	293.08	293.08
95251 00	Medicine	1.03	1.03	70.04	70.04
95700 00	Medicine	-	-	570.52	570.52
95705 00	Medicine	-	-	1353.20	1353.20
95706 00	Medicine	-	-	324.36	324.36
95707 00	Medicine	-	-	2022.32	2022.32
95708 00	Medicine	-	-	609.28	609.28
95709 00	Medicine	-	-	1767.32	1767.32
95710 00	Medicine	-	-	712.64	712.64
95711 00	Medicine	-	-	503.88	503.88
95712 00	Medicine	-	-	1166.20	1166.20
95713 00	Medicine	-	-	1285.20	1285.20
95714 00	Medicine	-	-	645.32	645.32
95715 00	Medicine	-	-	2592.16	2592.16
95716 00	Medicine	-	-	3792.36	3792.36
95717 00	Medicine	3.21	3.16	218.28	214.88
95718 00	Medicine	4.04	3.97	274.72	269.96
95719 00	Medicine	4.83	4.75	328.44	323.00
95720 00	Medicine	6.20	6.10	421.60	414.80

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
95721 00	Medicine	6.20	6.08	421.60	413.44
95722 00	Medicine	7.53	7.40	512.04	503.20
95723 00	Medicine	7.62	7.47	518.16	507.96
95724 00	Medicine	9.55	9.39	649.40	638.52
95725 00	Medicine	8.75	8.56	595.00	582.08
95726 00	Medicine	12.16	11.93	826.88	811.24
95782 00	Medicine	29.15	29.15	1982.20	1982.20
95782 26	Medicine	3.61	3.61	245.48	245.48
95782 TC	Medicine	25.54	25.54	1736.72	1736.72
95783 00	Medicine	30.89	30.89	2100.52	2100.52
95783 26	Medicine	3.93	3.93	267.24	267.24
95783 TC	Medicine	26.96	26.96	1833.28	1833.28
95800 00	Medicine	3.85	3.85	261.80	261.80
95800 26	Medicine	1.15	1.15	78.20	78.20
95800 TC	Medicine	2.70	2.70	183.60	183.60
95801 00	Medicine	2.92	2.92	198.56	198.56
95801 26	Medicine	1.20	1.20	81.60	81.60
95801 TC	Medicine	1.72	1.72	116.96	116.96
95803 00	Medicine	3.91	3.91	265.88	265.88
95803 26	Medicine	1.23	1.23	83.64	83.64
95803 TC	Medicine	2.68	2.68	182.24	182.24
95805 00	Medicine	13.16	13.16	894.88	894.88
95805 26	Medicine	1.68	1.68	114.24	114.24
95805 TC	Medicine	11.48	11.48	780.64	780.64
95806 00	Medicine	2.88	2.88	195.84	195.84
95806 26	Medicine	1.29	1.29	87.72	87.72
95806 TC	Medicine	1.59	1.59	108.12	108.12
95807 00	Medicine	12.42	12.42	844.56	844.56
95807 26	Medicine	1.73	1.73	117.64	117.64
95807 TC	Medicine	10.69	10.69	726.92	726.92
95808 00	Medicine	14.72	14.72	1000.96	1000.96
95808 26	Medicine	2.41	2.41	163.88	163.88
95808 TC	Medicine	12.31	12.31	837.08	837.08
95810 00	Medicine	18.81	18.81	1279.08	1279.08
95810 26	Medicine	3.47	3.47	235.96	235.96
95810 TC	Medicine	15.34	15.34	1043.12	1043.12
95811 00	Medicine	19.70	19.70	1339.60	1339.60
95811 26	Medicine	3.62	3.62	246.16	246.16
95811 TC	Medicine	16.08	16.08	1093.44	1093.44
95812 00	Medicine	10.42	10.42	708.56	708.56
95812 26	Medicine	1.66	1.66	112.88	112.88
95812 TC	Medicine	8.76	8.76	595.68	595.68
95813 00	Medicine	13.29	13.29	903.72	903.72
95813 26	Medicine	2.51	2.51	170.68	170.68
95813 TC	Medicine	10.78	10.78	733.04	733.04
95816 00	Medicine	11.62	11.62	790.16	790.16
95816 26	Medicine	1.66	1.66	112.88	112.88
95816 TC	Medicine	9.96	9.96	677.28	677.28

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
95819 00	Medicine	13.53	13.53	920.04	920.04
95819 26	Medicine	1.66	1.66	112.88	112.88
95819 TC	Medicine	11.87	11.87	807.16	807.16
95822 00	Medicine	12.51	12.51	850.68	850.68
95822 26	Medicine	1.66	1.66	112.88	112.88
95822 TC	Medicine	10.85	10.85	737.80	737.80
95824 00	Medicine	-	-	197.20	197.20
95824 26	Medicine	1.13	1.13	76.84	76.84
95824 TC	Medicine	-	-	120.36	120.36
95829 00	Medicine	52.16	52.16	3546.88	3546.88
95829 26	Medicine	9.66	9.66	656.88	656.88
95829 TC	Medicine	42.50	42.50	2890.00	2890.00
95830 00	Medicine	19.78	2.72	1345.04	184.96
95836 00	Medicine	3.15	3.15	214.20	214.20
95851 00	Medicine	0.73	0.23	49.64	15.64
95852 00	Medicine	0.62	0.17	42.16	11.56
95857 00	Medicine	1.90	0.84	129.20	57.12
95860 00	Medicine	3.31	3.31	225.08	225.08
95860 26	Medicine	1.49	1.49	101.32	101.32
95860 TC	Medicine	1.82	1.82	123.76	123.76
95861 00	Medicine	4.62	4.62	314.16	314.16
95861 26	Medicine	2.37	2.37	161.16	161.16
95861 TC	Medicine	2.25	2.25	153.00	153.00
95863 00	Medicine	6.28	6.28	427.04	427.04
95863 26	Medicine	2.90	2.90	197.20	197.20
95863 TC	Medicine	3.38	3.38	229.84	229.84
95864 00	Medicine	6.64	6.64	451.52	451.52
95864 26	Medicine	3.08	3.08	209.44	209.44
95864 TC	Medicine	3.56	3.56	242.08	242.08
95865 00	Medicine	4.36	4.36	296.48	296.48
95865 26	Medicine	2.41	2.41	163.88	163.88
95865 TC	Medicine	1.95	1.95	132.60	132.60
95866 00	Medicine	3.89	3.89	264.52	264.52
95866 26	Medicine	1.93	1.93	131.24	131.24
95866 TC	Medicine	1.96	1.96	133.28	133.28
95867 00	Medicine	3.11	3.11	211.48	211.48
95867 26	Medicine	1.23	1.23	83.64	83.64
95867 TC	Medicine	1.88	1.88	127.84	127.84
95868 00	Medicine	3.75	3.75	255.00	255.00
95868 26	Medicine	1.81	1.81	123.08	123.08
95868 TC	Medicine	1.94	1.94	131.92	131.92
95869 00	Medicine	2.72	2.72	184.96	184.96
95869 26	Medicine	0.58	0.58	39.44	39.44
95869 TC	Medicine	2.14	2.14	145.52	145.52
95870 00	Medicine	2.40	2.40	163.20	163.20
95870 26	Medicine	0.58	0.58	39.44	39.44
95870 TC	Medicine	1.82	1.82	123.76	123.76
95872 00	Medicine	5.48	5.48	372.64	372.64

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
95872 26	Medicine	4.35	4.35	295.80	295.80
95872 TC	Medicine	1.13	1.13	76.84	76.84
95873 00	Medicine	2.04	2.04	138.72	138.72
95873 26	Medicine	0.57	0.57	38.76	38.76
95873 TC	Medicine	1.47	1.47	99.96	99.96
95874 00	Medicine	2.20	2.20	149.60	149.60
95874 26	Medicine	0.57	0.57	38.76	38.76
95874 TC	Medicine	1.63	1.63	110.84	110.84
95875 00	Medicine	3.60	3.60	244.80	244.80
95875 26	Medicine	1.72	1.72	116.96	116.96
95875 TC	Medicine	1.88	1.88	127.84	127.84
95885 00	Medicine	1.79	1.79	121.72	121.72
95885 26	Medicine	0.54	0.54	36.72	36.72
95885 TC	Medicine	1.25	1.25	85.00	85.00
95886 00	Medicine	2.80	2.80	190.40	190.40
95886 26	Medicine	1.33	1.33	90.44	90.44
95886 TC	Medicine	1.47	1.47	99.96	99.96
95887 00	Medicine	2.44	2.44	165.92	165.92
95887 26	Medicine	1.09	1.09	74.12	74.12
95887 TC	Medicine	1.35	1.35	91.80	91.80
95905 00	Medicine	0.98	0.98	66.64	66.64
95905 26	Medicine	0.08	0.08	5.44	5.44
95905 TC	Medicine	0.90	0.90	61.20	61.20
95907 00	Medicine	2.65	2.65	180.20	180.20
95907 26	Medicine	1.55	1.55	105.40	105.40
95907 TC	Medicine	1.10	1.10	74.80	74.80
95908 00	Medicine	3.30	3.30	224.40	224.40
95908 26	Medicine	1.93	1.93	131.24	131.24
95908 TC	Medicine	1.37	1.37	93.16	93.16
95909 00	Medicine	3.97	3.97	269.96	269.96
95909 26	Medicine	2.32	2.32	157.76	157.76
95909 TC	Medicine	1.65	1.65	112.20	112.20
95910 00	Medicine	5.19	5.19	352.92	352.92
95910 26	Medicine	3.09	3.09	210.12	210.12
95910 TC	Medicine	2.10	2.10	142.80	142.80
95911 00	Medicine	6.23	6.23	423.64	423.64
95911 26	Medicine	3.86	3.86	262.48	262.48
95911 TC	Medicine	2.37	2.37	161.16	161.16
95912 00	Medicine	7.26	7.26	493.68	493.68
95912 26	Medicine	4.62	4.62	314.16	314.16
95912 TC	Medicine	2.64	2.64	179.52	179.52
95913 00	Medicine	8.50	8.50	578.00	578.00
95913 26	Medicine	5.48	5.48	372.64	372.64
95913 TC	Medicine	3.02	3.02	205.36	205.36
95919 00	Medicine	0.48	0.48	32.64	32.64
95919 26	Medicine	0.29	0.29	19.72	19.72
95919 TC	Medicine	0.19	0.19	12.92	12.92
95921 00	Medicine	2.59	2.59	176.12	176.12

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
95921 26	Medicine	1.30	1.30	88.40	88.40
95921 TC	Medicine	1.29	1.29	87.72	87.72
95922 00	Medicine	2.66	2.66	180.88	180.88
95922 26	Medicine	1.34	1.34	91.12	91.12
95922 TC	Medicine	1.32	1.32	89.76	89.76
95923 00	Medicine	3.53	3.53	240.04	240.04
95923 26	Medicine	1.31	1.31	89.08	89.08
95923 TC	Medicine	2.22	2.22	150.96	150.96
95924 00	Medicine	4.41	4.41	299.88	299.88
95924 26	Medicine	2.53	2.53	172.04	172.04
95924 TC	Medicine	1.88	1.88	127.84	127.84
95925 00	Medicine	4.60	4.60	312.80	312.80
95925 26	Medicine	0.81	0.81	55.08	55.08
95925 TC	Medicine	3.79	3.79	257.72	257.72
95926 00	Medicine	4.21	4.21	286.28	286.28
95926 26	Medicine	0.78	0.78	53.04	53.04
95926 TC	Medicine	3.43	3.43	233.24	233.24
95927 00	Medicine	5.29	5.29	359.72	359.72
95927 26	Medicine	0.80	0.80	54.40	54.40
95927 TC	Medicine	4.49	4.49	305.32	305.32
95928 00	Medicine	7.08	7.08	481.44	481.44
95928 26	Medicine	2.31	2.31	157.08	157.08
95928 TC	Medicine	4.77	4.77	324.36	324.36
95929 00	Medicine	7.09	7.09	482.12	482.12
95929 26	Medicine	2.29	2.29	155.72	155.72
95929 TC	Medicine	4.80	4.80	326.40	326.40
95930 00	Medicine	1.98	1.98	134.64	134.64
95930 26	Medicine	0.54	0.54	36.72	36.72
95930 TC	Medicine	1.44	1.44	97.92	97.92
95933 00	Medicine	2.40	2.40	163.20	163.20
95933 26	Medicine	0.92	0.92	62.56	62.56
95933 TC	Medicine	1.48	1.48	100.64	100.64
95937 00	Medicine	3.04	3.04	206.72	206.72
95937 26	Medicine	1.01	1.01	68.68	68.68
95937 TC	Medicine	2.03	2.03	138.04	138.04
95938 00	Medicine	11.17	11.17	759.56	759.56
95938 26	Medicine	1.33	1.33	90.44	90.44
95938 TC	Medicine	9.84	9.84	669.12	669.12
95939 00	Medicine	16.54	16.54	1124.72	1124.72
95939 26	Medicine	3.48	3.48	236.64	236.64
95939 TC	Medicine	13.06	13.06	888.08	888.08
95940 00	Medicine	0.96	0.96	65.28	65.28
95941 00	Medicine	-	-	1780.92	1780.92
95954 00	Medicine	11.51	11.51	782.68	782.68
95954 26	Medicine	3.28	3.28	223.04	223.04
95954 TC	Medicine	8.23	8.23	559.64	559.64
95955 00	Medicine	5.44	5.44	369.92	369.92
95955 26	Medicine	1.56	1.56	106.08	106.08

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
95955 TC	Medicine	3.88	3.88	263.84	263.84
95957 00	Medicine	8.71	8.71	592.28	592.28
95957 26	Medicine	2.98	2.98	202.64	202.64
95957 TC	Medicine	5.73	5.73	389.64	389.64
95958 00	Medicine	21.28	21.28	1447.04	1447.04
95958 26	Medicine	6.58	6.58	447.44	447.44
95958 TC	Medicine	14.70	14.70	999.60	999.60
95961 00	Medicine	9.83	9.83	668.44	668.44
95961 26	Medicine	4.74	4.74	322.32	322.32
95961 TC	Medicine	5.09	5.09	346.12	346.12
95962 00	Medicine	8.44	8.44	573.92	573.92
95962 26	Medicine	5.10	5.10	346.80	346.80
95962 TC	Medicine	3.34	3.34	227.12	227.12
95965 00	Medicine	-	-	3285.76	3285.76
95965 26	Medicine	12.08	12.08	821.44	821.44
95965 TC	Medicine	-	-	2464.32	2464.32
95966 00	Medicine	-	-	2006.00	2006.00
95966 26	Medicine	5.90	5.90	401.20	401.20
95966 TC	Medicine	-	-	1604.80	1604.80
95967 00	Medicine	-	-	1193.40	1193.40
95967 26	Medicine	5.09	5.09	346.12	346.12
95967 TC	Medicine	-	-	847.28	847.28
95970 00	Medicine	0.56	0.55	38.08	37.40
95971 00	Medicine	1.43	1.15	97.24	78.20
95972 00	Medicine	1.70	1.18	115.60	80.24
95976 00	Medicine	1.13	1.11	76.84	75.48
95977 00	Medicine	1.51	1.49	102.68	101.32
95980 00	Medicine	1.34	1.34	91.12	91.12
95981 00	Medicine	1.19	0.53	80.92	36.04
95982 00	Medicine	1.80	1.10	122.40	74.80
95983 00	Medicine	1.48	1.45	100.64	98.60
95984 00	Medicine	1.29	1.28	87.72	87.04
95990 00	Medicine	2.61	2.61	177.48	177.48
95991 00	Medicine	3.27	1.17	222.36	79.56
95992 00	Medicine	1.27	1.06	86.36	72.08
95999 00	Medicine	0.00	0.00	BR	BR
96000 00	Medicine	2.48	2.48	168.64	168.64
96001 00	Medicine	3.17	3.17	215.56	215.56
96002 00	Medicine	0.64	0.64	43.52	43.52
96004 00	Medicine	3.17	3.17	215.56	215.56
96020 00	Medicine	-	-	315.52	315.52
96020 26	Medicine	4.64	4.64	315.52	315.52
96020 TC	Medicine	0.00	0.00	BR	BR
96041 00	Medicine	-	-	105.40	105.40
96105 00	Medicine	2.90	2.90	197.20	197.20
96110 00	Medicine	0.35	0.35	23.80	23.80
96112 00	Medicine	3.93	3.62	267.24	246.16
96113 00	Medicine	1.65	1.49	112.20	101.32

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
96116 00	Medicine	2.74	2.36	186.32	160.48
96121 00	Medicine	2.25	1.97	153.00	133.96
96125 00	Medicine	3.08	3.08	209.44	209.44
96127 00	Medicine	0.14	0.14	9.52	9.52
96130 00	Medicine	3.63	3.28	246.84	223.04
96131 00	Medicine	2.56	2.24	174.08	152.32
96132 00	Medicine	3.87	3.18	263.16	216.24
96133 00	Medicine	2.89	2.25	196.52	153.00
96136 00	Medicine	1.26	0.70	85.68	47.60
96137 00	Medicine	1.11	0.53	75.48	36.04
96138 00	Medicine	1.04	1.04	70.72	70.72
96139 00	Medicine	1.04	1.04	70.72	70.72
96146 00	Medicine	0.07	0.07	4.76	4.76
96156 00	Medicine	3.06	2.68	208.08	182.24
96158 00	Medicine	2.10	1.84	142.80	125.12
96159 00	Medicine	0.72	0.63	48.96	42.84
96160 00	Medicine	0.09	0.09	6.12	6.12
96161 00	Medicine	0.09	0.09	6.12	6.12
96164 00	Medicine	0.32	0.29	21.76	19.72
96165 00	Medicine	0.15	0.13	10.20	8.84
96167 00	Medicine	2.23	1.95	151.64	132.60
96168 00	Medicine	0.80	0.70	54.40	47.60
96170 00	Medicine	2.32	2.17	157.76	147.56
96171 00	Medicine	0.84	0.78	57.12	53.04
96202 00	Medicine	0.72	0.64	48.96	43.52
96203 00	Medicine	0.18	0.18	12.24	12.24
96360 00	Medicine	0.93	0.93	63.24	63.24
96361 00	Medicine	0.36	0.36	24.48	24.48
96365 00	Medicine	1.79	1.79	121.72	121.72
96366 00	Medicine	0.60	0.60	40.80	40.80
96367 00	Medicine	0.82	0.82	55.76	55.76
96368 00	Medicine	0.57	0.57	38.76	38.76
96369 00	Medicine	4.15	4.15	282.20	282.20
96370 00	Medicine	0.49	0.49	33.32	33.32
96371 00	Medicine	1.72	1.72	116.96	116.96
96372 00	Medicine	0.43	0.43	29.24	29.24
96373 00	Medicine	0.57	0.57	38.76	38.76
96374 00	Medicine	1.05	1.05	71.40	71.40
96375 00	Medicine	0.44	0.44	29.92	29.92
96376 00	Medicine	-	-	65.28	65.28
96377 00	Medicine	0.54	0.54	36.72	36.72
96379 00	Medicine	0.00	0.00	BR	BR
96380 00	Medicine	0.69	0.69	46.92	46.92
96381 00	Medicine	0.59	0.59	40.12	40.12
96401 00	Medicine	2.05	2.05	139.40	139.40
96402 00	Medicine	1.08	1.08	73.44	73.44
96405 00	Medicine	2.46	0.86	167.28	58.48
96406 00	Medicine	3.77	1.32	256.36	89.76

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
96409 00	Medicine	2.86	2.86	194.48	194.48
96411 00	Medicine	1.57	1.57	106.76	106.76
96413 00	Medicine	3.69	3.69	250.92	250.92
96415 00	Medicine	0.79	0.79	53.72	53.72
96416 00	Medicine	3.63	3.63	246.84	246.84
96417 00	Medicine	1.82	1.82	123.76	123.76
96420 00	Medicine	2.92	2.92	198.56	198.56
96422 00	Medicine	4.46	4.46	303.28	303.28
96423 00	Medicine	2.07	2.07	140.76	140.76
96425 00	Medicine	4.80	4.80	326.40	326.40
96440 00	Medicine	21.42	4.05	1456.56	275.40
96446 00	Medicine	4.55	0.59	309.40	40.12
96450 00	Medicine	4.76	2.29	323.68	155.72
96521 00	Medicine	3.53	3.53	240.04	240.04
96522 00	Medicine	3.35	3.35	227.80	227.80
96523 00	Medicine	0.72	0.72	48.96	48.96
96542 00	Medicine	3.80	1.23	258.40	83.64
96547 00	Medicine	10.85	10.85	737.80	737.80
96548 00	Medicine	4.97	4.97	337.96	337.96
96549 00	Medicine	0.00	0.00	BR	BR
96567 00	Medicine	3.95	3.95	268.60	268.60
96570 00	Medicine	1.61	1.61	109.48	109.48
96571 00	Medicine	0.74	0.74	50.32	50.32
96573 00	Medicine	6.58	6.58	447.44	447.44
96574 00	Medicine	8.09	8.09	550.12	550.12
96900 00	Medicine	0.75	0.75	51.00	51.00
96902 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
96904 00	Medicine	1.99	1.99	135.32	135.32
96910 00	Medicine	3.51	3.51	238.68	238.68
96912 00	Medicine	2.98	2.98	202.64	202.64
96913 00	Medicine	4.52	4.52	307.36	307.36
96920 00	Medicine	4.23	1.52	287.64	103.36
96921 00	Medicine	4.52	1.73	307.36	117.64
96922 00	Medicine	5.65	2.78	384.20	189.04
96931 00	Medicine	5.00	5.00	340.00	340.00
96932 00	Medicine	3.71	3.71	252.28	252.28
96933 00	Medicine	1.29	1.29	87.72	87.72
96934 00	Medicine	3.53	3.53	240.04	240.04
96935 00	Medicine	2.28	2.28	155.04	155.04
96936 00	Medicine	1.25	1.25	85.00	85.00
96999 00	Medicine	0.00	0.00	BR	BR
99000 00	Medicine	-	-	12.92	12.92
99001 00	Medicine	-	-	17.68	17.68
99002 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99024 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99026 00	Medicine	-	-	77.52	77.52
99027 00	Medicine	0.00	0.00	BR	BR
99050 00	Medicine	-	-	31.96	31.96

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
99051 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99053 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99056 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99058 00	Medicine	-	-	42.16	42.16
99060 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99070 00	Medicine	0.00	0.00	BR	BR
99071 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99072 00	Medicine	0.00	0.00	BR	BR
99075 00	Medicine	0.00	0.00	BR	BR
99078 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
99080 00	Medicine	0.00	0.00	BR	BR
99082 00	Medicine	0.00	0.00	BR	BR
99091 00	Medicine	1.60	1.60	108.80	108.80
99151 00	Medicine	1.79	0.71	121.72	48.28
99152 00	Medicine	1.50	0.36	102.00	24.48
99153 00	Medicine	0.36	0.36	24.48	24.48
99155 00	Medicine	2.46	2.46	167.28	167.28
99156 00	Medicine	2.20	2.20	149.60	149.60
99157 00	Medicine	1.71	1.71	116.28	116.28
99170 00	Medicine	4.94	2.51	335.92	170.68
99172 00	Medicine	-	-	37.40	37.40
99173 00	Medicine	0.10	0.10	6.80	6.80
99174 00	Medicine	0.19	0.19	12.92	12.92
99175 00	Medicine	0.90	0.90	61.20	61.20
99177 00	Medicine	0.15	0.15	10.20	10.20
99183 00	Medicine	3.16	3.16	214.88	214.88
99184 00	Medicine	6.34	6.34	431.12	431.12
99188 00	Medicine	0.35	0.29	23.80	19.72
99190 00	Medicine	-	-	541.96	541.96
99191 00	Medicine	-	-	419.56	419.56
99192 00	Medicine	-	-	277.44	277.44
99195 00	Medicine	2.69	2.69	182.92	182.92
99199 00	Medicine	0.00	0.00	BR	BR
99500 00	Medicine	-	-	144.84	144.84
99501 00	Medicine	-	-	161.16	161.16
99502 00	Medicine	-	-	354.96	354.96
99503 00	Medicine	-	-	77.52	77.52
99504 00	Medicine	-	-	97.24	97.24
99505 00	Medicine	-	-	675.92	675.92
99506 00	Medicine	-	-	96.56	96.56
99507 00	Medicine	-	-	110.16	110.16
99509 00	Medicine	-	-	14.28	14.28
99510 00	Medicine	-	-	113.56	113.56
99511 00	Medicine	0.00	0.00	BR	BR
99512 00	Medicine	-	-	1793.84	1793.84
99600 00	Medicine	0.00	0.00	BR	BR
99601 00	Medicine	-	-	193.12	193.12
99602 00	Medicine	-	-	112.88	112.88

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Medicine Codes 2025****Medicine Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
99605 00	Medicine	-	-	48.28	48.28
99606 00	Medicine	-	-	40.12	40.12
99607 00	Medicine	-	-	40.12	40.12

**Historical Note**

New Appendix A, Medicine Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Medicine Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Medicine Codes 2019-2020 repealed; new Appendix A, Medicine Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Medicine Codes 2020-2021 repealed; new Appendix A, Medicine Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Medicine Codes 2021-2022 repealed; new Appendix A, Medicine Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Medicine Codes 2022-2023 repealed; new Appendix A, Medicine Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Medicine Codes 2023-2024 repealed; new Appendix A, Medicine Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Medicine Codes 2024-2025 repealed; new Appendix A, Medicine Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## PHYSICAL MEDICINE AND REHABILITATION GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT<sup>®</sup> guidelines and represent additional guidance from the Commission relative to physical medicine and rehabilitation services. To the extent that a conflict may exist between an incorporated portion of the CPT<sup>®</sup> and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

General requirements on reporting services are found in the Introduction of the Fee Schedule. In addition to the definitions and commonalities preceding the coded medical procedures, several other requirements unique to this Section (Physical Medicine and Rehabilitation) are defined or identified as follows:

- A. Physical therapy (PT) evaluation codes (97161-97163) and occupational therapy (OT) evaluation codes (97165-97167) are billed at the initial visit and a re-evaluation code (97164 for PT, 97168 for OT) may be billed once every two (2) calendar weeks following an initial evaluation. Additional billing for PT and OT evaluation services may be allowed when specific additional services are warranted. Approval of the payer must be obtained prior to performing additional services. Criteria to select the appropriate evaluation and re-evaluation codes are outlined in the current CPT<sup>®</sup> publication.

**Note:** These limitations do **not** apply to referring healthcare providers or to providers who treat patients once per month.

- B. When multiple modalities (untimed 97012-97028 and/or time-based 97032-97036) are performed, the first modality (or the first unit of a time-based modality) is reported as listed. The second modality (or the second unit of a time-based modality) is identified by adding modifier -51 to the code number. The second and each subsequent modality (or unit(s) of a time-based modality) should be valued at 50% of its listed value.

First modality reported or first unit of a time-based modality	-100%
Second, third, and additional approved modality or unit(s)	- 50%

Any more than three (3) modalities or more than three (3) units of a time-based modality or any combination of time-based and untimed modalities equaling three (3) billed units per body part being treated must have prior approval from the payer. The time a healthcare provider bills for a time-based modality (97032-97036) does not count towards the total timed therapeutic procedure maximum of four (4) units or 67 minutes. However, the time spent performing time-based modalities counts towards the total treatment time and should be used to determine the number of units a provider bills (*see* Section E and Example 5). **The amount of time spent performing each specific procedure or modality provided to the patient is not required to be documented in the treatment notes** (*see* Section G).

**Note:** 97010 is a bundled service and not separately reportable.

Example:

During a visit, a patient receives the following services:

45 minutes therapeutic exercise 97110

15 minutes mechanical traction 97012

15 minutes unattended electrical stimulation 97014

10 minutes ultrasound 97035

15 minutes moist heat 97010 while receiving the electric stimulation

Under the multiple modality rule, the healthcare provider would bill:

97110        3 units at 100% of value (therapeutic procedure, timed code)

97012        1 unit at 100% of value (modality, untimed code)

97014        1 unit at 50% of value (modality, untimed code)

97035        1 unit at 50% of value (modality, timed code)

97010 is bundled into the above services and not paid as a separate service. The total time spent performing time-based codes (97110 and 97035) is 55 minutes and justifies billing four (4) units of time-based services (*see* Section E).

- C. CPT® codes describing therapeutic procedures (97110-97150 and 97530-97546) are not subject to the multiple modality rule and shall be paid at 100% of their listed value. When performing therapeutic procedure(s), (excluding work hardening/conditioning, 97545-97546, and physical test or measures for functional capacity evaluation, 97750), a maximum of four (4) units or 67 minutes is allowed each day. Approval must be obtained from the payer prior to performing therapeutic procedures in excess of this maximum (*e.g.* when multiple body parts are treated in a single visit). Reimbursement for therapeutic procedures in excess of the maximum, without prior approval, shall not affect reimbursement for therapeutic procedures performed within the allowed maximum.
- D. The values for the codes in this section include the time and work of the healthcare provider, the equipment required to provide the service, and the cost of the healthcare provider's liability insurance. Medications and disposable electrodes used in these procedures should be considered supplies and managed in accordance with the HCPCS Section of this Fee Schedule.
- E. Time-Based Physical Medicine and Rehabilitation CPT® codes are billed according to guidance from the Centers for Medicare and Medicaid Services (CMS), as published in the [Medicare Claims Processing Manual, Chapter 5, Section 20.2, C. Counting Minutes for Timed Codes in 15 Minute Units](#).

When only one service is provided in a day, healthcare providers should not bill for services provided for less than eight (8) minutes. For any single 15-minute timed CPT® code in the same day, healthcare providers bill a single 15-minute unit for treatment of greater than or equal to eight (8) minutes through and including 22 minutes. If the duration of a single procedure in a day is greater than or equal to 23 minutes through and including 37 minutes, two (2) units should be billed. Please refer to the table below, which outlines how to bill for up to four (4) units or 67 minutes, without payer approval.



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Units	Number of Minutes
0	< 8 minutes
1	≥ 8 minutes and ≤ 22 minutes
2	≥ 23 minutes and ≤ 37 minutes
3	≥ 38 minutes and ≤ 52 minutes
4	≥ 53 minutes and ≤ 67 minutes

If additional therapeutic procedures and/or time-based modalities are approved by the payer, the pattern for determining time/units is continued.

When more than one service represented by 15-minute timed codes is performed in a single day, the total number of minutes of service determines the number of timed units billed (as noted in the chart above). For any service represented by a 15-minute timed code that is performed for seven (7) minutes or less on the same day as another service also represented by a 15-minute timed code performed for seven (7) minutes or less, and the total time of these two services is eight (8) minutes or greater, the provider may bill one (1) unit of service that was performed for the most minutes. The same logic is applied if three (3) or more different services are performed on the same day for seven (7) minutes or less.

The expectation, based on the work values assigned to these codes, is that a healthcare provider's direct patient contact time for each unit will average 15 minutes in length. If more than one 15-minute timed CPT® code is billed during a single calendar day, the total number of units billed is constrained by the total treatment time for that day.

When documenting to support the billing of timed CPT® codes, the healthcare provider should **document the total number of timed minutes and the total time of the treatment provided that day**. Total treatment time includes the minutes for timed code treatment and untimed code treatment. Total treatment time does not include time for services that are not billable (*e.g.*, rest periods). **The amount of time for each specific intervention/modality provided to the patient is not required to be documented in the treatment note.**

It is important that the total number of timed treatment minutes support the billing of units on the invoice and that the total treatment time also reflects the services billed as untimed codes. The billing and the total timed code treatment minutes documented must be consistent. Additional guidance for documentation of timed codes is found in the [CMS Benefit Policy Manual, Chapter 15, 220.3, E. Treatment Note](#).

Examples of how to count the appropriate number of minutes for the total therapy minutes provided:

#### Example 1

During a visit, the patient receives the following services:

45 minutes therapeutic exercise 97110

5 minutes manual therapy 97140

7 minutes therapeutic activities 97530

Total Timed Codes: 57 minutes

The healthcare provider would bill: 4 units

97110      3 units

97530      1 unit

Since the total time spent providing manual therapy and therapeutic exercises is greater than eight (8) minutes, one (1) unit is billed for the service which was performed for more time.

#### Example 2

During a visit, the patient receives the following services:

24 minutes neuromuscular reeducation 97112

23 minutes therapeutic exercise 97110

Total Timed Codes: 47 minutes

The healthcare provider would bill: 3 units

97112 2 units

97110 1 unit

Each service is provided for more than 15 minutes, so at least one (1) unit is appropriate for each. Two (2) units are billed for Neuromuscular reeducation since that service was performed for more time.

#### Example 3

During a visit, the patient receives the following services:

20 minutes therapeutic activities 97530

20 minutes therapeutic exercise 97110

Total Timed Codes: 40 minutes

The healthcare provider would bill: 3 units

97530 2 units

97110 1 unit

OR

97110 2 units

97530 1 unit

Each service was provided for 20 minutes, which would allow for one unit for each service. However, the total time of 40 minutes allows for three (3) units to be billed. Since the time for each service is the same, the healthcare provider can choose which code to bill for two (2) units and which code to bill for one (1) unit.

#### Example 4

During a visit, the patient receives the following services:

33 minutes therapeutic exercise 97110

7 minutes manual therapy 97140

Total Timed Codes: 40 minutes

The healthcare provider would bill: 3 units

97110 2 units

97140 1 unit

The first 30 minutes of therapeutic exercise is two (2) units. The remaining three (3) minutes is added to the seven (7) minutes of manual therapy and then is billed for one unit of manual therapy. The time for manual therapy is greater than the remaining time from the therapeutic exercise.

Example 5

During a visit, the patient receives the following services:

18 minutes therapeutic exercise 97110

13 minutes manual therapy 97140

10 minutes gait training 97116

8 minutes ultrasound 97035

Total Timed Codes: 49 minutes

The healthcare provider would bill: 3 units

97110            1 unit

97140            1 unit

97116            1 unit

Bill the procedures that the most time was spent performing. One (1) unit each of 97110, 97140, and 97116. Although the ultrasound should be documented, it cannot be billed, as the healthcare provider is constrained by the total timed codes minutes. Since the total for the timed codes is 49 minutes, only three (3) units would be billed.

- F. A work hardening program is limited to 6 1/2 hours per day, not to exceed a six (6) week period of time.
- G. The payer has the right to require documentation to establish that a modality or therapeutic procedure was performed. Inasmuch as these Guidelines allow for re-evaluations to be performed every two (2) weeks, it is at that time the healthcare provider should address and document the status of the treatment protocol.

It is not appropriate for the payer on a per billing basis to require a healthcare provider to provide unnecessarily detailed documentation to justify payment. A healthcare provider is required to comply with A.R.S. § 23-1062.01 when submitting a bill. For example, the purpose of modalities like hot and cold packs, paraffin baths, and whirlpools is straightforward. Modalities are utilized as a sub-element of the overall treatment protocol to prepare the injured worker for therapy or to minimize the impact of the therapy on the injured worker. Other than a statement that certain modalities were performed, any additional documentation such as the purpose of the application of modalities, resulting flexibility or comfort is unnecessary. Additionally, listing the amount of weight an individual is lifting, repetitions, and sets is, again, unnecessary. During a re-evaluation visit, the healthcare provider should provide documentation regarding changes in strength, stamina, and flexibility.

Documentation of each treatment shall include the following elements:

- Date of treatment.
- Identification of each specific intervention/modality provided and billed, both timed and untimed services in a manner that it can be compared with the billing record to verify correct coding.
- Total timed code treatment minutes and total treatment time in minutes (the amount of time for each specific intervention/modality provided is not required).
- Signatures (written or electronic) and professional designation of the qualified healthcare provider who furnished or supervised the services provided.

**Historical Note**

New Appendix A, Physical Medicine Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Physical Medicine Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Physical Medicine Guidelines repealed; new Appendix A, Physical Medicine Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20- 3). Appendix A, Physical Medicine Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Physical Medicine Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Physical Medicine and Rehabilitation Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Physical Medicine and Rehabilitation Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Physical Medicine and Rehabilitation Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Physical Medicine Codes 2025****Physical Medicine Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
97010 00	Physical Medicine	0.20	0.20	13.60	13.60
97012 00	Physical Medicine	0.44	0.44	29.92	29.92
97014 00	Physical Medicine	0.38	0.38	25.84	25.84
97016 00	Physical Medicine	0.36	0.36	24.48	24.48
97018 00	Physical Medicine	0.19	0.19	12.92	12.92
97022 00	Physical Medicine	0.48	0.48	32.64	32.64
97024 00	Physical Medicine	0.22	0.22	14.96	14.96
97026 00	Physical Medicine	0.21	0.21	14.28	14.28
97028 00	Physical Medicine	0.25	0.25	17.00	17.00
97032 00	Physical Medicine	0.44	0.44	29.92	29.92
97033 00	Physical Medicine	0.58	0.58	39.44	39.44
97034 00	Physical Medicine	0.42	0.42	28.56	28.56
97035 00	Physical Medicine	0.43	0.43	29.24	29.24
97036 00	Physical Medicine	1.06	1.06	72.08	72.08
97037 00	Physical Medicine	0.00	0.00	BR	BR
97039 00	Physical Medicine	0.00	0.00	BR	BR
97110 00	Physical Medicine	0.89	0.89	60.52	60.52
97112 00	Physical Medicine	0.99	0.99	67.32	67.32
97113 00	Physical Medicine	1.13	1.13	76.84	76.84
97116 00	Physical Medicine	0.89	0.89	60.52	60.52
97124 00	Physical Medicine	0.92	0.92	62.56	62.56
97129 00	Physical Medicine	0.67	0.66	45.56	44.88
97130 00	Physical Medicine	0.64	0.64	43.52	43.52
97139 00	Physical Medicine	0.00	0.00	BR	BR
97140 00	Physical Medicine	0.84	0.84	57.12	57.12
97150 00	Physical Medicine	0.54	0.54	36.72	36.72
97151 00	Physical Medicine	-	-	31.96	31.96
97152 00	Physical Medicine	-	-	21.08	21.08
97153 00	Physical Medicine	-	-	20.40	20.40
97154 00	Physical Medicine	-	-	16.32	16.32
97155 00	Physical Medicine	-	-	25.84	25.84
97156 00	Physical Medicine	-	-	24.48	24.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Physical Medicine Codes 2025****Physical Medicine Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
97157 00	Physical Medicine	-	-	20.40	20.40
97158 00	Physical Medicine	-	-	15.64	15.64
97161 00	Physical Medicine	3.03	3.03	206.04	206.04
97162 00	Physical Medicine	3.03	3.03	206.04	206.04
97163 00	Physical Medicine	3.03	3.03	206.04	206.04
97164 00	Physical Medicine	2.09	2.09	142.12	142.12
97165 00	Physical Medicine	3.11	3.11	211.48	211.48
97166 00	Physical Medicine	3.11	3.11	211.48	211.48
97167 00	Physical Medicine	3.11	3.11	211.48	211.48
97168 00	Physical Medicine	2.15	2.15	146.20	146.20
97169 00	Physical Medicine	-	-	57.80	57.80
97170 00	Physical Medicine	-	-	112.88	112.88
97171 00	Physical Medicine	-	-	225.76	225.76
97172 00	Physical Medicine	-	-	80.92	80.92
97530 00	Physical Medicine	1.07	1.07	72.76	72.76
97533 00	Physical Medicine	1.87	1.87	127.16	127.16
97535 00	Physical Medicine	0.99	0.99	67.32	67.32
97537 00	Physical Medicine	0.98	0.98	66.64	66.64
97542 00	Physical Medicine	0.95	0.95	64.60	64.60
97545 00	Physical Medicine	-	-	161.84	161.84
97546 00	Physical Medicine	-	-	80.24	80.24
97550 00	Physical Medicine	1.61	1.38	109.48	93.84
97551 00	Physical Medicine	0.79	0.74	53.72	50.32
97552 00	Physical Medicine	0.68	0.32	46.24	21.76
97597 00	Physical Medicine	2.99	1.05	203.32	71.40
97598 00	Physical Medicine	1.34	0.72	91.12	48.96
97602 00	Physical Medicine	-	-	64.60	64.60
97605 00	Physical Medicine	1.30	0.73	88.40	49.64
97606 00	Physical Medicine	1.55	0.79	105.40	53.72
97607 00	Physical Medicine	9.99	0.63	679.32	42.84
97608 00	Physical Medicine	10.42	0.73	708.56	49.64
97610 00	Physical Medicine	12.28	0.53	835.04	36.04

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Physical Medicine Codes 2025****Physical Medicine Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
97750 00	Physical Medicine	1.03	1.03	70.04	70.04
97755 00	Physical Medicine	1.16	1.16	78.88	78.88
97760 00	Physical Medicine	1.42	1.42	96.56	96.56
97761 00	Physical Medicine	1.25	1.25	85.00	85.00
97763 00	Physical Medicine	1.55	1.55	105.40	105.40
97799 00	Physical Medicine	0.00	0.00	BR	BR
97802 00	Physical Medicine	1.10	0.97	74.80	65.96
97803 00	Physical Medicine	0.96	0.82	65.28	55.76
97804 00	Physical Medicine	0.51	0.46	34.68	31.28
97810 00	Physical Medicine	1.38	0.93	93.84	63.24
97811 00	Physical Medicine	0.79	0.71	53.72	48.28
97813 00	Physical Medicine	1.59	1.12	108.12	76.16
97814 00	Physical Medicine	0.89	0.72	60.52	48.96
98925 00	Physical Medicine	0.94	0.68	63.92	46.24
98926 00	Physical Medicine	1.36	1.03	92.48	70.04
98927 00	Physical Medicine	1.77	1.37	120.36	93.16
98928 00	Physical Medicine	2.15	1.73	146.20	117.64
98929 00	Physical Medicine	2.53	2.06	172.04	140.08
98940 00	Physical Medicine	0.82	0.66	55.76	44.88
98941 00	Physical Medicine	1.19	1.01	80.92	68.68
98942 00	Physical Medicine	1.54	1.36	104.72	92.48
98943 00	Physical Medicine	0.77	0.67	52.36	45.56
98960 00	Physical Medicine	0.94	0.94	63.92	63.92
98961 00	Physical Medicine	0.45	0.45	30.60	30.60
98962 00	Physical Medicine	0.33	0.33	22.44	22.44
98966 00	Physical Medicine	0.40	0.35	27.20	23.80
98967 00	Physical Medicine	0.74	0.68	50.32	46.24
98968 00	Physical Medicine	1.02	0.95	69.36	64.60
98970 00	Physical Medicine	0.35	0.35	23.80	23.80
98971 00	Physical Medicine	0.66	0.66	44.88	44.88
98972 00	Physical Medicine	1.00	0.99	68.00	67.32
98975 00	Physical Medicine	0.61	0.61	41.48	41.48

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Physical Medicine Codes 2025****Physical Medicine Conversion Factor \$68.00**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
98976 00	Physical Medicine	1.33	1.33	90.44	90.44
98977 00	Physical Medicine	1.33	1.33	90.44	90.44
98978 00	Physical Medicine	-	-	79.56	79.56
98980 00	Physical Medicine	1.55	0.91	105.40	61.88
98981 00	Physical Medicine	1.21	0.89	82.28	60.52

**Historical Note**

New Appendix A, Physical Medicine Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Physical Medicine Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Physical Medicine Codes 2019-2020 repealed; new Appendix A, Physical Medicine Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Physical Medicine Codes 2020-2021 repealed; new Appendix A, Physical Medicine Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Physical Medicine Codes 2021-2022 repealed; new Appendix A, Physical Medicine Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Physical Medicine Codes 2022-2023 repealed; new Appendix A, Physical Medicine Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Physical Medicine Codes 2023-2024 repealed; new Appendix A, 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Physical Medicine Codes 2024-2025 repealed; new Appendix A, Physical Medicine Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).



## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## EVALUATION AND MANAGEMENT GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction of the Fee Schedule.

The evaluation and management guidelines incorporated by reference may be found in the CPT<sup>®</sup> published by the AMA and is reprinted, in part, below with permission. To the extent that a conflict may exist between an incorporated portion of the CPT<sup>®</sup> publication or HCPCS code and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

Documentation and review of records, when required, is inclusive to the performance of the appropriate E/M service. A healthcare provider shall only be reimbursed for time that is not accounted for in the E/M service code by billing prolonged services codes 99415, 99416, 99417, or 99418. Proper documentation must justify the use of these codes and accompany the invoice.

**Impairment Examinations**

Impairment examinations shall be billed using CPT<sup>®</sup> 99455, work related or medical disability examination by the treating physician, or CPT<sup>®</sup> 99456, work related or medical disability examination by other than the treating physician. Physicians may bill one unit of these codes for the initial hour and an additional unit for each 30-minute increment after the initial hour. Each 30-minute increment commences the minute following the end of the previous time interval. The physician shall include documentation that demonstrates the complexity of the case and the time spent on the service to justify billing each additional unit. Reimbursement for CPT<sup>®</sup> codes 99455 and 99456 shall be made at 100% of the listed reimbursement value for the initial unit and 50% of the listed reimbursement value for each additional unit.

Example:

A physician spends 72 minutes performing a work related disability examination on a patient they previously treated.

The physician would bill two units of 99455 and be reimbursed at 1.5 times the listed reimbursement value for CPT<sup>®</sup> 99455.

**Remote Monitoring**

**One** HCPCS code is included in this section of the 2025/2026 Fee Schedule for remote monitoring:

G2010 – Remote evaluation of recorded video and/or images submitted by an established patient (*e.g.*, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

**A. CLASSIFICATION OF EVALUATION AND MANAGEMENT (E/M) SERVICES.**

The E/M section is divided into broad categories such as office visits, hospital inpatient or observation care visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient) and there are two subcategories of hospital inpatient and observation care visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes.

The basic format of the levels of E/M services based on medical decision making (MDM) or time is the same. First, a unique code number is listed. Second, the place and/or type of service is specified, (e.g., office or other outpatient visit). Third, the content of the service is defined. Fourth, time is specified. (A detailed discussion of time is provided in the Guidelines for Selecting Level of Service Based on Time.)

The place of service and service type are defined by the location where the face-to-face encounter with the patient and/or family/caregiver occurs. For example, service provided to a nursing facility resident brought to the office is reported with an office or other outpatient code.

**New and Established Patients**

Solely for the purposes of distinguishing between new and established patients, professional services are those face-to-face services rendered by physicians and other qualified healthcare providers who may report evaluation and management services. A new patient is one who has not received any professional services from the physician or other qualified healthcare provider or another physician or other qualified healthcare provider of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician or other qualified healthcare provider or another physician or other qualified healthcare provider of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years. In the instance where a physician or other qualified healthcare provider is on call for or covering for another physician or other qualified healthcare provider, the patient's encounter will be classified as it would have been by the physician or other qualified healthcare provider who is not available. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and subspecialty as the physician.

No distinction is made between new and established patients in the emergency department. E/M services in the emergency department category may be reported for any new or established patient who presents for treatment in the emergency department.

**Initial and Subsequent Services**

Some categories apply to both new and established patients (e.g., hospital inpatient or observation care). These categories differentiate services by whether the service is the initial service or a subsequent service. For the purpose of distinguishing between initial or subsequent visits, professional services are those face-to-face services rendered by physicians and other qualified healthcare providers who may report evaluation and management services. An initial service is when the patient has not received any professional services from the physician or other qualified

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healthcare provider or another physician or other qualified healthcare provider of the exact same specialty and subspecialty who belongs to the same group practice, during the inpatient, observation, or nursing facility admission and stay.

A subsequent service is when the patient has received professional service(s) from the physician or other qualified healthcare provider or another physician or other qualified healthcare provider of the exact same specialty and subspecialty who belongs to the same group practice, during the admission and stay.

In the instance when a physician or other qualified healthcare provider is on call for or covering for another physician or other qualified healthcare provider, the patient's encounter will be classified as it would have been by the physician or other qualified healthcare provider who is not available. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and subspecialty as the physician.

For reporting hospital inpatient or observation care services, a stay that includes a transition from observation to inpatient is a single stay. For reporting nursing facility services, a stay that includes transition(s) between skilled nursing facility and nursing facility level of care is the same stay.

**Split or Shared Visits**

Physician(s) and other qualified healthcare provider(s) (QHP[s]) may act as a team in providing care for the patient, working together during a single E/M service. The split or shared visits guidelines are applied to determine which professional may report the service. If the physician or other QHP performs a substantive portion of the encounter, the physician or other QHP may report the service. If code selection is based on total time on the date of the encounter, the service is reported by the professional who spent the majority of the face-to-face or non-face-to-face time performing the service. For the purpose of reporting E/M services within the context of team-based care, performance of a substantive part of the MDM requires that the physician's(s) or other QHP(s) made or approved the management plan for the number and complexity of problems addressed at the encounter and takes responsibility for that plan with its inherent risk of complications and/or morbidity or mortality of patient management. By doing so, a physician or other QHP has performed two of the three elements used in the selection of the code level based on MDM. If the amount and/or complexity of data to be reviewed and analyzed is used by the physician or other QHP to determine the reported code level, assessing an independent historian's narrative and the ordering or review of tests or documents do not have to be personally performed by the physician or other QHP, because the relevant items would be considered in formulating the management plan. Independent interpretation of tests and discussion of management plan or test interpretation must be personally performed by the physician or other QHP if these are used to determine the reported code level by the physician or other QHP.

**Multiple Evaluation and Management Services on the Same Date**

The following guidelines apply to services that a patient may receive for hospital inpatient care, observation care, or nursing facility care. For instructions regarding transitions to these settings from the office or outpatient, home or residence, or emergency department setting, see guidelines for Hospital Inpatient and Observation Care Services or Nursing Facility Services.

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A patient may receive E/M services in more than one setting on a calendar date. A patient may also have more than one visit in the same setting on a calendar date. The guidelines for multiple E/M services on the same date address circumstances in which the patient has received multiple visits or services from the same physician or other QHP or another physician or QHP of the exact same specialty and subspecialty who belongs to the same group practice.

Per day: The hospital inpatient and observation care services and the nursing facility services are “per day” services. When multiple visits occur over the course of a single calendar date in the same setting, a single service is reported. When using MDM for code level selection, use the aggregated MDM over the course of the calendar date. When using time for code level selection, sum the time over the course of the day using the guidelines for reporting time.

Multiple encounters in different settings or facilities: A patient may be seen and treated in different facilities (e.g., a hospital-to-hospital transfer). When more than one primary E/M service is reported and time is used to select the code level for either service, only the time spent providing that individual service may be allocated to the code level selected for reporting that service. No time may be counted twice when reporting more than one E/M service. Prolonged services are also based on the same allocation and their relationship to the primary service. The designation of the facility may be defined by licensure or regulation. Transfer from a hospital bed to a nursing facility bed in a hospital with nursing facility beds is considered as two services in two facilities because there is a discharge from one type of designation to another. An intra-facility transfer for a different level of care (e.g., from a routine unit to a critical care unit) does not constitute a new stay, nor does it constitute a transfer to a different facility.

Emergency department (ED) and services in other settings (same or different facilities): Time spent in an ED by a physician or other QHP who provides subsequent E/M services may be included in calculating total time on the date of the encounter when ED services are not reported and another E/M service is reported (e.g., hospital inpatient and observation care services).

Discharge services and services in other facilities: Each service may be reported separately as long as any time spent on the discharge service is not counted towards the total time of a subsequent service in which code level selection for the subsequent service is based on time. This includes any hospital inpatient or observation care services (including admission and discharge services) time (99234, 99235, 99236) because these services may be selected based on MDM or time. When these services are reported with another E/M service on the same calendar date, time related to the hospital inpatient or observation care service (including admission and discharge services) may not be used for code selection of the subsequent service.

Discharge Services and services in the same facility: If the patient is discharged and readmitted to the same facility on the same calendar date, report a subsequent care service instead of a discharge or initial service. For the purpose of E/M reporting, this is a single stay.

Discharge services and services in a different facility: If the patient is admitted to another facility, for the purpose of E/M reporting, this is considered a different stay. Discharge and initial services may be reported as long as time spent on the discharge service is not counted towards the total time of the subsequent service reported when code level selection is based on time.

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Critical care services: Reporting guidelines for intensive and critical care services that are performed on the same calendar date as another E/M service are described in the service specific section guidelines.

Transitions between office or other outpatient, home or residence, or emergency department and hospital inpatient or observation or nursing facility: See the guidelines for Hospital Inpatient and Observation Care Services or Nursing Facility Services. If the patient is seen in two settings and only one service is reported, the total time on the date of the encounter of the aggregated MDM is used for determining the level of the single reported service. If prolonged services are reported, use the prolonged services code that is appropriate for the primary service reported, regardless of where the patient was located when the prolonged services time threshold was met. The choice of the primary service is at the discretion of the reporting physician or other QHP.

**Services Reported Separately**

Any specifically identifiable procedure or service (i.e., identified with a specific CPT code) performed on the date of E/M services may be reported separately.

The ordering and actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services when the professional interpretation of those tests/studies is reported separately by the physician or other qualified healthcare provider reporting the E/M service. Tests that do not require separate interpretation (e.g., tests that are results only) and are analyzed as part of MDM do not count as an independent interpretation, but may be counted as ordered or reviewed for selecting an MDM level. The performance of diagnostic tests/studies for which specific CPT codes are available may be reported separately, in addition to the appropriate E/M code. The interpretation of the results of diagnostic tests/studies (i.e., professional component) with preparation of a separate distinctly identifiable signed written report may also be reported separately, using the appropriate CPT code and, if required, with modifier 26 appended. The physician or other qualified healthcare provider may need to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant separately identifiable E/M service. The E/M service may be caused or prompted by the symptoms or condition for which the procedure and/or service was provided. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. As such, different diagnoses are not required for reporting of the procedure and the E/M services on the same date.

**History and/or Examination**

E/M codes that have levels of services include a medically appropriate history and/or physical examination, when performed. The nature and extent of the history and/or physical examination are determined by the treating physician or other qualified healthcare provider reporting the service. The care team may collect information, and the patient or caregiver may supply information directly (e.g., by electronic health record [EHR] portal or questionnaire) that is reviewed by the reporting physician or other qualified healthcare provider. The extent of history and physical examination is not an element in the selection of the level of these E/M service codes.

**B. LEVELS OF E/M SERVICES.**

Select the appropriate level of E/M services based on the following:

1. The level of the MDM as defined for each service, **or**
2. The total time for E/M services performed on the date of the encounter.

Within each category or subcategory of E/M service based on MDM or time, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are NOT interchangeable among the different categories or subcategories of service. For example, the first level of E/M services in the subcategory of office visit, new patient, does not have the same definition as the first level of E/M services in the subcategory of office visit, established patient. Each level of E/M services may be used by all physicians or other qualified healthcare providers.

### **Guidelines for Selecting Level of Service Based on Medical Decision Making**

Four types of MDM are recognized: straightforward, low, moderate, and high. The concept of the level of MDM does not apply to CPT codes 99211 and 99281.

MDM includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option. MDM is defined by three elements. The elements are:

- The number and complexity of problem(s) that are addressed during the encounter.
- The amount and/or complexity of data to be reviewed and analyzed. These data include medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter. This includes information obtained from multiple sources or interprofessional communications that are not reported separately and interpretation of tests that are not reported separately. Ordering a test is included in the category of test result(s) and the review of the test result is part of the encounter and not a subsequent encounter. Ordering a test may include those considered but not selected after shared decision making. For example, a patient may request diagnostic imaging that is not necessary for their condition and discussion of the lack of benefit may be required. Alternatively, a test may normally be performed, but due to the risk for a specific patient it is not ordered. These considerations must be documented. Data are divided into three categories:
  1. Tests, documents, orders, or independent historian(s). (Each unique test, order, or document is counted to meet a threshold number.)
  2. Independent interpretation of tests (not separately reported).
  3. Discussion of management or test interpretation with an external physician or other qualified healthcare provider or appropriate source (not separately reported).
- The risk of complications and/or morbidity or mortality of patient management. This includes decisions made at the encounter, associated with diagnostic procedure(s), and treatment(s). This includes the possible management options selected and those considered but not selected after shared decision making with the patient and/or family. For example, a decision about hospitalization includes considerations of alternative levels of care. Examples may include a psychiatric patient with a sufficient degree of support in the outpatient setting or the decision to not hospitalize a patient with advanced dementia with an acute condition that would generally warrant inpatient care, but for whom the goal is palliative treatment.

Shared decision making involves eliciting patient and/or family preferences, patient and/or family education, and explaining risks and benefits of management options.

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MDM may be impacted by role and management responsibility.

When the physician or other qualified healthcare provider is reporting a separate CPT® code that includes interpretation and/or report, the interpretation and/or report is not counted toward the MDM when selecting a level of E/M services. When the physician or other qualified healthcare provider is reporting a separate service for discussion of management with a physician or another qualified healthcare provider, the discussion is not counted toward the MDM when selecting a level of outpatient E/M services.

The Levels of Medical Decision Making (MDM) table (Table 1) is a guide to assist in selecting the level of MDM for reporting an E/M services code. The table includes the four levels of MDM (*i.e.*, straightforward, low, moderate, high) and the three elements of MDM (*i.e.*, number and complexity of problems addressed at the encounter, amount and/or complexity of data reviewed and analyzed, and risk of complications and/or morbidity or mortality of patient management). To qualify for a particular level of MDM, two of the three elements for that level of MDM must be met or exceeded.

Examples in the table may be more or less applicable to specific settings of care. For example, the decision to hospitalize applies to the outpatient or nursing facility encounters, whereas the decision to escalate hospital level of care (e.g., transfer to ICU) applies to the hospitalized or observation care patient. See also the introductory guidelines of each code family section.

The elements listed in Table 1, Levels of Medical Decision Making, are defined in the guidelines for number and complexity of problems addressed at the encounter, amount and/or complexity of data to be reviewed and analyzed, and risk of complications and/or morbidity or mortality of patient management.

**Table 1: Levels of Medical Decision Making (MDM)**

<b>Elements of Medical Decision Making</b>			
<b>Level of MDM</b> (Based on 2 out of 3 Elements of MDM)	<b>Number and Complexity of Problems Addressed at the Encounter</b>	<b>Amount and/or Complexity of Data to Be Reviewed and Analyzed</b> <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	<b>Risk of Complications and/or Morbidity or Mortality of Patient Management</b>
<b>Straightforward</b>	<b>Minimal</b>  1 self-limited or minor problem	<b>Minimal or none</b>	<b>Minimal risk of morbidity from additional diagnostic testing or treatment</b>
<b>Low</b>	<b>Low</b> <ul style="list-style-type: none"> <li>• 2 or more self-limited or minor problems;</li> </ul> <b>or</b> <ul style="list-style-type: none"> <li>• 1 stable, chronic illness;</li> </ul> <b>or</b> <ul style="list-style-type: none"> <li>• 1 acute, uncomplicated illness or injury;</li> </ul> <b>or</b> <ul style="list-style-type: none"> <li>• 1 stable, acute illness;</li> </ul> <b>or</b> <ul style="list-style-type: none"> <li>• 1 acute, uncomplicated illness or injury requiring hospital inpatient or observation level of care</li> </ul>	<b>Limited</b> (Must meet the requirements of at least 1 out of 2 categories) <b>Category 1: Tests and documents</b> <ul style="list-style-type: none"> <li>• Any combination of 2 from the following:               <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*</li> </ul> </li> </ul> <b>or</b> <b>Category 2: Assessment requiring an independent historian(s)</b> <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	<b>Low risk or morbidity from additional diagnostic testing or treatment</b>



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<p><b>Moderate</b></p>	<p><b>Moderate</b></p> <ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• 2 or more stable, chronic illnesses;</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• 1 undiagnosed new problem with uncertain prognosis;</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• 1 acute illness with systemic symptoms;</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>• 1 acute, complicated injury</li> </ul>	<p><b>Moderate</b></p> <p><i>(Must meet the requirements of at least 1 out of 3 categories)</i></p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li>• Any combination of 3 from the following: <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul> </li> </ul> <p><b>or</b></p> <p><b>Category 2: Independent interpretation of tests</b></p> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician /other qualified healthcare provider (not separately reported);</li> </ul> <p><b>or</b></p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation with external physician/other qualified healthcare provider/appropriate source (not separately reported)</li> </ul>	<p><b>Moderate risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> <li>• Prescription drug management</li> <li>• Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>• Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>• Diagnosis or treatment significantly limited by social determinants of health.</li> </ul>
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<b>High</b>	<b>High</b> <ul style="list-style-type: none"> <li>1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</li> </ul> <b>or</b> <ul style="list-style-type: none"> <li>1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>	<b>Extensive</b> <i>(Must meet the requirements of at least 2 out of 3 categories)</i> <b>Category 1: Tests, documents or independent historian(s)</b> <b>Any combination of 3 from the following:</b> <ul style="list-style-type: none"> <li>Review of prior external note(s) from each unique source*;</li> <li>Review of the result(s) of each unique test*;</li> <li>Ordering of each unique test*;</li> <li>Assessment requiring an independent historian(s)</li> </ul> <b>or</b> <b>Category 2: Independent interpretation of tests</b> <ul style="list-style-type: none"> <li>Independent interpretation of a test performed by another physician/other qualified healthcare provider (not separately reported);</li> </ul> <b>or</b> <b>Category 3: Discussion of management or test interpretation</b> <ul style="list-style-type: none"> <li>Discussion of management or test interpretation with external physician/other qualified healthcare provider/appropriate source (not separately reported)</li> </ul>	<b>High risk of morbidity from additional diagnostic testing or treatment</b> <i>Examples only:</i> <ul style="list-style-type: none"> <li>Drug therapy requiring intensive monitoring for toxicity</li> <li>Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>Decision regarding emergency major surgery</li> <li>Decision regarding hospitalization or escalation of hospital-level care</li> <li>Decision not to resuscitate or to de-escalate care because of poor prognosis</li> <li>Decision regarding parenteral controlled substances</li> </ul>
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### Number and Complexity of Problems Addressed at the Encounter

One element used in selecting the level of office or other outpatient services is the number and complexity of the problems that are addressed at an encounter. Multiple new or established conditions may be addressed at the same time and may affect MDM. Symptoms may cluster around a specific diagnosis and each symptom is not necessarily a unique condition. Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services **unless** they are addressed, and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management. The final diagnosis for a condition does not, in and of itself, determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Therefore, presenting symptoms that are unlikely to represent a highly morbid condition may “drive” MDM even when the ultimate diagnosis is not highly morbid. The evaluation and/or treatment should be consistent with the likely nature of the condition. Multiple problems of a lower severity may, in the aggregate, create higher risk due

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to interaction.

The term “risk” as used in these definitions relates to risk from the condition. While condition risk and management risk may often correlate, the risk from the condition is distinct from the risk of management.

Definitions for the elements of MDM (see Table 1, Levels of Medical Decision Making) are:

Problem: A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter.

Problem addressed: A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified healthcare provider reporting the service. This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice. Notation in the patient’s medical record that another professional is managing the problem without additional assessment or care coordination documented does not qualify as being addressed or managed by the physician or other qualified healthcare provider reporting the service. Referral without evaluation (by history, examination, or diagnostic study[ies]) or consideration of treatment does not qualify as being addressed or managed by the physician or other qualified healthcare provider reporting the service. For hospital inpatient and observation care services the problem addressed is the problem status on the date of the encounter, which may be significantly different than on admission. It is the problem being managed or co-managed by the reporting physician or other qualified healthcare provider and may not be the cause of admission or continued stay.

Minimal problem: A problem that may not require the presence of the physician or other qualified healthcare provider, but the service is provided under the physician’s or other qualified healthcare provider’s supervision (see CPT codes 99211, 99281).

Self-limiting or minor problem: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.

Stable, chronic illness: A problem with an expected duration of at least one year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (e.g., uncontrolled diabetes and controlled diabetes are a single chronic condition). “Stable” for the purposes of categorizing MDM is defined by the specific treatment goals for an individual patient. A patient who is not at his or her treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, in a patient with persistently poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic, the risk of morbidity **without** treatment is significant.

Acute, uncomplicated illness or injury: A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor but is not resolving consistent with a definite and prescribed course is an acute, uncomplicated illness.

Acute, uncomplicated illness or injury requiring hospital inpatient or observation level care: A recent or new short-term problem with low risk of morbidity for which treatment is required. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. The treatment required is delivered in a hospital inpatient or observation I level setting.

Stable, acute illness: A problem that is new or recent for which treatment has been initiated. The patient is improved and, while resolution may not be complete, is stable with respect to this condition.

Chronic illness with exacerbation, progression, or side effects of treatment: A chronic illness that is acutely worsening, poorly controlled, or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects.

Undiagnosed new problem with uncertain prognosis: A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment.

Acute illness with systemic symptoms: An illness that causes systemic symptoms and has a high risk of morbidity without treatment. For systemic general symptoms, such as fever, body aches, or fatigue in a minor illness that may be treated to alleviate symptoms, see the definitions for *self-limited or minor problem* or *acute, uncomplicated illness or injury*. Systemic symptoms may not be general but may be a single system.

Acute, complicated injury: An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with a risk of morbidity.

Chronic illness with severe exacerbation, progression, or side effects of treatment: The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require escalation in level of care.

Acute or chronic illness or injury that poses a threat to life or bodily function: An acute illness with systemic symptoms, and acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment. Some symptoms may represent a condition that is significantly probable and poses a potential threat to life or bodily function. These may be included in this category when the evaluation and treatment are consistent with this degree of potential severity.

### **Amount and/or Complexity of Data to Be Reviewed and Analyzed**

One element used in selecting the level of services is the amount and/or complexity of data to be reviewed or analyzed at an encounter.

Analyzed: the process of using the data as part of the MDM. The data element itself may not be subject to analysis

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(e.g., glucose), but it is instead included in the thought processes for diagnosis, evaluation, or treatment. Tests ordered are presumed to be analyzed when the results are reported. Therefore, when they are ordered during an encounter, they are counted in that encounter. Tests that are ordered outside of an encounter may be counted in the encounter in which they are analyzed. In the case of a recurring order, each new result may be counted in the encounter in which it is analyzed. For example, an encounter that includes an order for monthly prothrombin times would count for one prothrombin time ordered and reviewed. Additional future results, if analyzed in a subsequent encounter, may be counted as a single test in that subsequent encounter. Any service for which the professional component is separately reported by the physician or other qualified healthcare provider reporting the E/M services is not counted as a data element ordered, reviewed, analyzed, or independently interpreted for the purposes of determining the level of MDM.

Test: Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (e.g., basic metabolic panel [80047]) is a single test. The differentiation between single or multiple tests is defined in accordance with the CPT® code set. For the purposes of data reviewed and analyzed, pulse oximetry is not a test.

Unique: A unique test is defined by the CPT® code set. When multiple results of the same unique test (e.g., serial blood glucose values) are compared during an E/M service, count it as one unique test. Tests that have overlapping elements are not unique, even if they are identified with distinct CPT® codes. For example, a CBC with differential would incorporate the set of hemoglobin, CBC, without differential, and platelet count. A unique source is defined as a physician or other qualified healthcare provider in a distinct group or different specialty or subspecialty, or a unique entity. Review of all the materials from any unique source counts as one element toward MDM.

Combination of Data Elements: A combination of different data elements, for example, a combination of notes reviewed, tests ordered, tests reviewed, or independent historian, allows these elements to be summed. It does not require each item type or category to be represented. A unique test ordered, plus a note reviewed and an independent historian would be a combination of three elements.

External: External records, communications, and/or test results are from an external physician, other qualified healthcare provider, facility, or health care organization.

External physician or other qualified healthcare provider: An external physician or other qualified healthcare provider who is not in the same group practice or is of a different specialty or subspecialty. This includes licensed professionals who are practicing independently. The individual may also be a facility or organizational provider such as from a hospital, nursing facility, or home health care agency.

Discussion: Discussion requires an interactive exchange. The exchange must be direct and not through intermediaries (e.g., clinical staff or trainees). Sending chart notes or written exchanges that are within progress notes does not qualify as an interactive exchange. The discussion does not need to be on the date of the encounter, but it is counted only once and only when it is used in the decision making of the encounter. It may be synchronous (i.e., does not need to be in person), but it must be initiated and completed within a short time period (e.g., within a day or two).

Independent historian(s): An individual (*e.g.*, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (*e.g.*, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian is needed, the independent historian requirement is met. It does not include translation services. The independent history does not need to be obtained in person but does need to be obtained directly from the historian providing the independent information.

Independent interpretations: The interpretation of a test for which there is a CPT® code and an interpretation or report is customary. This does not apply when the physician or other healthcare provider who reports the E/M service is reporting or has previously reported the test. A form of interpretation should be documented but need not conform to the usual standards of a complete report for the test. A test that is ordered and independently interpreted may count both as a test ordered and interpreted.

Appropriate source: For the purpose of the discussion of management data element (see Table 1, levels of Medical Decision Making), an appropriate source includes professionals who are not healthcare providers but may be involved in the management of the patient (*e.g.*, lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers. For the purpose of documents reviewed, documents from an appropriate source may be counted.

### **Risk of Complications and/or Morbidity or Mortality of Patient Management**

One element used in selecting the level of service is the risk of complications and/or morbidity or mortality of patient management at an encounter. This is distinct from the risk of the condition itself.

Risk: The probability and/or consequences of an event. The assessment of the level of risk is affected by the nature of the event under consideration. For example, a low probability of death may be high risk, whereas a high chance of a minor, self-limited adverse effect of treatment may be low risk. Definitions of risk are based upon the usual behavior and thought processes of a physician or other qualified healthcare provider in the same specialty. Trained clinicians apply common language usage meanings to terms such as *high*, *medium*, *low*, or *minimal* risk and do not require quantification for these definitions (though quantification may be provided when evidence-based medicine has established probabilities). For the purposes of MDM, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes MDM related to the need to initiate or forego further testing, treatment and/or hospitalization. The risk of patient management criteria applies to the patient management decisions made by the reporting physician or other healthcare provider as part of the reported encounter.

Morbidity: A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment.

Social determinants of health: Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.

Surgery (minor or major, elective, emergency, procedure or patient risk):

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**Surgery - Minor or Major:** The classification of surgery into minor or major is based on the common meaning of such terms when used by trained clinicians, similar to the use of the term “risk.” These terms are not defined by a surgical package classification.

**Surgery – Risk Factors, Patient or Procedure:** Risk factors are those that are relevant to the patient and procedure. Evidence-based risk calculators may be used, but are not required, in assessing patient and procedure risk.

**Drug therapy requiring intensive monitoring for toxicity:** A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. The monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy. The monitoring should be that which is generally accepted practice for the agent but may be patient-specific in some cases. Intensive monitoring may be long-term or short-term. Long-term intensive monitoring is not performed less than quarterly. The monitoring may be performed with a laboratory test, a physiologic test, or imaging. Monitoring by history or examination does not qualify. The monitoring affects the level of MDM in an encounter in which it is considered in the management of the patient. An example may be monitoring for cytopenia with the use of an antineoplastic agent between dose cycles. Examples of monitoring that do not qualify include monitoring glucose levels during insulin therapy, as the primary reason is the therapeutic effect (unless severe hypoglycemia is a current, significant concern); or annual electrolytes and renal function for a patient on a diuretic, as the frequency does not meet the threshold.

**Parenteral controlled substances:** The level of risk is based on the usual behavior and thought processes of a physician or other qualified healthcare provider in the same specialty and subspecialty and not simply based on the presence of an order for parenteral controlled substances.

### **Guidelines for Selecting Level of Service Based on Time**

Certain categories of time-based E/M codes that do not have levels of services based on MDM (e.g., Critical Care Services) in the E/M section use time differently. It is important to review the instructions for each category.

Time is **not** a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period of time.

When time is used for reporting E/M services codes, the time defined in the service descriptors is used for selecting the appropriate level of services. The E/M services for which these guidelines apply require a face-to-face encounter with the physician or other qualified healthcare provider and the patient and/or family/caregiver. For office or other outpatient services, if the physician’s or other qualified healthcare provider’s time is spent in the supervision of clinical staff who perform the face-to-face services of the encounter, use 99211.

For coding purposes, time for these services is the total time on the date of the encounter. It includes both the face-to-face time with the patient and/or family/caregiver and non-face-to-face time personally spent by the physician and/or other qualified healthcare provider(s) on the day of the encounter (includes time in activities that require the physician or other qualified healthcare provider and does not include time in activities normally performed by clinical staff). It includes time regardless of the location of the physician or other qualified healthcare provider (e.g., whether on or off the inpatient unit or in or out of the outpatient office). It does not include any time spent in the performance of other separately reported service(s).

Each service that may be reported using time for code level selection has a required time threshold. The concept of attaining a mid-point between levels does not apply. A full 15 minutes is required to report any unit of prolonged service codes 99417, and 99418.

Physician(s) and other qualified healthcare provider(s) may each provide a portion of the face-to-face and non-face-to-face work related to the service. When time is being used to select the appropriate level of services for which time-based reporting is allowed, the time personally spent by the physician(s) and other qualified healthcare provider(s) assessing and managing the patient and/or counseling, educating, communicating results to the patient/family/caregiver on the date of the encounter is summed to define total time. Only distinct time should be summed (i.e., when two or more individuals jointly meet with or discuss the patient, only the time of one individual should be counted).

When prolonged time occurs, the appropriate prolonged services code may be reported. The total time on the date of the encounter spent caring for the patient should be documented in the medical record when it is used as the basis for code selection.

Physician or other qualified healthcare provider time includes the following activities, when performed:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other healthcare providers (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)

Do not count time spent on the following:

- The performance of other services that are reported separately
- Travel
- Teaching that is general and not limited to discussion that is required for the management of a specific patient.

For split or shared visits, see the split or shared visits guidelines.



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**C. UNLISTED SERVICE.**

An E/M service may be provided that is not listed in this section of CPT<sup>®</sup> codebook. When reporting such a service, the appropriate unlisted code may be used to indicate the service, identifying it by “Special Report,” as discussed in item E. The “Unlisted Services” and accompanying codes for the E/M section are as follows:

99429 Unlisted preventive medicine service

99499 Unlisted evaluation and management service

**D. SPECIAL REPORT.**

An unlisted service or one that is unusual, variable, or new may require a special report demonstrating the medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure and the time, effort, and equipment necessary to provide the service. Additional items that may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

**Historical Note**

New Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Evaluation and Management Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
98000 00	E&M	1.54	1.35	104.72	91.80
98001 00	E&M	2.54	2.33	172.72	158.44
98002 00	E&M	4.05	3.78	275.40	257.04
98003 00	E&M	5.37	5.08	365.16	345.44
98004 00	E&M	1.19	1.01	80.92	68.68
98005 00	E&M	2.08	1.88	141.44	127.84
98006 00	E&M	3.07	2.80	208.76	190.40
98007 00	E&M	4.07	3.78	276.76	257.04
98008 00	E&M	1.46	1.29	99.28	87.72
98009 00	E&M	2.42	2.24	164.56	152.32
98010 00	E&M	3.77	3.53	256.36	240.04
98011 00	E&M	4.90	4.64	333.20	315.52
98012 00	E&M	1.09	0.95	74.12	64.60
98013 00	E&M	1.90	1.73	129.20	117.64
98014 00	E&M	2.78	2.56	189.04	174.08
98015 00	E&M	4.04	3.78	274.72	257.04
98016 00	E&M	0.49	0.45	33.32	30.60
99202 00	E&M	2.16	1.40	146.88	95.20
99203 00	E&M	3.37	2.45	229.16	166.60
99204 00	E&M	5.05	3.99	343.40	271.32
99205 00	E&M	6.67	5.43	453.56	369.24
99211 00	E&M	0.70	0.26	47.60	17.68
99212 00	E&M	1.70	1.05	115.60	71.40
99213 00	E&M	2.75	1.97	187.00	133.96
99214 00	E&M	3.87	2.90	263.16	197.20
99215 00	E&M	5.43	4.29	369.24	291.72
99221 00	E&M	2.46	2.46	167.28	167.28
99222 00	E&M	3.88	3.88	263.84	263.84
99223 00	E&M	5.17	5.17	351.56	351.56
99231 00	E&M	1.46	1.46	99.28	99.28
99232 00	E&M	2.36	2.36	160.48	160.48
99233 00	E&M	3.52	3.52	239.36	239.36
99234 00	E&M	2.90	2.90	197.20	197.20
99235 00	E&M	4.72	4.72	320.96	320.96
99236 00	E&M	6.17	6.17	419.56	419.56
99238 00	E&M	2.42	2.42	164.56	164.56
99239 00	E&M	3.42	3.42	232.56	232.56
99242 00	E&M	2.24	1.65	152.32	112.20
99243 00	E&M	3.38	2.63	229.84	178.84
99244 00	E&M	4.81	3.99	327.08	271.32
99245 00	E&M	6.27	5.35	426.36	363.80
99252 00	E&M	2.10	2.10	142.80	142.80
99253 00	E&M	2.97	2.97	201.96	201.96
99254 00	E&M	4.11	4.11	279.48	279.48
99255 00	E&M	5.52	5.52	375.36	375.36
99281 00	E&M	0.34	0.34	23.12	23.12
99282 00	E&M	1.25	1.25	85.00	85.00
99283 00	E&M	2.11	2.11	143.48	143.48

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
99284 00	E&M	3.60	3.60	244.80	244.80
99285 00	E&M	5.22	5.22	354.96	354.96
99288 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99291 00	E&M	8.21	6.36	558.28	432.48
99292 00	E&M	3.57	3.18	242.76	216.24
99304 00	E&M	2.40	2.40	163.20	163.20
99305 00	E&M	3.97	3.97	269.96	269.96
99306 00	E&M	5.42	5.42	368.56	368.56
99307 00	E&M	1.19	1.19	80.92	80.92
99308 00	E&M	2.22	2.22	150.96	150.96
99309 00	E&M	3.22	3.22	218.96	218.96
99310 00	E&M	4.59	4.59	312.12	312.12
99315 00	E&M	2.43	2.43	165.24	165.24
99316 00	E&M	3.89	3.89	264.52	264.52
99341 00	E&M	1.47	1.47	99.96	99.96
99342 00	E&M	2.34	2.34	159.12	159.12
99344 00	E&M	4.23	4.23	287.64	287.64
99345 00	E&M	5.99	5.99	407.32	407.32
99347 00	E&M	1.35	1.35	91.80	91.80
99348 00	E&M	2.29	2.29	155.72	155.72
99349 00	E&M	3.79	3.79	257.72	257.72
99350 00	E&M	5.50	5.50	374.00	374.00
99358 00	E&M	2.67	2.63	181.56	178.84
99359 00	E&M	1.13	1.08	76.84	73.44
99360 00	E&M	1.73	1.73	117.64	117.64
99366 00	E&M	1.21	1.18	82.28	80.24
99367 00	E&M	1.59	1.59	108.12	108.12
99368 00	E&M	1.04	1.04	70.72	70.72
99374 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99375 00	E&M	3.07	2.53	208.76	172.04
99377 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99378 00	E&M	3.07	2.53	208.76	172.04
99379 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99380 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99381 00	E&M	0.00	0.00	BR	BR
99382 00	E&M	0.00	0.00	BR	BR
99383 00	E&M	0.00	0.00	BR	BR
99384 00	E&M	0.00	0.00	BR	BR
99385 00	E&M	0.00	0.00	BR	BR
99386 00	E&M	0.00	0.00	BR	BR
99387 00	E&M	0.00	0.00	BR	BR
99391 00	E&M	0.00	0.00	BR	BR
99392 00	E&M	0.00	0.00	BR	BR
99393 00	E&M	0.00	0.00	BR	BR
99394 00	E&M	0.00	0.00	BR	BR
99395 00	E&M	0.00	0.00	BR	BR
99396 00	E&M	0.00	0.00	BR	BR
99397 00	E&M	0.00	0.00	BR	BR

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
99401 00	E&M	0.00	0.00	BR	BR
99402 00	E&M	0.00	0.00	BR	BR
99403 00	E&M	0.00	0.00	BR	BR
99404 00	E&M	0.00	0.00	BR	BR
99406 00	E&M	0.00	0.00	BR	BR
99407 00	E&M	0.00	0.00	BR	BR
99408 00	E&M	0.00	0.00	BR	BR
99409 00	E&M	0.00	0.00	BR	BR
99411 00	E&M	0.00	0.00	BR	BR
99412 00	E&M	0.00	0.00	BR	BR
99415 00	E&M	0.62	0.62	42.16	42.16
99416 00	E&M	0.29	0.29	19.72	19.72
99417 00	E&M	0.92	0.89	62.56	60.52
99418 00	E&M	1.17	1.17	79.56	79.56
99421 00	E&M	0.45	0.38	30.60	25.84
99422 00	E&M	0.88	0.76	59.84	51.68
99423 00	E&M	1.39	1.18	94.52	80.24
99424 00	E&M	2.50	2.23	170.00	151.64
99425 00	E&M	1.82	1.52	123.76	103.36
99426 00	E&M	1.91	1.47	129.88	99.96
99427 00	E&M	1.56	1.06	106.08	72.08
99429 00	E&M	0.00	0.00	BR	BR
99437 00	E&M	1.78	1.48	121.04	100.64
99439 00	E&M	1.42	1.02	96.56	69.36
99446 00	E&M	0.53	0.53	36.04	36.04
99447 00	E&M	1.07	1.07	72.76	72.76
99448 00	E&M	1.59	1.59	108.12	108.12
99449 00	E&M	2.15	2.15	146.20	146.20
99450 00	E&M	0.00	0.00	BR	BR
99451 00	E&M	1.02	1.02	69.36	69.36
99452 00	E&M	1.04	1.04	70.72	70.72
99453 00	E&M	0.61	0.61	41.48	41.48
99454 00	E&M	1.33	1.33	90.44	90.44
99455 00	E&M	5.23	5.23	355.64	355.64
99456 00	E&M	6.87	6.87	467.16	467.16
99457 00	E&M	1.48	0.89	100.64	60.52
99458 00	E&M	1.19	0.89	80.92	60.52
99459 00	E&M	0.64	0.64	43.52	43.52
99460 00	E&M	2.74	2.74	186.32	186.32
99461 00	E&M	2.74	1.80	186.32	122.40
99462 00	E&M	1.19	1.19	80.92	80.92
99463 00	E&M	3.21	3.21	218.28	218.28
99464 00	E&M	2.14	2.14	145.52	145.52
99465 00	E&M	4.19	4.19	284.92	284.92
99466 00	E&M	6.84	6.84	465.12	465.12
99467 00	E&M	3.43	3.43	233.24	233.24
99468 00	E&M	26.37	26.37	1793.16	1793.16
99469 00	E&M	11.41	11.41	775.88	775.88

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
99471 00	E&M	22.83	22.83	1552.44	1552.44
99472 00	E&M	11.86	11.86	806.48	806.48
99473 00	E&M	0.43	0.43	29.24	29.24
99474 00	E&M	0.51	0.26	34.68	17.68
99475 00	E&M	16.59	16.59	1128.12	1128.12
99476 00	E&M	10.06	10.06	684.08	684.08
99477 00	E&M	10.01	10.01	680.68	680.68
99478 00	E&M	3.92	3.92	266.56	266.56
99479 00	E&M	3.56	3.56	242.08	242.08
99480 00	E&M	3.43	3.43	233.24	233.24
99483 00	E&M	8.23	5.75	559.64	391.00
99484 00	E&M	1.64	1.28	111.52	87.04
99485 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99486 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99487 00	E&M	4.07	2.69	276.76	182.92
99489 00	E&M	2.18	1.46	148.24	99.28
99490 00	E&M	1.87	1.48	127.16	100.64
99491 00	E&M	2.54	2.24	172.72	152.32
99492 00	E&M	4.49	2.81	305.32	191.08
99493 00	E&M	4.13	3.06	280.84	208.08
99494 00	E&M	1.73	1.20	117.64	81.60
99495 00	E&M	6.22	4.15	422.96	282.20
99496 00	E&M	8.43	5.64	573.24	383.52
99497 00	E&M	2.46	2.24	167.28	152.32
99498 00	E&M	2.13	2.12	144.84	144.16
99499 00	E&M	0.00	0.00	BR	BR
G2010 00	E&M	0.37	0.27	25.16	18.36

**Historical Note**

New Appendix A, Evaluation and Management Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Evaluation and Management Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Evaluation and Management Codes 2019-2020 repealed; new Appendix A, Evaluation and Management Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Evaluation and Management Codes 2020-2021 repealed; new Appendix A, Evaluation and Management Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Evaluation and Management Codes 2021-2022 repealed; new Appendix A, Evaluation and Management Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Evaluation and Management Codes 2022-2023 repealed; new Appendix A, Evaluation and Management Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Evaluation and Management Codes 2023-2024 repealed; new Appendix A, Evaluation and Management Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Evaluation and Management Codes 2024-2025 repealed; new Appendix A, Evaluation and Management Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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## CATEGORY III CODES GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT<sup>®</sup> guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an incorporated portion of the CPT<sup>®</sup> publication or HCPCS code and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxxx.

Category III Codes are temporary codes developed to allow collection of data for emerging technology, services, and procedures. The five character alphanumeric codes contain four numbers with one alpha character in the fifth place. If a Category III Code is available, this code must be reported instead of a Category I unlisted code.

**Historical Note**

New Appendix A, Category III Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Category III Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Category III Guidelines; new Appendix A, Category III Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Category III Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Category III Code Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Category III Code Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Category III Codes Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Category III Codes Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0042T 00	Category III	0.00	0.00	RNE	RNE
0054T 00	Category III	0.00	0.00	RNE	RNE
0055T 00	Category III	0.00	0.00	RNE	RNE
0071T 00	Category III	0.00	0.00	RNE	RNE
0072T 00	Category III	0.00	0.00	RNE	RNE
0075T 00	Category III	0.00	0.00	RNE	RNE
0075T 26	Category III	0.00	0.00	RNE	RNE
0075T TC	Category III	0.00	0.00	RNE	RNE
0076T 00	Category III	0.00	0.00	RNE	RNE
0076T 26	Category III	0.00	0.00	RNE	RNE
0076T TC	Category III	0.00	0.00	RNE	RNE
0095T 00	Category III	0.00	0.00	RNE	RNE
0098T 00	Category III	0.00	0.00	RNE	RNE
0100T 00	Category III	0.00	0.00	RNE	RNE
0101T 00	Category III	0.00	0.00	RNE	RNE
0102T 00	Category III	0.00	0.00	RNE	RNE
0106T 00	Category III	0.00	0.00	RNE	RNE
0107T 00	Category III	0.00	0.00	RNE	RNE
0108T 00	Category III	0.00	0.00	RNE	RNE
0109T 00	Category III	0.00	0.00	RNE	RNE
0110T 00	Category III	0.00	0.00	RNE	RNE
0164T 00	Category III	0.00	0.00	RNE	RNE
0165T 00	Category III	0.00	0.00	RNE	RNE
0174T 00	Category III	0.00	0.00	RNE	RNE
0175T 00	Category III	0.00	0.00	RNE	RNE
0184T 00	Category III	0.00	0.00	RNE	RNE
0198T 00	Category III	0.00	0.00	RNE	RNE
0200T 00	Category III	0.00	0.00	RNE	RNE
0201T 00	Category III	0.00	0.00	RNE	RNE
0202T 00	Category III	0.00	0.00	RNE	RNE
0207T 00	Category III	0.00	0.00	RNE	RNE
0208T 00	Category III	0.00	0.00	RNE	RNE
0209T 00	Category III	0.00	0.00	RNE	RNE
0210T 00	Category III	0.00	0.00	RNE	RNE
0211T 00	Category III	0.00	0.00	RNE	RNE

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0212T 00	Category III	0.00	0.00	RNE	RNE
0213T 00	Category III	0.00	0.00	RNE	RNE
0214T 00	Category III	0.00	0.00	RNE	RNE
0215T 00	Category III	0.00	0.00	RNE	RNE
0216T 00	Category III	0.00	0.00	RNE	RNE
0217T 00	Category III	0.00	0.00	RNE	RNE
0218T 00	Category III	0.00	0.00	RNE	RNE
0219T 00	Category III	0.00	0.00	RNE	RNE
0220T 00	Category III	0.00	0.00	RNE	RNE
0221T 00	Category III	0.00	0.00	RNE	RNE
0222T 00	Category III	0.00	0.00	RNE	RNE
0232T 00	Category III	0.00	0.00	RNE	RNE
0234T 00	Category III	0.00	0.00	RNE	RNE
0235T 00	Category III	0.00	0.00	RNE	RNE
0236T 00	Category III	0.00	0.00	RNE	RNE
0237T 00	Category III	0.00	0.00	RNE	RNE
0238T 00	Category III	0.00	0.00	RNE	RNE
0253T 00	Category III	0.00	0.00	RNE	RNE
0263T 00	Category III	0.00	0.00	RNE	RNE
0264T 00	Category III	0.00	0.00	RNE	RNE
0265T 00	Category III	0.00	0.00	RNE	RNE
0266T 00	Category III	0.00	0.00	RNE	RNE
0267T 00	Category III	0.00	0.00	RNE	RNE
0268T 00	Category III	0.00	0.00	RNE	RNE
0269T 00	Category III	0.00	0.00	RNE	RNE
0270T 00	Category III	0.00	0.00	RNE	RNE
0271T 00	Category III	0.00	0.00	RNE	RNE
0272T 00	Category III	0.00	0.00	RNE	RNE
0273T 00	Category III	0.00	0.00	RNE	RNE
0274T 00	Category III	0.00	0.00	RNE	RNE
0275T 00	Category III	0.00	0.00	RNE	RNE
0278T 00	Category III	0.00	0.00	RNE	RNE
0308T 00	Category III	0.00	0.00	RNE	RNE
0329T 00	Category III	0.00	0.00	RNE	RNE
0330T 00	Category III	0.00	0.00	RNE	RNE

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0331T 00	Category III	0.00	0.00	RNE	RNE
0332T 00	Category III	0.00	0.00	RNE	RNE
0333T 00	Category III	0.00	0.00	RNE	RNE
0335T 00	Category III	0.00	0.00	RNE	RNE
0338T 00	Category III	0.00	0.00	RNE	RNE
0339T 00	Category III	0.00	0.00	RNE	RNE
0342T 00	Category III	0.00	0.00	RNE	RNE
0345T 00	Category III	0.00	0.00	RNE	RNE
0347T 00	Category III	0.00	0.00	RNE	RNE
0348T 00	Category III	0.00	0.00	RNE	RNE
0349T 00	Category III	0.00	0.00	RNE	RNE
0350T 00	Category III	0.00	0.00	RNE	RNE
0351T 00	Category III	0.00	0.00	RNE	RNE
0352T 00	Category III	0.00	0.00	RNE	RNE
0353T 00	Category III	0.00	0.00	RNE	RNE
0354T 00	Category III	0.00	0.00	RNE	RNE
0358T 00	Category III	0.00	0.00	RNE	RNE
0362T 00	Category III	0.00	0.00	RNE	RNE
0373T 00	Category III	0.00	0.00	RNE	RNE
0378T 00	Category III	0.00	0.00	RNE	RNE
0379T 00	Category III	0.00	0.00	RNE	RNE
0394T 00	Category III	0.00	0.00	RNE	RNE
0395T 00	Category III	0.00	0.00	RNE	RNE
0397T 00	Category III	0.00	0.00	RNE	RNE
0402T 00	Category III	0.00	0.00	RNE	RNE
0403T 00	Category III	0.00	0.00	RNE	RNE
0408T 00	Category III	0.00	0.00	RNE	RNE
0409T 00	Category III	0.00	0.00	RNE	RNE
0410T 00	Category III	0.00	0.00	RNE	RNE
0411T 00	Category III	0.00	0.00	RNE	RNE
0412T 00	Category III	0.00	0.00	RNE	RNE
0413T 00	Category III	0.00	0.00	RNE	RNE
0414T 00	Category III	0.00	0.00	RNE	RNE
0415T 00	Category III	0.00	0.00	RNE	RNE
0416T 00	Category III	0.00	0.00	RNE	RNE

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0417T 00	Category III	0.00	0.00	RNE	RNE
0417T 26	Category III	0.00	0.00	RNE	RNE
0417T TC	Category III	0.00	0.00	RNE	RNE
0418T 00	Category III	0.00	0.00	RNE	RNE
0418T 26	Category III	0.00	0.00	RNE	RNE
0418T TC	Category III	0.00	0.00	RNE	RNE
0419T 00	Category III	0.00	0.00	RNE	RNE
0420T 00	Category III	0.00	0.00	RNE	RNE
0421T 00	Category III	0.00	0.00	RNE	RNE
0422T 00	Category III	0.00	0.00	RNE	RNE
0437T 00	Category III	0.00	0.00	RNE	RNE
0439T 00	Category III	0.00	0.00	RNE	RNE
0440T 00	Category III	0.00	0.00	RNE	RNE
0441T 00	Category III	0.00	0.00	RNE	RNE
0442T 00	Category III	0.00	0.00	RNE	RNE
0443T 00	Category III	0.00	0.00	RNE	RNE
0444T 00	Category III	0.00	0.00	RNE	RNE
0445T 00	Category III	0.00	0.00	RNE	RNE
0449T 00	Category III	0.00	0.00	RNE	RNE
0450T 00	Category III	0.00	0.00	RNE	RNE
0464T 00	Category III	0.00	0.00	RNE	RNE
0469T 00	Category III	0.00	0.00	RNE	RNE
0472T 00	Category III	0.00	0.00	RNE	RNE
0473T 00	Category III	0.00	0.00	RNE	RNE
0474T 00	Category III	0.00	0.00	RNE	RNE
0479T 00	Category III	0.00	0.00	RNE	RNE
0480T 00	Category III	0.00	0.00	RNE	RNE
0481T 00	Category III	0.00	0.00	RNE	RNE
0483T 00	Category III	0.00	0.00	RNE	RNE
0484T 00	Category III	0.00	0.00	RNE	RNE
0485T 00	Category III	0.00	0.00	RNE	RNE
0485T 26	Category III	0.00	0.00	RNE	RNE
0485T TC	Category III	0.00	0.00	RNE	RNE
0486T 00	Category III	0.00	0.00	RNE	RNE
0486T 26	Category III	0.00	0.00	RNE	RNE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0486T TC	Category III	0.00	0.00	RNE	RNE
0488T 00	Category III	0.00	0.00	RNE	RNE
0489T 00	Category III	0.00	0.00	RNE	RNE
0490T 00	Category III	0.00	0.00	RNE	RNE
0494T 00	Category III	0.00	0.00	RNE	RNE
0495T 00	Category III	0.00	0.00	RNE	RNE
0496T 00	Category III	0.00	0.00	RNE	RNE
0505T 00	Category III	0.00	0.00	RNE	RNE
0506T 00	Category III	0.00	0.00	RNE	RNE
0506T 26	Category III	0.00	0.00	RNE	RNE
0506T TC	Category III	0.00	0.00	RNE	RNE
0507T 00	Category III	0.00	0.00	RNE	RNE
0507T 26	Category III	0.00	0.00	RNE	RNE
0507T TC	Category III	0.00	0.00	RNE	RNE
0510T 00	Category III	0.00	0.00	RNE	RNE
0511T 00	Category III	0.00	0.00	RNE	RNE
0512T 00	Category III	0.00	0.00	RNE	RNE
0513T 00	Category III	0.00	0.00	RNE	RNE
0515T 00	Category III	0.00	0.00	RNE	RNE
0516T 00	Category III	0.00	0.00	RNE	RNE
0517T 00	Category III	0.00	0.00	RNE	RNE
0518T 00	Category III	0.00	0.00	RNE	RNE
0519T 00	Category III	0.00	0.00	RNE	RNE
0520T 00	Category III	0.00	0.00	RNE	RNE
0521T 00	Category III	0.00	0.00	RNE	RNE
0521T 26	Category III	0.00	0.00	RNE	RNE
0521T TC	Category III	0.00	0.00	RNE	RNE
0522T 00	Category III	0.00	0.00	RNE	RNE
0522T 26	Category III	0.00	0.00	RNE	RNE
0522T TC	Category III	0.00	0.00	RNE	RNE
0523T 00	Category III	0.00	0.00	RNE	RNE
0524T 00	Category III	0.00	0.00	RNE	RNE
0525T 00	Category III	0.00	0.00	RNE	RNE
0526T 00	Category III	0.00	0.00	RNE	RNE
0527T 00	Category III	0.00	0.00	RNE	RNE

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0528T 00	Category III	0.00	0.00	RNE	RNE
0528T 26	Category III	0.00	0.00	RNE	RNE
0528T TC	Category III	0.00	0.00	RNE	RNE
0529T 00	Category III	0.00	0.00	RNE	RNE
0529T 26	Category III	0.00	0.00	RNE	RNE
0529T TC	Category III	0.00	0.00	RNE	RNE
0530T 00	Category III	0.00	0.00	RNE	RNE
0531T 00	Category III	0.00	0.00	RNE	RNE
0532T 00	Category III	0.00	0.00	RNE	RNE
0541T 00	Category III	0.00	0.00	RNE	RNE
0542T 00	Category III	0.00	0.00	RNE	RNE
0543T 00	Category III	0.00	0.00	RNE	RNE
0544T 00	Category III	0.00	0.00	RNE	RNE
0545T 00	Category III	0.00	0.00	RNE	RNE
0546T 00	Category III	0.00	0.00	RNE	RNE
0547T 00	Category III	0.00	0.00	RNE	RNE
0552T 00	Category III	0.00	0.00	RNE	RNE
0554T 00	Category III	0.00	0.00	RNE	RNE
0555T 00	Category III	0.00	0.00	RNE	RNE
0556T 00	Category III	0.00	0.00	RNE	RNE
0557T 00	Category III	0.00	0.00	RNE	RNE
0558T 00	Category III	0.00	0.00	RNE	RNE
0559T 00	Category III	0.00	0.00	RNE	RNE
0560T 00	Category III	0.00	0.00	RNE	RNE
0561T 00	Category III	0.00	0.00	RNE	RNE
0562T 00	Category III	0.00	0.00	RNE	RNE
0563T 00	Category III	0.00	0.00	RNE	RNE
0565T 00	Category III	0.00	0.00	RNE	RNE
0566T 00	Category III	0.00	0.00	RNE	RNE
0569T 00	Category III	0.00	0.00	RNE	RNE
0570T 00	Category III	0.00	0.00	RNE	RNE
0571T 00	Category III	0.00	0.00	RNE	RNE
0572T 00	Category III	0.00	0.00	RNE	RNE
0573T 00	Category III	0.00	0.00	RNE	RNE
0574T 00	Category III	0.00	0.00	RNE	RNE

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0575T 00	Category III	0.00	0.00	RNE	RNE
0576T 00	Category III	0.00	0.00	RNE	RNE
0577T 00	Category III	0.00	0.00	RNE	RNE
0578T 00	Category III	0.00	0.00	RNE	RNE
0579T 00	Category III	0.00	0.00	RNE	RNE
0580T 00	Category III	0.00	0.00	RNE	RNE
0581T 00	Category III	0.00	0.00	RNE	RNE
0582T 00	Category III	0.00	0.00	RNE	RNE
0583T 00	Category III	0.00	0.00	RNE	RNE
0584T 00	Category III	0.00	0.00	RNE	RNE
0585T 00	Category III	0.00	0.00	RNE	RNE
0586T 00	Category III	0.00	0.00	RNE	RNE
0587T 00	Category III	0.00	0.00	RNE	RNE
0588T 00	Category III	0.00	0.00	RNE	RNE
0589T 00	Category III	0.00	0.00	RNE	RNE
0590T 00	Category III	0.00	0.00	RNE	RNE
0591T 00	Category III	0.00	0.00	RNE	RNE
0592T 00	Category III	0.00	0.00	RNE	RNE
0593T 00	Category III	0.00	0.00	RNE	RNE
0594T 00	Category III	0.00	0.00	RNE	RNE
0596T 00	Category III	0.00	0.00	RNE	RNE
0597T 00	Category III	0.00	0.00	RNE	RNE
0598T 00	Category III	0.00	0.00	RNE	RNE
0599T 00	Category III	0.00	0.00	RNE	RNE
0600T 00	Category III	0.00	0.00	RNE	RNE
0601T 00	Category III	0.00	0.00	RNE	RNE
0602T 00	Category III	0.00	0.00	RNE	RNE
0603T 00	Category III	0.00	0.00	RNE	RNE
0604T 00	Category III	0.00	0.00	RNE	RNE
0605T 00	Category III	0.00	0.00	RNE	RNE
0606T 00	Category III	0.00	0.00	RNE	RNE
0607T 00	Category III	0.00	0.00	RNE	RNE
0608T 00	Category III	0.00	0.00	RNE	RNE
0609T 00	Category III	0.00	0.00	RNE	RNE
0610T 00	Category III	0.00	0.00	RNE	RNE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0611T 00	Category III	0.00	0.00	RNE	RNE
0612T 00	Category III	0.00	0.00	RNE	RNE
0613T 00	Category III	0.00	0.00	RNE	RNE
0614T 00	Category III	0.00	0.00	RNE	RNE
0615T 00	Category III	0.00	0.00	RNE	RNE
0619T 00	Category III	0.00	0.00	RNE	RNE
0620T 00	Category III	0.00	0.00	RNE	RNE
0621T 00	Category III	0.00	0.00	RNE	RNE
0622T 00	Category III	0.00	0.00	RNE	RNE
0623T 00	Category III	0.00	0.00	RNE	RNE
0624T 00	Category III	0.00	0.00	RNE	RNE
0625T 00	Category III	0.00	0.00	RNE	RNE
0626T 00	Category III	0.00	0.00	RNE	RNE
0627T 00	Category III	0.00	0.00	RNE	RNE
0628T 00	Category III	0.00	0.00	RNE	RNE
0629T 00	Category III	0.00	0.00	RNE	RNE
0630T 00	Category III	0.00	0.00	RNE	RNE
0631T 00	Category III	0.00	0.00	RNE	RNE
0632T 00	Category III	0.00	0.00	RNE	RNE
0633T 00	Category III	0.00	0.00	RNE	RNE
0633T 26	Category III	0.00	0.00	RNE	RNE
0633T TC	Category III	0.00	0.00	RNE	RNE
0634T 00	Category III	0.00	0.00	RNE	RNE
0634T 26	Category III	0.00	0.00	RNE	RNE
0634T TC	Category III	0.00	0.00	RNE	RNE
0635T 00	Category III	0.00	0.00	RNE	RNE
0635T 26	Category III	0.00	0.00	RNE	RNE
0635T TC	Category III	0.00	0.00	RNE	RNE
0636T 00	Category III	0.00	0.00	RNE	RNE
0636T 26	Category III	0.00	0.00	RNE	RNE
0636T TC	Category III	0.00	0.00	RNE	RNE
0637T 00	Category III	0.00	0.00	RNE	RNE
0637T 26	Category III	0.00	0.00	RNE	RNE
0637T TC	Category III	0.00	0.00	RNE	RNE
0638T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0638T 26	Category III	0.00	0.00	RNE	RNE
0638T TC	Category III	0.00	0.00	RNE	RNE
0639T 00	Category III	0.00	0.00	RNE	RNE
0640T 00	Category III	0.00	0.00	RNE	RNE
0640T 26	Category III	0.00	0.00	RNE	RNE
0640T TC	Category III	0.00	0.00	RNE	RNE
0643T 00	Category III	0.00	0.00	RNE	RNE
0644T 00	Category III	0.00	0.00	RNE	RNE
0645T 00	Category III	0.00	0.00	RNE	RNE
0646T 00	Category III	0.00	0.00	RNE	RNE
0647T 00	Category III	0.00	0.00	RNE	RNE
0648T 00	Category III	0.00	0.00	RNE	RNE
0648T 26	Category III	0.00	0.00	RNE	RNE
0648T TC	Category III	0.00	0.00	RNE	RNE
0649T 00	Category III	0.00	0.00	RNE	RNE
0649T 26	Category III	0.00	0.00	RNE	RNE
0649T TC	Category III	0.00	0.00	RNE	RNE
0650T 00	Category III	0.00	0.00	RNE	RNE
0650T 26	Category III	0.00	0.00	RNE	RNE
0650T TC	Category III	0.00	0.00	RNE	RNE
0651T 00	Category III	0.00	0.00	RNE	RNE
0652T 00	Category III	0.00	0.00	RNE	RNE
0653T 00	Category III	0.00	0.00	RNE	RNE
0654T 00	Category III	0.00	0.00	RNE	RNE
0655T 00	Category III	0.00	0.00	RNE	RNE
0656T 00	Category III	0.00	0.00	RNE	RNE
0657T 00	Category III	0.00	0.00	RNE	RNE
0658T 00	Category III	0.00	0.00	RNE	RNE
0659T 00	Category III	0.00	0.00	RNE	RNE
0660T 00	Category III	0.00	0.00	RNE	RNE
0661T 00	Category III	0.00	0.00	RNE	RNE
0662T 00	Category III	0.00	0.00	RNE	RNE
0663T 00	Category III	0.00	0.00	RNE	RNE
0664T 00	Category III	0.00	0.00	RNE	RNE
0665T 00	Category III	0.00	0.00	RNE	RNE

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0666T 00	Category III	0.00	0.00	RNE	RNE
0667T 00	Category III	0.00	0.00	RNE	RNE
0668T 00	Category III	0.00	0.00	RNE	RNE
0669T 00	Category III	0.00	0.00	RNE	RNE
0670T 00	Category III	0.00	0.00	RNE	RNE
0671T 00	Category III	0.00	0.00	RNE	RNE
0672T 00	Category III	0.00	0.00	RNE	RNE
0673T 00	Category III	0.00	0.00	RNE	RNE
0674T 00	Category III	0.00	0.00	RNE	RNE
0675T 00	Category III	0.00	0.00	RNE	RNE
0676T 00	Category III	0.00	0.00	RNE	RNE
0677T 00	Category III	0.00	0.00	RNE	RNE
0678T 00	Category III	0.00	0.00	RNE	RNE
0679T 00	Category III	0.00	0.00	RNE	RNE
0680T 00	Category III	0.00	0.00	RNE	RNE
0681T 00	Category III	0.00	0.00	RNE	RNE
0682T 00	Category III	0.00	0.00	RNE	RNE
0683T 00	Category III	0.00	0.00	RNE	RNE
0683T 26	Category III	0.00	0.00	RNE	RNE
0683T TC	Category III	0.00	0.00	RNE	RNE
0684T 00	Category III	0.00	0.00	RNE	RNE
0684T 26	Category III	0.00	0.00	RNE	RNE
0684T TC	Category III	0.00	0.00	RNE	RNE
0685T 00	Category III	0.00	0.00	RNE	RNE
0685T 26	Category III	0.00	0.00	RNE	RNE
0685T TC	Category III	0.00	0.00	RNE	RNE
0686T 00	Category III	0.00	0.00	RNE	RNE
0687T 00	Category III	0.00	0.00	RNE	RNE
0688T 00	Category III	0.00	0.00	RNE	RNE
0689T 00	Category III	0.00	0.00	RNE	RNE
0689T 26	Category III	0.00	0.00	RNE	RNE
0689T TC	Category III	0.00	0.00	RNE	RNE
0690T 00	Category III	0.00	0.00	RNE	RNE
0690T 26	Category III	0.00	0.00	RNE	RNE
0690T TC	Category III	0.00	0.00	RNE	RNE

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0691T 00	Category III	0.00	0.00	RNE	RNE
0691T 26	Category III	0.00	0.00	RNE	RNE
0691T TC	Category III	0.00	0.00	RNE	RNE
0692T 00	Category III	0.00	0.00	RNE	RNE
0693T 00	Category III	0.00	0.00	RNE	RNE
0694T 00	Category III	0.00	0.00	RNE	RNE
0694T 26	Category III	0.00	0.00	RNE	RNE
0694T TC	Category III	0.00	0.00	RNE	RNE
0695T 00	Category III	0.00	0.00	RNE	RNE
0696T 00	Category III	0.00	0.00	RNE	RNE
0697T 00	Category III	0.00	0.00	RNE	RNE
0697T 26	Category III	0.00	0.00	RNE	RNE
0697T TC	Category III	0.00	0.00	RNE	RNE
0698T 00	Category III	0.00	0.00	RNE	RNE
0698T 26	Category III	0.00	0.00	RNE	RNE
0698T TC	Category III	0.00	0.00	RNE	RNE
0699T 00	Category III	0.00	0.00	RNE	RNE
0700T 00	Category III	0.00	0.00	RNE	RNE
0700T 26	Category III	0.00	0.00	RNE	RNE
0700T TC	Category III	0.00	0.00	RNE	RNE
0701T 00	Category III	0.00	0.00	RNE	RNE
0701T 26	Category III	0.00	0.00	RNE	RNE
0701T TC	Category III	0.00	0.00	RNE	RNE
0704T 00	Category III	0.00	0.00	RNE	RNE
0705T 00	Category III	0.00	0.00	RNE	RNE
0706T 00	Category III	0.00	0.00	RNE	RNE
0707T 00	Category III	0.00	0.00	RNE	RNE
0708T 00	Category III	0.00	0.00	RNE	RNE
0709T 00	Category III	0.00	0.00	RNE	RNE
0710T 00	Category III	0.00	0.00	RNE	RNE
0711T 00	Category III	0.00	0.00	RNE	RNE
0712T 00	Category III	0.00	0.00	RNE	RNE
0713T 00	Category III	0.00	0.00	RNE	RNE
0714T 00	Category III	0.00	0.00	RNE	RNE
0716T 00	Category III	0.00	0.00	RNE	RNE

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0717T 00	Category III	0.00	0.00	RNE	RNE
0718T 00	Category III	0.00	0.00	RNE	RNE
0719T 00	Category III	0.00	0.00	RNE	RNE
0720T 00	Category III	0.00	0.00	RNE	RNE
0721T 00	Category III	0.00	0.00	RNE	RNE
0721T 26	Category III	0.00	0.00	RNE	RNE
0721T TC	Category III	0.00	0.00	RNE	RNE
0722T 00	Category III	0.00	0.00	RNE	RNE
0722T 26	Category III	0.00	0.00	RNE	RNE
0722T TC	Category III	0.00	0.00	RNE	RNE
0723T 00	Category III	0.00	0.00	RNE	RNE
0723T 26	Category III	0.00	0.00	RNE	RNE
0723T TC	Category III	0.00	0.00	RNE	RNE
0724T 00	Category III	0.00	0.00	RNE	RNE
0724T 26	Category III	0.00	0.00	RNE	RNE
0724T TC	Category III	0.00	0.00	RNE	RNE
0725T 00	Category III	0.00	0.00	RNE	RNE
0726T 00	Category III	0.00	0.00	RNE	RNE
0727T 00	Category III	0.00	0.00	RNE	RNE
0728T 00	Category III	0.00	0.00	RNE	RNE
0729T 00	Category III	0.00	0.00	RNE	RNE
0730T 00	Category III	0.00	0.00	RNE	RNE
0731T 00	Category III	0.00	0.00	RNE	RNE
0732T 00	Category III	0.00	0.00	RNE	RNE
0733T 00	Category III	0.00	0.00	RNE	RNE
0734T 00	Category III	0.00	0.00	RNE	RNE
0735T 00	Category III	0.00	0.00	RNE	RNE
0736T 00	Category III	0.00	0.00	RNE	RNE
0737T 00	Category III	0.00	0.00	RNE	RNE
0738T 00	Category III	0.00	0.00	RNE	RNE
0739T 00	Category III	0.00	0.00	RNE	RNE
0740T 00	Category III	0.00	0.00	RNE	RNE
0741T 00	Category III	0.00	0.00	RNE	RNE
0742T 00	Category III	0.00	0.00	RNE	RNE
0742T 26	Category III	0.00	0.00	RNE	RNE

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0742T TC	Category III	0.00	0.00	RNE	RNE
0743T 00	Category III	0.00	0.00	RNE	RNE
0743T 26	Category III	0.00	0.00	RNE	RNE
0743T TC	Category III	0.00	0.00	RNE	RNE
0744T 00	Category III	0.00	0.00	RNE	RNE
0745T 00	Category III	0.00	0.00	RNE	RNE
0746T 00	Category III	0.00	0.00	RNE	RNE
0747T 00	Category III	0.00	0.00	RNE	RNE
0748T 00	Category III	0.00	0.00	RNE	RNE
0749T 00	Category III	0.00	0.00	RNE	RNE
0750T 00	Category III	0.00	0.00	RNE	RNE
0751T 00	Category III	0.00	0.00	RNE	RNE
0752T 00	Category III	0.00	0.00	RNE	RNE
0753T 00	Category III	0.00	0.00	RNE	RNE
0754T 00	Category III	0.00	0.00	RNE	RNE
0755T 00	Category III	0.00	0.00	RNE	RNE
0756T 00	Category III	0.00	0.00	RNE	RNE
0757T 00	Category III	0.00	0.00	RNE	RNE
0758T 00	Category III	0.00	0.00	RNE	RNE
0759T 00	Category III	0.00	0.00	RNE	RNE
0760T 00	Category III	0.00	0.00	RNE	RNE
0761T 00	Category III	0.00	0.00	RNE	RNE
0762T 00	Category III	0.00	0.00	RNE	RNE
0763T 00	Category III	0.00	0.00	RNE	RNE
0764T 00	Category III	0.00	0.00	RNE	RNE
0765T 00	Category III	0.00	0.00	RNE	RNE
0766T 00	Category III	0.00	0.00	RNE	RNE
0767T 00	Category III	0.00	0.00	RNE	RNE
0770T 00	Category III	0.00	0.00	RNE	RNE
0771T 00	Category III	0.00	0.00	RNE	RNE
0772T 00	Category III	0.00	0.00	RNE	RNE
0773T 00	Category III	0.00	0.00	RNE	RNE
0774T 00	Category III	0.00	0.00	RNE	RNE
0776T 00	Category III	0.00	0.00	RNE	RNE
0777T 00	Category III	0.00	0.00	RNE	RNE

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0777T 26	Category III	0.00	0.00	RNE	RNE
0777T TC	Category III	0.00	0.00	RNE	RNE
0778T 00	Category III	0.00	0.00	RNE	RNE
0779T 00	Category III	0.00	0.00	RNE	RNE
0779T 26	Category III	0.00	0.00	RNE	RNE
0779T TC	Category III	0.00	0.00	RNE	RNE
0780T 00	Category III	0.00	0.00	RNE	RNE
0781T 00	Category III	0.00	0.00	RNE	RNE
0782T 00	Category III	0.00	0.00	RNE	RNE
0783T 00	Category III	0.00	0.00	RNE	RNE
0784T 00	Category III	0.00	0.00	RNE	RNE
0785T 00	Category III	0.00	0.00	RNE	RNE
0786T 00	Category III	0.00	0.00	RNE	RNE
0787T 00	Category III	0.00	0.00	RNE	RNE
0788T 00	Category III	0.00	0.00	RNE	RNE
0789T 00	Category III	0.00	0.00	RNE	RNE
0790T 00	Category III	0.00	0.00	RNE	RNE
0791T 00	Category III	0.00	0.00	RNE	RNE
0792T 00	Category III	0.00	0.00	RNE	RNE
0793T 00	Category III	0.00	0.00	RNE	RNE
0794T 00	Category III	0.00	0.00	RNE	RNE
0795T 00	Category III	0.00	0.00	RNE	RNE
0796T 00	Category III	0.00	0.00	RNE	RNE
0797T 00	Category III	0.00	0.00	RNE	RNE
0798T 00	Category III	0.00	0.00	RNE	RNE
0799T 00	Category III	0.00	0.00	RNE	RNE
0800T 00	Category III	0.00	0.00	RNE	RNE
0801T 00	Category III	0.00	0.00	RNE	RNE
0802T 00	Category III	0.00	0.00	RNE	RNE
0803T 00	Category III	0.00	0.00	RNE	RNE
0804T 00	Category III	0.00	0.00	RNE	RNE
0804T 26	Category III	0.00	0.00	RNE	RNE
0804T TC	Category III	0.00	0.00	RNE	RNE
0805T 00	Category III	0.00	0.00	RNE	RNE
0806T 00	Category III	0.00	0.00	RNE	RNE

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0807T 00	Category III	0.00	0.00	RNE	RNE
0807T 26	Category III	0.00	0.00	RNE	RNE
0807T TC	Category III	0.00	0.00	RNE	RNE
0808T 00	Category III	0.00	0.00	RNE	RNE
0808T 26	Category III	0.00	0.00	RNE	RNE
0808T TC	Category III	0.00	0.00	RNE	RNE
0810T 00	Category III	0.00	0.00	RNE	RNE
0811T 00	Category III	0.00	0.00	RNE	RNE
0812T 00	Category III	0.00	0.00	RNE	RNE
0813T 00	Category III	0.00	0.00	RNE	RNE
0814T 00	Category III	0.00	0.00	RNE	RNE
0815T 00	Category III	0.00	0.00	RNE	RNE
0815T 26	Category III	0.00	0.00	RNE	RNE
0815T TC	Category III	0.00	0.00	RNE	RNE
0816T 00	Category III	0.00	0.00	RNE	RNE
0817T 00	Category III	0.00	0.00	RNE	RNE
0818T 00	Category III	0.00	0.00	RNE	RNE
0819T 00	Category III	0.00	0.00	RNE	RNE
0820T 00	Category III	0.00	0.00	RNE	RNE
0821T 00	Category III	0.00	0.00	RNE	RNE
0822T 00	Category III	0.00	0.00	RNE	RNE
0823T 00	Category III	0.00	0.00	RNE	RNE
0824T 00	Category III	0.00	0.00	RNE	RNE
0825T 00	Category III	0.00	0.00	RNE	RNE
0826T 00	Category III	0.00	0.00	RNE	RNE
0826T 26	Category III	0.00	0.00	RNE	RNE
0826T TC	Category III	0.00	0.00	RNE	RNE
0827T 00	Category III	0.00	0.00	RNE	RNE
0828T 00	Category III	0.00	0.00	RNE	RNE
0829T 00	Category III	0.00	0.00	RNE	RNE
0830T 00	Category III	0.00	0.00	RNE	RNE
0831T 00	Category III	0.00	0.00	RNE	RNE
0832T 00	Category III	0.00	0.00	RNE	RNE
0833T 00	Category III	0.00	0.00	RNE	RNE
0834T 00	Category III	0.00	0.00	RNE	RNE

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0835T 00	Category III	0.00	0.00	RNE	RNE
0836T 00	Category III	0.00	0.00	RNE	RNE
0837T 00	Category III	0.00	0.00	RNE	RNE
0838T 00	Category III	0.00	0.00	RNE	RNE
0839T 00	Category III	0.00	0.00	RNE	RNE
0840T 00	Category III	0.00	0.00	RNE	RNE
0841T 00	Category III	0.00	0.00	RNE	RNE
0842T 00	Category III	0.00	0.00	RNE	RNE
0843T 00	Category III	0.00	0.00	RNE	RNE
0844T 00	Category III	0.00	0.00	RNE	RNE
0845T 00	Category III	0.00	0.00	RNE	RNE
0846T 00	Category III	0.00	0.00	RNE	RNE
0847T 00	Category III	0.00	0.00	RNE	RNE
0848T 00	Category III	0.00	0.00	RNE	RNE
0849T 00	Category III	0.00	0.00	RNE	RNE
0850T 00	Category III	0.00	0.00	RNE	RNE
0851T 00	Category III	0.00	0.00	RNE	RNE
0852T 00	Category III	0.00	0.00	RNE	RNE
0853T 00	Category III	0.00	0.00	RNE	RNE
0854T 00	Category III	0.00	0.00	RNE	RNE
0855T 00	Category III	0.00	0.00	RNE	RNE
0856T 00	Category III	0.00	0.00	RNE	RNE
0857T 00	Category III	0.00	0.00	RNE	RNE
0857T 26	Category III	0.00	0.00	RNE	RNE
0857T TC	Category III	0.00	0.00	RNE	RNE
0858T 00	Category III	0.00	0.00	RNE	RNE
0858T 26	Category III	0.00	0.00	RNE	RNE
0858T TC	Category III	0.00	0.00	RNE	RNE
0859T 00	Category III	0.00	0.00	RNE	RNE
0859T 26	Category III	0.00	0.00	RNE	RNE
0859T TC	Category III	0.00	0.00	RNE	RNE
0860T 00	Category III	0.00	0.00	RNE	RNE
0861T 00	Category III	0.00	0.00	RNE	RNE
0862T 00	Category III	0.00	0.00	RNE	RNE
0863T 00	Category III	0.00	0.00	RNE	RNE

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**ARIZONA PHYSICIANS' FEE SCHEDULE****Category III Codes 2025**

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0864T 00	Category III	0.00	0.00	RNE	RNE
0865T 00	Category III	0.00	0.00	RNE	RNE
0865T 26	Category III	0.00	0.00	RNE	RNE
0865T TC	Category III	0.00	0.00	RNE	RNE
0866T 00	Category III	0.00	0.00	RNE	RNE
0866T 26	Category III	0.00	0.00	RNE	RNE
0866T TC	Category III	0.00	0.00	RNE	RNE
0867T 00	Category III	0.00	0.00	RNE	RNE
0868T 00	Category III	0.00	0.00	RNE	RNE
0868T 26	Category III	0.00	0.00	RNE	RNE
0868T TC	Category III	0.00	0.00	RNE	RNE
0869T 00	Category III	0.00	0.00	RNE	RNE
0870T 00	Category III	0.00	0.00	RNE	RNE
0871T 00	Category III	0.00	0.00	RNE	RNE
0872T 00	Category III	0.00	0.00	RNE	RNE
0873T 00	Category III	0.00	0.00	RNE	RNE
0874T 00	Category III	0.00	0.00	RNE	RNE
0875T 00	Category III	0.00	0.00	RNE	RNE
0876T 00	Category III	0.00	0.00	RNE	RNE
0876T 26	Category III	0.00	0.00	RNE	RNE
0876T TC	Category III	0.00	0.00	RNE	RNE
0877T 00	Category III	0.00	0.00	RNE	RNE
0878T 00	Category III	0.00	0.00	RNE	RNE
0879T 00	Category III	0.00	0.00	RNE	RNE
0880T 00	Category III	0.00	0.00	RNE	RNE
0881T 00	Category III	0.00	0.00	RNE	RNE
0882T 00	Category III	0.00	0.00	RNE	RNE
0883T 00	Category III	0.00	0.00	RNE	RNE
0884T 00	Category III	0.00	0.00	RNE	RNE
0885T 00	Category III	0.00	0.00	RNE	RNE
0886T 00	Category III	0.00	0.00	RNE	RNE
0887T 00	Category III	0.00	0.00	RNE	RNE
0888T 00	Category III	0.00	0.00	RNE	RNE
0889T 00	Category III	0.00	0.00	RNE	RNE
0890T 00	Category III	0.00	0.00	RNE	RNE

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Category III Codes 2025

Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0891T 00	Category III	0.00	0.00	RNE	RNE
0892T 00	Category III	0.00	0.00	RNE	RNE
0893T 00	Category III	0.00	0.00	RNE	RNE
0893T 26	Category III	0.00	0.00	RNE	RNE
0893T TC	Category III	0.00	0.00	RNE	RNE
0894T 00	Category III	0.00	0.00	RNE	RNE
0895T 00	Category III	0.00	0.00	RNE	RNE
0896T 00	Category III	0.00	0.00	RNE	RNE
0897T 00	Category III	0.00	0.00	RNE	RNE
0897T 26	Category III	0.00	0.00	RNE	RNE
0897T TC	Category III	0.00	0.00	RNE	RNE
0898T 00	Category III	0.00	0.00	RNE	RNE
0898T 26	Category III	0.00	0.00	RNE	RNE
0898T TC	Category III	0.00	0.00	RNE	RNE
0899T 00	Category III	0.00	0.00	RNE	RNE
0899T 26	Category III	0.00	0.00	RNE	RNE
0899T TC	Category III	0.00	0.00	RNE	RNE
0900T 00	Category III	0.00	0.00	RNE	RNE
0900T 26	Category III	0.00	0.00	RNE	RNE
0900T TC	Category III	0.00	0.00	RNE	RNE
0901T 00	Category III	0.00	0.00	RNE	RNE
0902T 00	Category III	0.00	0.00	RNE	RNE
0903T 00	Category III	0.00	0.00	RNE	RNE
0904T 00	Category III	0.00	0.00	RNE	RNE
0905T 00	Category III	0.00	0.00	RNE	RNE
0906T 00	Category III	0.00	0.00	RNE	RNE
0907T 00	Category III	0.00	0.00	RNE	RNE
0908T 00	Category III	0.00	0.00	RNE	RNE
0909T 00	Category III	0.00	0.00	RNE	RNE
0910T 00	Category III	0.00	0.00	RNE	RNE
0911T 00	Category III	0.00	0.00	RNE	RNE
0912T 00	Category III	0.00	0.00	RNE	RNE
0913T 00	Category III	0.00	0.00	RNE	RNE
0914T 00	Category III	0.00	0.00	RNE	RNE
0915T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0916T 00	Category III	0.00	0.00	RNE	RNE
0917T 00	Category III	0.00	0.00	RNE	RNE
0918T 00	Category III	0.00	0.00	RNE	RNE
0919T 00	Category III	0.00	0.00	RNE	RNE
0920T 00	Category III	0.00	0.00	RNE	RNE
0921T 00	Category III	0.00	0.00	RNE	RNE
0922T 00	Category III	0.00	0.00	RNE	RNE
0923T 00	Category III	0.00	0.00	RNE	RNE
0924T 00	Category III	0.00	0.00	RNE	RNE
0925T 00	Category III	0.00	0.00	RNE	RNE
0926T 00	Category III	0.00	0.00	RNE	RNE
0926T 26	Category III	0.00	0.00	RNE	RNE
0926T TC	Category III	0.00	0.00	RNE	RNE
0927T 00	Category III	0.00	0.00	RNE	RNE
0927T 26	Category III	0.00	0.00	RNE	RNE
0927T TC	Category III	0.00	0.00	RNE	RNE
0928T 00	Category III	0.00	0.00	RNE	RNE
0929T 00	Category III	0.00	0.00	RNE	RNE
0930T 00	Category III	0.00	0.00	RNE	RNE
0930T 26	Category III	0.00	0.00	RNE	RNE
0930T TC	Category III	0.00	0.00	RNE	RNE
0931T 00	Category III	0.00	0.00	RNE	RNE
0931T 26	Category III	0.00	0.00	RNE	RNE
0931T TC	Category III	0.00	0.00	RNE	RNE
0932T 00	Category III	0.00	0.00	RNE	RNE
0932T 26	Category III	0.00	0.00	RNE	RNE
0932T TC	Category III	0.00	0.00	RNE	RNE
0933T 00	Category III	0.00	0.00	RNE	RNE
0934T 00	Category III	0.00	0.00	RNE	RNE
0935T 00	Category III	0.00	0.00	RNE	RNE
0936T 00	Category III	0.00	0.00	RNE	RNE
0937T 00	Category III	0.00	0.00	RNE	RNE
0938T 00	Category III	0.00	0.00	RNE	RNE
0939T 00	Category III	0.00	0.00	RNE	RNE
0940T 00	Category III	0.00	0.00	RNE	RNE

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Code	Category	FY25 NF RVU	FY25 FAC RVU	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
0941T 00	Category III	0.00	0.00	RNE	RNE
0942T 00	Category III	0.00	0.00	RNE	RNE
0943T 00	Category III	0.00	0.00	RNE	RNE
0944T 00	Category III	0.00	0.00	RNE	RNE
0944T 26	Category III	0.00	0.00	RNE	RNE
0944T TC	Category III	0.00	0.00	RNE	RNE
0945T 00	Category III	0.00	0.00	RNE	RNE
0946T 00	Category III	0.00	0.00	RNE	RNE
0946T 26	Category III	0.00	0.00	RNE	RNE
0946T TC	Category III	0.00	0.00	RNE	RNE
0947T 00	Category III	0.00	0.00	RNE	RNE
0947T 26	Category III	0.00	0.00	RNE	RNE
0947T TC	Category III	0.00	0.00	RNE	RNE

**Historical Note**

New Appendix A, Category III Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Category III Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Category III Codes 2019- 2020 repealed; new Appendix A, Category III Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20- 3). Appendix A, Category III Codes 2020-2021 repealed; new Appendix A, Category III Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Category III Codes 2021-2022 repealed; new Appendix A, Category III Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Category III Codes 2022-2023 repealed; new Appendix A, Category III Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Category III Codes 2023-2024 repealed; new Appendix A, Category III Codes 2024-2025 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Category III Codes 2024-2025 repealed; new Appendix A, Category III Codes 2025 made by final exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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## HCPCS GUIDELINES

Information regarding the incorporation of HCPCS codes is found in the Introduction to the Fee Schedule.

HCPCS codes are five-character codes with a leading alpha-character followed by four numeric digits.

The following Commission guidelines are provided in addition to the Center for Medicare & Medicaid Services' (CMS) HCPCS codes and descriptions and represent additional guidance from the Commission relative to services unique or uniquely utilized in Workers' Compensation. To the extent that a conflict may exist between an incorporated HCPCS code and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that contain explanatory language specific to Arizona are preceded by Δ in this Fee Schedule. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

HCPCS codes in this section are used to bill for services, equipment, and supplies including:

- Medical and surgical supplies
- Durable medical equipment
- Physician-administered drugs
- Prosthetics and orthotics
- Vision and hearing supplies

In this section, any reference to Durable Medical Equipment (DME) includes reimbursable supplies, prosthetics, and orthotics.

**A. REIMBURSEMENT**

1. Materials and supplies normally necessary to perform a service, such as needles and syringes, ultrasound pads and gel, band-aids, and dressings are considered part of a healthcare provider's overhead and are not separately reimbursable. Please see Section J of the Introduction Guidelines to the Fee Schedule for more examples of non-reimbursable supplies and materials.
2. This section of the fee schedule includes maximum reimbursement amounts for DME, services, and procedures billed with HCPCS codes.
3. DME dispensed by a healthcare provider to the patient ancillary to an office visit shall be reimbursed at the lesser of the provider's billed charge or the value listed in the fee schedule.
4. DME may be reimbursed differently based on whether the zip code where the materials are provided are classified by CMS as rural or nonrural. The fee schedule includes different rates for rural and nonrural zip codes where applicable. The zip codes included on the list below shall be reimbursed based on the fees in the "Rural" column in the fee schedule. All other zip codes shall be reimbursed based on the "Nonrural" fee.

**Rural Zip Codes**

85135	85371	85542	85621	85920	85936	86034	86511
85192	85390	85543	85623	85922	85937	86039	86512
85320	85501	85544	85624	85923	85938	86042	86514
85321	85502	85545	85628	85924	85939	86043	86515
85325	85530	85546	85631	85925	85940	86047	86520
85328	85531	85547	85634	85926	85941	86054	86535
85334	85532	85548	85637	85927	85942	86502	86538
85341	85533	85550	85640	85928	86025	86503	86540
85344	85534	85551	85646	85929	86028	86504	86544
85346	85535	85552	85648	85930	86029	86505	86545
85348	85536	85553	85901	85932	86030	86506	86547
85357	85539	85554	85902	85933	86031	86507	86556
85358	85540	85611	85911	85934	86032	86508	
85359	85541	85618	85912	85935	86033	86510	

5. DME shipped to the patient shall be reimbursed based on the location of the patient when determining if the fees for rural or nonrural zip codes apply.
6. HCPCS codes describing physician-administered drugs and biologicals including, chemotherapy and immunosuppressive drugs, inhalation solutions and other miscellaneous drugs and solutions shall be used when billing for these products. Please refer to the Pharmaceutical Fee Schedule for billing and reimbursement information for prescription and over-the-counter drugs, including those that are described by HCPCS codes.
7. DME items that are listed as By Report, have no listed value, or are not included in the fee schedule, shall be reimbursed at 140% of the actual cost. The DME provider shall include a copy of the original invoice for each item. No additional reimbursement for shipping or delivery shall be provided. If the DME was procured from an intermediary entity (e.g., wholesaler) and not the original manufacturer, the provider must disclose any rebates, reductions, discounts, or relationship with that intermediary entity and the impact on the original manufacturer's cost of that item. Reimbursement may also be based on a predetermined agreement between the provider and the payer.
8. Services that are listed as By Report, have no listed value, or are not included in the fee schedule, shall be reimbursed based on a predetermined agreement between the provider and the payer.
9. Reimbursement for DME shall not be less than the actual cost of an item. Specialized (e.g., bariatric) equipment may have an actual cost that is greater than the reimbursement value listed in the Fee Schedule. The DME provider must demonstrate the actual cost of the DME is greater than the listed reimbursement value by presenting a copy of the original invoice for that item. The reimbursement value for the item shall be based on a predetermined agreement

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between the DME provider and the payer. When the DME was procured from an intermediary entity (e.g., wholesaler) and not the original manufacturer, the provider must disclose any rebates, reductions, discounts, or relationship with that intermediary entity and the impact on the original manufacturer's cost of that item.

10. Home Health Care – please see the Home Health Care Fee Schedule Guidelines.

**B. MODIFIERS**

1. As appropriate, durable medical equipment, should be billed with the following modifiers:
  - a. NU – indicates the purchase of new equipment.
  - b. UE – indicates the purchase of used equipment.
  - c. RR – indicates that the equipment is being rented. Rental periods shall be considered monthly unless defined differently in the code description.
    - i. The maximum rental period is 13 months. After 13 months, the equipment shall be considered purchased.

**Note:** Not all durable medical equipment will have modifiers. For example, certain supplies are low cost and therefore will not have used or rental options; other codes may have “rental” or “used” included in the code description.

**C. BILLING**

1. Providers of orthotics and prostheses may bill for fitting, training, and management using CPT® codes 97760-97763.
2. DME and Implantable devices shall be billed separately from facility and professional service fees only if they are not considered bundled with the primary service code.
3. Certain DME may be rented. Determination to purchase or rent DME shall be based on CMS Medicare guidelines in effect on the date the patient takes possession of the DME.
4. Materials, supplies, and equipment billed with a miscellaneous code (e.g., E1399 – durable medical equipment, miscellaneous) shall include the brand name and model number of the DME being supplied when available.
5. Actual shipping or delivery costs necessary to transit DME to the injured worker may be billed except those DME items described in Subsection (A)(7). Documentation demonstrating the cost of shipping shall be included with the invoice.

**Historical Note**

New Appendix A, HCPCS Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, HCPCS Guidelines repealed; new Appendix A, HCPCS Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, HCPCS Guidelines repealed; new Appendix A, HCPCS Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).



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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A2001 00	HCPCS	1,062.94	1,062.94
A2002 00	HCPCS	417.82	417.82
A2005 00	HCPCS	188.66	188.66
A2006 00	HCPCS	BR	BR
A2008 00	HCPCS	BR	BR
A2010 00	HCPCS	BR	BR
A2011 00	HCPCS	243.80	243.80
A2012 00	HCPCS	BR	BR
A2014 00	HCPCS	69.85	69.85
A2015 00	HCPCS	875.67	875.67
A2019 00	HCPCS	411.61	411.61
A2021 00	HCPCS	1,340.56	1,340.56
A2022 00	HCPCS	1,417.12	1,417.12
A2025 00	HCPCS	217.57	217.57
A4100 00	HCPCS	BR	BR
A4206 00	HCPCS	0.83	0.83
A4207 00	HCPCS	1.34	1.34
A4208 00	HCPCS	10.68	10.68
A4209 00	HCPCS	2.17	2.17
A4210 00	HCPCS	1.79	1.79
A4211 00	HCPCS	24.88	24.88
A4212 00	HCPCS	14.20	14.20
A4213 00	HCPCS	4.42	4.42
A4215 00	HCPCS	0.88	0.88
A4216 00	HCPCS	0.85	0.85
A4217 00	HCPCS	6.13	6.13
A4218 00	HCPCS	2.24	2.24
A4220 00	HCPCS	53.02	53.02
A4221 00	HCPCS	35.27	39.41
A4222 00	HCPCS	66.89	76.64
A4223 00	HCPCS	137.49	137.49
A4224 00	HCPCS	35.27	39.41
A4225 00	HCPCS	4.73	4.91
A4226 00	HCPCS	9.34	9.34
A4230 00	HCPCS	10.68	10.68
A4231 00	HCPCS	7.10	7.10
A4232 00	HCPCS	3.58	3.58
A4233 NU	HCPCS	0.71	0.71
A4234 NU	HCPCS	3.30	3.30
A4235 NU	HCPCS	1.40	1.40
A4236 NU	HCPCS	1.62	1.62
A4238 00	HCPCS	474.35	474.35
A4239 00	HCPCS	375.09	375.09
A4244 00	HCPCS	1.79	1.79

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A4245 00	HCPCS	5.75	5.75
A4246 00	HCPCS	7.10	7.10
A4247 00	HCPCS	10.68	10.68
A4248 00	HCPCS	0.08	0.08
A4250 00	HCPCS	17.39	17.39
A4252 00	HCPCS	13.82	13.82
A4253 NU	HCPCS	11.65	11.65
A4255 00	HCPCS	8.04	8.04
A4256 00	HCPCS	4.73	4.73
A4257 00	HCPCS	24.96	24.96
A4258 00	HCPCS	2.97	2.97
A4259 00	HCPCS	1.99	1.99
A4262 00	HCPCS	20.92	20.92
A4263 00	HCPCS	52.89	52.89
A4265 00	HCPCS	6.66	6.66
A4266 00	HCPCS	61.39	61.39
A4267 00	HCPCS	0.70	0.70
A4268 00	HCPCS	1.29	1.29
A4269 00	HCPCS	14.20	14.20
A4270 00	HCPCS	12.03	12.03
A4271 00	HCPCS	46.80	46.80
A4280 00	HCPCS	10.14	10.14
A4281 00	HCPCS	8.89	8.89
A4282 00	HCPCS	15.55	15.55
A4283 00	HCPCS	2.69	2.69
A4284 00	HCPCS	7.60	7.60
A4285 00	HCPCS	5.31	5.31
A4286 00	HCPCS	6.20	6.20
A4287 00	HCPCS	0.43	0.43
A4290 00	HCPCS	274.50	274.50
A4300 00	HCPCS	17.78	17.78
A4301 00	HCPCS	200.69	200.69
A4305 00	HCPCS	56.08	56.08
A4306 00	HCPCS	28.01	28.01
A4310 00	HCPCS	15.08	15.08
A4311 00	HCPCS	28.69	28.69
A4312 00	HCPCS	35.28	35.28
A4313 00	HCPCS	36.23	36.23
A4314 00	HCPCS	42.03	42.03
A4315 00	HCPCS	51.59	51.59
A4316 00	HCPCS	55.55	55.55
A4320 00	HCPCS	10.28	10.28
A4321 00	HCPCS	1.79	1.79
A4322 00	HCPCS	5.96	5.96

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A4326 00	HCPCS	21.10	21.10
A4327 00	HCPCS	82.67	82.67
A4328 00	HCPCS	20.41	20.41
A4330 00	HCPCS	14.01	14.01
A4331 00	HCPCS	6.22	6.22
A4332 00	HCPCS	0.21	0.21
A4333 00	HCPCS	4.34	4.34
A4334 00	HCPCS	9.62	9.62
A4335 00	HCPCS	BR	BR
A4336 00	HCPCS	2.81	2.81
A4338 00	HCPCS	24.00	24.00
A4340 00	HCPCS	62.10	62.10
A4341 00	HCPCS	477.30	477.30
A4342 00	HCPCS	1,205.18	1,205.18
A4344 00	HCPCS	31.30	31.30
A4346 00	HCPCS	37.66	37.66
A4349 00	HCPCS	3.93	3.93
A4351 00	HCPCS	3.54	3.54
A4352 00	HCPCS	12.56	12.56
A4353 00	HCPCS	13.71	13.71
A4354 00	HCPCS	23.10	23.10
A4355 00	HCPCS	15.40	15.40
A4356 00	HCPCS	83.72	83.72
A4357 00	HCPCS	18.90	18.90
A4358 00	HCPCS	11.52	11.52
A4360 00	HCPCS	0.92	0.92
A4361 00	HCPCS	35.91	35.91
A4362 00	HCPCS	6.79	6.79
A4363 00	HCPCS	4.34	4.34
A4364 00	HCPCS	5.75	5.75
A4366 00	HCPCS	2.52	2.52
A4367 00	HCPCS	14.39	14.39
A4368 00	HCPCS	0.49	0.49
A4369 00	HCPCS	4.03	4.03
A4371 00	HCPCS	7.03	7.03
A4372 00	HCPCS	8.22	8.22
A4373 00	HCPCS	12.26	12.26
A4375 00	HCPCS	33.59	33.59
A4376 00	HCPCS	93.07	93.07
A4377 00	HCPCS	8.39	8.39
A4378 00	HCPCS	60.14	60.14
A4379 00	HCPCS	29.37	29.37
A4380 00	HCPCS	73.02	73.02
A4381 00	HCPCS	9.04	9.04

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A4382 00	HCPCS	48.16	48.16
A4383 00	HCPCS	55.13	55.13
A4384 00	HCPCS	18.79	18.79
A4385 00	HCPCS	9.97	9.97
A4387 00	HCPCS	4.40	4.40
A4388 00	HCPCS	8.53	8.53
A4389 00	HCPCS	12.14	12.14
A4390 00	HCPCS	18.77	18.77
A4391 00	HCPCS	13.82	13.82
A4392 00	HCPCS	15.99	15.99
A4393 00	HCPCS	17.68	17.68
A4394 00	HCPCS	5.07	5.07
A4395 00	HCPCS	0.07	0.07
A4396 00	HCPCS	79.18	79.18
A4398 00	HCPCS	27.03	27.03
A4399 00	HCPCS	24.00	24.00
A4400 00	HCPCS	95.59	95.59
A4402 00	HCPCS	3.12	3.12
A4404 00	HCPCS	3.00	3.00
A4405 00	HCPCS	6.68	6.68
A4406 00	HCPCS	11.20	11.20
A4407 00	HCPCS	17.14	17.14
A4408 00	HCPCS	19.31	19.31
A4409 00	HCPCS	12.14	12.14
A4410 00	HCPCS	17.68	17.68
A4411 00	HCPCS	9.97	9.97
A4412 00	HCPCS	5.29	5.29
A4413 00	HCPCS	10.78	10.78
A4414 00	HCPCS	9.62	9.62
A4415 00	HCPCS	11.73	11.73
A4416 00	HCPCS	5.39	5.39
A4417 00	HCPCS	7.29	7.29
A4418 00	HCPCS	3.54	3.54
A4419 00	HCPCS	3.37	3.37
A4420 00	HCPCS	2.17	2.17
A4421 00	HCPCS	BR	BR
A4422 00	HCPCS	0.21	0.21
A4423 00	HCPCS	3.63	3.63
A4424 00	HCPCS	9.31	9.31
A4425 00	HCPCS	7.00	7.00
A4426 00	HCPCS	5.33	5.33
A4427 00	HCPCS	5.46	5.46
A4428 00	HCPCS	12.75	12.75
A4429 00	HCPCS	16.14	16.14

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A4430 00	HCPCS	16.66	16.66
A4431 00	HCPCS	12.14	12.14
A4432 00	HCPCS	7.01	7.01
A4433 00	HCPCS	6.57	6.57
A4434 00	HCPCS	7.35	7.35
A4435 00	HCPCS	11.27	11.27
A4436 00	HCPCS	31.88	31.88
A4437 00	HCPCS	31.88	31.88
A4438 00	HCPCS	2.70	2.70
A4450 00	HCPCS	0.13	0.13
A4452 00	HCPCS	0.46	0.46
A4453 00	HCPCS	44.51	44.51
A4455 00	HCPCS	2.37	2.37
A4456 00	HCPCS	0.48	0.48
A4457 00	HCPCS	446.73	446.73
A4458 00	HCPCS	6.20	6.20
A4459 00	HCPCS	4,303.92	4,303.92
A4461 00	HCPCS	6.45	6.45
A4463 00	HCPCS	26.04	26.04
A4465 00	HCPCS	24.88	24.88
A4467 00	HCPCS	31.60	31.60
A4480 00	HCPCS	7.10	7.10
A4481 00	HCPCS	0.71	0.71
A4483 00	HCPCS	5.82	5.82
A4490 00	HCPCS	31.98	31.98
A4495 00	HCPCS	27.57	27.57
A4500 00	HCPCS	34.27	34.27
A4510 00	HCPCS	87.23	87.23
A4520 00	HCPCS	0.81	0.81
A4540 00	HCPCS	802.63	802.63
A4541 00	HCPCS	55.45	55.45
A4542 00	HCPCS	723.13	723.13
A4544 00	HCPCS	8.71	8.71
A4545 00	HCPCS	56.80	56.80
A4550 00	HCPCS	38.30	38.30
A4553 00	HCPCS	8.44	8.44
A4554 00	HCPCS	0.48	0.48
A4555 00	HCPCS	17.39	17.39
A4556 00	HCPCS	23.76	23.76
A4557 00	HCPCS	16.41	27.12
A4558 00	HCPCS	10.67	10.67
A4559 00	HCPCS	0.18	0.18
A4560 00	HCPCS	214.44	214.44
A4561 00	HCPCS	39.02	39.02

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A4562 00	HCPCS	97.19	97.19
A4563 00	HCPCS	2,251.40	2,251.40
A4565 00	HCPCS	15.06	15.06
A4566 00	HCPCS	30.70	30.70
A4570 00	HCPCS	24.95	24.95
A4575 00	HCPCS	509.85	509.85
A4580 00	HCPCS	70.74	70.74
A4590 00	HCPCS	56.53	56.53
A4594 NU	HCPCS	4,248.20	4,248.20
A4595 00	HCPCS	17.51	37.30
A4596 00	HCPCS	55.45	55.45
A4600 00	HCPCS	29.41	29.41
A4601 00	HCPCS	97.02	97.02
A4602 NU	HCPCS	7.29	7.29
A4604 NU	HCPCS	67.51	94.11
A4605 NU	HCPCS	32.09	32.09
A4606 00	HCPCS	62.29	62.29
A4608 00	HCPCS	98.06	98.06
A4611 NU	HCPCS	303.51	303.51
A4611 RR	HCPCS	78.69	78.69
A4611 UE	HCPCS	230.44	230.44
A4612 NU	HCPCS	224.83	224.83
A4612 RR	HCPCS	30.35	30.35
A4612 UE	HCPCS	170.87	170.87
A4613 NU	HCPCS	191.10	191.10
A4613 RR	HCPCS	44.97	44.97
A4613 UE	HCPCS	146.13	146.13
A4614 00	HCPCS	46.52	46.52
A4615 00	HCPCS	1.43	1.43
A4616 00	HCPCS	0.11	0.11
A4617 00	HCPCS	6.06	6.06
A4618 NU	HCPCS	14.80	14.80
A4618 RR	HCPCS	2.02	2.02
A4618 UE	HCPCS	11.09	11.09
A4619 NU	HCPCS	3.50	3.57
A4620 00	HCPCS	1.18	1.18
A4623 00	HCPCS	10.91	10.91
A4624 NU	HCPCS	5.17	5.17
A4625 00	HCPCS	12.89	12.89
A4626 00	HCPCS	5.29	5.29
A4627 00	HCPCS	28.01	28.01
A4628 NU	HCPCS	7.14	7.14
A4629 00	HCPCS	9.04	9.04
A4630 NU	HCPCS	12.10	12.10

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A4633 NU	HCPCS	80.28	80.28
A4635 NU	HCPCS	8.50	8.50
A4635 RR	HCPCS	1.36	1.36
A4635 UE	HCPCS	5.67	5.67
A4636 NU	HCPCS	5.40	5.73
A4636 RR	HCPCS	0.55	0.63
A4636 UE	HCPCS	4.06	4.23
A4637 NU	HCPCS	3.00	3.04
A4637 RR	HCPCS	0.31	0.39
A4637 UE	HCPCS	2.25	2.30
A4639 RR	HCPCS	56.20	56.20
A4640 NU	HCPCS	84.80	102.03
A4640 RR	HCPCS	8.48	11.24
A4640 UE	HCPCS	63.60	74.34
A4648 00	HCPCS	254.48	254.48
A4649 00	HCPCS	BR	BR
A4651 00	HCPCS	10.68	10.68
A4657 00	HCPCS	1.34	1.34
A4660 00	HCPCS	29.30	29.30
A4663 00	HCPCS	34.73	34.73
A4670 00	HCPCS	133.03	133.03
A4671 00	HCPCS	95.23	95.23
A4674 00	HCPCS	84.99	84.99
A4680 00	HCPCS	100.53	100.53
A4690 00	HCPCS	145.05	145.05
A4706 00	HCPCS	43.61	43.61
A4708 00	HCPCS	62.75	62.75
A4709 00	HCPCS	42.73	42.73
A4714 00	HCPCS	10.68	10.68
A4719 00	HCPCS	14.20	14.20
A4723 00	HCPCS	13.82	13.82
A4750 00	HCPCS	12.03	12.03
A4755 00	HCPCS	96.52	96.52
A4770 00	HCPCS	7.10	7.10
A4772 00	HCPCS	4.03	4.03
A4860 00	HCPCS	6.20	6.20
A4890 00	HCPCS	464.06	464.06
A4911 00	HCPCS	11.52	11.52
A4913 00	HCPCS	BR	BR
A4927 00	HCPCS	12.46	12.46
A4928 00	HCPCS	8.89	8.89
A4930 00	HCPCS	0.90	0.90
A4931 00	HCPCS	35.11	35.11
A5051 00	HCPCS	4.03	4.03

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A5052 00	HCPCS	2.91	2.91
A5053 00	HCPCS	2.87	2.87
A5054 00	HCPCS	3.51	3.51
A5055 00	HCPCS	2.73	2.73
A5056 00	HCPCS	9.14	9.14
A5057 00	HCPCS	18.77	18.77
A5061 00	HCPCS	6.92	6.92
A5062 00	HCPCS	4.06	4.06
A5063 00	HCPCS	5.29	5.29
A5071 00	HCPCS	11.76	11.76
A5072 00	HCPCS	6.73	6.73
A5073 00	HCPCS	5.95	5.95
A5081 00	HCPCS	5.52	5.52
A5082 00	HCPCS	19.80	19.80
A5083 00	HCPCS	1.26	1.26
A5093 00	HCPCS	3.82	3.82
A5102 00	HCPCS	38.22	38.22
A5105 00	HCPCS	79.76	79.76
A5112 00	HCPCS	67.73	67.73
A5113 00	HCPCS	9.21	9.21
A5114 00	HCPCS	17.50	17.50
A5120 00	HCPCS	0.46	0.46
A5121 00	HCPCS	12.39	12.39
A5122 00	HCPCS	25.12	25.12
A5126 00	HCPCS	2.56	2.56
A5131 00	HCPCS	26.36	26.36
A5200 00	HCPCS	22.09	22.09
A5500 00	HCPCS	124.39	124.39
A5501 00	HCPCS	373.06	373.06
A5503 00	HCPCS	63.36	63.36
A5504 00	HCPCS	63.36	63.36
A5505 00	HCPCS	63.36	63.36
A5506 00	HCPCS	63.36	63.36
A5507 00	HCPCS	63.36	63.36
A5508 00	HCPCS	70.74	70.74
A5510 00	HCPCS	111.22	111.22
A5512 00	HCPCS	50.74	50.74
A5513 00	HCPCS	75.71	75.71
A5514 00	HCPCS	75.71	75.71
A6010 00	HCPCS	60.58	60.58
A6011 00	HCPCS	4.47	4.47
A6021 00	HCPCS	41.13	41.13
A6022 00	HCPCS	41.13	41.13
A6023 00	HCPCS	372.26	372.26

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A6024 00	HCPCS	12.10	12.10
A6025 00	HCPCS	28.01	28.01
A6154 00	HCPCS	28.10	28.10
A6196 00	HCPCS	14.39	14.39
A6197 00	HCPCS	32.17	32.17
A6198 00	HCPCS	31.98	31.98
A6199 00	HCPCS	10.32	10.32
A6203 00	HCPCS	6.59	6.59
A6204 00	HCPCS	12.17	12.17
A6205 00	HCPCS	0.29	0.29
A6206 00	HCPCS	11.58	11.58
A6207 00	HCPCS	14.36	14.36
A6208 00	HCPCS	72.02	72.02
A6209 00	HCPCS	14.62	14.62
A6210 00	HCPCS	38.98	38.98
A6211 00	HCPCS	57.46	57.46
A6212 00	HCPCS	19.00	19.00
A6213 00	HCPCS	13.82	13.82
A6214 00	HCPCS	20.15	20.15
A6215 00	HCPCS	4.42	4.42
A6216 00	HCPCS	0.07	0.07
A6217 00	HCPCS	0.34	0.34
A6218 00	HCPCS	0.18	0.18
A6219 00	HCPCS	1.86	1.86
A6220 00	HCPCS	5.07	5.07
A6221 00	HCPCS	4.03	4.03
A6222 00	HCPCS	4.17	4.17
A6223 00	HCPCS	4.75	4.75
A6224 00	HCPCS	7.04	7.04
A6228 00	HCPCS	2.17	2.17
A6229 00	HCPCS	7.04	7.04
A6231 00	HCPCS	9.17	9.17
A6232 00	HCPCS	13.43	13.43
A6233 00	HCPCS	37.51	37.51
A6234 00	HCPCS	12.81	12.81
A6235 00	HCPCS	32.90	32.90
A6236 00	HCPCS	53.30	53.30
A6237 00	HCPCS	15.47	15.47
A6238 00	HCPCS	44.60	44.60
A6240 00	HCPCS	23.95	23.95
A6241 00	HCPCS	5.03	5.03
A6242 00	HCPCS	11.84	11.84
A6243 00	HCPCS	24.11	24.11
A6244 00	HCPCS	76.85	76.85

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A6245 00	HCPCS	14.22	14.22
A6246 00	HCPCS	19.43	19.43
A6247 00	HCPCS	46.52	46.52
A6248 00	HCPCS	31.78	31.78
A6251 00	HCPCS	3.89	3.89
A6252 00	HCPCS	6.37	6.37
A6253 00	HCPCS	12.39	12.39
A6254 00	HCPCS	2.34	2.34
A6255 00	HCPCS	5.95	5.95
A6256 00	HCPCS	3.14	3.14
A6257 00	HCPCS	3.00	3.00
A6258 00	HCPCS	8.43	8.43
A6259 00	HCPCS	21.39	21.39
A6260 00	HCPCS	BR	BR
A6261 00	HCPCS	46.69	46.69
A6262 00	HCPCS	0.57	0.57
A6266 00	HCPCS	3.74	3.74
A6402 00	HCPCS	0.21	0.21
A6403 00	HCPCS	0.80	0.80
A6404 00	HCPCS	0.56	0.56
A6407 00	HCPCS	3.65	3.65
A6410 00	HCPCS	0.73	0.73
A6411 00	HCPCS	7.10	7.10
A6412 00	HCPCS	0.67	0.67
A6413 00	HCPCS	0.21	0.21
A6441 00	HCPCS	1.33	1.33
A6442 00	HCPCS	0.32	0.32
A6443 00	HCPCS	0.55	0.55
A6444 00	HCPCS	1.09	1.09
A6445 00	HCPCS	0.62	0.62
A6446 00	HCPCS	0.76	0.76
A6447 00	HCPCS	1.33	1.33
A6448 00	HCPCS	2.25	2.25
A6449 00	HCPCS	3.43	3.43
A6450 00	HCPCS	3.43	3.43
A6451 00	HCPCS	3.43	3.43
A6452 00	HCPCS	11.54	11.54
A6453 00	HCPCS	1.23	1.23
A6454 00	HCPCS	1.54	1.54
A6455 00	HCPCS	2.73	2.73
A6456 00	HCPCS	2.45	2.45
A6457 00	HCPCS	2.23	2.23
A6504 00	HCPCS	386.61	386.61
A6505 00	HCPCS	435.60	435.60

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A6506 00	HCPCS	657.20	657.20
A6507 00	HCPCS	280.76	280.76
A6508 00	HCPCS	334.11	334.11
A6509 00	HCPCS	417.82	417.82
A6511 00	HCPCS	492.07	492.07
A6520 00	HCPCS	172.38	172.38
A6521 00	HCPCS	683.98	683.98
A6522 00	HCPCS	418.85	418.85
A6523 00	HCPCS	993.79	993.79
A6524 00	HCPCS	522.56	522.56
A6525 00	HCPCS	1,054.97	1,054.97
A6526 00	HCPCS	944.78	944.78
A6527 00	HCPCS	1,737.32	1,737.32
A6528 00	HCPCS	908.46	908.46
A6529 00	HCPCS	1,435.52	1,435.52
A6530 00	HCPCS	53.26	53.26
A6531 00	HCPCS	44.51	44.51
A6532 00	HCPCS	80.51	80.51
A6533 00	HCPCS	74.79	74.79
A6534 00	HCPCS	85.40	85.40
A6535 00	HCPCS	98.32	98.32
A6536 00	HCPCS	100.81	100.81
A6537 00	HCPCS	119.52	119.52
A6538 00	HCPCS	139.93	139.93
A6539 00	HCPCS	133.41	133.41
A6540 00	HCPCS	159.05	159.05
A6541 00	HCPCS	188.41	188.41
A6544 00	HCPCS	69.85	69.85
A6545 00	HCPCS	93.88	93.88
A6550 00	HCPCS	42.74	46.26
A6552 00	HCPCS	79.03	79.03
A6553 00	HCPCS	308.60	308.60
A6554 00	HCPCS	108.67	108.67
A6555 00	HCPCS	308.60	308.60
A6556 00	HCPCS	422.93	422.93
A6557 00	HCPCS	422.93	422.93
A6558 00	HCPCS	436.45	436.45
A6559 00	HCPCS	1.29	1.29
A6562 00	HCPCS	1,384.15	1,384.15
A6563 00	HCPCS	1,384.15	1,384.15
A6564 00	HCPCS	1,491.03	1,491.03
A6565 00	HCPCS	239.18	239.18
A6566 00	HCPCS	347.27	347.27
A6567 00	HCPCS	1,091.13	1,091.13

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A6568 00	HCPCS	226.65	226.65
A6569 00	HCPCS	1,290.59	1,290.59
A6570 00	HCPCS	154.42	154.42
A6571 00	HCPCS	928.12	928.12
A6572 00	HCPCS	143.29	143.29
A6573 00	HCPCS	340.02	340.02
A6574 00	HCPCS	433.48	433.48
A6575 00	HCPCS	140.48	140.48
A6576 00	HCPCS	266.04	266.04
A6577 00	HCPCS	220.19	220.19
A6578 00	HCPCS	108.44	108.44
A6579 00	HCPCS	427.03	427.03
A6580 00	HCPCS	423.89	423.89
A6581 00	HCPCS	99.50	99.50
A6582 00	HCPCS	66.36	66.36
A6583 00	HCPCS	218.29	218.29
A6585 00	HCPCS	258.47	258.47
A6586 00	HCPCS	761.46	761.46
A6587 00	HCPCS	99.75	99.75
A6588 00	HCPCS	332.44	332.44
A6589 00	HCPCS	131.24	131.24
A6590 00	HCPCS	612.36	612.36
A6591 00	HCPCS	124.40	124.40
A6594 00	HCPCS	47.78	47.78
A6595 00	HCPCS	47.00	47.00
A6596 00	HCPCS	0.25	0.25
A6597 00	HCPCS	2.11	2.11
A6598 00	HCPCS	1.02	1.02
A6599 00	HCPCS	2.32	2.32
A6600 00	HCPCS	4.19	4.19
A6601 00	HCPCS	4.70	4.70
A6602 00	HCPCS	6.86	6.86
A6603 00	HCPCS	3.22	3.22
A6604 00	HCPCS	1.88	1.88
A6605 00	HCPCS	2.14	2.14
A6606 00	HCPCS	6.37	6.37
A6607 00	HCPCS	1.71	1.71
A6608 00	HCPCS	7.10	7.10
A6610 00	HCPCS	308.60	308.60
A7000 NU	HCPCS	14.35	15.85
A7001 NU	HCPCS	64.69	64.69
A7002 NU	HCPCS	7.50	7.50
A7003 NU	HCPCS	2.65	4.10
A7004 NU	HCPCS	2.13	2.94

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A7005 NU	HCPCS	19.08	41.27
A7006 NU	HCPCS	11.33	16.10
A7007 NU	HCPCS	5.07	7.50
A7008 NU	HCPCS	21.50	21.50
A7009 NU	HCPCS	82.26	82.26
A7010 NU	HCPCS	24.01	37.49
A7012 NU	HCPCS	4.42	6.33
A7013 NU	HCPCS	0.88	1.33
A7014 NU	HCPCS	5.21	7.43
A7015 NU	HCPCS	2.09	3.02
A7016 NU	HCPCS	14.20	14.20
A7017 NU	HCPCS	178.33	240.10
A7017 RR	HCPCS	17.84	24.02
A7017 UE	HCPCS	133.76	180.08
A7018 00	HCPCS	0.52	0.67
A7020 NU	HCPCS	27.27	27.27
A7021 NU	HCPCS	184.81	184.81
A7025 RR	HCPCS	85.08	85.08
A7026 NU	HCPCS	56.22	56.22
A7027 NU	HCPCS	200.58	288.76
A7028 NU	HCPCS	55.71	80.28
A7029 NU	HCPCS	26.38	34.37
A7030 NU	HCPCS	149.48	243.53
A7031 NU	HCPCS	56.84	90.94
A7032 NU	HCPCS	31.95	52.14
A7033 NU	HCPCS	26.40	38.67
A7034 NU	HCPCS	95.42	152.03
A7035 NU	HCPCS	30.76	50.99
A7036 NU	HCPCS	17.72	25.35
A7037 NU	HCPCS	20.09	45.92
A7038 NU	HCPCS	3.58	6.55
A7039 NU	HCPCS	10.47	18.68
A7040 00	HCPCS	77.20	77.20
A7041 00	HCPCS	145.12	145.12
A7044 NU	HCPCS	135.83	180.54
A7045 NU	HCPCS	19.50	27.85
A7045 RR	HCPCS	1.95	2.79
A7045 UE	HCPCS	14.63	20.90
A7046 NU	HCPCS	22.16	29.06
A7047 NU	HCPCS	236.50	236.50
A7048 00	HCPCS	80.79	80.79
A7501 00	HCPCS	205.42	205.42
A7502 00	HCPCS	97.65	97.65
A7503 00	HCPCS	22.19	22.19

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A7504 00	HCPCS	1.33	1.33
A7505 00	HCPCS	9.17	9.17
A7506 00	HCPCS	0.63	0.63
A7507 00	HCPCS	4.89	4.89
A7508 00	HCPCS	5.61	5.61
A7509 00	HCPCS	2.76	2.76
A7520 00	HCPCS	92.86	92.86
A7521 00	HCPCS	92.02	92.02
A7522 00	HCPCS	88.34	88.34
A7523 00	HCPCS	43.23	43.23
A7524 00	HCPCS	151.44	151.44
A7525 00	HCPCS	4.03	4.03
A7526 00	HCPCS	6.64	6.64
A7527 00	HCPCS	7.00	7.00
A8000 NU	HCPCS	299.99	299.99
A8000 RR	HCPCS	30.00	30.00
A8000 UE	HCPCS	225.05	225.05
A8001 NU	HCPCS	299.99	299.99
A8001 RR	HCPCS	30.00	30.00
A8001 UE	HCPCS	225.05	225.05
A9152 00	HCPCS	0.18	0.18
A9153 00	HCPCS	42.73	42.73
A9180 00	HCPCS	88.13	88.13
A9272 00	HCPCS	18.73	18.73
A9273 00	HCPCS	7.10	7.10
A9274 00	HCPCS	36.51	36.51
A9276 00	HCPCS	18.68	18.68
A9277 00	HCPCS	960.16	960.16
A9278 00	HCPCS	874.78	874.78
A9281 00	HCPCS	61.85	61.85
A9282 00	HCPCS	642.11	642.11
A9283 00	HCPCS	65.42	65.42
A9284 00	HCPCS	17.33	17.33
A9286 00	HCPCS	BR	BR
A9293 00	HCPCS	83.65	83.65
A9300 00	HCPCS	BR	BR
A9500 00	HCPCS	287.03	287.03
A9502 00	HCPCS	256.77	256.77
A9503 00	HCPCS	67.61	67.61
A9505 00	HCPCS	191.35	191.35
A9509 00	HCPCS	565.11	565.11
A9510 00	HCPCS	63.06	63.06
A9512 00	HCPCS	25.84	25.84
A9513 00	HCPCS	665.64	665.64

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A9516 00	HCPCS	296.74	296.74
A9517 00	HCPCS	71.18	71.18
A9520 00	HCPCS	976.60	976.60
A9521 00	HCPCS	670.12	670.12
A9526 00	HCPCS	1,499.88	1,499.88
A9528 00	HCPCS	237.15	237.15
A9530 00	HCPCS	478.77	478.77
A9531 00	HCPCS	12.46	12.46
A9537 00	HCPCS	133.53	133.53
A9538 00	HCPCS	109.42	109.42
A9539 00	HCPCS	119.28	119.28
A9540 00	HCPCS	452.93	452.93
A9541 00	HCPCS	288.82	288.82
A9548 00	HCPCS	1,873.19	1,873.19
A9552 00	HCPCS	703.89	703.89
A9555 00	HCPCS	766.19	766.19
A9556 00	HCPCS	187.32	187.32
A9558 00	HCPCS	467.64	467.64
A9560 00	HCPCS	263.37	263.37
A9561 00	HCPCS	66.71	66.71
A9562 00	HCPCS	1,174.66	1,174.66
A9567 00	HCPCS	189.56	189.56
A9569 00	HCPCS	2,536.14	2,536.14
A9570 00	HCPCS	7,754.75	7,754.75
A9572 00	HCPCS	7,360.60	7,360.60
A9573 00	HCPCS	5.01	5.01
A9574 00	HCPCS	0.10	0.10
A9575 00	HCPCS	0.16	0.16
A9576 00	HCPCS	2.04	2.04
A9577 00	HCPCS	2.55	2.55
A9578 00	HCPCS	2.51	2.51
A9579 00	HCPCS	2.08	2.08
A9580 00	HCPCS	504.55	504.55
A9581 00	HCPCS	20.58	20.58
A9584 00	HCPCS	5,266.20	5,266.20
A9585 00	HCPCS	0.39	0.39
A9586 00	HCPCS	3,803.30	3,803.30
A9587 00	HCPCS	159.75	159.75
A9588 00	HCPCS	1,147.43	1,147.43
A9589 00	HCPCS	1,930.19	1,930.19
A9591 00	HCPCS	1,467.83	1,467.83
A9592 00	HCPCS	2,626.89	2,626.89
A9595 00	HCPCS	957.98	957.98
A9596 00	HCPCS	1,897.17	1,897.17

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
A9602 00	HCPCS	1,521.24	1,521.24
A9606 00	HCPCS	285.18	285.18
A9607 00	HCPCS	522.77	522.77
A9608 00	HCPCS	1,109.63	1,109.63
A9697 00	HCPCS	964.64	964.64
A9700 00	HCPCS	254.09	254.09
A9800 00	HCPCS	1,326.36	1,326.36
A9900 00	HCPCS	BR	BR
A9999 00	HCPCS	BR	BR
E0100 NU	HCPCS	40.60	40.60
E0100 RR	HCPCS	11.58	11.58
E0100 UE	HCPCS	30.44	30.44
E0105 NU	HCPCS	96.08	96.08
E0105 RR	HCPCS	17.35	17.35
E0105 UE	HCPCS	73.16	73.16
E0110 NU	HCPCS	129.01	129.01
E0110 RR	HCPCS	31.26	31.26
E0110 UE	HCPCS	96.71	96.71
E0111 NU	HCPCS	88.52	88.52
E0111 RR	HCPCS	16.49	16.49
E0111 UE	HCPCS	68.35	68.35
E0112 NU	HCPCS	61.53	61.53
E0112 RR	HCPCS	19.45	19.45
E0112 UE	HCPCS	46.93	46.93
E0113 NU	HCPCS	35.15	35.15
E0113 RR	HCPCS	10.05	10.05
E0113 UE	HCPCS	26.36	26.36
E0114 NU	HCPCS	78.47	78.47
E0114 RR	HCPCS	16.76	16.76
E0114 UE	HCPCS	59.32	59.32
E0116 NU	HCPCS	46.13	46.13
E0116 RR	HCPCS	10.49	10.49
E0116 UE	HCPCS	34.72	34.72
E0117 RR	HCPCS	37.67	37.67
E0118 00	HCPCS	665.88	665.88
E0130 NU	HCPCS	72.93	101.53
E0130 RR	HCPCS	7.29	18.40
E0130 UE	HCPCS	54.70	77.14
E0135 NU	HCPCS	72.93	113.08
E0135 RR	HCPCS	7.29	18.77
E0135 UE	HCPCS	54.70	86.03
E0140 RR	HCPCS	43.79	56.50
E0141 NU	HCPCS	81.40	138.80
E0141 RR	HCPCS	8.13	23.28

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0141 UE	HCPCS	61.05	104.09
E0143 NU	HCPCS	81.40	145.53
E0143 RR	HCPCS	8.13	22.62
E0143 UE	HCPCS	61.05	108.98
E0144 RR	HCPCS	46.84	50.27
E0147 NU	HCPCS	681.38	864.26
E0147 RR	HCPCS	68.14	86.44
E0147 UE	HCPCS	511.04	648.21
E0148 NU	HCPCS	132.61	184.07
E0148 RR	HCPCS	13.26	18.42
E0148 UE	HCPCS	99.46	138.05
E0149 RR	HCPCS	18.89	29.74
E0153 NU	HCPCS	129.37	129.37
E0153 RR	HCPCS	15.36	15.36
E0153 UE	HCPCS	97.01	97.01
E0154 NU	HCPCS	77.34	105.01
E0154 RR	HCPCS	7.74	11.77
E0154 UE	HCPCS	58.00	79.34
E0155 NU	HCPCS	33.35	42.04
E0155 RR	HCPCS	3.33	5.18
E0155 UE	HCPCS	25.02	31.81
E0156 NU	HCPCS	25.34	36.90
E0156 RR	HCPCS	2.53	4.31
E0156 UE	HCPCS	19.01	27.68
E0157 NU	HCPCS	85.92	121.24
E0157 RR	HCPCS	8.60	12.81
E0157 UE	HCPCS	64.44	90.93
E0158 NU	HCPCS	34.20	43.18
E0158 RR	HCPCS	3.42	5.01
E0158 UE	HCPCS	25.65	32.49
E0159 NU	HCPCS	23.80	28.71
E0159 RR	HCPCS	2.38	2.88
E0159 UE	HCPCS	17.85	21.55
E0160 NU	HCPCS	46.20	54.36
E0160 RR	HCPCS	4.62	6.36
E0160 UE	HCPCS	34.65	40.75
E0161 NU	HCPCS	38.92	43.60
E0161 RR	HCPCS	3.89	5.80
E0161 UE	HCPCS	29.19	32.63
E0162 NU	HCPCS	242.26	242.26
E0162 RR	HCPCS	25.42	25.42
E0162 UE	HCPCS	187.85	187.85
E0163 NU	HCPCS	89.26	157.01
E0163 RR	HCPCS	8.93	28.80

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0163 UE	HCPCS	66.95	120.04
E0165 RR	HCPCS	20.09	29.57
E0167 NU	HCPCS	18.00	21.83
E0167 RR	HCPCS	1.81	2.24
E0167 UE	HCPCS	13.51	16.41
E0168 NU	HCPCS	189.87	256.58
E0168 RR	HCPCS	18.98	25.65
E0168 UE	HCPCS	142.39	192.43
E0170 RR	HCPCS	272.36	309.19
E0171 RR	HCPCS	51.28	56.57
E0175 NU	HCPCS	110.12	110.12
E0175 RR	HCPCS	11.00	11.00
E0175 UE	HCPCS	81.06	81.06
E0181 RR	HCPCS	27.05	39.96
E0182 RR	HCPCS	35.11	44.98
E0183 RR	HCPCS	27.05	39.96
E0184 NU	HCPCS	259.10	311.67
E0184 RR	HCPCS	25.91	35.41
E0184 UE	HCPCS	194.33	236.49
E0185 NU	HCPCS	294.10	423.70
E0185 RR	HCPCS	29.41	53.14
E0185 UE	HCPCS	220.58	322.42
E0186 RR	HCPCS	31.29	37.27
E0187 RR	HCPCS	36.64	41.73
E0188 NU	HCPCS	38.84	48.80
E0188 RR	HCPCS	3.89	5.33
E0188 UE	HCPCS	29.13	36.62
E0189 NU	HCPCS	87.07	97.15
E0189 RR	HCPCS	8.71	10.14
E0189 UE	HCPCS	65.31	72.87
E0190 NU	HCPCS	84.31	84.31
E0190 RR	HCPCS	28.20	28.20
E0190 UE	HCPCS	63.24	63.24
E0191 NU	HCPCS	16.62	16.62
E0191 RR	HCPCS	2.02	2.02
E0191 UE	HCPCS	12.39	12.39
E0193 RR	HCPCS	1,175.50	1,358.39
E0194 RR	HCPCS	6,365.70	6,365.70
E0196 RR	HCPCS	53.30	54.01
E0197 RR	HCPCS	29.41	42.31
E0198 RR	HCPCS	42.88	42.88
E0199 NU	HCPCS	52.23	59.71
E0199 RR	HCPCS	5.22	5.95
E0199 UE	HCPCS	39.19	44.77

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0200 NU	HCPCS	131.81	131.81
E0200 RR	HCPCS	17.89	17.89
E0200 UE	HCPCS	98.92	98.92
E0202 RR	HCPCS	104.13	104.13
E0203 00	HCPCS	462.21	462.21
E0205 NU	HCPCS	322.66	322.66
E0205 RR	HCPCS	39.56	39.56
E0205 UE	HCPCS	242.00	242.00
E0210 NU	HCPCS	54.31	54.31
E0210 RR	HCPCS	6.02	6.02
E0210 UE	HCPCS	40.68	40.68
E0215 NU	HCPCS	125.45	125.45
E0215 RR	HCPCS	14.50	14.50
E0215 UE	HCPCS	94.04	94.04
E0217 NU	HCPCS	971.12	971.12
E0217 RR	HCPCS	108.11	108.11
E0217 UE	HCPCS	728.29	728.29
E0218 NU	HCPCS	449.65	449.65
E0218 RR	HCPCS	201.21	201.21
E0218 UE	HCPCS	337.23	337.23
E0221 00	HCPCS	3,585.67	3,585.67
E0225 NU	HCPCS	760.23	760.23
E0225 RR	HCPCS	74.93	74.93
E0225 UE	HCPCS	570.18	570.18
E0235 RR	HCPCS	33.74	33.74
E0236 RR	HCPCS	79.44	79.44
E0239 NU	HCPCS	879.90	879.90
E0239 RR	HCPCS	88.00	88.00
E0239 UE	HCPCS	659.95	659.95
E0240 NU	HCPCS	151.76	151.76
E0240 RR	HCPCS	15.18	15.18
E0240 UE	HCPCS	113.81	113.81
E0241 00	HCPCS	36.85	36.85
E0243 00	HCPCS	69.69	69.69
E0244 00	HCPCS	86.63	86.63
E0245 00	HCPCS	92.46	92.46
E0246 00	HCPCS	109.07	109.07
E0247 NU	HCPCS	134.90	134.90
E0247 RR	HCPCS	33.73	33.73
E0247 UE	HCPCS	101.16	101.16
E0248 NU	HCPCS	195.59	195.59
E0248 RR	HCPCS	22.47	22.47
E0248 UE	HCPCS	146.71	146.71
E0249 NU	HCPCS	165.61	165.61

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0249 RR	HCPCS	18.20	18.20
E0249 UE	HCPCS	124.19	124.19
E0250 RR	HCPCS	105.25	139.02
E0251 RR	HCPCS	98.60	115.67
E0255 RR	HCPCS	105.64	156.07
E0256 RR	HCPCS	103.33	125.30
E0260 RR	HCPCS	105.64	175.49
E0261 RR	HCPCS	105.64	172.47
E0265 RR	HCPCS	250.84	293.92
E0266 RR	HCPCS	218.26	257.53
E0271 NU	HCPCS	203.41	302.32
E0271 RR	HCPCS	20.34	30.97
E0271 UE	HCPCS	152.56	232.57
E0272 NU	HCPCS	228.77	301.22
E0272 RR	HCPCS	22.88	30.88
E0272 UE	HCPCS	171.58	225.30
E0273 NU	HCPCS	113.54	113.54
E0273 RR	HCPCS	11.24	11.24
E0273 UE	HCPCS	84.31	84.31
E0274 NU	HCPCS	146.13	146.13
E0274 RR	HCPCS	63.06	63.06
E0274 UE	HCPCS	110.17	110.17
E0275 NU	HCPCS	23.81	25.47
E0275 RR	HCPCS	2.38	2.87
E0275 UE	HCPCS	17.86	19.08
E0276 NU	HCPCS	20.73	22.12
E0276 RR	HCPCS	2.07	2.66
E0276 UE	HCPCS	15.55	17.12
E0277 RR	HCPCS	349.83	723.39
E0280 NU	HCPCS	53.03	54.75
E0280 RR	HCPCS	5.31	6.40
E0280 UE	HCPCS	39.77	41.06
E0290 RR	HCPCS	99.20	116.10
E0291 RR	HCPCS	76.78	83.93
E0292 RR	HCPCS	105.39	126.10
E0293 RR	HCPCS	99.34	112.63
E0294 RR	HCPCS	105.64	167.19
E0295 RR	HCPCS	105.64	164.36
E0296 RR	HCPCS	195.71	215.50
E0297 RR	HCPCS	172.70	203.07
E0300 RR	HCPCS	436.10	457.32
E0301 RR	HCPCS	276.82	360.11
E0302 RR	HCPCS	802.90	1,041.24
E0303 RR	HCPCS	281.71	390.21

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0304 RR	HCPCS	812.42	1,099.84
E0305 RR	HCPCS	18.38	24.86
E0310 NU	HCPCS	186.93	267.81
E0310 RR	HCPCS	18.69	28.21
E0310 UE	HCPCS	140.20	201.96
E0315 00	HCPCS	286.27	286.27
E0316 RR	HCPCS	302.76	302.76
E0325 NU	HCPCS	16.02	16.83
E0325 RR	HCPCS	1.60	2.32
E0325 UE	HCPCS	11.12	11.12
E0326 NU	HCPCS	16.53	18.05
E0326 RR	HCPCS	1.65	2.07
E0326 UE	HCPCS	12.40	13.55
E0328 00	HCPCS	19,669.64	19,669.64
E0329 00	HCPCS	24,773.27	24,773.27
E0371 RR	HCPCS	349.83	526.83
E0372 RR	HCPCS	349.83	601.23
E0373 RR	HCPCS	349.83	662.66
E0424 RR	HCPCS	133.81	242.65
E0430 00	HCPCS	60.05	60.05
E0431 RR	HCPCS	30.14	43.32
E0433 RR	HCPCS	64.30	72.28
E0434 RR	HCPCS	64.30	72.28
E0439 RR	HCPCS	133.81	242.65
E0441 00	HCPCS	92.46	104.82
E0442 00	HCPCS	92.46	104.82
E0443 00	HCPCS	83.79	100.14
E0444 00	HCPCS	83.79	100.14
E0445 00	HCPCS	16.24	16.24
E0447 00	HCPCS	125.69	152.04
E0459 NU	HCPCS	281.04	281.04
E0459 RR	HCPCS	28.10	28.10
E0459 UE	HCPCS	210.77	210.77
E0462 RR	HCPCS	484.53	484.53
E0465 RR	HCPCS	1,867.12	1,867.12
E0466 RR	HCPCS	1,867.12	1,867.12
E0467 RR	HCPCS	2,152.99	2,190.12
E0468 RR	HCPCS	1,997.25	1,997.25
E0469 RR	HCPCS	2,146.26	2,146.26
E0470 RR	HCPCS	181.83	285.29
E0471 RR	HCPCS	442.16	793.97
E0472 RR	HCPCS	673.20	919.34
E0480 RR	HCPCS	85.97	85.97
E0482 RR	HCPCS	780.72	780.72

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0483 RR	HCPCS	2,079.57	2,079.57
E0484 NU	HCPCS	72.25	72.25
E0484 RR	HCPCS	7.22	7.22
E0484 UE	HCPCS	54.19	54.19
E0485 NU	HCPCS	224.83	224.83
E0485 RR	HCPCS	22.47	22.47
E0485 UE	HCPCS	168.62	168.62
E0486 NU	HCPCS	7,306.82	7,306.82
E0486 RR	HCPCS	899.29	899.29
E0486 UE	HCPCS	5,480.12	5,480.12
E0490 RR	HCPCS	175.11	175.11
E0491 00	HCPCS	144.62	144.62
E0500 RR	HCPCS	207.21	207.21
E0530 RR	HCPCS	50.95	50.95
E0550 RR	HCPCS	98.07	98.07
E0555 NU	HCPCS	5.63	5.63
E0555 RR	HCPCS	3.37	3.37
E0555 UE	HCPCS	4.49	4.49
E0560 NU	HCPCS	289.14	289.14
E0560 RR	HCPCS	33.88	33.88
E0560 UE	HCPCS	216.87	216.87
E0561 NU	HCPCS	116.94	158.20
E0561 RR	HCPCS	11.69	15.81
E0561 UE	HCPCS	87.71	118.64
E0562 NU	HCPCS	231.49	383.82
E0562 RR	HCPCS	23.16	38.37
E0562 UE	HCPCS	173.61	287.87
E0565 RR	HCPCS	71.68	90.08
E0570 RR	HCPCS	9.74	21.14
E0572 RR	HCPCS	39.75	61.64
E0574 RR	HCPCS	73.51	73.51
E0575 RR	HCPCS	173.71	173.71
E0580 NU	HCPCS	226.00	226.00
E0580 RR	HCPCS	22.61	22.61
E0580 UE	HCPCS	169.46	169.46
E0585 RR	HCPCS	43.85	55.66
E0600 RR	HCPCS	82.81	82.81
E0601 RR	HCPCS	69.40	132.90
E0602 NU	HCPCS	57.74	57.74
E0602 RR	HCPCS	5.82	5.82
E0602 UE	HCPCS	43.32	43.32
E0603 NU	HCPCS	337.23	337.23
E0603 RR	HCPCS	223.71	223.71
E0603 UE	HCPCS	252.94	252.94

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0604 NU	HCPCS	393.44	393.44
E0604 RR	HCPCS	101.16	101.16
E0604 UE	HCPCS	295.08	295.08
E0605 NU	HCPCS	49.03	49.03
E0605 RR	HCPCS	6.02	6.02
E0605 UE	HCPCS	36.79	36.79
E0606 RR	HCPCS	44.88	44.88
E0607 NU	HCPCS	130.70	130.70
E0607 RR	HCPCS	13.06	13.06
E0607 UE	HCPCS	98.00	98.00
E0610 NU	HCPCS	465.25	465.25
E0610 RR	HCPCS	49.07	49.07
E0610 UE	HCPCS	348.98	348.98
E0615 NU	HCPCS	927.26	927.26
E0615 RR	HCPCS	97.27	97.27
E0615 UE	HCPCS	695.45	695.45
E0617 RR	HCPCS	594.72	594.72
E0618 RR	HCPCS	533.30	533.30
E0619 RR	HCPCS	453.81	453.81
E0620 RR	HCPCS	171.01	171.01
E0621 NU	HCPCS	144.45	168.52
E0621 RR	HCPCS	14.45	16.83
E0621 UE	HCPCS	108.35	126.41
E0627 NU	HCPCS	433.92	567.99
E0627 RR	HCPCS	43.39	56.80
E0627 UE	HCPCS	325.43	425.98
E0629 NU	HCPCS	425.91	565.22
E0629 RR	HCPCS	42.59	56.52
E0629 UE	HCPCS	319.42	423.89
E0630 RR	HCPCS	99.27	153.27
E0635 RR	HCPCS	214.37	228.96
E0636 RR	HCPCS	1,690.50	1,951.36
E0637 NU	HCPCS	4,674.11	4,674.11
E0637 RR	HCPCS	337.23	337.23
E0637 UE	HCPCS	3,505.59	3,505.59
E0638 NU	HCPCS	5,043.95	5,043.95
E0638 RR	HCPCS	505.85	505.85
E0638 UE	HCPCS	3,782.97	3,782.97
E0639 RR	HCPCS	218.20	218.20
E0640 RR	HCPCS	218.20	218.20
E0641 00	HCPCS	11,785.51	11,785.51
E0642 00	HCPCS	7,533.13	7,533.13
E0650 NU	HCPCS	1,408.76	1,408.76
E0650 RR	HCPCS	169.48	169.48

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0650 UE	HCPCS	1,056.59	1,056.59
E0651 NU	HCPCS	1,774.46	1,774.46
E0651 RR	HCPCS	183.53	183.53
E0651 UE	HCPCS	1,330.87	1,330.87
E0652 NU	HCPCS	10,370.04	10,370.04
E0652 RR	HCPCS	1,024.87	1,024.87
E0652 UE	HCPCS	7,770.57	7,770.57
E0655 NU	HCPCS	211.12	211.12
E0655 RR	HCPCS	24.82	24.82
E0655 UE	HCPCS	158.54	158.54
E0656 RR	HCPCS	113.04	113.04
E0657 RR	HCPCS	106.19	106.19
E0660 NU	HCPCS	312.30	312.30
E0660 RR	HCPCS	32.51	32.51
E0660 UE	HCPCS	234.25	234.25
E0665 NU	HCPCS	267.99	267.99
E0665 RR	HCPCS	27.51	27.51
E0665 UE	HCPCS	201.01	201.01
E0666 NU	HCPCS	270.12	270.12
E0666 RR	HCPCS	27.82	27.82
E0666 UE	HCPCS	202.62	202.62
E0667 NU	HCPCS	633.30	633.30
E0667 RR	HCPCS	71.51	71.51
E0667 UE	HCPCS	475.01	475.01
E0668 NU	HCPCS	864.35	864.35
E0668 RR	HCPCS	85.30	85.30
E0668 UE	HCPCS	648.28	648.28
E0669 NU	HCPCS	358.58	358.58
E0669 RR	HCPCS	35.85	35.85
E0669 UE	HCPCS	268.97	268.97
E0670 NU	HCPCS	2,458.88	2,458.88
E0670 RR	HCPCS	263.21	263.21
E0670 UE	HCPCS	1,844.07	1,844.07
E0671 NU	HCPCS	812.46	812.46
E0671 RR	HCPCS	81.30	81.30
E0671 UE	HCPCS	609.29	609.29
E0672 NU	HCPCS	631.26	631.26
E0672 RR	HCPCS	63.18	63.18
E0672 UE	HCPCS	473.48	473.48
E0673 NU	HCPCS	524.54	524.54
E0673 RR	HCPCS	52.46	52.46
E0673 UE	HCPCS	393.48	393.48
E0675 RR	HCPCS	752.19	752.19
E0676 NU	HCPCS	3,247.72	3,247.72

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0676 RR	HCPCS	324.77	324.77
E0676 UE	HCPCS	2,435.79	2,435.79
E0677 RR	HCPCS	113.04	113.04
E0678 RR	HCPCS	63.34	63.34
E0679 RR	HCPCS	35.85	35.85
E0680 RR	HCPCS	1,037.01	1,037.01
E0681 RR	HCPCS	177.45	177.45
E0682 RR	HCPCS	86.44	86.44
E0683 RR	HCPCS	111.90	111.90
E0691 NU	HCPCS	1,757.70	1,757.70
E0691 RR	HCPCS	175.76	175.76
E0691 UE	HCPCS	1,318.28	1,318.28
E0692 NU	HCPCS	2,207.20	2,207.20
E0692 RR	HCPCS	220.68	220.68
E0692 UE	HCPCS	1,655.39	1,655.39
E0693 NU	HCPCS	2,720.84	2,720.84
E0693 RR	HCPCS	272.10	272.10
E0693 UE	HCPCS	2,040.63	2,040.63
E0694 NU	HCPCS	8,660.20	8,660.20
E0694 RR	HCPCS	866.01	866.01
E0694 UE	HCPCS	6,495.20	6,495.20
E0705 NU	HCPCS	76.76	96.96
E0705 RR	HCPCS	7.67	9.79
E0705 UE	HCPCS	57.57	65.86
E0720 NU	HCPCS	96.57	382.37
E0730 NU	HCPCS	95.93	386.44
E0731 NU	HCPCS	123.03	426.87
E0732 RR	HCPCS	64.02	64.02
E0733 RR	HCPCS	64.02	64.02
E0734 RR	HCPCS	615.36	615.36
E0735 RR	HCPCS	64.02	64.02
E0736 RR	HCPCS	64.02	64.02
E0738 RR	HCPCS	2,799.51	2,799.51
E0739 RR	HCPCS	2,192.86	2,192.86
E0740 RR	HCPCS	102.28	102.28
E0743 RR	HCPCS	332.43	332.43
E0744 RR	HCPCS	179.13	179.13
E0745 RR	HCPCS	175.11	175.11
E0746 NU	HCPCS	112.41	112.41
E0747 NU	HCPCS	7,660.11	7,660.11
E0747 RR	HCPCS	761.18	761.18
E0747 UE	HCPCS	5,691.32	5,691.32
E0748 NU	HCPCS	7,610.51	7,610.51
E0748 RR	HCPCS	761.00	761.00

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0748 UE	HCPCS	5,707.90	5,707.90
E0749 RR	HCPCS	556.23	556.23
E0760 NU	HCPCS	6,324.18	6,324.18
E0760 RR	HCPCS	632.42	632.42
E0760 UE	HCPCS	4,743.07	4,743.07
E0761 00	HCPCS	3,216.32	3,216.32
E0762 RR	HCPCS	215.08	215.08
E0764 RR	HCPCS	2,164.71	2,164.71
E0765 NU	HCPCS	164.56	164.56
E0765 RR	HCPCS	16.49	16.49
E0765 UE	HCPCS	123.47	123.47
E0766 RR	HCPCS	22,488.84	22,488.84
E0770 NU	HCPCS	445.14	445.14
E0770 RR	HCPCS	140.50	140.50
E0770 UE	HCPCS	333.87	333.87
E0776 NU	HCPCS	238.03	238.03
E0776 RR	HCPCS	25.05	30.76
E0776 UE	HCPCS	176.40	176.40
E0779 RR	HCPCS	30.52	30.52
E0780 NU	HCPCS	20.29	20.29
E0781 RR	HCPCS	421.68	451.26
E0782 NU	HCPCS	8,398.25	8,398.25
E0782 RR	HCPCS	839.86	839.86
E0782 UE	HCPCS	6,298.68	6,298.68
E0783 NU	HCPCS	16,014.15	16,014.15
E0783 RR	HCPCS	1,601.45	1,601.45
E0783 UE	HCPCS	12,010.67	12,010.67
E0784 RR	HCPCS	760.31	788.48
E0786 NU	HCPCS	15,620.82	15,620.82
E0786 RR	HCPCS	1,562.06	1,562.06
E0786 UE	HCPCS	11,715.62	11,715.62
E0791 RR	HCPCS	500.95	559.73
E0830 00	HCPCS	160.90	160.90
E0840 NU	HCPCS	143.32	143.32
E0840 RR	HCPCS	27.15	27.15
E0840 UE	HCPCS	107.45	107.45
E0849 RR	HCPCS	100.81	100.81
E0850 NU	HCPCS	174.65	174.65
E0850 RR	HCPCS	28.22	28.22
E0850 UE	HCPCS	131.01	131.01
E0855 RR	HCPCS	96.68	96.68
E0856 RR	HCPCS	30.10	30.10
E0860 NU	HCPCS	73.89	73.89
E0860 RR	HCPCS	12.75	12.75

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0860 UE	HCPCS	55.45	55.45
E0870 NU	HCPCS	227.53	227.53
E0870 RR	HCPCS	26.24	26.24
E0870 UE	HCPCS	170.67	170.67
E0880 NU	HCPCS	229.64	229.64
E0880 RR	HCPCS	38.56	38.56
E0880 UE	HCPCS	172.21	172.21
E0890 NU	HCPCS	200.19	200.19
E0890 RR	HCPCS	64.23	64.23
E0890 UE	HCPCS	161.27	161.27
E0900 NU	HCPCS	213.05	213.05
E0900 RR	HCPCS	54.04	54.04
E0900 UE	HCPCS	159.82	159.82
E0910 RR	HCPCS	18.48	27.19
E0911 RR	HCPCS	70.48	81.20
E0912 RR	HCPCS	139.29	172.55
E0920 RR	HCPCS	90.29	90.29
E0930 RR	HCPCS	89.35	89.35
E0935 RR	HCPCS	37.81	37.81
E0936 RR	HCPCS	168.62	168.62
E0940 RR	HCPCS	34.97	48.89
E0941 RR	HCPCS	84.90	84.90
E0942 NU	HCPCS	33.00	33.00
E0942 RR	HCPCS	4.61	4.61
E0942 UE	HCPCS	24.70	24.70
E0944 NU	HCPCS	78.41	78.41
E0944 RR	HCPCS	9.03	9.03
E0944 UE	HCPCS	58.86	58.86
E0945 NU	HCPCS	78.41	78.41
E0945 RR	HCPCS	8.65	8.65
E0945 UE	HCPCS	58.86	58.86
E0946 RR	HCPCS	115.74	115.74
E0947 NU	HCPCS	1,186.28	1,186.28
E0947 RR	HCPCS	122.99	122.99
E0947 UE	HCPCS	889.67	889.67
E0948 NU	HCPCS	1,147.38	1,147.38
E0948 RR	HCPCS	114.70	114.70
E0948 UE	HCPCS	809.28	809.28
E0950 NU	HCPCS	126.76	145.29
E0950 RR	HCPCS	12.67	15.76
E0950 UE	HCPCS	95.07	108.23
E0951 NU	HCPCS	20.59	28.04
E0951 RR	HCPCS	2.06	2.86
E0951 UE	HCPCS	15.44	21.01

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0952 NU	HCPCS	28.27	28.62
E0952 RR	HCPCS	2.83	3.07
E0952 UE	HCPCS	21.21	21.46
E0953 NU	HCPCS	127.65	153.20
E0953 RR	HCPCS	12.77	15.32
E0953 UE	HCPCS	95.73	114.90
E0954 NU	HCPCS	89.05	96.87
E0954 RR	HCPCS	8.89	9.93
E0954 UE	HCPCS	66.79	72.62
E0955 RR	HCPCS	23.87	30.35
E0956 NU	HCPCS	127.65	153.20
E0956 RR	HCPCS	12.77	15.32
E0956 UE	HCPCS	95.73	114.90
E0957 NU	HCPCS	204.95	226.56
E0957 RR	HCPCS	20.50	22.67
E0957 UE	HCPCS	153.72	169.92
E0958 RR	HCPCS	69.23	80.75
E0959 NU	HCPCS	73.50	73.50
E0959 RR	HCPCS	7.39	8.41
E0959 UE	HCPCS	55.43	55.62
E0960 NU	HCPCS	121.60	143.16
E0960 RR	HCPCS	12.17	14.34
E0960 UE	HCPCS	91.21	107.38
E0961 NU	HCPCS	32.94	47.87
E0961 RR	HCPCS	3.29	4.91
E0961 UE	HCPCS	24.71	28.60
E0966 NU	HCPCS	120.60	134.83
E0966 RR	HCPCS	12.05	13.40
E0966 UE	HCPCS	90.44	101.12
E0967 NU	HCPCS	119.46	126.35
E0967 RR	HCPCS	11.94	12.64
E0967 UE	HCPCS	89.60	94.72
E0968 RR	HCPCS	35.03	35.03
E0969 NU	HCPCS	306.38	306.38
E0969 RR	HCPCS	30.34	30.34
E0969 UE	HCPCS	229.80	229.80
E0970 NU	HCPCS	168.62	168.62
E0970 RR	HCPCS	56.21	56.21
E0970 UE	HCPCS	126.46	126.46
E0971 NU	HCPCS	47.71	70.15
E0971 RR	HCPCS	4.77	7.03
E0971 UE	HCPCS	35.78	52.64
E0973 NU	HCPCS	84.83	145.89
E0973 RR	HCPCS	8.48	14.13

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E0973 UE	HCPCS	63.62	109.42
E0974 NU	HCPCS	125.52	130.37
E0974 RR	HCPCS	12.56	14.87
E0974 UE	HCPCS	94.15	98.52
E0978 NU	HCPCS	37.79	55.31
E0978 RR	HCPCS	3.78	5.85
E0978 UE	HCPCS	28.34	41.47
E0980 NU	HCPCS	54.95	54.95
E0980 RR	HCPCS	6.48	6.48
E0980 UE	HCPCS	40.98	40.98
E0981 NU	HCPCS	70.85	72.70
E0981 RR	HCPCS	7.08	7.59
E0981 UE	HCPCS	53.14	54.53
E0982 NU	HCPCS	73.84	73.84
E0982 RR	HCPCS	7.84	8.26
E0982 UE	HCPCS	55.38	55.38
E0983 RR	HCPCS	454.68	454.68
E0984 RR	HCPCS	373.70	373.70
E0985 RR	HCPCS	35.69	39.61
E0986 RR	HCPCS	951.51	951.51
E0988 RR	HCPCS	563.02	563.02
E0990 NU	HCPCS	110.73	163.37
E0990 RR	HCPCS	11.07	17.58
E0990 UE	HCPCS	83.03	125.64
E0992 NU	HCPCS	131.19	166.42
E0992 RR	HCPCS	13.12	16.38
E0992 UE	HCPCS	98.39	124.82
E0994 NU	HCPCS	34.50	34.50
E0994 RR	HCPCS	3.49	3.49
E0994 UE	HCPCS	25.86	25.86
E0995 NU	HCPCS	45.53	47.88
E0995 RR	HCPCS	4.55	4.84
E0995 UE	HCPCS	34.15	35.92
E1002 RR	HCPCS	631.76	657.54
E1003 RR	HCPCS	739.45	739.90
E1004 RR	HCPCS	812.76	816.82
E1005 RR	HCPCS	888.54	888.54
E1006 RR	HCPCS	1,088.36	1,088.36
E1007 RR	HCPCS	1,360.74	1,417.25
E1008 RR	HCPCS	1,395.76	1,434.80
E1010 RR	HCPCS	189.67	191.27
E1011 NU	HCPCS	1,642.55	1,642.55
E1012 RR	HCPCS	189.67	191.27
E1014 RR	HCPCS	71.46	71.46

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E1015 NU	HCPCS	196.71	221.38
E1015 RR	HCPCS	19.67	22.13
E1015 UE	HCPCS	147.53	166.03
E1016 NU	HCPCS	186.35	213.19
E1016 RR	HCPCS	18.63	21.34
E1016 UE	HCPCS	139.78	159.88
E1020 RR	HCPCS	30.18	36.97
E1028 RR	HCPCS	21.39	29.74
E1029 RR	HCPCS	62.29	62.29
E1030 RR	HCPCS	196.46	196.46
E1031 RR	HCPCS	71.50	88.40
E1035 RR	HCPCS	979.22	1,140.86
E1036 RR	HCPCS	1,379.70	1,628.06
E1037 RR	HCPCS	171.35	204.47
E1038 RR	HCPCS	24.53	31.08
E1039 RR	HCPCS	53.28	63.67
E1050 RR	HCPCS	199.23	199.23
E1060 RR	HCPCS	246.58	246.58
E1070 RR	HCPCS	214.27	214.27
E1083 RR	HCPCS	130.91	130.91
E1084 RR	HCPCS	191.88	191.88
E1085 NU	HCPCS	549.71	549.71
E1085 RR	HCPCS	35.25	35.25
E1085 UE	HCPCS	412.27	412.27
E1086 NU	HCPCS	2,186.42	2,186.42
E1086 RR	HCPCS	224.83	224.83
E1086 UE	HCPCS	1,639.82	1,639.82
E1087 RR	HCPCS	210.38	210.38
E1088 RR	HCPCS	279.47	279.47
E1089 NU	HCPCS	168.62	168.62
E1089 RR	HCPCS	56.21	56.21
E1089 UE	HCPCS	126.46	126.46
E1090 NU	HCPCS	2,810.32	2,810.32
E1090 RR	HCPCS	382.20	382.20
E1090 UE	HCPCS	2,107.74	2,107.74
E1092 RR	HCPCS	251.38	251.38
E1093 RR	HCPCS	216.19	216.19
E1100 RR	HCPCS	186.84	186.84
E1110 RR	HCPCS	186.84	186.84
E1130 NU	HCPCS	786.88	786.88
E1130 RR	HCPCS	78.69	78.69
E1130 UE	HCPCS	590.17	590.17
E1140 NU	HCPCS	664.92	664.92
E1140 RR	HCPCS	216.03	216.03

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E1140 UE	HCPCS	257.42	257.42
E1150 RR	HCPCS	159.56	159.56
E1160 RR	HCPCS	122.28	122.28
E1161 RR	HCPCS	462.81	462.81
E1170 RR	HCPCS	174.73	174.73
E1171 RR	HCPCS	156.77	156.77
E1172 RR	HCPCS	191.66	191.66
E1180 RR	HCPCS	198.23	198.23
E1190 RR	HCPCS	229.00	229.00
E1195 RR	HCPCS	245.71	245.71
E1200 RR	HCPCS	170.20	170.20
E1220 00	HCPCS	10,935.22	10,935.22
E1221 RR	HCPCS	92.95	92.95
E1222 RR	HCPCS	129.19	129.19
E1223 RR	HCPCS	144.77	144.77
E1224 RR	HCPCS	158.75	158.75
E1225 RR	HCPCS	61.15	78.57
E1226 NU	HCPCS	610.95	800.91
E1226 RR	HCPCS	61.10	89.66
E1226 UE	HCPCS	458.22	600.66
E1227 NU	HCPCS	461.40	461.40
E1227 RR	HCPCS	54.29	54.29
E1227 UE	HCPCS	346.09	346.09
E1228 RR	HCPCS	54.82	54.82
E1230 NU	HCPCS	4,424.27	4,424.27
E1230 RR	HCPCS	435.13	435.13
E1230 UE	HCPCS	3,499.06	3,499.06
E1232 RR	HCPCS	418.32	418.32
E1233 RR	HCPCS	433.40	433.40
E1234 RR	HCPCS	377.33	377.33
E1235 RR	HCPCS	363.34	363.34
E1236 RR	HCPCS	320.56	320.56
E1237 RR	HCPCS	323.33	323.33
E1238 RR	HCPCS	320.56	320.56
E1240 RR	HCPCS	192.99	192.99
E1250 NU	HCPCS	1,042.06	1,042.06
E1250 RR	HCPCS	112.41	112.41
E1250 UE	HCPCS	781.55	781.55
E1260 NU	HCPCS	562.07	562.07
E1260 RR	HCPCS	288.06	288.06
E1260 UE	HCPCS	421.54	421.54
E1270 RR	HCPCS	145.25	145.25
E1280 RR	HCPCS	256.75	256.75
E1285 NU	HCPCS	2,281.97	2,281.97

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E1285 RR	HCPCS	167.50	167.50
E1285 UE	HCPCS	1,711.47	1,711.47
E1290 NU	HCPCS	867.82	867.82
E1290 RR	HCPCS	247.31	247.31
E1290 UE	HCPCS	650.87	650.87
E1295 RR	HCPCS	237.59	237.59
E1296 NU	HCPCS	817.45	817.45
E1296 RR	HCPCS	97.73	97.73
E1296 UE	HCPCS	613.12	613.12
E1297 NU	HCPCS	204.62	204.62
E1297 RR	HCPCS	22.74	22.74
E1297 UE	HCPCS	153.44	153.44
E1298 NU	HCPCS	828.70	828.70
E1298 RR	HCPCS	84.78	84.78
E1298 UE	HCPCS	621.52	621.52
E1310 NU	HCPCS	3,570.42	3,570.42
E1310 RR	HCPCS	357.06	357.06
E1310 UE	HCPCS	2,677.79	2,677.79
E1353 00	HCPCS	55.40	55.40
E1354 00	HCPCS	16.24	16.24
E1355 00	HCPCS	41.75	41.75
E1356 00	HCPCS	321.65	321.65
E1372 NU	HCPCS	186.23	250.71
E1372 RR	HCPCS	18.62	31.22
E1372 UE	HCPCS	139.68	186.72
E1390 RR	HCPCS	133.81	242.65
E1391 RR	HCPCS	133.81	242.65
E1392 RR	HCPCS	64.30	72.28
E1399 00	HCPCS	BR	BR
E1405 RR	HCPCS	177.66	298.31
E1406 RR	HCPCS	143.56	263.79
E1510 NU	HCPCS	1,011.71	1,011.71
E1510 RR	HCPCS	101.16	101.16
E1510 UE	HCPCS	758.79	758.79
E1594 NU	HCPCS	8,993.00	8,993.00
E1594 RR	HCPCS	891.80	891.80
E1594 UE	HCPCS	6,744.75	6,744.75
E1610 NU	HCPCS	3,372.38	3,372.38
E1610 RR	HCPCS	607.03	607.03
E1610 UE	HCPCS	2,529.28	2,529.28
E1637 00	HCPCS	70.34	70.34
E1639 00	HCPCS	126.99	126.99
E1700 RR	HCPCS	67.47	67.47
E1701 00	HCPCS	20.73	20.73

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E1702 00	HCPCS	44.13	44.13
E1800 RR	HCPCS	239.62	239.62
E1801 RR	HCPCS	234.25	234.25
E1802 RR	HCPCS	639.27	639.27
E1803 RR	HCPCS	239.62	239.62
E1804 RR	HCPCS	239.62	239.62
E1805 RR	HCPCS	246.99	246.99
E1806 RR	HCPCS	192.22	192.22
E1807 RR	HCPCS	246.99	246.99
E1808 RR	HCPCS	246.99	246.99
E1810 RR	HCPCS	243.71	243.71
E1811 RR	HCPCS	243.47	243.47
E1812 RR	HCPCS	168.21	168.21
E1813 RR	HCPCS	243.71	243.71
E1814 RR	HCPCS	243.71	243.71
E1815 RR	HCPCS	246.99	246.99
E1816 RR	HCPCS	247.32	247.32
E1818 RR	HCPCS	252.49	252.49
E1820 NU	HCPCS	150.85	150.85
E1820 RR	HCPCS	15.11	15.11
E1820 UE	HCPCS	113.13	113.13
E1821 NU	HCPCS	205.86	205.86
E1821 RR	HCPCS	20.52	20.52
E1821 UE	HCPCS	154.45	154.45
E1822 RR	HCPCS	246.99	246.99
E1823 RR	HCPCS	246.99	246.99
E1825 RR	HCPCS	246.99	246.99
E1826 RR	HCPCS	246.99	246.99
E1827 RR	HCPCS	246.99	246.99
E1828 RR	HCPCS	246.99	246.99
E1829 RR	HCPCS	246.99	246.99
E1830 RR	HCPCS	246.99	246.99
E1831 RR	HCPCS	124.29	124.29
E1840 RR	HCPCS	716.62	716.62
E1841 RR	HCPCS	886.07	886.07
E1905 RR	HCPCS	926.16	926.16
E2000 RR	HCPCS	94.04	94.04
E2001 RR	HCPCS	82.81	82.81
E2100 NU	HCPCS	1,258.10	1,258.10
E2100 RR	HCPCS	125.85	125.85
E2100 UE	HCPCS	943.61	943.61
E2101 NU	HCPCS	368.82	368.82
E2101 RR	HCPCS	36.89	36.89
E2101 UE	HCPCS	276.63	276.63

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2102 NU	HCPCS	328.34	328.34
E2102 RR	HCPCS	32.83	32.83
E2102 UE	HCPCS	246.27	246.27
E2103 NU	HCPCS	413.50	413.50
E2103 RR	HCPCS	41.36	41.36
E2103 UE	HCPCS	310.13	310.13
E2104 NU	HCPCS	74.83	74.83
E2104 RR	HCPCS	7.50	7.50
E2104 UE	HCPCS	56.17	56.17
E2120 RR	HCPCS	554.58	554.58
E2201 NU	HCPCS	507.21	645.75
E2201 RR	HCPCS	50.72	64.57
E2201 UE	HCPCS	380.41	484.32
E2202 NU	HCPCS	723.83	872.73
E2202 RR	HCPCS	72.38	87.28
E2202 UE	HCPCS	542.88	654.57
E2203 NU	HCPCS	691.84	851.27
E2203 RR	HCPCS	69.19	85.12
E2203 UE	HCPCS	518.88	638.43
E2204 NU	HCPCS	1,188.99	1,465.34
E2204 RR	HCPCS	118.90	146.54
E2204 UE	HCPCS	891.76	1,099.01
E2205 NU	HCPCS	56.84	62.83
E2205 RR	HCPCS	5.68	6.24
E2205 UE	HCPCS	42.63	47.17
E2206 NU	HCPCS	61.98	73.85
E2206 RR	HCPCS	6.20	7.38
E2206 UE	HCPCS	46.49	55.40
E2207 NU	HCPCS	74.77	83.23
E2207 RR	HCPCS	7.48	8.34
E2207 UE	HCPCS	56.08	62.43
E2208 NU	HCPCS	124.50	168.20
E2208 RR	HCPCS	12.45	16.83
E2208 UE	HCPCS	93.38	126.15
E2209 NU	HCPCS	135.07	164.93
E2209 RR	HCPCS	13.51	16.48
E2209 UE	HCPCS	101.30	123.72
E2210 NU	HCPCS	8.69	10.39
E2210 RR	HCPCS	0.87	1.04
E2210 UE	HCPCS	6.52	7.81
E2211 NU	HCPCS	55.16	64.97
E2211 RR	HCPCS	5.52	7.01
E2211 UE	HCPCS	41.38	47.59
E2212 NU	HCPCS	10.16	11.30

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2212 RR	HCPCS	1.02	1.18
E2212 UE	HCPCS	7.63	8.51
E2213 NU	HCPCS	48.40	56.31
E2213 RR	HCPCS	4.84	5.66
E2213 UE	HCPCS	36.30	42.21
E2214 NU	HCPCS	52.18	59.71
E2214 RR	HCPCS	5.22	6.85
E2214 UE	HCPCS	39.13	44.77
E2215 NU	HCPCS	16.53	18.47
E2215 RR	HCPCS	1.65	1.85
E2215 UE	HCPCS	12.40	13.85
E2216 NU	HCPCS	71.58	78.62
E2216 RR	HCPCS	7.15	9.39
E2216 UE	HCPCS	53.69	58.97
E2217 NU	HCPCS	63.35	69.58
E2217 RR	HCPCS	6.33	8.32
E2217 UE	HCPCS	47.52	52.18
E2218 NU	HCPCS	71.58	78.62
E2218 RR	HCPCS	7.15	9.39
E2218 UE	HCPCS	53.69	58.97
E2219 NU	HCPCS	63.35	69.58
E2219 RR	HCPCS	6.33	8.32
E2219 UE	HCPCS	47.52	52.18
E2220 NU	HCPCS	45.99	54.45
E2220 RR	HCPCS	4.59	5.35
E2220 UE	HCPCS	34.48	41.24
E2221 NU	HCPCS	43.06	48.76
E2221 RR	HCPCS	4.31	4.86
E2221 UE	HCPCS	32.30	36.58
E2222 NU	HCPCS	36.83	40.82
E2222 RR	HCPCS	3.68	4.06
E2222 UE	HCPCS	27.64	30.63
E2224 NU	HCPCS	149.31	163.03
E2224 RR	HCPCS	14.94	18.65
E2224 UE	HCPCS	111.99	122.29
E2225 NU	HCPCS	30.77	34.05
E2225 RR	HCPCS	3.08	3.40
E2225 UE	HCPCS	23.09	25.49
E2226 NU	HCPCS	64.06	72.86
E2226 RR	HCPCS	6.41	7.28
E2226 UE	HCPCS	48.05	54.64
E2227 RR	HCPCS	351.82	351.82
E2228 RR	HCPCS	153.43	178.12
E2231 NU	HCPCS	228.05	276.77

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2231 RR	HCPCS	22.81	27.68
E2231 UE	HCPCS	171.04	207.56
E2291 00	HCPCS	669.30	669.30
E2292 00	HCPCS	745.22	745.22
E2293 00	HCPCS	1,326.12	1,326.12
E2294 00	HCPCS	867.75	867.75
E2298 RR	HCPCS	288.71	288.71
E2301 00	HCPCS	20,966.40	20,966.40
E2310 RR	HCPCS	184.98	191.13
E2311 RR	HCPCS	373.30	386.37
E2312 RR	HCPCS	379.33	379.33
E2313 RR	HCPCS	60.28	60.28
E2321 RR	HCPCS	251.36	259.64
E2322 RR	HCPCS	237.47	237.61
E2323 NU	HCPCS	115.75	116.19
E2323 RR	HCPCS	11.58	11.61
E2323 UE	HCPCS	86.81	87.12
E2324 NU	HCPCS	73.88	73.88
E2324 RR	HCPCS	7.35	7.35
E2324 UE	HCPCS	55.41	55.41
E2325 RR	HCPCS	226.97	227.02
E2326 RR	HCPCS	58.55	58.55
E2327 RR	HCPCS	440.41	440.41
E2328 RR	HCPCS	835.42	835.42
E2329 RR	HCPCS	297.75	297.75
E2330 RR	HCPCS	576.93	576.93
E2331 00	HCPCS	1,606.82	1,606.82
E2340 NU	HCPCS	700.95	700.95
E2340 RR	HCPCS	70.13	70.13
E2340 UE	HCPCS	525.78	525.78
E2341 NU	HCPCS	1,051.54	1,051.54
E2341 RR	HCPCS	105.14	105.14
E2341 UE	HCPCS	788.69	788.69
E2342 NU	HCPCS	876.30	876.30
E2342 RR	HCPCS	87.63	87.63
E2342 UE	HCPCS	657.23	657.23
E2343 NU	HCPCS	1,402.09	1,402.09
E2343 RR	HCPCS	140.20	140.20
E2343 UE	HCPCS	1,051.54	1,051.54
E2351 NU	HCPCS	1,178.27	1,178.27
E2351 RR	HCPCS	117.82	117.82
E2351 UE	HCPCS	883.71	883.71
E2359 NU	HCPCS	274.69	316.09
E2359 RR	HCPCS	27.47	31.61

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2359 UE	HCPCS	206.02	237.08
E2360 NU	HCPCS	186.80	186.80
E2360 RR	HCPCS	20.82	22.08
E2360 UE	HCPCS	140.07	140.07
E2361 NU	HCPCS	185.04	220.68
E2361 RR	HCPCS	18.51	22.08
E2361 UE	HCPCS	138.78	165.51
E2362 NU	HCPCS	176.92	176.92
E2362 RR	HCPCS	17.70	17.70
E2362 UE	HCPCS	132.65	132.65
E2363 NU	HCPCS	227.56	286.99
E2363 RR	HCPCS	22.75	28.71
E2363 UE	HCPCS	170.66	215.25
E2364 NU	HCPCS	186.80	186.80
E2364 RR	HCPCS	21.03	21.42
E2364 UE	HCPCS	140.07	140.07
E2365 NU	HCPCS	119.11	163.02
E2365 RR	HCPCS	11.91	16.30
E2365 UE	HCPCS	89.33	122.29
E2366 NU	HCPCS	245.36	331.74
E2366 RR	HCPCS	24.54	36.57
E2366 UE	HCPCS	184.03	248.82
E2367 NU	HCPCS	637.85	696.82
E2367 RR	HCPCS	63.78	69.68
E2367 UE	HCPCS	478.39	522.62
E2368 RR	HCPCS	66.43	80.85
E2369 RR	HCPCS	61.60	73.26
E2370 RR	HCPCS	86.53	116.06
E2371 NU	HCPCS	228.05	254.14
E2371 RR	HCPCS	22.81	25.42
E2371 UE	HCPCS	171.04	190.62
E2373 RR	HCPCS	132.24	132.24
E2374 RR	HCPCS	85.25	87.65
E2375 RR	HCPCS	109.51	133.81
E2376 RR	HCPCS	211.76	219.03
E2377 RR	HCPCS	78.46	80.16
E2378 RR	HCPCS	91.20	99.69
E2381 NU	HCPCS	98.00	118.68
E2381 RR	HCPCS	9.80	11.86
E2381 UE	HCPCS	73.50	89.01
E2382 NU	HCPCS	31.07	32.73
E2382 RR	HCPCS	3.11	3.25
E2382 UE	HCPCS	23.31	24.57
E2383 NU	HCPCS	210.06	242.44

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2383 RR	HCPCS	21.00	24.23
E2383 UE	HCPCS	157.54	181.85
E2384 NU	HCPCS	98.92	123.10
E2384 RR	HCPCS	9.90	12.29
E2384 UE	HCPCS	74.19	92.32
E2385 NU	HCPCS	74.56	78.32
E2385 RR	HCPCS	7.46	7.84
E2385 UE	HCPCS	55.92	58.73
E2386 NU	HCPCS	168.70	218.20
E2386 RR	HCPCS	16.87	21.83
E2386 UE	HCPCS	126.53	163.67
E2387 NU	HCPCS	79.62	98.67
E2387 RR	HCPCS	7.97	9.86
E2387 UE	HCPCS	59.72	74.00
E2388 NU	HCPCS	81.13	83.03
E2388 RR	HCPCS	8.12	8.32
E2388 UE	HCPCS	60.86	62.29
E2389 NU	HCPCS	45.35	45.74
E2389 RR	HCPCS	4.54	4.58
E2389 UE	HCPCS	34.02	34.29
E2390 NU	HCPCS	70.22	71.18
E2390 RR	HCPCS	7.01	7.11
E2390 UE	HCPCS	52.67	53.37
E2391 NU	HCPCS	28.60	33.36
E2391 RR	HCPCS	2.86	3.35
E2391 UE	HCPCS	21.45	25.03
E2392 NU	HCPCS	67.16	83.90
E2392 RR	HCPCS	6.72	8.41
E2392 UE	HCPCS	50.37	62.93
E2394 NU	HCPCS	95.69	117.78
E2394 RR	HCPCS	9.58	11.79
E2394 UE	HCPCS	71.76	88.34
E2395 NU	HCPCS	71.89	85.72
E2395 RR	HCPCS	7.20	8.58
E2395 UE	HCPCS	53.91	64.32
E2396 NU	HCPCS	83.33	103.85
E2396 RR	HCPCS	8.33	10.78
E2396 UE	HCPCS	62.50	77.91
E2397 NU	HCPCS	725.83	810.07
E2397 RR	HCPCS	72.59	81.02
E2397 UE	HCPCS	544.38	607.50
E2398 NU	HCPCS	224.39	224.39
E2398 RR	HCPCS	22.44	22.44
E2398 UE	HCPCS	168.28	168.28

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2402 RR	HCPCS	1,087.86	2,060.66
E2500 NU	HCPCS	764.92	764.92
E2500 RR	HCPCS	76.50	76.50
E2500 UE	HCPCS	573.68	573.68
E2502 NU	HCPCS	2,339.05	2,339.05
E2502 RR	HCPCS	233.94	233.94
E2502 UE	HCPCS	1,754.31	1,754.31
E2504 NU	HCPCS	3,085.56	3,085.56
E2504 RR	HCPCS	308.59	308.59
E2504 UE	HCPCS	2,314.17	2,314.17
E2506 NU	HCPCS	4,524.30	4,524.30
E2506 RR	HCPCS	452.41	452.41
E2506 UE	HCPCS	3,393.17	3,393.17
E2508 NU	HCPCS	6,996.09	6,996.09
E2508 RR	HCPCS	699.61	699.61
E2508 UE	HCPCS	5,247.09	5,247.09
E2510 NU	HCPCS	13,239.18	13,239.18
E2510 RR	HCPCS	1,323.91	1,323.91
E2510 UE	HCPCS	9,929.36	9,929.36
E2511 NU	HCPCS	171.93	171.93
E2511 RR	HCPCS	4.49	4.49
E2511 UE	HCPCS	35.41	35.41
E2512 NU	HCPCS	2,451.72	2,451.72
E2512 RR	HCPCS	134.90	134.90
E2512 UE	HCPCS	1,003.28	1,003.28
E2513 NU	HCPCS	6,164.12	6,164.12
E2513 RR	HCPCS	616.43	616.43
E2513 UE	HCPCS	4,623.11	4,623.11
E2601 NU	HCPCS	61.92	87.08
E2601 RR	HCPCS	6.19	8.72
E2601 UE	HCPCS	46.44	65.32
E2602 NU	HCPCS	133.87	177.27
E2602 RR	HCPCS	13.38	17.74
E2602 UE	HCPCS	100.41	132.96
E2603 NU	HCPCS	168.70	221.70
E2603 RR	HCPCS	16.87	22.18
E2603 UE	HCPCS	126.52	166.29
E2604 NU	HCPCS	245.90	291.83
E2604 RR	HCPCS	24.60	29.18
E2604 UE	HCPCS	184.42	218.89
E2605 NU	HCPCS	345.93	418.57
E2605 RR	HCPCS	34.59	41.86
E2605 UE	HCPCS	259.45	313.95
E2606 NU	HCPCS	558.21	661.32

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2606 RR	HCPCS	55.82	66.14
E2606 UE	HCPCS	418.66	495.96
E2607 NU	HCPCS	335.78	429.90
E2607 RR	HCPCS	33.57	42.99
E2607 UE	HCPCS	251.83	322.43
E2608 NU	HCPCS	429.10	527.21
E2608 RR	HCPCS	42.91	52.71
E2608 UE	HCPCS	321.82	395.40
E2609 00	HCPCS	3,382.47	3,382.47
E2611 NU	HCPCS	252.08	406.13
E2611 RR	HCPCS	25.21	40.60
E2611 UE	HCPCS	189.07	304.63
E2612 NU	HCPCS	497.77	634.93
E2612 RR	HCPCS	49.78	63.49
E2612 UE	HCPCS	373.34	476.20
E2613 NU	HCPCS	505.83	613.40
E2613 RR	HCPCS	50.58	61.35
E2613 UE	HCPCS	379.37	460.05
E2614 NU	HCPCS	745.56	874.72
E2614 RR	HCPCS	74.56	87.47
E2614 UE	HCPCS	559.17	656.05
E2615 NU	HCPCS	578.21	703.05
E2615 RR	HCPCS	57.82	70.31
E2615 UE	HCPCS	433.66	527.30
E2616 NU	HCPCS	778.60	946.40
E2616 RR	HCPCS	77.87	94.64
E2616 UE	HCPCS	583.94	709.81
E2617 00	HCPCS	3,991.33	3,991.33
E2619 NU	HCPCS	83.54	85.02
E2619 RR	HCPCS	8.36	8.50
E2619 UE	HCPCS	62.66	63.80
E2620 NU	HCPCS	631.67	806.57
E2620 RR	HCPCS	63.17	80.67
E2620 UE	HCPCS	473.76	604.94
E2621 NU	HCPCS	743.37	893.02
E2621 RR	HCPCS	74.34	89.31
E2621 UE	HCPCS	557.52	669.76
E2622 NU	HCPCS	529.94	544.38
E2622 RR	HCPCS	52.99	54.45
E2622 UE	HCPCS	397.46	408.28
E2623 NU	HCPCS	670.15	690.62
E2623 RR	HCPCS	67.02	69.08
E2623 UE	HCPCS	502.61	517.94
E2624 NU	HCPCS	538.51	550.97

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
E2624 RR	HCPCS	53.86	55.10
E2624 UE	HCPCS	403.89	413.24
E2625 NU	HCPCS	666.46	689.85
E2625 RR	HCPCS	66.65	68.98
E2625 UE	HCPCS	499.84	517.38
E2626 NU	HCPCS	1,030.69	1,196.20
E2626 RR	HCPCS	103.07	119.60
E2626 UE	HCPCS	773.02	897.11
E2627 NU	HCPCS	1,657.75	1,877.37
E2627 RR	HCPCS	165.77	187.77
E2627 UE	HCPCS	1,243.33	1,408.02
E2628 NU	HCPCS	1,231.64	1,435.57
E2628 RR	HCPCS	123.16	143.56
E2628 UE	HCPCS	923.72	1,076.67
E2629 NU	HCPCS	1,602.41	1,810.72
E2629 RR	HCPCS	160.24	181.06
E2629 UE	HCPCS	1,201.82	1,358.03
E2630 NU	HCPCS	1,110.75	1,248.38
E2630 RR	HCPCS	111.08	124.84
E2630 UE	HCPCS	833.07	936.28
E2631 NU	HCPCS	448.08	507.70
E2631 RR	HCPCS	44.81	50.78
E2631 UE	HCPCS	336.06	380.77
E2632 NU	HCPCS	283.22	318.75
E2632 RR	HCPCS	28.32	31.86
E2632 UE	HCPCS	212.42	239.05
E2633 NU	HCPCS	235.77	268.77
E2633 RR	HCPCS	23.58	26.88
E2633 UE	HCPCS	176.83	201.59
E3000 RR	HCPCS	336.06	336.06
E8000 00	HCPCS	4,750.98	4,750.98
E8001 00	HCPCS	7,176.81	7,176.81
E8002 00	HCPCS	7,813.26	7,813.26
G0480-G0483, G0659 00	HCPCS	See Pathology Fee Schedule	See Pathology Fee Schedule
G2010 00	HCPCS	See E/M Fee Schedule	See E/M Fee Schedule
JXXXX 00	HCPCS	See Pharmaceutical Fee Schedule	See Pharmaceutical Fee Schedule
K0001 RR	HCPCS	38.88	72.90
K0002 RR	HCPCS	63.15	116.93
K0003 RR	HCPCS	60.55	108.79
K0004 NU	HCPCS	2,248.25	2,248.25
K0004 RR	HCPCS	71.82	170.20

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
K0004 UE	HCPCS	1,686.19	1,686.19
K0005 NU	HCPCS	3,555.82	3,555.82
K0005 RR	HCPCS	355.59	355.59
K0005 UE	HCPCS	2,666.90	2,666.90
K0006 NU	HCPCS	1,124.13	1,124.13
K0006 RR	HCPCS	104.65	181.29
K0006 UE	HCPCS	843.09	843.09
K0007 NU	HCPCS	1,573.77	1,573.77
K0007 RR	HCPCS	141.99	243.85
K0007 UE	HCPCS	1,180.33	1,180.33
K0009 RR	HCPCS	139.80	139.80
K0010 NU	HCPCS	6,744.75	6,744.75
K0010 RR	HCPCS	833.27	833.27
K0010 UE	HCPCS	5,058.56	5,058.56
K0011 NU	HCPCS	6,895.59	6,895.59
K0011 RR	HCPCS	961.53	961.53
K0011 UE	HCPCS	5,171.70	5,171.70
K0012 NU	HCPCS	3,147.56	3,147.56
K0012 RR	HCPCS	589.83	589.83
K0012 UE	HCPCS	2,360.65	2,360.65
K0015 RR	HCPCS	23.58	28.01
K0017 NU	HCPCS	80.43	82.57
K0017 RR	HCPCS	8.04	8.27
K0017 UE	HCPCS	60.33	61.92
K0018 NU	HCPCS	45.46	46.41
K0018 RR	HCPCS	4.55	4.63
K0018 UE	HCPCS	34.10	34.82
K0019 NU	HCPCS	20.13	26.68
K0019 RR	HCPCS	2.02	2.67
K0019 UE	HCPCS	15.11	20.02
K0020 NU	HCPCS	77.01	77.01
K0020 RR	HCPCS	7.70	7.70
K0020 UE	HCPCS	57.75	57.75
K0037 NU	HCPCS	75.67	78.43
K0037 RR	HCPCS	7.24	7.24
K0037 UE	HCPCS	56.76	58.84
K0038 NU	HCPCS	40.19	40.21
K0038 RR	HCPCS	4.00	4.00
K0038 UE	HCPCS	30.14	30.14
K0039 NU	HCPCS	86.31	87.82
K0039 RR	HCPCS	8.64	8.81
K0039 UE	HCPCS	64.74	65.86
K0040 NU	HCPCS	87.44	109.80
K0040 RR	HCPCS	8.75	10.98

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
K0040 UE	HCPCS	65.59	82.36
K0041 NU	HCPCS	82.49	85.13
K0041 RR	HCPCS	8.25	8.50
K0041 UE	HCPCS	61.87	63.81
K0042 NU	HCPCS	52.22	52.22
K0042 RR	HCPCS	5.22	5.22
K0042 UE	HCPCS	39.14	39.14
K0043 NU	HCPCS	32.37	32.37
K0043 RR	HCPCS	3.25	3.25
K0043 UE	HCPCS	24.29	24.29
K0044 NU	HCPCS	27.59	27.59
K0044 RR	HCPCS	2.77	2.77
K0044 UE	HCPCS	20.65	20.65
K0045 NU	HCPCS	93.59	94.53
K0045 RR	HCPCS	9.37	9.60
K0045 UE	HCPCS	70.20	70.90
K0046 NU	HCPCS	32.37	32.37
K0046 RR	HCPCS	3.25	3.25
K0046 UE	HCPCS	24.29	24.29
K0047 NU	HCPCS	116.33	121.53
K0047 RR	HCPCS	11.63	12.17
K0047 UE	HCPCS	87.25	91.17
K0050 NU	HCPCS	53.87	53.87
K0050 RR	HCPCS	5.38	5.38
K0050 UE	HCPCS	40.43	40.43
K0051 NU	HCPCS	85.37	86.28
K0051 RR	HCPCS	8.54	8.62
K0051 UE	HCPCS	64.04	64.71
K0052 NU	HCPCS	116.31	141.50
K0052 RR	HCPCS	11.63	14.17
K0052 UE	HCPCS	87.23	106.11
K0053 NU	HCPCS	138.42	161.80
K0053 RR	HCPCS	13.85	16.18
K0053 UE	HCPCS	103.81	121.32
K0056 NU	HCPCS	151.51	177.55
K0056 RR	HCPCS	15.15	17.77
K0056 UE	HCPCS	113.62	133.20
K0065 NU	HCPCS	77.10	85.51
K0065 RR	HCPCS	7.71	8.55
K0065 UE	HCPCS	57.83	64.16
K0069 NU	HCPCS	154.31	182.60
K0069 RR	HCPCS	15.43	18.27
K0069 UE	HCPCS	115.74	136.95
K0070 RR	HCPCS	26.19	32.12

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
K0071 NU	HCPCS	180.10	204.85
K0071 RR	HCPCS	18.02	20.52
K0071 UE	HCPCS	135.07	153.65
K0072 NU	HCPCS	112.59	125.24
K0072 RR	HCPCS	11.26	12.53
K0072 UE	HCPCS	84.45	93.94
K0073 NU	HCPCS	57.95	64.37
K0073 RR	HCPCS	5.80	6.43
K0073 UE	HCPCS	43.46	48.26
K0077 NU	HCPCS	88.70	105.64
K0077 RR	HCPCS	8.88	10.56
K0077 UE	HCPCS	66.53	79.23
K0098 NU	HCPCS	39.63	43.76
K0098 RR	HCPCS	3.96	4.40
K0098 UE	HCPCS	29.74	32.83
K0105 NU	HCPCS	163.87	186.65
K0105 RR	HCPCS	16.39	18.66
K0105 UE	HCPCS	122.91	140.01
K0195 RR	HCPCS	17.30	26.85
K0455 RR	HCPCS	480.83	480.83
K0552 00	HCPCS	4.73	4.91
K0601 NU	HCPCS	2.14	2.16
K0602 NU	HCPCS	12.10	12.26
K0603 NU	HCPCS	1.09	1.09
K0604 NU	HCPCS	11.66	11.77
K0605 NU	HCPCS	27.87	28.22
K0606 RR	HCPCS	4,925.94	4,925.94
K0607 RR	HCPCS	38.01	38.01
K0608 NU	HCPCS	237.09	237.09
K0608 RR	HCPCS	23.76	23.76
K0608 UE	HCPCS	177.81	177.81
K0609 00	HCPCS	1,576.75	1,576.75
K0669 00	HCPCS	573.87	573.87
K0672 00	HCPCS	139.59	139.59
K0730 RR	HCPCS	337.22	337.22
K0733 NU	HCPCS	47.05	50.93
K0733 RR	HCPCS	4.70	5.12
K0733 UE	HCPCS	35.28	38.22
K0738 RR	HCPCS	64.30	72.28
K0739 00	HCPCS	53.63	53.63
K0800 NU	HCPCS	1,388.16	1,860.35
K0800 RR	HCPCS	138.81	186.05
K0800 UE	HCPCS	1,041.11	1,395.27
K0801 NU	HCPCS	2,492.56	3,166.13

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
K0801 RR	HCPCS	249.26	316.58
K0801 UE	HCPCS	1,869.42	2,374.60
K0802 NU	HCPCS	3,367.88	3,866.18
K0802 RR	HCPCS	336.78	386.61
K0802 UE	HCPCS	2,525.92	2,899.64
K0806 NU	HCPCS	2,384.00	2,510.31
K0806 RR	HCPCS	238.41	251.03
K0806 UE	HCPCS	1,788.01	1,882.75
K0807 NU	HCPCS	3,694.61	3,847.72
K0807 RR	HCPCS	369.46	384.78
K0807 UE	HCPCS	2,770.96	2,885.79
K0808 NU	HCPCS	5,711.26	5,950.67
K0808 RR	HCPCS	571.13	595.07
K0808 UE	HCPCS	4,283.44	4,462.99
K0813 RR	HCPCS	442.82	547.50
K0814 RR	HCPCS	460.60	641.24
K0815 RR	HCPCS	513.11	721.31
K0816 RR	HCPCS	471.73	682.39
K0820 RR	HCPCS	458.84	574.90
K0821 RR	HCPCS	471.73	675.28
K0822 RR	HCPCS	513.11	781.89
K0823 RR	HCPCS	471.73	766.02
K0824 RR	HCPCS	729.27	1,008.78
K0825 RR	HCPCS	682.44	927.91
K0826 RR	HCPCS	1,167.84	1,463.99
K0827 RR	HCPCS	1,036.29	1,260.56
K0828 RR	HCPCS	1,516.33	1,705.41
K0829 RR	HCPCS	1,463.14	1,604.29
K0831 00	HCPCS	10,213.45	10,213.45
K0835 RR	HCPCS	612.56	819.31
K0836 RR	HCPCS	635.33	849.72
K0837 RR	HCPCS	785.67	1,005.16
K0838 RR	HCPCS	696.36	895.96
K0839 RR	HCPCS	1,043.63	1,314.57
K0840 RR	HCPCS	1,602.31	2,002.14
K0841 RR	HCPCS	690.28	891.23
K0842 RR	HCPCS	689.29	890.72
K0843 RR	HCPCS	818.27	1,066.60
K0848 RR	HCPCS	1,336.40	1,336.40
K0849 RR	HCPCS	1,284.85	1,284.85
K0850 RR	HCPCS	1,550.14	1,550.14
K0851 RR	HCPCS	1,490.48	1,490.48
K0852 RR	HCPCS	1,791.09	1,791.09
K0853 RR	HCPCS	1,839.92	1,839.92

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
K0854 RR	HCPCS	2,437.50	2,437.50
K0855 RR	HCPCS	2,302.57	2,302.57
K0856 RR	HCPCS	1,434.44	1,434.44
K0857 RR	HCPCS	1,463.21	1,463.21
K0858 RR	HCPCS	1,779.74	1,779.74
K0859 RR	HCPCS	1,697.33	1,697.33
K0860 RR	HCPCS	2,542.60	2,542.60
K0861 RR	HCPCS	1,436.75	1,436.75
K0862 RR	HCPCS	1,779.74	1,779.74
K0863 RR	HCPCS	2,542.60	2,542.60
K0864 RR	HCPCS	3,025.68	3,025.68
K0884 00	HCPCS	27,992.87	27,992.87
K0899 00	HCPCS	4,416.66	4,416.66
K1007 00	HCPCS	130,503.40	130,503.40
K1027 00	HCPCS	8,874.85	8,874.85
L0112 00	HCPCS	2,304.32	2,304.32
L0113 00	HCPCS	469.50	469.50
L0120 00	HCPCS	55.82	55.82
L0130 00	HCPCS	278.73	278.73
L0140 00	HCPCS	100.97	100.97
L0150 00	HCPCS	227.25	227.25
L0160 00	HCPCS	278.81	278.81
L0170 00	HCPCS	1,344.74	1,344.74
L0172 00	HCPCS	251.05	251.05
L0174 00	HCPCS	577.70	577.70
L0180 00	HCPCS	748.94	748.94
L0190 00	HCPCS	1,041.73	1,041.73
L0200 00	HCPCS	1,085.99	1,085.99
L0220 00	HCPCS	193.17	193.17
L0450 00	HCPCS	186.52	281.64
L0452 00	HCPCS	5,376.01	5,376.01
L0454 00	HCPCS	570.99	570.99
L0455 00	HCPCS	346.28	469.10
L0456 00	HCPCS	1,637.44	1,637.44
L0457 00	HCPCS	992.99	1,345.22
L0458 00	HCPCS	1,468.28	1,468.28
L0460 00	HCPCS	1,652.66	1,652.66
L0462 00	HCPCS	2,055.65	2,055.65
L0464 00	HCPCS	2,447.21	2,447.21
L0466 00	HCPCS	785.69	785.69
L0467 00	HCPCS	388.35	598.75
L0468 00	HCPCS	952.28	952.28
L0469 00	HCPCS	494.83	738.51
L0470 00	HCPCS	1,340.75	1,340.75

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L0472 00	HCPCS	850.32	850.32
L0480 00	HCPCS	2,551.57	2,551.57
L0482 00	HCPCS	2,909.87	2,909.87
L0484 00	HCPCS	3,274.61	3,274.61
L0486 00	HCPCS	3,546.47	3,546.47
L0488 00	HCPCS	1,652.66	1,652.66
L0490 00	HCPCS	465.75	465.75
L0491 00	HCPCS	1,264.40	1,264.40
L0492 00	HCPCS	872.54	872.54
L0621 00	HCPCS	98.34	149.10
L0622 00	HCPCS	543.28	543.28
L0623 00	HCPCS	176.27	239.13
L0624 00	HCPCS	137.90	137.90
L0625 00	HCPCS	55.02	74.51
L0626 00	HCPCS	128.31	128.31
L0627 00	HCPCS	676.77	676.77
L0628 00	HCPCS	83.76	113.48
L0629 00	HCPCS	248.30	248.30
L0630 00	HCPCS	266.63	266.63
L0631 00	HCPCS	1,690.14	1,690.14
L0633 00	HCPCS	472.12	472.12
L0635 00	HCPCS	2,012.95	2,012.95
L0636 00	HCPCS	2,979.91	2,979.91
L0637 00	HCPCS	1,991.86	1,991.86
L0638 00	HCPCS	2,171.40	2,171.40
L0639 00	HCPCS	1,991.86	1,991.86
L0640 00	HCPCS	1,722.81	1,722.81
L0641 00	HCPCS	77.84	105.43
L0642 00	HCPCS	410.49	556.04
L0643 00	HCPCS	161.73	219.07
L0648 00	HCPCS	1,025.18	1,388.62
L0649 00	HCPCS	286.37	387.90
L0650 00	HCPCS	1,186.18	1,624.85
L0651 00	HCPCS	1,186.18	1,624.85
L0700 00	HCPCS	4,251.58	4,251.58
L0710 00	HCPCS	4,392.05	4,392.05
L0810 00	HCPCS	5,424.44	5,424.44
L0820 00	HCPCS	4,276.12	4,276.12
L0830 00	HCPCS	6,594.45	6,594.45
L0859 00	HCPCS	1,921.43	1,921.43
L0861 00	HCPCS	354.84	354.84
L0970 00	HCPCS	240.35	240.35
L0972 00	HCPCS	216.43	216.43
L0974 00	HCPCS	363.92	363.92

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Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L0976 00	HCPCS	256.91	256.91
L0978 00	HCPCS	404.81	404.81
L0980 00	HCPCS	27.54	27.54
L0982 00	HCPCS	27.31	27.31
L0984 00	HCPCS	107.86	107.86
L1000 00	HCPCS	4,269.50	4,269.50
L1005 00	HCPCS	5,269.49	5,269.49
L1006 00	HCPCS	1,796.79	1,796.79
L1010 00	HCPCS	119.81	119.81
L1020 00	HCPCS	181.78	181.78
L1025 00	HCPCS	244.87	244.87
L1030 00	HCPCS	105.10	105.10
L1040 00	HCPCS	164.05	164.05
L1050 00	HCPCS	175.10	175.10
L1060 00	HCPCS	201.11	201.11
L1070 00	HCPCS	189.24	189.24
L1080 00	HCPCS	100.66	100.66
L1085 00	HCPCS	323.71	323.71
L1090 00	HCPCS	192.77	192.77
L1100 00	HCPCS	334.43	334.43
L1110 00	HCPCS	537.10	537.10
L1120 00	HCPCS	83.52	83.52
L1200 00	HCPCS	3,294.97	3,294.97
L1210 00	HCPCS	550.26	550.26
L1220 00	HCPCS	465.91	465.91
L1230 00	HCPCS	936.17	936.17
L1240 00	HCPCS	163.28	163.28
L1250 00	HCPCS	129.53	129.53
L1260 00	HCPCS	141.62	141.62
L1270 00	HCPCS	162.95	162.95
L1280 00	HCPCS	181.43	181.43
L1290 00	HCPCS	165.28	165.28
L1300 00	HCPCS	3,512.87	3,512.87
L1310 00	HCPCS	3,301.17	3,301.17
L1320 00	HCPCS	3,270.76	3,270.76
L1600 00	HCPCS	258.26	258.26
L1610 00	HCPCS	92.32	92.32
L1620 00	HCPCS	262.02	262.02
L1630 00	HCPCS	290.75	290.75
L1640 00	HCPCS	727.78	727.78
L1650 00	HCPCS	426.09	426.09
L1652 00	HCPCS	586.85	586.85
L1653 00	HCPCS	586.85	586.85
L1660 00	HCPCS	269.92	269.92

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L1680 00	HCPCS	2,562.31	2,562.31
L1681 00	HCPCS	3,836.64	3,836.64
L1685 00	HCPCS	2,501.45	2,501.45
L1686 00	HCPCS	1,918.32	1,918.32
L1690 00	HCPCS	3,183.68	3,183.68
L1700 00	HCPCS	3,211.46	3,211.46
L1710 00	HCPCS	3,759.36	3,759.36
L1720 00	HCPCS	2,771.12	2,771.12
L1730 00	HCPCS	2,380.11	2,380.11
L1755 00	HCPCS	3,312.54	3,312.54
L1810 00	HCPCS	204.90	204.90
L1812 00	HCPCS	95.59	160.87
L1820 00	HCPCS	249.51	249.51
L1821 00	HCPCS	249.51	249.51
L1830 00	HCPCS	86.13	144.63
L1831 00	HCPCS	484.57	484.57
L1832 00	HCPCS	1,145.03	1,145.03
L1833 00	HCPCS	620.47	951.69
L1834 00	HCPCS	1,542.93	1,542.93
L1836 00	HCPCS	121.79	184.27
L1840 00	HCPCS	1,933.64	1,933.64
L1843 00	HCPCS	1,477.22	1,477.22
L1844 00	HCPCS	3,343.86	3,343.86
L1845 00	HCPCS	1,289.16	1,289.16
L1846 00	HCPCS	2,349.28	2,349.28
L1847 00	HCPCS	946.95	946.95
L1848 00	HCPCS	946.95	946.95
L1850 00	HCPCS	280.52	474.08
L1851 00	HCPCS	818.97	1,239.10
L1852 00	HCPCS	781.28	1,122.03
L1860 00	HCPCS	2,256.60	2,256.60
L1900 00	HCPCS	481.29	481.29
L1902 00	HCPCS	144.27	144.27
L1904 00	HCPCS	988.89	988.89
L1906 00	HCPCS	252.91	252.91
L1907 00	HCPCS	926.41	926.41
L1910 00	HCPCS	562.38	562.38
L1920 00	HCPCS	574.99	574.99
L1930 00	HCPCS	497.48	497.48
L1932 00	HCPCS	1,469.16	1,469.16
L1940 00	HCPCS	1,040.02	1,040.02
L1945 00	HCPCS	1,946.70	1,946.70
L1950 00	HCPCS	1,566.39	1,566.39
L1951 00	HCPCS	1,382.67	1,382.67

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L1960 00	HCPCS	1,165.65	1,165.65
L1970 00	HCPCS	1,218.87	1,218.87
L1971 00	HCPCS	771.69	771.69
L1980 00	HCPCS	771.81	771.81
L1990 00	HCPCS	937.40	937.40
L2000 00	HCPCS	2,133.01	2,133.01
L2005 00	HCPCS	6,746.36	6,746.36
L2006 00	HCPCS	54,817.01	54,817.01
L2010 00	HCPCS	1,944.45	1,944.45
L2020 00	HCPCS	2,455.53	2,455.53
L2030 00	HCPCS	2,130.39	2,130.39
L2034 00	HCPCS	3,298.46	3,298.46
L2035 00	HCPCS	285.18	285.18
L2036 00	HCPCS	3,498.74	3,498.74
L2037 00	HCPCS	3,502.70	3,502.70
L2038 00	HCPCS	2,573.96	2,573.96
L2040 00	HCPCS	280.03	280.03
L2050 00	HCPCS	1,001.77	1,001.77
L2060 00	HCPCS	1,220.97	1,220.97
L2070 00	HCPCS	233.81	233.81
L2080 00	HCPCS	756.41	756.41
L2090 00	HCPCS	922.14	922.14
L2106 00	HCPCS	1,429.85	1,429.85
L2108 00	HCPCS	2,078.01	2,078.01
L2112 00	HCPCS	905.28	905.28
L2114 00	HCPCS	1,220.63	1,220.63
L2116 00	HCPCS	1,497.09	1,497.09
L2126 00	HCPCS	2,160.75	2,160.75
L2128 00	HCPCS	3,394.02	3,394.02
L2132 00	HCPCS	1,311.24	1,311.24
L2134 00	HCPCS	2,033.95	2,033.95
L2136 00	HCPCS	2,486.97	2,486.97
L2180 00	HCPCS	246.29	246.29
L2182 00	HCPCS	168.59	168.59
L2184 00	HCPCS	195.38	195.38
L2186 00	HCPCS	237.45	237.45
L2188 00	HCPCS	472.36	472.36
L2190 00	HCPCS	137.73	137.73
L2192 00	HCPCS	749.83	749.83
L2200 00	HCPCS	99.97	99.97
L2210 00	HCPCS	141.36	141.36
L2220 00	HCPCS	172.21	172.21
L2230 00	HCPCS	161.36	161.36
L2232 00	HCPCS	163.86	163.86

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L2240 00	HCPCS	175.90	175.90
L2250 00	HCPCS	747.24	747.24
L2260 00	HCPCS	421.55	421.55
L2265 00	HCPCS	247.66	247.66
L2270 00	HCPCS	112.94	112.94
L2275 00	HCPCS	246.68	246.68
L2280 00	HCPCS	952.25	952.25
L2300 00	HCPCS	566.20	566.20
L2310 00	HCPCS	258.71	258.71
L2320 00	HCPCS	432.70	432.70
L2330 00	HCPCS	825.75	825.75
L2335 00	HCPCS	477.74	477.74
L2340 00	HCPCS	939.89	939.89
L2350 00	HCPCS	1,873.84	1,873.84
L2360 00	HCPCS	107.63	107.63
L2370 00	HCPCS	539.84	539.84
L2375 00	HCPCS	237.62	237.62
L2380 00	HCPCS	258.90	258.90
L2385 00	HCPCS	281.68	281.68
L2387 00	HCPCS	348.03	348.03
L2390 00	HCPCS	230.20	230.20
L2395 00	HCPCS	301.57	301.57
L2397 00	HCPCS	208.43	208.43
L2405 00	HCPCS	143.53	143.53
L2415 00	HCPCS	199.96	199.96
L2425 00	HCPCS	235.98	235.98
L2430 00	HCPCS	235.98	235.98
L2492 00	HCPCS	186.48	186.48
L2500 00	HCPCS	663.45	663.45
L2510 00	HCPCS	1,527.54	1,527.54
L2520 00	HCPCS	968.80	968.80
L2525 00	HCPCS	2,393.01	2,393.01
L2526 00	HCPCS	1,335.73	1,335.73
L2530 00	HCPCS	494.10	494.10
L2540 00	HCPCS	889.10	889.10
L2550 00	HCPCS	603.99	603.99
L2570 00	HCPCS	1,001.66	1,001.66
L2580 00	HCPCS	976.01	976.01
L2600 00	HCPCS	431.91	431.91
L2610 00	HCPCS	510.72	510.72
L2620 00	HCPCS	562.28	562.28
L2622 00	HCPCS	644.90	644.90
L2624 00	HCPCS	696.37	696.37
L2627 00	HCPCS	2,703.83	2,703.83

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L2628 00	HCPCS	2,642.47	2,642.47
L2630 00	HCPCS	520.74	520.74
L2640 00	HCPCS	706.71	706.71
L2650 00	HCPCS	210.90	210.90
L2660 00	HCPCS	391.94	391.94
L2670 00	HCPCS	321.62	321.62
L2680 00	HCPCS	298.58	298.58
L2750 00	HCPCS	131.82	131.82
L2755 00	HCPCS	215.15	215.15
L2760 00	HCPCS	127.78	127.78
L2768 00	HCPCS	214.48	214.48
L2780 00	HCPCS	142.32	142.32
L2785 00	HCPCS	66.64	66.64
L2795 00	HCPCS	178.70	178.70
L2800 00	HCPCS	224.32	224.32
L2810 00	HCPCS	164.25	164.25
L2820 00	HCPCS	182.62	182.62
L2830 00	HCPCS	197.57	197.57
L2840 00	HCPCS	68.91	68.91
L2850 00	HCPCS	118.06	118.06
L2861 00	HCPCS	630.01	630.01
L2999 00	HCPCS	BR	BR
L3000 00	HCPCS	517.17	517.17
L3001 00	HCPCS	217.77	217.77
L3002 00	HCPCS	265.90	265.90
L3003 00	HCPCS	286.92	286.92
L3010 00	HCPCS	286.92	286.92
L3020 00	HCPCS	326.62	326.62
L3030 00	HCPCS	125.65	125.65
L3031 00	HCPCS	201.66	201.66
L3040 00	HCPCS	77.48	77.48
L3050 00	HCPCS	77.48	77.48
L3060 00	HCPCS	121.41	121.41
L3070 00	HCPCS	52.30	52.30
L3080 00	HCPCS	52.30	52.30
L3090 00	HCPCS	67.02	67.02
L3100 00	HCPCS	71.18	71.18
L3140 00	HCPCS	146.59	146.59
L3150 00	HCPCS	134.01	134.01
L3160 00	HCPCS	162.39	162.39
L3170 00	HCPCS	83.78	83.78
L3201 00	HCPCS	69.85	69.85
L3202 00	HCPCS	70.98	70.98
L3203 00	HCPCS	75.26	75.26

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L3204 00	HCPCS	69.85	69.85
L3206 00	HCPCS	70.99	70.99
L3207 00	HCPCS	76.38	76.38
L3208 00	HCPCS	107.53	107.53
L3209 00	HCPCS	41.15	41.15
L3211 00	HCPCS	45.49	45.49
L3215 00	HCPCS	91.41	91.41
L3216 00	HCPCS	163.72	163.72
L3217 00	HCPCS	94.11	94.11
L3219 00	HCPCS	270.70	270.70
L3221 00	HCPCS	163.60	163.60
L3222 00	HCPCS	178.63	178.63
L3224 00	HCPCS	123.66	123.66
L3225 00	HCPCS	142.25	142.25
L3230 00	HCPCS	514.43	514.43
L3250 00	HCPCS	391.03	391.03
L3252 00	HCPCS	428.99	428.99
L3254 00	HCPCS	32.48	32.48
L3255 00	HCPCS	32.27	32.27
L3257 00	HCPCS	113.72	113.72
L3260 00	HCPCS	49.32	49.32
L3265 00	HCPCS	32.72	32.72
L3300 00	HCPCS	85.85	85.85
L3310 00	HCPCS	134.01	134.01
L3320 00	HCPCS	198.07	198.07
L3330 00	HCPCS	931.77	931.77
L3332 00	HCPCS	121.41	121.41
L3334 00	HCPCS	62.83	62.83
L3340 00	HCPCS	140.35	140.35
L3350 00	HCPCS	37.72	37.72
L3360 00	HCPCS	58.63	58.63
L3370 00	HCPCS	81.61	81.61
L3380 00	HCPCS	81.61	81.61
L3390 00	HCPCS	81.61	81.61
L3400 00	HCPCS	67.02	67.02
L3410 00	HCPCS	152.84	152.84
L3420 00	HCPCS	90.06	90.06
L3430 00	HCPCS	263.83	263.83
L3440 00	HCPCS	125.65	125.65
L3450 00	HCPCS	173.82	173.82
L3455 00	HCPCS	67.02	67.02
L3460 00	HCPCS	56.49	56.49
L3465 00	HCPCS	96.29	96.29
L3470 00	HCPCS	102.58	102.58

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L3480 00	HCPCS	102.58	102.58
L3485 00	HCPCS	45.84	45.84
L3500 00	HCPCS	48.16	48.16
L3510 00	HCPCS	48.16	48.16
L3520 00	HCPCS	52.30	52.30
L3530 00	HCPCS	52.30	52.30
L3540 00	HCPCS	83.78	83.78
L3550 00	HCPCS	14.62	14.62
L3560 00	HCPCS	37.72	37.72
L3570 00	HCPCS	140.35	140.35
L3580 00	HCPCS	106.79	106.79
L3590 00	HCPCS	87.93	87.93
L3595 00	HCPCS	69.08	69.08
L3600 00	HCPCS	125.65	125.65
L3610 00	HCPCS	165.41	165.41
L3620 00	HCPCS	125.65	125.65
L3630 00	HCPCS	165.41	165.41
L3640 00	HCPCS	71.18	71.18
L3650 00	HCPCS	122.05	122.05
L3660 00	HCPCS	187.74	187.74
L3670 00	HCPCS	232.69	232.69
L3671 00	HCPCS	1,350.15	1,350.15
L3674 00	HCPCS	1,771.10	1,771.10
L3675 00	HCPCS	262.95	262.95
L3677 00	HCPCS	98.80	98.80
L3678 00	HCPCS	96.47	96.47
L3702 00	HCPCS	432.64	432.64
L3710 00	HCPCS	213.63	213.63
L3720 00	HCPCS	1,346.00	1,346.00
L3730 00	HCPCS	1,855.06	1,855.06
L3740 00	HCPCS	2,199.33	2,199.33
L3760 00	HCPCS	749.28	749.28
L3761 00	HCPCS	749.28	749.28
L3762 00	HCPCS	161.11	161.11
L3763 00	HCPCS	1,263.60	1,263.60
L3764 00	HCPCS	1,453.10	1,453.10
L3765 00	HCPCS	1,921.23	1,921.23
L3766 00	HCPCS	2,034.45	2,034.45
L3806 00	HCPCS	680.64	680.64
L3807 00	HCPCS	374.67	374.67
L3808 00	HCPCS	681.45	681.45
L3809 00	HCPCS	374.67	374.67
L3891 00	HCPCS	245.39	245.39
L3900 00	HCPCS	2,445.06	2,445.06

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L3901 00	HCPCS	3,009.62	3,009.62
L3904 00	HCPCS	6,026.33	6,026.33
L3905 00	HCPCS	1,485.95	1,485.95
L3906 00	HCPCS	813.13	813.13
L3908 00	HCPCS	123.28	123.28
L3912 00	HCPCS	195.16	195.16
L3913 00	HCPCS	405.80	405.80
L3915 00	HCPCS	796.46	796.46
L3916 00	HCPCS	796.46	796.46
L3917 00	HCPCS	158.35	158.35
L3918 00	HCPCS	158.35	158.35
L3919 00	HCPCS	405.80	405.80
L3921 00	HCPCS	481.29	481.29
L3923 00	HCPCS	134.26	134.26
L3924 00	HCPCS	134.26	134.26
L3925 00	HCPCS	98.45	98.45
L3927 00	HCPCS	52.39	52.39
L3929 00	HCPCS	160.87	160.87
L3930 00	HCPCS	160.87	160.87
L3931 00	HCPCS	359.24	359.24
L3933 00	HCPCS	319.65	319.65
L3935 00	HCPCS	330.99	330.99
L3956 00	HCPCS	48.38	48.38
L3960 00	HCPCS	1,512.38	1,512.38
L3961 00	HCPCS	2,517.38	2,517.38
L3962 00	HCPCS	1,476.50	1,476.50
L3967 00	HCPCS	2,972.20	2,972.20
L3971 00	HCPCS	2,821.32	2,821.32
L3973 00	HCPCS	2,972.20	2,972.20
L3975 00	HCPCS	2,517.38	2,517.38
L3976 00	HCPCS	2,517.38	2,517.38
L3977 00	HCPCS	2,821.32	2,821.32
L3978 00	HCPCS	2,972.20	2,972.20
L3980 00	HCPCS	636.17	636.17
L3981 00	HCPCS	1,508.19	1,508.19
L3982 00	HCPCS	768.24	768.24
L3984 00	HCPCS	708.29	708.29
L3995 00	HCPCS	58.81	58.81
L4000 00	HCPCS	2,681.38	2,681.38
L4002 00	HCPCS	37.65	37.65
L4010 00	HCPCS	1,411.33	1,411.33
L4020 00	HCPCS	1,811.35	1,811.35
L4030 00	HCPCS	1,061.75	1,061.75
L4040 00	HCPCS	858.42	858.42

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L4045 00	HCPCS	689.84	689.84
L4050 00	HCPCS	868.18	868.18
L4055 00	HCPCS	562.18	562.18
L4060 00	HCPCS	668.33	668.33
L4070 00	HCPCS	591.82	591.82
L4080 00	HCPCS	182.28	182.28
L4090 00	HCPCS	173.61	173.61
L4100 00	HCPCS	219.35	219.35
L4110 00	HCPCS	178.33	178.33
L4130 00	HCPCS	1,043.35	1,043.35
L4205 00	HCPCS	48.72	48.72
L4210 00	HCPCS	98.20	98.20
L4350 00	HCPCS	187.98	187.98
L4360 00	HCPCS	509.53	509.53
L4361 00	HCPCS	509.53	509.53
L4370 00	HCPCS	297.75	297.75
L4386 00	HCPCS	261.00	261.00
L4387 00	HCPCS	261.00	261.00
L4392 00	HCPCS	38.09	38.09
L4394 00	HCPCS	27.75	27.75
L4396 00	HCPCS	271.63	271.63
L4397 00	HCPCS	271.63	271.63
L4398 00	HCPCS	125.08	125.08
L4631 00	HCPCS	3,098.62	3,098.62
L5000 00	HCPCS	1,009.83	1,009.83
L5010 00	HCPCS	2,267.06	2,267.06
L5020 00	HCPCS	4,440.00	4,440.00
L5050 00	HCPCS	4,474.13	4,474.13
L5060 00	HCPCS	6,188.15	6,188.15
L5100 00	HCPCS	4,517.53	4,517.53
L5105 00	HCPCS	7,783.22	7,783.22
L5150 00	HCPCS	7,867.78	7,867.78
L5160 00	HCPCS	8,557.61	8,557.61
L5200 00	HCPCS	6,743.45	6,743.45
L5210 00	HCPCS	4,975.45	4,975.45
L5220 00	HCPCS	6,179.73	6,179.73
L5230 00	HCPCS	8,523.06	8,523.06
L5250 00	HCPCS	11,624.69	11,624.69
L5270 00	HCPCS	11,522.85	11,522.85
L5280 00	HCPCS	11,407.63	11,407.63
L5301 00	HCPCS	5,122.14	5,122.14
L5312 00	HCPCS	6,621.10	6,621.10
L5321 00	HCPCS	7,363.71	7,363.71
L5331 00	HCPCS	9,785.75	9,785.75

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L5341 00	HCPCS	11,323.16	11,323.16
L5400 00	HCPCS	2,666.38	2,666.38
L5410 00	HCPCS	702.07	702.07
L5420 00	HCPCS	3,405.53	3,405.53
L5430 00	HCPCS	949.17	949.17
L5450 00	HCPCS	684.57	684.57
L5460 00	HCPCS	916.26	916.26
L5500 00	HCPCS	2,865.63	2,865.63
L5505 00	HCPCS	3,896.84	3,896.84
L5510 00	HCPCS	2,956.06	2,956.06
L5520 00	HCPCS	3,219.92	3,219.92
L5530 00	HCPCS	3,869.80	3,869.80
L5535 00	HCPCS	3,799.38	3,799.38
L5540 00	HCPCS	4,052.44	4,052.44
L5560 00	HCPCS	3,950.25	3,950.25
L5570 00	HCPCS	4,330.80	4,330.80
L5580 00	HCPCS	5,256.51	5,256.51
L5585 00	HCPCS	4,655.25	4,655.25
L5590 00	HCPCS	5,385.90	5,385.90
L5595 00	HCPCS	9,021.17	9,021.17
L5600 00	HCPCS	9,962.09	9,962.09
L5610 00	HCPCS	4,117.64	4,117.64
L5611 00	HCPCS	3,330.05	3,330.05
L5613 00	HCPCS	5,490.67	5,490.67
L5614 00	HCPCS	2,783.61	2,783.61
L5615 00	HCPCS	12,038.32	12,038.32
L5616 00	HCPCS	2,371.36	2,371.36
L5617 00	HCPCS	922.94	922.94
L5618 00	HCPCS	485.23	485.23
L5620 00	HCPCS	491.47	491.47
L5622 00	HCPCS	636.99	636.99
L5624 00	HCPCS	698.67	698.67
L5626 00	HCPCS	917.90	917.90
L5628 00	HCPCS	812.27	812.27
L5629 00	HCPCS	534.00	534.00
L5630 00	HCPCS	925.82	925.82
L5631 00	HCPCS	738.30	738.30
L5632 00	HCPCS	397.10	397.10
L5634 00	HCPCS	681.52	681.52
L5636 00	HCPCS	428.15	428.15
L5637 00	HCPCS	644.71	644.71
L5638 00	HCPCS	1,090.33	1,090.33
L5639 00	HCPCS	2,511.95	2,511.95
L5640 00	HCPCS	1,303.75	1,303.75

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L5642 00	HCPCS	1,041.08	1,041.08
L5643 00	HCPCS	2,615.34	2,615.34
L5644 00	HCPCS	992.47	992.47
L5645 00	HCPCS	1,517.66	1,517.66
L5646 00	HCPCS	920.67	920.67
L5647 00	HCPCS	1,782.20	1,782.20
L5648 00	HCPCS	1,106.29	1,106.29
L5649 00	HCPCS	3,220.07	3,220.07
L5650 00	HCPCS	1,093.75	1,093.75
L5651 00	HCPCS	2,017.95	2,017.95
L5652 00	HCPCS	732.59	732.59
L5653 00	HCPCS	1,094.72	1,094.72
L5654 00	HCPCS	684.67	684.67
L5655 00	HCPCS	594.26	594.26
L5656 00	HCPCS	831.10	831.10
L5658 00	HCPCS	632.51	632.51
L5661 00	HCPCS	1,263.93	1,263.93
L5665 00	HCPCS	1,147.16	1,147.16
L5666 00	HCPCS	156.83	156.83
L5668 00	HCPCS	226.25	226.25
L5670 00	HCPCS	607.95	607.95
L5671 00	HCPCS	1,114.44	1,114.44
L5672 00	HCPCS	529.68	529.68
L5673 00	HCPCS	1,316.67	1,316.67
L5676 00	HCPCS	811.87	811.87
L5677 00	HCPCS	1,104.66	1,104.66
L5678 00	HCPCS	88.96	88.96
L5679 00	HCPCS	1,097.21	1,097.21
L5680 00	HCPCS	535.85	535.85
L5681 00	HCPCS	2,169.86	2,169.86
L5682 00	HCPCS	1,401.15	1,401.15
L5683 00	HCPCS	2,169.86	2,169.86
L5684 00	HCPCS	107.84	107.84
L5685 00	HCPCS	211.29	211.29
L5686 00	HCPCS	104.30	104.30
L5688 00	HCPCS	136.86	136.86
L5690 00	HCPCS	219.24	219.24
L5692 00	HCPCS	297.70	297.70
L5694 00	HCPCS	406.45	406.45
L5695 00	HCPCS	365.37	365.37
L5696 00	HCPCS	414.53	414.53
L5697 00	HCPCS	179.86	179.86
L5698 00	HCPCS	230.51	230.51
L5699 00	HCPCS	417.73	417.73

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L5700 00	HCPCS	6,135.58	6,135.58
L5701 00	HCPCS	7,617.82	7,617.82
L5702 00	HCPCS	9,733.98	9,733.98
L5703 00	HCPCS	4,044.89	4,044.89
L5704 00	HCPCS	1,024.66	1,024.66
L5705 00	HCPCS	1,682.23	1,682.23
L5706 00	HCPCS	1,667.27	1,667.27
L5707 00	HCPCS	2,370.16	2,370.16
L5710 00	HCPCS	805.80	805.80
L5711 00	HCPCS	1,169.87	1,169.87
L5712 00	HCPCS	965.40	965.40
L5714 00	HCPCS	839.02	839.02
L5716 00	HCPCS	1,632.92	1,632.92
L5718 00	HCPCS	2,040.99	2,040.99
L5722 00	HCPCS	1,823.23	1,823.23
L5724 00	HCPCS	3,240.69	3,240.69
L5726 00	HCPCS	3,314.05	3,314.05
L5728 00	HCPCS	5,331.14	5,331.14
L5780 00	HCPCS	2,565.11	2,565.11
L5781 00	HCPCS	6,600.27	6,600.27
L5782 00	HCPCS	6,958.17	6,958.17
L5783 00	HCPCS	4,323.62	4,323.62
L5785 00	HCPCS	922.99	922.99
L5790 00	HCPCS	1,486.09	1,486.09
L5795 00	HCPCS	1,875.19	1,875.19
L5810 00	HCPCS	1,090.80	1,090.80
L5811 00	HCPCS	1,634.00	1,634.00
L5812 00	HCPCS	1,266.52	1,266.52
L5814 00	HCPCS	6,126.36	6,126.36
L5816 00	HCPCS	1,905.39	1,905.39
L5818 00	HCPCS	2,151.56	2,151.56
L5822 00	HCPCS	2,861.45	2,861.45
L5824 00	HCPCS	3,435.87	3,435.87
L5826 00	HCPCS	5,151.50	5,151.50
L5828 00	HCPCS	6,146.76	6,146.76
L5830 00	HCPCS	4,251.34	4,251.34
L5840 00	HCPCS	6,782.16	6,782.16
L5841 00	HCPCS	5,241.66	5,241.66
L5845 00	HCPCS	2,956.67	2,956.67
L5848 00	HCPCS	1,773.86	1,773.86
L5850 00	HCPCS	214.96	214.96
L5855 00	HCPCS	691.92	691.92
L5856 00	HCPCS	39,599.73	39,599.73
L5857 00	HCPCS	14,051.53	14,051.53

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L5858 00	HCPCS	30,657.90	30,657.90
L5859 00	HCPCS	23,934.37	23,934.37
L5910 00	HCPCS	608.58	608.58
L5920 00	HCPCS	891.58	891.58
L5925 00	HCPCS	732.86	732.86
L5926 00	HCPCS	1,276.31	1,276.31
L5930 00	HCPCS	5,552.39	5,552.39
L5940 00	HCPCS	895.85	895.85
L5950 00	HCPCS	1,307.32	1,307.32
L5960 00	HCPCS	1,619.91	1,619.91
L5961 00	HCPCS	8,620.29	8,620.29
L5962 00	HCPCS	1,316.91	1,316.91
L5964 00	HCPCS	1,895.81	1,895.81
L5966 00	HCPCS	2,457.84	2,457.84
L5968 00	HCPCS	5,994.48	5,994.48
L5970 00	HCPCS	429.34	429.34
L5971 00	HCPCS	429.34	429.34
L5972 00	HCPCS	789.60	789.60
L5973 00	HCPCS	28,998.75	28,998.75
L5974 00	HCPCS	522.10	522.10
L5975 00	HCPCS	764.72	764.72
L5976 00	HCPCS	1,254.72	1,254.72
L5978 00	HCPCS	653.83	653.83
L5979 00	HCPCS	5,064.96	5,064.96
L5980 00	HCPCS	7,091.56	7,091.56
L5981 00	HCPCS	5,504.20	5,504.20
L5982 00	HCPCS	1,295.24	1,295.24
L5984 00	HCPCS	1,276.31	1,276.31
L5985 00	HCPCS	465.84	465.84
L5986 00	HCPCS	1,419.75	1,419.75
L5987 00	HCPCS	11,866.69	11,866.69
L5988 00	HCPCS	3,295.40	3,295.40
L5990 00	HCPCS	2,992.72	2,992.72
L5991 00	HCPCS	16,134.37	16,134.37
L6000 00	HCPCS	2,976.88	2,976.88
L6010 00	HCPCS	3,312.76	3,312.76
L6020 00	HCPCS	3,088.62	3,088.62
L6026 00	HCPCS	7,787.49	7,787.49
L6050 00	HCPCS	4,242.49	4,242.49
L6055 00	HCPCS	5,440.86	5,440.86
L6100 00	HCPCS	3,530.52	3,530.52
L6110 00	HCPCS	4,572.25	4,572.25
L6120 00	HCPCS	5,191.70	5,191.70
L6130 00	HCPCS	5,799.89	5,799.89

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L6200 00	HCPCS	6,112.13	6,112.13
L6205 00	HCPCS	7,461.13	7,461.13
L6250 00	HCPCS	6,016.39	6,016.39
L6300 00	HCPCS	8,347.08	8,347.08
L6310 00	HCPCS	6,798.89	6,798.89
L6320 00	HCPCS	3,828.78	3,828.78
L6350 00	HCPCS	8,709.53	8,709.53
L6360 00	HCPCS	7,136.23	7,136.23
L6370 00	HCPCS	4,550.53	4,550.53
L6380 00	HCPCS	2,173.57	2,173.57
L6382 00	HCPCS	2,734.42	2,734.42
L6384 00	HCPCS	3,545.72	3,545.72
L6386 00	HCPCS	899.74	899.74
L6388 00	HCPCS	918.60	918.60
L6400 00	HCPCS	5,198.73	5,198.73
L6450 00	HCPCS	6,337.03	6,337.03
L6500 00	HCPCS	5,760.92	5,760.92
L6550 00	HCPCS	8,543.39	8,543.39
L6570 00	HCPCS	9,806.17	9,806.17
L6580 00	HCPCS	3,002.99	3,002.99
L6582 00	HCPCS	2,312.67	2,312.67
L6584 00	HCPCS	3,754.59	3,754.59
L6586 00	HCPCS	3,193.82	3,193.82
L6588 00	HCPCS	5,433.60	5,433.60
L6590 00	HCPCS	4,773.85	4,773.85
L6600 00	HCPCS	420.25	420.25
L6605 00	HCPCS	414.96	414.96
L6610 00	HCPCS	373.02	373.02
L6611 00	HCPCS	679.21	679.21
L6615 00	HCPCS	307.83	307.83
L6616 00	HCPCS	108.99	108.99
L6620 00	HCPCS	642.11	642.11
L6621 00	HCPCS	3,773.11	3,773.11
L6623 00	HCPCS	1,077.87	1,077.87
L6624 00	HCPCS	6,212.53	6,212.53
L6625 00	HCPCS	1,191.58	1,191.58
L6628 00	HCPCS	804.97	804.97
L6629 00	HCPCS	294.22	294.22
L6630 00	HCPCS	362.15	362.15
L6632 00	HCPCS	109.17	109.17
L6635 00	HCPCS	394.62	394.62
L6637 00	HCPCS	720.55	720.55
L6638 00	HCPCS	4,125.18	4,125.18
L6640 00	HCPCS	470.68	470.68

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L6641 00	HCPCS	337.58	337.58
L6642 00	HCPCS	437.78	437.78
L6645 00	HCPCS	715.22	715.22
L6646 00	HCPCS	5,202.79	5,202.79
L6647 00	HCPCS	856.52	856.52
L6648 00	HCPCS	5,365.92	5,365.92
L6650 00	HCPCS	758.35	758.35
L6655 00	HCPCS	168.29	168.29
L6660 00	HCPCS	205.65	205.65
L6665 00	HCPCS	83.31	83.31
L6670 00	HCPCS	107.44	107.44
L6672 00	HCPCS	377.78	377.78
L6675 00	HCPCS	256.48	256.48
L6676 00	HCPCS	271.71	271.71
L6677 00	HCPCS	489.34	489.34
L6680 00	HCPCS	519.79	519.79
L6682 00	HCPCS	517.57	517.57
L6684 00	HCPCS	780.95	780.95
L6686 00	HCPCS	1,322.68	1,322.68
L6687 00	HCPCS	980.31	980.31
L6688 00	HCPCS	1,061.98	1,061.98
L6689 00	HCPCS	1,211.04	1,211.04
L6690 00	HCPCS	1,402.88	1,402.88
L6691 00	HCPCS	771.88	771.88
L6692 00	HCPCS	1,252.93	1,252.93
L6693 00	HCPCS	4,683.18	4,683.18
L6694 00	HCPCS	1,316.67	1,316.67
L6695 00	HCPCS	1,097.21	1,097.21
L6696 00	HCPCS	2,169.86	2,169.86
L6697 00	HCPCS	2,169.86	2,169.86
L6698 00	HCPCS	1,114.44	1,114.44
L6703 00	HCPCS	603.92	603.92
L6704 00	HCPCS	1,312.09	1,312.09
L6706 00	HCPCS	725.19	725.19
L6707 00	HCPCS	2,769.05	2,769.05
L6708 00	HCPCS	1,874.07	1,874.07
L6709 00	HCPCS	2,714.39	2,714.39
L6711 00	HCPCS	1,109.05	1,109.05
L6712 00	HCPCS	2,041.93	2,041.93
L6713 00	HCPCS	2,577.20	2,577.20
L6714 00	HCPCS	2,182.87	2,182.87
L6715 00	HCPCS	5,207.96	5,207.96
L6721 00	HCPCS	3,879.74	3,879.74
L6722 00	HCPCS	3,344.64	3,344.64

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L6805 00	HCPCS	711.52	711.52
L6810 00	HCPCS	365.75	365.75
L6880 00	HCPCS	39,412.74	39,412.74
L6881 00	HCPCS	6,743.93	6,743.93
L6882 00	HCPCS	5,115.59	5,115.59
L6883 00	HCPCS	2,888.52	2,888.52
L6884 00	HCPCS	5,001.84	5,001.84
L6885 00	HCPCS	7,136.23	7,136.23
L6890 00	HCPCS	381.07	381.07
L6895 00	HCPCS	938.28	938.28
L6900 00	HCPCS	3,370.95	3,370.95
L6905 00	HCPCS	3,289.45	3,289.45
L6910 00	HCPCS	3,204.60	3,204.60
L6915 00	HCPCS	1,356.70	1,356.70
L6920 00	HCPCS	12,528.01	12,528.01
L6925 00	HCPCS	14,298.00	14,298.00
L6930 00	HCPCS	11,660.40	11,660.40
L6935 00	HCPCS	13,542.83	13,542.83
L6940 00	HCPCS	14,758.59	14,758.59
L6945 00	HCPCS	17,151.58	17,151.58
L6950 00	HCPCS	16,757.31	16,757.31
L6955 00	HCPCS	20,069.15	20,069.15
L6960 00	HCPCS	21,472.47	21,472.47
L6965 00	HCPCS	24,931.21	24,931.21
L6970 00	HCPCS	26,404.06	26,404.06
L6975 00	HCPCS	31,221.74	31,221.74
L7007 00	HCPCS	5,782.15	5,782.15
L7008 00	HCPCS	9,720.41	9,720.41
L7009 00	HCPCS	5,899.63	5,899.63
L7040 00	HCPCS	4,737.17	4,737.17
L7045 00	HCPCS	2,715.99	2,715.99
L7170 00	HCPCS	9,852.68	9,852.68
L7180 00	HCPCS	60,881.95	60,881.95
L7181 00	HCPCS	66,095.78	66,095.78
L7185 00	HCPCS	10,059.76	10,059.76
L7186 00	HCPCS	14,863.53	14,863.53
L7190 00	HCPCS	13,176.84	13,176.84
L7191 00	HCPCS	15,531.52	15,531.52
L7259 00	HCPCS	6,779.32	6,779.32
L7360 00	HCPCS	408.17	408.17
L7362 00	HCPCS	433.83	433.83
L7364 00	HCPCS	798.14	798.14
L7366 00	HCPCS	1,031.21	1,031.21
L7367 00	HCPCS	642.22	642.22

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L7368 00	HCPCS	832.54	832.54
L7400 00	HCPCS	505.58	505.58
L7401 00	HCPCS	566.02	566.02
L7402 00	HCPCS	611.24	611.24
L7403 00	HCPCS	607.46	607.46
L7404 00	HCPCS	916.89	916.89
L7405 00	HCPCS	1,199.13	1,199.13
L7510 00	HCPCS	229.21	229.21
L7520 00	HCPCS	76.34	76.34
L7600 00	HCPCS	163.73	163.73
L7700 00	HCPCS	206.63	206.63
L7900 00	HCPCS	745.72	745.72
L8000 00	HCPCS	81.80	81.80
L8001 00	HCPCS	206.93	206.93
L8002 00	HCPCS	272.13	272.13
L8010 00	HCPCS	94.86	94.86
L8015 00	HCPCS	98.90	98.90
L8020 00	HCPCS	351.25	351.25
L8030 00	HCPCS	641.73	641.73
L8031 00	HCPCS	641.73	641.73
L8032 00	HCPCS	64.62	64.62
L8035 00	HCPCS	6,043.49	6,043.49
L8040 00	HCPCS	4,321.03	4,321.03
L8041 00	HCPCS	5,208.56	5,208.56
L8042 00	HCPCS	5,852.31	5,852.31
L8043 00	HCPCS	6,554.60	6,554.60
L8044 00	HCPCS	7,256.87	7,256.87
L8045 00	HCPCS	4,561.07	4,561.07
L8046 00	HCPCS	4,681.88	4,681.88
L8047 00	HCPCS	2,399.38	2,399.38
L8300 00	HCPCS	189.00	189.00
L8310 00	HCPCS	298.40	298.40
L8320 00	HCPCS	119.76	119.76
L8330 00	HCPCS	110.60	110.60
L8400 00	HCPCS	35.27	35.27
L8410 00	HCPCS	45.49	45.49
L8415 00	HCPCS	40.24	40.24
L8417 00	HCPCS	124.07	124.07
L8420 00	HCPCS	43.57	43.57
L8430 00	HCPCS	46.79	46.79
L8435 00	HCPCS	43.40	43.40
L8440 00	HCPCS	93.69	93.69
L8460 00	HCPCS	149.32	149.32
L8465 00	HCPCS	81.96	81.96

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L8470 00	HCPCS	14.95	14.95
L8480 00	HCPCS	17.85	17.85
L8485 00	HCPCS	24.18	24.18
L8500 00	HCPCS	1,108.95	1,108.95
L8501 00	HCPCS	202.99	202.99
L8505 00	HCPCS	129.58	129.58
L8507 00	HCPCS	69.09	69.09
L8509 00	HCPCS	180.14	180.14
L8510 00	HCPCS	416.84	416.84
L8511 00	HCPCS	119.98	119.98
L8512 00	HCPCS	3.56	3.56
L8513 00	HCPCS	8.57	8.57
L8514 00	HCPCS	155.53	155.53
L8515 00	HCPCS	104.09	104.09
L8600 00	HCPCS	1,143.63	1,143.63
L8603 00	HCPCS	736.78	736.78
L8605 00	HCPCS	1,181.49	1,181.49
L8606 00	HCPCS	382.58	382.58
L8607 00	HCPCS	70.73	70.73
L8609 00	HCPCS	10,747.80	10,747.80
L8610 00	HCPCS	983.53	983.53
L8612 00	HCPCS	1,336.80	1,336.80
L8613 00	HCPCS	496.23	496.23
L8614 00	HCPCS	33,145.77	33,145.77
L8615 00	HCPCS	743.99	743.99
L8616 00	HCPCS	173.29	173.29
L8617 00	HCPCS	151.35	151.35
L8618 00	HCPCS	43.23	43.23
L8619 00	HCPCS	14,229.25	14,229.25
L8621 00	HCPCS	1.04	1.04
L8622 00	HCPCS	0.53	0.53
L8623 00	HCPCS	106.72	106.72
L8624 00	HCPCS	266.03	266.03
L8625 00	HCPCS	311.53	311.53
L8627 00	HCPCS	12,086.49	12,086.49
L8628 00	HCPCS	2,142.77	2,142.77
L8629 00	HCPCS	295.34	295.34
L8630 00	HCPCS	566.12	566.12
L8631 00	HCPCS	3,760.23	3,760.23
L8641 00	HCPCS	594.92	594.92
L8642 00	HCPCS	582.05	582.05
L8658 00	HCPCS	512.85	512.85
L8659 00	HCPCS	3,183.18	3,183.18
L8670 00	HCPCS	935.38	935.38

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
L8678 00	HCPCS	17.51	37.30
L8679 00	HCPCS	14,452.86	14,452.86
L8680 00	HCPCS	1,072.08	1,072.08
L8681 00	HCPCS	1,812.75	1,812.75
L8682 00	HCPCS	10,326.23	10,326.23
L8683 00	HCPCS	9,089.47	9,089.47
L8684 00	HCPCS	1,323.48	1,323.48
L8687 00	HCPCS	64,987.75	64,987.75
L8689 00	HCPCS	2,845.44	2,845.44
L8690 00	HCPCS	7,847.38	7,847.38
L8691 00	HCPCS	2,840.81	2,840.81
L8692 00	HCPCS	6,997.44	6,997.44
L8693 00	HCPCS	2,501.31	2,501.31
L8694 00	HCPCS	1,557.82	1,557.82
L8695 00	HCPCS	27.45	27.45
L8696 00	HCPCS	357.53	357.53
L8701 00	HCPCS	47,998.22	47,998.22
L8702 00	HCPCS	94,433.72	94,433.72
Q0035 00	HCPCS	29.89	29.89
Q0081 00	HCPCS	270.09	270.09
Q0083 00	HCPCS	BR	BR
Q0084 00	HCPCS	358.60	358.60
Q0091 00	HCPCS	60.68	60.68
Q0092 00	HCPCS	36.23	36.23
Q0111 00	HCPCS	25.47	25.47
Q0112 00	HCPCS	8.16	8.16
Q0113 00	HCPCS	5.98	5.98
Q0114 00	HCPCS	13.64	13.64
Q0115 00	HCPCS	35.00	35.00
Q0477 00	HCPCS	1,279.75	1,279.75
Q0478 00	HCPCS	303.16	303.16
Q0479 00	HCPCS	19,746.59	19,746.59
Q0480 00	HCPCS	139,999.90	139,999.90
Q0481 00	HCPCS	23,969.89	23,969.89
Q0482 00	HCPCS	7,507.82	7,507.82
Q0483 00	HCPCS	30,928.91	30,928.91
Q0484 00	HCPCS	6,006.31	6,006.31
Q0485 00	HCPCS	579.87	579.87
Q0486 00	HCPCS	482.65	482.65
Q0487 00	HCPCS	563.09	563.09
Q0489 00	HCPCS	26,813.67	26,813.67
Q0490 00	HCPCS	1,159.84	1,159.84
Q0491 00	HCPCS	1,823.40	1,823.40
Q0492 00	HCPCS	146.87	146.87

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
Q0493 00	HCPCS	418.31	418.31
Q0494 00	HCPCS	353.98	353.98
Q0495 00	HCPCS	6,890.42	6,890.42
Q0496 00	HCPCS	2,473.09	2,473.09
Q0497 00	HCPCS	772.25	772.25
Q0498 00	HCPCS	847.35	847.35
Q0499 00	HCPCS	275.31	275.31
Q0500 00	HCPCS	50.39	50.39
Q0501 00	HCPCS	842.41	842.41
Q0502 00	HCPCS	1,072.50	1,072.50
Q0503 00	HCPCS	2,145.08	2,145.08
Q0504 00	HCPCS	1,131.91	1,131.91
Q0506 00	HCPCS	1,408.97	1,408.97
Q0507 00	HCPCS	BR	BR
Q0508 00	HCPCS	BR	BR
Q0509 00	HCPCS	BR	BR
Q0510 00	HCPCS	48.03	48.03
Q0511 00	HCPCS	23.09	23.09
Q0512 00	HCPCS	15.16	15.16
Q0513 00	HCPCS	126.38	126.38
Q0514 00	HCPCS	63.18	63.18
Q0515 00	HCPCS	BR	BR
Q1004 00	HCPCS	BR	BR
Q1005 00	HCPCS	BR	BR
Q3031 00	HCPCS	BR	BR
Q4001 00	HCPCS	85.60	85.60
Q4002 00	HCPCS	323.43	323.43
Q4003 00	HCPCS	61.46	61.46
Q4004 00	HCPCS	212.79	212.79
Q4005 00	HCPCS	22.67	22.67
Q4006 00	HCPCS	51.06	51.06
Q4007 00	HCPCS	11.33	11.33
Q4008 00	HCPCS	25.52	25.52
Q4009 00	HCPCS	15.13	15.13
Q4010 00	HCPCS	34.03	34.03
Q4011 00	HCPCS	7.55	7.55
Q4012 00	HCPCS	17.07	17.07
Q4013 00	HCPCS	27.55	27.55
Q4014 00	HCPCS	46.45	46.45
Q4015 00	HCPCS	13.79	13.79
Q4016 00	HCPCS	23.21	23.21
Q4017 00	HCPCS	15.92	15.92
Q4018 00	HCPCS	25.37	25.37
Q4019 00	HCPCS	7.97	7.97

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
Q4020 00	HCPCS	12.74	12.74
Q4021 00	HCPCS	11.79	11.79
Q4022 00	HCPCS	21.28	21.28
Q4023 00	HCPCS	5.92	5.92
Q4024 00	HCPCS	10.65	10.65
Q4025 00	HCPCS	66.05	66.05
Q4026 00	HCPCS	206.32	206.32
Q4027 00	HCPCS	33.05	33.05
Q4028 00	HCPCS	103.22	103.22
Q4029 00	HCPCS	50.54	50.54
Q4030 00	HCPCS	133.03	133.03
Q4031 00	HCPCS	25.24	25.24
Q4032 00	HCPCS	66.51	66.51
Q4033 00	HCPCS	47.15	47.15
Q4034 00	HCPCS	117.21	117.21
Q4035 00	HCPCS	23.56	23.56
Q4036 00	HCPCS	58.65	58.65
Q4037 00	HCPCS	28.71	28.71
Q4038 00	HCPCS	72.03	72.03
Q4039 00	HCPCS	14.41	14.41
Q4040 00	HCPCS	36.01	36.01
Q4041 00	HCPCS	34.97	34.97
Q4042 00	HCPCS	59.70	59.70
Q4043 00	HCPCS	17.49	17.49
Q4044 00	HCPCS	29.89	29.89
Q4045 00	HCPCS	20.30	20.30
Q4046 00	HCPCS	32.65	32.65
Q4047 00	HCPCS	10.11	10.11
Q4048 00	HCPCS	16.34	16.34
Q4049 00	HCPCS	3.68	3.68
Q4310 00	HCPCS	3,016.97	3,016.97
Q4326 00	HCPCS	1,397.10	1,397.10
Q4331 00	HCPCS	1,396.21	1,396.21
Q4332 00	HCPCS	1,499.43	1,499.43
Q5001 00	HCPCS	154.84	154.84
Q5002 00	HCPCS	144.16	144.16
Q5003 00	HCPCS	180.67	180.67
Q5004 00	HCPCS	145.95	145.95
Q5005 00	HCPCS	1,317.92	1,317.92
Q5006 00	HCPCS	1,495.84	1,495.84
Q5007 00	HCPCS	BR	BR
Q5008 00	HCPCS	BR	BR
Q5009 00	HCPCS	BR	BR
Q5010 00	HCPCS	184.25	184.25

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
Q5133 00	HCPCS	8.39	8.39
Q5135 00	HCPCS	5.75	5.75
Q9950 00	HCPCS	26.15	26.15
Q9951 00	HCPCS	1.79	1.79
Q9953 00	HCPCS	65.42	65.42
Q9954 00	HCPCS	16.49	16.49
Q9955 00	HCPCS	369.73	369.73
Q9956 00	HCPCS	58.25	58.25
Q9957 00	HCPCS	58.25	58.25
Q9958 00	HCPCS	0.10	0.10
Q9959 00	HCPCS	0.14	0.14
Q9960 00	HCPCS	0.97	0.97
Q9961 00	HCPCS	0.41	0.41
Q9962 00	HCPCS	0.95	0.95
Q9963 00	HCPCS	0.30	0.30
Q9965 00	HCPCS	1.69	1.69
Q9966 00	HCPCS	0.57	0.57
Q9967 00	HCPCS	0.20	0.20
Q9968 00	HCPCS	24.05	24.05
Q9969 00	HCPCS	9.79	9.79
T4521 00	HCPCS	0.64	0.64
T4522 00	HCPCS	0.69	0.69
T4523 00	HCPCS	0.71	0.71
T4524 00	HCPCS	0.88	0.88
T4525 00	HCPCS	0.77	0.77
T4526 00	HCPCS	0.70	0.70
T4527 00	HCPCS	0.87	0.87
T4528 00	HCPCS	0.88	0.88
T4529 00	HCPCS	0.49	0.49
T4530 00	HCPCS	0.50	0.50
T4531 00	HCPCS	0.90	0.90
T4532 00	HCPCS	0.81	0.81
T4533 00	HCPCS	0.70	0.70
T4534 00	HCPCS	0.80	0.80
T4535 00	HCPCS	0.48	0.48
T4536 00	HCPCS	8.44	8.44
T4537 00	HCPCS	10.68	10.68
T4539 00	HCPCS	5.75	5.75
T4540 00	HCPCS	7.99	7.99
T4541 00	HCPCS	0.50	0.50
T4542 00	HCPCS	0.69	0.69
T4543 00	HCPCS	1.79	1.79
T4544 00	HCPCS	1.79	1.79
V2020 00	HCPCS	140.48	140.48

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
V2025 00	HCPCS	152.66	152.66
V2100 00	HCPCS	65.83	65.83
V2101 00	HCPCS	88.24	88.24
V2102 00	HCPCS	107.02	107.02
V2103 00	HCPCS	62.85	62.85
V2104 00	HCPCS	66.49	66.49
V2105 00	HCPCS	72.91	72.91
V2106 00	HCPCS	87.23	87.23
V2107 00	HCPCS	93.90	93.90
V2108 00	HCPCS	89.26	89.26
V2109 00	HCPCS	100.34	100.34
V2110 00	HCPCS	85.95	85.95
V2111 00	HCPCS	101.30	101.30
V2112 00	HCPCS	106.33	106.33
V2113 00	HCPCS	105.42	105.42
V2114 00	HCPCS	114.21	114.21
V2115 00	HCPCS	159.14	159.14
V2118 00	HCPCS	158.86	158.86
V2121 00	HCPCS	169.62	169.62
V2200 00	HCPCS	98.38	98.38
V2201 00	HCPCS	119.70	119.70
V2202 00	HCPCS	110.49	110.49
V2203 00	HCPCS	107.02	107.02
V2204 00	HCPCS	108.61	108.61
V2205 00	HCPCS	107.21	107.21
V2206 00	HCPCS	120.48	120.48
V2207 00	HCPCS	116.97	116.97
V2208 00	HCPCS	128.86	128.86
V2209 00	HCPCS	120.90	120.90
V2210 00	HCPCS	128.95	128.95
V2211 00	HCPCS	156.60	156.60
V2212 00	HCPCS	147.01	147.01
V2213 00	HCPCS	136.93	136.93
V2214 00	HCPCS	154.87	154.87
V2215 00	HCPCS	190.44	190.44
V2218 00	HCPCS	182.81	182.81
V2219 00	HCPCS	74.82	74.82
V2220 00	HCPCS	70.70	70.70
V2221 00	HCPCS	197.89	197.89
V2299 00	HCPCS	101.88	101.88
V2300 00	HCPCS	121.69	121.69
V2301 00	HCPCS	149.83	149.83
V2302 00	HCPCS	137.79	137.79
V2303 00	HCPCS	131.28	131.28

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
V2304 00	HCPCS	136.19	136.19
V2305 00	HCPCS	136.61	136.61
V2306 00	HCPCS	137.72	137.72
V2307 00	HCPCS	147.53	147.53
V2308 00	HCPCS	143.88	143.88
V2309 00	HCPCS	174.22	174.22
V2310 00	HCPCS	147.14	147.14
V2311 00	HCPCS	180.14	180.14
V2312 00	HCPCS	200.77	200.77
V2313 00	HCPCS	224.21	224.21
V2314 00	HCPCS	208.11	208.11
V2315 00	HCPCS	258.20	258.20
V2318 00	HCPCS	328.65	328.65
V2319 00	HCPCS	83.45	83.45
V2320 00	HCPCS	88.03	88.03
V2321 00	HCPCS	244.96	244.96
V2399 00	HCPCS	102.83	102.83
V2410 00	HCPCS	200.89	200.89
V2430 00	HCPCS	242.10	242.10
V2499 00	HCPCS	39.20	39.20
V2500 00	HCPCS	147.74	147.74
V2501 00	HCPCS	232.40	232.40
V2502 00	HCPCS	340.02	340.02
V2503 00	HCPCS	236.04	236.04
V2510 00	HCPCS	198.66	198.66
V2511 00	HCPCS	321.02	321.02
V2512 00	HCPCS	372.69	372.69
V2513 00	HCPCS	341.95	341.95
V2520 00	HCPCS	175.24	175.24
V2521 00	HCPCS	305.09	305.09
V2522 00	HCPCS	395.89	395.89
V2523 00	HCPCS	253.04	253.04
V2524 00	HCPCS	202.80	202.80
V2526 00	HCPCS	87.23	87.23
V2530 00	HCPCS	374.77	374.77
V2531 00	HCPCS	893.19	893.19
V2600 00	HCPCS	171.72	171.72
V2615 00	HCPCS	1,769.50	1,769.50
V2623 00	HCPCS	2,011.11	2,011.11
V2624 00	HCPCS	102.30	102.30
V2625 00	HCPCS	725.26	725.26
V2626 00	HCPCS	446.99	446.99
V2627 00	HCPCS	2,165.17	2,165.17
V2628 00	HCPCS	511.24	511.24

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
V2629 00	HCPCS	3,306.30	3,306.30
V2630 00	HCPCS	200.02	200.02
V2631 00	HCPCS	200.02	200.02
V2632 00	HCPCS	200.02	200.02
V2700 00	HCPCS	98.14	98.14
V2702 00	HCPCS	25.84	25.84
V2710 00	HCPCS	136.04	136.04
V2715 00	HCPCS	26.04	26.04
V2718 00	HCPCS	63.97	63.97
V2730 00	HCPCS	45.89	45.89
V2744 00	HCPCS	27.57	27.57
V2745 00	HCPCS	17.86	17.86
V2750 00	HCPCS	40.17	40.17
V2755 00	HCPCS	27.92	27.92
V2756 00	HCPCS	5.31	5.31
V2760 00	HCPCS	35.88	35.88
V2761 00	HCPCS	48.93	48.93
V2762 00	HCPCS	98.32	98.32
V2770 00	HCPCS	43.72	43.72
V2780 00	HCPCS	28.07	28.07
V2781 00	HCPCS	161.49	161.49
V2782 00	HCPCS	106.20	106.20
V2783 00	HCPCS	119.70	119.70
V2784 00	HCPCS	77.85	77.85
V2786 00	HCPCS	76.50	76.50
V2787 00	HCPCS	967.26	967.26
V2788 00	HCPCS	1,058.53	1,058.53
V2790 00	HCPCS	677.22	677.22
V2797 00	HCPCS	37.41	37.41
V2799 00	HCPCS	BR	BR
V5008 00	HCPCS	91.20	91.20
V5010 00	HCPCS	134.82	134.82
V5011 00	HCPCS	273.66	273.66
V5014 00	HCPCS	214.44	214.44
V5020 00	HCPCS	137.06	137.06
V5030 00	HCPCS	2,355.92	2,355.92
V5050 00	HCPCS	2,066.71	2,066.71
V5060 00	HCPCS	1,989.71	1,989.71
V5090 00	HCPCS	425.81	425.81
V5100 00	HCPCS	2,144.55	2,144.55
V5110 00	HCPCS	595.35	595.35
V5120 00	HCPCS	1,924.34	1,924.34
V5130 00	HCPCS	3,226.66	3,226.66
V5140 00	HCPCS	4,038.26	4,038.26

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**HCPCS Codes 2025**

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
V5150 00	HCPCS	70.28	70.28
V5160 00	HCPCS	860.45	860.45
V5171 00	HCPCS	2,687.90	2,687.90
V5172 00	HCPCS	1,691.23	1,691.23
V5181 00	HCPCS	1,631.11	1,631.11
V5200 00	HCPCS	436.44	436.44
V5214 00	HCPCS	3,896.28	3,896.28
V5215 00	HCPCS	3,543.89	3,543.89
V5221 00	HCPCS	3,710.74	3,710.74
V5240 00	HCPCS	545.92	545.92
V5241 00	HCPCS	470.32	470.32
V5247 00	HCPCS	2,413.35	2,413.35
V5248 00	HCPCS	3,900.30	3,900.30
V5249 00	HCPCS	1,715.67	1,715.67
V5250 00	HCPCS	3,763.26	3,763.26
V5251 00	HCPCS	3,247.13	3,247.13
V5252 00	HCPCS	3,451.34	3,451.34
V5253 00	HCPCS	5,018.44	5,018.44
V5254 00	HCPCS	2,399.53	2,399.53
V5255 00	HCPCS	2,356.82	2,356.82
V5256 00	HCPCS	2,680.75	2,680.75
V5257 00	HCPCS	2,577.96	2,577.96
V5258 00	HCPCS	5,362.39	5,362.39
V5259 00	HCPCS	4,103.62	4,103.62
V5260 00	HCPCS	3,817.55	3,817.55
V5261 00	HCPCS	5,847.35	5,847.35
V5262 00	HCPCS	1,854.51	1,854.51
V5263 00	HCPCS	4,085.45	4,085.45
V5264 00	HCPCS	108.15	108.15
V5265 00	HCPCS	40.47	40.47
V5266 00	HCPCS	1.34	1.34
V5270 00	HCPCS	321.69	321.69
V5275 00	HCPCS	85.89	85.89
V5281 00	HCPCS	80.51	80.51
V5282 00	HCPCS	3,268.50	3,268.50
V5284 00	HCPCS	81.41	81.41
V5285 00	HCPCS	5,377.54	5,377.54
V5286 00	HCPCS	5,376.14	5,376.14
V5288 00	HCPCS	1,183.04	1,183.04
V5290 00	HCPCS	541.51	541.51
V5299 00	HCPCS	BR	BR
V5336 00	HCPCS	181.12	181.12
V5362 00	HCPCS	129.96	129.96
V5363 00	HCPCS	138.33	138.33

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## HCPCS Codes 2025

Code	Category	FY25 Non-rural Rate	FY25 Rural Rate
V5364 00	HCPCS	199.35	199.35

## Historical Note

New Appendix A, HCPCS Codes made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, HCPCS Codes repealed; new Appendix A, HCPCS Codes 2024 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, HCPCS Codes 2024 repealed; new Appendix A, HCPCS Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

## HOME HEALTHCARE GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT<sup>®</sup> guidelines and the Center for Medicare & Medicaid Services' (CMS) HCPCS codes and descriptions and represent additional guidance from the Commission relative to services unique or uniquely utilized in Workers' Compensation. To the extent that a conflict may exist between an incorporated portion of the CPT<sup>®</sup> publication or a HCPCS code and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier, or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

**GENERAL GUIDANCE:**

1. The determination that the injury/illness or condition is work related must be made by the payer and home health services shall be authorized as medically necessary.
2. All nursing services and personal care services shall have prior authorization by the payer.
3. A description of needed nursing or other attendant care must accompany the request for authorization.
4. Rates and reimbursement guidelines shall be predetermined in writing.
5. Except when governed by a separate contract or network that governs fees pursuant to A.R.S. § 23-908(J)(1), reasonably required supplies shall be reimbursed based on the HCPCS Guidelines. This includes supplies dispensed prior to the execution of an agreement and during times when preauthorization of services is in process.
6. Submission of invoices and reimbursement for invoices shall be made in accordance with A.R.S. § 23-1062.01 (See Section B of the Introduction).

**Historical Note**

New Appendix A, Home Healthcare Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Home Healthcare Guidelines repealed; new Appendix A, Home Healthcare Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Home Healthcare Guidelines repealed; new Appendix A, Home Healthcare Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA SPECIFIC CODES GUIDELINES

Information regarding publications incorporated by reference is found in the Introduction Section of the Fee Schedule.

The following Commission guidelines are in addition to the CPT<sup>®</sup> guidelines and represent additional guidance from the Commission relative to services uniquely utilized in Workers' Compensation in Arizona. To the extent that a conflict may exist between an incorporated portion of the CPT<sup>®</sup> and a code, guideline, identifier, or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control. Codes that are unique to Arizona are preceded by an AZ identifier and numbered in the following format: AZxxx.

- A. PEER TO PEER CONSULTATION: Healthcare providers may bill for Peer-to-Peer consultations by using Arizona state specific codes AZ001 and AZ002. Determination of the proper code is based on time spent in discussion and review.

AZ001 Peer-to-Peer interprofessional telephone consultations between treating physician or healthcare provider and Peer Reviewer; 5-10 minutes of medical consultative discussion and review

AZ002 Peer-to-Peer interprofessional telephone consultations between treating physician or healthcare provider and Peer Reviewer; 11-30 minutes of medical consultative discussion and review

- B. NURSE CASE MANAGER MEETING: Healthcare providers may bill for meeting with a nurse case manager (NCM) by using Arizona state specific codes AZ003 and AZ004. Determination of the proper code is based on patient presence during the meeting.

AZ003 Meeting with NCM with patient.

AZ003 may be billed if time is spent discussing a patient's treatment plan or other related information with the NCM when the patient is present. This should not be billed if there is no interaction with the NCM who is present during the time that a service, which is billed using a separate CPT<sup>®</sup> code, is performed. The documentation must include:

- The name of the NCM.
- The name of the organization the NCM is representing
- The purpose of the interaction

AZ004 Meeting with NCM without patient

AZ004 may be billed if time is spent discussing a patient's treatment plan or other related information with the NCM

when the patient is not present. The documentation must include:

- The name of the NCM.
- The name of the organization the NCM is representing.
- The purpose of the interaction.

It is not appropriate for the payer on a per billing basis to require a healthcare provider to provide unnecessarily detailed documentation to justify payment. A healthcare provider is required to comply with A.R.S. § 23-1062.01 when submitting a bill.

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

- C. SPECIAL REPORTS: Healthcare providers may bill for completion of workers' compensation insurance forms by using Arizona state specific code AZ005 when the request is submitted by the Commission, the payer or third-party administrator of the payer, or the Special Fund of the Commission and limited to one billing of code AZ005 per thirty (30) day period. The applicable form must be attached to the billing.
- AZ005 Completion of workers' compensation insurance forms (i.e. return-to-work status, work restrictions, supportive care restrictions) which are requested or required either by the Commission, the applicable payer (insurance, self-insured employer, or the Special Fund of the Commission), or a third-party administrator of the applicable payer, not to exceed more than one billing in a thirty (30) day period. The applicable form must be attached to the billing.
- D. TRAVEL REIMBURSEMENT: Healthcare providers may bill for collection and handling performed outside of a physician's office or laboratory.
- AZ026 Mileage charge for collection and handling service performed outside of the physician's office or laboratory, within a radius of seven (7) miles.
- AZ027 Mileage charge for collection and handling service performed outside of the physician's office or laboratory, per mile over seven (7) miles.
- AZ028 When more than one patient is seen, apportion mileage charge among total number of patients.
- AZ030 Mileage round trip: each mile in excess of eight (8) miles of travel by physician.
- AZ031 Within large metropolitan areas a travel time basis may be appropriate. Code AZ031 would apply to Arizona's major metropolitan areas, to include Phoenix, Tucson, Flagstaff, Kingman, and Yuma. This code would only be used when travel times are 45 minutes or more.
- E. EXPERT TESTIMONY: Medical testimony by personal appearance or deposition of a physician is reported using Arizona specific code AZ099. Reimbursement for time spent providing testimony at hearing is described in Section I of the Introduction Section of the Fee Schedule.

**Historical Note**

New Appendix A, Special Services Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Special Services Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Special Services Guidelines repealed; new Appendix A, with new heading Arizona Specific Codes Guidelines made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Appendix A, Special Services Guidelines repealed; new Appendix A, with new heading Arizona Specific Codes Guidelines made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE****Arizona Specific Codes 2025**

Code	Category	Description	FY25 NF RBRVS Rate	FY25 FAC RBRVS Rate
AZ001 00	AZ Specific Codes	Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 5-10 minutes of medical consultative discussion and review.	75.00	75.00
AZ002 00	AZ Specific Codes	Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 11-30 minutes of medical consultative discussion and review.	100.00	100.00
AZ003 00	AZ Specific Codes	Meeting with NCM with patient.	75.00	75.00
AZ004 00	AZ Specific Codes	Meeting with NCM without patient.	100.00	100.00
AZ005 00	AZ Specific Codes	Completion of workers' compensation insurance forms (i.e. return-to-work status, work restrictions, supportive care restrictions) which are requested or required by the Commission, the applicable payer (insurance, self-insured employer, or the Special Fund of the Commission), or a third party administrator of the applicable payer, not to exceed more than one billing in a thirty (30) day period. The applicable form must be attached to the billing.	40.00	40.00
AZ026 00	AZ Specific Codes	Mileage charge, within a radius of 7 miles, for a collection and handling service performed outside the physician's office or laboratory.	BR	BR
AZ027 00	AZ Specific Codes	Over 7 miles, per mile.	BR	BR
AZ028 00	AZ Specific Codes	When more than one patient seen, apportion mileage charge among total number of patients.	BR	BR
AZ030 00	AZ Specific Codes	Mileage round-trip: each mile in excess of 8 miles of travel by physician.	BR	BR
AZ031 00	AZ Specific Codes	Within large metropolitan areas a travel time basis may be appropriate. Code AZ031 00 would apply to Arizona's major metropolitan areas, to include Phoenix, Tucson, Flagstaff, Kingman and Yuma. This code would only be used when travel times are 45 minutes or more.	BR	BR
AZ099 00	AZ Specific Codes	Expert testimony at hearing, for the initial hour (or any portion thereof), prorated for each additional 20 minute increment (or any portion thereof).	150.00	150.00

**Historical Note**

New Appendix A, Special Services Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Special Services Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Special Services Codes 2019- 2020 repealed; new Appendix A, Special Services Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Special Services Codes 2020-2021 repealed; new Appendix A, Special Services Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3). Appendix A, Special Services Codes 2021-2022 repealed; new Appendix A, Special Services Codes 2022-2023 made by exempt rulemaking at 28 A.A.R. 2645 (October 7, 2022), effective October 1, 2022 (Supp. 22-3). Appendix A, Special Services Codes 2022-2023 repealed; new Appendix A, Special Services Codes 2023-2024 made by exempt rulemaking at 29 A.A.R. 2537 (October 20, 2023), effective October 1, 2023 (Supp. 23-3). Appendix A, Special Services Codes 2023-2024 repealed; new Appendix A, with new heading Arizona Specific Codes 2024 made by exempt rulemaking at 30 A.A.R. 1093 (May 31, 2024), effective May 1, 2024 (Supp. 24-2). Arizona Specific Codes 2024 repealed; new Arizona Specific Codes 2025 made by exempt rulemaking effective May 1, 2025 (Supp. 25-2).

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